Creating a Healthy Mouth for Your Family: Dr. Katie To, Biological Dentist Transcript

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Podcast Introduction and Guest Welcome

Your genes hold the answers to your family's overall health. I'm Dr. Paula Kruppstadt and on the Get to the Root with Hope for Healing podcast, I sit down with experts in genetics, functional medicine, and family care to explore what's really going on beneath the surface so you can stop guessing and start healing.

From personalized insights to practical tools, we bring you whole family wellness that starts at the root. Welcome everyone to the Get to The Root podcast.

This is Dr. Paula Kruppstadt, your host. And how appropriate that I'm struggling with laryngitis when I get to speak to a dentist. So how funny is that?

So welcome Dr Katie Toj. She is a biological dentist, and I am so grateful she's here. Welcome, Katie. Thank you so much, Paula. Yes, and it was interesting.

I got onto your website, so I'm just going to give a little bit of an introduction, but I think what we'll be really encouraging to everyone in our listening audience is your journey, your personal journey and how that translates to care for an entire family.

So Katie went to the University of Texas at Arlington and she earned a Bachelor of Science in Biology. And then she went on the alma mater, the university of texas health science center at San Antonio.

I went into the med school and you went through the dental school. And then Katie went on her own personal wellness journey. So I would just like to start there and have you tell us your journey in traditional dentistry and how you ended up as a biological dentist.

Yes, by reading my bio, you can definitely say I'm a very good student, straight A, graduate with honors and distinction in research. And now looking back, I actually laugh at my research because my resource was on fluoride, how amazing fluorite is, and now I don't practice with fluorides.

Katie's Health Crisis and Heavy Metal Toxicity

Life is really testing you and so when I was in school, I believe that school teaching me everything I need to know So when i went out to practice, i know so much already And it's really hard when you become the patient.

I actually became a patient myself in 2018 got really sick. And the health care system said nothing wrong with you. Everything looked okay. But I noted that inside I was not okay, I wasn't I know that that's not who I am.

My memory, my foggy brain get really bad. my fatigue, which is unbelievable. I'm dreading getting to work, get out of bed. For my whole life, I was always high energy, always talk fast, walk fast.

Eat fast even though I know I'm not supposed to, but you know, a lot of patients also agree on this. They know when their body changed and they know this is not how I am.

I feel different. Feel weaker. Not myself. And when you look at the blood work, really nothing show up. Number one, because The blood work was not cover everything you need to see, but it's also done.

What normal is not optimal. We learned that what normal, is that optimal? So everyone say I'm normal. But I know I am not my own self. And that's when I found functional medicines and would diagnose with heavy metal toxicity.

And I was given a choice of either quit dentistry completely because it's making me so sick, which is I never heard

of. And to be honest, at that time, my family and I thinking we met a quack.

We're like, we never hear of that. Like who said having metotoxicity and the symptoms are just so similar to other condition. Then we had a second opinion, third opinion and obviously everyone said the same thing.

That's when you become denial to accept that the fact that that's what I had. So I have to quit dentistry because it makes me so sick or I had to practice differently.

And so a lot of us when we live give us that ultimatum, like you either quit or do differently, Most people quit. I have friends that quit because they're so sick.

Then there's people that say, no, I had to figure out a way. Right. And so that's what I chose to freak out away. That's how I found biological dentistry.

The community embraced me and helped me. You're one of those members of the community who taking care of my kid and also support what i'm practicing and take care a lot of our patients.

So I'm deeply grateful for this journey because at first, the beginning journey, Why is this happening to me, right? You was in a very confusing state where you're like, why me?

Why does it not happen to others? And then I realized that a lot of dentists struggling with this, with toxicity, but autoimmune, what heavy metal, would infertility with thyroid problem.

And, and they could not pin it to what causing it. Katie, let me stop you there and ask you a question. You said you found out about heavy metal toxicity and you're like, oh, this could be a quack.

And then you went further. So what kind of testing did you have done? Yep. It's very interesting because three different providers do three tests. The first provider, she did the Provoke test with the lab at Genova.

I did a challenge test, collected urine for six hours and then tell us like the lead and the mercury and a bunch of other heavy metal. The second doctor did the tri test from Quicksilver, hair, urine, and blood, but not a provoked test or not, a challenge test.

And then the last doctor that the test with Dr. Data. Also with the challenge and that's how the test result was conclusive that yes, you had heavy metal toxicity and then you have no metal, an entire body, not from any medical device or medical dental procedure.

