



**GUMS<sup>OF</sup>STEEL**  
PERIODONTAL PROTOCOL  
2.0

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# **Table of Contents**

## **Introduction**

### **New Patients**

- Step 1 – Explanation to patient
- Step 2 – Periodontal charting
- Step 3 – Intraoral photos
- Step 4 – Present literature
- Step 5 – Give patient time
- Step 6 – Complete the exam
- Step 7 – Schedule a return appointment
- Step 8 – Explanation of findings
- Step 9 – Three prong approach
- Step 10 – Communicating the need
- Step 11 – Schedule next appointment
- Step 12 – Decline treatment

### **New Patient summary**

### **Recall Patients**

- Step 1 – Explanation to patient
- Step 2 – Periodontal charting



Step 3 – Intraoral photos

Step 4 – Present literature

Step 5 – Discuss homecare products

Step 6 – Communicate the need

Step 7 – Dentist exam

Step 8 – Start and schedule treatment

Step 9 – Decline treatment

## **Goals**

Case Type I

Case Type I+

Case Type II

Case Type III

Case Type IV



# Introduction

Have your patients got gum disease? Probably. For dentists, the subject of periodontal disease is not as fun and sexy to talk about as cosmetic dentistry; however, the evidence and correlations to serious diseases keep mounting. Get on the bandwagon to sound the alarm about one of the most common diseases around that is mostly left undiagnosed and untreated. Dentists and hygienists have the systems and technology to get most periodontal disease under control without expensive and invasive surgery. Learn the three faceted protocol to assist your practice in changing the lives and even saving the lives of your patients.

## New Patients

**Step 1: The Health History-** Like a detective you need to scour over that health history and get to the bottom of any presence of disease. Also you need to **go deep into family history of disease** because it puts your patients more at risk. I guarantee that you will be sending a lot of patients back to their physicians for further follow-up because periodontal disease combined with personal and/or family history of disease (like heart disease, stroke, diabetes, etc) make a good argument for further medical testing (like CIMT, PLAC, C-RP, A1c) and for acceptance of perio therapy.



**Step 2:** Explain to your patient what the “gum tissue examination” consists of. Let them know that bleeding is a sign of inflammation and infection. When a gum tissue exam is performed on healthy gums they do not hurt or bleed. Use this type of dialog:

You: “Tell me about your home care. What type of brush do you use? How often? How often do you floss or Waterpik?” If they answer: “Doc I probably floss every other day or at least a couple times a week” -then they are not regular with ideal care and I always expect interproximal bleeding. C’mon let’s be real for a minute, **almost everyone bleeds!** Now go find it!!

You: “Do you think you have gum disease? Have you ever been told you have gum disease?”

If they answer no, ask: “Have you ever been told that you need to brush or floss better or more often?”

Most will say “yes,” so tell them: “This is often a subtle way of addressing gum disease. Your previous practice wouldn’t have told you to brush or floss more if everything was fine, right?”

Now the patient understands that they likely had gum disease previously and you have respectfully covered for the previous practice that did not diagnose or treat this patient’s gum disease.

We Say: “In this office we are very direct with our



patients about the presence of gum disease. It is not only a threat to your teeth but to your overall health as well. We take gum disease as seriously as a heart attack because that's what it could lead to!"

**Step 3:** Perio Chart the entire dentition; record pocket depths, bleeding, recession, furcation involvement, mobility, and suppuration (formation or discharge of pus).

**Step 4:** You must take intra oral photos of the most problematic bleeding areas and immediately show the pictures to your patient. Or hand patient a mirror. They need to see what they possibly haven't seen before and they need to own it! Tell them, "this is gum disease and you have it." Use the hand washing analogy: "Would you be worried if you washed your hands and they bled?" Tell the patient that bleeding gums are a portal for the entry of 500 different types of bacteria. Ask your patient: "Would you allow someone to place an IV into your arm and pump 500 different types of bacteria in to you?"

