

RESEARCH PROPOSAL

INVESTIGATE HOW AN ORGANIC PLANT CAN
ARREST THE ENDEMIC POOR ORAL HEALTH CRISES
BY IMPROVING ORAL HEALTH WITH

NATURES GUM TISSUE REJUVENATION



ORAL TISSUE REJUVENATION

DISEASE PREVENTATIVE

TOOTH REALIGNMENT

DISEASE CURATIVE

NON-ADDICTIVE

ALL-NATURAL

NON-TOXIC

SAFE



CANNABIS ORAL RINSE THAT WILL REMOVE CALCIFIED PLAQUE

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Brief Executive Summary

12/10/2017

The information contained herein is to support the findings of an oral health breakthrough discovery, and, the potential positive impact with enactment of a New Oral Health Care Model based on this remarkable oral health discovery that has the potential to reduce health care costs up to eighty percent by implementing a cannabis based mouth rinse that has disease preventative, disease reversal, and Disease Curative Qualities that has demonstrated it can effectively address the world wide endemic poor oral health crises.

I detail relevant issues pertaining to poor oral health, costs, current thinking, current laws and the affects, best patient health outcomes, an opportunity for Science to document the efficacy of, and for Governments to embrace a new model in oral health care with; A Cannabis based mouth rinse that has demonstrated ability to:

REMOVE CALCIFIED PLAQUE BUILDUP

PREVENT CALCIFIED PLAQUE BUILDUP

ARREST RECEDING GUM TISSUE

REJUVENATE RECEDED GUM TISSUE

ARREST GINGIVITIS

REVERSE GINGIVITIS

PREVENT PERIODONTAL DISEASE

REVERSE EARLY STAGE PERIODONTAL DISEASE

REDUCE TOOTH DECAY

REDUCE TOOTH EXTRACTIONS

By Creating a Healthier Oral Environment

LEGALIZE AND END OPPRESSION TO FREEDOM OF NATURAL CURES

ARESST THE ENDEMIC POOR ORAL HEALTH CRISES

REDUCE ORAL PAIN AND SUFFERING

IMPROVE OUR OVERALL HEALTH

DETAILED EXECUTIVE SUMMARY

12/10/2017

This research proposal offers Science the direction to demonstrate, and, Governments the opportunity to support science and the population it serves in that a cannabis based mouth rinse is safe, and has the potential to Arrest the Underreported Endemic World Wide Oral Health Crises.

Cannabis reform is taking hold, and it should. The endocannabinoid system has been discovered yet true scientific cannabis research is still suppressed to this day, as a result of over 80 years of oppression the general population suffers endocannabinoid deficiency, which based on the evidence from my investigations I believe to be a major contributor to the endemic poor oral health crises.

When considering the true fact that cannabis will rejuvenate receded gum tissue, a tissue known to not rejuvenate, one may begin to theorize how cannabis can help the body heal and rejuvenate tissues that already rejuvenates on its own. Tissue rejuvenation is visual, measurable, repeatable, healthy, and, as such there is nothing slanted, elusive, or questionable about the medicinal qualities of the cannabis plant when it demonstrates its ability in the rejuvenation of lost gum tissue.

A control in all my investigations was "do not change your life style". Smokers continue smoking, and drinkers continue drinking, and daily oral care routines continue as previously done. For all instance of calcified plaque removal and gum tissue rejuvenation the only known varying factor was the addition of a cannabis based mouth rinse.

My experience in cannabis extraction is extensive, and as a result I have technologically advanced several euphoric and non-euphoric proprietary formulations specifically for oral health. The endemic oral health crises and the facts presented herein demand research now, and further research to ascertain the best formulations for a multitude of desired outcomes.

CBD mouthwash have been marketed for years, it is a non-euphoric formulation void of THC, and yet there are no claims of Gum Tissue Rejuvenation or ending the pervasive poor oral health crises.

Non-Euphoric cannabis is an interesting topic from the following perspective. Individuals of tolerance do not get High or Stoned from THC, they do not feel nauseas, and they do not feel sick even when consuming high concentrations of THC. In fact, most

will say that they get positive responses. These positive responses can be distinctive, predictable, manageable, and wide ranging, so much so that an entire paper can be written on formulations and outcomes on this subject alone.

Zero to low tolerance individuals are Endocannabinoid Deficient and as result of their deficiency they will experience a High or Stoned feeling when consuming low doses of THC. As the endocannabinoid system is nourished tolerance to THC builds, and the unwanted side effects are diminished, and when the endocannabinoid system has become healthy the events from consuming THC begin to be more in line with that of drinking a strong cup of coffee, or smoking a cigarette, drinking one to two alcohol beverages of choice, or the feeling one has during or after good sex, or the feeling one has to begin breathing freely after a non-breathing event, and, has been compared to a runners high from release feel good chemicals, who ever said don't drive or operate heavy equipment after running?! For people who have nourished their endocannabinoid system the good feeling those people feel from cannabis is simply that, a good feeling, a healthy feeling of nourishment and satisfaction.

It was only in the last 30 years that chiropractic and acupuncture found its way into mainstream health care here in the USA. I believe the best healthcare system would combine key health services, not separate them. Yet todays health care practice is separation of professions, which I believe separates best health care understanding from best health care practices. A clear example is with hospital emergency rooms that have been heavily burdened with emergency dental related visitors for years, and yet nothing changes, and, poor oral health continues to be a condition that is endemic with no ER treatment other than lancing an abscess and prescribing pain relief.

This trend continues now with Medical Cannabis being separated from mainstream medical professionals who have no formal education in the vast curative medicinal applications of the cannabis genus. Arrests lead to jail and court where the separation in medical best practice is exasperating when Judges can practice medicine without a license and deny people their cannabis medicine while behind bars, or when they post bond - before they are ever convicted of a crime. It is calculated and reported that arrests due to cannabis prohibition cost state and local government (we the tax payers) over 10 Billion USD in 2006.

Court and jail time from the probation of a natural plant, cannabis, that can safely, and, effectively address the endemic poor oral health crises is unacceptable, Again, **True Scientific Cannabis Research is Needed** - so that We the People can live Healthier and be Free of cannabis oppressions.

For over eight decades we the people have been cheated and denied our rights to live a healthier life. In the mid to late 1970's a totally false public service radio announcement ran stating that a marijuana cigarette was far more dangerous than a tobacco cigarette (I believe 20 times the carcinogens was the claim) and more recent news reports by Researchers from Columbia University analyzed data from nearly 2000 adults who participated in the CDC's 2011-2012 National Health and Nutrition Examination Survey, administered in collaboration with the American Academy of Periodontology. Results, published in the Journal of Periodontology, revealed self-reported frequent recreational cannabis users had significantly greater evidence of moderate-to-severe gum disease than less regular users.

This continued misguided focus in science has and continues to give corporate interest prejudiced narrow-minded ammunition to lobby against our freedom of choice between toxic, addictive, deadly synthetic drugs, and, an option of all-Natural, Safe, Healing, Curative Herbal Remedies like those of Cannabis Plants.

