

97% of Terminal Cancer Patients Previously Had Root Canal

by DR MERCOLA



Do you have a chronic degenerative disease? If so, have you been told, "It's all in your head?" Well, that might not be that far from the truth... the root cause of your illness may be *in your mouth*.

There is a common dental procedure that nearly every dentist will tell you is completely safe, despite the fact that scientists have been warning of its dangers for more than 100 years.

Every day in the United States alone, 41,000 of these dental procedures are performed on patients who believe they are safely and permanently fixing their problem.

What is this dental procedure?

[The root canal.](#)

More than 25 million root canals are performed every year in this country.

Root-canaled teeth are essentially “dead” teeth that can become silent incubators for highly toxic anaerobic bacteria that can, under certain conditions, make their way into your bloodstream to cause a number of serious medical conditions—many not appearing until decades later.

Most of these toxic teeth feel and look fine for many years, which make their role in systemic disease even harder to trace back.

Sadly, the vast majority of dentists are oblivious to the serious potential health risks they are exposing their patients to, risks that persist for the rest of their patients’ lives. The American Dental Association claims root canals have been proven safe, but they have NO published data or actual research to substantiate this claim.

Fortunately, I had some early mentors like Dr. Tom Stone and Dr. Douglas Cook, who educated me on this issue nearly 20 years ago. Were it not for a brilliant pioneering dentist who, more than a century ago, made the connection between root-canaled teeth and disease, this underlying cause of disease may have remained hidden to this day. The dentist’s name was Weston Price—regarded by many as the greatest dentist of all time.

Weston A. Price: World’s Greatest Dentist

Most dentists would be doing an enormous service to public health if they familiarized themselves with the work of Dr. Weston Price. Unfortunately, his work continues to be discounted and suppressed by medical and dental professionals alike.

Dr. Price was a dentist and researcher who traveled the world to study the teeth, bones, and diets of native populations living without the “benefit” of modern food. Around the year 1900, Price had been treating persistent root canal infections and became suspicious that root-canaled teeth always remained infected, in spite of treatments. Then one day, he recommended to a woman, wheelchair bound for six years, to have her root canal tooth extracted, even though it appeared to be fine. She agreed, so he extracted her tooth and then implanted it under the skin of a rabbit. The rabbit amazingly developed the same crippling arthritis as the woman and died from the infection 10 days

later. But the woman, now free of the toxic tooth, immediately recovered from her arthritis and could now walk without even the assistance of a cane.

Price discovered that it's mechanically impossible to sterilize a root-canaled (e.g. root-filled) tooth.

He then went on to show that many chronic degenerative diseases originate from root-filled teeth—the most frequent being heart and circulatory diseases. He actually found 16 different causative bacterial agents for these conditions. But there were also strong correlations between root-filled teeth and diseases of the joints, brain and nervous system. Dr. Price went on to write two groundbreaking books in 1922 detailing his research into the link between dental pathology and chronic illness. Unfortunately, his work was deliberately buried for 70 years, until finally one endodontist named George Meinig recognized the importance of Price's work and sought to expose the truth.

Dr. Meinig Advances the Work of Dr. Price

[Dr. Meinig](#), a native of Chicago, was a captain in the U.S. Army during World War II before moving to Hollywood to become a dentist for the stars. He eventually became one of the founding members of the American Association of Endodontists (root canal specialists).

In the 1990s, he spent 18 months immersed in Dr. Price's research. In June of 1993, Dr. Meinig published the book *Root Canal Cover-Up*, which continues to be the most comprehensive reference on this topic today. You can order your copy directly from the [Price-Pottenger Foundationii](#).

What Dentists Don't Know About the Anatomy of Your Teeth

Your teeth are made of the hardest substances in your body.

In the middle of each tooth is the pulp chamber, a soft living inner structure that houses blood vessels and nerves. Surrounding the pulp chamber is the dentin, which is made of living cells that secrete a hard mineral substance. The outermost and hardest layer of your tooth is the white enamel, which encases the dentin.

