

## The Dental Mortician the Culprit

**Ron Carlson\***

Carlson Bridge Technologies, Inc, Private Enterprise, Hawaii, USA

**\*Corresponding Author:** Ron Carlson, Carlson Bridge Technologies, Inc, Private Enterprise, Hawaii, USA.

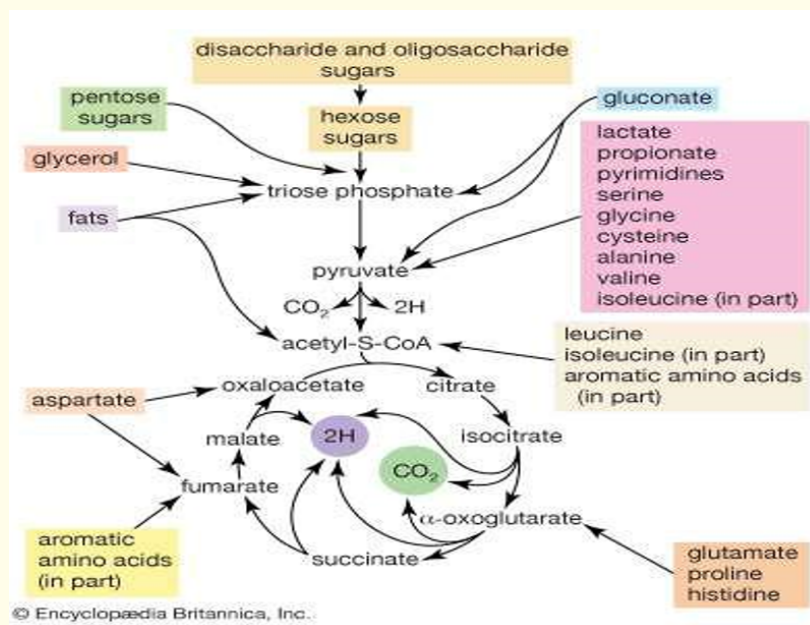
**Received:** March 27, 2019; **Published:** April 30, 2019

I was going to title this essay “Dental Mortician Doctors” (Endodontists) but this would render to the acronym DMD and I thought that might be too provocative for that is the surrogate degree offered first by Harvard Dental School about 1867. The original and first degrees conferred were DDS-Doctor Dental Surgery.

I do not intend to disparage degrees or those who advance dental science and surgery as a healing art. Death in the oral cavity is most common in this day due mainly to generations of humans subsisting on sucrose (sugar) from the cane or beet variety, initiating dental caries leading to “dental pulp-gangrene”. Modern maladies can be traced directly to cultural dietary habits chronicled by Weston Price DDS [1]. His work Nutrition and Physical Degeneration is generally used in schools of anthropology through out America and in my view a must read for the dental professionals.

In my own experience in Honolulu for the past 50 years I have seen Western Samoan, Tongan, Fijian, Maori families without the ravages of what we call modern dental decay. The one common factor of this decay free oral health was lack of access to sugared products in their communities. However, once landing in Hawai’i the condition of dental health quickly deteriorated. Access to “red vines” (red die sugar soaked licorice) and “Slurpees,” and coke n’ candy bars at every corner store became readily available and abundantly utilized. It was not due to the fact that we have no community water fluoride program, it was the sugar products.

Dentin Fluid Transport (DFT) of metabolites (end products of metabolism such as CO<sub>2</sub>, Urea, Lactic Acid, etc.) from the inside pulp chamber to the exterior of the Odonton (Dental Organ Complex) was first reported in abstracts of Steinman compiled by the International Academy of Microendocrinology-that is, “teeth sweat.” Just as the human body detoxes by sweat, teeth sweat. The basic physiological process of regulation of internal tissue purity is maintained with removal of metabolites by normal routes of circulation-blood vessels/lymphatics or thorough the DFT-system as shown in figure 2.1 to the surface of the dental organ. The arrows pointing to exterior of the enamel in figure 2.1 are fluid flow directions of “physiologic cleansing”-physiologic elimination of metabolites (See figure 1).



