Peripheral Neuropathy

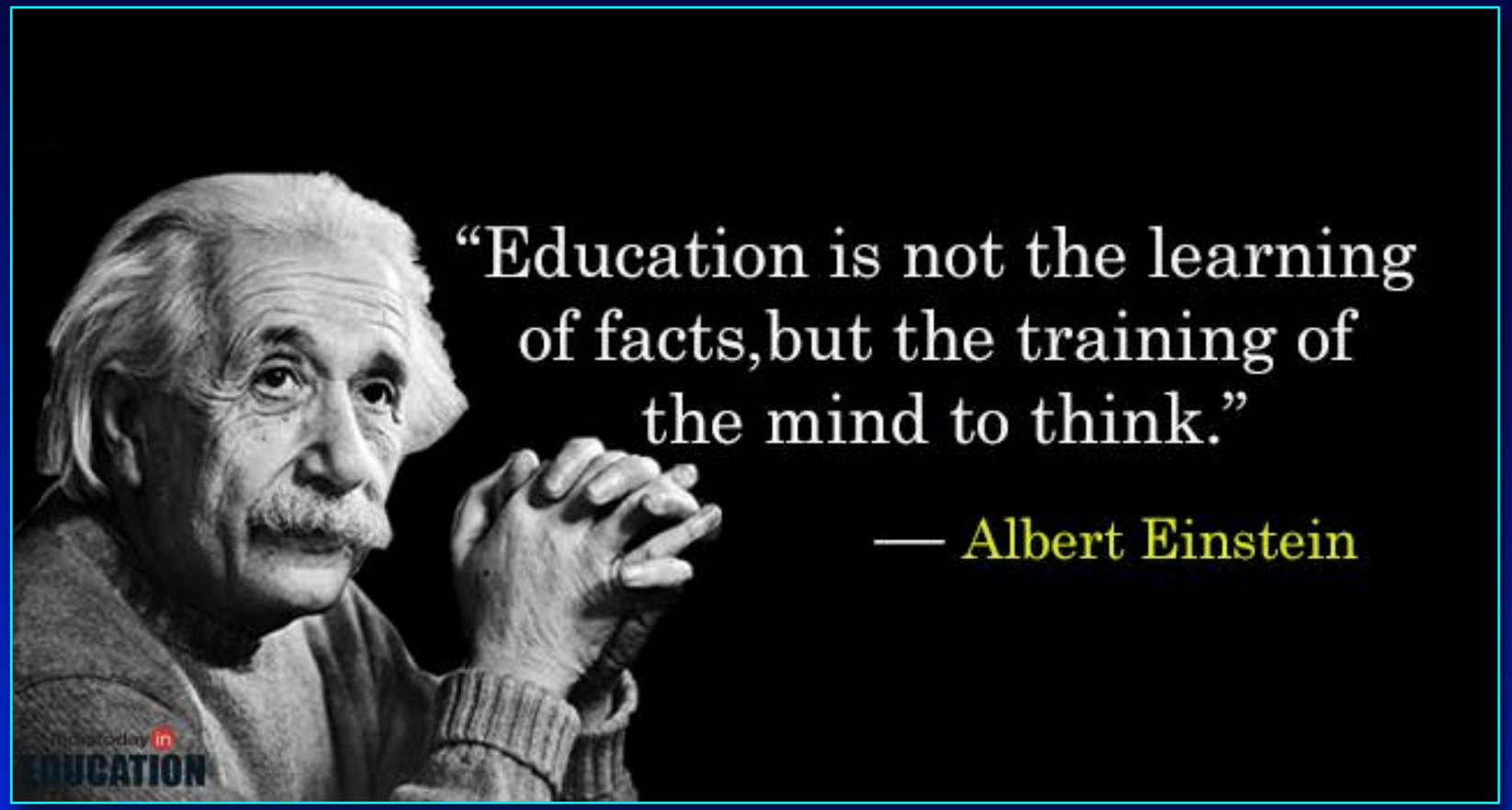
Stop Patching Your Symptoms

Presented by

Dr. Gerald H. Smith

Paradigm Shift Integrating Quantum Technology

January 28, 2026



OBSOLETE CONCEPTS

"MODERN MEDICINE" IS BASED ON OBSOLETE CONCEPTS, WHICH FOCUS PRIMARY ON MECHANICAL AND NEWTONIAN APPROACHES TO SYMPTOMATIC TREATMENT.