The patient may be shocked that you found bleeding, especially if they feel they are good brushers and flossers at home and **they've never noticed any bleeding before**. They may think you jabbed them with "that poker thing" and caused all the bleeding yourself. Here's a word of advice: When you do your probing make sure you ask them if any of it is painful – do your best to make sure it is not. I always "dance" the probe lightly up and down 360 degrees around the tooth. I take the time to cover all



the possible areas that might bleed because I have zero tolerance for bleeding and I have zero belief in probing only 6 locations per tooth, because of the possibility that you'll miss some bleeding.

**I have zero acceptance for dentists who won't pick up a probe. They should turn in their licenses, especially if bloody prophylaxis patients are continually scheduled for 6 month recall visits!**

Tell your patients: " You may not be getting any bleeding at home because the areas that **you are able to reach** with your brush and floss are healthy. However, your best brushing and flossing can barely get to the depth of a 3mm pocket. Any bacteria remaining beyond the reach of your brush and floss will thrive and cause problems. My measuring tool (probe) **absolutely** reaches beyond where your brush and floss can go and that is where much of your problem (the bleeding and infection) is hiding."

**Step 5:** Now that the patient has some understanding that they have gum disease, it is now time to talk about identifying the nasty bacteria that are involved because the bacteria can't be seen with the naked eye. " Mrs. Jones, we can clearly see that you have gum disease here, but what we can't see are the various types of bacteria that may be involved. Some of these bacteria are resistant to our best efforts to control them because they migrate into the gum tissue. We may need to use some antibiotic therapy to get the most harmful and



dangerous bacteria under control. So depending upon what your bacterial profile is, we will use the specific regimen from 47 possible different combinations of antibiotics, to target your exact situation. That's why we recommend getting a saliva sample to do a DNA analysis of your specific bacteria in order to target them with the exact proper antibiotics. This Mrs. Jones is personalized medicine at its best!" Then take a saliva sample and send it off to OralDNA.

**Step 6:** Ask the patient if they have heard about how the mouth health is connected to body health and how gum disease can put you more at risk for heart disease, stroke, diabetes, arthritis, Alzheimer's, certain cancers, erectile dysfunction, pregnancy complications and so much more. Did you see any of those conditions or precursors (high blood pressure or high cholesterol) in the patient's or family's health history? Let them know that you have a simple blood test that screens for heart disease & stroke risk, and diabetes as well as systemic inflammation which according to a Time magazine cover story is the secret killer contributing to most diseases. This is the Heart Smart 3 in 1 test from SilverStaff Labs. It tests for **C-reactive protein** (CRP), which has been called "the best 'crystal ball' of health ever devised in a single blood test" by New York Times bestselling author Dr Mark Liponis MD. It also tests for **A1C** which tells you your average blood sugar level for the past 2 to 3 months and how well your blood sugar is being controlled over time. The third test is called the **PLAC test**,



which identifies the Lp-PLA<sub>2</sub> enzyme levels and it is the only blood test cleared by the FDA that helps to identify hidden risk for heart attack and stroke. Many medical practitioners are not familiar with this test. This is where dentists may finally get the attention of the medical community because these enzyme levels have been shown to be higher in patients with gum disease and that tells the medical community that they are at higher risk for stroke and heart attack! Get a Heart Smart test on all of your patients with any the risk signs. Once again that will likely be most of your patients due to their perio disease and/or personal and family health history. If patients don't want to pay the out of pocket expense for the Heart Smart test, you can send a letter to their doctor recommending these lab tests and also a CIMT scan of the thickness of their carotid artery.

**Step 6:** Give the patient a brochure (ADA pamphlet) about periodontitis as well as the GOS handout with some of the mainstream media sources (Readers Digest, Washington Post, Dr Oz) that report on the link between periodontal disease and many serious diseases of the body, i.e.: heart attack, stroke, etc.