I don't even have any restorations in my mouth. So I was born and raised in Vietnam, so I have all my wisdom teeth. And so that the conclusion is coming from my work.

which is dentistry and how we remove heavy metal from amalgam restorations. And that's where I got it from. So as far as your recovery to your bio talks about infertility, and I have the privilege of caring for your beautiful children that are miracles.

Yeah. What kind of treatment did you go through to chelate, pull all those heavy metals out of your body? Yes. So of course, the first thing is we talk about chelations.

I was very hopeful because I'm like, oh, they can go in and pull all this heavy metal out of my system. And that's also a big mistake where we. did try that without understand our DNA analysis.

And this is why more of my children had DNA. Analysis when it came to you, because we know without the map, we will try to figure things out and not knowing where we're going.

So immediately we pause and get the DNA testing done and redraw now that we have the information from the. DNA and knowing that I'm not methylate well, not detox well.

not having a good support pathway. So we're going to go ahead and do it slower. We've been doing through nutrition, sauna, and also low dose of EDTA versus a higher dose off chelations in the vein.

It's been a long process, but what I noticed is my symptoms start getting lightened and I start seeing the difference. I think that's the most important is you feel the progress.

And you know, especially with the annually testing, we know the numbers are going down. This is the reason why people are thinking, oh, I can just get this done in a short period of time, but healing takes time.

And a lot of times you have to listen to your body and know your genetic markup to know. Can you go fast? Can go slow?

Testing for Heavy Metals and Choosing Biological Dentistry

And a lot of times that's what really stop people from healing because they don't understand that component, which is your gene is, your map. It's not your destiny, but definitely my map to tell you how you should go.

I really appreciate you bringing that in because, you know, our sponsor is Vagran Genomics, which, and then our wellness blueprint. And it's so true. It's like we, especially as medical professionals, want to cross the finish line, get it done, got it fast.

But like you said, using a lower and slower approach with EDTA, a chelating agent, instead of doing it IV and very fast, but setting the stage for success.

lowering the inflammation in your body, getting your cells working, and getting the proper B vitamins working and just giving yourself nutritionally what you need.

So that's so encouraging. What happened as far as getting back into dentistry? How long did it take you once you discovered what the challenge was? moving forward.

And I know where you are now, you have this beautiful thriving practice and it's interesting, Katie's first name is K-A-T-I-E, Dr. Katie To, but she's in KT, Texas, K A T Y.

So tell us a little bit about that journey once you discovered the diagnosis. Yes, when I was given the choice of a quick dentistry permanently or practice differently, I were asking the question, what differently mean in dentistry?

And that's when the community of biological dentists just open their arm and say, come here, let me show you how we've been practiced this way for 40 years.

And I'm like, oh my gosh, i was completely blind because I thought dental school were teaching us everything we need to know about practicing safely. and helping patients and also protecting ourselves, but I was not really get the information from the dental school, from protecting ourself and our patient.

I jump in, I would say 150% or 200% on transform my practice from a conventional practice to the biological practice. At the same year as I got diagnosed with heavy metal toxicity, which is 2018, Because the reason is you cannot, once you see it, you can't unseen it.

When you it you, can unsee it because now you'll see mercury is not just what in the metal, but it's in a vapor. You can see what your naked eye. So we had to use special respirator with mercury vapor filter.

We had the transform our practice with intra oral sections, extra section with Mercury filter and what happened in 2020, we all know COVID. And we had all the equipment.

If we are mercury vapor safe, we're COVID safe. So we have the respirator before the world know what respirators is and N95. We have all of the PPE to use during mercury removal and that exactly the same PPE that the hospital

using during COVID.

I remember in COVID we donate a lot of PPE into the hospitals. And the hospital personnel that came to our practice was like, your practice have more PPE stuff than what we have right now for COVID.

It's because we prepare and we know that this is the way to protect not just the patient, but ourselves who have actually repeated exposure every day with this heavy metals and chemical.

The dentistry is quite toxic. And we did not get that training and that protections in school. We thought everything is normal. For our listening audience, would you define PPE?

Yes. As personal protective equipment. Yes, yes. Like your gal, your mask, you're head cover, just shoes cover. We literally go into procedure when we take our mercury removal procedure is like a biohazard.

Yeah. I remember growing up playing with mercury from a thermometer and people just did not know the toxicity of it. I remember when I first started into functional medicine, the first patient that I did a provoked test and we were searching and it was a cracked mercury amalgam in her mouth.

