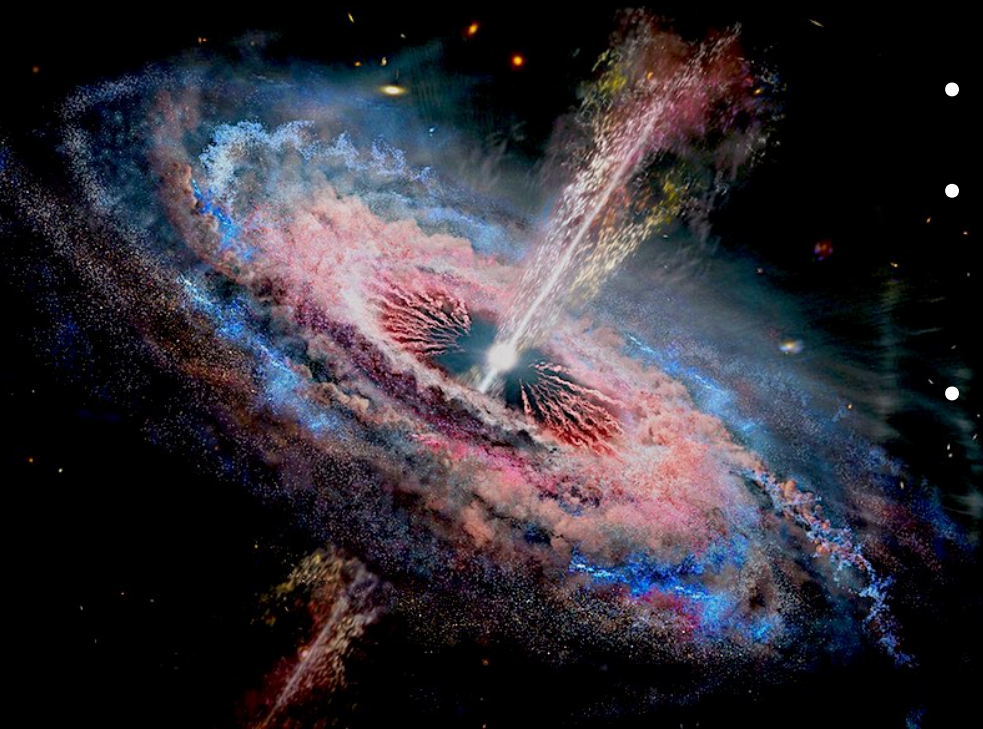


# Cranial Indicators

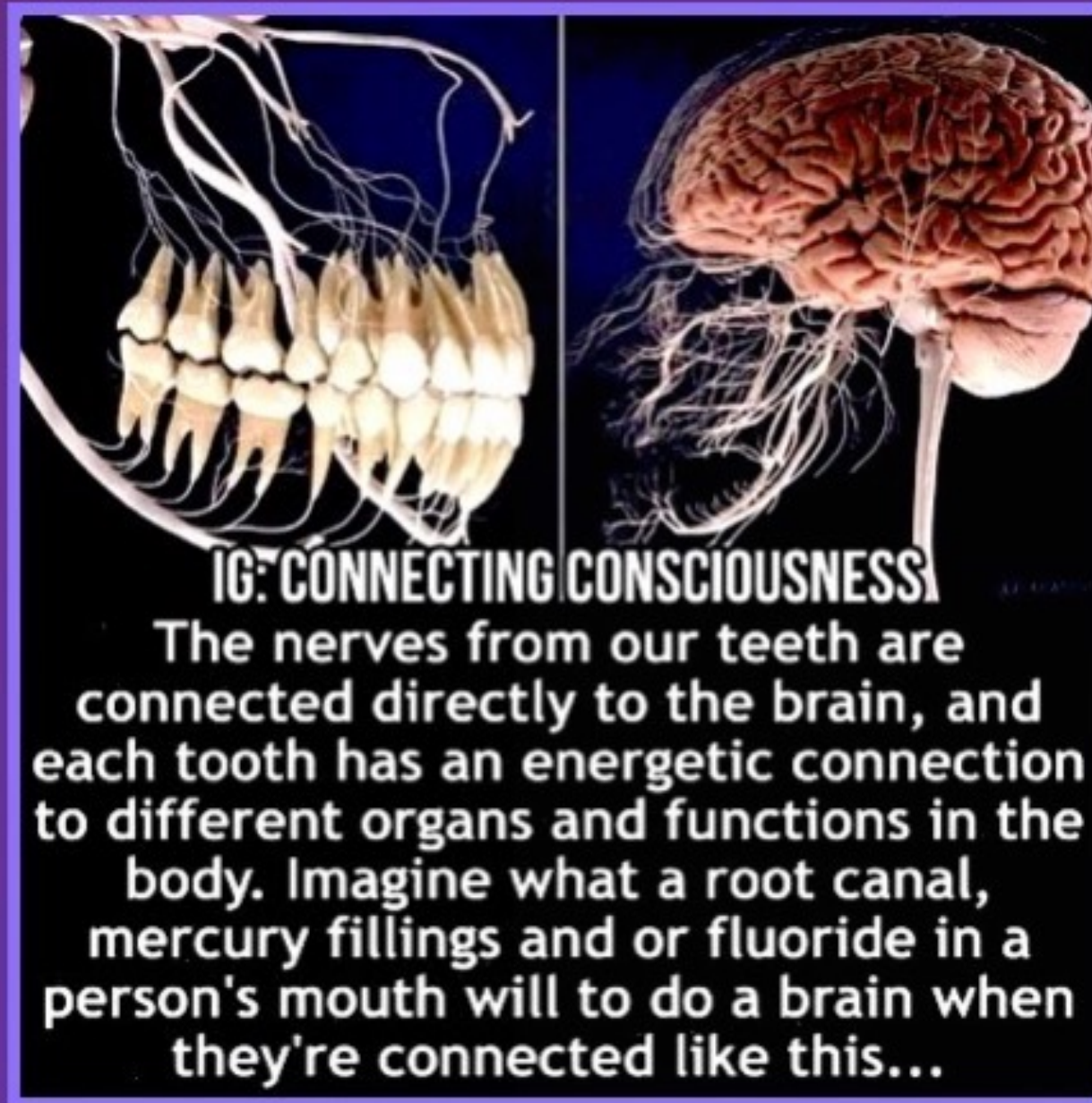
**THE CRANIAL INDICATOR SYSTEM IS A MAJOR MISSING LINK IN THE RESTORATION OF THE DENTAL COMPLEX**

## Cranial Dental Complex

- Understanding the architectural relationship of the Cranial Dental Complex
- Why the Dental Cranial Complex must be monitored during all dental restoration & Tx
- Connection between teeth, brain, & spine
- 70 to 90 % of all medical problems have a dental origin
- Distortion of the Occlusal Cranial Complex can be the cause for Trigeminal Neuralgia, Atypical Facial Pain, cervical, low back pain, and more

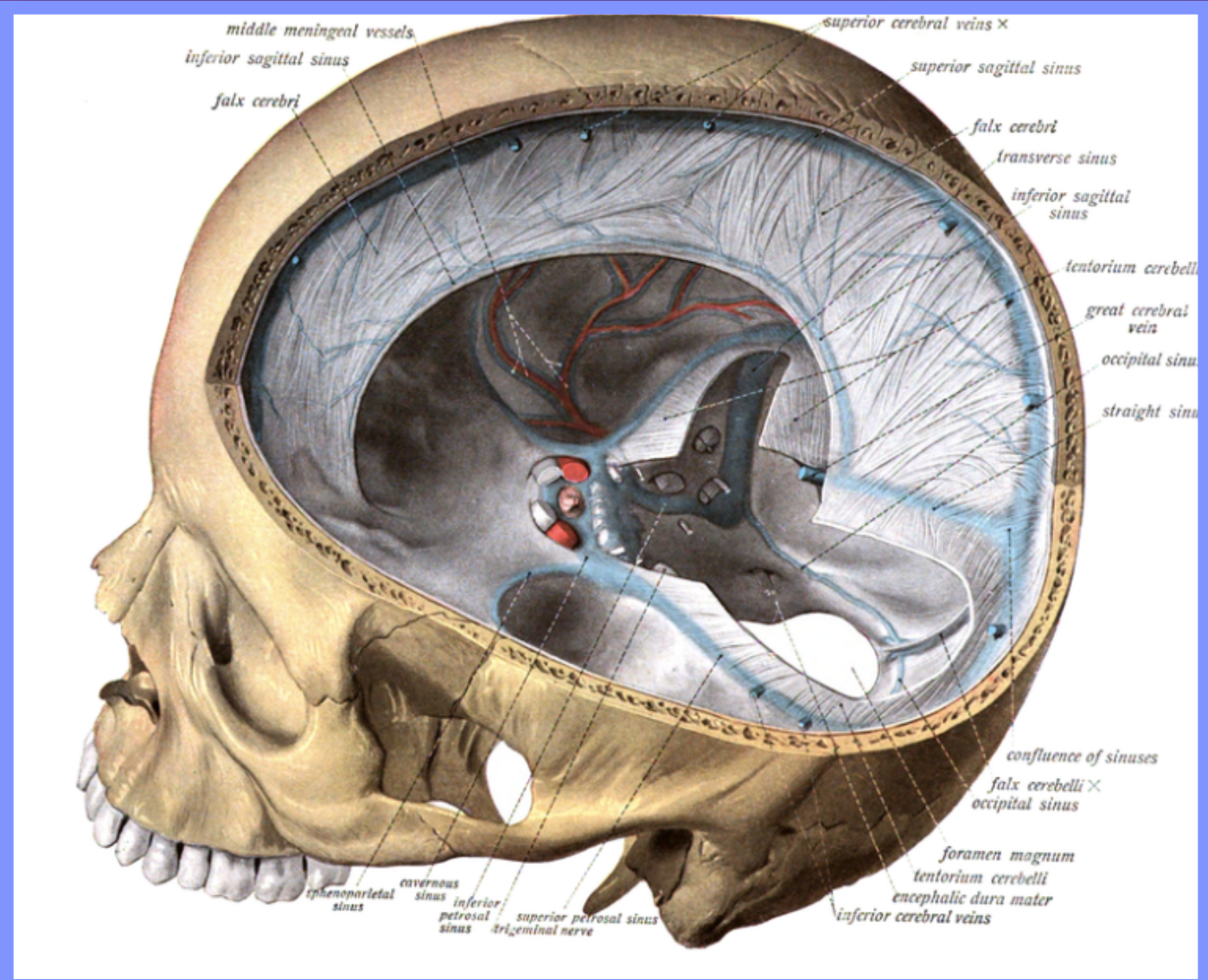


# THE TEETH ARE DIRECTLY CONNECTED TO THE BRAIN





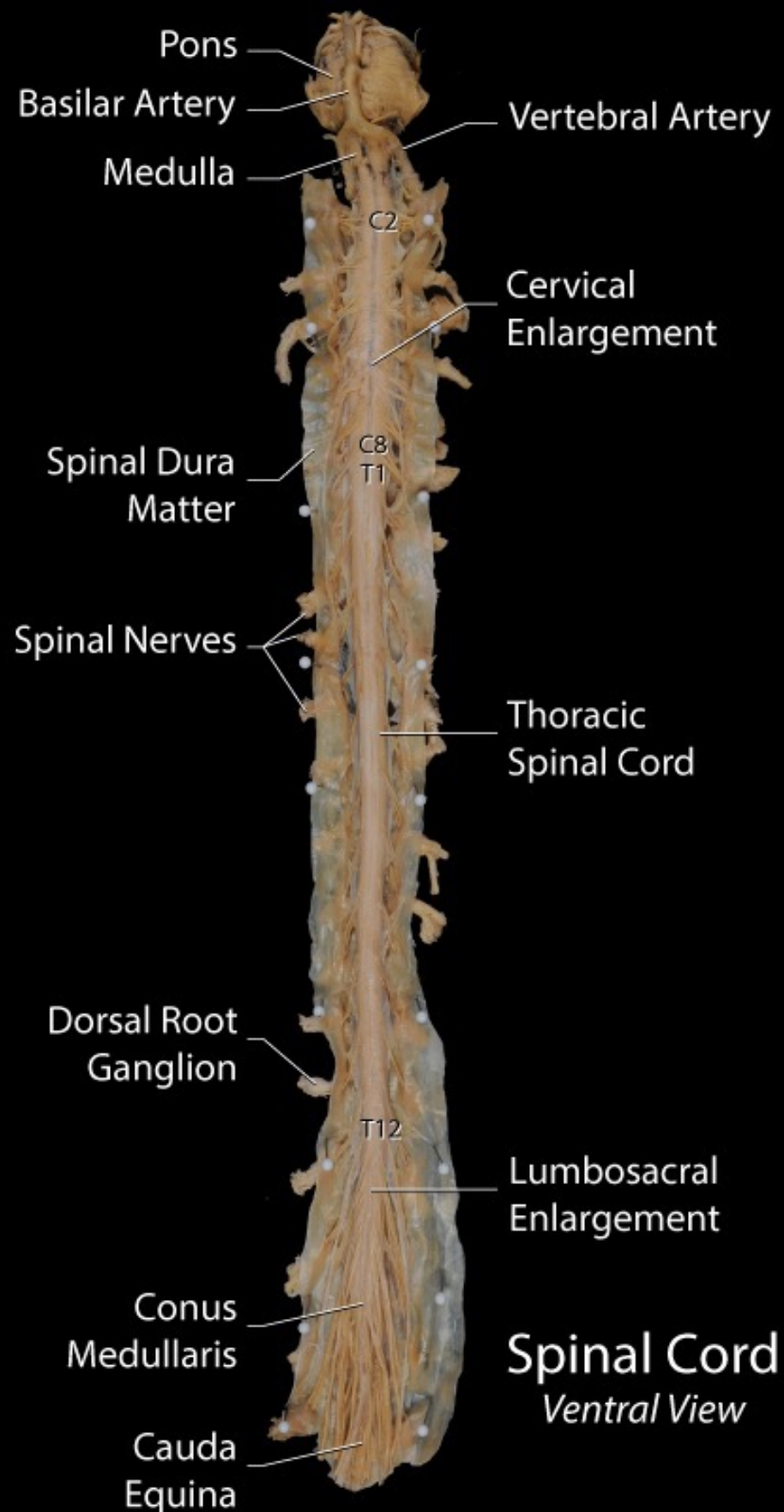
# Dural Membrane System



Occlusal abnormalities produce dural membrane and sutural tension, which directly affects CSF and neurological function.

