

ROOT CANALS ARE DEAD BODIES

(And as such, should be buried six feet below Earth's surface!)

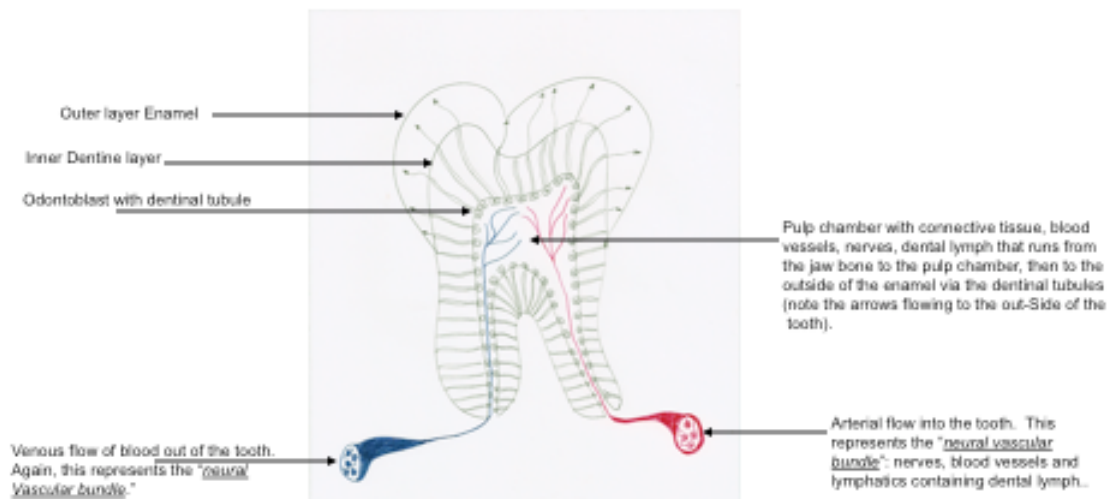
Let us get clear about the issue, really.

Some will argue that “gangrene of the tooth” is limited to the soft tissue within the tooth’s pulp chamber, gangrenous pulpitis, that the hard exo-skeleton of the dental organ—Odonton—has no relationship to being alive, and, therefore, could not be considered gangrenous.

Goldman DDS and others say so, without a deeper understanding of the mechanisms of tissue physiology, biology, chemo-electro-magnetic homeostasis, and the compelling inter-dependent relationship of these specific layers of the dental organ (tooth and supporting structures including proximal alveolar bone of its jaw segment) starting from the inward to the outward with: 1) alveolar bone, 2) periodontal ligament which contain “stem cells,” 3) cementum, 4) dentin including it’s interstitial fluid known as dentinal fluid—dental lymph—nurturing the 5) odontoblasts, 6) type one collagen from fibroblasts within the pulp chamber, 7) and a plethora of normal dermal tissues enclosed in the pulp chamber such as lymph channels, venous and arterial channels, various nerve channels and endings, stem cells, and the normal complement of auto-immune protective cells such as lymphocytes, etc., all terminating with the 8) enamel sheath which interfaces the outward flow with the free oral environment.

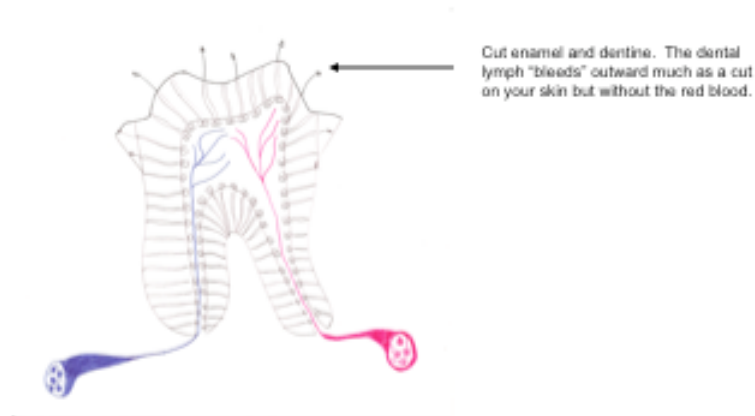
The following drawings will illustrate the fundamentals of fluid flow to the outside.

BASIC TOOTH ANATOMY



The basic structure of a tooth is much like that of a tree with the enamel covering the dentine as would the bark cover the underlying cambium layer of the tree.

