

DORTE BREDGAARD

Teeth don't lie

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Shared on the following pages are my experiences, my encounters and my truth. Recognizing that the truth is changeable and fleeting. My truth is colored by my life experience and what I have encountered. No matter how alike we are, and how many common experiences we have had, our truth will never be the same. Use that as inspiration.

With love,

Dorte Bredgaard

Foreword

I graduated as a dentist in 1985, and the first few years were amazing. I enjoyed meeting my patients and I enjoyed repairing their teeth. But a slight frustration began to brew in me when I was unable to explain my patients' symptoms. For example, Lone continued to have bleeding gums, even though she did everything I told her to. And Birgitte always got cavities despite her disgust for all things sweet. Or Palle, who had quite serious periodontal disease, but believed he had far better oral hygiene than his girlfriend. I had a fervent desire to help but did not have the answers or methods to solve their problems. And when, as a 35-year-old, I developed two cavities, I became anxious to get to the bottom of all the problems and to really understand what makes them happen.

I discovered just how much our thoughts and feelings influence our dental health. And the importance of expressing our feelings clearly. Teeth don't lie!

It would be ten years before I had formulated some new theories and I could begin testing them on my patients. I tested the waters here and there with those patients who were open to a different approach. Only a few thought it was a hit, because I touched a nerve when I started talking about emotions and dental diseases and asking "how are things going at work?" But I didn't doubt that I was onto something and that my patients would, of course, get used to the idea that there were things in their lives that were having an influence on their teeth, other than their toothbrush habits.

Once I had started on this approach, I couldn't let it go. I am still discovering and learning, and sometimes I get insights so overwhelming yet so logical that I can't help but laugh out loud. Today,

my stated goal is to *sense* teeth and understand the symptoms on a completely different level. It's like a two-dimensional view becoming three-dimensional. I *feel* whether or not something makes sense. It's a very different way of working, but I am grateful for being allowed to explore the marvelous universe of teeth.

Teeth and their diseases

The structure of teeth

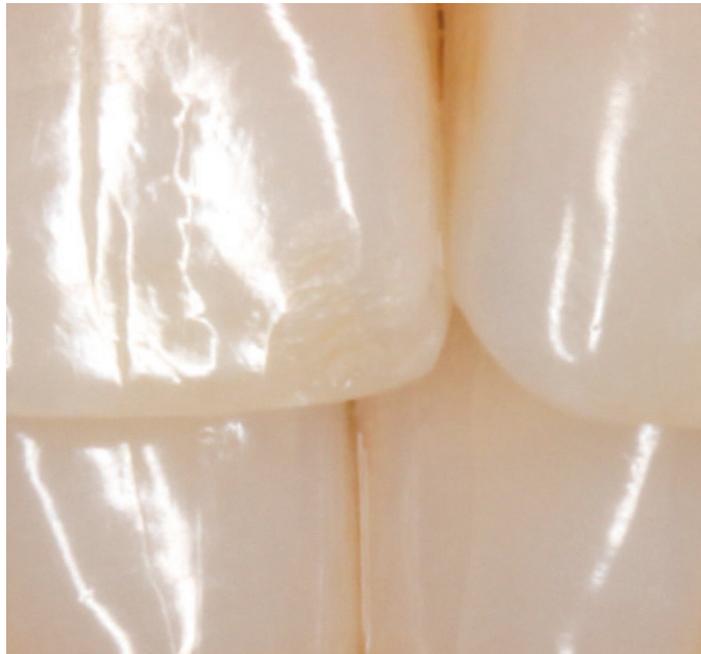
I would like to start by telling you about the structure of teeth. It may sound a little boring, but I think it's important in order to gain a proper understanding of teeth.

Teeth are comprised of several layers. On the outside, we have enamel, which is the strong, translucent surface that covers and protects what is visible in the mouth. The crown of the tooth, as it is so beautifully called.

The enamel consists of prisms and that is why it shines so brilliantly.

