The Toxic Tooth | How a Root Canal Could Be Making You Sick:
A Special Interview with Robert Kulacz

By Dr. Joseph Mercola

DM: Dr. Joseph Mercola

RK: Robert Kulacz

DM: Root canals, a commonly performed procedure in most adults. Are they good, or are they bad? This is Dr. Mercola, helping you take control of your health. Joining me today is Dr. Robert Kulacz, who is a dentist, who has spent a significant portion of his professional career answering this question. This actually changed his life profoundly, and the insights he’s going to share with you today are really extraordinary.

He’s also written a book. As far as I can discern, there are number of books out there, but this is the best on the subject. If you have any more questions or want to go into specific details, the book to get is The Toxic Tooth: How a Root Canal Could Be Making You Sick. Thank you for joining us today and welcome. I look forward to the conversation.

RK: Thank you.

DM: So, you got your training at New York University. Where did you start practicing?

RK: Well, I started practicing in Brewster, New York. I was there as an associate for about six years. And then I went on my own and opened my own practice in Somers, New York. See, that was 1992. I was doing all the conventional dentistry procedures from restorative dentistry, to extractions, to root canals. I did a lot of root canals for many, many years. I also took a year-long implant course sponsored by Brookdale Hospital. It was year-long course on both surgery and restorative implant dentistry.

Everything was going smoothly until one day, a patient of mine said to me, “You know, I heard from my physician that root canals may be bad. That root canals may cause or contribute to other diseases in the body.” And I said, “You’re crazy. Who is telling you this? That’s impossible.” He said, “You got to look at this information.” He gave me websites and organizations like the International Academy of Oral Medicine and Toxicology (IAOMT) to look at. I basically went out to explore this topic so I can come back to him and say, “Here is where you’re wrong, here’s where your physician is wrong, and here is where the ADA is right.”

DM: The American Dental Association.

RK: American Dental Association. I started to explore this to look at some of the topics and some of the references that he provided to me.

DM: Well, before you go on, I just want to interject here and congratulate you for having the integrity and commitment to true professionalism. I would venture to say that 99.9 percent of physicians would take that response, initial response, dismiss it, and not do any follow up, but you sought to disprove him. So I want to congratulate you for that because it took a lot of courage.
RK: Well, thank you. I mean, the idea in any evaluation of data is to go from the bottom, the ground up. You got to question the unquestioned assumptions and authorities. You can’t just assume what’s been told to you is correct. Now, it may be that, after looking at all of the information and data, it is correct. But until you go back and look at where these assumptions were derived, you can’t believe these assumptions. So, thank you.

DM: Yeah. And it’s a good strategy for anything pretty much. And other even more controversial topics would be the effect of the vaccines, which is even more vilified than the root canals.

RK: Exactly, or cholesterol.

DM: Or coronary artery bypass surgery, you know, all of these interventions. Just do your own homework.

RK: Do your homework.

DM: Sorry, I interrupted you. I’m sorry.

RK: That’s okay. So where was I? I started to research this topic, and lo and behold, I found out, oh my god, they’re right. I was wrong. I looked at Weston Price’s work, the work of Rosenthal, and others. I actually decided to go to an IAOMT meeting where I met Dr. Boyd Haley, and Dr. Boyd Haley’s lecture on root canals and how toxic they are just changed my life. I realized I was wrong. I went back to my patient. I told him, “You’re right; I was wrong.” From that day on, I changed my practice.

DM: What year was that? Early ‘90s?

RK: That was 1995.

DM: ‘95. Now, interestingly, that’s about the same that I became aware of the toxicity of root canals too through a physician that was local to me and introduced me to Dr. Douglas Cook up in Wisconsin, who I suspect you’re familiar with. We’ve been on the same journey for a while, but you had a lot more professional interactions and negative consequences as a result of your commitment to your beliefs. Why don’t you expand on the story?

RK: I changed the focus of my practice. I didn’t do root canals any longer although I don’t think that dentist should ban root canals. I mean, not everybody’s going to have a problem with a root canal, and patients certainly have the right to have one if they want one. The dentist should be able to perform one.

