

# THE CARCINOGENIC EFFECTS OF DEVITALISED TEETH

*root canal filled*

A Summary From The Book  
Cancer : A Second Opinion

by Josef Issels  
(Prepared by Maurice Finkel)

Issels defines a focus as a chronic, abnormal local change in connective tissue capable of producing variable effects quite distant from its source. Even a healed scar may act as a focus and spread disease to far parts of the body. Issels indicated that degenerative teeth and tonsils are the most lethal of all foci. All diseased tonsils and teeth should be removed, according to Issels.

Decay penetrating through to the inner pulp, which contains the nerve and the blood vessels, causes the pulp of a decayed tooth to become inflamed. Once this happens, the tooth must be removed. The tooth can still be preserved if only the outer enamel and the dentine have decay present. Students of dentistry are taught that a tooth can be saved if the pulp with its nerve and blood vessels are removed, the inner chamber sterilized, sealed and filled, blocking the opening at the apex at the end of the root. However, the histology (structure) of the tooth will show many micro-canals leading from the pulp cavity to the outer enamel. Within these micro-canals and capillaries, great colonies of micro-organisms are created. (See the Special Feature of Vol. 9, No. 1 on this subject). The toxic excretions of these bacteria in a root-filled tooth cannot reach the mouth, but instead drain away, by way of the micro-canals, into the marrow of the jawbone. From there, they drain into the tonsils. Such a tooth becomes a toxin producing factory.

Because the devitalized tooth is devoid of nerves, it cannot perceive or control inflammation even when the infection has invaded the bone marrow. It rarely gives a warning signal. Thus, such a tooth may stay in place for many years, even a lifetime, while continuing its devastating effects on the health of the individual. If the resistance of the body is intact, a cyst forms about the affected area which prevents the escape of the toxins into the body. But when the resistance is low, the cysts fail to form, or just disappear, and the toxins are released into the body. In cancer, the failure for such cysts to form is common.

Any inflammatory disease focus creates on the skin above **an infra-red emission which can be monitored by an infra-red sensitive instrument.** With the extraction of the devitalized tooth there is a reduction of the infra-red emission, along with a decrease of the **infra-red emission over the tumor area.** From this it is clear that the advisable treatment for devitalized teeth is extraction. In a survey of adult cancer patients 98% had from two to ten dead teeth,

each one a toxin factory. Often root remnants and ostitis (decayed bone) is there, which was not removed when the tooth was extracted. Thus not only should the devitalized teeth be removed, but also any foci within the jawbone. The socket of the tooth must be cleared down to healthy bone. (Many dentists fail to remove diseased and soft bone material after an extraction. Ed.) Thus within the gangrenous inflamed pulp cavity, and its adjoining spaces, there arises microbial putrefaction, producing toxic wastes from out of the dead matter present. The most dangerous of these toxins are the Lho-ethers, which are closely related in their structure to mustard gas in World War I.

The thio-ethers are fat soluble substances which home in on the mitochondria. These latter organells lie within cells, especially those of the liver. They are the factories of aerobic respiration. Aerobic respiration is where oxygen is used. Anaerobic respiration does not use oxygen. This knowledge is important because we know that cancer thrives in an anaerobic situation. When oxygen levels are high, cancer cells cannot survive. The thio-ethers destroy mitochondria. Furthermore, the thio-ethers attach themselves to metals in the body, many of which, like magnesium, are important to enzyme reaction and aerobic respiration. This can cause deficiencies in the body. The thio-ether can also alter the structure of protein materials in the body. These materials act like foreign substances which the body wants to destroy. Where this happens to structural elements in the body the structures are weakened, resulting in organ and cellular damage.

There is hardly a carcinogen which so completely fulfills its role as do the thio-ethers. From the moment the pulp is removed, hour by hour, year by year minimal amounts of these most virulent of toxins are released into the circulation, paralysing the aerobic respiration of cells.

The dentist's task is only secondarily cosmetic. Primarily, it must be in prevention and cure. The over-riding consideration must not be in the conservation of a tooth, but in the preservation of its vitality. The most beautiful crown can be a lifeless corpse in a golden coffin.

#### COMMENT:

The lay person looks to his dentist for professional advice in dentistry. The information indicated here has

been known for many years. Most dentists working today should have been taught about these dangers - they were known when they went to school. Instead, they were taught how to make dead teeth. Nor were they well taught about -the removal of decayed bone **after the extraction of any tooth** and especially after the extraction of a dead tooth. However, better late than never. They have to stop making devitalized teeth and

start looking for decay in the bone sockets. One realizes that there is a lot more money to be earned in doing a root canal than in doing an extraction, but this is what must be done.

(Josef Issels is a doctor of medicine and is Europe's best known cancer therapist employing principles of natural medicine.)

