Acids, enzymes and other toxic metabolic waste products that are excreted by organized colonies of living bacterial organisms cause tooth decay and gum diseases. These bacterial organisms grow and reproduce in a space located between your teeth and gums known as the gingival sulcus. That’s the same place where you get popcorn hulls stuck.

Unfortunately, up-and-down, back-and-forth and circular tooth brushing methods are completely ineffective at removing these bacterial organisms from your sulcus no matter how many times a day you brush your teeth.

When you learn how to remove these bacterial organisms from your sulcus once a day using a method of oral hygiene developed in the 1940’s by Charles C. Bass, M.D., the Dean of a medical school, your tooth decay and gum disease problems will end…

If that is what you want for yourself, read on…

Sugar Doesn’t Cause Tooth Decay…

Tooth decay is also not caused by pregnancy, heredity, soft teeth, plaque or calcium deficiencies. It is also not caused by not going to the dentist, not brushing or not flossing.
There is a space between the tooth and gums called the sulcus. See figure 1. On the lower teeth, the gum tissue comes up and touches the tooth, then curves and goes downwards and then attaches to the tooth. The sulcus goes all the way around the tooth. The normal depth of the sulcus is about 2 mm.

**The sulcus is where you get the popcorn hulls stuck...**

Bacteria get into the sulcus. Bacteria are living organisms and they ingest their food, digest that food and excrete their cellular waste products. The excreted cellular waste from the bacteria are acids and enzymes. Those acids and enzymes are what dissolve the tooth and that is what causes the tooth decay (cavities). The acids and enzymes also destroy the surface layer of the gum tissue and eventually erode deep enough into the gums to expose the small blood capillaries and the gums then start bleeding and become infected. This is the initial stage of gum disease.

In Figure 1, as well as in other illustrations, I have intentionally exaggerated the size of the sulcus space for the purpose of demonstration. In the mouth, the gum tissue is actually up against the side of the tooth surface as shown in figure 2.
Gum disease is identified by a lot of different names but virtually all gum disease is caused by the same thing; that is, excreted bacterial acids and enzymes. The different names used to describe gum disease are just used to indicate how much disease there is. The mildest form of gum disease is usually referred to as gingivitis and the more severe form of gum disease is usually referred to as pyorrhea or trench mouth. The different names given to gum disease is just a way to identify how much damage has been done by the infection process. It doesn’t matter if you have mild gum disease or severe gum disease or somewhere in-between, it is all caused by the same thing. All it amounts to is the longer your gum disease has been going on the more severe your gum disease will usually be. Therefore the longer it goes on, the more damage done and the more involved the dental periodontal treatments will be.

If your gums bleed now, your gums will probably bleed more at first when you begin to remove these sulcular bacteria. The gums will bleed more at first because you are finally getting into the area where the infection is. This is no different than when you clean an infected cut on your hand. When you clean that infected cut it may bleed, sting and hurt, but you know you have to clean the bacteria from that infected cut in order for it to heal. If you don’t clean that infected cut it most likely will get worse. The infected gums are nothing different. You have to clean the bacteria out of that infected sulcus before the gums will begin to heal. If the bacteria are not removed the gums will get worse and your gum disease will continue to progress further down and around the tooth and eventually the infection will spread out into the bone and to adjacent teeth.

Realize that once you are successful at removing these sulcular bacterial organisms, your gums will begin to heal and the bleeding will stop as the gums heal. Don’t think you are doing something wrong if your gums bleed more at first. They are bleeding because of what you have NOT been doing, not because of anything you are doing now.

NOTICE: If you currently have very severe gum disease, removing the sulcular bacteria may not totally solve your gum disease problem. Very deep gum damage requires treatment only a dentist or dental hygienist can provide. I will explain more about this later.

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Most people brush their teeth using either an up- or down, back- and forth, or circular motion. See figure 3. NONE of these methods are effective at removing sulcular bacteria no matter how many times a day you brush.

What you want to learn how to do is hold your toothbrush at a 45-degree angle to the tooth and gums. See Figure # 4a. Using a soft bristled brush, hold the brush at that 45-degree angle and apply a light pressure so that when the bristles touch the tooth, they will bend slightly and slip down into the sulcus and in between the teeth. See Figure 4b. Once you get the bristles into the sulcus, move the brush in a very-very short back and forth motion.

Do not move the brush in a large back-and forth motion, as you will pull the bristles out of the sulcus. Keep the motion very short, almost a vibration motion. Stay in each area for just a few seconds, and then gradually move the entire brush towards the adjacent teeth while continuing to do that short back and forth vibrating motion.

Brush on both sides of the teeth this way, that is, the cheek side and the tongue side of the tooth. Then scrub back and forth on the chewing surfaces of the teeth. See figure 5 and 6.

Now look at figure 7. To clean the back (tongue side) of the front teeth, place the brush perpendicular to front the teeth with the bristles about one half way into the mouth and then push the brush bristles down over the teeth. Then move the brush in and out very slightly so the bristles stay at the gum line on the back of the teeth. Do NOT move the bristles so far that they cross over the biting edge of the teeth. This will pull the bristles out of the sulcus. Keep the motion very very short so the bristles do not cross...
over the biting edge of the tooth and instead, work the bristles down into the sulcus and in-between the teeth.

To brush the upper teeth, just angle the bristles UP at that same 45-degree angle.

After brushing the sulcus on both sides of the upper teeth, brush the sulcus on the back side of the upper front teeth just as you did on the lower only pointing the bristles up instead of down.

Lastly scrub the chewing surfaces of the back teeth. See figure 8. If you want to, brush the tongue.

Again, when you are effective at getting the bristles into the sulcus with this brushing method, you might get more bleeding than you are used to. That is because you are finally getting into the sulcus area where the bacteria and infection are located. Keep in mind that when you are effective in removing the sulcular bacteria, as your gums heal they will stop bleeding.

I often get asked how much time should be spent brushing the teeth. Bottom line it is NOT how long you brush; it is how EFFECTIVE you brush when you do brush. If you don’t get the brush bristles into the sulcus, you can brush all day long and you will still have tooth decay and gum disease.

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Figure 5

Figure 7

Figure 6

Figure 8
When you brush the way I have shown you here, you will be much more effective in removing the sulcular bacteria and the only place you will not be able to remove sulcular bacteria is in-between the teeth. That’s what dental floss is for.

Most people talk about brushing and flossing the teeth. It should be called brushing and flossing the sulcus. If you focus on the tooth, you can keep tooth decay pretty much under control but you will eventually still have gum disease. If you focus on the sulcus you can keep the tooth decay and the gum disease both under control.

I know that most folks who don’t use dental floss don’t use it because they either don’t understand the purpose and value of it, or, when they do attempt to use floss it is awkward, frustrating and time consuming. Some tell me they don’t use floss because it makes their gums bleed. What you will learn here is that the one of the reasons your gums bleed is because you have NOT been using floss on a regular basis. Just as with sulcular brushing, your gums will heal and quit bleeding once you remove the interproximal sulcular bacteria on a daily basis with floss… unless you already have severe gum disease. I will discuss this later.

I want to now explain to you how to effectively get dental floss into the sulcus. Once I have completed that, I will explain to you another of dentistry’s several best kept secrets. So don’t leave me now just because I am writing about flossing, your endurance will be worth it. I will give you a free gift soon…

To get floss into the sulcus, first just tear off a piece of floss that is about 24 inches long or longer. Wrap the floss several times around the index finger of each hand and have the index fingers be just a few inches apart. You don’t have to wrap the floss tight on the fingers so that circulation is cut off, just wrap the floss several wraps around the finger so the floss will not slip. See figure 9a

Do not attempt to guide the floss between your teeth with the fingers you have the floss wrapped on, use different fingers to guide the floss with. For the upper teeth use the thumbs to guide the floss. See figure 9b. On the lower teeth use the middle fingers to guide the floss. See figure 9b. If that doesn’t work for you, then hold the floss however it works best for you. Like I stated above, if you haven’t already mastered the skills for flossing, it will be awkward, time consuming and possibly frustrating to do.
I suggest that you approach flossing from the point of view that it is a skill that has to be learned. Therefore, at first just “practice” using the floss. By “practice” what I mean is this: Just work with the floss for just one minute **once** a day. When your minute is up, stop whether you are finished or not. The next day practice again for one minute and then stop when your time is up whether you are finished or not. Keep doing that flossing practice once a day for one minute. Within a few weeks, as your skill and speed improves and you are usually flossing all your teeth in a minute or less.

Once you have the floss wrapped around your index finger, on the lower teeth, place the floss across the tooth contact, as you normally would do. See figure 10a and 10b.

Then using a small back and forth motion, work the floss thru the contact. Once the floss goes thru the contact area and is below the contact, pause, do not keep going straight down as you will hit the tissue and miss the sulcus. See figure 11a.

Instead of just moving the floss straight down, once you are thru the contact area, wrap the floss around the tooth in a “C” shape (Figure 11b & c) and then slide the floss towards the gum line keeping the floss against the side of the tooth wrapped in that “C” shape.
Now look at figure 12a. Slide the floss down the side of the tooth and into the sulcus, below the gum line, with a positive but gentle pressure. Once you have the floss into the sulcus, keeping it wrapped around the tooth in that “C” shape, then move the floss up and down (not back and forth) once or twice. Now wrap the floss the other direction, figure 12 b & c, around the adjacent tooth, again in that “C” shape and again move the floss down into the sulcus and then keeping it wrapped, move it up and down once or twice. Now remove the floss from between the teeth.

It is also important to not move the floss back –and-forth once you get it below the tooth contact. Using a back-and-forth motion with the floss will straighten out the floss and will not scrape bacteria from the side of the tooth and the floss will not go into the sulcus. You must keep the floss wrapped around the tooth in a “C” shape so the floss will scrape bacteria off the side of the tooth and so the floss will actually go into the sulcus. If you don’t wrap the floss in a “C” shape, it will NOT go into the sulcus and you will leave bacterial colonies.

The reason you wrap the floss is so that the floss will go into the sulcus as well as scrape the bacteria from the side of the tooth. If you do not wrap the floss in a “C” shape around the tooth, the floss will fail to remove a considerable amount of the colonized bacteria, and thus making all your flossing effort considerably less effective.

Once you remove the floss from between the teeth, look at the floss. If you are using floss for the first time, once you use the floss, the floss may have blood or bacteria on it. If you are bleeding, remember that the gums are bleeding because you have NOT been using floss. The gums may bleed more because you are finally getting down into the area where the bacteria and infection are located. When you continue to remove the bacteria on a daily basis, as the gums heal, the bleeding will eventually stop…unless you have very severe gum disease. Again, I will discuss this in more detail later.
Now for another of dentistry’s best kept secrets: When you are effective at getting into the sulcus with the brush bristles and with the dental floss…

*you only have to brush and floss **ONCE** a day.*

Yes, that’s right, only once a day. The reason being that the bacteria cannot produce enough acids or enzymes to cause any tooth decay or gum disease until the bacteria has had sufficient time to reproduce a sufficient number of bacterial organisms to form a clump of bacteria called a colony. It takes about 36 hours for the bacteria to reproduce a sufficient number of organisms to form a colony. All that you have to do is **disorganize that bacterial colonization process once every 24 hours** before the bacteria has adequate time to form organized colonies.

