

What Do Homeopathic Dentists Do?

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Modern dentistry is an exciting and rapidly changing science. Minimum intervention is the catchphrase of the moment as is applying a natural approach to general dental practice.

In the past there have been a few individual dentists using homoeopathy in their practices. In the early 1990's they came together to form the British Homoeopathic Dental Association. The objectives of the association were to promote the use of homoeopathy in dentistry to the public and to advance the professional understanding of the subject through the creation of educational programs.

The Association helped develop a Dental Diploma from The Faculty of Homoeopathy. The first examination was held in October 1994 in which nine delegates passed. It is the first ever qualification in Dental Homoeopathy and will help the public discern who is fully qualified in this subject.

There is now an Intermediate Courses in Dental Homoeopathy at the Faculty and the Faculty has many dental members from all over the UK. Interest in dental homoeopathy is growing and the membership is increasing.

The use of homoeopathy in dentistry is more limited than in medicine. Homoeopathy cannot replace the mechanical arts of dentistry and there is not a homoeopathic remedy that will selectively numb a tooth.

However, homoeopathy is a useful adjunct to conventional dentistry. It may be used effectively in the place of orthodox medicine which may have unpleasant side effects. There are also homoeopathic medicines for the everyday problems we have in our mouths such as ulcers and teething in children. But what do homeopathic dentists actually do? In the past 25 years there have been few articles on dental homeopathy [1,2,3,4,5] however in this issue there are two studies demonstrating the range of conditions that homeopathic dentists deal with.

The study [6] collected the clinical data of 14 homeopathic dentists in the UK over a 6-month period. It is difficult in

general dental practice not to undertake interventional treatment when a patient is in pain. In this study it is unclear whether actual treatment was undertaken at the same time as the homeopathic remedies were prescribed.

Medical practitioners spend most of their time as physicians prescribing medicines and giving advice. Dental practitioners spend most of their time as surgeons doing physical intervention supported by prescribed medicine. If two treatments (physical intervention and prescribed medicine) are carried out at the same time it is difficult to analyse the true meaning of the results.

This is a pilot study and for a future larger scale paper it could be noted whether dental treatment was undertaken in addition to the remedy and if so how and why this could affect the results.

It was reported that 20% of cases were prescribed conventional medications. It could be helpful in a future larger study if these cases were removed before results were analyzed. Prescribing antibiotics for an abscess could certainly mask any effects from the homeopathic remedy.

The third largest condition treated was 'anxiety'. The results from this area are most relevant as it is a physician rather than a surgically based treatment. There is of course the placebo factor. The very act of offering a pill for their anxiety implies a caring nature which can in itself relieve some of the anxiety. The 7-point Lickert scale was a simple tool to assess the improvement or deterioration of the dental condition treated.

The second study [7] was conducted in Iran and shows the geographical diversity of the practice of homeopathy. The study covers the homeopathic treatment of trigeminal neuralgia. Although not commonly treated in general dental practice it is often presented in oral medicine departments of our public hospitals. The etiology of most cases is unknown and the results showing a similar outcome to orthodox prescribed medicines is most successful. Although it was considered unethical to use

a placebo it was reassuring that conventional treatment was stopped for those patients in the study. The disciplined use of the Visual Analogue was a useful tool.

Classical homeopathic treatment requires the selection of one single homeopathic medicine at a time for a given individual. The selection is based on many factors and can be open to interpretation. This study minimized the risk of interpretation by using two experienced medical homeopaths to interview every patient at each visit. They were required to agree on the remedy selected with a 70% confidence rating. This consensus of the correct remedy to use in each case would be an important factor in the successful results obtained.

Whereas classical homeopathy was used in the trigeminal neuralgia paper Mathie & Farrer used a pick list of 61 remedies to which the dentists could add as required. There were several clear matches where *Aconite* was used for anxiety, *Arnica* for tooth extraction and *Hepar sulph* for an abscess. This is what dentists do – using a particular remedy such as *Arnica* for a particular condition eg tooth extraction – as opposed to the classical homeopathic approach described above

There is a lack of homeopathic dentists in academic institutions. Mathie & Farrer and the 14 dentists who undertook their study will hopefully encourage more homeopathic dentists to publish what they actually do. We look forward to the proposed larger scale dental data collection project.

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