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IRISDIAGNOSIS**

**IRISDIAGNOSIS AS COMPLEMENTAL METHOD OF THE FUNCTIONAL  
ORTHOPEDICS OF THE MAXILLARIES, IN PATIENTS WITH UNILATERAL BITE**

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Irisdiagnosis

**FACIS & IBEHE**

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The all my friends, surgeon-dentists, that your horizons didn't still pull the curtain  
for the infinite universe of Irisdiagnosis.

## GRATEFULNESS

To the great masters, because they showed me as it is long the day; to the small, but not less important, that proved that with effort and dedication... it is possible to arrive to the final goal.

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## INTRODUCTION

In research accomplished with patient bearers of unilateral mastication, in treatment for the Author with Functional Orthopedics of the Maxillaries, in your private clinic, with ages varying from 06 to 59 years, it was verified that most of them, they chewed predominantly on the right side.

Of equal it forms, it was verified that, this majority also possessed the diameter pupil right, larger than the left.

## KEYWORDS

Unilateral bite; unilateral mastication; vicious mastication; move unilateral mandible; deviations of the path mandible; irisdiagnosis; pupil diameters.

## ORTODONTICS X FUNCTIONAL ORTHOPEDICS OF THE MAXILLARIES

Brazil always showed interest for the vanguard of the knowledge. Proof is that, Dom Pedro II, through the Ordinance 9311, article 2, number 7, Law 3141, of October 25, 1884, decreed the opening of the dentistry courses in Rio de Janeiro and in Bahia. This was a demonstration of majority and intellectual independence that it contrasts with many European countries, where the dentistry is still incorporate as specialization, to the medicine universities.

The dentistry is a derivation of the medical specialty and he/she needed a teaching only addressed for her. For your time, they grew up specialties in the most different areas of the surgeon-dentist's performance. One of them was the pedodontics that, formerly, it incorporated the orthodontics. The evolution commands the directions of the history. The orthodontics was dismembered, rising to the specialty.

Inside of the dentistry, this subtle revolution (but decisive) that see if it uncoils before our eyes, he/she also begins to leave your deep marks, freeing for the science, some revelations that until then seemed strongly gagged by the dogmas of the academicism.

Before these events, the European dentistry already worked with the Orthopedics Functional of the Maxillaries (OFM), as fruit of a wider vision of the human being, following the oriental influences of concept holistic/universal.

Now, it is discussed to level of Federal Senate in Brasília, BUCCAL BIOCIBERNÉTICA (brazilian's psychosomatic theory), as it was it on September 25, 1985 (34), among political lay in the subject, but attentive to your author's simple and objective explanations; Newton Nogueira de Sá, on something ignored by the almost the Brazilian surgeon-dentists' totality. But it was not always like this, to the opposite, there are a lot of resistance and corporativism among those that want dominate the market of performance and knowledge dentistry.

In Brazil, this discipline (OFM), it is not taught in the dentistry degree courses, being relegated to superficial brushstrokes in the courses of orthodontia specialization, when a lot.

Starting from the decade of 60, with the movement functional in Rio de Janeiro, it began to the idea to germinate of separating the Functional Orthopedics of the Maxillaries, of the orthodontics. This, throws hand of the traditional North American therapeutics, of to move and to extract "preventive" teeth, while OFM; it uses therapeutic methods that they produce modifications in the pattern of facial growth, with a vision more universal of the patient, just as, staying the due proportions; Irisdiagnosis.

The great first step for the independence of OFM, it was given on December 30, 1997, for the Federal Council of Dentistry, altering the name of the orthodontics specialty; for ORTHODONTICS AND MAXILLARY ORTHOPEDICS, for the ordinance nº. 378/97.

The fight for turning her independent it is totally fruit of a work methodology and thought philosophy different from the orthodontics. It is starting from solid and crystalline sciences, like Irisdiagnosis & Functional Orthopedics of the Maxillaries, that the conscience of the universality of the life of the universal emerges of being.

The conscience that the body is a whole and that the individual meets divided in the life, I don't eat an isolated particle of the Cosmoses, but as an unit vibratility, pulsatile and energetic.

Leaving of this premise, it was looked for to trace a correlation between OFM and the irisdiagnosis. This, as auxiliary methodology of diagnosis, comparing the side that a patient one chews preferential, with the diameter larger pupil.

