

## Where is the big money in future's dentistry?

Predictions are difficult if they affect the future. It is permissible however to think loudly about the future, after reflecting on the present situation.

Dentistry is in a strange state: in Germany alone, 55.000 dentists treat about 83 million inhabitants of the country. This means that 1,500 dental patients are "available" for each dentist. Nevertheless, the vast majority of people dwelling in Germany at the time of their death hardly have fixed teeth nor did they have during their last years the possibility (with or without a removable denture) to normally break down and then absorb food that is required for a healthy life. The technologies and methods used in conventional dentistry are considered to be "modern", but obviously these technologies can't provide help, if patients get older. A costly failure, considering that the cash dental medicine ever insured person, this person costs more than 100 euros each month. After all, a state-insured person has paid fees in the amount of 60,000 Euros by the time they reach the age of 70. Additionally, private payments in the case of claims for services are due because dentists can't deliver top-dentistry for what the insurance wants to pay. Traditional dental treatments on teeth are, in my view, in the adult population an expensive circus and nothing else. The graphs shown below state this clearly.

My conclusion from these considerations is that for the vast majority of people, there is a timepoint after which further investments into "their own teeth" are simply not worth it anymore: not under the aspect getting results for their

cash, and very often such investments make no sense at all.

Many of our patients can even differentiate between these problems: single teeth may be saved with a lot of effort and financial support. Periodontal disease however will never stop. A real problem-solving treatment against this disease is not available. The earlier teeth are removed, the more bone will be available for implants.

We are observing that the method of radical removal of all teeth is not gaining ground in the field of 2-stage implantology. And we assume that this is so, because this method demands significantly more jaw bone (than Corticobasal® implantology) and very often bone augmentation are part of the treatment plan. This alone increases the treatment time to 12 – 24 month and it doubles the costs and multiplies the risks of the treatment. In this situation patients logically decide for keeping their own teeth.

In my practice, such patients reach us sometimes even before they reach 35 years of age and they simply ask to remove their teeth. They realize that their teeth are no longer to be saved and that the early switch to (our) implants at least offers hope for the future. Table 1 shows in which age group the patients for full mouth reconstruction on implants are in a typical Simpladent® clinic.

Age of treated patients	up to 30	30-34	35-39	40-44	45-49	50-54	55-59	60-65	65+	TOTAL
% of the patients	0,9 %	1.8%	3.8%	5.6%	12.2%	23.1%	16.6%	18.5%	17.6%	100%

Table 1: Age-distribution of patients which decided to go for **complete tooth extraction and Corticobasal® Implants** in a Simpladent clinic in Europe.

All of the patients mentioned in Table 1 demanded the complete removal of all their teeth and the insertion of Corticobasal<sup>®</sup> implants. All patients were treated with fixed teeth within 72 hours. Not one of the patients visiting our clinic came to us with the wish to have teeth repaired. In these patients (whose results are presently under revision and prepared for publication) we removed all of their teeth, i.a. a total of 1192 teeth, and we replaced the missing teeth by 1468 Corticobasal<sup>®</sup> Implants. Approximately 82% of these patients who decided to switch to implants did so before the age of 65, at a time when they could financially afford this move. Our statistic and experience clearly shows that the creed of the dental chambers, namely that it is the duty of dentists to keep the "natural teeth" as long as possible, is not supported by the wishes and demands of the patients. At the same time this creed dramatically over-estimates the possibilities of (especially many times repaired) teeth.

One of the few institutions that really represents patients' interests is the "International Implant Foundation" in Munich ([www.implantfoundation.org](http://www.implantfoundation.org)) , which works on the basis of voluntary donations, and it informs patients openly that there are today excellent alternatives to the "natural teeth".

Looking back on almost 30 years of work with/on implants, I saw that the failure of conventional dentistry and also the failure of 2-stage implantology is apparent already in middle-aged patients. The statutory health insurance institutions, which don't pay for implants (e.g. in Germany) are fully unable to guarantee their insured persons a decent

oral condition. An honest step forward would be to release their customers out of the dental part of the (obligatory) health insurance latest at the age of 45.

