



Patient: A. D.

Age: 13 years old

Date: April 13, 1999

Occupation: Student

Chief Complaints:

1. Headaches
2. Chronic right ear infection: 13 years (since birth)
3. Neck pain
4. Jaw feels strained
5. Ear fullness

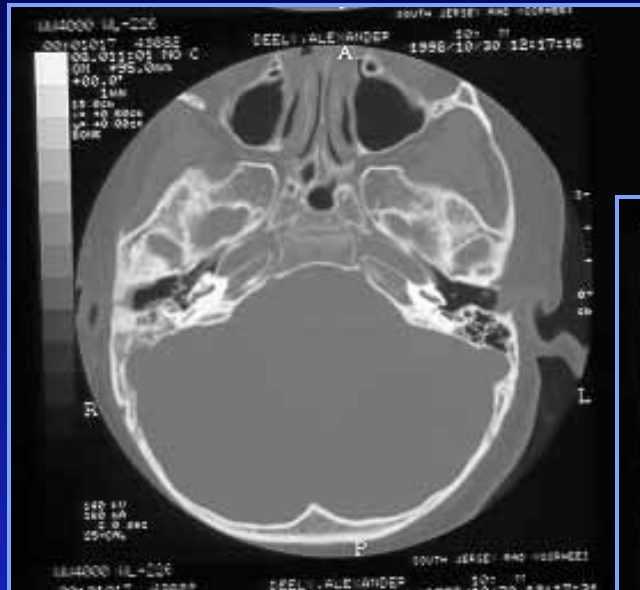
Alex Deeley

Cranial Findings:

1. Sphenoid: high on right
2. Mastoids: left anterior
3. Amplitude: bilaterally weak
4. SBS: right sidebend with torsion on occiput
5. Reversed sphenobasilar mechanism: inhalation produced extension instead of flexion
6. Maxillae cants up on the left



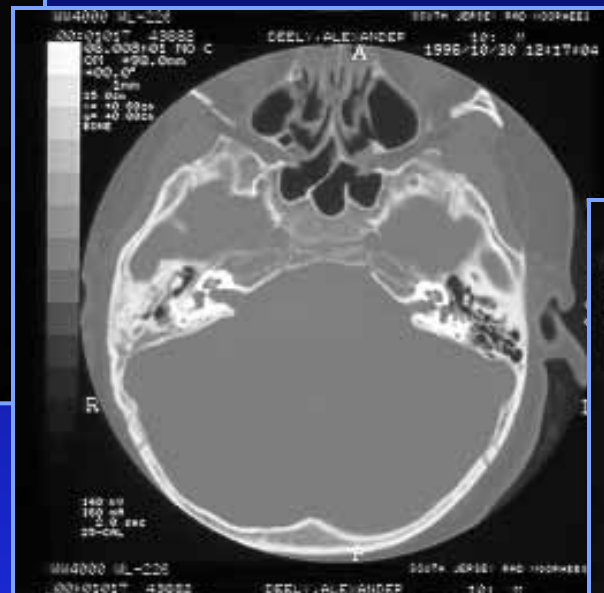
Pre-Treatment



10/20/96

Patient: A. D.

Pre-Treatment

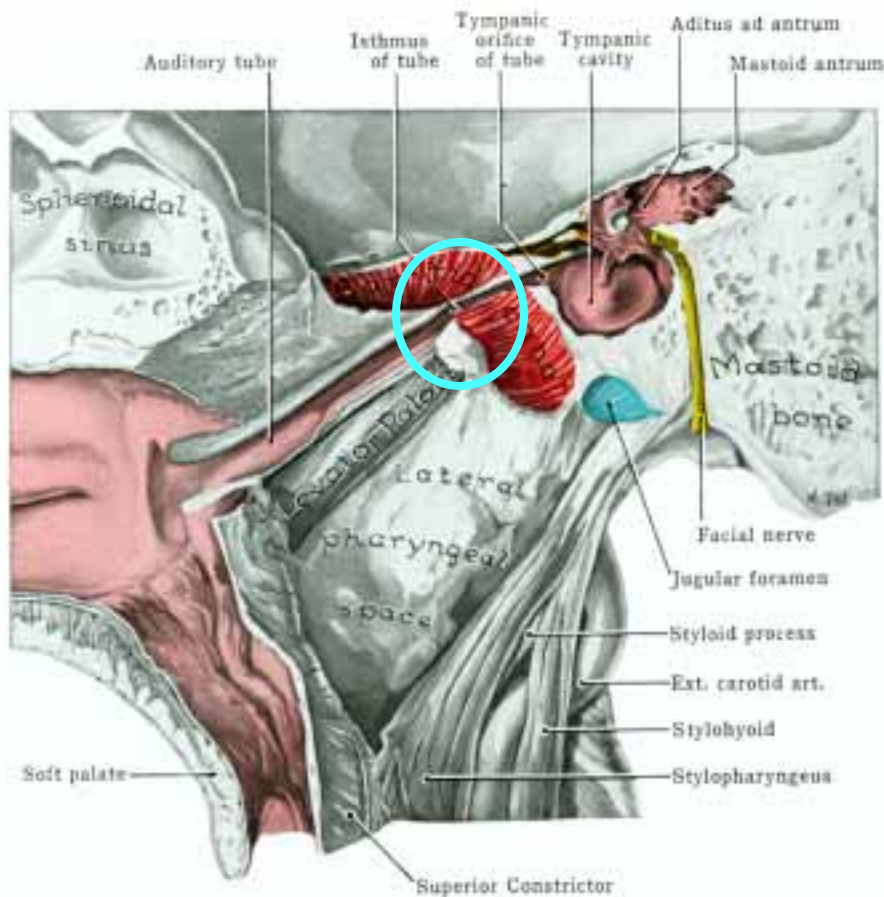


10/30/96

Post-Treatment



10/11/00



When the temporal bone is restricted, the Isthmus of the Eustachian tube becomes narrowed. This prevents equalization of air pressure within the middle ear and helps perpetuate infections. The ALF appliance can correct an internal or external rotation and opened the Isthmus.