It’s **NOT** how many times a day that you brush and floss, it’s how **EFFECTIVE** you brush and floss when you do brush and floss. You can brush 20 times a day using one of those methods that does **NOT** get the brush bristles into the sulcus and you will still have tooth and gum problems. Or, you can brush and floss **ONCE** a day using a method that is effective at getting the brush bristles and floss into the sulcus and you can virtually eliminate your dental problems.

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Now for another of dentistry’s best kept secrets: When you are effective at getting into the sulcus with the brush bristles and with the dental floss…

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It’s **NOT** how many times a day that you brush and floss, it’s how **EFFECTIVE** you brush and floss when you do brush and floss. You can brush 20 times a day using one of those methods that does **NOT** get the brush bristles into the sulcus and you will still have tooth and gum problems. Or, you can brush and floss **ONCE** a day using a method that is effective at getting the brush bristles and floss into the sulcus and you can virtually eliminate your dental problems.

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It’s not how many times a day you brush and floss that makes the difference;

**it’s HOW you do it when you do it that makes the difference.**
When I explain all of this to my new dental patients, what I usually hear at this point is “Why didn’t someone tell me this before?”

The answer to that question is lengthy but I will briefly explain now and will explain in more detail later.

A SYMPTOM is defined as “a phenomenon that arises from and accompanies a particular disease or disorder and serves as an indication of it.” Tooth decay and gum diseases are the symptoms of a dental disease process that is caused by acids and enzymes excreted by organized colonies of subgingival bacteria. When you go to a dentist to get a decayed tooth filled you are just treating the damage done by the dental disease process. That is, you are treating the symptom.

Let’s look at the distinction between treating symptoms versus treating the cause of the symptom. When you treat symptoms without treating the cause of the symptom, then the symptoms can reappear. When you treat the cause of the symptoms, the symptoms will not reappear…unless you cease to treat the cause.

In the field of dentistry there is a lot of money to be made from treating symptoms… it is extremely-extremely more profitable to treat symptoms than to treat cause.

If cause is treated, and there are significantly less or no symptoms… what’s there for a dentist to do??? What’s Dental Corporate America to do???

Now…A very important point I want you to clearly understand here is it’s not the individual practicing dentist that has been the keeper of these secrets. Don’t go out and squawk at your personal dentist. This secret has also been kept from the individual dentist. The problem here is at a much higher level. As with the fluoride and mercury issue, the problem is at the level of the United States Public Health Service, the American Dental Association and Dental Corporate America.

More on this later…

It’s not the individual practicing dentist that has been the keeper of these secrets.

Don’t go out and squawk at your personal dentist.

Another question always asked is what kind of toothbrush should be used and what is the best toothpaste and mouthwash.

The best type of brush to use is a straight handled brush with three rows of soft nylon bristles of a specific diameter. I know there are quite a variety of toothbrush designs available now. However, most are not designed to adequately get the bristles into the sulcus. I will explain more later about brushes and why Dr. Bass recommends just one brush as being the “RIGHT KIND.”

As for toothpaste: It’s NOT what you put on your brush that makes the difference, it’s HOW you use your brush that makes the difference... You can just use water only with this sulcular brushing method. It’s NOT the toothpaste that makes the difference. You can pile all the toothpaste you want on your toothbrush and if you continue to brush up-and-down, back-and–forth or circular, then you will always miss the sulcus, no matter how many times a day you brush. This means you will ALWAYS leave colonized bacteria in the sulcus, no matter what kind of toothpaste you put on your brush or how many times a day you brush. So you can load up your
toothbrush with all the toothpaste you want to and if you don’t get the bristles into the sulcus you can brush all day long and you will still have dental problems.

If you watch the toothpaste ads, they always show the brush bristles loaded up from one end to the other with the toothpaste. I suggest you use a minimal amount of toothpaste, maybe about ¼ on an inch. If you use a lot of toothpaste it just makes a lot of foam and when a person spits out the foam, they usually stop brushing at that time. I know that Dental Corporate America will not like this, as they will sell about 60 percent less toothpaste if you follow Dr. Bass’ advise. The American Dental Association will also not like my suggestion to use less toothpaste because if Dental Corporate America sells less toothpaste and has less income, there will be less money available for Dental Corporate America to buy the American Dental Association.

It’s not what you put on your brush that makes the difference, its how you use your brush that makes the difference...

All you have to do is effectively get the bristles of the “right” kind of toothbrush into the sulcus and the “right” kind of dental floss wrapped around the tooth in a “C” shape and slid into the sulcus once a day. It’s just that simple.

Mouthwash: It’s not what you rinse your mouth with that makes the difference, what makes the difference is HOW you brush and floss when you do brush and floss. If you don’t disorganize the sulcular bacterial colonization process once every 24 hours then you will ALWAYS have bacterial colonies remaining in the sulcus continuing to produce acids, enzymes and odors no matter what brand of mouthwash used or how much mouthwash you use.

It is just fine to use toothpaste and mouthwash, just don’t rely on them for the prevention of tooth decay and gum disease no matter what all those self-aggrandizing toothpaste and mouthwash ads tell you. Keep in mind that all those self-aggrandizing mouthwash and toothpaste ads are there to first serve Corporate America, not you...

Toothpaste is just a flavored soap, a foaming agent, to hold bacteria in suspension until you spit it out. If you leave colonized bacteria in the sulcus because of using an ineffective brushing method, it is that remaining bacteria that is still present in the sulcus that cause all the damage. So what good was the toothpaste and what good will be the mouthwash? Dr. Bass, the medical doctor who developed this sulcular brushing method just used hand soap. He would rub his brush on a bar of hand soap and brush with that soap. Most folks, including me, don’t like the taste of soap so I do use toothpaste. But I don’t rely on it to prevent dental disease problems.

Mouthwash is primarily just a deodorizer to cover up bad mouth odors that come from the bacteria, decayed teeth and the gum infections that occurs as a result of the failure to effectively disorganize the bacterial colonies. I know that a lot of mouthwash manufactures will squawk at this comment and later I will explain more about how mouthwash ads misrepresent mouthwash effectiveness.
My Story

When I was young my personal dental care was in no way preventive or routine. I was only taken to the dentist when there something broke or I was in pain. That’s not a complaint; just the way things were done. When I was in college, my gums bled and I did not know why. In a physical education health course I took, I read that college student’s gums usually bled due to “stress.” Yes, I was stressed in college but I didn’t understand how “stress” of college could cause my gums to bleed. As I was very busy with my studies I just accepted this explanation and went along in life and I didn’t really think much more about it.

During my first year of dental school one of the courses we took was a preventative dentistry course. One chapter in that book dealt with the different tooth brushing methods. That book described the up-and-down, back-and-forth and circular methods. Each of these methods was named after the dentist who developed them. There was another method described that I had never heard about. It was named the Bass method, named after its developer, Charles C. Bass, M.D. The Bass method is the method I have already described here where you learn how to guide the toothbrush bristles and floss into the sulcus.

That book stated that there was really no difference as to the effectiveness of any of the described methods and the book did not promote any one of these methods as being any better or worse than another. The books conclusion was that none of the various methods described were any better or worse than the others.

However, for me, it just made sense and seemed very logical that the Bass method would be the most effective since it included removal of bacteria from the sulcus and the other methods did not deal with the removal of sulcular bacteria at all.

While still in dental school, I begin to brush and floss three times a day using the Bass method. Yes, I said I started brushing three times a day and flossing three times a day. At that time I had not learned about Dr. Bass’s studies on bacterial colonization and the need to only brush and floss once a day as long as I effectively got into the sulcus and disorganized the subgingival bacterial colonization process.

What I noticed when I began to use Bass’ method is that my gums quit bleeding almost immediately, and my mouth felt much cleaner and much healthier and soon my tooth decay and gum disease problems stopped.

It was very clear to me, based on my experience, and not just my belief, that Bass’ method was EXREMELY more effective than any of the other methods listed in that preventive dentistry book.

Since these dental school textbooks acknowledged that there were no significant differences in the effectiveness of any of the listed methods, there was no real emphasis by the dental school as to what method we students were to use in patient education.
During my third year of dental school is when I begin to realize was that as dental students we were very effectively being taught how to treat the damage done by a disease process and we were not effectively being taught how to treat the cause of that damage. That is, we were being taught how to treat symptoms and not cause. When symptoms are treated without treating the cause of the symptom, the symptoms will reappear. When cause is effectively treated the symptoms don’t continue to reappear.

Several times I bought up this subject with various instructors. After a few discussions I begin to sense that this was not an appropriate thing to discuss and if I wanted to graduate from dental school I had best be quiet.

I shut my mouth but remained observant.

I continued to notice that the emphasis was fully focused on teaching students how to treat symptoms. When there was any discussion about working with patients on their oral hygiene care the usual replies from our instructors were to “do whatever we wanted to because it really doesn’t matter what we teach because people don’t care anyway” or “it is too time consuming or to difficult to educate.”

While still in dental school I began to look at that issue as to why most people don’t brush and floss several times a day or after every meal or any of the other dentists recommended scenarios. What I noticed is there were some individuals who simply did not care, some who did not understand the purpose and value of good oral hygiene care. There were those who really cared and worked hard to “brush and floss more” as their dentist had told them to do. However, no matter how much the individual really cared, they were using brushing and flossing methods that were NOT effective at disorganizing the subgingival bacterial colonization process.

Then there were those who were resistant because of upset surrounding brushing and flossing when they were younger. By this I mean when mom or dad had to threaten or punish a child to get them to brush or floss.

When a child has to be punished or bribed to get the brushing done, then what is the thought process of that child regarding their oral hygiene care, as they get older? Do you think there might be some resistance? Then, what no one seems to realize is all that drama that’s associated with getting a resistant child to brush their teeth, while at the same time, most likely that child is not being taught a brushing method that is even close to being an effective method anyway...because the parents don’t know themselves. How can the parents teach the child if the parent doesn’t know? Talk about spinning your wheels!

Another thing that I begin to notice was there were people who did follow their dentist recommendations to brush and floss several times a day, yet they still had tooth decay and gum disease. They were already “brushing more” and “flossing more.” Then I would come along and tell them that I wanted to talk to them about brushing and flossing. So they would tune me out.

Then there was the flossing discussion. Someone wasn’t flossing and I recommend that they should. They would reply that they did not floss because it was too awkward, frustrating or time consuming or flossing made their gums bleed, or their teeth were too close together and they couldn’t get floss between them, etc.
What I begin to think about was that I needed to find a way to explain Bass’ method in a manner so that the patients would create their own willingness to want to listen to what I had to say without tuning me out, and then willingly following my (Bass’) instructions. Another example would be the distinction between having to make a child clean up their room, versus the child having the willingness to want to clean up their room without the parent having to make them clean up their room. I began to work on understanding how to create that willingness while in dental school but didn’t get it fully figured out until several years after dental school.

When I graduated from dental school in 1972, I knew that Dr. Bass’s method of oral hygiene care was exactly right…I just didn’t know how to effectively teach it, or I should say, I didn’t know how to effectively motivate or empower people to have the willingness to want to hear something that they thought they had already heard (often several times before), but was in fact different.

As I continued to work on my presentation of what I now refer to as “My Prevention Talk” I had to first observe my patients resistances to listening and then learn how to address what stimulated that resistance before the resistance had time to come up and then devise a way to explain Bass’ method.