**Figure 1:** Internal metabolic wastes-metabolites.

Drs. Steinmann and Leonora clarified the biological factors influencing fluid flow in the DFT mechanism related to the “Parotid Hormone” [2]. High sugar intake in humans shuts down the hypothalamic production of the Parotid Hormone Releasing Factor stimulating the parotid hormone that maintains and controls in optimum fashion the DFT system’s normal balance (Figure 2). Thus, the metabolic shield protecting the dental organ from premature decomposition we call “caries” is ensured.

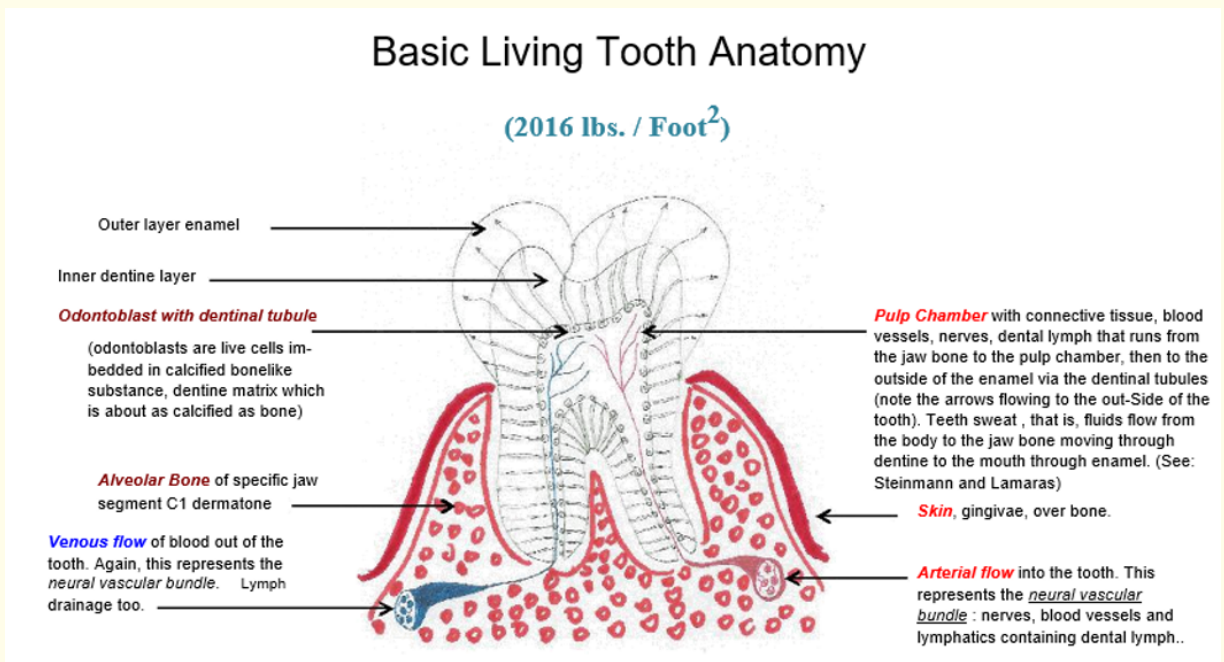


Figure 2: Showing normal metabolite outflow.

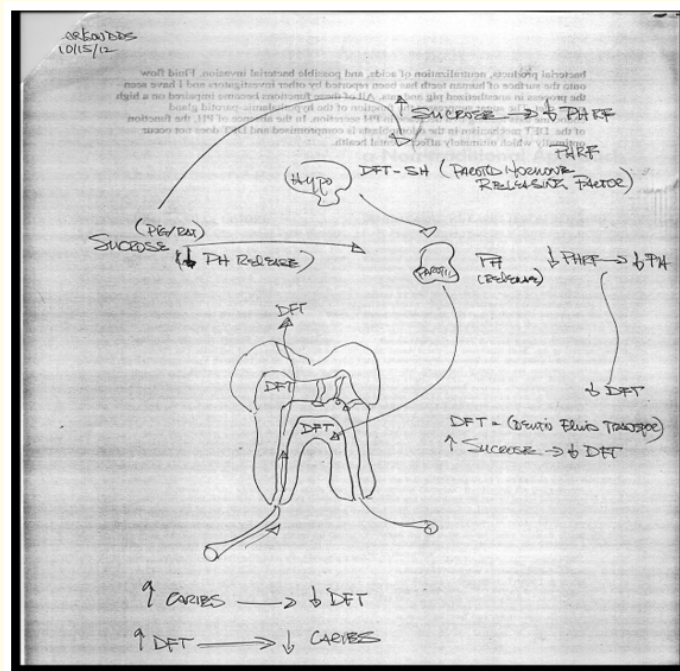


Figure 2.1: Dentin fluid transport system.