But what should happen is that a patient should have active, informed consent. The American Dental Association states that root canals are a safe procedure. They can never cause any systemic diseases, and that simply is not true. If a patient is informed that these root canal teeth remain infected, that these bacteria can indeed travel to other sites in the body, and that these bacteria in these root canal teeth and the surrounding bone release potent toxins, well then, the patient can decide, after learning all these information, to have a root canal or not.

DM: Yeah. Ultimately, they should have a choice. I mean, everyone gets the freedom of choice. They should be free to smoke, drink, or do whatever they want. They shouldn’t be mandated by some governmental regulatory agency to make that decision for them.

RK: Exactly. I mean, nothing in the life is risk-free. Everything has risk.

DM: Sure.
RK: It’s just having an informed consent, knowing what the risks are. Having these known risks not be
told to you by dentists… And dentists, they follow the ADA line. They don’t believe that root canal teeth
can cause any health problems. In fact, they get quite angry if you start talking to them about it.

DM: Yeah. That’s not because they thoroughly investigated and evaluated the pros and cons. They’ve
just taken at face value what they’ve been taught in school and the professionals that taught them.

RK: Exactly. It’s what you’ve been doing, what you’ve been taught, you’ve referred to authority, plus
you’ve been this for a long time. Nobody wants to believe that what they’ve been doing, and their
identity, which is a lot of times tied up in your profession, may have been wronged or flawed. I don’t
blame dentists. I don’t blame them at all. I mean, this is their livelihood. This is what they do. This is
what they’ve been taught. But if they open their mind to this information, I think a lot of them would do
things differently.

DM: Why don’t you go over and review some of the common arguments that these professionals used to
justify the root canals as an effective intervention and then address your responses to those.

RK: Okay. With root canals: 1) first of all, many dentists believe that they can sterilize a root canal tooth
and that the act of instrumenting and irrigating the canal will eliminate all the bacteria. Well, that simply
is not the case. I’ve done biopsies on every root canal tooth that I have extracted. Almost all of them have
remnants of necrotic debris still in that canal.

Now, further, these teeth are going to harbor bacteria. None of them are sterile. They’re not going to be
sterile if they were previously infected, and that may be the main cause of the initial root canal. But even
if the root canal was done because of trauma, over time bacteria will migrate into that tooth and they will
become infective. You can never sterilize a root canal tooth.

(2) The ADA says that any bacteria that may remain in that tooth or the bacterial toxins will be in tuned
within that tooth. That’s also not true. The gutta-percha, the filling material that’s used to seal…

DM: And that’s the most common one used.

RK: The most common one. There are others. But maybe the perfect endodontist, or root canal specialist,
on occasion, may clear the whole main root canal system out and seal it perfectly, and then there’s no
leakage. But they will never get into the little lateral canals or little tributaries that come off that branch
off the main canal. You can never clean those with instrumentation or with any antimicrobial disinfectant
agent that you may introduce into the canal.

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(3) The third thing is that the tooth is porous. It’s composed of dentinal tubules, which are these hollow
structures that run from the main canal outward. If you are to put these tubules end to end, they would
stretch for about three miles. But they’re big enough to harbor bacteria three across. It’s like a sponge.
The bulk of the tooth is porous. The bacteria lay in those tubules, and you can never get them out.

If you had a solid tooth structure that was like steel or a metal, you were able to clear out the main canal
of that tooth, there were no tributaries, and you can perfectly seal it, a root canal would be great. But we
can’t do that.

Now, it doesn’t mean that all root canal teeth are going to cause disease. That’s the other issue that I have
a problem with, with people who ascribe to the philosophy that root canals are bad. They don’t all cause
disease. It depends upon the type of bacteria that are in there, what kind of toxins they produce, and the
immune system health of the individual. But with 25 to 30 million root canals done per year, multiply that by how many years a person is alive, there’s a lot of root canals out there. And a lot of them are not good.

**DM:** Absolutely. Thank you for expanding on that. There are number of different directions that we can go but certainly one of them is what the consequences are of having a root canal done. It seems to be the most appropriate strategy if you don’t carefully evaluate your other alternatives. What would you caution people to be alert for if, in fact, they either have had a root canal or considering getting one?

