

# DANGEROUS MICROBES

*Laura Lee Interview with George Meinig, DDS & Dr. M. LaMarche*

## Cavitations & Root Canals

(Part Two)

<http://www.mizar5.com/lauraleeshow2.htm>

**Laura Lee:** Okay, we have two lists available and if you write to me at P.O. Box 3010, Bellevue, Washington 98009 we'll be happy to send you those two lists. Let's take a call next from Alex calling from Salt Lake City, KCNR, hi Alex.

**Alex:** Hi. Twelve years ago I had an accident where I cracked my front tooth and the doctor did a root canal on it and after about 4 years it spread to the next tooth which got infected and then they did a root canal and he pulled out the tooth that had the root canal the first time. This has progressed for 12 years and I've had root canals and caps on all five of my front teeth on the top.

**Laura Lee:** Oh, ouch.

**Alex:** I was wondering if this sounds like this might be something to do with your research.

**Dr. Meinig:** This happens partly because the infection was not removed from the periodontal membrane and the surrounding bone and very often it will transfer from tooth to tooth. There's also a possibility that when you had that accident you actually injured all of those teeth. If they were hit hard enough so that the nerve and blood supply was severed to the tooth by the blow, that doesn't take too much of a blow because that nerve and blood vessel that goes into the nerve and the root of the tooth is very small, and unfortunately it can't heal itself quick enough and so the tissue within the root canal, in other words the nerve and the artery and the vein in that root canal, just dies off from lack of blood supply and now it putrefies, it becomes garbage inside of the root canal and eventually it also becomes infected. But in this case it becomes infected via the bloodstream because sometimes in our lives we get bacteria in the blood and this is called bacteremia. You pick up a cold and it gets all through the body. You've got some bacteria floating around, well those bacteria can enter in, they get in the bloodstream by the end of the root of that tooth and they see that root canal that's got all this dead tissue in it and that's pretty good feeding for them, so they get in the root canal. So here you have an infection coming from the end of the root of the tooth, into the tooth instead via the cavity and the crown of the tooth and down into the root canal that way.

**Dr. LaMarche:** I'd like to ask Alex a question. Since you've had the root canals filled, are you still having discomfort in that area?

**Alex:** Well actually I don't know how it's supposed to feel normally, because after I had that root canal it feels like if I push on it I have a discomfort. And when I eat sometimes my teeth are really sensitive since then. When I have cold things like ice cream or something - I don't eat ice cream anymore because it hurts my teeth, you know. I was just wondering if this has anything to do with your research. It seems to be spreading all the way across my mouth.

**Dr. Meinig:** Didn't you say you had root canals in those teeth?

**Alex:** Yeah, but it happens every four years it seems about. And I've gone to four different dentists and after I do it I say "I don't want to have to have another root canal" in the next tooth, I want to make sure that whatever's happening is stopped and they say, "Yeah, it's stopped," and four years later I have to have another root canal in the next tooth over.

**Dr. Meinig:** It would be very unusual, I don't know how you can have a tooth sensitive to cold that's got a root canal filling because there isn't any nerve in the tooth.

**Dr. LaMarche:** What I would suspect, though, is that one possibility is that you may be in what is called traumatic occlusion. If you're banging on those root canal teeth hard they can become sensitive to cold and of course it's not the nerve within the tooth, but it's the bane surrounding the tooth. Traumatic occlusion even in a non-vital tooth, a tooth with a root canal, if you're hitting a tooth hard - you can have the same symptoms as a tooth that has an abscess. I think quite possibly though that most of the damage to your teeth occurred at the initial trauma.

**Laura Lee:** Good luck, Alex, and again all this research is contained in the book [Root Canal Coverup](#). Get informed and find a dentist maybe and get some second opinions. Would that be good advice?

**Dr. Meinig:** Very good. We're suggesting that everybody learn to accept the responsibility for their own health and the only way that you can do that, a lot of people want to do that and a lot of people are doing that these days, but the only way you can do it if you have a problem, is find out all the information about that problem you can. And it's not that we want to sell books particularly, but what we want you to do is to have all of the information you can about the subject. It's an educational problem as far as we're concerned.

**Laura Lee:** Gather the information, make up your own mind about it, and just know that there is that research out there. Morgan calling in next. Hi. thanks for joining us on the Laura Lee Show.

**Morgan:** Question - about ten years ago I first heard about some problems with root canals from people in Germany. A Dr. Voll using electrodermal screening devices was finding people that were having problems had the breakdown product of indole in their systems and I wonder if you all ever heard of this in any of the literature.

**Dr. Meinig:** I have absolutely - Dr. Voll is one of the greats in dentistry and medicine. He developed electronic equipment that worked over the acupuncture meridians and he produced that equipment and gave many lectures and seminars in the United States. Unfortunately every time he was anywhere near me, I had some other things I was doing and didn't get a chance to attend them. But I had followed his work and a lot of what he did was very viable. He developed the EAV machine and a number of other machines. Unfortunately the FDA in this country has barred most of those machines because they have a way of wanting to support the drug industry instead of supporting equipment that can show the problems that people are having,

and equipment that can be used treatment-wise. And this equipment has worked very well to disclose cavitations and other things and unfortunately a lot of dentists have been forced to discontinue the use of that equipment because the FDA is frowning upon them.

**Morgan:** Okay, but more specific though, the question is indole, does that ever come up? I've talked to endodontists about this and they've never heard about it at all.

**Dr. Meinig:** Those are usually found in the feces and stool of people and I'm not sure in what way this is referenced.

**Laura Lee:** Thanks for the call. Let's talk next to Doc, he's listening to KGA. Hi.

**Doc:** Hi, Laura Lee, sure glad to find you. I just moved from Seattle and I was having DT's from missing you. Good topic tonight. The question I have is the ability to clear up....

**Laura Lee:** Tell you what, why don't you think about it, let's take a real quick time out and I'll give you a chance to reformulate your thoughts and we'll come right back to you.

**Doc:** Thank you.

**Laura Lee:** And we are back, hi. As we've mentioned before we go back to our callers, Dr. Meinig it turns out, we talked during the break, was a pioneer in more ways than one. When he had an active practice - you're now retired and doing this research, you were one of the first to have record players, this is I guess before some of the other...and headphones in the '60s. You were one of the first to have TVs for your patients to distract them, I guess.

**Dr. Meinig:** A lot of dental salesmen who call on many dentists said I was the first one on the west coast to have a TV. There were some in the eastern parts of the country and I had such good success with using records and earphones with patients. For kids for instance, they'd listen to Bozo the Clown, Hop-a-Long Cassidy, and you can imagine how good it was for a child, but it was great for the adults as well, and some of them got tired of my records and would bring their own records and of course this was very helpful in preparing cavities and doing dentistry, because it took the mind of the patient off of me which is basically what we wanted them to do.

