

*What Some Dentists  
Do Not Want You  
To Know  
and  
why you need to  
know it*



**Thomas C. Spaulding**



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Do Not Want You to  
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by

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# *Chapter 1*

WHAT SOME DENTISTS DO NOT WANT YOU  
TO KNOW



First, let's talk about the title. I am not trying to scare you or portray your dentist as some villain who is keeping necessary information from you. Information that is vital to your health and well-being.

Not at all.

However, what I do want to point out, is that dentists are also business people. Moreover, as such, they need a steady flow of patients to maintain their practice.

It is only logical to assume that if you are making \$75,000 to \$100,000 a year repairing and replacing teeth, you would not be all that enthusiastic about the elimination of all oral diseases, would you?

Therefore, as technology advances, with such products as the [www.oralbreeze.com](http://www.oralbreeze.com) irrigator, and as we learn more about the causes of tooth decay, and what we can do to prevent it, the need for dentists is going to lessen considerably.

Moreover, they do not want that to happen. They make the majority of their money from hardware. Dentures are very inexpensive to make, as are caps and braces and so on. It's their bread and butter.

And so they sometimes remove the healthy teeth along with the infected ones to insert dentures, instead of first curing the infection which was the cause of the problem in the first place. And they do it at the patients' request!



Very often people get tired of having to constantly see a dentist for tooth pain and instead tell the dentist to “*Just yank the damn things out and put in some porcelain choppers!*”

Consider the exact same scenario with a medical doctor. What would a doctor say if a patient told him, “*I’m sick of having to deal with gout, just chop the foot off and give me one of those metal things.*”

Do you think any doctor would even consider that option?

So to maintain business, they downplay the seriousness of oral hygiene and provide just the basic knowledge So brush your teeth after every meal, floss and use a fluoride mouthwash and come back every six months for the removal of plaque and a cleaning.

But what he isn’t telling you is that plaque invites INFECTION. Plaque is home to a colony of germs that are dissolving your tooth enamel and creating cavities.

In almost all cases gum disease is a self-inflicted ailment caused by improper cleaning of the teeth and gums. Food trapped under the gums combines with bacteria to create plaque, "toxic stew" that irritates the gums and makes them bleed. This colorless film of sticky material containing food particles, bacteria, and saliva attaches itself to the tooth above and below the gum line encouraging advanced gum disease and tooth decay. Then plaque, the "toxic stew," hardens into tartar (calculus) in just 24 hours. By then the damage is done –

only a dentist can remove tartar. Each day this "contaminated crust" grows and inflames the gums. That's why you need to remove plaque every day, no matter what, to avoid advanced gum disease. But brushing alone does not remove the plaque.

What he also isn't telling you is that if all the oral infections were cured, a simple maintenance regimen would be all that was necessary to remain cavity free for life.

The truth is with today's available supplements and cleaning devices; the every six-month checkup may become a thing of the past. Because with the proper knowledge you **can** prevent oral infections and be cavity free for the rest of your life.

That's right! Too often we've been led to believe that cavities are just a natural part of life. Just something we need to accept and deal with.

That isn't true. Your teeth are the strongest bones in your body. The reason we lose teeth to cavities is because of oral disease infection.

It's true, if you never get an oral disease infection, you will never get a cavity.

Here's an old wives' tale that's been passed down through generations. Avoid eating sugar because sugar causes cavities.

No, it doesn't. Germs cause cavities, and they use sugar to multiply.

So what if you avoid eating sugar entirely?

Well, first that's nearly impossible unless you are fond of Spartan-like diets. And even if you are, that likely won't help because those oral germs will take other foods and manufacture sugar. Foods like carbohydrates, potatoes, bread, and meats.

So, before we unveil what new technologies and preventative medications are being developed, let's have a quick look at the history of oral health and how it came to be where it is today.

For example, who came up with the idea to brush their teeth in the first place? Or to use fine bristles and a mint-flavored cleanser to get the job done?

Nobody knows for sure, but many sources credit the Chinese with first understanding the necessity of a clean mouth. It is believed they invented the first toothbrush using the bristles on the back of pigs' necks attached to a wooden handle. However, the first to use a process similar to what we use today was the Babylonians back around 3500 B.C.

They used the frayed ends of twigs.

That might sound a bit painful, but it was effective, with those frayed edges getting to and dislodging food particles that are the primary cause of tooth decay.

But it wasn't until the early seventeenth century that the French began promoting the practice of brushing one's teeth. However, the first somewhat modern toothbrush was said to have been created by a Brit by the name of William Addis in around 1780.

The first 3-row bristle brush was created in 1844 and the first American toothbrush, sold commercially, was introduced around the 1880s.

The first electric toothbrush was invented in Switzerland in 1939. But the device didn't become commercially available until Squibb introduced it in 1960. Toothbrushes were made entirely from natural sources until Dupont created Nylon in the 1930s.

Here's a fact that many people don't know and it may surprise (and/or) disgust you. The daily brushing of one's teeth didn't become a regular practice until after World War 2. The armed forces insisted that all service men brush their teeth daily and when the war was over they brought that practice back with them.

As for toothpaste. Again information varies. Although some form of tooth cleaner was used as far back as ancient times, the toothpaste design we use today wasn't created until the late 1880s.

Although toothpaste is presently acceptable taste-wise, it took a long time and several experiments to come up with the product we use today. In the early days, they used plain soap, chalk, eggshells, melted hooves and some other ingredients that were probably more harmful than good.

In 1860, one popular ingredient was ground charcoal. Fluoride toothpaste was marketed as early as 1914.

Before 1945, most toothpaste contained soap in one form or another.

Fluoride in the water didn't come into being until 1945, when Grand Rapids, Michigan introduced it into their water supply to help reduce cavities among that city's populace. Wisconsin followed soon after.

The idea came from a dentist from Colorado Springs, Colorado, who noticed that in areas where there is a high fluoride content in the water, there is also a low cavity rate. In today's America, better than 60% of the population has fluoride in their drinking water.

Unfortunately, before the twentieth century, holding on to one's teeth past middle age was uncommon. You've no doubt learned in school that our first President, George Washington had false teeth made of wood.

They weren't of course. The corrosive effect of saliva would have broken them down into splinters and pulp

before too long. His dentures actually came from corpses and similarly shaped animal teeth. It's believed that in his later years they were made from ivory or silver

In 1774, the French came up with the first set of Porcelain teeth. The Italians made significant improvements in 1808. But it wasn't until 1839 with the discovery of vulcanized rubber, that a permanent set of fully functional false teeth replaced the gaping holes left by the removed ones.

The removal of decayed teeth, however, continued to be a very painful process until the late 1700s, when an English chemist discovered "Laughing Gas" which was used for extractions for the next half century. Laughing gas was steadily improved until it was later combined with oxygen and renamed Nitrous-Oxide.

In 1905 however, the Germans discovered Novocain, which is still in popular use today.

Sedation dentistry is becoming more popular as is twilight sleep dentistry. In both cases, medication is used to help the patient relax during procedures.

Here are the levels of sedation:

Minimum sedation—awake but relaxed. Usually under the effects of Nitrous Oxide or oral sedation with a pill. In many cases, Halcion is used which is similar to Valium and is usually taken an hour before the procedure.

Moderate sedation—partially unconscious also known as twilight sleep

Deep sedation—unconscious but can be awakened. Usually done with a slow drip IV. This way the dentist can control the amount of sedation administered to the patient.

General anesthesia—completely unconscious, and cannot be awakened until the anesthesia wears off.

Sedation dentistry is usually reserved for those with anxiety disorders, claustrophobia, an easily triggered gag reflex or that the amount of work needed requires extensive time and complex procedures to bring the mouth back to health.

Still, sedation dentistry begs the question, “Just how safe is it?”

To be honest, any procedure that requires anesthesia has its risks, but in most cases it’s very safe, especially when the dentist specializes in this sort of care.

But due diligence before any surgery is always a smart plan. For example:

Make sure your dentist is fully aware of any medical issues you may have, to ensure you are a fit candidate. Those suffering from obesity and sleep apnea need to be especially candid about their conditions.

Ask if the dosage is appropriate for a person your age and if the FDA recommends it.

Also, find out how much experience the dentist has regarding the procedure?

You should be fully advised of the risks. Ask as many questions as you feel necessary. Don't agree until you are fully satisfied that the procedure is in your best interests.

Another thing you might want to note. If you haven't been to the dentist in a long time, you might be pleasantly surprised at the advancements in dental technology.

For example Digital X-Rays. They are faster, more detailed and require less radiation than traditional x-rays because the electronic sensors used to capture the image are far more sensitive than the old film strips.

They also excel at checking root canals to make sure the infected area has been thoroughly cleaned out. And they provide a better image of a tooth implant so the dentist can spot potential problems before they become severe.

Another welcome advancement is the use of lasers to detect tooth decay instead of the feared dental explorer or sickle probe which is that curved pick device the dentist pokes your cavities.

In most cases, your dentist will give your mouth a thorough cleaning before poking around with that hated



instrument. He goes from tooth to tooth scratching and poking looking for breaks in the enamel. You know the routine. Especially when he finds what he's looking for and you jump from the chair in pain.

