

Would You Like Me to Show  
You How to Fix Crooked Teeth  
While Curing A Host of Other  
Modern Day Brain Problems?



Can you spot the big problems in this case? In the next few minutes, you'll learn why this case is a ticking time bomb for this child's health.

From The Desk of John Napolitano DDS.

Dear Friend,

Brain disease. Crooked teeth. And a cure for both. Let me explain it.

It all starts with a story dating back to the 1960's. When I was in graduate school at Columbia University in New York City.

There was a man there.

Actually, he was a dentist. A dentist, anatomist and researcher. In fact, he was the chairman of the college of dentistry—then at Columbia University.

He was conducting cutting edge research. And I was front-and-center because it was my job to experiment on the sacrificial test animals.

This man's name was: Melvin Lionel Moss.

And he shaped much of my thinking regarding the *growth and development* of the head.

Not only did he shape my thinking, he accidentally uncovered a completely new paradigm that's more relevant today than ever before.

*(It was an accidental discovery because we were unaware at the time: how the growth and development of the human head—and face—would affect the airway).*

In short, Melvin Moss's claim-to-fame was in describing how bones of the face and skull grow and develop.

It was very simple and clear...

Bones do not grow because they know how to grow.

Instead, skeletal (bone!) tissue grows and responds to causes. There's a fancy medical name for these causes: they're called *stimuli*.

## Functional Matrix of Bone

As it turns out, the stimuli are the primary determinants of bone growth; whereas the actual bone simply responds secondarily—*after the fact*—to these causes.

Melvin Moss called these stimuli of causes: "*functional matrices*".

Muscles, blood vessels, nerves, fat pads, organs and salivary glands are all examples of a type of "*functional matrix*".

The point to nail down here is this...

BONES DO NOT GROW—they are grown.

Repeat: Melvin Moss claimed that it's functional matrices that grow; and skeletal (bone) tissue that responds secondarily.

And by manipulating functional matrices, you could in fact dictate the growth of bone.

Wow, how cool is that?

Being able to control how a bone grows.

And he proved it in numerous animal studies over two decades.

Here's a source snippet below,

(source: *Proceedings of the conference on Orofacial Growth and Development. ASHA Reports Number 6. A publication of the American Speech and Hearing Association*).

Rephrasing these statements in our own terminology, it is obvious that most students of cranial growth measure only the results of transformation. In addition, we require information concerning the translatory growth changes.

It is our basic contention that functional matrices are the primary morphogenetic agencies in cranial growth. All skeletal tissue growth is a secondary, compensatory, and mechanically obligatory response to changes in the temporally prior demands of specific functional matrices. Similarly, the continuation in being of skeletal units requires that these matrix demands be maintained. *In a very real sense, functional matrices grow, and skeletal tissues respond.* This statement is strongly supported by considering the fact that it is now quite certain that, with the exception of only a very few and very rare diseases, there is no direct genetic control of skeletal tissue growth, either of cartilage or of bone. Indeed, the best available data strongly indicate that the direct effect of genes is exerted on surrounding tissues (functional matrices) and only through these nonskeletal tissues, and hence, indirectly, to the skeletal tissues themselves (Grüneberg, 1963). The vast body of data on in vivo and in vitro experimentation with skeletal tissues and organs emphasizes this point with considerable force. Skeletal tissues have but one biomechanical role in any vertebrate body: to act biomechanically to protect or to support related tissues, organs, and functioning spaces. The additional role of bone in mineral

His pioneering work dispelled the long standing myths held by classical bone theorists—which claimed bone *growth* was under genetic control.

Melvin Moss showed, that in fact,

### **Non-genetic Factors Controlled Bone Growth.**

And bones of the face don't merely grow by *transformation* from some mythical source in the bone, as was previously thought.

Instead, a large portion of bone growth was a result of *translation* growth—which conventional scientific wisdom of the time still couldn't explain.

But there's more.

As proof, Moss had me surgically remove these so-called “growth centers” within animal bones.

And here's what he then documented: (1) not only did the animals continue to grow their bone; (2) the bones that continued to grow were even changing position in 3-dimensional space.