As the author acts in the area of Functional Orthopedics of the Maxillaries, tends an own wallet of patients your disposition, as well as he crawls the first steps in the study of Irisdiagnosis, wanted the idea of the correlation among the two sciences.

Godin, mentioned by Bueno, in yours "laws of the alternations and of the unequal growth", in relation to the equal organs, it observed that in the skillful, the superior right member is larger in length and thickness that the left member. Like this, this work seeks to find, in the irisdiagnosis, an auxiliary partnership in the diagnoses of unilateral bite. With this, maybe, it can extend, the other researchers, the curiosity of penetrating in this study line and, in the future, just as he/she makes him surgeon-dentist Moacir Martins, to thrash promising directions to the anamnesis of the articulation temporomandibular joint (TMJ).

## KNOWLEDGE

The modern dentistry cannot continue being relegated to the study of the tooth and your surrounding fabrics for local repairs and yes, without forgetting those criteria and being added to them, the place and the purpose of the surgeon-dentist's work, to unite if with physiotherapy, occupational therapist, phonetician, acupuncture, pediatrics, homeopathy, psychology, physical education teachers, educators, masseur, orthopedic specialists, and other specialties with everything and with all. In spite of they be independent, each professional limits your area, in spite of the ideal to be that had a vision universal.

As Carreño said, “sometimes, it seems that the professional doesn’t take in consideration that, she forgets one of those components of the system where works, other parts of him will be affected. Perhaps don’t remind that is part of the picture of health and that it renders a service to the patients’ organism, being inside that function of the society which he belongs.”

Shillingburg, with a lot of property, he/she tells that when several methods of great employment exist in a profession, to solve the same problem, the optional preferences are explained. Like this being, many authors do they still extol extractions in orthodontics to allow the positioning “correct” of the teeth on the basal bones (I underline of the author). This is not a vision of OFM, but probably, that attitude should increase, and a lot, the 20% than one can learn for the own mistakes, according to the philosophy of Tenti, an orthodontics universal. Attitude that makes way for demands juridical of the indemnifications.

Supposedly, the tasks that seem simple and routine in the dentistry, they relapse on the general doctor's shoulders. Nothing is more far away from the truth, because the treatment interception is about based on the sharp perception of small variations of the pattern of the normal development. This is framed in the postulate of Witzig where it reinforces that is extremely important to do the appropriate diagnosis. With so many concepts different from diagnosis and treatment philosophies, where should she begin to distinguish the correct concepts of the other ones?

## KNOWING THE OCCLUSION

The act of closing the mouth, provoking the articulation among antagonistic teeth, it is habitually called occlusion and your knowledge, in all the aspects morphologic, it has been waking up a great interest among the surgeon-dentists (CD).

The occlusion is supported for woven alive that depend on your function to stay in biological balance and that are always in evolution. It is had to predict the constant modification of the occlusion, mainly when the CD plans any treatment type or a correction of the occlusion, during the program/attention phase.

Second Maciel, the omnivorous ones better happened they are the humans, because your group of vertical and horizontal movements, in three different plans, they turned the process extremely complex of the mastication. The capacity to eat several diets offers great choice flexibility in the environment and adaptability the those means. In fact, the human being physiologic mastication should be bilateral alternate, because she is nothing else than the amount of cycles of the mastication (blows that the jaw executed against the jawbone, to triturate the food) necessary and enough to reduce the whole food to a size and it forms adapted and to make possible successive swallows, until consuming him/it entirely.

In the childhood of the western dentistry, the teeth were had as isolated structures and removed in case of processes great curious and/or pain.

Nunes he/she tells that starting from 1771, John Hunter, studying dental anatomy and occlusion in cadavers, he/she got the attention for the physiology of the apparel chewing They elapsed 116 years so that Bonwill, in 1887, studying the artificial occlusion, he/she got the attention for the plans occlusions and it established the bases of an ideal articulation.