But what he is also doing is gathering the germs that remain in the infected teeth and are transferring them to other teeth that may only be cracked but not yet subjected to decay.

It is now!

To combat this, many dentists are switching to the diode laser for cavity detection.

Next up, the addition of Cad and Cam tech. In many cases, it's no longer necessary to make a mold of a tooth then send it out to make a permanent replacement. With Cad and Cam technology, a replacement can be created right in the dentist's office.

Other advances include thin veneers that require less shaping to be placed over a crooked or unattractive tooth. Bonding and filling materials have also improved making a trip to the dentist far less nerve-racking than it was in the past.

Still, some people continue to be afraid of the dentist, and would rather take their chances by living with an unhealthy mouth filled with cavities and plaque.

Understandable, however, those people need to be asked if they also want to take their chances with oral cancer?

In future chapters we'll go into detail of how critical it is to maintain a healthy mouth, and exactly how you can protect yourself from getting an oral infection ever again!



# *Chapter 2*

A LIFETIME OF HEALTHY TEETH



Old beliefs die hard. The reason is that one generation passes on what they learned to the next and so on.

The problem is that information too often becomes outdated or in the case of teeth, detrimental to one's oral health.

As explained in the previous chapter, not much thought was given to protecting one's teeth in the past because there weren't effective procedures to prevent tooth decay and the most prevalent way to cure oral disease was simply to remove the infected tooth.

But that's changed. Not only is it possible to have a full set of teeth well into adulthood, but it is also feasible to carry a full set of teeth to the grave.

But to do so, one must protect the health of their teeth from the very beginning.

So the question is, how do we get oral infections in the first place?

The answer is because we don't view oral diseases like plaque or gingivitis as the life-threatening conditions they are, we absent-mindedly pass it around in the most common ways you wouldn't ordinarily suspect.

Take, for example, a mother with a newborn baby. To make sure the food she's about to feed her infant isn't too hot or bitter, she tastes small spoonful herself. Then, satisfied that the food is safe for her child, she

feeds the baby with the same spoon she had in her mouth. And so, without knowing, she has transferred part of her colony of germs into the infant's mouth.

How about a kiss? Lovers swap germ colonies all the time. Did you know you can get syphilis if your partner is infected and you have an open sore in your mouth?

Quite an eye-opener isn't it?

So while we're on the topic, let's talk about oral infections and how they grow.

For example: After a child is born, the first few "Baby teeth" appear at approximately six months, usually in this order: The primary central incisors, the lateral incisors first molars, canines, and second molars.

This occurs within a period of six months to two years until they have a full set of twenty teeth. Ten on the top and ten on the bottom.

As the child grows the jaw expands, often resulting in gaps and spaces in the child's teeth.

This is where oral irrigation becomes very important. Too often we brush our teeth out of rote and forget the most important goal of brushing, which is to ensure that any and all food particles are removed and flushed away.

With the appearance of these gaps, it becomes more likely that food particles will become trapped in these spaces and fester with bacteria.

Unfortunately, too many people dismiss tooth decay in children because they know the teeth will eventually fall out anyway.

The reason this is so concerning is that these bacteria generate gum disease and tooth decay which may lead to later problems, not only with the child's permanent teeth but with their overall health.

It is of vital importance to remember that the mouth is the gateway to the body and anything passing through the mouth will come in contact with decaying and rotting teeth and pass along its embedded bacteria to the other organs in the body.

Since the child is growing, that bacteria can affect the growth of their organs, muscles, and bones, causing problems that may trouble them for the rest of their lives.

Although most dentists recommend flossing, flossing isn't enough and in some cases presses the festering food particle deeper into the gum.

Again the better option is to use an oral irrigator which uses water pressure to blast away food particles as well as bacteria, and in doing so, actually fortifies gums which are something simple flossing cannot do.

As for the first of the permanent teeth, they can appear as early as age five and begin in the back of the mouth.



Over the next six years the “baby teeth” are replaced with a full set of thirty-two permanent teeth.

These are the teeth you will have for a lifetime if properly cleaned and irrigated. Remember, you won't have any tooth decay if bacteria aren't given the opportunity to hide in between teeth to fester and grow.

Once all the child's teeth have come in and an adequate amount of time has passed to allow them to settle in, it becomes necessary to see if braces will be needed to straighten and properly align their teeth to ensure there are no gaps or spaces that can lead to tooth decay.

Having braces, although often necessary, also produces additional problems when it comes to oral hygiene. Wearing braces make it difficult to brush properly and clean one's teeth.

Here is what's recommended: Hold your toothbrush at a 45-degree angle and, starting from the gum line, brush up to clean the entire tooth.

Use an soft electric toothbrush with fluoride toothpaste for the best results. Brush both the outside of the tooth as well as the inside.

Once done, use your oral irrigator to remove any food particles trapped inside the braces or tooth gaps and finish off with an effective fluoride mouthwash to ensure all bacteria has been eliminated.

The following is a list of mouthwashes that are ranked according to preference.

Crest Pro-Health Multi-Protection

Biotene

To make sure you get the best results for your teeth, ask your dentist for suggestions regarding toothbrushes and mouthwash.

While wearing braces, it's important to remember to brush after EVERY meal. Teens often put this off because they can't envision the importance of maintaining their teeth into their senior years. That's why it's important, as a parent, to make sure your teen turns that into a habit.

Trust me, one day they'll thank you for it.

It's also important to eat foods that are safe for people wearing braces. Braces can be damaged or misaligned by sticky foods and gummy candy, as well as hard foods like nuts, and hard candy.

Crunchy snacks also can do damage, especially foods that often get stuck in-between teeth like popcorn and chips.

While wearing braces, it's best to shy away from sugary treats and replace them with foods low in acids like bananas, mangoes, poultry and pasta.

Because braces are realigning your teeth, it is imperative to maintain a regular schedule with your

dentist to see if there is any plaque build-up that managed to avoid removal by brushing.

**Again, this is why oral irrigation is so important.**

Another factor to be on the lookout for is Demineralization. This occurs when food particles that weren't removed come into contact with bacteria. This creates an acid that robs teeth of calcium and phosphate which brings about decalcification, also known as "White Scars."

These chalky white patches outline the area where the braces once were. These patches can be very sensitive.

It is important to note that the braces themselves do not cause the white scars. It's just that people wearing braces are more susceptible because braces act as a perfect trap for food.

Sadly, these demineralization stains are mostly permanent which again highlights the necessity of proper brushing after every meal, oral irrigation, and bacteria-killing mouthwash.

Now once you have a full set of clean, healthy teeth, you need to take action to keep it that way. One way to do this is to change the way you chew your food. Teens often shovel their food into their mouths on the run. This is detrimental.

Chewing food properly has numerous benefits. It eases digestion and strengthens the immune system.

So here's what you need to remember:

**Cut your food into small portions.** Large portions are often not chewed properly and forces the digestive system to work harder, often leading to an upset stomach.

**Chew thoroughly.** This permits the saliva to break down the food, making it easier for the digestive system to incorporate its nutrients.

**Swallow slowly.** Do not gulp down an entire mouthful of food. This can lead to choking and can damage the esophagus.

**Slow down.** Make sure you've finished chewing and swallowing before taking another mouthful. Rushing meals lead to stomach problems like ulcers down the road.

The salivary glands produce a clear liquid called saliva. But of course, you already know that. But what makes saliva valuable is that it keeps your mouth clean and moist. Helps you chew, taste, and swallow your food. Has proteins and minerals that protect tooth enamel. And fights germs, bad breath, and gum infections.

The two most prevalent problems with saliva are that there is either too little or too much which, either way, can cause problems.

If you have dry mouth, it is treated easily with a glass of water, sugar-free gum or sucking on a hard candy.

If that doesn't work, consult your physician to check for any possible physical conditions that may need to be addressed.

The persistent dry mouth can lead to a myriad of health problems. A lack of saliva causes the gums, tongue, and inside cheeks to become swollen and uncomfortable. Germs thrive in these conditions because saliva does fight bacteria and cleans the mouth.

This may also change the way food tastes.

As for having too much saliva, it is not considered serious, unless it persists and becomes uncomfortable. In these cases it is advised to consult a physician to ensure that illness isn't involved.

There are ways to short-circuit cavities with some natural remedies, but they are only effective before the enamel is eaten away. Once a cavity develops it's time to call the dentist.

# *Chapter 3*

**BAD BREATH - IT'S MORE SERIOUS THAN  
YOU REALIZE**



Over the years, bad breath or halitosis has been portrayed comically. Flowers wilt, dogs play dead, and people jam their heads outside windows gasping for air following contact with one so afflicted.

The idea was to gently remind people to brush or use mouthwash in order not to offend.

Over the last decade, much attention has been paid to flossing. It's been touted as being essential to good oral hygiene and necessary to prevent tooth decay.

Lately, Listerine commercials show their product washing the inside of a person's mouth. Again gently, and non-offending.

Also, there have been articles written showing a connection between tooth decay and heart disease. It is true. They are connected, but it doesn't register with people because the claim is too general.

If gum infection affects the heart, then it probably affects the stomach, liver and intestines and so on, which dilutes the importance of a clean mouth and the danger gum infections present.

Well, it's time to take off the kid gloves and start addressing what is happening inside your mouth.