We the People - each and everyone one of us no matter our walk of life, if president of the USA, the oldest living person, or the most recent birth, we are all paying for the endemic poor oral health crises and cannabis oppressions with poor health, pain and suffering, loss of freedoms. We pay for this with our tax dollars, and with toxic medications, and the crippling complications they create, and far too often pay with the highest price of all, the loss of precious human life. We have a National Health Care Crisis, it was reported that in the USA 2,400 prescription related deaths occur per week, which as of yet we cannot rejuvenate. **It is further reported that 170 million Americans who take prescription drugs suffer from adverse reactions that annually cause over 81 million adverse reactions resulting in 2.7 million hospitalizations.**

Dentistry is more dangerous than I realized. Texas is one of few States with statistics on Dental procedural related deaths. An 18-month investigation from 2010 to 2015 in Texas detailed 85 dental procedural deaths, and for each patient who died several

were hospitalized. Children and adults are losing their life in a dental chair.

Fluoride is a mutagen, which can cause, or contribute to the development of Cancer, as such it may be far more damaging to our health than it is doing good, a mutagen is not an ideal additive to have in our water supply systems - **especially if you already have cancer**. Children who consume too much city water with fluoride treatment develop tooth deformities and brown spots.

I theorize that the resinous properties in the cannabis based mouth rinse provides a protective coating that seals the teeth adding integrity that will prevent plaque buildup, protect against bacterial acid invasion, and that the toxic mutagen fluoride can be removed from our drinking water and all other oral health care products.

Cannabis has yet to be linked to a single death in all of recorded history. However, it could very well be that untold hundreds of millions of deaths may have been premature and one day be linked poor oral health and endocannabinoid deficiencies.

A major scientific component missing in cannabis study is clear and convincing evidence of cannabis based products efficacy in human health benefits. Within the parameter of clear and convincing this study proposal offers Governments and the scientific community the direction and opportunity to document with clear and convincing evidence, the medicinal efficacy relating to oral health with **Visual, Measurable, Repeatable, Curative Results** for several chronic oral health conditions currently without an effective preventative oral care routine, **and no cures.**

My dentist told me he just recently (Nov 2017) had a root canal procedure is an example of how ineffective the current oral care model is. Provided a cannabis based mouth rinse can increase the quality of life with better oral health in the prevention of calcified plaques, and or the removal of calcified plaques, provided it can arrest and reverse gingivitis, provided it can arrest and reverse receded gum tissue, then one might theorize that a cannabis based mouth rinse can prevent periodontal disease, gingivitis, receding gum tissue, calcified plaque buildup, and tooth decay, thus creating a healthy oral environment saving teeth which can extend life, prevent untold suffering, and save governments, business, and, the general population billions of dollars annually.

Apparently exact statistics of tooth extraction are not available however it is reported that experts estimate over 20 million teeth are extracted each year in the United States.

From the CDC web site 47.2% of adults aged 30 years and older have some form of periodontal disease. According to The American Association of Endodontists more than 15 million root canals are performed annually, and, more than 41,000 root canals are performed each day.

Pinhole surgery grafting tissue is the option offered for gum tissue regeneration because modern medicine, dentistry, nor science believes it possible to rejuvenate lost gum tissue and state it clearly. And yet this is completely false, the facts are that Gum Tissue Rejuvenation is not only possible it is Repeatable, Visual, Measurable, documented in antidotal investigations, and claimed in a USPTO patent application. However, **it is Federally Illegal to ARREST THE ENDEMIC Poor ORAL HEALTH CRISES in the United Stated**, and here in Michigan a State with a Medical Marijuana Program it is illegal for me to help more than 5 people with cannabis as I was made a criminal for my role in Medicinal Cannabis.

To add insult to injury, the medical community is so closed off that my two unaffiliated dentists (1 in Northern Michigan and 1 in Lower Michigan) refuse to reevaluate their patient's oral health and have a discussion related to oral health and cannabis, and one stated in writing that it was a waste of the staff's time and that it will not be discussed. WHY? Most likely because they are afraid of how their tax dollars and the system those dollars support can be used against their freedoms for doing so. In refusing to look at or talk about oral health with cannabis in the midst of a prolific worldwide oral health crises due to fear of government oppression they fail in their duty as medical professionals. **True Science** is needed to expose the medicinal value of cannabis so that medical professionals can practice NATURAL ORGANIC medicine without fear! And **We The People can Live Healthier and Free Of This Unjust Oppression.**

I understand the fear these medical professionals face, it was a frightening experience having my home and business raided, to have my business shut down, my cash, vehicles, and, guns seized, bank accounts frozen, passport taken, to be arrested, handcuffed, and to be facing multiple 20-year charges with the possibility of spending the remainder of my life in prison, the court proceedings, and an immediate need for expensive legal defense counsel after being stripped of assets and put out of business is truly frightening, so I do understand. And in my

case, for years now I have been dealing with the added moral and civic responsibility of exposing the hidden treasure of a remarkable oral health discovery that can end the endemic poor oral health crises, and the whole time be restricted in advancement of my discovery while living in fear of Government - in the USA - every day, simply because I want to be healthy and free to do so.

I know I'm not alone in this, **the majority of Americans want cannabis prohibition to end,** and I'm working very hard to see that it does. I have put forth a pronounced effort to highlight the issues as there are restrictive complications in this medical/scientific matter ranging from best Health Care Practices to best Patient Outcomes, to Freedoms, the need to access Scientific Research, Oppressions, and the opportunity presented herein for government to aggressively address the Endemic Oral Health Crises, to support the population it serves by endorsing and financing clinical trials that will scientifically demonstrate the curative efficacy of cannabis in oral health, and end the Oppressive Cannabis Prohibition that is Destroying Our Health, Systematically Imprisoning our peers, is deadly, and devastating to the Fabric of Our Society.

BACKGROUND & SIGNIFIGANCE

USA Science

According to the U.S. National Library of Medicine, it's just not possible for the gums to grow back. (1)

Regeneration of gum tissue done by grafting is the only option currently available to restore receded gum tissue, this is a pinhole surgical technique that can restore gum tissue over exposed roots. (5) Gum disease affects most American adults, and scientific research continues to link poor oral health to many other health problems. According to the CDC during 2009-2010, approximately 47% of adults aged 30 years in the United States (approximately 65 million adults) have periodontitis. (2)

Science has yet to understand a plant that has been used medicinally for over 10,000 years, was part of American Pharmacopeia until the 1930's. And the United States Government was granted USPTO Cannabis Patent for neuro protectant. In the age of advanced space stations with science labs, we have yet to document the beneficial healing qualities of cannabis in oral health because scientific research is suppressed, and the plant is outlawed. As such most research in the USA appears to be observational based on antidotal information, largely related to smoking cannabis, effects of medibles, social behavior, and risks, and to often misguided and not truly science based.