**Laura Lee:** Yeah, some subtle pain control. Let's get back to that question from Doc, hi, we're back.

**Doc:** The question was about arthritis, I have a cousin that lives right next door to me that has quite extensive arthritis, a lot of trouble walking, a lot of trouble moving. I was just wondering - how often does root canals cause arthritis, or does it cause it, or... and how often does it clear it up on this arthritis?

**Dr. Meinig:** Arthritis is one of the reasons why this all got started and it's also one of the reasons that it got buried. And the reason for that is that there are about 20 different causes of arthritis and naturally root canal filled teeth often cause this problem, but what happened when this information first got out - physicians and dentists got so enthused about it that every arthritic patient was told to have their root filled teeth out and some of these people had this done and they didn't get better. And so then the word got back that the focal infection theory was null and void and what Price was talking about was crazy. Well, of course, they shouldn't have thought that way anyway because there were so many other causes for arthritis, but this was one of the

things that helped bury this and when I got in practice this was still going on. I had many patients come in because their physician ordered them to have all their teeth out just because they had arthritis. These were often very good teeth, and of course I would say, this is crazy, you can't do this. What you have to realize, however, is that there is another side to this. Even if the arthritis is not caused by these root filled teeth, you have to remember that the infection that is coming from them on a daily basis is impairing the immune system and as it's impairing the immune system, no matter what your cause is, you're not going to have very good success with treatment because of this added challenge to your immune system.

**Doc:** It slows it down considerably.

**Dr. Meinig:** That's absolutely so. The patient is much better off even if they don't cure it because they've removed these root filled teeth, because at least they're not compromising their immune system even more than it already is because of the disease they have.

**Doc:** Right. I have one comment for Dr. LaMarche, and that was thanks for everything he did for me.

**Laura Lee:** One of your patients?

**Dr. LaMarche:** I thought I recognized your voice.

**Laura Lee:** Thanks for the call Doc, in fact another caller wanted your office phone number Dr. LaMarche. Is that something you would like to give out?

**Dr. LaMarche:** Our number is area code 206-334-4087.

**Laura Lee:** Next call comes from James, San Francisco KPIX. Hi, James.

**James:** Yes, I have a comment, and then a question that I'd like to ask about a possible connection between the situations you're describing and what's generally referred to as Chronic Fatigue Syndrome.

**Laura Lee:** Good point...

**James:** About five to seven years ago I had a root canal done and within a few weeks I developed an array of symptoms which I took to be a flu, and that included headaches, sore throat, a low grade persistent fever, swollen glands, and so forth. And after a two or three week period of these neither rising into any crescendo or going away, I decided the only thing that seemed different in my life was that I'd had a root canal. So I went back to the dentist and I asked him to see if it was infected and he opened it, said "No, it's fine," and put it back together. He said perhaps I was just tired or ill I went another several weeks, it continued, and I had him do this a second time because there was nothing else that could explain this. I had been taking aspirin every day during this period of one or two months. And when he said that he felt that I was probably imagining things or just under stress, I took his word for it, but I continued to take aspirin and so forth for six months. The headache never went away. The symptoms rose and subsided periodically, and through all of these years since, I've had an ongoing pattern of these symptoms coming back and forth and I finally went to a clinic in Florida - prestigious clinic - and they diagnosed me as having Chronic Fatigue Syndrome and evidencing peculiar challenges to my immune system. And you may realize that there's no widely accepted theory of causes of

Chronic Fatigue Syndrome or whether it even exists, but I know many people with similar situations and I think you had a comment that a large portion of infectious agents in the body start somewhere around the mouth and the nasal passages and it has a common sense ring to it. And so I'm therefore wondering whether you feel that the peculiar array of persistent flu-like symptoms and fatigue under the CFS label may be caused by or compromised by these things?

**Dr. Meinig:** There's a very good chance that it arose from the root canal filled tooth. I can't tell you, every day I get telephone calls from people who say they heard about my book and they realize that all of these symptoms, similar types of things that you're talking about, that they've had for two years, five years, ten years or whatever it is and they realize as soon as they hear about the possibility of the root canal - that that's when it all started.

**Laura Lee:** Could it also be the straw on the camel's back because there's so much in daily life that's assaulting us; the air we breathe, toxins in the food, etc. etc. So maybe this is just the one that pushes you over and starts you in that cascade down from CFS.

**Dr. LaMarche:** In this particular case it was the bale of hay for him. I would like to make a comment...it's very difficult to look at a two-dimensional X-ray and to make a three-dimensional diagnosis and you have to realize that we must have 30-50% of bone destruction before it's visible on X-ray. It's very difficult to see that. So, if you can see an infection on the X-ray it is clearly there, if you cannot...

**Laura Lee:** It doesn't mean it's not there, it could be there. Good luck to you, James, and thank you for that call.

**Dr. Meinig:** Incidentally, before you get off; he also could be having trouble with the Chronic Fatigue from amalgams, with other types of heavy metals in the mouth, the nickel, a number of other things as well can be involved with Chronic Fatigue.

**Laura Lee:** A couple things - we just had a caller who was mentioning that he went to a dentist because he felt that there was something wrong with his root canal tooth, two dentists told him that it was fine. Right here in the book Root Canal Coverup that you wrote, Dr. Meinig, you state in chapter 9 the materials themselves that are used to fill that root - they shrink. There's a 2% shrinkage no matter what the material is, it seems to me the material itself works against there being a perfect fill. Bacteria is so tiny, you don't need to leave much space for them to get in there and start multiplying and mutating and the whole works.

**Dr. Meinig:** Let me tell you what Weston Price did to investigate this. He took small glass tubes and he embedded a packer. He warmed the tissue and he put it in those glass tubes and he packed it under extreme pressure. Nothing which we could do in the mouth itself - and packed them very tight and then he let that set for a day and then he put those teeth in a blue colored dye and he let it sit for a day and lo and behold - the dye was up in through the root canal which indicated that there was shrinkage of the material no matter how hard he packed it in there. And every research report that I have heard since then about root canal filling materials - whether it was gutta percha or other things - has said that there's still some shrinkage. They're getting down to saying it's point five or point something, but no matter how small it is bacteria are smaller and can still get in those spaces.

**Laura Lee:** Take another phone call from Barbara calling from Portland, Oregon. Hi, Barbara. Barbara: Hi, I'm really happy that you could take my call. I really enjoy this show a lot. I have a

couple questions for the guests tonight. One thing that I wondered is should all root canals be removed?

**Dr. Meinig:** The answer to that has to be your judgment. What we suggest that you do, is that you buy the book and find out what all of the research was, because we can't possibly in this short period of time tell you everything that's involved here. And what I said a little earlier was that we want you to take charge of your life and the way that you do that is to learn all you can about the subject, and then after you've done that if you still have a problem, well give me a call and we will try and answer your questions.

**Laura Lee:** But you know that comment that Michael LaMarche made during the break was for the last caller...there's a guy that does his homework, makes up his own mind, a self-responsible patient, and so many doctors are threatened by this....

