The Role of the Tonsils

& How they are affected by Toxins from Dead Teeth

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THE TONSILLAR FOCUS

Chronic inflamed tonsils are the primary focus of the head which frequently can have a more severe effect for the whole organism than the dental focus.

With a similar mode of action they can likewise take part in the formation of chronic diseases, including cancer via the neural, toxic, allergic and bacterial routes. For the connection between the cancer process and tonsillar focus, we were able to produce a series of similar evidence pertaining to the connection between dental focus and the cancer process. We found the same quantitative dependence relation of tonsillar focus and tumor activity in the intensity of the infra-red-radiation. After the removal of the tonsils, it came to a reduction of infra-red radiation above the tumor, in single cases also to a shrinking of the growth.

Biological Meaning of the Tonsils.

The three human tonsils, namely the one in the naso-pharyngeal space located pharyngeal tonsil, and the one in the posterior mouth region (in the space between the arcus palato grossus and arcus palato pharvngeus) located geminate palatine tonsil form, in association with additional but externally insignificant lymphoephithelial organs, the so-called "WALDEREYER's tonsillar ring"".

According to Roeder, the tonsils display excretions-organs, in which lymphocytes, microbes, toxin containing lymph and other agents are eliminated. Also, in the healthy person, the tonsils can exhibit plugs which are wrongfully identified as pus, but yet which consists chiefly of fatty acids, cholesterin and other waste materials, which characterises it clearly as excrete. In the tonsillar excreta the pulper toxins are also found.

According to Mommsen, Rusch, Kolb And Santo. the physiologic flora will be incubated in the tonsillar fossa which populates the membranes of the nasopharyngeal space and the remaining airways. Moreover, antibodies are formed in the tonsils and undesired microbes and its toxins are rendered harmless. Therefore, they have also an immunising or detoxifying function and must therefore be considered as a functional analogue of the lymph organs in the intestinental mucosa as established by Mommsen

and should be - as such - considered as an important component of the resistance system.

Healthy tonsils average from the size of an almond to the size of a bean and can be dislocated from its beds (basis) with a spatula. They display a pale pink coloured surface with a flat deepening (Tonsillar crypt) in which light coloured plugs, also in the healthy individual, can be formed, which will secret in the cavity of the mouth and will be swallowed. Size and reactivity of the tonsils will be determined, to a certain extent, by the inherited individual constitution. In the case of the inherited disposition for lymphatic diathesis, which above all can be traced back, to the severe affliction of heredo infections we also find regularly en inherited tonsils hyperplasy. It is always accompanied by an increased tendency for inflammatory reactions. Size and activity of the tonsils are each proportional according to its functional demand and stress. The tonsillar physiological function will always be accompanied by inflammatory reactions of the tonsillar tissue. This is stressed by Thiessbuerger, Luescher and other otologists. According to Luescher, usually the tonsillitis, certainly the subliminal tonsillitis, therefore asymptotic tonsillitis, belongs to the "normal physique of each human. "

When larger amounts of toxins and waste products must be eliminated, circulation and inflammatory activity in the tonsils will increase accordingly. This condition is frequently accompanied by painful swelling and redness of the tonsils and is characterised as an acute, subacute, or with frequent occurrence a chronic tonsillitis, depending upon its progress. Also these more severe inflammations of the tonsil tissue are, of course, regarded as biologically significant and absolutely as physiological processes.

The acute tonsillitis is a temporary defence reaction which can be induced by a variety of infectious causes.

We want to place the chronic end above all the degenerative tonsillitiss in the centre of our considerations. Because of it, under certain suppositions, dangerous focal processes develop which are of causal significance in the formation of all chronic diseases including cancer. Although any chronic tonsillitis generally has a similar underlying process, with respect to its development and clinical formation, three different types can be distinguished.