## **CORRELATION BETWEEN THE OCCLUSION AND THE POSTURE**

The apparel chewing is composed of several anatomical structures, that, acting passive or actively in an integrated way, they can be considered as a whole. That functional system is constituted, mainly, for the teeth and your stand elements; for the bones of the maxillary and jaw; for the articulations temporomandibulares joint (TMJ); for the muscles of the mastication; muscles posture; muscles of the

language; muscles of the lips and for the nervous system and vascular of these fabrics. Maciel it increases, still, the glands salivate to the mastication process. This means to say, in agreement with the CD Floriano Peixoto Gomes of Sá Filho, that if the occlusion/mastication is normal when:

1. The teeth stay stable, without mobility;
2. There are not dental migrations;
3. TMJ and associated structures work freely and without pain;
4. There is not alimentary retention, as a consequence of the first two items;
5. The teeth don't hurt, before or after they contact to each other.

Besides the reflexes attributed to the mastication, she still propitiates the development and the balance of the bones skull and face, as well as anti-bacterial action on the victuals placed in the mouth.

The system neuromuscular doesn't just act to move the passive structures, but also to maintain them through the balance and static posture. Like this, for the head to be maintained in the erect position, the muscles that you/they arrest the subsequent part of the cranium to the cervical column and the area of the shoulders should contract if. To compensate this action, groups of antagonistic muscles exist, in the area previous of the head, that you/they supply the appropriate balance to the cranium.

Those muscles maintain the correct positioning postural of the compound skull and face, under a refined control of the central nervous system.

Chawki Zaher it increases that those system is to each other interlinked through vases bloods, nerves, acupuncture meridians and cellular functions and that the mouth (teeth), it is part of that functional system integrated with the ear, the nose, the column, the iris, the language, the foot and other parts of our organism (I underline of the Author).

This author completed that, depending on the relationship jaw-jawbone and of the position of the teeth, it will have reflex in the corporal posture; organic problems and conduct, susceptible to they be observed with the irisdiagnosis, inside of the vision of buccal biocybernetic.

Batello he/she points out that the biotype is intimately linked to the constitution idea and it is in function of this that the doctor detects the organs of a patient's shock, delineating the same. This idea coincides with the several authors' thought, that the presence or not of health it can be read in the eyes, as it is read the intimacy of a diary, registering an individual's history. The observation of the signs irisdiagnosis is so old with relationship to the own humanity and so much in China, as in Tibete, the changes of the signs of the eyes were already related with anomalies or internal alterations of the organs, woven and glands of the human organism.

Before deepening this chapter of "occlusion and posture", it is necessary that it is revised some mastication concepts, according to Bennett to understand each other the other topics of this work. When occurring a mastication, it is considered of work side, the side in that is chewed and, balancing side; the side that, on that moment, it is not making the mastication. This sidelong game that the jaw executes to chew should have 10mm more or less for both sides, being considered the lines dental medium inferior and superior.

The "Tower of Piza" it is globally known with one of the symbols of Italy and, due to your inclination, it is used as expression of compensated balance, because as it tilted, the builders raised structures to compensate and to maintain a forced balance. Besides being a beautiful architectural work, it also serves of reference as a static structural organization precarious. In the human body, we also have articulations that allow the mobilization of rigid parts of the skeleton, through muscles, capsules articulate and ligaments, interacting with the force of the gravity. For this united action and coordinate, besides the morpho-functional alterations of

the system gnation, an entire series of muscular dysfunctions is had and you articulate of the rest of the body, linked or not to the function mastication and occlusion.

The objective of this work is to verify the unilateral preference of mastication, when it exists, it coincides or not with the largest diameter pupil.

## **CONSEQUENCES OF THE UNILATERAL MASTICATION AND THE IRISDIAGNOSE**

Second Pedro Plane, during the process of mastication unilateral, several modifications they will happen with the patterns of contraction of the musculature of the mastication, so much in the factor time, as in the factor intensity. The condyle have movement asymmetry, with consequent remodel in your formats. The face will also have a growth of the walks inferior and medium.

Several factors exist that can unchain a vicious mastication, as for instance:

1. Interferences oclusais
2. error odontology
3. Problems periodontitis
4. Dysfunctions of TMJ
5. Dental losses
6. Problems jugais labial e/ou
7. Problems in the muscles involved in the mastication
8. Facial pantomime
9. Soft diet
10. Deleterious buccal habits (pacifier, cigarette, pipe, breast-feeding, etc.)
11. Position of sleeping (to lie down)
12. Position of the head when writing and /or to read
13. Teeth badly positioned, etc.