The American Dental Association's Health Policy Institute analyzed key aspects of the oral health care system in all 50 states and included the following in the report- As stated by a former U.S. surgeon general: "You can't be healthy without good oral health." (10)

There is scientific evidence that poor oral health relates to development of chronic health conditions of the body. Periodontitis may affect a number of systemic diseases. (30)

CONCLUSION: Painful costly chronic oral health diseases have maintained endemic proportions in the USA for decades, a safe natural curative restorative solution has yet to be scientifically demonstrated, most likely due to oppressions and suppressions of true unbiased neutral scientific cannabis research.

Medicine

Injury can be painful, oral diseases are injuries of the body that can be intensely painful. **Cures are needed.** Managing pain verses curing the cause has led to untold suffering and far too much death. Demand for data on drug overdose deaths, and on drug overdoses generally is now so great that the CDC is making raw data on these subjects available to the public. (26) Each day, according to the Centers for Disease Control and Prevention, 91 Americans die from drug overdoses specifically due to opioids. And another 50 Americans die from non-opioid related overdose.

It was reported that between 2004 and 2005 when excluding self-harm, abuse and recreational drug use that an estimated 71,000 children were seen in emergency rooms annually because of medication overdose. (28)

It was reported that in the USA 2,400 prescription related deaths occur per week and that 170 million Americans who take prescription drugs suffer from adverse reactions that annually cause over 81 million adverse reactions resulting in 2.7 million hospitalizations. (13) As a comparison 58,000 US soldiers died in the Vietnam War. (27)

An 18-month investigation revealed that from 2010 to 2015 Texas reported 85 dental procedural deaths, and for every Texas patient who died many more were hospitalized. Children and adults are losing their life in a dental chair. (3) Dental office death records are not available in most States.

Fifteen percent of adults over 65 have lost their natural teeth to poor oral health. (6) Almost half of all visits to the emergency room for oral conditions are for cavities, additionally abscesses, tooth removal, and gingivitis, all of which are painful conditions. Hospitals are not equipped for emergency dental services, and prescribe pain medication.

Data were analyzed from 1999 to 2002 by State health agencies with assistance from the Centers for Disease Control and Prevention to examine the association between tooth loss and heart disease. A significant association was observed between the extent of tooth loss and heart disease prevalence. (24) Incidences of life threatening cardiovascular disease may be reduced with good oral health.

In my home state of Michigan reportedly there were over 1,000 hospitalizations in the year 2011 for preventable dental

conditions alone. Costs identified totaling \$57.5 million in hospital charges, and \$15.4 million in payments annually are incurred in addition to existing private, state, and local programs to provide dental care to the uninsured. (7)

100 percent of root canal teeth harbor bacteria, dead teeth cannot cleanse the bacteria from the tubules. Untreated and treated dead teeth can cause many other symptoms and diseases. The tubules in a root canal tooth or any dead tooth can no longer be cleansed of bacteria by the tooth. (37)

Cannabis has yet to be linked to a death despite its prolific use for over 10,000 years. (all sources) Tolerance develops to most of the THC effects. (22)

According to the National Toxicology Program laboratory studies indicates that Fluoride is a mutagen, which can cause, or contribute to the development of Cancer. (29) The Fluoride Action Network has filed a complaint and is suing the Federal Government to remove Fluoride from our water supplies. (49)

CONCLUSION: Hospital emergency rooms are burdened by endemic painful chronic oral diseases that they do not treat, they prescribe pain medication, prolonging treatment, potentially adding to the opioid death toll.

A safe disease curative disease preventative cannabis based mouth rinse for the most common oral diseases would ease the burden placed on doctors and hospitals, for conditions they currently do not treat, saving considerable costs, greatly reducing pain and suffering to the population.

COSTS IN DOLLARS

In 2015, U.S. health care spending hits \$3.2 trillion. Spending for dental services increased 4.2 percent in 2015 to \$117.5 billion. (11)

In 2006, Cannabis arrests cost state and local government over 10 billion USD. (9)

Cannabis prohibition costs state and federal government as much as \$20 billion a year. (33)

A direct financial cost to the population according to annual data in the DEA's asset forfeitures in cannabis eradication efforts reached 51 million dollars. (16) This statistic is only a portion of the cost to the oppressed, as no doubt legal fees and loss of freedom come into play.

CONCLUSION: Legalization and Implementation of a Disease Preventive, Disease Curing cannabis based mouth rinse would greatly reduce oral health expenditures.

The legalization of Cannabis would partially restore our constitutional rights of life liberty and the Pursuit of Happiness. Greatly reduce law enforcement costs and free up time for law enforcement that can be used to protect and serve the people.

SHORTAGES IN DENTAL CARE

According to a report issued by the Health and Services Administration, an agency of the U.S. Department of Health Resources and Services Administration forecast that all 50 states will have a shortage of dental professionals, and predicts that by 2025 a national shortage of dentist to be approximately 16,000. Over 46 million people in the USA live in areas with a shortage of dental health professionals. (41, 42)

Some areas have adequate supply of dental professionals, other areas have major shortages. The US Department of Health and Human Services publishes reports on Health Professional Shortage Areas in local municipalities and regions where the count of healthcare professionals does not meet the government's standard. (44)

As reported in the Washington Post the divide between the wealthy and poor grows in the United States. Americans spend over \$1 billion annually to make their teeth whiter while millions of Americans rely on charity clinics. Unable to afford dental services many just have their teeth pulled. It is reported that 1 in 5 Americans older than 65 do not have one tooth. A considerable number of people hold steady jobs yet have no dental insurance. (43)

Conclusion: An effective curative restorative and disease preventative mouth rinse could help overcome the shortage of available dental care providers.

COSTS OF OPPRESSION

Ms. Bortell is a 12-year-old cannabis refugee suing the United States Government, and her story is significant in that her situation is not uncommon, her loss of freedom to movement across the country because Federal and State law forbid her to have access to the only treatment that is effective in preventing her seizures, she cannot visit her family in Texas and use her remarkable life changing, life enhancing cannabis treatment in Texas. When doctors in Texas last option was to suggest an experimental lobotomy, her parents moved to a State where she can use cannabis rather than removing a portion of their daughter's brain. Ms. Bortell is now over two years seizure-free and said it's helped her do well in school. (14) She is suing the United States Government to repeal cannabis prohibition. (35)

Families are burdened, employers are shorthanded, and lives are destroyed when people are oppressed for cannabis. In a recent Gallup poll 64 percent of Americans support legalization of cannabis. (36)

Private prison corporations make millions by incarcerating people for drug crimes. Corrections Corporation of America reportedly one of the largest for-profit prison revealed in a regulatory filing that continuing the drug war is important to their business planning. Prison companies have spent millions financing pro-drug war politicians and hide behind front groups that push to pass stiff sentencing for drug crimes. (18)

Pharmaceutical companies would keep marijuana illegal to restrict Americans the option of low cost natural curative medical options. (18)

No one should be hassled, harassed, stopped, questioned, detained, bothered, subjected to search, arrested, jailed or imprisoned for any amount of cannabis. No one should be denied their constitutional rights to Life Liberty and the Pursuit of Happiness to include good health and access to healthy natural plants.