The first group consists of those chronic tonsillitis which forms on the basis of a healthy and responsive tonsil tissue as a result of frequent acute tonsillitis. Its various causes will not be discussed here. This tonsillitis displays a physiologic reaction in which the tonsils respond to an infections stimuli by eliminating toxins. With any new tonsillitis comes an increase of the volume of the circulation and tonsillar activity. Then the tonsils find themselves in an elevated power of resistance. If such tonsillitis occur

frequently, the tonsils lose its reactivity and offensive power and atrophies over a period of time.

The second group includes those tonsillar focus which develop under certain conditions from an inherited enlargement or hyperplastic tonsils. Such a hyperplasy can be so expanded that the pharyngeal region is frequently obstructed. Unfortunately, it is common today to cut off the top of the hyperplastic tonsil. With this operative procedure, the tonsils are deprived of its superficial crypts which are essential for functional ability. The excretory function of the tonsils can only work with an intact surface or, in other words, with open crypts. In the remaining crypts, which are with scar tissue constricted or enclosed crypts, the excretory products are deprived of air supply and therefore aerobic decompose with the formation of toxic decomposition products according to Voss. Therefore, cutting off the top of the tonsils should no longer be induced. The focal potency of topped tonsils is today already known. They should always be removed even if they do not cause any recognisable vague actions.

The third group (most frequently occurring among cancer patients) of tonsillar focus are the pseudo healthy, little bland tonsils. They can be found, above all, in people with an inherited underdeveloped and therefore insufficient tonsil function. In the case history of these patients most of all tonsillar symptoms are missing. The tonsils themselves are unnoticeably small, however with a firmly adherent subsurface and not easily dislocated from its bed. With an operative removal, they must be detached from its bed with a sharp instrument.

Common to the quoted form of progress, in the chronic tonsillitis is an advancing, increasing focal toxic effect duing the course of life, and the tendency, sooner or later, to develop into an athrophic-degenerative tonsillitis. This process will proceed even faster and stronger as an additional passive continuous stress with pulper toxins of the dental focus is added.

The Influence Of The Pulpar Toxins On The Tonsils

For the formation of tonsillar focus, as mentioned, two causes must be made responsible. These are the permanent active exchange with the pathogenous organism and the passive continuous stress caused by toxins which take its outlet from avital teeth.

The close connection between teeth and tonsils is demonstrated by an observation by Permut, Henke And Ro1 Der in which Indian ink is injected into the closed dental pulpa and then appears in punctiform on the tonsillar surface 20 to 30 minutes later. This experiments have shown that pathogenous agents in the jaw region as well as the toxins of a devitalised teeth are transported to the lymphatic ring to be there detoxified and eliminated. The palatine tonsils are therefore, beside their "natural"

physiologic stress, additionally exposed to the permanent bombardment with concentrated pulper toxins caused by devitalization of the teeth. How dangerous these dental toxins are, has already been discussed. It is unavoidable that these toxins with time will effect severely the active lymphatic epithelial tissue of the tonsils. As long as the destroyed cells by pulper toxins can still be regeneratively replaced**,** the functional power will not be seriously impaired. If, however, the destroyed lymphatic epithelial tissue is increasingly replaced by inactive scar tissue, it will also reduce progressively the excretory and detoxifying defence power of the tonsils and in time lapse.

With the loss of the reactive lymphatic tissue, the tonsils also lose the final ability to provide themselves relief with purifying acute inflammatory episodes. Now the tonsils cause no longer discomfort. The missing complaints implies nothing else than the incapacity to be reactive according to Kellner. The invading toxins will no longer be secreted but - via the circulation system - passed into the organism. It is understandable, that they will develop faster as less Lymphatic epithelial tonsillar tissue is left. With inherited tonsillar insufficiency from the beginning, there exists so little active tissue, that its complete destruction under some circumstances can be terminated within a relatively short period of time. Normal developed or hyperplastic tonsils will resist the pulper toxins much longer if the top of the tonsils have not been cut off. But sooner or later they also will completely degenerate. The terminal stage of all three forms of chronic tonsillitis is the "degenerative-athrophic tonsillitis".