The roots of each tooth descend into your jawbone and are held in place by the periodontal ligament. In dental school, dentists are taught that each tooth has one to four major canals.

However, there are accessory canals that are never mentioned. *Literally miles of them!*

Just as your body has large blood vessels that branch down into very small capillaries, each of your teeth has a maze of very tiny tubules that, if stretched out, would extend for three miles. Weston Price identified as many as 75 separate accessory canals in a single central incisor (front tooth). For a more detailed explanation, refer to an article by Hal Huggins, DDS, MS, on the Weston A. Price Foundation website.ⁱⁱⁱ (These images are borrowed from the Huggins article.)

Microscopic organisms regularly move in and around these tubules, like gophers in underground tunnels.

When a dentist performs a root canal, he or she hollows out the tooth, then fills the hollow chamber with a substance (called guttapercha), which cuts off the tooth from its blood supply, so fluid can no longer circulate through the tooth. But the maze of tiny tubules remains. And bacteria, cut off from their food supply, hide out in these tunnels where they are remarkably safe from antibiotics and your own body's immune defenses.

The Root Cause of Much Disease

Under the stresses of oxygen and nutrient deprivation, these formerly friendly organisms morph into stronger, more virulent anaerobes that produce a variety of potent toxins. What were once ordinary, friendly oral bacteria mutate into highly toxic pathogens lurking in the tubules of the dead tooth, just awaiting an opportunity to spread.

No amount of sterilization has been found effective in reaching these tubules—and just about every single root-canaled tooth has been found colonized by these bacteria, especially around the apex and in the periodontal ligament. Oftentimes, the infection extends down into the jawbone where it creates cavitations—areas of necrotic tissue in the jawbone itself.

Cavitations are areas of unhealed bone, often accompanied by pockets of infected tissue and gangrene. Sometimes they form after a tooth extraction (such as a wisdom tooth extraction), but

they can also follow a root canal. According to Weston Price Foundation, in the records of 5,000 surgical cavitation cleanings, only two were found healed.

And all of this occurs with few, if any, accompanying symptoms. So you may have an abscessed dead tooth and not know it. This focal infection in the immediate area of the root-canaled tooth is bad enough, but the damage doesn't stop there.

Root Canals Can Lead to Heart, Kidney, Bone, and Brain Disease

As long as your immune system remains strong, any bacteria that stray away from the infected tooth are captured and destroyed. But once your immune system is weakened by something like an accident or illness or other trauma, your immune system may be unable to keep the infection in check.

These bacteria can migrate out into surrounding tissues by hitching a ride into your blood stream, where they are transported to new locations to set up camp. The new location can be any organ or gland or tissue.

Dr. Price was able to transfer diseases harbored by humans to rabbits, by implanting fragments of root-canaled teeth, as mentioned above. He found that root canal fragments from a person who had suffered a heart attack, when implanted into a rabbit, would cause a heart attack in the rabbit within a few weeks.

He discovered he could transfer heart disease to the rabbit 100 percent of the time! Other diseases were more than 80 percent transferable by this method. Nearly every chronic degenerative disease has been linked with root canals, including:

- Heart disease
- Kidney disease
- Arthritis, joint, and rheumatic diseases
- Neurological diseases (including ALS and MS)
- Autoimmune diseases (Lupus and more)

There may also be a cancer connection. Dr. Robert Jones, a researcher of the relationship between root canals and breast cancer, found an extremely high correlation between root canals and breast cancer.¹⁴ He claims to have found the following correlations in a five-year study of 300 breast cancer cases:

- 93 percent of women with breast cancer had root canals

- 7 percent had other oral pathology

- Tumors, in the majority of cases, occurred on the same side of the body as the root canal(s) or other oral pathology

Dr. Jones claims that toxins from the bacteria in an infected tooth or jawbone are able to inhibit the proteins that suppress tumor development. A German physician reported similar findings. Dr. Josef Issels reported that, in his 40 years of treating "terminal" cancer patients, 97 percent of his cancer patients had root canals. If these physicians are correct, the cure for cancer may be as simple as having a tooth pulled, then rebuilding your immune system.

