The Mouth-Body Connection
by Thomas E. Levy, MD, JD

While nobody would deny that the mouth is a part of the body, it is nevertheless most notable how few physicians and dentists routinely consider their connections to each other’s domain in the practice of their professions. Not only are they connected, they are connected at the hip. A mouth-disease connection of significance is a common situation, not a rare one. Rather than virtually never being considered as affecting one another, the interplay between the mouth and the rest of the body should mandate that the evaluation of such a connection be at the top of the list of considerations when either the physician or the dentist sees a patient for the first time.

Specifically, chronic dental infections cause more substantial disease and early death than any other singular condition. By definition, dental infections occur in confined, oxygen-starved microenvironments, a situation that makes many otherwise harmless bacteria and assorted pathogens become exceptionally toxic. The work of Dr. Hal Huggins and Dr. Boyd Haley nearly 20 years ago confirmed the exceptional work that Dr. Weston Price performed almost a century ago. Their results established that deep-seated dental infections produce enormously potent toxins, some of which are many-fold more toxic than even botulinum toxin when tested on their ability to inhibit critical human enzymes involved in energy production. Mind you, botulinum toxin is still considered by mainstream medicine to be the most toxic substance ever identified. And as impressive as the work of Huggins, Haley, and Price is, it has yet to be completely accepted and properly assimilated into the practices of medicine and dentistry to the great degree that is warranted.

The dental and medical literature has already established that periodontal (gum) disease, which basically translates to a chronic anaerobic (oxygen-starved) infection in the gums, is strongly correlated to heart disease and myocardial infarction. And
even though it seems to be pretty straightforward that such chronic infection should now be considered a cause of heart attacks, that conclusion somehow remains to be reached. The importance of maintaining healthy gums is rarely addressed by any physician treating his heart patient; the dentist rarely tells his gum disease patients to see their heart doctors.

The king of chronic dental infections, however, is the root canal-treated tooth. Such a tooth is always infected, and it is always producing highly potent toxins due to the effects of the anaerobic environment on the trapped pathogens inside the tooth.

Infection is assured inside each and every root canal-treated tooth because the degree to which the procedure is deemed a success depends on how completely the vital pulp inside the tooth is removed. When one realizes that the immune system must have a network of blood vessels, nerves, and connective tissue to reach infecting pathogens, it becomes readily apparent that a “successful” root canal treatment evacuating the pulp assures that such access can never again occur after the procedure. The bacteria inside the tooth and its very tiny dentinal tubules remain “safe” from the immune system, free to multiply and produce their toxins.

Not only does the root canal-treated tooth continually harbor pathogens and produce toxins, it also affords a nearly-perfect mechanism for the unabated deliverance of these agents throughout the body, 24/7. Even though the pulp and blood supply have been removed from the inside of the tooth, the interface of the root tips into the jawbone remains intact. As such, whenever any tooth clenching or chewing takes place, the very high pressures generated by this tooth-to-tooth contact assures the release of these pathogens and toxins directly into the venous system and the draining lymphatics of the jawbone. Literally, the natural design of the root canal-treated tooth is very analogous to a container of toxins and infectious agents being injected into the jawbone, as with a syringe, every time chewing takes place. Furthermore, these small molecule toxins can also easily diffuse through the root surface without the need to chew.

It was the work of Drs. Huggins and Haley that proved definitively that 100% of root canal-treated teeth are infected and toxic. That is to say, greater than 5,000 consecutively extracted root canal-treated teeth from individuals across the country were all found to have the highly potent toxins mentioned above. A few normal, non root canal-treated teeth extracted for orthodontic purposes did not have these toxins. The toxin presence was only found inside root canal-treated teeth.

Only recently has the medical and dental literature produced the “smoking gun” evidence to clearly demonstrate a cause-and-effect relationship between root canals and infected gums with disease, specifically heart disease. At first, it was just demonstrated that there was a statistical correlation between individuals with

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one or more root canal-treated teeth and heart disease. More root canals, more heart disease. However, in 2013 a group of exceptionally insightful researchers in Finland decided to analyze the blood clots that were aspirated out of the acutely blocked coronary arteries in individuals presenting the myocardial infarctions (heart attacks). Using quantitative polymerase chain reaction (PCR) testing, they were able to detect the DNA found in typical root canal and periodontal disease pathogens in a very high concentration inside these blood clots. When compared to control arterial blood specimens in those same patients, a 16-fold higher concentration of this DNA was found in the blood clots causing the heart attacks. To a scientific and logical mind, there is no other reasonable conclusion than that the release of the pathogens and toxins from the root canal-treated teeth and/or infected gums directly caused the blood clots to form. Similar DNA profiles of oral pathogens had already been found to be commonly present in the atherosclerotic lesions, or narrowings, in the coronary arteries that are the sites of the acute blood clots causing sudden occlusions resulting in heart attacks.

