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What You Need to Know about Cavitations

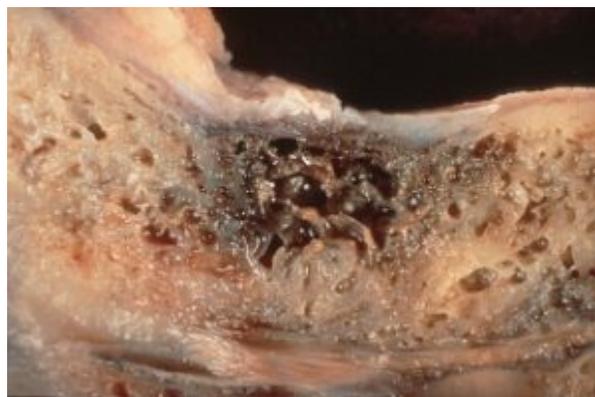
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One of the main goals of true biological dental medicine is to reestablish the patient's overall health by eliminating long-term obstacles. These include

- Dental implants of any kind, metal or ceramic.
- Root canal filled teeth.
- Untreated devitalized (dead) teeth.
- Restored teeth displaying chronic inflammation.
- Restored teeth with heavy metals producing elevated galvanic currents.
- Surgical scars in the soft tissues.
- Cavitations.

The more obstacles that are harbored in the jawbones, the more bioenergetic impulses are disturbed. This just puts more stress on the extracellular matrix – **the biological terrain** (<http://biologicaldentalhealth.com/whole-body-illness-biological-terrain-analysis-bta/>), which guides all health and illness – and triggers health issues long before any chronic disease can be formally diagnosed.

This is especially evident when Chronic Ischemic Bone Disease (CIBD) is involved. Its effects are pernicious and insidious. And it comes in many forms, as outlined **here** ([http://biologicaldentalhealth.com/wp-](http://biologicaldentalhealth.com/wp-content/uploads/2016/12/Definitions_Ischemic_Bone.pptx)



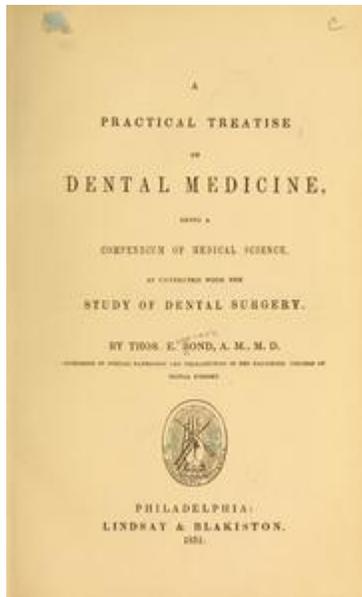
[content/uploads/2016/12/Definitions_Ischemic_Bone.pptx](http://biologicaldentalhealth.com/wp-content/uploads/2016/12/Definitions_Ischemic_Bone.pptx)) by the world leader in researching diseases of the jawbone, Dr. Jerry Bouquot. (How important is Bouquot to dentistry? His textbook is used in more than 80% of US dental schools today.)

Yet CIBD isn't really a disease in and of itself. It's the result of many local, systemic, and energetic events or disorders that ultimately lead to decreased blood supply (ischemia) to and dying, decaying bone marrow (infarct) in the jaws.

It's also not easy to diagnose. Consequently, it remains very undiagnosed by dentists. Many don't even know much about it, even oral surgeons. And thanks to the Internet, there's a lot of misinformation circulating about this oral barrier to systemic health.

This article is one attempt to correct the record.

The Scientific Proof of Jawbone Osteonecrosis (CIBD)



Jawbone osteonecrosis was first discussed by Dr. Thomas Bond in his 1848 textbook *A Practical Treatise on Dental Medicine* (<https://archive.org/details/practicaltreatis00bond>) – the very first English textbook on maxillofacial pathology. (“Maxillofacial” means pertaining to the jaws and face; “pathology” refers to the scientific study of disease.) In it, he observed that the disease didn’t seem to require abscessed teeth or gums to cause complete death of the marrow. The necrosis, he noted, “may be caused by any means which destroys the nutrition of the bone or any part of it” – usually from “constitutional vitiations, or defects of nutrition consequent upon general pravity.”