**RK:** A root canal, because these root canal teeth are chronically infected, is a chronic [inaudible 12:28] infection. Anything that can be affected by infection, inflammation, or bacterial toxins can be affected by a root canal. But the one area, the one health area that we have more data on right now is heart disease.

We know that heart disease is caused by the damage to the inside lining of the blood vessel and that the cholesterol is a secondary byproduct; it’s not the primary cause of heart disease. It’s the damage of the intima lining of the blood vessel and migration of macrophages and cholesterol inside that artery. And then, the inflammation that causes that plaque to rupture into the lumen, into the space of the blood vessel causing a blood clot and a heart attack. Now, the American Dental Association says that bacteria from root canal teeth can never travel to distant sites in the body. Well, that is simply not true.

In fact, the study that was done back in 2013, has found that – and we do know this, by DNA analysis of the bacteria. We compared the DNA in blood clots and heart attack patients in the arterial plaque and compared that to the DNA of the bacteria in the mouth. We found that the same bacteria that are found in the root canal teeth and in gum disease are found in the plaques in coronary arteries and in the blood clots that caused the heart attack. These bacteria move from the mouth into other sites of the body like the arterial plaques. They’ve also found the same bacteria in the pericardial fluid or the fluid that surrounds the heart.

These are not benign procedures. These bacteria can be toxic. They can cause infection in other sites of the body. They can increase inflammation in these other sites of the body.

In heart disease, you don’t want infection and inflammation in an arterial plaque. People think that heart attack is caused by complete closure of the coronary artery by cholesterol-laden plaque. Well, in reality, a lot of heart attacks occur when the lumen or the artery’s only partially blocked. What happens is that these plaques become inflamed and unstable, and they rupture into the coronary artery. That rupture causes a blood clot. That’s where the heart attack occurs.

We don’t want these bacteria, from gum disease or from root canal teeth, to go into other sites of the body.

**DM:** Is it the bacteria that are migrating through them? Is it the endotoxins or exotoxins that are going through the canals or both?

**RK:** It’s both, but the DNA analyses of the pericardial fluid, the coronary artery plaques, and the blood clot have been the actual bacteria themselves. These bacteria…

**DM:** What do you think is more harmful, the bacteria or the toxins?

**RK:** I think for different diseases, there are differences. I think in some, it’s the bacteria. Dr. Boyd Haley believes that it’s the small molecule exotoxins that are more of a problem. I think it depends upon the case. We need more research on this.

**DM:** Okay.
RK: But people also say, “Well, how come the immune system doesn’t take care of these bacteria?” If we have the immune system taking care of all infectious diseases, we wouldn’t have any infectious diseases. We wouldn’t have pneumonia. We wouldn’t have the flu. Bacteria are smart. Bacteria can evade the immune system.

In fact, there’s one study that was done just last year showing that bacteria from infected root canals, the pathogenic bacteria, actually destroy or kill the white blood cells that are designed to eliminate them. Whereas the more benign bacteria don’t kill these neutrophils, these white blood cells. The bacteria can evade the immune system by bacterial mimicry, where they present an antigen or their recognition of factor on the surface of the bacteria that mimic your own body. Your white blood cells don’t want to attack your own body so the bacteria want to look like you. They evade the immune system that way.

They also can disable antibodies. They can go inside macrophages or the garbage man cells that try to gobble up these bacteria. They can release antigen into the system much like a fighter plane releases chaff out the back. You try to throw out stuff that the white blood cells will attack rather than the bacteria themselves. They can form biofilms. There are many ways that the bacteria can evade the immune system.

It would be great if, yes, if the intact immune system could destroy all of these bacteria and bacterial toxin, but it’s just not the case. That’s why a weakened immune system is even more dangerous for people.

DM: Well, another common reason that’s becoming progressively more important is the introduction of genetically modified organisms (GMO) crops and the use of glyphosate to the tune of a billion pounds a year. Glyphosate has been well shown and documented to be an antibiotic. It decimates the gut flora, which is the primary controller of the immune response.

RK: Yeah.

DM: So you integrate that into everything else. Because root canals clearly were a problem long before the introduction of glyphosate. But it certainly doesn’t help it. Maybe you can go on to the history, because I believe when Dr. Price first did his research, which is over a century ago, he was actually – and he had a prominent position in the American… I think it was ADA or another dental association. He was like the president of it. He got a lot of the professionals to believe him. In fact, in so much so, they were inappropriately removing too many teeth. Why don’t you go over that story?

