100 Reasons
Why SDS SWISS DENTAL SOLUTIONS and SWISS BIOHEALTH can improve your life and work as an implantologist over the long term
Two-piece SDS implants have a significantly higher core diameter than most comparable implants.

Secure implant placement on slanted surfaces.

Place the nominal length at bone level...

...or aim at the prosthetic plateau.

A large portion of the post is retained, even if it is prepared.

High-purity TZP zirconia.

SDS implants are approved for grinding.

Unique esthetics...

...along with optimal tissue compatibility.

Tissue level = safest and healthiest variant.

A loosening of the abutment can practically be ruled out.

No tools and parts are required for the prosthetic restoration of an SDS implant.

The prosthetic restoration of the SDS implant is even simpler than the restoration of a natural tooth.

Optimally suited for single-tooth implants in the front teeth...

...right through to comprehensive reconstructions in the sense of “GREAT ON EIGHT”.

Optimized for immediate implant placement in almost all types of sockets.

“Inert” material, which has no free surface electrons.

Zirconia is immunologically neutral and therefore massively reduces the risk of...

...allergies and...

...intolerances.

Peri-implantitis can be excluded.

Along with a healthy tooth, zirconia is the only known material that firmly bonds with gingiva.

Extremely high “BONE-TO-IMPLANT CONTACT”.

Perfect attachment of the gingiva to the zirconia surface even 25 years after placement.

“Ceramics are simpler—but different!”

Wide choice of special shapes.

Perfect emergence profile adapted to the natural anatomy, especially with balcony implants.

Special shapes suited for safe immediate implant placement in the posterior teeth region.

Maxillary sinus augmentation without the use of secondary materials.

6 mm short implant for use in the atrophic mandible.

New packaging with smart non-touch removal.

Twice recognized with the CleanImplant “Trusted Quality Mark”.

Gamma sterilization procedure.

The implant is already visible in the window.

Indication-based augmentation techniques.

BISS—BONE IMPLANT STABILIZATION SYSTEM.

Metal-free zirconia SDS DISC UMBRELLAS.

SDS umbrella screws.

SDS osteotome set for the INTERNAL SINUS LIFT.

AIM—ANATOMICAL IMPLANTATION METHOD.

RAP—REBUILD AESTHETICS PROCEDURE.

LSCC—LOW SPEED CENTRIFUGATION CONCEPT.

OPEN HEALING PROTOCOL according to Ghanaati.

SOFT BRUSHING TECHNIQUE according to Simonpieri.

Centrifuges and PRF glass and plastic tubes.

The best suited membranes and bone replacement materials.

The most effective techniques for autologous bone harvesting.

Three variants for the production of STICKY BONE.

Our proprietary LSCC box to avoid blood derivatives coming into contact with metal.

SWISS BIOHEALTH CLINIC.

Work-shadowing during ALL-IN-ONE OPERATIONS.

High-tech SWISS BIOHEALTH EDUCATION CENTER.

SOUL FOOD vegan café & take away.

Perfectly equipped phantom workplaces.

BONE AUGMENTATION WEEK.

Well-structured continuing education organized in weekly sessions.

DATE WITH BIOLOGY & ZIRCONIA—INTERACTIVE ZOOM DAY.

THREE-HOUR FAST LANE CERTIFICATION COURSE.

FAST TRACK QUICK START GUIDE.

Extremely competent field service.

Countless tools from the world of practice, for the world of practice.

COSTA RICA SWISS BIOHEALTH SURGERY WEEK.
SDS SWISS DENTAL SOLUTIONS not only offers you a range of implantology hardware as system provider, but also provides you with all of the software you need for a new type of dentistry that both addresses the causes of underlying illnesses and treats these ailments on a success-oriented basis, applying an approach also referred to as “causal therapy”. This is provided free of charge to you in the form of THE SWISS BIOHEALTH CONCEPT (The 2021 version contains over 116 pages with hundreds of literature references).

