Can Your Mouth Be Making You Sick? The Oral-Systemic Link with Dr. Tom Larkin Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to Functional Oral Health

Here's what it means for the first time ever. I'm creating a level of value that they never have had in their hygiene business. What it means Mrs. Jones is that the health of your mouth is connected to overall health to your overall health.

And from now on, we're going to be monitoring this on a regular basis. Now it makes a patient, you know, feel pretty good because This is connected to heart disease, dementia, diabetes, blah, blah, blah.

So that's the test, teach, and then treat. What I've done is I've gone out and I've just kind of selected, I did this about four years ago, selected the technologies that I think are the most cutting edge.

But one of them is a diode laser. Now this is a laser that most dental hygienists can be licensed and certified to use. It's a little bit different than the big boy laser that's cutting and doing all that stuff that the dentist may have.

It's also less expensive, but it's effective in targeting oral pathogens. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Welcome to the Functional Edge podcast. I am your host, Dr. Julia Ward, medical director and founder of Balanced Body Functional Medicine. Today, we're honored to welcome Dr.

Tom Larkin to our show. In this episode, Dr. Larkin will be sharing insights on oral health, offering expert guidance to help you navigate your health journey with the latest advancements in functional medicine.

So stay tuned for an engaging conversation that promises to empower and inspire your path to wellness. So Dr. Larkin, how are you today? Doing great. It's a great spring day.

Finally. Finally. Great. Don't you just give us a brief introduction to yourself? Yeah. So I'm a dentist, but I've had a focus on prevention for decades.

And over time, I've developed curriculum to help teach it. And it's been very much a very small niche until lately, right? And this whole concept, oral influence on oral health, has really become topical.

Dr. Larkinu2019s Prevention-Focused Background

And I would say the last 10 years where I've been really dedicated to teaching it technically, I have courses that I give for dental hygienists on advanced technology, everything around prevention, right?

And what we can do to do a better, more effective job. in this whole thing. So I do an annual conference and I've just kind of gotten a lot more involved in podcasting.

I really, really love the functional medicine space because one of the things I've found is that there's a little bit of a knowledge gap and I just want to be here to answer questions and fill that void.

What do you need as a functional medicine practitioner? What do you need from me and how do we collaborate and how do we communicate? Great. So what inspired you to create proactive oral wellness and how does it differ from traditional dental care?

Well, I'll tell you how long ago I made my pivot and it's going to age me a bit. 1989. And I reached a point where

every practitioner reaches and they just get tired of reactive restorative care.

It's like cavity after cavity after cavity. And it's like, is this all there is? Right. And medical professionals suffer from the same syndrome. It's discouraging, right?

You know, it just becomes very methodical. And once again, dating myself, I read an article in Reader's Digest. There's no internet, right? this very controversial doctor at NIH named Paul Kyes.

And I just tracked him down. I went to DC, took a small course from him, and my eyes were open. And I was like, oh my gosh, I changed everything, my total approach to dentistry.

Because what he demonstrated is that our two main infections, dental caries and periodontal disease, are infections. Now, 30, 40 years ago, that was pretty revolutionary.

This has not been looked upon that way, bacterial infections. And I came back and initiated a microscope chair side for the hygienist. We looked at oral microbiomes.

We taught. I had an incubator. We did cultures. That's a different way of practicing dentistry, right? And then what do I see? The outcomes when patients came back for their six-month visit, I saw these beautiful, pristine smiles.

And I go, this is a cool way to practice. I don't know why more people don't want that. Fast forward to 2013 as my second major pivot and I'm at a conference.

It's kind of a new organization on oral systemic health. And I, and the keynote is a Dr. Brad Bale, who's the founder of the Bale don't need method. And it's a cardiovascular prevention method, but huge dental component, right?

So I'm of the age where I'm a little worried about myself. So let's be a little self-serving. And I said, I need to become a patient. So I became a patient, took his preceptorship, and then started creating courses on this integration.

Because in his method, what's different about his method and functional medicine in general is that he requires the participation of a dentist. When I became a patient, I needed to bring to him an oral CT scan.

From Reactive Dentistry to Proactive Care

I needed to bring salivary diagnostics and a sleep screen. And that is required in his diagnostic workout. That's great. Yeah. Wow. Okay. And I'm sorry, what was this doctor's name again?

Dr. Brad Bale, B-A-L-E. Okay. And so you've spoken about a shift from a reactive to a proactive mindset in dentistry. And what does that look like in a day-to-day practice?

