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True Principles of Health

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In 1968, as a third year student at University of Michigan Dental School, I was asked to outline our text, Millard's *Oral Diagnosis*. Frankly, I found it impossible to grasp all of its elements, nuances, and opinions in oral pathology, not to mention the very complicated subtleties of oral diagnosis.

What I *did* get out of it, however, was that the "Ancient Medical Establishment" - loosely, Hippocrates and company - based their diagnoses on just five observable facts:

- *Rubor*, or reddening of the tissue examined.
- *Calor*, or heat/fever generated.
- *Dolor*, or pain associated with the tissue involved.
- *Tumor*, or swelling of the associated tissues.
- *Functiolaesa*, or loss of function of the associated tissues.

By identifying these as signs of disease, they asserted that disease itself is an observable fact rather than a concept.

But one more factor is needed to see what we do in the medical and dental professions to designate something conceptually as disease: "symptoms," or the subjective report of what is happening to the individual. For example, while the dentist may observe a loose, swollen, pus-filled molar, the patient may say something like, "My tooth is really hurting. I feel sick to my stomach. The tooth is throbbing. I feel dizzy, and if I don't sit down, I'll faint." The former is fact; the latter is perspective.

So, really, there are just two factors we deal with in diagnosis: 1) signs, or observable facts; and 2) symptoms, or subjective reports from the individual in distress.

And that's it - the most profound, simple, awesome teaching I received at University of Michigan, for it led me to reflections that ultimately let me be open to the fact that there is no such thing as disease.

Wait a minute, you might be thinking. *You and I both know very well that disease exists. It's self-evident! You tell your symptoms to the doctor, and the doctor says that you have this disease or that.*

For example, a diagnosis of chronic bronchitis is normally based on the three cardinal signs:1) increased shortness of breath, 2) increased sputum volume, and 3) purulent sputum. When those signs are present, surely you have a disease called "chronic bronchitis," and it must be treated as such with modern orthodox medicine - drugs, surgery, and the like.

The Anatomy of "Disease"

There are about seventeen thousand human "diseases" known today, documented across medical literature. Yet at the time of Buddha, there were just one hundred four known conditions. So where did all these new "diseases" come from?

Back in the 1980s, I read an excellent article in Science News. The title, as I recall, was "Creating a Disease." It's not that hard to do. You simply catalog all the signs and their symptoms under a particular heading - "dental caries," for instance, or "chronic bronchitis." The result is nothing but a concept that we have identified and named. Once we've done that, we can mobilize mental and physical forces to ameliorate or stop the symptoms that define it.

Stopping the symptoms thus becomes synonymous with "cure," as if one could actually cure a concept.

The Purpose & Function of "Pain" or "Cleansing"

Consider the concept of what we identify as physical "pain." Pain is an alert mechanism that identifies an area of the physical body that is out of balance. There is either too much concentration or decentration in tissue pressure.

Allow me to explain.

There are only two fundamental forces in the Universe. These may be described variously as:

- Concentration/decentration.
- Compression/expansion (or *yin/yang*)
- Pressure/vacuum.
- Push/pull
- Expansion/contraction.
- In/out.

Other forces or directionalities are mere variations on these - torque, for instance, or precession. Human beings experience the intensification of pressure as pain. In reality, though, pain is an interpretation of this force and its opposite which elicits a response in the tissues involved through neuronal pressure receptors such as the Pacinian corpuscle.

The lamellar corpuscle is designed to detect micro changes in pressure. It does not detect "pain." It detects the pressure differentials that, if too great, we identify as pain. Free nerve endings and Meissner's corpuscles serve a similar function: pressure-detection and feedback correction.

A. Arterial twig, ending in capillaries, which form loops in some of the inter-capsular spaces. One penetrates to the central capsule.
B. The fibrous tissue of the stalk.
C. Nerve tube advancing to the central capsule, there losing its white matter and stretching along the axis to where it ends by a tuberculated enlargement on the opposite side. One of four mechanoreceptors, its function is to detect pressure within tissues.

We are under a huge amount of atmospheric pressure - about 10,000 kilograms per square meter, or 14.7 pounds per square inch of skin - yet we don't perceive this at all in our normal state of sensation. It is counteracted by our internal outward pressure, or what we call "blood pressure." It must equal that pushing in or else we'll compress to very little.