Do all root canal-treated teeth lead to heart attacks? Of course not. Biological diversity, variations in body toxin load, immune system capacity and strength, and antioxidant/nutrient status all play important roles in determining whether an individual is overwhelmed by a pathogen and its related toxins. But do most heart attack patients have root canals and/or chronic gum disease? Absolutely, overwhelmingly so.

The same researchers examining the heart attack blood clots also found elevated levels of the same root canal/periodontal pathogen DNA in the ruptured intracranial aneurysms of patients with subarachnoid hemorrhages, strongly indicting such dental infections as being at least one primary cause of such major events. They further extended their analyses to looking at the small amounts of pericardial fluid normally surrounding the hearts from a series of autopsies, finding the same oral infection-related DNA in patients who had coronary artery disease when they died. Furthermore, they find that the more advanced the coronary heart disease, the higher the concentrations of the pathogen DNA.

Heart disease remains the number one cause of death in the United States and in most other developed countries around the world. Even today, when a patient presents to a cardiologist, internist, or family practitioner with a heart attack only rarely does the physician even question whether root canals, gum disease, or both are present.
In fact, heart disease is now recognized by mainstream cardiology to always begin with an inflammation of the inner lining of the coronary arteries. For some reason, however, there has been little questioning or research into why this inflammation ever develops in the first place. The answer is simple: it comes from pathogens seeded from remote sites, typically from the mouth. Bacteria have long been identified in the coronary arteries of patients with atherosclerosis, but no researcher has peeled off another layer of the proverbial onion to seriously ask where these bacteria have been coming from all along.

The studies cited above not only show the direct cause-and-effect relationship between these dental infections and heart attack, they also showed that such dental infections are the cause of heart attacks greater than 90% of the time. Sometimes chronically infected tonsils or constipated, infected GI tracts can be the culprit. But much too often, after the usual suspects (risk factors) have been evaluated and found not to be present (or not very prominent) in a given cardiac patient, the physician just concludes the patient had “bad luck.” And while that physician might never utter such words, that is exactly what is going on inside his/her head. The standard cardiac risk factors are certainly important, but they are of primary concern in growing the blockages, not in being the reason that they are initiated in the first place. The arterial wall pathogens precede everything else in the evolution of atherosclerosis.

Just as the physician needs to always evaluate the mouth before considering the workup and treatment plan to be complete, the dentist needs to play a prominent role in preventive medicine as well. The research cited is solid science. All medical procedures, which include highly invasive procedures such as root canals, must include a complete informed consent to the patient. A patient being “offered” a root canal procedure needs to know all the options, and that patient needs to know that having a root canal has been shown to be associated with an increased incidence of heart disease. No physician or dentist can ethically do any type of surgery on a patient and not inform that patient of all potential complications, along with their likelihood of occurring.

While the link between dental infections and heart disease has long been known, it is only relatively recently that the cause-and-effect nature of the link has been identified. As such, all physicians taking care of coronary heart disease patients should become very familiar with this information. Leaving root canals and chronic gum disease unaddressed while letting a 55 year-old breadwinner for a large family drop dead or become incapacitated by a large heart attack is simply no longer acceptable. The mouth and the body are strongly connected, and one should never be evaluated or treated in any fashion without an appropriate evaluation of the other.

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I have had many people ask me, “How do I know if I am toxic?” The correct question, however, is, “How toxic am I?” We are surrounded by, quite literally, tens of thousands of chemicals that are in everyday use (80,000 in this country alone by last count). Of the 3,000 “high production” chemicals, less than half have been tested for their effects on human beings. Furthermore, a study done on the cord blood of infants demonstrates that our children are being born with over 200 separate toxic chemicals already in their bloodstream! Many of these chemical were out of production before the mother was born! So, I think it’s safe to say that we are literally awash in a sea of chemicals. We can’t tread water, or in this instance, toxic soup, indefinitely so why do we care and what can we do about it?

WHY DO WE CARE?

We are basically a giant, walking, talking biochemistry set. The basic equation that provides us with the energy to walk and talk is the Reduction-Oxidation Equation, ReDox for short. On the Reduction side we have things that can donate an electron: these are commonly called nutrients or anti-oxidants. On the Oxidative side are things that need an electron, also called free radicals or toxins. Under normal conditions for our body, when the electron is exchanged, we generate our energy molecules like ATP, cAMP and the like. So, the good news is that we are perpetual energy machines as long as we keep a balance of Reducing agents to Oxidizing agents. But what happens when we artificially introduce Persistent Organic Pollutants (POPs), like chemicals, into the mix?

