

## A Profession Waiting to Be Slaughtered

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Dear Doctors,

Before we introduce you to something new and exciting that could change your thinking, some unfamiliar foundational information should be discussed.

Now that the Federal Government, the American Dental Association and the American Medical Association have officially declared a link between mouth health and health of the body, we ask that you consider the true practice of dentistry that fully understands those relationships as opposed to the old style “teeth and gums” brand.

The mouth-body link has been publicized and documented. It isn't new information because Plato mentioned it centuries ago. Since then, Dr. Albert Schweitzer and many other icons in medicine have said the same thing.

You may not have considered the need to refer your patients to a dentist and therein lies the change and challenge. What follows is compelling and supportive of a mindset change.

Of a dentist's entire professional education, only about 20% had to do with fixing teeth (technician training). The other 80% is what separates the doctor from the technician. Unfortunately, nearly every dental practice in America is based solely on the 20%. The important 80% is usually shelved and forgotten once the dentist hangs a shingle and begins to practice.

The “teeth and gums” brand of dental care is now considered narrow-scoped and under-serving. We suggest that you direct your patients to those practitioners who have restructured their dental practices to offer the true practice of dentistry so you, your patients and our health care system all benefit. You will find this new kind of dental practice complements your examination findings and adds insightful dimensions to patient evaluation that have heretofore not been accessed.

### Dentistry's Next and Last Great Move

The incorporation of the lost 80% plus the standard 20% represents the new approach. It's based on the essence of science (Quin'talano), which is: keen observation with a trained eye and deft interpretation with an educated mind. Without the 80%, people pay the dentist

doctor's fees and only get technician treatment.

The problem is that dentists only sold the “teeth and gums” brand of dentistry so that has become the standard of care. We feel that the “teeth and gums” standard does not hold up to scrutiny and is not in the patient's best interests. Instead, patients are now exposed to the benefits of all of the dentist's knowledge, not just the mechanical part of the dentist's training.

The differences between the “teeth and gums” and the new philosophies are notable right from the beginning when the oral examination is performed. For example, to a “teeth and gums” dentist, the finding of a “cavity” is no big deal. The approach is to drill out the decay and fill the hole in the tooth.

When a specially trained practitioner sees a cavity, (s) he is alarmed.

### Some Findings Should Not Be Hushed

If a hole developed in your leg, you'd be alarmed. The same alarm bells should sound when the hardest part of your body (a tooth) develops a hole. When that kind of destruction is seen, it's a sign that biological systems of the body are malfunctioning. Healthy, hard tissue turning into a soft, smelly, decayed mass in any part of one's body is a distinct warning sign. The specially trained dentist understands this and reacts professionally and very differently whereas the “teeth and gums” dentist is unmoved and reacts as a technician in a mechanical, tooth-fixing, hole-filling way.

You cannot easily see inside the lung or liver or shoulder but you can readily see inside the mouth. To be blind to the clues, hints and signs of biological dysfunction that stare the dentist in the face is being blind to the elephant on the coffee table one refuses to see. However, once acknowledged, it's impossible to deny its existence. When faced with this, to continue the practice of “teeth and gums” dentistry becomes a moral dilemma and an ethical challenge for the dentist.

If you have not been asking your patients about their dental care, you should consider doing so. Referring your patients to the specially trained dentist for an informative new oral examination can be quite revealing.

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## Glaring Differences between “Teeth and Gums” and the New Dentistry

The glaring differences between the two examinations procedures are based on fulfillment of the responsibilities of the dentist as taught in every dental school for the past 85 years. The dentist is supposed to examine the head and neck and all exposed parts of the body, overlapping some of the areas you, too, evaluate. While the dentist does not diagnose nor treat internal organ ailments, findings outside the parameters of health cannot be ignored and the specially trained practitioner reacts as the trained professional should, by referring to the appropriate colleague. These reactive patterns are currently unknown (certainly not practiced) in Dentistry. We made them standard procedure.

