I have been in private practice for almost 37 years. During the course of those years, I have seen and tried so many different things that have been invented, created, touted as the best, most efficient, innovative products ever. Some of those products do not even exist any more, having come and gone by the wayside. One of those has not, and if I had to rate it, it is the #1 product I have ever used - and of course I am referring to the use of Sargenti sealer for root canals. Sargenti sealer invented by Dr. Sargenti has allowed its users to provide root canals for patients that are as painless as any other material. It also allows us to do the procedure without using gutta percha, which many times is the weak link in the whole process. Over the years I have done thousands and thousands of Sargenti root canals, but I’ve had only a handful of those that need to be retreated. I have retreated many failing gutta percha root canals, and after being treated with Sargenti sealer, the patients are pain free.

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35 years ago, I took a course in Kansas City given by Dr. Alvin Arzt and Dr. Joe Venerri on the Sargenti technique. A doctor in Kansas City had recommended I take the course, because he was having so much success with the technique. At the time I took the course, there was an estimated 35,000 doctors in the US using the Sargenti sealer with great reliability.

Today, Sargenti sealer is used by many doctors, but nowhere near as many as there used to be. Many doctors that do use it do it under cover for “fear” of being ostracized. Many quit using Sargenti, because their malpractice insurance carrier won’t cover them if they are sued using it. Many doctors even quit doing endo completely. How can something that was so successful have fallen off the edge of the world and be in such “disfavor”?

What in the world happened?!?!?

Lawsuits! TV! Publicity - bad publicity! It started in the 80’s with a case in Florida that created quite a stir, but the case never went to trial and was settled out of court. TV sensationalized it and the anti-Sargenti people were off and running, fueled by the endodontists and the AAE.

The controversy boils down to a turf war between general dentists and the endodontists who are upset about losing lucrative root canal business to the generalists. In fact,
Of all infections in the mouth and face region half of them come from the teeth and adjacent tissues. Very serious complications can arise unless an adequate treatment is given in time.

Antibiotics should however only be used if there is a general impact or a tendency to dissemination of the infection and on some other special indications. In earlier times such a complication could be fatal. Nowadays people survive thanks to antibiotics that, however, has become increasingly ineffective due to the growing resistens in bacteria to antibiotics.

A big part of the infections come from root canals. In approximately 2/3 of these cases it starts with an inflammation of the pulp either due to caries or tooth crackelation. In this stage bacteria have not reached the apex. The aim of an emergency treatment must be to preserve this freedom of bacteria and of course to free the patient from tooth ache.

Calcium hydroxide which is used by many dentists, as an inlay, is not effective. Some aggressive, disease-bringing bacteria, can survive in the root (D. Örstavik, 2006). Ideal is to clean the entire pulp channel of its content and then complete with a root canal that guarantees permanent freedom of bacteria.

A condition for this seems to be that the root canal is antiseptic for some days. Statistically the result of root canals filled with gutta-percha only or combined with a neutral sealer has not been improved in the last 60 years. The main reason for this is, without question, that bacteria have been left in root canals (Brynolf 1967, Chávez Paz 2003). Another reason may be loose root fillings.

Zinc oxide eugenol has the ability to achieve a dense seal (Å. Möller 1966) and is therefore the main component of many root canal materials. Although eugenol has a certain antiseptic effect this is insufficient. Sargenti realized this and combined the density of zinc oxide eugenol with the considerable, but transient antiseptic effect of a small dose of paraformaldehyde that in body temperature is transformed into the gas formaldehyde.

The gas effectively disinfects the root canal system and it's well tolerated by the body tissues. If the gas gets into the blood stream the body takes care of it and converts it within 90 seconds to the harmless substances carbon dioxide and water (J. Brent 1998). Thus, there is no reason for fear. The daily intake of formaldehyde from ordinary food like fruit, vegetables, meat and milk is about 10 mg. A root canal contains about 2.5 mg that is gone within a week.

Today's N2 gives a very high success rate for pulpitic teeth with vital root pulp (A. Steup 2001, P. Venuti 2013) In a Swedish study (L. Telander 1966) the prognosis for non vital teeth was also shown to be good with N2 similar to today's N2. The result was, however, not quite as good as for vital teeth (L. Telander 1966). This shows that a strong antiseptic effect is crucial.

