Airway Dentistry, Jaw Development & The Hidden Root of Chronic Symptoms Transcript

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Introduction to airway dentistry

How are the teeth lining up? Are they straight? Do they look good when the patient smiles? They're not looking at that area behind the smile. They are not look at how those changes that they are making inside that box are affecting how the patients breathes.

how they sleep, how the posture. Years ago, and my dad actually is not as actively doing it anymore, but he used to do orthognathic surgeries a lot. So as a kid, I remember him getting out his light box and putting his tracing on there and he would mark out the points on the skull and kind of look at the patient as whole.

And I don't think that that's something that they're doing a whole lot anymore. Hello, welcome back to the Integrative Health Podcast with Dr. Jenn. Okay, today is going to be a really cool episode because we're going talk all about airway and I'm going start sharing my airways journey with Doctor Prather, our guest today.

And I will share that in another solo podcast. But today we are going learn a lot. So our guest is a native of Cincinnati, Ohio, Dr. Paige Prather. She grew up as the oldest child with five younger siblings.

she completed her undergraduate degree at Mount Vernon Nazarene University and then following undergrad she went on to earn her doctor of dental surgery from the Ohio State University College of Dentistry.

Dr Prother loves working one-on-one with patients to achieve their healthiest smile and she especially enjoys helping anxious patients overcome their dental phobias and learn to love visiting the dentist.

Following her doctoral study, she completed a one-year dental residency at Dayton Veterans Hospital and started her successful career as a general dentist, but she spends countless hours each year tackling advanced educational courses that allow her to offer a wide array of treatments all in one location.

She is trained on infant breastfeeding and laser release of oral ties. She has training and release and rehab of adult oral tie.s She did the tough pediatric laser lip and tongue tie course, the Academy of Oral Myofunctional Therapy, Dr.

Zaghi's functional frenulum course. International affiliation of tongue-tie professional summit, cranial nerve dysfunction course tummy tie method. And like 10 more certifications and you can go to our website and look.

But the point of talking about all those is that she is a lifelong learner of this, of airway dentistry, and is an expert in her field, but very busy actually doing the work at her office and changing lives.

So, so excited. And this is where my kids and I go since moving to Tennessee, I feel very blessed to have found her. Welcome Dr. Prather, super excited to Thank you, thank you.

It's a pleasure to be with you and it is Prather. Everybody says Pratha all the time, but just… Yeah, we get patients that ask constantly. I wish they would put an I in my name.

Well, my dad's actually an oral surgeon up in Ohio. So I grew up and dentistry in the field and kind of exposed to this fairly early on, but the airway stuff was all new to me in my career.

My dad didn't really do a lot of it. Yes. What makes it different, I guess, because there's general dent history and then there is air way and biologic dentists.

And so what is the difference and why is it important? So to me, airway dentistry is kind of zooming out. So when we go to dental school and most dentists are very OCD, hyper-focused on details, which is a very good quality.

Dr. Pratheru2019s background and training

When you're working in a tiny space and you are doing surgery on moving and awake people, not necessarily the norm in the world, it can be a little bit hard to see the bigger picture.

And so I think having been a general dentist right out of dental school who didn't know anything about this and thinking back to that time, I was a lot more focused on what was going on with the teeth, what is going with these small little areas inside the box.

and I wasn't really zooming out and looking at the big picture of what was going on with the patient. And the mouth, I always joke around, is connected to the body.

It isn't a separate organ, it's all tied together. I've often asked my dad, like, why is They're so distant. Why is dentistry so separate from medicine?

And he's like, you know, the only thing I could think is, dentestry was kind of one of the first things to separate out as a specialty. So, it did start off as being separate earlier on than the rest of medicine kind But when it comes to airway, you really do have to sort of zoom out and look at the whole patient, not just the teeth.

And that applies to, to you know, airways orthodontics. So I do a lot of expansion and air way focused dentistry and even that differs from just traditional orthodox.

So I think of Airway as being a little more on the holistic side. I was actually listening to another podcast yesterday by a doctor who's involved with Toothpillow and helped to start that, and they started similarly.

They were in the Holistic space first and then sort of went into Airways. And I agree. If you kind of have that mindset of, holistically addressing the patient, their overall health and wellness, then the airway piece comes a little more naturally.