**Dr. LaMarche:** I would like to say that the last caller was very clear, concise, he described the symptoms exactly. He had read some literature and these are the kind of patients that are participants in their own treatments and they direct treatment. My answer for you is, first of all you need to become very, very informed about what the side effects of root canals can be. You need to discuss this thoroughly with your physician and/or dentist, you need to have all the information. Rule out all of the other possibilities. I never, never advise a patient to remove a tooth. That is something that always comes from the patient. You need to be the director of that kind of a decision. It would not be proper to tell you that you need to have them taken out.

**Laura Lee:** Every case is different. You can't make a telephone diagnosis.

**Dr. Meinig:** The reason for that is that the patient has the root filled tooth out and then they don't get better and they say "Oh that dentist, that Dr. Meinig or that Dr. LaMarche told me to have that tooth out and it didn't work." Well we can't tell you that it's always going to work because your immune system is involved with a lot of this and no matter what, your immune system is going to be compromised if you don't get it removed, but you may not recover from whatever it is. We can't assure you that, particularly here on a radio program.

**Barbara:** I was thinking about if you were asymptomatic, should you consider the option of having a root canal tooth removed as a preventative measure?

**Laura Lee:** Same answer.

**Dr. Meinig:** Definitely. Exactly the same answer.

**Dr. LaMarche:** Many individuals will research the literature and they will make a decision based upon the fact that they are in excellent health and they want to stay that way for the rest of their life and they may choose to have that done. That must be a decision made by the person.

**Dr. Meinig:** Barbara may not have heard me remark earlier that Dr. Price did lots of investigating of the health of his patients. Not only of his patients, but of their parents and grandparents. And when all of those were very good, in other words, where their genetic background was very good and their nutrition was very good, they could tolerate root canals for many years without any problems. But, if they got in a severe accident, a case of the flu, some severe stress, now their immune system which was able to take care of them for all of these years - what he would say was that these people were still affected, but their immune system

was coping with the infection and now, with this new stress, the immune system is so jeopardized that now they've developed some other illness of some other kind.

**Laura Lee:** Health is a balancing act. Any other questions, Barbara?

**Barbara:** Yes, if a root canal is suggested by your dentist, what options do you recommend?

**Dr. LaMarche:** First of all, I want to know why the dentist would want the root canal performed. Is it because you're having pain somewhere in the jaw? Is it because there is obvious decay on the tooth?

**Barbara:** Let's say it's because of pain.

**Dr. LaMarche:** Well, I can tell you a scenario that we've seen very often. Individuals will come in with pain in the jaw and it happens that the affected tooth or the tooth that we believe is affected, behind it is a missing tooth. And, they were told that they needed to have a root canal filling done on the tooth. When we tested it we found out the tooth was fine. Very often the source of pain can be from the former extraction site of the tooth behind it. The cavitation. So that's something that we as dentists need to be more aware of. There is the possibility that this "phantom tooth pain" can be the source of one's discomfort and we need to rule that out first and perhaps later on we'll have an opportunity to discuss how we can do that.

**Laura Lee:** Well actually isn't it odd that the jawbone can feel pain? I mean, most bones don't feel pain.

**Dr. LaMarche:** Yes. The jawbone is the only bone in the body that has sensory nerve endings. This is why you can have osteonecrosis or dead bone within the head of the femur and not have the pain. And people are walking along and they break the hip and then fall, they don't fall and break the hip. They don't have that pain because there are no sensory nerve endings like there are in the jaw. When a tooth is removed, for example a molar, there are 15,000 nerve fibers attached to that molar. A bicuspid, there are 12,000 and any incisor - there are 9,000. So there are a number of nerve endings that are still there and when a cavitation forms you're having toxins. The lytic enzymes that are breaking the bone down and the increased pressure, which by the way has been measured within our research group, the pressure within a cavitation is four times greater than that of the pressure of normal bones.

**Laura Lee:** And you're going to feel that?

**Dr. LaMarche:** Yes you will, and what we have noticed too, is that patients will notice anywhere from five minutes to 24 hours after a cavitation is cleaned out, an improvement, and we didn't know why, now we realize what it is is the elimination of this pressure.

**Laura Lee:** No wonder the NIH is interested in this research. There's so many factors. You know disease is such an interesting process, there's so many things that impact it might be good news because there's so many things you can do to correct the situation. Barbara, I hope this answers your question.

**Barbara:** One more quick question. Does insurance usually cover the cost of having a root canal tooth removed if it's necessary?

**Laura Lee:** Again it's probably an individual basis.

**Dr. LaMarche:** That certainly would be based upon a number of reasons and I couldn't go over that with you without first examining you.

**Laura Lee:** Thank you, Barbara.

**Barbara:** Thank you.

**Laura Lee:** We will talk next with Sue calling from Eugene, Oregon, she's listening to KGA.

**Sue:** Hi, you know I was listening to you and all of a sudden a bell rang or something. You know I had a root canal done around Christmas time and within about two or three weeks I started getting aching joints and muscles, and I went to my doctor and I've been there a couple times since, and everything's like "Oh, you're fine, you're all right, there's nothing wrong with you." It's funny because I went back and said I just had a root canal done and I said "Could it be that?" And everybody's going, "No, it couldn't be that." But from listening to your show it sounds like it very likely could be that, do you think?

**Dr. Meinig:** You're absolutely right and the way I was brought up was to know that if the patient had a good looking root canal, but was having a health problem afterwards, and particularly if you're not having any symptoms in the tooth, that you should suspect that the infection was coming from what are known as the lateral canals. These are accessory canals that come from the root of the tooth, not right at the end of the root of the tooth, and these do not show up on X-ray pictures, they are not easy to see, and it's impossible to treat them properly. Why so many endodontists today are assuring patients that there's nothing wrong - they've got to know that those accessory canals can become infected - and the only reason I can think is that they're afraid that they're going to be criticized for doing the root canal and it didn't work and maybe the patient might want their money back or that maybe they might get sued or something like that because so many of them today are telling the patient there's absolutely nothing wrong, maybe you'd better go see a psychiatrist.

**Sue:** Well you know I'm a 37 year-old woman, I'm in very good health, I've never had any problem, and right after this root canal this all started and I'm just kind of curious. So I should probably see someone else and have them examine it?

**Dr. Meinig:** I would sure do that.

**Sue:** And they can detect it if I get someone who knows about the root canal extraction protocol and they will be aware enough to know what to look for here?

**Dr. Meinig:** Most of the time they are.

**Laura Lee:** Also, Sue, we have a list. We're going to have two lists. One from the Price-Pottenger Foundation and one from Dr. Bocho who's heading up the cavitation research nationwide. We'll have two of those lists with doctors in various areas that are familiar with the protocol. And if you just want to drop a self-addressed stamped envelope to P.O. Box 3010, Bellevue, Washington 98009, we'll be happy to mail you out that list.

