Beyond Just Teeth: How Your Oral Microbiome Impacts Inflammation, Brain Health, and More with Dr. Debbie Ozment Transcript

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Podcast Introduction and Guest Welcome

So you put the ocean heating oil in the, machines? Well, you can buy ours. And I did oil and, so I had them, you know, buy some. I don't sell it, but there's a lot of good brands around.

And so I'll have them put, say, dip their brush, pick in the oil, and then, you know, use that, with their brush pick scrubbing between their teeth. Absolutely scrubbing.

And that's the key. It's like it's like, right. It's like, you know, bathtubs come or, you know, you know, barnacles on a boat. I mean, you can't mechanically get rid of it.

Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you are seeking to transform your health journey, or if you're looking for answers to burning questions.

You've come to the right place. Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Hi, this is Ray Solano with another edition of Doctor Talks Healthy Choices, and we are introducing Doctor Debbie Osment. Is that correct? Doctor? That is excellent.

She's an excellent physician and one of the. You know, a biological dentistry is so important as to uncovering chronic conditions in a window and to many people as what they may and their health concerns that mean they may not even know.

So we think we are a big proponent of making sure all of our patients make sure they have their a good relationship with their dentist and understanding a dentist that understands all these chronic conditions.

So we're so excited to have you on our Healthy Choices podcast today, because there's not enough of you to go around. Well thank you, Ray. The joy is mine to be with you today.

And I understand also, you've, seemed lectures for, Doctor Jim Lovell and, many of his, his talks and in integrative medicine. And you're also been to his lectures and homeopathy.

So, my goodness, you probably have a wait list is six months long. Well, this is an area that's so interesting.

Oral Health and Whole-Body Wellness

A lot of physicians, are starting to understand that it impacts their outcomes. I'm actually a dentist, and, technically, I'm not a biological dentist.

I no longer do any restorative care. I haven't picked up a drill and probably as 5 or 6 years, so, but but I look at people from the, aspect of their oral microbiome, how it's in fact impacting their gut microbiome and how it's impacting their blood brain barrier.

So from that point of view, right, you know, it's it's all about these chronic inflammatory illnesses that you so will

cover, in your podcast and your lecturing.

And it's getting to the root cause it's another place that's root cause, that's easy to overlook. And it's, it's actually the least cost intervention if you look at it.

I mean, if you're if you going to the, you're forced to go to a dentist, one way or the other, at least one year, that's probably the first thing you're going to have is a tooth or an oral issue.

And you see these patients sometimes more often than, than practitioners, our traditional, practitioners. And you could see so much, they're the yours.

So we're, we're really making sure that people, you know, it's the first thing we ask patients when they have a chronic condition. Well, do you have any fillings?

And the answer is, oh, yes, I have some. Well, how old are they? Oh, and they always say 20 years old. I says, well, you know, they don't last forever.

And they look at me like, oh, I didn't know that. Do you know most of them have decay underneath them. No, I didn't know that either. And it goes downhill from there. Right.

Well, and so often we, we, think of the mouth as a pretty smile, straight teeth. And, as dentists, we're very much trained as carpenters. We can fix teeth.

When my daughter was in kindergarten, her teacher, you know, was asking everybody what your parents do. And she said, well, my mama is a laundry lady and she fixes teeth.

And that's exactly accurate. And, so but really, it's it's the foundation. It's sort of looking at, say, a house, and you can have a house that's in disrepair or beautiful, but then the foundation is a totally separate issue.

So I look at that oral microbiome and how it's impacting, every part of the body and including root canals. That's a, you know, a hot topic that we can certainly talk about.

But there's just so much that originates in the mouth that can be overlooked. Like you said, I have a Ted talk called The Forgotten Orifice, and, it really is, you know, very much overlooked.

So if you had to give people, a couple of three, I guess three takeaways from the from our podcast today. We want people to make sure that they, they choose a dentist that understands their total overall health.

Number one. Now, number two is if you go to a dentist and you have a an infection or you have somebody says you have a cavity and if somebody comes up with the word and they say the root canal, how do you feel that you shouldn't have people give us some advice.