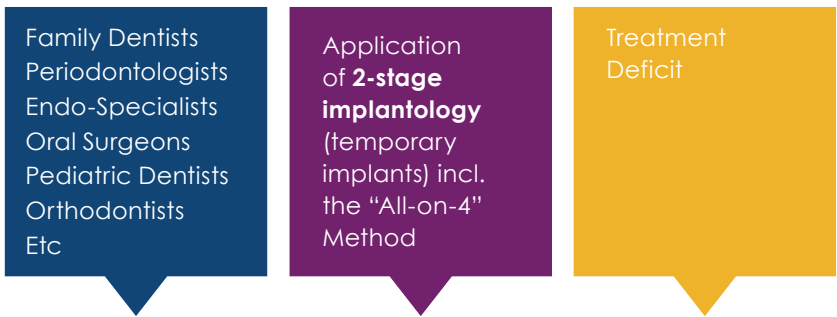
The so-called “2-stage implantology”, i.e. the method of osseointegration, cannot fulfill the hopes and wishes anyway: Given the high complication rates, American lawyers advise to inform their patients before treatment that these 2-phase implants are expected to last only 7 to 8 years. We can therefore assume with confidence that these “osseointegrating” screws are basically temporary implant devices, even though some of these implants (in the hands of experienced treatment providers) can last much longer. Failures and complications which are associated to 2-stage implants are difficult or impossible to control and to correct: we see this every day in our clinics. Fortunately for the affected patients, today the technology of the Corticobasal<sup>®</sup> implants is already invented and available, and cases with lost 2-stages implants can be solved within a few days and without bone augmentation today.

I do not want claim that there are never complications with Corticobasal<sup>®</sup> implants, but they are manageable for the specifically trained specialist. This is precisely why we speak in our field of a clinical success rate of around 100% (i.e. patients get in the long term what they want: permanent fixed teeth on implants). Even if we occasionally have to replace individual implants or bridges. In all cases which I've seen so far, even after a dramatic complication, that there was always enough bone to reach the treatment aim again.

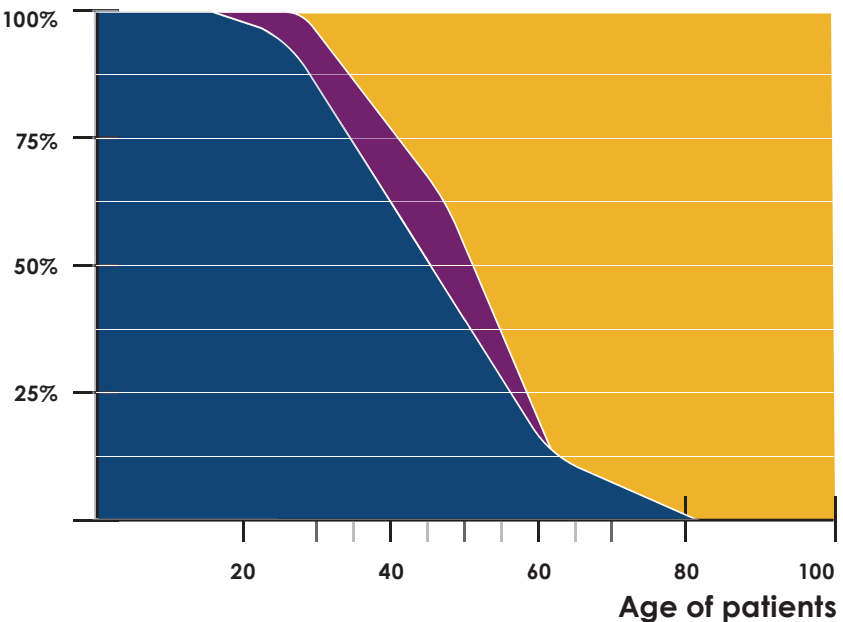
Some clinics that work with Corticobasal<sup>®</sup> Implants al-

ready offer to their patients a (payable) permanent “guarantee” for their fixed teeth on implants and they do this for a fixed monthly amount. This shows how predictable the technology is.

I believe that the following chart on the market shares of treatments now (Graph 1) and in the future (Graph 2) is more than realistic:



**Market share of various types of treatments**



Graph 1: The blue area in the graph shows the market share of genuine dental treatments, which already decreases at the patients age of 20. At this stage of the patient's life the first 2-stage implants are used on them (violet area). This phase does not reach a significant (or even medically relevant) scope compared to the necessary overall treatments in the population. 2stage implants turn out to be a rather temporary luxury for a few patients. Many of these implants, like the "own teeth", cannot be sustained until the retirement age,- not even with a lot of effort. Full jaw reconstructions with 2-phase implants are the absolute rarity to this day, and they carry a high risk for development of peri-implantitis. They are however the standard job for implantologists working with Corticobasal<sup>®</sup> implants. Needless to mention that most, 2-stage implants fall victim to peri-implantitis. This violet phase is in my view a well-designed, well payed and well marketed fake of dentists (and the industry behind them), who consider themselves to be implantologists .While the patient's age increases, more and more patients develop and accumulate diseases which are considered contra-indications for implants which work through osseointegration. At the same time the vertical bone atrophies strongly this by itself, and also this will reduce the amount of potential customers for 2-stage-implantology. Bone augmentations are hardly accepted in the generation of the elderly above 65 years of age. The technology of Corticobasal<sup>®</sup> implants solves all these problems simultaneously