**Dr. LaMarche:** I would recommend, however, that when you do see someone, you have your blood chemistries available and certainly you want to see your physician first. Okay?

**Sue:** So that would be the way to start...to go back to my regular physician and discuss it with her about what's happened here and she can do some blood testing?

**Dr. LaMarche:** There are some very hep physicians that I think are becoming attuned to some of the other focal infection possibilities, and it certainly is something you do not want to rule out. You want to be able to consider this as a possibility.

**Laura Lee:** It's a detective story. I mean you're ruling out possibilities, there's so many things that can impinge and create the same symptoms, is what I'm hearing you folks saying. And you want to start the process of elimination.

**Dr. Meinig:** It certainly is a detective story, you're absolutely right.

**Dr. LaMarche:** I think that as long as we are around and we continue to have a certain amount of vanity, many of us will elect - even though knowing what the consequences could be, we would elect to keep our teeth until there would be a time when our general health would be affected. And that happens in many cases, many individuals know what possible consequences may be down the line, but they decide that because their health is good now that it's something they choose to do. This is an alternative that we give in our practice. Patients are always...it's their choice.

**Laura Lee:** Right, and take that vitamin C regardless.

**Dr. Meinig:** I'll tell you what I did, though. I had an infected upper first molar about 10 or 16 years ago and it was a question whether I had a root canal or not and when I looked at the possibilities of the problems. I didn't know about all of this research at that time, but I knew about the problems with lateral canals and a number of other things and I elected to have the tooth out. So it's a question of the individual as to what he wants to do and I felt it was better for me to have it out.

**Sue:** One last question, could aching joints and muscles occur if they ruled out all kinds of other things, if your physician has, and is telling you that you look healthy in every other way.

**Dr. Meinig:** They could.

**Sue:** They could be a symptom of this?

**Dr. Meinig:** They come from root canal filled teeth all the time, it's one of the most common symptoms we have. My own mother had severe rheumatoid involvement, she was bedridden for two months and had a root canal that looked very good. I hadn't done it, I was only in practice a year when this happened, and I finally decided that she ought to have that tooth removed, and when it was removed two weeks later she was completely recovered and she was getting worse during that whole two-month period before that.

**Sue:** Thanks very much for the information, I certainly appreciate it.

**Laura Lee:** Thank you, Sue, for tuning into the show. I appreciate that. We're talking with Dr. George Meinig, author of [Root Canal Coverup](#), and Dr. Michael LaMarche, practicing dentist in Lake Stevens, Washington, talking about cavitations, that space in the jawbone that is left when a tooth is extracted can lead to necrotic tissue, quite often does. Let's take a phone call next from Larry calling from Berkeley, California, listening to KPX FM. Hi, Larry.

**Larry:** Hi. I don't know if you're covering the whole field of alternative dentistry, and not just cavitations...

**Laura Lee:** Actually, you know, I don't think this research is so alternative, even the NIH is looking into cavitations, this stuff is pretty well documented. Not too alternative, but go ahead.

**Larry:** Well, if your dentists here can talk beyond cavitations and root canals, I wondered if they could talk a little about the Keyes technique, because I've found that to be a really effective and low-cost alternative to periodontal surgery.

**Dr. Meinig:** Are you talking about baking soda and hydrogen peroxide?

**Larry:** No.

**Laura Lee:** Just on a thumbnail sketch, what is it?

**Larry:** Well, it's a treatment for badly infected gums, the kind they would usually prescribe surgery for.

**Laura Lee:** What's the technique?

**Larry:** It involves, I don't remember all the parts to it, but it mainly involves cleaning the teeth and spraying antibiotics into the gums and also it's part of the larger practice of dental hygiene and the dentist will show you a microscope view of what's going on inside your gums. It's an amazing thing to see, it's almost like a city in there with living things...it looks like little people in the city, these bacteria.

**Dr. LaMarche:** This technique actually was quite popular in about 1986 and what we did was, we took specimens from around the gum tissues of the teeth and allowed the patients to view the bacteria. And they could see those little spirochetes moving around, and indeed looked like little cities. That doesn't mean that it's not being used now, it is being used by some practices, and for each individual patient there is a technique that works well. The idea is to put an antimicrobial agent within the tissue surrounding the tooth so that we could eliminate bacteria and hopefully, the cause of the inflammation of the tissue and get some reattachment of the tissue to the bones and to the teeth themselves. But, to make any judgment of it, I simply couldn't do that.

**Laura Lee:** I often thought that the body itself had that ability to remove bacteria. I mean that's what our immune system does, we've got amazing healing possibilities in our own system if we'll just take away the irritants, make sure you have plenty of nutrition and...

**Dr. LaMarche:** Exactly, one of the key points here is the teeth are very thoroughly cleaned and then the medication is applied in the areas so this allows the tissues to heal free of bacteria. I

have heard of the Keyes Technique, unfortunately it's not as popular or well-known today as it was back in that time.

**Laura Lee:** Thank you for telling us about that, Larry.

**Dr. Meinig:** Actually, I was involved, a third of my practice was periodontal disease and I was involved before we had antibiotics and we learned how to handle these things. I didn't believe in the use of the antibiotics, because we could do it without.

**Laura Lee:** How did you do it without?

**Dr. Meinig:** We used other medications, iodine was a frequent one that was used, it was very successful, we had very good results with what we were doing.

**Laura Lee:** Dr. Meinig just handed me a picture of a cavitation. I'm seeing a slice of a jawbone, there's a lot of pockets within the bone, of course there are - the bone's porous, and there's this very dark area with even larger holes and pockets. And then you can see grey area that's coming off there and especially with the vascular space within the bone that had a major blood vessel coming through. It's gone dark around the edges, not as dark, but you can see that this diseased part of this cavitation is spreading into the outlying bone. This looks like an autopsy, you were saying?

**Dr. Meinig:** Yes, this is an autopsy study. This man had trigeminal neuralgia, which is the most severe pain known to man. It comes on with a lightning flash that doubles the person up. The only thing that will stop it is high doses of narcotics. There's no known cause or no known treatment. However, Dr. Bocho who's been doing these biopsies of these areas, had a study with a sufficient number of people to be a worthwhile study and he found that 70% of the people who had trigeminal neuralgia had a stoppage of their pain problem when they had their cavitations removed from their jaws. Now there were still some that didn't recover, and it was a question whether they may have had other cavitations or other infections or maybe there's some other cause involved, but all of the textbooks say there is no known cause or no known treatment for trigeminal neuralgia. At any rate, this picture is a great illustration of that - it shows the necrotic bone, it shows lymphocytes which is one of the protective mechanisms that help with the healing of things, it shows of course, this necrotic bone is spreading in various directions all over the tissue. And what happened is that this man committed suicide and he willed his skull to Dr. Bocho with the hope that he could find out what caused his problem and maybe help other people who had the same problem. So, of course, this picture is a dramatic illustration of what the dentist sees when he opens these up and does the surgery. Normally no one can see them in other ways.