What? That when somebody says the word root canal, what should they say? Well, I think you hit it on the nail on the head when you said you have a dentist that you can talk to about this because so often, in, in all areas of medicine, doctors are very unapproachable.

And, you know, the word doctor really means teacher. So, so to back up, I think you want to make sure you have a dentist that's curious. And who realizes that we didn't learn everything in dental school?

I graduated in 1985. My goodness. If I was still practicing like that, it's very. There's nothing else in the world, right, that we are still doing the same as we did in 1985.

And, so, so I think root canals are, you know, are one of those areas. There's other areas like, you know, fluoride and, you know, lots of things that that people are there's more research.

There's new things to look at now in terms of root canals. Root canals are really teeth on probation. And before I unders, I like that. That's like neat saying they are real Haitian.

They really are. And like you said, they're not going to last forever. Through the years, I've done hundreds of root canals, referred out thousands of root canals.

And, you know, you're you basically got a taxidermied tooth in there that, really attracts bugs. You know, think about the plant in the garden that is the weaker plant.

The bugs are attracted there. My epiphany Ray came in 2010. I went to a, vascular inflammation class given by some cardiologist. And there I learned about, salivary diagnostics tests, you know, testing the oral microbiome.

So I came home and enthusiastically tested, my office team and, my husband and our children and anybody who would, you know, swish and spit and, I had a little bit of a bug called trip, an image into cola.

And, you know, that's. I started researching that in 2010. There wasn't as much research, but learned that it's a heat and it's like, aspiring heat. So, so say, if I had, you know, in holding my people listening, say an inch of that whatever.

My husband had just, about half of that match. And I learned that it typically is coming from a root canal. Now, at this point, I'm thinking, you know, it's all about saving teeth.

I mean, is it us? We are teeth carpenters. We save teeth.

Root Canals, Biofilm, and Saliva Testing

And, So but I learned that. Yikes. This trip, and even in a cola, this spiral, Keith that loves to invade the blood brain barrier and all these other areas with this corkscrew shaped configuration is not just about the mouth, it's about all the other areas.

So literally, Ray are scheduled to get my tooth out. It didn't hurt. It looked fine on 2D x ray shortly after that. I, you know, invested in a 3D cone beam but didn't know about that at that point.

Went to my front desk person who also was named Debbie, and we called her front desk Debbie. And, and I said, okay, front desk Debbie, book me out. I'm going to go get a tooth out.

And she's like, well, is it hurting now? Is it? Look, no, no, I said, but I've done this saliva test. And I think some things I don't want this bacteria in my body.

And she said, Doctor Debbie, you've lost your mind. You're going off the deep end. And so, so literally I went, got this to that ray and and retested in three months and Triple Medina Cola was 100% gone in me 100% gone in Mike.

Now that is that is a red complex bacteria, in in the family of red complex bacteria. They're transmissible, transmissible. So you can drink after someone, you can kiss someone, you can pass these bugs around.

So it's really, really, really important because, you know, those root canal teeth, they may not hurt, but but since that time I've seen Thermo Grahams where you have a root canal that doesn't hurt and you see it hot, you know, straight from the the root canal tooth down the lymphatic pathway into a breast tumor.

I mean, it is crazy. There's so much incredible research. And, since I still have a clinical practice, you know, I'm seeing it in real time, and it's it's shocking me every single day.

I'm shocked I did not start this adventure, with some grand plan. I mean, I wasn't, like, a genius and thought, I want to go down the oral systemic pathway.

It was really just having these relationships with people like you and I talked about, where you get to know people. You see people at regular intervals, you know, their their family, you know their dog's name.

You know where they like to go on vacation and and loving people and observing people and seeing that, how much impact what was happening in their mouth was having on their total body.

So the, I guess what you understood is when you did a saliva mike, a microbiology exam, is that correct? Yeah. It's a it's a yeah, it's a saliva test, an oral DNA.

It's looking for that particular test. Looks for 11 different oral pathogens. It is is something that they can do in their officers have to send off is something the one that I utilize is, a quantitative PCR test.

