The Critical Connection Between Oral Health and Overall Wellness: A Holistic Approach Transcript

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Introduction to Oral Health and Dentistry

Back in 2010, I went to to a vascular inflammation class that was given by some cardiologist. The first thing we knew in dentistry was that the oral bugs, the bacteria in the mouth, can really increase the chances of heart attack and stroke.

So that was in the 80s. That was early info. So it's like, okay, this is this class has been given by cardiologist. This is exciting. Well at that course, they introduced a test by Access Genetics called oral DNA.

And so oh my goodness, I'm on it. You know, I came home and tested everybody who would swish and spit and, it shows 11 different bacteria, and it's a quantitative PCR test.

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Hi everyone. Welcome back to the Integrative Health Podcast with Doctor Jen. We're going to be talking to Doctor Debbie Osment. And we're going to be talking all about oral health.

It will be so fun. Doctor Debbie Osment has a private practice, Dennis, since 1985. She's been in practice for almost 40 years. A graduate of Oklahoma University College of Dentistry, she served as adjunct faculty there for seven years.

Doctor Osment completed a master's degree in metabolic and nutritional medicine from the University of South Florida Morrison College of Medicine, and is a diplomat with the American Academy of Anti-Aging medicine, or a foreign trained at Mayo Clinic.

She is nationally board certified. A health and wellness coach. She's the host of the podcast Vitality Made Simple, committed to sharing practical, understandable and fun strategies to enhance her vitality and health span.

Doctor Osment is committed to early diagnosis and intervention of Carrie. Dawn told disease to positively affect not only the mouth but the entire body.

Welcome, Doctor Debbie, so excited to talk to you today. Thank you, Doctor Jan, it's a joy to be with you. Yes. And I, I love that you are on this mission to fix everyone's oral health because as we can know, know the mouth and the gut and the whole body, it's it's all connected.

And some people talk about gut health, but they they ignore their teeth. So how did you get from conventional dentistry to now what you do working with the whole body, starting with the mouth?

It was really curiosity. Doctor Jen, I had this, sort of boutique practice. I, I'm very, relational with knew my patients.

From Conventional Dentistry to Whole-Body Health

And I started just noticing, you know, 35 years ago that people were collecting medications and, they were, you know, having longer and longer list of these, chronic meds, things they would be taking forever.

And, that that sparked my curiosity. But also I noticed that people were, the people that had really healthy oral microbiomes. I mean, this is before we had oral DNA testing.

They they were faring better. So it was just sort of, you know, like, why didn't the heck is going on? And in dental school, we're we're very trained as carpenters.

I mean, we're good at fixing teeth. In fact, I know you're a, a mom of four kids, and when our daughter was in kindergarten, her teacher, you know, was saying, what are your parents do?

And she said, mom, my mom is a laundry lady, and she fixes teeth. And, so, you know, that was very accurate to be a lottery lady. For sure. First, the, the thing is, though, we tend as a profession to look at teeth saved teeth, and focus on teeth. But, as I started, like, digging in and going back to school and realizing this oral microbiome, it's not staying there.

It's really not about the teeth, doctor Jen. It's really about, you know, chronic inflammatory inflammation that's all over the body from head to toe.

And and when you think about the gut, you know, it's this long tube. So, you know, the health starts in the gut. We know that. But the gut really does start in the mouth.

Yeah it does. And people just go to their dentist for their dental cleaning. Make sure they don't have cavities. They brush and floss and it stops there.

And I guess my question for you is, what is the biggest misconception about oral health that you have noticed with your patients? The very biggest misconception, and I fueled this in the early days before I understood, the vast importance the, the misconception is that a little bleeding is okay.

So so we go to the dentist and it's like, oh, you know, especially someone like you, you're you're, you're gorgeous, you're kind. You show up on time, you pay your bill, you've got beautiful teeth.

And it's like, oh, Doctor Jen, you have a little bleeding. No problem. See you in six months. And so. Or they'll say, oh, or we you know, I said it, I mean, I, I did this, I made this mistake.

Oh, brush and floss more. Brush and floss more. Oh. Where are you going on vacation? You know, just kind of just ignoring this early, early sign of infection, actually. So.

So that's really my mission is to tell people, you've got to know that if there's any bleeding, you've got an infection and that is traveling all over your body, and it's inhibiting what you want to do in your life, it's inhibiting your relationships.

It's going to cost money. It's going to, you know, keep you down and keep you from fulfilling your your God-Given call and your dreams. And, it's it's a much bigger deal at the early stages, doctor Jen and we ever thought interesting.

So a little bleeding in the guns because, I mean, really, the last probably decade hasn't happened to me much, but every once in a while. But rarely. But you go to the dentist and it's happened with my kids.

You know, maybe we've been slacking, as you know, parents making sure they're actually flossing when they said they floss. And then you get in there and you do it, or the dentist and you get a little bleeding and they're just like, oh, it's because you're not flossing.

That's why you're having that bleeding. So that's not true. Could you explain a little bit more about this bleeding? Yes. An epiphany happened to me in about 2004, in Nicaragua.