Good Bugs Gone Bad

How are these mutant oral bacteria connected with heart disease or arthritis? The ADA and the AAE claim it's a "myth" that the bacteria found in and around root-canaled teeth can cause disease¹⁵. But they base that on the misguided assumption that the bacteria in these diseased teeth are the SAME as normal bacteria in your mouth—and that's clearly not the case.

Today, bacteria can be identified using DNA analysis, whether they're dead or alive, from their telltale DNA signatures.

In a continuation of Dr. Price's work, the Toxic Element Research Foundation (TERF) used DNA analysis to examine root-canaled teeth, and they found bacterial contamination in *100 percent of the samples tested*. They identified 42 different species of anaerobic bacteria in 43 root canal samples. In cavitations, 67 different bacteria were identified among the 85 samples tested, with individual samples housing between 19 to 53 types of bacteria each. The bacteria they found included the following types:

-Capnocytophaga ochracea

-Fusobacterium nucleatum

-Gemellamorbillorum

-Leptotrichiabuccalis

-Porphyromonas gingivalis

Are these just benign, ordinary mouth bugs? Absolutely not. Four can affect your heart, three can affect your nerves, two can affect your kidneys, two can affect your brain, and one can infect your sinus cavities... so they are anything BUT friendly! (If you want see just how unfriendly they can be, I invite you to investigate the footnotes.)

Approximately 400 percent more bacteria were found in the blood *surrounding* the root canal tooth than were found in the tooth itself, suggesting the tooth is the incubator and the periodontal ligament is the food supply. The bone surrounding root-canaled teeth was found even HIGHER in bacterial count... not surprising, since bone is virtual buffet of bacterial nutrients.

Since When is Leaving A Dead Body Part IN Your Body a Good Idea?

There is no other medical procedure that involves allowing a dead body part to remain in your body. When your appendix dies, it's removed. If you get frostbite or gangrene on a finger or toe, it is amputated. If a baby dies in utero, the body typically initiates a miscarriage.

Your immune system doesn't care for dead substances, and just the presence of dead tissue can cause your system to launch an attack, which is another reason to avoid root canals—they leave behind a dead tooth.

Infection, plus the autoimmune rejection reaction, causes more bacteria to collect around the dead tissue. In the case of a root canal, bacteria are given the opportunity to flush into your blood stream every time you bite down.

Why Dentists Cling to the Belief Root Canals are Safe

The ADA rejects Dr. Price's evidence, claiming root canals are safe, yet they offer no published data or actual research to substantiate their claim. American Heart Association recommends a dose of

antibiotics before many routine dental procedures to prevent infective endocarditis (IE) if you have certain heart conditions that predispose you to this type of infection.

So, on the one hand, the ADA acknowledges oral bacteria can make their way *from your mouth to your heart and cause a life-threatening infection.*

But at the same time, the industry vehemently denies any possibility that these same bacteria—toxic strains KNOWN to be pathogenic to humans—can hide out in your dead root-canaled tooth to be released into your blood stream every time you chew, where they can damage your health in a multitude of ways.

Is this really that large of a leap? Could there be another reason so many dentists, as well as the ADA and the AAE, refuse to admit root canals are dangerous? Well, yes, as a matter of fact, there is. Root canals are the most profitable procedure in dentistry.

What You Need to Know to AVOID a Root Canal

I strongly recommend never getting a root canal. Risking your health to preserve a tooth simply doesn't make sense. Unfortunately, there are many people who've already have one. If you have, you should seriously consider having the tooth removed, even if it looks and feels fine. Remember, as soon as your immune system is compromised, your risk of of developing a serious medical problem increases—and assaults on your immune system are far too frequent in today's world. If you have a tooth removed, there are a few options available to you.

1)Partial denture: This is a removable denture, often just called a "partial." It's the simplest and least expensive option.

2)Bridge: This is a more permanent fixture resembling a real tooth but is a bit more involved and expensive to build.