So I have my patients do it first thing in the morning before they brush their teeth or eat. It's by access, genetics, oral DNA. And then, it has to be doctor administered.

But physicians can administer it. Dennis can administer it. And we get back an incredible report. There are a lot of other tests coming on the market.

Right. You can imagine this area, is exploding. You know, one thing I would want your listeners to know is we know that health starts in the gut right now.

We're learning that the got really starts in the mouth. You know, it's this tube from stem to stern. And the oral microbiome so impacts the gut. So now there also are other tests coming on that are that are home test.

And there's there's links on my website to the test called Bristle Health. And that is a test that people can do on their own. It's a shotgun genomics test.

So you don't get quite the same information from my clinical patients. I really like, the access genetics test, the quantity, the, quantitative PCR test, but but it's great information.

And so I'll tell people say they start doing, you know, some they start something different with their, their oral hygiene. They can test themselves before they start.

They can test themselves 60 days later and they can know if it's actually working for them. Now, if you test positive for these parakeets and are there, applications of oral microbiome microbiological agents that can tamper down that level?

Is there any type of oral health that you could use? Until you get rid of the source, let's say, until you get to that point is, is as a daily routine, I would yes.

I start people using little gum picks, just very simple little gum picks. And I probably have some around here. Yeah. Here's one that help, disrupt the biofilm.

This is a this is a biofilm problem. So. So, you know, biofilm is a community of bacteria that really protect each other. They secrete substances that make them give them more defense.

And so that biofilm has to be mechanically disrupted. And then, I mean, your question so good about, you know, then in the meantime, then they have to find, a dental office that understands that even early disease is super important and they'll need a deep cleaning.

And, I use a, a whole series of things. But one thing I use is a laser to help kill those bacteria down in the pocket. Now, I'm going to be really interested, you know, before we started recording where we're talking about your, BPC 157, I.

Oh, my goodness, this it's really fascinating. And this is a whole new area for me that might really help people.

Well, it is, you know, one of the things that we, we have seen is lectures is this by, BPC 157 is a naturally occurring peptide that's found in the gut area.

It also has been useful in reducing inflammation. It's a signaling peptide. It tells the body that there is an inflammatory condition somewhere. So it seeks out that area of which there is a a, a beacon, that's going on that there's an inflammatory condition.

So it goes and quiets that down and reduces that swelling in that area. So allows that body to its healing mechanism to take place. So that's that's some of the things that, you know, that we have found to be useful.

We think it'll be effective, for the oral cavity because it's absorbed through the oral mucosa. So it's a chewable, item that, you know, I do know that, you know, in your area, in area when patients have the, it inflamed gums or they have an infection, it's you have to give steroids or, sometimes an antibiotic to somehow knock down that inflammation so that you can take care of the tooth or the source.

But this is something I think is can be useful. And I'd like to get your input on it, but I, I see 157 would be just something that would be a game changer for people.

How do you reduce the swelling and inflammation in the oral cavity quickly? Or I can think of actually several people, right, that I love to test it on because, you know, since these these bugs are, you know, transmissible, I'll see somebody who maybe has very little inflammation.

And that's something I really want to emphasize, is that it's not like it's a painless problem. And it can be it can be early, early, early and still be impacting the systemic health.

Seriously. I mean, that's the big problem with, with periodontal disease is that it doesn't hurt. I wish it hurt because then people, you know, we we move away from pain, we move toward lesser pain.

And but it doesn't hurt once it hurts. Oh my goodness. It's just about too late at that point. An interesting case. Another, you know, landmark thing that happened in 2013.

A physician sent me a patient who, had a high C-reactive protein. This patient's C-reactive protein was 18.1. And so the physician was like, Debbie, I'm afraid she has cancer, but we can't.

We can't find, you know, the source. See what you think. So I had started doing saliva testing, you know, in 2010. So this is 2013. We did really a deep cleaning.

No antibiotics. Ray. She had high fever, bacterium nuclei. She had a little bit of a red complex. Not this acute. She had tan areola, forsythia a little bit.

But anyway, the point is she did not look that bad clinically.

