

Therapeutic Eurythmy for the Teeth

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Introduction: A Case Study

Mia (not her real name) was a shy second grader, so quiet that she seemed invisible in the classroom. Though enthusiastic about school, a good and eager student who especially loved art and movement, Mia tired easily and had difficulty sustaining periods of focused attention. She was academically able and an advanced reader, yet challenged in math at the beginning of the year. Socially she preferred to play with just a few friends from her class. At home she was considerate, responsible, and loving toward her parents and little sister.

Mia suffered from what her dentist described as crowding in the upper jaw, with a high palate—probably caused by thumb sucking—and a narrow arch. Her adult teeth were not finding their place because her jaw was too small—so small, in fact, that the dentist had to make a specially sized tray in order to make a plaster mold of her teeth. The lower jaw was crowded in the front as well, with a flattened frontal arch. Mia's upper incisors were not coming in straight—they were angled away from each other, leaving a wedge-shaped gap between them—and her lower molars leaned inward toward her tongue. X-rays revealed that her upper right six-year

molar, typically the first tooth to descend in a child's second dentition, had not erupted and could be seen tucked above and behind the tooth in front of it.

Mia had never had any orthodontic intervention. Instead, she was referred to Susanne Zipperlen, a therapeutic eurythmist working in Chicago, for a rare but surprisingly effective treatment of eurythmy exercises for the promotion of healthy dental formation. Mia had four seven-week blocks of once-weekly therapeutic eurythmy sessions from September 2011 (age 8 years 3 months) through June 2013 (age 9 years 10 months). The blocks were interspersed with several months of "rest," during which the exercises were not done at all. Mia's mother attended each weekly session and devotedly helped her daughter practice at home every day.

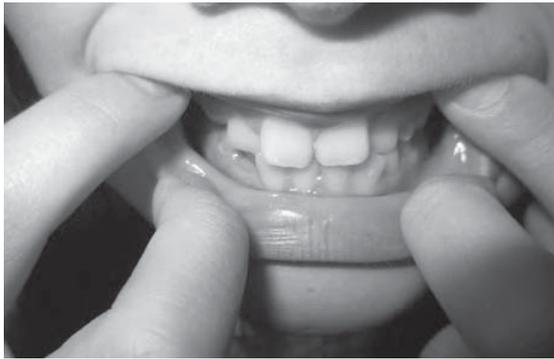
During the first block, Mia's movement was unfocused and dreamily unconscious. She tended to hunch forward with her shoulders, the left shoulder lower than the right. She often crossed her hands automatically in front of her chest in a protective gesture, and all of her movement was in front of her, even when a gesture was demonstrated on the sides, as in birdwings. Mia's right foot turned in slightly, sometimes covering the toes of her left foot when standing. She was often congested and had cool hands and poor stamina; she rarely responded verbally to Ms. Zipperlen's questions, simply smiling shyly at her instead.

Over time, Mia became an active participant in her therapy, able to articulate specifically where and how she could feel the exercises working. Within one-and-a-half years her teeth



had definitely shown improvement. The upper-jaw incisors had straightened, although the lateral incisors still needed to move forward more, and the lower jaw incisors now had room to stand upright and evenly spaced. The six-year molar had still not erupted.

In addition, Mia's stamina and focus had improved. She was at grade level in math, and she was now open and chatty, no longer invisible and shy. In fact, her teacher now sometimes had to ask her to be quiet in class! The therapeutic eurythmy had clearly had an effect, not only on Mia's teeth, but also on her overall health and her soul life.



As surprising as it may seem, therapeutic eurythmy has been demonstrated to be an effective treatment, either by itself or as a support to orthodontic intervention, for moving and straightening the growth of adult teeth in children. This branch of therapy has been developed over the past twenty years—inspired by a single indication given by Rudolf Steiner in a series of lectures in

1921–1922 on curative eurythmy —by Mareike Kaiser, a therapeutic eurythmist living in Graz, Austria. She has been working with Claus Haupt, an anthroposophically oriented dentist from Munich, and Herbert Vetter, a retired goldsmith living in the Black Forest of Southern Germany.

