

Lechner: Jawbone Disease Produces Many Ills

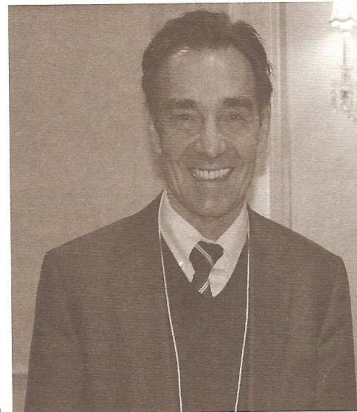
New research is confirming that jawbone diseased tissue is able to produce inflammatory messengers that are implicated in heart disease, cancer, rheumatoid arthritis and other major inflammatory diseases. The research was summarized at the March 2011 meeting of the International Academy of Oral Medicine and Toxicology (IAOMT) in a presentation by Johann Lechner, DMD, a research dentist in Munich, Germany. The published research done by Lechner and others has identified four inflammatory messengers that are commonly found in the diseased jawbone tissue. These “cytokines” produce the inflammation that causes cancer, heart disease and many other causes of disability and death. The research suggests that diseases areas of the jawbone, popularly known popularly as “cavitations,” serve as a fundamental cause of these major illnesses, through the inflammatory cytokines that they produce.

Jawbone cavitations, also called “NICO,” are hollow, diseased spaces in the jaw bone, where the bone marrow is dying or dead. These fatty degenerative dead areas are dumping grounds for toxic metals, such as come from dental mercury amalgams or toxic crowns; they are always infected and are extremely toxic. The most common causes of cavitations are root canaled teeth and improper tooth extractions. Root canaled teeth, which themselves can become very toxic and badly infected, can send their infections and their toxins down into the jawbone around the roots of the tooth, starting the disease process in the jawbone. Improper tooth extractions start a disease process because the teeth being extracted are dead teeth that are usually infected and are often very toxic; failure to clean out the toxic, infected tooth

socket properly sets the stage for jawbone disease because the toxic, infected socket remains behind, even though the extraction site may have been healed over superficially. Other common causes include toxic metals, gums infections that spread into the jawbone, and traumatic injury, such as being repeatedly hit in the face in sports or in a car accident. Cavitations may produce intermittent or chronic pain, and sometimes terrible facial pain plagues the patient. Other cavitations are without pain, providing the patient and his doctor with few clues as to the spreading disease in the jawbone. Cavitations weaken the immune system, cause fatigue, and have been suspected to play a role in many chronic illnesses. Now the link to diseases and the mechanisms of harm – the actual messengers for inflammation – have been unmasked.

implicated in many serious illnesses. RANTES inflames the lining of the heart and arteries, thereby causing cardiovascular disease. RANTES inflames the joints, causing rheumatoid arthritis. RANTES is found in malignant tumors, and is considered to be a cause of Hodgkin’s disease, breast cancer, cervical cancer and is a key in the metastasis of cancers. RANTES is able to target the central nervous system and can cause multiple sclerosis and Parkinson’s disease. In targeting mast cells, RANTES can cause allergies, alopecia (marked by hair loss), and thyroid disorders.

Jawbone cavitations also produce other harmful inflammatory cytokines beside RANTES. The main other ones are PDGF, FGF-2 and MCP1, all of which are also associated with serious health consequences. FGF-2, for example, also is able to promote tumors, rheumatoid arthritis and cardiovascular disease.



Dr. Johann Lechner, DMD

RANTES

One of the most striking discoveries is the finding that the messenger known as RANTES is found at high levels in every one of the cavitational sites tested. RANTES is

Case Reports

In one case described by Dr. Lechner, the patient had had rheumatoid arthritis, with pain in the knee joints, for 12 months. He was having difficulty getting out of bed in the morning and going down stairs. After surgical clean-out of his jawbone disease sites, he was able to stop his use of Prednisone and Methotrexate – powerful drugs with potentially serious long term side effects. The patient was able to declare, “I’m ninety-five percent free of pain.”