Yeah, and one thing that I find super frustrating is I was born in the 80s and had some weird orthodontic stuff, never expansion, but weird stuff for my bite, like headgear.

And I had all the braces and my teeth are straight and I'm wearing a retainer, that isn't addressing the root cause. The aesthetics doesn't mean that your airway is functioning properly.

And I guess, how does traditional orthodontics just miss what it's all about? And they're just about the aesthetics and straight teeth, but not about actual function.

Yeah, I think it became a little bit commoditized and as far as the training goes, that's sort of how they were taught. There's some very radical people out there like Dr.

Kevin Boyd who's in Illinois who's done some really amazing research on how our skulls have changed over the year. But in traditional orthodontics, we're looking more at the cosmetic aspect, more how are the teeth lining up?

Are they straight? Do they look good when the patient smiles? They're not looking at that area behind the smile. They're not looking how those changes that they're making inside that box are affecting how the patient breathes, how they sleep, and how their posture.

Years ago, my dad actually is not as actively doing it anymore, but he used to do orthognathic surgeries a lot. So as a kid, I remember him getting out his light box and putting his tracing on there and he would mark out the points on the skull and kind of look at the patient as whole.

And I don't think that that's something that they're doing a whole lot anymore. Those points are there, we're aware of them. But in traditional, you know, orthodontic approaches, we kind of just see, well, maybe if we get in there a little bit earlier and do some expansion, and we will try to make the arch better and make room for the teeth.

But if you can't, just pull the teats. And that became the norm. That made the airway even worse. As much as we'd like to think that that's not happening anymore, there are still some cases where you know, patients are being treated with extractions rather than development.

And a lot of it is, you now, I think the pressure to get all those teeth in there and the changes in our society, the change in diet, and our nutrients.

You know our airways are not developing as well now because we're not chewing our foods as much. We're now utilizing those early developmental interventions that were once a natural thing that helped our jaws develop properly.

Why traditional orthodontics misses airway function

Just because of the fact that, especially for us as women, we're working. I got three weeks of time off with my kids when they were born and had to get back to seeing patients.

So I didn't have as nice of a transition of three months afterwards being able to focus on them and nurse them, and do all those things. We've gone away from some of our traditional habits that would have helped with that development, for sure.

Yeah, and they're definitely still pulling out, extracting teeth to make space. Definitely. I hear it all the time from friends or acquaintances, I'm like, no, you need to find an airway dentist near you because that is not right.

What are some common airways patterns you see in adults versus children? So adults are very interesting because they're all different. Some of our adult patients are really severe clenchers and grinders.

And I remember going to course after course, after a course when I first finished dental school, trying to figure out how to help these patients. They're breaking their dentistry, they are knocking their crowns off, their breaking there teeth.

Why are they doing this? They have this destructive bite and I did the Spears course and the LVI course. Everybody kind of had their own idea as to why that was happening and what to do.

But I would say, you know, ultimately what all of those courses are focused on now and are teaching now is it's all tied back to Airway. And I was listening to one of the Spears guys the other day and he said, You know when I look back on my career teaching how to help these patients that are grinders that, are destructive with their bites, The one thing that I feel like I was doing in every case, no matter which technique I using, is I improving their airway in some way, and that was alleviating that need to grind and to protect the air way.

So for some of our patients, we see this really destructive pattern. We see a lot of TMJ pain, headaches. We see neck tension. We're seeing more of that active response.

In other patients, we see apnea. And when the body isn't strong enough to protect the airway, when their reaction is partially almost kind of dumbed down because the buddy has gotten so used to that lack of oxygen, that response isn' there, then we go through those long periods of you know, apneas and lack of oxygen.

And I've seen some pretty extreme cases. I had a patient the other day, she stopped breathing 58 times an hour. an hour. It was extreme. And her son was very concerned about her.

She was older, and she had had a stroke. she blamed it on that. That just caused the issue. I just have to take naps because I'm not as strong as I once was.

He was on his airway journey and really pushed her to come in, but he was like, she needs to two-hour napse every day because she doesn't breathe and sleep at night time.

So we see it, you know, in different ways in adults and I think that's kind of the hard part with the diagnosis and some of understanding of it especially in the medical world because it doesn't always look the same for every patient.