If bone was under genetic control as was previously thought, then how was this growth still possible, when the so-called *growth centers* were removed?

In today's terms, Melvin Moss was what Silicon Valley innovators call: *a disrupter*.

Because he shattered the status quo definition of growth.

The traditional definition of growth merely pertained to the *size* of a bone. It never bothered to consider—as part of the definition of growth—the movement of a bone thru space;

Right about now, you might be saying

“...*so what?*” or

“...*who cares?*” or

“...*why does it really matter?*”

And here's why it matters...

The paradigm (philosophy!) your orthodontist chooses to follow will dictate their treatment approach. And what they do to your face. And hence, your airway.

## Distractions From Italy & Russia

And this is where the story can take—if you're not careful—a fatal turn for the worse...

Because 99.9% of orthodontists still—to this very day—ignore the vital role both your tongue and your airway play in brain and heart health.

*(More on that in minute when I teach you about the Invisalign myth. Hang tight).*

So how does this little 1960s concept by Melvin Moss cure brain and heart problems?

Answer: indirectly because of OXYGEN.

But let me clarify this even further with an amazing illustration below: a true story.

Well before Melvin Moss, there was in Bologna, Italy—during the late 1800's—an orthopedic surgeon who corrected extremely short legs. His name was Alessandro Codivilla.

He was probably the number one specialist in orthopedic surgery at the time. In fact, he published 124 articles that were translated in 25 languages.

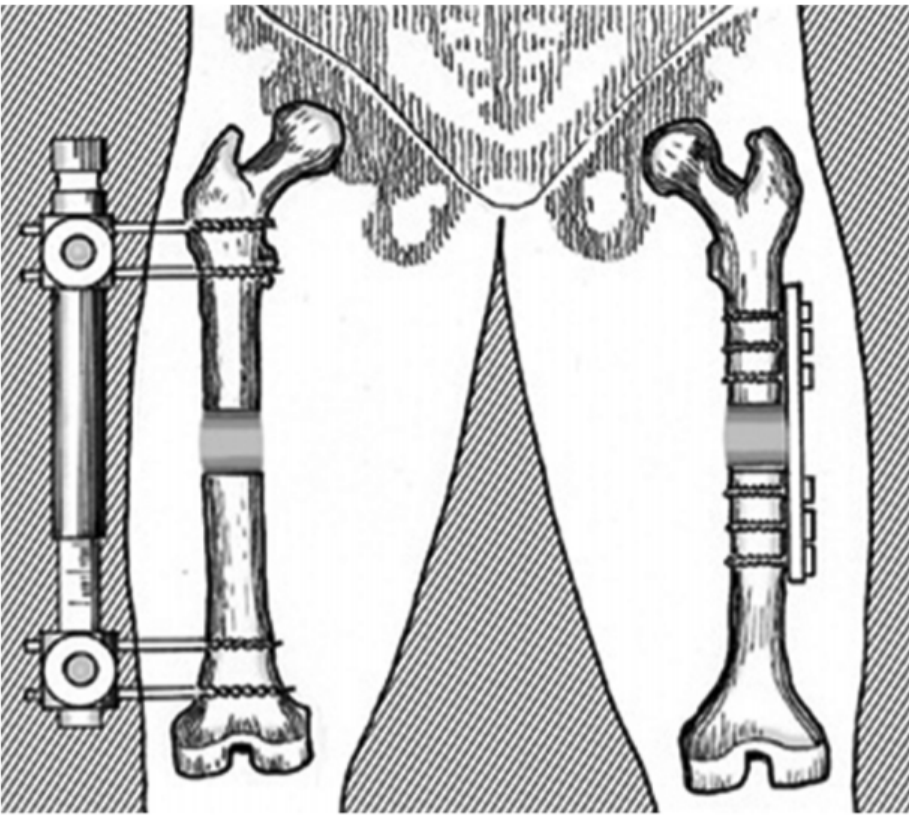
How did he correct these short legs?

Well, he drilled a couple screws into the patient's thigh-bone (aka. the femur). And then attached a contraption to the pins which had the ability to lengthen.

Indeed, the short legs would in fact lengthen. The only problem at the time was a plethora of side-effects—which occurred during or after the surgery.



