

Root Canals

The majority of root canal pockets often remain chronically infected and may actually evolve into osteo-myelitic-necrosis. Dental issues if left untreated can possibly develop into smoldering sub-clinical infections, creating milieu for chronic inflammation, leading to a number of chronic diseases, i.e. cardiovascular, Fibromyalgia, CFS, as well as breast health problems; thyroid gland issues; and gastrointestinal challenges.

Andrea Fodor MD.

We have had quite a few articles recently describing how mercury in dentistry is toxic and should be avoided but is it the only dental hazard that can create conditions favorable to autoimmune diseases?

Unfortunately No.

If you suffer with a chronic diseases it is REALLY IMPORTANT to understand that a factor in your illness could be a result of root canal surgery. EVERY YEAR about 25,000,000 root canal operations are in the United States alone. AND nearly every dentist and physician is oblivious to the serious potential health risks this operation produces

It is important to understand that over 95% of all dentists and physicians do not understand this issue because they have avoided study of important research that have been available now for OVER 100 YEARS!!

Fortunately I had some early mentors like Dr. Tom Stone and Dr. Douglas Cook who taught me this nearly 20 years ago.

But the pioneer work in this area on the toxicity of root canals was actually done by the Mayo's Clinic and Dr. Weston Price jointly back in about 1910. Over a century ago

Dr. Weston A. Price, was known as the world's greatest dentist he was a researcher and his work was revered by both the dental and medical professions. His work took him around the world where he studied the teeth, diets and bones of native populations living without the benefit of "modern food."

He did twenty-five years of careful, impeccable research and led a 60-man team of researchers whose findings rank right up there with some of the greatest medical discoveries of the 20th century. Unfortunately they have been mostly suppressed

Around 1900 Dr. Price has been treating root canal infections but became suspicious that these root canal teeth always remained infected. That thought

some severe debilitating disease for which the medical profession had no answer. Then one day he recommended a woman who had been wheel chair bound for six years have her root canal tooth extracted even though it looked fine.

He then implanted the tooth under the skin of a rabbit and the rabbit developed a similar crippling arthritis that was so severe he actually died from the infection ten days later. The patient also immediately recovered from her arthritis and did not even need a cane.

Dr. Price came to learn that many chronic degenerative diseases can originate from root filled teeth. The most frequent were heart and circulatory diseases and he actually found 16 different causative bacterial agents for these.

In Dr. Price's time it was not easy to culture anaerobic bacteria with 1920s technology. Most of the bacteria reported by organized dentistry at that time were aerobes of unknown significance. Today, with DNA analysis available, anaerobic bacteria (the dangerous kind) can be identified whether dead or alive by the presence of their telltale DNA signatures.

The next most common diseases were those of the joints, arthritis and rheumatism. In third place - but almost tied for second - were diseases of the brain and nervous system. After that, any disease you can name might (and in some cases has) come from root filled teeth.

He learned that primitive tribes with ideal nutrition and no processed foods had perfect teeth without cavities or gum disease and had no bone diseases. As soon as these native tribes adopted the food of the western "advanced" nations their teeth became deformed, full of cavities, gingivitis started, diabetes appeared and they developed bone diseases. It was obvious to him *that human degenerative diseases were fundamentally a nutritional problem.*

He discovered that it is mechanically impossible to sterilize a root canal tooth

No matter what material or technique is used -the root filling shrinks minutely, perhaps microscopically. Further and this is key - the bulk of solid appearing teeth, called the dentin, actually consists of miles of tiny tubules.

A tooth has one to four major canals. This fact is taught in dental school, but never mentioned are the additional "accessory canals." Price identified as many as seventy-five separate accessory canals in a single central incisor (the front tooth). Microscopic organisms lurking in the maze of tubules simply migrate into the interior of the tooth and set up housekeeping. A filled root seems to be a favorite spot to start a new colony. For perspective, if the tubules of a front single-root tooth, were stretched out on the ground they'd stretch for three miles!