The airway symptoms can be very different. Yeah. Yeah, and once you see it, then you're like, oh, wow. It's kind of like when you get a new car and then, you'll see your new care everywhere and you are like…

Once you will see the airway or learn or listen to this podcast or share it with someone, You're going to be like wow! So, why does grinding? You said it protects, it's protecting the Airways.

So how? Because I know it is compensating somehow, but how. So, obviously, a lot of the throat is soft tissue, and we have a lotta soft tissues in the mouth.

The tongue is a really large muscle. When our muscles relax, when that tissue becomes collapsed, essentially we call it collapsibility of airway, which is one of reasons that there's a lots of naysayers out there about taking 3D x-rays.

We have 3D x-rays. They're very helpful, they're great, interesting to look at in the upright position, but they are not 100% predictable as far as airway problems and breathing issues with sleep because we can see that patient's airways in an upright and they're awake and their muscles are toned and have the capability to support their airway.

When they lay down, they go to sleep, the muscles relax, and the tissue relaxes. As we get older, we lose collagen, which we know because we have wrinkles and other issues that we can see, but that happens in our throat too.

So that can become worse as we get older and those symptoms can get more significant. So one way that our body can correct that issue or compensate for those problems is tighten those muscles.

And we tighten these muscles and we bring them forward out of the airway by clenching our teeth together, shifting our jaw forward. Oh, I was eating a piece of bread in the morning for breakfast, a soft piece to toast and my tooth chipped.

They probably did that the night before protecting their airway and that was the straw that broke the camel's back. So we have kind of a little bit of an issue that we just don't even realize is going on because it's at night.

We're asleep, we don' even realise it is happening, but it can get significantly problematic as we get older because of that lack of collagen and resilience.

Yeah and I love it in the consult you had with me when this was kind of an epiphany for me because I had always grinded and clenched but I don't snore so that's my way of compensating and then I would crack like almost crack my teeth and have to have a mouth guard and You know, it's just, oh gosh, It's so interesting.

It was just such an aha moment to me. I'm like, Oh my goodness, this is not because I am stressed that I' m grinding, I m protecting my airway. And my HRV, my heart rate variability, which is a measure of your autonomic nervous system, is kind of crappy.

I've talked about this before and I do all the biohacks and then I knew this was something I needed to look at and I finally got that opportunity to when we moved to Tennessee.

And it just makes so much sense because the airway is related to our autonomic nervous system. So how is it related? How does this chronic airways restriction contribute to sympathetic dominance and reducing that very important parasympathetic tone?

Well, you know, think about it as a fight or flight response. Our oxygen levels are the most important thing to our function overall. You can go without food for a while.

and we see this in kids a lot.

Adult airway patterns and grinding

They get almost anxious to even fall asleep because if this is happening at night and their brain recognizes that pattern is about to recur, they don't want to go to sleep.

So that is one of the common symptoms I see with children. It will take them two or three hours to settle in and be able to fall sleep at nighttime because their body begins anticipating that fight or flight response that they're going to have when that oxygen deprivation starts.

And then we have the patients who wake up sometimes in almost a panicked state, feeling like they are drowning or feeling they were underwater, you know, and they have these kind of odd dreams, but it's just their body kind assimilating that to what they experience with the oxygen hunger.

So when we have that consistently happening, we can't get into our proper sleep stages. We can go into those restorative states. we cant get in to that rest and digest and because of that our hormones are affected, our cortisol levels change.

All of those shifts and so it can be very difficult for us and a lot of my patients will wake up in the middle of the night multiple times or have panic attacks or have started to experience other things as the problem worsens and the issue continues.

So the autonomic nervous system in this day and age, we have a lot of stress. We have lot pressure on us. Were a go, go society and that sympathetic tone is present all the time, getting to a point where we are doing meditation, we have our wellness spa next door, and I'm constantly meaning to get over there and lay on the sound bed to give myself more into that parasympathetic state because we're always so busy.

Then when we add on top of that this stressful state of poor breathing at nighttime or lack of oxygen levels, the body just stays in that fight or flight all of the Yeah, I like how you said kids that they have this poor sleep and parents are trying to do all the things and give them melatonin or supplements or a bath before and it's their airway.