Most people brush or use mouthwash before heading off to work, but those products only do a small part of cleaning and disinfecting the mouth and don't address the real problem.



Tooth decay begins when small pieces of food are lodged in small, hard to reach places in the mouth. Places unaffected by brushing, mouthwash or flossing. Over time, that area of your mouth creates dental plaque, which in turn creates a breeding ground for the *Streptococcus mutans* bacteria.

This form of bacteria secretes acid that dissolves enamel. Also, these growing communities of bacteria secrete waste product which is the central cause of bad breath. Then it attacks the gums, causing them to recede resulting in loose teeth, and then permanent loss.

That's right, a little neglect or ineffective oral hygiene routines often turn a happy, healthy mouth with strong teeth and gums, into a decaying dental structure filled with bacteria, dental plaque, destructive acids and bacterial waste product.

Too often people believe that regular brushing and flossing protect their teeth and prevent tooth decay.

Not if those tiny pieces of food in hard to reach places aren't removed. And frankly, pieces of waxed string rubbed in between teeth is nowhere as effective as it needs to be.

Oral Irrigation is far more effective and also, it strengthens gums, which tend to become less efficient at anchoring our teeth as we age.

What an oral irrigator does is dislodges food particles wedged in between teeth. It is far more effective than

flossing for several reasons. The first being that floss can only move in a side to side motion in between teeth. Whereas an oral irrigator uses high-pressure water streams to remove debris and blast away the bacteria that, if left untreated, will break down and form the plaque colonies that lead to oral disease.

And that can do far more damage than we think.

### **WHAT YOU NEED TO KNOW**

The seriousness of oral disease is not an Urban Legend

It is not an Old Wives Tale.

It is not some pseudo-science dreamed up by toothpaste companies to scare you into buying more product.

The plain hard truth is that poor oral health leads to heart disease, diabetes, and autoimmune breakdown.

Every day people are becoming more health conscious. We join fitness clubs, eat organic foods, and diet and exercise regularly.

But while we are doing our best to maintain good health, we often overlook a dangerous component that is jeopardizing our efforts.

### **That component is periodontal disease.**

Periodontal disease generates dangerous bacteria that travels via the bloodstream to the heart, triggering

plaque buildup in the arteries and can cause Endocarditis—a life-threatening infection of the heart.

Also, periodontal disease is often the underlining cause behind stomach ulcers and strokes,

So regardless of how strict your daily regimen, if you don't maintain your oral health, you are creating an Achilles Heel that may, over time, lead to serious health concerns.

In a recent article published in Men's Health magazine, Judy Kreismann R.D.H.M.A., a clinical professor of dental hygiene at New York University, said that those who brushed and flossed less than twice a day, have a 70% risk of death or hospitalization than those who do.

While breath fresheners and mouthwashes may temporarily mask the problem, they don't eradicate it. The only effective way to prevent periodontal gum disease is to physically remove the food particles lodged between teeth.

The bacteria living in the plaque are the primary cause of gum disease and tooth decay

Sure, daily brushing and flossing can help, but they can only remove the particles they can reach.

Unfortunately, most periodontal disease germinates in the areas they miss.

The first warning that you have fallen behind when it comes to your oral health maintenance is the formation of biofilm, a thin, slimy film of bacteria that adheres to the surface.

Biofilm is a sticky, unpleasant film of bacteria that forms on teeth. It makes your teeth feel as if they are covered by some nasty wet powder.

Food trapped under the gum line combines with bacteria to create plaque, a “toxic stew” that irritates the gums and makes them bleed. The colorless film of sticky material containing food particles, bacteria and saliva attaches itself to the tooth above and below the gum line. Encouraging bleeding gums and tooth decay.

Just about any sugar or starchy foods that aren’t properly flushed from the mouth can cause trouble.

Over time, the acids that plaque generates destroys tooth enamel. Even more serious is that plaque can develop under the gum which can damage the roots and breakdown of the bone supporting the teeth.

So how can the buildup of plaque be prevented?

Brush, irrigate and rinse with a fluoride mouthwash at least twice a day.

See your dentist every six months

Ask your dentist about sealants, and if it is appropriate for you. Sealants are plastic coatings that

cover your teeth and protect them from cavities and decay.

### **Other food that can affect your teeth.**

It is somewhat ironic that many of the foods that are particularly useful in maintaining good health can be harmful to your teeth. Here's what to watch out for.

**Teas.** Although very healthy, basic black tea can stain your teeth more than coffee. And white and herbal teas can wear away the enamel on your teeth. So remember to brush and irrigate following each cup.

**Tomato sauces:** We love them, but the hard-to-remove stains they leave on your dishes—are the same as they leave on your teeth.

**Sports drinks.** High in acidity and caffeine that can erode tooth enamel.

**Wine** If it can stain your clothes, it can stain your teeth. And just like when you spill it on your clothes, the quicker you brush and irrigate, the less chance of staining.

**Fruits and berries.** Perhaps the most healthful foods you can eat. Unfortunately, their strong colors can stain, and their acidity can erode tooth enamel. So when finished snacking, be sure to remove any remaining particles.

**Sodas.** Filled with acids and dyes. Plus, they have a high concentration of sugar.

Best preventive measure?

Use a straw!

So let's look at your first line of defense. Did you know that enamel is the strongest substance in the body? This outer shell of the teeth protects the body by crushing food into digestible particles and by alerting us to when something shouldn't be swallowed.

Because keeping enamel protected is so important to your overall health, here's what you need to watch out for and eliminate from the mouth as soon as possible.

**Sugars.** This is the primary catalyst to tooth decay. Bacteria thrive on sugar, helping them to create acids that destroy enamel.

**Sour candies**-They have lots of sugar despite the name.

**Chronic dry mouth.** As stated earlier, bacteria love dry mouths, so if you have that condition bring it the attention of your dentist.

**Acid reflux**-this brings powerful stomach acids up to the mouth where it can quickly damage teeth.

**Bulimia and alcoholism**-People suffering from these conditions often vomit, causing stomach acids to erode enamel.

**Medications or supplements.** Many of these contain strong acids like aspirin and vitamin C.

How do you know if your teeth are losing their enamel?  
Here are some of the symptoms.

Pain when eating hot or cold food or drinks.

Teeth with rough and uneven ridges.

Yellow teeth.

# *Chapter 4*

## PROPER MAINTENANCE AND CARE





With the breakdown of oral health, the mouth quickly becomes infected. This leads to tooth decay. Perhaps the most serious consequence of poor oral hygiene is the creation of an abscessed tooth.

So what is an abscessed tooth?

When a tooth dies from damage or decay, bacteria will begin to form inside the dead root. It will then spread from the root into the tissue under it and form a pocket of pus creating an abscess.

But this is the after effect, not the cause.

The cause is poor oral hygiene. When left untreated, gum diseases cause the gums to recede from the teeth, opening up areas where bacteria can grow and spread.

When one of these pockets gets blocked, an abscess will form and continue to grow under the gums and infect the entire area.

As the condition worsens, the jawbone will deteriorate to create room for the infected growth. With the breakdown, the pressure will be temporarily reduced, but the infection will continue to grow, and the pain will return and steadily increase.

As the jawbone continues to break down, the tooth will have nothing to hold it in place and will need to be extracted.

Abscessed teeth often occur in the back part of the mouth, but that doesn't mean you can't get an abscess in the front teeth as well.

With an abscessed tooth, your dentist won't immediately pull it. Instead, he will likely prescribe an antibiotic to destroy the bacteria so it won't spread to your other teeth following removal.

Another option is the root canal. Which is often very painful, but it is strongly recommended that every effort is made to save a tooth, as removal causes teeth to shift and create even more gaps where oral disease can fester.

Or the dentist may decide to drill directly into the tooth to give the infection a place to drain and then try to remove the diseased tissue.

Keep in mind an abscessed tooth is extremely dangerous to your health. If left untreated, it can destroy your jawbone.

### **The next area of concern is the Wisdom teeth.**

This third set of molars usually arrives between the ages of 17-25. Most dentists agree that if they don't cause any pain and continue to remain healthy, they should be left alone, although their arrival may generate the need for an orthodontist to ensure they don't affect the alignment of the surrounding teeth.

That's the good news.

Here's the bad.

If the wisdom teeth come in impacted, they will need to be removed. There are occasions where they can be pulled, but in most cases they will need to be cut out by a qualified surgeon. Your dentist will advise you on which option to choose.

In most cases anesthesia will be required.

Depending on their size and shape, extraction can be routine or extremely difficult, especially if the roots have wrapped themselves around the jawbone.

In any case, it's important to remember to bring someone with you as you will likely be unable to drive yourself home following the procedure.

You will need to visit your dentist often over the following weeks to ensure the area is healing properly and that no infection is settling in.

Once the impacted teeth are removed there should be no lasting effects and your oral health should return to normal.

### **The Dry Socket.**

Dry Sockets often occur shortly after an extraction. And although they aren't life threatening, they can be extremely painful. Although they are more prevalent with the lower teeth, they can occur at either location.

Unfortunately, there is no way to prevent a dry socket, but you can help reduce the risk by closely

following your dentist's instructions. Nevertheless, no matter how careful you are, there is still the possibility a dry socket can occur.

It's one of those things that can happen and there is no way to predict or ensure how or when it will occur.

