The Mystery Disease: How Hidden Dental Foci Can Undermine Health

One of the first documented observances of chronic dental foci, known as NICO cavitations ("Neuralgia – Inducing Cavitational Osteonecrosis"), was by Dr. G.V. Black in the 1920's who observed in extraction sites from his patients that often a "chronic osteitis" developed with the "unique ability to produce extensive bone destruction without redness and swelling of the overlying tissues and without increasing the patient's body temperature." [1] Current dental journal articles have referred to these peculiar bone infections as "alveolar cavitational osteopathosis," however the problem is not being seriously addressed despite the thousands of sufferers and growing data. Currently in the U.S., there are only a dozen or so oral surgeons who have devoted their practice to the diagnosis and correction of this potentially fatal illness, primarily because the information is not and has not been taught in the dental schools.

The condition arises from any simple invasive procedure: deep cavity, cap, root canal or extraction. Can we all agree that a cavity is an infection that can destroy bone because it breaches the enamel of the tooth and enters the tooth body and eventually the pulp which it also destroys? Next, it travels down the pulp to the root of the tooth which is embedded in the jaw bone. How could it be possible to do any helpful work on a tooth without first sterilizing either the tooth surface (in the case of the cavity), the pulp or the root (in the case of a root canal)? As soon as any work is done on a tooth, the left over bacteria (and there is most certainly enough to recolonize) is sealed up in a warm, dark, moist chamber with an abundant food supply (bone) and vóila…the perfect setting for continued tooth and bone destruction, and so it goes.

Most orthopaedic doctors will agree that the danger of bone infection or bone necroses cannot be overemphasized. Additionally, treatment is difficult and the infections, by spreading and destroying surrounding tissue, then, pass bacteria, cytotoxins and decaying tissue toxins into the bloodstream of the subject compromising their immune system, general health and threatening them with stroke, septicimia, endocarditis, etc., and possible death. Interestingly, the chemicals produced in the *dental* cavitiation infections are "highly neurotoxic and kill many critical enzymes within the body." [2] These substances are so poisonous that **one drop** from a typical cavitational site is enough to kill a cage full of rats.[3] Two of the chemicals found in these cavitations are cadaverin and di-methyl-sulphur. Cadaverin is a chemical that is found in decaying cadavers and di-methyl-sulphur is very similar to the nerve gas used in WWI.[4]

In research done by Dr. Boyd Haley at the University of Kentucky, he described these dental cavitation toxins to be, in his estimation, "some of the most toxic substances known to man." [5]

How do you think you would feel if these kinds of chemicals were gradually seeping into your system every day? If the condition should go untreated for several years, would you think it unusual to experience some serious symptoms of nerve or tissue poisoning? Could there be a possibility of immune suppression or perhaps even immune burn-out? How do these poisons effect the psyche or hormone and enzyme production? What is interesting and unfortunate to note about these particular cavitational lesions is that there are no indications in the blood work of a patient with such lesions that there is any active infection in that patient! Additionally, the x-rays do not overtly expose the condition to those not specifically trained to identify the unique, subtle characteristics of the condition as revealed on x-ray! [6]

Ask the patient with these cavitations how they feel. Most patients experience dull or no pain at all for many years. Then, the next complaint is general facial, sinus, tooth and head pain caused by the decay and destruction of their trigeminal nerve, sinus wall, etc. However, most patients complain of pain all over their body or concentrated in various odd places that seem to have no relationship to the teeth.