- **L W of Sphenoid high on right**
- **Maxillae canted high on left**

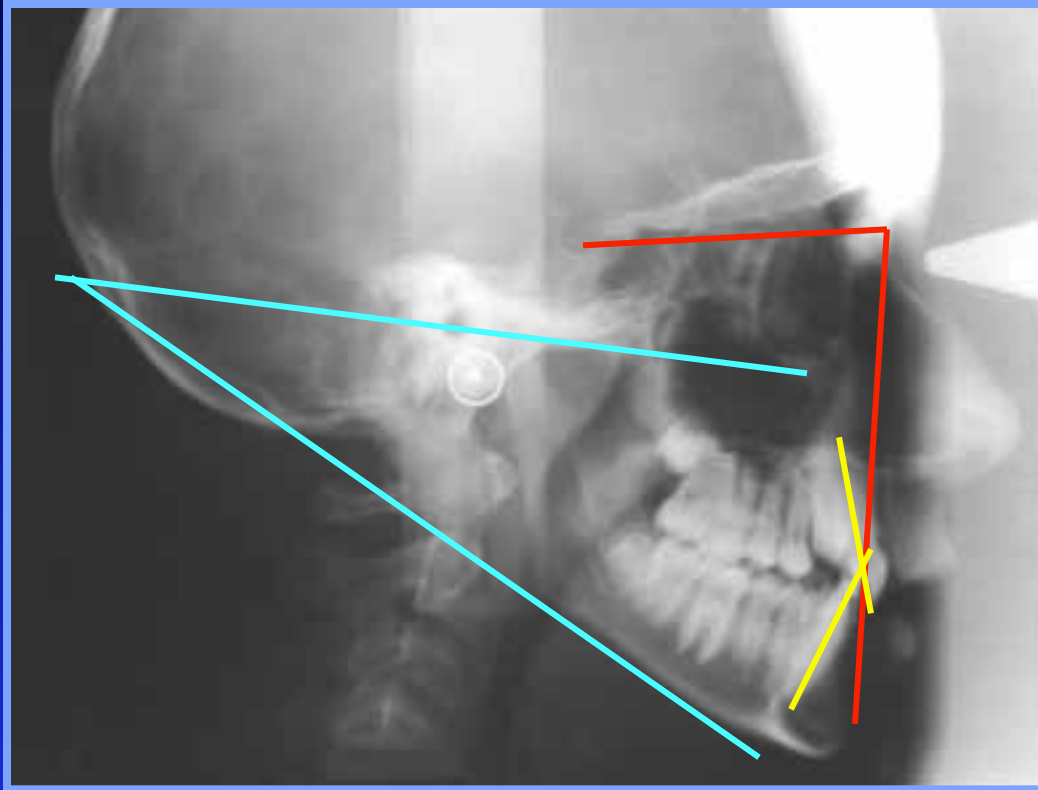
Dental Orthogonal Radiographic Analysis

Patient: A.D.

Medical History Highlights:

- **Chronic Otitis Media with perforation of right tympanic membrane- pseudomonas infection since birth**
- **Myringotomy tubes**
- **Three ear operations to attempt reconstruction of the tympanic membrane.**
- **September, 1995: St. Christopher's Hospital- radical extirpation of middle ear contents (very large cholesteatoma eroded into anterior compartment, eustachian tube and hypotympanic air cell system.**
- **Medications have included: steroid spray, Cipro otic drops, Coly-mycin otic drops, Cephalexin, i.v. PICC line, Piperacillin, Gentamycin.**

Patient: A.D.



- What ceph measurement describes the patient's cranial faults?

- What angle or series of angles establishes a neurologic balance?

- What cephalometric norms establish cranial, spine and pelvic structural balance?

FMA= 27 deg. (fair to good prognosis)

Upper central to lower central= 143deg. (ideal 131deg.)

SNA= 85 deg. (ideal 82 deg.)

Patient: A.D.



Patient: A.D.



**Abnormal condylar wear already present at age 13 years.
The TMJ's are reactionary to the occlusion, muscles,
ligaments and cranial imbalance.**

Patient: A.D.

Accu-Liner



Right Plane



Max. ALF

Accu-Liner



Left Plane



Viazis Bracket System

Patient: E.C.

