

# **Holistic Protocol for High Risk Dental Surgery** **Using Far Infrared Photon Energy (FIRE)**

## Introduction

The profile of the high risk patient falls into several categories but usually is characterized by:

1. Uncontrolled Diabetes in Type I & II patients.
2. Cancer patients receiving radiation and chemotherapy drugs.
3. Patients being treated for autoimmune diseases with immune depressing drugs such as prednisone, etc.
4. Antibiotic resistant bacteria because of long history of antibiotic dependence.
5. Poor absorption of nutrition thru the gut wall (leaky gut) that creates multiple allergies and sensitivities.
6. Patients with transplanted organs on immune depressing drugs.

Our major objective is to prevent a dry socket (toxic osteitis) that results in a cavitation or incomplete healing. These patients are referred by an attending physician with the accompanying medical test work up.

## Steps

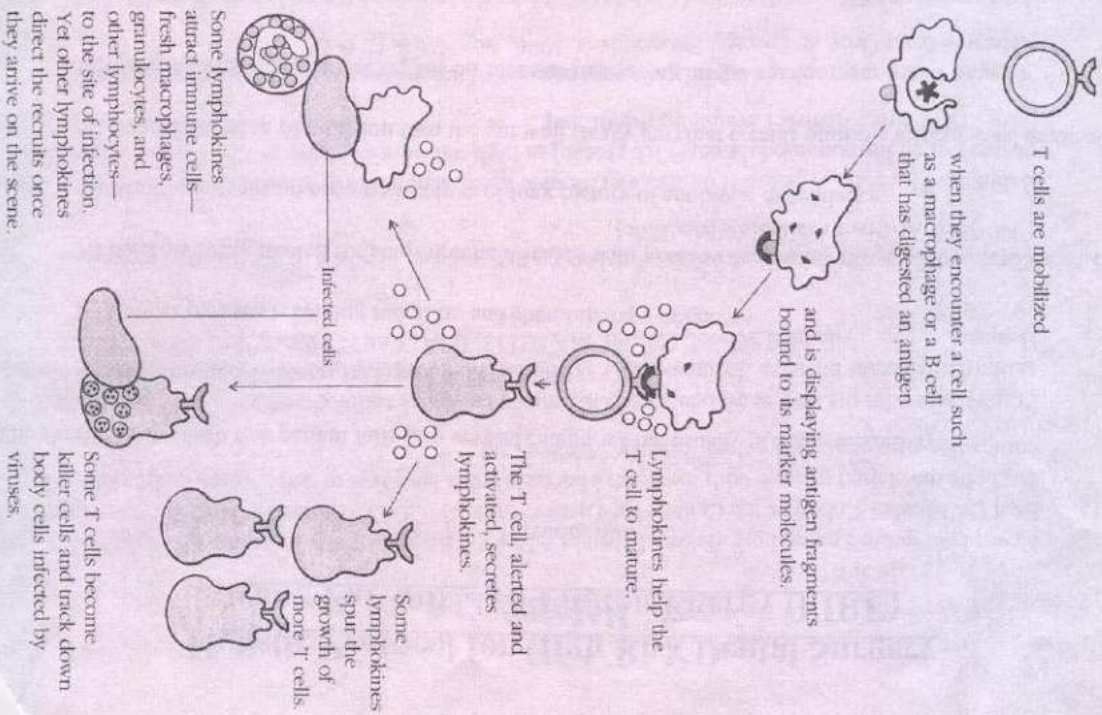
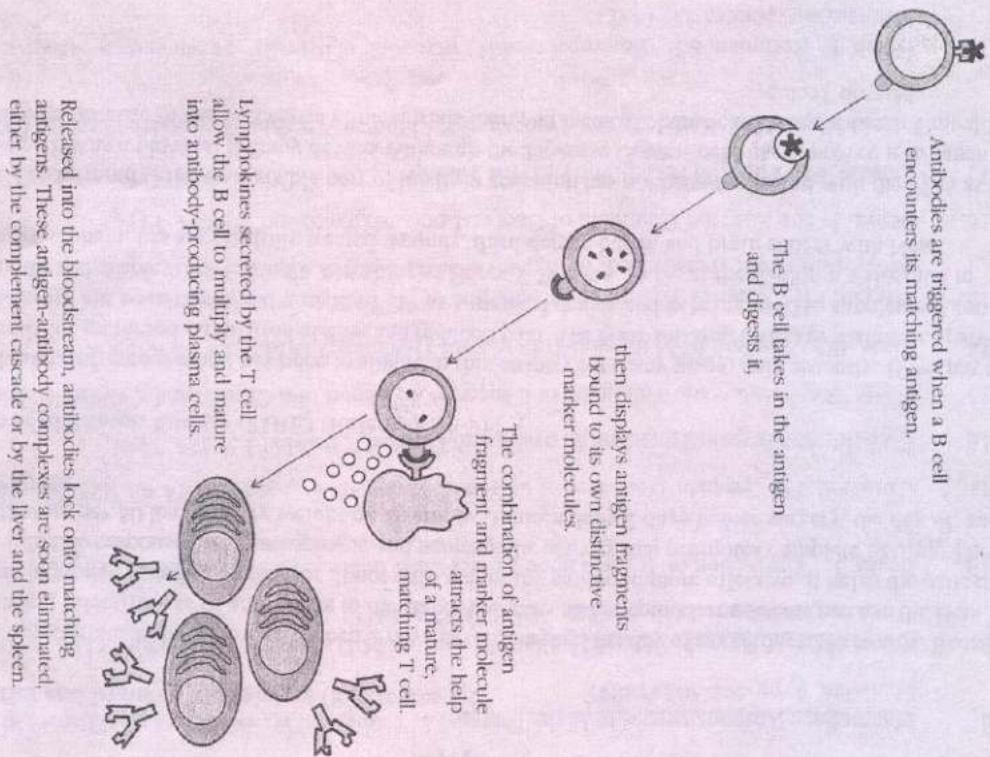
### **1 – Antibiotics and Immune Modulators (References 1-5)**

