



A holistic approach to treatment with ceramic implants

An interview with Thomas Franke, MD, DDS, Germany

The team at Dr Thomas Franke's private dental centre for biological oral and maxillofacial surgery in Charlottenburg in Berlin regards the body as a complex system of interacting and influencing components. The close interplay between oral disease and chronic bodily disease supports a holistic and interdisciplinary approach to treatment. Dr Franke has many years of experience and extensive interdisciplinary knowledge, which he skilfully combines for the centre's holistic treatment approach. In the following interview with *ceramic implants*, he explains why he pursues a biological treatment approach to implant treatment that considers the entire organism.

You have had a fascinating interdisciplinary career and, as a maxillofacial surgeon, cover numerous specialist areas. So how did your passion for dental implantology develop?

I have loved working with my hands ever since I was a child. Even as a little boy, I loved to make things with my grandfather. During my training as a maxillofacial surgeon, I learned a great deal about various areas of sur-

gery. My path started with general surgery and progressed to abdominal surgery, orthopaedic trauma surgery and ENT [otorhinolaryngology] surgery, ultimately leading me to maxillofacial surgery. What I find so fascinating about dental implantology is that it makes restoration of function possible. This is where several specialist areas come together: occlusal rehabilitation, phonetics and aesthetics. Nowadays, with implants, controlled bone regeneration and soft-tissue management, we can help patients in ways we were never before able to.

You have been practising your holistic concept at your clinic since 2017. What does this entail regarding patient treatment?

Our patients now come from all over the world and are enthusiastic about our minimally invasive fast-track concept. This approach initially entails significantly more work for us as a team. However, the shorter downtime, significantly less pain and swelling, faster healing, increase in well-being and general improvements in our

patients' health make it worth the extra effort. We as a team had to change and had to modify our processes as a whole, completely rethink medicine and dentistry, and adapt our treatments. If necessary, this also includes the provision of nutritional supplements, infusion therapies, stress reduction and stimulation of the parasympathetic nervous system.

What is the main thing you look for in the patient examination?

The patients who come to us usually have a long history of suffering. Often, their complaints have not been taken seriously, and they have been stigmatised and even traumatised. In a disproportionate number of cases, we have observed multiple chemical intolerances, multiple chemical sensitivities, autoimmune diseases such as Hashimoto's disease and multiple sclerosis, burn-out, fibromyalgia and other diseases that are often unfairly attributed to a psychological component. Before treatment, we try to obtain a very detailed patient history. Previous findings by general practitioners, orthopaedists, internists, dermatologists, rheumatologists, gastroenterologists and non-medical practitioners are a huge help in this regard. We look closely at specific and non-specific inflammatory markers, such as low-density lipoprotein, thioalcohols and thio-ethers, C-reactive protein, haemoglobin A_{1c},

RANTES, and platelet count and function, and many other markers. Hormone status, trace elements, minerals and vitamins also play a major role in preoperative diagnostics.

What are the reasons for this?

Over time, we have clearly observed that there is a direct correlation between a body that is in equilibrium with itself and well cared for and a good postoperative outcome. Long-term follow-ups show less discomfort, less bone loss and less inflammatory reactions in the den-toalveolar area in patients with a balanced and healthy body. This also has positive effects on the entire gastro-intestinal tract. Gastritis and duodenal ulcers are measurably ameliorated when inflammation from the upper aerodigestive tract is reduced.

How does inflammation of the oral cavity and teeth affect the human body as a whole?

As I have already suggested, local inflammation—no matter where in the body—always has a systemic effect. Take a panaritium, for example: in a suppurated ingrown toenail, many different chemotactic messenger substances are formed to attract immune cells to protect the body in this area. We can detect these messenger substances in the form of cytokines, interleukins, etc. in the blood. It also results in nociceptive pain, which is caused by the

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tissue reaction. Anyone who has ever experienced anything like this can attest that it can have a general effect on the entire body. The same is true in the dentoalveolar area. We actually see inflammatory effects that originate in the jaw and tooth area throughout the human body. For example, we see referred inflammation, such as a non-vital maxillary molar leading to chronic sinusitis via spiral granulation. This maxillary sinusitis causes swelling of the lymph nodes and increased secretion, which is produced in greater quantities at night when the patient is at rest or sleeping, but no longer swallowed like normal. Instead, it is aspirated, flows into the lungs and into the bronchi and thus causes sinubronchial syndrome, which can then lead to chronic asthma. However, we also find inflammation that is transmitted haematogenously: just think of endocarditis or idiopathic joint inflammation in the knees and hips. There are interesting studies that show that colon inflammation may be caused by an inflamed periodontium, that is, periodontitis. Why this might be is logical: the bacteria are swallowed several times a day and colonise their new biological niche in the rectum.

There is clinical evidence for better biocompatibility of ceramic implants. Can you confirm this from your everyday clinical experience?

When I worked in a hospital, we used to place lots of implants exclusively made out of titanium. This worked well in many cases, but local inflammatory reactions repeatedly led to peri-implantitis and implant losses which we could not explain. We tried to save these implants by brushing, but it usually just made things worse. Now we know what caused it: in the best case, a manifest intolerance to titanium dioxide. In order to reduce our patients' overall tendency towards inflammation, we have changed our therapy regime to 99.9% ceramic implants. With our preferred ceramic implants, we see a wonderful emergence profile before prosthetic treatment and later great red-white aesthetics.

Are patients who are generally vulnerable more likely to need metal-free implants?

The patients who come to our practice are highly educated and well informed when it comes to health. They have already adjusted their diet and lifestyle to biological and natural requirements. Organic foodstuffs are the rule rather than the exception. The same goes for any materials and substances that are to be introduced into the body. These patients attach great importance to biologically compatible, anti-inflammatory and endogenous substances and request them specifically. Their acceptance of and demand for a biological approach can already be seen in their prevention of possible illnesses. A

healthy lifestyle is not only reflected in diet, physical exercise, restful sleep and mindfulness, but also in implants that are introduced into the body.

In which situations, apart from immunologically justified cases, do you prefer to use ceramic implants?

Today we use ceramic implants for all classic indications—from single-tooth replacements to full-mouth rehabilitation. Ceramic implants also have clear advantages in immediate implant placement. Patients also really appreciate it if they only need to undergo a single operation. This reduces time, cost and pain.

You perform regular

follow-ups on patients treated with ceramic implants.

Can you share your observations with us?

With good care, we see fantastic long-term results, with hardly any soft tissue and bone loss. It sometimes appears to be the case that ceramic implants are superior to natural teeth, especially in the aesthetically sensitive anterior area. Of course, there are also losses with ceramic implants, just like with titanium implants. We often see these right at the start of osseointegration or upon exposure and shortly thereafter. Unfortunately, ceramic implants are often handled incorrectly in dental practices. Metal probes are used to manipulate the ceramic implant shoulders, the gingiva is worked on with dental brushes until it disappears and probes are used to dig around for the supposed pocket depth until it is found.

What advice would you give to dentists who have not yet used ceramic implants?

Speak to colleagues who are familiar with ceramic implants. Ceramic implants are not simply an extension of titanium implants in white. Ceramic implants are the next level in implant dentistry, and like always, advancing to a higher level and developing your skill and knowledge take practice. Trust yourself to take this step forward.

“With our preferred ceramic implants, we see a wonderful emergence profile before prosthetic treatment.”

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