

Endodontic Therapy: Can It Make You Sick?

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In 1910 Dr. William Hunter, an English physician delivered an address to medical students and faculty at McGill University. Dr. Hunter proposed that the oral cavity was the primary channel through which medical sepsis enters the body resulting in various diseases. The degree to which a persons system was effected was related to the individuals susceptibility. This became known as the "focal infection theory." A book recently published by an American Association of Endodontics Member, Dr. George Meinig, titled *Root Canal Cover-Up Exposed!*, has been generating questions by some dental patients regarding the focal infection theory. Dr. Meinig's book is based on research by Dr. Weston Price that was completed over 75 years ago before the advent of modern antibiotics. Unfortunately, this research was performed using archaic methods before the medical community had much of an understanding of immunology and infection. Hence, the validity of the results and conclusions have been disproved by more recent investigations. Dr. Weston Price was an early director of the National Dental Association, a precursor to the American Dental Association, and a proponent of the focal infection theory. This theory had a very devastating impact on dental care at that time. It resulted in the wholesale extraction of millions of teeth and other organs in a misguided effort to cure numerous maladies. Eradicating the supposed source of infection (teeth) was a treatment at that time for heart and eye infections, kidney disease, bladder problems, ovarian and testicular diseases, hyperactivity, depression and arthritis. There has not been any cover-up of Dr. Weston Price's research, it simply has become a "non-issue" to the medical/dental community due to the progression of science.

Dr. George Meinig wrote in his preface: "This book in exposing the cover-up facts will point out how bacteria trapped in dentin tubules can escape and be transported to another organ, gland, or body tissue where they start a whole new infection." Extensive research and clinical experience has demonstrated that endodontic therapy


is safe and effective. Medical and dental studies continue to validate these findings.

It is desired to clear up some misconceptions concerning the pulpless or endodontically treated tooth. The pulpless tooth is not a dead tooth. It still has a definite and vital relationship with the surrounding tissue. Actually the life of the tooth depends on the attachment apparatus of the tooth to the jaw bone and not the integrity of the pulp. If a pulpless tooth was a dead tooth it would be lost since the body does not tolerate dead tissue. Pulpless teeth are NOT usually infected teeth. Granted some pulpless teeth are infected. Only when the presence of microorganisms produces a reaction can an infection be said to exist. An example of this concept is exhibited on the surface of the body. The skin is covered with microorganisms yet due to the functioning immune system, infection is absent under ordinary circumstances. The mere presence of bacteria does not constitute infection.

Comparing people with substantial dental work including endodontically treated teeth to those without substantial dental work and indicated that the likelihood of different diseases was no different between the two groups. Other investigators have tried extracting teeth on patients with rheumatoid arthritis and concluded no benefit was accrued by their removal. Microscopic examinations have shown that the bone around an endodontically treated abscess tooth will usually heal back to normal without evidence of infection. Interestingly, a disclaimer in fine print at the beginning of Dr. Meinig's book warns: "Readers of the information and material contained in this book should keep in mind that the various degenerative diseases that were found to take place during these studies (Dr. Price's) also commonly arise from infections, other than those from teeth, and are also commonly due to nutritional deficiencies and/or excess and to the wide range of biochemical individuality that exists."

As we now know, there are only a few instances where the mouth or teeth can be the focus of disease. One of the most common instances is also one of the most well

known. During dental treatment bacteria from the mouth can be pushed into the blood stream in tremendous numbers. Usually our body defenses will handle the "invasion" very well but if there is previous damage to the heart or kidneys an infection of these organs can occur. The bacteria latch on to the damaged areas which are difficult for the immune system to handle and continue to damage the heart or kidney further. To prevent this from occurring, dentists will prescribe special antibiotic regimens before and after dental treatment. There may also be some possible connection between severe "abscess" of teeth and infections of nearby anatomical structures such as the eye, ear, and nose which spread via the bloodstream. These infections are fortunately very rare and in most cases easily treated with administration of antibiotics.

In the vast majority of cases, there is absolutely no modern evidence to support the claims that root canal teeth serve as foci of infection in the vast majority of cases. Rather, teeth treated appropriately with modern conventionally root canal filling materials have a very high success rate (90-95%), prevent unnecessary loss of teeth and lead to a healthy functional and esthetic dentition. The Division of Scientific Affairs of the American Dental Association believes "that endodontic treatment performed by competent clinicians does not cause systemic diseases." 

Bibliography available upon request.

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