The latest method of cleaning root canals is to use laser. The canals are efficiently drained of their soft tissue content and up to 99% of the bacteria are removed. Appropriate root filling material is then injected and it fills the canals amazingly well. A concern of importance is that some bacteria could be left. Could a treatment with effective antiseptic solve the problem? New research is missing, but already in 1928 Walkhoff launched an antiseptic solution of Chamforated Phenol that has given promising results with severely infected teeth.

There is no evidence that widely used antiseptics like calcium hydroxide, chlor hexidin or sodium hypochlorite, are effective. In view of the big risk that a remaining infection involves and the growing resistance to antibiotics, the problem of bacteria in root filled teeth should be taken more seriously in dentistry. The Swedish Medical Products Agency's new recommendation is that effective antiseptics should be used in root canal work.

It has been claimed that N2 is too strong because it contains paraformaldehyde. The presumption is fully unjustified as the low dose in question is completely safe. A low dose of formaldehyde is one of the best antiseptic we have for elimination of bacteria in root canals. Research is very urgent. We can no longer trust in antibiotics and we know that infected roots cause not only premature loss of teeth but sometimes also severe health problems.
I, for one, am happy that summer is here. In Tennessee we had the worst winter in many years. I know it was the same for many of you, and hope that you are enjoying the warmer weather.

As your President, I receive several phone calls each month from our colleagues. It usually follows a pattern of “I used to do Sargenti Endodontics, but for some reason I stopped and immediately my success rate decreased and post-operative problems increased. I am interested in starting again and would like to know where I can purchase the material.” I always inquire if they are a member of the American Endodontic Society; if not, I encourage them to join, and will send them a copy of our newsletter with an application.

We all know how successful our technique and material make endodontics. I encourage all of you to recruit a new member from among your friends. A great place for them to learn about us is at our upcoming meeting this October in Chicago. It will be an outstanding meeting, and I encourage all of you to attend (see the advertisement insert with this newsletter). In addition to our own Dr. Joe Steven, Dr. Alvin Arzt and Dr. Mark Troilo, Dr. Barry Musikant, a noted endodontic lecturer and innovator, will speak.

I always look forward to seeing old friends and meeting new dentists who have a curiosity about our technique. I encourage you to make your plans early; during our meeting there is also a medical convention in the city.

Please send Earle, in our Central Office, the names of the pharmacies that you purchase your material from. We are always trying to keep our list up to date.

Proud to be your President,

Michael E. Bowman, DDS, FAGD, MAES, FICD

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**AMERICAN ENDODONTIC SOCIETY**

**2014 ANNUAL MEETING**

The American Endodontic Society’s 2014 Annual Meeting will be held on Friday, October 17 in Chicago. The meeting will be at the Hyatt Hotel from 9:00 - 1:00. The morning session features Dr. Barry Musikant, an endodontist from Manhattan, NY, and developer of the Endo Express Safesider System (see insert). Participating will be Dr. Alvin Arzt, Dr. Joe Steven, and Dr. Mark Troilo. All AES members are invited to attend the Board meeting that will be held in the afternoon.
In April of this year, my wife Margaret, a pediatrician, and I joined a team from Impact Nations (Impactnations.com) on a Journey of Compassion to Africa. Impact Nations goes to several nations, bringing medical care, clean water, providing electricity, better farming methods and many other needed services such as roofs on school buildings.

This was my third visit to Africa. On previous journeys I extracted teeth. I had a plastic chair, headlight, loupes, extraction forceps including Physics forceps and luxators. We had no X-rays or drills to section teeth. We disinfected the instruments with a strong chemical disinfectant and placed them in boiling water. I learned just recently from Dr. Bob Meyer, president of the Christian Dental Society, that using a four-quart, stainless steel, Presto pressure pot with a heating source, is a very efficient way to sterilize instruments in these environments. Bob and his wife Diane have written a couple of books, “Truth, Teeth & Travel” vols 1 and 2 which talk about their trips bringing needed dental care to different parts of the world. I am enjoying reading these books.

On this trip to Africa, I decided I wanted to concentrate more on prevention of dental problems and try to see mainly children. I took along boxes of disposable mirrors, fluoride varnish and silver nitrate. I had never heard of silver nitrate for arresting decay and I graduated back in 1977! Someone sent me the work that Dr. Stephen Duffin has done. (www.mmclibrary.com). Back in the early nineteen hundreds some of the great pioneers of dentistry were using silver nitrate to arrest decay. The use of it fell out of favor in the sixties because it turned teeth dark, but it does not affect healthy enamel. Duffin relates how in his pediatric practice using our current preventive methods he was losing the battle against decay, but when he rediscovered silver nitrate he turned the tide, and the number of surgeries he had to do on children dropped dramatically.

