

## Jawbone Osteonecrosis and other Oral Pathology

Jawbone Cavitations, as it is commonly called, is a hidden, silent, painless health hazard. It has been named many times in such terms as: Ischemic osteonecrosis, Invisible osteomyelitis, Ratner's bone cavity, Aseptic osteonecrosis, Alveolar osteo pathosis, Chronic Osteitis, Robert's bone cavity, Neuralgia inducing Cavitational Osteonecrosis (NICO), Intraosseous ischemia, Interference field, Avascular necrosis, Trigger point bone cavity, Chronic osteomyelitis, Alveolar cavitation pathosis and most likely a few others. But they all boil down to the same — **an extremely dangerous condition, that our Institute has proven to be a trigger that sets breast cancer and other cancers into motion!** It is the chemical neurotoxins produced by several types of bacteria that find their way into fatty tissues in the breast to set off a cancer response. As you will read, cavitations are not the sole source of these infections.

The original pioneers in oral pathology research have passed away. Much of their research has been buried. We have known for a long time about this condition, but because of the "modern" medical approach embraced in the Western world, one which treats symptoms of disease rather than the cause, the early research has all but disappeared and almost been forgotten.

**The dangers** posed by the mercury content of silver amalgam fillings has long been verified (yet still denied by the American Dental Association) and was once thought, by some, to be the real cause of cancer. But, the real cause is beyond that of mercury. Mercury was identified as a neurotoxicant

(poison to the nervous system) in the 17th century when "hatters" in France were becoming



Photo of tissue found in an osteonecrotic jawbone

"mad" from inhaling the fumes of the mercury compound used in preparation of felt hats.

**As we look** beyond the mercury issue, we find yet a more serious condition. This is not a new discovery by any stretch of the imagination; certainly, it is not a new discovery by our Institute. We take credit for being able to easily recognize or prove the issue exists, but without the great scholars and scientists who came before us, we may have never made the connection. Dr. Hulda Clark, PhD, ND, defines the condition as "holes left in the jawbone by an incompletely extracted tooth" (The Cure for All Cancers, pg. 47) and calls the condition by one of the many technical terms, "alveolar cavitational osteo pathosis". She continues by saying: A properly cleaned socket which is left after an extraction will heal and fill with bone. Dentists routinely do NOT clean the socket of tissue remnants or infected bone. A dry socket (really an infected socket) is a common result. These sockets never fully heal. Thirty years after an extraction, a cavitation will still be there. It is a form of osteomyelitis, which means bone infection.

Dr. Hal Huggins, in his book, *It's All in Your Head*, mentions cavitations (pgs. 46-49 and 94) but gives little information as to the magnitude of the problem. He describes the surgical treatment as a "simple 5 minute procedure" wherein the periodontal ligament (that attaches the tooth to the jawbone) is removed. This ligament is like a hammock in which the tooth sits. Once the tooth is removed, it no

longer serves a purpose and, if left in, will most likely cause problems sooner or later. Huggins compares this membrane to the afterbirth that follows the deliver of a baby, explaining that if this afterbirth is left in, death of the mother will probably ensue. Leaving the peridontal ligament in, while not fatal, does form a barrier to new bone growth, so that incomplete healing of the socket occurs. What happens is that the top of the socket tends to "seal over two or three millimeters of bone; under that, a hole remains (pg. 46)." Inside these holes or cavitations, adverse cellular changes occur and infection often develops due to severe restriction of blood flow to the area. The site then becomes a focal point of low grade infection which we now know can affect the entire body.

It is important to note that jawbone cavitations are not the sole source of the pathogens found to cause cancer. Endodontist, George E. Meinig, wrote *Root Canal Cover Up* after reviewing 25 years of neglected root canal research conducted by the late Dr. Weston Price, former Director of Research for the National Dental Association. Price's research spanned a time frame from the 1920s to the '40s. It established a link between root canal-filled teeth and heart, kidney and uterine disease, as well as disorders of the nervous and endocrine systems. He found that root canal-filled teeth always remain infected and that organ damage results from migration of toxins from these teeth to distant organs. Price was not a lone scientist trying to create a problem for dental professionals. He authored 220 scientific articles, (and the 526-page classic treatise on nutrition, *Nutrition and Physical Degeneration*) and did his root canal research in conjunction with 60 of the country's top



scientists under the auspices of the American Dental Association and its Research Institute. Additionally, "his research was extensively documented in two volumes, totaling 1174 pages and in 25 scientific articles that appeared in dental and medical literature." (Meinig, George E. "Root Canal Cover Up". *Price-Pottinger Nutrition Foundation Journal*. Vol 18, #3, pg.6.).