**Step 5:** Allow the patient time to let this information sink in. In most cases, patients have never been told that they have gum disease, so this can be a shock. They will repeatedly ask you why their last dentist didn't tell them this. Remind them that when their previous office told them to brush and floss more, well, that was their way of saying that the patient had a problem. If everything was fine and healthy



there would have been no need to improve, right? Finally, ask your patient if they have any questions. Give them time to digest all of this and assure them that everything will be gone over in detail at the treatment conference where you or your treatment coordinator will discuss the findings and present your recommendations.

**Step 6:** Complete the rest of the clinical exam and make diagnoses.

**Step 7:** You can present the treatment now or preferably take the time to assemble your treatment plan and then present it all at a sit down, face to face treatment conference outside of the dental operatory.

**Step 8:** At the conference review the perio charting, including pocket depths and bleeding. A perio chart full of red dots that represent bleeding may be all they need to see. **However, the intraoral photos of blood at the gumline are more powerful tools for convincing the patient about their problem.** Now review the x- rays and point out deposits on the teeth and below the gums. Also show how the gum disease has spread to the bone causing it to dissolve (bone disease). Point out x-ray evidence of bone loss and the expectation that the process will continue if not treated. Show your patient the perio flip chart or or the video presentations on GURU. Explain the stages of gum disease and review the connections to serious disease by going over the patient handouts.



**Step 9: Ask the patient what they would like to do about this flesh eating and bone destroying disease that also raises their risk for heart disease, stroke, diabetes, pregnancy complications, and many more systemic diseases.** (or put it in your own words)

**If they communicate that they want to get this disease under control:**

Explain the three prong approach to attacking gum disease:

### **1. The In Office Therapy:**

Removes the toxins, calculus, and bacteria from above and below the gum line and helps the infection to resolve and the swelling to go down. Scaling and root planing should be done throughout the mouth (4 quadrants). Studies show that if you find tartar anywhere, it's most likely everywhere and subgingival too! The National Institute of Dental Research study (Brown, Brunelle, Kingman 1996) reports that the prevalence rate of calculus is over 90% in adults and only 10% of the specific sites examined had only supragingival calculus. Scaling and/or root planing must be done in all 4 quadrants.



Here's even more reason to perform 4 quadrants of periodontal therapy: If the patient has beyond threshold levels of the periodontal pathogens on their OralDNA report then you must implement procedures to disrupt the biofilm. You must do root planing because by definition, that is the correct procedure that addresses the dentin and cementum contaminated with toxins or microorganisms (American Academy of Periodontology 2001 Glossary of Periodontal Terms).

Every practice has patients that have probably been bleeding forever. So when are you going to have zero tolerance for these bleeding gums and bad bacteria (ZT4B3!) and go after those surfaces below the gum line? How about now! It is, after all, the standard of care to root plane all of the bleeding areas (as per William J Killoy DDS, MS, Diplomate, American Board of Periodontology) So you must do everything possible to stop that bleeding. When you get serious about the disease and the treatment, your patients will also finally get serious about their home care.



## 2.High Tech Home Care:

The **Water Pik Complete Care** unit includes their Sensonic Ultrasonic toothbrush and Water Flosser together in one complete single plug-in unit. *Remember- an oral irrigator is the only home tool that can reach into the deepest areas and flush out bacteria and debris 6mm below the gum line and this is far beyond the capabilities of a tooth brush & floss!!*). Place a capful of **Closys** or **Tooth & Gum** mouth rinse into the water basin of the Water Flosser. They help reduce the amount of bacteria in the mouth as well as freshen the breath. I recommend gradually dialing up to the highest setting on the irrigator. However at first, set the dial at a comfortable pressure and then move the dial up a little each week as it can be tolerated. Patients should also be taking a daily oral probiotic like **Evora Pro** to help populate mouths with good bacteria that helps starve off the bad bacteria. Also a daily regimen of 1-2 G of xylitol in its many forms taken 5 times daily will in time reduce the strep mutans in the mouth up to 90%. **Spry** and **Zellies** are two popular xylitol companies. **Aquation** (a product that I'm involved with) is a bottled purified water with a therapeutic dose of xylitol.