ALL UNJUST OPPRESSIONS MUST END - OPPRESSION OF HEALTH AND FREEDOM FROM ANY NATURAL PLANT IS UNACCEPTABLE IN OUR COUNTRY. The following page lists the charges filed against me and the COURT outcome, yet falls far short of detailing the oppressions I have endured.

Original - Court
 1st copy - Jail
 2nd copy - Michigan State Police CJIC
 3rd copy - Defendant
 4th copy - Prosecutor
 5th copy - Gun board (if needed) PAGE 1

Approved, SCAO

STATE OF MICHIGAN
 46TH JUDICIAL CIRCUIT
 KALKASKA COUNTY

JUDGMENT OF SENTENCE
 COMMITMENT TO JAIL

CASE NO.
 16-003926-FH-A

ORI MI-400025J Court Address 605 N. BIRCH STREET KALKASKA, MI 49646 Court Telephone no. 231-258-3300

Police Report No.

THE PEOPLE OF The State of Michigan

Defendant name, address, and telephone no.
 ETHAN D DEAN
 1689 COOL RD SE
 KALKASKA, MI 49646

CTN/TCN 401600023801 SID SID SID DOB 7/05/58

THE COURT FINDS:

1. Defendant was found guilty on 8/15/16 of the crime(s) as stated below:
 Date

Count	CONVICTED BY Plea: Court: Jury	DISMISSED BY*	CRIME	CHARGE CODE(S) MCL citation/PACC code
1		NP	CRIMINAL ENTERPRISES - CO	750.159I4-A
2		NP	CRIMINAL ENTERPRIS-RACKET	750.159I3
3		NP	CONTROLLED SUB-DELIVER	333.74012D11
4		NP	SUBSTANCE-DEL/MANUF MARIJ	333.74012D3
5		NP	SUBSTANCE-DEL/MANUF MARIJ	333.74012D3
6		NP	FELONY FIREARMS	750.227B-A
7	G		CS-MAINTAINING DRUG HOUSE	333.7405D

*Insert "G" for guilty plea, "NC" for nolo contendere, or "MI" for guilty but mentally ill, "D" for dismissed by court, or "NP" for dismissed by prosecutor/plaintiff.

2. Defendant represented by an attorney: ISLES, SCOTT A.
 advised of right to counsel and appointed counsel and knowingly, intelligently, and voluntarily waived that right.
3. Conviction reportable to Secretary of State.
 Defendant's driver's license number is _____.
4. Sanctions reportable to State Police. Revoked. Suspended _____ days. Restricted _____ days.
5. HIV testing and sex offender registration are completed.
6. Defendant has been fingerprinted according to MCL 28.243.
7. A DNA sample is already on file with the Michigan State Police from a previous case. No assessment is required.

IT IS ORDERED:

8. Probation is revoked.
9. Deferred status is revoked. HYTA status is revoked.
10. Defendant is sentenced to jail as follows: Report at _____ m.

Count	Date Sentence Begins	Sentenced		Credited		To Be Served		Release Authorized for the Following Purpose		Release Period	
		Mos.	Days	Mos.	Days	Mos.	Days			From	To
								<input type="checkbox"/> Upon payment of fine/costs			
								<input type="checkbox"/> To work or seek work.....			
								<input type="checkbox"/> For attendance at school..			
								<input type="checkbox"/> For medical treatment.....			
								<input type="checkbox"/> Other _____			

11. Defendant shall pay:
 \$225.00 RESTITUTION
 \$68.00 STATE MINIMUM COSTS
 \$2500.00 FINES
 \$130.00 CRIME VICTIM RIGHTS
 \$3308.00 TOTAL
 \$60.00 DNA ASSESSMENT FEE
 \$325.00 CUNNINGHAM COURT COSTS
 \$3308.00 BALANCE

The due date for payment is 9/19/16. Fine, costs, and fees not paid within 56 days of the due date are subject to a 20% late penalty on the amount owed. ~~Only the fine and~~

FILED
 KALKASKA COUNTY CLERK
 SEP 22 2016
 SEE NEXT PAGE

MCL 765.15(2), MCL 769.1k, MCL 769.16a, MCL 775.22, MCL 780.766, MCL 780.826, MCR 6.427
 MC 219 (6/15) JUDGMENT OF SENTENCE/COMMITMENT TO JAIL

CONCLUSION: The majority of Americans oppose cannabis oppres-
 sions. Cannabis prohibition is supported with lobbying efforts
 of Big Pharma, Police Unions, Private Prisons, Alcohol, and To-
 bacco Industries out of self-preservation of profits, and not in
 the interest of the general population as clearly Officer King
 of the Travers Narcotic Team (TNT) would rather see me Imprisoned
 and **I live in fear of oppressions in the USA every day.**

TISSUE REJUVENATION

Provided cannabis can rejuvenate gum tissue it should offer hope in rejuvenation of other human tissues that are problematic in healing and should lead researchers to explore the possibility of aiding healing form surgery, and explore nerve tissue rejuvenation and connectivity so the blind can see, and the crippled can move freely.

There have been significant advancements in understanding of the human body, and yet poor oral health appears to be considered a fact of life, has not been declared a public health priority.

Many Cannabis formulations demonstrates Tissue Rejuvenation. Based on years of personal and observational experiences the enhanced healing abilities of cannabis are far reaching for many conditions to include; Cuts, Scrapes, Abrasions, Torn tissues, 1st and 2nd Degree Burns, Infections, Insect bites, Acne, ringworm and more.

When a welder inhales a red-hot ember into his mouth or to the throat (I know a welder with this experience) what can he do about it? When restaurant cooks, and many other occupational and personal incidents of a burn occur they are painful, have a high potential for infection, and can be slow healing.

In an investigation of Cannabis and Oral Health also offers an opportunity to evaluate the tissue healing qualities of cannabis for several tissue healing conditions. In recruiting cohort's cooks, welders, mechanics, firefighters and others with a propensity of incurring 1st and 2nd degree burns would be ideal candidates for both high and low tolerance individuals. High tolerance individuals also offer opportunity in recruitment to investigate efficacy with conditions of Irritable Bowel, Crohns Disease, and, Enlarged Prostrate.

Conclusion: Tissue rejuvenation is critical to healing. Rejuvenation of gum tissue with cannabis offers new insights to human healing and rejuvenation. This new knowledge opens the conversation of a potential to improve healing of many conditions, including nerve rejuvenation.

TOLERANCE TO THC

I read a report that a Duke University medical professor claims that many cannabis studies are double-blind trials, but when feeling 'high' tips off participants in studies using THC - the results become skewed.

This research proposal bypasses the issues of skewed results based on feeling the euphoria as our results are tissue healing with tissue rejuvenation that is **Visual, Measurable, Repeatable, and Curative.** Tolerance to the effect of THC are greatly misunderstood, and I suggest that tolerance to THC should be categorized.