# Dural Membrane System

The dural tube passes through the foramen magnum, attaches tenaciously to the upper three cervical vertebrae, and goes all the way down the spine to attach to the second sacral tubercle.





# “Occlusal Balance”



The occlusion represents the self-correcting mechanism for correcting cranial bone alignment, which in turn balances the dural membranes. This process is repeated 2000 to 2500 times a day through swallowing.

# “Occlusal Balance”



Any alteration of the occlusal table will directly affect the balance of the cranial bones. A “simple” occlusal restoration, a crown, a partial, full dentures, dental orthopedics and orthodontics, and an implant will have the potential of causing an imbalance of the cranial bones.

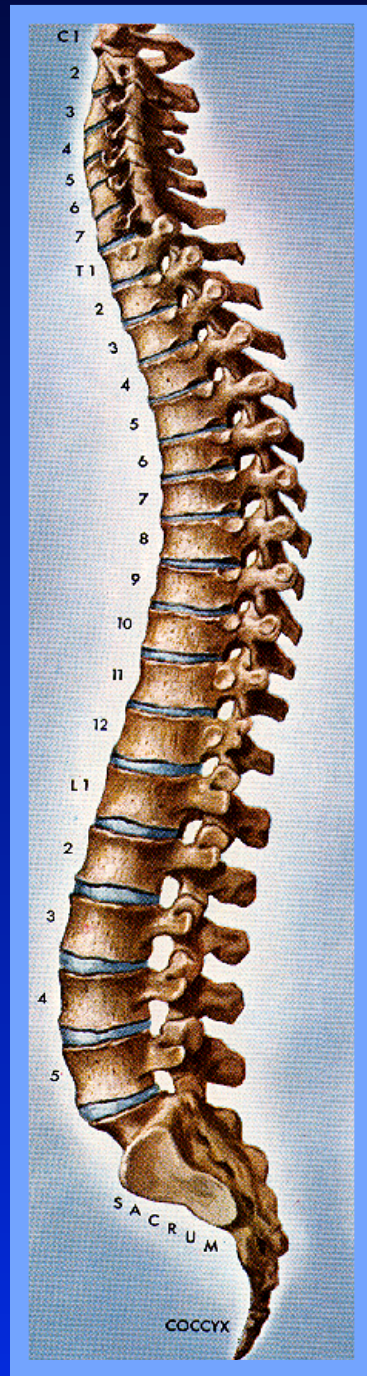


# Mandible Muscle Connection



**There are 136 muscles directly attached to the mandible. Malocclusion and occlusal discrepancies can easily result in muscle spasm and structural distortions.**

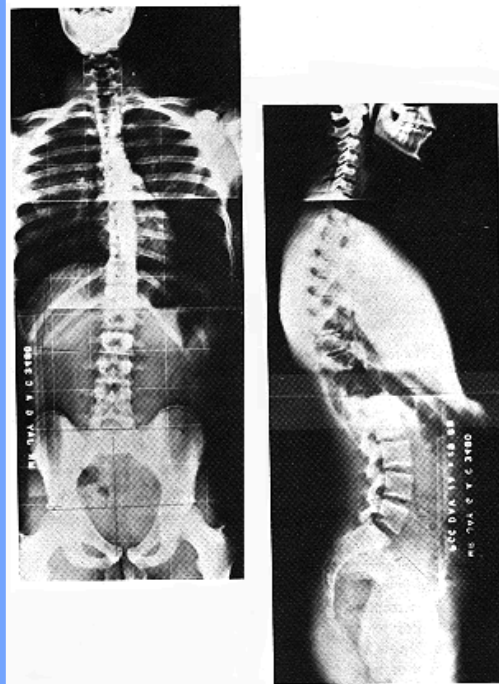
# Dental Structural Connection



All the vertebrae of the spine have a three point contact with the exception of the atlas.



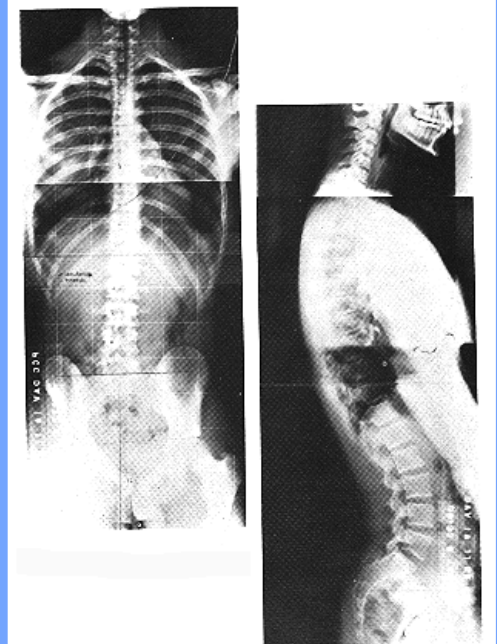
# Dental Structural Connection



Pre-Treatment

## Vertical Dimension

Dr. Aelred C. Fonder increased the biting surfaces of the lower second molars, of a 16-year-old boy, by .5mm. Post-operative full spine radiographs were taken immediately following dental treatment. A definite decrease of the lateral scoliosis and severe backward bend were observed.



Post-treatment

# Cranial / Dental Correction

## Class II Div. II Malocclusion



**A collapsed vertical and retruded mandible closes the airway. The body will reflexly cause a forward head posture to open up the airway. This severe forward head posture totally corrected when the cranium was balanced and the malocclusion was corrected. No chiropractic, osteopathic or physical therapy was provided before, during or after dental treatment.**



# Beverly Marsh



**Age:** 27-years-old

**Date:** 2004

**Occupation:** School teacher

**Chief Complaints:**

1. Severe facial pain. Applied hot compresses on face to ease the pain before bedtime
2. Difficulty talking
3. Neck and shoulder pain
4. TMJ pain

5. Headaches

6. Unable to sleep through the night because of pain

7. Fatigue

**Dental History:** All symptoms started after conventional orthodontics were completed at age 17 (1994). Fifty doctors were seen during the 10 year period.



# Beverly Marsh



Pre-Tx

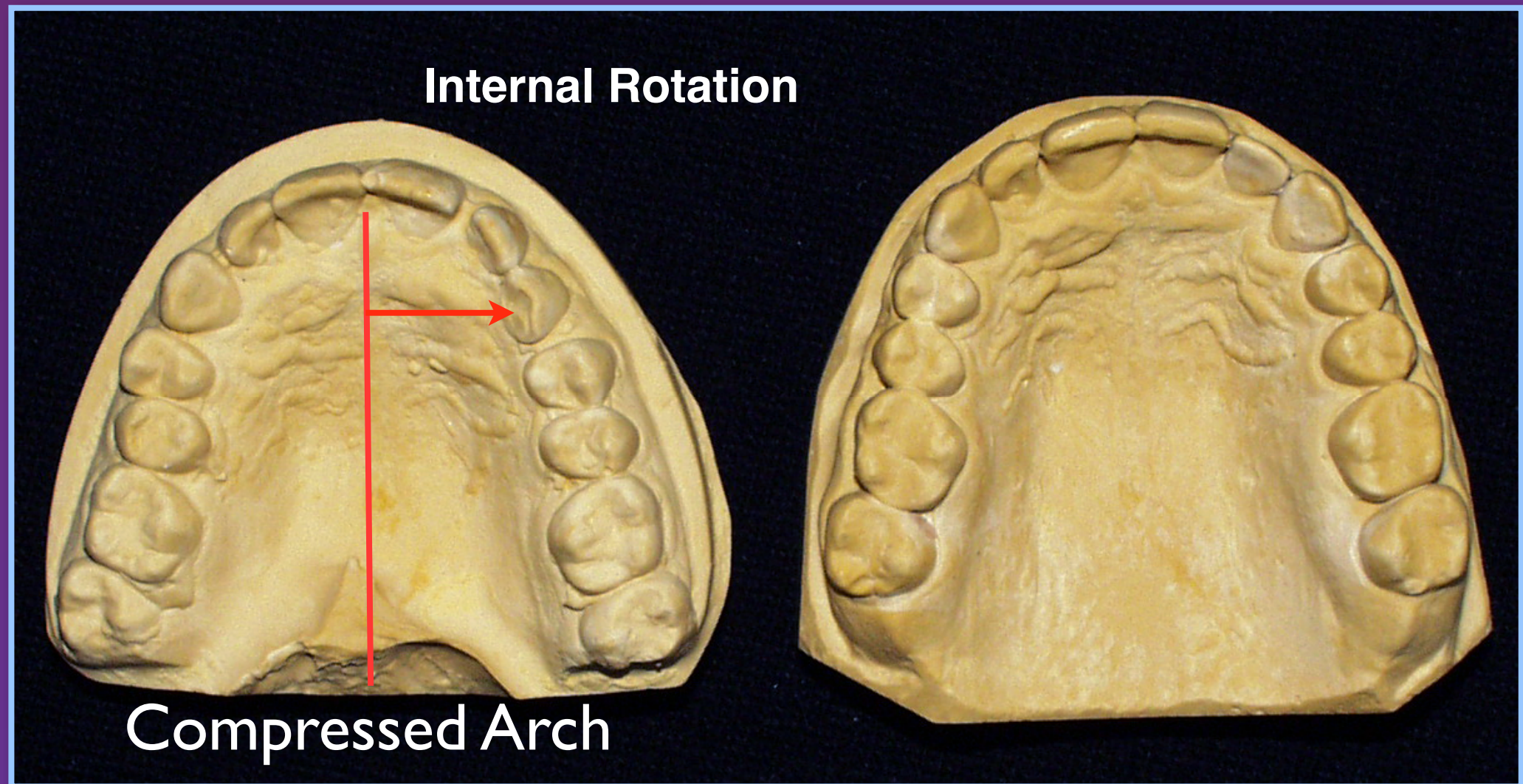
ALF placed and  
adjusted to  
balance the  
four cranial  
indicators



24 hours post ALF  
insertion



# Beverly Marsh



Cranial base was expanded and corrected 3-dimensionally.



# Beverly Marsh



Compressed Arch

Pre-Tx

Post-Tx

Mandibular arch was expanded to fit the maxillary template. If the maxillae is distorted then the mandible cannot be balanced. Since there are 136 muscles directly associated with the mandible, one quickly realizes its significance.



# Beverly Marsh



Collapsed Vertical

Pre-Tx

Post-Tx

The vertical, transverse and sagittal planes were brought into the physiologic adaptive range.

# Kelly Bloom



**Age:** 35-year-old

**Date:**

July 1996

**PAR:** Dental

Major compensatory somatic

## Chief Complaints: 15-year duration

1. Right side neck pain.
2. Right shoulder pain.

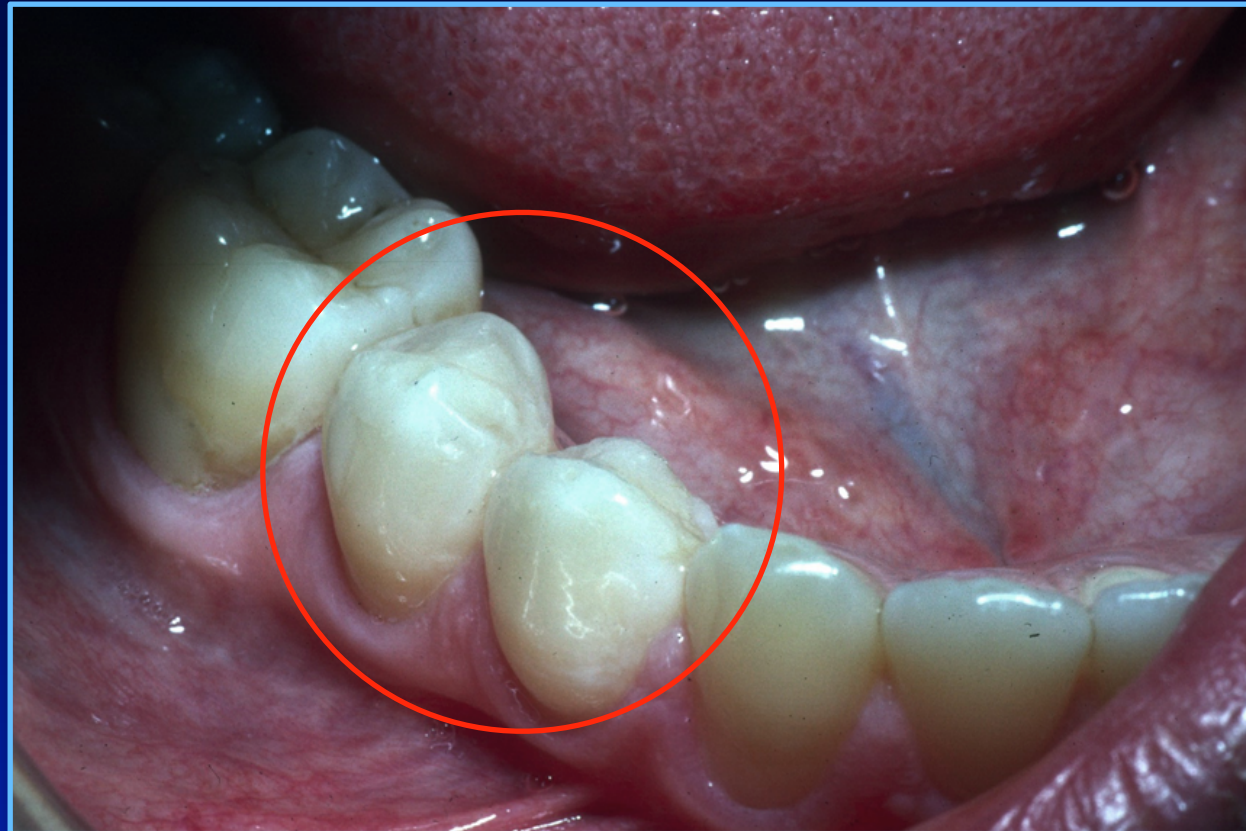


# Kelly Bloom



Most dentists would view this occlusion as being normal.