Some of what I noticed is that if I first just told them to “brush more,” I almost immediately was met with some degree of resistance. I can’t educate a patient about effective oral hygiene care if their fingers are in their ears. I often did not get to discuss the sulcus because I had to listen to the patient’s entire story about the reasons why they didn’t want to listen to what I had to say as they would think that I was going to tell them to “brush more…or floss more…”

What I eventually was to conclude is that what I needed to do was first tell the patient something new, something they weren’t aware of, such as the basic anatomy of the sulcus and briefly explain the life processes of the bacteria located in the sulcus and how the disease process occurs, then show them why what they were now doing wasn’t working to disorganize the sulcular bacterial colonization process and then show them something they could do that would work to disorganize the sulcular bacterial colonization process.

Once I was able to get them listening, they would soon realize that what I was teaching them was much more effective and much less time consuming than what they are now doing...

Then they would see that by making a very simple mechanical change in their oral hygiene care, they can have a very significant reduction in the amount of future tooth and gum problems, and, they could spend less time doing all of this since they only have to do it once a day. I made their job easier, not more difficult. I gave them something they cannot buy. I gave them an opportunity to be free of dental disease, that is, I showed them how to very effectively treat the cause of their symptoms.

What I did was to: 1. Explain the sulcus first just as I did here with you at the beginning of this paper. 2. Explain that it is the sulcular bacterial waste products that cause the tooth and gum damage. 3. Explain why what the patient is now doing doesn’t work to disorganize the bacterial colonization process. 4. Explain what they can do that will work to disorganize the bacterial colonization process. 5. Then I explained the bacterial colonization process so they can see why they only have to disorganize the sulcular bacterial colonization process once a day with their toothbrush bristles and floss.

It’s all just as simple as that...

So why hasn’t someone told you this before???????
This brushing and flossing method I have described here is called the Bass Method of Oral Hygiene. In dental school I always thought that Dr. Bass was a dentist because there was absolutely no emphasis put on anything regarding Bass. I just thought he was one of several dentists who had a brushing method named after them. It wasn’t until after dental school that I became aware that Bass was an MD.

About two years after dental school I read a brief story about Dr. Bass in a preventative dentistry journal. When I learned he was an MD and that he had done a significant amount of research into dental disease I wanted to learn more about Bass and decided to read his published research. I contacted Tulane University Medical School in New Orleans where Dr. Bass had been Dean of the Medical School and requested copies of Bass’ dental publications.

As I read Bass’s research publications and other publications of his, I began to see why “no one had ever told me this before.”

Bass’s research work in dental disease was by far much more extensive and greater than I ever imagined. Before I get into that research work of Bass, let me first tell you a few things about Dr. Bass. I will give you a brief amount of information here and if you want to know more about Dr. Bass I would refer you to a book titled Dr. Charles Bass and the Bass Method by Dr Wayne Lott. You can order this book from the Xlibris Corporation and can contact them at 1-888-795-4274 or at www.Xlibris.com.

Dr Bass was born in southern Mississippi in 1875 to a family who had lost most of their possessions as a result of the Civil War. Growing up and working on a farm he also doctored his father’s farm animals. He received his M.D. degree from Tulane Medical School in New Orleans in 1899. He practiced medicine in Columbia Mississippi for five years and then returned to New Orleans and established his medical practice and also took a non-salaried position as an assistant instructor and chief of the clinic at Tulane Medical School. In 1907 he was appointed as a salaried assistant in the clinical medicine laboratory at Tulane Medical School.

In 1911, he became assistant professor of clinical and tropical medicine and hygiene and later became a full professor of experimental medicine in the medicine and tropical medicine departments.

In 1911-1912 Dr. Bass was sent to Panama to solve the malaria problem. Bass is the medical researcher who figured out and solved the malaria problem during the construction of the Panama Canal. His very successful research work in the battle against malaria was recognized in every civilized country in the world. Bass’ research work was not limited to malaria that was just the beginning of many success stories for Dr. Bass. Bass was also the president of several medical societies and it’s reported that over the years he “received awards by the bucket” as an acknowledgement for his consistent and accurate ongoing research findings which benefited all of humanity not only in the United States but in countries all around the world. If you want to read the full list of Bass’ accomplishments and awards I will again refer you to Dr. Lott’s book mentioned earlier.
After Bass became a professor of experimental medicine at Tulane part of his microscopic research interest extended into the dental area as he began to become very concerned about the “deplorable” conditions of the teeth and gums of the patients he saw as well as the “deplorable” condition of the teeth and gums of his medical students.

In 1914–1915 Bass, along with Foster M Johns, M.D. published articles in the medical literature and also published a textbook entitled Alveodental Pyorrhea. In this book Bass concludes “periodontal (gum) disease is caused by a specific amebic organism.” Dr. Bass found that to “cure” the gum disease, the organism had to first be destroyed. Dr. Bass used emetin hydrochloride, an alkaloid obtained from ipecac, a known amebicide.

That 1915 book of Bass’ created a lot of controversy in the dental community. Instead of working with Dr. Bass and assisting him with his research, the dental profession heavily criticized Bass and discounted his work and continually made Bass bad and wrong. Dr. Bass was a pioneer in microscopic research work at a time when dentists did not even know how to spell microscope. The dental profession absolutely did not like a medical doctor sticking his nose in their business, especially when Bass’ findings had the possibility of reducing the number of dental symptoms a person would experience in their lifetime. (When a person has no dental disease symptoms, there is nothing for the dentist to do.)

In later years Bass was to modify his 1915 belief that it was only the amoeba that caused the problem and he was able to accurately determine that tooth decay and gum disease were caused by a large variety of bacterial organisms, not just one or a few organisms. Bass’ research also found that the bacterial organisms also had to have time to reproduce enough organisms to form colonies before they were able to produce enough acids and enzymes to cause any damage to the teeth or gums. Bass also acknowledged that his conclusions in his previous book were in the ball park but not complete.

After the controversy his book created, and after being severely insulted by the dental profession, and with Tulane taking more of his time, Bass dropped out of dental research from 1915 to 1940 to devote more time to his medical research. In 1922 Dr. Bass became the Dean of Tulane University Medical School and a full Professor of Experimental Medicine. Bass’ 18 years as Dean, was longer that any Dean before him and his work brought him numerous awards and honors. To read more about his other accomplishments I again refer you to the Dr. Lott’s book I mentioned a few paragraphs back.

In 1940 at age 65, Bass retired from Tulane as Dean Emeritus. He still had this dental disease issue in his thoughts and about a year later, began his serious work in dentistry. Bass was able to resume his research in dental disease as Tulane gave him full access to the school and its research facilities for his many years of post-retirement research.

Dr. Bass, between the ages of 71–94, wrote 26 dental journal articles. His focus now was on the sulcus and the bacteria that grew there. This is the time period in which Bass developed the brushing method and flossing methods I previously described.

Dr. Bass found that the brushes and floss that were available at the time were not adequate to be used for the disorganization of the sub gingival bacterial colonization process. The bristles used then were too hard, too stiff, and too large. They would not bend so they could go into the sulcus and instead would irritate and abrade the gums and teeth. Bass realized that he needed to do research and eventually he was to design and develop the “right kind” of brush and floss.
After much experimentation Dr. Bass designed the right kind of toothbrush for use with his method with the following specifications: A plain, straight-handled design, about six inches long, width of 7/16 inch, 3 rows of bristles, 6 tufts to the row evenly spaced high quality nylon bristles, about 80 per tuft, .007 inch diameter, and straight trim, finished to 13/32 inch in length. The ends of the bristles were to be ground and finished to a hemispherical shape. Bass used his own funds and those of his family to design, build and install a machine to polish toothbrush bristles to his specifications.

Dr. Bass also did extensive research to determine the specifications for the dental floss he eventually developed. First, for many very good reasons it had to be made from nylon. Then the individual nylon filaments had to be a specific diameter, then a specific number of nylon filaments for each thread, then the thread had to have a specific number of twists per inch and the twist had to be steam set.

If you are interested in the knowing fine details of the research of Bass’ brush and floss design then read Dr. Lott’s book.

Bass always referred to his brush and floss and method of oral hygiene care as being the “right” brush and “right” floss and his method of oral hygiene care as being the “right” method. This was very irritating to some dentist; here was some medical doctor telling them their business. Organized dentistry did not even recognize Bass or his research findings. Organized dentistry did not even allow Bass’ dental research findings to be published in their dental literature. Organized dentistry had always actively ignored Bass and here was Bass now saying his method, brushes and floss were the “right” kind. Talk about controversy!

Back in 1968, even me as a naïve dental student could easily see that Bass’ method was the most effective. Now, after almost 40 years, I am still very clear that Bass is “right,” and has been “right” all these years. Dr. Bass just hasn’t been publicly heard.

Dr. Bass begin to manufacture the described toothbrush and dental floss himself.

Bass originally gave his toothbrush and dental floss the brand name “Right Kind.” There were a few dentists who sincerely began to take interest in Bass’s work and wanted to use these “Right Kind” brushes and floss designed by Bass. However, Dr Bass would not sell the brush or floss either to the public or to a dentist until Dr. Bass had trained the dentist personally.

Dr Bass was wise enough to know that if someone bought his brush and did not use it the “right” way and instead used the up-and-down, the back-and-forth or the circular brushing method, the individual would continue to experience dental disease and could therefore declare that Bass’ brush was ineffective. Bass knew the brush had to have specific bristle specifications as well as be held at a 45-degree angle in order to get the bristles into the sulcus to effectively disorganize the subgingival bacterial colonization process. Bass knew that the method of use was the most important. He had to develop the soft bristled brush and floss specified earlier because the “right” kind of brush and floss did not exist during this time.
When Bass gave his new, most current research publications to the dental profession in the early 1940’s, he again was criticized and ignored. The dental profession again, as in 1915, did not like it that a medical doctor stuck his nose into the dentistry arena and they especially did not like it that some medical doctor had figured out what caused tooth decay and gum disease, and to top it off, Bass had even developed a way to treat cause which meant there would be significantly less symptoms for dentistry to treat. For you, the patient, the human being, what this would mean for you is significantly less tooth decay and gum disease problems, which means less shots, less drilling and less filling, less expense, and less...

Less tooth decay, less gum disease...

What’s a dentist to do...???

Money-money-money!!!

What’s Dental Corporate America to do...???

Money-money-money!!!

I hope that you the reader is starting to wake up...you have been duped...and this duping will continue until all you folks out there speak up and do something about dentistry’s integrity problem. Organized dentistry isn’t going to do anything about this as they have already had over 60 years to do so. I am not suggesting you do anything like lawsuits or badmouthing someone. I am thinking more along the lines of each of you passing this information on to others you know until all people know about one of dentistry’s many best kept secrets.

Again, wake up...if one only has to brush once a day, that’s much less toothpaste Dental Corporate America will sell, as well as less mouthwash, as well as less dental supplies and equipment sold to dentist as the dentist will have significantly less symptoms to treat. Over time, the amount of money spent for dental symptom treating could be reduced by billions, thus depriving Dental Corporate America of that “billions.” That doesn’t sit too well with some...Got to make a profit, got to make a profit...