But the amazing transformation where she felt so much better after pulling that out of her body and did it orally, we did do it IB. So, Katie, the acronym for Smart Certified Dentist, you just explained it, but can you tell us what that acronym is?

Yes, SMART stands for Safe Mercury amalgam removal technique, S-M-A-R-T, and that protocol was established by the organizations called IAOMT.

Slow Detox, Genetics, and Recovery

They very vocal about getting rid of amalgam, which is 50% of amalgam is mercury and get rid of that completely in this country and we finally get a date.

The government set a day in 2030 to get of the amargam mercury fillings in dentistry. 2025, the entire EU banded, 2009, entire country of Sweden banding.

So we really be high on a lot of these, I would say, public protections in terms of toxicity and mercury in the water, mercury and the mouth, and also mercury, in a of medical procedure that we know, especially the vaccination.

Yes, and vaccinations are near and dear to my heart as a board certified pediatrician that we're adopting more of the European schedule to where we stop putting these toxic, they're called adjuvants, the additives in the vaccines into children's bodies and adults too.

We have so many vaccine-injured people. Now, what would your message be to let's just start young? I know that you're not a pediatric dentist, but being a biological dentist all the principles translate from womb to tomb as we call it.

And I have family practice providers in my practice too. I see adults as a consultant, the principle of functional medicine just like biological dentistry translate across the ages.

So if you were speaking to the parents of a child that was around a year of age and this little one had a few teeth or let's just say closer to four to five months of aged, we've got little baby teeth erupting.

How would you talk to them about how to take care of their little ones mouth? Yes. First principle, I've always said normal is not optimal. If you go into a conventional or mainstream, say, pediatrician, then they said your child look normal and they don't look at.

You know, a comprehensive said the way the child breathing is the mouth breathing. It's a problem. They only look

at the body weight and the percentile, the high and, and that's it.

And then pushing you on shot. That means you're missing out a big part of the grown development as a. biological wellness census, when we look at a baby around four or five months old, we know that baby when that child was born, We know immediately if that's how I have tongue tie, cheek tie.

You know, with a buckle tie and especially tongue tied, lip tied. All that tightness. there's a bigger indication. Paula, you know, when you test every single child's DNA when they come to your office, that's my daughter, two days old, got her cheek-swapped and we know so much about her and how to support her.

The tie also indicating there could be a methylation issues, we call it MTHFR, and that means that that child would have a different way for you to prepare especially with all the toxicity and all of the food and other things that we thinking it was good, right?

We think it's normal, but it is not optimal for that baby. I have two baby and the first one, the second one say mom and dad and they have very different way of their body express their gene.

So we got to learn about that bigger pictures and not just look at the child in front of us and say, oh, he's breathing. You know, she's growing. She's gained weight.

Everything's good and normal. And so at four or five months, we already know at birth if that child have any cheek tight tongue tight lip tight, if the child using the neck to swallow or swallow with the tongue and not a lot of cheek and the lips compensation, is that a child breathing entirely to the nose or is also have the dry lips and bad breath because children and no one's supposed to have bad breathe if your lip closed at night.

So those are the things that we're looking for. Also, when I had my daughter come in for her checkup with you, you look and you spend an entire hour looking from head to toe.

Mercury Safety, PPE, and SMART Dentistry

And I love that you're not just looking at the problem. You're also looking to optimize the growth and development. I think that's the difference between normal and optimal.

We don't want to wait until the child has a problem because that would cause sick care. We're looking for the child opportunity to optimize that growth, that super gene, and that nutrient that they could have more and make the brain and the body grow stronger and smarter.

And that's the approach we should for every single child is that optimize their health. That phrase opportunities for optimization. I, I think I'm going to start.

Uh, uh, i'm gonna adopt that. So if the parent. doesn't go see someone who's cognizant and aware of airway issues. What are some of the things that they might notice with their infant when they come out of their womb, as far as head shape, to posturing, and then how they nurse?

So let's kind of hit all of those. You alluded to it with the neck, so let us hit posture, neck and then the way that they may nurse or their inability to nurse.

Yes. I remember as a mom myself, I always take the ownership and the responsibility when my child not nurse well or I don't have enough milk. Um, and no one ever told me, especially with my first, uh, which is in 2016 that, oh, it's because he have a tongue tie issue.

