

SAVE YOUR TEETH, SAVE YOUR LIFE

**MOUTHBODY CONNECTION**

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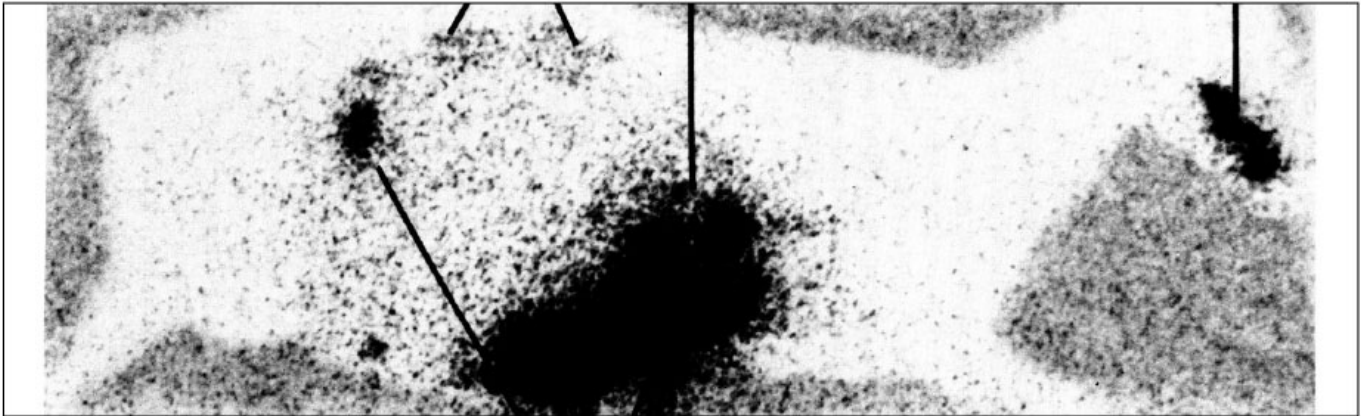
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## THE MOUTHBODY CONNECTION

**Figure 2.1** The famous sheep study of mercury dispersion from amalgam dental fillings.



*The sheep study showed mercury traveled from amalgam fillings to the mouth, stomach, intestines, and kidneys within a few months.*

Good dentistry is an integral part of medicine because your mouth is an integral part of your body. Why exclude the mouth from medical care? Why separate insurance plans for body and mouth? Systemic dentistry needs to be integrated with medical treatment. When treating chronic diseases, including what is typically called "mental illness," you need to address any dental issues in the mouth first. Doing so can make a tremendous impact on the success of a patient's overall treatment plan.

It seems obvious that your mouth is connected to the rest of you. Look at any anatomy book. Even better, download a 3D anatomy app like [Visible Body](#). A digital educational tool like this is as important for patients to look at as it is for practitioners. I recommend it for all patients. A quick glance shows you that the mouth is connected to everything else. First your teeth are part of your upper and lower jaws, your jaws are part of your cranium, and misalignment in the cranium affects skeletal alignment below. The mouth is the entrance to the gastrointestinal tract. It is connected to the rest of the body through the nervous system, the lymphatic drainage system which is part of the immune system, and the cardiovascular system.

Any infection in the mouth (from an infected root canal or gum disease) is close to the brain above and the heart below, increasing the risk of neurological problems, heart problems, or stroke. Toxic mercury from mercury amalgam fillings can enter your stomach via the mouth, causing problems with HCL production that can lead to indigestion. Mercury vapor from is inhaled into the sinuses and down into the lungs.

Look closely at the *Visible Body* 3D image. What do you see? Do you see how interrelated the structures are in the area of the head, neck and chest? This is what we mean by the mouthbody connection. Nerves run from each tooth into a bigger nerve in the jaw that runs up into a big circuit where the jaw meets the ear. That circuit connects into the brain and also down into the cervical spine to join a superhighway of nerves that wind down into the neck, shoulder and chest. Veins and arteries connect the mouth to the brain above, and below to

the neck, lungs and heart. The lymphatic system drains down from the mouth into the neck, chest and breasts. Pathogenic bacteria and toxins from the mouth can drain down with the lymph.