Again, and very importantly, don’t go out and squawk at your personal dentist about any of this. The dental education system has also duped the individual practicing dentist. The integrity problem is created at the level of Dental Corporate America, the United Stated Public Health Service and the American Dental Association

In the early 1940’s Bass accurately demonstrated that the cause of dental decay (caries) and gum disease are microscopic in nature. In a 1972 interview, Dr. Bass explains, “up to that time (1940), they (dental profession) didn’t really know. There were just all sorts of opinion as to the causes and the treatment (of dental disease). They were simply guessing. In that case the opinion of the highest authority is of little importance.” Bass again states “Practically 100 % of prevention and control can be secured by following this exact method, but not without it.” (ADA News, June 05, 1972)

From the early 1940’s when Bass began to publish his research findings, until that 1972 interview, Dr. Bass, as usual, was continually ignored by Dental Corporate America, the American Dental Association and the US Public Health Service.

In the October, 1962 issue of the Journal of the Louisiana State Medical Society, Dr. Bass wrote a paper titled Personal Oral Hygiene; A Serious Deficiency in Dental Education.
In this publication Bass states the teaching of his method of oral hygiene care “must come, either directly or indirectly from the dental profession upon which they (the public) depend for treatment, restorations and advice.” Bass further states “a dentist cannot be expected to successfully teach his patients effective personal oral hygiene, and influence them to follow it, if he does not know it and follow it himself.”

Bass further writes that a dentist “can be expected to bring to his patients the practical application of only such facts relative to the cause and prevention of dental diseases as he learned in the dental school.” Bass is saying that the proven and effective method of oral hygiene care he developed is not being taught in the dental schools of the country and it needs to be taught now.

Bass then states that “The purpose of this paper is to call attention to this serious deficiency in dental education: and also to urge responsible leaders in this important field of human health-welfare to investigate this matter…”

In the summary of this article, Bass again writes “Attention has been called to a serious deficiency in dental education at the present time.”

Note that the date of this publication is 1962, that’s 22 years AFTER Bass first gave his research information to the dental profession. Dental Corporate America, the US Public Health Service and the American Dental Association still had not put this information into the dentist’s educational curriculum (and in 2008 this still has not happened). Bass was being kind in his wording, but in reality he was disappointed, discouraged and extremely frustrated with organized dentistry.

My personal observation is that this “serious deficiency” still exists today in 2008.

Dentistry did respond to Dr. Bass’ Serious Deficiency article and in the June 1963 Journal of The Louisiana State Medical Society, appeared an article titled Dentistry Replies, by Nathaniel H Rowe, D.D.S., M.S.D. Dr. Rowe was with the Division of Pathology, Washington University School of Dentistry, St. Louis Missouri.

The first paragraph of Dr. Rowe’s paper states…”Dentistry must speak out in righteous indignation against the criticism leveled at it by Charles C. Bass, M.D., as contained in the article “Personal Oral Hygiene, A Serious Deficiency in Dental Education,” as appearing in the October, 1962 issue of this Journal.”

Rowe states, “oral hygiene…is not the answer.” Rowe claims that “Fluoride addition to drinking water has been proven more effective and far cheaper than the best oral hygiene program.”

(I will explain later, fluoride is just another fraud also imposed on us by Dental Corporate America, the US Public Health Service and the American Dental Association.)

This hotshot Dr. Rowe is full of arrogance and obviously had that serious deficiency in his dental education also. Instead of doing as Dr. Bass repeatedly requests and thoroughly investigate Bass’ research findings, Rowe just lashes out at Bass and even states that “fluoride is the answer.” What Rowe isn’t aware of is that long before he replied to Bass, research had already documented that communities with the most consistent fluoride exposure had the highest tooth decay rates and those communities with the least consistent fluoride exposure had the lowest tooth decay rates. Fluoridated drinking water had already been scientifically proven to NOT prevent tooth decay. In addition, fluoride had also been found to contribute to gum disease as well as other serious health problems. Why did Dr. Rowe not study all of Bass’ research papers first, and then write his reply?
So let’s look at this for a moment. There is a debate between Bass and organized dentistry and again the dental profession has just chosen to make Bass wrong versus performing an honest study and honestly evaluating and testing Bass’ research and incorporating his extremely effective method of oral hygiene into the dentist education curriculum.

When in dental school and after, if I were to bring this subject up with the “dental authorities” I was always told that there has “never been a study to prove Bass’ research to be accurate.” My reply was always “Why Not??? Why has Bass’ work NEVER been researched? I never received an explanation. For many years now I have known that if Bass’s work were HONESTLY researched, Bass would prove to be 100 per cent right every time. Look at your own experience of what I have explained to you here. Even if you have not actually picked up a toothbrush and used Bass’ method of oral hygiene yet… Bass’ method just makes sense. I know that because after 35 years of explaining Bass’ method to my dental patients, what I ALWAYS hear is “Why didn’t someone tell me this before?”

Bass is going to say, “believe me” and the American Dental Association is going to say “believe us.” I see this all the time in the fluoride and mercury issue. To determine who is right and who is wrong usually involves sifting thru hundreds of pages of research data. However, the oral hygiene claims of Bass are very easy to evaluate. Just think about what your common sense is telling you. What is your experience after using Bass’ method of oral hygiene care for yourself?

Let’s go back to what I wrote much earlier. I said that when I was in dental school and first read about Bass’ work that the book stated that there was not any difference between the various brushing methods listed in the book and they were all about the same. I then wrote that Bass method just made more sense. THAT IS MY POINT…Bass’ method of getting into the sulcus with the brush bristles and floss just made sense.

It is not necessary to read thru lengthy research data to conclude that Bass’ method is “right.” (But I do encourage all dentists out there to read all of Bass’ publications related to dentistry, especially if you still hold it that Bass doesn’t know what he is talking about.) Why would anyone want to spend time using some other brushing method that did not effectively get into the sulcus when they could use Bass’ method to get into the sulcus and then they would only have to do this oral hygiene stuff once a day and they would also be effective at treating the CAUSE of dental symptoms?

Let’s look at the experience of those of you who are reading this. Does it really make sense to continue to use a brushing method that does NOT get into the sulcus? Does it make sense to keep brushing up-and-down, back-and-forth or circular? I have been teaching Bass’ method of oral hygiene care for 35 years now and when I explain it to my patients the first thing always said is “why didn’t someone tell me this before.” You might have already had that thought also.

I didn’t have to read the research to know that Bass’ method was the “RIGHT” method. The patients I share this information with also don’t have to read hundreds of pages of research to understand that Bass’ method is the “right” method. They can quickly EXPERIENCE their teeth and gums feeling cleaner and healthier when Bass’ method of oral hygiene care is utilized. What’s so darn difficult about understanding this?

Bottom line is Dental Corporate America, the US Public Health Service and the American Dental Association absolutely didn’t like it that some medical doctor figured all this out and they don’t like it that Bass found a way to treat the cause of all those symptoms the dentist are getting paid to repair.
Several years ago I wrote to the American Dental Association and asked them why they have never made Bass’ work public as Bass had requested. All the ADA had to say was that it “was too difficult to educate the public.”

What this means is that you, the “public” does not have the ability to understand what I wrote in the first few pages of this writing! Just stop and think about how many millions of people have had to sit in the dental chair getting shots and getting teeth drilled and filled…then root canals and crowns…then gum surgeries…then extractions and then dentures, most of what would have been totally unnecessary if, back in 1940, the American Dental Association and the US Public Health Service had displayed even a drop of the integrity which they are entrusted with by the public.

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If you study this in greater depth as I have you will find even more situations of integrity deficiencies being displayed by Dental Corporate America, the US Public Health Service and the American Dental Association. For example: When I was in dental school I had a friend who worked in the research area of the school. I learned how some of the research was being done…if a dental product or dental device was being “tested” and the test was not going the way Dental Corporate America wanted, the funding for the testing was cancelled thus putting an end to the research study and no findings were published. A new test was then funded, some testing parameters changed and the “testing” was again started. Then, if again, the testing was not going in a favorable direction; the testing was again de-funded and cancelled with no findings published.

What happened next was that the testing parameters were again modified and the testing was again funded and proceeded until either cancelled or until success was finally achieved. In other words, the business that funded the test wanted certain results to be found. If they couldn’t produce the desired results, the testing was cancelled and modified and restarted over and over again until the testing methods were modified enough to give the desired result. This way there is never a negative test, as the unfavorable testing was never completed or published.

You might say the desired conclusion was determined **first**, and then the testing was modified until the desired results were achieved. If the desired result still was not being reached, then the testing was again modified until the desired result was reached.

An example of this would be testing of mouthwashes. The next time you see a mouthwash ad read the fine print. The ad will usually state that the mouthwash being advertised will remove a certain “percent more plaque.” But the ads rarely state what the advertised mouthwash is tested against. For example, if the ads state that their mouthwash will remove 60 % “more plaque.” The question to ask would be 60 percent more than what? They don’t ever say 60 per cent more than what! They just state it is a certain percent more effective without acknowledging what it is being compared to.

I contacted several mouthwash companies and obtained copies of their “studies” and the study will usually show that the advertised mouthwash removes 60 % more plaque than water does. What they don’t tell you is that it is that 40 % of the plaque that’s left that causes almost 100 percent of the tooth decay and gum disease. So the public is duped into buying a mouthwash that has been glorified with advertising and it really does nothing beneficial.

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Since the United States Public Health Service and the American Dental Association were ignoring his work, Bass held it that it was the responsibility of the individual dentist to learn and then effectively teach his method to all patients, thus in the 1940's Bass began to personally teach any interested dentist.

I haven’t got the exact date here but sometime in the late 1940’s or early 1950’s, a dentist from Tulsa Ok, Robert G. Jones, D.D.S, learned of Bass’ work and went to New Orleans to be trained by Dr. Bass. Dr. Jones eventually began to work with Dr. Bass with the manufacturing of Bass’ “RIGHT KIND” of brush and floss. About 1961 Dr. Jones moved the manufacturing equipment to Tulsa Oklahoma and that company is still in business using the name POH. POH stands for Personal Oral Hygiene.

POH still manufactures Dr. Bass’s original brush, the POH # 3. The child’s brush is the POH # 8. I personally use the POH # 3 and have for over 35 years now and it is the ONLY brush I recommend.

POH doesn’t advertise their brushes and floss to the public so as a result retail stores seldom carry the POH products, as customers don’t come in asking for them. Why does POH not advertise to the public? It’s back to Bass’ original work. POH was only sold to dentist who knew how to teach the patient to use the brush the RIGHT way. The POH company knows that if they just advertise their brushes and floss and the people who buy them and don’t use them the RIGHT way, then the brushes and floss will not be nearly as effective as when used with the Bass method of oral hygiene care. To purchase brushes and floss from POH you can go to their web site at www.oralheathproducts.com.

I want to state here that I do not have any financial connection to the POH Company. I recommend and use their # 3 and # 8 brush and their floss only because it is the “right” kind and the best. Figure 13 shows the brush and floss. Again, visit the POH website. That site also gives additional information on Dr. Bass.

If you take the POH # 3 brush and use it up-and-down, back-and- forth or circular, you will STILL experience tooth decay and gum disease, no matter how many times a day you brush because none of these methods are effective at disorganizing the subgingival bacterial colonization process, no matter how many times a day you brush with this POH # 3 brush. Just as Dr Bass did, Dr Jones likewise saw to it that the dentist who bought brushes from him was properly trained and knew how to use the brushes the “right” way and how to teach their patients how to use them the “right” way.