**4 yrs conventional
orthodontics**



**4 bicuspid
amputation**



**4.5 yrs ALF Tx
Viasiz System**



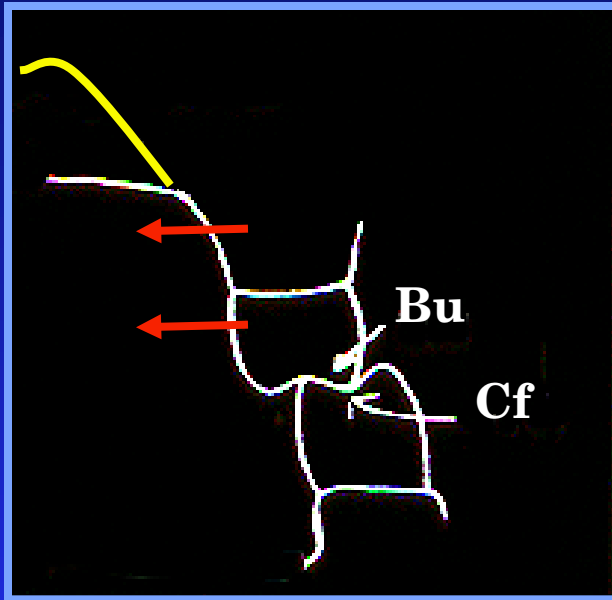
**Cranial correction
arch expansion**



**ALF System
Most
physiologic
Tx for
correcting
orthopedic/
orthodontic
problems**

Malocclusion

Cross bite



A unilateral posterior crossbite generates occlusal forces that create a medially driven strain pattern of the teeth, alveolar process and dural membranes. This osseous deformation restricts half of the maxilla and temporal bone in an internal rotation. The mandible shifts into an adaptive position creating an imbalance of the 136 muscles, fascia, ligaments, proprioceptors, lymphatics, ANS and physiology of the tissues.

Patient: L.S.



Age: 5 years old
Date: February 12, 2000
Occupation: Student

Chief Complaint: Prognathic jaw relationship

Dental Classification: Pseudo Class III

Patient: L.S.

18 Months ALF Tx



**February
2000**



**August
2001**

Patient: L.S.



Maxillary labial pads are designed to stimulate alveolar bone growth by increasing tension on the periostium via muscle tension. Modifications are sometimes necessary to accommodate a “fluffy frenum”.

Patient: L.S.

Pre-Treatment



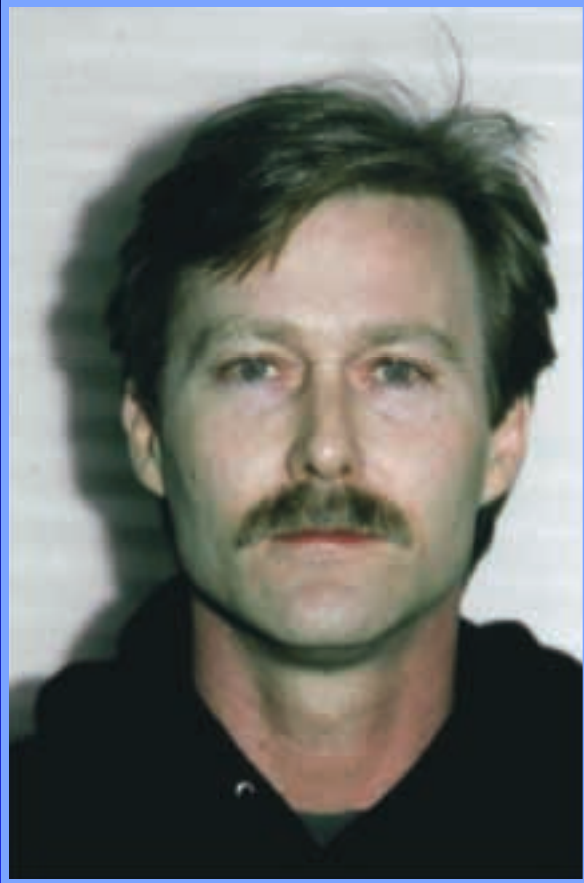
February, 2000

18 Months ALF Treatment



August, 2001

Patient: R. E.



Sympathetic Dominant

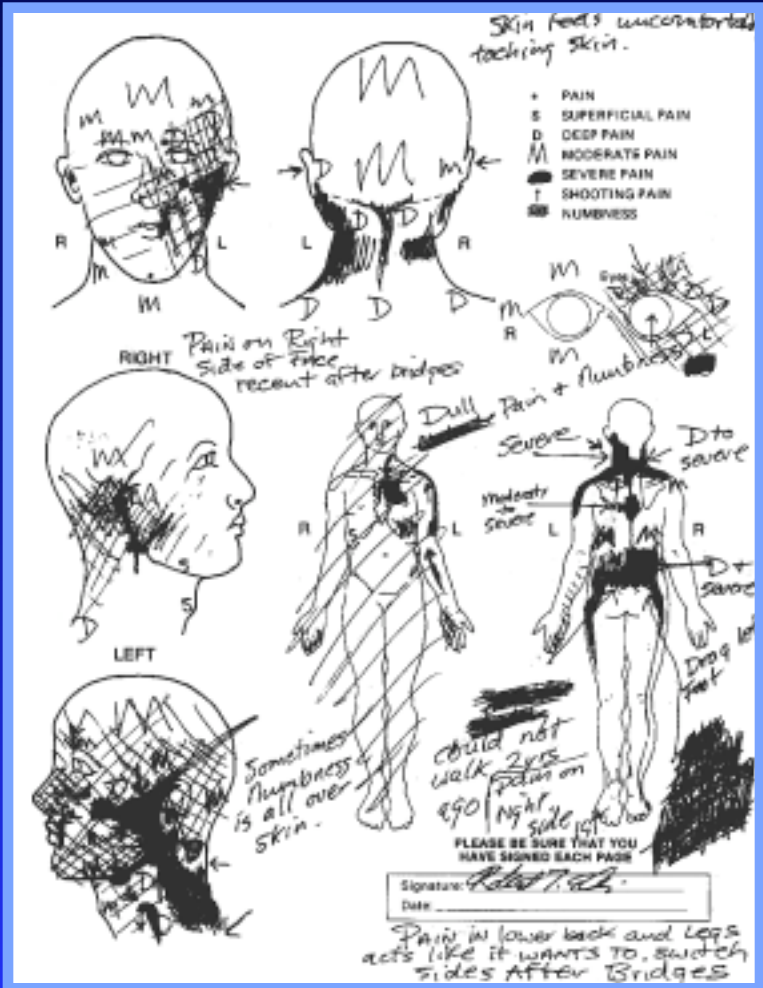
**6 Months
ALF
Treatment
and
Nutritional
Support**



