

THE ROOT CANAL AND BREAST-CANCER CONNECTION

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Infected root canals are a common example of the mouth-body connection that dental schools need to teach more about, and that consumers of dental services need to be more aware of. Everyone needs to be alerted to the possibility of a root-canal infection. And everyone should be alerted to the danger of tolerating chronic focal infections in the jaw for any length of time, because of possible ramifications on patients' oral-systemic health.

Chronic oral infections can raise your risk of a variety of illnesses. Foremost are stroke and cardiovascular problems, but also rheumatoid arthritis, diabetes, respiratory infections, cancers, and pregnancy problems. If a person has a root canal and is having any of these issues, he or she needs to make sure that the root canal is not infected. Fighting an infection day after day in a dead root-canal tooth will tax anyone's immune system. If a patient is struggling immunologically, that is a sign of a possible chronic infection, and dentists need to be able to determine if the cause of the immune challenge is in the mouth. Patients also need to be aware of these risks when dentists offer them a root-canal procedure in the first place.

As a systemic dentist, I do not offer root canals to my patients because I am quite well aware that the systemic risks outweigh any benefit. For oral-systemic health, I believe infected teeth need to come out rather than be root canaled and kept in the jaw as a dead tooth. A root-canal tooth is a dead tooth that will attract infection over time because the tooth is made of thousands of micro-tubules that attract anaerobic bacte-



Thermography image of infected root canal

Courtesy of the Breast Health and Preventive Education Center

ria. To demonstrate the risks, I want to share experiences that I have had in my practice treating patients with breast cancer who had infected root canals.

Over time, the physicians I team up with were sending me breast-cancer patients for dental assessment. In these cases, blood panels showed signs of infection but the doctors could not locate a source. When you have a situation like this, the next logical step is to check for possible infection in the mouth.

I began the practice of sending these patients in for thermography, which is a noninvasive way to map the body by temperature. Thermography is an extremely useful diagnostic tool in this regard, although most in-

surance plans do not cover it.

When I looked at the hot and cold areas of the body in the thermography pictures of the breast-cancer patients, I could clearly see what was going on. In thermography, cold areas reveal not enough blood flow, whereas hot spots reveal areas of possible infection.

In the breast-cancer cases that had been referred to me, I saw hot spots in the jaw suggesting focal infections from root canals that were draining via the lymphatic system straight into the breast area. Thermography allowed me to locate infection in the jaw of these breast-cancer patients that their doctors could not find, even though blood tests clearly indicated an infection somewhere in the body. I could then use digital x-rays of the area to confirm my suspicion.

Could these chronic, focal bacterial infections in the jaw have caused the patients' breast cancers? Not directly, because bacterial in-

fections do not cause cancer. But indirectly, a chronic infection can contribute to the development of cancer because, over time, chronic infections wreak havoc on a person's immune system. A weakened immune system sets the stage for dysfunction in cytochemistry (cell biochemistry) that can lead to cancerous tumor growth and the inability of the immune system to trigger cell death in cancer cells. Cancer (and a host of other diseases) is more likely to appear in a person who is struggling immunologically.

Obviously, people can become overwhelmed dealing year after year, even decade after decade, with chronic infections in the jaw from infected root canals. Often the immune system is so relieved when the