



# The TOXIC TOOTH

How a root canal could  
be making you sick

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with a Foreword by:  
Boyd E. Haley, PhD

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## Foreword by Boyd E. Haley, PhD

This book by Drs. Kulacz and Levy should be required reading for all physicians and dentists. First, all the research that I have read over the years has supported the ideas of Dr. Weston Price that doing root canals on teeth makes them susceptible to multiple types of infection by bacteria that cause different systemic type infections. Dr. Price's research was brilliant for its time. However, the discoveries of Dr. Price caused problems for an area of dentistry called endodontics that was developing into a very lucrative business. His research was actively attacked by those who wanted no discussion on the safety of their money-making procedures.

However, a Dr. George Meinig, one of the early endodontists who had issues with the root canal procedure's safety, wrote a book called "Root Canal Cover-Up" which brought more to the forefront of the health dangers of the root canal procedure with regards to the causation link to multiple systemic infections. Both Dr. Price and Dr. Meinig were attacked by their peers who wanted to maintain the illusion of root canals being safe. Dr. Kulacz is just one of the latest to feel the unjustified wrath of the Endodontic profession for asserting that infected, root canal-treated teeth could be the focal source for remote infections. Such infections, caused by the delivery of microbes from the infected teeth into the bloodstream, end up in specific organs and sites throughout the body, resulting in various systemic illnesses.

I was personally introduced to this issue through my involvement in the likely toxicological problems caused by mercury vapor escaping from dental amalgams. Dr. Hal Huggins informed me that the toxicity from teeth with root canals was much worse than the mercury vapor from an amalgam-filled tooth. I didn't at all believe him but he insisted that I check out some teeth that he had extracted from patients, some with and some without root canals. My research assistants were startled at the level of toxicity against brain enzymes that was observed by merely placing the teeth into distilled water and then testing the ability of this "tooth treated water" to inhibit or kill important enzymes found in brain tissue.

From this initial simple testing we developed a procedure to test both teeth and gum-related crevicular fluid for toxic effects. The overall finding can be summarized by stating that dead tissue like root canal-treated teeth, if left in the body, will become infected with pathogenic bacteria, and this infection can, and usually does, spread to other parts of the body. When we tested teeth with root canals sent to us by dentists we never found a tooth that wasn't toxic to some degree. However, some were extremely toxic indicating that they were capable of sending bacteria and exotoxins to other body locations that could cause extreme illnesses. We were challenged by endodontists that this translocation of infective microbes could not and did not

occur since some endodontists had attempted to prove Dr. Price's "focal infection theory" to be invalid years earlier. In my opinion, the science that "proved" Dr. Price wrong was very questionable and poorly done.

However, a recent technology that won its inventor a Nobel Prize in Science, called Polymerase Chain Reaction or PCR, came into play and has provided incredible scientific support to Dr. Price's focal infection theory. Simply stated, PCR can identify the infectious bacteria found to cause multiple systemic infections such as placenta infections leading to preterm labor and low birth weight, infections in atherosclerotic plaques leading to heart attacks, as well as multiple infections found in various organs like the kidneys, liver, etc. This is not an outrageous concept, as bacteria from the oral cavity are basically the primary source of bacteria causing most systemic infections.

The presence of dead, root canal-treated teeth, with the high levels of pathogenic bacteria formed within them from the oral cavity, greatly enhances the delivery of pathogenic microbes and exotoxins into the body. PCR studies have many times identified the source of pathogenic bacteria found in infected organs as being the same as found in root canal-treated teeth from the same patient. To deny this is absurd posturing— but it is done by those who wish to continue making a living by inflicting their patients with dangerous root canals. Teeth with root canals also lead to jawbone osteonecrosis or cavitations that harbor the same pathogenic microbes that start out in the dead tooth. Cavitations can cause immense pain and suffering as well as donate microbial infections to cause systemic illnesses.

In the time that I tested teeth and debris from cavitations for toxicity I found many teeth with root canals that had lower toxin levels than seen in cavitations. However, I never found any cavitation-derived material that was not extremely toxic to the test enzymes we used. Over time, I became known to many patients that were treated for this toxicity by removal of teeth with root canals and extraction of the cavitational debris by oral surgery. Considering that this was the initial phase of many dentists trying to help their patients survive the systemic illnesses caused by questionable dental procedures, the success rate was quite impressive.

