

## **The Tonsils and Their Role in Health and Chronic Illness**

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*A paper based on the research and clinical experience of Joseph Issels, MD. My own experience and the information from his book "Mehr Heilungen Von Krebs" 2<sup>nd</sup> Edition 1980, Helfer Verlag E.Schwabe, Bad Homburg was the basis for this article. He had published most of his findings before 1954.*

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### **Anatomy:**

There are actually 5 tissues that need to be considered in any valid discussion of the tonsils.

1. the palatine tonsil: located between the anterior and posterior tonsillar pillar, referred to in common English as "the tonsils". Multiple sensory innervation: by the vagus nerve, the glossopharyngeal nerve and sensory nerve roots from the upper cervical spine. The tonsils are located just superior and anterior to the superior cervical ganglion, just anterior to the vertebral junction of C1 and C2. "Energetically" (=autonomic nervous system connection) the tonsils are connected with the liver meridian and it's related structures.
2. the pharyngeal tonsil ("the adenoids"): located in the roof of the mouth just above the junction of soft and hard palate. Embryologically located in Rathke's pouch, a tissue that migrates in the first few weeks of gestation upwards and becomes the pituitary gland. Therefore, dysfunction of the adenoids is often responsible for pituitary dysfunction. Vice versa, treatment of this area can often improve pituitary function. The main "energetic" connection is with the kidney meridian and it's related structures.
3. There are 3 other tonsils: the laryngeal tonsil located close to the vocal chords, the tubal tonsil - located inside the Eustachian tube, and the lingual tonsil which is visible on the upper surface of the tongue "way back".
4. In Germany these 5 lymphatic organs, are referred to as Waldeyer's Rachenring (=Waldeyer's ring of the throat, W-Ring). They form a functional unit. There is no food or breath, that does not pass by the W-Ring. All the lymphatics that drain the brain, the sinuses, teeth, eyes, ears, scalp, skull bones and all other tissues above the neck pass through this ring.
5. A complete review of the energetic connections is given in chart #1 below.

### **The Tonsil-Tooth Connection**

Since the health of the W-Ring is interdependent with the health of the teeth and other structures of the head, face and neck area, let us look at those first. Permut et al demonstrated that when ink is injected into the pulp of a tooth it appears within 20 minutes in the tonsils (page 201). That suggests that infectious agents and toxins originating in the teeth may also affect the tonsils. Furthermore Issels could show that any focus in the head would affect the tonsils in some way, since toxin drainage goes through the W-Ring. A focus is defined as a "deviant localized change in the organism which has beyond it's local adverse effect also a systemic effect" (definition by "Deutsche Medizinische Arbeitsgemeinschaft fuer Herdforschung"). A complete listing of dental pathology possibly affecting the W-Ring is given in chart # 2 and 3.

Let us look closer at the root canal issue: Schondorf stated in the 1940s " a root canal treatment which does not create a focal disorder does not exist"(page 182). This statement may still be true today even though several dentists have improved current techniques with the use of Bio-Calex, different laser-based techniques to attempt to sterilize the dentin tubules etc.

A large group of physicians and dentists around Issels looked at the jaw infection issue and the root canal issue before 1950 and came to essentially the same conclusions as Price and Rosenow in this country. All agree on the difficulty in diagnosing devitalized teeth, single dead roots, pulpitis, or jaw osteomyelitis.

Issels found, that when a patient is healthy, his immune system mobilizes enough force to create bone changes that in turn create visible x-ray changes. If the immune system is weak, there will be no visible x-ray changes around a dental focus (page 186). To diagnose, Issels used in addition to astute clinical judgement tooth percussion, thermography (page 197) (the original "regulation-thermography" - today marketed by Dan Beilan in the US - was developed by Dr. Issel's dentist, Dr. Rost. Issels also used electrodermal skin resistance changes measured in the area overlying the suspected tooth.

### How does a Focus Affect the Organism?

Issels gives in this book the clearest definition of how a focus can affect systemic health.

A focus can act in 4 different ways:

1. the **neural** mechanism (by affecting the autonomic nervous system, pg.188)
2. the **toxic** effect (released toxins altering the client's biochemistry). Toxins released from root canal filled or dead teeth contain very toxic thio-ethers (amongst those is the well known dimethylsulfide). Thio-ethers (TE) are related to the deadly gas "LOST" used in WWI. Their chemical properties include :
  - a. electronegativity (they are attracted to positive ions)
  - b. lipid solubility (easily pass into nerves and brain cells)
  - c. they react easily with positively charged metal ions (mercury, copper etc.)
  - d. they react easily with various enzyme systems of the body (recently confirmed by Boyd Haley PhD) and lastly
  - e. they are almost immune to hyperoxygenation