And whenever anyone says to me, my kid isn't sleeping through the night well or whatever, they need an air way evaluation. Please, go. These are really early red flags, but you go to the pediatrician and they are not air literate at all, that it's not even in their toolbox to refer out.

And this is very scary. Yeah, and lip and tongue ties, you know. I mean, they're not diagnosing these at birth and then they are not breastfeeding well and they aren't sleeping well.

You know, how much of the chronic disease is from this, right? It's very, it is scary! The other thing you spoke about is the sleep apnea. We know that sleep apnea increases morbidity and mortality and that makes sense from an automatic nervous system because increased cortisol or stress on the body is going to increase inflammation.

It's going cause the obesity. Have you had any great adult patient stories where once you fix their airway that, you know, and fixing the root cause, because let's be honest, putting them on a CPAP at night you know, it's not fixing the root cause.

So what do you do differently when you see someone with the sleep apnea? You know you're not just putting them on a machine, you are actually fixing their root causes and restoring their health.

Yeah. C-PAP is standard of care in the medical world for severe sleep apnea. Patients hate it. They do not like their C PAP most of the time. I actually have a chiropractor referral patient of mine who I did tongue tie release on.

She had had some orthodontic intervention early on that was actually pretty good and had a broad palate and she was able to go completely off of her C I have had other patients that they have clenching and grinding, that we've done a comprehensive approach for where we widen them, which is possible for adults.

A lot of people think that that's not possible after a certain age, but it is. We are not tipping teeth. I've really amazing case photos showing the change in the palate.

And so we wide them. we release their ties, we do my functional therapy with them and we did this comprehensive And it does take the right patient to do that, for sure.

It is a time commitment, it is dedicating yourself to exercises, and it's not the fit for everybody. Some people just say, you know what, give me the CPAP, I'm not going to have time to that and that's the not right approach for them.

But I would say my patients that we do the comprehensive approach on, they are much happier. that they don't have to deal with a crutch for the rest of their life.

And what people don t know a lot of the time is that CPAP does not work forever. You have have the pressure adjusted. After a while, you can stop responding to it.

So although it can be a good temporary solution, it really isn't meant to be a long-term situation and even jaw positioning devices, which was the other thing that's very popular in dentistry and appliance that you can wear that just brings your lower jaw forward to support your airway.

And there's all kinds of YouTube ones that, you know, buy online now and find, they're similar. They're helpful, but every morning when you get up, your joints now in a different place, and you have to readjust throughout the day to that.

How airway restriction affects sleep and the nervous system

So for a lot of patients, again, that's more of a temporary solution and it can lead to some other issues, you know, open bites and, jaw pain and things like that, so what we typically do and what always see patients and recommend is more that comprehensive approach where we have you know, a discussion about the root cause, and we want to address that.

But for older kids and adults, we now have to adjust what happened because of the Root Cause. When we get to younger kids, We don't have as much that has transpired.

We Don't Have as Much that Has gotten behind growth wise. we don t have As many habits to undo. So the earlier we intervene, you can make progress without as many interventions.

And that's kind of how I explain it to my parents that come in with infants, you know, if they're at a point where they are like, we really just want to see if we can avoid this or we want try to do something else.

I always just let them know we definitely intervene later on. which may need to do some additional interventions. We may to some expansion, whereas, you know, if we address the ties early on, we get to the root cause, We don't have to as much or maybe any of that expansion later on.

Which is kind of what happened with my kids. So my oldest was my awful learning experience where I struggled with breastfeeding and all the things that I had in my mind that i was gonna do to help know, be holistic and kind of bring him up a little differently.

It didn't work out because our breastfeeding journey was a mess and I didn t understand why at the time. And then I went on this deep dive, I call it more of an ant hill than, you know a rabbit hole because it is just such a complex situation.

But I learned a lot watching him and learning about what we went through and the struggles that we had. And so with my second, I revised his tie at two days old.

I literally left the hospital, came to the office, addressed it. He had an amazing breastfeeding journey and a totally different growth pattern and sleep trajectory.

And so it was really eye-opening for me to see that in my kids. And looking at my whole family, I'm actually the oldest of six children. I can see some of these issues in me siblings because I revised my tie and realized that's where all my TMJ problems had come from.