The mouth is also closely connected to the endocrine system. It sits in close proximity to the delicate thyroid gland situated just below the mouth in the front of the throat. The pituitary and pineal glands are situated close by in the brain, above and behind the sinuses. The thyroid controls cell metabolism, body weight, hair growth and body temperature. The pituitary gland (called the master gland) coordinates all other endocrine glands. The pineal gland produces and regulates serotonin and melatonin—hormones that modulate mood and sleep respectively. Honestly, do you think that mercury vapor in the intra-oral cavity and sinuses releasing from mercury amalgam fillings every day for years, or even decades, can affect the thyroid gland in your throat? Or the pineal and pituitary glands behind the sinuses? What about an infected root canal that is spreading colonies of

bad bacteria into your lymph or bloodstream? If you understand even rudimentary anatomy, the answers are obvious.

In this section, I want to give everyone a few good examples of how dental practices in the mouth can affect whole body health, to make sure everyone gets the mouthbody connection. First, let's look at mercury exposure from amalgam fillings and how it can affect stomach acid. Then I want to share my experiences with infected root canals in relation to chronic disease. Next, I want to look at necrotic cavitations in the jaw from traumatic wisdom tooth extractions that could not heal properly because tooth fragments and ligaments were left behind. And then I'll close this section with a discussion of fluoridation of public tap water—supposedly to reduce cavities. All of these examples will show how dental practices can affect one's overall health. I hope they will help you see how the mouthbody needs to be seen, and treated, as one entity.

## **MERCURY AMALGAM AND LOW HCL**

Mercury-free dentists know from the pioneering work of [Hal Huggins, DDS](#) that if mercury enters the stomach, it can weaken stomach acid. Here's why. Mercury + HCL (stomach acid) = mercuric chloride. Mercuric chloride damages the lining of the stomach and its ability to make hydrochloric acid. Strong stomach acid not only breaks down the food we eat into digestible particles, but strong HCL also kills food-borne pathogens, such as parasites, amoebas and bad bacteria, keeping them from entering the intestines. Weak stomach acid, on the other hand, makes it easier for pathogenic bacteria, parasites and amoebas to get inside you and challenge your immunity. You can imagine over time how someone who has mercury amalgam fillings in their teeth might develop parasites and pathogenic microbes, as well as digestion issues and gut problems. Mercury is also very toxic to the kidneys.

Indigestion literally means you can't digest your food. Weak stomach acid can cause indigestion, and indigestion causes heartburn. Well, millions of Americans have mercury amalgam fillings in their teeth. Millions of Americans suffer from indigestion and heartburn. And millions of Americans buy over-the-counter [antacids](#) for relief. However, if low HCL is the cause of the indigestion, antacids (which are alkalizing) can worsen the situation. It's a vicious circle—mercury poisoning lowers stomach acid causing indigestion, taking antacids for indigestion lowers stomach acid even more, causing the entire body to become more acidic in a desperate attempt to create more stomach acid, eventually causing a chronic state of acidosis in which the body pulls minerals from the teeth and bones to balance the blood pH. One result is that your teeth can't remineralize properly, and start to decay and crack. Because of mercury amalgam fillings, I have a person with poor digestion, acidosis and malnutrition walking into my office to get treated for cavities, gum inflammation and a cracked tooth. And the ADA is saying that mercury amalgam fillings are fine!

## **INFECTED ROOT CANALS**

Root canals are another good example of the mouth-body connection. Given that the mouth and body are so intricately interconnected, you can understand how dangerous it is to tolerate chronic infections in the mouth from an infected root canal. Focal infections like this in tooth sockets in the jaw can spread pathogenic microbes easily to other parts of the body. The pathogens can move in blood circulation, or drain into the lymphatic pathways, or even move along nerve pathways from the jaw to the brain.