What Exactly Is Neuropathy

Peripheral neuropathy is when the nerves that are located outside of the brain and spinal cord (peripheral nerves) are damaged. This condition often causes weakness, numbness and pain, usually in the hands and feet. It also can affect other areas and body functions including digestion and urination.

What Exactly Is Neuropathy

Peripheral neuropathy can result from traumatic injuries, infections, metabolic problems, inherited causes and exposure to toxins. One of the most common causes of neuropathy is diabetes. People with peripheral neuropathy usually describe the pain as stabbing, burning or tingling.

18 Uncommon Causes

1. Toxins from root canal teeth: Breakdown of the nerves can produce hydrogen sulfide, mercaptans, thioethers.

18 Uncommon Causes

- **Thioethers** can stimulate pro-inflammatory cytokines and contribute to local or systemic pain.
- **Hydrogen sulfide (H_2S):** is extremely poisonous; inhibits cellular respiration similar to cyanide.
- **Methyl mercaptan:** is toxic to tissues and organs acting as an irritant and potential neurotoxin.

18 Uncommon Causes

2. Occlusal or bite interferences: These discrepancies will cause cranial bone distortions, which in turn will twist the dural membrane system irritating peripheral nerves. Also loss of vertical height of the posterior teeth will cause compression of the spinal vertebrae.

18 Uncommon Causes

3. **Pronated feet:** Research by Prof. Brian Rothbart has documented that pronated feet will cause a scoliosis of the spine with accompanying dural membrane twisting and peripheral nerve impingement.

18 Uncommon Causes

4. **Surgical stainless steel screws** have nickel in them, which will leach out causing inflammation and pain.

18 Uncommon Causes

5. **Faulty orthodontics:** Will twist cranial bones causing the dural membrane system to irritate spinal nerves and cause pain.

18 Uncommon Causes

6. **Faulty crown and bridge (capping of teeth):** can alter the alignment of the cranium, spine, and peripheral nerves.

18 Uncommon Causes

7. **Galvanic currents** in the mouth will cause mercury to leak out 10 times faster; mercury is a neurotoxin and will cause demyelination of nerve fibers and pain.

18 Uncommon Causes

8. **Hypoxia (low oxygen):** can cause or contribute to peripheral neuropathy, particularly when it is chronic or intermittent. Medical literature supports this association, especially in conditions involving prolonged low oxygen levels, such as:
   - Chronic obstructive pulmonary disease (COPD)
   - Obstructive sleep apnea (OSA)
   - High-altitude exposure

18 Uncommon Causes

9. **Low tissue pH (as measured in the mouth)**, typically from saliva pH dropping below the normal range of 6.2 – 7.6) can effectively lower a patient's pain threshold and sensitivity and pain perception.

18 Uncommon Causes

10. **Deficiency of omega 6 oils** can contribute to peripheral neuropathy. This anti-inflammatory oil will enhance inflammation and decrease the production of prostaglandin 1.

18 Uncommon Causes

11. **Statin drugs:** can cause polyneuropathy. These drugs also cause breakdown of skeletal muscles (Rhabdomyolysis).

18 Uncommon Causes

12. **Vitamin D_3 deficiency:** increases pro-inflammatory cytokines, prostaglandins E-2, and other mediators like leukotriene B4. Chronic low-grade inflammation sensitizes pain pathways and exacerbates muscle pain; lowering it helps alleviate symptoms. It also supports mitochondrial function in muscle cells, and overall muscle health. Deficiency leads to muscle fiber atrophy, weakness, and impaired repair, contributing to pain and reduced strength. Supplementation can reverse subclinical myopathy, reducing aching and tenderness. Deficiency also causes hypocalcemia leading to poor mineralization and referred muscle pain, which contribute to musculoskeletal discomfort via suboptimal calcium handling in muscles.