Balanced ANS

TMJ Diagnostic Record

Patient: R. E.



Highlights

- Day braces place patient (age 12yrs) became dysfunctional: lost coordination and mental acuity.
- Pain on right side of face occurred soon after two three unit maxillary bridges placed.
- Following bridge insertion, pain in lower back and legs felt like it wanted to switch sides.
- Could not walk two years ago.
- Moderate to severe pain and numbness over entire body.

- Day braces place patient (age 12yrs) became dysfunctional: lost coordination and mental acuity.
- Pain on right side of face occurred soon after two three unit maxillary bridges placed.
- Following bridge insertion, pain in lower back and legs felt like it wanted to switch sides.
- Could not walk two years ago.
- Moderate to severe pain and numbness over entire body.

Patient: R. E.

Cranial Findings:

1. Sphenoid: High on right side.
2. Mastoids: Right posterior and lower than left.
3. Amplitude: Greater on right side.
4. SBS (Sphenobasilar Symphysis): Sphenoid torsion on occiput.
5. Extensive sutural jamming.

Patient: R. E.

Dental Findings:

1. Four bicuspid extraction retraction orthodontics.
 - a. Arch length deficiency.
 - b. Arch width deficiency.
2. Galvanic currents present from gold bridges and amalgam restorations.
3. Loss of vertical dimension.
4. Limited ROM for left lateral and protrusive jaw excursions.
5. Extensive masticatory muscle spasm.
6. Deep overbite: 4.74 mm.

Patient: R. E.

Treatment

1. Remove defective and toxic restorations.
2. Neural Therapy: DMPS, DMSO and procaine.
3. Nutritional support: Vitox, inositol, Alpha & Omega Sun, Hypericum, Gelsemium.
4. ALF appliances.
5. Cranial manipulation.
6. Physical therapy.
7. Psychological counseling.

Robert Ellis



Class III Elastics to disimpact the maxillae and vertical elastic to correct a high right sphenoid.

Patient: R. E.



Treatment objectives are to correct the cranial lesions, level and disimpact the maxillae. Opening up the bicuspid spaces are only necessary to decompress the mandibular condyles.

Flexion Lesion




Extraction and retraction orthodontics is like a head on collision. The compaction forces used to close the extraction spaces are dissipated by means of buckling and twisting of the cranium.

Patient: R. E.

Testimonial

“I have had DDS for 30 years. After 90 days of treatment from Dr. Smith, with ALF orthopedic appliances and nutritional supplements over 50% of my suffering has been eliminated. Also I am no longer dependent on Ibuprofen (in large amounts) and Actifed for relief.

April 7, 1996

A small rectangular box containing a handwritten signature in blue ink, which appears to be "Robert E. Smith", and the date "4-7-96" written below it.

Patient: J. M.



Age: 22 years-old

Date: October 5, 1999

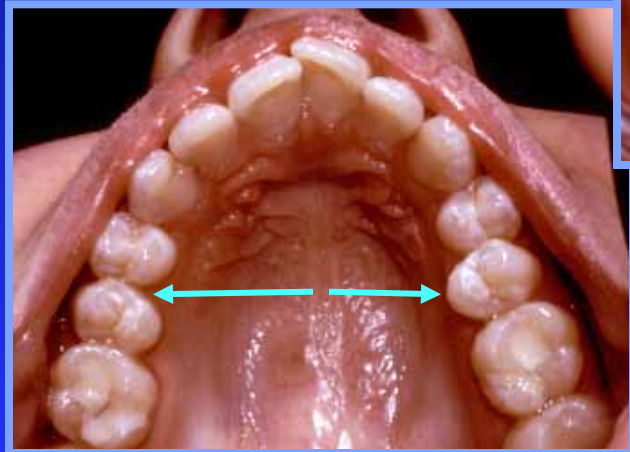
Occupation: Post-graduate student

Chief Complaints:

1. Chronic upper neck pain
2. Chronic low back pain
3. Severe crowding of lower teeth

Patient: J. M.

Pre-Treatment



Cranial Lesions



Patient: J. M.



ALFs are the best light wire functional appliances available that are capable of correcting cranial lesions by design.

Patient: J. M.