The very scientific PCR studies show that they were on the right track. Yet even today there is strong denial from the Endodontic societies that root canals can lead to systemic infections and disease, and much of the strong scientific proof of the root canal-induced toxicity is ignored. Those that would reveal it are doing so at great personal risk for their professional lives. This book by Drs. Kulacz and Levy details this current struggle.

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## Preface

When the New York State Office of Professional Discipline (OPD) began investigating my dental practice in 2005, I realized that there were many dentists who disagreed with me. I had once been where they were, completely immersed in a busy dental practice and totally unaware of the comprehensive and compelling research that exposes the systemic risks of root canal treatments. At first, I allayed my nagging fears with a naive confidence. Surely these investigators were guided by a sincere concern for the public in general and my patients specifically.

Once all the science, the microbiological cultures, the pathology reports, the X-rays, and the nearly miraculous patient outcomes were clearly set before them, their eyes, previously blinded by ignorance, would be opened— even as mine had been many years before. Ultimately the OPD would vindicate me and even embrace my practice of dentistry. Boy, was I wrong! I was soon to discover that these investigators, who were supposedly truth-seeking advocates for patient welfare, were no more interested in uncovering the truth than a cop who's paid to look the other way. When the decision was made to write this new book, I was not planning to recount the incredibly painful history that started with the OPD's initial contact.

However, friends encouraged me. They felt it would provide a reality check glimpse into the consequence of challenging long-accepted clinical paradigms of the American Dental Association. Plus, and maybe even more importantly, it could help explain the resistance patients will get from their general dentist or endodontist when they question the safety of root canal-treated teeth. My journey began when a patient told me that his doctor had warned him against root canal therapy. Before the realities presented in this book invaded my world, I performed dentistry just like the majority of dentists do. Life was good. I enjoyed what I did and I made a decent living from it.

I was exactly where I wanted to be in life. I worked 4.5 days per week and made enough money to do just about anything that I wanted to do. I took flying lessons and got my pilot's license. I bought a house. I bought an aerobatic airplane and flew it three or four times a week. I had a wonderful family and my wife and I were thoroughly enjoying raising our twin girls. Life was great. I had arrived. I often ask myself why I rocked the boat when everything was going so well. Frankly, I do not have an answer that provides me much comfort. I suppose I just felt obligated to go in whatever direction the scientific truth led me.

At the same time I certainly understand much better the reasons why many other dentists would never even consider such a path. My journey began when a patient told me that his doctor had warned him against root canal

therapy, and that this procedure could initiate a wide range of medical diseases. I quickly retorted, "That's ridiculous, whoever said that is completely crazy. You shouldn't listen to such nonsense!" It made me angry that someone in the medical field would propagate this absurdity. I felt personally attacked so I began to research the validity of these claims in order to prove to my patient that his physician was wrong. My quest led me to the works of Weston Price, Edward Rosenow, and Frank Billings, all pioneers in the early research clearly linking dental infections to systemic disease.

Although I found their research very interesting, I just "knew" that these writings from the 1920's were "ancient" and had certainly been disproved with more contemporary research. Then I went to an International Academy of Oral Medicine and Toxicology meeting where I attended a lecture by Professor Boyd Haley. At that time Dr. Haley was the department chair of chemistry at The University of Kentucky. He spoke about the toxicity that he found in all root canal-treated teeth and the detrimental inhibition of key bodily enzymes that had been demonstrated by testing the toxins released from these teeth. I felt like I had been punched in the stomach.

Could this be true? I searched in vain for any scientific studies that refuted the research of Price, Rosenow, Billings, and the evidence presented by Haley. To be fair, there were a few editorial articles in the Journal of the American Dental Association that were critical of these earlier scientists. However, rather than provide research or data to substantiate the position of the American Dental Association (ADA), these editorials attempted to discredit previous researchers on their experimental techniques.