As the therapeutic eurythmist at the Graz Waldorf School, Kaiser began early in her career treating children for dental problems. Immediately she received positive responses from local dentists who saw improvements in their young patients. But, as a relative beginner, she couldn't readily explain how therapeutic eurythmy could have such a strong effect on the hardest substance in the body. She began a search for an anthroposophically oriented dentist familiar with therapeutic eurythmy to help her understand why she was having such success. Her search ended when she met Dr. Haupt, who visited Graz in 1993 to give a lecture on teeth and the background of dental anomalies as seen from an anthroposophic viewpoint. Haupt and Kaiser then examined the teeth of all the second graders in the school and began a decades-long collaboration in diagnosis and treatment. Since that time, they have made yearly examinations of classes in the school, followed by seven-week blocks of one-on-one eurythmy with Kaiser. They also began documenting their results with photographs, x-rays, and plaster casts of the teeth, before and after treatment. They were joined in their research and development of the exercises by the goldsmith Herbert Vetter, who introduced the study of indications from a patient's star charts to better understand the soul conditions underlying dental anomalies.

At the first international therapeutic eurythmy conference in Dornach in 2008, Kaiser offered a week of classes in her specialization, which were so popular that she had to offer two parallel sessions. A number of American therapeutic eurythmists who took her classes invited her to come to the United States to offer a course of training. The board

of the Association for Therapeutic Eurythmy in North America (ATHENA) worked hard to make this wish come true, and in the summers of 2011 and 2012 Kaiser offered the training for therapeutic eurythmists in two courses at Camphill Village in Kimberton, PA. For the second course she was joined by her colleague, Claus Haupt.

The Nature of Teeth

We know how important teeth are for allowing us to live on the earth, by making the food we eat available for digestion and nourishment. But why does every person have a dentition that is as unique as fingerprints? Why do some people have teeth that are very white, or very small, or crowded, or missing? Why do we get two sets of them? What can the teeth tell us about the human being?

When we look at a tooth from a purely physical viewpoint, we see that it has a very strong form and is the hardest, densest part of our physical body—as hard, in fact, as quartz. We can compare a tooth to a polished jewel: it has planes, is pointed and shimmery, and it lets the light through. The tooth has a relationship to light! The minerals that make up the tooth are silica, magnesium, calcium, and fluoride.

Every substance in the body has a task, an effect, and a source in nature. Magnesium, from green plants, has a relationship with our etheric forces. It makes the tooth expand into form in the inner, sponge-like dentine. Calcium makes the tooth white, which is the soul-image of spirit, the creative element. People with really white teeth live strongly in the soul realm. Fluoride makes the tooth hard. It seals and hardens the upward kidney radiation of substance. Silica, a six-sided crystal, provides the basis for the form-carrying light to enter our bodies, giving the

tooth elasticity and transparency. It is found in the enamel of the tooth, forming millions of tiny columns, like basalt, and corresponding to our human uprightiness. Silica is more strongly present in the adult teeth than in milk teeth, and so we receive a little awakening shock when they emerge. With the change of teeth, the “I” is increasingly invited to shoot into the limbs, giving them the impulse to be creative in the world and allowing us to develop earthly thinking as compared to the young child’s more imaginative thinking.

The teeth can be seen as “spiritual sucking organs,” each one drawing specific forces into the growing child. For this reason, Kaiser and Haupt strive to prevent the pulling of teeth too early. They feel that each tooth should be given at least four years in place and only then be extracted if absolutely necessary. After four years with a tooth in place, the child retains the spiritual gift, even if the tooth goes.

