

The Journal of ORAL CERAMIC IMPLANTOLOGY

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**Full mouth rehabilitation using
a complete digital workflow:
a case report**

**SBH All in One Concept,
Metal removal, Presurgical
preparation and Bolstering
of Immune system....**

**Ceramic Two-Piece Implants
For the Replacement of
Missing Mandibular Molars**

**One Piece Zirconia Implant
Primary Stability Evaluation
with Periotest**

**Titanium Intolerance
and its Relevance in
Clinical Practice**



iaoci_ceramicimplants

SBH All in One Concept, Metal removal, Presurgical preparation and Bolstering of Immune system prior to surgery, SDS Zirconia Implants and surgical process, SDS Restorative, Khoury Technique.

Dr. Corbin Popp, Biological Dentist, Denver, CO, USA, Dr. Rebekka Hueber, Leader department of biological dentistry, Swiss Biohealth Clinic, Kreuzlingen, Switzerland, Dr. Ulrich Volz, Founder and Leader of the Swiss Biohealth Clinic, Swiss Biohealth Clinic, Kreuzlingen, Switzerland

7 2 year old female presented on referral for a comprehensive biological approach to restore her failing prosthetic dental work composed of porcelain-fused to metal crowns and bridges. (Figure 1) Her motivations were to maintain overall health and to have lasting dental work with biocompatible materials. She had a history of trauma and multiple missing teeth plus multiple root canal therapies, a history of recurrent decay and periodontal disease. Her occlusion appeared to have a Mandible to Cranial Base discrepancy with significant first touch and slide coupled with multiple posterior interferences. She reported previous migraine headaches and clenching at times. The long spanning PFM bridge from #14-24 was class 1 mobile. Additional PFM crowns 16, 17, 25, 26, 36, 44, 46. Multiple failing root canal treated teeth #15, 14, 25 and questionable prognosis #24 with periodontal bone loss. She had slight mobile lower incisors with moderate recession and subsequent black triangles were apparent with moderate crowding. Esthetically, the patient was unhappy with the shape of her current teeth, stating: "my teeth have a large overbite" After complete examination and presentation of our findings the patient expressed interest in a comprehensive program to restore her bite using non-metal materials. In our initial plan, we discussed treatment of worn restorative work and to address the harmony of her bite for optimal lasting dentistry. We discussed the All-In-One concept of the Swiss Biohealth method to utilize immediate implantation using SDS ceramic implants and long-term fixed temporaries. She liked the biological approach and was referred to Swiss Biohealth Clinic for planning of this surgical phase in conjunction with our pre-surgical site work to remove metal PFM restorations and mercury fillings.

She began treatment at the end of October 2019, completed the site work following SMART protocols of the IAOMT and placement of composite core build

Preoperative measurements

The patient introduced herself for the first time at the beginning of December 2019 in the Swiss Biohealth Clinic and was kindly referred to by Dr. Corbin Popp. The clinical examination revealed that teeth 5, 6, 12 and 13 were not worth preserving. Horizontal and vertical bone loss occurred in the maxillary anterior region due to long-standing edentulism. In the CBCT-scan taken on site, ischemic osteonecrosis in the sense of FDOJ could be diagnosed. Due to the SAC Assessment classification tool, that is a guideline in order to graduate the difficulty of a surgical implant case we were facing a complex situation, in terms of aesthetic, surgical and restorative evaluations.

An important part of our SWISS BIOHEALTH CONCEPT is to strengthen and optimally prepare the immune system of our patients in order to achieve the best possible bone healing. Four weeks before the surgery, our patients start to supplement the BASIC IMMUNE mixture, formulated by Dr. Klinghardt and Dr. Volz, that not only contains every necessary micronutrient for an optimal support of the body's own regeneration but also works as a pre-biotic due to the cellulose sponges it contains. It is taken for another four weeks after the surgery. Through this intervention we are able to lift the vitamin-D-level 70 ng/ml or higher in order to reach optimal bone growth.

On the day before the surgery the patient got an infusion consisting of Vitamin C (15g), Vitamin B12, Natrium bicarbonate, magnesium sulfate, procaine and ringers solution. On the next day the surgery was performed after the All-in-one-concept in one day.

During the whole treatment, the patient receives the so-called BTPII-infusion, which contains 15g vitamin C, procaine, Mg-sulfate, sodium carbonate and