

For a decade I have raised my concern that our profession treats a modern disease, a clear environmental mismatch, as a genetic inevitability (1). The evidence is unambiguous. Less than 1000 years ago the vast majority of people gained and maintained ALL of their teeth in reasonable occlusions and alignment from birth to death. Today, more than a third of 12 year old children in the UK have an index of treatment need score of 3.8 or above (2), and permanent retention is routine.

We should work together to change this by finding definitive answers to questions such as: Why has there been such a rapid rise malocclusion? Why do teeth become crooked in the first place? How is TMD related to malocclusion? Will root resorption affect root canal therapy? Why are we extracting so many wisdom teeth and premolars? Does permanently holding teeth out of their balance zone eventually compromise perio-support?

If there is an environmental influence, then it has to have a pathological process. I proposed a hypothesis, Craniofacial Dystrophy (3), which suggests that environmental factors cause a downswing in facial form. This, in turn, influences malocclusion, by reducing the cross-sectional area available to accommodate the adult teeth. And sleep apnoea by moving the tongue closer to the airway. It also suggests that contemporary Orthodontics can be retractive and may thus exacerbate sleep apnoea.

I am not the only professional to believe that changes in masticatory effort, swallowing patterns and oral posture have altered facial growth. If we are right, malocclusion and its associated health problems are preventable lifestyle problems. This has profound consequences for how and when we treat them, because medicine is about identifying and affecting the causes of health problems. Unfortunately, few within our profession are keen or willing to follow this realisation to its natural conclusion. My suspicion is that some fear upsetting the status quo or lucrative business models.

There is justification for fearing the consequences of speaking out. The BOS has reported me to the GDC for attempting to raise awareness and educate the general public through our YouTube channel/orthotropics. The BOS exists to serve its beneficiaries, the public, not its own profession. It is scandalous that the BOS should try to control public access to intellectual debate and curb the freedom of speech of members.

I believe dentistry could be at the centre of a health revolution. There is the very real possibility that simple public health measures could minimise and even eliminate malocclusion, TMJ and sleep apnoea, thereby improving the lives of countless individuals and saving the NHS huge sums of money. I don't have all the answers, but I am asking the right questions. I want the truth, backed by scientific evidence, so our patients can benefit.

The genie is out of the bottle. Around the world, professionals and patients asking these questions are finding one another and forming online communities demanding change. I have decided to respond by petitioning parliament to discuss this issue. To know more or get involved, please visit <https://>

[preventcrookedteeth.com](https://preventcrookedteeth.com). I would welcome your support. My objective is to work together to find answers through the application of science and to transform people's lives for the better.

(1) <https://preventcrookedteeth.com>

(2) The National Child Dental Health Survey

(3) <http://www.nature.com/bdj/journal/v216/n10/full/sj.bdj.2014.401.html>