Dental Obstacles to Mental and Emotional Health

The Psychologically Disturbing Effects of Dental Malocclusions and Focal Infections

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Dental Malocclusions:

1. Holistic physicians (ND, DC, MD, DO) and practitioners (LAc) must examine the mouth (teeth and tonsils) since many illnesses originate there.
2. 3 types of holistic (biological) dentists:
   a. Replace mercury amalgam fillings, nickel-gold crowns, etc.
   b. Treat malocclusions and TMJ (jaw joint) dysfunction
   c. Remove dental foci through appropriate cavitation surgery
3. Dr. Weston A. Price specialized in all 3!
4. Dr. Price’s extraordinary anthropological nutritional research revealed that a traditional diet renders dentistry virtually obsolete. The native peoples he studied had virtually no cavities, no dental foci (abscessed or devitalized teeth) and no malocclusions (bad bites).
5. Occlusion, or bite, refers to the way your upper and lower teeth fit together.
6. For complete jawbone development, mothers (and fathers) must prepare in advance by eating a nutrient-rich diet (raw dairy, free-range eggs, grass-fed meat/bone broths, wild fish, cod liver oil, fermented foods, soaked whole grains and nuts, fresh fruit and vegetables, etc.) and breastfeed their infants (or successful alternative such as raw cow’s or goat’s milk).
7. 3 types of malocclusions:
   a. Class I (crowding)
   b. Class II (overbites)
   c. Class III (underbites)
8. The “SBC’s” – AC Fonder (The Dental Physician)
   Swallowing – throat and tonsil problems
   Breathing – frequent colds, sinusitis, sleep apnea
   Chewing – nutritional deficiencies (carbohydrate metabolism begins in the mouth with the enzyme amylase)
9. Mental Challenges (ADD, ADHD, learning disorders, reading difficulties, dyslexia, etc.)
   A.C Fonder study: 47 schoolchildren were identified as “remedial” (scored below average on Binet IQ testing) and 53 were identified as above average. After examination of their teeth, it was determined that 83% of the remedial students had severe malocclusions, as compared to 2% in the above average group. 100% of the remedial students had some psychological problems and one-third of them had serious issues. In comparison, only 23% of the above average students had some psychological problems, and none had serious issues. 100% of the remedial group had loss of hearing acuity, versus 0% of the above average students. Finally, 83% of the remedial...
students had respiratory problems, versus 6% of the above average students. (The Dental Physician)

10. **Dr. Weston A. Price’s phenomenal research photos** clearly reveal the difference in mental health between those who ate a nutrient-rich diet and later generations who ate the “displacing foods of modern commerce.”

11. Dr. Price not only tried to prevent malocclusions through teaching his nutritional research findings, but he also treated these dental malocclusions in his practice.

12. **Down’s Syndrome children have underdeveloped maxillary bones** (the middle 1/3 of their face), referred to as a Class III malocclusion.

13. **Down’s syndrome children all have pituitary dysfunction.** Dr. Price wisely noted in the early 20th century that vitamin E is essential to adequate pituitary functioning. One of the best sources of vitamin E is wheat germ, which is largely removed from white flour.

14. The pituitary is referred to as the “master gland.” It secretes growth hormone (GH) that supports the growth of bones and muscles, as well as TSH (thyroid regulation), ACTH (adrenal functioning), FSH and LH (sex hormone regulation), PRL (milk secretion) and MSH (skin pigmentation).

15. In our embryonic development, the anterior pituitary invaginates up from the roof of the mouth (Rathke’s pouch) as the posterior pituitary is growing downward from the brain (floor of the hypothalamus).

16. **Vicious Circle:** White bread greatly reduces vitamin E. Lack of sufficient vitamin E contributes to lack of adequate pituitary development. This reduces pituitary growth hormone output, and thus the appropriate development of the jawbones (maxilla – upper jaw, mandible – lower jaw). In turn, this resulting malocclusion then generates more pituitary dysfunction throughout one’s life through continuous compression of this gland.