These articles never addressed the huge volume of data that had been independently amassed by these diligent scientists; they completely sidestepped the research demonstrating the risks of the root canal procedure. What a blow to my professional pride. I didn't like what I had discovered, but I couldn't deny the powerful evidence. My patient was right and I was wrong. Contrary to what I had been taught, I was forced to conclude that root canal treatment was not a benign procedure without systemic health risks. In good conscience, I could no longer practice dentistry as I had learned it. I had to change the focus of my practice. Many of my patients noticed great improvement in medical conditions that had been plaguing them for years.

I knew that if I were to best treat patients who were coming to see me, I had to learn a lot more about the intersection of dentistry and medicine. To satisfy this need for knowledge, I read through countless journal articles and consulted a number of medical textbooks. During that time, many of the patients that I saw had migrated through a series of doctors without resolution of their medical conditions. Although I was in no way qualified to treat their wide variety of ailments, I wanted to know as much as I could about all

aspects of medicine. I was convinced that the disconnect between dentistry and medicine was arbitrary, and was potentially harmful to patients. These disciplines needed to be integrated, and I wanted to work hand-in-hand with my patients' physicians, knowing that my work could help improve their overall health. It was not long before all of my time was devoted to treating acute and chronic oral infections.

Many of my patients noticed great improvement in medical conditions that had been plaguing them for years, and my practice grew simply by word of mouth. It would soon become clear that scientific validity and positive patient outcomes were irrelevant to them. I did not treat everyone who came to see me. In fact, I turned away the majority of those who wanted surgery because they simply did not need it or they had unrealistic expectations about the outcome. Never did I treat patients' medical conditions or even suggest that their medical conditions were caused by a root canal-treated tooth or cavitation. I simply told them that I would surgically remove the dead and infected bone. If the tissue biopsies and microbiology cultures indicated that they needed additional antibiotic therapy, I would continue to treat them, but usually only after consulting with their physicians.

At times patients needed no further treatment. At other times the tissue biopsy and microbiological cultures revealed infection and inflammation with some highly pathogenic, antibiotic-resistant microorganisms. Some of these were resolved with an oral course of an antibiotic while a few others required longer term, intravenous antibiotic therapy. While my extraction fees were higher than those of most dentists, my pre-op consultation and extraction procedure was far more extensive. Often treatment included surgical tooth removal, biopsy and culture of all surgical sites, removal of the dead or diseased tissue in the bone around the residual tooth socket (debridement), and placement of antibiotic-impregnated graft material.

These procedures were far more involved and time-consuming than traditional extractions. So even though I charged more for the treatment, my net income was about half what I made when I was practicing all phases of dentistry. Contrary to the claims of some of my critics, it was never about the money. As my oral infection treatment protocol became well known, I began to do a weekly radio show on Healthy Talk Radio with host Deborah Ray. I enjoyed speaking about various dental topics, and I was astounded by the wide range of dental experiences of the listeners who called into the show. It was at that time that I decided to write a book on the systemic effects of oral infections, mainly because I wanted a reference for my patients who wanted to learn more about this subject.

I asked Dr. Tom Levy if he would be interested in writing the book with me. I had met him a few years earlier and was very impressed by his knowledge

and understanding of this topic. Thankfully, he said yes and *The Roots of Disease* was completed and published in 2002. The popularity of the radio show and the book greatly expanded my public exposure and made me a prime target for attack by the dental boards. Any individual who speaks up and questions the belief system of an organization should expect that organization to retaliate. And although I had known of other dentists who were targeted by the dental board for practicing similarly, I naively felt secure.

After all, I had a very detailed informed consent form, and I never talked anyone into a procedure. In fact, I talked more people out of treatment than I actually treated. I had pathology reports and microbiological cultures confirming infection in all the teeth and surrounding bone that I removed, and I had the science to back up all of my treatment decisions. However, as admitted to me by the OPD attorney, none of this was of interest to the dental board. It would soon become clear that scientific validity and positive patient outcomes were irrelevant to them. They had a completely different agenda. The New York State Dental Board began an investigation regarding the extraction of two root canal-treated teeth in one of my former patients. They requested a copy of my patient's chart and all X-rays.