The Degenerative-Atrophic Tonsillitis

Findings based on examination which show small athrophic tonsils, which exhibit no inflammation, cannot be dislocated from their bed with a spatula. Therefore, in surgery, they must be removed from its bed with a knife because they adhere firmly to the surrounding tissue. While in healthy tonsils the colour of the palatoglossal arch does not differ from the colour of the remaining mucous membrane of the mouth, we find in a degenerative-atrophic tonsillitis a bluish (livid) discoloration of the arch. The ulva is mostly gelatinous thickened. The tonsil itself can still appear to be externally healthy. Also normal sized or even enlarged tonsils can already be extensively degenerated and mainly exist of scar indurated tissue which naturally cannot break down the toxins. Than it develops frequently intra- and retrotonsillar abscesses with a likewise mostly painless progress and in which we can identify the predominant highly pathogenous beta-haemolytic streptococci of the A group. Its toxins will disperse throughout the organism and will decisively contribute to the formation of secondary damage, of weak resistance and of the tumor-milieu.

Next to the direct allergenic and toxic effect of the above mentioned decomposition products, it comes with continuous stress, always to mutation of tonsil cells (lyphocells). Its protein structure will be denatured in a way which will cause the organism to produce antibodies against its own cells which have become alien to its

body. Finally it can direct itself against healthy lymphocytes and in that way can considerably weaken the lymphatic defence system of the whole organism (auto-aggressive mechanism).

With the decline of the active tonsillar tissue also its biological activity has come to exhaustion. An active detoxification and elimination of tonsillar binding toxins and waste products is no longer possible. In the tonsillar fossa, physiologic obligatory symbionts are no longer incubated but instead dangerous pathogenous germs which can disperse in the organism while, with destruction of the lymphatic epithelial tissue, its immune activity has become lost.

When the tonsil passing pulper toxins can no longer be decomposed and eliminated by the tonsils, they will also infiltrate the last remaining functioning tonsillar tissue and will induce its necrosis. Thereby high and low molecular ptomaines develop, with which we have already become acquainted as pulper toxins. The toxin formation will be inevitably increased. All of these toxins must be transported via the bloodstream to other valve organs after they can no longer be made inefficient or eliminated in the tonsillar ring. The circulation systems will be therefore loaded with toxins in a permanent increasing circumference, whereby again secondary damage will increase, the body fluid milieu and resistance will further deteriorate.

Thus, degenerated tonsils can no longer detoxify, and have become rather a most dangerous toxic focus .

As with nerve avital teeth and other dental focus, they must be removed. It should have become clear that the focal to narcosis, caused by this necrotic-atrophic tonsillitis, is, by far, more dangerous than the focal effect of the hyperactive tonsillitis in childhood.

With chronic inflamed tonsils. or with tonsils that have had their top cut off, there is a clear indication for a tonsillectomy. When this definite indication is already accepted in childhood, and in the case of rheumatic disease and other comparatively harmless diseases. it is even more urgent that attention be paid to tumour diseases.

This is all the more true because a connection between focal and tumor process is no longer deniable.

It is clear to us that we address a problem in this chapter which is misunderstood even in the wholistic medical profession in its far reaching significance and, therefore, is still controversial. A series of authors advocate the view that, in a cancer organism, lymphatic tissue should be saved as much as possible. It is therefore recommended to waive the tonsillectomy because, based upon their opinion, also diseased tonsils could still contain a certain resistance potential.

By accident, we finally found he right direction. In an incurable cancer patient with severe rheumatic pain, in whom a clear tonsillar history existed, we pursued a tonsillectomy to eliminate the therapy-hindering, rheumatic pain. The tonsillectomy produced a remarkable result Next to the decline of rheumatic complaints, also the toxic general symptoms vanished, and, above all, the pathogenous tachycardia, which always indicates a poor prognosis for the course of the cancer disease. The patient started suddenly to revive and recover. We identified, to our surprise, that his tumor also became reduced in size. This unexpected observation encouraged us to complete tonsillectomies also in other patients with tonsillar complaints, therapy-resistant cardio-vascular disturbances and toxic symptoms.

