Money by the Mouthful

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CHAPTER ONE

“Let’s Get Honest”

Before anyone can hope to learn the truth about oral health and about America’s most shocking public health scandal, we must get rid of several mis-truths, half-truths and outright lies. Together, these things make up the public’s “common knowledge” about this subject. Every one of us views the world through what is sometimes called “frames of reference.” In other words, we hear and see and understand based on previously established information.

The frame of reference, then, is sort of a foundation upon which we continue to build our house of knowledge on any given subject. If the foundation is bad, the knowledge will be defective no matter how well-constructed it appears to be.

The public frame of reference to oral health, teeth, dental disease and dentistry is a foundation built on quicksand. No other aspect of health today suffers from so many misconceptions and professional deceptions.

First, and most important: Teeth are meant to last your whole lifetime. No other part of your body is as tough, as well-constructed and capable of recovering from disease. Given half a chance, your mouth would be—and should be—the healthiest part of you, forever.
It is “common knowledge” that teeth will get cavities while young and need to be replaced when old. This is worse than a misconception: it’s an outright lie. In the absence of dental disease none of these things happen to teeth—which brings us to public misconception number two:

“There’s nothing anyone can do about dental disease.” How many times have you heard that? TV advertising, for example, makes a virtue out of minimizing disease, not doing away with it. Later in this book you will discover the causes of disease and how to prevent it. For now, let’s just do away with the belief that dental problems are inevitable and replace that with the truth: there is no longer any reason for anyone to have bad oral health. The disease doesn’t have to be feared; just eliminated.

Another incredibly damaging misconception is that dentures are an acceptable replacement for natural teeth. False teeth are one of the most lucrative tricks in the dentist’s bag, but they are dangerous to your health. More about this in another chapter; for now, however: Dentures can cost you up to ten years right off the top of an otherwise normal lifetime. Aside from cosmetic problems and a host of mental problems; aside from the inconvenience and expense and actual decrease of longevity, dentures will rob you of physical health and vitality for the balance of your life. People think of dentures as “not bad.” They should think of dentures as poison.
People are taught to think of proper care (when they think of it at all) as being something like this: “Brush after meals, use floss, avoid sweets and see the dentist every six months.” Later you’ll discover that formula to be virtually useless; people whose health depends upon it, and who use it as a guide, are fooling themselves.

We are told, or assume, that cavities are caused by sugar. That’s a lie. Cavities are caused by disease, and the disease is caused by germs. You can avoid sugar all you wish but you will not escape dental disease because of your abstinence. Let’s take a second glance at the preceding paragraph.

It says, “…disease is caused by germs.” Is that true? It sure is! In another chapter we will go through the disease mechanism step-by-step, and you can understand, then, not only how the germs do their dirty work, but exactly which germs are guilty…and how to get rid of them.

If that seems familiar to you, it’s probably because you are familiar with germs and disease processes elsewhere in your body. When you think about it (when the misconceptions are gotten out of the way), it seems simply obvious that oral health would not be too much different from physical health. Excellent conclusion!

You are already beginning to uncover the truth. Are you ready for this? Disease-free teeth which have been damaged by former disease can heal themselves. If that surprised
you, think about the preceding paragraph again. Oral health, logically and reasonably, has many parallels with physical health. Broken bones knit, damaged hearts heal, torn muscles or cut skin mends...the body’s ability to heal is the norm, not the exception. Why should the mouth be different? It isn’t. For many reasons—mostly because of our gigantic misconception about oral health—this aspect of our overall health is not considered important by most of us. It should be. Aside from basic nutritional balance, which has its origin in a healthy mouth and affects the whole body, we should know that oral health is responsible for an amazing share of our “whole” health.

Oral health can be a matter of life or death for diabetics, hemophiliacs, and others. Your oral health can protect you from a host of frightening things such as hepatitis or even venereal disease. Bad oral health is a gateway for diseases elsewhere in the body, including but in no way limited to the two just mentioned.

By now you may be wondering why this information isn’t more widely discussed. If public knowledge is so flagrantly incorrect, why isn’t it corrected?

The question is this: Who would do the correcting? If the establishment of professional dentistry doesn’t do it, how will it get done? And that is one of the most startling, scandalous parts of what you are going to discover. Conventional
dentistry has abdicated its responsibility as healers and doctors; has traded its honor for a fat bank account. Dentistry today doesn’t want you to prevent dental disease because there is too much income to be had repairing damaged teeth. The profession teaches and performs services designed to repair or replace symptoms; the dentist does nothing to attack the disease itself.