I've seen that in my practice: a biofilm of pathogens originating from a jaw cavitation wrapped around the trigeminal nerve, working its way toward the [trigeminal ganglion](#). Not surprisingly in this case, the patient had been diagnosed with a neurological disorder. Everyone should know that both bacteria and viruses often hang out in neural pathways during times of dormancy. Focal infections like these spread bad bacteria around the body by colonizing a pathway, then creating sub-colonies that break off to travel to other locations. Strokes are a

major concern in situations like this, as are heart problems, neurodegenerative diseases and autoimmune disorders. Take into consideration that all root canals become infected to some degree, because they are basically dead teeth that have been left in the jaw rather than being removed. How many patients diagnosed with such serious illnesses have root canals in their mouth? How many of their doctors are putting 2 + 2 together? Consider that as of 2014, some 15 million root canals are being performed every year in America, according to the American Association of Endodontists (dentists who specialize in root canals). This issue can no longer be ignored by the medical and dental professions. And consumers of root canals need to be aware of the risks. Together it's time to reassess root canals in relation to patients' oral-systemic health, and in relation to the chronic disease epidemic.

Focal infections in the jaw from infected root canals are a common example of the mouth-body connection that I see all the time in my practice. Dental schools need to teach about the danger of tolerating chronic focal infections in root canals because of possible ramifications for the patient's overall health. Dentists need to be trained properly, and patients need to be educated. It will tax anyone's immune system to try to fight a focal infection from an infected root canal day after day, week after week, month after month, year after year. It is really not safe. Giving repeated rounds of antibiotics to try to keep an infected root canal in the mouth can kill off good bacteria in the gut and cause microbiota dysfunction, increasing the risk of gut-brain disorders. Overuse of antibiotics breeds antibiotic-resistant strains of pathogenic bacteria and biofilm. Dentists need to assess digital images of root canals very carefully, looking for signs of possible infection. Once the root canal is infected, it needs to come out of the body.

Chronic oral infections can raise your risk of a *variety* of illnesses. Foremost is stroke and cardiovascular problems, but also rheumatoid arthritis, diabetes, respiratory infections, cancer, and pregnancy problems. If you have a root canal and you are having any of these issues, you need to make sure that root canal is not infected where the root attaches to the jaw. You need to take action. Don't wait until you have a healing crisis or chronic disease diagnosis, or a stroke. You need a good dentist who knows how to check, because, as I said, an infection in the jaw may not be visible to the naked eye.

In my practice, I have experienced an association between breast cancer and chronic jaw infections from root canals or improperly done wisdom tooth extractions. Over time, the physicians I team up with were sending me breast cancer patients for dental assessment. In these cases, blood panels showed signs of infection, but the doctors could not locate a source. When you have a situation like this, the next logical step is to check for possible infection in the mouth.

I began the practice of sending these patients in for thermography, which is a noninvasive way to map the body by temperature. Thermography is an extremely useful diagnostic tool in this regard, though most insurance plans don't cover it.

When I looked at the hot and cold areas of the body in the thermography pictures of the breast cancer patients, I could clearly see what was going on. In thermography, cold areas reveal not enough blood flow, whereas hot spots reveal areas of possible infection. In the breast cancer cases that had been referred to me, I repeatedly saw hot spots in the jaw suggesting focal infections that were draining via the lymphatic system straight into the breast area. Repeatedly, digital x-rays confirmed the presence of chronic jaw infections in tooth sockets of root canals. Other times the infection was located in a traumatized wisdom tooth extraction site. Thermography allowed me to locate infections in the jaws of these breast cancer patients that their doctors couldn't find—even though blood tests clearly indicated an infection somewhere in the body.

Could these chronic focal bacterial infections in the jaw have caused the patients' breast cancer? Not directly, because bacterial infections don't cause cancer. But indirectly, a chronic infection can contribute to the de-

velopment of cancer because, over time, chronic infections wreak havoc on a person's immune system. A weakened immune system sets the stage for dysfunction in cytochemistry (cell biochemistry) that can lead to cancerous tumor growth and the inability of the immune system to trigger cell death in cancer cells. Cancer (and a host of other diseases) is more likely to appear in a person who is struggling immunologically.