Embracing BIOLOGICAL DENTISTRY itself is also one of the ways to improve LONGEVITY, and may even be the most efficient approach in this regard. Mankind has always shown an immense interest in the topic of LONGEVITY, be it the ancient Egyptians or the Medici family, who searched for the “elixir of immortality.” Even today billions are invested in research into life-prolonging measures and agents. One example here is the work conducted by the Harvard professor David Sinclair, who is studying the longevity genes and agents which are thought to affect the key sensors of sirtuins, AMPK, mTOR and IIS.

Dr. Karl Ulrich Volz, owner of the SWISS BIOHEALTH GROUP, has been dealing with the issue of longevity for more than 30 years. During the course of his work, he inevitably came upon the area of BIOLOGICAL DENTISTRY and, as the most important effector of this field, the development of metal-free zirconia implants. His work on longevity was published at the start of 2021. While being as short as possible, this book is as comprehensive as required, providing a summary of all measures, ranging from breathing, diet, micronutrients, hormones and neurotransmitters to habits and routines. The LONGEVITY FAST TRACK GUIDE already serves many interested parties as a daily companion and reference work:

THE SWISS BIOHEALTH CONCEPT focuses, in particular, on BIOLOGICAL DENTISTRY, which is rapidly gaining in importance among dentists. Practiced by the ceramic implant pioneer Dr. Karl Ulrich Volz, this approach is based on the research and findings of the former head of the Research and Scientific department of the AMERICAN DENTAL ASSOCIATION (ADA), Dr. Weston Price. The university professor Prof. Dr. mult. Shahram Ghanaati has also embarked on this cause- and success-oriented path, doing so in parallel under the notion of the “BIOLOGIZATION OF DENTISTRY” and implementing it in modern dental practice from an academic standpoint.

We will come back to this subject once more later on and show you what measurable and reliable data can be collected as part of this treatment as well as the opportunities and target groups (e.g. athletes) that it generates. However, we would first like to explain to you the special characteristics and features of our SDS ceramic material. Our ceramic not only offers you the pinnacle in terms of mechanical safety in the field of implantology as well as completely new opportunities, but also ensures biological and immunological safety with regard to hard and soft tissue.
Dr. Volz: “We have learned to think in terms of ceramics!”

We believe a cylindrical shape is unsuitable for a ceramic implant. This belief is based on the fact that one of the few disadvantages of ceramic as an implant material is that it is unable to dissipate the frictional heat generated at the surface to the core. The risk of bone overheating with subsequent bone degradation is therefore disproportionately higher with a cylindrical ceramic implant, which may still be placed congruently in a cavity that is prepared with a tap or even undersized:

- In type IV bone, the implant site is prepared undersized and the bone directly beneath the cortical bone is compacted over the entire implant length in the sense of a bone condenser.
- In type III bone, the upper part is prepared congruently so as not to compress the poorly perfused bone. In the lower, apical part of the thread, however, the type III bone with a good blood supply is still strongly compressed in order to achieve a high level of primary stability.
- In type II bone, the hard but still quite well perfused bone in the coronal portion is prepared with a congruent shape, while in the lower apical portion it is already prepared with a shape that is slightly overextended to the implant core.
- In poorly perfused type I bone, preparation is performed congruently in the coronal portion, meaning that no pressure or compression occurs here (torque = 0 Ncm), as according to “MAMMOTO’S LAW” the pressure receptors present in the bone would further reduce vascularity, which would show up in the destruction of the peri-implant bone in line with the “decubitus disease pattern.” In the apical portion, massive overextension is even applied with the objective of creating as many cavities as possible around the implant core and using these as “HEALING CHAMBERS” and (re-)generating new, well-vascularized, lamellar bone there (see below: pink). However, the thread tips still engage 0.15 mm into the hard bone (see below: green) and continue to offer outstanding primary stability with the possibility of immediate loading:

The current study data in the area of HEALING CHAMBERS shows the following: “Void spaces improve angiogenesis and produce healthier bone that has a better prognosis faster!”

These studies, as well as hundreds of others on ceramic implants, titanium biocorrosion and peri-implantitis, root-treated teeth and various micronutrients such as vitamins D3, K2 and C can be found in our study overview, which is available to you free of charge as a PDF or a 200-page book.