The little chip, broken off the surface, gives a sense of the structure of enamel.





Enamel is the hardest material in the body. It's no wonder that dentists need diamond drills to penetrate it.

Enamel protects the tooth, and emotionally it represents our **defenses**.

Below the enamel you will see the dental bone or dentine. The dentine is yellowish or brownish in color and is composed of a much softer material than the enamel. The dentine is scored with numerous small, fluid-filled channels (dentinal tubules), which direct all stimuli into the nerve; i.e. cold, heat, mechanical, and electrical influences affect the flow of fluid and can cause pain.

Emotionally, dentine represents our **essence**.



In the picture, you can see how the enamel covers the teeth and how it has been worn through in this man's case. The yellow dentine is exposed and, due to its softness, is significantly more worn. Therefore, small cavities have formed

The inner layer of the tooth is what we call the nerve – the pulp. The pulp is much more than just a nerve. It consists of connective tissue, which has a rich blood supply and several types of nerve fibers, which detect all the different stimuli. It also contains cells that can be specialized, depending on the different needs.

Pulp is found in the root canal, at the center of the tooth. The root canal forms a large part of young teeth, but one function of the pulp is to form new dentinal tissue, which lines the canal. It is said that the nerves retract, but, in fact, it is more and more hard tissue being formed in the tooth. It is a continuous process that causes the root canal to become narrower and narrower.



In the picture, it is possible to see where the pulp originally came to, as the dentine in the center has a different color and structure. Such great wear and tear causes the pulp to protect itself by retreating to a safer distance from the physical impacts.

A violent blow to a tooth can result in the pulp protecting itself by completely closing off the root canal. This is called obliteration. Such a tooth is very yellow and dense in color. The tooth is not dead, but detects little pain or temperature fluctuations.



This tooth is yellowish = obliterated

A grey tooth is usually a dead tooth.



Clear greyish base color = dead tooth

Emotionally, pulp represents **life energy**. Later in the book, I will address the different areas of life represented by the teeth. Often, once you know what these areas of life are, you gain insight into why life energy is sometimes extinguished in a particular area.

A tooth is divided into its crown and root. The root is surrounded by bone. It doesn't grow attached to the bone but is fixed in place via ligaments, which ensure some flexibility (as opposed to an implant, which is fixed in place into the bone).

The surrounding bone is our **supporting tissue** – also figuratively speaking. I will return to and elaborate on this in the section on periodontal disease.

The bone is covered by the gum, which connects everything. Perhaps also figuratively speaking, but I don't know the full meaning of that yet.

The role of bacteria in disease:

Bacteria are known to create diseases and attack us when we are weak. But is that the truth? In my work, trying to find the causes of dental disease, it has become more and more obvious to me how much responsibility is ours, because we have been behaving inappropriately. I believe more and more that bacteria are *secondary* and that their role is, in fact, about clearing out. Breaking down dead tissue or tissue we ourselves cannot break down. They are our helpers to a greater degree than they are our enemies. They are specialists in breaking down, and even play a vital role in our digestive system, where they work in the intestines. I believe we need to reevaluate our perception of bacteria and stop waging a war against them.

I am becoming increasingly convinced that bacteria don't attack us, but rather have a job they do in cooperation with us – perhaps on an unconscious level. I have experienced this in my own body. Six years ago, my left thumb was torn off in an accident involving a horse and a rope. It happened so fast that I didn't notice until I checked whether something had happened to my hand. When I looked down I saw that *I was missing a finger!* “That can't be my hand, because it's embarrassing to be missing a finger,” was my first thought. I don't know why I thought it was embarrassing, but that was how I reacted. At first, I felt really disgusted by my left hand, and if it had been up to me, they could just as well have cut off my whole hand.

But some friendly bacteria came and started to eat my hand. There were multi-resistant staphylococci that couldn't be killed. It was a good thing, because I then accepted responsibility for the entire process.

