What do our teeth betray about us?—Part II

By Dr Stanislav Cícha, Czech Republic

In the first part of this article series, I described the significance of individual teeth in terms of emotional and health status, considering specifically the canines. In the second part, I will focus on the premolars and molars. The first premolars represent our desires and our own self, simply described with the words “I want” (Fig. 1). The maxillary right first premolar reflects how we would like to appear on the outside and the left one represents our emotional desires.

The maxillary first premolars are among the most frequently treated teeth, with interventions ranging from fillings to endodontic treatment, crowns and extractions (Fig. 2). This does not come as a surprise, since every day we are confronted with notions perpetuated by the media regarding how we should look and what we should buy to reach this ideal. Instead of fulfilling our true emotional desires, we are urged to follow the crowd.

The mandibular right first premolar reflects the ability to realise our goals and the left premolar shows our ability to convey our feelings and wishes in our environment. With the first premolars, there arises the question of orthodontic extractions. The author of the book *Quand les dents se mettent à parler* [When the teeth talk], Dr Michele Caffin, mentions that extractions of first premolars weaken the sense of self, and children with extracted premolars tend to submit easily to authority figures despite not wanting to do so. I cannot confirm nor refute this, as I have only had a few patients who have undergone this treatment and was not able to observe them over a longer period.

The second premolars can be characterised by the sentence “I want to create” or the term “our creative ego” (Fig. 3). The maxillary right second premolar represents our development in the outside world, our children and our hobbies, and the left second premolar our natural abilities. The mandibular right second premolar, similar to the adjacent first premolar, reflects the ability to realise our goals, particularly in our professions. After the reconstruction of anodontia using an inlay bridge, an indecisive young female patient successfully finished school to the great joy of her parents (Fig. 4). In contrast, Figures 5 & 6 are photo-

**COMPLETE LINE OF MTA**

Bioceramic materials

**INDONESIA** - BINTANG SAUDARA SEMESTA JAYA - Phone: +62 61 7345628 - Fax: +62 61 7363565 - info@bintangsaudara.com - www.bintangsaudara.com
**JAPAN** - YOSHIDA DENTAL TRADE DISTR. CO., LTD. - Phone: 03-3845-2921 - webadmin@yoshida-dental.co.jp - www.yoshida-dental.co.jp
**MALAYSIA** - PARADIGM DENTAL SUPPLIERS - Phone: 019-338 8155
**PHILIPPINES** - TOP CORE DENTAL CORPORATION - Phone: +6382 2272294 or +632 706294 - Fax: +6382 224 2555 or +632 7062814 - Cell: +63932 8473153 - drzen_tcdc@yahoo.com - www.topcoredentaltorporation.com
**SOUTH KOREA** - SAMBU DENTAL - Phone: 02 312-3751 - sambu78@naver.com - Fax: 02 312-3750 - www.sambudental.com

**www.angelus.br**

**COMING SOON**

**MTA REPAIR HP**
graphe patients who always used to come second place in their career progression.

The mandibular left second premolar indicates the assimilation of the maternal energy in our lives. Lingual inclination, the persistence of primary tooth #17, and its reinsertion point to the situation in which a child does not want to or cannot mature into an adult. Behind this is often the dominant influence of the mother, similar to the case of retraction of tooth #22, which we learnt about in the first part of this article series.

Fortunately, mothers generally do not know about these effects. Thus, after successful orthodontic treatment initiated by them and the subsequent realignment of the permanent second premolar, they are very surprised by the transformation of their once-obedient child with a self-conscious personality.

The first molars (Fig. 7) are closely associated with the status that we desire both in society and in our families. Fulfilling ideals to improve our position in society is linked to the maxillary and mandibular right first molars, and they reflect our professional lives and our successes in this regard. The patient shown in Figure 8 had to leave her beloved profession owing to family circumstances. She had to move and stay at home. After having endodontic treatment for tooth #22, which we learnt about in the first part of this two-part article which first appeared in Cosmetic Dentistry 2/15, she presented with a large periapical lesion on tooth #16 several years later (Fig. 9). She probably has still not accepted her new situation.

The mandibular left first molar reflects the expression of our feelings. As it is often suppressed in our modern society, this tooth is treated very often. The mandibular left first molar reflects our desire to be loved mentally and physically. I adopt a very conservative approach towards radical and preventive extractions of the third molars because I consider them to play an important part in the energy balance of the whole organism.

This tooth is restored often and from very early on, a sad finding in this context. As an example, Figures 10a-e shows a female patient who broke this tooth after a failed relationship. A radiographic examination revealed that all of the other teeth remained intact.

The second molars reflect our relationships with the world around us and in particular with our closest relatives (Fig. 10). Both right second molars reveal, through their status and alignment, ordinary circumstances of daily life. Long-term, recurring situations, often considered trivial in our contexts, that annoy us but that we are not able to change may manifest in these teeth.

The left second molars can show how harmonious the relationships with our family members are. I had a juvenile patient who was struggling to cope with an ongoing love triangle in his family. Endodontic treatment was indicated for his maxillary left second molar, yet the entire dentition showed hardly any tooth decay (Fig. 11). His brother, who did not have to deal with such a situation, did not have any dental problems. In this context, I would like to emphasize that teeth reflect life circumstances according to the subjective perception of the person concerned.

As dentists, third molars are usually of marginal interest to us, except for surgeons and endodontists, who can show off with perfectly filled root canals of bizarre shapes in these teeth. From a holistic perspective, however, third molars express the individual energy of a person (Fig. 12). The maxillary right third molar corresponds to our efforts to contact the material and spiritual worlds. The maxillary left third molar represents the fear of rejection by both these worlds. The mandibular right third molar is a barometer of our physical energy.

If one looks at the characteristics of all third molars, one will discover the typical adolescent problems a young person faces at the time of eruption of the third molar. For example, I repeatedly see complicated eruptions of mandibular third molars in students during the examination period, when they are weaker both in order to learn much more about this topic, I recommend that you read the latest edition of Quand les dents se mettent à parler (Fig. 14). I wish you many interesting discoveries in observing the manifestations of the professional and emotional lives of your patients in their teeth.