Thanks to the low gradient of only 7° and the extremely deep thread of up to 0.04 mm, the SDS implant likely has the greatest surface of all implant systems (with an identical length and diameter) despite its extremely gentle BIOLOGICAL DRILLING PROTOCOL and thus contributes to ensuring outstanding mechanical stability during the healing phase and reliable biological stability after...
osseointegration has been completed, irrespective of whether in the maxilla or mandible. SDS implants can be finally restored generally after a healing period of six weeks—only in cases of immediate implantation does the surgeon have to “wait” for the socket to heal. For this reason, more than half of the SDS implants placed by our users are still provided with long-term temporaries intraoperatively.

In summary, the SDS implant can be divided into two areas which perform completely different tasks from a biological and mechanical standpoint and thus must also look completely different:

- The upper coronal part of the implant does not exert any pressure on the poorly perfused cortical bone (see Drilling protocol).
- The machined surface of the top 3 mm connects superbly with the gingiva and also osseointegrates when in contact with bone.
- The lower apical portion is furnished with the unique DYNAMIC THREAD design, which comprises a conical core (see red line) and the parabolic envelope of the outer thread contour. In soft type III and type IV bone, the bone here is condensed in a single operation and a very high level of primary stability is achieved. In harder and hard type II and I bone, the overextended preparation promotes the formation of “DE NOVO BONE.”
- The relatively thin tip means that the implant is excellently suited for secure placement even on slanted surfaces without the danger of slipping and without the slightest risk of spinning, i.e., “eternal thread.”
- The quadruple micro thread with the same gradient as the coarse thread (?) is just 0.04 mm deep and can be used both in contact with bone and on an exposed basis, as the gingiva also connects with this surface.
- The connecting screw is only 1.3 mm long, meaning that the load-bearing portion (see red arrow) is not only solid, but even in the case of a two-piece implant, has a significantly higher core diameter than one-piece implants of the same diameter due to its small thread depth of 0.04 mm. The two-piece implant with a diameter of 3.8 mm thus has a core diameter of 3.72 mm in this area, which corresponds to the core diameter of a one-piece implant with a diameter of >4.3 mm.
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As the lengths of the implants are graduated in 3.0 mm-steps and the vertical machined portion is also 3 mm high, the surgeon can either apply the nominal length (from the apical tip to the end of the fine thread) at bone level or aim at the prosthetic plateau with the next marking (nominal length +3.0 mm), i.e., at the highest point of the interdental papilla or the enamel cement interface of the adjacent tooth.

The graphic shows how much abutment mass is still retained even if it is prepared with applied angles of 30° and 40°.

Unlike some other implant systems, the SDS implant is comprised of high-purity TZP zirconia, which has been approved by the EU and FDA authorities for grinding by SDS users. Some implant systems are produced using so-called ATZ (alumina toughened zirconia), which contains around 20% alumina. Other implants are in turn given a tooth color or a pink appearance by admixing additional components (including further metal oxides), meaning that these producers are no longer allowed to release the implants for grinding.

However, it is precisely this possibility to grind the implant that, in addition to its unique esthetics ensures optimal tissue compatibility. This is because, in contrast to almost all other systems, the SDS implant has only a single gap. Namely the one at gingiva level, where the crown is not cemented on the abutment, but rather on the implant. Without doubt the safest and healthiest variant, which already made the Straumann Bonefit tissue-level implant so successful 40 years ago. SDS SWISS DENTAL SOLUTIONS holds a German patent for this design.

Each time an abutment is unscrewed, there is always a very strong odor, which inevitably means that there are bacteria in the gap. This gap is much bigger in zirconia than is the case in titanium, where the relatively soft titanium components cause a kind of cold welding, which is of course not possible with ceramic materials.