I was a little concerned but I knew that my treatment was correct, and I felt confident that after review of the data it would be very clear that there was no basis for any disciplinary action. A short time later, to my surprise, I received a letter from the OPD charging me with two counts of gross misconduct. The first was for the "negligent extraction" of two root canal-treated teeth, and the other accused me of an ethics violation. The dental board claimed that the statement on my website: "I changed the focus of my practice after learning of some of the dangers in dental procedures," implied a claim of superiority over other dentists. By their interpretation, this was a direct violation of the code of ethics.

### **The penalty for these violations: Revocation of my license!**

They were determined to revoke my license for extracting two infected root canal-treated teeth. One tooth had previously undergone an apicoectomy, which is a procedure done after an earlier root canal treatment has failed. The other tooth had a vertical fracture. Pathology from both these surgical sites confirmed infection of both teeth as well as chronic osteomyelitis of the surrounding bone. Microbiological cultures showed multiple species of bacteria from the infected jawbone. The facts of the case were so clear-cut that even a non-dentist could have seen that my treatment was 100% appropriate and in the best health interests of the patient.

It is interesting to note that a patient can choose to have either a root canal procedure or an extraction when seeing a dentist for an infected tooth. If the

patient chooses to have an extraction instead of a root canal procedure there is absolutely no professional misconduct. However, a patient cannot change his or her mind after the root canal procedure is completed. Any dentist who extracts the treated tooth can be brought up on charges of misconduct. This is absurd. It would be misconduct if a dentist talked a person into having a root canal-treated tooth extracted that the patient wanted to keep.

However, that was absolutely not the case in my situation. The patient specifically sought me out for the sole purpose of having me extract two root canal-treated teeth that showed X-ray evidence of pathology. The patient even sent me letters after the extractions praising me for what I was doing. Immediately, I consulted my malpractice insurance carrier to obtain coverage for my legal defense, and they stated that these charges were not covered by my policy. I was on my own. Even so, I was still confident that once I presented all the data to the OPD, the charges would be dropped.

Yes, I had spoken out against one of the most lucrative procedures in dentistry, and it was not hard to imagine why the dental board was motivated to discredit me and remove me from practice. But I still had hope that the attorneys at the OPD would be able to objectively see that I had done nothing wrong. I contacted the OPD prosecuting attorney assigned to my case, and we began discussions about how the OPD would proceed. I sent him numerous scientific references supporting my treatment approaches. Many of my patients wrote letters on my behalf to the dental board.

After review, he said that the board had not reversed its initial decision and that the OPD was intent on full prosecution. I was sickened and disheartened as I began to realize the hopelessness of my predicament. Some time later he called and asked me to schedule an informal settlement conference. This was to be a simple meeting where the defendant meets with the OPD representatives to discuss the penalty. He asked me what my available days were to schedule this. I told him that the only time that I could not make this meeting was on Tuesday mornings.

A short time later he called me and told me that the informal settlement conference was scheduled for a Tuesday morning. I reminded him that Tuesday was the only time that I told him I could not attend. Several days later I called him back and told him that I rearranged my schedule and that I could now attend that Tuesday morning meeting. That was no longer an option. He told me that my slot was "taken." I asked to be rescheduled for the next available time but he told me that this would "not be possible."

He said that since I initially stated that I was not able to attend the assigned conference my slot was given away and that no other appointments would be assigned. It had already been decided: the revocation of my license would be

the penalty. There was never even a pretense of fair play in this process. It was clear that their singular plan was to strip me of my license. And since a license to practice a profession is considered a privilege and not a right—even though obtaining such a license involves a lifetime of hard work and sacrifice—there are no guarantees of due process, a fair trial, or “innocent until proven guilty.”

The Dental Board and the OPD are not bound by the same rules as the American legal system. I wanted to know exactly who was behind this attack on me so I filed a Freedom of Information Act (FOIA) request about my case to see exactly how the case against me was put together and who was making these decisions that would have such a profound impact on my life. The request was denied. Apparently, the New York State Board of Regents has exempted itself from the Freedom of Information Act and does not have to release anything. They can operate in complete secrecy and for whatever reasons they deem appropriate. At that point I decided to contact my U.S. Senator, Hillary Clinton.

