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Warning: The reader should always keep in mind that the healing properties described are not a substitute for any medical advice always essential to establish a diagnosis and to assess the severity of the condition. The publisher and the author accept no responsibility for the consequences that would result from the use or misuse of information contained therein.

Mark Bonner

To Kiss or Not To Kiss...

A Cure for Gum Disease

EDITIONS AMYRIS

**BETWEEN WHAT I THINK, WHAT I MEAN TO SAY, WHAT
I THINK I SAY, WHAT I SAY, WHAT YOU WANT TO HEAR,
WHAT YOU THINK YOU HEAR, WHAT YOU HEAR, WHAT
YOU WANT TO UNDERSTAND, WHAT YOU
UNDERSTAND, THERE ARE TEN OPPORTUNITIES FOR
US TO MISCOMMUNICATE AMONGST EACH OTHER.
LET'S AT LEAST TRY THOUGH...**

Edmond Wells (imaginary entomologist)

Dédication

This book is dedicated to the countless victims of periodontitis, affecting the supporting tissue attaching the teeth to the maxilla and causing a lesion to the bone itself; a true pandemic affecting more than half of the world's adult population and improperly considered a chronic pathology. Yes, it has to be said, repeated, shouted if necessary, until the truth is finally heard, listened to and especially known that not only periodontolysis and tooth loss are not fatalities, but can even be cured by dentists more than surgeons. Today's dental surgeons must become "oral doctors". This book is for the general public; its well-being depends on it, and for all of my colleagues who truly want to heal their patients. It is thus dedicated specifically to those who truly want to open their mind to clinical reality and who want to heal their patients with integrity and professionalism, with the sole purpose of helping them be healthy, with no assumptions and with full choice of action.

To *Solange*, whose enthusiasm and determination helped me develop a therapy that meets everyone's needs, whatever they may be. Thank you.

Lastly, to Evelyne, Maryse and Christiane, my faithful assistants who supported me during all these years, every day, every trip, every heavy luggage and microscope transported with difficulty, I am most grateful.

Warning: *This book describes therapeutic approaches and contains medical advice requiring a thorough oral examination by a dental specialist. It should not replace a diagnosis or serve as a self-analysis tool for your own condition.*

We thus cannot stress enough the importance of having an oral exam performed by the specialist of your choice before attempting any practice inspired by this book. Do not draw hasty conclusions upon reading the pages of this book without having previously collected thorough scientific data on your condition.

I hope that after reading this book you will be inspired to have a constructive discussion with your dentist and that he/she may make good use of it. Hopefully this book will encourage all oral health workers to consider the treatment options for periodontitis in a positive and optimistic way and allow for the evolution of the clinical and microbiological knowledge on the disease, for the good of all.

Please understand my decision to simplify certain complex terms for the general public and excuse my deliberately positive mood and occasional caustic comments; they stem from an incredible passion for warning the planet's population as well as possible. I thus ask for your indulgence for my excessive enthusiasm and occasional outbreaks with respect to public health issues that motivate my attitude.

Images have been colored to facilitate understanding. Green represents healthy biofilm. Yellow matches with gingivitis, a more or less reversible condition. Red indicates active lesion and destruction of your bone. So beware, just like when you cross the street.

Contents

Dedication	5
Contents	7
Introduction	9
Chapitre 1: Infested with Parasites!	15
Chapitre 2: In the Classroom	49
Chapitre 3: Magnifying your Microbes	67
Chapitre 4: Bonner's Private Investigation	83
Chapitre 5: A beautiful Case	91
Chapitre 6: Giving Hope to the World	113
Chapitre 7: Getting Through It	157
Chapitre 8: To Each his own Burden	167
Chapitre 9: A Small History of Amoebiasis	205
Chapitre 10: Traditional Healing Methods	239
Chapitre 11: Vox Populi: Radiating Smile	249
Chapitre 12: Lobby of Experts, Liars and Teeth Pullers	263
Chapitre 13: So that Dentists can Laugh...	273
Lexicon	279
Bibliography	285

Introduction

It's hard to talk about such a horrible disease in a playful manner... How should I go about dissecting its devastating mechanism without boring the readers? How do I get you interested without leaving you hanging and still tell you the necessary scientific stringency? Hum... I'm sure I can deliver the goods. I'm a mouth specialist after all. I suggest tasting my chapters *à la carte*.

You suffer from a gum disease and have a weak heart: go directly to Chapter VII: "Getting through it".

You want to know as much as possible about the disease: read the book from cover to cover. Sink your teeth into it!

You are pressed for time? You'd rather have a delicious bite than have an entire ordinary meal? You like to take in whatever information will actually be useful to you as quickly as possible, nothing more? You should logically start with Chapter I: "Infested with Parasites!", and then skip to Chapter VII.

Be warned, the next chapter may very well be your last. It may actually disconcert some to the point where they may think I'm insane or even worse, that I'm just kidding.

Go on, be bold! Be curious! Surprise and treat yourself! Don't let anyone but you make up your mind, judge for yourself and see the facts. Therefore, don't close the book too hastily... I'm sure you'll find the truth absolutely fascinating. Obviously! Don't wait for the last five minutes to reach that conclusion. Read on. Logic, common sense and clear-cut evidence will simply convince you.

You're more than a little paranoid? Go see a dentist who has a microscope (don't bring one!) and then read the book if you still dare.

Are hygiene and decency shutting out the hard existing truth? Give the book to a neighbour whose breath stinks. But do it the Japanese way and wear a mask. Or a helmet... and hop on a motorcycle. It won't cure them but at least you'll escape their foul breaths.

Brushing your teeth is not one of your top priorities and you have a tendency to feel guilty about it? Relax; you're only guilty of an infection, not an infraction.

You live life at full speed? You have the intrepid habit of trusting honest and sincere people? You like to get to the point? Read these pages in segments, without looking at the pictures. They only serve to illustrate the text.

On the other hand, if you're an analytical type or a die-hard scientist, take the time to examine the illustrations. Do it greedily, eat your heart out! They aren't there only for the show! They enforce my claims, support my statements and prove my theory.

It's not uncommon for the contents of this book to relate to specific cases but the names, appearances and professions of these people have been changed. Only their clinical specifications remain. So you'll only recognize yourself in this book. Rest assured that no one will find out and that you'll be convinced you truly contributed to the progress of dentistry for the well-being of the entire planet ...

This book indeed targets all human beings, the three billion adults suffering from infected gums and foul breath; all those who refuse to lose their teeth and want to understand what's going on. No, dentures are not the end target!

This book will certainly interest anyone who's curious and all students who want to understand the micro world, not only its modern molecular formulation, but also, and especially, its true ecological plan.

The lab technician, whether he/she is a knowledgeable microscopist or not, can use it to examine a multitude of captivating microorganisms: those of adults, including those who are older preferably and those whose damaged gums will enable him/her to examine numerous unwanted animalcules and various white blood cells, macrophages and other phagocytes.

The images of teenagers are not as lavish: a few common bacteria, peaceful spirilli, various bacilli and harmless vibrios. Healthy individuals are quite boring actually.

I was forced to use certain words... rather exotic, taken from the medical jargon and hardly transposable in everyday language. If you're scared of not understanding the professional jargon that I sometimes have a weakness for, for lack of better words, but nevertheless persist in wanting optimal health... start by carefully examining the scientific lexicon at the end of the book. Please don't worry too much about all this high and mighty biological mumbo jumbo though; I promise that you'll understand me quickly, easily and effortlessly... just like my patients do.

This book is as much a tool as a cry, a narration of a life-long battle to shed light on the truth and express the evidence publicly. All the information is there right under your eyes. You just have to open them. You're suffering from periodontolysis? Your teeth are displaced, move or fall, like in some many adult mouths all over the world?

Unfortunately, it's a downside to aging. There's not much we can do about it... Well actually, there is! Losing your teeth is not a fatality. What is really causing the tooth loss? Why do certain foul breaths resist to the most thorough care? Why is there still hope? How can we "peg" our teeth for good? How can we smile again and keep smiling? Why are people trying to make us believe otherwise?

Here are the answers, the whole story, a funny one actually, my story and yours...

**THEORY IS WHEN WE KNOW EVERYTHING AND
NOTHING WORKS. PRACTICE IS WHEN EVERYTHING
WORKS AND NOBODY KNOWS WHY. HERE WE HAVE
COMBINED THEORY AND PRACTICE: NOTHING WORKS
AND NOBODY KNOWS WHY!**

Albert Einstein

Chapter I

INFESTED WITH PARASITES!