What many people fail to realize is that a root filled tooth no longer has any fluid circulating through it, but the maze of tubules remains. The anaerobic bacteria that live there seem remarkably safe from antibiotics. The bacteria can migrate out into surrounding tissue where they can "hitch hike" to other locations in the body via the bloodstream. The new location can be any organ or gland or tissue, and the new colony will be the next focus of infection in a body plagued by recurrent or chronic infections.

One of the things that makes this difficult to understand is that large, relatively harmless bacteria common to the mouth, change and adapt to new conditions. They shrink in size to fit the cramped quarters and even learn how to exist (and thrive!) on very little food. Those that need oxygen mutate and become able to get along without it they essentially morph into anaerobic bacteria. In the process of adaptation these formerly friendly "normal" organisms become pathogenic (capable of producing disease) and more virulent (stronger) and they produce very serious potent toxins.

Dr. Price's important research completely alters the way we must now think about how diseases develop and disappear.

If you have a strong immune system you may remain in *perfect health for many years after root canal surgery*. Dr. Price learned that if you have a strong immune system it engulfs the living bacteria in the infected dentin of the root canals site preventing spread to distant sites. However, when your immune system becomes compromised because of a severe accident, stress or infection your *immune system can become so compromised that you can develop a degenerative disease*

Interestingly there is no other area of medicine where a dead body part is kept in your body. If you appendix dies it is surgically removed it NOT kept in place. If you have an infected finger, toe or limb from frostbite it is amputated it is NOT kept.

Your immune system doesn't care for dead substances, and just the presence of dead tissue will cause your system to launch an attack. Infection, plus the autoimmune rejection reaction, causes more bacteria to collect around the dead tissue.

This is what happens with your root canal tooth. You see if you have a root canal every time you bite down, these bacteria are flushed into your blood stream, and they start looking for a new home. If you have a healthy immune system this is not an issue but the moment it becomes compromised look out.

Creating a permanent abscess in your body with a root canal operation sets you up for serious degenerative diseases. Whether these diseases occur soon after root canal surgery or begin many years later depends on the health of your immune system.

Dr. Price wrote two incisive books in 1922 covering 1174 pages about his research into human health and dental conditions that were so important that he should have won a Nobel Prize. Unfortunately the American Dental Association (ADA), denies his findings and claims that they have proven root canals to be safe; however, they have no published data or actual research on this.

So his work was deliberately buried, unread and unappreciated for 70 years. An endodontist (root canal surgeon) named Dr George Meinig Dr Meinig was actually born in my home town Chicago nearly 100 years ago

He was Captain in the U.S. Army during World Ward 2 then moved to Hollywood to become dentists to the stars Dr. Meinig practiced root canal therapy and taught the subject to others in the dental profession. Eventually he became one of the founding members of the American Association of Endodontists (root canal therapists)

However in early 90s). During Dr. Meinig's association with PPNF, he spent 18 months of intensive study of the meticulous 25-year root canal research found in

Dr. Price's Dental Infections and in June 1993, Dr. Meinig published "Root Canal Cover-Up

This book is still available today on Amazon and if you want more information I would suggest you pick up a copy as it is the single best reference work I know of to review this topic in more detail.

CAUTION ON HOW TO REMOVE

Personally I don't believe anyone should ever get a root canal. If you are considering one please do your homework and address the issues I have brought up.

If you have one you will want to consider removing it. But that can be expensive as it typically involves a bridge or implant.

Whatever you do though make sure you make your decision with a knowledgeable dental health care professional.

Most importantly see an expert who understands the dangers of root canal therapy

Just pulling your tooth is not enough when removal proves necessary. Dr. Price found bacteria in the tissues and bone just adjacent to the tooth's root.

Dentists are generally taught to remove a tooth and leave the periodontal ligament in the socket, a procedure which would be like delivering a baby and leaving the placenta in the uterus.

So most experts recommend slow-speed drilling with a burr, to remove one millimeter of the entire bony socket. The purpose is to remove the periodontal ligament (which is always infected with toxins produced by streptococcus bacteria living in the dentin tubules) and the first millimeter of bone that lines the socket (which is usually infected).

The goal of dentistry is to save teeth. Root canals allow dentists to maintain many teeth for years instead of extracting them. But is this goal appropriate considering the biological expense exposed with DNA research? What is more important? To save the life of the tooth or that of the patient?