RK: Actually, I’m not really that familiar with that story, with that one.

DM: I believe that’s the case. It’s like anything. There’s a proper balance, and certainly, you don’t want to remove teeth inappropriately.

RK: Well, let me address that. That’s a very good point to bring up again. I know we brought it up earlier. Let me do address that in current standards. Just because root canals remain infected and root canals, can release bacteria and toxins that can travel to the other sites of the body, it doesn’t mean that we have to extract all root canal teeth.

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It’s not the all or one. Nothing in medicine is really all or none; very few things are. There are a lot of things that the American Dental Association and conventional dentists do that are great. We can’t become so closed-minded that we ignore mainstream dentistry or mainstream medicine just because we don’t believe one part of it. Just saying that we’re going to extract all root canal teeth and we’re going to cure all disease is not valid. That’s as bad as saying that root canal teeth can’t cause any problems.
We have to find the balance. We need to do more research to see what these root canal teeth are actually doing systemically. But we can’t just jump in there and totally go against what the American Medical Association (AMA) or ADA has been saying; we have to evaluate objectively and then come to a reasonable conclusion and protocol on what to do with these root canal teeth.

**DM:** You obviously became convicted of the problems, complications, and potential complications of root canal procedures, and elected to warn your patients about this. But why don’t you discuss what happened to you as a result of your change in behavior and the trials and ordeals that you went through?

**RK:** Okay. When I was practicing the new way, I ended up evolving to where people would come to me mainly to extract their root canal teeth. Many of them had diseases that nobody can figure out what was wrong with them. They were coming to me as their last hope basically. About half the people that I saw and that came to see me, I turned away because they wanted a guarantee. They had expectations that were unreasonable. I couldn’t guarantee them. I was not comfortable treating them.

As long as I understood that we’re going to remove a root canal tooth… By the way, before a root canal was done, the patient is given a choice between having an extraction or doing a root canal. But once the root canal is done, you can’t extract it.

**DM:** It’s like almost any surgical procedure? You can’t undo surgery, which is why you have to be so ultra-cautious and use it as a therapy of last resort until you’ve exhausted every other alternative.

**RK:** Exactly. I was going along and I was seeing some amazing results with patients with various systemic problems. Everything that we did, we would do cultures of the bone to see what kind of bacteria were growing. We would do biopsies from microscopic analysis of that surrounding jaw bone and of the tooth. We would document everything.

One day, in walks an investigator from the New York State dental board. He wants to see the records of one of my previous patients. In fact, this is a patient who I refused to do more surgery on. She wanted to have more extractions done and I refused. She didn’t require anymore surgery.

The dental boards got this chart and they started drumming up all these charges that I am guilty of: gross misconduct for extracting two root canal treated teeth, which, by the way, had positive bacterial cultures of the surrounding bone. One of them had a vertical fracture, the second one had a previous apicoectomy which is a procedure done to treat a failing root canal. They all had chronic osteomyelitis of the surrounding bone. They were not good teeth.

For about six months, the New York State attorney for Office of Professional Discipline (OPD), which is the legal branch of the dental board, was looking and recommending a penalty for me. The penalty was the revocation of my license. They wanted to pull my dental license. Now, I send them reams of data. They had all the pathology. They had all the microbiology. They had everything. They didn’t even look at it.

To make the long story short, I was talking to the attorney for New York State, the attorney who was prosecuting me – and I had taped many of these phone conversations for my own protection. One day I said to him, “How did these dentists from different parts of New York State look at all the data that I sent?” He said, “They didn’t.” And then I said, “They didn’t? Who’s guilty of misconduct here?”

The next day, I called the chancellor of the board of regents in New York State and told them. I didn’t get him, I got his voice mail. I said, “Your dental board is corrupt. The prosecutor admitted to me that it was not about justice. My case was not about justice. It was not about the truth. The dental board had an agenda. They already dismissed this patient’s file as a cause of action.” They had an agenda. They we’re going to get me, and basically I was done. Now, I’m not a conspiracy guy. I never thought that this kind
of thing could happen. In fact, if somebody would have told me, in the years prior that this could happen, I would’ve thought they were crazy. But it did happen to me.