BASIC TOOTH ANATOMY



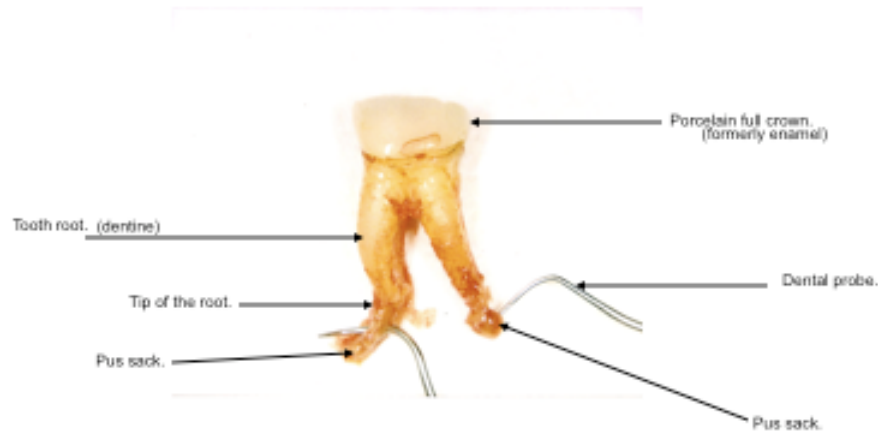
When your dentist suggests a "Crown" for your tooth, he does the following: cuts away a major portion of healthy enamel and dentine leaving a stub as shown in this slide. This procedure leads to 30 to 50% more root canals than normal restorative procedures such as the Restorative Crown, not shaving away all the enamel or dentine.

BASIC TOOTH ANATOMY



After the tooth is reduced, shaved to a stub, impressions of the stub are made and a "temporary crown" is placed covering the "prepared tooth." About one week later the tooth is numbered again, and a "gold crown" or "porcelain to metal crown" is attached to the stub with a cement. As noted earlier, the trauma very often leads to irreversible gangrenous pulpitis necessitating a root canal.

BASIC LIVING TOOTH ANATOMY



Extracted molar tooth with all "porcelain crown" that had for years given the patient discomfort. X-ray revealed bone pus sacks on both roots. The tooth in view has soft tissue pus sacks that are attached to the root tips and have dental probes pointing to pathology known as "radicular abscess or cysts." More than likely this condition was created by the radical cutting of the tooth and dental lymph bleeding.

The migration of electrolytes—the flow of all kinds of fluids from deeper tissues within—beginning with the body's circulatory system as a whole, to the apical alveolar bone which is intimately connected radicular bone of the dental organ (Odonton), outwardly through all the tissue layers previously mentioned above—2) through 8)—is well documented. Lamas (J Dent Res 82:253 [2003]), Leonora & Steinmann (J Dent Res 54: 570 [1975]), and Fish MD., Ch.B, L.D.S. Department of Bio-Chemistry and Physiology, University College, London 1926 in Circulation of Lymph in the Dentinal Tubules with some Observations on the Metabolism of the Dentine have documented this beyond argument. The studies just cited are a few of thousands demonstrating this fact of circulation and metabolism within dentine.

One may offer, without evidence to the contrary, that "teeth sweat," just as the human skin sweats, mouth skin sweats, eyes tear, toxic gas vapors come out of the lungs and waste products from metabolism are excreted in the form of gas, urine and fecal matter. One may further offer that all of dentine is a living tissue just as bone is, and that when the pulp surrounding the dentine is gangrenous, so also is the dentine itself. As with bone, when gangrene infects in the haversian system of the bone, the hard bone substance is gangrenous too, and needs to be removed as it has become a foreign object to the living body.

Every thing from the inside of the human body flows to the outside for life to live. This is true with the Odontons, also. Gangrene in a little fingertip includes the nail. Gangrene of the fingertip bone and soft tissue, including the nail, is treated by surgical

resection of the entire fingertip including the nail. The hand surgeon does not reattach the gangrenous nail, hard structure, to the proximal fingertip. What we do in dental surgery is tantamount to reattaching the “nail” to a little fingertip by doing a root canal attached to the jawbone.

It is a *grave* misperception, pardon the pun, to be informed that a root canal (root cadaver) is a normal and healthy way to retain a “devital tooth”—dead tooth. In an early January 1968 morning lecture at the University of Michigan School of Dentistry we students were told to “never refer to a gangrenous tooth as being dead, say it is ‘devital’...you’ll get better acceptance of root canal therapy in your dental practice.”

How true this was, until I began to question the practice of root canal therapy myself. After a year of intense investigation into the other side of the issue we so blithely accepted as students, I concluded in 1981 that this practice was physiologically and biologically unacceptable.

So what do I suggest instead of root canal therapy in my practice to save the dental organ, the tooth? Simply, extract or remove dead and dying tissues from the mouth and jaws. “If it is dead, it should be out of your head!”

Logic will offer, and clearly indicate, that dentistry is the only profession that advocates the practice of leaving gangrenous tissue in the human body. The definition of gangrene is: the death of tissue due to loss of blood supply. The reason a tooth dies is due to lack of blood supply.

When the tooth dies, it is a dead body, or organ, in one’s mouth. No amount of medication or scraping inside the tooth will make it sterile or save it. Asks your doctor about this: “after you treat me will the root canal tooth be sterile and will it remain so?” It is like being half alive or half pregnant. What can your dentist say, “Oh, it’s half sterile?” It is, or, it isn’t!