In one town I spoke through an interpreter to all the children in the school about how to prevent dental problems. I wondered as I was talking to them how many of the school children had a toothbrush. I then saw as many children as I could applying silver nitrate to any decayed teeth and fluoride varnish to all teeth. One of the team timed me and found that I would spend an average of seven minutes with each patient. My goal was to see as many children as possible and teach the school nurses how to apply the varnish themselves. We estimated I saw about three hundred patients over the course of five clinics.

In preparing for these trips you need to be spiritually and physically fit. You need to

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Bacteria and Candida Albicans Adheres To Many Popular Root Canal Sealers and to Gutta Percha.

by Alvin H. Arzt, DDS, MAES, AES Treasurer

The September 2011 issue of the Journal of Endodontics, Volume 37, issue 9, pages 1247 – 1252, confirmed that bacteria and Candida albicans adhere to many popular root canal sealers and gutta percha. These sealers are used in conventional root canal, and suggest why conventional root canal treatment on a tooth has such a low success rate as compared to N2 Root Canal Therapy.

Drs. Ali Al-Ahmad, Karl-Thomas Wrbas and their associates at the Dept. of Dentistry and Periodontology at Albert-Ludwigs-University, Freiburg, Germany, did the research paper. It concluded that endodontic microorganisms have a high affinity to root canal filling materials and sealers, especially gutta percha. Because of this high level of bacterial adhesion, this study was focused on subsequent biofilm formation on these materials and suggests that these contaminations could lead to high rate of failure of conventional root canal.

The endodontic materials tested in this study were: AH-Plus, Tubli Seal, gutta percha, Real Seal SE, EndoREZ, Apexit Plus, GuttaFlow and dentine. Fewer bacteria tended to adhere to Apexit Plus, whereas Real Sea SE and the widely used gutta percha showed the highest number of adherent bacteria. Since gutta percha is considered the standard of sealant used in the United States, this puts most conventional techniques at risk of failure.

N2 Root Canal Sealer, which contains 5% paraformaldehyde, and can be used with or without gutta percha, is a universal anti-bacterial, anti-viral agent that destroys any adherent bacteria in the canal, and results in a 98% success rate for root canal treatment. After thorough instrumentation and debridement of the canal(s), why seal the canal(s) with sealers that do not prevent recontamination of the canals and negates the thorough preparation that the dentist has done?

An African Adventure

cont. from page 4

make sure you have all the necessary vaccinations, take medication for malaria, and daily apply sun blocker and insect repellent. Only drink bottled or filtered water and be careful to eat food where you know the source. It was really wonderful to go to homes and give out free water filters and water containers. Many women had to walk some distance to a muddy water hole and carry back the water on their heads. They had to build a fire to boil the water. Now they could collect rainwater, which was cleaner, and run it through the filter and this provided many gallons of safe drinking water.

One town we went to last year had many sick people and our medical clinics were swamped. After we brought in clean water, we noticed a significant drop in the number of sick patients. One of the African church pastors who worked with our team, regularly saw his doctor because he was frequently sick. Now that he is drinking clean water, he doesn't see his doctor any more and is putting on weight!

Impact Nations makes several trips a year to different nations and you can find out about these journeys on their web site. I guarantee that if you go it will be a life changing experience!
at a 1975 AAE meeting, this very thing was discussed so they could stop Sargenti's success. The endodontists won't admit it, but it's a turf war.

Dr. Pat Wahl, an endodontist, called the injury cases "very unfortunate," but says there's no evidence to prove they were caused by Sargenti. "They could have been caused by all kinds of things, like over-treatment," he said. "And some could be made worse by aggressive surgeries." I would like to try Sargenti cement, but I'm concerned about the unfounded hysteria surrounding it and the endodontists and hired guns who are eager to profit from frivolous lawsuits," Dr. Wahl told DrBicuspid.com. "There are no peer-reviewed scientific studies that show Sargenti is more dangerous or less successful than any other sealer."

