

~~Heart Disease: The Silent Killer~~ Dental Focal Infections: The Silent Killer

I. What is a Focal Infection?

- A. Definition: A *dominant focus* is an area of chronic, yet often silent, inflammation in the body that frequently goes undiagnosed because it causes no obvious localized symptoms. However, these insidious foci—typically the teeth or tonsils—can cause symptoms elsewhere in the body. For example, impacted wisdom teeth chronically generate pathogenic bacteria that can travel to the heart valves, resulting in endocarditis. The heart, as well as other symptomatic areas secondarily disturbed by chronic focal infections, are referred to as *disturbed fields*.
- B. Common Dental Foci: impacted teeth (e.g., wisdom teeth), devitalized teeth (deep fillings, crowns, trauma), abscessed teeth, root-canal teeth, apicoectomy teeth, dental implants, galvanic current teeth (gold crown on an amalgam filling), incomplete extractions (bone fragments or pieces of ligament remaining in the gum or jawbone), traumatic bites, etc.

II. Dental Focal Infections Were Recognized in the Early 20th Century

- A. Weston A. Price, DDS: This Cleveland dentist painstakingly researched dental focal infections with a team of 60 leading scientists including Charles Mayo, MD, who founded the Mayo Clinic. Price and his team found that bacteria from dental foci metastasize to specific organs and tissues in the body. This validated the work of another focal infection researcher, E.C. Rosenow, MD, who had also discovered that microorganisms, and especially bacteria, have a *selective affinity*, or attraction, toward specific tissues. For example, when Price embedded the tooth of a patient suffering from crippling arthritis under the skin of a rabbit, this animal developed the same arthritic joint symptoms that the patient had, and died within 10 days. The same phenomenon occurred with other patients and their particular diseases—including all forms of heart disease.
- B. Rheumatic Diseases = Illnesses from streptococcal origin. These illnesses typically arise *acutely* after an (untreated) upper

- respiratory infection (tonsillitis, sinusitis, rhinitis). These illnesses include rheumatic fever (carditis, arthritis and fever), rheumatoid arthritis, glomerulonephritis and chorea. *Chronic* streptococcal illnesses from the lingering tonsil and sinus focal infections affect the same areas: heart, joints, kidney and brain. Dr. Martin Fischer: *Death and Dentistry*.
- C. The AHA and ADA 56 year mistake: Prophylactic antibiotics after dental cleaning is now no longer recommended except for a few more serious heart conditions. “No evidence that it works.” *Circulation* 4/19/07
 - D. Natural Treatment of Bacteremia Post-Dental Cleaning/Drilling: ozonated water, Notatum 4X, Essential Oils, Silver Sol, etc.
 - E. Dental and Tonsil Focal Infections Not Well-Recognized Today
 1. Antibiotic use skyrocketed in the mid-20th Century,
 2. And the specialty of endodontics became recognized in the 1940s (the placement of root canals)
 - F. Gum disease (gingivitis and periodontitis) and heart disease: Many research articles demonstrate the metastasis of bacteria from the mouth to the heart.

III. How to Diagnose A Dental Focal Infection

- A. History - “Never Well Since...(a dental intervention)”
- B. The Ipsilateral Sign: Dental focal infections tend to cause symptoms ipsilateral.
- C. Wisdom teeth and heart relationship through meridian pathways
- D. Viscerosomatic relationship: T1-T4 nerves innervate the heart
- E. X-rays and Cat scans positive

V. Treatment of a Dental Focus

- A. Conservative treatment if x-ray negative: Hepar sulf 200C, Hypericum 200C, Notatum 4X, CoQ10 (MitoQ)
- B. Exception: Serious disease, don’t delay cavitation surgery
- C. Galvanic Focus - Clear the metals (mercury, gold, nickel...)
- D. Malocclusion Focus - Equilibrate or oral appliance therapy
- E. Extraction and Cavitation Surgery: Do it right one time only!
- F. *The 5 Post-Cavitation Surgery Days*, at www.radicalmedicine.com
Pre- and post-treatment include isopathic drops, acute homeopathic remedies, cell salts, detox supplements, infrared laser, and castor oil packs on the disturbed field areas.

VI. Root Canal and Wisdom Teeth Rules

- A. Dr. Weston A. Price, 1926 conference - Diagnose each patient carefully: Each individual's constitution and level of health will determine whether to extract a root canal tooth or not.
- B. My finding: If a patient is on the correct homeopathic remedy (according to the new Sensation Method by Rajan Sankaran and Divya Chhabra), then one can often handle the stress of one or more root canals. As Dr. Price recommended, diagnose each patient carefully and make a clinical judgment based on the patient's particular issues and constitution.
- C. Wisdom Teeth Rule: If the wisdom teeth have not broken through the gum line in an adult, many conservative holistic dentists would not remove these teeth if there were no clear symptoms related to these impacted teeth. Again, it's a clinical judgment based on the condition of the teeth and the patient's level of health.

VII. Conclusion: Do you suspect you might have (silent) heart disease?

Heart History: Angina, heartburn, shortness of breath, fatigue, palpitations, tachycardia, weakness, dizziness, nausea, sweating...+ Exam: blood pressure, pulse, heart sounds, EKG, echocardiogram...

But don't forget:

Focal Infection History: History of tonsillitis, ear infections, sinus infections, gum disease, dental cavities, abscesses, root canals, apicoectomies, (incorrectly done) tooth extractions, etc.

Notes: _____