The cementing of the abutment in the implant (in the same way as the solid abutment in the Bonefit implant) also means that a loosening of the abutment can be ruled out—eradicating a further source of potential complications! This is quite apart from the fact that no tools and parts are required for the prosthetic restoration of the one-piece implant and only the screw and a screwdriver are needed for the two-piece implant. The
The prosthetic restoration of the SDS implant is even simpler than the restoration of a natural tooth, as there is neither the need for anesthesia nor the application of a build-up filling.

Each and every day, our users resolve all conceivable situations with the unique portfolio of SDS implants, ranging from single-tooth implants in the front teeth right through to comprehensive reconstructions in the sense of “GREAT ON EIGHT!” with immediate implants and immediate restoration. Thanks to the BIOLOGICAL DRILLING PROTOCOL and the unique DYNAMIC THREAD, the SDS implant is safe and simple to place and can be inserted into almost any immediate implant socket. Among other things, this is due to the surface of the zirconia, which as an “inert” material has no free surface electrons and is thus also unable to trigger an immunological response, such as the release of the cytokines TNF-α and IL1-ß, leading to peri-implant bone resorption due to the activation of osteoclasts (= peri-implantitis).

Current studies show (see study overview) that the dissolved titanium particles from the bio-corrosion of titanium implants lead to peri-implantitis from titanium implants with the need for treatment or even removal. According to the Consensus Report of the Sixth European Workshop of Periodontology in 2006, more than 56% of implants are affected by peri-implantitis after five years. For a number of years now, people have been talking about the “peri-implantitis tsunami” and an ever-increasing number of implantologists are spending a considerable amount of their working time on treating this issue. A very unsatisfactory aspect of working in the implantology sector.

Here, you can see a zirconia implant that was examined histologically after 25 years of wear in people by Dr. Dr. Hans-Günther Rudelt as part of a study conducted at the University Medical Center Hamburg-Eppendorf and the University of Tokyo. It shows the extremely high level of “BONE TO IMPLANT CONTACT” and the perfect attachment of the gingiva to the zirconia surface:

This extraordinary biocompatibility and immunological neutrality means that zirconia is the only known material that bonds firmly to the gingiva.

The BIOLOGICAL DRILLING PROTOCOL of the SDS implant ensures that the compact circular bone cannot be overheated.
These special and general characteristics of the SDS implant mean that we say the following: "Ceramics are simpler—but different!"

Unlike any other system, in addition to the one-piece and two-piece standard shapes (with diameters of 3.3 mm, 3.8 mm, 4.6 mm, 5.4 mm right up to 7.0 mm), SDS offers experienced implantologists special shapes that both allow for difficult immediate implantation situations to be mastered and for the creation of a perfect emergence profile adapted to the natural anatomy:

With SDS special shape implants, implant placement is for the first time also possible in molar regions in the maxilla and mandible with a minimized level of risk.

In 2020, the SDS 1.2 and 2.2 series implants were launched in the USA market with the new "touch less" packaging. In 2021, this same implant series, twice recognized by the CleanImplant "Trusted Quality Mark", will be released in the European market.

Irrespective of all these benefits, there is no other implant system that has such a wide range of possibilities for making implant placement even better, more effective, faster and, in some cases, even possible in the first place:

Maxillary sinus augmentation is also made possible without the use of secondary materials thanks to the SDS sinus implant. With this solution, it is now difficult to imagine our users’ practices and clinics without it. The SDS short implant is used in the atrophic mandible.

The SDS implants of this new generation are sterilized with gamma rays, which allows for extremely convenient packaging with the already mounted final insertion tool and ensures TOUCH-LESS REMOVAL of the implant body. Furthermore, the implant is already visible to the user in the window, true to the motto of "what you see is what you get!"

All of this can be found in the GAP—GUIDED AUGMENTATION PROCEDURES handbook, which has been developed by the team at the SWISS BIOHEALTH CLINIC in cooperation with Prof. Dr. mult. Shahram Ghanaati and is the textbook par excellence for INDICATION-BASED BONE AUGMENTATION. Over the more than 120 pages, all of the principles and protocols of an indication-based, rather than a product-based surgical approach, are presented. Using your smartphone, you can view many products in AUGMENTED REALITY via the QR codes. You can also watch short educational films and animations. Simulations of the various augmentation techniques, patient cases in practical application and studies round off this work, making it a new textbook and reference work in 4D.
Extraction, augmentation and implant placement without existing primary stability in a single procedure? This is now possible with the **BISS BONE IMPLANT STABILIZATION SYSTEM** in combination with the SDS implants.