The key to the success of this case was the fact that “A” point was at 82° and the pre-maxillae could be expanded. This created the space to unravel the lower anterior teeth.

Patient: J. M.

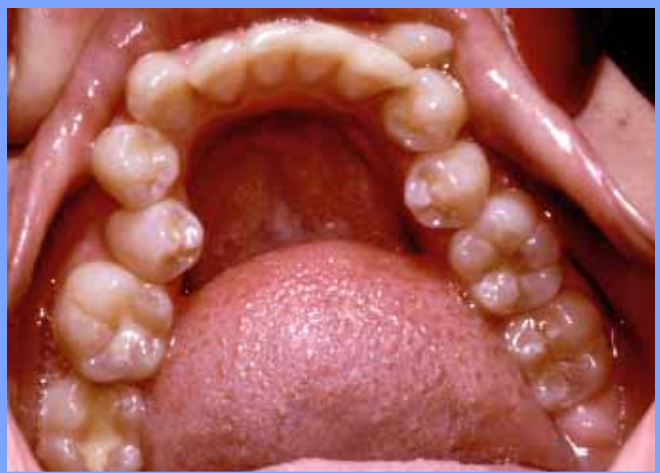


Pre-Treatment

**Correcting
the cranial
bone
distortions
allows for
easier
expansion
with minimal
relapse**



Post-Treatment



Patient: J. M.

**Three dimensional
occlusal balance
helps guarantee
cranial/TMJ
stability**



**Three dimensional
occlusal balance
helps guarantee
spinal & pelvic
stability**





Patient: A.S

Age: 17 years 9 months

Date: April 4, 1997

Occupation: Student

Chief Complaints:

- | | |
|------------------------------------|-------------------------|
| 1. Severe scoliosis | 5. Allergies |
| 2. Chronic fatigue | 6. Misaligned teeth |
| 3. Lack of focus | 7. Jaw pops- occasional |
| 4. Headaches, neckaches, backaches | |

Patient: A.S

The form contains several diagrams for recording pain: a frontal view of the head with arrows pointing to the forehead; a back view of the head with arrows pointing to the occipital region; a right profile view of the head with arrows pointing to the temple and ear; a left profile view of the head with arrows pointing to the temple and ear; a front view of the torso with shaded areas on the upper chest and lower back; and a back view of the torso with shaded areas on the upper back and lower back. A legend defines the symbols: a dot for PAIN, 'S' for SUPERFICIAL PAIN, 'D' for DEEP PAIN, 'M' for MODERATE PAIN, a solid black shape for SEVERE PAIN, an upward arrow for SHOOTING PAIN, and a wavy line for NUMBNESS. Below the legend is a diagram of the eyes labeled 'R' and 'L'. At the bottom, a signature box contains the text 'PLEASE BE SURE THAT YOU HAVE SIGNED EACH PAGE', 'Signature: *[Signature]*', and 'Date: 4/8/97'.

• PAIN
S SUPERFICIAL PAIN
D DEEP PAIN
M MODERATE PAIN
SEVERE PAIN
↑ SHOOTING PAIN
WAVE NUMBNESS

RIGHT

LEFT

PLEASE BE SURE THAT YOU HAVE SIGNED EACH PAGE

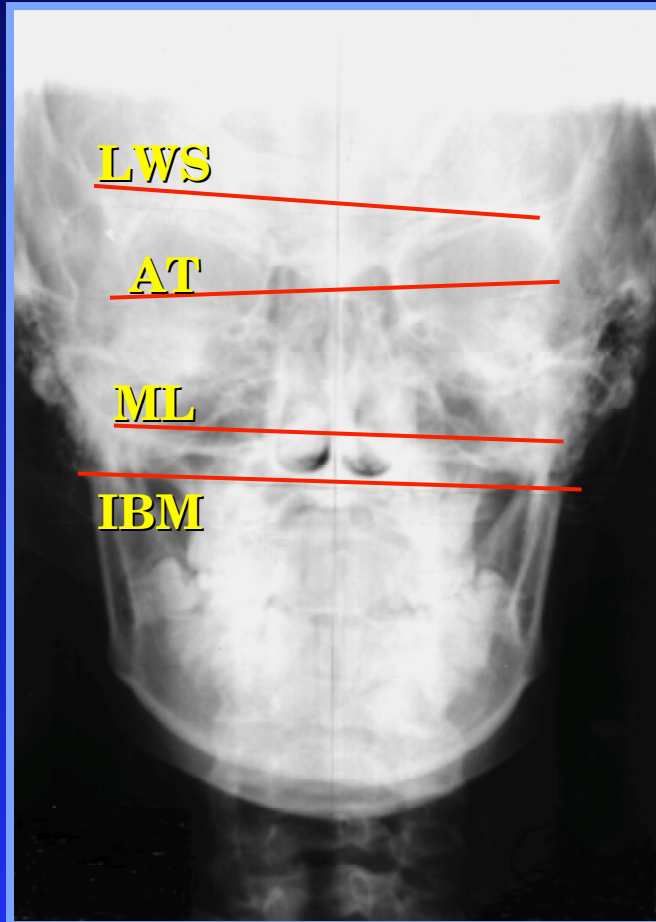
Signature: *[Signature]*
Date: 4/8/97

Patient: A.S

Cranial Findings:

1. Sphenoid: high left.
2. Mastoids: left anterior and inferior.
3. Amplitude: left none; right greater.
4. SBS: left sidebend.
5. Sphenobasilar symphysis was not in synchronization with diaphragmatic breathing.
6. Maxillae cants upward on right.