3)Implant: This is a permanent artificial tooth, typically titanium, implanted in your gums and jaw. There are some problems with these due to reactions to the metals used. Zirconium is a newer implant material that shows promise for fewer complications.

But just pulling the tooth and inserting some sort of artificial replacement isn't enough.

[Dentists](#) are taught to remove the tooth but leave your periodontal ligament. But as you now know, this ligament can serve as a breeding ground for deadly bacteria. Most experts who've studied this recommend removing the ligament, along with one millimeter of the bony socket, in order to drastically reduce your risk of developing an infection from the bacterially infected tissues left behind.

I strongly recommend consulting a biological dentist because they are uniquely trained to do these extractions properly and safely, as well as being adept at removing [mercury fillings](#), if necessary. Their approach to dental care is far more holistic and considers the impact on your entire body—not JUST your mouth.

If you need to find a biological dentist in your area, I recommend visiting [toxiceeth.org](#), a resource sponsored by Consumers for Dental Choice. This organization, championed by Charlie Brown, is a highly reputable organization that has fought to protect and educate consumers so that they can make better-informed decisions about their dental care. The organization also heads up the Campaign for Mercury-Free Dentistry

Root canal

A **root canal** is the space within the root of a [tooth](#). Part of a naturally occurring space within a tooth, it consists of the [pulp chamber](#) (within the coronal part of the tooth), the main canal(s), and more intricate anatomical branches that may connect the root canals to each other or to the surface of the root.

History of root canal surgery

The history of root canal surgery ([endodontic therapy](#)) can be traced to 1756, when Philip Pfaff^[1] published his work on gold as a filler material. A web page at the Oregon State School of Dentistry^[2] has a more complete account of the history of root canal surgery.

Tooth structure

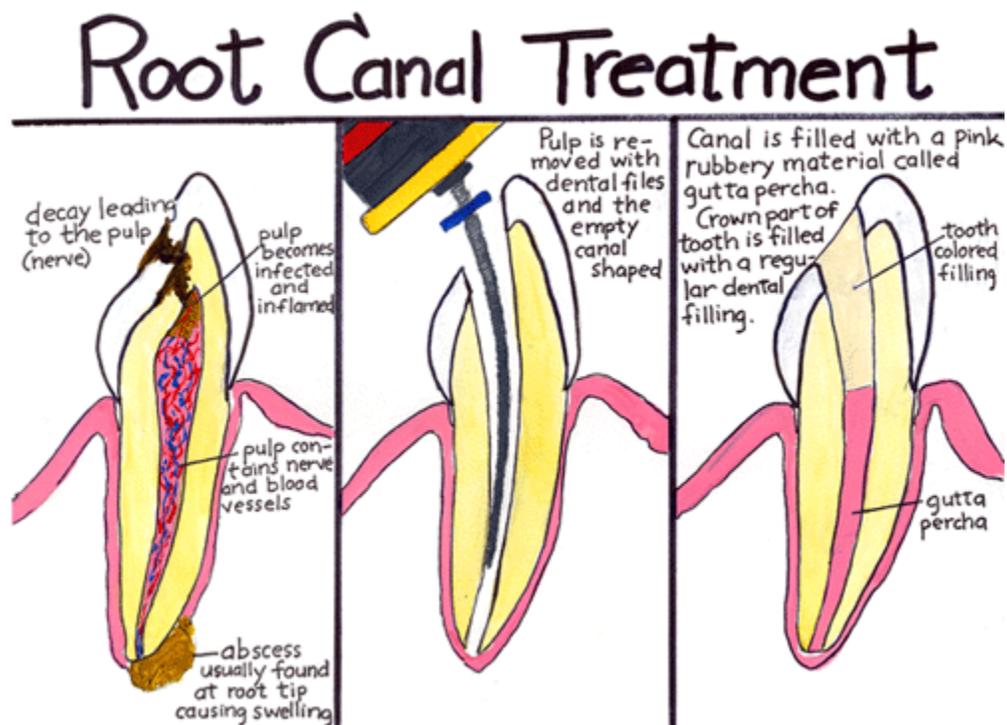
At the center of every tooth is a hollow area that houses soft tissues, such as the [nerve](#), [blood vessels](#), and connective tissue. This hollow area contains a relatively wide space in the coronal portion of the tooth called the pulp chamber. These canals run through the center of the roots, similar to the way pencil lead runs through

a pencil. The pulp receives nutrition through the blood vessels, and sensory nerves carry signals back to the brain. A tooth can be relieved from pain if there is irreversible damage to the pulp, via root canal treatment.