Professional dentists don’t even have a name for dental disease. They have classified all of the symptoms, but there has been so little interest in the disease itself they haven’t bothered to name it. They simply call it “dental disease,” with the implication that there is nothing to be done about it. It is, today, a violation of dental professional ethics—and of most state laws—to advertise to the public that a dentist is interested in preventing disease and its problems. Dentists can advertise various specialties (when recognized by the association), but these all deal with repair of damages. The association which makes and enforces the rules has adamantly refused to sanction preventive (medical) dentistry as a specialty, even though medical doctors have long considered prevention one of the more ideal forms of health care and treatment.

Throughout this book you will read about discoveries made by Oramedics International and about methods used by dentists who are practicing Oramedics Fellows. In no way should this be interpreted that the book is trying to
“sell” Oramedics, either to the public or to the profession. Preventive medical dentistry is the sole hope of our national oral health disgrace. Oramedics International has preventive medical dentistry—disease prevention—as its single purpose. Oramedics does not pretend to be the only path to oral health, nor is its attitude that Oramedics International has some corner on preventive knowledge.

Oramedics International is, however, the most visible vehicle for this “new” information and is, as far as can be determined, the only agency in this country still willing to withstand the court battles, the incredible organized resistance, the discouragement and punishment met by anyone who espouses these ideas.

Others have tried, and have been slapped down. If this truth is to reach the people—and, for our health’s sake, it must reach the people—Oramedics is today the most logical and viable method of carrying the message.

If any others follow after with different names, different concepts, but with prevention of dental disease as their central theme, they are more than welcome.

Finally: You will see forms and charts used by Oramedics Fellows; there will be patient testimonies and Oramedics statistics, we will discuss Oramedics laboratory testing and procedures.
These are not meant to advertise the “Oramedics Way,” as if there was some magic in the name. Instead, we use these things because they are, today, perhaps the only valid proofs that we can eliminate dental disease in this generation, if we want to.

There will be many detractors: This book is not going to be appreciated by conventional organized dentistry. Therefore, let’s conclude this chapter on eliminating mis-truths and half-truths by mentioning something about the organization which will attempt to discredit what you’re about to read.

People (organized dentistry) who disagree with this would have us believe that America’s dental/oral health is in good hands. The U.S. Health Department says that 98 out of 100 Americans are suffering from dental disease.

Somebody isn’t telling the truth ...
CHAPTER TWO

The Truth About Dental Disease

If somebody asked you to peel a fruit, you’d probably cheerfully agree to the chore. What if you were then handed a tomato? You’d have to stop and think, wouldn’t you? First of all, is a tomato really a fruit, or is it a vegetable? Next: How do you go about peeling a tomato? Do you have to cook it first? Why peel it at all; isn’t it better just sliced or quartered or stewed, peel and all?

Obviously what happened is that you were invited to do something your frame of reference was comfortable with: Peeling fruit; and you were comfortable because you immediately thought of apples, oranges, tangerines—all of the fruits you were familiar with in the context of being peeled. And then, suddenly, the frame of reference was confused or shattered when you were confronted with the unexpected, the unusual; the different.

The purpose of this little exercise is to provoke your thinking about something you believe you are familiar with—but which, in reality, will suddenly become totally unfamiliar. Most people have a tendency to ignore or even slightly fear the unknown and unfamiliar. This very human trait is partially responsible for the gross misconceptions most people have concerning dental disease.
Remember: Even though this book will tell you many things about dentistry in general and about the state of America’s dental health that will be “scary,” the main message is good news. With that encouragement, get ready to plunge into the unknown; discard your old, familiar concepts and misconceptions. Bring your newly opened curiosity to the truth about dental disease.

Welcome to the world of Odontosis. Do you recall in Chapter One when you learned that professional dentistry has no name for dental disease? That’s true; and it was a defect in our knowledge that had to be corrected. Oramedics, therefore, assigned the name “odontosis” to replace the mysterious title “dental disease.” We don’t call pneumonia “lung disease,” nor do we call diphtheria “throat disease,” and on, and on. As we learn how men’s enemies—diseases—are caused, and how to cure them or prevent them, we replace the mystery with a name. Dental disease is no longer a mysterious malady: It is a preventable disease Oramedics calls “odontosis.”

There are three members of the odontosis family; three more-or-less recognizable progressions of what is in reality the same disease. Since they occur (usually) in order, let’s look at them in the pattern people usually suffer them.