That's why he doesn't nurse. Well, that's what it hurt. He's not full and he's tired because you've been working so hard just to get the milk And then therefore they told me just to switch him to model instead, versus look at the root cause, which is his tongue, his lips, he cheek type, and his posture telling us to work with lactation consultant that actually outside the hospital, who actually will be able to tell you a lot more than someone work inside the.

Also work, with pediatric chiropractor. who understand the postures and how to get that alignment early on because most of our children have the compartment syndrome, right?

They would sit in the car seat and we swaddle them and everything's in their wombs so tight and you're never releasing that and be able to adjust it. So for me, a lot of parents just don't know that they have options.

They don' know they could get the DNA testing on day two when that baby was born. they didn't that know could go to someone outside the hospital for a lactation consultant to evaluate or even a pediatric dentist who specialize in ties and revision.

One of my partner, her baby was born and have immediately evaluated for tie and had all this adjustment done within two weeks of life. And it's make a huge difference.

The child not snoring, the child doesn't, you know, having colic problem. the Child sleep through the night. Every time that he fed, he's, his get full.

And so he doesn' get fussy. and a lot of times moms finding solution, but it' a short term solution or it. patching like the nipple cover, like things that we like, oh my gosh, it's our problem.

But it is in fact, as the child could be optimized, could get help early on. So I think parents need to ask questions versus thinking like I need go out to the store and buy the bottle and by the good bottle.

No, let's make sure that the trial doesn't have issues with feeding versus make it easier for them and ignore the tie issues, which is related to their jaw growing.

Because all my patients who have orthodontic treatment are not getting the Thai problem addressed when they were born or when the were young and it lead to narrow jaw, lead no room for wisdom teeth, therefore wisdom tooth had to be extracted or even worse, premolar had be to extracted.

And then that lead them, prepare them for sleep apnea in the 30, 40. And we've seen patients with sleep Apnea problem or airway problem really young and never really have any one diagnosed symptom properly.

We have a cheerleader in high school with chronic clinical depressions and put on medication and no one ever thought, Oh, it's because she didn't have enough oxygen.

and so there's a lot of, of course, ADHD, you know, all of that. hyperactivity is all causing by the child didn't get sleep because they grow in this sleep.

And so a lot of parents thinking, uh, I think my doctors say my kids are fine. So when someone say, Hey, you need to look into this. They either dismiss that information or they missed the opportunity.

to do that when the child was young. Yes. I think what you said about a mother blaming herself, mother guilt is so much part of that. And how are you to know that your baby's airway is restricted?

So here I am at age 62 in Invisalign having gone through profound expansion, excellent dental hygiene, but I fractured numerous teeth. Just had a tongue tie released, you can see all the accessory muscle use that has gone on through the years and yet sleep apnea and using a CPAP to keep my airway open and having struggled with clinical depression.

So the root cause analysis is so important and there's so many hormones with pregnancy that you do. You blame yourself, you get depressed. It's sad. And so if, every child who comes into our practice and you alluded to this too, we think airway when they present with ADD, ADHD, they all need a good.

airway evaluation. And sometimes too, can you speak to us about people who have what's called the submucous tongue tie where there's actually when you look you can't see tethered tissues but explain what might be evident

because I see that a lot too.

I know what that is but if there is no tissue that's visible causing an actual little piece of tattered tissue for people to see, I'd like you to explain that Dr.

Katie.

Early Childhood Airway and Oral Health

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That's the premier and proprietary genetic panel that Fogran has allowed us to create. Yes, because there's anterior tongue tie and posterior tongue ties.

So a lot of people thinking they're all looking for the front and forget about how the child be able to lift the back of the tongue up because that's part of tongue when you lay on your back is what obstructing your airway and causing either you have to flip on your side.

I've seen some people slip on their belly and they think it's normal just because they can wake up the next day and the thing slipping on the belly is normal.

And so a lot of parents, when they look into the child mouth or a provider that don't have training and classify. So we, we talk about provider have different level.

They have identifier classifier. heal in a stabilizer and healer. And so not everyone can heal everything, but at least you have to identify and then learn how to classify this.

Because if you identify that this child don't have anterior tongue type, you don' know that there's a possibility that these child have posterior tongue.

You're not going to send that child to the right provider to get a full evaluation. So for parents, I would say if you are suspecting of your child, you have a history of…

I always look at the parents first. If you had orthodontic treatment when you were young and you marry, and your spouse also had done ortho-dontics treatment, when they were younger, then that means your children more likely will need orthotonic invention if we don't intervene early.