**Laura Lee:** Gentlemen, would you tell us a little more about this. This is a very dramatic story.

**Dr. LaMarche:** I'd like to share with you the history of this particular gentleman. This individual had pain, very severe for five years, and he had three cavitations removed on the upper right side. He had no teeth, so everything was extracted many years before, but the pain became very significant and three of the cavitations were removed and when they were, the pain was gone.

**Laura Lee:** And the cavitation, let me remind the listeners, is when the skin is opened from a healed site of an extracted tooth and the necrotic dead bone is drilled out, scooped out, you

send it to a biopsy to confirm that there was dead tissue and bacteria there. And then it was allowed to heal over, and the bone - because it's now clean, it doesn't have any infection site there, it'll heal over and fill in actually.

**Dr. LaMarche:** Exactly, and there's no longer pressure on the sensory nerve endings in the area. So what happened is after five years he began to develop again this very terrible pain, and it became so incredible that he killed himself. Before he did that he willed his skull to Dr. Jerry Bocho for examination. When we had our first North American NECO Research meeting on April 22nd in Indiana, his family was there and it was a very emotional scene because the wife, the daughter, and the son-in-law saw all the slides and so forth, and it was touching because it made her heart feel good to know that her husband's life was benefitting humanity. Of course this is a very dramatic photo that you have before you, but it really has helped progress the research that we're doing now.

**Laura Lee:** Tell me just a little about Dr. Bocho, his credentials, where he's practicing. How did he get onto this research in cavitations so deeply.

**Dr. LaMarche:** Dr. Bocho was head of oral pathology at the University of West Virginia and during that period of time I believe that their state board wanted a second opinion confirming or not confirming what an oral surgeon was doing. An oral surgeon was removing cavitations there and they wanted to know if in fact - the oral surgeon was over treating.

**Laura Lee:** Doing procedures that they felt were unnecessary?

**Dr. LaMarche:** Exactly. And Dr. Bocho examined many of the oral specimens that were removed from these patients and in fact was very, very surprised that there was osteonecrosis or dead bone within these so-called cavitations at the time. He became very interested in this, so interested that he left the school and he formed the Oral-Maxal-Fascial Center that he has now.

**Dr. Meinig:** Before he left the school he was professor at both the medical school and dental school in pathology.

**Laura Lee:** No slouch, this man?

**Dr. LaMarche:** No, very well credentialled man.

**Laura Lee:** The next call comes from Annie. Hi, Annie, thanks for joining us.

**Annie:** Hi, thank you. This is really interesting to me because like the other callers, it rang some bells. When I was a teenager I had the wisdom teeth pulled out and within about two or so years it was discovered that I had all the bone loss and then I had the periodontal surgery. And then, within a year, which I've not really been able to shake for about 12 years now, is chronic fatigue. And you know you go to all these doctors and they say, "Oh, it's all in your mind," you know and it can never be diagnosed. But from what you say I believe there is probably a definite link, but are you saying that the holes from the wisdom teeth even taken out 20 years ago might still be causing bacteria?

**Dr. LaMarche:** The holes left behind by formerly extracted wisdom teeth can be a source of an immunological challenge as many as we've seen in our practice for 60 years. An interesting

thing is one will say “How can it be immunological challenge?” Well, what we’ve seen in blood chemistries is this...we look at white blood cells and we also know that when one has an infection there will be a higher or an elevated white blood cell count.

**Annie:** Do they have to actually do surgery to look inside where it was?

**Dr. LaMarche:** Oh, absolutely. The only way you can do it is to surgically go in and clean out the infection. The same as you clean any infection out in the body, you have to go in and do it.

**Annie:** And you wouldn’t necessarily feel infection all these years?

**Dr. LaMarche:** No. I need to finish this thought so that you can see the connection between the...challenge to your immune system. So what has happened when individuals have had nothing else done other than just the cavitation removal, we have found people will have bands. Bands are immature lymphocytes, white blood cells. When you have a very challenging infection the body will produce lymphocytes in response to that. The body may have to release some of these lymphocytes into the system sooner because of the fact that the challenge is so great. The bands are the immature lymphocytes and we will find people with 3-5% of the lymphocytes are bands. After the cavitations are removed these immature white blood cells are gone.

**Annie:** The chronic fatigue didn’t start until after the periodontal surgery, but I was wondering if there was a connection of the bone disintegration from the wisdom teeth being extracted ten years prior to that?

**Dr. Meinig:** It could have been either, but very often when periodontal condition is quite severe it can be as bad as far as infection is concerned, as the root canal filled teeth themselves. They’re very similar and one of the problems is if you have periodontal problems you have to have regular prophylactic Annie: It’s frustrating you know, because for one thing it’s painful, it’s expensive, and I’ve had so many times when one other doctor’s mistakes have caused more problems that develop and it’s a never-ending cycle of repairing previous doctor’s mistakes.

**Laura Lee:** Good luck to you, Annie. And it’s too bad that our mouths are so full of potential problems. I keep looking at those dinosaur jawbones and those early people and they’ve all got perfect teeth that have lasted those millions of years. Why can’t we? [Hal Huggins](#) explains another reason, this to do with mercury, but there must be a similar mechanism here, Michael. He says that the immune system is being assaulted by mercury in the system in those dental fillings or by eating fish or whatever.... He says that you’ve got a lot of ions coming off of any mercury in the body, it’s volatile, it attaches itself to various molecules of the body so it can attach itself to a good enzyme and then suddenly the body goes “This isn’t self, this is non-self, let’s get the immune system out and attack it.” But the body then gets confused because it’s really a beneficial cell, a cell that belongs there, but it’s got this marker on it that says mercury, therefore it’s non-self, so the body misreads two things as harmful. And then you’ve set up this autoimmune, it’s going after its own good cells and so it gets this real confusing situation, going on in the body. Is something similar to that going on here?

**Dr. LaMarche:** Actually, what we’ve found in cavitations, particularly individuals with Multiple Sclerosis, is that there is a particularly high level of antiperipheral myelin antibodies. The cavitation itself is a very destructive process as I said before, it’s bone death cell by cell. And as the lytic or the dissolving enzymes are breaking away bone they are actually working their way

down and around the nerves, dissolving away the myelin sheath which is the insulation on the wiring of the nerve. When you have so many nerves in the jaw, exposed myelin and collagen can become antigenic. That is, the body will mount an immunological challenge to them. And so one thing that we are considering as part of our research, is can this play a role in Multiple Sclerosis. Now this is very early right now, and obviously it's not in any papers, but it certainly is in some of the research that we've uncovered, and I'm sure very shortly that it will show up in a paper.

**Laura Lee:** Again, it's a detective story. We have Jeannie calling from let's see, it's not West Palm Beach, what beach is that listening to WJNO, Jeannie?