Many surgeons attempted to then advance upon Codivilla's limb lengthening technique.



Schematic image of Wagner's technique from publication: [Bulletin of the Hospital for Joint Diseases 2013;71\(1\):89-95](#). Titled: [The Evolution of the Ilizarov Technique Part 1: The History of Limb Lengthening](#).

Later on in the 1950s, there was a Russian surgeon in Siberia by the name of Dr. Gavril Ilizarov. Ilizarov was the one who ultimately made limb lengthening a viable method for treating severe bone defects.

After creating a slight separation—a fracture—in the thigh bone, he allowed the callus to start forming. A callus is the stage along the bone growth process before which a bone fracture fully hardens.

As the bony callus formed, Ilizarov would slowly start lengthening the distance of the contraption. Until the short leg matched the good leg. The fancy name for this surgical method is called *distraction osteogenesis*.

## The Floor of The Nose

Now let's take this eye-opening illustration one final step further...

What if the bone in our example story above happened to be the roof (also known as the “*hard palate*”) of your mouth?

*(As you know, the bone for the roof of your mouth is also the base of your nose).*

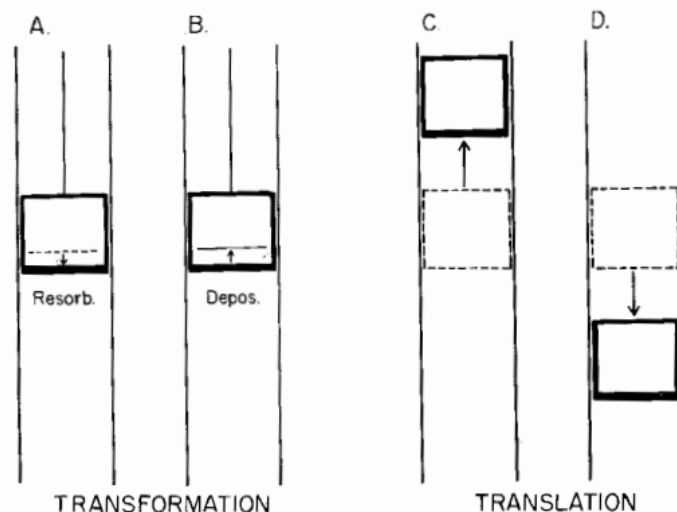
What possibilities might you have at your fingertips, if you knew the dimensions of the bone could be altered? Even manipulated.

How would this change your treatment philosophy? If you knew how to harness this powerful—yet not often accepted—truth? That bone can be altered!

The reason *why* Moss's Functional Matrix was so profound at the time, was because it actually addressed both components of the *growth equation*.

In other words, it offered a worthy explanation as to (1) not only *WHY* the bone can get thicker (transformation); but (2) also, *HOW* it actually repositions itself.

(Figure 1) (Moss and Young, 1960; Moss, 1962).





What's interesting to note thus far is: we haven't even made mention of bonding braces on crooked teeth yet, have we?

No, we haven't.

## Cure The Real Problem

And the reason for this is because crooked teeth are merely a symptom. Just like high-blood pressure is a symptom. Just like a high fever is a symptom.

Taking Tylenol might help with the fever symptom treatment; but it won't cure the underlying problem.

The same is true with Orthodontics. By definition, orthodontics is defined as the *straightening of teeth*.

But I just explained how straightening your teeth doesn't cure the problem of why the teeth are crooked in the first place.

The reason the teeth are crooked in the first place is: because there isn't enough room in the mouth for the tongue, nor for the teeth to erupt straight.

This of course, courtesy of dental arches—aka. the bone—which hasn't fully grown to size. From a mishap in the individual's functional matrix.

*(there are many reasons for this stunted bone growth: from soft food diets, pacifiers and more: which we'll discuss when we meet).*

Therefore, the actual cure for the crooked teeth starts with: **Orthopedics**.

By definition, orthopedics is defined as the branch of medicine concerned with the *correction of deformities or irregularities in bone*.

And this brings us full circle—teleports us back in time—to New York City in the 1960s with Melvin Moss. Take a look at the opening image here again.