Also, in these cases, the cardio-vascular symptoms and many other complaints were caused to vanish with the tonsillectomy. The positive alteration of the general condition and a certain inhibition of the tumor growth was, for the time being, unmistakable. We finally became convinced, that a tonsillar focal toxicosis contributes not only to the decisive formation of secondary damage, milieu-disturbances and weak resistance, but also **that there** must be a relationship with the growth of the tumor. Painfully enlarged tonsils and other symptoms in a chronic tonsillitis could not be found in even a third of our cancer patients. It was obvious to consider the presence of mute tonsillar focus, in the form of degenerative, atrophic tonsils. In two thirds of the patients which exhibited subjectively and clinically absolutely no contributory, small bland tonsils, we checked the anamneses and searched, with the help of the I-R toposcope, the electro dermameter, and other test methods for mute tonsillar focus. The results were that most of these patients indeed never became ill with tonsillitis, therefore they didn't show a tonsillar history. Nevertheless, they exhibited clear test results which could only be related to the tonsillar focal toxicosis. Wherever this was compatible with the condition of the patient, we undertook a tonsillectomy.

The findings of these unobtrusive, healthy looking tonsils were more severe than in those of the usual "diseased tonsils" removed in an ENT clinic. This observation has been made over the years by all the ENT physicians working in our clinic. The tonsillar capsule has shown itself to be callousy,, thickened and so firmly adhered that the tonsils could only be removed with a sharp instrument. In about 5% of the patients, we found larger peri- or retro tonsillar abscesses which caused no complaints. More frequently, we found more or multiple small abscesses as well as up to cherry size cysts filled with fluid or thickened pus. The tonsillar tissue was spongy, mushy and had a carcass-like smell. In the histologic evaluation of these tonsils, we found severe degenerative alterations whereby, in the majority of the cases, the lymphatic epithelial tissue was completely atrophic. All these "bland" clinically inconspicuous small tonsils also proved to be, without exception, a focus of the most dangerous kind which, as with the mute dental focus, were certainly already present for years or decades and had remained unrecognised for years.

Consequently the undisputed positive effect of the tonsillectomy motivated us to follow a dental assanation always with a tonsillar assanation. In each of the tonsillectomies, which we performed in the meantime, we found severe to most severe destructive tonsillar processes with more or less virulent tonsillar focal toxicosis.

The Effect of the Tonsillectomy

As previously mentioned, condition and progress can be influenced with assanation of the **head focus** only in a positive sense. Absolute, remarkable and persistent advantages stand against complaints lasting for only a few days. It is impressive and again and again to watch the blossoming of the patient after the tonsillectomy. The toxins produced from the degenerative tonsillitis which are permanently circulating in the blood system cause a permanent spasm of the vascular capillaries which can be noticed in a poor circulating and livid skin of many cancer patients. Frequently, after tonsillectomy and therefore after cessation of these toxins and its neural effect, it comes to sudden improvement of the circulation and simultaneously to the improvement of the general condition.

The close connection between the therapy resistant high blood pressure and the focal toxicosis was not known to us for a long time. Only after significant improvements subsequent to tonsillectomy, we were led to these connections. For cancer therapy, it is of much larger significance than one thought. Before the introduction of the tonsillar assanation we lost many incurable patients in the first month of the treatment as a result of the acute cardio vascular failure. Since introduction of the tonsillectomy, the acute cardio vascular failure has become significantly reduced.

The same observation, namely that many carcinoma patients will not die of their cancer, but by the focus implied cardio-vascular diseases, has been reported, among others, by J. KRETZ.

Toxic cardio-vascular death is only one of the multiple dangers which permanently threatens the life of chronically ill patients. Phlebitis, thrombosis, emolies, pneumonia, pleurisy and cystitis complicate frequently enough the therapeutic progress. Also, these occurrences have become noticeably reduced since the introduction of routinely induced tonsillectomies.