Patient: A.S



Dental Orthogonal Radiographic Analysis

LWS: + 2°

AT: - 3°

ML: + 1.5°

IBM: + .5°

Normal Range:
Plus or minus two degrees

Patient: A.S

Dental Findings:

1. Vertical not within physiologic range.
2. Lateral palpation of right condyle produced a painful response.
3. Spasm of: R & L external pterygoids, tendon of temporalis, masseter at zygomatic, and right internal pterygoid.
4. Bilateral crepitus in TM joints.
5. Arch length deficiency.
6. Arch width deficiency.

Patient: A.S



Patient: A.S

**40° Curvature
of the spine**



**Rotational
scoliosis**

Patient: A.S

Physiological Findings:

1. Zinc deficiency
2. Hypothyroid- Thyrotrophin
3. Hypoadrenia- Drenatrophin
4. Stomach secondary to adrenals
5. Allergies secondary to adrenals

Diagnosis:

- Dental Major
- Compensatory Spinal
- Physiological Major and Compensatory

Patient: A.S

Treatment:

1. ALF Appliances
2. Nutritional support
3. Physical therapy
4. Straight wire orthodontics

Progress Report: Last office visit 10/26/98 -
Headaches, neckaches and lower back pain 95%
resolved. Treatment time: 17 months

Patient: A.S



Vertical elastics: erupt teeth & correct cranial distortions

Chain elastic: close spaces & correct cranial distortions

Patient: A.S



**Completed
Case**



**2.3 years
Treatment**



Patient: A.S



Pre-Tx



Post-Tx
2.3 yrs Tx time



Patient: L.S.

Age: 7 years old

Date: 8/22/80

Malocclusion: Deficiencies in vertical, sagittal and transverse arch lengths.

Chief Complaints:

1. Crowded teeth
2. Frequent headaches

Patient: L.S.

Medical History:

1989-90: Mononucleosis

1990-91: Epstein Barr Virus - lost entire senior year
of high school

Clinical Findings:

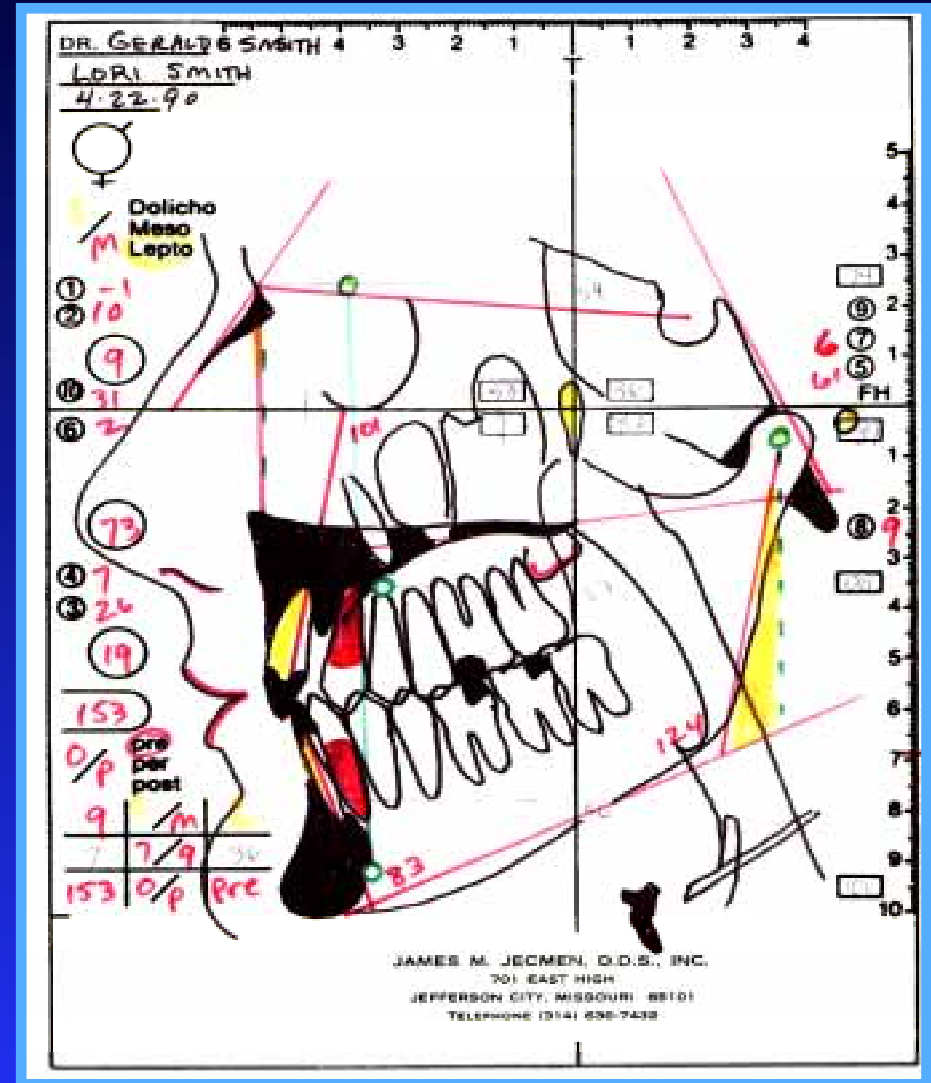
24 hr urinalysis:

1. Incomplete protein digestion
2. Low calcium level
3. Low pH (6.0)
4. Elevated sediment (high calcium oxalate)

Patient: L.S.