Notice this 8-years old's upper baby teeth. Slanted and growing inward of the lower baby teeth. This is called "*cross-bite*". The tips of the upper are intended to be on the outside of bottom teeth. But here, you can see the upper tips are inside of the lower tips.

Clearly, the dental arches are not properly sized and shaped. It's a V-shaped narrow arch.

Imagine how deficient and narrow the dental arches must be—in order to barely have room for even the front teeth? Let alone the bigger adult back teeth which still have yet to erupt.

What do you think is happening to this patient's tongue?

Little do they know, crooked teeth is the least of this child's problems at this point.

This case is a ticking time bomb for this child's current and future health. And the origin of the problem is entirely Orthopedic.

The origin of the problem has nothing to do with teeth.

The teeth are just along for the ride.

Worse, yet...

Many orthodontists would advise such patients to:

- Wait until more adult teeth erupt; or
- Pull teeth to make space; or
- Bond braces immediately

All of which will do nothing to cure the Orthopedic problem; and in fact, will make the actual tongue space even smaller.

If the tongue space is narrow, then the tongue will posture backward into the throat.

This will reduce the diameter of the airway. Which during sleep will lead to sleep apnea and oxygen deprivation.

The net effect of oxygen decline is a host of brain and heart problems. Like add/adhd to name a few.

But don't take my word for it.

Simply go to Google University and type these key phrases in your search browser:

- add/adhd and oxygen
- bedwetting and oxygen decline
- add/adhd and sleep apnea
- sleep apnea cause atrial fibrillation

If you were to perform these simple Google searches,

you would find a host of modern research from psychiatrists, brain researchers and even sleep specialists—which link oxygen decline (even during pregnancy) as a contributing factor to a host of modern brain diseases.

## The Best Treatment

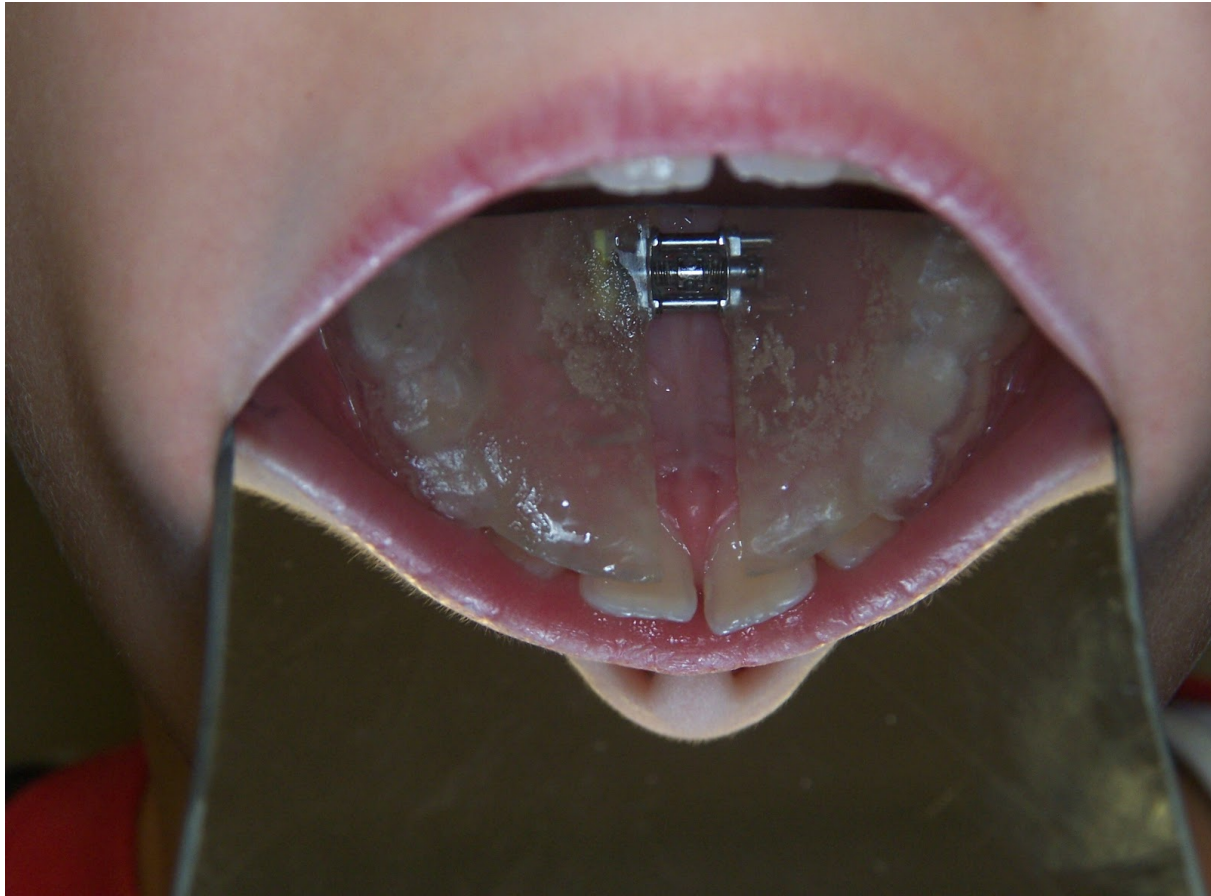
So what's the best first step for 90% of modern orthodontic cases?

