Sodium Bicarbonate (Baking Soda) to Whiten Teeth

Julia Roberts is famous for her bright smile and the actress says she owes it to her grandfather’s tip of using baking soda. “I brush [my teeth] with baking soda. [My grandfather] would put a big heaping mound of it on his toothbrush. He had only one cavity in his entire life,” Roberts said.

Her grandfather was around in the early days of medicine when sodium bicarbonate made by the Arm & Hammer Baking Soda Company was in its heyday publishing about how baking soda can be used as a medicine. Yes it keeps her teeth white but it does much more than that. Sodium bicarbonate, used in more and more toothpastes and in the newer dental teeth-cleaning devices, is the very best agent for the maintenance of oral health because it changes pH, radically disrupting the constantly rising tide of bacteria and fungi that threaten the health status of the entire body.

With ample brushing, sodium bicarbonate has the power to break through pathogen films, called biofilms,[1] that sticky stuff that turns into hard tarter that your dentist has to struggle to remove while you grin and bear it.

Bicarbonate has been shown to decrease dental plaque acidity induced by sucrose, and its buffering capacity plays a major role in preventing dental cavities. Studies have shown that bicarbonate inhibits plaque formation on teeth and, in addition, increases calcium uptake by dental enamel. This effect of bicarbonate on teeth is so well recognized that tooth powder containing sodium bicarbonate was patented in the USA in October 1985.

Sodium bicarbonate has been suggested to increase the pH in the oral cavity, potentially neutralizing the harmful effects of bacterial metabolic acids. Sodium bicarbonate is increasingly used in dentistry and its presence appears to be less abrasive to enamel and dentine than other commercial toothpastes.

**Why Is This Important?**

Through the years scientists have discovered a conclusive link between gum disease and both cancer and heart disease. “Our study provides the first strong evidence that periodontal disease increases the risk of pancreatic cancer,” said Dr. Dominique Michaud of the Harvard School of Public Health in Boston, who led the research. Men with a history of periodontal disease had a 64% increased risk of pancreatic cancer than men with no such history.

People with increased severity of periodontitis with recent tooth loss had the greatest risk. People with periodontal disease have an increased level of inflammatory markers such as C reactive protein (CRP) in their blood. These markers are part of an early immune system response to persistent inflammation and have been linked to the development of pancreatic cancer. It is the high levels of carcinogenic compounds that are present in the mouths of people with periodontal disease that increases risk of pancreatic cancer.[2]

> Most of our cancer patients have a lot of amalgam dental fillings.

Professor W. Kostler
President of Austrian Society of Oncology

Mercury vapors in the mouth, increased use of antibiotics, periodontal disease, inappropriate oral care, yeast and fungal overgrowth, and decreasing immune strength are all colliding and reinforcing each other in a downward spiral that leads to chronic diseases and cancer. More than 50 million Americans suffer from periodontitis.
The underlying causes of periodontal disease are infectious agents such as virus, bacteria, spirochetes, amoebas and fungus. Periodontitis is a micro climate that reflects the macro climate of the entire body. A published study in the Journal of Periodontontology confirms recent findings that people with periodontal disease are at a greater risk of systemic diseases, and periodontal disease appears to be a risk factor for heart disease and stroke. Men with periodontitis had a 72% greater risk of developing coronary disease. Gingivitis was associated with a 42% increased risk for men. A 1996 study involving over 1,100 individuals found that the incidence of coronary heart disease, fatal coronary disease, and strokes were all significantly related to their baseline periodontal status.[3]

In periodontal disease the pathogens form of a sticky, colorless plaque that constantly forms on our teeth; however other factors can cause periodontal (gum) disease or influence its progression. Harvard Medical School researchers studied longevity and found that one of the most important factors for prevention of periodontal disease and gingivitis is daily flossing, because it removes bacteria from the teeth and gums.

As the plaque gets harder and thicker, it becomes what is known as dental calculus or tartar, a hard calcified layer that is virtually impossible to shift with normal brushing, you would have to get the dental hygienist to do it. Gingivitis is the inflammation of the gums around the teeth due in great part to improper cleaning of the teeth. Although systemic factors and general health can modify the tissue reactions to local irritants, the primary irritant is mercury-containing dental amalgam.

The Richardson Report, a study completed for Canada health in 1995, found that the tolerable daily intake of mercury was exceeded in different age groups with the following number of amalgam fillings:

- adults - 4, teenagers - 3, children and toddlers - 1.

Dr. Robert Gammal

Several studies have found a strong relationship between the bacterium causing gum disease and atherosclerosis. In fact, the same bacterium that has been cultured from the crud, or plaque, is seen in arteries. According to an article published in the Archives of Otolaryngology – Head and Neck Surgery, chronic periodontitis is associated with an increased risk of developing cancer of the tongue among men.[4] Researchers at the University at Buffalo and Roswell Park Cancer Institute have found the same thing.

Periodontal disease has increased prevalence amongst patients with certain systemic diseases such as type-2 diabetes mellitus.

Oral candidiasis, a fungal infection in the mouth, appears more frequent amongst diabetics and people who wear dentures. If you smoke, have high blood glucose levels or take antibiotics often, you are more likely to have a problem with oral fungal infections. Oral candidiasis is also more common amongst immunocompromised people such as those that have HIV or AIDS, are pregnant, or are undergoing chemotherapy or radiation therapy.

The incidence of oral cancer is on the rise. Current estimates have the rate of increase at around 11%, with approximately 34,000 people in the U.S. being diagnosed with oral cancers each year. Of those 34,000 newly diagnosed individuals, only half will be alive in five years. Oral cancer can mimic common mouth sores meaning most patients do not experience noticeable symptoms in the early stage of the disease process, and that is dangerous.
STOP USING FLORIDATED TOOTHPASTE! Commercial toothpastes are worthless as healing oral health agents though it does take a serious adjustment of the mind to throw out those tubes that have been around since we could walk and talk.

Sodium bicarbonate is used to reduce the inflammation of oral mucosa resulting from chemotherapeutic agents or ionizing radiation. Mucositis typically manifests as erythema or ulcerations.[5]

Dr. Mark Allan Sircus, Ac., OMD, DM (P)
Director International Medical Veritas Association
Doctor of Oriental and Pastoral Medicine
http://publications.imva.info
http://blog.imva.info

References:

[1] A complex structure adhering to surfaces that are regularly in contact with water, consisting of colonies of bacteria and other microorganisms such as yeasts, fungi, and protozoa that secrete a mucilaginous protective coating in which they are encased. Biofilms can form on solid or liquid surfaces as well as on soft tissue in living organisms, and are typically resistant to conventional methods of disinfection. Dental plaque, the slimy coating that fouls pipes and tanks, and algal mats on bodies of water are examples of biofilms.