In addition to examining the hard and soft tissues of the mouth, measuring the resting salivary pH and taking blood pressure, the new era dentist examines the patient’s fingernails because fingernails can provide a wealth of information about the health status of the patient. I’m sure you know of the professional texts devoted solely to the fingernails and that aware medical facilities forbid the wearing of nail polish because of the information that can be gathered by observing the fingernails.

In addition, the tongue is examined by the newly aware practitioner in a way that has been grossly overlooked by dentists. For centuries (since Plato and earlier in the far eastern cultures), it’s been known that the tongue is the mirror of the body and the tongue is definitely part of the dentist’s realm.

Tongue analysis has been a distinct part of the new oral examination for many years. Books devoted totally to tongue analysis are also in the libraries.

In fact, there are about 30 things that are evaluated by the specially trained practitioner that are not part of the “teeth and gums” standard. This makes dentistry’s new approach unique and provides distinct advantages for the patient.

### Proof about Ineffective Gum Disease Treatment

Another glaring problem is gum disease. Every time the American Dental Association does a study, they find that of the people who go to a dentist, 75% of them have gum disease! Obviously, the “teeth and gums” treatment methods can be improved. With the new brand of dentistry, it’s virtually impossible to ever get – or ever again get – gum disease.

If a patient’s gums bleed during a cleaning (or at-home brushing), it’s the professional’s responsibility to determine why and act accordingly because bleeding is considered a cardinal sign. To ignore such a finding is not appropriate.

The Super smooth/Super shiny cleaning is a diagnostic procedure as well as an extraordinary mechanical cleansing of the teeth. Healthy tissue does not bleed upon slight provocation and newly aware offices follow a protocol for evaluating gingivae that bleed when the teeth are cleaned. There is no comparable protocol in the “teeth and gums” brand.

We suggest that you alter your concepts about the importance of dentistry to general health and change your dental referral considerations toward our more comprehensive thinking. In addition

to the obvious advantages offered by specially trained dentists, the results of the new oral examination allow the dentist to accurately and swiftly determine the patient’s nutritional status. This is critical to any medical treatment because doctors know that a nutritionally strong person will heal better and will not as readily succumb to secondary infection. Hence, knowing the patient’s nutritional status pre-operatively is de facto mandatory because a low nutritional status is indicative of a high risk on the operating table.

Avail yourself of this powerful evaluation process so you don’t lose important new information you may deem necessary to make the best judgment concerning medical treatment.

American dentistry has developed into a sea of technicians who are not satisfied with producing esthetic dentistry. Now, they are driving to produce invisible dentistry. That’s nice.

There is, however, a glaring and very visible problem: the neglect of the responsibility of the doctor to the patient. While the dentist should always hold esthetics as part of the solution, there are other aspects to treatment that are more critical to the practice than how white or straight or dazzling the laboratory can make the teeth.

When was the patient – the person behind the teeth – relegated to second place? When did cosmetics and how the teeth looked become so important that it no longer mattered if the patient came in with glaring and obvious signs and symptoms? When did the dentist stop being a doctor to front for (and take credit for) the laboratory technician? When did beauty replace health as the focus of attention?

If I were an attorney, I’d be ecstatic to see the wealth of the cosmetic dentists grow because I know I’m going to be able to dip into those pockets and get a big chunk of that money for myself. All I have to do is find a patient that was improperly diagnosed and had some kind of problem happen. The fact is, I can easily find thousands of such patients!

We could go as far back as Plato who said that the mouth is a reflection of the body or as close as Dr. Albert Schweitzer who said the same thing. We could cite the Surgeon General’s Report of May 2000 that directly and blatantly linked the health of the mouth to the health of the rest of the body. We could quote medical icons who realized and verbalized that the tongue is the mirror of the body. We could then ask to see the records of the dentists and see which ones ever bothered to examine the tongue – which is surely in the realm of the dentist.

How many dentists charged their patients \$30,000 to redesign their smile and never once bothered to consider the cause of the holes in the patient’s teeth. A hole in a tooth is as significant as a hole in a leg. No body part is designed to develop holes and such a finding cannot be ignored by the doctor and still have the doctor think he’s discharging his responsibility to the patient.