I called her office and explained my whole story to a staff member. I sent the same documentation to her office that I sent to the dental board. Senator Clinton felt that the charges against me warranted further discussion so she wrote a letter to the OPD asking for another review of my case. Unfortunately, her letter did not even slow down the prosecution. Shortly after, the OPD attorney called and told me that my case was going to be reviewed by three separate dentists across New York State. I requested permission to speak to these dentists. Once again, my request was denied.

Several weeks later the attorney called again. He told me that the three new dentists who reviewed my case all came to the same conclusion—that these two teeth should not have been extracted, a truly absurd conclusion based upon the pathology and microbiology reports from the surgical sites. So I asked him, “Where are these three dentists located?” He told me that one was in New York City, one was in Long Island, and one was in the northwest region of the state. “Alright then, if these dentists are so far apart how were they able to so quickly review the X-rays and all the data that I sent you?” I asked. “Forget about justice. This has nothing to do with justice...

They have an agenda.” “They didn’t,” he responded. “What? They didn’t? They didn’t even review the X-rays and they came to the same conclusion as the dental board? Who is the one really guilty of misconduct here? Is this justice?” He knew that he had just said something that he should not have revealed to me. “Look, you’re a smart guy,” he said. “Forget about the truth. Forget about justice. This has nothing to do with justice. It has nothing to do with this patient. They have an agenda.” Suddenly, the true motives of the OPD were clear: they just wanted to silence me for good. I never had a

chance. I could not afford to go back into practice, and I could not afford to pursue my legal “rights.”

What the attorney did not know was that I had tape-recorded many of my phone conversations with him. I was not about to let his shocking disclosure go unchallenged. I called the Chancellor for the New York State Board of Regents. I got voice mail when I called and described my situation. I proceeded to state that the State Dental Board and the OPD were both corrupt, and reiterated what the OPD attorney told me about the board’s agenda. I said that I had this on tape and proceeded to play a portion of a previously recorded conversation with the OPD attorney as proof that I did record my conversations with him.

The next day I received a call from the attorney. He said that the board wanted to drop all charges against me if I would simply plead “guilty” to a records violation. A records violation was only a slap on the wrist but it would still allow them to protect themselves from future legal action for filing malicious prosecution. I didn’t want to accept this plea bargain, but after speaking with an attorney who handles many board actions, he advised me to take it. He said that if I had that actual recording we could pursue it. But since I did not, it would take five years and a quarter of a million dollars in legal fees; I would win, but they would find some other way to get me.

So I reluctantly took the plea. In July 2006 I signed the plea agreement. At the time it seemed like a fairly innocuous settlement. But because of this “minor” records violation, insurers immediately labeled me as “high risk” and I was denied malpractice coverage. To obtain malpractice insurance I had to go to the New York State high-risk pool. My malpractice premium, which was originally about \$ 8,000 per year and typical for a practice performing predominately oral surgery, jumped to nearly \$ 80,000 per year. The OPD and its attorney had out-maneuvered me.

I could not afford to go back into practice, and I could not afford to pursue my legal “rights.” The stress of this year-long process nearly killed me, and having my career ripped away so easily and so unjustly was enough to drive me crazy as well. I knew that if I went back to practice the dental board would eventually come after me again. Their victory was devastating. The idea of going through this process a second time was unthinkable. I was through with dentistry. All the years of education and building a practice and suddenly it was over. I cannot describe in words the visceral feelings that I experienced confronting this reality. I could not sleep. I could not eat. I felt so alone. What would I do? I would have to change careers. Even if I still wanted to practice dentistry, a massive malpractice premium had put that possibility out of reach.