My neck pain, my headaches that I started getting when I was seven years old. My brother who has been an emergency room doctor here these last couple years is exhausted because he has sleep apnea and has probably his whole life, but nobody ever recognized it.

When he was younger, I think even in his early 20s, maybe late teens, he had high blood pressure. I have no doubt related to his airway issues and his sleep issues, but that wasn't really something that they even considered or looked at.

Even though my dad being an oral surgeon who does those types of jaw surgeries to correct that, knew he needed that surgery early on and unfortunately he didn't get set up properly for it by the orthodontist at the time.

So there's all of these You know, key things you can see throughout even your own family sometimes when you look back and think about it, that just open your eyes to, oh, wow, look at these other health issues that maybe could have been prevented or addressed had this been treated earlier on.

Because like you said, it's an inflammatory cause. So if we have inflammation that can lead to all kinds of other things. Yeah, and that's why we need to get the word out.

And not every dentist that cuts, you know, ties is the same. That's kind of what we ran into. I remember, talking with the general dentist who started doing lip and tongue ties about, I had a consult with one of my young ones and he's like, well, it's not so bad.

If you're nursing okay without a lot of pain, its fine. and I look back and am like that was terrible advice. And that was Emory. And here we are, you know, we started an ALF appliance journey back in Ohio where I drove two hours to Columbus and then two hour back to get my kids in an alf.

I delayed it probably about a year because I'm like, I have to take a whole day off of school for them, a day of me work, and that's four hours in the car.

But, you know, we buckled down and did it because I knew it was the right thing to do. And I feel very blessed that my oldest, my now 13 year old, that we got him in and he was able to get that whining and that growth in time.

Yeah. We have amazing pictures at your office because we transfer care down, but my biggest regret Is not doing it sooner so when I have friends that actually you know they listen when i tell them how important airway is and i'm like you gotta just.

My biggest regret is not do it earlier, so it will be really interesting because emory my five year old is now starting the journey the youngest out of all of them and.

really, we should have been doing it when he should've gotten his releases earlier. But I was also seeing a dentist that didn't even look at buckle ties, which are in the side here.

They're ties that I have as an adult that are causing my chronic pain. My lip tie is causing head and neck pain that is just getting a little bit worse as I age because I'm not compensating as well.

So it's so important that if you have not even had airway on the radar for your family, you know, that you, have to look at it. And not only that, we could also talk about another reason why I wanted a scan of my jaw and neck and air way called a CVCT was because I want to make sure I didn't have cavitations, which is a pocket of infection in the gum from my wisdom teeth.

Because of history of Hashimoto's, I went in and make that wasn't a problem. But then, That was the real reason why I came to see you. One of the big reasons, airway for me wasn't even on my radar because I thought my air way was fine because that don't snore.

Sleep apnea, root-cause treatment, and family stories

So the whole clenching leading to airways was a big eye-opener for so I'm so grateful for that. But cavitations, you know, if we're talking about air-way or overall health, that is, I mean you see that as a problem too, correct?

Oh yeah, yeah. I heard about cavitations early on in my career and I think I was a little under the impression, having grown up with an oral surgeon as my dad and worked for him for many years and watched him take teeth out over and over, I absorbed a lot of that.

So in dental school that was one of my favorite things to do and was pretty comfortable doing it. But he always removed the periodontal ligament and really cleaned out the socket and properly took the tooth out.

So I just assumed that was the norm. That was how everybody did it. I was like, why are these people having these cavitations left behind? What is going on?

Why would there be infection left? And as I got further into my career, as i went into, my rotations and I saw other oral surgeons and i saw, other dentists and, I watched other people remove teeth I was like, oh not everybody does this some people like as soon as they see that tooth and that root out of the socket they're done that's the end they they leave it and What can happen is the body very quickly can close tissue Bone takes much longer to heal, as we know.

If you get a broken bone, you have to have it cast for a long time. You get it cut, that heals pretty quickly. So when you take a tooth out, the bone really needs to fill in from the bottom up and then the tissue should close over.

If the tissue closes over too quickly, if the bone doesn't fill in completely, If something interrupts healing because maybe our immune system is taxed at that moment or we got dry socket or something caused a derailing of the proper healing, then you can get that cavitation.