Dental pulp



The space inside the root canals is filled with a highly vascularized, loose connective tissue, the [dental pulp](#). The dental pulp is the tissue of which the [dentin](#) portion of the tooth is composed. The dental pulp helps complete formation of the secondary teeth (adult teeth) one to two years after eruption into the mouth. The dental pulp also nourishes and hydrates the tooth structure, making the tooth more resilient, less brittle and less prone to fracture from chewing hard foods. Additionally, the dental pulp provides a hot and cold sensory function.



Root canal is also a colloquial term for a dental operation, [endodontic therapy](#), wherein the pulp is cleaned out, the space disinfected and then filled.

Root canal anatomy

Root canal anatomy consists of the pulp chamber and root canals. Both contain the dental pulp. The smaller branches, referred to as **accessory canals**, are most frequently found near the root end (apex), but may be encountered anywhere along the root length. The total number of root canals per tooth depends on the number of the tooth roots ranging from one to four, five or more in some cases. Sometimes there are more than one root canal per root. Some teeth have a more variable internal anatomy than others. An unusual root canal shape, complex branching (especially the existence of horizontal branches), and multiple root canals are considered as the main causes of root canal treatment failures.^[3] (e.g. If a secondary root canal goes unnoticed by the dentist and is not cleaned and sealed, it will remain infected, causing the root canal therapy to fail).

Root canal(s) versus root canal system

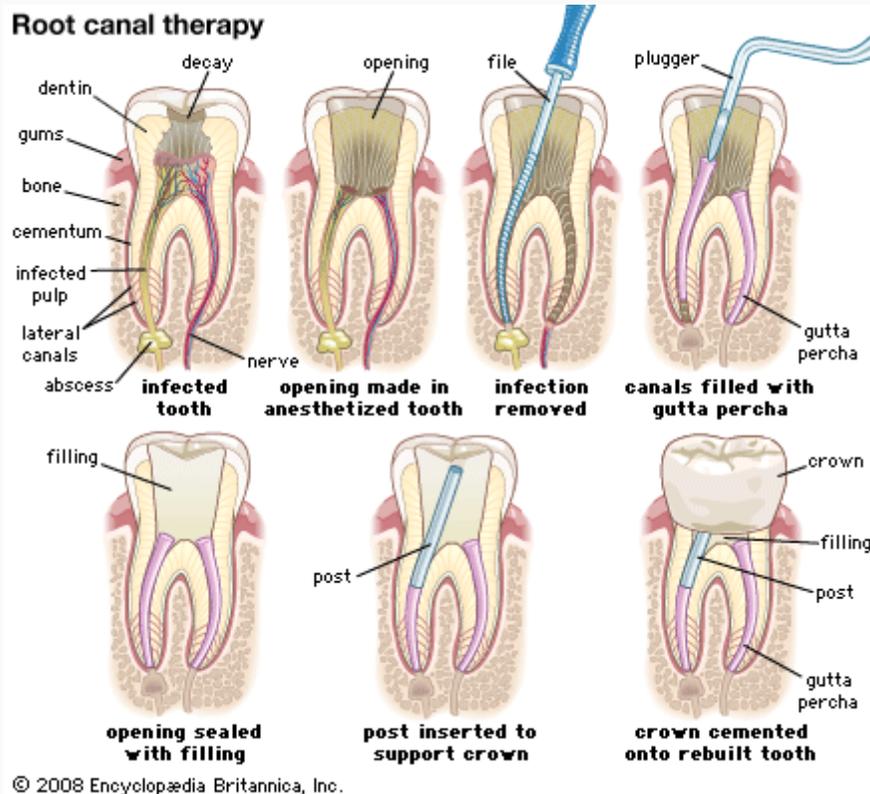
The specific features and complexity of the internal anatomy of the teeth have been thoroughly studied. Using a replica technique on thousands of teeth, Hess made clear as early as 1917 that the internal space of dental roots is often a complex system composed of a central area (root canals with round, oval or irregular cross-sectional shape) and lateral parts (fins, anastomoses and accessory canals). In fact, this lateral component may represent a relatively large volume, which challenges the cleaning phase of the instrumentation procedure in that tissue remnants of the vital or necrotic pulp as well as infectious elements are not easily removed in these areas. Thus, the image of root canals^[4] having a smooth, conical shape is generally too idealistic and underestimates the limited reach of root canal instrumentation.