## CHAPTER ONE

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**THE CASE** *Against Root Canal Treatment*

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# Endangering the Body to “Save Your Smile”

According to the official website of the American Association of Endodontists, the goal of a root canal treatment is to “relieve your tooth pain and save your smile.” The same website goes on to explain the procedure:

“Endodontic [root canal] treatment treats the inside of the tooth. Endodontic treatment is necessary when the pulp becomes inflamed or infected. The inflammation or infection can have a variety of causes: deep decay, repeated dental procedures on the tooth, faulty crowns, or a crack or chip in the tooth. In addition, trauma to a tooth may cause pulp damage even if the tooth has no visible chips or cracks. If pulp inflammation or infection is left untreated, it can cause pain or lead to an abscess.”

***“How does endodontic treatment save the tooth?***

During root canal treatment, the inflamed or infected pulp is removed and the inside of the tooth is carefully cleaned and disinfected, then filled and sealed with a rubber-like material called gutta-percha. Afterwards, the tooth is restored with a crown or filling for protection. After restoration, the tooth continues to function like any other tooth.”<sup>1</sup>

**The goal seems noble and innocent enough. It’s all good, right?**

On the face of it, a tooth has been “saved,” but there’s a devil in the details. A previously infected tooth that now maintains a beautiful smile and is without pain, in their words “saved,” does not mean that the tooth is necessarily safe. Overwhelming scientific evidence shows that virtually all root canal-treated teeth are still infected and slowly and continually leak disease-causing pathogens and toxins into the rest of the body as long as they remain in the mouth.

Removing the pain-sensing nerves from a tooth and blocking all access to the infection-fighting immune system does not “cure” the tooth any more than a local anesthetic “cures” a painful boil. The pain has been resolved, but nothing has been done to cure the underlying infection. Ignorance may be

bliss... until a stroke, heart attack, dementia, arthritis, or cancer shatters the blissful calm.

Based on the data that is being collected and published now, the health impact of root canal-treated teeth is staggering. According to industry statistics, over 25 million root canal procedures (endodontic treatments) are performed in the United States every year. Recent research would indicate that the secondary health cost as a result of these procedures is many times greater than the cost of the procedures themselves. And, of course, that's only the financial impact of these procedures. The human price is much steeper.

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*Removing the pain-sensing nerves from a tooth and blocking all access to the infection-fighting immune system does not "cure" the tooth.*

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It should be understood from the beginning that it is the root canal treatment procedure, and this treatment alone, that is being brought into question. Nothing in this book is intended to state or imply malpractice or intended harm by those who perform this treatment. The vast majority of these professionals are sincere, hard-working, conscientious, and very interested in the health of their patients. These men and women are only doing what they have been taught to do. They are simply doing a pro-

cedure they believe to be beneficial, and they are asserting what they have been taught to believe.

On the other hand, materials and websites that promote endodontic treatment often claim that there are no scientific grounds for concern about the safety of such therapies. That is simply not true, and it is grossly irresponsible. Recent scientific evidence will be presented to show that the infection and toxins that remain in virtually all root canal-treated teeth are intimately linked with

- ✓ Alzheimer's disease (onset/progression)
- ✓ Ankylosing spondylitis
- ✓ Asthma (worsening and increased bronchial inflammation)
- ✓ Birth problems (low birth weights, premature birth, lower maternal hemoglobin levels)
- ✓ Cancer (of the lung, kidney, pancreas, and blood)
- ✓ Cardiac calcification
- ✓ Cerebrovascular disease
- ✓ Chronic obstructive pulmonary disease (COPD) and its worsening
- ✓ Coronary heart disease (CHD)
- ✓ Diabetes
- ✓ Endothelial dysfunction
- ✓ Epilepsy (increased seizure severity)

- ✓ Hearing loss (sudden sensorineural)
- ✓ High blood pressure (hypertension and increased mortality from hypertension)
- ✓ Increased serum cholesterol and LDL levels
- ✓ Inflammatory bowel disease
- ✓ Kidney disease
- ✓ Metabolic syndrome (leading to increased CHD)
- ✓ Obesity
- ✓ Osteoporosis (stimulation of osteoclastic activity)
- ✓ Pneumonia and other lung infections
- ✓ Preeclampsia (increased risk)
- ✓ Psoriasis
- ✓ Rheumatoid arthritis
- ✓ Septic pulmonary embolism
- ✓ Stroke (increased risk and greater neurological deficit)
- ✓ Systemic lupus erythematosus and its worsening
- ✓ Vascular disease (such as Buerger's disease and varicose veins)
- ✓ Critical vitamin deficiencies (C and D)