Well, it begins in hygiene. Okay, the dental hygiene component. Let's talk about the business component because I have people come to me on all different stages.

Like my favorite thing right now is like a scratch starter startup. I have a holistic practice that I helped start about five years ago here and it's much easier to do.

It's more frightening to do it, but it's easier. So let's say I'm a young dentist and I buy an older established practice and I try to make a pivot. Ooh, that's brutal.

It's just brutal because you're going one patient at a time who's been under reactive care for 30 or 40 years and they love old Dr. Jones or whatever.

Yeah. And you're coming in there and you're seeing, you know, just terrible stuff, right? And then you're just trying to explain to them, it takes a lot of energy, right?

So, so the proactive model says, let's get in front of this. Okay. So I created a protocol. It's called the Larkin protocol. And the motto is test, teach, treat, repeat.

Testing is salivary testing. Okay. We start chair side with a microscope. It's visual visual learning. So it's the most powerful tool ever and Dr. Kai's brought that to dentistry in the 60s and 70s.

I just upgraded it with newer technology. I have a custom microscope that was kind of configured for me that is really easy to use and that I can teach virtually.

I've taught this around the world so I don't have to be there to show you how to set it up. And it creates a level of awareness that, oh my gosh, I have an oral microbiome, it's a bunch of germs, and they're alive, and they're jumping around on the 65-inch LED screen, right?

Now I have the patient's attention, and then we can begin the conversation about oral dysbiosis and the health of the oral microbiome, because it's a real challenging thing.

So that's test. And then part of that is teach, right? So we're teaching them what it is that we're doing because you have the patient's immediate attention and the patient will say, well, what does this mean, okay?

Well, here's what it means. For the first time ever, I'm creating a level of value that they never have had in their hygiene business. What it means Mrs.

Jones is that the health of your mouth is connected to overall health, to your overall health, And from now on, we're going to be monitoring this on a regular basis.

Now it makes a patient feel pretty good because this is connected to heart disease, dementia, diabetes, blah, blah, blah. So that's the test, teach, and then treat.

What I've done is I've gone out and I've just kind of selected. I did this about four years ago. Selected the technologies that I think are the most cutting edge.

One of them is a diode laser. Now, this is a laser that most dental hygienists can be licensed and certified to use. It's a little bit different than the big boy laser that's cutting and doing all that stuff that the dentist may have.

It's also less expensive, but it's effective in targeting oral pathogens. I won't get into a deep dive into lasers, but a laser is part of it. The other is a newer technology, newer called guided biofilm therapy slash air polishing.

Okay. And what that is, is it's a, it's a slurry that is, that is shot through a hand piece. So we don't touch the teeth at all. Now it's kind of like power washing.

So the newer technology, this technology has been around for decades. The concept of shooting a slurry. but the new technology is particle size. Okay, the particles of the technology.

So if we use sodium bicarbonate 20 years ago, and you shot it on the gums, you would damage the gums, they would bleed, okay? So now we're talking about micro particles, glycine, erythritol, very small micron particles, okay?

I could shoot this up under the gum, all right? And air polishing has kind of a dual, technology, it's very comforting, but it has medicinal. So those sugars have medicinal, you know, evidence-based research that shows that there is a, it helps the oral microbiome.

Okay. And then the last one is ozone, aqueous ozone. Okay. I'm a big proponent of ozone, but what I've done is greatly simplified it. And this is all new technology.

I like the use of aqueous ozone in a dental office as a standard for all water. Okay. Cause it's nonchemical. I

consider it extremely holistic and I don't know how much you know about ozone, but it's, you're going to see a lot more of it now that there are some changes in the, in the, in the healthcare is being used all over the world that your technology has been suppressed in the United States.

Yes, we use Ozone in my office quite a bit. So it's awesome. And those are the three things under the treatment part where I have training courses for that.

And the last part is repeat. And what Dr. Kyes brought to the table was what he called modulated therapy. And what's unique, and the oral microbiome is very complex, okay?

The Larkin Protocol: Test, Teach, Treat, Repeat

And I've learned to use the word management. There's no cure here because it changes daily, okay, for a host of reasons. I mean, the mouth is a major portal entrance of bacteria, viruses, and everything.

So it has a lot of challenges. And then you have your underlying immune system. How are you responding this particular day, right? So we talk about managing.

But the modulation of therapy says, we're monitoring you on a microbiological basis on every re-care visit. When you come into the dentist, you know, we're looking at it.