As mentioned, they are extremely painful. Often far worse than a toothache that caused you to have the tooth removed.

Those most likely to suffer from dry socket are those who smoke and those who grind their teeth.

So what exactly is a dry socket?

A dry socket is a condition where a blood clot occurs after having a tooth pulled. Sometimes the clot will dissolve, leaving the bone exposed to food, hot and cold and even saliva. When the bone is exposed, it can become infected.

And as for those who've had a broken bone know, bone pain is extremely painful, and what's the worst thing about dry socket?

There isn't a thing you can do about it!

Still it must be brought to the attention of your dentist!

In most cases, if you leave it alone, the dry socket will eventually heal over a period of a month or so. Unfortunately, it will continue to hurt until it does.

The reason for this is because antibiotics, even the strongest, have no effect on a dry socket. It's because antibiotics are used to cure infections, dry sockets are not infections.

The only known relief is to have your dentist pack the socket. This is done without any anesthesia and can be quite painful.

Fortunately, it doesn't take long to do, and it can provide relief from the pain. This procedure is strongly recommended because dry socket can become so painful people will often go to any lengths for relief.

Once the socket is packed it will provide relief for a day or two, making it necessary to return to the dentist to have it repacked. This is done by removing the old packing, cleaning the socket and then installing a new one. This helps the socket heal and relieves the pain.

Just one last word of warning. Do all you can to avoid dry socket because it can lead to the most miserable and painful period of your life.

## **Cavities**

They are known to you dentist as "caries." Once bacteria sets up camp in the sugary residue in your mouth, it begins to form a condition called gingivitis, from the Latin word "Gingivae."

The beginning of oral disease is when plaque starts to adhere to the teeth, it provides a perfect breeding ground for the Strep mutans and Lacto germs.

Though millennia of evolution, these germs have become very organized and resilient. With the mouth being the perfect incubator, and with the temperature being a perfect 98.6 degrees, they have explosive growth, multiplying by the hundreds of thousands.

They become dextran-generating plaque builders. Like an army of ants, they are very efficient at creating plaque to safely house the strep and lacto germs.

Gingivitis appears as the plaque hardens just a little below the area where the gums meet the teeth. This material is called tartar, it's very strong and forms an almost unbreakable bond to the infected tooth with a surface that resembles sandpaper or plaster of Paris.

Shortly afterward minor irritation and signs of infection appear, such as discoloration and bleeding gums.

In the early stages, we can't see plaque because it's clear but as it strengthens, it becomes noticeable. We feel it with our tongue. That wet pasty substance. Then at the gum line as a chalky white substance that is very hard and very difficult to remove.

Yes, those germs have built their fortress, and it can withstand just about any assault.

Now it's time to call in the professional because there is an all-out war raging in your mouth and the germs are determined to make it their own.

Now safely encased in plaque, shielded from oxygen and saliva, they now create not only dextrans, but they will also produce acid.

The acid is trapped between the plaque layer and the tooth enamel. It then begins to break down the calcium in the tooth enamel, making the tooth's protective barrier weaker.

This is called a carious lesion. It's not quite a cavity yet, but well on its way. Once it breaks through the enamel into the soft insides of the tooth, that's when the infection begins its all-out assault, and a cavity is formed.

It is important to note, however, that even with good oral hygiene, you may be highly susceptible to tooth decay if you have genetically weak enamel.

In these cases, the dentists often suggest sealants to boost protection and prevent decay.

But when you do first discover a cavity, it is highly recommended that you attend to it immediately. Why? Because cavities don't heal. Should your tongue come upon a small hole or crevasse that you never noticed before, make an appointment with your dentist.

If it is a cavity, and one that has been discovered in its early stages, you could have it fixed after only a few minutes in the dentist's chair.

### **Fractures or cracked teeth.**



Another cause of tooth pain may be a cracked or fractured tooth. These are common and occur when a person bites down too hard on something.

This type of crack is called a supragingival fracture. In most cases it doesn't involve the nerve. And once the part breaks off, the pain will go away.

Although the exposed dentin can make the tooth very sensitive. A quick visit to the dentist can take care of that. If the crack is large, you may need to have a crown placed on the tooth to prevent further fractures.

Another type of break occurs way below the gum line and are known as an oblique supragingival fracture.

Once the fractured part of the tooth breaks off, what remains attached to the nerves and gums can be very painful. With the majority of the tooth now lost, it will become necessary to have a root canal to clean out the tooth, before having a crown put on it. Be very careful over the next few days to allow the tooth to heal.

Another cause of tooth pain is a dying tooth. Sometimes teeth die when they are struck hard but don't become dislodged. This is common following a car accident or fist fight. The tooth will be very painful for a few days until it dies and its color begins to darken.

If the tooth has been knocked out of its socket, find the tooth, gently scrub it to remove any debris, then place it back in your mouth between the cheek and gums

Do not attempt to put it back into the socket. If you can get to your dentist quickly enough, he may be able to reconnect the tooth.

If it is merely loose, you can manually maneuver it back into place. Don't force it, though. That might damage the tooth. Instead, use some moist tissue to keep it wet and make an immediate appointment to see your dentist.

Pulp irritation sometimes occurs after dental work is done. Even if the filling or crown was installed properly, you might have a reaction to the material used. It diminishes after a few days but bring it to the attention of your dentist as there may be a problem under the surface.

Tobacco usage damages teeth as well as stains them, especially chewing tobacco. If you use tobacco products,

Brush frequently and see your dentist often if you want your teeth to last.

## **Fillings**

Fillings are used to replace the decayed areas of the tooth that have been removed. There are several options as to what material to use in restructuring this area,

depending on the location and visibility. They are gold, porcelain, composite resin and amalgam (silver).

There has been some controversy regarding amalgam because of the small quantity of mercury it contains. Because mercury is poisonous, people fear that amalgam fillings, which are a combination of silver, tin, copper and mercury are dangerous to their health.

What many people don't realize is when mercury is combined with those other elements, its chemical nature changes, rendering it completely harmless.

Another reason dentists continue to use amalgam fillings is because they have proven to be the sturdiest, longest lasting and most inexpensive of all the materials.

There are nearly one billion amalgam fillings placed annually and after one hundred and fifty years of use they are the preferred filling material.

Unlike the other options, an amalgam filling can be completed in one visit, whereas the others require two days and aren't as durable. It clear to see why dentists prefer it to the rest.

There are drawbacks. Amalgams darken over time and shouldn't be used on teeth visible when smiling. In those cases, porcelain is the preferred filling material. It can be color matched to the affected tooth so the area of repair will not be visible. Another advantage is that they are resistant to staining. The downside is that they are very expensive. Often comparable to a gold filling.

## **Comparing Flossing to Oral Irrigation**

Both remove food particles and promote good oral health but which is better and more likely to prevent tooth decay?

Let's first look at flossing. It's been around for a while now, and most people are familiar with its uses and what type to buy.

Floss comes in two models. Single filament and nylon. The nylon can be waxed or un-waxed and comes in some flavors. It is constructed of several strands of nylon fibers. Unfortunately, they can shred or rip and get caught on jagged edges of teeth.

Single-filament will not shred or tear.

Both will remove particles of food trapped in-between teeth. Some people stop flossing when they notice that the rubbing of the gums with the floss sometimes causes bleeding. Bleeding is common with floss and the benefits far outweigh the drawbacks. And unlike the oral irrigator, you can carry it around with you.

But the oral irrigator has a number of advantages that can't be met by dental floss. The first is that it can reach areas that a single string of floss cannot, and it is in those spaces that deep cavities are created that aren't discovered until the next dental visit. And a lot of damage can occur in that period.

The second advantage is that oral irrigation strengthens the gum-line and prevents receding gums. The force of the jet stream also blasts away bacteria and sugary resin that forms a breeding ground for plaque.

Also, an oral irrigator doesn't need to be used as often and so doesn't need to be portable. Twice a day is sufficient as it thoroughly cleans the area preventing any bacterial buildup.

The winner? The oral irrigator by a wide margin. Because if you use the oral irrigator twice a day throughout your life, it **is very likely that you will never have a single cavity.**

That's a claim no other device can match.

In all cases, it's when you wait to address a cavity that's when serious problems can occur.

No doubt you're familiar with root canal surgery?

You cringed just a little didn't you?

Root canals aren't new. They've been around for centuries although not to the working class. Mainly the procedure was reserved for the rich and powerful.

Although widely available to any who need it, it is still something no one looks forward to.

What a root canal does is save a thoroughly infected tooth by removing the dead and dying pulp inside the

tooth. Doing this prevents the infection from becoming an abscess.

The problem here is that with infections, local anesthesia isn't all that effective, and he may need to pump a lot into you to get the full numbing effect.

The remaining pulp is kept alive by the blood vessels at the root that travel from the root canal into the tooth.

Although root canal surgery is a long and arduous process often taking up to several hours, it is widely recommended because the process saves the tooth and removes the need for extraction. Because the longer you can hold on to all your teeth the better!

### **Oral infections are enemy number one.**

Too often people make the mistake of thinking that once an infected tooth is repaired or removed the trouble is over, and they can resume their normal lives.

Not so.