Root canal anatomy in cross-section

Root canals presenting an oval cross-section are found in 50%-70% of root canals.^[5] In addition, canals with a "tear-shaped" cross section are common whenever a single root contains two canals (e.g., mesial roots of lower molars). Nevertheless, these aspects of root-canal anatomy are not seen or recognized in conventional 2D radiographs, as the long axis of their flat cross section is usually directed in parallel to the direction of the x-ray beam. With the increased use of Cone Beam Computerized Tomography (CBCT), these shapes are likely to be increasingly more often seen and recognized not only by endodontists but also in the clinical environment of general practice.

When rotary NiTi files are used in canals with flat-oval or tear-shaped cross sections, a circular bore is created, while the buccal and/or lingual recesses remain un-instrumented.^[6] It takes (a) the awareness that a given canal is flat and (b) expertise in creative use of hand instruments to try to overcome this problem.

Tissue or biofilm remnants along such un-instrumented recesses may lead to failure due to both inadequate disinfection and the inability to properly obturate the root-canal space.^[7]



Root Canal pulp removed, cleaned and made ready for filling and placing a crown.

Alternatives To Root Canals: Yes They Exist!

You are diagnosed with needing a root canal, and **you want an alternative**. What root canal alternatives exist? On this page we will explore whether or not

you need a [root canal](#), the possible harms of a root canal procedure, and what natural alternatives exist.

Get A Second Opinion, For Surgical Infection Alternatives

Over 30,000,000 root canals are performed every year in the United States. And most of them are unnecessary. Therefore the first thing to do when diagnosed with needing a root canal is to get another opinion from a different dentist, preferably the type who likes to conserve teeth.

If your tooth does not hurt, and you do not feel any tooth pain, then you have time to go see another dentist or two for a second opinion.

Many teeth that are said to need a root canal, really just need high quality fillings or crowns. The reasons your dentist does not offer high quality alternatives like fillings or crowns instead of root canals are varied. Perhaps they are not skilled with the latest composite materials. Perhaps the other procedures are less profitable. Or it could be as simple as your dentist being invested in negative energies. You will need to get a second opinion from a [more trustworthy dentist](#) to see what your surgical options are.

How Do you Know You Might Need a Root Canal?

If you have severe pain, and signs of an infection that does not go away, then you might be a candidate for a root canal. If you do not have severe pain, and there are no signs of a [tooth infection](#), then you do not likely need a root canal.

Here is a resource to determine [if your tooth is infected](#). The symptom list helps you narrow down what the meaning of different types of tooth pain can be. Generally, swelling beyond just the gums, or pus-filled areas on your gum indicate a tooth infection. Just gum swelling without pus might indicate a [gum infection](#).

Not all tooth pain and swelling occur because the tooth root is infected. Swelling can also mean that gum tissue has [abscessed](#). [Gum tissue](#) infections can be healed without a root canal.