Many clinicians have already reported regarding the frequent occurrence of thrombophelia in cancer patients. It is repeatedly assumed that between the two diseases a causal relationship exists. Our experience has confirmed, that the thrombophelia will be reduced by assanation of the head focus. Sometimes cancer patients come to our clinic who had to be treated with anticoagulants because of their thrombophelia as a long term maintenance therapy. After assanation of the head focus, we were always able to discontinue the drug. In some cancer patients, therapy

resistant hypertony exists as a secondary finding. Also, we experienced that after assanation of the head focus, the high blood pressure will soon go back to normal. We mention these examples only to demonstrate how obstinate and therapy resistant clinical pictures disappear by themselves when a complete assanation of the head focus is performed. An additional very important observation has been the following: In a majority of the patients we identified, before the tonsillectomy, an uncoated tongue, but after the tonsillectomy the tongue was strongly yellow brown to black in colour. In other patients on the other hand, the tonsillectomy did not cause an alteration of the coat (or colour) of the tongue. Based upon numerous observations, we know the canalizing activity of the intestinal mucosa can be read on the surface or coating of the tongue. An alteration of the coating of the tongue after the tonsillectomy indicated that a previously blocked "intestinal filter" had opened or had unsealed . From that we conclude that by tonsillar focus the detoxification and elimination function of the intestinum also will be severely impaired. The regeneration of this function is, however, for the treatment of the tumorous condition, of decisive significance because, in this way, the largest amount of the toxins during tumor break-down is eliminated.

Furthermore tumor growth will be usually remarkably depressed with the tonsillar assanation. From time to time there is an arrest of the growth or a spontaneous shrinking of the tumor. The head focus not only appears to participate in the development of secondary damages - therefore participating in the formation of the cancer disease, - but also to directly influence the tumor formation as it stimulates the growth of the tumor. Generally, many tumors appear to become responsive to immunotherapeutica only after the focal removal is performed.

Considering the manifold complications which have been presented and which are caused by degenerative tonsillar focus, it appears to be appropriate to begin the wholistic internal therapy with the assanation of the dental and tonsillar focus whenever possible. This must occur at the beginning of the therapy because, after a thorough assanation of the focus and the thereby relief of the defence system, a better responsiveness to the immunologic therapy can be established from the beginning.

If we are forced to proceed with chemotherapeutic measurements before focal assanation because of vital indication, it results regularly into considerably more severe and longer persisting leucocyte depression than after focal assanation.

Following the tonsillectomy, which takes place after the dental assanation, a desensitisation therapy must follow with vaccines extracted from the dental and tonsillar focus. The treatment is completed with the neural assanation of the tonsillar bed.

The widely accepted view that a surgical assanation of the head focus will no longer be demanded will be clearly disproved by our extensive experience. Also, even less convincing, is the argument that the degenerative destroyed tonsils still would be of importance as detoxification and excretory organs for the cancer patient and must be saved at any price for the cancer patient. Those who have seen the degenerative destruction in the tonsil tissue of cancer patients will be convinced that these tonsils in contrary have contributed to the intensity of the virulence of the tumor milieu and the weak resistance.

When we assanate the head focus, in which are probably embodied the most dangerous of **all causal factors. we perform** - unfortunately with considerable delay - really only a therapeutic measure which (also based on traditional medical standards) should have been performed years prior to the appearance of the tumor formation.

These reported experiences, which were already published by the editor in 1954, speak for the fact that we are confronted in cancer patients, and especially in incurable patients, with an unusual cluster of focus in the head area, whose causal share of responsibility for the tumor process can no longer be denied. The anergic reaction structure of the tumor patient does not let this focus appear clinically so that, as long as one does not search for it, it is withdrawn from the physicians awareness and therapy. This circumstance and the tendency to give up the incurable as hopeless cases must therefore be made responsible for the fact that the relationship of the tumor and the focal process has found little attention until now.