Even after the tooth has been extracted there is still infection and bacteria that have been exposed to the air, and now have a nice hole in which to multiply. And since you will not be able to use mouthwash or brush for the first 24-48 hours, the bacteria has a built in running start.

In the meantime, ask your dentist if you can wash your mouth out with salt water until you can resume brushing and oral irrigation.

Following extractions, the first indication of infection is renewed bleeding. This often occurs a few days after the extraction and even if the bleeding isn't severe, it's still a good idea to contact your dentist, just in case he feels you may need some antibiotics.

### **Pulling your own teeth**

We've all seen the cartoons and old westerns where the guy ties a string around the painful tooth and a doorknob or other moveable device (like a horse with some pretty hilarious results) to relieve the pain.

Perhaps that was the only way to get relief in the old west, but only a fool would attempt pulling their teeth in this day and age.

But, pain can make us do strange things. And in the case of an abscessed or broken tooth, the pain can be relentless, forcing people to take extreme measures.

There are situations where it is acceptable to pull your teeth. Baby teeth, for example, should be removed once they become wiggly to prevent bacteria from lodging under the gum and causing trouble.

In any case, first, inspect the area around the loose tooth, because if it happens to be abscessed and you pull it, you run the possibility of infecting other teeth.

Another example is when you have severe gum disease. This condition can cause the socket and jawbone to become severely decayed and lose its grip on the tooth.

Nevertheless, some issues may occur, and some are not only painful, but they may also cause extensive damage.

You may temporarily ease the pain, but the chances of additional infection getting into those areas and the bloodstream to infect other body parts and organs is very likely, and may lead to an extensive hospital stay.

There is also the possibility that the tooth may break off at the gum line. This happens with severely decayed teeth. Dentists are prepared for this possibility and have the tools and knowledge to finish the job.

You don't.

So what have you accomplished? Nothing. The pain is still there; the nerve is exposed, and you can't get the rest of the tooth out.

So regardless of what cartoons and old Westerns have taught us, never attempt to pull an infected tooth yourself. If you don't have the money, look up dental schools on the internet. If you live in a large city, there is likely one within driving distance.

Many hospitals also have dental services that can take care of the problem and ease your pain.

Remember, cavities don't heal in an infected mouth. So take action the moment you think you may have one. As mentioned earlier, the earlier the cavity is discovered and repaired, the less pain and expense you'll have to endure.



Which brings us back to oral irrigation.

We've all had cavities. Many of us have had oral infections like gingivitis, periodontal disease, bleeding gums, and abscesses.

But we don't have to.

As parents, one of the first things we should teach our children so they can avoid cavities and the other painful problems that go along with it is teaching them not only to brush their teeth twice a day but to irrigate and use a fluoride mouthwash immediately afterward.

Most dentist and dental hygienists say that you should brush after every meal and you should, but it's going to be difficult to get your children to do this. So if you can get them to brush and irrigate twice a day, every day, you'll likely avoid costly dental work.

With the one-two punch of brushing and oral irrigation, your children's mouths are not only clean; they are sanitized and strengthened.

### **Sensitive teeth**

As millions already know, having sensitive teeth can be a nightmare. It affects what we eat what we chew and what we drink. Every time we sit down at the table, we have to take into account exactly what we will be eating and how it will affect us.

It is also embarrassing to be at a party where the host has set up an elaborate buffet and had to beg off. In

these instances, we either insult our host or embarrass ourselves by having to explain our condition. Which is a waste of time because people who don't have sensitive teeth, can't understand the problem.

In most instances, sensitive teeth are affected when eating hot foods or cold drinks or breathing cold air.

There are two reasons for this. Either the gums have receded and are exposing the nerve or the enamel is thin and doesn't provide adequate nerve protection.

If exposed, the root tips contain small tubules that lead directly to the nerves. Whenever you consume hot and cold elements, or under the pressure of chewing, there will be discomfort.

So the goal is to correct this condition as much as possible.

Step one is to reduce the pressure you use when brushing your teeth. Although we are taught that strong pressure removes the most bacteria and hidden food particles, this also tears at the gums, which is one of the causes of sensitive teeth.

A better way to clean teeth without using excessive force is to use an electric toothbrush. Because your oral health is so important, purchase one of the top of the line brushes. One that has been proven to effectively remove food particles and clean teeth. The goal is to let the electric toothbrush do all the work because it is specially constructed to be the most effective.

The next step is to switch to toothpaste that contains potassium nitrate, which is known for reducing pain and discomfort related to sensitivity.

There are a number to choose from with Sensodyne being the most popular and recommended by dentists, primarily because it directly affects the nerves to stop the pain.

Mouthwashes are also important, but make sure to choose one that contains fluoride or ask your dentist which one he recommends.

Colgate is the most dentist recommended because it offers plenty of fluoride without any alcohol.

Once you start using an electric toothbrush, a desensitizing toothpaste and mouthwash you should start noticing results in a few days.

Once you strengthen your teeth and gums to the point where they are no longer sensitive, you should add oral irrigation to your daily routine.

The reason for this is because the power of the oral irrigator's jet stream forces the gums to become stronger. Using an oral irrigator may seem a little too powerful the first few times, but within a week's time, the gum line will strengthen, making them more resistant to infection.

Another way to ensure that you have completely cleaned your mouth, it to take the time for the products to do their job.

You should brush your teeth for two minutes. This makes it possible for not only the toothbrush to be effective, but for the toothpaste to do its job as well. And make sure you get toothpaste that is especially suited to your teeth.

The best way to find out is to ask your dentist. By examining your teeth, and because our teeth are all different in shape, size and density, he'll know what toothpaste is best for you.

Once completed, follow with oral irrigation. Make sure the jet stream is applied to each and every space in between teeth, and along the gum line to prevent receding gums. You will be very surprised at the amount of food debris it flushes from your mouth.

Then apply mouthwash, gargle, and rinse. Try to keep it in your mouth for at least a minute. But since some mouthwashes are very strong, use your best judgment, or switch to a less powerful mouthwash.

Remember, just because it is strong tasting that doesn't necessarily make it better or more effective.

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So now that we've examined disadvantages of having an unhealthy mouth that is prone to gum disease. Let's have a look at how we can prevent cavities by examining what causes them.

Since we now know that sugar doesn't cause cavities, but instead creates a fertile soil in which germs

can grow, the key to avoiding cavities is to lessen the amount of time sugar remains in the mouth.

One of the most obvious culprits is hard candy, which is a ball of sugar that slowly melts in your mouth.

Saliva contains chemicals that help reduce both the levels of sugar and acid. One of the chemicals in saliva is called Sialin. This chemical, when absorbed by the germs along with the sugar sends a signal to stop making acid.

The saliva's job is to quickly wash away the sugar and send it down the throat. It's the amount of sugar in hard candies that melt slowly make that harder to do.

Candies that are gummy and chewy are especially dangerous because not only do they take a long time to break down, they often cling to the teeth and lodge into crevices which are the perfect environment for germs to settle and wildly reproduce.

Chewing gum is probably the biggest producer of cavities of the bunch. It continuously produces sugar and some gum companies tout the fact that their gum lasts longer and tastes better.

Similarly, root canals last longer and hurt more!

If you're going to chew gum—it does help the production of saliva—chew sugar-free gum that contains Xylitol. This chemical fights tooth decay.

Yes, it is unrealistic to think we're going to stop eating and enjoying sugary foods. But once done, remember the importance of getting that sugar out of your mouth with brushing, oral irrigation, and mouthwash as soon as possible. And although saliva does wash and clean the mouth, it can only do so much before it is overwhelmed.

### **Here's what you need to know**

If you have even minor beds of germs in your mouth creating plaque, you have about fifteen minutes following eating a sugary treat to brush, and oral irrigate before those germs pounce upon that new bed of sugar and set up a colony.

I understand that it may appear like an unwinnable battle, but it isn't. You just need to know HOW to win it. You see. If you have eliminated all the oral germs in your mouth, you can put off brushing your teeth until you get home or before bed.



# *Chapter 5*

## SERIOUS AND LIFE-THREATENING INFECTIONS





It's rare for an infection to attack the body with such vehemence that there isn't enough time to protect oneself.

There are exceptions, like flesh-eating bacteria and Ebola. But in most cases, early detection and preventive maintenance can keep you healthy.

So before we look at the most dangerous of oral diseases, let's take a moment to have a look at what nature has provided to protect us.

One of the most important and hugely unsung heroes of the battle for dental health is the inside lining of the mouth called the epithelium.

There are several types of epithelium which are a layer of skin that protects various parts of the body. The type protecting our mouths is called ***Stratified Squamous Epithelium***.

Thinner than a postage stamp it is a barrier to a plethora of poisons, chemicals, and other harmful agents.

To give you an example of how strong the epithelium tissues covering our bodies are, you could take a culture of a powerful bacteria and pour it onto the skin of your forearm. If there are no lesions or cracks in the epithelium tissue, you would not be infected.

If there is, you're in trouble.

That's how it works inside the mouth as well. Any open sore inside the mouth is an invitation for ANY disease to enter your bloodstream and cause havoc throughout your system and if it's serious enough... death.

The reason the mouth and all the tissue bone and saliva inside it are so powerfully resistant to infection and disease is because it is the open gateway to the rest of the body. And so they all work to protect each other, so no part of the system becomes susceptible to attack.