Caries (dental decay) is first initiated by the lack of DFT (Dentine Fluid Transport) to the periphery of the dental organ. I hypothesize that the accumulation of metabolites in the pulp-dentine complex due to lack of proper DFT eliminating these toxins alters the tissues homeostasis (partial pressure O<sub>2</sub> and CO<sub>2</sub>) such that the immune system and oral bacteria are deployed to handle “dead tissue”- metabolites mistakenly appearing as “dead tissue” within the pulp chamber. This error in tissue sensing leads to the premature process of dental decay of soft and hard tissues.

The basic structure of an ODONTON is much like that of a tree with the enamel covering the dentine as would the bark cover the underlying cambium layer of the tree, the bone being the terrain or soil.

M. Larmas (Professor of Dentistry and founding Dean, Institute of Dentistry, University of Oulu, and Chief Dentist, University Hospital of Oulu, Yliopisto PO Box 5281, FIN-90014 University of Oulu, Finland; *J Dent Res* 82(4):253 -256, 2003) relates in his work that “according to the functional definition, (dental decay, caries) it is the outcome in pulp-dentin after an acid attack by plaque microbes. Dentin destruction starts at the dentin -enamel border (the lesion), and reparative dentin formation under the lesion (the response) is an altered steady state of the pulp-dentin complex. Evidently, the pulp-dentin complex regulates and modulates the rate of lesion progression in dentin (for recent reviews, see Larmas, 2001; Smith, 2002) and possibly did so even earlier, when caries progressed in enamel only” [3].

This is amply corroborated by Steinman/Leonora in their works too [4]. Fundamentally the concentrated white sugars we consume do not attack the tooth from the outside first only, enamel side, but are initiated from within the pulp chamber dentin complex first, weakening the hard structures and subsequently initiating the “lesion” at the junction of the dentine and the overlying enamel, the physiologic “dento-enamel junction” within the odonton peripherally or exterior to the pulp chamber.

Figure 3 demonstrates the reversal of normal hydraulic pressure pushing outward from within the dental organ (Odonton). This loss of outward fluid pressure in the impaired DFT system leads to immigration of microorganisms through the enamel into the dentine-pulp chamber, from the periodontal cementum into the dentine-pulp chamber, and finally through the lymphatics and blood vascular vessels in the apical region into the dentine-pulp chamber as seen in figure 3.