The Problems with Root Canalled Teeth

What [Dentist Weston Price](#) and [Dentist George Meinig](#) showed the public through their research is that there is more than just a large central nerve-canal space to worry about in the center of the tooth. There are millions of little tunnels coming off of the central nerve-canal space radiating through the body of the tooth. The tubules within the tooth comprise literally *miles* of tunnels into which toxins from the nerve-canal space can go and hide. This has [been shown](#) by the [electron-microscope](#). These areas of tooth can become disconnected from the cleansing action of the tooth nerve and tooth lymph fluid. As a result, the tooth tubules become little fermentation chambers, and they can begin to expel toxic material into the body through microscopic channels in the tooth or between the inner layer of the tooth and the inner gutta percha root canal material. Infections and toxic material seeping into the body does not always happen in the case of root canals. However, a large majority of root canals, when tested, turn out to be toxic.

Conventional Dentistry Claims that There are No Other Options to Root Canals

The typical dental perspective is as follows:

*"If root canal therapy is indicated for a tooth there really is **no alternative** treatment other than an extraction."*

Pros and Cons of the Tooth Extraction Alternative

The positive side of a tooth extraction is that it is quick and cheap, and you do not have to get a root canal!

The negative side is that you are left without your tooth to chew food with. Many times, the gum and surrounding tooth tissue is already weak, so the

space near the extracted tooth becomes clumsy, and as a result, the jaw/tooth/bone structure is compromised from the extraction. To retain your biting surface after an extraction requires a dental bridge, or a [dental implant](#).

There is a Natural Alternative to Root Canals

Despite the common belief that there is no alternative to root canals other than having the tooth pulled, there is another way!

Our body can protect itself from infection when we carefully eat foods that keep our body in balance. It requires the strictest of principles to follow such a diet. Currently I have had many people contact me who have healed their tooth infections naturally. However my **warning is that not all [tooth infections](#)**, when provided with an excellent diet, go away or **get better**. Many do. And a good diet is always a part of a natural healing paradigm. If the tooth has already been traumatized by having a dental treatment, then it is more difficult to heal. Teeth with mercury fillings can also be more difficult to [heal naturally](#) and can require the combination of dietary changes and dental surgery.

Let me give you some free pointers on how to heal tooth infections naturally so that you can avoid root canals. These are temporary suggestions:

1. Eliminate ALL processed sugar, especially foods containing white sugar, and greatly limit natural sugars (temporarily)
2. [Drink certified raw milk](#) from pasture raised animals. (Pasteurized milk won't provide the same benefits.)
3. Eat high quality protein. In the case of tooth infections, raw or rare can be better than well-done. Examples of raw proteins are: raw fish, like sashimi (white rice is probably not good in the case of infection) or raw beef like steak tartar.
4. Eat plenty of very yellow butter, preferably raw butter. Now is not the time to limit fat or worry about [cholesterol](#), but rather it is a time to give your body what it needs.
5. Strictly avoid flour products and grains temporarily. Especially avoid white bread or so-called wholewheat bread and other white flour

products. White flour will cause tooth infections sometimes within a few minutes. Limit grains until your tooth infection or tooth pain clears up.

In addition to this, there are some topical ways to help [heal the tooth infection](#) using natural treatments.

Tooth Infection Halting Recipe

1lb raw ground pastured bison, beef, or lamb
4oz of yellow butter (kerrygold, anchor, or a local butter)
1 teaspoon of cayenne pepper
1 tablespoon of raw honey

Place butter, cayenne, and raw honey in a glass jar or bowl. Then immerse that bowl in a bowl of hot water that is not too hot. Basically a low temperature double boiler. The point is not to raise the temperature above 93 degrees Fahrenheit to preserve the integrity. Once the butter/honey/cayenne mixture is melted add the ground bison and stir. This is a raw food dish. This dish with cooked bison, beef, or lamb, will hardly be effective in stopping a tooth infection.

When you combine these practices along with other ones, such as the tooth decay prevention program outlined in "[Cure Tooth Decay](#)" you can many times, but not always, heal infected teeth, and more importantly you can prevent decayed teeth from becoming [infected](#), thus preventing the need for [root canals](#).

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