Numbers relate to those shown at lower left of screen throughout the movie.

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7 Buck, R. A. DMD; Eleazer, P. D. DDS, MS; Staat, R. H. PhD; Scheetz, J. P. PhD Effectiveness of Three Endodontic Irrigants at Various Tubular Depths in Human Dentin Journal of Endodontics: Volume 27(3) March 2001 pp 206-208

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One of the most respected root therapy specialists, Dr I. Bender, makes the following statements:

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Asikainen S, Alaluusua S Eur Heart J 1993 Dec;14 Suppl K:43-50
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30 1920 Dr Price

"....not only do we have great difficulty, amounting practically to an impossibility, in completely sterilising tooth structure, but also our efforts may result in the development of a more virulent organism if we have not exterminated the last one."

31 Since the 1920's it has been evident that infections in teeth can seriously effect changes in other organs of the body: (Weston Price $\,$)

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149 The American Association of Endodontists (http://www.aae.org): "Facts About Root Canal Treatment and Endodontists

150 Caulk Co 1998 📃

In proximal or occlusal contact to dissimilar metal restorations. In patients with severe renal deficiency. In patients with known allergies to amalgam. For retrograde or endodontic filling. As a filling material for a cast crown. In children 6 and under. In expectant mothers.

151 <u>http://www.aae.org</u>)

152 the Canadian Academy of Endodontics claim that;

153 "The Changing Face Of Dentistry - Endodontics" by Dr Paul V. Abbott BDSc, MDS, FRACDS(Endo). Australian Dental Association News Bulletin April 1996

154 Endodontic treatment and general health April 1996 A recent press report (Daily Mail, April 9 1996) suggested that the removal of endodonticallytreated teeth could alleviate various health conditions, including arthritis and kidney and heart disease.

155

http://www.ase.org.au/media/Societies/ASE/Documents/Endontics%20Can%20S ave%20That%20Tootha.pdf

156 12 April 1997
Dr Ralph Reid
12th Floor
TNG Building
141 Queen St
Brisbane
4000

Dear Dr Reid,

I am writing with a request for information which I hope you, as president of the Australian Society of Endodontology (Inc.), will be able to supply. I am a practicing general dentist in Sydney and have a great interest in the area of Endodontics. My queries are in relation to the patient education pamphlet;

"Relax- there is no need to lose your tooth...ENDODONTICS (Root Canal Therapy) can save it for you".

1) In paragraph 2 it is written "Once the tooth is fully formed the main source of nutrition for the tooth comes from the tissues surrounding the root."

Could you please supply the references for this statement? Would you also be kind enough to explain to me exactly how the tooth is nourished from its surrounding tissues. Is this via the blood supply, the lymph or by osmosis?

Interestingly the American Dental Association state in 2005 on their web site

"Inside each tooth is the pulp which provides nutrients and nerves to the tooth, it runs like a thread down through the root." American Dental Association Web site Jan 2005 http://www.ada.org/public/topics/root_canal.asp

2) In the third paragraph it is written;

"Therefore, a tooth can function normally without its pulp and can be kept indefinitely. After endodontic treatment the tooth is pulpless, but it is NOT a dead tooth."

Again I would appreciate references to support this statement. By suggesting that the tooth is not dead, one can only assume that it is alive. For this to be so it must have some vascular supply. If I am not mistaken the very procedure of Root Canal Therapy is to remove the blood supply.

The statement (7th Paragraph) "During endodontic treatment, the infected or damaged pulp is removed from the inside (i.e. root canal) of your tooth."

Is it necessary to remove all infected dead pulp tissue from the tooth? If not please supply references which describe the fate and effect of remaining infected tissue.

If so please supply the references which demonstrate that all necrotic and infected tissue can be removed from the tooth.