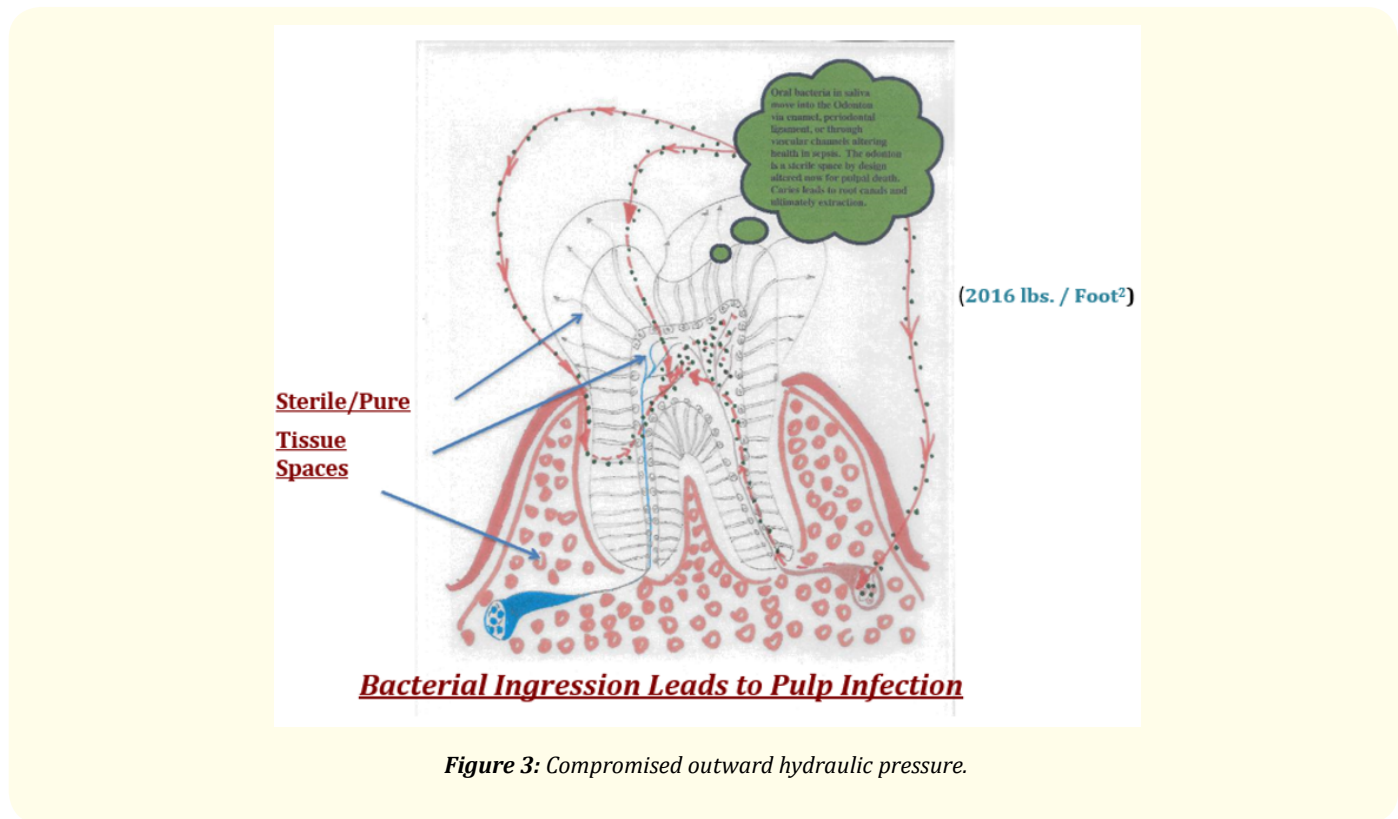
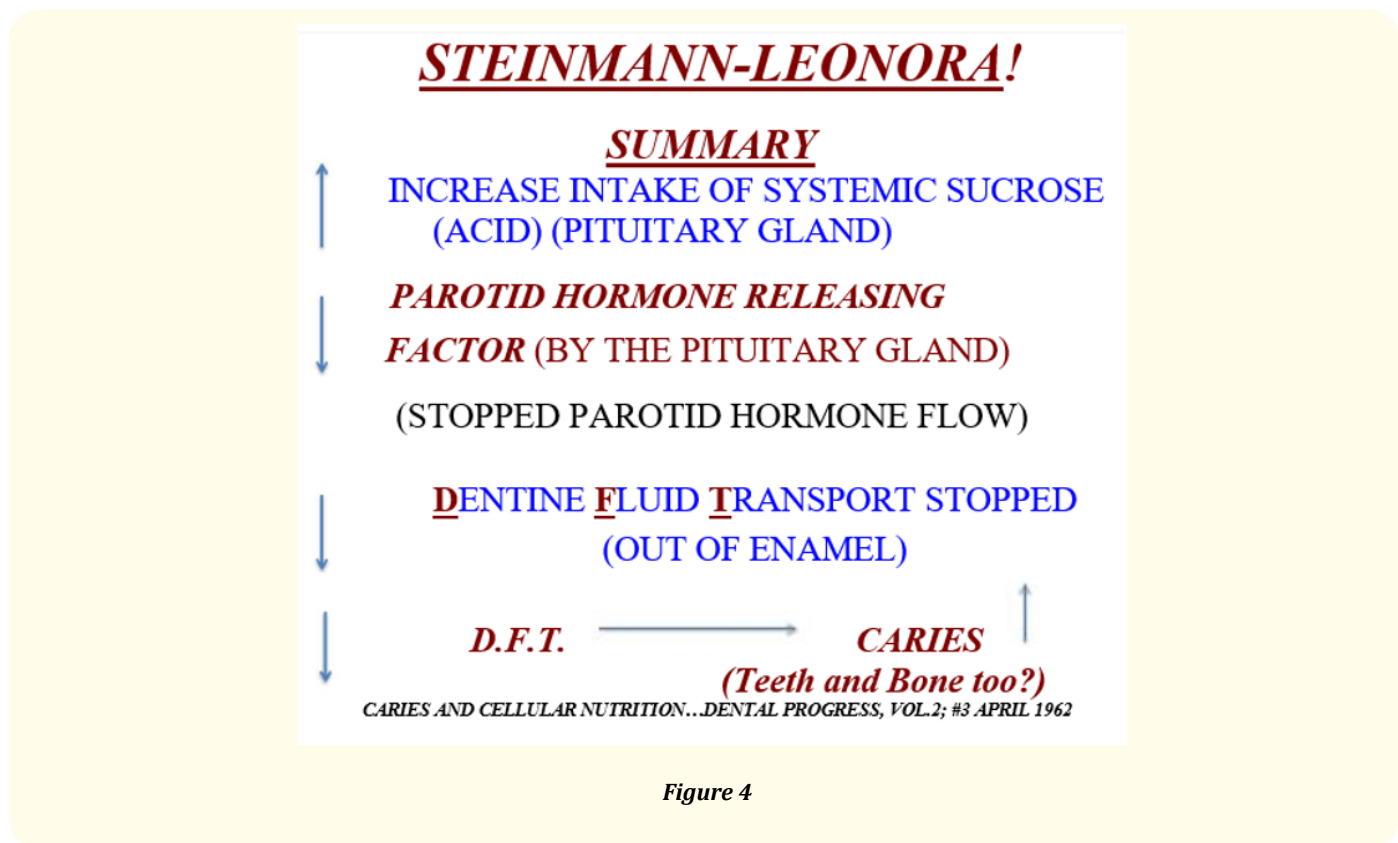