Answer: the best first step isn't orthodontics at all. Instead, it's to grow the upper and lower dental arches. Grow the bone first—to it's proper size and shape.

This can be accomplished in children and in adults alike. I've treated kids as young as three years old; and adults as young as 65 years old.

So you know, it will go predictably faster in kids though. Either way, all you need to start is a clear removable expander. Like the one you see in this picture (*form fitted to the upper teeth and dental arch* ).





Notice. Separation between the two plastic halves. The middle edges of the plastic at one point were touching. And now months later, the plastic edges are several millimeters apart. Courtesy of the silver expansion screw in the middle—which lengthens as you turn the screw. This will painlessly expand the upper and lower jaws. This is where all the magic happens.

When you slowly widen the plastic, and enlarge the dental arches to their proper size and shape, you make natural room to beautify the teeth.

Not only that, you also make room for the tongue. You kill two birds with one stone. Painless. And efficient.

The tongue then functions in an unrestricted manner during swallowing and more. This all promotes an open airway. And creates broader beautiful smiles.

Tongue posture is critical when curing problems of the brain and heart. Because bad tongue posture—from crowded dental bones—leads to **obstructive apnea**.

Not only that, you can help a person's pronunciation of "s" sounds when the tongue is no longer crowded.

Lisping when speaking is a common problem with narrow dental arches because the tongue cannot touch against the proper part of the mouth to make the "s" sound.

I've been using this Phase 1 Orthopedic treatment for over 40-years now.

I've treated many thousands of cases. And coordinated some tricky surgical cases as well.

Truthfully, there isn't anything I haven't seen from an Orthodontic perspective. I've probably treated more orthodontic cases than multiple clinicians combined.

And I haven't removed/extracted a permanent tooth to make space for crowding during my entire 40+ year career.

How is it possible that I've treated thousands of cases without extracting permanent teeth? While other orthodontists are still suggesting the extraction of teeth?

Extraction of teeth makes the actual size of the mouth smaller. It makes the chin start to sag into the neck (aka. The double-chin). Extraction causes the tongue to shrink the diameter of the airway.

And for what? Only to make a little room for crowded teeth.

Which by the way, we can correct even the most severe tooth crowding with my technique. No extraction ever needed.



## The Invisalign Myth

What's saddening is how far behind the mainstream dental and medical community remain in implementing these basic biological facts.

Take Invisalign for example.

Nearly everyone has heard of Invisalign. I call them “*corrective aligners*”. Do I use these modern corrective aligners? The short answer is, Yes. Under the right circumstances.

But the problem with Invisalign type treatment is: it doesn't grow nor widen the dental arches to alleviate the problem.

Like metal braces, Invisalign is symptom treatment 99% of the time.

What's worse—some dentists will actually take tools to slenderize (thin-out) the teeth when using Invisalign. Because Invisalign can't cure severe crowding cases, dentists will actually strip the enamel from *in between* your teeth to help reduce the crowding.