When a dentist was fully trained by Dr. Bass, Bass would give that dentist a letter stating that the dentist had permission to purchase brushes and floss from Bass. Dr. Jones’ authorization letter from Dr. Bass is hanging in the lobby of the POH headquarters building in Tulsa Ok.
I met Dr. Jones about 1980 when I attended a seminar Dr. Jones taught. I had already read all of Dr. Bass’ research papers by then and was thrilled to meet Dr. Jones. Dr. Jones presented the same information that I had read in Bass’ papers. Dr. Jones even used some of the original slides from Bass.

As I continued to learn from Dr. Jones, eventually Dr. Jones had me teach some of his seminars and I continued to learn more about Bass and Jones. I want to now share with you a paper Dr. Jones wrote titled A Dentist’s Bedtime Story.

A Dentist’s Bedtime Story

Sitting in my favorite easy chair after a normal day at the office, I was tired but contented in the quiet of the room. My six year old daughter and two year old son were quietly sleeping. My wife was reading the paper in the first lull of the day for a mother and housewife of a busy dentist.

My thoughts turned to the past few years spent in my profession, form my graduating in the class of 1949, and to the first few years of practice which were exciting and stimulating. I was justly proud of my growing practice, and finically I was doing well by most standards. While getting used to being called Doctor, I always felt an inward glow of pride. My soul was at peace in serving humanity in my own little way. I felt secure, I seemed to have the world by the tail.

Then I suddenly became aware that more and more and one by one, these things were losing their luster. Being called Doctor didn’t seem to stimulate me any longer. I accepted the pleasures and financial security brought me as being my just due. Compliments from patients for a job they thought well done no longer gave me a lift. The practice of dentistry settled down to a dull unexciting routine from which I derived only money.

To break the monotony, I started taking periodic vacations, cutting-down my hours in the office and taking postgraduate course in all phases of dentistry. These courses would stimulate me only until the things learned had become routine in my practice, and it would again settle to dull drudgery even more frustrating than before. Vacation trips and more time off did not refresh me and make me eager and ready to get back to practice as they should have done.

In the past few years I slowly came to know that my frustration with Dental practice resulted from the realization that I would never be pleased with my dental work, no matter how proficient an operator I became. What if I did learn to cast the most perfect inlay, or place a better alloy, or construct the finest bridge or denture in the world. The end result would be a far cry from the God given dentition, and my frustration to do more would still remain.

Pondering and searching my brain for an answer, I dozed off and immediately found myself seated in vast courtroom. Gazing around, a strange sight came into view. The immense gallery was filled to capacity. The jury box on my left was occupied. A battery of attorneys seated at the table in front of me were absorbed in, and were rearranging papers on the desk in front of them. I glanced back over my right shoulder and above me sat a solemn faced judge in black flowing robes. This seemed a very normal courtroom scene. But wait! I was in the witness chair, and yet, there was an overwhelming sense of sincerity permeating these surroundings.
Recovering from my first startled thoughts, and with a vague, though unexplained twinge of terror racing through me, I realized that the vast audience, jury, attorneys and judge had, though adult in size, the features and some mannerisms of children not appearing to be over six years old. Beautiful children just like those that had been brought into my office for dental care in the past few years. But they were not laughing and playing like the children I knew and loved. They had a deadly seriousness about them that was frightening, this, I realized is what had caused my first reaction that almost bordered on terror.

My startled brain had not recovered completely, nor comprehended the meaning, when I heard a voice and realized the judge was speaking.

“This court will come to order, and proceed with the trial of Humanity versus Dentistry. Since this is the first of these trials, and therefore without precedent, I think it only fair to explain to the witness that he has been picked to represent the profession of dentistry since he has been adjudged an average counterpart thereof. Having terminated his training only ten years ago which is but a fleeting moment in the eons of time, and exposed to the accumulated knowledge of the ages of civilized man in this profession, he should be able to give us the information we need to determine if this profession stands true to its heritage as the first specialty of the healing arts which were taught and practiced by the gentle Man from Galilee. Or, has it strayed from the path set by Him, and is to be found wanting. You may proceed, Mr. Prosecutor.”

One of the attorneys arose, and walking up to me spoke, “Dentist, your profession has a noble heritage. Would you explain the function of a dentist, just to clarify it in the mind of the court?”

I relaxed to a point, this didn’t seem to be a difficult question. “I maintain an office furnished with modern dental equipment to care for the dental needs of patients who come to me. These needs are the preservation of oral health, and this I do as best I know how, and they pay me for my services.”

“Fine,” said the prosecuting attorney. “Now would you tell us how you spend your time at the office on a typical day? For example, would you mind telling what you did today?”

“Well, lets see. My first patient was a six year old girl, Sally, who was in for a six month check. We cleaned her teeth, too Bite-wing X-rays, and told her mother we would call her if she needed any work done. My second patient was Mr. Johnson, and I took impressions to make him a couple of partials to replace the back teeth he had lost. My third patient was a sixteen year old boy, Jack, who always has a mouthful of decay. I put in three silver fillings for him. Mrs. Gaddy was next, and I took the final impressions for making her a set of dentures. She was followed by the banker’s wife. I prepared her teeth for a couple of inlays and took the impressions for them. My sixth patient, Mr. Smith, had pyorrhea and I spent the whole appointment trying to explain to him that his gum disease had taken his teeth, and he should either see a pyorrhea specialist, or we could take his teeth out and make him a set of dentures. The seventh patient was Mr. Brown. He had a little gumline filling to do, so I plugged a gold foil in it. My garage mechanic’s wife came next and I prepared a couple of teeth and plugged them with silver alloys.”

“Now,” asked the attorney, “would you explain why you did these various operations? For example, the little girl Sally that you took the X-rays of and told her mother you would call her, what will the X-rays tell you?”

“The X-rays will tell me how many decayed areas there are in her teeth and we can then make appointments to fill them,” I explained.
“Then,” he asked, “After you have filled them you will repeat the procedure by having her come back in six months and repair any damaged areas that you find?”

“That is correct,” I answered, beginning by this time to feel at ease for surely this interrogation was reasonable.

“Now,” said the Prosecutor, “your second patient, Mr. Johnson. You said you were making him some partials to replace some back teeth that he had lost. Would you please tell us how he lost them?”

“Well,” I answered, “he said he had them filled until they ached, then he had them taken out.”

“Your third patient was a sixteen year old boy, and you said he always had a lot of decay,” the attorney questioned, and I perceived a slight stressing of the,” you said”. “Why does he have so much decay?”

“I guess that he eats too much sugar and doesn’t brush his teeth as he should,” I told him, and at the same time directed these remarks in the direction of the jury.

“You said that you were making a set of dentures for your next patient,” he went on. “May I ask how she came to lose her teeth?”

“She lost them because of pyorrhea,” I replied.

“Wasn’t she ever treated for pyorrhea or told about it?” He asked this question with inflection of surprise in his voice.

“Yes,” I told him, “she had a pyorrhea treatment several years ago. A gingivectomy was done and instructions given, but she lost them sometime later.”

“I notice that you referred to your fifth and eight patients as your banker and your mechanic’s wife respectively,” he purred. “Did I understand correctly that they both had two decayed teeth? You placed inlays in one patient and plugged a couple of silver alloys in the other. “May I ask,” he said with considerable deliberation, “why the difference?”

“That’s simple,” I reported, beginning to feel just a little irritated about this cross examination of the obvious, “inlays are more expensive and the banker’s wife could afford to pay for them.”

“Now,” said the attorney looking directly at the jury, “you said that you spent the whole appointment with your sixth patient, Mr. Smith, explaining that pyorrhea had taken his teeth, and that he should be treated by a specialist, or just have them out. This sounds simple enough, why did it take so long to explain it to him?”

“Well,” I answered, not being too satisfied with the reply I knew I would have to give, “he said he had been going to dentist regularly all his life. He thought he had been taking as good care of them as he had been taught, and had had all the work done that dentist told him he needed. This was all done by him in order to save his teeth. Now, out of a clear blue sky, I tell him he is either going to have to have them out, or seek special treatment.”

“I can see where this would be very disturbing and difficult to understand,” the Prosecutor said. “Now, let’s go on to your seventh patient. He obviously had a small cavity and you said that you plugged gold foil in it. Why did you use gold foil here and not in the other places?”

“It takes a skilled operator to place gold foil. The places they can be used are very limited, so we place them when we find a cavity that is accessible to plug one in,” I explained, now being aware that I was visibly perspiring. I had a feeling I knew what was coming next.

“As far as the patient is concerned, do these gold foil fillings do any more for them than any other filling material?”
“Well, no,” I said. “They only replace the part of the tooth which has been destroyed, just like other fillings, but they are more difficult to do.”

The attorney turned, with a questioning look on his face, to the judge and then to the jury. “Gentlemen, you have heard dentistry explained by one of its own members, who is honored and addressed as Doctor. Yet, I am sure that you can see they have forgotten that the very term itself means teacher. If we can take this day in a dental office as average, then it is crystal clear that they are more interested in repairing and replacing, than in teaching. By their own words they are only skilled technicians, tinkers of metals and minerals. They are satisfied to pursue this course, and even pursue it with great zeal. We can only assume that this way is more lucrative.”

“They have lost sight of their goal,” he continued, “which should be to preserve the natural dentition in all its beauty. However, if they continue in the path on which they now seem to have placed their feet, then they will no doubt become the finest and most highly paid artisans of silver and gold that the world has ever know. But patients will continue losing their teeth the same as they are today.”

Now to the judge he entoned. “I cannot think that even they would be proud of their handiwork, no matter how proficient they become. If their patients were stripped of all the foreign matter placed by them in the oral cavity, and then passed in review for the world to see, would any one of them wish to stand up and say, “This have I wrought.” With a gesture of futility the Prosecutor abruptly turned and took his place with his associates and assistants.

After considerable deliberation, the judge spoke. “Two thousand years ago the greatest Physician of all time looked down on a great temple that had been built by a beautiful concept; to teach the people the error of their ways so that they might have life. He saw money changers who used the concept to enrich themselves, the traders in sacrificial animals who made it a business, the Pharisees who made it a hobby, the Sadducees who did it for their ego, and the very priests who were to teach, prostituted the concept for selfish purposes. As he gazed down on this scene, the gentle Man from Galilee realized that there would be no end to the ways. That man, by slow degrees, would pervert this beautiful concept.”

“Today,” the judge continued, “we have heard how the beautiful concept of dentistry, which is to teach erring patients how their teeth might attain life, has been perverted in almost the exact manner as two thousand years ago:

When you trade silver for silver, the money changers are still in the temple.

When a patient’s own teeth are traded for artificial ones, the traders are still in the temple.

When you do things that you like to do because they are difficult, then you are getting your hobbies mixed up with a beautiful concept. When you give silver or gold according to what the traffic will bear, then you are prostituting your chosen profession.

When you lead people to believe this is the way of life, and in the end there is death, you have a blasphemed for your own ego.”
“Dentists are very sensitive to statements that they are primarily repairmen. But may I remind you that the dentist who terminates his service by repairing or replacing that which has been destroyed by disease, without first going to the trouble of learning himself of what dental research has found in the way of preventive measures, in attempting to prevent future disease and teaching it to the patient whether or not he follows it, is guilty of being a dental repairman. He is not much more than a highly trained and licensed technician. It is only the dentist who educates his patient to prevent future disease who is a physician of the highest order, as well as dental science has prepared him.”

