



QUACKWATCH

MEINIG'S ROOT CANAL COVER-UP

Infrequently, but on occasion, patients present in dental offices expressing concerns regarding root canal treatment. Often, these patients have been exposed to misinformation they have attained from so-called holistic or biologic dentists, the Internet, or from other unsubstantiated sources, such as the book entitled, *Root Canal Cover-Up*.

Although these patients represent the exception, the profile of these patients ranges from sincerely misguided, to fearful and suspicious, to argumentative. The vast majority of these patients can be completely reassured when the attending dentist takes the time to authentically address their questions and concerns. However, a very small number of argumentative and confrontational patients regrettably espouse misconceptions and perpetuated endodontic myths readily available through a variety of sources, as mentioned above.

The Internet is an extraordinarily powerful and ultrafast medium for accessing vast amounts of information on virtually any topic. Regrettably, not all information is reliable, verifiable, or useful. Like our patients, professionals are confronted with a similar dilemma on an ongoing basis. As an example, in the endodontic world, published articles report, at times, confusing and conflicting results due to a poorly designed study or outright scientific misconduct. Fortunately, there is less confusion in the public library model because public libraries have the courtesy to conveniently separate fiction from nonfiction.

The source of much of the endodontic misinformation originates from professional quacks. According to Stephen Barnett, MD, "Quackery may be defined as the promotion of unsubstantiated methods that lack a scientific plausible rationale. Promotion usually involves a profit motive. Unsubstantiated means either unproven or disproven. Implausible means that it either clashes with well-established facts

or makes so little sense that it is not worth testing." Regrettably, patients looking for holistic alternatives to endodontic treatment are often unknowingly influenced by the work of Weston A. Price, DDS (1870-1948). His research was conducted over a 25-year period and published in 1923 in *Dental Infections*, Volumes I and II. Unfortunately, much of Price's research is outdated, unsubstantiated, and lacks a scientific rationale.

Price's work was conducted long before there was an endodontic specialty, or the existence of the vast body of scientific evidence available today. Price evaluated endodontic failing teeth that were treated with concepts and methods egregiously incongruent with what we recognize today as modern endodontics. The scientific foundation for clinical endodontics truly began when the American Dental Association recognized the specialty of endodontics in 1963. The hallmark of any specialty program is the generation of international scientific research, which serves to guide our clinical actions.

Price advocated that endodontically treated teeth harbor residual bacteria and/or toxins that leach out of the endodontic anatomy, including dentinal tubules. Further, Price alleged that these breakdown products migrate to distant body sites, causing a variety of serious medical maladies such as diseases of the heart, kidneys, bone, brain, and colon, to mention a few. Dr. George Meinig, DDS (1914-2008) was a disciple of Price and wrote a book entitled *Root Canal Cover-Up*, first published in 1993. I became aware of this book in early 1994 when a patient, referred to me for endodontic treatment, presented with many questions and this book in hand.

During this period, a few similarly concerned patients presented for endodontic treatment. Initially, my approach was to try to answer all the questions and attempt to reassure these patients. I found that I was spending far too much time trying to defend and protect our profession. Over time, I adjusted my approach and would say to the patient, "Based on what you're reading, who you're listening to, and your beliefs, endodontic treatment probably isn't appropriate for

you." I would go on to say, "Why don't you carefully consider what we've talked about and give me a call in the event you want to proceed with treatment. I am here to help you."

Back to Meinig's book. The endodontically treated cases he showed were disgraceful and did not remotely represent the concepts, methods, and clinical outcomes routinely performed by the vast majority of international dentists. Meinig's book showed many radiographic images demonstrating the sequelae of grossly incomplete endodontic treatment. Unfortunately, he took the worst that endodontics had to offer and erroneously built a case that all endodontically involved or previously treated teeth should be extracted. Surprisingly, Meinig showed a few of my cases, without permission or acknowledgment, and implied that if root canals could be done like this, he would have no issue with endodontic treatment.

Modern day clinicians recognize the importance of diagnostics, complete access, and negotiating canals to their full length. Importantly, negotiated and secured canals can be shaped. More than 40 years ago, Dr. Herb Schilder gave us the mechanical objectives for shaping canals that, when fulfilled, promote the biological objectives for the long-term retention of disease-free teeth. Today, dentists appreciate that shaping facilitates 3D cleaning and filling root canal systems. More and more, our profession understands the strategic role of active irrigation and the ability to exchange reagents into all aspects of the anatomy, including dentinal tubules and the uninstrumentable portions of root canal systems.

As we communicate with our patients, the key is to focus on speaking about the enormous capacity of modern-day endodontics to deliver predictably successful results in a non-defensive and confident manner. Distinguish between modern-day science versus antiquated and poorly conducted research generated more than 80 years ago. Keep on your radar that certain patients are genuinely concerned and require a little extra attention and education in order for them to feel comfortable proceeding with endodontic treatment. **EP**



Clifford J. Ruddle, DDS, FACD, FICD, is founder and director of Advanced Endodontics (www.endoruddle.com), an international educational source, in Santa Barbara, California. Additionally, he maintains teaching positions at various dental schools. Dr. Ruddle can be reached at info@endoruddle.com.