The next day, the attorney from New York State called and said, “The dental board is going to drop all charges if you will accept a records violation. The records violation, they had to have something, otherwise I could go after them for false prosecution. Now, I didn’t have that conversation taped, but if I did, I wouldn’t have accepted the records violation. I called an attorney who said, “If you have that conversation taped, we’re going to fight them. But if you don’t, you’ll win, but it will take you five or six years, it will you cause a quarter of a million dollars, and they’ll find some way to get you.

I accepted the record violation. I kept my license, but decided to never go back into clinical practice again for two reasons: my malpractice premium increased from 8,000 dollars a year doing surgery and sedation to 80,000 dollars a year…

DM: Wasn’t that one of the unintended consequences or a consequence you hadn’t anticipated?

RK: I had no idea.

DM: Because you thought you were offered a good deal, but you realized it was…

RK: I would fight that if I knew that was the case. I was shocked that, oh, my, it’s cost-prohibitive. I’ve been out of practice for a year because of this board action. I can’t go back in and pay 80,000 dollars a year.

DM: So even while you were fighting that, they took your license or your ability to practice away?

RK: I could have practice. The problem was my lease in my office was up, and I had the letter stating, “We’re going to revoke your license.” I didn’t sign a new lease. Another interesting thing was that they had an informal settlement conference schedule, which is where you can go in and you can like almost plea bargain your case. The attorney for New York State said, “Well, what days can’t you do this?” I said, “Well, the only days I can’t do this are Tuesday mornings.” I was doing a weekly radio show at that time.

Well, about three weeks later, they come back and they tell me that the conference is scheduled for Tuesday morning, after I told them I couldn’t do that. I said, “Well, I can’t do that. Let me get back to you.” When I got back to them, they said, “Well, that slot has already been taken and there’s no other slot open.” It sounds crazy. It sounds crazy. When I talk about it, I still can’t believe it, but this is how they operate. I mean…

DM: Yeah. It’s a painful example of what can happen to a professional who bucks the trends. I just want to give a reference that you cite in your book because to many people it may be unbelievable like, “How can this happen in this day and time?” It wasn’t too long ago, literally 150 years or maybe a little bit longer, that Ignaz Semmelweis was vilified for his theory at the time of microbes that might cause infection. I think he was an ob-gyn and surgeon. He was routinely involved in that and encouraged clinicians to wash their hands before a surgery.

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Everyone laughed at him. He was vilified, and essentially was so ostracized that we wound up going into an insane asylum in 1865. Now, of course, everyone understands the importance of hygiene to prevent infection. It’s understood and it’s taken for granted, but it wasn’t as little as 160 years ago. This is not a big stretch when you have something as widely accepted as true which is root canals as invalid and you bring up these concerns, that there’s going to be this type of outrage and resistance, because it violates the accepted norms or standard of care.
RK: Exactly.

DM: Basically, they put you out of a job essentially?

RK: Essentially, they did. They had an agenda. They didn’t want me talking about this. They shut me down. It was tough. It was tough. Something you’ve been doing for 20 years, it was your life, your livelihood, and then you can’t do it anymore.

DM: And almost equally as outrageous because it’s much more current is that physicians or dentists who chose not to use dental mercury about the same time in the mid-‘90s. They were in similar circumstances. They were reprimanded by their dental boards, and in many cases, their license were taken away.

RK: Exactly. I mean, mercury comes off of dental amalgam. Any dentist who just takes the time to explore that can see it, but still, even to this day, I have some dentists saying, “Oh, the type of mercury that’s in dental amalgam is the safe kind.” How unscientific is that?

DM: Well, thankfully largely through the concerted efforts of groups like Charlie Brown for the Consumers for Dental Choice, who’s really helped defend many of the dentists early on. We’re at the point now where 50 percent, half of dentists in United States, do not use mercury in their practice. And that should be close to 100 percent by the end of the decade because there’s a World Health Organization (WHO) treaty that the US has signed, which bans the use of mercury in dentistry by the end of the decade.