If these principles are understood, treatment failures can be reduced. I found these principles helpful in devising new diagnostic techniques when using ART (autonomic response testing). Muehlman (USSR) demonstrated that thio-ethers cause swelling in the W-Ring and back-up of toxins into the brain. The structures affected first are the autonomic regulating centers, such as the hypothalamus (page 194). Regelsberger et al (page 195) demonstrated, that if the effect primarily paralyzes the parasympathetic centers and causes blocked vagal up-regulation (increased vagal tone), the patient may develop a *carcinoma*. If the toxins affect the sympathetic regulating centers - such as the posterior hypothalamus - and cause blocked sympathetic regulation with up-regulation of hypothalamic outflow, that patient is more likely to develop a *sarcoma*. Today we can measure these changes easily with Heart Rate Variability Testing . I have found the same correlations observed by these "early" physicians 50 years ago.

3. The **allergic** effect: if proteins are released from dying or dead teeth ("necrotoxins") the immune system may become sensitized. Also the foreign microbial protein and their toxins may be allergenic and sensitizing (page 195) to the patient. Once the patient is sensitized there may be cross reactivity with regular food proteins, aminoacids and a whole host of chemicals and bio-chemicals. The client's presenting symptom may be Multiple Chemical Sensitivity or food allergies.

4. The **infectious** agent itself ("focal infection theory"). Issels stated already in the 1940s that infectious agents (released by a focus) can lead to "micro embolism" in the walls of blood vessels (page 196). Only last year the JAMA published several articles confirming the presence of oral bacteria in the endothelium of coronary arteries in most patients with chronic heart disease.

### The Tonsils:

Roeder found in his anatomical studies, that the tonsils are not only functioning lymphnodes but also excretory organs (page 198). Lymphocytes, microbes, toxins, fatty acids, cholesterol and several other waste products can be found in the excretion products on the surface of the healthy tonsil. Also the thio-ethers from dead teeth are found here. Over the years tonsils can lose their ability to excrete and then

they become a toxic focus themselves. As long as patients react with tonsillitis, fever and rather acute symptoms, the tonsils may be healthy. As soon as they stop reacting they may have lost their health and may be a dangerous focus. Healthy tonsils in a grown-up can be easily luxated (= "popped out") of the fossa with a spatula. If you can't do that the tonsils may be dangerous to the client (Kellner, page 201). The final phase of progressive tonsillar degeneration is called "degenerativ-atrophic tonsillitis". The tonsils have become a dangerous focus but are themselves completely asymptomatic. The uvula often looks swollen and jelly-like, the palate is bluish discolored (page 202). When the tonsils cannot excrete toxins anymore lymphatic toxins have to be shunted into the blood stream to other organs which have now an overflow-valve type of function and become symptomatic. Conservative treatment with homeopathy, neural therapy, antibiotics, Enderlein remedies etc. is as ineffective as conservative treatment for a devitalized tooth. The only option is careful and complete surgical tonsillectomy.

### **Results:**

Dr. Issels has published his knowledge and numerous case studies on the clinical benefits of tonsillectomy in otherwise seemingly asymptomatic tonsils already in 1954 (205-207):

1. Treatment of intractable tachycardia
2. Treatment of intractable hypertension
3. Treatment successes with leukemia (each side should be operated on different days, maybe a few weeks apart)
4. A number of benefits in cancer patients: extends their life span, sometimes curative. Prevents cardio-vascular complications. Reduced risk of thrombosis, embolism, stroke, inflammation of the pleura, ascites and others.
5. Improvement of digestion (ability of colon to detoxify and excrete is better)
6. Tumors respond better to conventional treatment and holistic modalities
7. Other benefits, such as the relief of arthritis or chronic pain has been reported by others over the past 100 years

Dr. Issels made a vaccine from the operated tonsil tissue and gave it to the patient following the operation. He also treated the tonsils post-operatively with neural therapy.

I personally use the neural therapy test injection to make my diagnosis, keeping in mind that this only affects the neural component of the tonsillar focus. I observe carefully for changes in the patient's health over the next 24 hours. When in doubt the tonsils come out or have to undergo revision surgery (if there are small clusters of tonsillar tissue left). It has not been a problem to find an ENT surgeon to do this work.

However, if you are concerned, you can send your patient to -or ask for vaccine preparation at - the clinic in Tijuana where Joseph Issels, MD worked until his death a year ago (tel: 760-929-7155).

### **Summary:**

The tonsils are an often overlooked chronic focus and the underlying cause of many health problems. Dr. Joseph Issels pioneered the work that led to our current understanding of dental and tonsil pathology. While the medical community has caught up in some ways with the involved dental issues, very few practitioners have paid attention to Dr. Issel's teaching in regards to the tonsils and the need for early tonsillectomy in the treatment of many chronic illnesses.