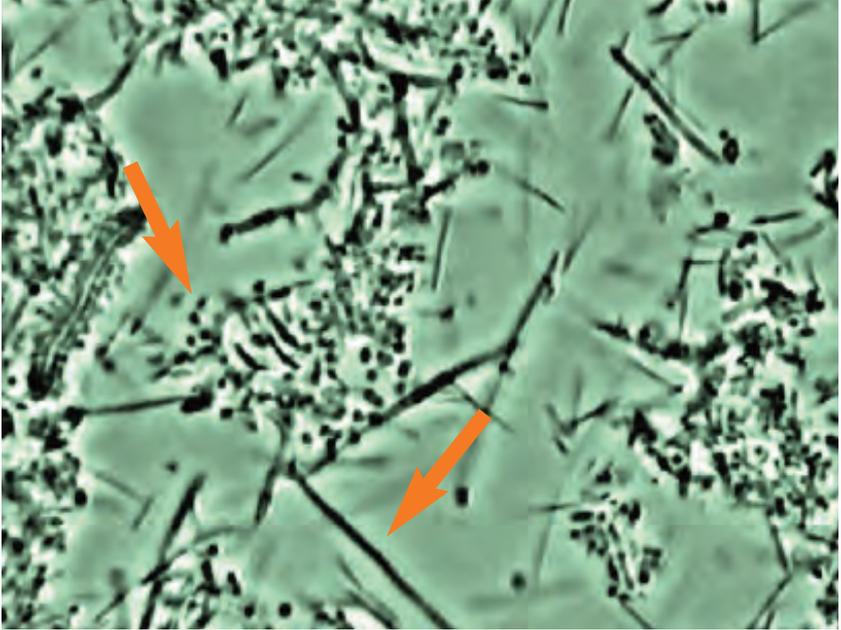
One out of every two adults suffers from the same problem. It infects the flesh of the mouth and causes periodontolysis, stinky breath, bloody gums and tooth loss: that pretty much sums up the harmful effects of this curious disease known as periodontitis.

How does it happen? Why does it infect me, or how will it go about doing it? But specifically, is there a cure and how can I prevent the disease? Suffering from it or not: that's the million-dollar question and the subject of this book. As an appetizer for our oral delight, let's first deal with the touchy question of brushing.

Everyone, or almost, has been brushing his/her teeth since childhood and doing it more or less assiduously in most cases... That said, even when everything's fine and even when you're being negligent or forgetful, a microscopic layer of sediments forms imperceptibly on our teeth. More specifically, it is a thin layer of proteins deposited on the smooth surface of the enamel and commonly known as the *acquired pellicle*, a thin carpet of proteinic matter acting as "germ glue". These conditions promote the growth of a colony of tiny, delicate, nonchalant, harmless and even beneficial bacteria, shaped liked dots and marks.

Fig. 1-1

Bacteria shaped like dots and marks collected around a healthy tooth implanted in a healthy gum. They create small round-like structures called cocci and develop filaments of various lengths and thicknesses. The gum is a healthy pinkish colour (magnified 1,000 times)



When this bacterial colony is left as is, allowing it to grow freely, a similar yet more pathogenic microbial flora appears and develops over time: the spirilli, with their corkscrew morphology, and sausage-shaped vibrios, colonize along the surface of the enamel and progressively attack the nearby gum. This is gingivitis. But our body, our gum in this case, fights back! It actually defends itself rather well regardless of its health condition or whose mouth it's in: the sick and the healthy, the tired and the well-rested, the stressed and the relaxed, the cheerful and the morally depressed and immunodepressed ...

Fig. 1-2

Very active bacteria shaped like twisted spirals and very dark, straight or slightly curved bacilli in the case of gingivitis. The gum is red and inflamed.

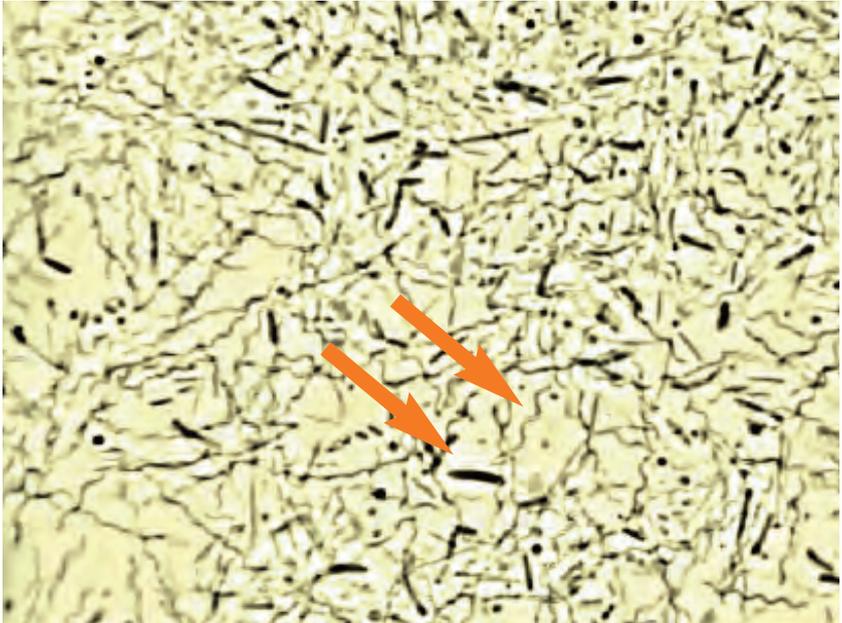
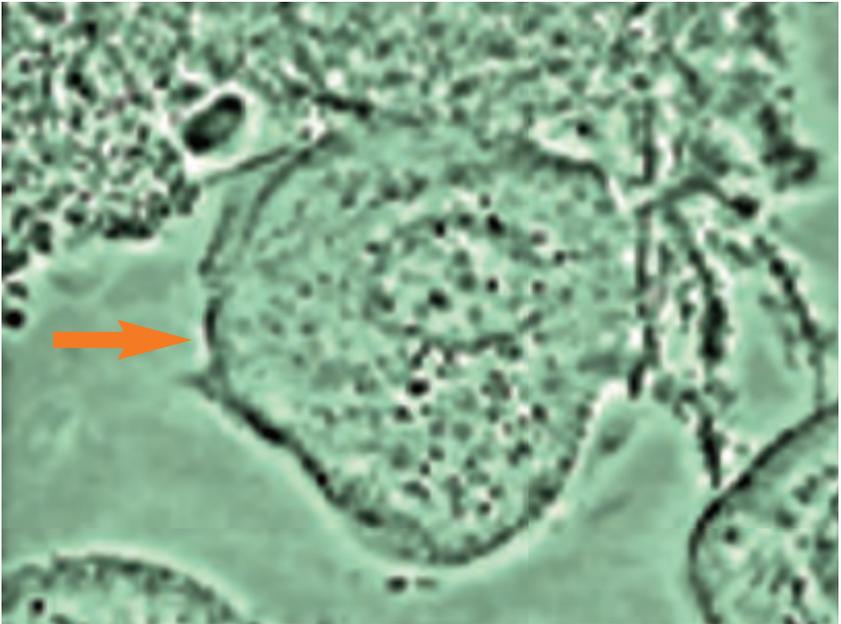


Fig. 1-3

In the middle is a normal gum cell, or epithelial cell. The sample was taken by rubbing the instrument on a healthy gum. On top, a few ordinary non mobile bacteria, shaped like dots. Others, on the right, are shaped like marks or filaments. It all depends on the person's health.



Then, here come our brave bodyguards, the tireless cellular fighters of our own national defence, real troops that are “capilloported” from the amazing fortress that is our immune system.

Neutrophil granulocytes, most often, white cells, if you prefer, and you're totally right. These brave little cells exit the gum's blood vessels judiciously through the tiny capillaries that irrigate them to attack the mobile bacteria that grow at your expense. A morbid ecosystem has indeed established itself between the bacteria and our defence wall, the epithelial cells. But, with the help of white cells, our immune

system then discharges substances that enable the elimination of these harmful bacteria caught somewhere from our mother, as a child, from the fork of our younger sister, from the lollipop mom licked... These nasty bacteria multiply and grow. They do like everyone else does: they take advantage! They feed themselves, eat leftovers, clean our mouth and wash away any good bacteria, but they have the annoying habit of “corkscrewing” or penetrating our tissues...