If you hold out your bare arm horizontal to gravity's pull, it is in balance with internal pressure pushing out and external pressure pushing in. Do you feel anything? But now take a pointed object and touch its point to your skin. You'll feel a very slight pressure. Press the point a little harder; the sensation is greater. If you keep adding pressure, eventually, you'll get to the point where you'll wince or say "ouch" and release the pressure.

Pacinian Corpuscle, with its central cavity and system of capsules.

The opposite would happen were you to apply a suction cup to your bare skin and then pull upward. Suddenly, there's too much negative pressure. It hurts. What you're identifying as pain is but a hydraulic pressure phenomenon playing upon your nervous system.

So we can also identify the concept of pain as the state of either too much or too little pressure.

Infection below the gumline due to trauma, decay, or the results of bruxing (grinding) puts pressure on a tooth that the individual identifies as pain. Subjectively, it's a toothache.

Factually, it is an imbalance of pressure, and you say, "Ouch!"

The term I prefer for the dental organ - which includes the tissues that support each tooth - is the Odonton. Within, there is a circulatory system through which fluid flows outwardly, as depicted, roughly, in Figure 1 below. Its primary structures include:

1. The alveolar bone.
2. The periodontal ligament, containing stem cells.
3. Cementum.
4. Dentin, including its interstitial fluid (dentinal fluid or dental lymph).
5. Odontoblasts.
6. Type-1 collagen from fibroblasts within the pulp chamber.
7. Lymph channels, venous and arterial channels, nerve channels and endings, stem cells, and the normal complement of autoimmune cells such as lymphocytes within the pulp chamber.
8. Enamel, interfacing between the Odonton and the free oral environment.

Once the Odonton's dentin-pulp complex - the area between the arrows in Figure 1 - is compromised with microorganisms, however, or its circulatory system degenerates, irreversible events occur, leading to the death of the dental organ and oral gangrene.

Back in the early 20th century, the thought of shaving down a tooth into the dentin in order to cap the tooth or place a crown was unthinkable. However, as the art and science of mechanical dentistry developed, it became common to "prepare" a tooth by cutting away its natural structure for a full crown (Figure 2). The idea was to create a protective shield around the compromised dental organ, ensuring its long life.

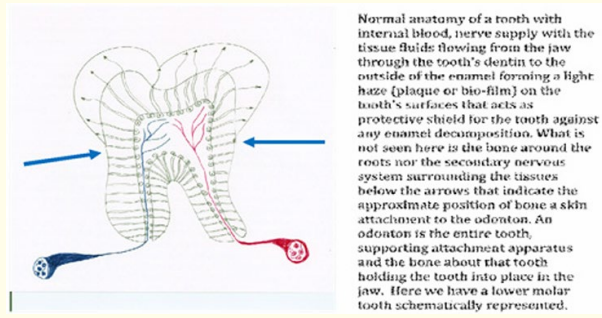


Figure 1: Normal tooth Odonton anatomy.

But what wasn't understood until computer analysis became possible in the early 1990s was that the trauma this caused itself often led to the death of the tooth. In trying to save the dental organ, we wound up damaging its circulatory system. The ensuing degradation of the dentin- pulp complex manifested as defects known clinically as apical periodontitis - inflammatory infection in the bone due to disruption to the outward fluid flow.

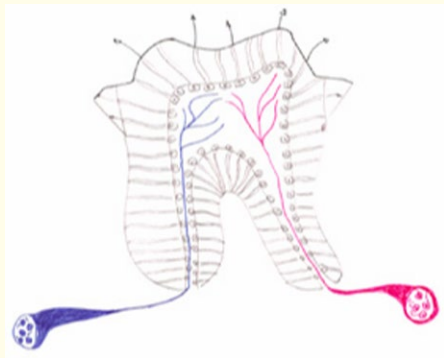


Figure 2: The "prepared" (reduced) Odonton.

Note that in Figure 2, all of the enamel has been removed to make way for a gold crown - a process akin to stripping the bark from a tree. And just as that now barkless tree will eventually die, so, too, the tooth as its natural structure is stripped away.

Removing the enamel also disrupts - or may even totally stop - the outward flow of fluid in the Odonton. The pulp-dentin fluid transport system is effectively strangled, ultimately leading to the internal corruption of the dental organ: death, gangrene, or apical periodontitis. While there are times when such capping procedures can seem to work well for many years, nonetheless, the mutilation of the dental organ will hasten its circulatory death. This, in turn, becomes a situation handed over to an endodontist for treatment.

