

PERIODONTAL DISEASE & Your Whole Body Health

by Mark A. Breiner, DDS

“You don’t have to brush your teeth... just the ones you want to keep”

~ Author Unknown

Ralph, a new patient, came to my office for a dental exam complaining he had felt unwell for years. He suffered from terrible shoulder pain, mental fog, and was unable to continue running his family business. Upon examination, I found he had two molars with extremely deep periodontal pockets (approximately 12 millimeters). Periodontal Disease, a common infectious disease, affected Ralph’s overall health. The mouth cannot be looked at separately, without understanding its impact on the entire body’s health.

Periodontal is derived from the words “Peri,” which means “around,” and “odonto,” referring to the “tooth.” Periodontal Disease (PD) comprises a range of problems from gingivitis, simple inflammation of the gums, to full periodontitis involving loss of bone around the teeth. Some estimates report more than 85% of the U.S. population over age 30 has this disease.

Gingivitis is an early stage of gum disease and easily reversible with debridement by a dental hygienist, proper home care by patients, and good nutrition to restore health. When the problem progresses to the bone it is called periodontitis. Pockets accompanied by bone loss become present. As these pockets deepen, teeth

can loosen. If enough bone is lost around those teeth, they may need to be removed. During an initial exam, I probe around the teeth, noting any bleeding and pockets. Pockets more than 3mm indicate bone has been lost. But how do I know if it is actively infected and the loss is ongoing?

One way to assess if an infection is active involves taking plaque from under gum tissue and observing it under a phase-contrast microscope at a magnification of 400 times. A healthy sample will have certain types of bacteria and minimal activity. An unhealthy slide is characterized by increased bacterial activity, spirochetes, amoebae and white blood cells. An amoeba is a parasite and a spirochete is a snake-like bacteria. Both indicate a serious problem and are not seen in healthy mouths. An unhealthy sample taken from a pocket would indicate an ongoing infection in that pocket. A healthy slide from a pocket denotes a previous problem that is presently inactive. No pockets, but a microbe-laden slide, suggests a person at risk for bone loss and other possible problems, such as heart disease, stroke, and stomach ulcers.

It is important to treat PD and, in the best scenario, to do so at its earliest stage. Other than potential tooth loss,

treatment is vital for two main reasons. First, PD indicates a problem in host resistance. Second, bacteria and toxic by-products within pockets do not necessarily stay there. The same blood traveling in the gums flows throughout the body. In fact, periodontal bacteria have been found in atherosclerotic plaque.¹ Harmful bacteria can cause problems and often play an increasing role in chronic diseases, such as arthritis.

Recent news headlines cite studies correlating a higher incidence of heart disease in those with PD.² They advocate treating PD to prevent heart problems, because bacteria associated with gum inflammation are also associated with heart disease. C-Reactive Protein (CRP) is a key marker of inflammation and is produced in response to infection and injury. Findings suggest that elevated CRP is a predictor of future stroke and heart attack. Many people with PD have elevated levels of CRP.³

We all have bacteria, not only in our mouths, but throughout our bodies. One reason some people develop problems, while others do not, is because a host’s resistance may be low, providing a prime environment for bad bacteria to multiply. In fact, the same underlying problems are the common

denominator in both heart and gum disease. For example, toxins such as chemicals, pesticides, heavy metals, pH imbalances, poor diet and nutrition, can ultimately lead to inflammation.

In Ralph’s case, infected pockets were affecting his entire system. Unfortunately, his PD was not treated early, and his bone loss was so great that extractions were necessary. However, once treated dentally and nutritionally, Ralph’s energy was restored, his mind became sharp and clear, and he was able to run his business. His case illustrates the importance of recognizing the intimate relationship of the mouth to the rest of the body.

Many factors must be considered when dealing with PD, including defective restorations, bite problems, high electrical currents (from dissimilar metals in the mouth), mercury toxicity, nutrition, and overall body chemistry. A mouth infection diagnosis is not usually an immediate life-threatening situation. However, over time, it may

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be a contributing factor to other disease processes, so it is wise to take care of it early.

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1 Oral Bacteria Found in Arterial Plaque, ADA News. J Am Dent Assoc, Vol 136, No 6, 724-725, 2005.

2 DeStefano F, et al., “Disease and Mortality”, BMJ, 306:668-691, (13 Mar) 1993.

3 Slade GD, et al., “Relationship between periodontal disease and C-Reactive Protein among adults in the Atherosclerosis Risk in Communities study.” Arch Intern Med 163(2003): 1172-1179.