Bimler Analysis - 4/22/90

1. Impacted maxillae.
2. Upper central to FH 101°
3. FMA 26° (excellent)
4. Leptoprosopic 73 Upper Angle
5. Mesoprosopic 19 Lower Angle
6. Mandibular hyperflexion
7. 7mm overjet of basal bone



Patient: L.S.



Vertical deficiency



Retruded mandible



Pre-Treatment 8/22/80

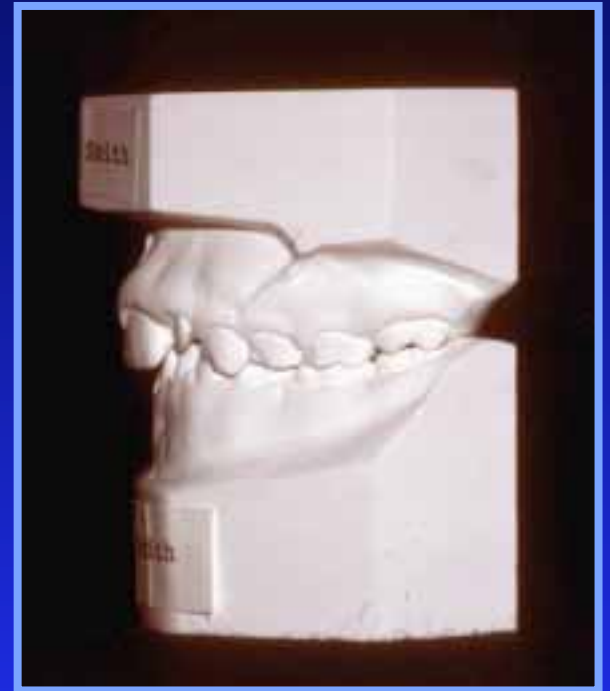
Patient: L.S.



Maxillary and mandibular arch width/length deficiencies

Pre-Treatment 8/22/80

Patient: L.S.



Class II Div. I deep overbite with a retruded maxillae and mandible

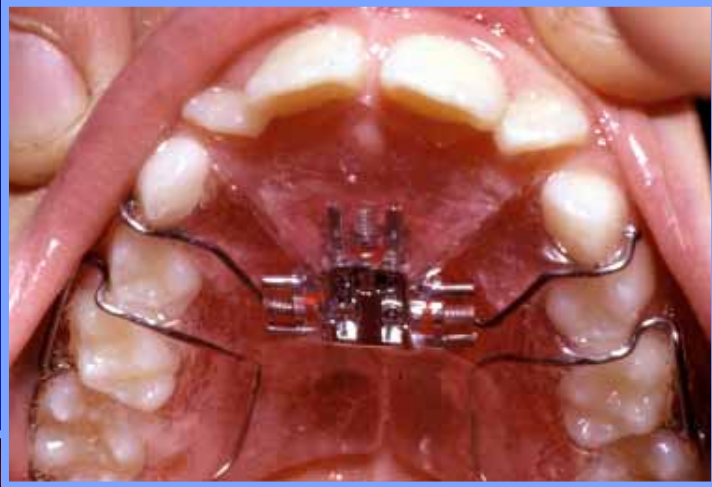
Patient: L.S.



Under developed dental arches

Patient: L.S.

8/22/80



10/28/84



2/9/82



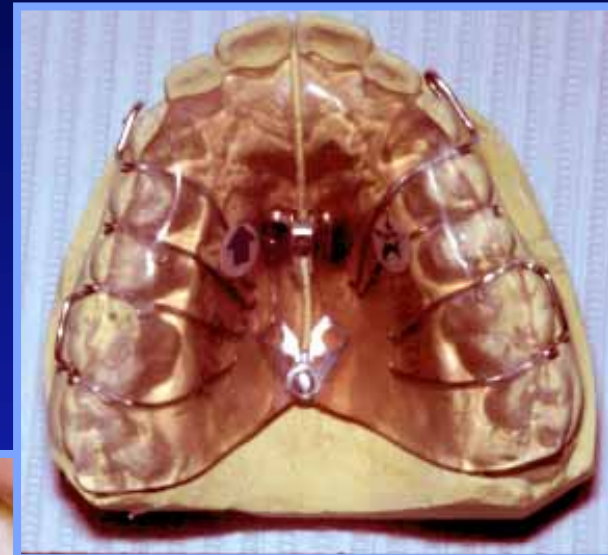
Patient: L.S.