**Jeannie:** Pompano Beach, Florida. Laura, thank you very much for allowing me to speak on your program. And for the magnitude of information we're hearing from these two gentlemen. You did mention earlier in the show that you go into the certain area and you want tissue for a pathology report. I was wondering what it is you're looking for in the pathology report and also you did not address different cancers that may be found in the mouth, and when these different things occur in the mouth and we have certain infections, can squamous cell carcinoma occur because of, starting from another type of infection if it isn't taken care of? Can it develop into this sort of cancer in the mouth? I would appreciate it if you would reflect on that.

**Dr. LaMarche:** When we first open into the cavitation, what we do with an instrument called a curette, we vigorously scrape the bone, all the surrounding cavitation and place as much of that material in the biopsy bottle as possible. What we are of course always ruling out, is cancer, and we have by the way found a lymphoma here recently. Squamous cell carcinoma is not something that we would expect to see within the cavitation site.

**Laura Lee:** That's more of a skin cancer, isn't it?

**Dr. LaMarche:** Yeah. What we're looking for are chronic inflammatory cells which, as I said before, we will find a small number of those within these. We will find what is called fibrin sludging, in other words, pooling of the blood clotting factors. We will find microcracking, delaminating of the bone. We will find necrotic or dead bone, dead fat cells floating around. We will find clumping of all of these in our biopsy reports.

**Dr. LaMarche:** Dr. Bocho, on every report that he sends out, will indicate that he has looked for cancer cells and he indicates this by saying, "No cancer or no signs of any cancer were found."

**Laura Lee:** Does that answer your question, Jeannie?

**Jeannie:** Yes it does, and I appreciate it. Thank you very much.

**Laura Lee:** Thank you. One thing I'd like to know is, this is a bunch of tubules, holes, it's porous, and how does this stuff get contained within the cavitation - why doesn't it go floating through and spread out.

**Dr. LaMarche:** It does.

**Laura Lee:** It does?

**Dr. LaMarche:** It does. Actually again, this is bone death cell by cell.

**Laura Lee:** It's kind of leaching and encroaching on the neighboring cells?

**Dr. LaMarche:** What happens is it can actually destroy a blood vessel and through the channel that the blood vessel courses, the cavitation can grow and can include a number of teeth or areas of former teeth. It can grow that way, so we find a tunneling, when we open into one we find that actually the one becomes two becomes three, and as many as four or five of the formerly extracted teeth and sometimes these will go around teeth that we believe to be vital teeth.

**Laura Lee:** Healthy teeth?

**Dr. LaMarche:** Healthy teeth.

**Laura Lee:** Next call, Dan. Hi, Don.

**Don:** Yeah, hello, I'm here. I have found that if I eat a lot of junk food or just eat that occasionally it will hurt like crazy. Once I thought I'd have to go to the dentist and have him look at my fillings and everything else, but I sort of went on a fast and it went away. Does your dentist ever deal with anything like that?

**Dr. Meinig:** Well, junk food mostly very often contains sugar, of course, and sugar can set off toothaches in teeth very readily. So, the chances are it's the sweetener in them. Acid foods can do this as well. If you were using a lot of fruit juice for instance, both the sugar in the food or the acid quality of the fruit, the organic acid that makes it up could cause that as well.

**Laura Lee:** Good luck, and eat a healthy diet. So this is a good time to make a comment about diet because Dr. Westin Price, who did a lot of research in the root canal area problem, he also did extraordinary research on the impact on not only one's health of nutrition, but also one's development. Mental development, physical development and nutrition, and I know that you studied that quite extensively, Dr. Meinig.

**Dr. Meinig:** What happened, of course, is when this root canal work that he had done was covered up because of a number of doctors and dentists who disbelieved in the focal infection theory and a few other things, they quit asking Dr. Price to be a speaker at many medical and dental meetings and he was one of the most sought-after speakers in the world. So this probably happened in the area of 1925 to 28 or 29. So in the 1930's he and his wife set out on a ten-year research program in which he visited 14 different races of people, trying to find those races of people who were living on their own natural classical foods, who were not in contact with any outside sources of our so-called foods. He called them the "foods of commerce." He actually visited 14 races of people and in many cases, many tribes of those people, and he recorded the amount of tooth decay, he recorded whether they had any illnesses, what their status was healthwise. The decay rate in all 14 races ran between 1% and 3-4% of these people against our over 90% of tooth decay for our people.

**Laura Lee:** Well, I see a bit of a difference there. From 1 to 90%, okay.

**Dr. Meinig:** Now what happened is that these primitives lived in these remote areas very often had some item that was tradable with the rest of the world, and of course money wasn't of any

use to them, and so what they did was a barter exchange and what was exchanged was a few items of clothing, some trinkets of various sorts, a few jams and jellies, and vegetable oils. But 90% of the items traded were white flour and sugar. Now as soon as that happened to these natives they immediately started to develop tooth decay in large quantities and it jumped immediately to 40 to 50 to 60% and it started within six months of the introduction of the white flour and sugar. And not only that - the first generation of these people developed all kinds of other degenerative diseases like cleft palates, hair lips and club feet and that sort of thing.

**Laura Lee:** He was doing this at a time when it was possible to visit societies that had not yet converted totally to the diet of commerce as he called it. They were just primitives or indigenous cultures, probably primitives is not a word you would use today, but one of the studies I know as I looked through his book.... What's it called...Diet & Nutrition?

### **Dr. Meinig: Nutrition and Physical Degeneration.**

**Laura Lee:** I read about a Swiss valley that he studied where it was just simply hard to get in and out, so the people in the valley pretty much stayed in the valley, and ate food that was just grown in the valley, and so you can find pockets of population back then even, you didn't have to go to some far off island or Alaska or something.

**Dr. Meinig:** He actually found some in Switzerland in the 30's. Switzerland was pretty civilized and had a lot of modern foods, but these were down in the normal plains and the people living at the altitudes didn't get down below very often so they had a higher rate of decay - it was about 4 per person which was as high as it came...

**Laura Lee:** But not the 90%.

**Dr. Meinig:** Not the 90% because most of the food they were eating was natural food from their area. He visited South Sea Islanders, Micronesians, Polynesians, Aborigines, Gaels off the coast of Scotland. In Africa he and his wife travelled 6,000 miles, can you imagine all of this all over the world, the travel in the 30's was not that good, and what a big chore this was. His wife developed all of the pictures on the spot, of these primitives.

**Laura Lee:** 18,000 pictures that he took to illustrate...

**Dr. Meinig:** This is all of the Price-Pottenger Nutrition Foundation's library of data. They have all of his memorabilia and it's a fantastic setting. The book [Nutrition and Physical Degeneration](#) not only tells about that, but tells about all of the foods that they ate. Many people were asking us from time to time - I've been a member of the foundation and a director for many years - and they'd say, what was the Price message? And it always kind of disturbed us that people didn't get the message and then we weren't sure how to answer that anyway. And suddenly one day it dawned on me that the real message was that all of these people all over the world ate all kinds of different foods. None of them ate the same diet, and here we're looking at people going to all kind of nutritionists and finding out about high fruit diets, and high wheat diets, and high this diet, and high that diet. Well actually, the only common denominator was that most of these primitives were on a high protein diet, which meant meat, fish, eggs, and that sort of thing, and moderate fat and low carbohydrate. That was the only common denominator that way, but when you're thinking about what kind of a diet, the message was there's all kinds of foods that you can eat. But the other side is what is it you shouldn't be eating because that's what caused all of the degenerative changes...the severe tooth decay, the club feet, the cleft palates, the hair lips

and all of the other degenerative diseases that took place with these primitives over the period of time.