The bacteria disappeared the moment I addressed my grief and decided to keep my hand.

This experience gave me an understanding of the interaction between humans and bacteria, or an idea of it at least.

Bacteria and other pathogenic microorganisms accompany disease when we ourselves are feeling self-destructive. Or maybe they simply break down that tissue, which we – for some reason – have shut down.

Therefore, it no longer makes sense for me to talk about immune deficiency.

Dental diseases:

I discovered early on that dental diseases are about communication and emotions and about biting your tongue. I directed my work toward finding the key to each and every symptom or disease in order to create a kind of system. I try to identify the specific emotion that triggers an individual condition, and which may be the key to self-awareness.

I call it “the language of teeth.” I am convinced that all the symptoms of our teeth are intended as either a help or a response to what is happening around us. It is very complex and I am trying to gain an understanding on an overall level. This book is a way for me to pass on my thoughts and insights.

The body believes we are wiser than we are. It believes that we understand the message, when it reflects our challenges.

The body uses blood, pain or breakdown as communication tools. The sight of our own blood is like a red light being turned on. There is a reason why the color red means “danger.” Both in nature and, for example, the oil light in a car. The body’s alarm system is supposed to get us to respond. “Fight or flight,” it says, “because you’re on the way to hurting yourself.”

Pain says: “STOP! You’re going to hurt yourself if you continue that way.”

Breakdown has no symptoms! Only when it has reached a certain level and even then not always. For example, dental caries can break down teeth so much that they become unrecognizable – without giving any signs along the way.



Here is a completely broken down molar, caused by caries that gave no pain

The different diseases/ symptoms:

Sensitive teeth:

Over the years, many of my patients have presented with sensitive teeth. Drinking cold water, or eating ice-cream triggers pain in the teeth. Just breathing with an open mouth can be unbearable when it's cold outside.

An exposed tooth neck is often blamed, but my experience shows that is far from always being the case. You can have an exposed tooth neck without pain and can have pain without having an exposed tooth neck. Rather it is about tension. Tension in the surrounding tissue reduces blood flow, causing the nerve to over-react when exposed to anything cold.

Interestingly, you can have tension in just a single tooth or in just a few. There can also be so much tension that the entire lower mouth or the upper mouth hurts.

Tension arises when you are unsure about whether or not you are good enough or whether or not you can face some of your challenges.

Sometimes pain is brought on by eating hot food or hot drinks. This is caused when there is too much blood flow. It increases the pressure, and as heat causes blood vessels to expand, the pressure increases even more and pain occurs. Increased blood flow occurs when we are in a state of alertness. In a stressed state. Perhaps in response to having to deal with things, which we feel unable to handle appropriately.

“Diagnosis”: sensitive teeth (cold): a lack of self-confidence (local)

“Diagnosis”: sensitive teeth (hot): too great expectations/huge pressure

Recessed gums – toothbrush trauma:

Whatever you call it, it’s the same thing. The gum recedes and exposes some of the root surface. It’s a reaction to not using a toothbrush properly, but if we look behind the condition and seek an explanation for what causes us to not use a toothbrush properly, to brush too hard or too much, we find a basic need for control. Some people have an in-depth need to maintain control in all areas of their lives, and in them you will see that all the teeth are not being brushed “properly.” For others, there is a need to only control some areas, and again it is seen in those teeth whose gums are only a little recessed.

Gitte came to me seeking an explanation for her recessed gums. She was born with a type of hearing loss, but it took several years before her mother noticed it. Her mother thought that she was being naughty when she didn’t listen, and hit her. It is quite logical that such a start in life teaches you to be on the periphery and have a great deal of control.

The interesting thing is that Gitte – and all of us – repeat the pattern, even if the danger has passed and survival is ensured. It sits deep within us.