In cases in which the implant can at least be anchored via the aggressive threaded tip and the socket walls can largely be preserved, we use the **metal-free SDS DISC UMBRELLAS** made of zirconia in various sizes. This is also the case when several implants are used in combination, making safe, fast and metal-free augmentation without using secondary materials, only using PRF matrices.

maximum parallel and symmetrical implant position in relation to the midline and facial axis is again a prerequisite for the use of our **RAP REBUILD ESTHETICS PROCEDURE**, which allows for excellent esthetic results to be achieved even in desolate situations through the application of standardized provisional caps to the parallel-inserted implants together with a special surgical protocol.

The **SDS umbrella screws with a special membrane fixation screw and a complete osteosynthesis screw set** are included in the GAP tower (see above), along with a very efficient **osteotome set tailored to the SDS shape for the INTERNAL SINUS LIFT**. However, the **GAP GUIDED AUGMENTATION PROCEDURES** also include further highlights, such as the **AIM ANATOMICAL IMPLANTATION METHOD**, which allows for perfect ad hoc navigation without any preparation purely via the anatomical constant incisal canal.
Thanks to Prof. Ghanaati, the somewhat confused subject of PRF matrices has been redefined and standardized in his LSCC LOW SPEED CENTRIFUGATION CONCEPT. Prof. Ghanaati’s concept shows how different solid PRF matrices and different liquid PRF matrices can be produced in three standardized protocols that can be used on all centrifuges for 8 minutes each, even simultaneously if desired.

Standardized matrices are a prerequisite for the OPEN HEALING PROTOCOL according to Prof. Ghanaati’s instructions in the GAP handbook. Volume augmentation can be elegantly realized without slitting the periosteum and encroaching on the vestibule. Instead of slitting the periosteum, which both disrupts the blood supply and the osteogenic potency of the periosteum and also leads to a high rate of morbidity for the patient, we use the SOFT BRUSHING TECHNIQUE developed by Simonpieri and Choukroun. These tools, the centrifuges, and PRF glass and plastic tubes are also available directly from SDS SWISS DENTAL SOLUTIONS, your system provider.

Based on the indication, we recommend the optimal membranes and bone replacement materials for this procedure independent of the product. However, the manual also explains and demonstrates the most effective techniques for the harvesting of autologous bone, including the Khoury technique, the safe scraper and the ACM bone collector as well as other systems for the production of thin shells and “crushed bone.”

The three variants for the production of STICKY BONE as well as our new LSCC box to avoid blood derivatives coming into metal contact round off the complete bone augmentation concept.

The high-tech SWISS BIOHEALTH EDUCATION CENTER offers continuing education to up to 4,000 participants each year in its stylishly furnished premises shielded from mobile phone radiation and Wi-Fi.

During the vitamin D-rich and Corona-free summer-time, attendees of our in-person classes will be provided with delicious gluten- and sugar-free and vegan food, smoothies, bowls and beverages from the company’s own SOUL FOOD vegan café & takeaway.

The development and testing of new protocols and materials are carried out at our company’s very own “elite facility” — the SWISS BIOHEALTH CLINIC. This leading clinic for biological medicine and dentistry employs eight dentists/surgeons and several internationally renowned doctors. It is from here that our many large ALL-IN-ONE OPERATIONS, which last up to ten hours, are streamed in four-channel full HD technology. The users of SDS SWISS DENTAL SOLUTIONS receive expert advice from the dentists and surgeons of the SWISS BIOHEALTH CLINIC in connection with difficult and complex issues.
The classroom courses offer a unique weekly format in which knowledge is built up step by step before what has been learned is put into practice in practical courses at professionally equipped phantom workplaces as the participants “copy” their instructors who demonstrate the operating techniques.