And that’s where the rub lies. With time, there are more and more of them. Unless you clean your teeth carefully to eliminate them, they will reproduce and intertwine with other web-like bacteria, the leptotrichi, to create a network of mesh-woven superimposed layers. They then resemble a big plate of spaghetti around which twirl the spirilli, or spirochetes, and the agile vibrios annoy your gums in much the same way. A mouthful of quivers and bites...bon appétit ladies and gentlemen!

Bacteria shaped like double dots graft themselves to the rotten cherries on this poisonous cake –streptococcus mutans – which have a tendency to reject their acidity on the enamel. They end up piercing the tooth’s protective calcareous layer: you have a cavity. They are the drills that perforate the enamel. Everyone knows that sugar feeds them and that this detonating and diabolical mix quickly turns your teeth into gruyere.

Fig. 1-4

A pile of white cells in cases of gum infection. They form small circles containing a bi or trilobed core, denser, surrounded by small particles, the essential elements of their antimicrobial functioning. This infected microscopic field contains approximately a dozen of them.

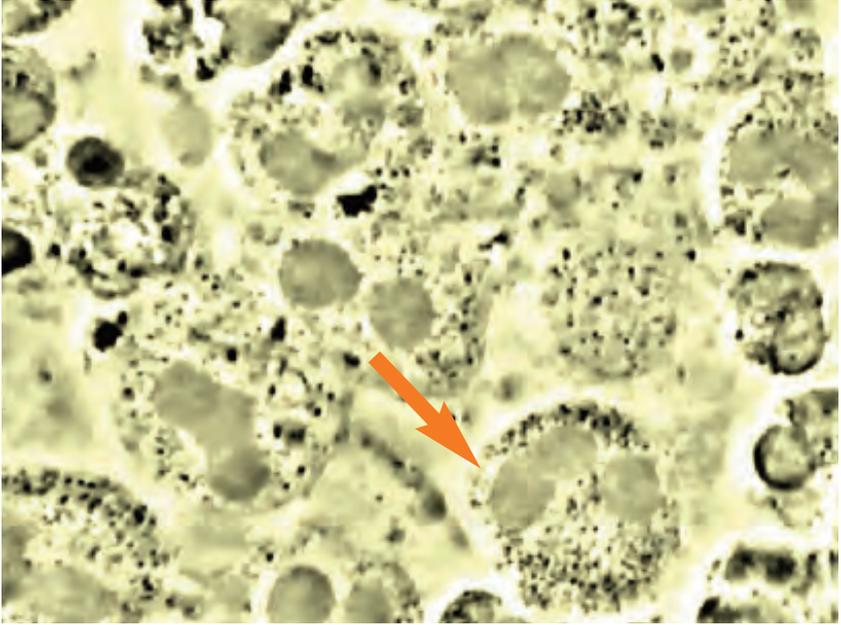
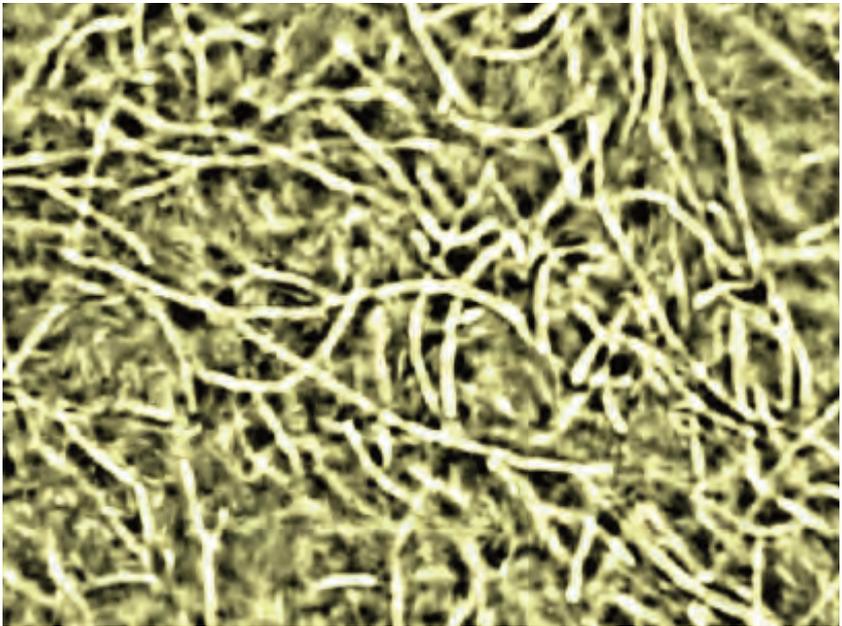


Fig. 1-5

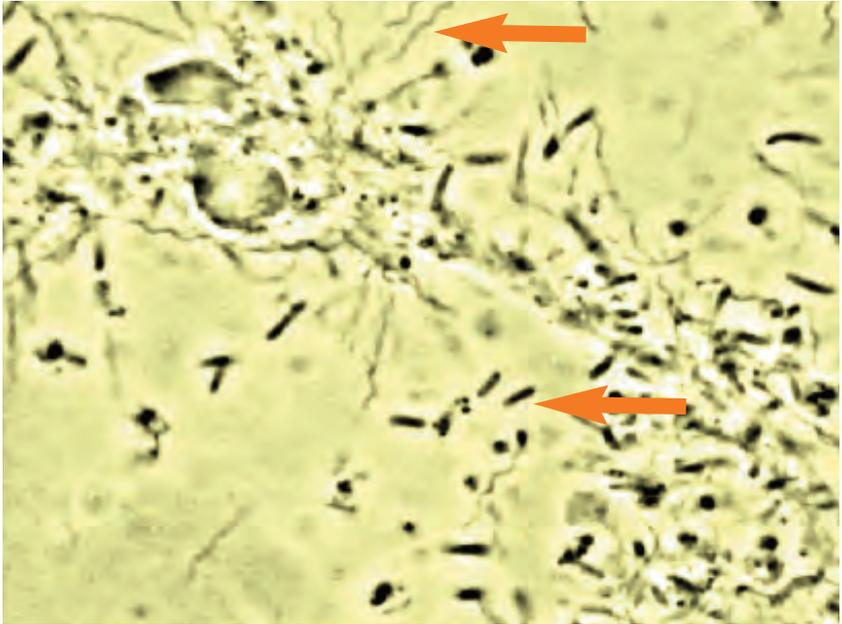
String-like bacteria from dental plaque taken along a tooth. The stretched filaments get tangled up to the point where they form a pile-up resembling a huge plate of spaghetti. If your heart can take it... you may already have some in your mouth! Their growth stems directly from a lack of brushing. They are also known as leptotrichi.



Let's go back to the surface of our infected gum. The spirilli and vibrios lead an intense battle, a merciless siege that causes our body to react (nearly 98% of us do anyways), and then calls on an army of combat soldiers (white cells), deployed to defend us against this primary aggression. Still...

Fig. 1-6

The corkscrew-shaped spirilli bacteria are accompanied by bacilli, very dense sticks that look like cigarillos. Very wiggly, they stick around the leftovers of a white cell, like agglutinated vultures on a zebu carcass. Or larvae churning on carrion?



It's too bad if your dentist doesn't have a microscope for you to see them. Suggest that he follow a training on microscopy or go see another dentist and send him your enemies!

Please don't let yourself be fooled by those who say there's no point scrutinizing tiny beasts that we can't even see. Even they may have a few of those ugly ravenous microbes in their mouths as they speak!

If your dentist is like most oral doctors today, he's probably recommending that you brush your teeth, obviously. He may also

recommend special toothpaste that is better suited, and that's even better. Has he suggested flossing? That's just as good. If he recommended that you brush your teeth using a mixture of oxygenated water and sodium bicarbonate, that's great. Unless he asked you to brush directly with diluted oxygenated water and then apply the sodium bicarbonate powder and a bit of table salt, that's good too!

These are all great suggestions as the point is to mechanically remove the bacteria that are penetrating your flesh. No way will they transform your gum into a strainer!

If you let this wall of string-like bacteria erect, and despite your defensive inflammatory reaction, they will eventually feed on the minerals contained in your saliva to create a true coral reef: tartar. It will accumulate on your teeth and put insidious and fatal pressure on your gum. Over the years, it will end up moving it and lead to periodontolysis...

You will then get to experience the joys that come from wearing dentures! On the other hand, if you eliminate these pathogenic bacteria, you will quickly notice the complete restoration of your gum: the redness that comes from your bloody capillaries will disappear, just like that.

Given that they no longer need your white cells, your oral mucous membranes will return to their soft pinkish colour, stop bleeding and return to their normal state. Then you'll only have to go see your dentist to have him remove the excess tartar embedded in your teeth. Your gingivitis will cure itself and your gums will be healthy again, pink like a baby's bottom, glued firmly to your teeth, rather textured, blood-free upon brushing, and that is the reversibility obtained through the wonderful knowhow of our organism!