When I find an infection in the jaw of a patient who has a chronic illness, I work with the patient's medical doctor to determine if the patient is strong enough to undergo a dental procedure, such as removing an infected root canal, or cleaning out an old infected wisdom tooth cavitation. If it's an infected wisdom tooth extraction site, I do a cavitation surgery to clean out the focal infection in the jaw. If it's an infected root canal, I remove it properly, meaning non-traumatically, and leave behind nothing that might attract bacterial infection in the future. Tooth ligaments and infected tissue, even infected bone, need to come out. These procedures can provide immediate relief to a patient's overtaxed immune system. Once the chronic infection is treated properly, usually we see immediate improvements in health across the entire bodymind.

However, if the immune and lymphatic systems have degenerated to a certain point, the surgery itself may be too taxing for the patient. Timing of oral surgery for an infected root canal or infected cavitation site is crucial. Also the patient's preparation for the procedure is crucial. So first, I have to ask myself, the patient, and the medical doctor if a small surgery to remove the focal infection can be tolerated. Blood testing is needed to determine if the patient's blood factors are showing a strong enough immune system to accommodate the cavitation surgery, in which I open up the gum and jaw to get to the infected tooth socket and thoroughly clean it out so it can heal properly. If the patient is so "locked" that treatment must be delayed, then we may have to help the patient build strength first by addressing his or her congested lymphatic system and giving nutritional support to bolster immunity. Doing so helps to prevent the patient from "crashing" after surgery—feeling tired and depleted and more susceptible to infection.

On my end, I can offer patients lots of resources: intravenous (IV) support with vitamins, minerals, and homeopathic remedies; oxygen therapy; dental acupuncture; ozone therapy; laser therapy; nutritional supplements; and neural therapy. I can also refer patients for a craniosacral adjustment or manual lymphatic drainage to help them prepare for the shift from state A to state B.

When patients are properly prepared, the shift can be dramatic. The day after oral surgery, most of my patients come back for follow-up saying that they took only 1 ibuprofen dose and had minimal pain, minimal swelling, and a better sense of smell, feeling noticeably better and more energetic. All in one day! They often start having memories and will say things like, "I remember years ago when I had my wisdom teeth removed that I had horrible swelling and bruising that lasted for days. Why don't I have swelling and bruising now?"

Swelling and bruising happen because a surgery was traumatic. When I perform surgery to amputate a wisdom tooth, or a root canal tooth, I am careful to the best of my ability to minimize the trauma to that area. If I need to section a molar to allow me to more gently lift out each root, I will do that. The objective is to create no tooth shards, use no violent force, and leave no tooth ligaments or infected tissue—that is the ideal scenario.

## **WISDOM TEETH**

Please be aware, in regard to impacted wisdom teeth, that removing severely impacted wisdom teeth can be quite a challenge, in spite of everyone's best efforts. If you think you have impacted wisdom teeth, please don't wait too long to see a good dentist. The more impacted, the harder it is to remove without trauma.

Wisdom tooth extraction sites need to be assessed carefully, just like root canals. We know how connected [periodontal disease](#) is to cardiovascular disease, including coronary artery disease and strokes. While gum disease can be seen with the naked eye, a focal infection in the jaw is harder to see but also can affect the entire body. Dentists need to be alert to the possibility of a cavitation infection in the jaw from an improperly executed wisdom tooth amputation, especially if a patient is struggling immunologically. That's a sign of a possible chronic infection, and dentists need to be able to determine if the cause of the immune challenge is in the mouth.

Let me give you an example. Because infected pockets in the jaw can't be seen by the naked eye, people may think they're not real. I notice that some of my patients will wait a long time to clean out an infected focal cavitation in the jaw after I first tell them that I see a problem in their digital images and thermography. Because they can't see it or feel it, it either doesn't seem to be real, or it doesn't seem to be a pressing problem that needs to be addressed right away. Invariably, when the surgery is over and my patients see what came out of their jaws, they are stunned.

