JAW BONE INFECTION
Cavitations, their Causes and Effects

For two case histories involving this, go to Anna’s Case and/or Frank’s Case.

SUBJECTS COVERED:

- Self test
- Facts about cavitations
- References

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COULD THERE BE HIDDEN INFECTION IN YOUR JAW?

SELF-TEST FOR CAVITATIONS:

Pain: Do you have chronic pain of unknown origin? This pain is usually from the arms up, but it can even be back or leg pain. Does this pain increase with stress or exhaustion?

Tenderness: Do you have tenderness in the gum area where a tooth has been removed or behind your last molar?

Skin lesion: Do you have a chronic skin lesion, dry skin patch, or keratotic tissue on the face?

Fatigue: Do you have some type of chronic fatigue or tiredness?
Infections: Do you have numerous sinus or upper respiratory infections?

Gum disease: Do you have periodontal (gum) disease in posterior teeth?

Spasms: Do you have muscle spasms in your head or face?

Tooth extraction: did you have complications from the extraction of your wisdom teeth? Did your symptoms begin soon after a tooth was extracted?

Note that these symptoms have numerous causes and may be unrelated.

FACTS ABOUT CAVITATIONS:

Jawbone cavitations are cavities or infections within the jawbone.

A rather significant aspect of such lesions is that they can not be easily seen on x-rays, although they often have an irregular fuzzy margin.

A recent published study of 224 biopsied tissue samples from alveolar bone cavities in 135 patient with "trigeminal neuralgia" or "atypical facial neuralgia" demonstrated common features of these lesions: intraosseous cavity formation; long-standing bone necrosis (tissue death); chronic facial neuralgia (pain).

We are not sure how all of these lesions develop; however, it is obvious that many patients with chronic pain can trace the onset of their pain back subsequent to one or more tooth extractions. Generally, even though the surgical site appears to heal normally, a problem remains in the bone that antibiotics are not able to remedy.

The best treatment is prevention. Many practitioners make a special effort to remove the soft tissue attachments after extraction of a tooth. It is believed that the removal of tissue up to 1 millimeter will help prevent
cavitations. Some practitioners also use homeopathic and probiotic remedies to help heal the bone. Doing one or two extractions at a time and avoiding general anesthetic, certain pain medications, and antibiotics can also improve healing.

Once diagnosed, cavitations are generally surgically cleaned out and biopsied to confirm diagnosis. Various adjunctive modalities are utilized to promote healing, such as herbs, homeopathic remedies, laser light therapy, immune system enhancers, probiotics, colon hydrotherapy, and neural therapy. Many cavitations are being treated non-surgically with intra-osseous injections of probiotics.

REFERENCES

Cavitations, numerous web pages devoted to various aspects of the subject, by “ALT Inc., a biotechnology company proudly born out of the Advanced Science and Technology Commercialization Center (ASTeCC) at the University of Kentucky, Lexington, KY”.

Cavitations, History and Treatment
Jawbone Cavitations: Infarction, Infection & Systemic Disease, by Susan Stockton MA
Names of teeth: the names and numbers given to teeth in the Palmer notation
Oral and Maxillofacial Pathology, by Brad W. Neville, Douglas D. Damm, Carl M. Allen, Jerry E. Bouquot
Root Canals and Dental Cavitations, Wesley E. Shankland, II, D.D.S., M.S., Ph.D.
Teeth to Body Chart: relation between specific teeth and joints, vertabrae, organs, endocrine glands, tissue systems, sense organs, and others.
Tooth Abscess, MEDLINE
Tooth/Muscle Chart: relation between specific teeth and various muscles throughout the human body

The information contained herein has been obtained from a variety of sources. This document is presented to increase awareness of the topic and educate the general public. It is not intended to be an extensive discussion of this subject, or to provide specific treatment guidelines.