The inflammation can affect only one tooth and even one single papilla of your gum, but nothing will prevent it from attacking your

entire mouth if you aren't careful. It disappears as soon as the bacterial enemy is eliminated because it has nothing to feed on. You don't need alcohol mouthwash to dry up the mucous: this type of gingivitis is easy to treat and only requires a standard wash, foaming or not.

98% of the planet's population suffers from it but the gingival disease is perfectly reversible, as long as you carefully eliminate the irritant.

A deep-set cavity that is too close to the gum may cause chronic irritation. We may also be irritated by a filling when it is taped to the flesh too much. In this case as well, our little white cell soldiers rush to where it hurts, convinced that they can defend us against any type of invasion. Their blood (well, ours actually) only does one turn and they succeed in neutralizing the assailants. And to think that we complain so much about being in a bad predicament...

What should we do then? Get a new filling done, closer to our original anatomy, or lift the gum artificially to re-create a more natural morphology.

Whatever we decide, it's essential that our immune military system and its brave combat cells *need not* to defend us. Gingivitis is a natural defensive strategy: redness, heat, edema, defensive cells coming in groups. They transform your oral mucous into a battlefield. Your organism immediately deploys its troops to ensure your safety but please give it a break! Help it, work towards oral peace; defuse conflicts before they break out. Brush! Floss! Clean! Your palate floor is small and will shine quickly...

That's as long as you don't suffer from periodontitis. In that case, you fell on a bone, literally. You're losing your supporting bone tissues, the grooved base of your small enamelled statuettes; you might as well think about using them to play knuckle-bones soon...

Gingivitis, on the other hand, is extremely frequent, usually reversible and remarkably easy to get rid of, thank goodness. At most, you'll only have to have your tartar sediments removed by a dentist and that's it; you'll have a great smile again.

Don't be too confident in trying to determine which of the two you suffer from though. The truth is, you won't be able to tell unless you have a phase contrast microscope. It's impossible to know whether or not you suffer from periodontitis like 75% of adults worldwide. In this case, you inherited a second infection, superimposed to the first, as well as a cumbersome malus, small parasite animals squatting your mouth, stuck on the difficult task of melting the bones around your teeth, underneath your gum. Literally!

Then things go from bad to worse, over time, your infected flesh becomes purulent. Your teeth ball up in pus, which makes them mobile to the point of making them fall. As for your breath which will adjust to your infection, you'll reek of an old billy goat!

What I am about to explain is far from being unanimously acknowledged by official dentistry – some even hold a serious grudge against me – but it's crucial that you understand me well, that you be patient, member of the auxiliary staff, dentist, periodontist, doctor, parasitologist, cardiologist or Prime Minister. There is no “dentally correct” where this health problem is concerned. You have a right to know.

Tell yourself that tens of millions of specialists are still trying to understand how bacteria more pathogenous than the norm can invade the gum, break through its protective barrier and injure the maxilla.

They're just not looking in the right place, that's it. Sure, complex tests were conducted to determine the responsible bacteria. Some do seem to stand out from the rest. They are more numerous in periodontitis whether they are acute or chronic. DNA tests reproducing

deoxyribonucleic acid even allow for the exact proportions to be determined.

But the facts are stubborn: first of all – I stress this essential fact – in 99% of periodontitis, there are small unicellular animals (known as amoebae) present which infect two out of three adult mouths.

Good Lord, obviously! There are way too many specific matching clues. They are obviously the ones responsible for our bloody gums and our macabre smiles! So elementary, intolerably elementary or so it seems... This is the evidence – a major public health issue – that I'll try to illustrate throughout the pages of this book.

What is an amoeba? It is a protozoon or a living unicellular organism, a small polymorph beast that is much bigger than a bacterium and endowed with the same vicious characteristics but on a much larger scale unfortunately. Seen under a microscope, indeed, this gigantic unicellular organism wallowing lazily in your mouth is an enormous jellyfish splashing around viciously in the troubled waters of a summer beach – your nice row of enamelled deck chairs – firmly set on digging its hole...

You inherited it from a specific wetland, from a human or animal, through direct or indirect contact: a kiss, cutlery, a toothbrush, tap water, glasses, etc. This rather big microbe, bigger than a hundred micrometres, is thus ten to one hundred times bigger than a bacterium which only measures one to ten micrometres. The small parasite pet lives in your infection like a fish in water... but don't be fooled by its lazy appearance: it's actually a piranha!

Fig. 1-7

Two protozoon micro-animals collected in a microbial film taken from the sulcus of an infected gum. They are amoebae, recognizable through their dense core in the middle, formed by a central point encircled by a circular halo and surrounded by bigger phagosomes inside a greyish cytoplasm.

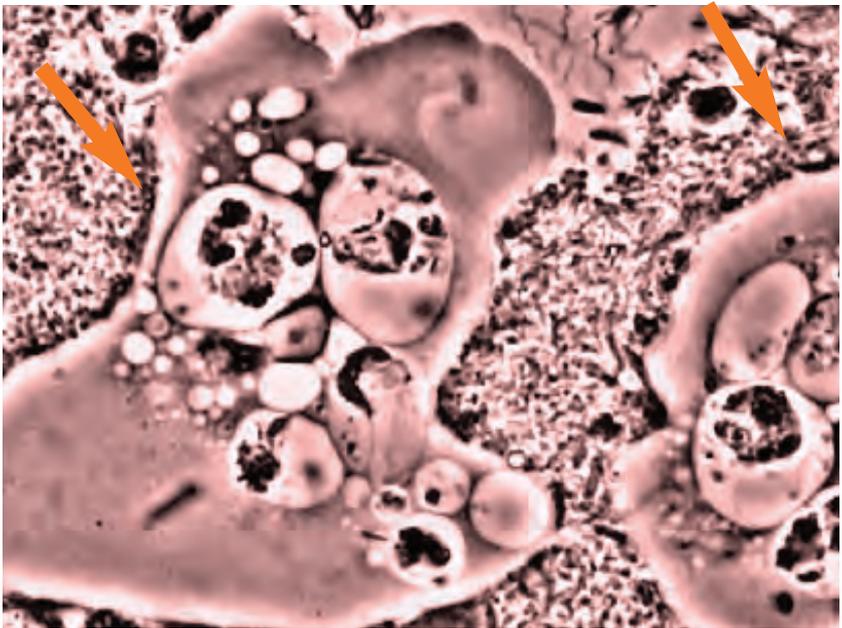
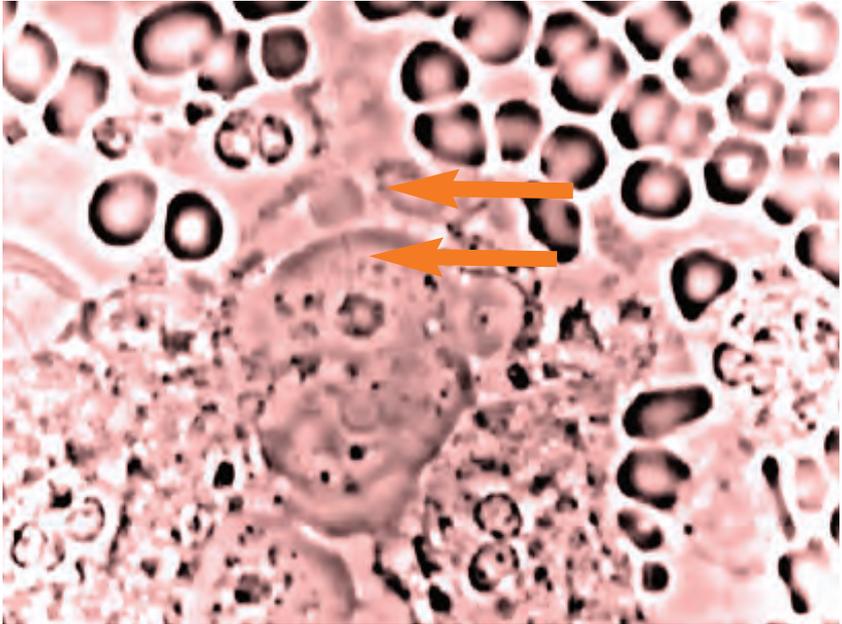


Fig. 1-8

In the middle of the image there is an amoeba surrounded by red cells (on top) and white cells (on the bottom). It phagocytes greedily on the red cells – suddenly a little paler – located at twelve o'clock, and on which we can distinguish the small black absorption lines... Gulp!