His recommended treatment? Remove the bone.

Other dental researchers remarked on the phenomena of jawbone death, as well, but it wasn’t until G.V. Black came along that anyone seems to have considered the subject at length. Known as the father of modern dentistry, Black included a whole section on the subject in his 1915 *Work on Special Dental Pathology*

(<https://archive.org/details/workonspeciald00blac>). He described the slow bone death as occurring “cell by cell,” resulting in the formation of holes in the jawbone – “cavities” of up to 5 centimeters in size. (This is the likely source of the popular term “cavitations” to describe CIBD.) He wondered about its unique ability to destroy so much bone without pus, redness, or swelling of the overlying tissues; without raising body temperature; often without even causing pain.

His treatment suggestion was similar to Bond’s: Curette the diseased bone.

Following Black, important work was done in the field by R. Paul Ficat and Jacques Arlet of the University of Paul Saboteur in Toulouse, France, as well as Dr. Robert Gorlin from Minneapolis and Dr. Jens Pindborg from Copenhagen, Denmark. All these men Dr. Bouquot considers important mentors and giants in the field of osteonecrosis.

The concept of cavitations is supported voluminously by the American Academy of Orthopedic Surgeons in their 1997 textbook *Osteonecrosis: Etiology, Diagnosis and Treatment*.

Today, many biological dentists suggest that a kind of intellectual suicide permeates the dental profession because so many cavitations develop in conjunction with teeth treated with root canal therapy. Yet this is just only one possible cause of these disorders.

What Causes Cavitations?

If you’ve done much reading about cavitations, you’ve probably run across the claim that they’re caused by a failure to remove the periodontal ligament after surgically extracting a tooth.

Dentists who say this often lay the blame on oral surgeons who weren’t taught how to remove this bit of tissue that serves to hold the teeth in place. Some have even claimed that it’s “against the law” to remove the ligament. More than once, I’ve heard this even from lecturers at meetings of the various biological and holistic dental associations

Yet there is no single cause of cavitations. Every odontogenic disturbance field has a genesis of its own. They can be the main problem or a consequence of other disturbances in the body’s self-regulating functions. Here are just some of the factors that can contribute to CIBD:

1. Severe infection in the jawbone, impairing the Basic Regulative System or Greater Defense System.
2. Not removing enough of the diseased bone – including the periodontal ligament – during tooth extraction.
3. Hereditary or acquired clotting disorders, including thrombophilia and hypofibrinolysis.
4. Poor regulation of blood viscosity and clotting ability due to an impaired biological terrain.
5. Antibiotic and corticosteroid use before and after tooth extraction or cavitation excavation.
6. Excessive use of NSAIDs during the past 12 months.
7. Bone routinely exposed to vasoconstrictors via dental anesthetics.
8. Tobacco and nicotine use, which inhibits bone healing.
9. More infection or trauma than in all the other bones combined.
10. Osteoporosis.
11. Areas of scarring, previous surgery or infection, bone gaps, and areas previously treated with radiation – all of which are likely to be deficient in bone-forming cells (osteoblasts).
12. Insufficient growth factors to stimulate bone cells to grow and mature, forming healthy bone tissue.
13. Unsterile “sterile” bone implants.
14. The patient’s aging process.
15. Radiation and chemotherapy.
16. High levels of antiphospholipid antibodies. (These cause blood vessels to narrow and grow irregular, which in turn leads to thrombosis, or clotting in the vessels themselves.)
17. The presence of heavy metals, such as mercury, silver, copper, and iron.
18. Thyroid deficiency or deficiency of growth hormone.
19. Nutritional status.
20. Trauma from dental surgery.
21. A history of really tough experiences – spiritual, mental, emotional, or physical – that the patient has not yet healed from, whose “legs are not back under their metabolism.”
22. High anxiety and a tendency toward catastrophizing pain.