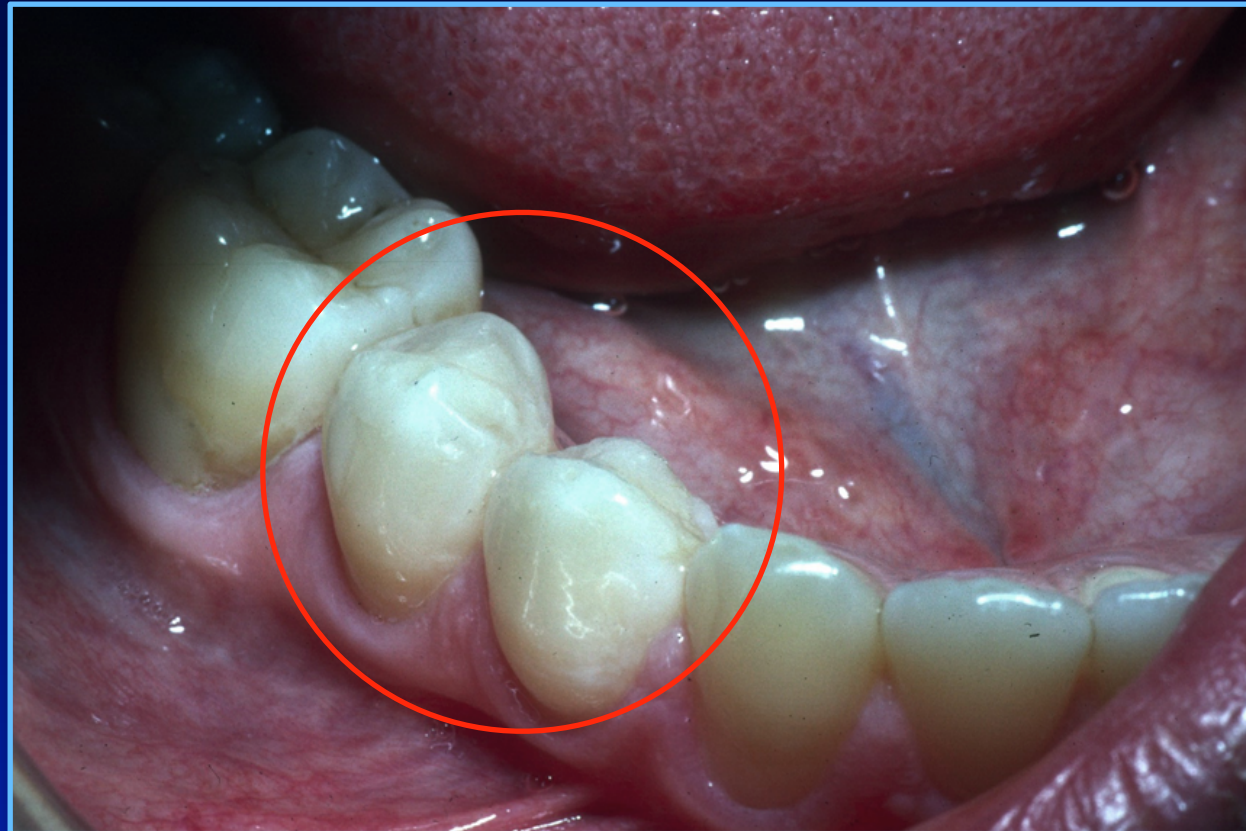
# Kelly Bloom



**Treatment:** Bonded occlusal resin shims the thickness of two sheets of typing paper on the lower right first and second bicuspid teeth. All three 15-year duration symptoms disappeared immediately.



# Kelly Bloom



## Chief Complaints: 15-year duration

1. Right side neck pain disappeared immediately.
2. Right shoulder pain disappeared immediately.

# Dental/Whole Body Connection

**40,000 Foot Overview**

**Dr. Smith Live**

OCTOBER 23, 2025



# Physiologic Adaptive Range Concept

**Comprehensive Paradigm For Treating The  
Whole Patient**

**Cranial Complex**

**Dental Complex**

**Pelvic Complex**

**Physiological Complex**

**Psychological Complex**

**Quantum Energy Complex**

# Dental Complex



# Dental Interference Fields

Any focus of irritation involving biological, chemical, structural or energy distortion has the potential of effecting all systems of the body. The resultant signaling will have a direct physiological and neurological influence far removed from the original site.

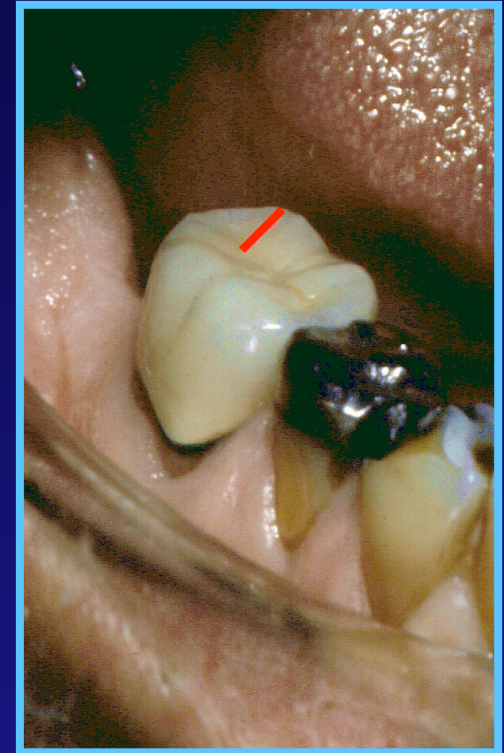
# Dental Low Back Pain Connection



**Age:** 62-year-old

**Date:** December 5, 2000

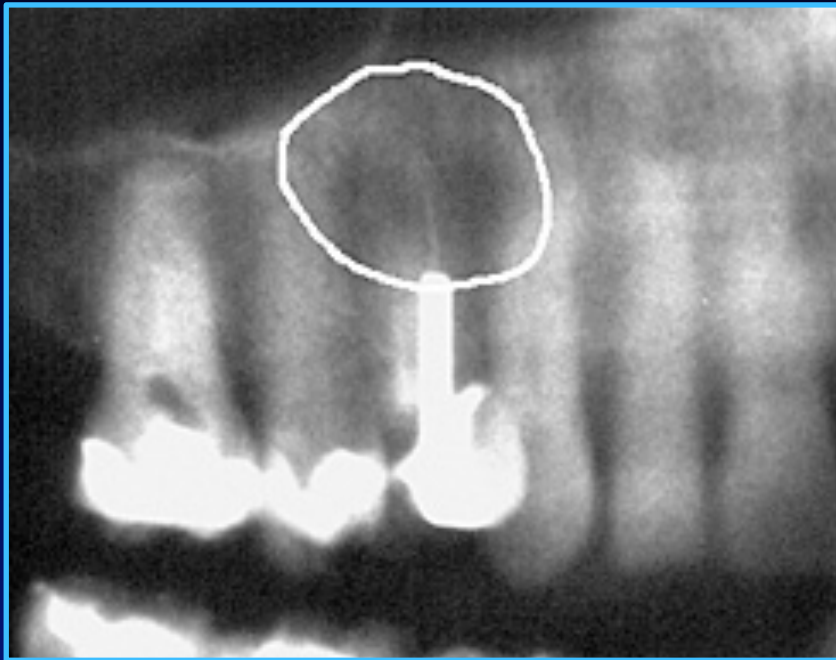
**Occupation:** Engineer



## Chief Complaints:

1. Constant low back pain for 8 years - Started day the lower right first molar crown was cemented.
2. Tx : Neuro Occlusal Adjustment - Low back pain disappeared immediately. Has been pain free since 2000.





# Dental Dermatological Connection

## 20 year-old root canal

Asymptomatic teeth are frequently considered sterile and harmless.

Dx:

Jaw osteitis and streptococcus viridans



Pre-extraction



Post-extraction

According to Edward C. Rosenow, MD, head bacteriologist of the Mayo Clinic in the 1940's, negative pulpless teeth in his experience were more specifically virulent than those isolated from radiographically positive teeth (teeth with abscesses).

# Hashimoto's Disease

## Dental Connection

**Lisa Simonetti**

22-year-old account  
diagnosed with Hashimoto's  
disease.

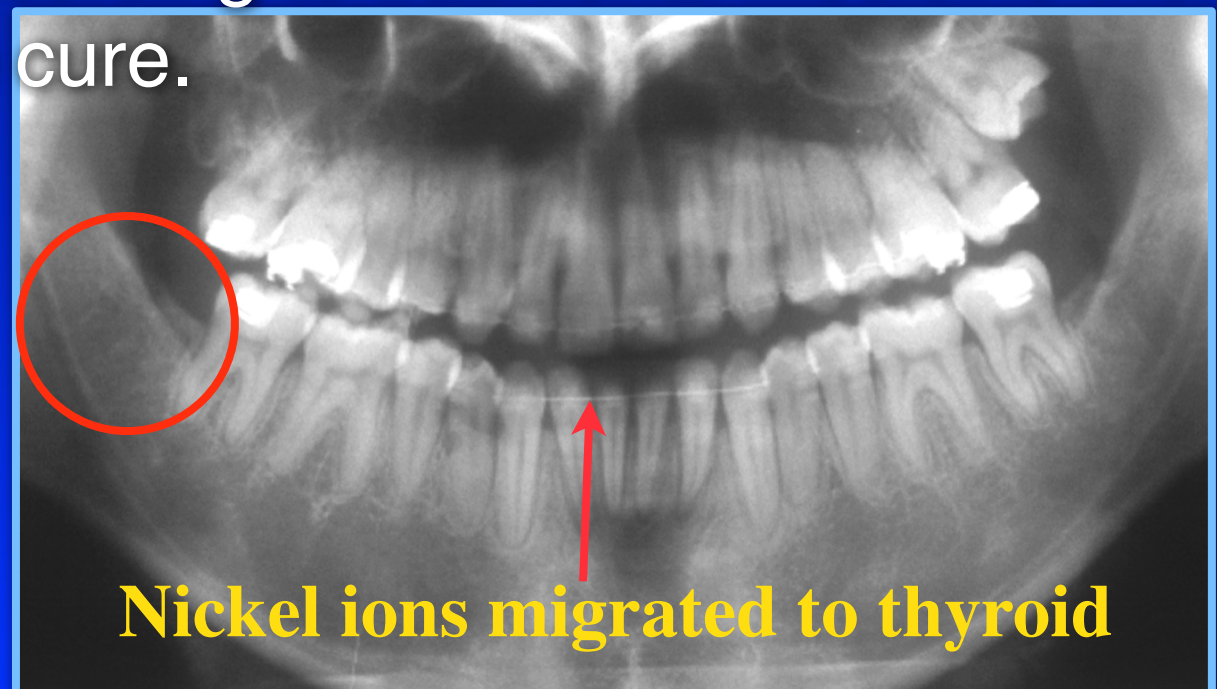
C.C. Severe fatigue, weight  
gain, poor memory, insomnia

Medical Tx: Thyroid  
hormone. No change

Direct Resonance testing:  
CMV and nickel toxicity in  
thyroid.

1997 - Extraction of lower right third  
molar resulted in an infection. CMV  
migrated to thyroid.

Hashimoto's disease is classified as an auto-immune problem where the body attacks the thyroid. The primary symptoms are the same as an under active thyroid: tiredness, forget-fulness, depression, coarse dry skin, slow heartbeat, weight gain, insomnia constipation and intolerance to cold. According to traditional medicine there is no cure.