Why do amoebae grow on infectious ground? Simply because they feed on opponents: bacteria occasionally, but especially, and remorselessly, on red and white cells! They swallow red cells in twenty seconds and white cells in two minutes. These small micro-animals feed on nutritious substances, usually blood, taken from the living being on which they live as parasites.

“They eat and drink at another’s table” A hostess usually unconscious of her forced hospitality, changing the parasites into discrete vampires. Little Draculas in your mouth ladies...

Fig. 1-9

An amoeba is ingesting a white cell core, on its right side. The remaining leukocyte is emptied of its substance—the leftovers of its meal—and scattered nearby. Elsewhere, other white cell debris... The absorption process is currently being monitored closely but it's a little too late; full, the greedy vampire digests lazily.

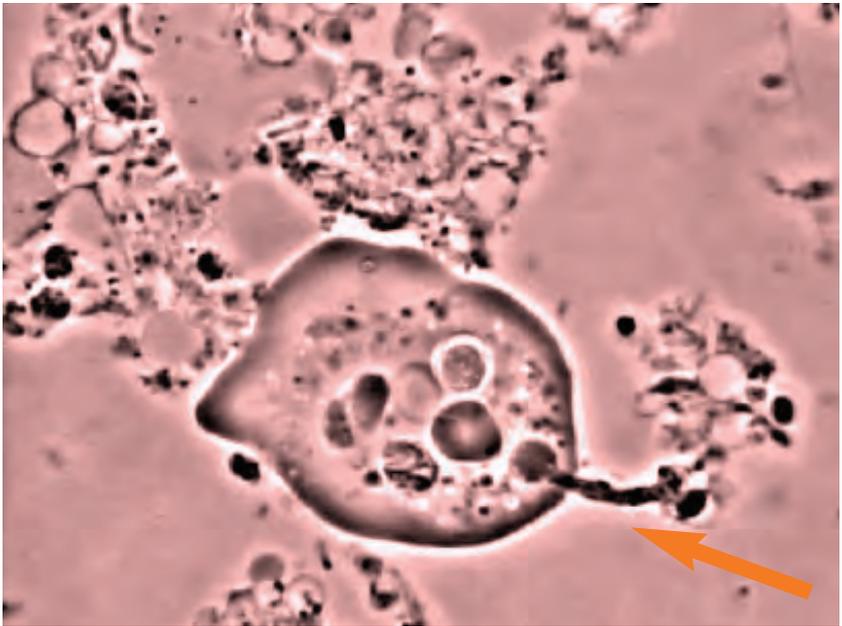
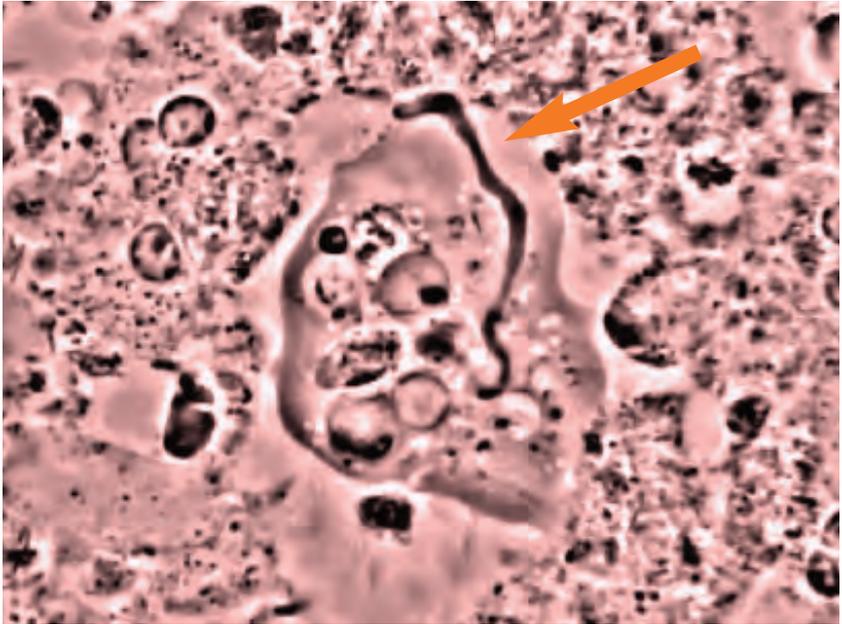


Fig. 1-10

From the top of the image, an amoeba is sipping a white cell core, imperceptibly, through negative suction apparently. Halfway through the process, it starts enveloping its prey, in its middle, to better digest it in a future phagosome.



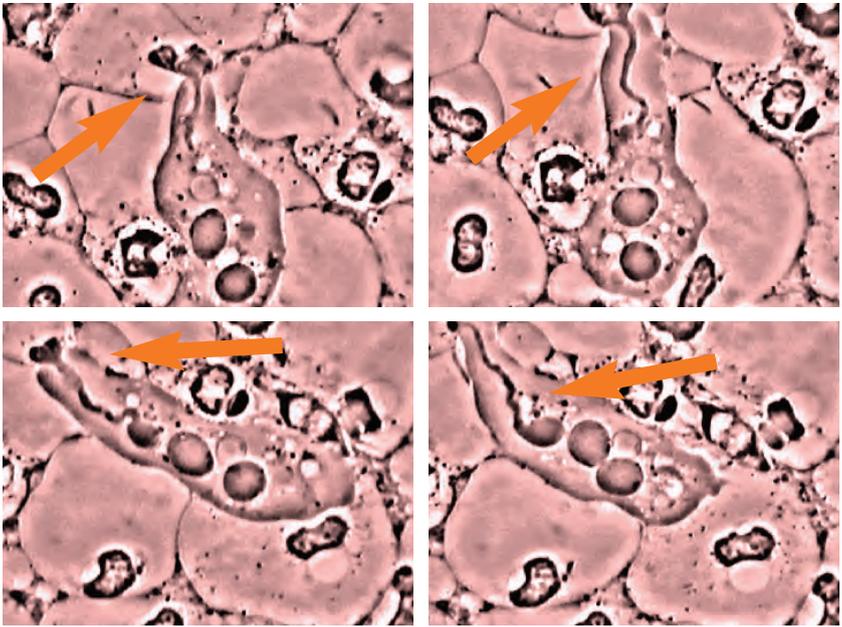
Why do I give myself the right to assert that the amoebae cannibalize your mouths while most research scientists specialized in dentistry are totally unaware of this fact? I catch them in the act every day under the microscope (the amoebae, not the dentists), that's why.

I collect a sample of your biofilm – a tiny fragment of your dental plaque – at the exact spot where you're losing your gum and bone, around the endangered teeth, and I see them in action, them and the damage they cause.

That is why, despite official theories, I systematically and without any doubt or exception observe the presence of these monstrous polymorph beasts in all cases of maxilla degradation (in cases of periodontitis, but not in cases of gingivitis...am I being clear?) I see them wallowing voluptuously in the leftovers of their feasts or what's left of your bludgeoned defensive white cells which end up forming pus that spurges from your endangered porcelain masterpieces...

Fig. 1-11

(a) Gum parasite feeding on a leukocyte. Start of the phagocytosis process of the white cell core by an amoeba. (b) Suction process well under way. (c) Start of the winding inside the amoeba. (d) End of the suction, winding and digestion phase of the white cell core by the amoeba, surrounded by the leftovers of its feast! Magnified 1,000 times.



These small parasite creatures invade your biofilm to feast on your erythrocytes and the cores of your neutrophil polymorphonuclear leukocytes. In other words, they devour the heart of your red and white cells!

You gain in vital space at the restaurant and movies; the dental plaque covering your teeth and gums becomes increasingly purulent and your breath becomes pestlike. Indeed the amoeba is a unicellular parasite animal, an aggressive predator that feeds on the elements of your defence system. True leech of your little periodontal world, it

intertwines with the red blood cells, penetrates their membranes and sips the bloody juice of your red cells suavely.

Similarly this aggressive freeloader (*Entamoeba gingivalis* for the "connoisseurs") sticks to the skin of a white cell, injects anaesthetic in it called *amoebapores* (this fact has been extensively demonstrated by intestinal parasitologists^I) to project itself inside the cytoplasm, like a stunning alien, and sip freely on its core until it gulps it down and digests it over several hours of soft postprandial torpidity. It does this to your defending body the minute your back is turned or when you're sleeping! Horrible... you, with this... this *thing* inside your mouth, this blood-thirsty monster! How is it possible? What is the government doing? Why weren't we warned? Forgotten... More than three million people shelter these nasty beasts at their expense. Uninvited, they travel freely and take over our gums. Nobody talks about it... because nobody *looks* anymore!