Babies enter this world with no teeth, so to speak. They are still very heavenly and have no need of teeth until they become more earthly by taking in solid food. Likewise, in old age, as the connection to the earth loosens, we begin to lose our teeth. The baby, or milk, teeth are inherited and do not yet show so much about

the individuality of the child. It is with the eruption of the adult teeth that one can begin to see a picture of the way the individual is taking in and making her way through the world around her.

For instance, the first adult tooth to make an appearance at age six is the first molar (the sixth tooth when counting backward from the midline at the front), which has no corresponding baby tooth. The number six has to do with light, as we noted above with six-sided silica, and light makes space visible. With the eruption of this tooth comes a new sense in the child for three-dimensional space and the

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ability to develop the concepts of length, size, and so on, giving a foundation for the study of mathematics. For this reason, the emergence of this tooth gives us a first indication about school readiness.

Soul Forces and the Teeth

In considering the head as a sphere, one can denote the three planes of space: the “thinking plane,” which divides us into right and left sides; the horizontal “feeling plane,” which divides upper from lower; and the “will plane,” which divides us into front and back. The upper jaw, which is fixed and immovable, has a relationship to our nerve-sense organization and our thinking. The lower jaw, which is a small limb within the head, is related to the metabolic-limb system and to the will. In between, where the upper and lower teeth meet and where the tongue gives vent to speech and song from our rhythmic middle, the home of heart and lung, is the realm of feeling. We thus see in the teeth a progression of concentration of soul forces from thinking through feeling to willing in the direction from the upper incisors to the lower molars. Those who are familiar with eurythmy may begin to sense how this art of movement, arising from the soul and striving to make it outwardly manifest, may have an affinity with the forces behind the formation of the teeth, which taken together give a miniature picture of the whole human being.

Herbert Vetter brought his understanding of the strengths and challenges of an individual's incarnation as revealed through a child's birth chart to help Kaiser and Haupt deepen their work. Without even seeing a child, Vetter could describe the exact configuration of her teeth simply from looking at her birth chart. With the parents' permission, a child's birth chart is now included in Haupt's initial examination.

Although a deeper consideration of this subject is beyond the scope of this article, a study of the zodiac and the planets is a rewarding complement to this area of therapy.

The soul we have in common with the animal kingdom, and when we examine the teeth individually, we notice similarities with different types of animals. For instance, rodents have very large first incisors compared with their other teeth. Rodents are strongly oriented to the nerve-sense pole, with their quick, nervous movements and alertness. We human beings are also quickest and most alert in our nerve-sense activity, our thinking. Thus, one can see that the first incisors, which emerge around age seven, when the child is becoming ready for formal schooling, have a relationship especially to nerve-sense activity.

The second incisors, the #2s, are found in exaggerated form in the elephant's tusks. The elephant is a creature of immense etheric forces, with its huge, round form, rhythmic walk, phenomenal memory, and great strength. The child's #2s emerge around age eight,

showing the forces of the etheric body, rhythm, and inner movement. A child with small #2s may tire easily and will benefit from rhythms in the day, the week, and so on.

Until these teeth have emerged, the child should not be asked to do any conscious memorizing or abstract learning, since the etheric foundation for thinking is not yet available

for this purpose. Nor is the sense for time yet awakened. “Come home in an hour” means nothing to such a child.

The next to appear, at around age ten, is the fourth tooth. This one we find exaggerated in beasts of prey—the lion, the wolf, and their domesticated kin. This tooth draws in the forces that enable us to feel self-certainty, security, and independence. The #4s are the ones most frequently extracted to make room

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for other teeth. If they are pulled too early, these children may have a hard time self-directing.

The third tooth, the so-called canine, does not appear until age twelve. It is found in its most enlarged form in the wild boar, which thrives on acorns and hard-pitted fruits. Along with this tooth comes the gateway to a new world of feelings, ideals, desires, and drives for the child, who may sometimes seem to his parents like that rampaging, snorting beast (and who also may be temporarily calmed by a good supply of crunchy food). Whereas the first two teeth are related to the nerve-sense pole, the third, fourth, and fifth—the latter emerging around age eleven with no correspondence in the animal kingdom—can be seen in relation to the realm of feeling.