Keeping everything clean and disease free is the saliva gland. It keeps the mouth moist and supple. Without it, the epithelium tissue would dry out, crack and lose its elasticity.

So you can see the importance of keeping the mouth moist.

But it has other responsibilities as well. It breaks down the food and makes it more digestible.

Also, it is specially constructed to destroy harmful bacteria or viruses entering your mouth. It can also stop and reverse cavities. Yes, it's true, saliva can heal your teeth. Unfortunately, an unhealthy mouth has few protections to offer because it's already at war with a thoroughly entrenched enemy that is expending all its resources.

So now you understand why you need to keep your mouth healthy and need to see your dentist when you see or feel plaque forming at your gum line.

Speaking of gums, they also have a crucial job to perform and are the most likely to be the victim of an infectious attack. Remember it's the gum infection, not the teeth themselves that are responsible for tooth loss.

And this is crucial because scientists are looking into the possibility that the majority of diseases contracted by humans gain entrance through infected areas of the mouth.

If this is true, and the possibility is considerable, we can prevent as much as a third of communicative diseases.

So let's review the building blocks of dental disease and infections.

Without at least twice a day brushing, oral irrigation and a rinse with a mouthwash containing fluoride, you are leaving the front door unlocked and defenseless against a very powerful and destructive intruder.

So, by not brushing, irrigating and rinsing with fluoride you have not only left the door open, you have provided a room for it to settle in and open a window for millions of others just like it to take over and literally eat you out of house and home.

And the process is a lot faster than you realize.

It begins with sugar residue and food particles trapped in the nooks and crannies of the teeth. The more residue, the more opportunities bacteria has to attach itself to the sugar, fester and avoid being washed down the throat.

There's still time to take action by brushing irrigating and rinsing, but the process has already begun.

Very quickly these staph and lacto germs reproduce creating plaque that grows and sets up camp in between the tooth and gums.

Enter gingivitis, with its discoloration and weakening of the gums, which result in bleeding following regular brushing.

As the bacteria create more plaque, it starts to become visible on the outside of the tooth and touchable by the tongue.

Underneath that plaque, the germs are creating acid to strip the tooth of its enamel. With the bacteria firmly entrenched in the gums, periodontal disease occurs. Another name for this condition is pyorrhea.

Pyorrhea can be far-reaching because it represents the breakdown of the mouth's defenses. Once it infects the root of the tooth, pus is created which may bubble to the surface, be swallowed and then cause sepsis.

Sepsis is a life-threatening condition brought about by the body's reaction to infection. Your body's immune

system works to fight disease and infection. Unfortunately, it may also overcompensate.

Sepsis occurs when the chemicals in our immune system are released into the bloodstream to fight infection and inflammation occurs. This inflammation can send the body into sepsis shock which is a life-threatening medical emergency.

So serious that according to the Centers for Disease Control, over 258,000 American die from it each year.

There are three stages of sepsis:

Sepsis

Severe Sepsis

Sepsis shock

**Symptoms of Sepsis include:**

Heart rate higher than 90 beats a minute

Body temperature above 101 degrees or below  
96

Breathing rate greater than 20 breaths a minute

Confirmed infection.

**Symptoms of Severe Sepsis include:**

Organ failure

Low blood palette count

Abnormal heart functions

Extreme weakness

Disorientation

### **Symptoms of Sepsis Shock:**

All of the above, plus very low blood pressure and unconsciousness

Sepsis has a 50 percent mortality rate.

There are over 300 different disease entities of the oral cavity. They are listed in these groups with an example given of each:

#### **Viral**

The Coxsackie virus infection is found in the soft palette.

#### **Hormonal**

Necrotizing Periodontal Disease

#### **Fungal**

Black Hairy Tongue condition

#### **Bacterial**

Pyorrhoea

#### **Dermatological**

Pemphigus Vulgaris

#### **Pharmaceutical**

Oral reaction to medications

## **Systemic Disease**

Diabetes caused oral disorders

## **Cancers**

Cancer of the mouth

## **Psychiatric Disorders**

Anorexia Nervosa

Erosion of the dentition due to vomiting and stomach acids

## **Genetics**

Poor dental health is due to a weakening in the genetic line.

For additional information visit

<http://www.nidcr.nih.gov/>





# *Chapter 6*

## ORAL SURGERY AND DENTURES



If the oral infection is widespread, inflamed and still has pockets of infection following deep cleaning dental work and antibiotics, surgery may become necessary.

A qualified dentist or periodontist may have to perform flap surgery to remove the embedded tartar in the pockets above and then do corrective surgery to make it easier for the patient to keep clean.

This form of surgery involves lifting back the gums and physically removing the tartar.

The gums are then sewn back into place, so they fit properly against the tooth again. Following surgery, the gums will heal and again tightly attach themselves to the teeth.

In cases of severe infection, your dentist may suggest bone and tissue grafts to help repair the damage.

Bone grafting entails inserting a natural or synthetic bone in the place where the original bone was, to replace the one lost to disease.

This technique is called guided tissue regeneration. In this procedure, a small mesh-like material is placed between the bone and gum tissue. This prevents the gum tissue from growing into the section where the bone should be. By doing so allows the bone to regenerate.

Growth factors, which are proteins that help your body regrow bone, may be added to help with recovery.

As for the gum tissue that has been removed, your dentist will opt for a soft tissue graft. This is where synthetic material or tissue is taken from a different area of your mouth is used to cover the exposed area of the tooth and protect the nerves.

Very often, people lose their teeth due to extended gum disease and age. Although it is possible to keep all your teeth well into your senior years, one must take into account the age factor.

As we age our ability to repair and replace cells diminishes, our hair thins, our sight weakens, and our sex drive pales. So it is not out of line to find ourselves with dental issues and failing dental health.

In most cases this resorts in the eventual loss of all our teeth and the insertion of dentures.

First, let's discuss the terminology.

**The Ridge:** This is what remains after all the teeth are removed.

**Denture:** This is an appliance that replaces the missing teeth.

**Denture Base:** This is the part that is placed on the ridge.

**Adjustment:** In the case of new dentures, several adjustments to secure a proper fit might be necessary, especially as the gums recede and the swelling from the tooth removal diminishes.

**Settling:** Over time the dentures will settle. In most cases, the upper denture will settle upward and backward, and the lower denture will sink downward.

**The Gums** This is the area that once held the teeth and where the dentures are placed.

### **The difference between natural teeth and dentures.**

Too many people who have dental issues opt for dentures when their natural teeth can still be saved. It is a big mistake to assume that dentures will work just as well as natural teeth, even if properly inserted and correctly adjusted.

The main difference is that the natural tooth is anchored to a strong, bony socket keeping it firmly in place. All of the pressure of chewing and biting is transferred to the roots and the strong bone structure.

Dentures, on the other hand, rest on soft tissue and the force from biting and chewing is transferred to that soft tissue.

Instead of having 32 teeth held firmly in a secure socket, dentures have 28 teeth 14 on top and bottom on a soft, easily shifted base.

Natural teeth can exert pressure up to two hundred pounds whereas dentures can only exert twelve pounds. It can be said that dentures are only ten to fifteen percent as efficient as natural teeth. Which is quite a difference.

New denture wearers expect their dentures to function as well, if not better than their natural teeth and are greatly disappointed by the ineffectiveness of their dentures. In many cases, they often blame their dentist.

But the problem may not be the dentist's fault. It is very likely that the individual's jaw formation may not be suitable for dentures and keeping the upper and lower plates in position isn't easy.

Two factors keep dentures in place. The first is interfacial surface tension. An example is how two pieces of wet glass stick together.

The second is a partial vacuum. The part of the mouth that allow the upper denture to adhere is at the back border of the denture base. For the lower denture, it is on the inner flange of the lower denture.

The problem is that the bottom denture stability is controlled by the movement of the mouth and the tongue, so maintaining a secure seal is tough. And since no two jaws are exactly alike, creating a partial vacuum is quite a task even for the most experienced dentist.

### **Sources of Difficulty for the Denture Wearer.**

There are often many challenges for denture wearers that are generated by the patients themselves. For one, they expect dentures to be an easy fix. They expect the

dentist to be able to provide them with perfect fitting dentures that will adhere tightly and be problem free.

And very frequently, they don't understand why the dentist didn't warn them that their dentures may cause problems.

What is necessary to understand is that there is no way the dentist can predict how the upper and lower ridges will look once the teeth are removed, and the swelling goes down.

In some cases, the denture is a perfect fit, and although it doesn't do as good a job as their original teeth, the benefits of no longer having to endure tooth pain or extensive oral surgeries are often the best selling point.

Plus, they are finally free of periodontal disease and all the difficulties that it causes.

Still, a proper fit and seal may be impossible depending on the size and shape of the ridges. Also, it may change the appearance of the patient's face.

They may go from being very attractive looking, to being seen as solemn. Or the opposite may occur. It's hard to tell. Numerous factors may cause difficulties and changes in the facial structure.

Remember, the dentist has been trained to know what teeth will look the best in a person's mouth. He knows what size and shape and color will look the most



natural. The patient can help by providing old photos that show their original teeth.

## **Problems**

People with short and thin lips cause an excessive amount of denture to be exposed. Also, they may also have a prominent upper bony ridge. The combination of the two rarely produces pleasing results.