You have a hard time believing me? No problem, take a look for yourself! You can experience it first hand using a toothpick; collect a sample of your dental plaque between your two back teeth, underneath your gum. Examine it using a phase contrast microscope that magnifies 1,000 times and a bit of saliva as a mountain base between two glass slides. You'll see it with your own eyes, just like Loewenhook in the XVIIIth century, Chiavarro Grassi and Barret in 1914, Bass, Johns and Kofoid^{II} in 1929, Keyes^{III} in 1982 and Lyons^{IVVVIVII} in the 80s, like me^{VIII-XIX}, my patients and my students since 1999!

Reality extends beyond affliction! How can we let such menagerie flourish so freely in billions of mouths? Most of them, pitifully floured, insidiously encrusted, incurably infected, drip with churning pus from these horrible wandering larvae, invisible leeches that suck your blood impunily. Your dentist is still skeptical? Suggest that he look up amoeba on the Internet, ask him to invest in a phase contrast microscope, give him this book or read it to him forcefully during

your consultation. Toy with the competition, threaten him with the idea of coming to see him after a delicious meal where wine flows freely, eat some garlic in the waiting room, bite him if he still resists, but please don't let your mouth be butchered uselessly!

My peers – obviously with the best intentions in mind – may take away my diploma for failing to think only as a dentist? Pairs of edentulous jaws, forgive them, for they do not know what they ignore. We'll degrade me, who knows, we'll lynch me, maybe... Should the person who speaks the truth be executed, as someone who is misunderstood?

Word to the wise, keep your hopes up, you who suffer from gingivitis and fear losing your teeth: replication molecular biology is turning its back on clear-cut evidence. Amoebic oral ecology is so easy to understand. Actually observing it is child's play. Evidence based? Yes! Irrefutable reality, easily noticeable, by all, every day God gives us. So happy are those who see it and believe it. Amoebae flourish in our mouths. Recurring periodontitis is not the end of the world! We just have to eliminate these animals!

Why in the world would I keep the truth from you? All this has been officially proven and grossly demonstrated nearly one century ago already. Consult medical research engines, read the articles cited in the bibliography of this book. What I'm saying is simply true. I am not living in dreamland or the fourth dimension. I'm a field worker, working on your mucous membranes, more specifically, very grounded; I look at them under the microscope, draw appropriate conclusions and treat them successfully. Yes, I help them every time they are caught on time.

Few professionals know this, and many unfortunately butcher your gums uselessly trying to do what they think is best, often forced to do it, and redo it... to the pleasure of denturologists who can't but...

Examine your microorganisms. Request that your microscopic flora be revealed; it belongs to you and you have a right to see it. Don't let yourself be fooled by specialists who very often know very little about the subject.

Even dentists can make mistakes. They can't know everything, a fortiori, when the dental intelligentsia itself still has a lot to learn. Some may pretend that my theory is too good to be true; they may even think it too over-simplified. I understand they have been misinformed for so long... Use a microscope to shake the dental microcosm yourself. Dare to examine yourself close-up and don't be afraid to ask this exam from your dentist. Take on this challenge; you'll learn so much from it. React immediately, before it's too late. Risk observing your own mouth and you won't regret it, like I and all those who have done it before, because you'll discover the truth. More than two thousand dentists saw it with their own eyes during my seminars, and since then have in their own daily practice. Do it; you'll be amazed by the results. One out of every ten dentists who participated in my seminars was infected by these parasite animals himself, often without even knowing it! An unpleasant surprise for these shoemakers traveling barefoot...

Dear doctor, have the courage to examine your own biofilms, you may be infected with periodontitis and not even know it. Take a good look at these burlesque protozoons with their harmless appearance but sufficiently organized and terribly devastating. They suck the blood right out of your seemingly harmless gingivitis insidiously...

Indeed you must understand that in the absence of pre-existing gingivitis, the amoebae will not take home in your mouth for the good and simple reason that they will starve. If you have nothing on your teeth, they have nothing to feed on!

Without red or white cells, their food ration will be meagre and your gum will remain healthy. Intact, your internal skin will protect efficiently you from the aggressor. On the other hand as soon as you

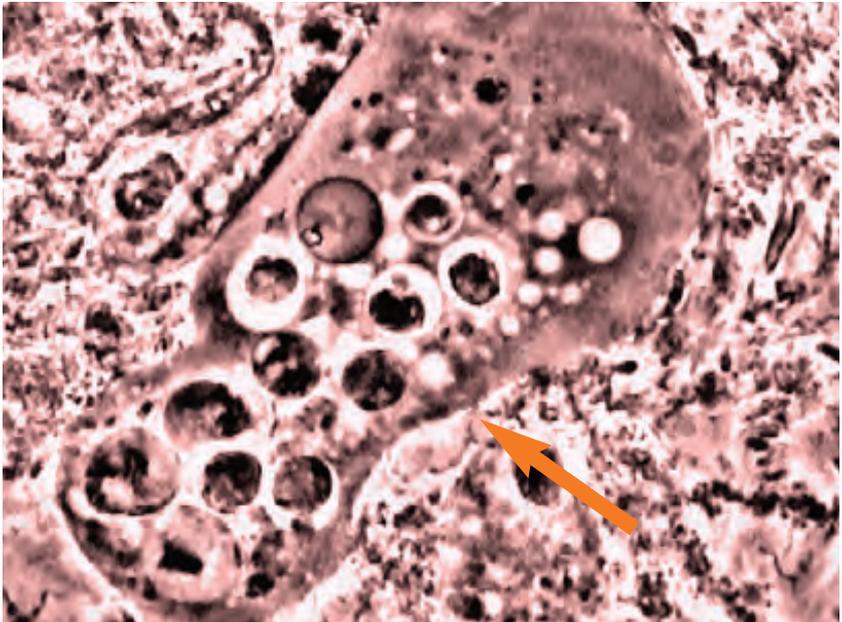
pay less attention and start neglecting your dental health, during a “normal” gingivitis, your mucous, literally sacrificed by the bacteria, as though riddled with tiny bullets, will then act like a strainer before the aggressor, bursting with a host of defence cells, and then the parasite attack will be vicious...

Why such a vicious attack? To survive! Trivial answer, it is the law of the microbial jungle and they are no different. They feed and reproduce off them... Dad, mom, baby, junior, the entire family!

The more advanced the gingivitis, the more defence cells there are and the more viscous micro-animals feed off them and grow... at your expense.

Fig. 1-12

Large amoeba bursting with white cells swallowed a few hours earlier. While it devours its preys which it stole from your immune system, it shamelessly enjoys this new blood to waggle freely towards the top right hand corner of the image.



You may often come across very cute and plump amoebae, packed with some twenty white cell cores. They are bursting with them, very large, comfortable and swollen to the point of bursting the cytoplasmic belly girth!

Brace yourself! Some ten such amoebae, a hundred or so microns long each, trotting one behind the other, are nearly visible to the eye. Placed one after the other, indeed, they can form a cord measuring nearly one millimetre long! It is breathtaking and astounding but true. These savage micro beasts nest in your mouth and increase their offspring through fission. The more there are, chemotaxis helping, the more they attract white cells and thus form pus. And the more pus there is, the more parasites grow. Help, Malthus! The process is slow but inexorable!

Fig. 1-13

This illustration shows three different-sized amoebae. Their respective sizes allow them to be distinguished at the various stages of their growth. In the diagonal axis, moving upwards towards the right, on the bottom left hand corner, a newly-formed amoeba where there are five dense points in a clear-coloured centre. On the right, a “young” amoeba, somewhat faded, and in the top right hand corner, an overweight adult amoeba.

