

Parent Essential Oils vs Derivatives

- Plant based oils (Parent Essential Oils) provide the building blocks to enable the body to manufacture the essential fatty acids in the amounts it needs including DHA (docosahexaenoic acid) and EPA (eicosapentaenoic acid).
- Once Parent Essential Oils are consumed, your body changes about 5% into other biochemicals called “derivatives” while leaving the remaining 95% in the parent form.

Essential Fatty Acids vs Derivatives

There are a host of omega-6 and omega-3 oils being sold as EFAs that are NOT EFAs but nonessential derivatives such as EPA, DHA, and GLA (gamma-linolenic acid).

Fish oils are made up almost exclusively of omega-3 derivatives. Scientifically and biochemically, calling derivatives such as EPA, DHA, and GLA by the term “EFA” is wrong!

Fish oils are rancid at body temperature, deplete CoQ₁₀ and cause congestive heart failure.

Essential Fatty Acids vs Derivatives

Derivatives are NOT EFAs because they are *not* essential.

Based on the research of Professor Brian Peskin (MIT graduate), chief research scientist at the Cambridge International Institute for Medical Science.

Professor Brian Peskin has no affiliations with with any pharmaceutical or supplement companies.

Parent Essential Oils

There are 40,000 + double-blind, placebo-controlled studies done on Parent Essential Oils.

There are 36 pages of Citations from PUBMED.COM outlining the specific health benefits of each ingredient.

WHY ARE OMEGA 6 OILS SO IMPORTANT?

Because adulterated omega 6 oils turn cell membranes into plastic!

- Omega 6 oils act as a magnet pulling oxygen into the cells.
- Omega 6 oils increase cell membrane permeability increasing nutrient absorption and excretion of metabolic wastes.
- Omega 6 oils are anti-inflammatory and are the precursors for the production of prostaglandins PE1 and PE3, which dramatically reduce pain.
- Omega 6 oils dissolve accumulated plaque in blood vessels.

WHY ARE OMEGA 6 OILS SO IMPORTANT?

The following ratios appear in the scientific literature

- **Skin:** 1000 to 1 ratio of Omega 6 to Omega 3.
- **Nervous System:** 100 to 1 ratio of Omega 6 to Omega 3.
- **Organs and other tissues:** 4 to 1 ratio of Omega 6 to Omega 3.
- **Muscles:** 6.5 to 1 ratio of Omega 6 to Omega 3.
- **Adipose tissue:** 22 to 1 ratio of Omega 6 to Omega 3

How can omega 3 be more important than omega 6?

**Why a Local
Anesthetic Does
Not Work in a
Nutritionally
Compromised
Patient**

Local Anesthetic Pharmacology

Local anesthetics interrupt neural conduction by inhibiting the influx of sodium ions. The local anesthetic molecule consists of 3 components: (a) lipophilic aromatic ring, (b) intermediate ester or amide chain, and (c) terminal amine. The aromatic ring improves the lipid solubility of the compound, which enhances diffusion through nerve sheaths, as well as the neural membranes of individual axons. The more lipid soluble the more potent the anesthetic. The terminal amine may exist in a tertiary form (3 bonds) that is lipid soluble or as a quaternary form (4 bonds) that is positively charged and renders the molecule water soluble. The terminal amine acts as an “on-off switch” allowing the local anesthetic to exist in either lipid-soluble or water-soluble conformations. The tertiary and quaternary forms each play a pivotal role in the sequence of events leading to conduction block.

Local Anesthetic Pharmacology

For the local anesthetic base to be stable in solution, it is formulated as a hydrochloride salt. As such, the molecules exist in a quaternary, water-soluble state at the time of injection. However, this form will not penetrate the neuron. The *time for onset* of local anesthesia is therefore predicated on the proportion of molecules that convert to the tertiary, lipid-soluble structure when exposed to physiologic pH (7.4).

Unfortunately, most patients especially patients in pain are too acidic (4.5 to 6.5 pH) preventing the local anesthetic from working. You can quickly change the pH by giving the patient a food based organic mineral (Organically Bound Minerals from Standard Process). Dosage depends on the degree of acidity. Takes approximately 10 minutes to take effect.

**Reduce Post-
Surgical Pain and
Swelling by 98%
without Drugs**

Pre-Extraction Protocol

- Anesthetize with Citanest Forte (Lidocaine is toxic and breaks down into aniline which is a known carcinogen).
- Take a long thin sterile diamond bur and sever the periodontal ligaments.
- If the molar roots are curved preventing a straight removal axis, vertically divide the tooth with a 700 bur at the bifurcation or trifurcation.
- Tease the roots with an elevator to initiate socket bleeding, which lubricates and facilitates removal.

The key to reducing post-surgical pain and swelling is to minimize the trauma.

Post-Extraction Protocol

- Meticulously curette the socket removing periodontal fibers, granulation tissue, any excess root canal filling material, mercury fragments from apico procedures, and any soft bone.
- Irrigation sequence for extraction site:
 - Ozonate with freshly produced ozone (1/4 O₂ and rate 4 = 28ug/ml). Ozone activates macrophages to supercharge T4 lymphocytes which is caused by an increase production of interleukin-2. (Use of O₃ In Medicine. Renate Viebahn-Hänsler, 5th ed., 2007, p.136.
 - Ionic silver (ASAP 10 ppm): broad spectrum anti-pathogenic.
 - Sanum Remedies: must test which formulas are energetically compatible.

Post-Extraction Protocol

- Depending on the size of the extraction socket, saturate one or two pieces of Gelfoam with the Sanum Remedies.
- Place in the socket and suture to prevent expulsion.

Quantum Testing Technique

Defining the Initiating Factors

Quantum Testing is more accurate than blood tests.