Smoking or vaporizing cannabis will not satisfy deficiency of the endocannabinoid system. Daily consumption of edibles in most all cases will not satisfy the deficiency of the endocannabinoid system.

Zero to low tolerance individuals are severely Endocannabinoid Deficient and the result of the deficiency they will experience a High or Stoned feeling when consuming extremely low doses THC.

As the endocannabinoid system is nourished the tolerance builds. The process of building a healthy Endocannabinoid takes time, concentrated THC dosing over a period of 90 days will greatly strengthen, yet, may not completely satisfy the system. The time to create a healthy endocannabinoid system with full tolerance to THC may take six months to a year depending on an intake program.

Tolerance develops to most of the THC effects, causing alterations in endocannabinoid formation and contents in the brain. In a 30-day study, volunteers, who received daily doses of 210 mg oral THC, developed tolerance to cognitive and psychomotor impairment and to the psychological high by the end of the study. After a few days an increased heart rate was replaced by a normal or a slowed heart rate. Tolerance develops also to orthostatic hypotension. (22)

The existence and the intensity of possible long-term adverse effects on psyche and cognition, immune system, fertility and pregnancy remain controversial. They are reported to be low in humans and do not preclude legitimate therapeutic use of cannabis-based drugs. Properties of cannabis that might be of therapeutic use include analgesia, muscle relaxation,

immunosuppression, sedation, improvement of mood, stimulation of appetite, antiemesis, lowering of intraocular pressure, bronchodilation, neuroprotection and induction of apoptosis in cancer cells. (23)

Reported by Scientific American, German researchers have shown the brain's endocannabinoid system affected by THC may also play a role in producing runner's high. (46)

Recent findings show that exercise increases serum concentrations of endocannabinoids. (47)

Cannabinoids produce states that closely parallel several experiences described as being related to the runner's high. Activation of the endocannabinoid system also produces sedation, anxiety, a sense of wellbeing, reduced attentional capacity, impaired working memory ability, and difficulty in time estimation. This behavioral profile is similar to experiences reported by long distance runners. A significant upregulation of serum concentrations of endocannabinoids has recently been reported in endurance athletes. (47)

Greg Rueschegger lead author of the study said highly active rats would run on their wheels constantly and when examined the brains of all the rats postmortem, they found 400 percent more reward receptors in the active rats, and less in the extremely lazy rats. This indicates that the extremely active rats were able to experience the rewards of runner's high which may explain why they voluntarily ran so much. The same could be true in humans. (48)

Conclusion: Tolerance to TCH develops relatively quickly.

BACKGROUND & SIGNIFIGANCE

CANADA

A Vision of the Canadian Academy of Health Sciences panel envisages equity in access to oral health care for all people living in Canada, and recommended to establish appropriate standards of preventive and restorative oral health care to which all people living in Canada should have reasonable access. (32)

Although health care is a right of citizenship, severe inequities in oral health and access to care persist. Information on the financing, organization and delivery of oral health services in Canada indicates that dental care has largely fallen out of consideration as health care. The increasing costs of dental insurance and disparities in oral health and access to care threaten the system's sustainability. One of the first steps would be to establish new models for the delivery of preventive measures and care that reach out to those who do not now enjoy access. (31)

About 1 in every 5 people in Canada avoids visiting a dentist because they cannot afford the cost, according to a 2014 report by the Canadian Academy of Health Sciences. In Ontario, the College of Dental Hygienists estimates that between two and three million people have not seen a dentist in the past year, mainly due to the cost. (45)

Every 9 minutes someone goes to an ER in Ontario because of dental pain Across the province in 2015 there were almost 61,000 visits to hospital Emergency Rooms for oral health problems. The most common complaints were abscesses and dental pain. This is evidence that many people are using costly acute care ER for dental problems because they cannot afford dental treatment. However, at the ER, people can only get painkillers, not treatment to solve the problem. So many will return to ER. Research found that more people visit the ER for dental problems than for diabetes problems. (45)

At a minimum of \$513 per visit, the estimated cost for dental complaint visits to ERs in Ontario was at least \$31 million in 2015. The high cost of private dentistry, the limitations of employer dental benefits and the lack of public oral health

programs mean that many people do not visit a dentist or dental hygienist. (45)

Every 3 minutes someone goes to a doctor's office in Ontario because of dental problems in 2014, there were almost 222,000 visits for dental complaints. But physicians are not trained to deal with diseases affecting teeth and gums so they cannot provide treatment. At a minimum cost to OHIP of \$33.70 per visit, the total estimated annual cost to the system was at least \$7.5million, with no effective treatment provided. (45)

Yet lack of access to affordable oral health care is costing taxpayers at least \$38 million per year -- without offering effective treatment for people's dental problems. (45)

Reasons for visits: disease of oral cavity. Most common complaint: abscess, toothache. (45)

CONCLUSION: A mouth rinse that has disease preventative, restorative, and disease curative qualities can save the Ontario population the pain and suffering related to poor oral health and provide relief to doctors up to 200,000 office visits annually, and hospital ER from 61,000 emergency visits for oral health conditions that they do not treat.

BACKGROUND & SIGNIFIGANCE

NSW

On 15 December 2016, the Australian Government announced that it will provide total funding of \$320 million over three years through National Partnership Agreements to continue to assist states to provide public dental services to adults. (21)

The National Oral Health Plan provides strategic direction to strengthen the national oral system and reduce the burden of oral disease. (22)

In 2015-16, private health insurers paid \$2.5 billion for dental services. Insurers pay more benefits for dental services than any other type of general treatment. (20)

The National Partnership Agreement on Adult Public Dental Services provided the states and territories \$155 million during 2015-16 for additional services to around 178,000 adult public dental patients.

CONCLUSION: A safe disease curative, disease preventative cannabis mouth rinse for the most common oral diseases could effectively address the chronic endemic poor oral health crises which can greatly ease the financial burden placed on the Australian Government, and improve the quality of life for the Australian population.

SUMMARY

Cannabis is medicinal and We the People suffer unjust oppressions supported by Government through law enforcement based on false science.

A mutagen is forced on the population through municipal water supply systems and oral care products based on false science in the face of true science.

In the modern-day time of artificial intelligence - Space Stations with Science Labs, high speed communications, and an advanced intellectual society our greatest minds do not understand a plant that has been used medicinally for over 10,000 years and fail to understand the remarkable healing qualities of cannabis.

Plaque removal and gum tissue rejuvenation with cannabis based mouth rinse demonstrates the ability to greatly enhance oral health.

The current model of prevention of tooth decay is failing the population at great expense.

Good oral health is extremely important to good overall health and for quality of life. Poor oral health creates many chronic conditions that can be extremely painful and leads to other poor health outcomes in the form of other chronic conditions and diseases.

Provided that a safe and curative cannabis based oral rinse treatment can greatly enhance oral health and the quality of life while simultaneously reducing oral health care cost it should be considered to be medicinal, useful, valuable, and should be legal and available to the general population.