Every time I meet an adult patient I said I wish I met you when you were five or younger because we don't have to do this jaw expansions and surgical approach and orthodontics and reverse a lot of the teeth damage by restore them with dental material is way more expensive and the damage already done by the time I met them in their 20, 30, 40. And so I always joke that I wish I'd met him early in life and this is the chance for them to look at their kid and regardless where the kid are, you can pass on that knowledge and start investigating, start gathering a team.

It's never one provider. There's always a teamwork provider that have the same philosophy even better if they talking to each other. Yes. Patients feel like they have to do all of that communications where provider don't communicate.

And I think in the functional biological world, we all know each. We all each are the patients. we are each of the friends and knowing that our journey, you know, We can't practice alone.

and so I love that the patient loved that that we communicating we know which other we go to try the practices. And the fact that you cannot treat the patients alone, you need a village.

Yes. And so, yes. I have a lot of patients ask me, who do you take your kid to? And I said, I take my kid Dr. Krebstadt. So I think that's another way for them to know that.

You not just talk, but you walk the talk. They also want to who you work with because they're looking for that team. And so I love that. I feel so blessed to be in Houston area when we have a lot of brilliant provider, who also patient themselves, will also want to journey themselves.

And the fact that you went to all this, it's not a short treatment, is years of treatment. And you're still in the middle of it. Yes. Exactly. I so agree with that because you need to find lactation consultants that have had oral myofascial training.

That's right. We may for older children need an oral Myofascals trained speech pathologist who understands this and partners and then find airway specialists.

And then we have body work specialists, as you alluded to, the chiropractor. My husband sees you. I have another biological dentist that I started with on the north side of Houston already.

It's so true. Then too, if we need to pull in an orthodontist, and then if An oral surgeon is what it was, what I was starting to say there, an oral session, but all the while optimizing individuals help.

Something you said earlier that no one should have bad breath if, if they're closing their, their mouth at night. So can you talk to me a little bit about bad breaths?

Yes. Bad breath could be number one cause of bad breath, definitely mal-breathing. And in fact, we just repositioned number-one cause, of cavities, also mal breathing, because it's way more common than people that not brushing.

In fact, people know about brushing and flossing and they do it, but they still come in and said, my child, myself have bad breath and I'm so conscious about it.

And I try everything and it doesn't work. So the first thing first, if you're breathing through your mouth, you will alter the oral microbiome, especially you are facilitate the bad bugs to grow and multiply so much faster than the good healthy microbiomes.

That happening every single day. Your body cannot compensate fast enough for that. Another trick I do is in the morning, I smell my child, my children bad.

And I can tell you that if they have the lip close, they don't have any we call bad breath or periol or, you know, gum disease smell. But if day don''t have their lips close together, You even, you were the one brushing for them the night before.

You flossing for the them night, before you clean that tongue night. Before. And you're like, Oh my God, they wake up and it's terrible. That's because they open them out to breathe or to compensating for breathing because.

They could not breathe through their nose, or they didn't have the lip posture to close to a completely a hundred percent breathe. So that's one indication.

Of course, another indication for bad breath is gut problem. And you know, most American have gut problem one way or the other. And so the mouth is beginning of the gut.

So if you have bad breath and you're doing mouth taping and nasal rinsing, flossing, brushing, tongue cleaning, and oil pulling, you still have back breath.

Stop blaming yourself and start working with a functional doctor to figure out the root cause, which is a gut problem. It could be a food sensitivity.

Could be an overgrown bacteria. I could require some tests and instead of just taking more supplement and do things on your own, you need to have someone to guide you in this process.

And I'm a big fan of testing and, and evaluate and retest because otherwise you just guessing and you were wasting so much time and get frustrated and give up.

And so, yes. And, so that's usually the way we're ruling things out first and breath, breath equal mal-breathing. If we fix that and the bad breath is still there, that means it's a gut problem.

So we eliminate and really cheap and effective way versus go all buying tons of supplements and then do all the tests and realize that, oops, I've been mal breathing my whole life.

Yes. I love that. And we talk about the gut too and identifying those things, identifying things like H. pylori, and then identifying imbalances of very aggressive organisms.

Tongue Ties, Nursing, and Infant Optimization

Something that we see is in some children that have an immune abnormality called pediatric acute onset neuropsychiatric syndrome PANS or PANDAS which is a group A beta hemolytic streptococcal infection that these are children who get strep and it may not be in the nose or the throat.

