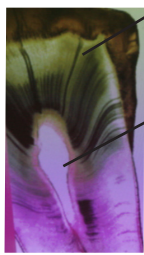


ROOT CANAL ROULETTE

Carol Vander Stoep, RDH, BSDH

CHALLENGES OF SUCCESSFUL THERAPY

Killing virulent germs in inaccessible places is a cornerstone of successful dentistry. Convoluted nerve (pulp) canals and microscopic tubules have made that task impossible until the advent of ozone gas – still rarely used.



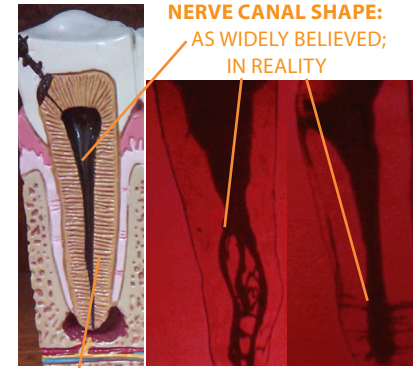
Tubules are the highway through which nutrient-rich fluids pass from the central pulp to outer tooth surfaces to keep teeth vital and strong. Unfortunately, tubules can be riddled with bacteria and their toxins. Single-rooted

front teeth have at least three miles of microscopic tubules to “sterilize”.

Bacteria do not enter tubules solely through decaying teeth. Sugar ingestion reverses tubule fluid flow, drawing acids and germs into the tooth, particularly the germs involved in gum disease. After root canal therapy, neither antibiotics, nor the immune system’s white blood cells can reach tubules.

Rendering teeth sterile is a critical objective of root canals. It would be the only way to keep a dead structure within a live body without medically challenging the host.

Some dentists feel that if a client insists on saving a tooth at all costs, even if it means undergoing a root canal, ozone gas therapy is essential for initially sterilizing the multiple or braided canals illustrated above, tubules, the ligament surrounding the root, and the septic area beyond the root tip. Indeed ozone

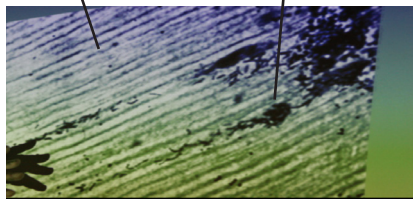


NERVE CANAL SHAPE:
AS WIDELY BELIEVED;
IN REALITY

TUBULES: Three-plus miles of inaccessible tubules per tooth shelter infiltrating bacteria and their toxins. Antibiotics and the white blood cells that could destroy them cannot enter without a blood supply.

OZONE GAS THERAPY

TUBULES BACTERIAL INFILTRATION



gas can permeate all these, neutralizing toxins and killing even spirochetes. One major spirochete implicated in gum disease, is also associated with severely infected tooth pulps – and has been found in the spleen, heart, and brains of those with root canal infections.

But is ozone therapy enough?

AFTERMATH

Though a root canal treated tooth is ideally sealed at both ends, nothing seals the tubules or accessory canals; microbes and their toxins can seep into and out of teeth. Bacteria incubate within the tooth; their waste products build. The toxins are often more virulent than the microorganisms themselves. Both can escape to cause serious health threats to the host. In this way, one can think of a dead tooth as a toxic sponge.