Another woman, Camilla, aged 31, came to me because she was concerned about her recessed gums. When I told her that it was about a need for control, she was dumbfounded. She had suffered from OCD for 20 years. I always strive to find the root cause, i.e. the exact experience that led to the inappropriate patterns. For Camilla, her need for control occurred when she, aged 7-8, was sexually abused by her older brother. She was close to her mother, but couldn't tell her about it. She felt not only dirty, but dishonest, too. She became more and more withdrawn as time went by. It escalated. Her dentist only made it worse when he explained to her how easy it is to get a hole once you have a recessed gum. It fueled the OCD fire – but not necessarily the truth – and she brushed her teeth even more. Now she had a new explanation that made sense.



Various levels of toothbrushing injuries

Recently, I had a client who reminded me why it is a good idea to let go of excessive control. *So much is lost!* Her need to set the agenda and control situations made my intuition retreat into its shell, and it only dared make an appearance again once she had gone. Not because she had a bad experience – not at all. But she could have gotten so much more out of the consultation?!

That's what happens when we take control. It leaves no room for divine inspiration. It pays off to do something to let go of the pattern. For example, by understanding why it became a kind of protective cloak. Understanding offers the possibility for transformation.

You can have exposed teeth with and without tooth substance loss.



*A clear injury where the gum has receded.
There are furrows in the teeth (tissue loss) of
variable depth*

You can also have toothbrushing injuries in places other than the neck of the tooth. Here is an example of someone who uses force on the enamel/ dental crowns:



The dark areas on the teeth are where the enamel has been brushed away



Here is a deep injury to a single tooth, which has been patched up with composite resin, but there is still localized erosion. Traces of brushing, which have caused surface damage, can be clearly seen on the side of the tooth

I still can't explain why the injuries can be so different – loss of gum, loss of dental bone, or loss of enamel, but I am convinced there is a completely logical explanation.

“Diagnosis”: a need for control

Gum infection/ bleeding gums:

Gum infections occur when we don't brush our teeth well enough and bacterial coatings are allowed to sit along the gum line.

That is the official explanation, but I don't think it is the entire truth.

I remember a patient I had when I was a young general dentist. Lone was a woman in her late twenties. Her gums bled constantly. I showed her how to use tooth picks and dental floss, and she used both diligently. She came more often than every six months, but never saw any improvements to her gums.

I was frustrated. I had learned that gum inflammation comes from bacteria sitting on the teeth, just at the gum line. So why was removing it not helping Lone? She was equally as frustrated.

If bacteria cause inflammation of the gums, why do they only cause disease when they are sitting along the gum line? If the same bacteria are present on the tongue, it doesn't cause any problems. If they are on the cheek, it doesn't matter either. So maybe we dentists have been thinking about this all wrong? If bacteria "attack" when we are self-destructive, what then is the self-destructive element of gum inflammation? Compromising with yourself. Or when we don't express our frustration appropriately. Or ignore it.



Clear coatings along the gum line even though the teeth were just brushed. A mistake? Or designed by the subconscious?

I had a session with John, who is an excellent male complementary therapist. He had clear, severe inflammation of the gums on his front teeth. When we got to the root of it, it turned out that his grandson had a disorder that could be quite easily cured with complementary medicine. The unfortunate thing was that the child's mother was opposed to the whole mindset and was, therefore, closed off to all suggestions. To be witness to all this and not be able to express himself was a huge compromise for John. If he is able to let things evolve without having an emotional stake in it, the "disease" will disappear and his gums will be healthy.



Clear red, and inflamed gums, and clear coatings

I also see the cause as being a “loss of identity.” For example, losing the job that defines you. Or other situations where you are unable to hold on to yourself.

The “treatment” is to become conscious and act on it. Call out the friend who exceeds your limits. Or say “WHATEVER” and *mean* it. Look yourself in the eye – and love what you see.

I have experienced how gum inflammation can disappear like morning dew in the sun, almost from minute to minute when the message is understood. One day, my eldest daughter, Pernille, called me to ask what bleeding gums mean. She was in a phase where the foam she spit out after brushing her teeth was completely red. She immediately understood what was at stake. The amazing thing was that as early as that evening her gums had completely stopped bleeding. Just being conscious of it had changed the state of her gums.