Before so many and complex unchained agents of mastication addictions, why not to use Irisdiagnosis as auxiliary method of diagnosis, because the same can corroborate in the discovery of the cause. It is known that, in “hypothesis some, she substitutes the subsidiary exams, such as laboratorial, of image and other”, to the opposite, he/she gives subsidies for the examiner of the health.

The professional of the area, it should not be restricted to an only diagnosis process or an only therapeutic method, nor so a little to be considered capable to apply the limited possibilities of a singular focus the all the patients that fall back upon the treatment.

Today, more than never, a wide base is so much necessary in the methodology diagnostic, as in the treatment for such. Like this, Batello he/she affirms that Irisdiagnosis supplies, in an odd way, a “diagnosis” syndromic of which the structures altered in your form e/ou function, that you/they contribute to the manifestation of the individual's symptomatic totality.

If Irisdiagnosis leads us more perfected, we can also affirm on him the pupil, because many authors they tell studies on the same, in physiologic terms, and Johnson he/she made him/it with approach comportamental. He gave heading for the predominance of the cerebral hemisphere and it correlated with the signs, colors and standard rights that accuse which the more iris “rich” in details.

Johnson he/she still tells, as example, that “the people that have the predominance of the right hemisphere of the brain, almost always lean on, in the left leg or, when seated, they cross the left leg down.” Now, that is a factor to unchain the unilateral mastication, as it had been seen in the previous page.

The objective of this work is to verify the unilateral preference of mastication, when it exists, it coincides or not with the largest diameter pupil.

## MATERIAL AND METHODS

This work was accomplished with 226 patient of the clinic odontology peculiar of the author, in treatment of Functional Orthopedics of the Maxillaries. The author's secretary revised the 1252 records of patients in attendance, with expressed instruction of selecting all the ones that were with until a year of treatment (January 15, 2000 to January 15, 2001) and that they presented clinical registration, in writing, of bite unilateral crusade. The age group varied from 06 to 59 years. In moment some the author became aware of who had been selected, as well as he requested the secretary that didn't publish him/it to him or surgeon-dentist's assistant (ACD), under penalty of invalidating the research, for first-concept and/or influence.

All examined they were them previously assisted by your respective origin surgeon-dentists, having been eliminated all and any type of error previous odontology, as well as; solved the before-existent problems of restorations, endodontics, periodontics, extraction prophylactic (only in deciduous teeth), and employment of prosthetic elements with interference and/or healed provisional, while the treatment lasts long OFM. That condition is norm and attendance routine for whole and any type of the author's patient, because without the one which, it doesn't begin any procedure in OFM.

A list was elaborated of all selected them for the secretary, not being reviewed, nor to the author and nor your ACD. The relationship was under the secretary's custody to the compilation of the data, in 15/01/2001.

The author, without knowledge of the list, examined all the patients that came to the habitual consultations and of periodic and methodical frequency, usually, without exception.

He verified under the light of the reflector odontology of 20.000 lumens (it marks Gnatus) and through a magnifying glass of 20x (it marks Linux), with the patient

still seated in the chair odontology, which the pupil of larger diameter. The author registered, in the song superior right of the clinical record, to the pen: R>L (larger right pupil than the left) or R<L (smaller right pupil than the left) or R=L (right pupil of the same diameter of the left).

Attn the end of any attendance done by the author, ACD it directed the patient goes the first-attendance room, that served he/she interviews them / test.

The patient sat down in an upholstered chair and firm, with high back rest, tends to your front, a table with a bowl of small cookies type "seated grandma." These cookies were renewed the whole week (bought at the same bakery that produced them daily) and kept tightly closed, in a glass pot, to maintain your crispy state.

ACD requested that the patient caught one of the cookies and you/he/she chewed him/it. Soon after, after of the ingestion, he/she asked the patient in which side chewed. If there was not doubt in the answer, she wrote in an exclusive notebook for such end, the patient's name and, to the end of the name, the letter L (for mastication on the left side), R (for mastication on the right side) and B (for bilateral mastication).

If the patients were in doubt, it was asked that chewed another cookie and that paid attention. Like this, successively so many times as they root necessary, until obtaining a definitive answer.

The secretary, to the end of the file, gathered all the records consulted on that day. She compared with the list previously selected and he/she wrote, with red ink, beside the name, the author's observations and in blue; the one of the assistant, without the same ones become aware of the final result, continuing the guard under your custody.

