

□ ARTICLE — “When They Tell You You Have No Bone, They’re Not Telling You the Truth”

- Which Bone They Are Talking About
- Why Alveolar Bone Disappears
- Why No One Mentions Basal Bone
- Why Basal Bone Is Always Present
- Why All-on-4 Uses the Wrong Bone
- Why All-on-4 Fails Biomechanically
- Why All-on-Full™ Uses the Right Bone
- Why Basal Bone Gives You Real Molars
- Why Everything Is Solved in 2 Hours
- Why You Avoid Grafts, Sinus Lifts, Zygomatic Implants
- Why Fake Gum Is a Mistake
- Why You Were Misled for 40 Years
- What Patients Must Understand
- Send Your Panoramic

□ TABLE — What This Article Is Really About (Surgical, Clear, English)

Topic	Explanation
“You Have No Bone”	A clinical lie: they refer only to alveolar bone.
Alveolar Bone	Soft, resorbing, disappears after tooth loss.
Basal Bone	Hard, permanent, non-resorbing, always present.
Diagnostic Error	They evaluate only alveolar bone → label you “no bone”.

Topic	Explanation
Industry Consequence	You get pushed into grafts, sinus lifts, regenerations, zygomatic implants.
All-on-4	Uses alveolar bone → only 4 implants in the front.
All-on-4 Biomechanics	Oblique forces, cantilevers, fake gum, no molars, unstable load.
All-on-Full™	Uses basal bone → posterior implants (18-28-15-25).
Real Molars	Full chewing power, vertical force vectors, masseter at 100%.
Short Circular Bridge	No fake gum, no cantilever, full stability.
2-Hour Surgery	Full arch solved in 2 hours, even “no bone” cases.
Immediate Loading	Full function immediately, natural occlusion, vertical biomechanics.
Zero Grafts	No grafts, no sinus lifts, no regenerations.
Zero Zygomatic Implants	Avoids invasive surgery that damages facial structure.
40-Year Misinformation	Patients told they “have no bone” while basal bone was never mentioned.
Clinical Proof	“No bone” patients regain full arches, real molars, full chewing, zero invasive surgery.

Which Bone They Are Talking About

Across the UK, thousands of patients hear the same sentence: **“You have no bone.”** This is not true. They are talking only about **alveolar bone**, the soft bone that disappears after tooth loss.

Why Alveolar Bone Disappears

Alveolar bone resorbs quickly. When it is gone, the traditional system pushes you into:

- grafts
- sinus lifts
- bone regeneration
- zygomatic implants

- All-on-4 with only 4 implants in the front
- long prostheses with fake gum
- no real molars

This is the **alveolar-bone industry**.

Why No One Mentions Basal Bone

They never tell you about **basal bone**: the hard, permanent cortical bone that **never resorbs** and is always present.

Basal bone is the bone that actually solves your case.

Why Basal Bone Is Always Present

Basal bone is:

- extremely hard
- D1 cortical
- stable
- non-resorbing
- present in every patient

It allows full-arch reconstruction **even when alveolar bone is gone**.

Why All-on-4 Uses the Wrong Bone

All-on-4 uses only **alveolar bone**, which means:

- only 4 implants in the front
- oblique forces
- cantilevers
- fake gum
- no molars
- unstable biomechanics

It is incomplete by design.

Why All-on-4 Fails Biomechanically

With no posterior implants, the masseter pushes obliquely. Cantilevers bend. Fake gum collapses. Load paths fail.

Why All-on-Full™ Uses the Right Bone

All-on-Full™ uses **basal bone**, allowing:

- implants in 18-28-15-25
- real molars
- full chewing power
- vertical force vectors
- masseter pumping straight down
- 14 complete teeth
- short circular bridges
- zero fake gum
- zero cantilevers

Why Everything Is Solved in 2 Hours

Basal bone allows immediate anchorage. This makes full-arch reconstruction possible in **2 hours**, even in “no bone” cases.

Why You Avoid Grafts, Sinus Lifts, Zygomatic Implants

Because basal bone eliminates the need for:

- grafts
- sinus lifts
- regenerations
- zygomatic implants

These surgeries were never necessary.

Why Fake Gum Is a Mistake

Fake gum is used only when molars are missing. With basal bone, molars return → fake gum disappears.

Why You Were Misled for 40 Years

For decades, patients were told they “had no bone” because only alveolar bone was evaluated. Basal bone was ignored.

What Patients Must Understand

You were never a “no-bone patient”. You simply lost alveolar bone. Basal bone was always there. And with All-on-Full™, it solves everything.

Send Your Panoramic

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