The implementation of an effective cannabis based mouth rinse can reduce oral health costs by as much as eighty percent (80%) or more, arrest the endemic poor oral health crises, improving the overall health of the population, reducing sick days, creating a more productive population and workforce that can enjoy a better quality of life, spending less time with health care professionals, and smiling more 😊.

SPECIFIC STUDY AIMS

Evaluation in efficacy of reducing bad bacteria, removal of calcified plaques, prevention of calcified plaque buildup, reversal of gingivitis, rejuvenation of receded gum tissue.

- **Oral Bacteria Culture**

- A pre-trial sample evaluation
- A post-trial sample evaluation

Anticipated results: Reduction in bad bacteria creating a healthier oral environment.

All cohorts can participate in an oral culture evaluation prior to beginning use of the study mouth rinse, and then be reevaluated near the conclusion of the study, the two samples can then be compared and evaluated.

Note: The Two Most Common Harmful Oral Bacteria *Streptococcus mutans* is the main cause of tooth decay in humans. *Porphyromonas* has been strongly linked to periodontitis.

- **Pocket Depth Reading**

- Pre-trial evaluation using standard ADA approved measuring tools and recording practice or equivalents.
- Post-trial evaluation using standard ADA measuring tools and recording practice or equivalents.
 - It is recommended when possible that the pre, and, post study pocket depth evaluations be conducted by the same person. This is a measurement that encompasses feel, in other words one may use more or less pressure than the other.

Anticipated results: Pretreatment readings of 1's and 2's are anticipated to remain the same or improve to 1's. Pretreatment readings of 3's, 4's, 5's, are expected to show improved conditions. Pretreatment reading of 6's and 7's may have underlying conditions such as an abscess, dead nerve, an undiagnosed dead tooth or other condition that may need to be addressed.

Note: Plaque releasing below the gum line can temporally increase a pocket depth reading.

Note: Rejuvenation of new gum tissue that may not have yet seated tightly to a tooth can temporally increase a pocket depth reading.

All cohorts can participate in a pocket depth evaluation prior to beginning use of the study mouth rinse, and then be reevaluated at the conclusion, and, the two sets of readings can then be compared and evaluated.

- **Calcified Plaque Removal**

- After brushing and flossing teeth swish with a dental office grade plaque dye, spit, and then pictures will be taken, and appropriate notations made.
- At 30-day intervals repeat the procedure above. At each evaluation the oral professional can best evaluate the percentage of plaque removed.

- **Anticipated results:** a 30-day evaluation is expected to show significant reduction in calcified plaque. A 60-day evaluation is expected to show that the majority of virtually all calcified plaque has been removed. A 90-day evaluation is expected to show teeth and gums to have virtually no plaque build-up.

5 to 10 cohorts with calcified plaque buildup can participate.

- **Calcified Plaque Prevention**

- This is best evaluated on individuals selected for a propensity in plaque buildup.
 - After a teeth cleaning by a dental hygienist removing essentially all the calcified plaques, a plaque dye evaluation is required to confirm fundamentally all plaques have been removed, at which point the study subject(s) is now prepared to begin using daily mouth rinse treatment.
 - Observational reevaluation intervals to be made after 30 days, again after 60 days, and again after 120 days, each time evaluated with a dental office plaque dye. Pictures will be taken and notations made to document plaque accumulation if any.

- **Anticipated results:** the unique cannabinoid properties are expected to prevent calcified plaque build-up.

5 to 10 cohorts may participate in calcified plaque prevention.

- **Reduce Bleeding of Gum Tissue**

- Cohort will complete a survey of bleeding when flossing. Pocket depth evaluation notes will be made with regard to bleeding, and puss.
- Near the end of the study a second pocket depth reading will be conducted.

- **Anticipated results:** Reduction in gum tissue bleeding is anticipated to be reduced.

Note: Gum tissue bleeding is a sign of gingivitis, as such this component can be included with the gingivitis reversal component.

5 to 10 cohorts may participate in gum tissue bleeding reduction evaluation.

- **Improvement in Overall Oral Tissue Health**

- A thorough examination notating oral tissue condition.
- **Anticipated results:** Pre-study noted areas of irritation, redness, swelling, and sores is expected to show visual signs of healing.

All cohorts can be observed in overall oral tissue health.

- **Reversal of Gingivitis**

- Documenting a reversal of gingivitis will indicate that gingivitis was arrested, and, from there we can anticipate that gingivitis can also be prevented.
- **Anticipated results:** Efficacy in reversing gingivitis is anticipated.

5 to 10 cohorts may participate in an evaluation of reversing gingivitis.

- **Rejuvenation of Receded Gum Tissue**

- Documenting a rejuvenation of receded gum tissue will indicate that receding gum tissue has been arrested and can be prevented.

- **Anticipated results:** Significant gum tissue rejuvenation between teeth and over exposed root is anticipated.

Note: Positive tooth realignment is possible from positive pressure applied by new tissue growth. Positive tooth realignment has been witnessed in an antidotal investigation prior to drafting this proposal.

10 to 15 cohorts may participate in gum tissue rejuvenation.

RESEARCH DESIGN AND METHODS

Study location needs to be approved and vetted.

A lead investigator needs to be recruited.

Oral Health Provider(s) can be required for evaluations.

A formal study protocol paper needs to be created.

A cohort of 20 to 25 study participants with any stage of degraded oral health up to early stage periodontal disease may be accepted and participate in the study.

No life style change is required, cohort may continue with daily habits.

Participants must undergo a complete oral examination by an accredited dentist, an oral surgeon, or both, and their oral condition documented prior to undertaking an oral health alternative treatment, to include:

- X-rays.
- Panoramic X-rays.
- Pocket Depth Reading / With notes on bleeding, infection, and receded gum tissue.
- Digital JPG Pictures prior to a plaque dye evaluation.
- Plaque Dye Evaluation / followed with digital JPG pictures.
- Oral Culture.

Each cohort must have tooth decay repaired prior to beginning study treatment.

Each cohort must be evaluated for cannabinoid tolerance level prior to beginning treatment.

Zero to low tolerance individuals:

- Do not use the mouth rinse on an empty stomach.
- Be accompanied by an adult for 8 hours after use.
- Should start treatment with half strength or half dose formulation.
 - Possible and Likely Affects
 - Feeling High
 - Sleepy with longer sleep times
 - Couch Lock
 - Loss of appetite and weight loss (especially if so desired)
 - Possible Negative Affects if Too large a Dose
 - Feeling uneasy, and, or sick
 - Nausea
 - Vomiting
 - Paranoia
 - Lack of coordination
 - Hallucinations
- Rinse for two (2) minutes and then spit at night time one (1) hour prior to bedtime.

- After two (2) weeks treatment begin using the mouth rinse morning and night in a rinse and spit fashion.
- At thirty (30) day intervals return to the dentist or oral surgeon for reevaluation.
- After thirty (30) days treatment swallowing the mouth rinse one hour before bed may be well tolerated, and, aid in longer sleep periods.