You can that hole left behind in the bone. And that's what can fester and can create inflammatory issues and create bodily responses that are constantly distracting the immune system and our efforts to heal.

A lot of patients don't have notable pain per se with that, so there's not an obvious reason to check it out. But when we go back on the x-ray, it's often pretty surprising to me what we'll find was left behind.

Maybe a piece of the root or maybe a peace of necrotic bone that got detached and then got left. So with all of our extractions, we take a lot of extra measures to go in with ozone and go with laser and really flush out and clean out the area.

And instead of leaving an empty hole, we put PRF back in that spot to fill the gap and to try to help that area heal. Because anywhere that you leave airspace, you're not necessarily going to get optimal healing.

And we know that with other surgeries, I worked for a long time with a doctor who did a lot of cancer rehabilitation. had patients who had some pretty extensive jaw surgeries to remove cancer, and they knew that they could not leave that as a gap, as an airspace.

He would use muscle from their chest to fill that space so that their healing would be optimal and that would have

good recovery and low infection risk.

But in dentistry, it's been pretty common to just take that tooth out and leave that air space and hope that that will fill in well. And in some cases, it can, but in a lot of cases if you're not properly rinsing it and keeping that tissue open and allowing the bone to fill-in first, we can get things trapped in there.

Absolutely. Root canals and cavitations are a big root cause of chronic health problems. And sometimes convincing patients to go get a CBCT and work with a biological dentist and an airway dentist is hard.

But it's really important, really. Well, I did want you to touch, because we have a little bit of time left, on devices like Prozac, Alf, Vivos, all of those What are they?

Because this might be like foreign language for some of our listeners. Oh, for sure. Even most people in dentistry, to be honest, have no idea. I interview assistants and they're like, what is a crow's hat?

What is an owl? They know what a traditional expander is, a little bit, even if they haven't worked in an orthodontic office, but they have not idea what these devices are.

So I have studied under all different doctors and trained in all I wanted to have a lot of different solutions for patients and I personally believe that one solution is not the right fit for every patient.

So I want to the have the fit right for each patient and to kind of understand what the differences in those applications were. The ALF, which stands for alternative light wire functional appliance.

I have trained in the Crozat, with just a slightly different design, different wire. And then I've also trained and Vivos as well as MyoBrace and BioBlock.

There are some great application for each and every one. I really love Vivo's appliances for adults. They have built in kind of stem cell activation. and they can help encourage growth in patients who are no longer actively growing.

We see amazing outcomes for our adult patients with them. It is a bulkier appliance, so I'm not a huge fan of how much it interferes with the tongue space and we do have to do some rehabilitation after that.

So, for kids who are actively growing, I much prefer the Crozat and the Alpha appliances. They're very sleek, they're slim, and they don't have the acrylic.

The patient can do myofunctional exercises and practice good oral rest posture and function and not have interference in that. revise and jump in and treat the root cause of the tongue tie at the proper time without having to wait till they're through their expansion completely and get the device out.

So there's a lot of benefits and a of advantages to having the Alf and the Crozat design. It is a more delicate of an appliance and it is more expensive and harder for labs to make.

So, I think that's kind of the limiting factor as to why more doctors are not using them. It's really hard to find a lab that can make them well. And it takes a lot of skill on the doctor's part to understand how to adjust the wires and be able to repair the appliance and things like that.

And it's not something that you would traditionally learn. You have to get extra training in it. But having done it on my kids and seeing the outcomes with them and so, so many of my patients, I'm really fortunate to be able to see a lot of these kids grow and get to you know, continue to go through different stages of dentition and life and it's really fun because we see these kids that come in with crowded teeth, they would have definitely been an extraction case and they're getting all their permanent teeth and maybe if anything they are finishing in clear liners and then never even have to going to braces.

So it is a really neat way for us to be able to shift that growth pattern early on and we really amazing things with

kids. I have kids that come in wetting the bed at eight, nine years old, even later than that sometimes, that within a few months of them being in there out for their crows at, it's no longer an issue.

So it is really, really neat to see how quickly these kids can make a change and how it can change their lives. really the lives of their parents. They can go to sleepovers, they can to church camp and not be worried or embarrassed.