A second case involved a forty-nine year old woman with a long history of serious illnesses. In 1976 she was diagnosed with Hodgkin’s disease, a form of cancer. In 2005, she was diagnosed with multiple sclerosis. In 2006, she developed breast cancer. She was found to have

a severe jawbone infection and, in Lechner's view, the cleaning out of her jawbone cavitations will likely end her susceptibility to chronic disease. "RANTES was very high in diseased jawbone tissue taken from the left lower wisdom tooth and retro-molar area," Lechner says. "This may have been a case of one patient, one immune signal (RANTES), and three diseases. RANTES may have been able to cause all three diseases."

The spread of cancer

Scientists at the Whitehead Institute in Cambridge, Massachusetts, have found that the RANTES is a messenger that aids in changing tumor cells into metastasizing cancer cells but they have found that "...this enhanced metastasis ability is reversible and is dependent on CCL5/RANTES signaling."

Lechner described the case of a woman with breast cancer who was operated on in 2009. She was found to have a jawbone cavitation on the same side of the body as the breast cancer. It was surgically cleaned out to prevent the recurrence of the cancer. "The bad boy in breast cancer is RANTES," Lechner told the academy.

Root Canals

Lechner sees at least an indirect connection between toxic, infected root canaled teeth, RANTES and the illnesses it causes. Since diseased

and toxic root canaled teeth are one of the most common causes of jawbone cavitations, he said, we have to conclude that badly infected, toxic root canaled teeth can indirectly cause the same array of serious health problems.

The Challenge

The challenge posed by these discoveries is clear. Awareness of jawbone cavitations needs to spread throughout medicine and dentistry so that this important cause of illness is no longer overlooked. Jawbone disease is easily overlooked by dentists and doctors, because of the diagnostic difficulties. Many doctors and dentists are unfamiliar with jawbone cavitations despite there being over 600 published papers on them in scientific journals. The diagnosis and treatment of cavitations is still not included in dental or medical school curricula. The presence of a jawbone cavitation is often not entirely obvious from examination of a panorex or other x-rays. Diagnosis is aided by using a Cavitat, an ultrasonic device that scans the density of the jawbone and images the density in a color-coded fashion. While Lechner uses the Cavitat frequently in his research and dental work in Germany, relatively few dentists and doctors have the Cavitat, even in the community of biological dentists. Because of opposition in the USA by certain

insurance companies and some of the state dental boards to the use of the Cavitat, and even to the treatment of jawbone cavitations, the Cavitat Medical Corporation no longer actively markets Cavitats in the USA. This is a serious disadvantage for the patients who would like to have access to the best treatments for cavitations and it is a handicap for the dentists who would like to have the best tools for treatment such patients need.

In the past, the issue of jawbone cavitations diagnosis and treatment has been somewhat unsettled. Even some holistic dentists have pooch-pooched the seriousness of these problems and the need to screen patients carefully for them. Some have pooch-pooched the value and importance of the Cavitat as an important screening tool for the diagnosis of cavitations. Some have acknowledged the importance and seriousness of cavitations, but have downplayed the necessity of coming to grips with the problem - even the most serious cases - using surgery.

In the eyes of the best known dentists who treat cavitations, treatment jawbone cavitations requires surgery when the disease is advanced and there are regions of dead bone. They believe that the body cannot expel the mass of toxic, infected tissue without the assistance of surgery. The success of such surgery is by no means guaranteed and it depends on the technique and the skill of the dentist doing the surgery. The work of such dentists is crucial, as their work in removing the diseased, dead fatty cavitation tissue from the jawbone may be a key step in reversing the course of cancer, heart disease, MS, rheumatoid arthritis and other chronic diseases. We wish them success in practicing the art of their profession and we want them to have the freedom to do so.