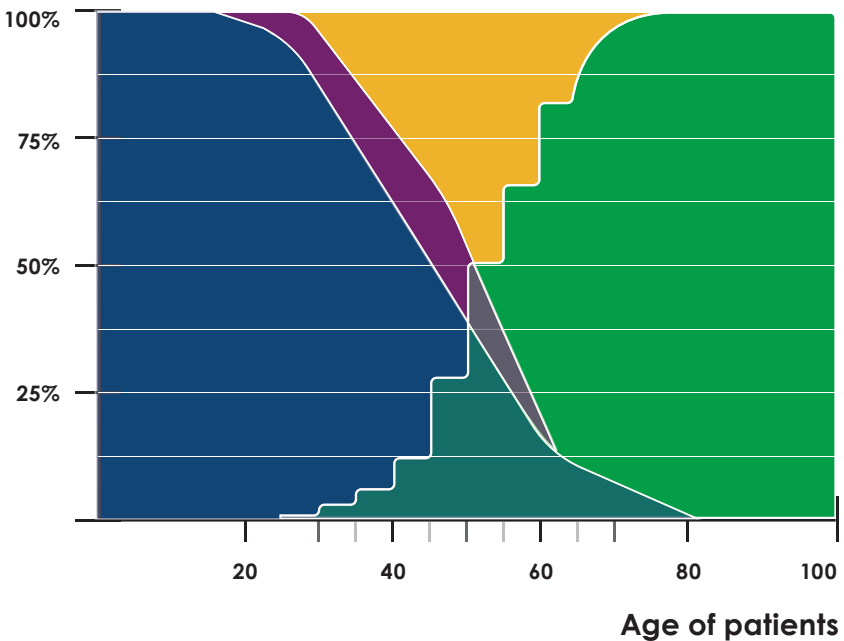
The yellow area at the upper right edge of the graph (approx. between 30 and up to 100 years of age) shows a massive dental treatment deficit within the population. All of these patients cannot be adequately treated with traditional methods of dentistry, and they are also not treatable with traditional 2-stage implants at reasonable costs and risks.

Family Dentists  
Periodontologists  
Endo-Specialists  
Oral Surgeons  
Pediatric Dentists  
Orthodontists  
Etc

Application  
of **2-stage  
implantology**  
(temporary  
implants) incl.  
the "All-on-4"  
Method

Final & lasting  
implant  
treatment;  
applying the  
**IF-Methods for  
Corticobasal<sup>®</sup>  
Implants**

## Market share of various types of treatments



Graph 2:

The green area displayed here shows the expected extend of the application of Corticobasal<sup>®</sup> implants from approximately the age of 35. This graph shows that the shift from natural teeth to an implant-based dentition starts to gain momentum after the age of 45, and that half of all Corticobasal<sup>®</sup> implants placed (in a typical population) are in func-

tion at an average patient age of 56. The steps of the "staircase" seen on the green area corresponds to the age distribution of the patients from Table 1 (see above). Since Corticobasal<sup>®</sup> implants do not show "peri-implantitis" as a side effect, we are allowed to assume that they can last life-long, provided that the initial treatment was done according to the rules and regular check-ups and if necessary corrective interventions were done in time.

This massive deficit of treatments can nowadays be closed in a simple, affordable and reliable manner: with the help of Corticobasal<sup>®</sup> implants.

The main reasons why this is possible with Corticobasal<sup>®</sup> implants is the high predictability of this implant technology combined with the possibility to offer the treatment at low costs and fast. This allows to treat virtually all of the population. The Corticobasal<sup>®</sup> technology works in an immediate loading protocol and virtually independent from the available bone supply, bone augmentation is never done!

Looking back on almost 30 years of work with cortical implants (and as a dentist), I state that the failure of conventional dental medicine is becoming more and more useless, the older the patients get. German health insurance statistics provide the following data: the first crown on a tooth can last 10+ years, often it lasts up to 25 years. The 2nd crown on the same tooth lasts on average 8 years, whereas the 3rd crown on the same tooth lasts in average 3 years. In other words: the more often a tooth is treated,



the smaller is the time period during which this repair lasts.

The statutory health insurances in western countries (like Germany) are unable to guarantee their customers a decent oral condition until old age.

The so-called 2-phase implantology, i.e. the “method of osseointegration”, can anyway not provide that this aim is reached: Given the high complication rates, U.S. lawyers advise to inform their patients before treatment that these 2-stage implants are expected to last only 7 to 8 years. We can therefore assume with confidence that these “osseointegrating” implant devices are in fact temporary implants.