After January 15, 2001, the author checked the secretary's list and it crossed the information of the notebook of ACD, with the records marked by him own.

It was not object of this research: which the force of chewing; as it was the force chewing; correlation of the mastication there was been with the iris as a whole (according to Johnson); if the mastication corresponded to the predominant laterality of foot or hand, finally, he/she just interested to know, if the side of the unilateral mastication, coincide or not with the pupil of larger diameter.

## RESULTS

As all the patients had already been selected previously predominantly as mastication bearers unilateral, there was not any surprise when verifying that didn't enroll bilateral mastication (letter B). This means that ACD obtained identical results to the annotations of the clinical record, previously selected by the secretary. Of equal it forms, the secretary didn't wander when transcribing the two examiners' annotations.

69% of the patients were related as unilateral chewing on the Right side. The remaining, 31%, they chewed vicious on the Left side.

Of these 69% unilateral chewing on the Right side, they were found 72% of bearers of larger Right pupils than the Lefts ( $R>L$ ) and 28% of bearers of smaller Right pupils than the Lefts ( $R<L$ ).

Of the 31% of unilateral chewing on the Left side, they were found 61% of bearers of smaller Right pupils than the Lefts ( $R>L$ ) and 39% of bearers of larger Right pupils than the Lefts ( $R<L$ ).

The author didn't find any pupil with the same diameter, in other words, any  $R=L$ .

## DISCUSSION

The result of preponderance of right unilateral mastication (69%), in the 226 examined patients, it coincides with the discoveries of Plane, Simões and Júnior.

Hório, apud Júnior, he/she told that the more hard the food-test, larger the number of cycles chewing to do an ideal trituration of the food. Like this being, the small cookie accomplished the function proposed initially.

There was coincident majority of correlation between side of unilateral mastication and the pupil of larger corresponding diameter. This means that, besides 69% of the 226 patients to chew preferential on the Right side, of these, 72%, they also possessed the diameter larger Right pupil than the Left.

It is believed that there is it narrows relationship among the side chewing with the largest diameter corresponding pupil, deserving a deepened study of this area.

## CONCLUSION

1. The predominance of Right unilateral mastication is evident.
2. The predominance of diameters larger Right pupils than the left ones, it was made superior numerically.
3. Correlation exists between the largest diameter pupil and the side of unilateral mastication.

With the data above, the author suggests that the theme is more deeply analyzed and researched with other surgeon-dentists, gauged in the irisdiagnosis area. Like this, it could be increased, to the annals of the patient's clinical history, more east given corroborate. Irisdiagnosis is one of the roads that the CD cannot open hand, as method auxiliary diagnosis, in your interviews and routine exams, close to your patients.

## ABSTRACT

Through the chewing/ingestion of cookies offered to each of the 226 unilateral chewing patients being treated by the author (with Functional orthopedics of the Maxillaries) in his private office, ranging from 6 to 59 years old, it was found that most of them predominantly chewed on the right side. It was equally verified by iris examination with magnifying lenses of 20X that most of these patients had their Right pupil diameter larger than the Left one.

I was not included in this research: the forces of chewing and how much it you it forces was used it goes chewing; if there was correlation between chewing and iris the whole (psychosomatic theory); if chewing agreed with the predominant laterality of foot or hand. In any marries, the idea was to know whether the side of unilateral chewing corresponded or not to the pupil larger in diameter.

The author came to the following conclusion:

1. There predominance of right unilateral chewing.
2. There predominance of right pupil diameters larger than the left ones.
3. There evidence of correlation between the larger pupil diameter and the side of unilateral chewing.

Considering the results, the author suggests that the matter should be lives deeply analyzed and researched along with dental other–surgeons, experts on the irisdiagnosis field. This way, it would be possible to add this other corroboratory dates to the annals of the patients medical history. Irisdiagnosis i one of the resources the dentist should not abdicate the an auxiliary diagnosis method in his interviews and checkups with his patients.

In time... on September 06, 2001, the FEDERAL ADVICE OF DENTISTRY recognized the FUNCTIONAL ORTHOPEDICS OF THE MAXILLARIES as independent specialty of the ortodontia, through the resolution 25/2001. With this, the Author became one of the first specialists from BRAZIL

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