The released toxins do not only cause nerve, bone and tissue damage in the area directly proximate to the infection, they have also been documented to be linked to a wide range of disorders, i.e., eye pain and double vision; migraine headaches; arthritis; brain cancer; MS; Alzheimer's; Parkinson's; ovarian and breast cysts; ADD; and, the list goes on.[7] These disorders have also shown spontaneous remission in 60%-70% of the patients who undergo corrective surgery for the cavitation lesions.[8]

Further documentation by German physician Josef Issels states that, "Unquestionable facts gathered from long medical and dental experience show clearly the direct relation between general disorders and hidden chronic foci in the head." i.e., rheumatic , urogenital, renal, opthamalogic, dermatologic, cardiovascular, neurological, gastrointestinal disorders; MS; epilepsy and asthma.[9]

When a deep cavity is filled, a cap installed, a root canal or an extraction is performed, oftentimes infection has already reached the jawbone of the patient. As occurs in most extractions, the surgeon does not take the time to remove the periodontal ligament remnants or infected tissue from the extraction site. Additionally, because there is not a standard sterile field disinfection protocol practiced during any of these procedures, there are always bacteria present at the surgical site! The bacteria laden site is traumatized, then sealed up: only to be clogged by blood clots and traumatic swelling, all the way down to the minute lymphatic and blood supply channels. If there was good circulation, the debris could possibly be resorbed or carried away from the trauma site, but that doesn't happen because of this bacterial congestion of the minute eliminative channels in the bone and the immune grid-lock that occurs post-surgically.

In the case of a cavity or cap, the sequestered bacteria which are trapped under the filling or capping medium, finish destroying the tooth body and pulp until the jawbone is breached and a cavitational infection is created In the case of the extraction, with infective debris and the left over pieces of peridontal ligament obstructing circulation, blood clots develop around the ligament remains as soon as the tooth is removed. Trauma and bacteria create swelling and reduce circulation. The bacteria left behind begin to proliferate. The osteoblasts cannot penetrate the region to form their usual network to reconnect the bone with itself due to the blockade created. The open space in the bone created by the extraction fills in with porotic and sclerotic materials at best, while the immune system is barred full access to the area, via lack of circulation, to fight the sequestered bacteria. It seems that the innate intelligence of the body attempts to protect itself by sequestering the infection, although in this case, it is not entirely helpful.

To compound the situation, the jaw bone is not known for having good circulation. The tissue and clots are not resorbed. The poisons, created by the bacterial growth and consequential tissue destruction, destroy the adjacent tissue walling off the cite even more from further immune response. Then, what are called ischemic "sinus" form within the necrotic bone further preventing any hope of normal circulation.

While not really offering enough circulation to alter the course of the infection, the basal tissue still provides miniscule channels through which the necrosis toxins and cytotoxins seep, in very small doses as it were, into the lymphatic and vascular systems of the body creating a slow and virtually undetectable poisoning.[10] The infection, which is as noxious and toxic as it can become, spreads undisturbed in spite of long courses of IV antibiotic therapy. [11]

Because the infection site is sequestered from the general bloodstream and circulation *and* because these particular lesions leak these deadly poisons into the system in such small amounts, the typical CBC blood work

does not reflect anything remarkable. Yet, if a toxicology report would be done on the blood and, more specifically, on the tissue removed from a cavitation, there would finally be horrifying corroboration as to why the patient has been suffering.

Nonetheless, depending on the genetic strengths and weaknesses of the patient, the kinds of bacteria which were initially introduced to the trauma site, and other factors, **the infection site can be symptom free for decades** while other seemingly unrelated symptoms in various other places in the body gradually increase. Other patients feel extreme pain immediately after the procedure and so on: everyone is different.

However, the common trait in these patients is that they go on for years without conclusive diagnoses. They are told that they have contracted an incurable disease or that they are having "ghost pains" or neuralgia from the extractions and many other pat answers, which stand in the way of their relief. Doctors, in fear of creating "drug addicts", refuse these miserable sufferers much needed pain medication. Instead, anti-depressants and a host of other toxic pills are given for the various symptoms, but after a while, the physician does not want to hear about symptoms that have no apparent cause. He or she most certainly does not suspect that his/her patient has a chronic infection and may need oral or ENT surgery because the xrays are read as "negative". There is documentation of several untreated patients committing suicide because no illness was detected by their physicians, the horrific pain and many debilitating conditions compounded their misery persisted to the point where they could no longer bear it. Extensive maxillary and mandibular cavitations were discovered in these patients upon autopsy. [12]

Today there is hope, however. Effective treatment models for those with jaw infections are being developed with at least a 60% – 85% success rate. As of 2007, new technologies and treatments are surfacing which can help correct a patient's biological terrain by making the body an unfavorable environment for hosting chronic infection. Light, sound, vibrational and frequency based medicines from Europe show much promise.