First signs of odontosis show up in children as cavities. Remember, now, that cavities are symptoms. Forget anything
you may have been told, or assumed, that leads you to think of cavities as a disease, because they are not. They are symptoms of the initial form of odontosis, which Oramedics Fellows have named “Cariosis.”

The term cariosis comes from your dentist’s word for cavities, “caries;” “-osis” on the end of a word simply implies a disease process. (Incidentally, odontosis is a word derived from the Greek “odontos”—teeth—and the same -osis ending, meaning disease.)

The second stage of odontosis is normally gum irritation and minor infection. Dentists call the symptoms of this “gingivitis,” from the Latin word for gums, “gingivae.” The “itis” ending implies inflammation or infection. Oramedics Fellows know this disease as “gingivosis.” Bear with this, because we’re not simply playing word games, some kind of semantics shuffleboard. It’s critical for your understanding of this whole subject, and ultimately your oral health, to understand that the “old” names and methods were all oriented toward symptoms. The Oramedics names relate to diseases, and it’s these diseases we want to understand and destroy.

So we’ve introduced the family, “odontosis,” and two of its members: “Cariosis” and “gingivosis.”

The third member of the family is the sneakiest, the deadliest; the one that will rob you of all your teeth and much
of your health. This bad actor’s name is “Periodontosis.” Dentists actually agree that this is a disease, and they call it periodontal disease, or sometimes periodontitis. A more popular layman’s term for it is pyorrhea.

We want you to think of the three members of the family as separate, because they occur in progression and have different symptoms; different effects on your oral and physical health. But we also want you to develop the understanding that while they are separate in nature, all three are actually caused by the same thing and all three, in reality, are extensions of the one disease now known as odontosis.

This disease begins with germs which are usually found in the human mouth sometime after birth. We don’t have these at first, but they are introduced shortly afterward in a number of ways. For example: Mama wants to feed her baby some mush or baby oatmeal, but she’s a loving mother. She wants to make sure it isn’t too hot. What does she do? Naturally, she dips the spoon into the dish, daintily “samples” the mixture to make sure it’s not too hot (or sweet, or cold, or bitter…) and then she gives it to the baby. She also infects the child with the germs of odontosis.

These germs are strains of Streptococcus mutans and Lactobacillus acidophilus. There, you see? Part of the “mystery” is already gone: The truth about dental disease—odontosis—begins with the knowledge that we have
identified the cause. It isn’t an unknown fear: It’s well-known microbes. You’ll be hearing a lot more about Strep. mutans and Lacto. as you continue this book.

Most researchers agree that when these germs are free-floating in the mouth, or disorganized, they have little effect on oral or physical health. In fact, you may recall reading somewhere that Lactobacillus germs might even have a beneficial role elsewhere in the body, such as in digestion.

Strep. mutans has no beneficial role (that science is aware of) but it is—when disorganized—a relatively harmless germ because the body is so well protected against its invasions.

The way these germs cause odontosis begins very subtly, almost insidiously. Some of them manage to come into close association where their waste products form a residue which the natural “washing” action of saliva doesn’t remove. These waste products include materials called “dextrans,” which are sticky and virtually transparent. This sticky substance adheres to teeth and forms a film called “plaque.”

Those who brush their teeth with any frequency will not have this plaque in evidence when they look into a mirror: The teeth that are visible are pretty and clean. It’s the plaque you don’t see that causes problems.

And this would be a good place to remind you that since the U.S. Health Department says 98 out of 100 Americans
are suffering from odontosis, and that two percent of the public appears to be immune, the statistical implication is that nobody knows how to brush his teeth well enough to remove both the seen and the unseen plaque.

When plaque adheres to teeth it provides a natural home for colonies of Strep. mutans and Lacto. Now these germs are organized. The mouth is a perfect germ incubator: The temperature is a near-constant 98.6 degrees with permanent moisture and, from a germ’s-eye view, a never-ending abundance of food.

Comfortably nestled in the plaque film, warm and moist and well-fed, the colonized bugs achieve explosive growth. As new germs appear by the hundreds of thousands, all of them become dextran-generators; they are all plaque-builders. The cycle becomes apparent: More germs, more tightly organized; larger colonies creating more plaque to harbor even more germs…. The insidious part of all this is that when the germs have developed a colony of metropolitan size—the New York City of “strep” and “lacto” bugs—we still can’t even see it; don’t really know it’s there!