Physiologically and biologically, this is an unwise move. In essence, endodontic treatment - root canal therapy - embalms the organ and entraps myriad microorganisms within it.

Those microbes, however, can move into the bone areas, leading to problems such as Actinomycosis, forming abscesses in the brain, neck, lungs, and pelvic regions. Apical periodontitis - dental alveolar abscesses - may occur anywhere along the interface of tooth root and bone.

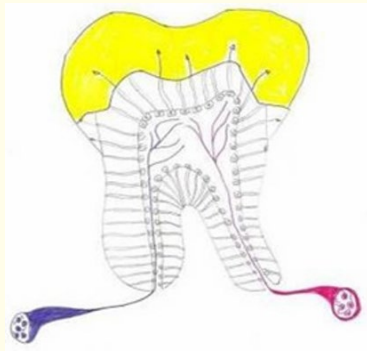
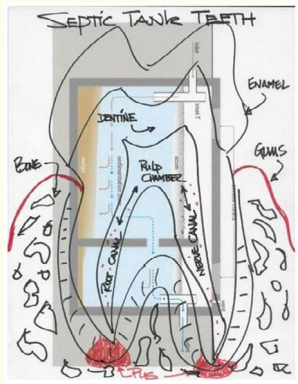


Figure 3: The gold-capped Odonton.

The diagram below depicts a dead Odonton, leading to septic toxemia.



Corrupted matter - like corrupted thoughts - tries to expel itself through the normal, designated pathways. Where there are obstructions, the process of "cleansing" is likewise hindered. The normal elimination of toxins (metabolites) is blocked. Greater concentration of toxins ensues, followed by crystallization, forming "tumors" within the body's tissues.

This is an act of protection. The "tumors" prohibit, as much as possible, the dissemination of toxins throughout the rest of the system. In time, however, they, too, become a focus of corruption, needing remedial action. Figure 4 below shows the end result of a capped tooth, with abscesses present at the root ends that once were embedded in bone and attached to the lower jaw. The individual this tooth belonged to felt no pain, just "intermittent tenderness," as she called it. Upon further inspection, including inquiry into her dental history, a pus sac and apical periodontitis were evident.

One of the primary microorganisms present in those pus sacs at the root tips is *Actinomyces Odontolyticus*, a fungus-like bacteria that avoids oxygen. Once it is disseminated into the vascular system, it can easily migrate to and focate in the brain, lungs, abdomen, and face, neck, and pelvic regions. There, they establish colonies that generate abscesses in the tissues. This condition is called Actinomycosis [1], and it is far more prevalent than reported. The bacterium involved is not easily identified in a laboratory.

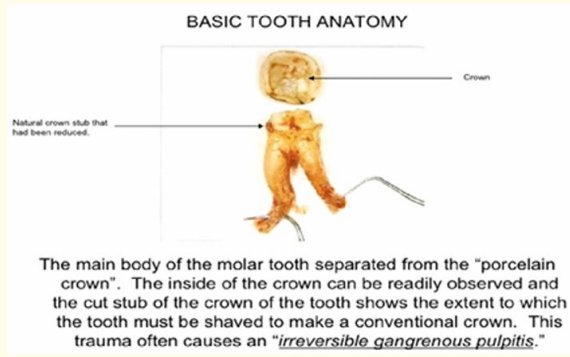


Figure 4: Capped and abscessed human Odonton.

The flora present in a recently root-canaled tooth - that is, a dead tooth - are numerous and work together to "cleanse" the tissue by decomposing it [2]. This process starts with liquefaction, then gas production, and finally phagocytosis, or the cellular eating of the toxic tissues. But the ultimate "cleanser" is God's Divine Light [3], followed by the care and skill of the dental surgeon who wisely removes this source of poison and its bony defect with cavitation surgery [4].

Endnotes

1. Smergo RA and Foglia G. "Actinomycosis". Clinical Infectious Disease 26.6 (1998): 1255-1261.
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3. Sukyo Mahikari North America. http://www.sukyomahikari.org/
4. Carlson RS. "Endodontic-endotoxemia: Our current dilemma". Biological Dentistry Journal.