One patient kept postponing surgery after I informed her she had signs of chronic infection in her jaw. Eventually, she was burdened by a chronic cough and bronchitis that lasted for 6 months. Her teeth were constantly covered in thick plaque. At that time, she was traveling a lot for a new position at work, and the constant coughing and fatigue was making it hard for her to keep up. When I saw her for a regularly scheduled cleaning, she had a chronic cough. She had dark circles under her eyes and had lost weight. The bacterial count in her mouth was higher than ever. I told her, "That infection in your jaw is wearing down your immune system over time; under the stress of a new job and more travel, it is causing your chronic cough and all this bacteria in your mouth. You need to have a surgery to clean that area out." In this case, there had been no wisdom tooth extractions. As far as she knew, her wisdom teeth had never come in. So naturally, she doubted what I was saying. So I had her do some research on cavitation infections online. Finally, she agreed to surgery.

Guess what we found in her jawbone behind her last molar? Below is a photo I snapped.



Inside the jaw was a fully formed wisdom tooth that had turned grey over time. It was dead. It was lying on its side. It didn't have room in this woman's small jaw to grow upright.

By the way, my patient had been fed commercial baby formula as an infant—not the best nutrition compared to mother's breast milk. As a result, her jaw was underdeveloped, and all her teeth were crowded. She had no room in her jawbone to accommodate her wisdom teeth. This dead wisdom tooth had been in her jaw for some 20 years, putting a constant stress on her immune system. Almost immediately after surgery, the woman's coughing disappeared, the circles under her eyes cleared up, the

plaque on her teeth diminished dramatically, and the patient's monthly cycle of acne around the jawline also cleared up as her hormones and immune system came back into balance. All of this cleared up when I removed the dead tooth for her in a simple cavitation surgery that took 15 minutes. Everyone was relieved afterwards, because necrotic cavitations like hers can contribute to any number of chronic conditions.

Often the immune system is so relieved when jaw infections like these are finally removed that the patient rebounds quickly into a greater state of health. If the patient is under medical care for any chronic condition, I like to work closely with the patient to arrange for him or her see the attending physician the day after oral surgery, because patients often experience a huge shift on that day. I find it absolutely crucial that patients are prepared properly to enter each new stage of healing. When surgery is done in a non-traumatic way, after the patient has been prepared properly on all levels—neural, lymphatic, structural, and psychological—the body is so relieved to have the infected tissue out of the jaw that it just shines.

## WATER FLUORIDATION

Let's look at a completely different example of the mouthbody connection, but one that is just as critical to long-lasting overall health. Consider the water fluoridation issue from an oral-systemic point of view. This questionable practice was, and continues to be, endorsed by the ADA, purportedly to prevent tooth decay, even though a [study published in Caries Research in 2001](#) showed how water fluoridation can damage hormone health.

The study showed the pineal gland calcifies fluoride at very high levels if overexposed to fluoride in drinking water. Because the pineal gland regulates serotonin and melatonin production, its dysfunction can lead to mental health issues, such as depression or mood disorders, as well as sleep disorders. Melatonin imbalances have also been associated with tumor growth. Other research has shown that [fluoride also suppresses thyroid function](#). Because thyroid hormones regulate metabolism in every cell, suppressing the thyroid can have immense ramifications across the entire bodymind.

Fluoride's role in pineal calcification and thyroid suppression should make anyone question the ill-advised practice of fluoridating city tap water with industrial grade fluoride ([fluosilicic acid](#)), a highly toxic waste product from the phosphate fertilizer industry. Just as mercury is a toxic waste product of the coal and gold mining industry, industrial grade fluoride is a [toxic byproduct of the fertilizer industry](#). Yet the FDA allows this industry to sell its waste product to municipal water treatment facilities under the questionable rationale that it prevents tooth decay.