Only by drastically minimizing or eliminating all factors that led to the formation of the disturbance field can the cavitational lesion be successfully eliminated. Then it’s a win-win for patient and surgeon alike.

Just How Common Are Cavitations?

Some of the best data we have on the prevalence of CIBD comes from **research by Drs. Thomas Levy and Hal Huggins (<http://www.biologicaldentalhealth.com/Data/cavitations.pdf>)**.

They randomly selected 112 charts of patients, aged 18 to 83, who were undergoing total dental restoration revisions at the Huggins’ Diagnostic Center between 1991 and 1995. The research team surgically raised full thickness flaps at all old extraction sites in each patient, then explored each area with a small drill in a slow speed hand piece. Occasionally on some third molar (wisdom tooth) sites, they injected a small amount of contrast radio opaque medium before drilling to aid detection.

Here’s a summary of their most significant findings:

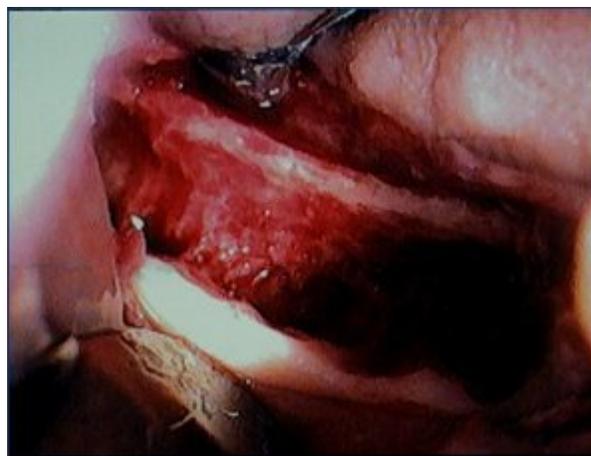
Extraction Sites	Positive Findings	Sample Size	Percentage of Occurrence
All Wisdom Teeth Sites	313	354	88%
All 2 nd Molar Sites	35	50	70%
All 1 st Molar Sites	60	73	82%
Non-Maxillary Molars	72	123	58%
Non-Mandibular Molars	23	51	45%
Summary of all extractions sites	441	517	85%
Overall Rate Regardless of Site	536	691	77%

The researchers were adamant that unless these cavitation sites were thoroughly eradicated, renovated, and sanitized, patients suffering from neurological diseases such as multiple sclerosis, Alzheimer's, ALS and Parkinson's symptoms would not be able to feel the lessening or progression of symptoms.

Any improvement in symptoms was gladly accepted by their patients.

What Does a Cavitation Look Like?

To view a cavitation site, the dentist first exposes it, then uses a small, round drill in a slow speed hand piece to make a series of small test holes. But before debriding the site – that is, surgically removing tissue – the dentist will collect a tissue sample, which typically includes bone speckles, blood, and any loose soft tissues, along with any oily-looking, serum-like fluid, and place it in a specimen vial for later testing.



Within the hole itself, you commonly see green, yellow-green, and sometimes dark, tarry material. You may see material that looks like thick, oily cottage cheese or blood-soaked sawdust or powdered grit or fatty globules or even chocolate ice cream.

Basically, what you're looking at are focal pockets of gangrene – a necrosis caused by obstructions of the blood supply which may be localized or widespread. Bacterial metabolites and other waste products are generated in the decay process. Over the long haul, this interferes with the function of the autoregulatory system, which includes the organs of detoxification:

- Immune system (thymus, lymphoid tissue).
- Nervous system.
- Mucosal surfaces.
- Liver.
- Extracellular matrix and Ground System.
- Cellular respiration and antioxidant system.
- Hypothalamic-pituitary-adrenal axis.