RK: The only bad thing that concerns me is how safe are the procedures when they remove this amalgam. I mean, dentist…

DM: Oh, that’s definitely a serious concern. Thank you for addressing that. Because it’s like, as Dr. Hal Huggins in one of his earlier books wrote, “Jumping from the frying pan to the fire” if you have that mercury removed inappropriately.

RK: Yes, because you’re releasing a lot of mercury. So yeah, safe removal is also critical.

DM: Yeah. I was actually a victim of that. Actually, about the same time, in the mid-‘90s or so, I had my mercury amalgams, because I was motivated after watching 60 Minutes’ exposé on that, to have it removed by my conventional dentist. I got damaged. My kidneys still are impaired as a result of that even though it was 25 years ago.

RK: Wow.

DM: Or 30 years ago. Anyway, let’s get back to root canals. There are two options or two points I’d like you to address: 1) for many people who are watching this, who already have root canal, what you would recommend for them, and also 2) for people who are considering having one done because they have a tooth that is infected and is recommended to have a root canal.

RK: Again, I’m not saying “Don’t have a root canal;” I’m saying evaluate the data and decide whether a root canal is for you. If you decide not to have a root canal and have the tooth extracted, there are several options on how to restore that missing tooth. The first option is with a removable appliance. Something you would take in and out. That’s the cheapest option, but it’s also probably the least comfortable option.

DM: Yeah, it’s also called a partial, a partial denture.

RK: Right, where you replace one, two, three, or four teeth. These teeth are on a framework, and that appliance with those teeth is taken in and out of your mouth.
DM: It doesn’t have to be that uncomfortable. I actually have a partial myself. I’ve had one for almost, probably five years, and it’s minimally inconvenient. Basically, you have to take it out on the night, put it back in in the morning, and keep it clean. That’s about it.

RK: That’s a very good way to go. It’s the least invasive way to restore missing teeth.

The second way is to do a bridge, and that’s where the teeth on either side of that space are prepared for caps or crowns, then the middle tooth or the missing tooth is attached to those two abutment teeth, and the bridge is put in as one unit. That restores the missing teeth. Let’s say, a permanent fixture. It stays in permanently. You have to be sure that you clean around it and underneath it. But once it’s in, it pretty much functions like your own teeth.

The problem with that is that you have to cut down a lot of the enamel on the adjacent teeth. Whenever you do that, whenever you touch a tooth with a dental handpiece or a bur, you can cause trauma to that tooth, and you have a potential that that tooth can die and require root canal itself over time.

DM: Sure.

RK: That’s the second option, but it is more invasive than the partial denture.

DM: And more expensive.

RK: And more expensive.

DM: Considerably.

RK: The third option is a dental implant. A dental implant is a screw, basically a screw that’s inserted into the jawbone, the same jawbone where that root canal tooth was extracted. After a short healing time of three to six months, where the bone locks to the implant, a tooth is built upon the top of the implant. Pretty much, the implant functions as your root would have and you have a crown, a permanent crown that functions like your real tooth.

There are two problems with implants. Well, actually, there are actually three: one, if you use titanium and you're putting another metal. You're putting a metal into the jawbone, which may have its own problems.

There are different types of implants. zirconia implants, which I would prefer and recommend to use, that don’t have metallic ions that can cause a galvanic or battery response with other metals in the mouth or release metallic ions into the body. It’s been proven to be quite strong and quite reliable.

But if you put an implant into the bone where previous root canal was done, and you didn’t clean that bone out totally when you extracted that root canal tooth, then you have a problem with that bone still being infected. You’re putting an implant into chronically infected bone.

It’s critical that when you extract the root canal tooth, that you remove the periodontal ligament (that’s the little sling that holds the tooth to the jawbone), the lamina dura or the socket bone (the only purpose of that socket bone is to support the tooth), and then a small amount of bone outside that space. That’s done with a slow-speed, round dental bur with copious or lots of sterile sealing and irrigation to keep the bone healthy. If you do that, you remove the infection, you induce good blood flow into the jawbone – without blood, there is no healing – and you have a non-infected, healthy, and healed bone to which you can then place your dental implant.

DM: Now, one of the other options that may be a more contemporary one though for people who have a tooth that is recommended to be extracted is to use ozone therapy on the tooth, usually administered
through a syringe, right into or around to the base of the tooth, and multiple visits to help fight the infection. I’m wondering if you have any comments on that.