The first molar, #6, as noted above, has no corresponding milk tooth and is the first adult tooth to appear. Its most archetypal form is found in the cow, which embodies great metabolic forces. Thus we can see that the molars, #6, 7, and 8, plus the wisdom tooth, are related to the realm of the metabolic-limb system and the will, though each in its particular way.

Dental Anomalies

Having considered the relationship of the upper jaw to the nerve-sense pole, the lower jaw to the metabolic-will pole, and the space between them to the rhythmic middle, we can now look at dental anomalies in the light of the interplay of soul qualities. When we see a child with over-bite, in which the upper jaw dominates, the front teeth protrude, and the lower jaw is held back, we get a picture of a person whose head forces are overbearing, and whose will forces need to be strengthened. This child may be very sensitive to outer impressions, and her legs and feet may be weak and floppy, even if she is active in sports.

The opposite qualities may be seen in a child with under-bite, in which the lower jaw protrudes too far forward. This child will barge noisily into the room, crashing into furniture and other children, without having the slightest idea that he's bothering anyone. His will forces are running ahead of his thinking, like a herd of wild ponies. This child needs help in awakening his thinking forces to rein in the unhindered will in the limbs.

Crowding and gaps, which can be seen as divergences from the curved natural arch of the teeth, are found in the horizontal feeling plane. A person with a beautifully formed curve, in which there is a place for each tooth to stand upright, feels himself at home in this arch and can, on a soul level, "fill" this inner space. When the arch is too small, and the teeth no longer find their comfortable places, one speaks of overcrowding, which can occur in different areas of the mouth. Once again, the threefold perspective can be helpful. For instance, if the lower incisors are crowded, one could ask this person if he often feels pressured to get things done. If the middle teeth (numbers 3, 4, 5) are crowded, this person may be overly impressionable or anxious and need help to

express herself, to widen her soul, and to deepen her breathing. When we see gaps, which usually appear in the front, this person may have questions about connecting thinking with feelings or balancing feminine and masculine qualities.

Other anomalies, such as cross-bite, open-bite and deep-bite, all give a picture of particular imbalances in the soul forces, which can be met through the harmonizing intervention of eurythmy.

In all of these examples, therapeutic eurythmy works through repeated, ensouled, physical movement to "remind" the archetypal formative forces of their own particular tasks in forming and maintaining health and balance

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in our bodies. Because one engages one's own forces in the healing process from within, the resulting changes in the teeth are more lasting than changes that are forced upon the teeth by an applied apparatus. It is not so widely known that the rate of recidivism with braces is quite high, somewhere over 90%, whereas the rate with therapeutic eurythmy is close to 0%. As the whole person is addressed in eurythmy, the soul configuration lying behind the particular anomaly is also met, helping the child to find a more balanced stance toward the world and within himself. The outward picture given to us by the teeth is thus helped to change in a way that respects the whole individual before us. In some cases, traditional orthodontic intervention may be called for, of course, but if therapeutic eurythmy is done alongside braces, the time required may be shortened considerably and the effects may be more effective and lasting.

The Future of Dental Eurythmy

The practice of dental eurythmy is still in its early stages on this continent. There are currently about twenty-one therapeutic eurythmists in the U.S. and Canada who have completed the dental training, including the author. As far as we know, there are no dentists trained as yet in this approach. However, in Europe, more and more dentists and orthodontists recommend that patients embark on a course of some sort of movement therapy or body work before beginning with classic orthodonture. Many parents are also interested in finding for their children an alternative form of treatment that takes the whole child into consideration, rather than using an apparatus to force an "ideal" dental formation onto the child.

For more information regarding therapeutic eurythmy in general, the reader is invited to visit the website of the Association for Therapeutic Eurythmy in North America (ATHENA): www.therapeuticeurythmy.org.

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