We have now raised the number of things that need an electron. In short, our oxidative stress has now been artificially increased. This requires us to utilize our nutrients or antioxidants without increasing our energy production. So, we are now using up valuable resources without any benefit. Anybody have a hundred dollar bill they want to just throw on the fire? Increased oxidative stress has been linked to all the disease of modern man: heart disease, cancer, hypertension, Alzheimers, arthritis, COPD, asthma, allergies, ADHD, the list can go on and on.

I don’t know about you, but I hate wasting energy! Especially when it is going to...
cause me (notice I did NOT say “might cause me”) problems down the road by shortening my life or, God Forbid, putting me in a nursing facility for the last 10 years or so of my life.

WHAT CAN WE DO?
There are things you can do for yourself and there are things that [we]can do to help you. The most important thing you can do is practice the Principle of Avoidance.

Avoid pesticide and herbicide laden foods by buying organic as much as possible. If you cannot afford organic, remember that peeling a fruit or vegetable eliminates 100% of pesticides and herbicides. What, you don’t want to peel your strawberries? Well then, rinse them in this easily made solution of:

1TBSP white vinegar
1TBSP lemon juice
8 oz of filtered water

With this mixture you will be removing about 85% of those pesky chemicals. And, by the way, you should equate GMO (genetically modified organisms) with poison.

Avoid the chemicals in your water supply (here I include pharmaceuticals that people flush down the toilet) by investing in a good water filtration system. There are many on the market that can range from a counter top model for around $240 to a whole house system for several thousand dollars. Just remember, while the pitcher size charcoal filters or the in-line refrigerator systems are better than nothing, they are not going to filter the vast majority of what you are trying to get rid of. Pure spring water delivered to your door in glass bottles is the best way to insure a pure drinking and cooking water supply.

Avoid indoor air pollution. This is actually harder to do than avoiding outdoor air pollution! We have surrounded ourselves with chemicals in the home: plug-in air fresheners, fire retardant laden bedding and furniture, VOC paints, carpeting, carpeting pads, recovered cushions, pressboard in our furniture, stain resistant carpeting, permanent press clothes, dry cleaning, Teflon pans, deodorants, shampoos, antiperspirants, perfumes. The list can continue here as well. Bottom line —get rid of known POPs (persistent organic pollutants) where you can and invest in high quality charcoal plus HEPA filter air cleaner. Be sure that...
Intravenous chelation therapy is a nonsurgical treatment that improves metabolic and circulatory function by rebalancing and removing heavy metal ions from the body. The main chelating ingredient is calcium EDTA, an amino acid that latches on to heavy metals and carries them out of the body, primarily through the kidneys. Vitamin C is also part of the IV. The EDTA dosage is based on age, weight and kidney function. A series of treatments is usually recommended to reduce the heavy metal load.

Glutathione intravenously is another powerful antioxidant that helps the liver remove chemicals from the body. People with high oxidative stress in the bodies due to serious illnesses are almost always depleted of glutathione. Glutathione can be especially useful in neurological conditions.

DMSA (meso-2, 3-dimercaptosuccinic acid) is an oral mercury chelating agent. DMSA removes mercury both via the kidneys and via the bile. Dosage is based on body weight. It is a prescription product and the capsules are taken cyclic, several days on, then several days off.

There are also several oral chelating and detoxifying agents available in the Riordan Clinic Nutrient Store that may be used alone or in conjunction with the intravenous therapy: Liposomal Vitamin C and Liposomal Glutathione or N-acetyl Cysteine, (a precursor of glutathione), MSM (methylsulfonylmethane) a sulfur compound, Pecta Clear (modified citrus pectin and alginates), and Heavy Metal Support which helps to protect the body when detoxifying and replenish the trace minerals that may be depleted.

Many people achieve a new level of health after dental revision to remove amalgams or root canals, but they do not feel they have all the health and energy they would like. To determine your need for chelation, detoxification and/or nutritional support after the dental procedures, we suggest you schedule an appointment to discuss a plan. Laboratory testing will also be recommended to determine your level of inflammation, detox capabilities and your actual heavy metal load.

Call 1.800.447.7276 for more information

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when you invest you get one large enough to handle the total cubic feet of the room 3 times an hour. So, if you have a 10x10x10 room you want a 3,000 cf/hour or 50 cf/minute unit.