Figure 3: Compromised outward hydraulic pressure.

Succinctly put dental decay (caries) is an inside job initiated by high sugar intake that compromises the homeostatic physiology of the dental organ, an “acid attack” from within not only from without the Odonton! The pre-decay defect, lesion, is begun at the dento-enamel junction first (autolysis) due to the stagnation of fluid flow outward in concert with the normal flow of DFT- mechanism. The dental tracts and enamel bundles and dentinal tubes become the channels in which the bacterial in migration starts since the stagnation of fluid flow somehow prompts the sensorium of the dental organ to be perceived as a compromised tissue (dying or dead) and the bacteria cleansing mechanisms and immunes mechanisms deploy “decomposing agents” (decomposers) to the site to commence “cleansing” of the tissues.

Before moving onto the Dental Mortician portion of this essay I shall compile the physiology of caries in figure 4 according to Steinmann and Leonora [4].



Other than accidents (trauma) and/or iatrogenic damage to the dental organ, sugars are the greatest agent effecting carious lesions and subsequent gangrenous death of the pulp chamber-dentine complex-in human beings. Although the mechanism of dental decay may be more complicated, I present a very simple overview of what goes on in the dental organs undergoing dental decay. Decayed teeth most often lead to dead teeth.

**The dental mortician to the rescue**

The most confronting question meeting the person with a “dead” dental organ is “what can I do?” Well, from a perspective of prevention that question could have been asked when he or she reached for the coke or candy bar. However, we are where we are and it is the way it is.

For about 200 years in our current history we find there are those who, with good will of their hearts, wish to “save” the odonton. Enter the Dental Mortician with his or her methods of embalming the dead dental organ. We in the profession of dental surgery attempt to maintain the internal health of the pulp-dentine complex, the soft living tissues of the internal aspect of the dental organ, and by so doing assure the surrounding dentinal tubules, cementum, ligaments, nerves, blood vessels, connective tissues, and bone holding the Odonton in place are healthy-physiological competent.

Once the dental organ’s circulatory system and nervous system are irreversibly compromised, the tooth is said to have lost vitality-the organ rapidly decomposes, as any corpse will. As in the case of the human body decomposition the dental organ goes through the same various stages of decomposition.