It's the gut or it could potentially be skin but it's an autoimmune attack on the brain But what we have found if these children whose immune system doesn't function properly, and I think we alluded to this a little bit, the thought of removing tonsillar or adenoidal tissue, why would we do that if it's a first line of defense?

But we found that the immune systems, if you identify that it doesn' work like about 25% of the population, has a broken immune system, the tonsils many times will be very, very small, but they will have a horrible biofilm within it.

And like yourself, as a biological dentist, you're checking that bio-film in the mouth, we see that coming out of the tonsil tissue and identifying in little children something called pisobacterium nucleotum, which is causative in Alzheimer's and dementia and all these other things when it's there in large quantities.

We know that in small quantities, I'm going to let you opine on that just a little bit, Katie, about pisbacteria nucleatum. But I was shocked Well, not shocked, but it just really drove home.

We did the right thing by taking out these tonsils and adenoid because those bad bugs punching holes in the blood-brain barrier making these kids violent and anxious and just so sick.

So I'm going to let you as a biological dentist tell us a little bit more about some of these nasty bugaboos that you find in these people that it's a gut and it is an airway issue.

Yeah, I am so glad you brought that up because first and foremost, a child benefit from tonsillectomy. I got my tonsil removed at seven after years of my parents trying to figure out why I'm not doing well in school.

Why I could not pay attention. What's going on? And especially wetting my bed every night. It was such a big deal. It wasn't embarrassment, right? And our parents, especially my parents in the 80 did not know anything about airway.

Did not make the connections between ADHD and bedwetting and attentions and learning disability with the swollen tonsil and airways limitations and issues.

And so I got lucky in a way that they could not treat my tonsillitis with antibiotic even though after the bombarded me with so much antibiotic and they decide that you know what let's just take her tonsil out and that was seven years old I remember that's the only surgery I had is tonsillectomy and my life changed I became number one in my class I sleep through the night I stopped bedwetting and parents just like could not make the connection either

they're like oh great awesome I think she's grown and so I'm so grateful for whoever make that decision my parents to follow through with it so When the child's suffering so much and there's no way you change diet, you did the laser, the ozone and you could not shrink that tonsil, it's time to let it go.

But when I was seven, there was no one doing any saliva testing or culture testing. Today, we as a biological dentist, every single patient, doesn't matter their age or their sex.

We test their saliva under number one, the microscope, a fake contrast microscope. And number two, saliva testing that we sent out to pathology lab, where they will tell us the FN.

Five years ago, We think Fn was just innocent. Oh yeah, everyone have Fm. And now we're like, no, we need to treat this because it's also associated with colon cancers, also associate with a lot of brain activity issues.

So I love that we are testing it. And as long as the kid can spit into that collected tube. We test it and as long we can collecting the biofim and put on the microscope we show it.

And because just like when I brought my child in, doesn't matter she's four or one or two, you look at the blood work and you say, okay, this is what we need to supplement and optimize.

You go to the dentist and don't get saliva test done. and You don' get to see your saliva on a microscope. That mean they also guessing and not testing.

So these days, dough test is so non-invasive, it's so quick and easy that you can actually collect saliva and testing for the FN and knowing the quantity also.

And so the follow-up become easier when we do the homework, when having the goggle with salt water and rinse and floss and tongue cleaning, and they come back and their numbers improving.

But I do agree with you, if the child do everything, the parents do, everything and getting the tonsil removed is not the end of the world. For me, it's life-changing.

And so when parents telling me like, oh, I tried to avoid it, actually told them, look at me. I had my tonsil removed at seven and I wish they removed my sooner.

Now that I know what my parents did not have no clue about all my symptoms. And, so you have time to really change that child life by removing that tonsils and still be able to give them a good life, a healthy life.

Yes. Oh, I so appreciate that. There's something interesting, even if a child cannot expectorate or spit into a vial. And some insurances will cover this and some will not.

It's not hellaciously expensive, but it's a swab and it is a DNA analysis and its next generation sequencing, very similar. to what you have and it gives us an idea and so it just guides our care a little bit.

Bad Breath, Mouth Breathing, and Gut Health

So that's really encouraging to hear. The fact that both of us love to get to the root of things. It's so encouraging to hear, Katie, what you do at your practice.

And if you, as a biological dentist, if your looking at a whole family, you alluded to this not just at an early age, but what are some of the things as a biological dentist that you would encourage families to not miss some opportunities to optimize their dental health, which as we know, the mouth is the beginning of gut microbiome.