Cleaning, Ozone, and Daily Oral Care

She was a case clinically that would get ignored by 99.9% of dentists, including me, before this adventure, including me before I understood the impact. So.

But we did a deep cleaning. Use the laser. No antibiotics. She retested another blood test 60 days from her therapy with me, and her C-reactive protein was 2.9.

The only thing that had changed was a super thorough cleaning. So. So for your listeners, the key is a super thorough cleaning. So many times, you know, these days, it can be, a polish, you know, not a not a super thorough cleaning.

And now, we have a number of dentists that use ozone. How do you feel about ozone? Is it an application for a

rinse? And also for at least at least during the cleaning?

Oh, I love it. I use ozone during cleanings. I use Amazon gas as well as ozone heated water. I a lot of times I'll have people used as brush picks with overnighted oil and it's excellent.

There's no that's a great side effect. Great idea. So you put the ozone heating oil in the, machines. Well, you can buy as an added oil, right. And, so I have them, you know, buy some.

I don't sell it, but there's a lot of good brands around. And so I'll have them put, say, dip their brush, pick in the oil and then, you know, use that, with their brush pick scrubbing in between their teeth.

Absolutely scrubbing. And that's the key. It's like it's like right. It's like, you know, bathtubs got or, you know, you know, barnacles on a boat. I mean, you can't mechanically get rid of it.

But those brushes, those picks are even for close teeth that are very close together. Oh, yeah. And you're scrubbing the tooth. You're really on the tooth. Not again.

And that's what's so exciting about, your product. Because. So when people first start, they can be sore. And that keeps them from being as aggressive as they need to be because their source of we can get that inflammation down.

Then they can, you know, not hurt to. Very good. That's a great tip. So so we talked about cleaning. We talked about making sure that people, get a relationship with their dentist.

They can speak to it. And, and just because they have no problems doesn't mean that they that is not something that's their. And as we know that, what is the statistics are scary.

How many people are going to come down with dementia or Alzheimer's in our society. So prevention is more important now than, than ever because, these things didn't happen overnight.

Right. And oral health is, you know, one of the things that we, we've as a pharmacist that we, we see is many times people take a lot of medications that cause their stoma and, and dry mouth and, and many people take, a lot of medications, PPIs for, for it usually gastric distress or, and these drugs cause tremendous negative effects on oral health.

All the tagamet and all the, Prilosec and and you probably I would say I would guess that you see oral health not improving as people get older. And it's really it's probably taking a dive over the last few years.

You're exactly right. And as a pharmacist, you totally understand how the list has gotten longer. For people taking medications for these chronic inflammatory illnesses, most of which cause dry mouth.

So in the mouth gets dry, that saliva that, you know, God created to wash away the germs is not there. So then a lot of times they'll be told to, well, put a lemon drop in your mouth.

So they put a sugary lemon drop in their mouth. And then we start seeing all this vicious root decay, you know, around their crowns, around their fillings, and oh my goodness.

Right. It's just devastating. And then, you know, and then they lose a lot as they as they start declining cognitively, they, they lose their ability to keep it clean.

It's just it's just terrible. It really is terrible. And I appreciate you bringing up the whole area of PPIs because, the, you know, people are just not digesting their food generally.

I'll do a saliva test, but often I do a GI map, a stool test, because these oral microbes, can impact the gut. And we can actually look for one specific oral bag called fuser bacterium, nuclear bottom that, moves to the gut and we can

test for that.

And it's, it's considered causative actually in a lot of research papers for colorectal cancer. So, so the dry mouth I mean it's that is the beginning.

That is the beginning. And and as you do so well on your podcast talking about root cause for chronic inflammatory illnesses, that's where it all that's where it all comes from.

It's it's because we're not addressing root cause. Well that's exciting. So we you know, one of the things that we also see seniors, you know, we're aging, our population is is aging.

And we have more seniors now that we've ever had as a society. 80 and unfortunately, many people don't spend money on their dental health because it's an out of pocket expense.

And so that's probably one of the worst things people can do. They'll, they'll put money in their, in their IRAs, 401 KS and their investments, but they don't spend any money on their teeth.