“Dentists today are up in arms because of the attempts to socialize dentistry, but they have no cause to worry unless they have created a kingdom of silver and gold for selfish purposes. History clearly shows that this is the inevitable end of those kingdoms, because men were never meant to be enriched by the suffering of humanity,” he stated.

“Babylon was the most famous kingdom of silver and gold,” the judge reminded the court. “It is written that they encrusted their buildings with semiprecious stones and reveled in their wealth. One writer said they drank wine and toasted the gods of silver and gold, even worshiped them, until one night at the height of the revelry, when the king, Belshazzar, was having a feast for a thousand guests, a finger appeared upon the wall and wrote: ‘THOU ARE WEIGHED IN THE BALANCES, AND ART FOUND WANTING.’ That night Belshazzar was killed and his kingdom was divided and fell, never again to rise to the glory that it had once known. Such is the inevitable way of selfish kingdoms of silver and gold.”

The judge continued, “But these are sins of commission. These are the things that you as a dentist have done. The greatest wrong I see is in the things you haven’t done, the sins of omission, these are the ones you have committed and that most people commit. You are guilty by reason that you haven’t even tried to prevent the disease. You can use all kinds of excuses such as the patients won’t cooperate, and that they are not interested, but I must remind you that, ‘THE MAN WHO TRIES TO DO SOMETHING AND FAILS, IS ULTIMATELY GREATER THAN THE ONE WHO TRIES TO DO NOTHING AND SUCCEEDS.’ With these thoughts in mind, and if the same finger that appeared on the wall of Belshazzar’s palace appeared in the hall of dentistry, ‘WHAT DO YOU THINK IT WOULD WRITE?’ Court is recessed until tomorrow.

I sat frozen and stunned at the implication. The beautiful, solemn faced children with wisdom in their faces beyond their years filed out and to my mind came the words – “AND A LITTLE CHILD SHALL LEAD THEM.”

The last to leave the courtroom was the judge and as he walked by me I stared into the face of my two year old son which carried on it a condemnation greater than the court could pronounce. The disappointment of a son in his father.

I woke with a start, and shuddered with the cold sweat that was on me. Recovering myself, I sank back in my easy chair, realizing that it was only a dream. It couldn’t possibly be true. But it is – sort of a dentist’s bed time story.
So what’s going on here? Why is it that for the last 35 years, when I explain the Bass method of oral hygiene care with my patients what I constantly hear “Why didn’t someone tell me this before?” I would expect that those of you reading this said the same thing after reading what I wrote earlier. So why haven’t you heard this before???????

When I brought up the subject of Bass in dental school I was usually told that oral hygiene care is not really emphasized much because the education hours need to be devoted to teaching dental students how to fix teeth, how to do dentistry. That is, the emphasis was on treating symptoms and not on treating cause.

I was also told that no studies had ever been done to show the actual effectiveness of Bass method of oral hygiene care. Therefore Bass’ method of oral hygiene care was not scientifically proven to be more or less effective than any of the other methods.

My question now, as before, is WHY has there never been a study? I would say that it is because organized dentistry already knows that an honest test would show Bass’ method of oral hygiene care to be extremely superior when compared to other methods. They don’t want that published? Or, has a study already been done and the results kept secret? This way they can always downplay Bass’ work because “it hasn’t been proven.”

Even if what I write here would prompt a “study” I would predict that the “study” would be one in which organized dentistry already knew that an honest test would show Bass’ method of oral hygiene care to be extremely superior when compared to other methods. They don’t want that published? Or, has a study already been done and the results kept secret? This way they can always downplay Bass’ work because “it hasn’t been proven.”

How do Dental Corporate America, the United States Health Department and the American Dental Association fit into all of this? As I have stated several times, it is not your personal dentist who has been involved in this scenario unless your personal dentist happens to be current or past officer of the ADA or in the USPHS. These organizations have a vested interest to protect and they want to be known as “THE AUTHORITIES” and they want what they say they want to be taken as gospel truth, or so they hope.

Bass was accurate during his time when he wrote that there was a “serious deficiency in dental education” and he wrote that there were not any dental schools that were teaching an adequate course about the right method of oral hygiene. That statement is still accurate today. I expect that I will catch heck from the dental schools now. Instead of the schools getting all upset, I would instead like to see them put their effort into fully educating their students and patients regarding Bass. That would impress me...However, if the dental school did elect to be responsible and start to accurately teach Bass’ work to dentist and dental students, most likely they would not have any instructors qualified to do so. If they did, they would already be doing it. (Now I have given them another reason to be on it with me.)

Here is one of the reasons why I state that: In the April 1973, Journal of the American Dental Association there was a letter to the editor by Sherwin Z. Rosen, DDS. In that letter titled Dentist’s Poor Teeth, Dr. Rosen describes how he was “privileged to participate in the oral health screening examination that was... provided for dentists at the American Dental Association meeting.”
Dr. Rosen writes that the number of normal healthy mouths he “saw in 12 hours of examinations was approximately 5%. The next 35% had gingivitis,” which is a mild form of gum disease, and the “last 60% had periodontal disease,” which is a more severe form of gum disease. He further states that several of the dentists examined had extreme mobility with advanced periodontal disease.”

Dr. Rosen also writes that on “Tuesday morning, many of the delegates and alternates to the convention came through the screening station” and “there dental health was worse than the average.” Rosen then writes, “These are the men who represent dentistry and make the decisions which will affect the future of the entire profession.”

Then his writing begins to sound exactly like Dr. Bass’ writing, Rosen writes “How can dentistry hope to survive all the pressures from the public and government concerning better and more widespread dental care when dentist themselves do not understand the importance of prevention.”

Dr. Rosen concludes: “The situation as it now exists is shameful.” “It already may be too late.”

That 1973 ADA letter to the editor was written 32 years AFTER Bass gave his research to the dental profession. According to this dentist, in 1973, Bass’ research findings are still not being taught to the dentist or the dental student, or to the public. Remember that Bass also acknowledged a “serious deficiency in dental education” back in 1960, twelve years before a dentist published the same conclusion.

Even dentist are experiencing severe tooth decay and gum disease 32 years after organized dentistry was given this now well guarded best kept secret. So it’s not just the public who is suffering as a result of Bass’ research being kept secret, it’s also the individual practicing dentist who is suffering from dental disease. If the dentist doesn’t know how to stop his own dental disease problems, then how can they help their patients?

If, by some remote chance, the dental schools do decide to begin to honestly teach dental students about Bass’ research findings, they would probably not be able to find any instructors. If that many dentist have active dental disease in their mouths, how can they teach someone effective oral hygiene? How can a dentist teach another dentist, or a dental patient, how to do something they can’t even do themselves?

In 1983 I wrote to the ADA and asked them when they were going to publicly share Bass’ work. The ADA replied and stated that “Although thorough cleansing of the teeth on a daily basis would likely result to a large measure in the control of tooth decay and periodontal disease, the difficulty of training the public in the technique itself and adhering to it make the approach impractical.”

So the American Dental Association finally acknowledges why they have never shared Bass’ method of oral hygiene care publicly…it’s just too “difficult.” (It’s a good thing the ADA was not in charge of getting a man on the moon.)

That’s a pretty amazing excuse since the ADA is so aggressively involved in teaching dental students how to become dentist. That’s a much more difficult task to teach dental students how to be dentist than it is to teach someone Bass’ method. So I wrote back to the ADA and asked them what they meant by this claim that it’s too difficult to train the public in Bass’ method of oral hygiene.
They replied that “It is somewhat ridiculous to assume that the simple proclamation of what one needs to do to maintain oral health will convince the masses to do them.”

So the ADA never publicly shared Bass work because of the “difficulty of training the public and its “ridiculous” to think that telling the “masses” will do any good. Notice that the American Dental Association is able to teach oral hygiene methods that are INEFFECTIVE at getting into the sulcus, but they are unable to teach an effective method because it is “too difficult.”

Just whom is the ADA protecting? Maybe it is Dental Corporate America, maybe it is the ADA that is being protected, and of course the good old boy system. Who is losing???

The folks the ADA claims to be protecting are the ones who are losing. (That’s you, the “masses” who are losing in case you haven’t caught on yet.) It is much more profitable for the dental educational and industrial community to keep us humans ignorant of Bass work. It’s extremely more profitable to treat symptoms than to treat cause. When you treat symptoms without treating cause, you will keep having symptoms...more for the dentist to do...more money for the Dental Corporate America Complex...when you treat cause first...there are no symptoms.

When the dental community reads this I expect there will be a few isolated dentists who will publicly agree with what I write here and there will be a large number who disagree, some will strongly disagree, especially if they are tied into Dental Corporate America or the USPHS, the ADA or a dental school. Several times I have made it a point to remind you that it is not the individual dentist who is responsible for this withholding of important information, so don’t go out and badmouth your dentist. Put your focus at a higher level. This is a top down deception.

I repeat; it is not your individual practicing dentist who is withholding Bass’ work from you. It is at a top level, the ADA and the USPHS and Corporate America. I can assure you that all those individual practicing dentists out there are working very hard to do the right thing for their patients. I know what it takes to get thru dental school. Four years of college and four years of dental school education is not a breeze. There is a very intense Dental Aptitude Test that has to be taken prior to even applying to school. Then National Board Tests at the end of the second year and at the end of the fourth year. If not passed, no advancement. There is the tuition, book and instrument expense in addition to just the normal cost of living expense. There are relationship problems often due to the extreme amount of time that has to be devoted to studies. It takes a lot of dedication and intention to survive the dental school experience.

Then once graduated there are state board exams to take and then continual continuing education courses to maintain the dental license. Then the wet gloved dentist gets to spend his time working in a situation with various degrees of stress. Got to pay the bills, got to fix teeth, got to earn a living.

If you got something to say to dentistry about keeping Bass’ work secret, direct your words to the American Dental Association. Understand that the ADA relies heavy on Dental Corporate America for their funding. From what I can find out less than one half of the ADA’s income comes from the dues of dentist. The majority of the ADA funding comes from Corporate America. The ADA does not pass out their Seal of Approval for free. Dental Corporate America gives a lot of money to the ADA and Dental Corporate America expect the ADA to do as told…and they do.

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After several years of dealing with this knowledge that Bass’ method was definitely the “right” method, and after dealing with the lack of integrity from the dental “authorities” in 1981 I decided to make some public statements. Prior to the late 1970’s advertising was not legal for attorneys, dentist or medical doctors. Some attorneys in Arizona carried the issue to the Supreme Court and it was eventually judged to be legal for attorneys to advertise. This ruling was carried over to dentistry and medicine. What I decided to do was to put some of Dr. Bass’ statements in the newspaper in the form or ads.

Dr. Bass had previously written that “dentists don’t know tooth decay, bleeding gums and even bad breath can be stopped,” and that “There’s probably not a dental college in the country that teaches an adequate course in preventive dentistry.” I put these statements of Bass into the newspaper.

The Oklahoma Dental Board went on the attack. They hauled me into their kangaroo court and called in the experts to prove me (Bass) wrong. Their best “expert witness” was the Dean of the Oklahoma School of Dentistry. The Dean made numerous statements that supported the Dental Board’s position and he made several comments where he made me wrong. However, when the Dean was asked who Dr. Bass was, he didn’t know. The Dean thought that Bass was a dentist. Some “expert.”