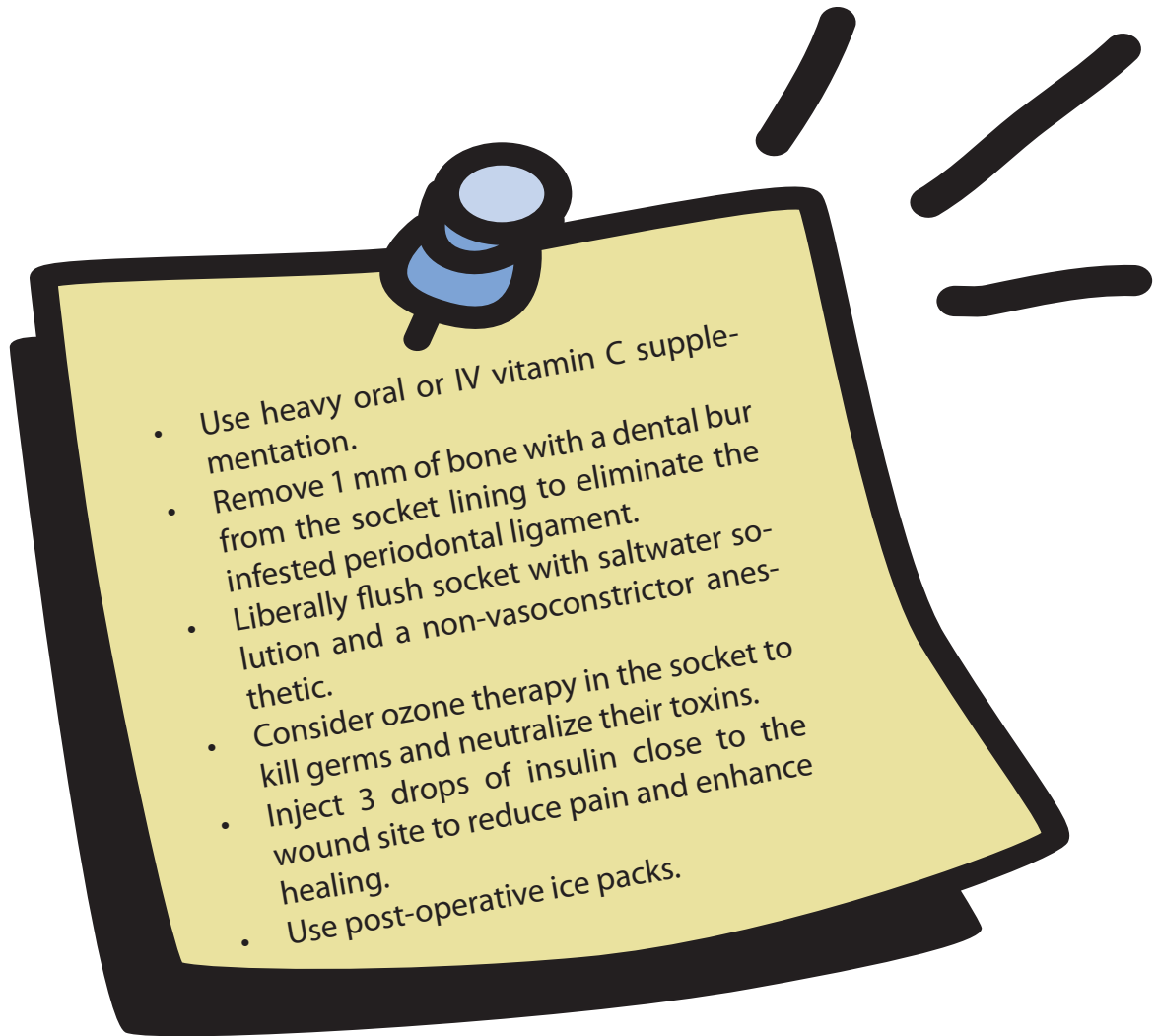
Additionally, root canal filling material shrinks more than 20% as it cools and sets. As the wax tries to return to its pre-compression shape (before it was compressed into the canal) and pulls away from the canal’s walls, it leaves ample space for microbial invasion and housekeeping.

Other potential problems:

- Tiny, fragile files are used to clear debris from a canal. Sometimes a tip breaks off and is left within the canal.

- A tooth’s nerve does not always exit through the tooth’s tip.
- Often, especially with older root canals, both ends are sealed with mercury/silver filling material. If this material plugs the root tip, the mercury has direct contact with tissue fluids.
- Putrefying tissue is commonly left in accessory canals. The toxins are known to inactivate many enzymes that run a body’s cellular activity,¹ inactivate portions of the immune system, unbalance hormone levels, and likely contribute to autoimmune diseases like MS, arthritis, and Lou Gehrig’s.
- Post-operative antibiotics do not inactivate bacterial toxins present within the tooth or its enveloping ligament. These toxins are pumped into the lymph system upon chewing. These antibiotics do kill off good bacteria residing in the mouth, however!

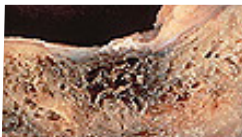
CONSIDERATIONS WHEN EXTRACTING A SEPTIC TOOTH



- Use heavy oral or IV vitamin C supplementation.
- Remove 1 mm of bone with a dental bur from the socket lining to eliminate the infested periodontal ligament.
- Liberally flush socket with saltwater solution and a non-vasoconstrictor anesthetic.
- Consider ozone therapy in the socket to kill germs and neutralize their toxins.
- Inject 3 drops of insulin close to the wound site to reduce pain and enhance healing.
- Use post-operative ice packs.

"Dentistry is the only health profession that keeps dead tissue within the body."

~ Dr. Hal Huggins ~



CAVITATION

I would add: dentistry is the only health profession that rarely acknowledges the existence of cavitations. Cavitations are dead areas of bone. Cavitations can form in the jawbone when extraction procedures for removing the diseased bone and periodontal ligament are not followed. When a ligament is left behind, the body does not recognize a tooth was extracted. This arrests bone healing. Often bone heals only over the top of the socket, leaving a hole in the bone – a hole that teams with pathogenic germs and their toxins.

~ Carol Vander Stoep ~

■ ¹Dr. Boyd Haley's research shows miniscule concentrations of toxins removed from root canal treated teeth can completely inactivate the most important enzymes in the body. These are: creatine kinase, pyruvate kinase, phosphoglycerate kinase, adenylat kinase, and acidified fibroblast growth factor. Dr. Haley is a full professor and Chairman of the Departments of Chemistry and Biochemistry at the University of Kentucky.

Much of the information presented is based on the work of doctors Weston Price, George Meinig, and Hal Huggins. Dentistry owes them a debt of gratitude.