Corrective surgery has become a controversial subject in recent years due to the high recurrence of infection and the additional trauma and surgical insult to the already inflamed tissue. Such an invasion can be too much for an already immune compromised body. The surgery involves the removal of all of the necrotic tissue, involving excision and debridement by various means, and must be done in conjunction with anti-bacterial/fungal/viral protocol, drastic lifestyle modifications, detoxification, proper nutrition, acupuncture, laser/infra-red, light and oxygen therapies to be successful. However, with facial surgery there is always the risk of losing too much bone and undermining the facial structure and with each repeat debridement surgery performed the rate of recovery diminishes greatly. Nonetheless, all necrotic tissue must be removed or it will just repopulate with bacteria normally found in the body and start destroying bone again within a few months.[13]

Therefore, the patient with NICO lesions who desires wellness must revolutionize their psychological, emotional, spiritual and physical well-being to get lasting results. Strict regimens must be adhered to. Stress levels, bad habits, destructive self-sabotage patterns must be transformed and life simplified. Fresh air, exercise and sunshine (in moderation) are the essential ingredients of a transformed life as is a loving, healing and peaceful environment. Most times, surgery is unavoidable, still it must be entered into judiciously and in conjunction with all other possible modalities and remedies, until total bone regrowth is achieved. Otherwise, recurrence is inevitable.

However, if the patient is willing to make every effort to change their biological terrain, cleanse their body of heavy metals and other insidious toxins and raise their level of health and wellbeing, a great hope looms in the future:

GROW YOUR OWN NEW TEETH

According to doctors at the Dental Institute of King's College, London, and Prof. Takashi Tsuji of Tokyo University of Science, scientists are confident that people will soon be able to replace lost teeth by growing new ones.

Instead of false teeth, a small ball of adult stem cells capable of growing into a new tooth can be implanted where the missing one used to be.

The procedure needs only a local anaesthetic and the new tooth should be fully formed within a few months of the cells being implanted.

Paul Sharpe, a specialist in the field of regenerative dentistry at the Dental Institute of King's College, London, says the new procedure has distinct advantages over dental implants that require a metal post to be driven into the jaw before being capped with a porcelain or plastic tooth.

"The surgery today can be extensive and you need to have good solid bone in the jaw and that is a major problem for some people," Professor Sharpe said. There are many patients who cannot tolerate dental implants.

The method of growing one's own new teeth could be used on far more patients because the ball of cells that grows into a tooth also produces bone that anchors to the jaw.

The choice of growing a new tooth is likely to appeal to patients. "Anyone who has lost teeth will tell you that, given the chance, they would rather have their own teeth than false ones," said Prof Sharpe. The average Briton over 50 has lost 12 teeth from a set of 32.

The procedure is fairly simple. Doctors take stem cells from the patient. These are unique in their ability to form any of the tissues that make up the body. By carefully nurturing the stem cells in a laboratory, scientists can nudge the cells down a path that will make them grow into a tooth. After a couple of weeks, the ball of cells, known as a bud, is ready to be implanted. Tests reveal what type of tooth – for example, a molar or an incisor – the bud will form.

Using a local anaesthetic, the tooth bud is inserted through a small incision into the gum. Within months, the cells will have matured into a fully-formed tooth, fused to the jawbone. As the tooth grows, it releases chemicals that encourage nerves and blood vessels to link up with it.

Tests have shown the technique to work in mice, where new teeth took weeks to grow. "There's no reason why it shouldn't work in humans, the principles are the same," said Prof Sharpe.

His team has set up a company, Odontis, to exploit the technique, and has won £400,000 from the National Endowment for Science, Technology and the Arts and the Wellcome Trust. This is great news, however, only a healthy, clean body will be able to grow new bone after the devastation of jaw bone cavitations upon the overall health of the human organism.

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