17. **Price’s Remarkable Results with a Down’s Syndrome Child:** In his book, Nutrition and Physical Degeneration, Dr. Price reported on one 16 year old Down’s Syndrome patient with the IQ of a 4 year old who played on the floor with blocks and rattles like a child all day. This patient had a severe Class III malocclusion and an entirely occluded left nostril; his genitals were those of a boy about 8 years old. Price endeavored to give this child a better bite by widening his upper arch through moving his maxillary bones apart over a 6-month period with a rapid palatal expansion device. The results were quite astonishing and clearly revealed the beneficial effects on this patient’s pituitary gland (growth hormone release) as well as his facial features. He grew 3 inches in four months, began to grow a mustache almost immediately and his genitals developed to those of a man in about 12 weeks. Mentally he was soon able to make two changes of trains to arrive at Price’s office (90 miles away), go grocery shopping and bring home the correct change, and he learned to read children’s stories. Here in Price’s words are how this palatal expansion device effected this remarkable change:

“This lateral pressure on the maxillary bones was accomplished by rigid attachments to the teeth of the two sides of the upper arch. The outward
movement of the maxillary bones (which form the roof of the mouth and sides of the nose) by pressure on the temporal bones produced a tension downward on the floor of the anterior part of the brain, thus stimulating the pituitary gland in the base of the brain.”

18. **British Identical Twin Study:** An excellent example of the negative consequences of conventional orthodontics vs holistic orthopedic dentistry. Twin “E” had conventional orthodontic dentistry – extraction of her 4 bicuspids followed by braces. Twin “F” had no extractions and was fitted for a functional expansion appliance. Both twins were treated for 2 and ½ years. The results were dramatic. Twin “F” with the functional appliance therapy developed an attractive and rounded facial form and dental arch. She was happy with the results and had a bright outlook. Twin “E” with the extractions and braces had a “quite disastrous” facial deterioration. From age 12 to 14 she had become a “little old woman” with a narrower dental arch and face. She developed a considerable inferiority complex and referred to herself as the “ugly sister.” Eirew, H. *British Dental J*, Volume 140, # 3, 2/76.

19. **Diagnosis** of a dental malocclusion:
   a. Clenching, grinding, sleep apnea and other respiratory difficulties?
   b. TMJ (jaw joint) pain, (major) clicking or locking (open or closed)?
   c. Can you easily swallow?
   d. Can you easily find your bite?

20. **Treatment:** Analysis by a holistic dentist usually beginning with a functional oral appliance or splint.

21. **3 Major Holistic Orthopedic Dental Organizations:**
    - AACP at (800) 322-8651 or go to [www.aacfp.org](http://www.aacfp.org)
    - AAFO at (800) 441-3850 or go to [www.aafo.org](http://www.aafo.org)
    - AAGO at (800) 510-AAGO or go to [www.aago.com](http://www.aago.com)

22. **Other resources:**
    - Silkman, R. Is it mental or is it dental? *Wise Traditions*, 2005-'06
    - Price, W. *Nutrition and Physical Degeneration*, 1939
    - Fonder, A. *The Dental Physician*, 1977
    - Williams, L. *Radical Medicine*, 2007 (Chapter VI)

**Dental “Foci:”**

1. **Examples:** root canal teeth, dental implants, devitalized (dead) teeth, abscessed teeth, incomplete extractions, impacted teeth (e.g., wisdom teeth), etc.

2. **Foci are relatively silent** and therefore rarely accurately diagnosed, but they typically cause “disturbed fields” in other parts of the body that are symptomatic (pain, dysfunction, etc.)

3. For example, if a patient complains of chronic left hip pain, holistic physicians must rule out a left dental focus as the possible cause.

4. With serious diagnoses such as breast cancer, time is of the essence. An ipsilateral causative dental focal infection is not uncommon and must be addressed.
5. Dental focal infections have been known since the early part of the 20th century to cause mental and emotional disorders. (*The Defective Delinquent and Insane*, Henry Cotton, 1921)

6. Impacted or incompletely extracted wisdom teeth can contribute to emotional and neurological dysfunction (epilepsy, stuttering, tics, anxiety, ADHD, depression, manic-depression, etc.)