So I'd like to hear you just kind of tell us how you talk to the family about that, if they were brand new at your practice. Yes. It's a big question because every season of live, we see different needs.

So I'm going to cover this from, you know, the children to the parents. But number one thing is we always want to remind people normal is not optimal.

When people come in and say, I have no pain. I don't have any issues. Hmm. Have you dig deep enough? Oh, eat everything. A standard American diet. So every time they say something in that line, we said, great, here's the thing we would like to share with you.

For your children, and we'd like for you to watch them when they sleep to make sure that they close their lips, to makes sure you are helping them with the flossing and the brushing because the child hand skills and not as good enough.

So you can let them play with it in the morning and help them having that habit. But at night you have to follow up with go in there and do it for them.

Because I think as a mom myself, I have a 10 year old and a four year. I'm still in. The bathroom with a ten year watching him to make sure because teeth are bone and now he start having permanent teeth.

You don't have another set of teeth after that. So as a parent, we have to take that ownership, also helping them, not do it for them all the time, but supervising and checking and watching them when they sleep.

Also, how they eat at home is what we buy on our grocery trip. Be mindful what you're buying and looking at their genetic to see what they can eat, what and lower that inflammation from early on, and also create that habit at home.

Because when they go outside, they're also making good choices without you there, especially when I go to college. And so I think with the child, it's a lifelong habit.

of choices that you make at home. And then when you go out to the world, you're making that choices for yourself. When you have family that carry on. Most of parents, unfortunately, put the kid first.

They would do everything for their kid, but then for themselves, they would wait until it's become an emergency. They said, I can eat. I don't have pain.

So I must be okay. And that actually what got us in trouble to begin with, because we're missing opportunity to prevent chronic diseases, like things that, you know, tied it to, the heart issues, cardiovascular, autoimmune, cognitive decline is because, we missing opportunities to catching it early.

And so for parents, if you haven't got your DNA analysis done, get it done. Cause it's also telling you, If you have high risk for something that you can actually changing the lifestyle, AKA epigenetic.

So everyone, I tell every patient, you need to have your genetic look at. Don't wait until when you're 70 or 60 and then like, oh, I'm get hit with dementia or Alzheimer and now I am going to try to reverse it.

It's a lot harder when the symptoms are showing up. So with parents, don't way until you are hurting. Don' wait till you have issues. Look at your family history, look at you DNA and actively showing your children, you're making effort.

For us, a lot of times when parents say, oh, I want my kid to be active, but they're not active themselves. I wanna get it healthy, But they not eating healthy themselves, they drink soda or they dream, alcohol.

And I think that's the best parenting is just modeling. They're looking at you, how you eat, having your activity, and then the kid modeling that. If you can take care of yourself, Your family will get healthier because your children will model that behavior.

So that's the message I have for the whole family. Preventions, don't wait until it hurt. And if you don' know what

you're don''t know, then sick provider that actually know prevention is more than just looking at the 2D x-ray.

CBCT will tell you more about the wisdom teeth area, about root canal teeth that doesn't hurt, but infected. Can you tell our listeners what CBCT is? Yes, C-B-C-T cone beam technology and that is a 3D dimension x-ray.

So the regular x ray you have at the dentist on a routine checkup is 2D like a photo.

Tonsils, Biofilm, and Hidden Infections

We cannot see a different dimension of that image, but if you have a cone beam 3D, then that will help for us to slide that that images into so many different views.

And most of the time we will find detect infections or abnormality before it becomes symptomatic. Because I have so may patients when they have huge abscess in their jaw and they're like, how come I don't have pain?

And I said, yes, the body is really smart, but this is the area that it being, you know, basically hidden. And so those hidden infections, I want to cost you the most, which actually will causing heart attack and stroke and patients that don't know that they have a hidden infection.

So for me, prevention is a key. Knowing your body personalized approach and not doing things that just because everyone else doing and I'm going to do the same thing, right?

Even to the workout type to, the food type, you had to know what works for you and for your kid, not just, because. Everyone on Instagram doing the, same, thing.

And so I think that's so the key thing that worked for the whole family is knowing your unique gene and knowing how to apply epigenetic in your life and then prevention, prevention preventions.

Yes. I so appreciate parents modeling it. You know, it's interesting when you have kids, like for me, I did not learn about functional medicine until I was around 50. And shortly after that, course and I told my husband, I said, this is what I want to do.