The appropriate antibiotic is prescribed 2 days before surgery, the day of and 4 days afterwards. Because of the increasing ineffectiveness of antibiotics to the staphylococcus and streptococcus strains, we use the Beta 1-3 D glucon, a proven immune modulator. It not only makes the antibiotic more effective, it helps the patient produce an immune response thru macrophagic and neutrophilic activity that promotes complete healing. The dosage of 500 mg per 50 lbs. Of body weight on an empty stomach daily 2 days before surgery, the day of and 4 days afterwards.

### **2 – Far Infrared Photon Energy (FIRE) (References 6-9)**

Although Infrared therapy has been available in this country for many years, only recently, 1994, has the FDA cleared it for increased circulation claims and reduced pain. The Near Infrared (NIR) or visible red part of the light spectrum has been registered with the FDA as a medical device and is being used to supplement conventional medical therapies. For example Neurologist Harry T. Whelan, M.D., at the Children's Hospital in Milwaukee, Wisconsin, has successfully treated wounds, third-degree burns, and brain cancer with Near Infrared.

The Far Infrared (FIR) or invisible part of the light spectrum has not been registered with the FDA as a medical device but as a physical therapy device. Although the Japanese Government has approved it in Japan as a medical device because of the successful clinical trials there, no medical claims can be made in the United States.



The scientific mechanism of both NIR and FIR, in my opinion, was strongly suggested in the 1998 Nobel Prize in Medicine Award. Scientists Murad, Furchgott, and Ignaro found that when nitric oxide gas is produced by hemoglobin and immune cells, there is a positive effect on heart attacks, cancer and cardiovascular disease. Dr. Valentin Fuster, president of the American Heart Association, called the nitric oxide discovery "...one of the most important in the history of cardiovascular medicine." The 1999 publication by Lon R. Horwitz, et al., in Advances in Wound Care, strongly suggests that Far Infrared produces Nitric Oxide gas in the recovery of the patients in that study.

After evaluation both NIR and FIR I have elected the FIR for my patients for 4 reasons:

1. Safety – There is a high risk for eye injury with NIR but very little from FIR. Medical supervision is required for NIR while FIR can be used at home with adults and children.
2. Penetration – FIR penetrates 1 ½" to ¾" of NIR which is an advantage for the dental surgeon who deals with bone as well as soft tissue.
3. Area covered – The unique, patented, ceramic construction of the FIR Dome covers a much larger area with the 160-degree angles. In my opinion, the one hour use of the FIR Dome daily for 5 days will produce a much larger body production of nitric oxide gas for increased circulation, reduced pain and swelling and faster healing.
4. Cost – The FIR Dome cost is approximately 1/3 the cost of the approved NIR medical devices.