Unfortunately, Price lived in a day when his focal infection theory was incompatible with dominant medical theory and teachings. Until now, with our proof of the issue through advanced thermal imaging technology, not available in his time, Price's work has apparently not been considered valid or particularly noteworthy. In spite of his findings, root canals continue to be routinely performed at the tune of millions per year! Root canals are profitable (and why not — a tooth is being saved) but, as our research indicates, saving a tooth can mean premature death caused by that saved tooth.

Neurotoxin-producing bacteria from root canal-filled teeth have been demonstrated to invade bone and tissue adjacent to the tooth's root. We now know that this is best illustrated by high resolution digital thermal imaging. This bacterial invasion can trigger the formation of cavitations.

**Biopsies of tissue** removed from jawbone cavitations have revealed the presence of as many as 30 species of bacteria (Meinig, *Root Canal Cover Up*, pg. 183). Also found are white blood cells or lymphocytes whose job it is to fight infection. Huggins (It's All in Your Head, pgs. 46-47) states that "monocytes (large white cells with a single nucleus) have been observed to evolve three additional nuclei, a[n] [abnormal] cellular change prompted by the extreme toxicity

of the environment." Our research verifies his findings. In fact, it is these hypersegmented cells that alert us to the possible presence of this condition in those that we screen. More of a problem than the bacteria are the toxins they produce. When aerobic bacteria (those that need oxygen) get trapped in an anaerobic environment (the cavitation site), the result is the production of deadly chemical toxins. These toxins become particularly virulent when they intermingle with heavy metals in the mouth.

Dr. Boyd Haley, of the University of Kentucky, has classified and typed the toxins from bacteria in cavitations (and root canals). He is finding that these strains are more toxic than botulism ... "some of the most toxic substances known to man." (Bennett, Peter, ND and Peter Brawn, DDS. "Toxic Teeth", Townsend Letter for Doctors and Their Patients. August/September, 1997, pg. 146). These toxins are described as "extremely dangerous", even in very low concentrations. Some are "100 to 1000 times more toxic than botulism in their effects on enzyme systems," according to Thomas Levy, MD, alluding to unpublished research by Hal Huggins. The systemic effect of these toxins can be quite devastating.

To help gain a better perspective on the importance of DITI — high resolution Digital Thermal Imaging, which helped us find the cure for breast cancer, it must be understood that the presence of bacteria in cavitation sites or in root canal teeth is secondary to the presence of avascular conditions which give rise to necrosis. It must be recognized that the infection they cause is a low grade, sub-clinical one which would not be detected using standard diagnostic tools.

Even if the silent infection is recognized, it is difficult, if not impossible, to treat due to the poor blood supply to the area. The avascular conditions would make it unlikely that antibiotics would reach the infection site. According to Meinig (*Root Canal Cover Up*, pg. 193), some dentists believe that antibiotic use may have the adverse effect of converting osteoblasts to osteocytes (which break down bone). Since blast cells generate new bone, antibiotics may therefore, actually interfere with the healing process. One doctor puts it ... "From an energy perspective, antibiotics encourage bacteria to mutate or expand their rate of oscillation. This moves them into the realm of healthy oscillation, causing frequent problems — i.e., new varieties with greater activity in the human system. The suppression of bacteria (and the immune system) with antibiotics may have opened the door to the more detrimental viral involvements." (Jack Tips, ND, PhD, *Conquer Candida*, pg.15).

We now know, from our research, that these toxins leak into the tissues not only near the primary site of the infection, such as in the face, but continue to migrate into body tissues to be stored in fatty tissues where toxins are generally stored in mammals. These are the chemical neurotoxins, and not the bacteria that produce them, that are stored in the tissues. Experimentation with the use of antibiotics has shown little or no immediate affect on the inflamed tissues depicted with DITI. In time (often a very long time) it appears that the body gradually removes many of the toxins, if the source is removed (that is, if theoral pathology is corrected). Frequently, other methods of detoxification are necessary.