### 3. Internal Systemic:

You are what you eat!! I have seen some of the healthiest gums in my patients who had antioxidant rich diets of raw nuts, berries, etc. Unfortunately most people have a very hard time doing this with diet alone. The American Medical Association even recommends nutritional supplementation across the board because the average American diet is so lacking. If we can make the host (patient's body) more resistant to the attack of the bacteria then the disease will have a harder time taking hold. Healthy eating and supplementation can do this! I have been dispensing the **Pharmaden nutraceuticals** Periotherapy, Periocare, and Osteotherapy for years. I explain to my patients how the gum tissue needs the proper nutrition to assist with the healing process and build up its natural defenses to prevent tissue breakdown. This is a more natural and holistic approach and may ideally avoid the need for long-term prescription medications like doxycycline. If they answer: "But doctor, I already take a multivitamin." Show the patient their bleeding gums and reiterate the presence of a problem. Whatever they *were* taking wasn't getting the job done. Emphasize, however, that the problem would be worse if they weren't at least doing that.



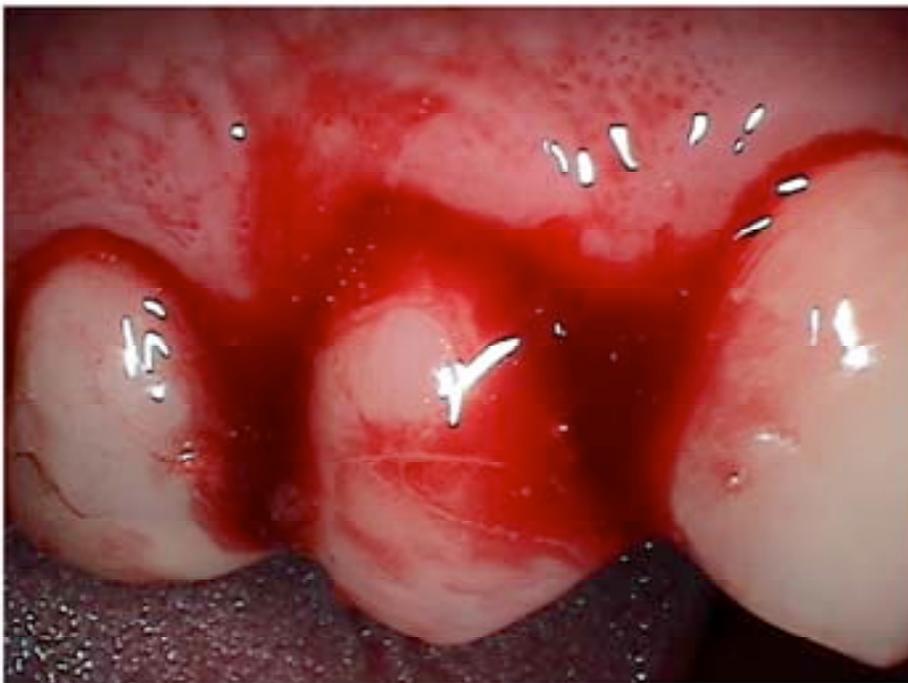
**Step 10:** Communicate the need for treatment now and in your office. Explain how this program gives the best chance to avoid the need for expensive surgical treatments. (“In this office we are able to gum disease under control 95% of the time.”) Also stress the importance of getting the disease under control and how it can improve the patient’s overall health. Point out the other health risks that the patient is dealing with and the connections to gum disease. If the HeartSmart test or CIMT was taken, let the patient know that periodontal health can improve the scores and lower their risk for systemic disease.

**Step 11:** If the patient has risky periodontal bacteria present in their mouth beyond threshold levels (according to their OralDNA report), I put them on the recommended antibiotic regimen and set up the patient’s perio therapy appointment immediately. Start the patient with all high tech homecare protocols and *Pharmaden Neutraceuticals* before the first SRP appointment to additionally nutritionally build up their resistance. Dispense 2 months of *Periotherapy (only use for 1<sup>st</sup> 2 months) to be followed by 1 month Of Periocare*. If bone loss is present additionally dispense 3 months of *Osteotherapy (calcium nutritional)* as well. Start the EvoraPro following the first perio therapy session. When the patients return for their perio maintenance visits they can then also pick up another 3 months of Periocare and, if needed, Osteotherapy. Patients can stay on these supplements long term.



