

SAVE YOUR TEETH, SAVE YOUR LIFE

**GOOD PROTOCOLS: ELIMINATE ROOT CANALS**

WWW.THEGOODDENTIST.IS

# THE GOOD DENTIST

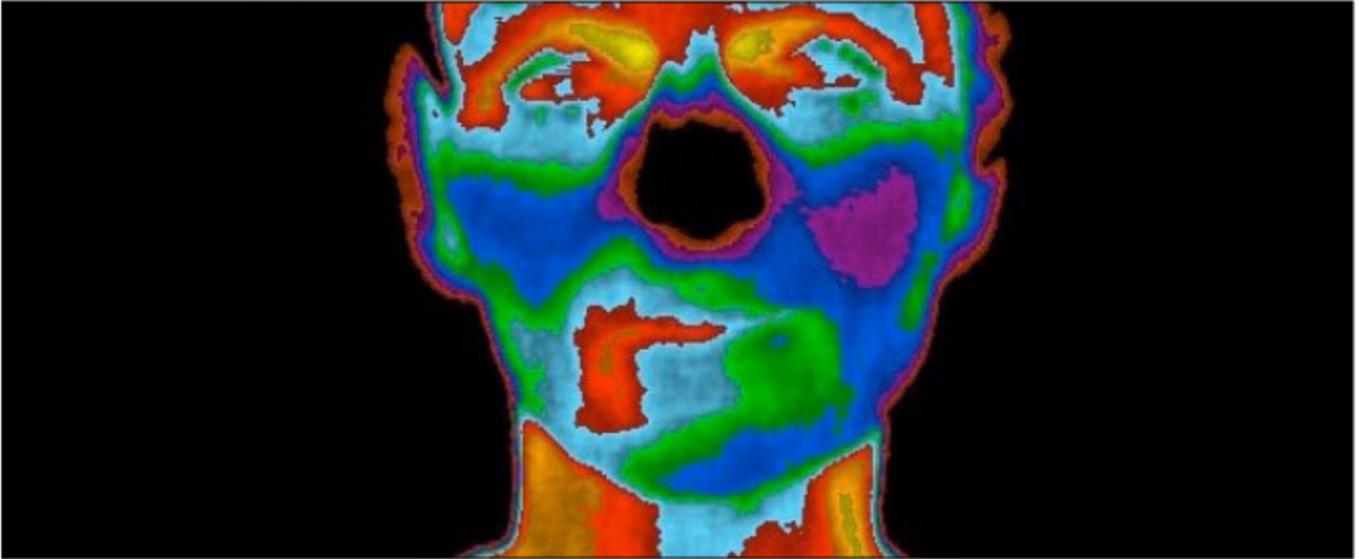
*Dr. Alireza Panahpour*



PUBLISHED BY THE HEALIST AT [WWW.THEHEALIST.COM](http://WWW.THEHEALIST.COM)

## REMOVE INFECTED ROOT CANALS

**Figure 4.6** Thermography image of an infected root canal.



*This image shows heat in the jaw from an infected root canal tooth. Courtesy of the Breast Health and Preventive Education Center in Colorado. For more images go to <http://www.betterbreasthealthforlife.com/Images.htm>*