So a lot of parents just don't even know that that's a root cause that could be leading to that problem. And so sometimes in our consults when we talk about that they're like, I didn't know if that was related.

I don t have any idea. We've been on all these different medications and nothing is working, but the body's smart. It's going to go get that oxygen from somewhere and that can lead to those nighttime issues.

So it's really a neat, non-invasive, very gentle way to guide growth. And like I said, I've done all the different ones. My oldest was my guinea pig for a lot of things.

and so I had him in an alf. I tried bio block on him and by far he liked and I liked the alfa and the crows out so much better than the ones that had the bulky acrylic and he seems to do better when it came to things like headaches and adjustments and things with the alpha in the crow's out.

Cavitations, extractions, and biological dentistry

So for kids, that is my preference. For some adults, you know, we also do alftow unwind some of the cranial strains that develop because of compensation patterns.

And I love that about the Alphapliance for adults. So I've actually done an Alpha appliance on me as well, and I'm going to be doing vivos as my face too.

Yeah, I am so excited to get my Alf. I got the video done. And I'll share my story. and I try to normalize talking about Alf and Airway. When Cyrus was still in public school, elementary school I would write to sign him out, Alf appointment and he would teach people about his Alf, and we show people.

We'll be at birthday parties and all see someone with really crowded teeth and Maybe it comes up in conversation. I'm like, come over here, kids. Show them your Alf device.

And I'll show them before pictures of like Cyrus's two front teeth were like going into each other. Now he has this beautiful broad smile. So I think normalizing it, talking about it.

But I do tell parents, I say it's an investment. If you're investing in their overall health because they're airway, you are going to save money in massages, headaches, like you know, all of that.

It was so cool. I don't think I've ever told you this. When I think it was Cyrus or Declan, one of them, the dentist that we were seeing in Ohio, she's like, Jenny, because she knows I'm a DO and I do cranial sacral therapy on my kids.

She's, like I want you to feel the difference from them not having the appliance in versus having it in. So I felt you know their cranial sacral rhythm before and after and it was crazy cool to feel that just relaxation and that cranio sacro rhythm so it's cranium and sacrum it can get stuck and in medical school that's what we learned how to relax it how, to get movement because that is part of your autonomic nervous system.

And it makes so much sense when you see the full picture and backing out and looking at the forest versus, you know, every dentist or doctor you've seen is just looking their tree and they're just in their little tree spot and happy there.

But it's not, no one's getting better. I mean, I know it, like you have seen, nobody is getting That's not what we're about. We're both chronic learners and all the things.

I think we need to normalize this, talking about airway for sure. Because really, there are so many kids that you just see they're really tight, tight airways and you know it's probably causing all of the problems now and then it is just going to get worse as they get older.

Yeah. And it's not a tonsil adenoid removal case all the time. We have so many kids that come in and they have those removed. They get better for maybe a little bit, but then the problem occurs because the root cause wasn't addressed.

I tell my patients all of the If we look at your scan and we find that those areas are enlarged, I'm not saying that that's something we won't have to do as a getting over the hurdle step, but the majority of the time, and I have treated thousands of patients, the most of time we do not have do that because the breathing changes the root cause of what caused us to enlarge in the first place is addressed, and we see that we get improvement, we improve breathing, improve inflammation.

Very, very rarely do we have to go that route with our kiddos. I think it's important, even if we do go the route, that they're properly prepared with some breathing exercises, with muscular changes.

it can come back. Those adenoids are just shaved so they can re-enlarge. So if they go through all of that rough surgery and then they are right back to where they started, it's very frustrating for parents.

And for kids it is not really giving them the benefit that we are hoping for. So, I think that's so important, and to your point, definitely talking about it, getting them excited about.

I tell parents all the time, just make it something fun, make something for them to look forward to. It's going to be weird. And I always ask them, is your kid the one that if their socks crooked on their foot, they're going throw a big fit, or if they sleeves twisted in their jacket, are they going have a meltdown?

They might have a little bit of a harder time adjusting. That is okay. We anticipate that. I just don't like them. I don' want them in there." And so yesterday I was like, good news.