**Laura Lee:** I know that Dr. Jonathan Wright was saying that a study that he's followed about Alaska Eskimos that were eating indigenous diet and then commerce came in, and they started eating the white flour and white sugar and they developed horrible acne that they hadn't had before.

**Dr. Meinig:** Absolutely right.

**Laura Lee:** Quickly, what is the connection between a hair lip or cleft palate and nutrition? Is it that you're not getting the cells the proper nutrition to form in their developmental stage?

**Dr. Meinig:** *The two key things were white flour and sugar.* White flour, in the making of it, has lost 2/3rds of the vitamin/mineral value that's in that wheatberry when it's milled. You've lost 2/3rds of the food value which means that that person is existing on the same amount of calories...but less nutrition. The sugar, of course, is another one. The sugar pulls calcium out of the system, so when the possibility of causing the cleft palate - well you're not having normal bone development because you pull so much calcium out of the system the bones couldn't unite properly and develop properly.

**Laura Lee:** Back to the phones. We have Paul calling from our new affiliate, KRH, out of Reno, Nevada. Hi, Paul.

**Paul:** Hi. Thank you for taking my call, it's a very interesting program. I was wondering what the current status is from the American Dental Association on amalgam. My dentist wanted to rip all of my amalgams out and put these plastic materials in.

**Dr. Meinig:** As far as the root canal filled teeth, the American Dental Association has not said a word about this to my knowledge since my book has been out. The Endodontic Association, on the other hand, I'm still a member of that, I was one of the 19 founding members as you heard if you were listening at the beginning of the program, they have printed three mailings to the endodontic members of which there are now 4,000 in the country and they were reasonably kind in the way they approached it to me, but they of course are not very happy about the data in the book. Fundamentally they say that there's a lot of information, they say that there's nothing to the focal infection theory which is utterly ridiculous because they know that every dentist and physician has to prescribe antibiotics for people who have any heart conditions or had any bone surgery of any kind in order to prevent...

**Laura Lee:** What do you mean?

**Dr. Meinig:** Endocarditis. It was found in a study that people who just had their teeth cleaned, and had any type of heart condition, 20% of them got endocarditis. It's a very important thing, and the reason they're given antibiotics to prevent this is a focal infection transfer. so for them to say there's nothing to the focal infection theory is utterly ridiculous.

**Laura Lee:** And yet they're prescribing to counter that same theory. That's about an affirmation of it.

**Dr. Meinig:** The main thing, however, is they do not face the problem of the bacteria that are in those dentin tubules and that they never say a word about. What they say about Dr. Price is, yes he did some research, but it's old stuff, it existed a long time ago, they never mention that it's a 25-year program, that 60 scientists were helping him and helped support that program and they never mention about the dentin tubules.

**Laura Lee:** The research was done in the 20's, but also the same research was done today and the same results...

**Dr. Meinig:** It is being done today by [Hal Huggins](#) and instead of using rabbits and other animals he's using guinea pigs and the reason is it's a smaller animal than the rabbit is, and the amount of space they have to use and what it costs to run a laboratory in this time. He's finding, at least his preliminary reports were, he's finding the same things happen to the guinea pigs as to the rabbits with one exception in some instances, and that is their immune systems are somewhat better and some of them actually recover from the illnesses they received from these teeth after a certain period of time, like two to four to five weeks.

**Laura Lee:** That's interesting, because guinea pigs, as well as humans and other primates are some of the few mammals that don't produce vitamin C in our bloodstream. So we have to take it through a food source. Whereas rabbits and other mammals can produce vitamin C when they're under stress especially, they produce more, so I guess our immune systems are more akin to guinea pigs than to rabbits.

**Dr. LaMarche:** By the way, our research group, hopefully in August, will have together a complete protocol for these procedures, and one of the things we hope to do is when a root canal tooth is removed, we will take it and immediately put it into an anaerobic environment so that we can analyze the bacteria and the toxins within this.

**Paul:** Yeah, I wanted to know what the American Dental Association stand was. I had one root canal tooth and I have arthritis, neck and back pain, and all kinds of neuralgia pain, but it's asymptomatic, the tooth doesn't hurt or anything. If the doctors decided to take that tooth out and we took that tooth out, what difference would it be whether they took that tooth out or cut off my right index finger and analyzed both of them, and put into the skin of the rabbit, the rabbit would probably still develop it and how could you tell if it was from my tooth or from my index finger?

**Dr. Meinig:** That's an interesting thought, but I would doubt that there would be enough bacteria, it would be floating around your bloodstream, of course...

**Laura Lee:** Actually Dr. Price put other things, he put a coin under the rabbit skin, he put a non-infected tooth, a healthy tooth under the rabbit skin and nothing happened.

**Dr. Meinig:** That's exactly right. What he did was he collected 100 healthy teeth. These were teeth that were extracted for orthodontic purposes or impacted teeth and he implanted each one separately in a different animal. It was more than rabbits. They did it in a number of different kinds of animals, and you know what happened? Not a thing. Those teeth just laid dormant under their skin for the full life of the animal.

**Paul:** Basically it's just around that particular tooth.

**Dr. Meinig:** You're right, and it's coming from those dentin tubules primarily, although it can be coming from leakages in the root canal filling because it doesn't fit too well.

**Paul:** How do you attribute it to going throughout the body to other organs or whatever?

**Dr. Meinig:** The bacteria escapes from the lateral canals into what's called the periodontal ligament which is the fibrous tissue which keeps the tooth from falling out. And from there into the surrounding bony socket, and from there into the blood supply of that bony socket, and from there all around the body.

**Paul:** That means other parts of the body should be able to elicit the same response.

**Dr. Meinig:** Not necessarily. You've got the source there, it might happen, but I don't think anybody would want to have their finger cut off to test your theory.

**Laura Lee:** Thank you. Sandy next, calling from Tuscon, Arizona. Hi Sandy.

**Sandy:** Hi. I have had a root canal go bad and my gum cut open and gum surgery done, there was pus up in there, infection up in there, and I asked the dentist what would happen if I just let this go and he said the infection would spread and eat away the bone and if I hit my face, my face would break. And, I'd like to know would I have been better off just having that tooth pulled out and not having the amalgam put up in my gums to repair the rooth canal that went bad? Or should I have my two root canals taken out?