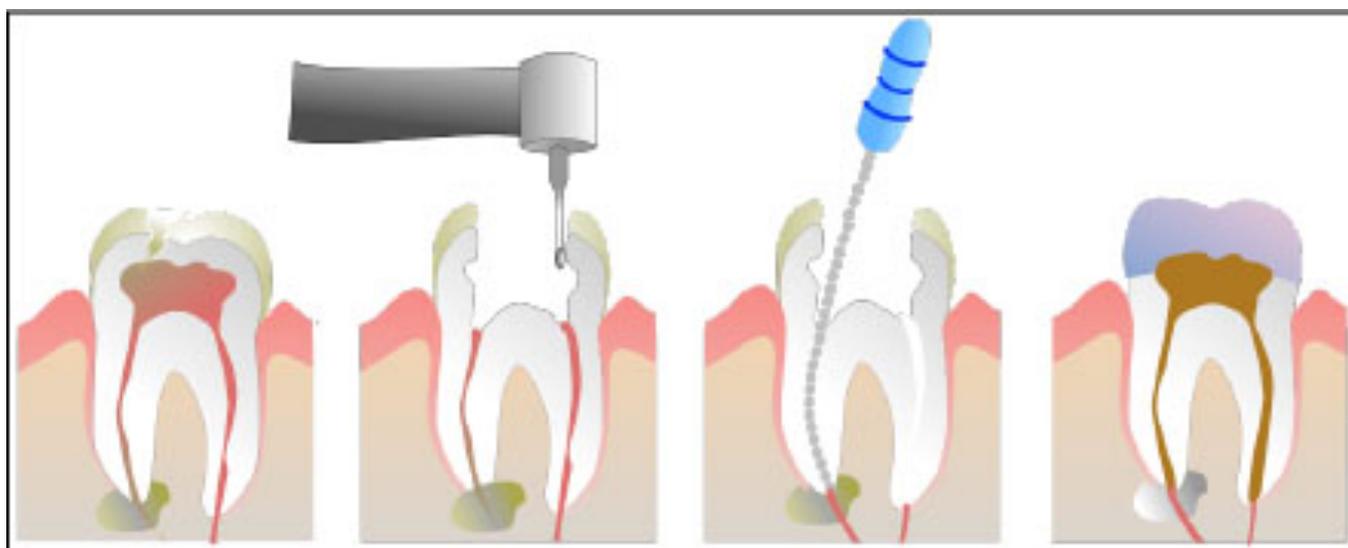
If a tooth gets infected, it should be amputated.

I know how sad that is to hear, from the patient's point of view. I know how many people would like to hear that there is an option whereby the pain from the toothache can be taken away and the tooth in question can be left in the mouth. It sounds like a miracle, doesn't it? I know that. But as a systemic dentist, I also know the dangers of leaving that dead tooth in your mouth filled with putty and covered with a cap, which is what a root canal is. I know that many people choose a root canal in a misguided attempt to hang on to a dying tooth, without realizing the full consequences of their choice. From my point of view as a systemic dentist, the consequences of a root canal are so dangerous that there really is no choice at all. Let me explain why oral-systemic dentists have zero tolerance for root canals.

Before I begin my explanation, let me reassure any readers who may already have root canals that there is a safe and long-lasting treatment option. Remove the tooth properly leaving behind no ligaments or infected tissue and place a zirconia implant. Since 2005, zirconia implant technology reached a state of the art that surpassed titanium implants, which tend to corrode over time because they are metal. This corrosion would often cause the gums around the implant to turn grey in color. Biomimetic zirconia implants provide a far superior dental material than titanium, and a far safer treatment than a root canal. So, if you have root canals, read on without worrying about how you will manage without them. Because you will manage much better without them!

When patients really understand what a root canal is, they can easily understand what the problems are. But first, you have to be able to distinguish between the marketing hype about root canals and the medical reality of root canals. If you do a Google search on the key term “root canal,” you’ll see that the marketing comes up first at the top of the search findings. You’ll see a lot of offers. Right now in 2015 as I’m writing this book, you can find advertised prices ranging from around \$500 to \$700 for a root canal. But notice also all the ads for treating an *infected* root canal for a fee up to \$2,000.

Given that root canals *always* get infected eventually, the total cost is going to be about \$2,500. That’s *more* than you would pay to have the infected tooth removed properly and replaced with a safe zirconia implant. Let’s look more closely at the marketing to understand how people can get the wrong impression about the safety of root canals. Look at the illustration of a root canal procedure below. This is a Creative Commons image from Wikipedia that is very popular. You’ll see it on a lot of dentists’ websites. It represents a root canal procedure in a very abstract way, like a cartoon.



This cartoon-like illustration shows step-by-step how the procedure takes the patient from an infected tooth to a root canal tooth. There are 3 steps. First, the dentist drills out the top of the tooth. Then, the dentist uses a special tool to core out the root. Then, the dentist fills the cored out root with gutta percha (a kind of latex), and finishes by placing a crown on top of the tooth. It looks simple and uncomplicated. I think this is how most consumers of dental services imagine a root canal procedure.

Unfortunately, the cartoon illustration does not show what eventually happens to a root canal tooth. It always gets infected. Always. That is the reality. Because the tooth is a dead tooth from the moment its pulp and root are sucked out and replaced with gutta percha and sealant (by the way, all the sealants are toxic until they set). After that, the tooth has no nerve supply and no blood supply and therefore no oxygen; it’s dead. And because it’s dead, it will attract pathogenic bacteria that can live in low oxygen or even no oxygen environments. It’s not the bacteria’s fault. The fault is human. It’s keeping a dead tooth in your mouth that should have been removed.