When you become aware of what situation is triggering an emotion and you let its influence go, the disease will stop immediately.



Healthy gums that are pink and tightly bound to the surrounding tissue



Slight gum infection with clear redness along the teeth and light swelling



Moderate to severe gum inflammation with inflamed gums and a bluish-red color. Moreover, clearly visible plaque (bacterial coatings) along the gum line

“Diagnosis”: compromising with yourself

Periodontal disease:

Periodontal disease is a disease that affects and destroys the bone, which holds the teeth. It is most often asymptomatic and discovered by the dentist, who measures the pockets. The pockets are those areas between the teeth and gums, and the depth depends on the bone's health/ presence. Up to 3 mm is normal. 5 mm is per definition periodontal disease. If the periodontal disease doesn't stop, the teeth loosen, and fall out, or have to be extracted when they become more bothersome than beneficial.

Periodontal disease is *not* a natural consequence of gum inflammation – they are two different diseases, and one does not necessarily lead to another: you don't automatically develop periodontal disease from having inflammation of the gums. That is vital to know!

Most often – but not always – periodontal disease is accompanied by gum disease (gingivitis). I remember a patient I had when I was a young dentist. Her gums were completely healthy, and that deceived me so I didn't notice her periodontal disease. Quite serious periodontal disease at that. Only when she presented with a loose wisdom tooth did I notice.

Gum disease occurs in the gum, whereas periodontal disease is a decaying of the tooth's supporting tissue – the bone in which the teeth sit and the ligaments that hold them in place.

That is in full accordance with the psychological momentum (the destructive element) where we *feel a lack of support* from our surroundings.

That feeling of a lack of support can be real, but it can also be triggered by old patterns. It is often difficult to work with people suffering from periodontal disease. It can be very challenging to have to look at your part in a disease. Being a victim can be a safe and well-known role that is not easy to let go of. If you face it, you have to acknowledge that you have to take responsibility and make changes yourself. Perhaps look at what is happening to you and see the message in them, rather than perceive them as a personal attack.

Some people with periodontal disease have a very gentle – even watered down – energy and it is easy to get them to do all kinds of things. Even unreasonable ones.

Others are very experienced – sometimes with an aggressive energy – in their approach to things. They don't necessarily seem like victims, but their teeth don't lie.

I have often experienced people getting angry with me when I have put forth my ideas. Like this woman, who commented on a message on Facebook:

Facebook:

“FUCK this SHIT – I have a bill of [\$2,850] to treat HEREDITARY PERIODONTAL DISEASE that is not recognized in Denmark, despite evidence of hereditariness. This is BULLSHIT”

This poor woman is a victim – both of society and her genes. Self-righteous anger can give some satisfaction.

One insight I have gained is that expressing things snidely is *really* dangerous. You think you are speaking clearly, but as long as the words don't come out of your mouth in a constructive and clear way, they accumulate until there is too much pressure, and a breakdown occurs instead. A client once said to me, "God, my mother was an expert at making side comments. And she had very bad teeth. Now I can see that I'm an expert at it too – the hours I spend on Facebook, giving out, also hurt *me*. I get so sick and tired every time – it makes such sense." She was missing a lot of teeth – she was missing them due to periodontal disease.

It is just as dangerous to be too good a victim as it is to be an aggressive one. Bone erosion reflects the power of the underlying energy. You could say that those words that don't come out of the mouth are instead used as erosive energy.

Periodontal disease can affect anything from just one tooth to the entire set of teeth.

The only way out of the disease is to face where you have not accepted your responsibility. It is essential to become aware that **it is not what happens to us that is dangerous, but rather the way in which we handle it.** I cannot stress that often enough. Being in the role of a victim is an active choice! We always have a choice about how we respond to the challenges that cross our path.