And if I see a change… and oral microbiomes change, I adjust your next appointment according to what I see. So this concept, I don't know if you ever knew that years ago, the concept of going to the dentist every six months, which kind of became a normal, that was actually came from a toothpaste company.

That didn't come from, right? That was an outside deal that said, yeah, you go every six months. Okay, then six months, stuck. And then if you have gum disease, then three months, stuck but it was right it's just no you know so we're talking about you know you're you're very familiar with the word precision medicine we're talking about precision dentistry you know you may have to come in every six weeks until i'm comfortable with with some level of stability right and it's it's not a it's not a random number so so those are the four those are the four bullet points of what i teach Can I ask a little more detail about the salivary analysis and what is it that you're looking for, you know, in there?

The microscope is just great because we don't charge for it. You know, I'm a big proponent of access to care. And so when salivary diagnostics, I'm talking about PCR and now PCR slash genomics, you know, there's tests that's coming up all over.

You know, there's cost barriers, you know, 100 or 200 bucks. Well, that's a lot of money for a lot of person that's going in to get their teeth cleaned.

And if they don't have an understanding of why. So what I do is I, you know, I couple the two together. So this is how I use it. And what you're actually looking for clinically It's really very straightforward.

I mean, Dr. Kai's did a beautiful job of teaching this, his motility. Okay. So if you put a microbiome, it takes a minute. You just take a little sample of plaque underneath the gum, put it on the microscope, shoot up on the TV screen.

And the first thing we're looking for is motility, which means movement. Those are your anaerobic bacteria. If you have an anaerobic infection, that screen is crazy.

And that's good because that's where the patients go, oh my god, what's going on? Yeah, you got some stuff going on there. So this is a risk assessment model.

Meaning, you know, it's like, there's not great precision with it. I can't identify the pathogens. Okay. The perinatal pathogens for the most part, but I'm saying, you know, you have a healthy slide.

You have, you know, a little bit of risk or high risk. Okay. The high risk patients have to be, have to be identified. And the beauty in this system, which I generally get people on board very quickly is when they screen a younger patient, 25. who appears to be to the naked eye, which no one trusts after they use a microscope, they'll look at him and say, you know, I think you're okay.

And then they look at their own microbiome and it's like, holy, you got everything, right? So what's going on there? Well, it's an early phase, you know, it's an early phase infection.

This patient is also young. This patient has a good immune system. This patient doesn't have pockets which harbor, you know, which tend to harbor. So this is proactive.

And then I'm diagnosing patients. In a traditional model today, which is predominant, everything is past tense. You have a pocket, you have a four, five, six.

What's that? Well, that's damage. That's past tense. You have bone loss. Well, how did I lose bone around my teeth? Why are my teeth loose? That's past tense, all right?

I can look at that oral microbiome 10 years before that happened. 10 years. Wow. Okay. Okay. So this is revolutionary. It's very, it's, it's a niche. It's very small, but I got to tell you something.

It's blowing up. Yeah. And so does these kind of abnormal microbiome cause things like gum recession? Sure. Yeah, anything related to pocketing, gums pulling away, gums swelling.

Yeah. There are a multitude of things. But here's the most important, because gums can't bleed. OK, that's just, here's your line in the sand. OK, if there's lay people in your audience, gums can't bleed.

If your gums bleed, you have a problem. What you have now is an open communication. you know, your epithelium has been violated and those pathogens that are under your gum in the pockets are in circulation.

They're in circulation. And that's where you have remote sites. And, you know, we can go through anything that's inflammatory based. Okay. The big ones are cardiovascular, diabetes, and dementia.

Arthritis is a big one. Some cancers, some cancers, pancreatic cancers. There's a few cancers that have correlations. Okay. So how do we know these things?

You know, we find them in remote sites, you know, through, you know, post-mortem stuff. You know, they take out a clot from a heart tract stent and it's got periodontal pathogens in it.

What the hell are they doing there? Wow. Wow. That's impressive. Can you walk us through the Larkin protocol and how it's evolved over time? Yeah, so basically, it's just been an additive thing.

So my wheelhouse has always been the microscope. Okay, that's what I brought to the conversation. And about six or seven years ago, when I really needed help, and what I mean is I needed a microscope I can't go office by office and teach this and train this, right?

I needed a user-friendly microscope and I met the right person at the right time. You know what that's like, that happens all the time, right? And it was actually my last phone call because I was buying microscopes and I had them all across my kitchen table and I couldn't, I was just frustrated.

And then I met somebody who'd been in the business a long time and he said, what do you want? I want a user-friendly, I'm teaching dental hygienists, I'm teaching novices, I'm teaching all kinds of people.

