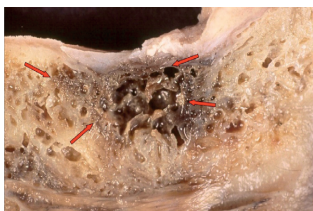




Therapy

HOW DO I GET RID OF FDOJs?

The only effective therapy is the minimally invasive surgical removal of the FDOJ according to the SWISS BIOHEALTH CONCEPT. This is the only way to achieve complete healing of the area, since drugs or antibiotics are not effective on the bone due to a lack of blood supply. Dr. Dietrich Klinghardt has developed a specific test method called the Autonomic Response Test (ART), which can be used to check whether all diseased tissue has been completely removed, even at the microscopic level, after surgical excision.



Here you can find more information about the current scientific studies available.

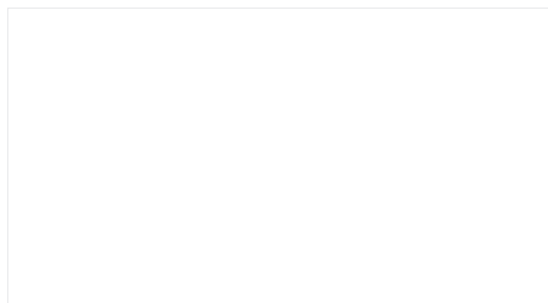


Expert opinion from Dr. LECHNER - proof that NICO exists! (in German)

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FDOJs – Focal Points of Inflammation in the Jawbone





Basics

WHAT IS AN FDOJ?

An FDOJ is a pathological area in the jawbone that affects the entire body in the form of a silent, chronic inflammatory reaction. In the area of an FDOJ, the bone is no longer compact and white, but consists of yellow, inflammatory fat as well as dead bone cells. This is the reason for the correct name “fatty degenerative osteonecrosis/osteolysis of the jaw bone”. FDOJs are most commonly found in areas where teeth were formerly removed, but also around root canal-treated teeth or in sections completely lacking teeth. 90% of most cases occur due to the removal of wisdom teeth and represent a source of interference in the oral cavity.



Effects

IMPACT ON THE BODY

FDOJs put our bodies in a subtle but permanent state of stress. They can be the trigger of nerve pain in the facial area (neuralgia). Nerve function may even fail due to the many nerve tracts that run from FDOJs towards the brain. For this reason, FDOJ was also called “NICO” (Neuralgia Inducing Cavitation Osteonecrosis) for a long time. In addition to neuralgic symptoms, there are other typical symptoms and diseases directly associated with FDOJs: Chronic Fatigue Syndrome (CFS), lack of energy (burnout), all kinds

of cardiovascular problems, adrenal weakness, weight gain, allergies, skin diseases, intestinal problems, autoimmune diseases and most especially Lyme disease.

The connection between Lyme disease and FDOJ occurs because the pathological bacteria such as *Borrelia* settle into the FDOJ, multiply there and send their produced harmful substances (toxins) into the organism via nerve fibers.

Similarly, the *Babesia* and *Baronella* bacteria are also detectable in FDOJs. They can increase the risk of infection and wound healing disorders.

Large amounts of heavy metals such as mercury, arsenic and lead as well as aluminum can also be found in FDOJs. More recently, glyphosate, which comes from weedkillers, is also increasingly showing up in the fatty tissue of FDOJs.



Diagnostics

HOW DO I KNOW THAT I HAVE HAVE AN FDOJ?

2D X-rays are not suitable for detecting FDOJs. They can be reliably diagnosed with the help of a 3D X-ray and in conjunction with the typical symptoms (see below). Unfortunately, many conventional dentists still do not recognize FDOJ as a disease requiring treatment, although the scientific evidence is becoming increasingly clear. However, the most crucial evidence remains the experience of the patients themselves: After about 50% of the FDOJ removals, patients feel a significant improvement (relief, free feeling in the head, improvements to previous symptoms of pain and discomfort) as soon as they get up from the treatment chair.



A comparison of the eye area directly before and after an 8-hour procedure with FDOJ removal: the eyes are much clearer and the pupils are smaller, which is evidence that the “FDOJ stress source” has been completely removed.