# Dental Rheumatoid Arthritis Connection

1973



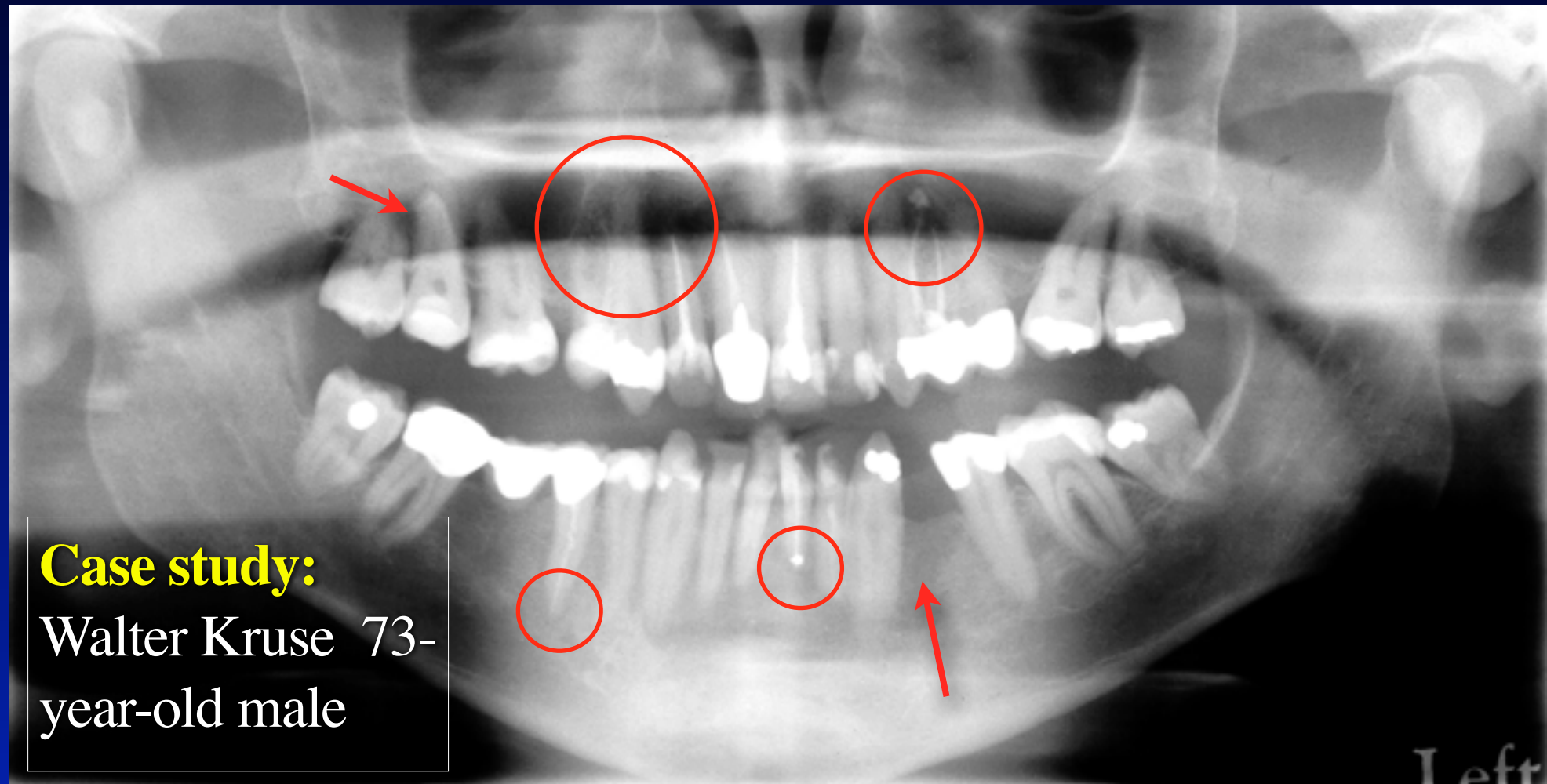
Root Canal at age 29

Age 30 - First signs of rheumatoid arthritis: swollen knees appeared one year after root canal therapy performed in tooth #10.

1974-2004 -Patient placed on prednisone, methotrexate and Enbrel (yearly cost \$13,500)Enbrel is primarily used to block the tumor necrosis factor alpha (TNF alpha), which the body produces during the inflammatory response.

2004 - Direct Resonance testing: Dx Streptococcus viridans in root canal tooth. Three Txs with biofrequencies eliminated use of Enbrel and reduced swelling and pain by 98 percent.

# Congestive Heart Failure Dental Connection



- Patient was in hospice suffering with severe congestive heart failure waiting to die.
- University of Pennsylvania told him he needed a heart transplant.

**Dx:** Hg poisoning, Candida, Cytomegalovirus, Herpes Simplex 2, Staphylococcus, Streptococcus, osteomyelitis

**Tx:** Extraction and biofrequencies

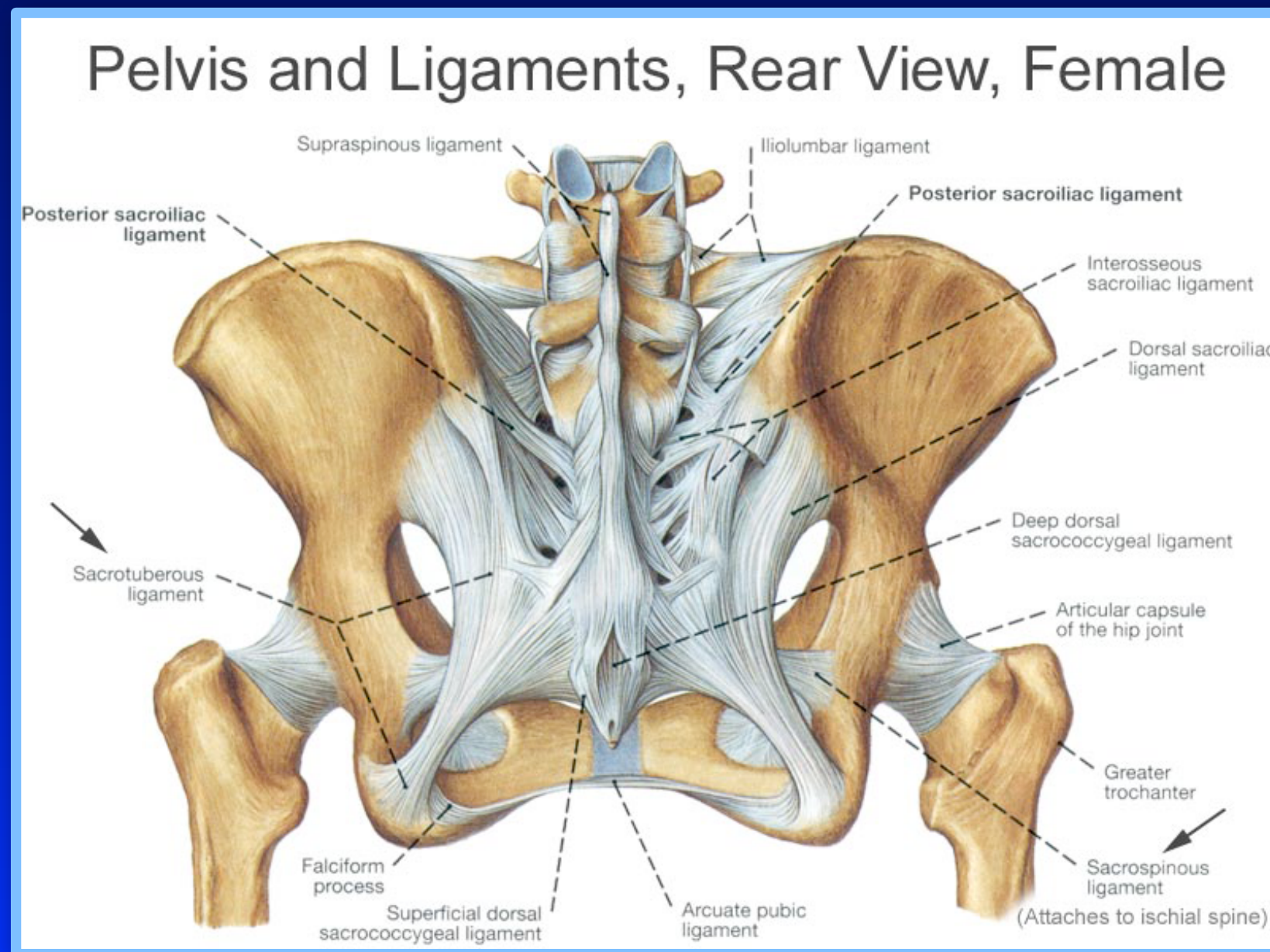
**Results:** Patient's severe congestive heart failure was reversed!



# Pelvic Complex

# Pelvic Complex

- **An unstable category two (sacroiliac weakness) can create cranial / TMJ & occlusal instability.**

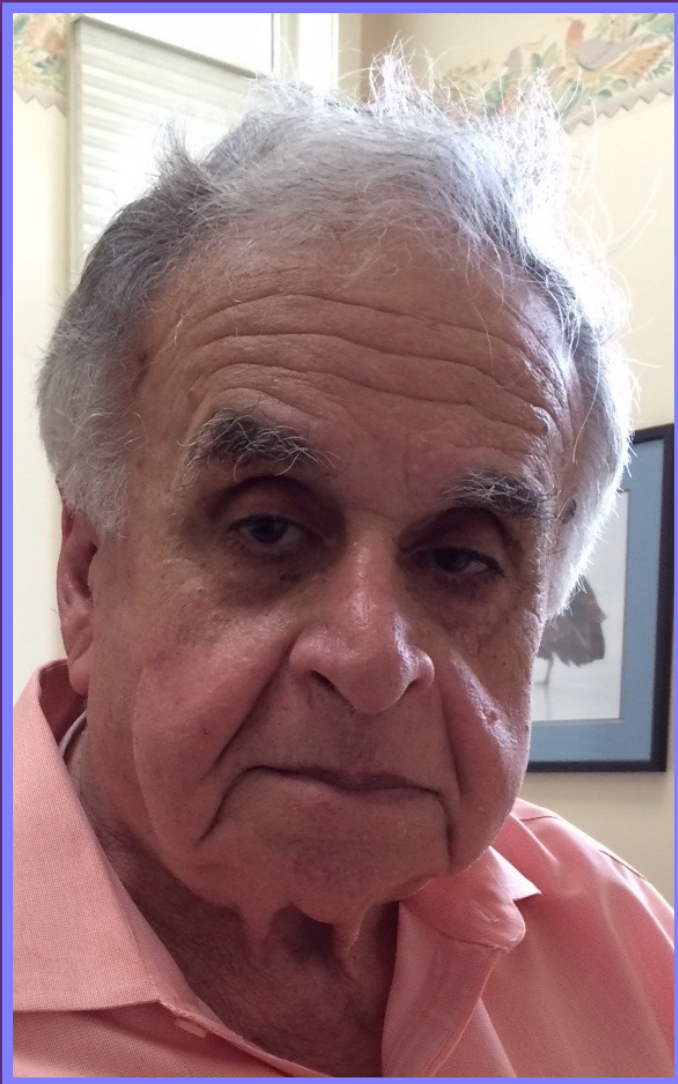




# **Full Denture Lower Back Pain Connection**

# Denture Lower Back Connection

## Dental/Chiropractic Functional Relationships



87 year-old

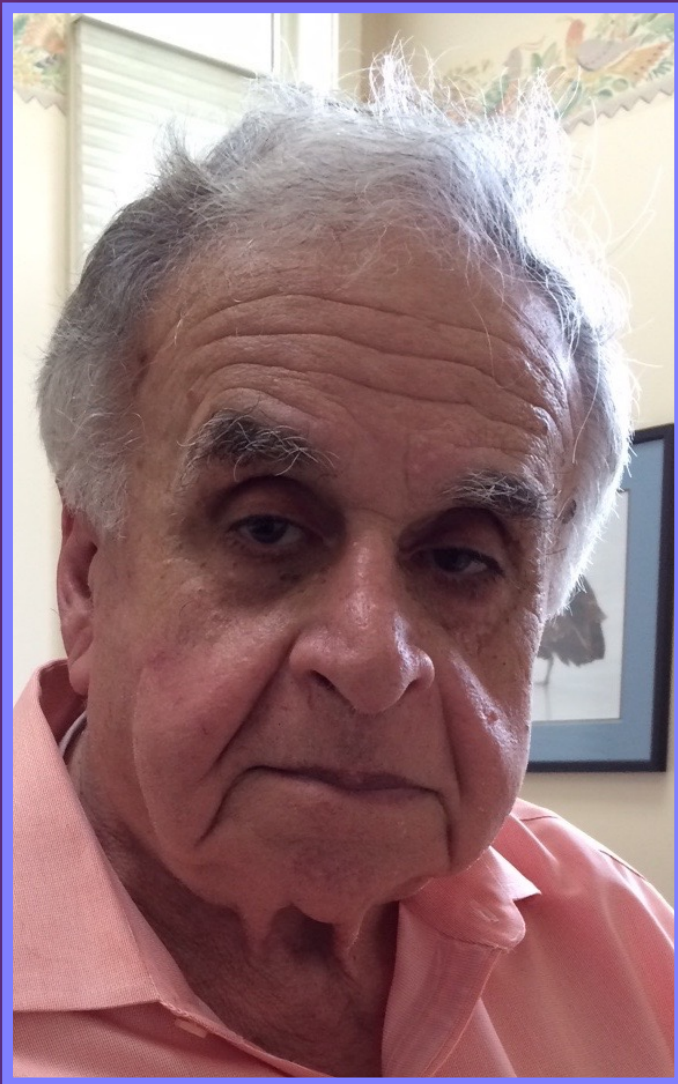
Loss of vertical dimension (space between the maxillae and mandible) **will cause spinal compression**. Poor fitting dentures can also cause rotation of the temporal bones.

Clinical signs: deep nasolabial folds as well as folds on the sides of the mouth plus poor lip posture.



# Denture Lower Back Connection

## Dental/Medical History - 2015



Nate's poorly fitting full dentures were 15 years-old and accompanied by sore gums.

He experienced right thigh pain for 10 years and lower back pain for 20 years. His chiropractic adjustment did not hold.

When chiropractic adjustments do not hold, invariably there is a malocclusion problem.