7. **Dr. Price’s clinical judgment was just as astute in 1921 as it is now:**

   “...all pulpless teeth, root filled or not, harbor so much danger of becoming infected that they should be extracted, though the time as to when they should be extracted will depend on several contributing factors...If the patient [has] a low defense, then [extraction] better be soon, but if the patient [has] a very high defense...I would advise to retain some of those root filled teeth.” (*JADA*, Vol. 13, 1926)

8. **Dr. Price’s Root Canal Research:** Dr. Price observed that after extracting a root canal tooth from a patient and embedding it under the skin of a rabbit, the rabbit would invariably develop the same disease that the patient had been suffering from – whether it was crippling rheumatoid arthritis, gall stones or heart disease. This occurred no matter how vigorously Price endeavored to sterilize this tooth.

9. **Energetic Testing Valuable:** Lab tests are not particularly helpful in identifying a dental focus. Quality dental x-rays combined with the clinical experience of the holistic physician and dentist, as well as energetic testing (kinesiology, MRT – reflex arm length testing, Auriculomedicine, electroacupuncture, etc.), are most effective tools diagnostically.

10. **Ipsilateral (same-sided) Symptoms:** If you have chronic pain or dysfunction on one side of the body (e.g., right sinus pain, left hip pain, right shoulder stiffness, left headaches, etc.), then your holistic physician or dentist must include a possible dental (or other) focus in his/her differential diagnosis.

11. **Levels of Treatment:** It is important to try all the conservative avenues of healing first (coenzyme Q10 supplementation, constitutional homeopathy, neural therapy, auriculotherapy, etc.), before making the permanent decision of pulling a tooth (cavitation surgery).

12. **The Tonsil Focus:** Tonsil foci develop in childhood from chronic infections and excessive rounds of antibiotics (creating an autoimmune disorder). Although adults rarely suffer from these acute infections, they often trade chronic tonsillitis for chronic fatigue, as well as a myriad of other rheumatic disorders arising from a hidden tonsil focus. Tonsil scars from tonsillectomy also typically cause disturbed fields.

13. **PANDAS:** Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections. This syndrome is characterized by obsessive-compulsive manifestations such as vocal tics (clearing one’s throat, swearing, coughs, grunts, etc.), motor tics (touching, spitting, tapping, etc.) and obsessive concerns (counting, hand-washing, worrying, etc.). For over a
century chorea, a disorder characterized by involuntary movements, has been documented to commonly occur after a streptococcus illness. These choreic-like movements, or tics, are typically seen in Tourette’s syndrome. The question then arises, are chorea, PANDAS and Tourette’s all from the same source – a streptococcus infection? Doctors should keep this in mind and always do a careful history of Tourette’s patients to see if a strep infection occurred before the symptoms began, and also to determine if there is a tonsil focal infection present.

14. **Scar Interference Fields:** Scars are also classified as “foci,” and are perhaps the most insidious of all, silently triggering chronic dysfunction in a distal region. Typical scar interference fields include surgical (appendectomies, tonsillectomies, hysterectomies, circumcision, episiotomies, etc.) and traumatic (cuts, tears) scars, as well as the umbilical (belly button) scar.

15. **Ephapse:** When the cut nerve fibers in a scar knit back together in an aberrant fashion they form an ephapse, (as opposed to a normal synapse), which results in a neurological short-circuit that can generate chronic disturbance in the sympathetic nerves (and a distal disturbed field). *(Chronic Pain, Hooshang Hooshmand)*

16. **Scar Treatment:** Neural therapy from Germany and auriculotherapy from France are the 2 most effective treatments.

17. **Neural Therapy Home Treatment:** Massage a cream (shea butter) or oil (almond with or without an added essential oil) into the scar 1 time a day for approximately 3 weeks. Since scars typically have an associated emotional memory *(Psychogalvanic Reflex)*, be sure and allow all these feelings to arise so that they may be released during this process.

18. **Radical Medicine:** For more information on foci see Chapter IV.