Because each tooth has thousands of microtubules in the dentin, every root canal tooth becomes a feeding ground for pathogenic, anaerobic bacteria that cause recurrent, chronic infection that will tax anyone’s immune system. These are not the kind of bacteria that we have evolved to live in harmony with, and they can cause im-

mense harm to one's health. The good bacteria that we like to have in our mouth, teeth and gut are aerobic bacteria, the kind that live in oxygen-rich environments.

Also the illustration above suggests visually that just plugging the tooth with gutta percha kills off half of the infection in the root of the tooth that has created a cavity of infection in the jaw. Look at the last image in the sequence closely. This is a misrepresentation of the reality of a root canal. It's misleading. Because the tooth was not removed, that area of infection in the jaw around the root could not be cleaned out properly. The bacteria are still there. Your root canal dentist, or endodontist, will give you antibiotics that will knock the infection down. But if any of the necrotic bacteria survive, they will become antibiotic resistant, and will challenge your immune system even more severely.

In the image below, look at the bacteria growing in the dentin tubules of a dead tooth after 60 days.



**Figure 1** - Dentin infection after 60 days.

Systemic dentists and systemic doctors know the harm that can result from allowing an infected root canal to stay inside the jaw for any length of time. These infections are called focal infections because they do not

stay local. While they have a focal point of origin in the jaw, sub-colonies of pathogenic bacteria break off and travel around the body in the blood stream, in the lymphatic system, and even via the nerve pathways. It's in the nature of these pathogenic bacteria to grow and colonize in this way, forming sub-colonies that break off and spread around. Chronic infections in root canal teeth can result in an infection in the heart, a stroke, a neurological disorder like MS or Parkinson's, or an autoimmune disorder or other dysfunction in immunity that could increase the risk of cancer.

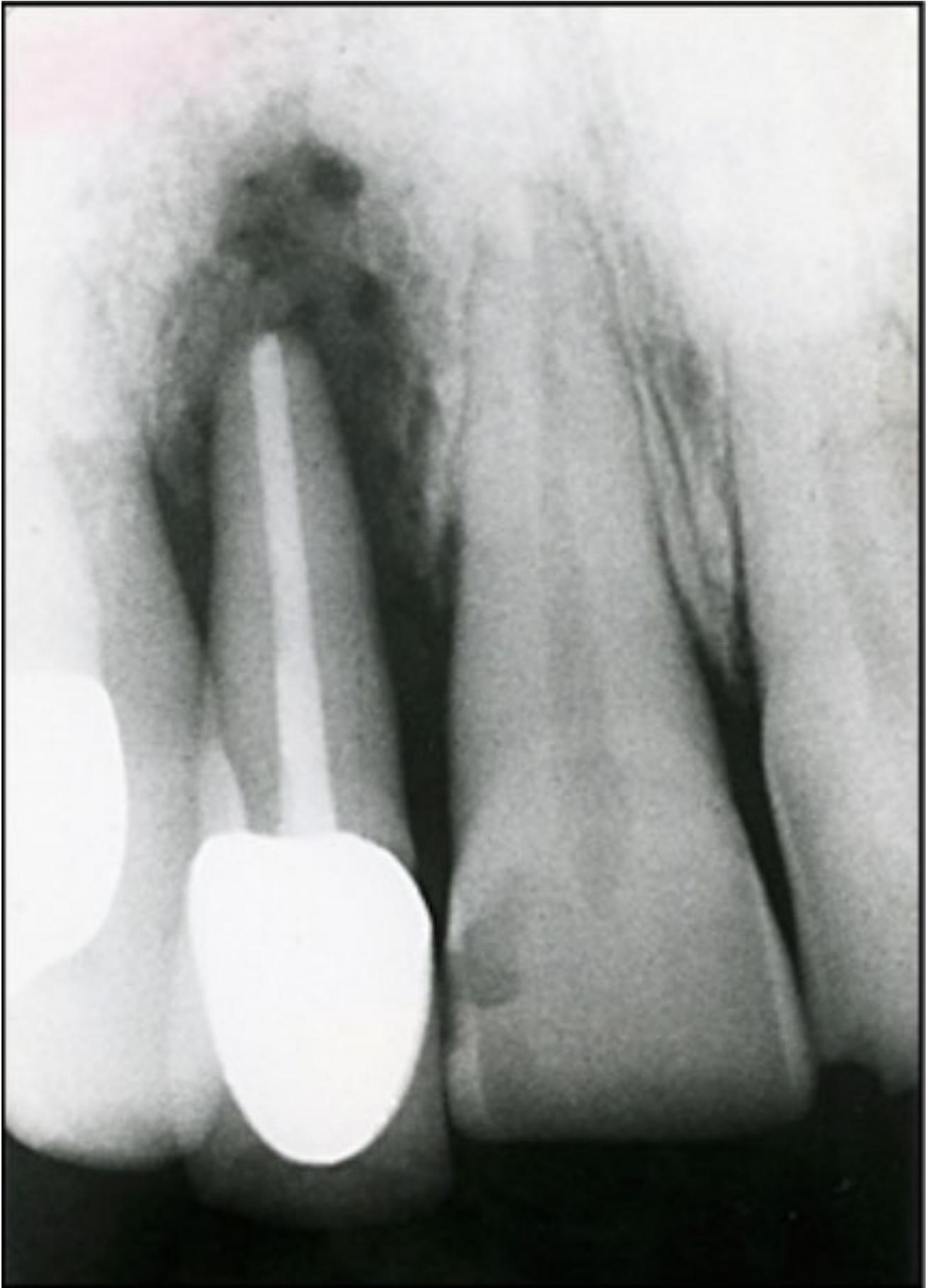
Because of these risks, dentists who practice systemic dentistry, biological dentistry and minimally-invasive dentistry advise patients against root canals. We do not offer root canals as a treatment for an infected tooth. As I said, it simply is not an option. If a patient has any kind of chronic disease, and the patient has an infected root canal, the first step in treatment is to remove the root canal tooth to stop recurrent infection and reduce the stress on the immune system.