Medication Effects and Nutrient Depletion

So, I just want to get your opinion on what people should do as they reach 65. What's the first thing they should do? And their teeth? Well, my perspective is, what can we what can I teach people to do that doesn't cost money?

What can we what can we talk about to help prevent those? You know, a bunch of new fillings, a bunch of new crowns, a bunch of that, you know, that rebuilding that mechanical work.

So I think, it all comes down to cleanings. I think people will should find a dental team that addresses any oral inflammation, any bleeding, and you know, if you go to the dentist and, and you're told, oh, you have a little bleeding, no problem.

Now that is a problem. Find an office that understands why what early bleeding means no other place in the body. Why would we have this, you know, chronic bleeding and just ignore it like that?

It's a sign that there's a problem. So that is absolutely the first thing, because if you find an office that will address that, then they're more likely to, be open to other options like, you know, like you're creating and like oral probiotics or, so that people have, I advocate oil pulling, you know, things that are preventive in nature to help balance this oral microbiome.

And it's not it's not these harsh mouthwashes at all. I had Nathan Brian on my podcast recently. Yeah. And we talked about nitric oxide and and in fact, I saw a patient recently who had early cognitive decline her she had no bleeding in her mouth, but she was using a very popular mouthwash that kills 99.9% of germs.

She's using that mouthwash three times a day. So I really think she's lost her nitric oxide production. I mean, I refer to her on, for for help with, you know, we have a doctor in town who's a Bredesen, physician.

So, but it really was, I think that her oral microbiome was so out of balance. I mean, I helped her with those things, but, But those mouthwashes are are dangerous, too. So.

So what do you do on a daily basis is important if your gums are bleeding? That's that's a that's a sign. So you got to take care of your, of your teeth.

And just because they may look good doesn't really mean that they are good. And so it's so important we learned so much, today, and also, I'd like to get your, your contact information for our, people on our podcast and your website, too, because it sounds like you got a lot of information there.

Oh, well thank you. Right. The. Yes, my website is Doctor Debbie Oz, Mint.com, Dr. Debbie Ozone Jimmy

into.com. And there I have a whole other reference.

So a lot of free stuff on there, of curated, reference articles that relate to all areas of systemic health, specifically oral microbiome, gut microbiome.

But there's things on there on laughter. I mean, there's just so many areas of health that that can be easily overlooked. I, I have a course called Upstream Gut Health that's available on my website.

And then, you know, take a listen to my TedTalk. It's, it's several years old, but that was fun. It's called the Forgotten Orifice. And I just I just encourage people.

There's so much you can do on your own that you'll you'll need your dentist less, you know, and that's a good thing. Well, we appreciate you sharing that information for us.

And I'm sure people want to fly in to come see you because, it sounds like it would be an adventure. Where are you on where is your practice located? I'm in Oklahoma.

And we did have someone from Nepal come in, which is so much fun. So exciting. But I'm here in the heartland, and, I think you're in Texas, right? We're in Austin.

So, if I definitely. What city in Oklahoma? Oklahoma City. Oklahoma city. All right, well, it sounds like if everybody's in Oklahoma City, they can come in for a, a checkup, that's for sure.

If nothing else, if it sounds like it'd be a fun, fun time. Yeah, it is, it sure is. Well, we're going to, we're happy back on again because we're going to take this to, some interesting therapies that people can, can, can do because, we're just so passionate on, on dental health.

So you can check out our website, PD labs.com and also our, our clinic about performance.com. And you can always be able to contact us for more information that we we spoke about today that's PD labs.com and listening to doctor talks and our podcast is Healthy Choices.

Well thank you Debbie appreciate your time today and we're going to definitely have you on again okay. Thank you Ray it's a pleasure. All right. Take care.

All right. So. Oh, Ray, that was so fun. I'll tell you what comes to mind is, bacteria called performance. Gingival. That's a red complex. Bacteria that is, is considered in a lot of research to be causative for, Alzheimer's disease.