Based on my experience in 1981 with organized dentistry’s reaction to my publication of a couple of Bass’ statements regarding Bass’ experiences with the dental community, I can only imagine the upset that will occur when some in the dental community reads all of this.

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If You Want To Be Part of the Establishment, You Cannot Write the Truth…

Yevgenia Albats

This is not the first time someone has attempted to make Bass’ work known. There was a dentist in the late 1960’s who was early 1970’s who was going around the country attempting to teach dentist about Bass’ work. He died in a mysterious plane crash.

This might sound like a big deal being made out of not much. After all, dentistry is a small industry compared to other industries. But there is a bigger picture here. What is going on in dentistry is also why we have wars, why we have so much crime, why we have so many nutritional problems, why we have so many health problems, why we have so many youth problems. This scenario is occurring not only in America but is worldwide. That is, our world problems exist because at an individual level and at a world level, when problem solving we are dealing with symptoms and not dealing with the cause of those symptoms. We have crime because the symptoms of crime are being dealt with and the causes of crime are not being dealt with. The same applies to wars, relationships, health and more. What is going on here is a HUMAN CONDITION… greed, ego, fear, one-upmanship, arrogance and glamour… just to name a few.
When all of us people of the world get in touch with how we have each individually contributed to the creation of these messes, and then we each learn how to individually, personally and internally undo that scenario within each of us that got us there, then we will be able to break thru all of our illusionary beliefs and can then just set all of that learned stuff aside and get back to who each of us really is instead of who we had to become to survive. If the undoing of our learned behavior is not done but instead denied, these scenarios of dealing with symptoms, and not cause, will continue to exist.

What I would hope is that instead of organized dentistry having an upset, they just realize that it is possible for the public to get educated without them and just back off and let it happen. Let the ADA keep on educating dentist and teaching new ways to treat symptoms and just let the “masses” educate the “masses.” I do strongly believe that once and for all, a true, complete and effective course in Dr. Bass’ method should be taught to all dental students so that they can learn how to teach it to their patients, just as Dr. Bass stated.

I would encourage each of you reading this to make everyone you know aware of this information as it isn’t going to come to you thru organized dentistry. This is only going to get out to everyone if everyone (YOU) see to it that everyone you know has access to this information. Don’t count on dentistry to get any of it to you as they have already had a lifetime to do so. I would predict that organized dentistry will strongly attempt to make me (Bass) wrong again as they always have in the past. So work with the TRUE Bass method of oral hygiene care and let you own experience tell you who is right.

What I would also suggest to each of you reading this is that you obtain a copy of Dr. Lott’s book about Dr. Bass that I mentioned earlier. I want you to then read it yourself first, then give it to your personal dentist and sincerely request that it be read.

If your dentist has already explained Bass’ method to you then you need to thank your dentist. But also carry it to the next level and ask your dentist how many times a day it is necessary to brush and floss if you are effective at disorganizing the sulcular bacterial colonization process. The answer should be once a day.

Most dentists and dental hygienist will balk at that concept telling a patient they only have to brush and flossing only once a day. What those dentist and hygienist need to understand is that if you brush 2 or 3 times a day or even 10 times a day using a method that is NOT effective at disorganizing the subgingival bacterial colonization process, then it doesn’t matter how many times a day you brush and floss, because you will ALWAYS have organized colonies of subgingival bacteria. So it is better to effectively get into the sulcus once a day than to not get into the sulcus 2 or 3 times per day.

I do not want you to challenge your dentist regarding Bass and his dental research, instead, give your dentist the space to learn something that was not in the dental education system.

So why has Dental Corporate America, the US Public Health Service and the ADA kept Bass’ work from you? First of all, they clearly know that if Bass’ method was made public and used, the amount of tooth decay and gum disease problems would be very significantly reduced. In my opinion, if organized dentistry had shared Bass treatment back in 1940 when it was first given to them, we would probably need 60 to 75 percent fewer dentist than we now have. Then there would also be less business for all the companies that supply the dentist with the equipment and supplies and laboratory services necessary to treat symptoms. That means the Dental Corporate America, the USPHS and the ADA all would shrink by a comparable percent. This means less employees and less profit. A lot of folks would suffer a financial loss if the
public were effectively educated. To have the integrity that Bass requested would cost the USPHS, the ADA and Dental Corporate America the loss of a significant amount of business (profit). To **you** the “masses” it would mean less dental treatment and less expense, that is, less shots, less drilling and less filling and less root canal treatment, etc.

Let's look at the effect of dental disease reduction as to how it affects Dental Corporate America. There is a lot of expense involved for a dentist to provide dental services. When you go to a dentist for a filling, you are not paying for a “filling.” You are paying for a service. For a dentist to provide that service he/she will incur expenses that are commonly referred to as “overhead expenses.”

For me to “do a filling” requires that I have an office space to work in. Then I need heat and air conditioning, lighting, plumbing, dental instruments and equipment, compressed air, electricity, X-ray equipment, X-ray processing, anesthesia, instruments, various filling materials, dental laboratory fees, a receptionist, a dental assistant and a whole lot of dental supplies. Then there is the business end of the practice, office equipment, phone service, supplies, and taxes.

When you pay for that filling, your money goes to pay for numerous overhead items. The dentist is just a middleman. You give him the money and he turns around and pays his overhead expenses. There are huge dental material and supply manufactures and there are huge dental supply houses, and equipment manufactures and dental laboratories. These corporations make a lot of money providing dentist with their products and services and the money the dentist uses to pay these overhead expenses comes from the fee the patient pays for a “filling.”

If the dentist has fewer symptoms to treat, then the dentist has less income and less overhead expense in certain areas like supplies and lab fees, but then Dental Corporate America will also have less income. Then Dental Corporate America may not be able to pay the lobbyist who are sent to the USPHS and the ADA to convince them to favor Dental Corporate America instead of the public these two organizations are entrusted to serve.

So let's say that if back in 1940 organized dentistry had put out a press release that appeared on the front page in a very large headline of every newspaper in America that stated that a medical doctor had figured out what caused tooth decay and gum disease and that he also had found a treatment that eliminated the cause. What if organized dentistry had then proceeded to immediately teach Bass’ method to the entire dental community and all the masses?

Based on my experiences in 35 years of dentistry I would predict that what would have happened is that the vast majority of Americans would have immediately ceased brushing up-and-down, back-and-forth and circular and begin to hold their soft bristled brush at a 45 degree angle and slipped the bristles into the sulcus and used a very-very short back and forth motion, and when finished, have picked up the floss and slipped it into the sulcus...**ONCE A DAY**...Remember though the ADA writes the reason this announcement has never happened is because it is “too difficult to educate he public” and its “ridiculous” to think otherwise.

Notice that I stated “the vast majority of Americans.” I am not so naïve to think that 100% of the people would immediately start using Bass’ method. However, I do know that my personal experience has shown me that close to 100 % of those I share Bass’ method with do begin using it.
The individuals I teach do have different degrees of effectiveness. When I work with a patient for the first time, when those patients come back for their follow up checkup and cleaning appointment there are a few that I do have to work with, usually on the angle or pressure on the brush for some fine tuning of their skills. But everyone has better oral hygiene care and everyone is cleaner, and has significantly less gum disease and tooth decay. Not everyone uses floss at all or correctly. I have noticed though that over time, more do start to use floss as they fit Bass’ method of oral hygiene care into their daily routine.

However, how many of the masses actually utilize Bass’ method of oral hygiene care and to what degree of effectiveness the masses attain is not at all the main point here. The point here is that the masses have rights. Just as people have the right to not floss or not brush, or to not do it the “RIGHT” way, they also have the right to know about Bass’ work. They have a right to have this information so they can choose for themselves what is appropriate for them. It should be YOUR choice if you want to use Bass’ method of oral hygiene care or some other method. It is your right to choose between using an effective method of oral hygiene or to use an ineffective method. The USPHS, the ADA and Corporate America absolutely do NOT have the right to keep Bass’ work a secret any longer just to protect themselves.

Understand that no matter how much the public relations division of the USPHS and the ADA attempts to convince us that the USPHS and the ADA’s main purpose it to “protect the public,” their number ONE concern is protection of self. The protection of the public is way down on their list of priorities. (Bet that’s got them red-faced)

When someone has knowledge of Bass’ method of oral hygiene care at least they NOW have an opportunity, they have a choice. Prior to becoming knowledgeable of Bass method, there is NOT a choice. Organized dentistry had denied the public their right to have a choice to either use a very effective method of oral hygiene care, OR to not use an effective method.

What I have found is that people tell me that it just doesn’t make sense to keep using an ineffective method several times a day when they can use an effective method once a day and produce significantly better results. This argument from organized dentistry that people don’t care or that people can’t be taught the Bass method doesn’t hold water. That’s called smoke and mirrors. That argument is just a way to attempt to explain away their greed issue and their serious lack of integrity.

The majority of the patients I work with do significantly improve their oral health. Let’s think about what happens when patients CEASES having tooth decay and gum disease problem? For the patient it means fewer shots, less drilling and less filling, less root canals, less crowns, less extractions, less dentures, less implants…and less money they have to spend on dentistry. For Dental Corporate America it means dentist will be spending considerably less money for their supplies, equipment and products, as well as less money for Dental Corporate America to “contribute” (bribe) to the American Dental Association.

As I stated previously, in my opinion, based on my observations, if Bass’ work had been responsibly shared with the public (and the individual practicing dentist) back in 1940, we would probably need about 60-75 % fewer dentist than we have today. That means 60-75 % less money for Dental Corporate America. Considering that dentistry is a multibillion-dollar industry, that’s a big chunk of money for Dental Corporate America to lose. Corporate America will lose a larger chunk of money than will the dentist since the dentist only keeps about 25-30 % of what the fee is. The rest goes to overhead (Dental Corporate America).
The American Dental Association does not get most of its money from the member dentist; they get the majority of its money from Dental Corporate America. Again, the majority of the funding for the ADA does NOT come from the member dentist. Do I need to explain further about whom owns the ADA?

I don’t want to make it sound that the ADA is all-bad. The ADA has very high educational standards for dental schools. The dental schools are very good at teaching dental students how to treat symptoms.

As for the US Public Health Service, they are also owned by Corporate America. When I explain the fluoride fraud you will get the story there.

When I state “owned” that doesn’t mean that Corporate America holds a title to the US Public Health Service or to the ADA. What it means is that there is a very strong business-political and financial connection with the USPHS and the ADA. Corporate America gives a large chunk of money to the ADA and the ADA doesn’t want to do anything that would prompt the removal of it’s funding from Corporate America. There are very strong connections between the USPHS the ADA and the dental schools. They are all intertwined.

The American Dental Association professes to have its goal being to protect the public yet the number one purpose is really survival of self. The ADA is not a governmental entity, and possesses no legal authority. However, it does have a very significant influence on dental schools, state dental boards and dental law. The closest thing I can compare it to is a strong labor union.