All of my experience with root canals comes from taking out infected ones. In my experience, patients rebound to greater health almost immediately after having an infected root canal tooth removed. It's imperative when removing an infected root canal tooth to make sure to clean out the infected tooth socket completely, including the tooth ligaments and infected jawbone tissue if the infection has gotten into the jawbone. All of it must be removed properly and cleaned out thoroughly. All infected tissue has to be removed. Just giving antibiotics will not solve the problem. And giving multiple rounds of antibiotics will create a new problem—breeding antibiotic-resistant strains of bacteria that become harder and harder for the person's immune system to kill.

If you have a root canal that has become infected, my advice is to remove it immediately. Don't play around. Get the infection out as soon as possible. Thinking that a round of antibiotics will remedy the situation is flawed thinking. If you have a root canal that you think is *not* infected, ask yourself how do you *know* that it isn't infected? How do you know that every day and night your immune system isn't busy at work fighting an infection in a root canal tooth, trying to keep it localized? Do you want to wait until an abscess forms that is visible to the naked eye to see that there's a problem? Do you want to wait until a colony of pathogenic bacteria breaks off and lodges in the heart, or travels to the brain and causes a stroke? I say, why take the risk?

I want people to really know what they are being offered when a conventional dentist offers them a root canal. Let's listen in to what it sounds like when dentists who specialize in root canals talk to each other at professional conferences. The passage below comes from a [Slideshare presentation by Waleed K.O. Jaber](#) on root canal materials; you can find his presentation online. I found it on the Internet with a Google search on the topic of "infected root canals." The dentist who created the slide presentation is talking about the coronal seal. He says, "*Regardless of the technique used to obturate the canals, coronal microleakage can occur through seemingly well-obtured canals within a short time, potentially causing infection of the periapical area.*"

The *periapical* area refers to the tissue surrounding the apex of the root canal tooth, where the dead tooth contacts the gum tissue and jaw tissue. Below is a [radiographic image of a periapical infection](#). The image was found on the continuing education page of DentalCare.com. It shows what happens when the dead root canal tooth naturally begins to decay. You can see the surrounding tissue where the dead root canal tooth attaches into the jawbone and gums is affected. In this case, the body even formed 4 dark drainage holes in the gum above the tooth to drain pus from the infected area. You can also see that the infected area has pushed the dead root canal tooth down lower than the adjacent teeth in an attempt to expel the infected dead tissue from the body. The body wants it out. This dead tooth is asking to be removed. Typically the root canal tooth will turn grey in color as well.