**Step 12:** If the patient declines treatment, have them sign a release form. Tell them that any restorative treatment that they may have completed in the future cannot be guaranteed until the underlying infection is controlled. “Your gums are on fire and we wouldn’t want to build a house in the middle of the raging forest fire.” Also see Step 9 in the Recall and Returning Patients section.

**REVIEW- Show the patient their disease! Use a hand mirror or snap an intro-oral picture. They can’t ignore this!!**



— This photo below won't get the patient's attention.



## Recall Patients and Returning Patients

It is always challenging when you implement a “Gums of Steel Hygiene Transformation” with zero tolerance for bleeding and bad bacteria. You begin to look at your patients with new eyes. Moving them from recall to periodontal treatment requires a special approach, especially if they’ve been coming in year after year for prophies and they have been under the impression that everything is ok.

**Step 1:** Explain to your patient what the “gum examination” consists of. Let them know that bleeding is a sign of inflammation and infection.



When a gum exam is performed on healthy gums they do not hurt or bleed.

Ask: "Tell me about your home care. What type of brush do you use? How often? How often do you floss?" If they answer: "Every other day" or, a "couple times a week" (regarding flossing), they are not regular flossers and I always expect interproximal bleeding.

Ask the patient: "Do you recall us ever mentioning to you that you need to brush or floss better?"

If they say yes, explain: "In the past we would make these recommendations to guide you toward maintaining a healthier mouth. It was a subtle way of addressing gum disease. We wouldn't have told you to brush or floss more if everything was fine." Sometimes you have to cover for your own office! Now at least they know they have had some degree of gum disease in the past.

"We know more now about the importance of gum health. We now take a stronger approach due to the fact that gum disease is a chronic infection that not only negatively affects our teeth but can also have a harmful impact on the rest of our body.

**Step 2:** Perio Chart the entire dentition; record pocket depths, bleeding, recession, furcation involvement, mobility, and suppuration (formation or discharge of pus).



**Step 3:** Take an intraoral photo of an area to show the patient. Explain to the patient: "We have been monitoring the condition of your gum tissue for a while now. At times, it seemed as if you were keeping things under control with your home care. Has anything changed in your life in the last 6 months?" If it is a returning patient that has been gone for a while, that may be reason enough!

"Is your irrigator broken? Are you under more stress than usual? Have you been ill? Are you flossing less?"

Now ask the patient if they've heard in the news about how their gum health is connected to their overall health. Let them know that we know more about gum disease today than we did years ago and our new model of health includes gums that don't bleed and are not sore upon probing.

Explain: "Even though you have been getting reasonably good reports from us in the past, **today we are seeing this** (show bloody gums picture). This is a significant level of gum disease which we can no longer consider under control."

"We know more now about the importance of gum health today. The gum disease we are seeing today is a chronic infection that not only negatively affects your teeth and breath but can also have a harmful impact on the rest of our body."

Complete the rest of the clinical exam and make a diagnosis.



**Step 4:** Give the patient a brochure about periodontitis as well as a handout of general public media reports that evaluate the link between periodontal disease and many serious diseases of the body, i.e.: heart attack and stroke (ADA pamphlet, dentist's blog, and the Readers Digest article, etc.).

**Step 5:** Show the patient a perio flip chart or a GURE video presentation. Explain how the *Water Pik Complete Care ultrasonic brush and Water Flosser all-in-one unit* along with a capful of CloSYS rinse or *Tooth & Gum Tonic added to the water basin* can help reduce the amount of bacteria in their mouth as well as freshen their breath. Also explain how the gum tissue needs the correct natural supplements to help support the healing process build defenses and resistance and help to avoid use of prescription medications like antibiotics.