Midrange to High Tolerance Individuals:

- May use the mouth rinse on an empty stomach.
- May start treatment with a full-strength formulation.
- Rinse for two (2) minutes and then may swallow or spit at night time one (1) hour prior to bed-time.
- After one (1) week treatment may begin using the mouth rinse morning and night, and, may spit or swallow.
- At thirty (30) day intervals return to the dentist or oral surgeon for reevaluation.

The Proprietary Patent Pending Oral Rinse formulation will be evaluated for:

- Residual Solvent
- Contaminants
- Concentration of Cannabinoids Purity Levels
- Carrier fluids

Study proposed by: Ethan Dean 1689 Cool Rd S E Kalkaska, Michigan 49646 USA
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References:

1. <http://www.colgate.com/en/us/oc/oral-health/conditions/gum-disease/article/can-receding-gums-grow-back-0217>
2. https://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a21.htm?s_cid=su6203a21_w
3. <http://interactives.dallasnews.com/2015/deadly-dentistry/part2.html>
4. http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1216_2.pdf?la=en
5. <http://www.dentaleconomics.com/articles/print/volume-106/issue-11/science-tech/pinhole-surgical-technique-halting-gingival-recession-in-a-single-visit.html>
6. http://www.chwsny.org/wp-content/uploads/2015/06/Oral_Health_MI_Report_Final_reduced.pdf
7. <http://www.andersoneconomicgroup.com/Publications/Detail/tabid/125/articleType/ArticleView/articleId/8068/The-Cost-of-Dental-Related-Emergency-Room-Visits-in-Michigan.aspx>
8. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/highlights.pdf>
9. <https://www.drugscience.org/bcr/>
10. <http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/OralHealthCare-StateFacts/Oral-Health-Care-System-Full-Report.pdf>
11. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/highlights.pdf>
12. <https://poseidon01.ssrn.com/delivery.php?ID=57106611700211306900106910508311709012500804706407900901100709502911800400009402106409605705505800804800506800612300510900508610505200003504011811908800500303111008602600011506510709111117024085028069119127109123071119104089125072025075091020069072&EXT=pdf>
13. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2282014
14. <https://www.msn.com/en-us/news/us/how-a-12-year-old-girl-could-help-end-weed-prohibition-in-america/ar-AAAtQER>
15. https://www.dea.gov/docs/marijuana_position_2011.pdf
16. <https://www.leafly.com/news/politics/dea-report-cannabis-seizures-climbed-by-nearly-20-last-year>
17. https://www.huffingtonpost.com/allen-frances/opioid-companies-lobby-ag_b_11287182.html
18. <https://www.republicreport.org/2012/marijuana-lobby-illegal/>
19. https://www.huffingtonpost.com/2013/04/20/marijuana-prohibition-costs_n_3123397.html
20. <https://www.privatehealth.gov.au/healthinsurance/whatiscovered/averagedental.htm>
21. <http://www.health.gov.au/dental>
22. http://www.nel.edu/pdf/25_12/NEL251204R01_Grotenhermen_.pdf
23. https://www.researchgate.net/publication/10846458_Grotenhermen_F_Pharmacokinetics_and_pharmacodynamics_of_cannabinoids_Clin_Pharmacokinet_42_327-360
24. <https://www.ncbi.nlm.nih.gov/pubmed/16389126?dopt=AbstractPlus>
25. <http://search.myway.com/search/GGmain.jhtml?searchfor=lobbyist+against+marijuana&n=782aa77f&p2=%5EZ1%5Exdm264%5ETTAB02%5Eus&ptb=0BFBD897-12CD-4B80-A346-139F539BFF2D&q=&si=CMnlpKTIps0CFYSDaQods-kAmA&ss=sub&st=tab&trs=wt&tpr=sbt&ts=1511281971124>
26. http://www.drugwarfacts.org/chapter/causes_of_death
27. <https://www.vox.com/policy-and-politics/2017/6/6/15743986/opioid-epidemic-overdose-deaths-2016>
28. https://www.mayorsinnovation.org/images/uploads/pdf/1_Prescription_Drug_Overdose_in_the_United_States.pdf
29. <http://fluoridealert.org/issues/health/cancer/>
30. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC88948/>
31. <https://www.ncbi.nlm.nih.gov/pubmed/16684472>
32. <http://www.caahs-acss.ca/improving-access-to-oral-health-care-for-vulnerable-people-living-in-canada/>
33. <https://www.cato.org/publications/white-paper/budgetary-impact-ending-drug-prohibition>
34. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1287824/?_q=2.147617207.1676365468.1511584994-2119749846.1508138183
35. <https://www.msn.com/en-us/news/us/how-a-12-year-old-girl-could-help-end-weed-prohibition-in-america/ar-AAAtQER>
36. <http://news.gallup.com/poll/221018/record-high-support-legalizing-marijuana.aspx>
37. <http://biologicdentists.com/custom2.html>
38. http://www.nzherald.co.nz/lifestyle/news/article.cfm?c_id=6&objectid=11863749
39. <http://www.scienceclarified.com/dispute/Vol-2/Does-the-addition-of-fluoride-to-drinking-water-cause-significant-harm-to-humans.html>
40. <http://www.surgeryencyclopedia.com/St-Wr/Tooth-Extraction.html#ixzz4zvK3B47H>
41. <https://www.hrsa.gov/sites/default/files/hrsa/oralhealth/integrationoforalhealth.pdf>
42. http://www.dental-tribune.com/articles/news/americas/28294_dentist_shortage_in_the_us_to_worsen.html
43. http://www.washingtonpost.com/sf/national/2017/05/13/the-painful-truth-about-teeth/?utm_term=.95d17df65537
44. <http://www.dmdtoday.com/news/the-12-states-with-the-largest-dentist-shortages>
45. https://www.aohc.org/sites/default/files/documents/Information-ER-DR-visits-dental-problems_Jan-2017.pdf
46. <https://www.scientificamerican.com/article/new-brain-effects-behind-runner-s-high/>
47. <http://bjsm.bmj.com/content/38/5/536>
48. https://www.researchgate.net/profile/Greg_Ruegsegger
49. <http://fluoridealert.org/articles/fan-sues-epa-to-end-fluoridation/>

CALCIFIED PLAQUE REMOVAL

The pictures of the calcified plaque removal are from an evaluation conducted at a local dentist office, December 2015.

The dental patient brushed teeth, then swished a plaque dye, and pictures were taken and the patient declined traditional plaque removal treatment.

The dental patient rinsed with a cannabis based mouth rinse for 2 minutes once nightly, for 30 days.

After 30 days using the mouth rinse the patient returned to dentist office, brushed teeth, swished a plaque dye, spit, and a new picture was taken which documents that the majority of the calcified plaques were removed. Some pocket depth readings had increased.

The patient continued using a cannabis based mouth rinse once nightly for an additional 30 days, then returned to the dentist, brushed his teeth, swished a plaque dye, and pictures were taken. With essentially all plaques removed and positive results in pocket depth readings the dentists wanted to attempt a clinical trial through the University of Michigan, however raids in December affecting many shops including mine the dentist still wanted to be involved in clinical trials, yet after charges were filed in May 2016 against me the dentist is not available for comment. And the 60-day evaluation pictures are not available.