Independent of the course program, you will find hundreds of webinars, tutorials, virtual work shadowing sessions, instructional films, animations and online courses, including the THREE-HOUR FAST LANE CERTIFICATION COURSE, which allows you to get started with our system within a day, recorded in our own studio (green screen):

The BONE AUGMENTATION WEEK, for example, will broadcast around 20 bone augmentations performed by four surgeons in three operating rooms on three screens simultaneously. This will follow the two-day practical phantom application. Continuing education cannot get any more intensive than this! The week is concluded with the two-day BONE AUGMENTATION CONGRESS and international speakers.

We also offer additional WEEKS, namely the CERAMIC IMPLANTOLOGY WEEK with the CERAMIC IMPLANT & BLOOD CONCENTRATES CONGRESS, the SWISS BIOHEALTH WEEK, the ESTHETICS & PROSTHETICS WEEK and the ART FAST TRACK WEEK. In addition, there is the SCIENTIFIC PUBLICATION DAY and the LONGEVITY CONGRESS, bringing together internationally renowned speakers from all continents, who contribute to the further development of the LONGEVITY FAST TRACK GUIDE.

The SWISS BIOHEALTH EDUCATION CENTER also has an answer to the coronavirus-related lockdown: The DATE WITH BIOLOGY & ZIRCONIA INTERACTIVE ZOOM DAY is likely one of a kind—not only will it take place virtually online, but it will also be held live on an interactive basis in two languages with simultaneous interpretation. Up to 99 participants will be projected onto the large LED screen and can communicate both with the speakers as well as with one another during the breaks.

With the FAST TRACK QUICK START GUIDE, you can even get started with a reduced portfolio (3.8 and 4.6 mm in the lengths 8, 11 and 14 mm, one-piece and two-piece) without the need for certification. This is made possible with mandatory surgical accompaniment for the introduction of the system! With respect to the surgical accompaniment, our extremely competent field service has been trained by Dr. Volz and his team of dentists at the SWISS BIOHEALTH CLINIC. The formerly trained dental assistants are not only extremely motivated, but also organize selection camps for you, accompany you during the first operation, call in an oral surgeon via WhatsApp if required and help you to implement the unbelievably patient-friendly SWISS BIOHEALTH CONCEPT at your practice or clinic. They will also arrange events for patients, doctors, referents and prosthodontists. For this purpose, countless aids are available to you, including the abridged version of the MEDICAL GUIDE PROTOCOL and many other valuable tools, which are used by Dr. Volz and his team of dentists at the SWISS BIOHEALTH CLINIC and attract an international clientele.

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However, if you would like to operate on a larger case under supervision, we recommend our COSTA RICA SWISS BIOHEALTH SURGERY WEEK in the country’s capital of San José. In this setup, you will operate on your own patient under optimal conditions and under the supervision and with the support of the SWISS BIOHEALTH ORAL SURGEONS and a resident oral and maxillofacial surgeon. This means you can rest assured that the case will be brought to a successful conclusion, irrespective of how difficult the situation may be.

A further option as a member of the SABBC would be active scientific and publishing activities under the supervision of Prof. Ghanaati, the scientific advisor to the ISMI e. V. This academy brings together the scientifically active and interested members of both societies.

If you would also like to further develop your skills and likewise set yourself apart from the competition, the curriculum for BIOLOGICAL DENTISTRY & CERAMIC IMPLANTS offered jointly by the ISMI and IAOCI is open to you. The designation SPECIALIST FOR BIOLOGICAL DENTISTRY AND CERAMIC IMPLANTS is recognized by both of these societies and may be used in Germany.