**Step 6:** Communicate the need for treatment here. Explain how your perio program with non-surgical periodontal therapy may eliminate the need for expensive surgical treatments. Explain the three ways we get gum disease under control (Perio treatment, Home care, Increasing resistance to Bacteria systemically with nutrition).

**Step 7:** The dentist comes in for the exam. Discuss the findings and treatment recommendations



**Step 8:** If the patient accepts treatment, start with an ultrasonic scale of the entire mouth, time permitting. Make sure the patient is comfortable. Set up the patient's next perio therapy appointment in a timely manner.

**Step 9:** If the patient declines the recommended perio therapy treatment, and only wants the "cleaning" that they originally scheduled for then

## DO THE PROPHY

-However let them know that you want to check if the bleeding and disease is under control in one month. Tell them that any restorative treatment that they may want completed in the future cannot be guaranteed until the underlying infection is eliminated. "Your gums are on fire and we wouldn't want to build a house in the middle of the raging forest fire." Schedule them in 30 days for a charged office visit that we call a "Bleeding Check". Let them know that if they are still bleeding you will then want to do a saliva test to analyze the gum disease bacteria. Since some of the most harmful mouth bacteria can resist our best efforts to eliminate them, we do a DNA analysis to identify them and we may need an antibiotic to get them under control in addition to the perio therapy (SC & RP). So let those patients schedule that 30 day return visit to check for bleeding and in the meantime arm them up with the best of everything to take care of their mouth and see what they can do on their own.



When they return in 30 days and are still bleeding, get a saliva sample for an OralDNA bacterial profile. Schedule them for perio therapy treatment (4 quads SC & RP) If they refuse the therapy then please have them sign a release form that they are aware of their disease and they know the serious health risks involved and that they are declining treatment.

Don't kick them out of your practice. If they want to continue to come in every 6 months for a "cleaning", then use those opportunities to educate, educate, educate. It may take a while before they are ready to commit to therapy but they will one day! Sometimes I will lightheartedly compare the cleaning that they want to someone painting their bedroom while the house is burning down. Be patient and loving, they will come around.

### **Goals to Discuss with Patients**

The goal is to get gum disease under control. You can't cure it, but you can most likely control it. Here are your baseline goals:

1. Elimination of bleeding.
2. Stabilize the bone loss.
3. Pocket reduction that comes with reduced inflammation.
4. Improved tissue texture and health.
5. Reduce high bacteria count to safer levels.
6. Make the body more resistant to the attack of the disease (nutrition).



## Patient Knowledge

1. Be honest and clear.
2. No appointments can be missed or skipped.
3. Perio Maintenance at a 3 month interval is a necessity after completion of initial therapy.
4. Patient homecare is key.
5. Your restorative guarantees all depend on following your prescribed periodontal recommendations at the proper intervals. No exceptions.

## Case Type I

- Just a few light areas bleeding upon probing. (No need to take photo) - Pockets of 3mm or less. - Light supragingival calculus only.
- No evidence of bone loss.

## Appointment #1

(Prophy-D1110, Fluoride-D1204)

- 1 hour with hygienist. - Therapeutic scaling at and above the gumline with ultrasonic and hand instruments.

**\*If** this TX produces significant bleeding, take IO photo and re- evaluate the situation. Possibly change the patient to Case Type II or give patient a chance



to get the bleeding under control 30 days following the prophylaxis.

- Polish and floss the entire dentition.
- Topical application of fluoride.
- Instruct on use and dispense all home care products (if not already done).
- Establish recall or reappoint for Bleeding check-D4999.05 (a charged exam visit) in 30 days and take OralDNA saliva test if still bleeding then.

## **Case Type II**

- Moderate bleeding (usually at interproximals)
- above threshold bacteria levels (OralDNA test)- place patient on rec. antibiotic 5 days prior to therapy
- Pockets of 4mm or less.
- Light to moderate supragingival calculus.
- No radiographic calculus.
- Very early bone loss.