Then carry this one step further, there also are strong business-political connections between Corporate America and the FDA and the EPA, etc. The pharmaceutical firms “own” the FDA, if you don’t see that or know that then its time for you to wake up. Corporate America heavily influences the USPHS, the FDA, the ADA, the EPA, and others, to make decisions that heavily favor Corporate America. When I explain the fluoride fraud later this will become clearer. If you want to read more about how the pharmaceutical firms “own” medicine, read a book titled Dirty Medicine, by Martin J Walker, published by Slingshot Publications.

It has been stated that if Dr. Bass had not been the Dean of a prestigious medical school the dental profession would not have given him the time of day. Dr Bass was a world-renowned researcher given awards and acknowledgements from all over the world for his medical research. Dr. Bass’ status could not be ignored. What dentistry did was to refuse to publish Bass’ research findings, but because of Bass’ prestigious position in the medical community he was able to publish his dental research findings in various medical journals. Dentistry could get by with ignoring Dr. Bass but dentistry could not stop Bass’ dental publications in the medical journals. Bass published extensively in the medical journals and those publications were all ignored by dentistry.

What organized dentistry eventually did to get around Bass treatment was to alter Bass’ brushing method and call it the “Modified Bass Method.” What organized dentistry did was to teach placing the brush at that 45 degree angle, but instead of working the bristles down into the sulcus, the individual was instructed to roll the brush up on the lower teeth and to roll the brush down on the upper teeth. When the brush is rolled like that it doesn’t allow the bristles to ever enter the sulcus or in-between the teeth, thus making the method ineffective at disorganizing the sulcular bacterial colonization process. Got to preserve those dental profits…

It doesn’t matter how many times a day you brush using the “Modified Bass” method you will still have tooth decay and gum disease. That means continued symptoms, which mean continued shots, drilling and filling…and profits.
Don’t fall for the “Modified Bass Method” as it is NOT the Bass Method. Dr. Bass did not modify his method of oral hygiene care; organized dentistry provided the modification in order to render the Bass method ineffective so to preserve their profits.

In Dr. Lott’s book about Dr. Bass, Lott writes, “Bass himself shares part of the blame for the profession’s half-hearted acceptance of his teachings. He (Bass) was a researcher, not a marketer. He failed to take into account the egos he would bruise as a medical doctor telling dentists how to practice dentistry.”

I can fully understand this statement of Lott’s. However, since the USPHS and the ADA state their goal to serve and protect the public, shouldn’t they be doing that instead of just looking out for themselves? They are required to be bigger than the egos and fears of their leaders. To keep Bass work secret for all these years exhibits a human problem far bigger than the egos and fears of a few dental leaders. That same behavior is rampant in Corporate America even today...in case you haven’t noticed.

Dr. Bass did not receive anything other than his medical school salary for all of the magnificent work in medical research he did over the years that served humanity. All Bass wanted for his years of research work in dentistry was that he hoped his epitaph would read, “He designed and promoted an effective method of personal oral hygiene.”

How humble...

That’s a pretty simple request considering that Bass devoted about 30 years after his retirement as Dean at age 65 to his dental research as well as for all the frustration and insults he had to experience. Dr. Bass did not do his work for the dollars; he did it to be of service to humanity.

Dr. Bass deserves a sincere apology from dentistry and proper public acknowledgement for his dental research work.

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I as well as Dr. Bass have written that if a person brushes and flosses the “right” way using the “right” kind of brush and floss they can end their tooth decay and gum disease problems. This statement is true, but there are some variables to understand that can affect your degree of success.

First I would have to take into consideration how much active tooth decay and gum disease you currently have in your mouth prior to using the Bass method of oral hygiene care. If you already have tooth decay or gum disease, the question is how much. If your sulcus depths are between 2 to 3 mm deep, then you will probably heal up OK once you have worked with the Bass method for a few weeks. If you sulcus depths are 5 or 6 or 7 mm deep, or deeper, you will probably require some type of gum treatments. Quite often the first treatment needed is referred to as deep scale. This is where the gum tissue is numbed and very small cleaning instruments are inserted into the depth of the gum defect for the purpose of cleaning infected sulcus. What are usually found in the infected deep sulcus defect are bacteria, damaged tooth ligament, pus, tarter and damaged tooth and bone. This is like if you had a deep cut on your hand and it gets infected with bacteria. You have to clean that infected cut in order for it to properly heal. The infected gum
defect is the same. You have got to get that deep sulcular defect (infected wound) cleaned out and then keep it clean in order to get the tooth ligament to reattach to the tooth and bone.

How well the ligament reattaches to the tooth and bone depends on how wide the defect is. By “wide” I mean the distance between the tooth and the bone. A deep narrow defect has a better chance of healing. The wider the defect, the less likely the ligament reattachment will happen. New ligament can grow across a narrow defect but not across a wide defect. For the more severe damage there are treatments that can be done by dentist who are specialist in gum treatments. The more severe the damage to the teeth, gums and bone, the more involved is the treatment and restoration. Too bad you didn’t know about Bass’ method 30, 40 or 50 years ago?

Once the deep scale or other gum treatment is completed, it is mandatory that you keep the sulcus free of organized colonies of bacteria. That’s where you need to be effective with the Bass method to be sure you disorganize the subgingival bacterial colonization process once every 24 hours. If you are not effective, then the bacterial colonization process starts over again and the entire disease process starts over again within 36 hours after any gum treatments are completed.

Often I recommend that patients use a water-pic if the gum defects are deep (4 or 5 millimeters or deeper) or if they are unwilling or unable to learn the flossing skills necessary.

The way a water-pic works is that when the air-water stream is directed perpendicularly between the teeth a vacuum is created that will serve to suck that infection stuff up out of the sulcus defect.

A water-pic is not a substitute for flossing, but it meant to work in conjunction with flossing. If you have a deep gum defect, such as 4 mm or more, you cannot get floss that deep into the defect. You do still need to floss to remove the bacteria from the tooth and the sulcus area you can reach, but you need to use the water-pic to remove deeper interproximal subgingival bacteria from the sulcus.

Another area that tooth decay might occur, no matter how effective you get with your oral hygiene care is on the chewing (occlusal) surfaces of the posterior teeth. The molars and bicuspid have developmental fissures and grooves on the chewing surfaces of those teeth. Those fissures and grooves located on the occlusal (chewing) surfaces of the back teeth are very narrow and often deep. Those fissures and grooves are so narrow that you cannot even get one bristle of your toothbrush into them. However, to a bacterial organism, the grooves are wide openings. Thus, bacteria get into these grooves and go deep into the grooves. This bacterium eventually produces enough acids and enzymes to start decay deep in the groove. If this decay is noticed soon enough, then the decay can be removed and a conservative filling can be placed. If the decay is not noticed or not removed, the decay will progress and as it goes deeper into the groove, eventually the decay will get into the layer under the enamel called dentin. Once the decay gets into the dentin is will spread laterally and will decay faster as the dentin is a softer material than is the enamel.

The only way to prevent decay in these occlusal grooves and fissures is to place sealants. A sealant does not require shots, drilling or filling. To place a sealant first requires keeping the tooth extremely dry, then etching the groove and fissures with a mild acid to clean and microscopically roughen the tooth so the sealant material can be flowed into the grooves. Sealant materials are very similar to the tooth colored filling materials, the sealant is just less viscous, more fluid, more flow, so it will flow into the grooves and harden to seal the groove from bacteria.
Sealants do have a life span of 5 to 10 years depending on how well it was placed in the first place and then what kind of occlusal forces are applied to it. Right now insurance carriers will usually pay for sealants for children less than 16 years of age. In my opinion though, if a sealant wears off, just replace it with a new sealant, as the other choice is to wait for the tooth to decay and then do shots, drilling and fillings. For preventive reasons I do sealants in adults on teeth that have never been decayed and filled. Sealants are not just for children, they are for anyone with deep occlusal grooves.

If you have your molar and bicuspid occlusal grooves sealed, and you don’t have any serious gum disease problems prior to starting with Bass’ method, then you should be able to solve your dental disease problems real close to 100 per cent.

If you have existing gum disease issues you will most likely need a dentist to provide some type of gum treatments and with the “right” oral hygiene care and the “right” kind of toothbrush and floss, you should be able to avoid reoccurring gum troubles.

Bass’ method of oral hygiene care is EXTREMELY effective and the largest variable in the effectiveness is you. Remember, that if you continue to brush up-and-down, back-and-forth or circular, you will continue to have tooth decay and gum disease no matter how many times a day you brush. It’s very simple to master the Bass method; all you have to do is want to and have the intention to do so.

As I have worked on this lengthy paper I have been well aware that I am not a professional writer. My goal has been to write everything that needs to be written in order to effective communicate with you something that has been intentionally withheld from the public as well from most dentists. I am sure that if a professional writer got hold of this and edited this, then this would probably have a better flow to it and would be more organized. For now, that is not my number one goal. My number one goal is to get this information out to as many folks as I can.

I have not copyrighted this writing and I am not asking for any remuneration for this information. Dr. Bass did not charge a fee for his dental research findings and he used his own funds to develop his brush and floss. Bass gave this information freely to the dental profession back in 1940 and trusted organized dentistry to turn around and immediately share it with you. Bass then spent the rest of his life attempting to get dentistry to listen to him. They wouldn’t. Dr. Bass died in 1975 and still never saw his dental research work made public. I am doing this for you and for Bass as organized dentistry still has absolutely no intention to do so. If I have made grammatical errors or didn’t organize as best as my high school English teacher would like to see, please just overlook it and instead, look at what Bass has to offer you. Look at the message, not the messenger.

As I have written, Bass was heavily criticized by dentistry in order for dentistry to keep Bass’ work secret. I am absolutely sure I will be heavily criticized also as I have been before. The difference here is the number of folks reached. In the past I have only presented this to a very limited audience. Now that I have placed this information on the Internet millions around this planet can have access to this information.
I would like to know what you think about all of this after you begin to use the Bass method. I want to know what you think about your oral health improvements as well as what you think about this integrity issue in dentistry. That includes your comments about the actions, or lack of action, of the US Public Health Service and the American Dental Association as well as Corporate America.

Some have told me that they think someone needs to be sued, or punished for withholding this information. I am not after that scenario. What I am after is for all human beings to be aware of all of this so you personally have a choice. You can choose to use an effective method or oral hygiene or you can choose to just continue to use your existing ineffective method of oral hygiene. I am not interested in spending any time attempting to work with or confronting the dental profession any more. That approach hasn’t worked for the last 70 years so why would it work now. Let’s just get this information into the public domain and those that want it can choose it and those who don’t, won’t...and then we can all go on with the other things in life and make your dental problems be significantly less than what they have previously been. As for organized dentistry, they will just have to figure out how to deal with the educated “masses.”

And, maybe I am totally wrong here. Maybe the “masses” really don’t care and really cannot be taught because of the “difficulty.” Maybe organized dentistry is 100 percent correct and I am 100 percent wrong. Back in 1981 it was made real clear to me by the Oklahoma Dental Board that I was 100 percent wrong. Am I?

It now up to each of you to tell others about this writing and to share Bass work with all your family and friends, if you don’t no one else is going to do it for you.

Or, is dentistry right when they state that it’s “ridiculous” to think that the public can be educated.

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Two aliens out in space are looking down on our planet.
The first alien said, “It seems the dominant life-forms on Earth have developed Satellite-based weapons.”
The second alien asked, “Are they an emerging intelligence?”
“I don’t think so,” the first responded. “They have the weapons aimed at themselves.”

– Playboy

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