They find they find the DNA in 40% postmortem brains. This if that VPC. I mean, who knows? I think you're really on to something because I don't see, like when I do saliva testing, I probably see poor from a gingival in, I don't know, I would say 20%.

And I'm seeing sick people, you know, because I'm seeing physician referrals, maybe more than that. But the point is, it is tough bug to get rid of. Tough bug.

You know, we can we can throw antibiotics at this stuff. But it's really got to be it's got to be a daily basis. It hides in the biofilm. So antibiotics alone doesn't do it.

It has to be mechanically removed. And then it has to be like on a daily. I mean, these these chewables are really to be interesting. I'd like to get them her hands.

Well, and in the interest of time. So we're going to do I should I just should I just, contact Alex to get you lined up with me? Yes. That would be great.

Hey, what do you want to talk about? I, I think I'd like to talk about some of the nutrients that are depleted. From pharmaceuticals. Yes. Yes, yes. Also affect, dental health.

And so I think this is the, the rule that, maybe the, role that pharmacies can play for referrals.

Closing Remarks and Future Collaboration

And when they see people that have difficulty in, when they're talking to them root because we may see it more often than you do, graphic tongues, when you can see their graphic tongues, their whole this things when you're talking to them, you can see so much about their oral health, that I, maybe we can, participate in so they can at least be aware that they should go get some assistance, but also some neat pharmaceuticals and compounds that we could make for patients because they have to be compounded, things that they could do for for oral rinses or for ways that people can take some of these medications that just maybe not available.

Maybe it's a unique cocktail that you have. So I'm open to something in that order that that would complement whatever I can do to complement your practice, because I've learned so much today.

Well, thank you. And I think for my listeners on the podcast, we could if we could talk about nutrient depletions in general, because my podcast is not dental specifically.

I touch on dental here and there. But if we could just talk about nutrient depletions, from, from prescriptions and then geographic tongue and signs of, you know, how to be more comfortable, what would be great be great.

Okay. Because, you know, the biggest the big trio of nutrients that are depleted from prescription drugs coenzyme Q10, magnesium, vitamin C, R and B vitamins are universal.

And when you see somebody that has 13 or 14 different medications, good. Good luck when they get those, those, nutrients in them, you know, so but that's commonplace.

It is, it is, you know, I think you, maybe the connection for those nutrient depletions that dental health we can go through. Great. And I forgot to say that my podcast is called vitality Made Simple.

If you all do show notes I guess put that in there. Okay. We'll do that. Yeah. Vitality made simple. So this will be great. So I'll get in touch with Alex and we'll get you scheduled.

And is this a pretty good timeslot for you, Ray? Usually, 10:00 on a Tuesday is a good timeslot. Okay. Yeah. Perfect for me, too. Okay. No, I'm so thank you. Well, thank you.

Earned a lot. Well, tell Doctor Laval hello. I'll see if I have the recording on my, Because I'm waiting for another. I want him to do another course in homoeopathy. It.

And he said, and he looked at me and he went, yeah, I should do that because I like that. He says he personally likes it. So if I can get him to say, look, Jim, we're going to do this one more time because he's a co-chair at a friend.

Yeah, yeah. And, and, I think people will will flock to see it. Oh, are you to and, ask him if he'll be on my podcast because there's a ton of topics we can talk about.

But, you know, he doesn't know me. I mean, I've been in he he signed up for doctors talks, so. Oh, we did. So he's got to get people signed up too. So I'll definitely chat with him.

I'll see him on the 14th. And our he's he's a patient in our clinic. And you're welcome to come when you ever in Austin where North Austin comes visa see our place.

We got a brand new building and, we're we're doing medicine the way it's supposed to be is a integrative, group that has a clinic and pharmacy all together as one entity.

You can't separate them. Well, I have utmost respect for you and for Doctor Laval. And we're not far from Austin.

We will we will boogie down there one of these days and, have a have take you to lunch.

All right. Well, looking forward to it. Yeah. Thanks. Thanks again, Debbie, for changing the time. Appreciate it. Bye bye. Take care. Bye bye. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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Real talks from real doctors on the issues that matter to you most.