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## LETTERS

# CAUSES OF ROSACEA

Rosacea is indeed a "dermatological condition characterized by persistent facial redness, dilated blood vessels and elevated red lesions," as articulated by Dr. Steven S. Fuchs in "Identifying Rosacea: What All Dentists Should Know" (May JADA).

However, it is hypothesized that rosacea, like all other autoimmune conditions, is really the system's response to burdening toxins, pathogens and allergens.

In fact, the three cases labeled by Dr. Fuchs in Figures 1, 2 and 3 really reflect immunological responses secondary to specific allergens and toxins. Specifically, Figure 1 is a lime reactivity response. Figure 2 is a lead reactivity response; the remedy in this case is dimercaptopropane-1-sulfonic acid. Figure 3 is a brewer's yeast reactivity response; the remedy in this case is Candibactin-AR (Metagenics, San Clemente, Calif.).

The stated toxins and allergens were tested energetically utilizing the bi-digital O-ring test, or BDORT. Direct resonance testing elicited the specific causative response agents against the photographic electromagnetic representation in Dr. Fuchs' article.

I concur with Dr. Fuchs that dentists should be suspicious of dermatologic lesions, and simple chairside testing can attain an accurate diagnosis, and a recommended treatment protocol can be formulated by licensed dentists at least in cases 1 and 3.

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