People whose mouths are abnormally wide in proportion to their face cause the denture to be prominent.

People with receding chins or very prominent chins are often displeased with the results.

Let your dentist decide what's best for you. Nothing looks more artificial than teeth that appear out of place. Excessively white, too large, or too small will look unattractive and most wearers will soon regret their decision to override their dentist's suggestions.

Another problem is dentures causing a sensation of the mouth being full. This is brought about by the outside flanges that help hold the dentures in place. The inside flanges will feel odd to the tongue.

Another issue is speech. Changing the size and shape of the teeth and adding flanges and adhesives can affect the way the wearer speaks.

They may develop a lisp or difficulty with the letter S. This problem usually resolves itself as the mouth adjusts. However, if it persists, see your dentist, as you may require an adjustment.

It should also be noted that as a denture wearer chews, the dentures may move. Which can permit tiny pieces of food lodging under the denture, causing irritation to the underlying gums. This often happens because food particles adhere to the plastic of the dentures, more than it would with regular tissue.

To avoid this condition, remove the dentures following every meal (when possible) and clean with water and brush. It is also suggested that the wearer stimulate the gums by brushing them with a soft toothbrush to keep an active blood flow.

Regarding eating. Avoid foods that are hard, sticky, or chewy. Vegetables should be cooked until soft. Bread and doughy foods like biscuits and buns should be eaten with beverages to keep them from sticking to the dentures.

It may also become necessary to pull your food apart before eating. Biting into a ham and cheese or salami sandwich could dislodge your teeth and break the seal. Same goes for chicken wings, pizza, some fruits and just about any food that requires it being torn away to eat. (Corn on the cob).

Another complaint is that liquids often loosen the lower dentures. Yes, they do. Especially if you savor the taste of the liquid, like tea or coffee.

Frankly, the best way to enjoy liquids is through a straw.

Often people complain that food tastes different with dentures. Very frequently that is true. Unfortunately, there isn't anything that can be done about it.

Then there is the issue of soreness. People mistakenly assume that a denture that immediately fits well and adheres properly is a great denture whereas one that requires some adjustments are poorly made.

This simply isn't true. Much depends on the shape of the ridges, the health of the gums and other factors that don't become evident until the swelling goes down and the patient has been wearing the dentures for a while.

It is also important to remember that dentures are placed on soft tissue and as such, any denture can be moved. It has been noted that sneezing, coughing, and yawning have been known to dislodge dentures.

Many potential denture wearers are stunned to discover that the tongue's form and the position has a lot to do with the success of your dentures.

Studies have shown that around 70% percent have normal position and structure while 30% have what's called a retracted tongue position.

Those with a retracted tongue position have a more difficult time wearing dentures than those who don't.

Regarding the adhesives that are placed in between the dentures and the gums, it is important first to contact with your dentist before any application. Too

often people assume that if you have dentures, you need to get dental adhesive.

This isn't always true. A properly fitting denture won't require a dental adhesive, so always check with your dentist.

And be sure to visit him/her at least once a year. While wearing dentures, there are subtle changes in the gum line that isn't noticeable to the untrained eye. These changes may become serious if not treated in the early stages.

Lastly, here are some tips to help should you need to have dentures.

Bring along a friend to drive you home following the procedure.

If employed, talk to your boss about taking a few days off to let the gums heal, and the dentures adjust.

Note that swelling will occur and affect the structure of your face. This is normal, and it should subside in a few days.

Talk with your dentist beforehand about pain medications and dosages.

New dentures should be worn day and night and only removed for cleaning.

If you require adhesives, ask your dentist how much is necessary. Many denture wearers often use too much.

Following the first twenty-four hours, most wearers can use a 3% solution of hydrogen peroxide mouthwash at morning and night. The mouthwash is to be mixed in this quantity. ½ hydrogen peroxide and ½ water. However, check with your dentist first, because some exclusions to this routine can apply.

You will likely need adjustments in the first few weeks. This is common and should be expected.

Your diet should consist of soft foods that can be easily chewed and digested.

Once the gums have healed, the dentures will very likely become loose. Often this is where the dentist may suggest an adhesive or put you through additional adjustments.

When cleaning the dentures, it is recommended that you fill the sink with water. Dentures can become slippery when cleaning and often break when striking a hard surface. Having a sink full of water prevents this from happening.

Now that you are aware of the serious effects and possible health concerns of losing your teeth to periodontal disease, it becomes apparent that keeping your teeth healthy and free of germ creating plaque is far more advantageous than getting dentures.

It is important to bear in mind that dentures are poor substitutes for your natural teeth. And is a perfect

example of the saying; ***You don't know what you've got till it's gone.***

Often, people with dentures sincerely regret having gotten them and wished they could go back and fix the ones that were causing problems, instead of having them removed.

The best advice I can give you is for you not to become one of them.

In the next chapter, we will discuss dental implants along with their advantages and disadvantages.

# *Chapter 7*

## THE PROS AND CONS OF DENTAL IMPLANTS





Let's start with the disadvantages. Although there has been extensive progress with dental implants, like dentures, they aren't as good or as effective as your natural teeth.

**Con number one:** They can be expensive. Often it isn't simply the tooth you're paying for. Other procedures can be required as well. Such as a sinus lift bone graft.

**Con number two:** Many dentists do implants as a side job. Dental implants require highly experienced surgeons who know what they're doing. Inexperience can lead to a myriad of secondary problems.

**Con number three:** Most insurances will not cover or only partially cover the cost of the procedure. In many cases, the price will be off-putting.

**Con number four:** Dental implants require surgery. As you know, surgery is not without risks. On average, the dental implant complication is around 4 to 9 percent.

**Con number five:** Risks include prolonged bleeding, infection, nerve damage, jaw fracture and delayed bone healing.

**Con number six:** Like dentures they can eventually wear out, requiring you to undergo additional surgery.

**Con number seven:** As mentioned earlier, the teeth are the strongest bone in the body. They rarely break if uninfected or if struck with less than bone-breaking

force. This is not the case with implants. Although porcelain is a sturdy material, it isn't a strong or as durable as natural teeth, and can break under not so excessive circumstances.

**Con number eight:** Although rare, there is the possibility of bone loss especially if periodontal disease caused excessive tooth loss. If the bone loss is excessive and unchecked and periodontal disease continues to be an issue, it is likely that you will have to replace the implant. The making of implant teeth is more costly and more difficult than the implant process itself, which is yet another reason to choose a dentist who specializes in dental implants. Experience is essential; you will not want to have to go through this process a second time.

**Con number nine:** It takes time for the bone to heal and bones heal slowly. Usually three to four months. If however, there are complications, the overall healing time can expand from three to eighteen months, whereas a regular bridge can be made and fitted properly in a few days to a week.

**Con number ten:** Even though it can be expensive, require surgery, have numerous risks and takes considerable time to recover, an implant is still the best option when it comes to replacing natural teeth.

### **What is a dental implant made of?**

The majority of dental implants are made from titanium. Although it is less pliant than bone, it is the closest material when it comes to the tooth's strength

and durability. There are a number of different grades with 1-4 being considered the purest.

Titanium is used for most connective surgeries i.e. pins, screws, hip replacements and plates because it is unyielding, corrosion resistant, and non-magnetic. Which is vital as it doesn't set off airport scanners and will not interfere with Magnetic Resonance Imaging (MRI). It is also a poor conductor of heat and electricity as well as being non-toxic.

Titanium is also classified as bio-inductive, which mean the body appears to embrace it, instead of rejecting it, as in some cases of heart and kidney transplants.

The following statement is from the American Academy of Implant Prosthodontists:

*“Dental implants are made from biologically compatible materials which have undergone extensive testing over a period of several years. Since these metals are largely metals such as titanium and have never been living tissue, there is no likelihood of causing an antigen-antibody response, which could cause rejection which sometimes occurs with organ transplants.”*

### **Here are some additional advantages of dental implants**

**Pro number one:** Unlike bridges they don't rely on neighboring teeth for support and unlike dentures, bone

loss is usually avoided since the implant replaces the tooth and root.

**Pro number two:** They look and function like real teeth. In many cases, they are imperceptible from natural teeth.

**Pro number three:** They aren't susceptible to decay, although gum disease isn't eliminated. So a regular visit to your dentist is necessary to continue to be oral disease free.

**Pro number four:** There is no clicking noise or chewing difficulties that many denture wearers suffer from.

**Pro number five:** You won't have to remove them from your mouth several times a day to clean. Simply maintain your twice a day brushing, irrigating and rinsing and you'll be okay.

**Pro number six:** Because they are titanium based, they will last far longer than dentures.

**Pro number seven:** The patient retains their natural face shape and smile.

**Pro number eight:** They are permanent replacements. You keep your teeth in your mouth, not in a cup.

**Pro number nine:** They are aesthetically pleasing. No one wants their spouse to see them without their teeth.

**Pro number ten:** Doesn't affect the way you speak like dentures often do.

**Pro number eleven:** Makes it possible to eat your favorite foods again. You can bite into an apple or a slice of pizza, and even corn on the cob.

**Pro number twelve:** Implants don't slip, move or become dislodged when you talk, sneeze, cough, yawn or eat. Since they are permanently anchored to the jawbone, they won't need to be "repositioned."