Sometimes conventionally trained dentists will cover the greying root canal tooth with a veneer to hide the fact that it is turning grey—a sign that the root canal tooth is actually rotting. Sometimes dentists will even add an extension and veneer on the adjacent tooth to make it look like the root canal tooth is not jutting out. All of this dental work just hides the fact that the body is dealing with an infection.

Below is what an infected root canal looks like in my office after removal. Notice the color of the tooth below the crown: it's dark greenish grey. You don't have to be a systemic dentist or doctor to see this is rotting tissue being eaten by pathogenic bacteria. Notice also that the root canal tooth has a large cyst attached to it; half of it is black with infection. I often see cysts like this down in the jaw in the tooth socket, attached to a root canal tooth. The body makes a cyst to try to contain the infection.



However, as I said earlier, infections from root canals don't stay localized. They become focal infections that travel around the body. Focal infections are very dangerous for this reason. They increase the risk of stroke, heart infections and heart attacks, neurological disorders including epilepsy, autoimmune disorders and cancer. In my opinion, focal infections should not be tolerated for any length of time. Taking multiple rounds of antibiotics to fight one of these infections will only kill off the patient's good bacteria, including good gut flora, while culturing ever more potent antibiotic-resistant anaerobic bacteria. The infection will always come back as long as the source of the infection—the dead tooth— is still in the jaw. The infected dead tooth is going to continue to breed more pathogenic bacteria, causing the immune system to mount a daily fight that will eventually wear down a person's immunity.

As a systemic dentist, I have 2 options in cases of infected root canals.

Option 1) Inject antimicrobial ozone (O<sub>3</sub>) into the infected area of the jaw, which lasts about a month. The dentist can test the bacterial count in the mouth to determine how long an ozone treatment lasts for each patient.

Option 2) Amputate the infected root canal, cleaning out the infected area, and leaving behind nothing that will attract recurrent infection such as tooth ligaments. Then place a cubic zirconia implant. Option 1 is a temporary solution. The only permanent solution is Option 2.

Let me again reassure people who are facing the reality of losing a tooth that a biomimetic [zirconia implant](#) is much safer than a root canal because it reduces the chance of chronic infection that could negatively impact your systemic health.

For those concerned about problems with earlier titanium implants, be reassured that [zirconia ceramic implant technology has surpassed earlier titanium implants](#). Zirconia implants are far more biocompatible with jaw and gum tissue than titanium implants that tend to corrode. Ceramic zirconia implants are a far superior biomimetic dental material.

If you have a root canal and you're thinking "leave it alone until it causes a problem," think twice. One of the pioneers in mercury-free biological dentistry, Dr. Hal Huggins, DDS, is an avid critic of root canals in dentistry. He has compiled extensive research on bacteria that develop in root canals and how they can affect the body. In this [interview](#), Dr. Huggins outlines the dangers of focal infections from root canals and emphasizes that the only safe treatment for a root canal is to remove it. His book [Uninformed Consent: The Hidden Dangers in Dental Care](#), authored with Thomas Levy, is a good resource to get informed so your consent to dental procedures really means something.

Registered dental hygienist Carol Vander Stoep has made a helpful video explanation of root canals entitled "[Root Canal Roulette](#)." It shows in detail why root canals get infected, and why they can ruin your health. If you resonate with her video, I recommend Vander Stoep's book—[Mouth Matters: Healthy Mouth, Healthy Body](#). It is an excellent educational resource for consumers of dentistry on the root canal issue.

I want every one to get educated about root canal infections so that each person can make a good informed decision when he or she goes to a dentist with an infected tooth, and the dentist offers a root canal.

I say, here's your real choice in a nutshell.

You can have the infected tooth removed as soon as you're aware that it's infected—and then place a zirconia implant.

Or you can go down the root canal path, increase your risk of a variety of chronic illnesses, and then have the tooth removed later anyway when the root canal gets infected— perhaps after paying for a second procedure to "clean out" the infected root canal.

Meanwhile, you will probably endure multiple rounds of antibiotics that can disturb gut flora and cultivate antibiotic-resistant bacteria that can travel in the bloodstream and lymph. As long as the root canal tooth is in your mouth, you will be increasing your risk of chronic infections that raise your risk of stroke, heart infection, MS, epilepsy, Parkinson's and other neurological disorders, autoimmune disease, arthritis, and cancer.

That's your choice realistically. I say the choice is yours. But really, from a systemic point of view, only one of these choices makes any sense.