# Denture Lower Back Connection

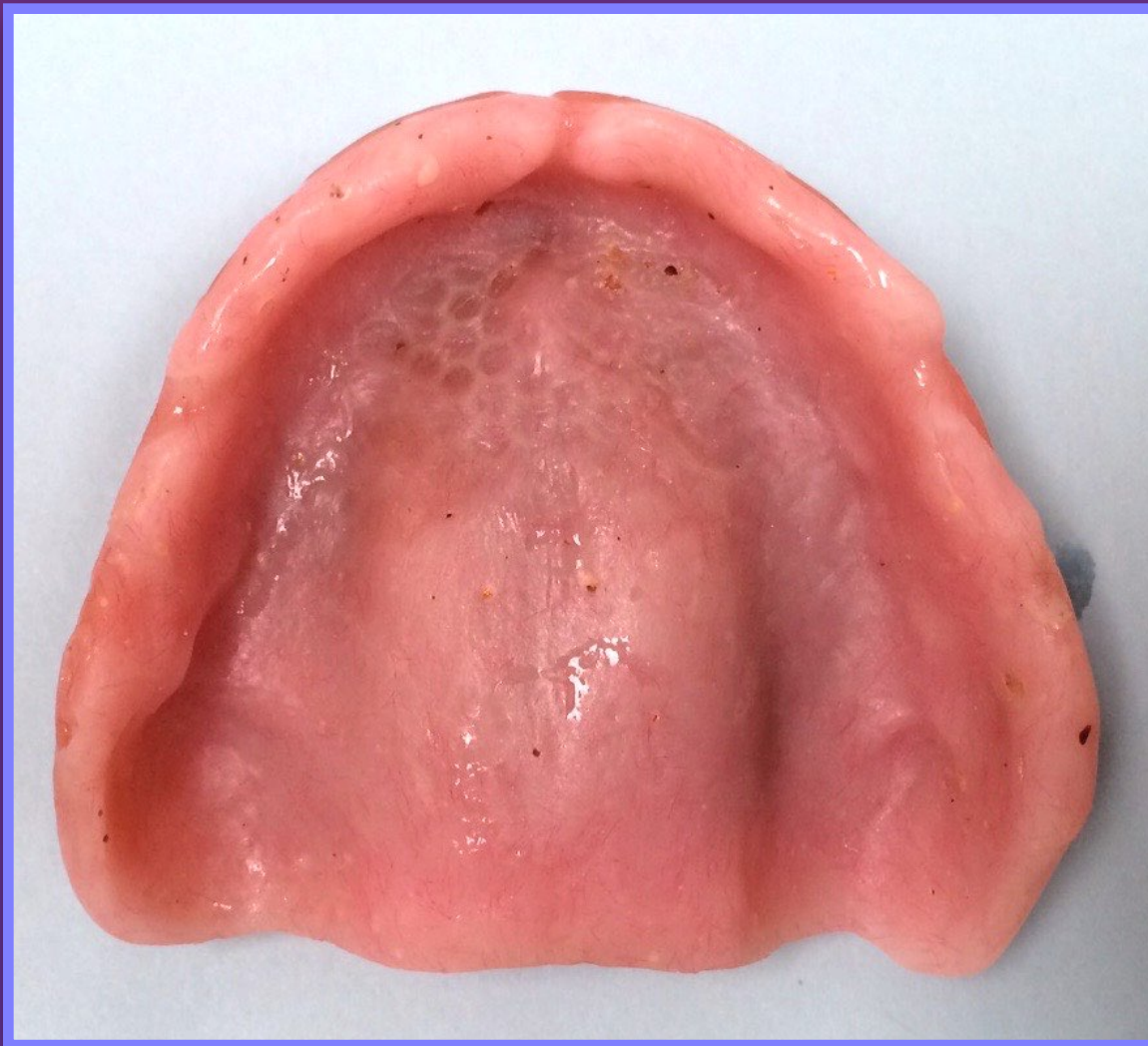
## Treatment - 2015

1. Cranial adjustment
2. Reline maxillary denture to stabilize the cranial bones
3. Reline mandibular denture to increase vertical height
4. Placed patient on calcium lactate and Linum B6 to treat sore gingiva
5. Vitmamin C to repair tissue and support the adrenals



# Denture Lower Back Connection

Treatment - October, 2015



Maxillary denture - soft reline



Mandibular denture - soft reline

# Lower Dentures Fit Like Socks on a Rooster





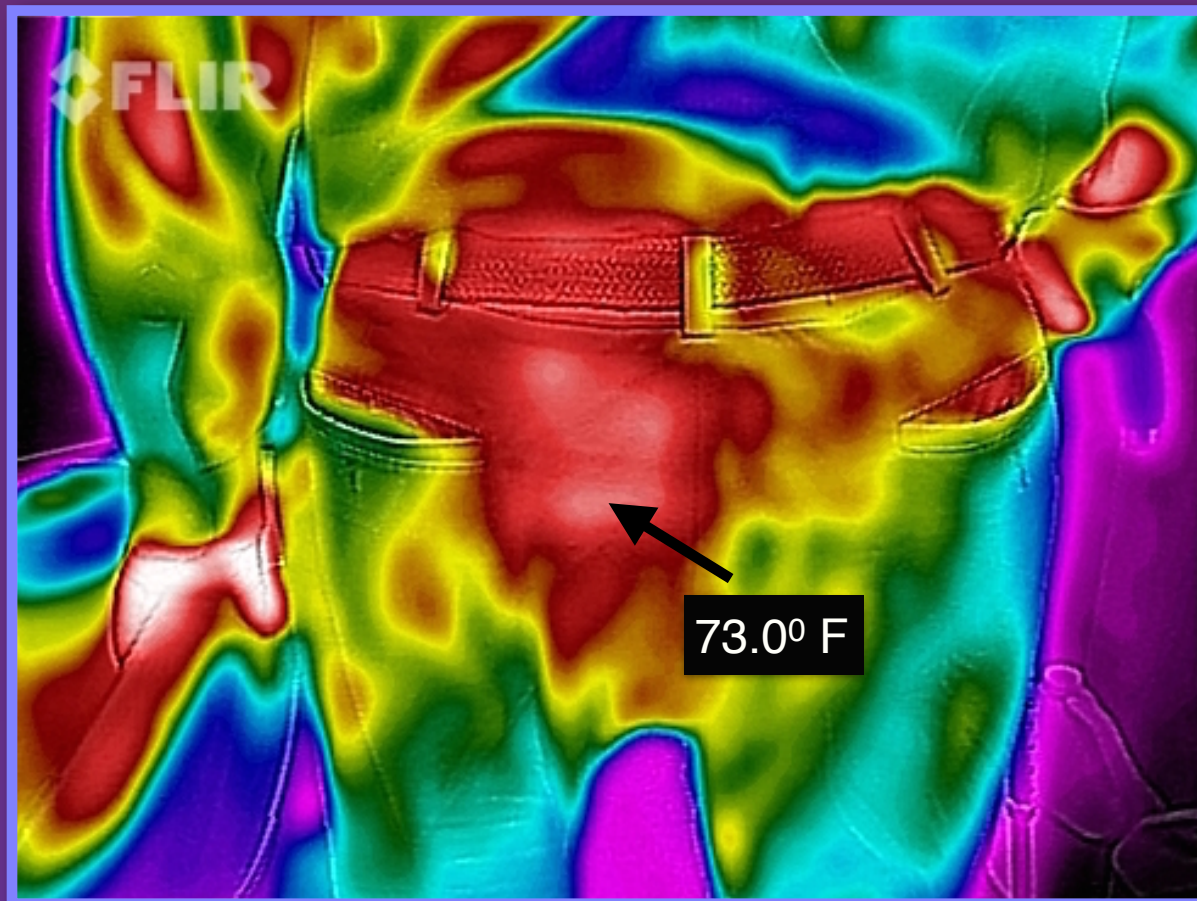
# Denture Lower Back Connection

## Treatment Progress - 2015

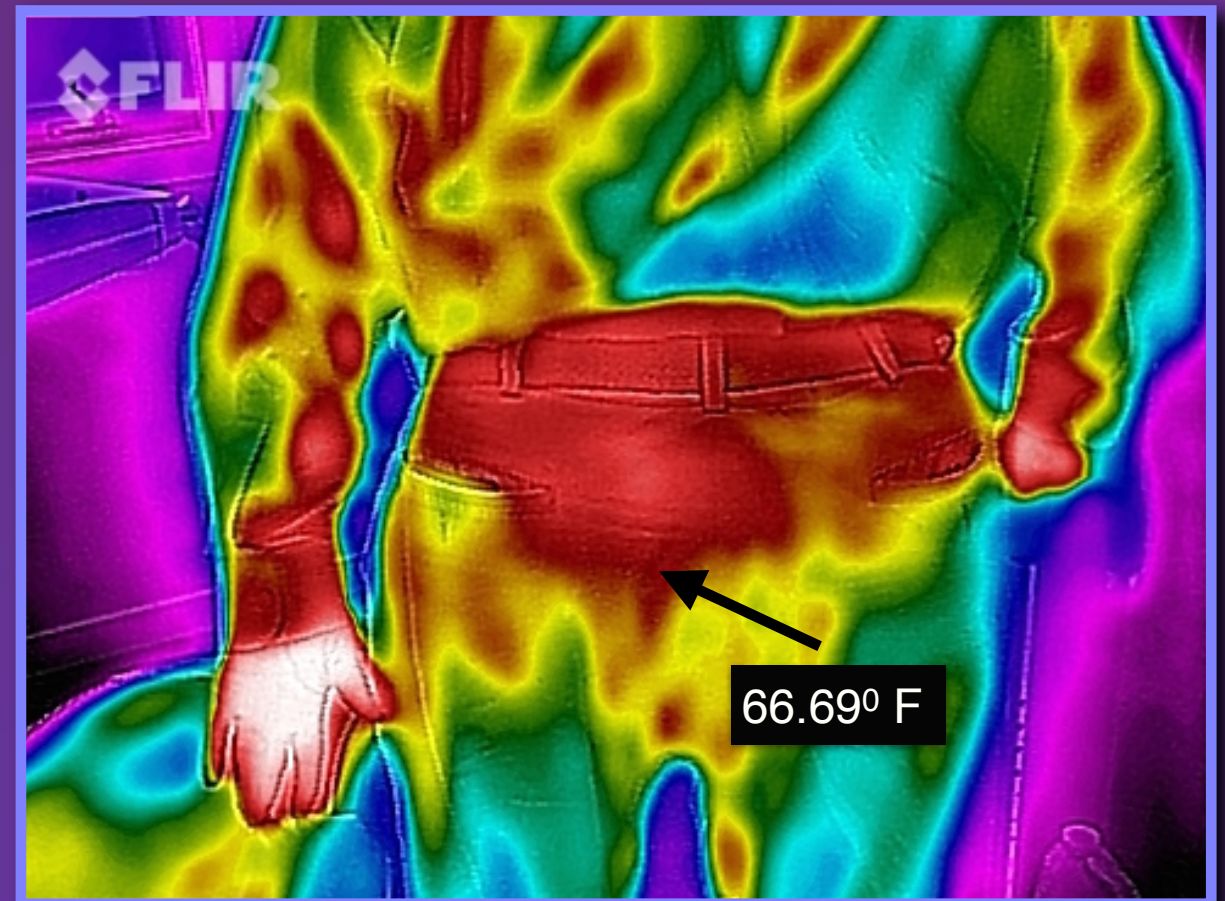
1. Following the first visit, the patient immediately stated that his 10 years of right thigh pain totally resolved.
2. Two days after the first visit patient returned and the lower denture was again relined to provide additional vertical height. Immediately following the procedure, the patient stated that his 20 years of lower back pain was 90% reduced.
3. Following the third visit the patient stated that his dentures never felt so comfortable.



# Digital Infrared Thermal Imaging - 2015



Pre-Tx



Five Minutes Post-Tx  
6.31° F drop in temperature



# Physiologic Complex

# Vertigo totally Resolved With a Custom Homeopathic Remedy



In 2017, ninety year old Carmen Mazzuca was given Ciprodex to treat a left ear infection. Within 10 minutes after taking the medication he developed severe vertigo. For over 1 year Carmen sought medical help with no results.

**Tx:** Quantum testing Dx that the Ciprodex was trapped within the nerves of his left ear. A 30C potency of the drug was custom made. From the first oral dose of 9 drops Carmen's vertigo disappeared totally.



# Psychological Complex

# Chronic Migraine Headaches

I treated a patient for a year and a half with no results. Three years after the patient left the practice she called me up to tell me that her migraines were totally gone. I asked her what treatment resolved her migraines. She replied none. I said what happened. She said her husband died and her years of migraines totally disappeared.



# Quantum Energy Complex

# 6 Pillars Technique

## SIX PILLARS MEDITATION

1. Clear mind
2. Smile
3. Tongue in soft palate
4. Think of something happy or your goal
5. Start from above apex of ears
6. Lead Qi down, forward & to top of ears
7. Continue to lead Qi down passing through TW17 for 3 cun

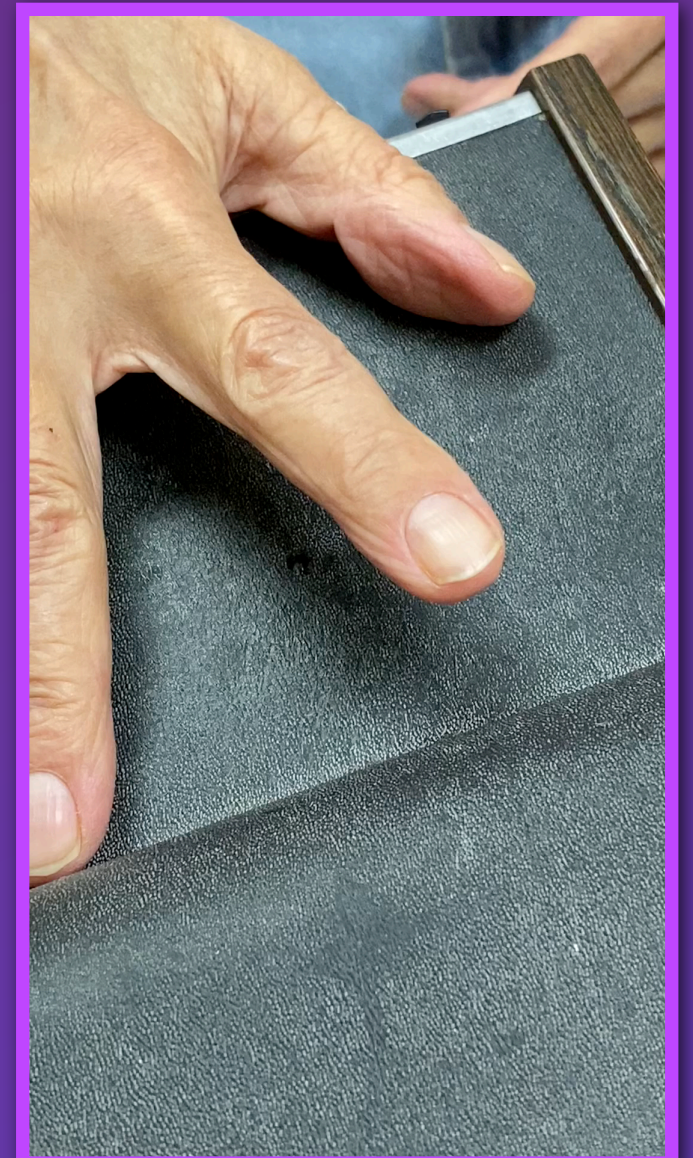


The brain is where every thing originates. The 6 Pillars Ngui Matrix technique flips the switch and immediately restores homeostasis.