As a good systemic dentist, I cannot approve of the practice of fluoridating public tap water because of its effects on the body as a whole. I also recommend toothpastes *without* fluoride. I advise my patients to drink only reverse-osmosis filtered water, distilled water, or spring water if their city tap water is fluoridated. Patients need to be aware that not all water filters are able to filter out fluoride, which is very small and hard to filter. If the filter doesn't specifically say it filters fluoride, it doesn't. Distillation and reverse osmosis units filter everything, including fluoride. So those are good. Just be aware that they also take out all the minerals that would naturally be in the water, leaving it structurally empty of information that is found in fresh pure spring water. To remedy this I add electrolyte minerals to reverse-osmosis (RO) water or distilled water. If you prefer not to expose your pineal gland to fluoride calcification, then it doesn't make sense to brush your teeth every day with fluoridated tap water, does it? Make sure the water you use to brush your teeth is fluoride-free.

People need to be aware also that about 50% of fluoride exposure can come through the skin during showering or bathing, and through breathing steam in a hot shower. The same is true of chlorine exposure, or chloramine exposure if your area's water treatment facility has switched from chlorine to chloramine, which is a combination of chlorine and ammonia. For this reason, I also recommend shower filters and bath filters to my patients, or I recommend a structured water system or filtering system for the whole home or apartment.



Obviously it would be easier to stop fluoridating city tap water than to have each citizen try to filter fluoride out after the fact. Fluoride filtering is expensive, the filtering medium has to be changed frequently, and many filters don't catch 100%. Communities need to organize to address this issue as a collective. This outdated and questionable practice needs to end. But don't count on the industry selling the fluoride to water treatment facilities to be the ones to make the change. Too much money is being made. Health conscious citizens in each municipality will have to organize and take action together to end water fluoridation policies.

## NUTRITION AND TOOTH DECAY

My last example of the mouth-body connection is the correlation between poor nutrition and tooth decay. Cavities are a sign that you are not getting enough nutrients. Chronic mineral deficiency is common today because commercial agricultural practices have stripped minerals from the soil. Top soil degradation is the problem, and minerals are simply not in our crops the way they were for our ancestors. A chronic mineral deficiency can lead to tooth decay because the body doesn't have the minerals available to remineralize after chewing food, which causes the mouth to become acidic. Acid wears away tooth enamel. Without adequate minerals, remineralization is slower than demineralization, and tooth enamel becomes weak and susceptible to bacterial decay. Sorry, but drinking industrial grade fluoride in your water will not correct a mineral deficiency! It will just deposit fluoride in your teeth which makes them brittle.

To correct a mineral deficiency you have to have a range of minerals and trace elements on a daily basis—what you would get from eating a healthy, nutrient-dense diet from whole foods grown in healthy soil. Grandma's chicken bone soup comes to mind, where the bones are simmered for up to 72 hours to release the minerals into the broth. If you know you're not eating a diet like that, then I suggest taking a quality mineral supplement, such as [Trace Minerals](#). To me quality means you get a wide range of minerals plus trace elements in colloidal suspension (liquid). You can't correct chronic mineral deficiency by taking a cheap calcium pill that your body can't absorb. Your teeth will tell you if you're getting enough minerals or not. Just listen to them. People who are eating a nutrient dense diet will not have tooth decay, including children.

Tooth decay is not the only issue. Bone and tooth loss is also an issue. Chronic mineral deficiency can cause pregnant women to lose teeth during pregnancy. The body is smart enough to take minerals from the teeth and bones to give to the developing fetus. In children, chronic mineral deficiency can hinder jaw formation, causing cramped teeth and impacted wisdom teeth later in life. Putting the child in orthodontic braces and later amputating the impacted wisdom teeth that don't have room to grow in the jaw does not address the original problem of chronic mineral deficiency, which is going to affect overall health—not just the teeth. Mineral deficiency has an impact on heart disease, arthritis, and osteoporosis. It increases your risk of every chronic disease, because minerals are necessary for basic cell metabolism. Even getting water across cell membranes is impossible without adequate minerals.

Think of the impact on chronic disease rates if it were standard practice for dentists to refer children with tooth decay, and their parents, to a nutritionist within the same health care system. Introducing that one practice would be a game-changer in the fight against chronic diseases.