And I had never branched off to something like that. Our family has changed. I was a completely different mother to my first two children than it was to the last two.

Just the struggles that we go through. your body, the fatigue and your battle with infertility and then finding out about heavy metal toxicity and it totally changed the trajectory of your clinical practice and now you're blessing the lives of so many people.

So, and for parents not to neglect themselves, it's true. They lay down their lives for their kids. And that's when we have the conversation. You know, you have to put your oxygen mask on, but you see you're in crisis mode now.

So let's back up a little bit and let us try to keep this simple and create a sanctuary at your home. It has to be both mom and dad, both parents or, to get that dialogue going.

When they treat root cause. This is the Get To The Root podcast and your approach is getting to the root of dental challenges and things like that because it involves the entire body.

What I love to Katie about you is that you always have such a spirit of gratitude and you light up the room and I loved how you frame it and Your children are a beautiful reflection of you and your husband.

They are the sweetest, the most respectful, compassionate kids. And I know that you are, you know, working on that dialogue on a daily basis. It's, what are we grateful for?

And, hey, let's greet so and so. Hello. You know they're just engaged and it just goes to show, more is caught than

taught. We have to be intentional about what we do.

And thanks again. I'd like to thank our sponsor for Ron, because you've alluded to this numerous times. It's true. Our wellness blueprint. There's another one called the newborn panel.

We have separate smaller panels, but the blueprint really does give people a roadmap of where they're going and where their vulnerabilities are. And it's how to support their bodies and how do you create a beautiful environment.

Now, it's interesting what you said when your kids go away to college. Out of all my children, three out of the four have drunk the Kool-Aid. My youngest is just about to be 20 and certain things, but I thought it was a win when I found that she had taken her cell phone and put it under the bed.

Because I'm like, just get it away from you. And so that was step number one. So we'll see if she'll get at six to eight feet away. But it's so interesting.

We just have to model it. Thank you for that. So as we wrap it up, we want to remember that normal, as you said, is not optimal. And we need to look for opportunities.

Thanks again so much for being our guest and giving our families, our listeners, some concrete tips and tricks. to partner with their children and then also how to identify potential airway restriction in their newborns.

So, yeah, thanks again.

Whole-Family Prevention and Closing Reflections

Yes, thank you, Paula. And I have to say, I don't know, it's been so long ago, but I know Paula, you remember, so I think our listeners and audience can see it, that my first encounter with you was really life-changing and life saving because I was sick I think in June of 2018 and then my son got sick in April of 2019 and I call my my friend who also a functional medicine doctor and i said who should I take him to because i know this is possible something that's similar and he said Paula the only one an entire Houston area I would take but I called your office and you super book And I was a desperate mom at that point.

I did not sleep for like seven days, I think, because he was in fever. So I drove him down to your office and I wait and wait. And you finally saw him out of mercy and compassion.

That I, was so grateful. i'm still kind of emotional talking about it, but that's that this is why when you, if you get an opportunity to watch this and see this, you know, no one comes to our life as an accident.

So I'm forever grateful for that. And so that's the reason why we become lifelong friend and you're going to take care of them. Even after they graduate from high school and go to college, because I am so grateful.

For your care and for your love and what you do for patients. We have so many patients coming in and if they tell me they see Dr. Paula, that I know they're in good hands.

So thank you again for taking care Bailey and save his life. Oh, thank. You so much for. That, you know, it's so funny what. encounters with other providers the difference that it makes and life-changing.

I give all the glory to God for that because the way I look at it apart from him, I can't really do anything. It's like you can have all this knowledge but if it doesn't translate to what you do.

Katie, thank you for those words of kindness and love. And I feel the same way about when parents or patients tell us, oh, we see Dr. Toe. I'm like, Oh my gosh, you're in such great good hands.

She'll take great care of you. So thanks again for being on today. If you have a chance, I know that you had people fly in from out of town to see you, We both love ozone.

what ozone does, not you use dental ozone, we do it IV, but this is just a beautiful encounter with you and who you are and what you do. What you see is what to get with Dr.

Katie. She's amazing. Thanks again for joining us today. Thank you for having me. All right. You take care. Thanks for joining us at Get to the Root with Hope for Healing.

If this episode helped you, follow and share it with someone who needs it and leave a review. It helps others find us too. For a free consultation, visit our website at gettotheroot.com with a number two and schedule a welcome call.

We'll see you soon.