**RK:** I’m not really familiar with ozone therapy. You’re saying around the infected tooth or…

**DM:** Yes.

**RK:** Well, I don’t think that ozone will then migrate to the inside of the root canal system. It may work peripherally, but I don’t know how you’re going to get the ozone…

**DM:** Well, it stimulates an immune response. It’s directly toxic to the infectious material that it contacts but it also stimulates the immune system. The reason I mentioned that is I actually, with my last tooth, was able to prevent the alternatives of the root canal by using the ozone therapy. It was really pretty amazing. It took like five treatments.

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**RK:** I would assume that your tooth was not totally necrotic or…

**DM:** No. But that’s the case for many, many individuals.

**RK:** Yeah.

**DM:** Where it’s a marginal tooth. The easiest solution for them is to just remove it.

**RK:** That’s an interesting thing. I don’t know much about that. I’ll look into that.

**DM:** Yeah. It’s new, very safe, non-toxic, and relatively inexpensive. And much better to have your own tooth if you can, there’s no question about it.

**RK:** Your own teeth are the best. Your own teeth are the best. There’s nothing as good as your own natural tooth. If you save it, that’s preferable. Let me go back to other issue with dental implants real quick.

**DM:** Sure.

**RK:** Gum disease is also a problem. You have an infection or an inflammation in the gums that is very similar to having an infection or inflammation in the bone or the root canal tooth. Natural teeth have a barrier against the migration of bacteria into the surrounding bone. They are full of fibers that insert from the gum into the root of the tooth and the bone, which prevents the bacteria from getting in to the bone area.

Dental implants don’t have that. They rely on a little sticky coating secreted by the gum around the cuff of the collar of the post that supports the crown that sticks up through the gum. That little cuff of tissue has to be maintained real well with good oral hygiene so that there’s no inflammation there and so that cuff remains tight. If you have gum disease and if you don’t clean that implant post thoroughly, the gum disease around implants will progress much more rapidly than around a natural tooth. It’s imperative, if you have a dental implant, that strict oral hygiene is followed; otherwise you’ll have a problem pretty quickly.

**DM:** I have question for you about the energy component of this [discovered] recently by Dr. Reinhold Voll from Germany.
RK: I am not familiar with that aspect of energy meridians. I don’t disregard it. I just don’t know enough about it to comment.

DM: Yeah. He developed a technique. He was one of the pioneers in this. It’s called EAV, which is electroacupuncture according to Voll. That’s how I first became aware of this. Basically, he developed diagnostic equipment that can measure these currents on your fingertips and your toes and actually measure these meridians.

He was actually able to chart out that certain teeth are connected at meridians and different organs so that you could fairly confidently make a prediction as to whether or not that tooth was involved with that specific pathology. It’s an interesting diagnostic to all those number of dentists who use this. The dentist, who instructed me this, Dr. Doug Cook up in Wisconsin, basically uses that approach.

RK: Okay, I’m not familiar.

DM: It’s just something else to consider if you have a serious disease, if you have a root canal. Because like we mentioned earlier, not everyone who has a root canal needs to have it removed.

RK: Correct.

DM: Because there’s a significant cause. It may not be necessary if you’re healthy and your immune system is functioning fine. But if you have a chronic illness, if you’re really sick, it would be medical negligent and a malpractice not to factor that in as a possible factor that’s contributing to your illness. I mean, it’s just… You could do everything else right, and the root canal toxicity could override everything you are doing.

RK: Exactly. In your differential diagnosis and your evaluation of the patient, if you eliminate a root canal tooth as a potential contributor or cause, you’re right: you are guilty of malpractice, in my opinion.

When we extract these root canal teeth, you wouldn’t believe the way they look. They smell. They look infected. The odor is necrotic like a dead animal. Most root canal teeth, 90 percent plus, still have persistent infection that you can see around the apex or around the outside of that tooth that’s not always seen on an x-ray.

If you were to take that same tooth… Take it out, extract it, take a look at it, see the infection around it, smell it, and then say to the patient, “I’m going to open up your femur and I’m going to insert this tooth that smells this bad into your leg bone,” they’ll think you are crazy. Yet, we leave those teeth in people’s mouths.