18 Uncommon Causes

13. **Aluminum toxicity:** Al is a neurotoxin and can contribute to causing peripheral neuropathy through demyelination.

18 Uncommon Causes

14. **Intestinal Parasites:** toxicity from certain intestinal parasites can contribute to peripheral neuropathy.

18 Uncommon Causes

15. **Reversed motion of the base of the skull:** will cause twisting of the dural tube all the way down the spine to the coccyx bone. Irritation to the peripheral nerves will illicit pain.

18 Uncommon Causes

16. **Whiplash injuries:** can cause or contribute to peripheral neuropathy by twisting the dural membranes and nerve entrapment.

18 Uncommon Causes

17. **Brain Allergies:** William H. Philpott and Dwight K. Kalita's book Brain Allergies: The Psychonutrient and Magnetic Connections (and related orthomolecular literature referencing it), brain allergies—defined as immune-mediated or nutrition-mediated reactions to foods, chemicals, and environmental substances—can extend beyond central nervous system effects to influence peripheral neurology.

18 Uncommon Causes

18. **Cytomegalovirus (CMV):** infiltration of nerves can cause peripheral neuropathy, particularly in immunocompromised individuals such as those with AIDS or undergoing cancer treatment.

Cranial/Dental/ Pronated Foot Distortions

Architectural Principle

There are two foundations to the human frame:

- Maxillae
- Feet

Architectural Principle

The two foundations are integrated by the dural tube, fascia, muscles, ligaments, nervous, skeletal and energetic (chakras, acupuncture meridians and aura) systems.

The cranium, dural tube and sacrum constitute the craniosacral system.

Architectural Principle

Distortions at either end will cause compensations in between.

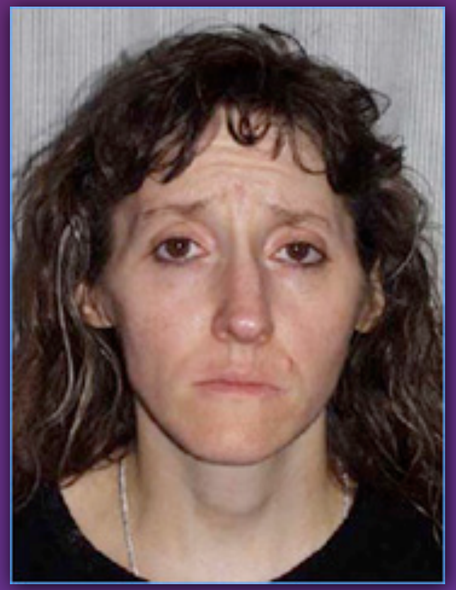
"Slinky" Effect

A perfect example is an ascending lesion generated by a pronated foot causing a hiatal hernia and facial pain.

Architectural Principle

A primary foot pronation will cause the pelvis to tilt down and rotate anteriorly. The spine will rotate and bend at T-5. The opposite shoulder will drop down and rotate anteriorly. The opposite temporal bone goes into external rotation.

Dental Cranial Foot Connection



Pre-Tx
July 2006

Theresa suffered 20 years hiatal hernia pain and 3 years facial pain. Facial pain started immediately following extraction of all maxillary teeth and insertion of immediate denture. Removal of teeth resulted in cranial distortions, muscle spasm and jammed sutures.

The patient presented severe **ascending** pronation of the left foot, which exacerbated the cranial, pelvic and spinal distortions.