Our point here is that a Root Canal commonly done by those who are obliviously numb and unaccepting of physiology processes are unaware of the ill effects of retaining an organ who has met its demise. In all surgical fields “dead tissue” is removed from the sterility or purity of the tissues below the skin surface, the fluid compartments of the human body. Gangrenous toes are removed in fear of SIRS (Systemic Infectious Response Syndrome) or “blood poisoning”-long ago known as “sepsis”. We show that in figure 5.



**Figure 5**

So-called modern endodontics declares that “we should save teeth at all costs” not only impacting your oral-facial region but your total physical health. The similarities to what you see in the above photo and the one below in figure 6 may be most enlightening to those who have eyes to see and ears to hear. The dead dental organ, odonton, has the infected tissue it produced below the root canal cadaver in the figure below.



Figure 6

### The stages of the human decomposition process

1. This decomposition process of the human body is the same for the dental organ, the odonton. It begins with autolysis and in this first stage of human decomposition, or self-digestion, begins immediately after loss of blood circulation-death. As soon as blood circulation and respiration stop, the body has no way of receiving oxygen or removing metabolic wastes. Excess carbon dioxide causes an acidic environment, causing membranes in cells to rupture. The membranes release enzymes that begin eating the cells from the inside out.
2. The second stage is BLOAT and is characterized by leaked enzymes from the first stage producing many gases. The sulfur-containing compounds that the bacteria release also cause skin discoloration. Due to the gases, in the human body can double in size. In the odonton gas escapes through the apical region causing a change in tooth biting patterns. The microorganisms and bacteria within the odonton produce extremely unpleasant odors called putrefaction due to chemicals putracene, cadaverene, and thio-ethers and their gases. These odors often alert others that a person has died (the tooth has died) and can linger long after a body has been removed, or the dental organ, tooth, removed- "bad breath".
3. The third stage in human body and dental organ demise is ACTIVE DECAY is which fluids released through orifices indicate the beginning of active decay. Organs, muscles, and skin become liquefied. When all of the body's soft tissue decomposes, hair, bones, cartilage, and other byproducts of decay remain. The cadaver loses the most mass during this stage. This is also true in the "root canal cadaver" as it decomposes slowly due to natural physiologic processes, bacterial dissolution of organic matter left in inaccessible root caverns and crypts. At this point the tooth leaks into the peri-radicular tissues (bone marrow interstitial and cellular spaces) forming abscesses and other altered tissues to protect from the possible impact of Systemic Infectious Reaction Syndrome (SIRS). The cartoon below or a root canal tooth gives us some comic relief for this most sever and serious condition of the human body and the odonton.



Figure 7

The final stage 4) is skeletonization and is marked by the loss of organic (collagen) and inorganic components; there is no set time-frame when “skeletonization” occurs. We demonstrate this condition with an x-ray of teeth undergoing that very process, the loss of hard structures of the dental organ known as enamel, dentine, ligament and bone see in figure 8.