DM: Well, that’s a good point. I’m going to make two comments on that. First, it’s the only tissue in the body that uncontroversially no one is going to admit that it’s dead. It is dead tissue. There is no dead tissue that you should leave in your body. If you have appendicitis, the surgeon just doesn’t isolate it and leave it in there. He has to remove it.

The other component though, which is interesting and which we neglected to review, is your review of the Dr. Price’s and other’s work, where they took those dead infected teeth and implanted it in animals, like I think rabbits I believe

RK: Rabbits, that’s correct.

DM: They were actually able to reproduce the disease of the person where extracted tooth came from. Maybe you can review that.
RK: That’s true. The ADA tries to refute Price’s work, saying it lacks adequate controls and they used too much bacteria when they inoculated the bacteria into these rabbits. Well, that’s not really true. They took the actual root canal tooth and they implanted the same root canal tooth with no more bacteria than would have been found in the person from which it came. That same tooth, they implanted it under the skin of rabbits. Lo and behold, they would find the same disease occur in the rabbits.

Now, the ADA says that… They first said that they repeated Price’s work and found it to be invalid. Well, they never have. I’ve looked for it. I’ve emailed them. There is no repeat of Price’s work.

And then stating the lack of controls, you can try to do anything you want to discredit his research. But I think if you are a confident clinician, you have to look at this and say, “Wait a minute, this has some validity to it. Maybe he didn’t have the control, but we can’t deny that these rabbits that had root canal teeth implanted under their skin got sick. Let’s repeat these studies.” It doesn’t make sense to me that you’d try to discredit a brilliant dental researcher like Weston Price rather than say, “Hey, wait a minute, there may be something to this. Let’s look further.”

DM: Yes, indeed. Why I focus on being practical is because so many people either have the root canals or are being told they need one, or their family member or someone they love is in the same position. If you fall into those categories, let me provide some cautions. You’re not going to do anything without an experienced, knowledgeable dental professional. We’re going to provide some links on this page that we believe are highly likely to help you find a credible dentist who understands in great detail.

If you’re trying to convince your current dentist, just showing them this video interview is not probably going to be an effective strategy. What I strongly recommend is getting a copy of the book that Dr. Kulacz has written, _The Toxic Tooth: How a Root Canal Could Be Making You Sick_, and then, have your dentist carefully review that like Dr. Kulacz did earlier, trying to disprove the information. And if he is honest and sincere, it’s almost inconceivable that he will come with any other rational conclusion as to the ones that we have.

I think that’s the strategy that you can take because we’ve got to be practical here. These are serious issues. The vast majority of dental professionals are not going to agree with this. It doesn’t mean it’s any less of an issue; it’s a serious significant issue that could be seriously sabotaging your health. Having said that, are there any things you’d like to add or reinforce before we sign off?

RK: It’s difficult to make a change. I mean, inertia is top. We have a big ship and it takes a while to turn it. It’s going to want to go in the same direction. The same way that in the ‘80s, when two researchers showed that ulcers were caused by bacteria, it was a new discovery. Back in the 1920s, they knew that the ulcers were caused by bacteria but it was forgotten. Same thing with these root canal teeth, it’s going to take a while for change. We can’t go to the extreme. We can’t become totally radical and discount all the good things that the ADA promotes, but we have to be objective and we have to evaluate it honestly.

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DM: Frequently and ultimately, you’ll be vilified. In Semmelweis’ case, he was, and he died in insane asylum. But Dr. Barry Marshall, the person who came up with infectious theory for ulcers, a peptic ulcer disease, he actually won a Nobel Prize in the mid-‘90s, about 15 years later.

I want to thank you so much for your diligent work and tireless efforts to help people benefit from this information, for the professional challenges that you’ve had as a result of that process, and for writing the book. It’s a great resource. As I said before during the interview, if this is an area where you need more information, I couldn’t recommend this book more strongly. It’s got all the details to convince pretty much any rational individual to come to conclusion that root canals are not something that you want to have. If you have one, to be really cautious and consider having it extracted, if in fact, it’s indicated.
Thanks again and I appreciate all your help.