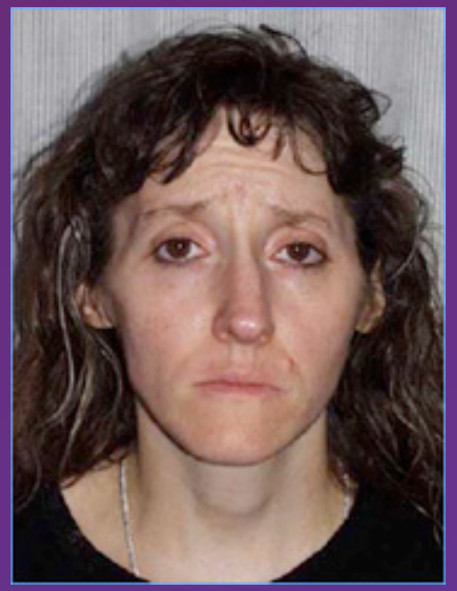
Dental Cranial Foot Connection

2 hours post -Tx
July 2006

Treatment Sequence:
1. Cranial adjustment
2. Relined maxillary denture
3. Supported pronated feet
4. Nutrients to calm down the sympathetic nervous system

The maxillary denture was relined to hold the cranial adjustment.

Dental Cranial Foot Connection



Pre-Tx
July 2006

2 hours post -Tx
July 2006

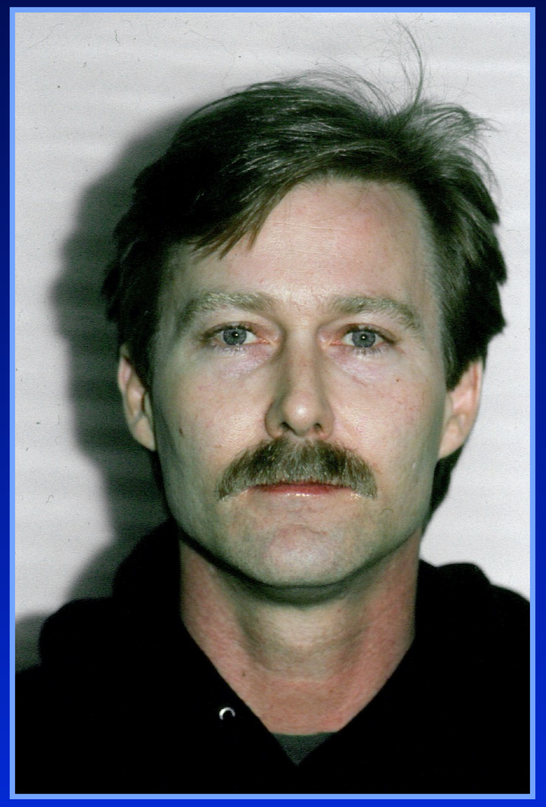
Peripheral Neuropathy caused by Cranial/ Dental/Pronated Foot Distortions