11/87



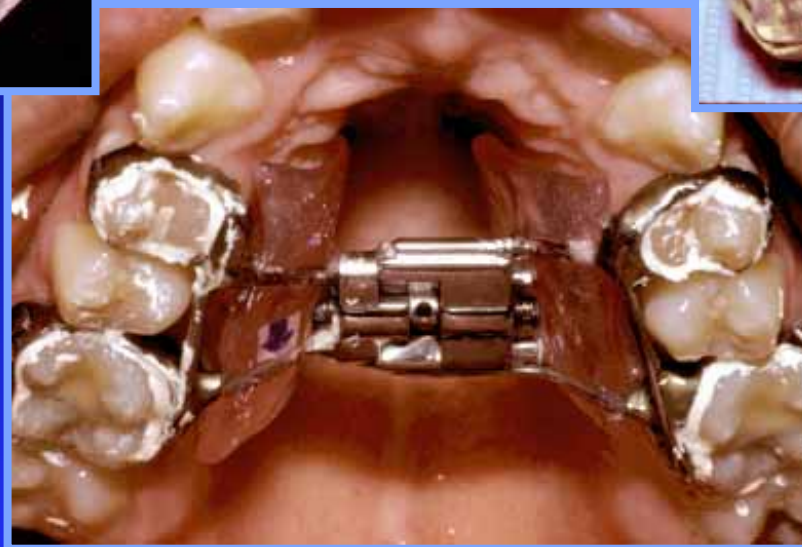
Reverse headgear

12/87



Fan appliance

12/88



Hyrax appliance

Patient: L.S.



Sanpaku: Three (san) white (paku). A condition of the human eye which presents three white sides around the iris. When present, it means that one's entire system-physical, psychological and spiritual- are out of balance. Sanpaku is a warning sign from nature that one's life is threatened by an early and tragic end.

*You Are All Sanpaku by
Sakurazawa Nyoiti*

Patient: L.S.

March 1993



Maxillary Kernott appliance



Mandibular Kernott appliance

Patient: L.S.



5/94

Coil spring used to distalize canines to create space for the mandibular anteriors.

8/95

Straight wire used to level and align sagittal and transverse planes.

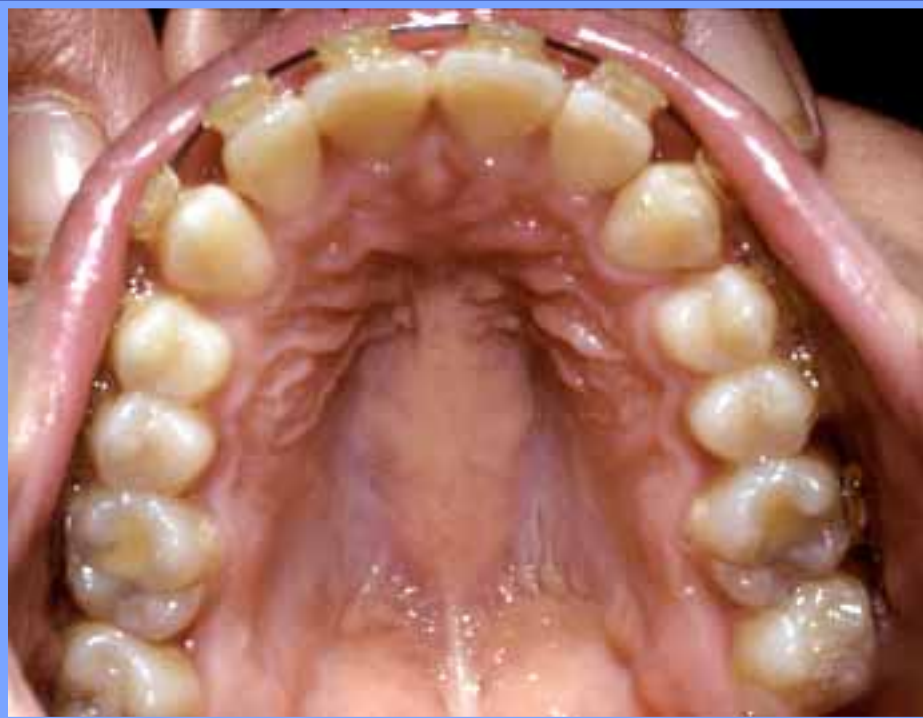


Patient: L.S.



Accu-Liner analysis provides an objective reference plane to assess treatment objectives.

Patient: L.S.



Maxillary and mandibular arches were adequately developed.

Patient: L.S.



August 1995

Patient: L.S.



Patient: L.S.



Completed Case - 5 years post completion - No relapse

Patient: L.S.

**Intelligent
Evolution**



**Intelligent
Evolution**



Patient: L.S.

**Intelligent
Evolution**



**Intelligent
Evolution**





Patient: L.S.

Age: 23 yrs.

Date: May 1997

Post Tx: 4 yrs

No Retention

Prognosis: Excellent

Headaches resolved

Case completed non surgically

ICNR INTERNATIONAL CENTER FOR NUTRITIONAL RESEARCH, INC.
WHERE ALTERNATIVES ARE CONVENTIONAL®

www.icnr.com

ALF Information

- **Seminar Dates**
- **ALF Articles**
- **ALF Bulletin Board**

Alternative Treatments For Conquering Chronic Pain

by Dr. Gerald H. Smith

*An Integrated Medical
Approach Based on
Intelligent evolution*



Alternative Treatments For Conquering Chronic Pain

- Provides many of the missing links that cause headaches and chronic pain.
- Detailed information on the ALF System.
- Integrates dental orthopedics/orthodontics, osteopathic, chiropractic, physical therapy and nutritional concepts.

Alternative Treatments For Conquering Chronic Pain

Available on CD ROM Only

Provides an internet Update link

Compatible with all platforms

(800) 272-2323

International Center For Nutritional Research, Inc.