Additionally, anatomical evidence will show that the goal of root canal treatment, namely to “save” the tooth by removing the infection (sterilization) and to create a bacteria-tight seal to prevent

re-infection and leakage, is essentially impossible in both theory and execution. In the coming chapters scientific studies will be used to demonstrate that

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*Endodontic proponents assert that the healthy immune system is capable of handling any infectious bacteria remaining after the root canal treatment in a matter of minutes.*

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virtually all root canal-treated teeth are, in fact, infected and leaking.

Endodontic proponents assert that the healthy immune system is capable of handling any infectious bacteria remaining after the root canal treatment in a matter of minutes. The fallacy of this notion will be fully exposed with scientific examples and precedent. Unfortunately, it's not just pathogens that present

the danger. The microbes in the oxygen-starved environment of a root canal-treated tooth produce exotoxins that are biologically highly toxic and virtually untouchable by the immune system.

Some have questioned the actual danger of endodontic treatment simply by noting that if the claims were true, people would be falling dead all around us from root canal-treated teeth.

The reality is that millions **are** dying from heart disease, kidney disease, diabetes, cancer, and dementia. Many others **are** suffering with arthritis,

obesity, metabolic syndrome, and high blood pressure. And in those cases where root canal-treated teeth have been the cause of the death and suffering, the typically pain-free treated teeth just sit in the mouth quietly exporting their pathogens and toxins—day after day, year after year—often with little or no sign of harmful activity unless actively investigated with clinical evaluation and laboratory testing.

For sure, not all who are dying or suffering are doing so because of root canal-treated teeth. But current evidence says some people certainly are. Root canal-treated teeth increase the risk of disease, period. Few are acknowledging this risk.

Serious warnings are in order. Patients must be informed of the documented risks of root canal treatment and offered the alternatives to root canal procedures. Simply put, there must be a full informed consent offered patients contemplating this procedure. Dentists cannot selectively omit peer-reviewed published research data describing the systemic health risks of root canal-treated teeth in

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*The reality is that millions **are** dying from heart disease, kidney disease, diabetes, cancer, and dementia. Many others **are** suffering with arthritis, obesity, metabolic syndrome, and high blood pressure.*

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talking with patients while assuring them that the root canal treatment is a completely harmless procedure. The chapters ahead present the evidence, sound the warning, state the risks, and present the alternatives.

# Save Your Smile AND Your Health!

Over 100 years ago, Weston Price, DDS, began to demonstrate the correlation between infected teeth and systemic disease. In his meticulous research he showed that most, if not all, root canal-treated teeth were infected, highly toxic, and linked to heart disease, cancer, rheumatoid arthritis, neurological disorders, and many other chronic degenerative diseases. Since that time the dental industry has tried to discredit Price's work in an effort to "prove" the safety and efficacy of the root canal procedure.

In 2002, authors Kulacz and Levy dared to echo and turn up the volume on the warnings of Price and others about the risks of this dental therapy. Because Robert Kulacz, DDS, was so vocal about the health risks of root canal-treated teeth, he was targeted by the New York State Dental Board who attempted to revoke his dental license. (see the Preface for details).

Now Kulacz and Levy double down on the powerful indictments brought in **The Roots of Disease** with an exposé that leaves no wiggle room for the root canal procedure or the dental/endodontics industry. They masterfully show the impossibility of sterilizing and/or sealing a root canal-treated tooth. They also document the massive failure rate of the procedure with research from the industry's own journals. In addition, nearly 100 citations from the most current medical and dental literature solidly establish the links between root canal-treated teeth and the same systemic diseases that Weston Price reported a century earlier.

Although written for the layman, there's more than enough science in **The Toxic Tooth** to counter any protest from the dental community. If you or a loved one has undergone or is considering root canal treatment, this book is a must-read. It leaves no reasonable doubt that root canal treatment can negatively impact your health. Perhaps most importantly, **The Toxic Tooth** will show you how to "save your smile" without endangering your long-term health.

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