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Chart showing relationships between teeth and other areas of the body

SENSE ORGANS	Inner ear	Maxillary sinus	Ethmoid cells	Eye	Frontal sinus	Frontal sinus	Eye	Ethmoid cells	Maxillary sinus	Inner ear								
JOINTS	Shoulder Elbow	Jaws	Shoulder Elbow	Back of knee		Back of knee		Shoulder Elbow	Jaws	Shoulder Elbow								
	Hand ulnar Foot plantar Toes, sacro-iliac joint	Front of knee	Hand radial Foot Big toe	Hip	Sacrococcyx	Sacrococcyx	Hip	Hand radial Foot Big toe	Front of knee	Hand ulnar Foot plantar Toes, sacro-iliac joint								
				Foot		Foot												
SPINAL SEGMENTS	C8 T1 T5 T6 T7 S1 S2 S3	T11 T12 L1	C5 C6 C7 T2 T3 T4 L4 L5	T8 T9 T10	L2 L3 S4 S5 Coccyx	L2 L3 S4 S5 Coccyx	T8 T9 T10	C5 C6 C7 T2 T3 T4 L4 L5	T11 T12 L1	C8 T1 T5 T6 T7 S1 S2 S3								
VERTEBRAE	C7 T1 T5 T6 S1 S2	T11 T12 L1	C5 C6 C7 T3 T4 L4 L5	T9 T10	L2 L3 S3 S4 S5 Coccyx	L2 L3 S3 S4 S5 Coccyx	T9 T10	C5 C6 C7 T3 T4 L4 L5	T11 T12 L1	C7 T1 T5 T6 S1 S2								
ORGANS	Heart rt	Pancreas	Lung rt	Liver rt	Kidney rt	Kidney lt	Liver lt	Lung lt	Spleen	Heart lt								
	Duodenum	Stomach rt	Large intestine rt	Gall-bladder	Bladder rt Urogenital area	Bladder lt Urogenital area	Bile ducts lt	Large intestine lt	Stomach lt	Jejunum ileum lt								
ENDOCRINE GLANDS	Ant. lobe of pituitary	Para-thyroid	Thyroid	Thymus	Post. lobe of pituitary	Pineal gland	Pineal gland	Post. lobe of pituitary	Thymus	Thyroid	Para-thyroid	Ant. lobe of pituitary						
OTHERS	CNS Psyche	Mammary gland rt							Mammary gland lt	CNS Psyche								
	R																	L
	Tooth	8	7	6	5 (V)	4 (IV)	3 (III)	2 (II)	1 (I)	1 (I)	2 (II)	3 (III)	4 (IV)	5 (V)	6	7	8	Tooth
	R																	L
OTHERS	Energy metabolism			Mammary gland rt							Mammary gland lt			Energy metabolism				
ENDOCRINE GLDS TISSUE SYSTEMS	Peripheral nerves	Ar-teries	Veins	Lymph vessels	Gonad	Suprarenal gland	Suprarenal gland	Gonad	Lymph vesseis	Veins	Ar-teries	Peripheral nervous system						
ORGANS	Ileum rt	Large intestine rt		Stomach rt Pylorus	Gall-bladder	Bladder rt Urogenital area	Bladder lt Urogenital area	Bile ducts lt	Stomach lt	Large intestine lt	Jejunum ileum lt							
	Heart rt	Lung rt	Pancreas	Liver rt	Kidney rt	Kidney lt	Liver lt	Spleen	Lung lt	Heart lt								
VERTEBRAE	C7 T1 T5 T6 S1 S2	C5 C6 C7 T3 T4 L4 L5	T11 T12 L1	T9 T10	L2 L3 S3 S4 S5 Coccyx	L2 L3 S3 S4 S5 Coccyx	T9 T10	T11 T12 L1	C5 C6 C7 T3 T4 L4 L5	C7 T1 T5 T6 S1 S2								
SPINAL SEGMENTS	C8 T1 T5 T6 T7 S1 S2 S3	C5 C6 C7 T2 T3 T4 L4 L5	T11 T12 L1	T8 T9 T10	L2 L3 S4 S5 Coccyx	L2 L3 S4 S5 Coccyx	T8 T9 T10	T11 T12 L1	C5 C6 C7 T2 T3 T4 L4 L5	C8 T1 T5 T6 T7 S1 S2 S3								
JOINTS	Shoulder and elbow		Front of knee	Back of knee		Back of knee		Front of knee	Shoulder and elbow									
	Hand ulnar Foot plantar Toes, sacro-iliac joint	Hand radial Foot Big toe		Hip	Sacrococcyx	Sacrococcyx	Hip		Hand radial Foot Big toe	Hand ulnar Foot plantar Toes, sacro-iliac joint								
			Jaws	Foot		Foot		Jaws										
SENSE ORGANS	Ear	Ethmoid cells	Maxillary sinus	Eye	Frontal sinus	Frontal sinus	Eye	Maxillary sinus	Ethmoid cells	Ear								