Why doesn't the orthodontist expand the dental arches first? Then use Invisalign in Phase 2 if the case allows for it?

Invisalign is not going to change the size and shape of your dental arches. So Invisalign will not help your body achieve peak oxygen.

Relapse. There are many reasons for relapse.

But if you're experiencing tooth relapse years after braces or Invisalign, one reason why is because the teeth were manhandled (forced!) to fit into a stunted bony arch.



Over time, the teeth can't tolerate the tightness of the situation—and start to relapse back to the old condition.

Relapse doesn't occur when you use my technique.

**You might be asking, is this treatment too good to be true. What are the negatives? Are there any drawbacks to this new treatment?**

The short answer is: Yes.

The main drawback to treating Phase 1 dental Orthopedics can be this: lack of insurance coverage.

Earlier I mentioned how the mainstream has been slow to adopt growth and development (aka. sometimes referred to as *Airway Orthodontics* or *Face Focused Orthodontics*) techniques.

Well, dental insurance companies are even worse.

Most insurance companies don't offer a billing code to reimburse the patient for Phase 1 growth and development (dental Orthopedics).

As I mentioned earlier, Phase 1 has nothing to do with teeth.

Phase 1 is legitimately a medical matter. And rightfully should be billed under medical insurance. That's been the subtle crux here for decades.

If I could wave my magic wand, the first thing I would do is get dental orthopedics covered under medical insurance. Because when done properly, it's legitimately an orthopedic/medical treatment first—not a tooth treatment.

And amazingly, it can be used as both a cure and/or a preventive.

Back in the 1960's when I started practicing dentistry... there was no such thing as dental insurance. I remember walking out of my clinic each day with cash in my pockets. Everyone paid for dental procedures in cash back in those days.

Not anymore. I've witnessed the insurance conundrum first hand.

Since then,

we have add/adhd on the rise. Sleep apnea on the rise. Increasingly, children snoring and bedwetting on the rise. Stroke and high-blood pressure on the rise.

And yet, the starting point for curing the vast majority of these brain and body diseases starts in the mouth—and in the upper nasal airway.

A plethora of problems caused from resisted breathing and altered oxygen levels.

*Note: the bony floor of your nose mirrors the roof of your mouth. So when you widen and grow the roof of the mouth, you're enhancing the ability to passively intake oxygen thru your nose.*

In a nutshell, it's an oxygen tension problem. Which still gets little attention.

The rest is simply a result of the body compensating/adapting to this poor and obstructed breathing.

What about nutrition?

Yes, I do believe there is a huge component to add/adhd and stunted growth and development related to the modern sugar & synthetic carbohydrate epidemic plaguing our society.

If we can solve the sugar problem, and the oxygen problem, undoubtedly that would cure the vast majority of chronic diseases.

## Who Is This For

I fell in love with dentistry from the first day I opened my dental tool box. If you or your child are in need of orthopedic or even orthodontic therapy the way nature intended, I'd be glad to help you.

My office is located in Barrington, Illinois (a northwest suburb of Chicago). If you're nearby, or even willing to travel, then I can certainly help you.

## Here's How We'll Do It

If and when you're ready to start, we can schedule an appointment for you to come in and have x-rays, pictures and dental models of your mouth taken. This appointment takes about an hour.

In order to reserve your appointment for these measurements, we ask for an initial and upfront reservation payment of \$200. Yes, the \$200 will later be applied toward your Orthopedic payment. So it's no risk to you.

## Here's What Happens When We Decide To Work Together

After the diagnostic materials from the first appointment are complete, we'll send them to the lab to fabricate the removable dental expander for the UPPER ARCH.

**Phase 1A.** For about 6-months, the upper expansion device is all we focus on. (*non-surgical*)

**Phase 1B.** After we grow and develop the upper dental arch, we then do the same thing with the lower arch. It will take another 6-months for the lower arch to match the growth and development of the upper. (*non-surgical*)

In total, the orthopedic treatment will last about one year in children. For adults, it will last about one and a half years. **There's no surgery involved with this timeline.**

*(Sidenote: treatment times can vary depending on patient cooperation: and complexity of the case. For example, some lower jaw growth is so stunted that we sometimes need to bring the lower jaw forward. There's a special device we use in Phase 1 for bringing lower jaws forward. So if this is required for you, then consider an extra step: aka Phase 1C. Since each patient is different, this shall depend on your face's profile—and how far back your chin is. Also, in those rare surgical instances, surgical cases will require additional treatment).*

## **Here's How Much It Will Cost If You Decide To Hire Us**

We will do our absolute best to make sure your insurance (if you have it) covers as much as humanly possible. Plus, a large portion of the payments are spread out.