## **Appointment #1**

4 Quadrants SRP-D4341- (with option of reduced fee) - 1.5 hours with hygienist.

- Administer all comfort measures provided for patient as needed including nitrous oxide, local anesthesia, Oraqix, headphones, etc.

- Perform therapeutic scaling/ root planing with ultrasonic and hand instrumentation.
- Irrigation with antimicrobial rinse or ozonated water.
- Dispense 2



bottles of **Perio Therapy** and 1 bottle of **Periocare** and 3 bottles of **Osteo Therapy** (if not already done). - Instruct on use and dispense GOS home care products including daily oral probiotic and xylitol.

## **Appointment #2**

(Re-evaluation-D0170) - 30 days after appointment #1 - 30 minutes with hygienist. - Probe areas that were previously bleeding. - Therapeutic scaling with ultrasonic - Irrigation with antimicrobial rinse or ozonated water

## **Appointment #3**

(Perio Follow Up-D4999.02) - 30 days after appointment #2 - 30 minutes with dentist - Follow up on treatment. check for bleeding, if patient is still bleeding use in office Laser and ozone therapy, and add ozonated oils or *Periogel* to home care regimen and follow up in one month.

## **Appointment #4**

(Perio maintenance-D4910 + Evaluation after initial therapy- D4999.03+ Fluoride-D1204) - 30 days after appointment #3 or 90 days from SRP appointment. - 1 hour with hygienist.



- Full periodontal charting (compare with previous exam).
- Ultrasonic scaling w/ ozone water irrigation or oxygenating irrigant and hand instrumentation.
- Polish and floss dentition.
- Topical application of fluoride.

- Review homecare and continue oral.

- Dispense bottles of **Perio Care** (the maintenance dose to continue the nutritional therapy) and **Osteo Care** as needed.
- Determine need for additional perio treatment (*Laser, Ozone, Periogel*) or schedule next recall in 90 days.

### **Case Type III**

Chronic periodontitis, moderate severity. - Moderate to heavy bleeding. - Multiple pockets greater than or equal to 4-6mm. - Moderate supra gingival calculus. - radiographic calculus is present. - Moderate radiographic bone loss.

### **Appointment #1**

(Quadrant SRP-D4341 x 4) All four quadrants - 2 hours with hygienist. - Comfort measures provided for patient; local anesthesia, nitrous oxide, headphones, etc.



- Perform therapeutic scaling/ root planing with ultrasonic and hand instrumentation. - Irrigation with antimicrobial rinse or ozonated water. - Dispense 2 bottles of **Perio Therapy** and 1 bottle of **Periocare** and 3 bottles of **Osteo Therapy** (if not already done). - Instruct on use and dispense GOS home care products including daily oral probiotic and xylitol.

## **Appointment #2**

(Re-evaluation-D0170) - 30 days after appointment #1 - 30 minutes with hygienist. - Probe areas that were previously bleeding. - Therapeutic scaling/ RP with ultrasonic - Irrigation with antimicrobial rinse or ozonated water

## **Appointment #3**

-30 days after appointment #2 -30 minutes with doctor. - Follow up on treatment. check for bleeding, if patient is still bleeding use Laser, Ozone, or *Periogel* and follow up in one month.

## **Appointment #4**

(Perio maintenance-D4910 + Fluoride-D1204 + Evaluation after initial therapy-D4999.03)



- 30 days after appointment #3 or 90 days from SRP appointment. - 1 hour with hygienist. - Full periodontal charting (compare with previous exam). - Ultrasonic scaling and hand instrumentation of entire mouth.

- Polish and floss dentition. - Topical application of fluoride. - Dispense 3 bottles of **Perio Care** and **Osteo Care** as needed. - Determine need for additional perio therapy (Laser, Ozone or *Periogel*) or schedule next recall in 1-3 months. -

## Case IV

Chronic Periodontitis, advanced severity -Probing depth greater than 7mm. -Treat like type III and double the dose of **Perio Therapy** every day for 60 days.

# STOP THE BLEEDING

Gums of Steel 2.0

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