ISMI = International Society of Metal-Free Implantology
IAOCI = International Academy Of Ceramic Implantology

THE SWISS BIOHEALTH CONCEPT, which is now globally recognized and implemented, has led to the development of many other products of the SWISS BIOHEALTH VITAL segment, allowing us to live up to the requirements of a system and concept provider and offer you maximum support in implementing the concept:

• whether it is the “organic and handcrafted” DETOX GIN, which we also use for amalgam drainage in accordance with this study (https://img.de/9/A72)
• or our ORGANIC DARK CHOCOLATE, which is sweetened with coconut blossom sugar instead of industrial sugar in order to ensure that insulin levels are not affected
• or our energy, functional and hangover drink ALLINONE In addition to many vitamins and minerals, this drink is also sweetened with coconut blossom sugar and stevia on an insulin-neutral basis. It superbly boosts our brain and performance thanks to its ingredients of ginger, quinine, ginseng, taurine and caffeine without affecting sleep, as we have also added L-theanine.

All three products will be offered to you in abundance if you take a course or complete a continuing education program at the SWISS BIOHEALTH EDUCATION CENTER!

We would now like to come full circle and return to the beginning of this brochure: “Why are our users so enthusiastic about SWISS BIOHEALTH and SDS SWISS Dental Solutions?”

“Anyone using ceramic implants as part of a holistic and biological approach to dentistry cannot afford to ignore SWISS DENTAL SOLUTIONS.” While many manufacturers only “sell” implants, SDS offers a holistic solution with its ceramic implants that takes into account innovation, esthetics and biology, allowing for the best results for my patients and me.”

SABINE HUTFILZ

SDS and SWISS BIOHEALTH also enjoy simply improving everyday objects and products:

Become a specialist in biological-dentistry and ceramic implants

SABINE HUTFILZ
“By becoming a specialist in biological dentistry and ceramic implants after 26 years of holistic dentistry, I finally have a method allowing me to treat my patients in a sustainable and health-promoting manner. I have found Karl Ulrich Volz’s concept of biological dentistry and ceramic implants to be the best and most efficient treatment method bar none, and have therefore immediately and comprehensively implemented it in my daily practice. The curriculum has provided me with sound knowledge, enabling me to use the concept with absolute confidence. It inspires me anew every day, and it is a great pleasure for me to be able to treat my patients in this way.”

“I have completed countless diplomas and advanced training courses over the course of my approximately 20 years as a dentist. However, the SDS curriculum for specialists in biological dentistry and ceramic implants has been the most inspiring training program and is reshaping my dental practice. Ulrich Volz’s visionary SDS curriculum is unique worldwide and a real game changer! Another positive aspect worth mentioning is the good team spirit in the specialist community working with the entire SDS team, which did an excellent job of organizing the courses.”

“You can find good insights in this regard in the interview with Marco Gadola, the former CEO of Straumann, as well as the interview conducted with some of the specialists in the midst of the first wave of the coronavirus crisis in 2020. Dr. Weston Price, director of science and research for the ADA, had in fact already succeeded in proving that root-treated teeth can cause serious symptoms throughout the body. This can be tested very easily by spraying the suspect tooth with the neural therapeutic agent PROCAINE. If, for example, discomfort in the lumbar spine disappears in a matter of seconds, not only will the patient be convinced, but the dentist will also be sure that he will actually achieve an improvement through the extraction.”

“Our users are thus completely detached from seasonal or economic fluctuations. On the contrary, all of our users have had more work since the outbreak of the coronavirus epidemic. This is because more focus is being placed on the immune system, people have more time and money to have a restoration performed now and during this period in which the wearing of masks is compulsory they likewise think they can “hide better!” However, this treatment approach opens up an entirely new market, as the SDS implants do not aim to displace titanium implants or ceramic competitors. Instead, the goal is to replace bacterially infected and insufficiently root-treated teeth with SDS implants in a single session using the optimal immediate implant placement concepts. And this is done without any pain or swelling whatsoever thanks to the surgical protocol and the accompanying medical treatment. In Germany alone, the market of almost 1 million titanium implants to date compares to around 300 million root-treated teeth, with around 10 million teeth in Germany being root-treated each and every year. Further information on the dangers of root-canal treatments and studies from top-ranked scientific publications can also be found in our study overview.”
to override our internal GPS for 3D performance, 360 degrees, and bite as well as the structures and functions of the temporomandibular joints are all equally key factors in bringing the teeth in place or have metal-containing implants inserted. The group of athletes who want to improve their performance. Not only sports dentists, but also many of our practitioners regularly treat national and international athletes, because hardly any team doctor of a successful team can and live for as long as possible, enjoying their remaining years and decades in the process. These patients not only have the financial means, but also the incentive to improve their lives. Especially in the environment in which we find ourselves against the backdrop of the coronavirus crisis, this target group has become very active, as they are losing valuable “living time” due to the lockdown and restrictions in place and want to compensate for this by improving their bioage.