Global Perspective

Chronic pain with limited range of motion

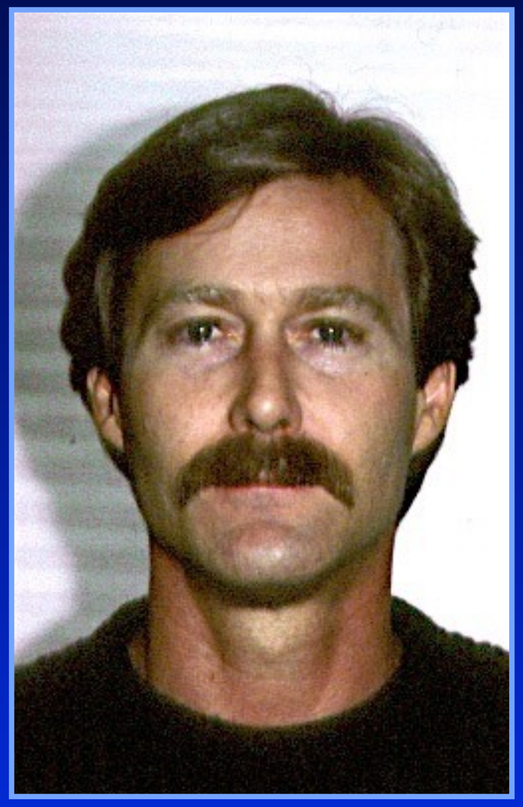
Cranial/Dental Somatic Distortions

Robert Ellis



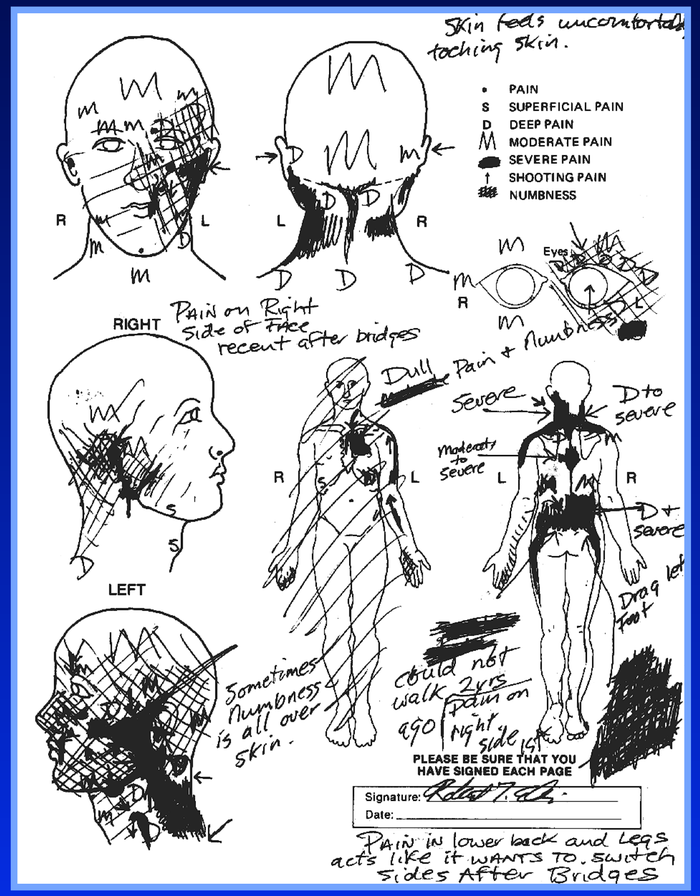
Sympathetic Dominant

6 Months ALF Treatment and Nutritional Support



Balanced ANS

TMJ Diagnostic Record



Robert Ellis

Highlights

- Day braces placed patient (age 12yrs) became dysfunctional: lost coordination and mental acuity.
- Pain on right side of face occurred soon after two three unit maxillary bridges placed.
- Following bridge insertion, pain in lower back and legs felt like it wanted to switch sides.
- Could not walk two years ago.
- Moderate to severe pain and numbness over entire body.

Robert Ellis

Dental Findings:

1. Four bicuspid extraction retraction orthodontics.
   a. Arch length deficiency.
   b. Arch width deficiency.
2. Galvanic currents present from gold bridges and amalgam restorations.
3. Loss of vertical dimension.
4. Limited ROM for left lateral and protrusive jaw excursions.
5. Extensive masticatory muscle spasm.
6. Deep overbite: 4.74 mm.

Robert Ellis

Treatment

1. Remove defective and toxic restorations.
2. Neural Therapy: DMPS, DMSO and procaine.
3. Nutritional support: Vitox, inositol, Alpha & Omega Sun, Hypericum, Gelsemium.
4. ALF appliances.
5. Cranial manipulation.
6. Physical therapy.
7. Psychological counseling.

Robert Ellis

Class III Elastics to disimpact the maxillae and vertical elastic to correct a high right sphenoid.

Robert Ellis

Treatment objectives are to correct the cranial lesions, level and disimpact the maxillae. Opening up the bicuspid spaces are only necessary to decompress the mandibular condyles.

Robert Ellis

Testimonial

"I have had DDS for 30 years. After 90 days of treatment from Dr. Smith, with ALF orthopedic appliances and nutritional supplements over 50% of my suffering has been eliminated. Also I am no longer dependent on Ibuprofen (in large amounts) and Actifed for relief.

April 7, 1996