Fortunately, today the technology of the Corticobasal<sup>®</sup> implants has already been invented and has been shown to work well. This technology helps patients after tooth loss and even after the loss of 2-phase implants (and the associated bone loss). All this works without any bone augmentation and in immediate functional loading protocols!

This is precisely why we speak in our field of a “clinical success rate” of around 100% (i.e. the patients get what they want in the long term, namely permanent teeth), even if we occasionally have to replace individual implants or even bridges. In any case I have seen so far, even after severe complications, that there was always enough bone to reach the treatment goal again. Some clinics that work with Corticobasal<sup>®</sup> implants already offer to their patients a kind of “permanent guarantee” for their work.

Who will pay for Corticobasal<sup>®</sup> treatment, that's another question.

Those who make the transition to implants at the age of 45+ and have earlier saved for teeth 100 euros a month (exactly this amount is charged by the health insurance monthly for the teeth), over 20 years, they have a total of 24.000 euros at their disposal. This equals more than one full jaw implant treatment on Corticobasal<sup>®</sup> implants, and this amount of treatment will quite sure last until the end of their life. From this we learn that life with Corticobasal<sup>®</sup> implants is not only safer but also much cheaper than a life with the "natural teeth".

The technology of the Corticobasal<sup>®</sup> implant allows trained and authorized practitioners to close the treatment deficit which conventional dentistry and 2-stage implantology leave at affordable conditions. In principle (in view of the necessary bone supply and the health conditions of the patients) Corticobasal<sup>®</sup> implants can provide close to 100% of the population with fixed teeth until the end of their lives.

The technology of the Corticobasal<sup>®</sup> implant is not a "competition" to 2-stage implants, and it is also not just an alternative worth to consider. The technology of the Corticobasal<sup>®</sup> Implants is presently the only available method, which allows to promise clinical success on the long term to keep a fixed dentition for the generation 45+.

When we finally realize and admit, that conventional dentistry, including 2-stage implantology, does not fulfill the promises made to the older generation and that these methods of treatment cannot fulfill the hopes of this generation anyway, and when we understand that periodontics as they are taught and practiced today, is overall a lie

and a failure (because it is practiced contrary to the natural function of the bone), when we finally admit that endodontics turns natural teeth into necrotic coffins (which unfortunately leaks) , then hopefully we will stop doing it altogether, and large parts of traditional dentistry will be dead all together.

We can pay as much money as we want into this useless system of dental treatment: it will in no way work any better or create "dental health", it rather makes patients more sick and more crippled. Most of the money in this system is wasted in the 45+ generation, and despite all this spending, this generation is the worst at, with most of these patients being no longer able to chew food in a bilateral, orderly manner.

Considering all this, my prognosis is that the big money in implant dentistry will be earned by those implantologist which will be able to free the generation 45+ from the burden which they carry through their own, natural teeth: in a single intervention, without bone augmentation, and in an immediate loading protocol.

Since the technology of the Corticobasal<sup>®</sup> implant requires a complete and fully new education. This job will not be done by hobby- implantologists (which place after a weekend-course 10 implants per month. Nor will it be done by maxillofacial surgeons (like in 2-stage-implantology), because they lack the adequate prosthetic and masticatory skills.

On the implant-market more and more highly qualified and authorized Corticobasal<sup>®</sup> implantologists & clinics will

appear, which place 500, 1000 and more implants per month, clinics with a large dental laboratory equipped for a big load of digital work. They alone will take care of the generation 45+. For this group of patients no more dentists will be required, however they will need dental hygienists and none of these patients will ever get a removable denture. That's for sure.

## **Are you interested to learn this technology? Are you interested to leave the sphere of fillings and root-canals for ever?**

### **For implantologists & dentists:**

Here we describe how you can become a successful user of Corticobasal<sup>®</sup> implant technology:

- Attend a regional introductory course or be invited to an OP day to the big difference to traditional implantology
- Attend the 7-day intensive curriculum course in Belgrade/Serbia
- Organize cooperation with a qualified laboratory (laboratory courses are also offered simultaneously in Belgrade)
- Have a sufficiently large stock of implants ready to be able to treat all inquiring patients immediately!
- Just write to: [jelenasimic@outlook.com](mailto:jelenasimic@outlook.com) (DE/EN/SRB). Mrs. Simić supervises the ALOW course in Belgrade.

### **For patients:**

Your treatment can be carried out in your nearest Simpladent office, e.g. in Eching/Munich ([www.simpladent.de](http://www.simpladent.de)), Gommiswald/Switzerland ([www.simpladent.ch](http://www.simpladent.ch)), Belgrade/Serbia ([www.dent32.rs](http://www.dent32.rs)), Budva /Montenegro ([www.simpladent.me](http://www.simpladent.me)). Contact the clinic of your choice directly.