**Pro number thirteen:** Unlike Dentures, Implants promote bone growth. When not being used to support a tooth, the jawbone deteriorates whereas replacing lost teeth with implants prevents this from occurring.

### **Are You a Candidate for Dental Implants?**

Successful candidates for dental implants are in good health and free of gum disease. If gum disease is the cause of tooth loss, the dentists will first work to heal the infection before attempting oral surgery.

This is important because you would be in serious jeopardy if an oral infection was able to seep into the area where the dental implant is stationed.

### **Recent Advances in Dental Implants**

Dental implant technology is advancing at an incredible pace. Like any new procedure, it takes time to

kick out the flaws and streamline the process until it is quick, easy and inexpensive.

New technology regarding dental implants is the **All on 4** technology. Here's how it works:

The acronym All on 4 stands for "All teeth on only 4 implants." This technique was developed over twenty years ago by the noted implantologist, Dr. Paulo Malo. He is the founder and CEO of the international Malo Clinics.

Before Dr. Malo's technique was recognized, most implant dentists believed that at least eight or more individual implants were necessary to replace a full set of teeth.

Now the All on 4 is considered the most effective and best method to replace missing teeth.

This generally because this All on 4 method angles the implants, so it attaches to a larger bone area making it possible for those with some jawbone loss to be properly fitted.

One of the main advantages is that almost everyone is a candidate, regardless of bone loss to gum disease, without having to undergo the usual bone grafting procedure.

Also, it is possible to have a full set of dental implants (non-removable) inserted the same day their remaining diseased teeth are removed, and you'll be able to eat with them.

Dr. Malo and his clinical team have branched out and are teaching dental implant specialists these innovative techniques. Which is making it possible for so many, who either couldn't afford a full set of dental implants or were told they were not an acceptable candidate.

The technique works as follows.

The process entails the securing a customized prosthesis to the four dental implants that are strategically determined with a sophisticated 3D imaging and treatment planning software.

Thus, it is possible to maximize support for the bridge using existing area with the largest bone volume so not to need bone grafting surgery

It also avoids vital oral structures such as the sinus cavity (upper jaw) and nerve canal (lower jaw)

And most importantly, they can have the entire bridge set installed on the same day they get their implants placed.

So instead of placing an implant for each and every tooth, which can cause bone damage and lead to infection, it instead uses only four implants into the jaw and puts a bridge on them.

This bridge is specially constructed to last for decades if the four implants are properly maintained with twice a day brushing and irrigation.



The price, however, can be prohibitive because high-grade titanium screws are required. Regardless of what dental implant method you chose, the titanium screws are going to inflict the greater cost.

The first phase involves removing any compromised teeth and implanting the four titanium screws along with an immediate temporary bridge secured to the implants. This phase can cost \$10,000 to \$15,000 per jaw depending on the complexity of the procedure.

Following the several months necessary for the bone to properly heal, a final permanent bridge is installed. This bridge consists of stronger and more durable materials and may cost between four to five thousand dollars per jaw, depending on the materials used such as porcelain or acrylic.

When all is said and done, this procedure can cost as much as a brand new sports car. On the other hand, it is, in almost all cases, a one and done procedure.

Over time, they become stronger as the bone better grips the implants and secures them.

So it is highly suggested that you shop around to get the best overall price. **But by all means don't go cheap!** When done by an experienced professional, using the most advanced equipment and latest techniques, your dental problems will be solved for the rest of your life.

Should you be treated by a “Quicky-Mart surgeon” you could find yourself back in the position of dental pain and misery.

And nobody wants that.



**AN INTERVIEW WITH ORAL BREEZE  
INVENTOR THOMAS C. SPAULDING**



## **WHAT IS YOUR CONNECTION TO GUM DISEASE?**

Pain. Gum disease is something most people don't think about until they have it. And I was no different. In 1973 at the age of 30, I was diagnosed with gum disease.

## **WHAT PROFESSIONAL HELP DID YOU GET?**

For 24 years I spent thousands of dollars trying to save my teeth and control my periodontal disease. Despite quarterly trips to my periodontist to cleanse my aching gums, nothing worked. In fact, my teeth became so loose that I developed a wide gap between my teeth like that of Mad magazine's Alfred E. Neuman.

In 1997, my periodontist was scheduled to shave my gums to stop them from receding. Also, I was to get a tetracycline implant to prevent the infection.

The next step would be tooth extraction.

I knew there had to be a more efficient, and less intrusive way to treat this disease.

## **WHAT WAS YOUR BREAKTHROUGH MOMENT?**

There were two.

First, I discovered a dental hygienist that cared enough to get through to me. She convinced me that treating my ailing gums was in my hands.

She said I needed to irrigate my teeth and gums at bedtime. Unlike flossing, irrigation (water pressure

cleaning) blasts off loosely attached plaque and the pieces of popcorn in between my teeth and gum line. With a water irrigator, germs and stray bits of food have no place to hide.

The Water Jet was a start. I bought into the irrigation message, so I purchased a brand new electric irrigator. All I had to do was use it. I would start off the week with the best intentions, but by Tuesday and Wednesday, I had already stockpiled 30 or more reasons not to use my expensive irrigation device.

When I went to bed, the last thing I wanted was to prepare the contraption and then clean up afterward. I saw that I needed a quick and easy way to irrigate or else I wouldn't use it.

**YOU MENTIONED A SECOND BREAKTHROUGH MOMENT.**

Yes. You know how breakthrough moments often come to you in the shower? That's what happened to me in 1997. While showering, it hit me. That was the best time to irrigate! It would be easy to keep up. What I needed was a new irrigator that is heavy duty, straightforward and easy to use.

That's how the Shower Breeze was born, and I have been using it every day since.

Following the huge success of the Shower Breeze, customers began asking me if I had an easy-to-use

irrigation system for gum care at the sink. That led to the invention of the Quick Breeze oral irrigators.

Daily irrigation for just fifteen seconds with the Oral Breeze products did the trick for me. I no longer have any periodontal pockets, and my gums are healthy and so solidly pressed against my teeth, that they are no longer loose. Plus, I am completely pain-free.

### **IT WORKS FOR YOU, BUT HOW DO I KNOW IT WILL WORK FOR ME?**

There is no magic. Once you start using the Oral Breeze products, you won't stop. Why? Because you'll instantly feel the power of the Oral Breeze and be amazed at how many food particles had been trapped in between your teeth.

Plus there is no reason not to use it. It is set up right in front of you so that you see it every time you enter the bathroom. And they're a breeze to use. That why I named my company Oral Breeze.

You don't need to take my word for it. Since 1997, Oral Breeze customers have raved about the products and the results. Take a moment, go to [www.oralbreeze.com](http://www.oralbreeze.com), read the testimonials, and you will see for yourself that it really works.



In fact, I am so sure you will regularly use your Oral Breeze irrigator; I offer a 30-day no-questions-asked-money-back guarantee.

Plus the irrigators are so well made, they come with a lifetime warranty!

**THANK YOU FOR YOUR TIME. MR. SPAULDING.**

It's been my pleasure.

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Throughout this book, I've shown you the necessity of using oral irrigation to blast food particles and plaque-causing bacteria from your mouth.

Seriously, a piece of waxed string simply isn't sufficient enough to remove hard to reach food particles and cavity-causing germs.

The Oral Breeze is!

And you've read the logic and science behind it. As said throughout this book, the mouth is the gateway to the body. So when there are harmful germs in the mouth, and sugar residue for them to grow, gum disease forms and areas open to let those germs into the bloodstream.

Remember these bacteria create plaque that can severely damage arteries and blood vessels which can

lead to heart disease and dementia. As well as some other health related problems.

Also, think of all the times you've been to the dentist. Most people dread a dentist visit like they would a date with the Lord High Executioner.

And in some cases with good reason. Root canals are painful; dentures are challenging and time-consuming, and implants are very costly. And you can avoid all of that by simply brushing twice a day, irrigating with the Shower or Quick Breeze and rinsing with a fluoride mouthwash.

As also mentioned, it is very likely that a myriad of diseases enter the body through gaps between the teeth and gums that have been generated by the buildup of plaque.

By using the Oral Breeze irrigator, not only can you blast away plaque before it builds on the teeth and gums, it strengthens the gums and make them disease resistant.

So now that you know what your dentist is reluctant to tell you make today the day you purchase an electric toothbrush, a fluoride mouthwash and most importantly, order your Oral Breeze irrigator at this link. [www.oralbreeze.com](http://www.oralbreeze.com)

You have thirty days to give it a test drive. And if it doesn't work for you, I'll gladly refund your money upon its return, no questions asked.

Best wishes and great oral health to you all,

Thomas C. Spaulding.

[www.oralbreeze.com](http://www.oralbreeze.com)



There are certain things your dentist would prefer you didn't know. This is not to say he or she is trying to mislead you, or provide you with misinformation.

They would simply prefer it if you didn't know that you can easily prevent cavities with today's technology and oral care products.

And life long dental health doesn't require expensive machinery, Spartan-like diets or hard to maintain dental care regimens.

With this book you'll learn what really is responsible for cavities, tooth loss and gum disease and how you can remain cavity free for life!