When there is gangrene in any part of the body the good surgeon will remove that from your main body. If he does not and knew about it, he is subject to legal action, for this is ethically and morally bad practice.

But dentists get a pass, a tacit wink and nudge that this is acceptable. Well, we say, it is only a tooth and how could that hurt you? Ask the many who have suffered that route of treatment, they will tell you.

When an animal dies or when we die, where do we put the body? We put it into the ground for sanitation purposes, for civilized society demands this. And, this is where all dead teeth should be put too.

The vibrations of a root cadaver are those of a dead human body. The chemicals given off by dead bodies are cadaverine and putracene, to name a few, and many kinds of bacteria, viruses, molds, and fungus. These leach out of the continuously decaying, decomposing, tooth structure into your blood stream. We knew this 100 years ago, and microbiologists and other scientists are now revisiting this truth, that every part of your body is connected to every other part, 80 trillion cells all connected.

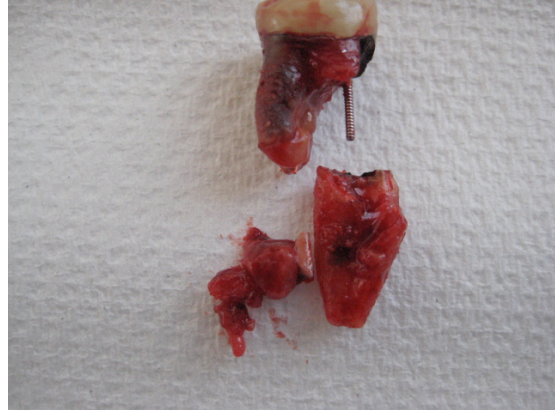
So where should you put your root canal teeth?

Most certainly in the ground, but only after you separate your human body from the dead body in your mouth, your root cadavers. Visit IABDM web site: <http://iabdm.org/wp-content/uploads/2012/05/ENDOTOXEMIA.pdf> for more details on this issue.

Here is what one sees in the routine removal of dead teeth:



1) The dead tooth is black with dead tissue



2) This dead tooth shows abscess and black



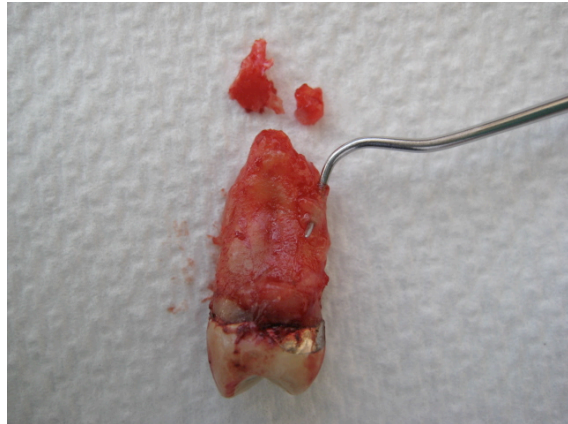
3) Two RC teeth are black with abscess



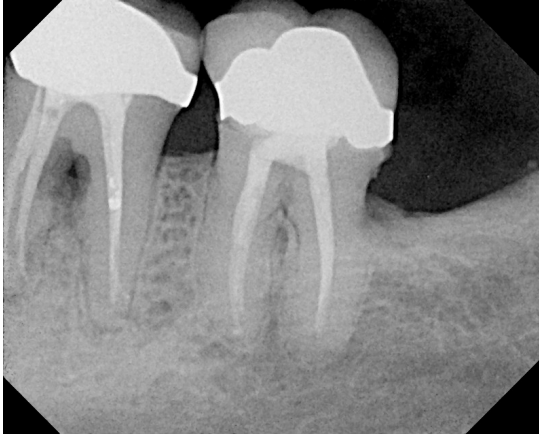
4) RC teeth with moth eaten root abscess



5) Black RC tooth with abscess attached



6) RC with abscess attached to root



7) Marble bone about root tips of RCs



8) Shadows about root tips are abscess

After removal of a gangrenous tooth, a root canal tooth, what should I do?

Replace the missing tooth, if you can. My advice is to avoid implants, flippers, or traditional bridges that required the mutilation of the support teeth. Focus on replacement with the ***Carlson Bridge® "Winged Pontic"*** tooth replacement system. In this regard, we simply attach a prefabricated tooth, a "Winged Pontic," to the good support teeth on either side of the space.

Dental doctors today will advise that you should do a dental implant or a traditional fixed bridge to replace your missing tooth. They have no alternatives to avoid leaving you with whittled down teeth looking like pegs or a very invasive, potentially damaging bone/jaw procedure of implant surgery where a hole is drilled into your bone through your gums and a screw post inserted. After 4 to 6 months of healing, if all goes well, the screw post will be topped off with a crown of some kind. We trust you will look into our approach before you choose an irreversible procedure with which you may not be fully satisfied.

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May 21, 2012

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