### **3 – Diet and Enzymes (References 10-19)**

The immune compromised patient does best on an alkalizing diet of raw, green vegetable juices. A low-grade fever is to be encouraged which means an enhanced immune response. Large amounts of pure water are mandatory. The acid PH of infection needs the mineral, potassium (found in green vegetables), to move the body PH alkaline.

Pancreatic enzymes are one of the immune systems greatest allies. Pancreatic enzymes, however, only work in an alkaline PH. Attend to diet first. The FIR Dome is also helpful in the detoxification process by resonance of water and the gentle elevation of the body temperature.

Animal pancreatic enzymes (porcine source) have been found by published medical research to be the most effective. Bone can only be formed in the presence of osteoblasts that require a balanced calcium phosphate enzyme combination.

The dosage of pancreatic enzymes is 6 capsules on an empty stomach ½ hour before meals 3 times a day and 6 capsules at bedtime. The immune system is at its most active time period of 11:00 p.m. to 1:00 a.m., which coincides with the liver meridian.

## References

1. Newspaper quote Spartenburg Herald Journal (9-13-99) "It's potentially an extremely serious problem." Said Dr. Mitchel Cohen of the Center for Disease Control (CDC) of Atlanta, GA. "Any new drugs that might be developed to cope with the deadly bacteria are at least five to seven years away, and drug companies are not pursuing them eagerly," Cohen said.
2. Prophylaxis with the immunomodulator PGG glucan enhances antibiotic efficiency in rats infected with antibiotic-resistant bacteria. Tzianabos AO, Cisneros R.I. Channing Laboratory Brigham and Women's Hospital-Medical School, Boston, MA 02113, USA, *Ann NY Acad. Sci.*, 1996, Oct. 25, 797:285-7
3. Browder W., et. al.; Beneficial effect of enhanced macrophage function in the trauma patient. (*Ann Surg*, 1990 May, Abstract available [MedLine])
4. Babineau TJ, et. al.; A phase II multicenter, double blind, randomized, placebo-controlled study of three dosages of an immunomodulator (PGG-glucan) in high-risk surgical patients [see comments] (*Arch Surg.*, 1994 Nov., Abstract available) [MedLine]
5. "Glucan-based macrophage stimulation may prevent infections in trauma and surgical patients." Repeated from *Drug & Therapy Perspectives*, 1996, Aug. 19; 8(4): 6-7
6. Augmentation of Wound Healing Using Monochromatic Infrared Energy, Lon T. Horwitz, DPM, et. al., *Advances in Wound Care*, Jan./Feb. 1999, Vol. 12 No. 1, P. 35-40
7. The Photobiological Basis of Low Level Laser Radiation Therapy, K.C. Smith, Stanford University School of Medicine, *Laser Therapy*, Vol. 3, No. 1, Jan. – March 1991.
8. Macrophage Responsiveness to Light Therapy, S. Young, Ph. D., et. al., London: *Lasers in Surgery and Medicine*, 9; pp 497-505 (1989).
9. Effect of Laser Rays on Wound Healing, E. Amster, M.D.; Semmelweis Medical University, Budapest, *The American Journal OD Surgery*. Vol. 122, Oct. 1971.
10. Beard, J: "The Action of Trypsin upon Living Cells of Jensen's Mouse Tumor." *Br Med J* 4, 140-141, 1906.
11. Campbell, JT: "Trypsin Treatment of a Case of Malignant Disease" *JAMA* 48, 225-226, 1907.
12. Cutfield, A: "Trypsin Treatment in Malignant Disease" *Br Med J* 5, 525, 1907
13. Goeth, RA: "Pancreatic Treatment of Cancer, With Report of a Cure." *JAMA* 48, 1030, 1907.
14. Little, WL: "A Case of Malignant Tumor, with Treatment." *JAMA* 50, 1724, 1908
15. Wiggin, FH: "Case of Multiple Fibrosarcoma of the Tongue, With Remarks on the use of Trypsin and Amylopsin in the Treatment of Malignant Disease." *JAMA* 47, 2003-2008, 1906
16. Beard, J: *The Enzyme Treatment of Cancer*. London: Chatto and Windus, 1911.
17. Shively, FL: *Multiple Proteolytic Enzyme Therapy of Cancer*. Dayton: Johnson-Windus, 1969
18. Moskvichyov, BV, Kamarov, EV, Ivanova, GP: "Study of Trypsin Thermodenaturation Process." *Enzyme Microb Tech* 8,
19. Gotze, H, Rothman, SS: "Enteropancreatic circulation of digestive enzymes as a conservative mechanism." *Nature* 257 (5527).