And I can tell you that when I was in dental school, I hated the freaking microscope. I hated histology class. You know, you have the, you know, you're looking through the eyepieces and I can't see shit.

And they're like, what am I looking at? So the first thing I said was, will you take the eyepieces off? He goes, yeah, we'll just put a camera on there.

So there's no, there's no eyepieces. Okay. And, and so, so it's a high definition 4k camera. And then the other thing it did, because I took some of that off, it's very short.

If it's on the, cause it was a cumbersome thing to put in a tree, but it was very tall. It had a, it had a very tall camera on top of it. Okay. So it's short and squatty.

Okay. A microscope comes with four objectives. Objectives are $1,000 a piece. I said, I don't need all that. This is scientific. I need one objective.

We're screening biofilms, screening. So I brought the cost down by 50%. It's a custom configuration, plug and play. Now I have something that I can train anywhere.

Yeah. Wow. That's great. Yeah. So your work heavily emphasizes the oral systemic connection. What are the biggest misconceptions dentists and physicians still have about this link?

There's a communication issue. The physician slash, especially functional medicine people don't know, what do I need?

Salivary Analysis and Oral Microbiome Risk

What do I need from you? We all know that inflammation, especially insulin resistance, huge thing. And so what I do in my training, is I try, you know, what is the meaning oral systemic?

So follow me on this. One of the things that's kind of new to my world, which I'm loving is a glucose monitoring. You know, I've been doing it now for a while and I, behaviorally, it's an amazing tool.

Okay. But what I've been teaching for a long time is that if you take a graph of insulin resistance, meaning you have a carbohydrate, you have a spike, you do this, the biggest problem we have in dentistry, one of the biggest problems is people with soft drinks and people with habitually drinking soft drinks throughout the day.

So I had this thought in the middle of the night, and I go, I need to teach this. So what I did was I created two illustrations. One of them was an insulin response, and another one was the acid pH oral microbiome response.

And I put one on top of the other. And I said, do you realize that when you challenge your insulin with bad habits, and boy, do those show up in the monitor in a nanosecond, right, in a heartbeat?

right you're doing the same thing from a ph standpoint in the mouth that glucose challenge creates an immediate acidic environment okay that encourages that shift that dysbiosis it encourages that shift okay so the frequency so what i want hygienist I want hygienists to get away from the fact of talking down to people and say, you can't do that.

Don't drink soft drink. You can't tell somebody not to have a soft drink. Okay? But at the very least, what I want you to do is drink it down in its entirety and follow up with some xylitol gum.

All right? Done. One spike, we're done. Right? That was my next question. Should you brush your teeth after having chocolate kiln? You know, it's all gums is probably anything to kind of come back and and can pull that pH back because so we're talking about two things.

But what I'm telling you is that I'm super imposing them over one over the other. So my newest thought, now that I have this monitor and I got this app on my phone and I'm looking at myself all day.

I'm like, this is, this is a big deal. Cause you know, the objective is a flat curve and, and, you know, and I'm, I'm

proud of 99% in range, you know, they'll give you a range and.

Yeah. trying to hit that, right? Yeah. I have a gamify thing, you know, my wife has one, I have one and, you know, we have our cheat time, everybody wants to cheat, you know, life can't be without that.

But and also, everybody's an individual, you respond differently than me, we can, we can both have a piece of cake, and you're gonna respond differently than me, right?

Yeah. It's customized to me. But what I've done, And, and getting back to your question, oral systemic, what, well, let's tie the two together because what I'm telling, when I'm telling, when I'm training the hygienist to say to Mrs.

Mrs. Jones or this young person who's you know, has this horrible habits with sufferings, you're just destroying your pancreas. Your pancreas is just going to go challenge, challenge, challenge.

You're going to turn 30. Your pancreas says, I'm out. Go get a shot. I'm out. Right. And then you're going to lose your teeth. So, so the challenge is, and I know I'm preaching to the choir.

I know because you're a functional medicine doctor. This is education. Okay. This is fundamental. We need new ways to teach. We need new ways to communicate.

So it's technology. It's wearables. It's a bunch of stuff. Okay. So my work is constantly in motion. It's constantly evolving. Right, right. So what are some of the most powerful success stories you've seen with the Larkin Protocol in terms of patient transformations?

Well, you know, it's, it's, it's, it's a dual thing. Okay. Let me talk about communication with the doctor because that, you know, having a patient have a beautiful mouth and having a microbiome indolence doesn't mean anything unless I have a mutual patient with, with you or with somebody.