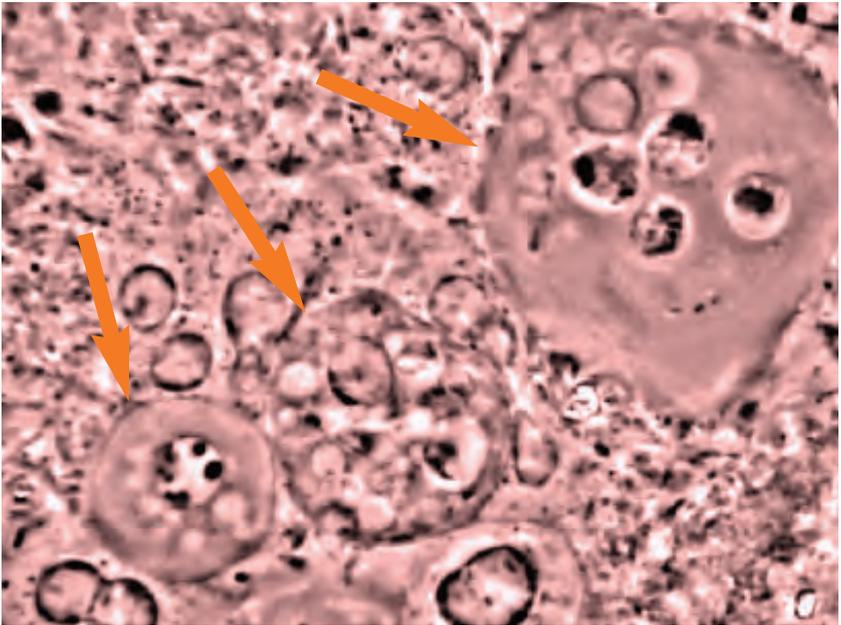
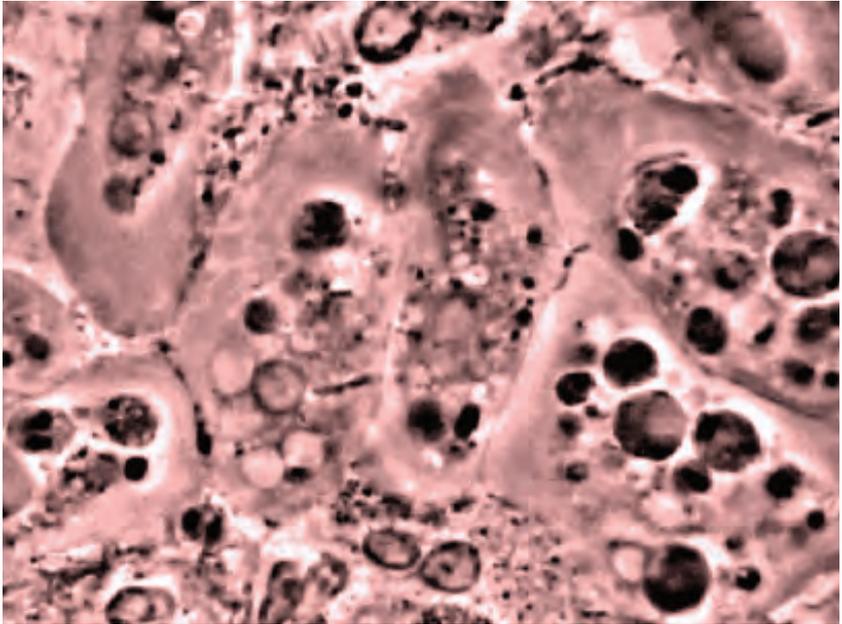


Fig. 1-14

This picture illustrates an active periodontitis patient. Note the entangled amoebae nest highlighting the negative aspect of their multiplication within the inflamed gingival sulcus. There are up to six amoebae stuck one to the other in this microscopic field.



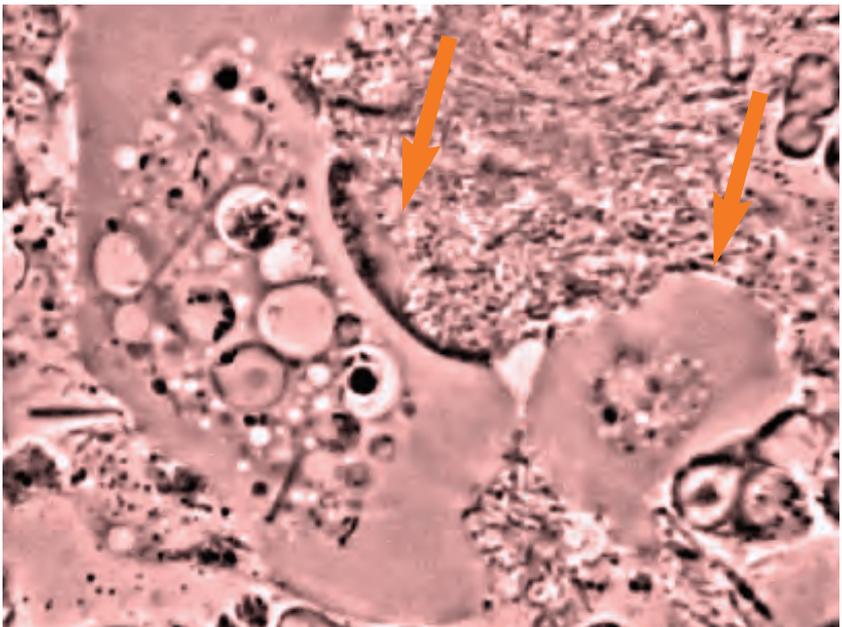
Even if your dentist scratches you to the bone with his curettes, he will have to face adversity ad libitum if he fails to remove the putrid nest simmering under your gum. We don't use a drill to sanitize a biotape and this is what this is: purifying an infected oral ecosystem.

In these conditions, nothing is more normal than seeing your beautiful teeth falling pitifully one after the other! But why do we lose our teeth's supporting bone you ask? Well, as all research scientists will say, "Because of your white cells..."

Indeed! After the bacterial attack and then faced with the amoebae attacks, some of your brave leukocytes, apparently uncontrolled, remain in place... They bolt and cause our loss. But how in bloody hell can we create bad blood? The parasite theory offers a perfect solution to the mystery. Everything becomes clearer indeed as soon as we take the amoebae into consideration. Around your bones there are what parasitologists call “goost cells”, or ghost cells with no core. They look like soap bubbles!

Fig. 1-15

This illustration shows an amoeba during the procreation process. In the bottom right hand corner, there is a small daughter amoeba splitting itself from the mother cell, as well as the scar left as proof of the joyful event! This is a minuta amoeba whose central points are denser.



What happened? Our brave white cell soldiers were ambushed, numbed and then penetrated. They were literally emptied of their substance. Brutally decapitated, they genetically lost their heads, their cores and were reduced to the ghost states within two minutes.

They are only shadows of themselves now, hollow leukocytes, with no direction, no coordination, cells that have suddenly become useless, with no purpose nor destination, living detrituses full of toxic products and the bitter taste of proteolysis...

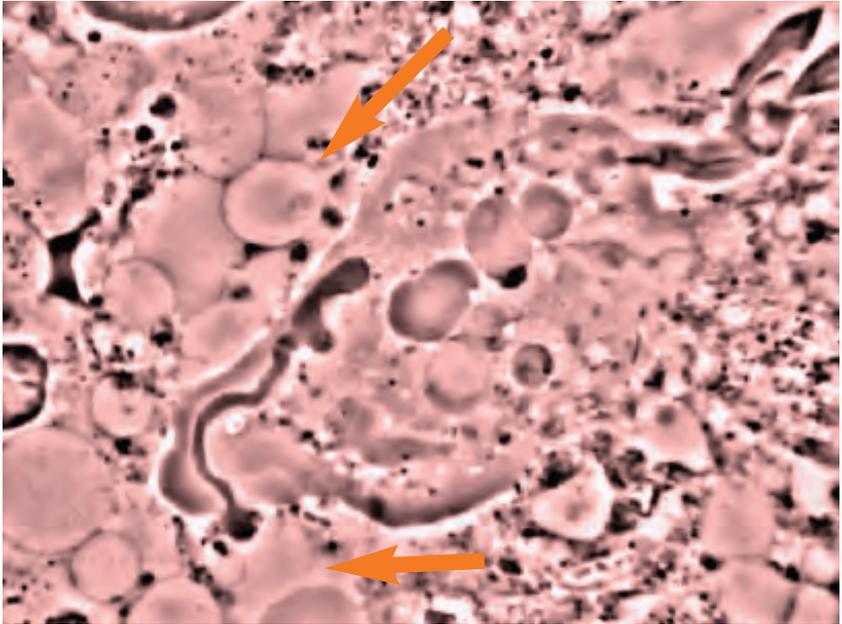
Completely uncontrolled, they can no longer self manage themselves and have become incapable of accomplishing the planned apoptosis or the programmed cell death, their natural death. The crazy white spectres will go even further! Afflicting cellular zombies, microscopic piles of lost panting flesh around our maxilla like highly toxic time bombs, they splash the entire area with their degrading enzymatic products, spilling them everywhere. How irritating it is for us, and what a mess after this crazy adventure! Like soldiers gone mad and turning their weapons on their own, they are melting our bone...