Cleaning and shaping the canal is more important than the sealer, he said. "It's outrageous that the FDA hasn't approved it". If he were to use it, he's convinced it would work just as well as any other sealer. "Millions of teeth have been saved by Sargenti sealer, and the incredibly low number of adverse events that have been reported is compelling evidence of the material's safety".

The thing that really brings this whole controversy to a point is the fact that all these cases are settled out of court. The anti-Sargenti side has never been able to prove their point, and it's my opinion they don't want to. It is so much easier to settle out of court, and it's been working for them. Until Sargenti users take them to task, they will continue to harass the users of this wonderful material.

Two years ago, the Wichita State basketball team was having an average year, and they were visited by two of their former All-Americans, Antoinne Carr and Xavier McDaniel. They told the team that they had the talent, but needed to “Play Angry”. For those of you who follow NCAA basketball, you know that “Play Angry” has been our motto ever since, and WSU has since been to the Final-4 one year and had an undefeated regular season this year, the first time ever a college team went 34-0.

Well, it's about time we doctors that believe in our hearts in the Sargenti technique start “Playing Angry”. I think I speak from experience, because about 10 years ago, I convinced my insurance carrier to let me defend myself in court and not settle. I believed in the fact that these people need to be stopped in this harassment, and I sincerely believe the reason I won was two fold: 1) I didn't do anything wrong and 2) the prosecutors couldn't prove there was anything wrong with Sargenti. The anti-Sargenti folks settle out of court because they can't prove their claims, and we settle out of court because it's easier. We are playing right into their hands. If you think this was an easy decision on my part, it was far from it - the lawsuit was for 2.8 million dollars. That figure was way above what my insurance would cover, but I sincerely believed in my innocence and in the material.

We have to quit settling out of court. If we truly believe that what we have is worth fighting for, then it's time to prove it. We have been much too passive and that attitude is going to create a world, at least in the United States, where Sargenti will no longer be a choice. Obviously, if you have acted improperly, settling may be in your best interest. But if there hasn't been any malpractice, it has been my experience in my case and the ones I have served as an expert witness for, the Sargenti material can stand on its own.
The ADA released their March 2014 newsletter to General Dentists the findings from the Journal of Endodontics February 2014 issue. The AAE surveyed 786 general practice dentists to identify characteristics associated with referrals to “endodontists”. Other specialties were left out with a minor note that 32% of GPs only referred 10% or less of their patients needing root canal treatment whereas 20% of GPs refer 90 percent of their patients needing other specialties.

The 2012 study tries to reexamine the effects of an endodontist’s characteristics, professional behavior and the role of GP demographics and perceptions on a GPs referral behavior. (Is this CIA surveillance on a GPs behavior?)

The conclusions reached are that referrals to endodontists will increase from GPs if:

• GPs believe that endodontists have excellent skills/expertise.

• Have certain demographic characteristics (for example female GPs are more likely to refer to other specialties rather than endodontists). Do female dentists have a better perception that doing their own endodontics, especially those doing N2 root canal themselves, will be more successful than an endodontist with his/her aging techniques.

• Perceive that the extra cost to a patient is important if that specialty is able to achieve a better success. Results from the New York University Dental report, indicate that conventional root canal only has an 80% success rate.

Some 71% of GPs said they are likely to handle endodontic procedures that are not at all complicated, for example anterior teeth, whereas 19 percent reported a willingness to perform very complicated procedures such as root canal on second or third molars. The many dentists taking seminars with AES learn how doing molar root canal is simple and successful. What is a molar tooth with 4 canals? Nothing more than two premolars fused together.

The majority of GPs surveyed agreed that the following ways are effective to relationship building:

• Referring patients back to the same GP for restorative treatment, (rather than convince the endo patient to go to the endodontist’s crony because that practitioner does great dentistry).

• Timely follow-up of reports and X-rays and making sure patient is having no problems with the root canal a year and two after treatment.

• Patient scheduling accommodation. Getting a patient in pain in for treatment quickly.

It maybe a reason that the AAE has resisted the N2 Dentist so many years, because it is less likely that a dentist using the N2 Technique will refer their patient to an endodontist.
Dear AES Members,

Here is the latest update on the FDA position on N2. There was a recent meeting with AES representatives and the FDA. We are now waiting for a final ruling concerning N2 paste as an endodontic sealer. Hopefully, we will have the FDA ruling before the AES October meeting and seminar. Please consider a donation to the Professional Action Fund to help fund the cost of this effort.

Kim Norman DDS
PAF Chairman

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