Right. So what Dr. Bale found, and I'll tell you some of, and some of this is kind of kind of, it's kind of anecdotal, but I think it will be informational to you.

Okay. When a functional medicine doc and whatever the markers that earth that is that you're looking at, when you come across a patient with an inflammatory marker, that's kind of puzzling and you don't know exactly where to go.

But Dr. Mail, what Dr. Bale found out over 20 years. Okay. I've treated tens of thousands of patients, right? It's probably in the mouth. Okay. And he is of the belief that 50 it's a 50% the mouth is a 50% contributor to overall inflammation.

Okay. So is CRP enough? No, you know, we're going to look at L plaque to myeloperoxidase is very highly associated. to oral inflammation. So some of these are inflammatory biomarkers.

So I'm using this as an example of a mutual patient that would be sent to me, I do my thing, and then go back. And we have mutual goals.

Oral-Systemic Links and Blood Sugar Habits

So he teaches the concept of root causes of inflammation. And if you extinguish all the root causes, you essentially eliminate cardiovascular risk. Eliminate, as in, right?

And you probably have a similar philosophy. So that's how the dental medical integration, what that kind of looks like. If I've kind of answered your question.

Yeah, absolutely, absolutely. What role does airway health and sleep apnea play in oral systemic disease? It's so big, and so I'm so happy you asked that question.

Because I've evolved with that. It's a driver of inflammation. There isn't any question about that. Here's where it's at in the dentist world. And once again, I'm on top of everything that's evolving.

I've taken all the courses and everything. It's almost become a specialty. What I'm saying is, in some of the practices that I've worked in, when we've tried to go beyond screening, What I mean by screening, I think everybody should be screened in a holistic manner.

Part of a new patient intake should be a Mal and Patty score, a couple of the screening tests that are pretty easy to do, at least the preliminary. But here's what happens.

When you get into, and I'm just, I'm kind of generalizing, kind of take my word in my mouth. When you get into the treatment end of it, whether it's an appliance, whether it's a mandibular advancement appliance or whatever, or, or, or orthodontics.

Okay. It's almost a specialty in itself. So here's the trend. I'm going to tell you the current trend. The trend is dentists specializing in this. Like this is all they're doing because what I'm telling you is it's very hard to go do an implant, do a crown and then jump in and see a sleep patient.

You know what I'm saying? It's too many. You got too many things going on. Okay. In an ideal world. And I've been a proponent of this for a very long time.

It's what we call interceptive orthodontics. These kids have to be, and I can go back and look at the work of Weston Price back in the 30s, because Weston Price was the most brilliant dentist of all time.

And he introduced the concept of epigenetics and what happened when refined sugars, now this is back in the 30s. that happened to pristine populations.

He went around the world and looked at, he looked at untouched tribal populations. And as soon as they had a generation of refined carbohydrates, they had all these skeletal issues, facial skeletal issues.

You know, wisdom teeth have to come out, you know, collapsed faces, collapsed, you know, that's all, that's all epigenetic, right? So, so yeah. So what I'm telling you is, it's an entire category.

Yeah, I think that's interesting that over time with each generation, our mouths has become like smaller and smaller. And in fact, I remember having to have teeth taken out when I was a young child because it was just too many teeth or nobody thought, oh no, your mouth is just not big enough.

That's just too many teeth. Well, it was actually an orthodontic approach. So this goes back to mid 80s. So in addition to Dr. Kyes, the two thing, you know, I've always been this, Roguy is just me, right?

I just, I see things and I guess I just want to do something about it. So there was a philosophy. Now this was an orthodontic philosophy. So this is like a proof by the whatever, you know, of taking teeth out.

and I'm just gonna be perfectly candid because I'm old and it doesn't matter. Yeah, no, go for it. It made it easier to do your, if I took out four teeth and I'm gonna straighten your teeth, it just, it's easier, okay?

Yeah. So what happened was there were a group of foundational people that I met and that affected me. And, but once again, I never followed through as completely on the orthodontic side because I would have had to have an orthodontic practice, okay?

But what happened is here came the concept of Functional orthodontics is what it was called. Interceptive orthodontist. I mean, you would take appliances and develop the arches.

Develop the arches in kids. Yeah. Make the arches bigger, okay? Yeah. Now, There is a technique to go back with adults and actually do that. So I've had a podcast in the back with a, with a podcast partner who really got into this,

you know, so he's in his fifties and he went back and had those sutures and everything.