We used to be able to send tissue samples to a lab at the University of Kentucky for evaluation. ALT Bioscience would produce a report on the toxicity of each sample, using a state-of-the-art photoaffinity labeling technology. It relied on a chosen combination of 6 ATP-binding enzymes that indicate the presence of toxic compounds by a decrease in their ability to interact with their respective nucleotides (the basic components of DNA). They also have one very important thing in common: Each is directly involved in the production of ATP.

The body's ability to produce and maintain ATP levels is absolutely essential for life because every cellular process is driven either directly or indirectly by it.

When ALT Bioscience said they would no longer be offering the testing, we stopped doing cavitation surgeries. (We now refer them out.) There was no better way to verify the presence of toxicity in the tissues.

Today, **DNA Connexions**

(<https://web.archive.org/web/20171209132120/http://www.dnaconnexions.com:80/Full-View-Test-DNA-connexions.html>) in Colorado Springs now provides a Full View Test that identifies bacteria, viruses, fungi, and parasites in tissue, removed teeth, implants, bone grafts, and other biological samples. It tests for 88 different pathogens, including tetanus, botulism, diphtheria, HPV 16 and HPV 18, *Candida albicans* and more.

The Challenge of Properly Diagnosing Cavitations

Osteonecrotic focal infections are very hard to diagnose properly. Where are these disturbance fields located in the jaws? Which teeth should be removed? Which extraction sites need to be renovated and sanitized? Which organs need to be treated before oral surgical intervention?

As individual work by Dr. Jerry Bouquot and Dr. Johann Lechner has highlighted, diagnosis by x-ray is impossible. MRI and CT scan are unreliable. Even a radioisotope bone scan is insufficient unless technetium-99m is used.

One diagnostic system once used by many biological dentists is the Cavitat – a computer-assisted alveolar ultrasound (TAU) instrument that identifies cavitation porosity in the jawbone. This was much better for diagnosis than any x-ray could be. However, its reliability depended on the porosity – a factor complicated by the tendency for heavy metals to deposit in areas of chronic inflammation. Those metals make porosity hard to pick up.

Perhaps because of such limitations, a good number of dentists turn to things such as Applied Kinesiology to locate odontogenic disturbance fields. However, this muscle testing has proven too coarse of an assessment for consistently reliable results.

Energetic assessments tend to be much more reliable measures of disturbance fields. The Bio-Functional Regulation Matrix Resonance Imaging developed by Fritz Kramer and Reinhold Voll is especially precise and the system I favor in my own practice.

Successfully Treating CIBD

While various homeopathic therapies in conjunction with nutritional therapies can help keep cavitation sites in check, surgery is the main intervention. An oral surgeon goes into the site to remove the diseased tissue and disinfect the bone.

Of course, if any of the factors that can contribute to CIBD are not addressed in advance, proper healing may not be successful. All impediments to healing should be removed before cavitation surgery.

It is most important to clear up all existing latent chronic inflammations, not because they might spread, but because they cause energy-consuming limitations with increased depletion of fibroblast which are the 'mother cell' for all cells of the matrix.

If multiple surgeries are needed, they should be spaced apart, time-wise, so the body won't be overwhelmed by a series of surgical shocks. Otherwise, there's risk of lasting blockage of Ground System regulation and a shock to more chronic, progressive forms of systems. The damaged immune cycle can no longer respond adequately to more stress.

If the patient is undergoing – or as gone through – any harsh allopathic therapy, their adrenal glands should be assessed to help buffer the effects of additional oral surgery.

It's impossible to over-emphasize the importance of protective therapy before cavitational (or any) surgery. You want to lay the groundwork for healthy, uneventful healing. The matrix and all immune functions of the Greater Defense System need to be addressed. The body's self-regulating abilities must be as robust as possible.

It's a point that bears repeating: **There can be no lasting healing without addressing the needs of the biological terrain.**

Below are materials we recommend for learning more about this topic. Each of us is the author of our own health and well-being. So we encourage you to do the research that will help you make good choices for your dental and systemic health – choices appropriate to your wants and needs. For good choices depend on understanding how and why illness arises. This is the basis of truly informed consent.