→ The Cost for this Orthopedics treatment is: \$3,700  
*(\$1,300 initial investment; and then \$200/month for 12 months)*

Visit 1: The initial investment for Phase 1 will be due at the first visit. We will take diagnostic records, photos and an upper mold for the top expander. And we will send this information to the lab in order to fabricate your custom expansion device.

Of course, we can apply your initial reservation fee at this time as well.

Visit 2: On the second visit, you'll get your custom fitting **removable expander**. As you might have guessed, this expansion device is where all the magic happens.

We won't discuss the design of these *magic devices* for now. Just know, fabricating these custom expanders is as much an art, as it is a science.

Right now, you might be asking,

*...will my child ever need braces or Invisalign?*

That is a very good question. The short answer is: quite possibly yes...

It depends on various factors. One key factor depends on how early you were to start Phase 1 orthopedic treatment. The younger you start orthopedics, the better.

Because if we can catch and fix stunted growth of the mouth and airway, especially before age 9, the better.

In other words, the sooner we can start expanding the upper and lower jaws bones, the better chances you will even have for teeth to come in straight.

By the way, primitive races who weren't exposed to our modern way of life are a perfect example of this. These natives didn't suffer from crooked teeth and etc.

Take the native Australian aborigine as one specific example.

If you were to examine these native's skulls, you'd find their adult teeth—including wisdom teeth—in proper position.

Not only that. They didn't experience tooth decay. No cavities.

Unlike our modern soft food diet, these natives were forced to vigorously chew and exercise the *functional matrix* around their mouth.

The result of this well-exercised muscle function was naturally wide dental arches.

Good growth.

The natives also didn't use pacifiers.

Pacifiers stunt the growth and development of the entire midface. Continuous inward sucking of cheeks and lips literally leads to poor oral bone growth.

In effect, the modern pacifier is a man-made *functional matrix* that works in the wrong direction.

Pacifier = Not good.

Phase 1 dental Orthopedics cures these deficiencies caused by modern diets, pacifiers and more. The custom dental expansion device we fit you with is mimicking a *functional matrix*. And the bone responds accordingly.

It grows.

As a result, you get better face balance. You get more room for the tongue; aka wider airways. Which contributes to better breathing—especially during sleep.

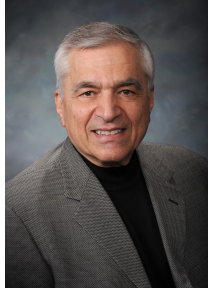
It just so happens the foundation is also set to achieve beautiful straight teeth.

## Here's What To Do Next To Start

Contact our office to reserve your appointment today: 847-382-3500.

My team is eagerly awaiting your call. And excited to help you cure crooked teeth and way more. All with a classically new, simple and painless method that 99.9% of orthodontists completely ignore.

Sincerely,



John R. Napolitano, DDS.

P.S. The whole of my dental craft has been shaped from my belief that God doesn't make junk. If God doesn't make junk, then how do teeth grow crooked?

P.P.S. Amazingly, 72% of the innervation to your brain is thru the Trigeminal Nerve (aka. "The fifth cranial nerve"). In fact, it's the largest of the cranial nerves. The Trigeminal Nerve runs thru your mouth.

Actually, the Trigeminal Nerve has three branches: running thru the eyes, the upper jaw and the lower jaw.

The first two branches allow purely sensory input. But the third—the lower jaw—has both sensory and motor function. In other words,  $\frac{3}{4}$  of all sensory signaling into your neurologic brain system is due to how well your mouth and tongue function.

**[Click Here to Contact Innovative Dental Professionals Today!](#)**  
**[\(So you can achieve the airway posture nature intended\)](#)**