Plaque can be seen, particularly when a person has been lax in caring for his teeth over a period of time. When enough of the substance has built up on visible surfaces of the teeth, it appears as a whitish-yellow mat; a layer of “gunk” on the teeth. The tongue can feel plaque, in this amount, as a “furry” sensation.
Seen or unseen, when germs colonize and organize in plaque they achieve an anaerobic environment. This state, shielded from oxygen and atmosphere, is the environment these bugs like best of all. Now they begin secreting more than dextrans: They generate acids.

When the germs’ diet contains sugar, acid production increases. When you eat raw sugar, as in candy, the acid production increases instantly, enormously; and doesn’t taper off for several hours. Of course, that’s why dentists advise us to avoid sugar and, in these conditions, that is really good advice.

The point is: What are we doing under these conditions? A disease process is at work; germs are invading our health. Sugar doesn’t create the condition, it simply makes it worse. Why eliminate sugar without eliminating the condition that makes sugar “bad for you?”

The acid produced by the germs is trapped between the surface of the teeth (enamel) and the layer of plaque film. Here the acid begins degrading the calcium-based tooth enamel, which gets weaker and weaker. This process is known as a carious lesion. In its early development it can’t properly be called a cavity; but it will become a cavity when the outer enamel is broached and the, softer “insides” of the tooth are exposed to germs, acids and debris.
This whole process is “cariosis,” the disease which produces the symptoms called cavities. It is during the development of this state that the second stage has its beginning, also: Gingivosis begins when the plaque film hardens at and slightly below the line where the gums meet the teeth. This hardening material is called calculus or tartar. It will eventually resemble the deposits at the bottom of an old teakettle; will get very hard and tenaciously attached to the teeth, and its surface will be sandpaper-rough.

This forms a natural “dam” which interferes with the natural washing action of saliva. Germs colonize beneath the gums; more plaque and acid are produced and the calculus continues to build up and harden in place.

The gum tissue is only one cell thick. It is an incredibly strong tissue for its thickness, and it has an extremely important job to do, about which more will be said later. No matter how strong this tissue may be, it is no match for the rough surface of the calculus and the physical action of chewing, brushing and so on.

Sooner or later the gum tissue gets “holes” in it and opens avenues for infection. The clean, wholesome pink color is replaced by a more reddish tone and the gums begin to bleed easily. Congratulations: You now have active cariosis and gingivosis at the same time!
And now you are a prime candidate for stage three:

Periodontosis. The disorder beneath the gums grows steadily worse. Now “pockets” form between the gums and the teeth, reaching deeper and deeper toward the base of the tooth where it is set into the jawbone.

Tiny, delicate filaments called “connective tissues” anchor the teeth to the gums, very reminiscent of guy wires on telephone poles. These tissues are not able to withstand the combined assault of germs, physical abuse, acids and decaying debris. They are destroyed.

When enough of these tissues are destroyed, the gums sag away from the teeth; the teeth have no lateral support and become loose in their bone sockets. Often the bone itself will be attacked, resulting in bone infection. Obviously, all the teeth are ready to fall out, or be pulled out. It’s denture time, now.

Even though most or all of this has been new to the reader, there has been an odd familiarity about it. That familiarity is easily explained: You’ve been reading the truth about a disease process which has been a mystery to you before; but you did know the symptoms.

It went something like this: “Kids get cavities” and maybe lose some of their teeth. Then, as people get older, they have trouble with tender, bleeding gums. As age sets in
more and more, that trouble seems to get worse and worse until finally, they lose all of their teeth. And there is nothing anybody can do about this except, maybe, slow it down.

Now you know: The paragraph above may have seemed familiar, may even have seemed like “the truth” as everybody seems to understand it. Having learned that none of these things have to happen, that there is a disease with an identified cause, you can view dental disease from a new viewpoint.

It’s nasty, sure. It’s dangerous and painful and costly, we know. But it is no longer a total mystery; and it is going to become more and more understandable as you continue reading.

And, finally, all dental disease is totally preventable. Everybody understands about germs and their relationship to physical health. The disease we don’t know is a terror; the disease we understand is defeated.

That’s the way it was with malaria, with polio, with diphtheria, with hepatitis…with many once-frightening diseases which are now found mostly in history books.

Odontosis—cariosis, gingivosis and periodontosis—are now in the same category. We can win this war, too; you can win it personally. No less a reference than the Bible tells us “The truth will set you free…Oramedics’ motto is “freedom
from dental disease.” Taken together, these two quotations set the theme for this entire book: The truth will set you free from dental disease.