Article by Dr. Verigin on Cavitations

- **From Microbes in the Mouth to Dysfunction in the Body: Focal Infection Theory**
([/microbes-in-the-mouth-dysfunction-in-the-body-dental-foci/](#))

Other Recommended Articles on Cavitations

- **Dental Cavitation Surgery** (<http://www.westonaprice.org/dentistry/dental-cavitation-surgery>)
- **Jawbone Disease Produces Many Ills**
(http://www.biologicaldentalhealth.com/Data/lechner_cavitations.pdf) (PDF)
- **Routine Dental Extractions Routinely Produce Cavitations**
(<http://www.biologicaldentalhealth.com/Data/cavitations.pdf>) (PDF)
- **Chronic Jaw Osteitis (NICO) and Heavy Metals: A Threat for Systemic Regulation**
- **Incidence Levels & Chronic Health Effects of Cavitations**
(<https://web.archive.org/web/20120417210504/http://www.thenaturalrecoveryplan.com/docs/research>) (PDF)
- **Research on Dental Toxins & Cancer Proteins**
(<http://www.quantumcancermanagement.com/dental-toxins-cancer-research.html>)
- **Are There Other Dental Dangers We Should Know About**
(<https://web.archive.org/web/20160520035630/http://hugginsappliedhealing.com:80/dental-dangers.php>)

*While this article gives a good overview of common concerns about dental materials, the information on ceramic/porcelain is misleading. As explained in this excellent **white paper** (http://www.biologicaldentalhealth.com/Data/cliff_al.pdf) (PDF) from materials expert Jess Clifford, there is no such thing as "metal-free dentistry." *What matters is the form the metals take.**

Recommended Video on Root Canals & Dental Implants

- **Oral Obstacles to Optimal Health** (<https://www.youtube.com/watch?v=FfVjAUfgSNs&list=PL043981F9B581C0D9>)
Part One explains tooth anatomy and physiology, as well as how root canals are done and their limitations. Part Two discusses why a root canal filling cannot be considered sound biological therapy even if lasers and ozone are used. The concept of focal infection is introduced, as are the importance of removing the periodontal ligament from the bone when a tooth is extracted to avoid creating a cavitation. Part Three continues the discussion of cavitations and focal infection before turning to issues with implants and their negative effect on energy flow. It also taps into Bob Jones' research on the relation between dental toxins, foci and cancer.
- **Disease Causation: The Dental Connection** (https://www.youtube.com/watch?v=Sxcm_L4jAa&list=PLUxhvUQOZlyVmlW0ljNDvdK_SHDYBtPKB)
A presentation on cavitations by Susan Stockton.



The Oral-Systemic Health Connection?

Start here to find what you need to know about issues such as...

- **How whole body illness evolves** (/whole-body-illness-biological-terrain-analysis-bta/)
- **NEW! Electroacupuncture According to Voll (EAV)** (<http://biologicaldentalhealth.com/wp-content/uploads/2020/01/New-Voll-Article-from-Winsor.pdf>)
- **Mercury amalgam "silver" fillings** (/what-you-need-to-know-about-mercury-amalgam-silver-fillings/)
- **Root canals** (/what-you-need-to-know-about-root-canals-dental-implants/)
- **Dental implants** (/what-you-need-to-know-about-root-canals-dental-implants/)
- **Cavitations** (/what-you-need-to-know-about-cavitations/)

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Interactive Meridian Tooth Chart

Meridian Tooth Chart



Each tooth is related to an acupuncture meridian which is related to various organs, tissues and glands in the body on this particular meridian or "energy highway." This connection is so apparent that an experienced dentist can often assess your overall health and wellness by reviewing your dental condition. If a person has a weak internal organ, the condition of the associated meridian tooth could make it considerably more problematic.



Use **our interactive tooth chart** (/interactive-meridian-tooth-chart/) to explore the relationships between your teeth and the rest of your body.

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