**Laura Lee:** Well again, we don't diagnose over the phone, but all I can tell you is make up your own mind.

**Sandy:** I know, I do also have the joint aches and pains that I've developed over the years that might be connected.

**Laura Lee:** You might be a candidate for relief from that.

**Dr. Meinig:** I can tell you that I did summarily use amalgam and I decided I didn't like it.

**Sandy:** Right.

**Dr. Meinig:** I didn't like it, so I quit doing that, and today we're finding those people who are having problems with mercury poisoning have a lot of problems when they've had amalgam put at the end of the root of the tooth to do the root canal filling.

**Laura Lee:** Right, because you're putting a toxic substance, mercury, right there...

**Dr. Meinig:** You're putting mercury in and you'll be spreading that continually.

**Sandy:** So that can be removed also?

**Dr. Meinig:** It's removed if you remove the tooth, yes.

**Dr. LaMarche:** I think it's also very important for you to bear in mind this, that even though we know and suspect that there can be potential harm from an infected root canal, that does not mean that if you have that root canal removed that all of a sudden your symptoms will vanish. You need to know that. And that's why this is a decision that must come exclusively from you in conjunction with advice and also from as much information as you can glean from the literature.

**Sandy:** Does your book tell you where to get local help for this...what kind of dentist will take care of this properly?

**Dr. Meinig:** If you'll can right here, the station, they're going to be having a list of those people.

**Sandy:** Thank you very much.

**Dr. Meinig:** Keep in mind, there's a lot of dentists that don't know about this so the number of dentists totally in the whole country isn't that many, but it's spreading every day and we're getting more and more of them every day.

**Laura Lee:** This is an important topic and need-to-know information about root canals and cavitations. Next up, George on the phone. Hi, George.

**George:** Laura Lee, you may not believe this, I don't believe it myself. I had a root canal done six years ago. A year-and-a-half ago I had the root canal extracted. And up to the extraction I was having all kinds of trouble with my left arm. Couldn't get the thing above my shoulder blade. Finally they said I needed to do ten weeks of intensive therapy and they started getting the arm loosened up a little bit. In the meantime I was having some teeth problems and I decided to get that root canal out of there because it was a bad job to begin with. And they had put mercury in it and refilled it and I was having trouble with my left eye. Guess what, the next morning I had no problem after the root canal was removed, no problems with my left arm whatsoever, I could raise it over my head. I went to my eye doctor a week later and he wanted to know what I'd done because my left eye was all well.

**Laura Lee:** Good for you, that's a wonderful success story. I'll bet you hear a lot of these.

**Dr. Meinig:** We hear it, but we thank you very much for telling us your experience and it's just utterly amazing how many times it happens that quickly. So many people find that they should have been doing this a long time ago, of course, and now they're so free of it they say, "My gosh, why didn't I wake up?"

**Laura Lee:** They didn't have the information until now. I just want to mention that Dr. Meinig is a picture of health, and if you want to tell the audience how old you are?

**Dr. Meinig:** I don't have any objection. I'm 80 years old.

**Laura Lee:** But he was up until midnight, he and Dr. LaMarche were out until midnight last night, then they were up at 6:00 this morning, gave an all-day conference on this to a local group here in Seattle. By the way, Dr. Meinig is available to go to other areas and give a conference on this, so we'll let you know how to contact him if you call us. Had a conference from 9:00 to 4:00 today and he comes on the radio and talks another three hours up 'til midnight and he could go another six hours, it looks like to me.

**Dr. Meinig:** I think I could.

**Dr. LaMarche:** He wants to go party afterwards.

**Dr. Meinig:** I've got a nutrition all through my practice. My favorite subject in dental school was physiology, that's how the body works. So it's easy to follow. The nutrition I've been in for 50 years or more - very seriously into it. So this makes a difference.

**Laura Lee:** Also it makes a difference with both of you gentlemen, it's very obvious you love your work. I know, Michael, you look at the whole picture as a detective story, a mystery to be solved, it's just fascinating working the way both of you speak about this. I think to love your work also counts a lot. Last couple of phone calls. John, Madison, Wisconsin, with me WTDY. Hi, John.

**John:** Hi. Dentists, when removing a tooth, sometimes use a saline solution to wash the area out and others use chlorine dioxide and reportedly in Australia, they use tea tree oil. Now, what are your thoughts about these substances?

**Dr. Meinig:** I've heard a lot about tea tree oil, I've not had any experience with it. The reports are all very good. Anything that you do to irrigate or clean out an area is fine. Disinfectants are some help. There's some question when you get into something that is too strong a disinfectant as to whether it might not be causing more damage than good. Most of the time if you clean the area out well you don't really need too much other than just irrigation, even with plain water. But most of the time doctors like to use something, they feel a little safer about using something that has a disinfectant in it, and so there's a wide choice of different kinds of medicaments that can be used.

**John:** Okay. What kind of anesthetic should be used?

**Dr. LaMarche:** The anesthetic I would say generally, is the choice of the dentist. At our practice we used what's called Marcaine when we're doing a surgical procedure because Marcaine has the ability to last for, oh, sometimes six to eight hours, and we want the patient to get through the tough time, which is about three hours after the procedure and get into a little bit later period of time where they're more comfortable. So, Marcaine would be great, but Lidocaine or some of the other anesthetics are fine.

**Laura Lee:** Thanks, John. Let's take our next call, John calling from KXL, Portland, Oregon. Hi.

**John:** Hi. I have a question and a quick comment. I was just thinking, you know, about psychiatrists that probably erroneously committed thousands of people and put them on psychiatric drugs or ECT or whatever just because they had infected jaws and teeth.

**Laura Lee:** There's a reason why Dr. Hal Huggins calls his book, [It's All In Your Head](#).

**Dr. Meinig:** You're absolutely right.

**John:** The question I have is, I've had a lot of infection in my teeth. I have periodontal disease and I eventually just gave up and had all my upper teeth removed and almost all my lower

teeth. I've only got about seven left, but I've still got headaches...I have headaches and floaters in my eyes that keep getting worse. Could that be caused by...?

**Dr. LaMarche:** The headaches I would certainly consider. I would see someone about the possibility of cavitations. The floaters in the eyes, Dr. Meinig...

**Dr. Meinig:** It certainly could be from periodontal problems just the same as root canal problems.

**Laura Lee:** I want to thank you both for joining us tonight and for doing some of this far-reaching important research, and for being daring to get out there and push the field further. You're both to be applauded. Thank you for a marvelous book that's so full of this great information, [Root Canal Coverup](#), Dr. Meinig, and for participating in this breakthrough study that you are, Dr. LaMarche.

**Dr. Meinig:** Our real motive in all this is to spread the word and let people know what these dangers are. We think that if the people know, it's eventually going to be picked up by the professions. Otherwise they're a little slow at this sort of thing, you know, doctors, whether they're dentists or physicians, are very slow at picking up things.

**Laura Lee:** Oh the grassroots, we're the first to get it, right, and then the so-called experts down the road.