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
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 cant up on the left
Patient: A. D.

Pre-Treatment

10/20/96

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.
PA View of Skull
Pre-Tx radiograph
5/18/99

- 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.
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 = 143 deg. (ideal 131 deg.)
SNA = 85 deg. (ideal 82 deg.)
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

Left Plane

Viazis Bracket System
Patient: E.C.

4 yrs conventional orthodontics

4 bicuspids amputation

ALF System
Most physiologic Tx for correcting orthopedic/orthodontic problems

4.5 yrs ALF Tx Viasiz System

Cranial correction arch expansion
Malocclusion

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
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.
Patient: L.S.

Pre-Treatment

February, 2000

18 Months ALF Treatment

August, 2001
Patient: R. E.

6 Months ALF Treatment and Nutritional Support

Sympathetic Dominant

Balanced ANS
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.
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.
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.
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.

Patient: R. E.
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.
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
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.
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.
Correcting the cranial bone distortions allows for easier expansion with minimal relapse.

Patient: J. M.
Three dimensional occlusal balance helps guarantee cranial/TMJ stability

Patient: J. M.

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
2. Chronic fatigue
3. Lack of focus
4. Headaches, neckaches, backaches
5. Allergies
6. Misaligned teeth
7. Jaw pops- occasional
Patient: A.S
Cranial Findings:
1. Sphenoid: high left.
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
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.
5. Arch length deficiency.
6. Arch width deficiency.
Patient: A.S
Patient: A.S

40° Curvature of the spine

Rotational scoliosis
**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, neck aches 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)
**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.**
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

2/9/82

10/28/84
Patient: L.S.

11/87

Reverse headgear

12/87

Fan appliance

12/88

Hyrax appliance
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.

Maxillary Kernott appliance

Mandibular Kernott appliance

March 1993
Coil spring used to distalize canines to create space for the mandibular anteriors.

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

Age: 23 yrs.
Date: May 1997
Post Tx: 4 yrs
No Retention

Prognosis: Excellent
Headaches resolved
Case completed non surgically
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

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