If I were an attorney – which I’m not; I’m a dentist – I’d look at the dental profession as a vast feeding ground because no dentist looks beyond the teeth, even though only about 20% of the dentist’s professional education was about fixing teeth. The other 80% was about the human body; why it gets sick and how it stays well.

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As an attorney, I'd ask the dentist on the witness stand if he thought saliva was something in the dentist's realm (since it bathes everything he touches and his fingers are always in it). I'm sure the dentist would agree that it was. I'd ask the dentist what he knew about saliva and he'd probably have very little to say. In fact, the more he said, the deeper he'd be digging his own grave because there would be nothing about the patient's saliva on the examination sheet or in the records. The dentist probably did not even take the patient's salivary pH! And then, as the sharp attorney I would be, I'd pull out a tiny piece of litmus paper (range 6-8) and stick it in my mouth. I'd determine my salivary pH right in front of the jury and learn more about my saliva in 7 seconds than this dentist ever cared to learn about his patient's saliva. And then we'd discuss the ramifications of acidic saliva.

And then I'd ask what the dentist is supposed to examine when he examines a patient and the defendant dentist will likely say something mundane and stupid because if he said anything of value, he'd be digging that grave deeper and deeper.

I'd ask what swollen ankles would mean to the dentist and he'd likely reply that it could mean a congestive heart problem or something else that had nothing to do with teeth – and that would open him up to a barrage of things he ignored.

Ultimately, I'd get this defendant to admit that the dentist is responsible for examining the head and neck and all exposed parts of the body. I'd ask if he were familiar with the medical textbook devoted solely to the fingernails – and indicate that the subject was so important that an entire textbook was written about it (a Saunders publication written by Drs. Sher and Daniel). Of course, he wouldn't know it but would likely admit that cyanotic nails (cyanotic means related to a blue coloration) might mean cyanosis (a condition of deficient oxygenation of the blood). And that would open up another barrage of things he'd wish I didn't know.

I'd ask if he thought he was a good doctor and either way he answered would be his demise. If he said no, he'd incriminate himself. If he said yes, I'd ask him the criteria he used to say such a thing and he'd likely resort to some flimsy excuse like standard of care, claiming nobody examines those things – even though they should!

So, he'd indict all of his colleagues and the dam will have burst.

There'd be plenty of prosecuting for me and plenty of lawsuits for everyone else.

And there would be little defense. Dentists were taught to do things and they don't do it. Dentists were taught the normal and don't respond when they see the abnormal. Dentists make a big stink about being oral physicians and do nothing but focus on the teeth. Dentists call themselves doctors and only give technician treatment. Dentists took all of those courses about human biology and had to prove mastery of so many esoteric subjects so many times on so many levels. Yet, they never look beyond the teeth and gums. Dentists display their laminated and framed degrees from dental schools but act only like gum gardeners and tooth carpenters, not exactly what the school administrations would say they taught.

Oh, yes. The pickings would be ripe if I was a lawyer. However, I really like dentistry and don't want to be a lawyer. What I'd like

to see is my colleagues doing those things they were trained to do and rendering a service to their patients that would truly be based on the tenets of health, not just health care.

Can you imagine what we could do as a profession if we started to use the vast amount of knowledge we worked so hard to attain? Can you imagine if we conveyed to the patient how critical it is to not ignore the obvious signs that stare us in the face, signs and signals from the body that tell the world something is wrong and biological systems of the body are not functioning as they should? Can you imagine the stir we would cause if, after the physician pronounces the patient healthy, we say that isn't so and then prove it by listing things like canker sores, gingival purulence (pus), yellow, green, brown and orange tongue coatings, lackluster fingernails with white spots and dark streaks and no lunulae, holes in the hardest structure in the body, bone loss and loose teeth, acidic saliva, halitosis and TMJ subluxations that are likely contributing to hosts of other problems?

Dentistry, if practiced as it was taught to be practiced, would jump to a level at which managed care could not compete. Dentists would be thrust to the forefront of the health care industry and gain power and influence never before conceived.

One of the professions (law or dentistry) is going to have a bonanza.

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