He had everything that all broken, broken open. And because he had had orthodontics like you did. Yeah. But see, here's what happened. When we look at things in isolation and we don't look at things holistically, the orthodontists at the time said straight teeth and they had a model on a bench.

And what's the quickest way to make straight teeth? They didn't realize that collapsing those arches and moving things backwards was affecting the airway.

the worst possible thing you can do for an airway. So these people ended up with airway issues. So Dr. Subiak was the person I'm referring back. He said that he hadn't had a dream in decades until he went and had all this arch redeveloped and the sutures broken open and now he can breathe and now he can dream.

Isn't that terrible? That's that's really interesting. You mentioned that because I don't dream either. I don't really remember dreams. I'm sure I do dream.

But but it's so you're saying it's more of an airway thing because my airways partially collapse. 100 percent. So, you know, we can. Now with the CT scans are becoming a standard in care and dentistry.

Airway Health, Orthodontics, and Growth

It's expensive, you know, but most dentists have them. And in addition to looking at the arches and looking at underlying infection, you know, you can you can take a pretty good preliminary view at the at the airway.

But as far as like recommended treatments, you know, I'm you know, my current thought as of today, You know, you need somebody that's just like all in on this.

A dentist who's all in. There are things that you can't dabble in. Right. Does that make sense? Yeah, absolutely. Absolutely. So historically, medicine and dentistry have been siloed.

What are the biggest barriers preventing collaboration and how do you think we can overcome them? So I always talk about my favorite physician, which was Charles Mayo, founder of the Mayo Clinic.

And I have a couple of slides with him in my, all my presentations. So in 1915, he has some great quotations about, you know, the oral cavity being the greatest portal entrance of germs and stuff like that.

The next great advancement in prevention should be done by the dentist, but the question is, will they do it? So the answer in 2015 was no. The answer is no.

So one of the things that I'm doing, I have a conference coming up the end of April, is a lot of this is gonna be technology. And I'm working with a company which is, they're oral maxillofacial radiologists.

So if you get a CT scan and I send it to be read, they have a HIPAA secure portal. So I approached them several years ago and I said, this is a great mechanism for communication.

So let's say that you and I have a patient in common, And I have the CT scan. So what they've done is they've created the ability for me to attach salivary test, sleep screen and everything.

And then I hit the share button. Boom, it's in your inbox in a secure fashion. So these are small things. But the but the collaboration to answer your question is you don't know what to ask for.

You know what I mean? Yeah, absolutely. And that's why I locked in on Dr. Bail. Because with absolute certainty, he said, this is what I need and this is why I need it.

Because, you know, I'm all about evidence-based stuff, but I have come over time and I'm sure you have, you

know, anecdotal things. I'm trying to, there's a famous quote by, oh, the guy's name escapes me.

But the quote is this, if I do A instead of B and the patient's markers markedly improve, we can figure out why later. You know what I'm saying? Right.

If it works, it works. Yeah. And we don't need 20 years. We don't need to know the exact mechanism of action. We just need to know that it works. Yeah, so Dr.

Bale started looking at oral infections and he would see these really high myeloperoxidase and then he would see a root canal and the root canal had an infection and that's a whole other conversation.

I'm not anti-root canal. We're having a really, really dramatic and really out of sorts and I need another hour to explain it. So then he would say, you know, I'd get that tooth taken out and then the patient gets the tooth taken out.

They come back a month later. Labs are normal. Hmm. Interesting. I'm going to do that again. All right. Yeah. Now he went to the American Academy of endodontics, which is the root canal specialist.

It would take them 25 years to come to some consensus as to which tooth should be taken out and which shouldn't, which should be retreated. Okay. Yeah.

But the whole concept. Just let me just put this out here so that it's understood, because Weston Price was also the person that brought this to the table.

And Weston Price's work was largely discredited. If you took Weston Price's body of work and it's the paleo diet, it's incredible. I mean, it's incredible, but he made a stand on root canals and organized dentistry through him under the bus.

All right. And it was only like 5% of his work. His work is brilliant. Okay. So that's how organized. Medicine and dentistry is how we treat our outliers.

We didn't throw him under the bus. I always use the guy the guy that from Australia I've done a lot of work in Australia and there's the guy that figured out that stress did not cause ulcers It was a bacteria, you know, and he was considered on a nut job, right?

And then he gets the Nobel Prize and that's the way that's the way stuff works, right? Yeah. Yeah. Oh, so what has technologically improved. So what a root canal is, is the removal in the center of your tooth is a neurovascular bundle.