I used to call them the “headless bombs” when I started my training seminars. I then met other parasitologists, specialists of intestinal infections, who explained that the lower part of our digestive tube was infested with parasites similar to those encountered in the top orifice, the mouth.

The indicted “ghost cells” similarly destroy the intestine’s neighbouring tissues through an azimuth disposal, an uncontrolled dropping of the poisonous debris of the white cells decapitated by the amoebae. These globular Frankensteins take their destructive saliva blindly from everything they cross.

Fig. 1-16

In the middle, an amoeba is extracted from the back of the gum, sucking voluptuously on the core of the white cell located at the bottom of the image. The “soap bubbles” to the left are only toxic ghost cells or white cells that lost their cores.



Autoimmune eversion? No. This phenomenon results from a direct toxic shock linked to our immune response. It is not a deficiency but rather a perverse effect of the system. You have a hard time believing me? Read “Tissue destruction is caused by proteolytic enzymes in part released from host PMN leucocytes which are lysed by amoebas” by Ewert Linder^{XIX}. Everything’s there!

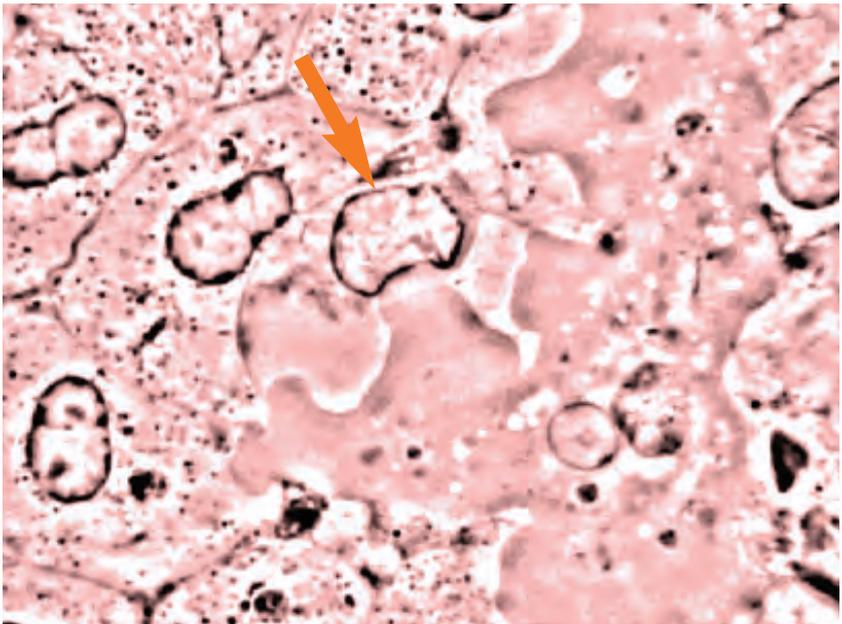
Don’t try to contradict me until you have at least read Kofoid^{II} or Lyons^{VIII}. It’s useless to discuss without knowing the facts. You must first get informed and take a look at some symptomatic microscopic situations yourself. Then we’ll discuss... if you’re still up to it!

Look, look carefully, in your own mouth especially, as well as those of your “periodontal” family and friends, or of your infected professors themselves!

Prominent doctors who are very critical towards me, let’s first see your gums; show them off unpretentiously. My best students today were often yesterday’s worst subjects; it is those who didn’t listen to me who discovered shamefully and amazingly the parasites that were infecting them!

Fig. 1-17

On the left side, one giant amoeba is ready to feed on the white cell nucleus which has been anesthetised as we cannot see the granules inside the cytoplasm like other white cells. What a predator! Pregnant patient... She doesn't know about all this.



Publicly fed to tens of hygienists immaculately turned out (impeccable points and marks under the microscope), then appear in the mouth of the worst coaters, these horrible amoebae larvae bathing in the pus of our gums. Breathtaking effects guaranteed.

Many of these practitioners got scared, some were ashamed, others left angry... Let's put things into perspective! It is just an infection, one we did not even know we had... following a harmless gingivitis, however harmful it may be. No one's safe. Few escape from it, time passing and social contacts multiplying. Gingivitis catches you off guard, comes out of nowhere; you're stuck with a parasitic infection as well. Then things go from bad to worse! Your troubles are just beginning... an irreversible periodontitis guaranteed if it is not treated on time! It chews on your gums insidiously when it doesn't swallow you completely. Beware; it's often vicious and pitiless! Then you'll be the one to have to deal with diets composed exclusively of yogurts and vegetable broth: no more teeth discomfort but lots of embarrassing smiles ahead...

Even if you brush feverishly, furiously, to the flesh, until you go mad, to the point of being dazed, there's nothing you can do about it! You're stuck with these parasites, unless you disinfect yourself. It's worse than fleas! You're infected, really infected... It's a predictable, announced and unavoidable catastrophe for your teeth and consternation for you. Is it really a hopeless situation?

No! Hold your head up high; your situation is not totally hopeless. At this point, you're not filing for dental bankruptcy; you can still avoid excessive tooth loss with lots of courage and close monitoring. You just have to examine things closely... under a microscope maybe. It's a wonderful tool and the best educationist. These tiny images are worth more than extensive (pros) theses.

Traditional toothpastes do not eliminate parasites from your mouth any more than normal shampoos eliminate lice. So please, don't wait for the damages to be irreversible. Act before your teeth become

detachable because it will be too late by then! The bone rarely repels, and you won't have a third set of teeth unless it is bought, but do you really want to get to that point? It would be such a shame, right?

So leave the glass of water on the nightstand to quench your thirst at night, smile and enjoy life wholeheartedly. Take your oral health into your own hands while you still have some basic supporting structure left around your teeth. Make the infection disappear, control your gingivitis, claim your health back and avoid reinfection... Offer your gum an environment that will prevent it from being reinfected.

Treat your gingivitis first; then avoid contact with anyone infected with parasites, would it be your spouse, your mailman, your fiancé or your milkman, your pet or the cook preparing salads at your favourite restaurant. To scare you, forget about scary movies and think about those ferocious amoebae flowing steadily in the pipes of the luxury hotel in the tropical country of your dreams, invisible but bloodthirsty, sneaking their way into your gums, viscerally resigned to suck your erythrocytes. You'll see, it's just as stressful but much cheaper, at first anyways. When you brush your teeth, take a minute to open your mouth wide under a fresh shower of a less than safe source. In love, beware of the Casanovas who whistle sensually and whose wide-gaped teeth hex you! Sweet talkers but cheapskates, they mail you their amoebae aerosols. Those are not the kind of friends you want. They'll feed you their amoebae through a nursing bottle till the very last drop. It's quite easy to understand... and sometimes hard to accept!

Today's dental scholars continue to comb through the bacterial world. They examine it meticulously but in vain. There is no point scrutinizing its every nook and cranny. It's as if you tried to eliminate the spiders from your house while enormous rats strutted around in your living room! Obsessed with killing the fly on the trunk, they miss the elephant whose trunk belongs to. It's a corridor doubled with a dead end.

To convince ourselves, we just have to compare healthy carriers and people suffering from periodontitis. Their level of pathogenous bacteria is almost identical. They're sometimes perfectly identical in both groups. We blame insignificant bacteria such as *Actinobacillus actinomycetemcomitans* (breath), while 10% of healthy people are carriers and only 20% of sick people. We blame the bacteria *porphyromonas gingivalis*, an immobile bacillus, while it is present in 15% of healthy subjects and 40% of sick people. Is all this really significant?

It is important to remember that bacterial gingivitis systematically precedes the amoebic periodontitis. It is therefore logical to notice levels of bacteria that are higher than normal in infected subjects. On the other hand, if the guilty bacteria were responsible for periodontitis, this level would be much higher, closer to 100%.

As for the presence of parasites, it goes without comment, none in healthy people and nearly 100% in sick people. Superb and constant correlation of biological data... it's so obvious! In fact, the periodontal infection is very simple to control, here and anywhere else in the human body. Remember *hélicobacter pylori* for the gastric ulcer; it's just the same. Elementary, childish, obvious!

As for those who stubbornly disapprove, I challenge them to a little one-on-one. First let me see the tiny inhabitants in your mouth; tell me their story in detail. Identify them and show me what they do and why.

It's the least you can do before we get to discussing. Dear doctor, show us the flora of your last sick patients so that we can know exactly what we're talking about. Slap the gloves, I'm your man. On your mark, set... microscope! Uncase your plates, cross the binocular, as fast as you want!