# Power of the Ngui Matrix System

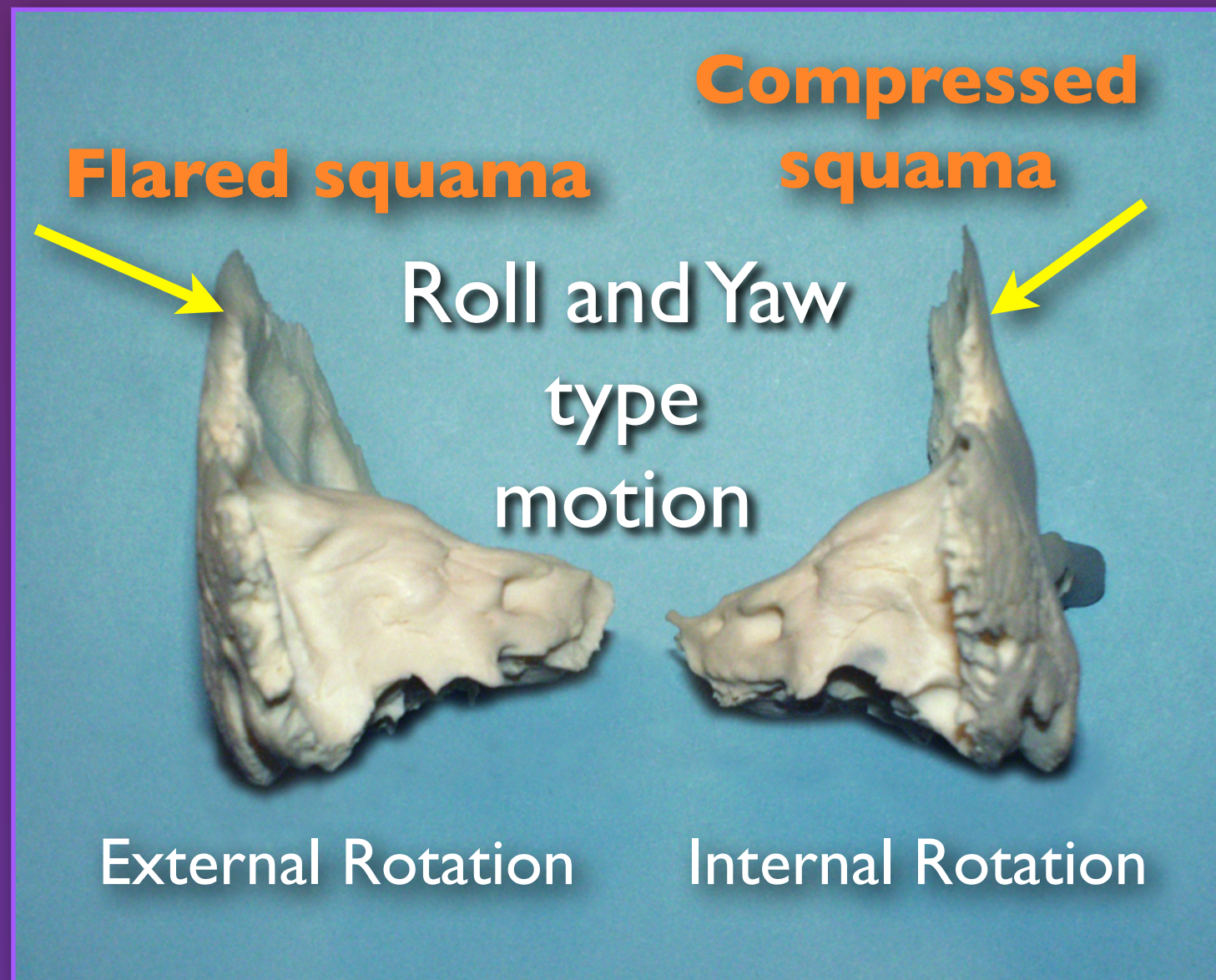
John K was in the hospital for 8 weeks undergoing testing and kidney dialysis. When he left his right index finger started uncontrollable twitching. This problem was resolved instantly using the 6 Pillars Ngui Matrix technique.



# Cranial Complex



# Temporal Bone Lesions

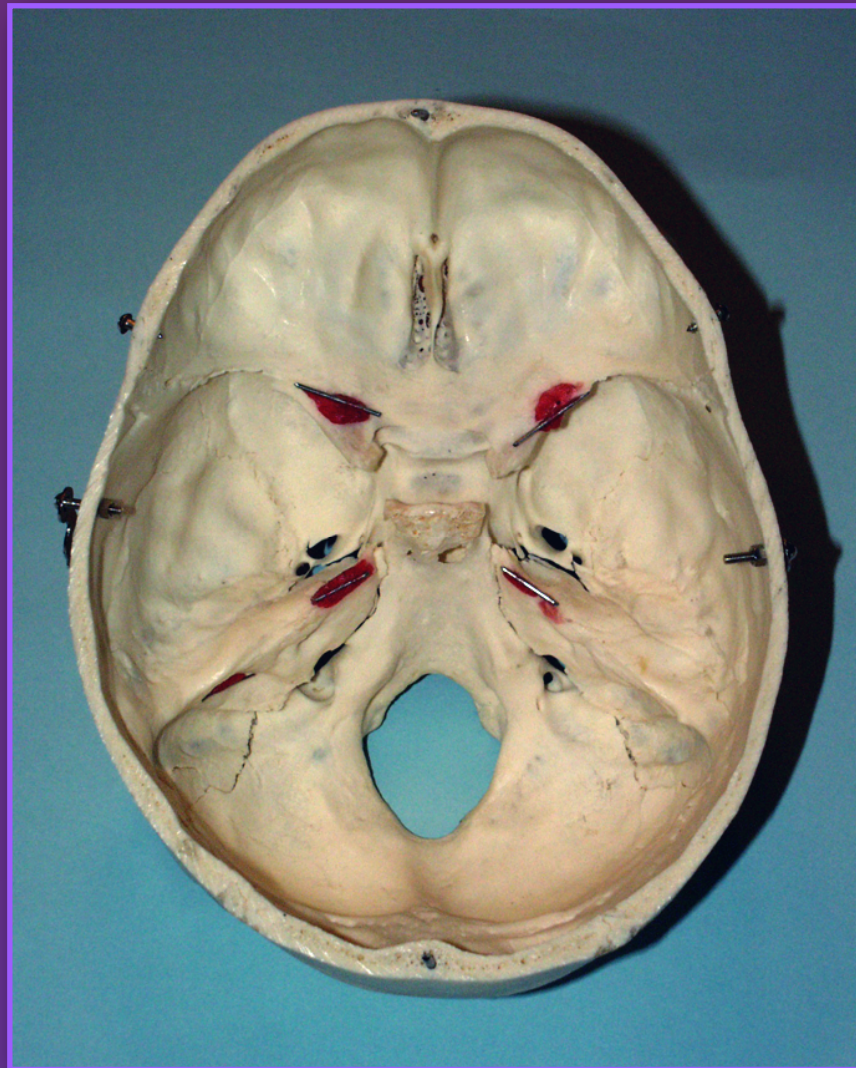


When the temporal bone is externally rotated the mandibular condyle is positioned more posterior and medially within the glenoid fossa. When the temporal bone is internally rotated the mandibular condyle is positioned more anterior and laterally within the glenoid fossa. TMJ Tx failure often results from failure to correct temporal bone misalignment.