3) And finally, the ever-growing group of LONGEVITY patients, who after an intensive working life want to do everything in their power to become as healthy and fit as they can and live for as long as possible, enjoying their remaining years and decades in the process. These patients not only have the financial means, but also the incentive to improve their lives. Especially in the environment in which we find ourselves against the backdrop of the coronavirus crisis, this target group has become very active, as they are losing valuable “living time” due to the lockdown and restrictions in place and want to compensate for this by improving their bioage.

But what about hard and reliable facts and laboratory tests? These are conducted regularly at the SWISS BIOHEALTH CLINIC and show that it is not only the visual appearance that improves, but is backed up by a self-evidently subjective testimonial. It can be seen that in almost all cases the results of the objective MSQ MEDICAL SYMPTOMS QUESTIONNAIRE and the HEART RATE VARIABILITY (HRV) reading, which is measured using a validated device, also improve.

HRV is a measurement parameter for BIOAGE, regeneration and stress levels. However, mitochondrial function and ATP turnover are also regularly measured by us and provide confirmation of the improvement in the energy situation. And last but not least, an improvement in telomere length—a clear measurement parameter for “REVERSE AGING”—is observed in almost all patients.

While the photographs taken before and after the treatment speak volumes, the following testimonial also provides valuable information:

CATHERINE STEWART POINT ROBERTS, WA, US

I visited the SWISS BIOHEALTH CLINIC for the first time in October 2016. At that time, I had been under medical treatment for Lyme disease and various other bacterial, viral and fungal related illnesses. I had been experiencing chronic illness and pain for about two years. I was unable to walk without pain in my joints and muscles. I also experienced trouble breathing, had a sore throat most of the time and laryngitis when I would encounter any type of toxic or chemical smell (cigarette smoke, perfume, cleaning products).

I also did not have full use of my right arm due to a frozen shoulder and the inability to move my right thumb. I felt fatigued and stressed the majority of the time. The treatments I was receiving in the U.S. were slowly helping to remove toxins and rebuild my body, but it was a slow process. Immediately after having all the metal removed from my mouth and all cavitations cleaned out, I was able to move my shoulder and slowly started to gain some use of my thumb. When I returned home after surgery at SWISS BIOHEALTH, I felt more energy than I had in almost two years. My muscles no longer ached, and the pain in my joints started to subside. I started to be able to hike with my dogs again and run on the beach with my horses! My brain and ability to think became clearer and my level of anxiety decreased significantly. I have also found that when I do come in contact with toxins (smoke, mold, chemicals), my body still reacts, but the symptoms and pain are not as severe, and my body is able to clear the toxins faster and resolve the pain. I am so grateful to Dr. Volz and all the wonderful staff at SWISS BIOHEALTH. Everyone has been so caring and supportive on my way to perfect health and vitality. Thanks a lot! Catherine

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In summary, it can therefore be said that the users of SDS SWISS DENTAL SOLUTIONS are not allowed to wait for a gap to appear and then possibly place an implant, usually under difficult anatomical conditions owing to atrophy, which is always to be expected with late implant placement. Instead, they extract teeth that are not worth preserving either because they are old or have carious lesions, it goes without saying that this has to have a positive impact on success rates.

Studies also reveal that the motivation and consent of patients for implant placement at the time of extraction is almost 100%. After three and six months, this value falls to below 50%. Dentists who have immediate implants in almost 100%. After three and six months, this value falls to below 50%. Dentists who have immediate implants in almost 100%.

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