We are in retention. You can start taking your appliances out during the day and wearing them at night. And she was, like oh, I Don't mind them I'm just gonna wear them and I Oh, well, I thought this was going to be good news, but she's so comfortable and so used to them now and feels good with them in, so she is not even concerned about it anymore.

It's really helpful, especially if they have a sibling who's going through it or a friend at school, they get excited about and it's a neat thing to watch them look forward to it.

And they know that they feel better. A lot of our kiddos can tell. And a lot my adult patients will express that. One of my adults patients that we did ALF on, she didn't want to stop wearing her ALP.

Airway appliances for kids and adults

When we got done with her treatment, She actually asked to have her AF as her retainer because she could tell that it made just such a difference in her sense of calm.

So she wanted to continue to wear her out. Yeah, well, if you're working on that cranial sacral rhythm, you know, a lot of the, like, my sensory kid, Cyrus, he has improved since being on there.

You know? He'll wear socks to school. Underwear, not all the time. Oh, I shouldn't say that. He will be listening. But it's really anyone with sensory kids out there, which is becoming more and more common because we know of all the toxins, the brain inflammation, all of that.

This will kind of calm those things down. Like you said, they might flare a little bit, but then overall it will calm it down, so that's reassuring for anyone listening out.

I know you have such a busy day. You wear so many hats. Yeah, I'm so glad we got to spend time with you today. And lightning round real quick. Yes. What was the career that you almost chose?

That's so funny. My boys asked me this the other day. I actually really loved cooking and baking and doing things like that when I was younger. So I really wanted to do culinary arts when i was Oh, wow.

Okay, that's cool. Well, you can do that as a hobby now in your little free time. What is your favorite habit that rescues a tough day? Um, I really love going to hot yoga.

It's hard to make myself do it because I'm tired at the end of the day. But if I can get into the class, i'm always so grateful when I finish because i just feel detoxified and relaxed and my brain finally kind of calms down.

I am one of those people that my brains going all the time. So getting it to focus on one thing is challenging and I would say hot yoga is probably one of those things.

Glass of wine is my backup option. What is one wellness rule that you happily break sometimes? Maybe that wine. Yeah, probably the wine. I will say occasionally fun treats with my kiddos.

You know, I think, you know we try to be strict with them about what we eat and how healthy we are and things like that. But every now and then I'll let them have a little treat when we're somewhere special.

We just went to Universal for the New Year holiday. And so they got some butter beers and we got cinnamon roasted pecans and had some treats while we stood in line.

Oh, the butter beer is really good there. And I think it's like food dye free. I don't know. Like I asked them and it was kind of pretty clean, but this was like five years ago.

That's surprising. Probably not great. Yeah. Okay. One word only. What is the one word that you want listeners to carry with them through the week? Relax, I would say.

We all need a little more of that right now. Yes, that is a good one. Well, awesome. Thank you so much for being here with us. And I'm sure this is an episode that our listeners will want to go back and listen to again, because so many information.

Take good notes, share it with a friend, leave a great review. Where can everyone find you and your practice? And, I assure you, it is worth a drive. If you are a couple hours away, like it's not that bad, you're going every six weeks, you know, make the commitment to you and your kids' health for sure.

So, where can everyone find you? So our website is airwayandbiologicaldentalcenter.com and the practice name is Radical Wellness. So you can find us on Facebook and Instagram under that name.

Closing thoughts and where to find the practice

We are in Franklin, Tennessee, so very fun place to visit if you do end up coming to see us. we have a lot of patients that plan around, you know, trips to the zoo, going to Nashville, There's lots of cool stuff to do here.

So if you ever want to make a trip to Franklin, we do have a lot of fun stuff do nearby. And our office is actually very convenient in Cool Springs. We have hotels that are walkable.

we have Whole Foods right up the road. Urban Market is one of my favorite places in the area to go eat where they have some really healthy, natural, local foods.

But yeah, check us out. You can always message on Facebook. and we actually have direct scheduling on our website. So if you're interested in an airway evaluation, you can just go on the website and request and book an appointment directly.

Awesome. Well, thank you so much for all the work you're doing in patients' health. I think it is such an important, important thing. It really matters a lot.

And I've seen that with my family and our journeys, and I just want to get the word out so people can just really get overall health Absolutely, absolutely.

So important to me, I have seen the difference for my families. Thank you for having me.