The 8th Paragraph states: "The root canals are then cleaned, sterilised and shaped to a form that can be completely sealed." Firstly I again request references to support this statement. Next would you be kind enough to explain to me;

the procedure and medication recommended by the society which does sterilise a tooth.

how is sterility of the tooth determined? Is it necessary to take a swab of the tooth for culturing. If so should this be aerobic or anaerobic.

if anaerobic testing is required could you please inform me of the correct procedures.

please supply references which demonstrate the complete sealing of a root canal.

Paragraph 11 talks of the sedative dressings and temporary fillings which are used to settle the tooth "and destroy any remaining bacteria". References supporting this statement would be appreciated. Would you also list for me the medicaments which are currently recommended to achieve this outcome.

They also talk about dressings which "and destroy any remaining bacteria"

I appreciate that you may not be the author of this pamphlet and that this is indeed quite a large request. I believe though, that if I am to pass this pamphlet on to my patients, I would like to be in a position to be able to verify each of these statements by published, peer reviewed scientific papers. If you are unable to furnish the answers to this request I would appreciate it if you could point me to the author of this paper. I thank you in advance for your response.

Yours sincerely Robert Gammal

Following is their response.

Dear Dr Gammal,

Thank you for your original letter of the 12th April. The request was handed on to our committee which handles educational matters. I have just returned from three weeks away, hence the delay in replying The committee made the following recommendations which are passed on for your Information:

The pamphlet was written by a committee of specialist endodontists as a public service to dentist's patients.

The pamphlet was then circulated to all specialist endodontists in Australia for their comments, additions, etc before final printing.

The material was based on the committee members' general knowledge of endodontics and **not on specific references**.

The statements are universally accepted by endodontists world-wide and by the dental Profession in general.

There are no controversial issues raised in the pamphlets (this was intentionally avoided by the committee)

NO specific references were used to write the pamphlets ANY textbook on endodontics could be used to justify the statements made in the pamphlets.

I hope this information is of some help in showing where the pamphlets have come from.

Yours sincerely Ralph J Reid. President, ASE Inc (Bold emphasis by Robert Gammal)

157 :"Transatlantic Transfer of Digitized Antigen Signal by Telephone Link," J. Benveniste, P. Jurgens, W. Hsueh and J. Aissa, "Journal of Allergy & Clinical Immunology - Program and abstracts of papers to be presented during scientific sessions AAAAI/AAI.CIS Joint Meeting February 21-26, 1997"]

158 California PROPOSITION 65:

Warning on dental amalgam, used in many dental fillings, causes exposure to mercury, a chemical known to the state of California to cause birth defects or other reproductive harm.

Root canal treatments and restorations including fillings, crowns and bridges, use chemicals known to the state of California to cause cancer.

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172 Walsh LJ Serious complications of endodontic infections: some cautionary tales.

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174 Siskin M Oral Surg. 1977 Vol 43 No 3 Various immunologic diseases may be associated with Pulpal-Periapical Disease

175 Rubin et al Oral Surg 1976 Vol 41 No 1 Three cases of infection of total hip replacements following Root Canal Therapy in 2 cases and Periodontal Surgery in 1 case.

176 J Am Dent Assoc 1995 Apr;126(4):469-72; quiz 499-500 Abscess involving the left eye that originated as a dental abscess

177 1 J Oral Maxillofac Surg 1995 Feb;53(2):203-8 1995 Feb Cervical cellulitis and mediastinitis caused by odontogenic infections

178 Rapoport Y et al Oral Surg Oral Med Oral Pathol 1991 Jul;72(1):15-8 Cervical necrotizing fasciitis of odontogenic origin

179 Mattila KJ et al Atherosclerosis 1993 Nov;103(2):205-11 Dental infections and coronary atherosclerosis

180 J Am Dent Assoc (1989 Sep) 119(3):397-8, 401-2 Infection of pulpally involved teeth near the maxillary sinus sometimes spreads into the sinus and causes serious complications

181 Steiner G J Neuropath. 1952;11:343-72 Support for the Oral Spirochaetes theory relating MS to oral infections

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