# Cranial Lesion

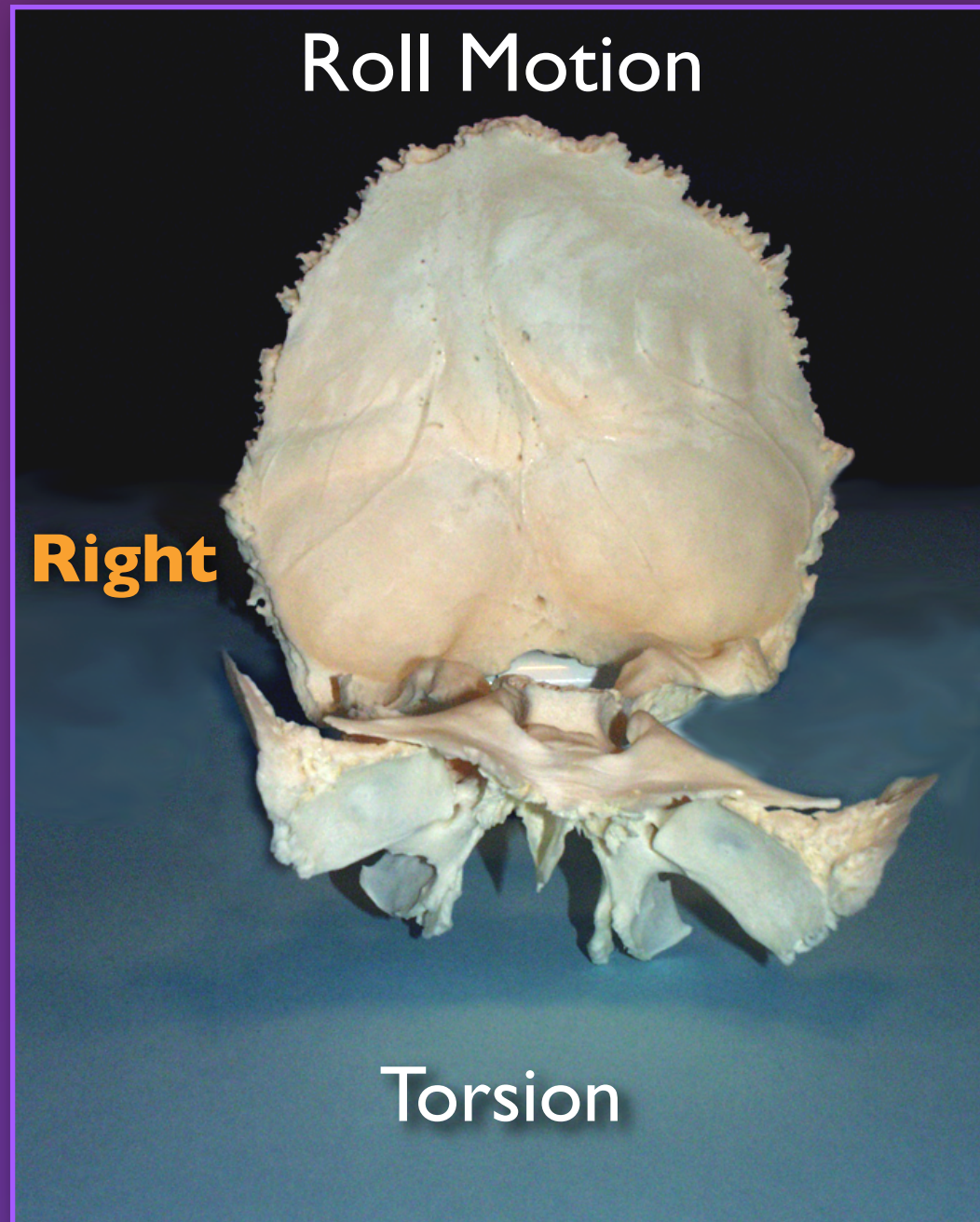
## Sidebending Lesion



Right Sidebending



# Sphenoid Torsion on Occiput



High Right Sphenoid

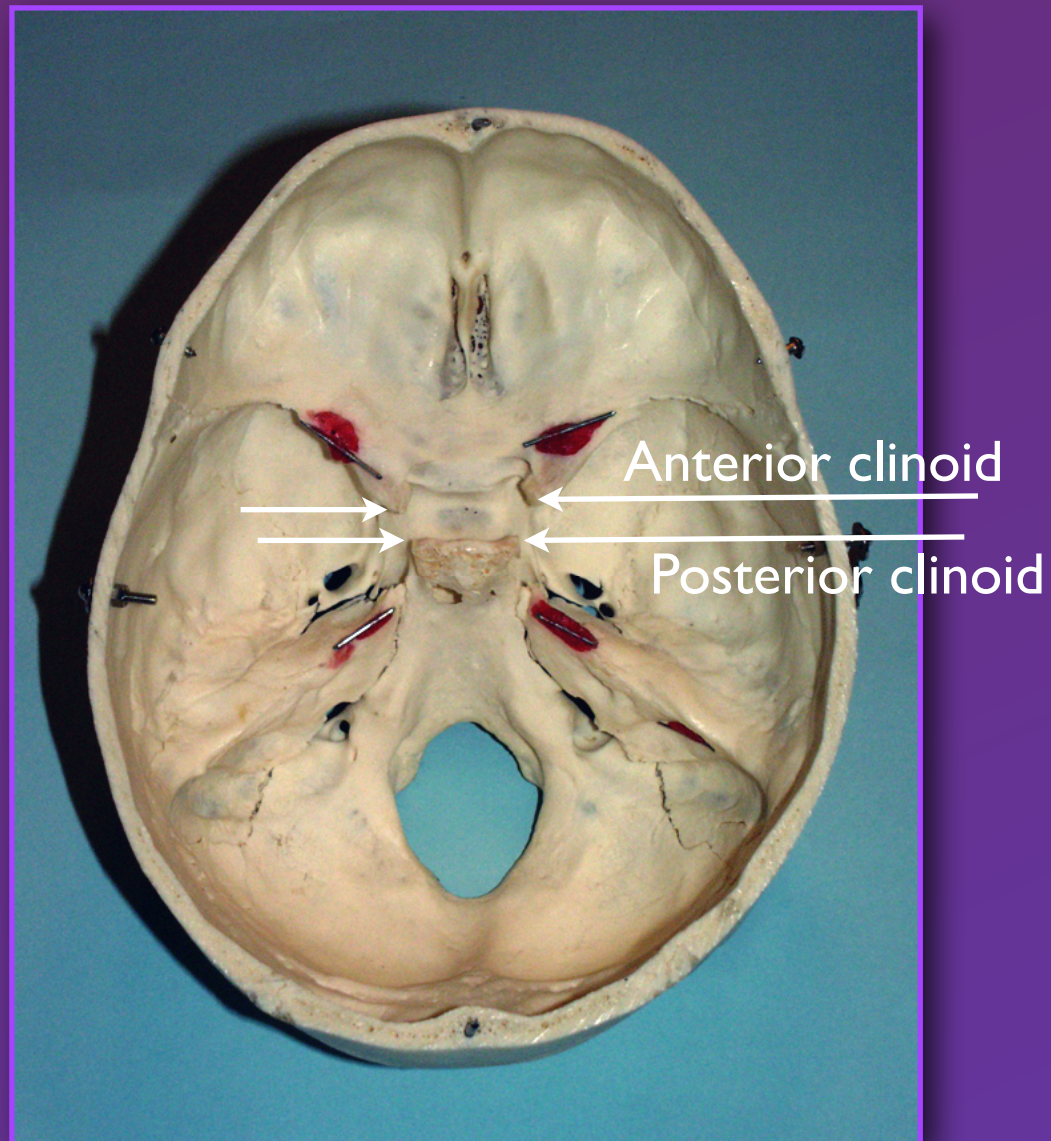


High Left Sphenoid

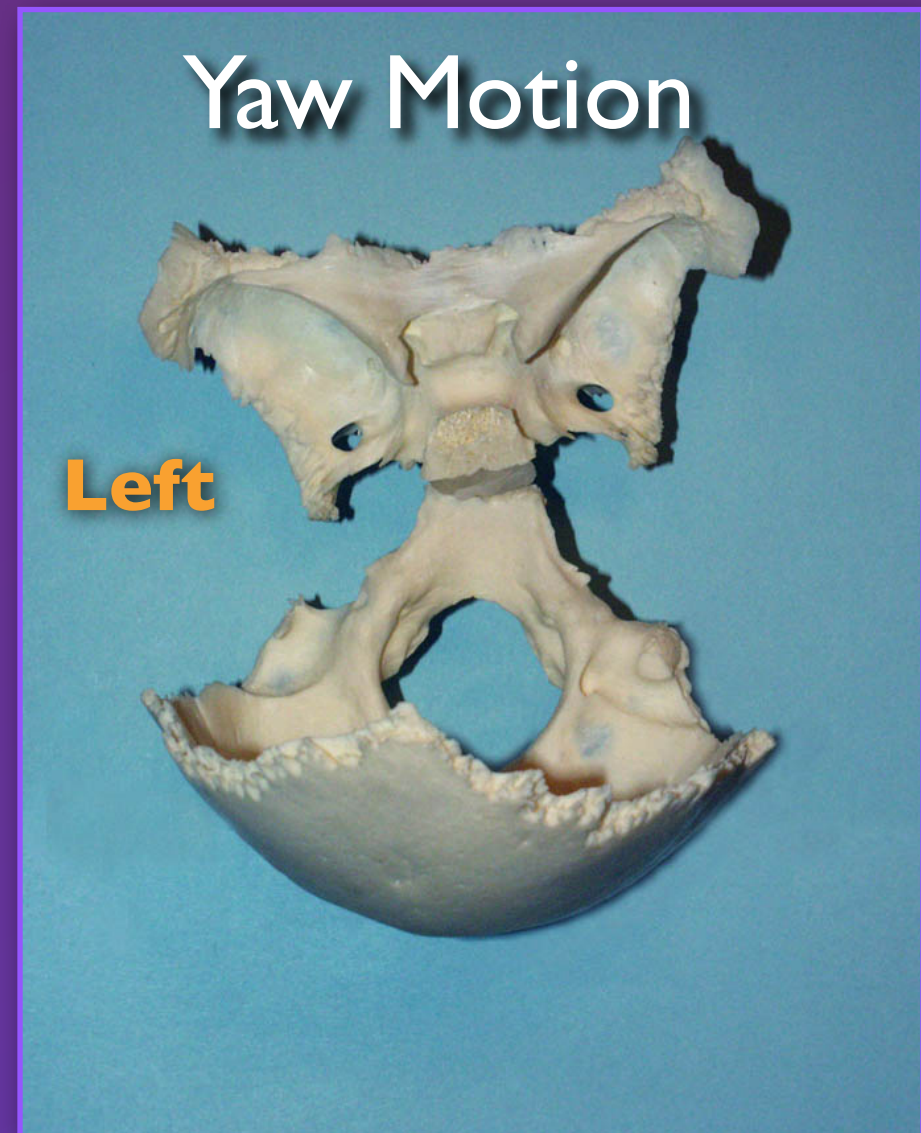


# Cranial Lesion

## Sidebending Lesion



The space between the anterior and posterior clinoid processes are larger on the right.