Okay? Very simple. And if a tooth gets decay and it gets in contact, you're going to get pain. There's signals and you're going to get infection, right?

It'll die. The disinfection, the inside, if you think of this as a cone, the inside of that is a honeycomb. It's not smooth. All right? Here's the issue.

The issue is less than prices issue is that you're leaving dad necrotic tissue behind, which was true. Okay. But now what is the newer technology? Which I, which I have a hundred percent confidence in.

Okay. Use of ozone. Okay. It was ozone, but use of ultrasonics and lasers. Okay. So I can show you electron, electro. electron micrograph films of this tooth internally disinfected to my level of satisfaction.

Yeah. Yeah. That sounds great. Okay. Great. Now, so what I sell somebody I'm looking for, I have to have a root count, you know, gosh, here we go again.

I'm just going to say, I'm probably going to tell you to go to a specialist. Okay. Because they're going to use, they're

going to be using ultrasonics.

They're going to be using lasers. Okay, so many chronic diseases like heart disease, diabetes, Alzheimer's have oral health components. How can functional medicine practitioners better integrate oral health care into their treatment plans?

Probably with salivary diagnostics. That would be the easiest thing to you for you to do. Now, that field is in the middle of a lot of disruption. Okay.

Any, you know, testing companies coming on the scene. I was approached about a month ago. They're sending me the test. I don't have it. the first point of care test, okay?

Great for you, right? Because you don't want to be a dentist or you don't want to get involved in doing dental stuff, right? Somebody spit on a deal and you can read it.

So that's something that's fairly new. But here's where I fall out on solitary diagnostics. because it's been a real challenge for me, and that is complexity versus simplicity.

Meaning, do I need a 17, you know, one of them is a 17 panel, a 17 point panel, and then some of the panels are smaller.

Collaboration Between Dentistry and Medicine

Okay, now. I'm a work in progress. I'm very transparent about that. I'm not set on anything. What I find in communication with a patient, if I have a panel that's too complex that I present them, the worst thing you can do is confuse somebody.

So a panel is really a tool. It's cool. All right. Here's the problem, the way dentists approach panels is because our training and it's because we're by nature, we're engineers.

We are looking for right and wrong. You probably aren't like this, but we're very analytical. We're looking for the answer to the test. The correct answer is that.

So what I'm telling you is. I'm going to do a panel and the patient comes back and I'm going to do something and then the panel comes back indecisive.

That's going to freak me out. Well, what I have learned, and you know this, is that what we want patients to be doing is trending in the right direction.

The concept of trending. Yeah. because you're looking at patients over time. You know, you have patients that come to you over time. And so it's a, it's a guide, but what it's not, which dentists have mental issues.

I'm just telling you we have mental problems. It's not a right or wrong. Am I making sense? Yeah. Yeah, absolutely. Yeah. And so that's why dentists struggle with it.

So, so what you, what would be the most beneficial for you would be some form of testing. I wish I could tell you to do this task because I'm at this very moment.

Okay. I actually have work in progress. Okay. So the tests are sort of evolving. They're coming to the market and you're trying to suss out which is the best one, which is the most cost-effective.

Yeah. Well, it's a host of things. So I mentioned a conference that I'm having in April. I have a dentist who is coming from London who introduced the first salivary test in October in London.

She's 28 years old. She went on a podcast that had a million views the first month. Wow. Introducing this test, it's

called Auralis. She's coming here, she stayed at my house.

I said, you've got to come here and you explain this to me. So what I'm telling you is the space is rapidly evolving. She has a theory and I don't know.

And so the other thing that you have to understand is the difference between a PCR and a genomic test, okay? And once again, when you start dwelling into genomic information, now you can get into like volumes of- Oh yeah, yeah.

You know, what do you do with that? Right? Right. But what I don't want to do and see this is you have to understand my position as a coach and facilitator.

A dentist is trying to do his do his regular job and integrate some of these things. If I introduce a test and the test isn't relevant, or if they ask the dentist a question that they can't answer, they're just they're going to lose interest.

You know, it's out of the scope of practice. I don't know what this is. I don't know what's, you know, Yeah, so but the most meaningful thing from an inflammation standpoint is going to be Paranormal pathogens.

Okay, what we call the high that you know, the the red complex AAPG fan and you know Yeah, you know what what what are those and is a patient? Now here's a problem that I'm gonna give you right?

So you're gonna do this test and they're coming back and they're gonna have red bars up to here and I was like, what do I do now? Right? Now you have to find a dentist to take care of it.