NOTE: There is an independent 3rd party who can verify the dentist evaluation and interest to conduct clinical trials.

Dentist office picture taken on 1st Evaluation



Dentist office picture taken after 30 days treatment



60-day pictures not available – the dentist will not communicate (due to oppression)

Ongoing Rejuvenation Investigation Report

Treatment continues as of today 12/4/2017

Treatment Began 9/8/2017

This Gum Tissue Rejuvenation investigation and documentation begins with a dentist office evaluation that documents receded gum tissue at several tooth sites.

After 10 days of treatment with a cannabis based mouth rinse this patient said her gums were no longer bleeding when she flossed.

At 14 days treatment the patient reported that she could no longer feel the exposed root of tooth # 11.

In the request for release of records the focus was on tooth # 11, however the dental office offers no picture of tooth # 11.

After 21 days of treatment we realized that the dentist would no longer evaluate their patient, would not reevaluate their patient, and in an e-mail stated that they would have no discussions on the topic, and that is was a waste of the staff's time.

Below we will look at specific sites. We have a focus on teeth #3, #5, #7, #8, #9, #10, #29, and #30 with notations;

Here we will focus on tooth # 5 dental office picture.



- 1.) Dentist Office Evaluation Picture February 2017 taken 7 months prior to beginning cannabis treatment.



There are 7 months' time between the dentist picture and the first day cannabis treatment began
There are 3 weeks treatment (healing) prior to my first picture taken on 9/29/2017.

- 2.) Picture taken 9/29/2017 after 21 days treatment (**Focus on tooth # 5**)



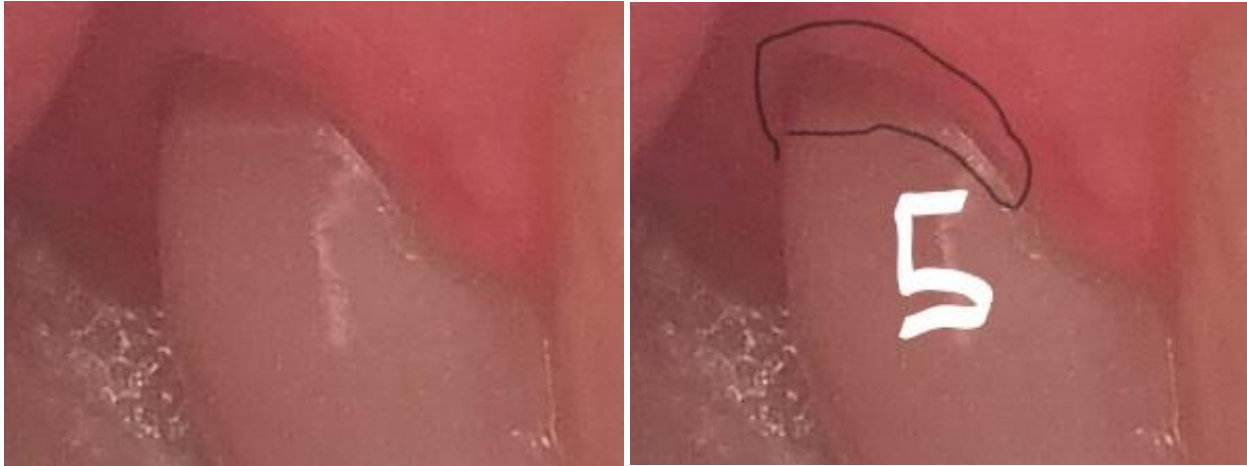
3.) Straight on view picture taken 21 days after treatment with **focus on tooth # 5**



4.) Glancing view pictures of tooth # 5 taken after 21 of days treatment (picture # 2 above enlarged)



5.) Glancing view of tooth # 5 shows receded gum tissue across the top and partially down the sides of tooth #5 as co-documented with a straight on view of picture #3 above.



6 a.) 78 days after beginning cannabis treatment

6 b.) 78 days



PICTURES ABOVE SHOW TISSUE THICKENING AND CLOSING THE AREA OF EXPOSED ROOT

7) Glancing view taken after 48 days of treatment shows growth and tissue thickening. 7 a) 89 days after treatment





8) Taken 21 days after cannabis treatment 9) Taken 48 days after cannabis treatment 10) Taken after 89 days cannabis treatment



The gum tissue is closing around tooth # 3, this tissue is very thick.

The rejuvenation process is a closing of tissue from the sides between the teeth and then gradually closing over the exposed root

11) Picture taken after 48 days treatment



12) Day 88



NOTES: 1) There are shades of semi circles noticeable in picture # 11 and # 12 above (and outlined in picture # 13 below) in the area of gum tissue rejuvenation that are pronounced during rejuvenation. The darker semi-circle appears to be rich in blood flow, and the semi-circle closer to the tooth appears to be new growth. 2) The gum tissue grows in thickness as it rejuvenates, **and the new growth appears to go through a process of receding slightly as it gains in thickness, and then continues growing over exposed root and tooth, almost like a very slow heart beat that eventually covers area.**

13) 21 days treatment



14) 21 days treatment



15) Picture taken 21 days after beginning cannabis treatment 16) Picture taken 81 days after beginning cannabis treatment



Picture # 16 taken 81 days after beginning cannabis treatment, when compared to # 15 shows obvious tissue growth between teeth # 8 and # 9. Less obvious yet visible tissue growth between # 9 and # 10. And noticeable tooth alignment closing the gap between teeth # 9 and # 10.

The pictures below show noticeable tissue growth between 77 days and 95 days treatment between tooth # 9 and tooth # 10.

17) 77 days treatment



18) 95 days treatment



19) 77 days treatment



20) 95 days treatment



The focus of the following pictures is on teeth #'s 7 & 8

21) Picture taken 25 days after beginning cannabis treatment



22) Picture below taken 81 days after beginning cannabis treatment show tissue growth and tooth alignment between # 7 and # 8.



23)

24)



Above comparison shows Gum Tissue Rejuvenation and Tooth Realignment.

The focus below is on gum tissue growth at teeth site #'s 30 & 29

25) Pre-treatment dentist picture



26) After 21 days treatment



26) After 24 days treatment



27) After 34 days treatment



28) After 93 days treatment



29)



Pictures 25 - 29 show Gum Tissue Rejuvenation at tooth sites #30, #29, and #28.

The black stain on tooth #30 is being covered with new tissue growth.

The brown discoloration of tooth #29 at the gum line is exposed root.

Clearly Gum Tissue Rejuvenation is Visual and Documented in this investigation.

Dentist Office Picture – Taken pre-treatment



Tooth # 11 was the first reported area of gum tissue rejuvenation; however, we did not capture it in pictures. Yet we do capture rejuvenation at #9, #10, #12, #13, and #14





This investigation will continue through 3-1-2018