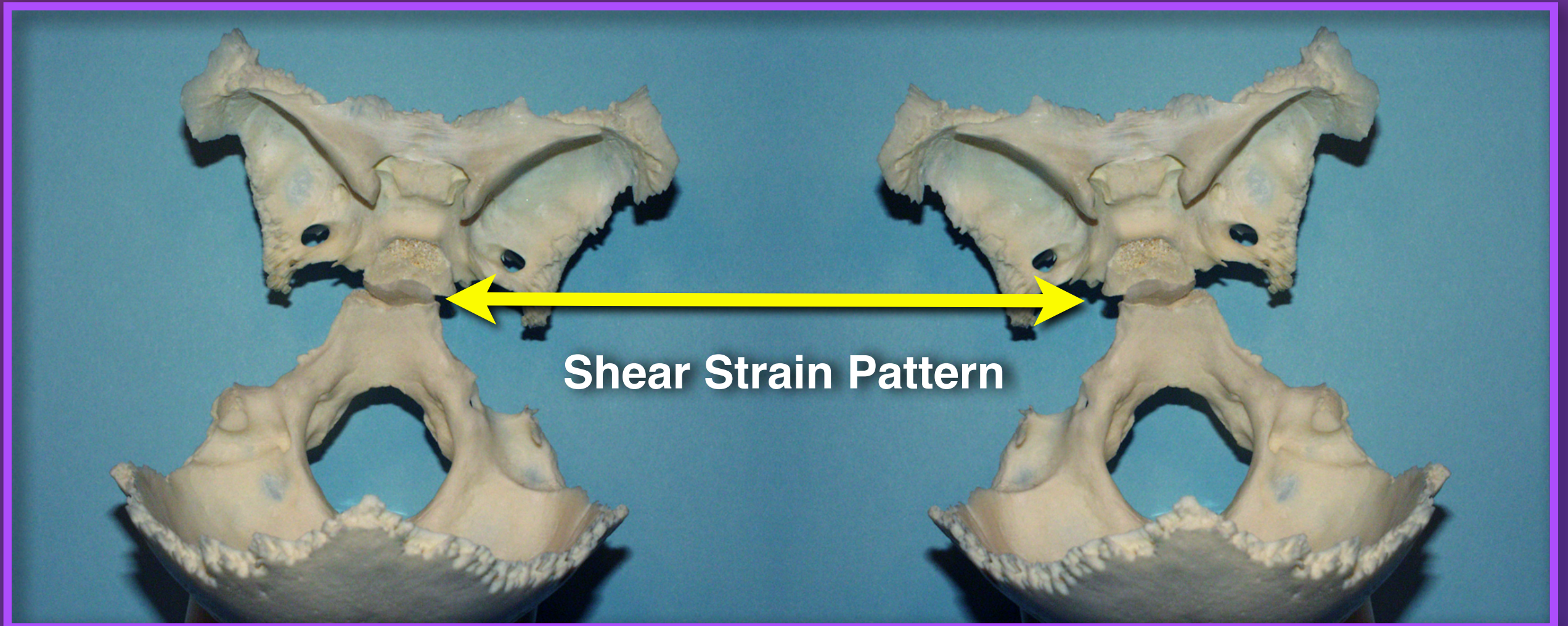


Left Sidebending



# Cranial Lesion

## Lateral Strain Lesions



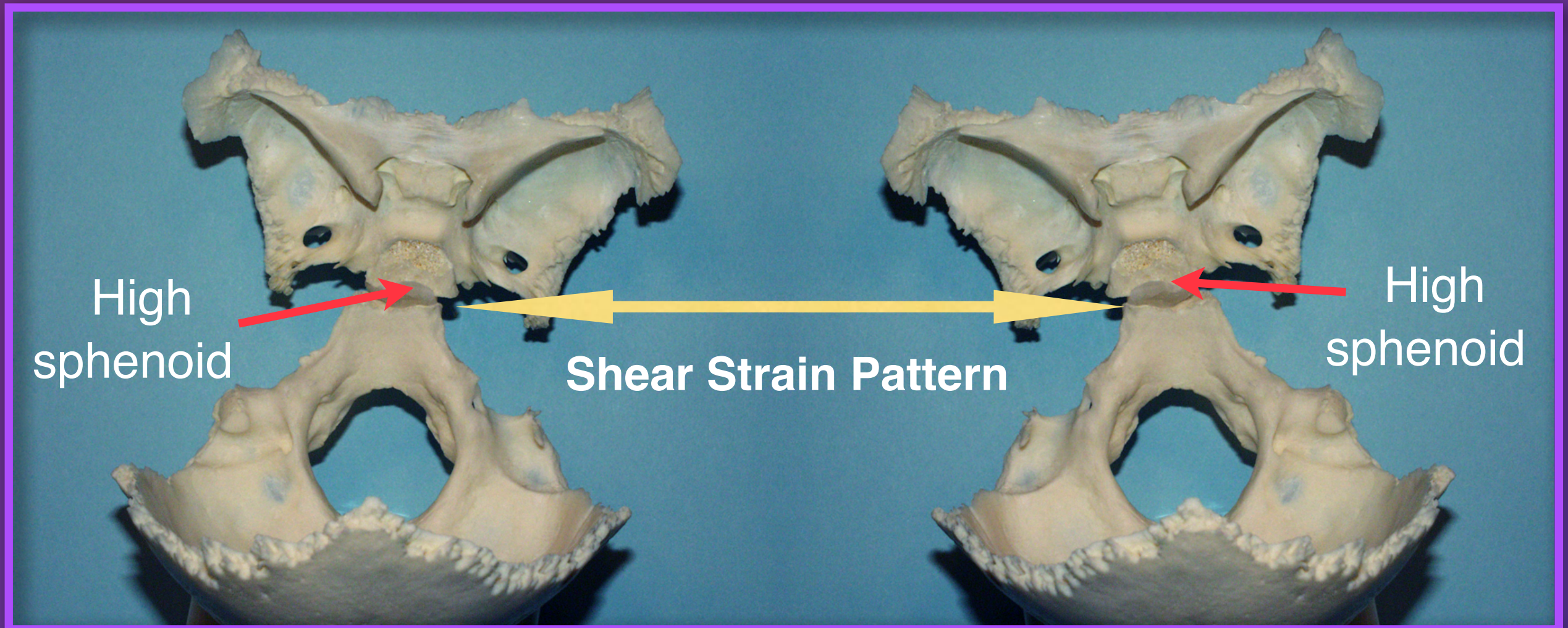
Right Lateral Strain

Left Lateral Strain



# Cranial Lesion

## Lateral and Vertical Strain Lesions



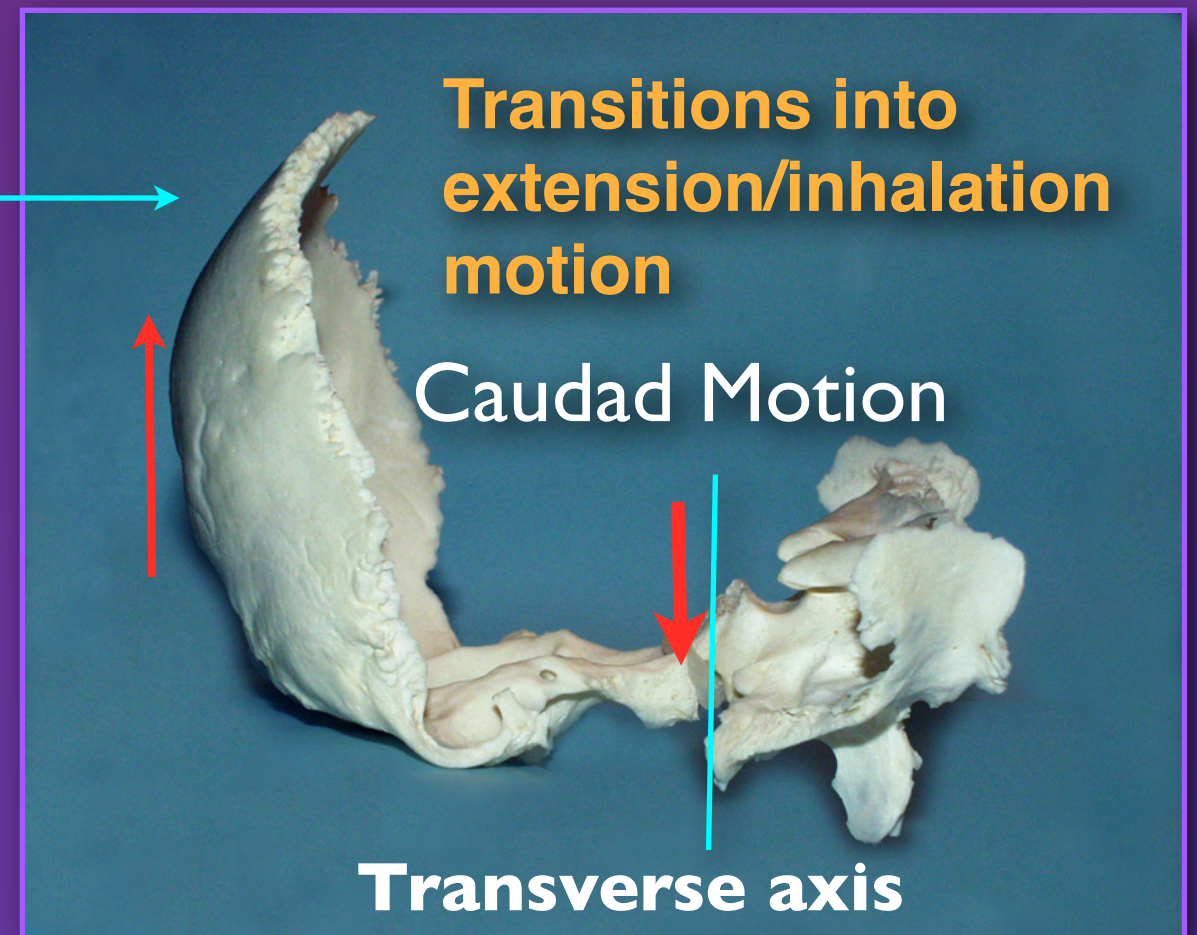
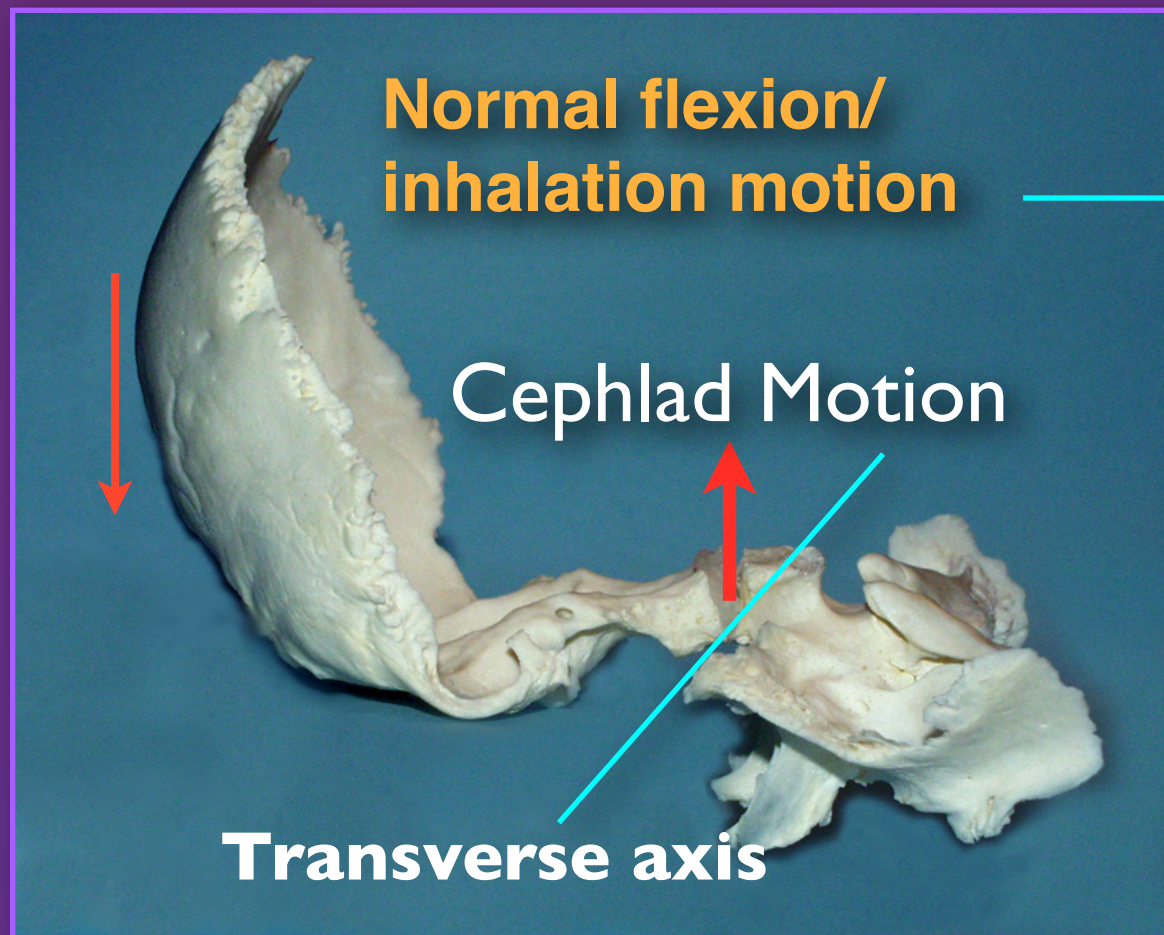
Right Lateral Strain  
with a high sphenoid

Left Lateral Strain  
with a high sphenoid



# Basic Cranial Motion

## Sphenobasilar motion

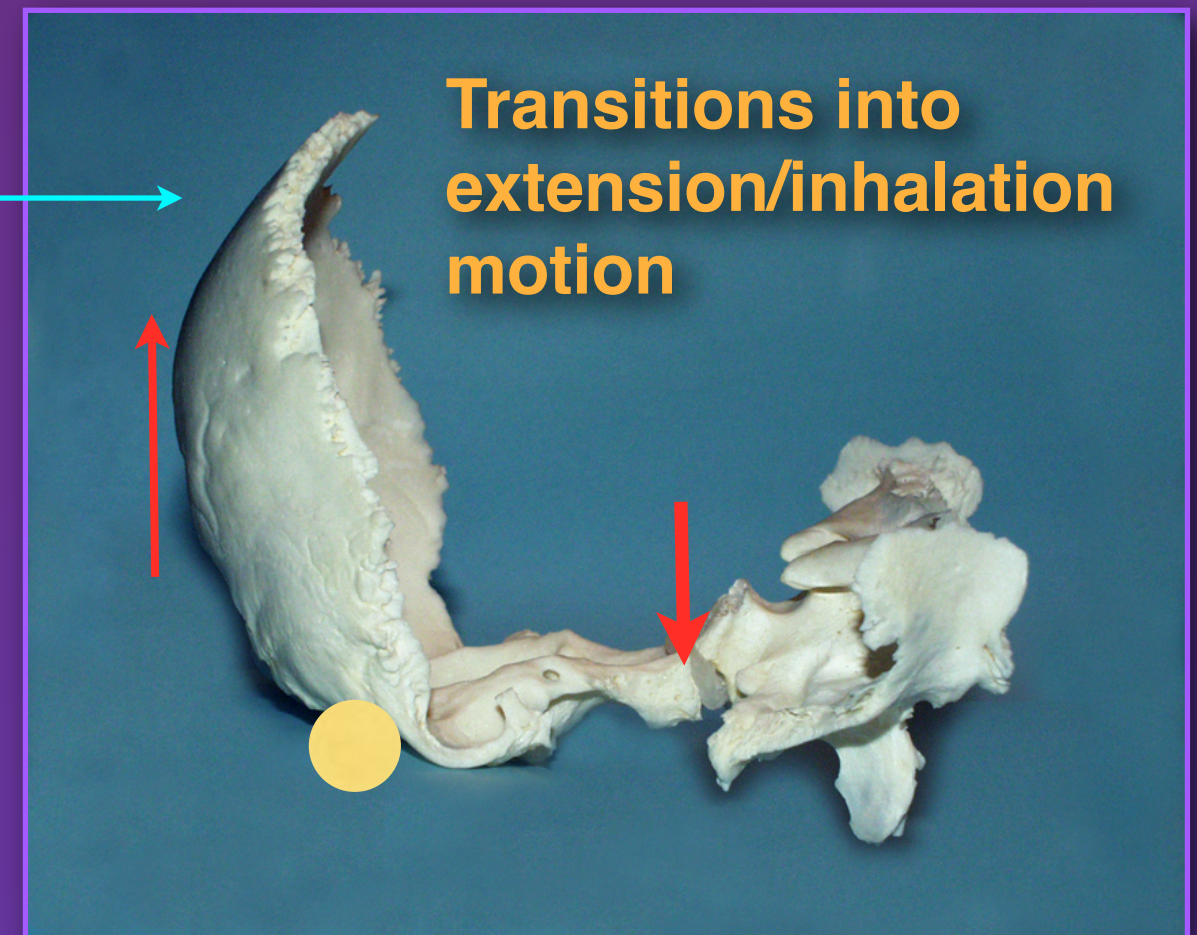
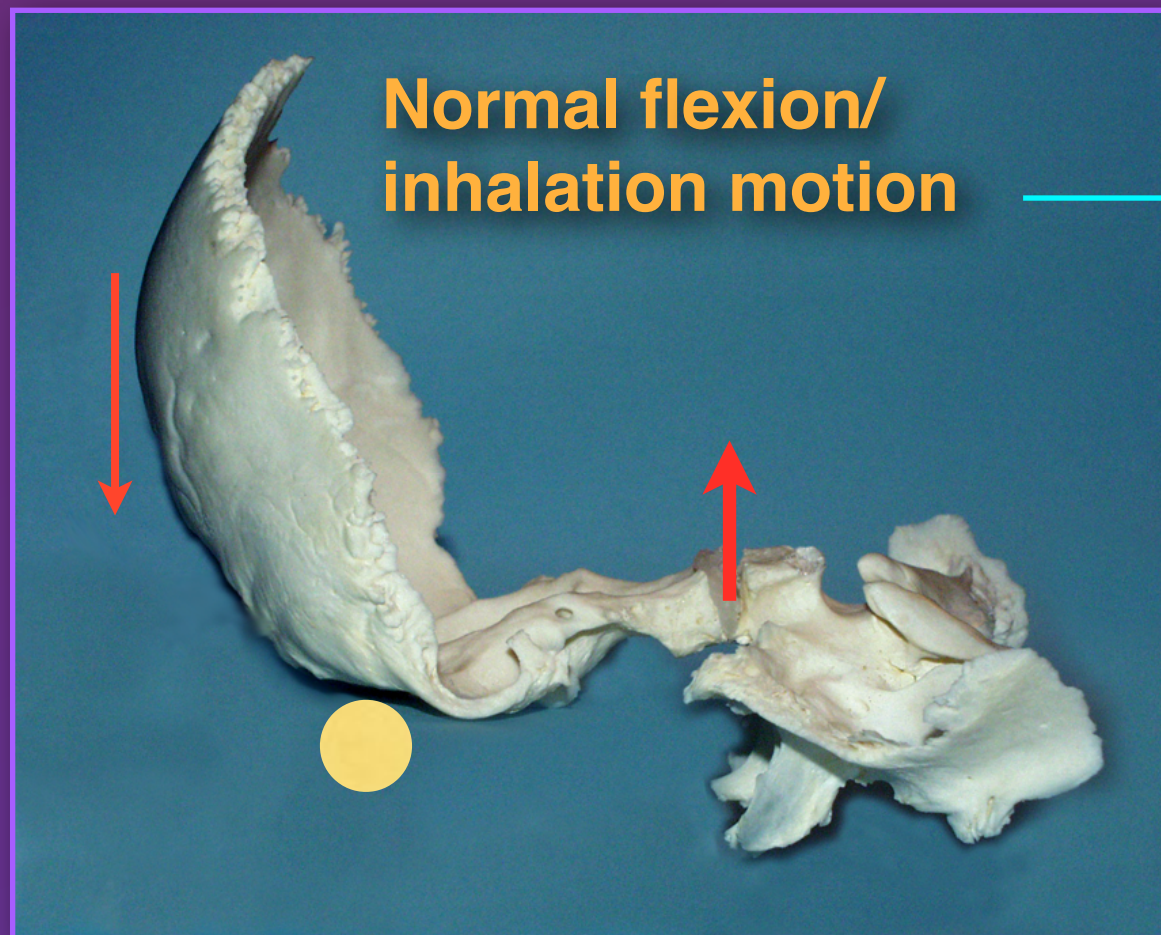


**Pitch motion involves basic flexion/extension movement which occurs during normal inhalation and exhalation and takes place through a transverse axis.**



# Fifth Cranial Indicator

## Assessment of sphenobasilar motion in relationship to diaphragmatic breathing



Most therapists assume that the sphenobasilar motion (SBM) is in synchronization with diaphragmatic breathing. Trauma and iatrogenic procedures often reverse the process. A reversed SBM places tension on the dural membrane system increasing pain patterns.