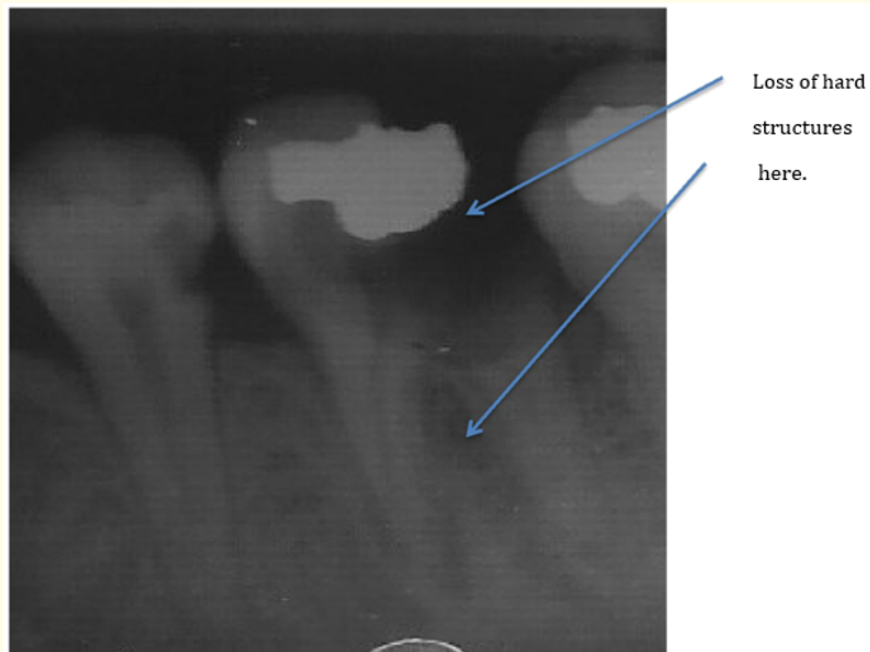


Figure 8

The truthful fact is that both the human cadaver and the root canal cadaver are physiologically the same, dead, and will be treated as such by the physical world-the final decomposition and disposal of physical substance by dissolution. To do otherwise, to “save the cadavers” is contrary to the normal process of decay of dead matter.

My advice for individual with “root canals” - if it is dead get it out of your head. The effluents from these islands of entropy, dead human tissue, will cause premature aging and emotional stress issues in my view. In “Modern Endodontology” (study of Root Canal Cadavers) the focuses on disinfection rather than required sterilization has thus made the public health decision independent of public scrutiny that the terms are equivalent. They are not!

I challenge the ADA and the AAE to demonstrate that “root canals are safe and effective for human beings.” Until one or the other champions of this foolishness rise to the challenge the USPH should place a moratorium on this “medical procedure and device”.

### The successful root canal oxymoron

Driving the continuance of Endodontology-so called study of modern root canal therapy-is the ongoing false claim that one can meet a “successful sterile root canal”. As stated this is a mental construct at odds with it-self; one has never met, nor ever will, a “successful sterile root canal.” This is no empty assertion. We must climb out of the academic ruse and see the light, the Truth in the matter.

Consider physiology-the biological processes of the life of the odonton. An Odonton-its corollary bone counterpart Osteon-is a living unit and composted of the bone, blood vessels, lymphatics, ligaments, connective tissue, hematopoietic tissues around the tooth and the soft tissue attaching the tooth itself-the jaw segment bone.

As a dental surgeon of close to 50 years I have witnessed great suffering and sickness on the part of those who have chosen the way of gangrene-root canal therapy. Consider for a moment the salient question in this day and age, regardless of what other professionals advocate regarding the retention of “dead tissue,” gangrenous tissue in the human body; is this dead tissue, the root cadaver, healthful for the sterile internal environment of the human body? No, it is not!

The advocacy of root canal therapy by the American Association of Endodontists <https://www.aae.org> is the organized dis -information site based upon misrepresentations, wishful thinking contrary to normal, natural physiological decomposition processes. Un-refutably, all root canals harbor bacteria, viruses, molds, fungus, and endotoxins to varying degrees for the life of the root canal-a non-sterile environment at best.

Ask your doctor, “can you guarantee the sterility of my root canal?” He will answer most probably by avoiding an answer and offer that the disinfection protects against future problems-we have modern drugs that will protect you. Then he will glibly state that, “properly done we have a 98% success rate.” He has coaxed you into the “success rate obfuscation argument.” Success rates are opinions, not facts, about how long a root canal may seemingly work for you without symptoms such as pain, swelling, breakage, etc. There is great controversy here to be sorted out in truthful logical dialogue. Be assured, without sterility of the internal part of the tooth, pulp chamber, dentine, ligaments and bone-the odonton-your root canal is a “septic tank” for the retention and infusion of infected materials- then on to the blood and lymphatic systems disseminating micro-organisms and endotoxins throughout your entire body. This is unquestionably the fact upon which to stand. So, beware of the trap “we have a 98% success rate in root canal therapy” bellowed by the dental professional. This sidesteps the question, “is there success with non-sterility?” Success with sterility is impossibility at this time. My Advice: #root-canalwalkaway! No... Run Away Quickly!!!

### Bibliography

1. Price Weston. Nutrition and Physical Degeneration.
2. Steinman R. Dental Progress 2.3 (1962).



3. Lamas M. *Journal of Dental Research* 82.4 (2003): 253-256.
4. Abstracts of Steinmann, compiled by the International Academy of Microendocineology.

**Volume 18 Issue 5 May 2019**

**©All rights reserved by Ron Carlson.**