And then that's your challenge. And then that's why I'm training people as fast as I can train them. So that we're speaking the same language and that I'm communicating to you in language that we understand.

And it's huge. This is a 180 model. It's just way different than, and there are other factors involved and you're aware of this. You know, there are economic factors in that prevention has never been lucrative.

The people that find me, I had a podcast this morning where I was a host to a nurse practitioner who's been practicing preventive cardiology independently for 13 years.

And I'm like, kudos, you're my hero. So her background was in critical care, interventional cardiology, and then she just put her stake in the ground.

I was like, where'd you get the confidence to do that? How'd you know somebody's going to come? So what advice would you give to a dentist or a physician who wants to start collaborating across disciplines but doesn't know where to begin?

I don't ever want to be self-serving, but that's the courses that's what I teach. That's my wheelhouse, both live events and virtually, or I'll point them in a direction.

What I've done to separate myself out is I'm not an organization. This isn't a criticism, but a lot of organizations They're still selling the concept that the mouse connected to the rest of the body.

I'm not selling that concept at all. That's a way in the rear view mirror. Okay. If you need to be convinced that there's a connection, you're going to have to go to your homework somewhere else.

Future of Dentistry: AI, Telehealth, and Bio-Restoratives

Yeah. I'm going to teach you what that means in a day to day practice procedure wise. Yeah. Does that make sense? Yeah. So you have courses for dentists.

Yeah. Well, actually now, now this, this conference in April is just, it's an open, it's an open healthcare provider.

because it's called the blueprint.

And what I'm very rapidly trying to do is to take all these smart people that are around me and to assemble kind of a blueprint of integration. What does that look like?

Right? Right. I have a holistic practitioner. I have this person. I have Dr. Bale is actually the keynote in this, the Bale don't need method. And a whole variety of people.

I got a couple of PhDs, prebiotics, probiotics. These are all tools that are not going to be found in the university for a while. You know what this space is like.

This is entrepreneurial driven space. Yes, yeah, 100%. So looking ahead, how do you see the role of dentistry evolving in the next five to 10 years, especially with advances in microbiome research and inflammation management?

So, so my dream, my, my dream scenario, it's going to be, it's probably going to be a combination of things. It's going to be a co-location. Okay. It's, it'll be a, that's a perfect scenario as a physical co-location.

Yeah. of dentistry and some level of provider. The other thing, because I'm really involved, because of the new healthcare mandate, there's some task force that are forming and I want to be involved in those.

There's going to have to be technology around telehealth and AI and there's a lot of, I'm going to be presenting in April some new stuff with AI. AI is really, now this is, specifically on the radiology end, it's going to be a godsend for dentistry because everybody, everybody's heard the story of someone, you know, I went to a dentist and he said I had 10 cavities.

Then I went to this dentist and he said I had no cavities. Okay. Now, what the hell just happened? Okay. Well, what happened was the guy that said you had 10, the person that said you had 10 may not have been a bad, he made a bit of proactive and was looking at incipient decalcifications.

Okay. Wasn't necessarily this guy's like crazy and too aggressive. And then on the other end, the person that said you didn't have any may be of the philosophy of, and this was a horrible philosophy.

Well, we're just going to watch it. We're going to watch stage one cancer go to two to three to four, or we just watch that, right? Yeah. So AI is eliminating that, right?

So the radiographs are, and then there's another, a new category called bio-restoratives. Super exciting. And this is the rebuilding, the actual rebuilding of enamel, back to a pristine state.

But guess what? You need to catch it in its incipient earliest detection. Early detection is probably best done by AI and not the naked eye. So you can't do it after the enamel's gone.

You've got to build on something. You've got to have something to build on, just sort of like the cartridge in your joints. Somewhere, it hasn't broken through into the tooth.

Right. As you know, it's a very exciting time to be in healthcare right now. That is awesome. Yeah. Well, thank you so much for all your time and information.

It's really been enlightening. And we will put a link to your website on this podcast so people can get more information. Do you have a listing of dentists that you've trained thus far?

That's in progress. That is the number one thing. Where do I find a dance? Where do I find a dance? Needs to be a directory. Yeah. Yeah. Okay. Awesome.

Thank you so much. Thank you, Dr. Ibrahim. Enjoy it very much. Thanks. Thank you for tuning into Dr. 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. For more insights and strategies, subscribe to our podcast and visit our website, www. DrTalks.com.

Stay connected. Stay healthy and join us next time on Doctor Talks, real talks from real doctors on the issues that matter to you most.