I was on a medical mission trip. And on those trips, you know, we take extraction instruments. I mean, it's people line up and it's it's all extractions.

And, you can always tell somebody has a toothache. They'll have, you know, they'll be holding some, you know, rag on their face and, and a few people came in that didn't have a toothache and just said, I just want you to look at my teeth.

And, and they looked fantastic. I mean, their gums were super healthy. Now, this is in a place where there's no fancy toothpaste, there's no fancy mouthwash, toothbrushes, you know, super, super needy.

But these people had there were a few people who had these incredibly healthy gums, healthy oral microbiome. So I'm like, what are you doing? Well, they were, getting a little twig and, you know, peeling off the rough stuff and making what they, they would term chew sticks so they would get these little chew sticks and scrub between their teeth.

And it it just sort of lit the fire doctor gen of like, okay, they're, they're actually disrupting that biofilm.

Bleeding Gums and the Oral Biofilm

This, this is amazing because it wasn't about money. It wasn't about dental care. It was just about a daily home routine that made a lot of difference.

You know, flossing is great. I'm not against flossing at all. I lost my teeth, but it requires some dexterity and especially, say, for your children or a lot of people have, you know, dexterity problems and and they'll people will used to tease me and they say, oh, well I'm just I'm just flossing the front ones, you know, that's all that matter.

And because the back ones are hard to get to, but but with a little brush so that so I came home and started looking for some, you know, options. Found these little doctor's brush picks.

Now, you know, 20, 20 years later, 21 years later. There are I have little tools that I recommend for people that help them. Actually physically disrupt the the biofilm that's living between their teeth, under the gums, in a concavity.

Really? Something that maybe floss might, you know, floss over. So it's it's really simpler. I think it's simpler than re make it. Yeah, yeah. So, kind of to break it down like a biofilm.

I might have you explain that a little bit more, but I like how you said how they're in the crevices. So think about the worst place to clean in your bathroom.

Right behind the toilet. Right. Like that's like a tooth. Like it's hard to reach. And then the stuff gunk up. So could you explain biofilms? Some of our listeners might be, you know, they might know what biofilm means in the gut, but they might not know that we could have biofilms in the teeth.

So and you're saying when that biofilms being disrupted, you're getting the bleeding basically, and then that, but then that's going into the bloodstream or.

Well, partly why you're so insightful. It's the the behind the toilet is the perfect analogy because, you know, that's where things accumulate. Right.

So so think about this tooth having this concavity, where the bacteria produce toxins, these toxins can calcify. So it produces this kind of calcium, you know, matrix that you get hopefully cleaned off when you go to the dentist.

But to produce that, the bacteria live in a biofilm. A biofilm is like, a collection, a community of bacteria that, that

help protect each other. So they're living in this protective biofilm.

They secrete different chemicals that help help them protect each other. They help each other grow. They provide food for each other. So. So that's like a little community living there that produces inflammatory cells that get into the bloodstream.

So whether you disrupt it or not, you're absolutely getting those bacterial byproducts in in the bloodstream that are, you know, increasing, inflammatory cells, triggering the immune system.

But you're also getting those bacteria translocated to other parts of the body. That's what's so interesting about, you know, the the salivary diagnostics these days, we can actually test and, know what the DNA of, specific bacteria that are in other parts of the body.

So, so the key is to keep it disrupted. It's going to bleed for a while, but eventually, doctor, in healthy gums don't bleed at all, ever. You can't get them to bleed.

That's the key. That's what that's what we all want is gums that we cannot make bleed. Whether we get our teeth cleaned anytime they are so healthy that bacterial biofilm is keeping, it is gone.

It's gone every single day. Wow. That's cool. Well, what is your routine? Just curious, because everyone probably is wondering like, well, I wonder what Doctor Debbie does.

How do you clean and take care of your teeth? What's your routine? Well, I'm very simple, Doctor Jen. I mean, here I am, 66 years old, and I think I'm getting simpler.

Simpler by the day. So? So I, I brush my teeth. Of course, I use a, a toothpaste that I don't think the toothpaste is, super crazy important. I think it needs to not have fluoride.

Because we know that you're you're the expert here with thyroid health. We know that fluoride can disrupt the thyroid gland immensely. So I stopped using fluoride 25 years ago when I learned that, I also it also with a toothpaste look for something that does not have sodium laurel sulfate SLS.

You want to avoid that if you can. There's a analyzing toothpaste. There's great ones out there, biocide, and has a good one. There's lots of good ones.

I don't represent any certain toothpaste. But also look for something that has xylitol if possible, because that's very has been studied, for specific bacteria that we see in the mouth.

So. Right. So I brush my teeth and I've lost my teeth. Then I use these little brush picks. Oh, my goodness. I'm sorry, I don't have one right here. They're just little gum picks that you can buy anywhere.

They're green and white and they're curved. And you can really get in there and scrub in. I mean, you want to get in there and scrub just like you would behind the toilet.

I mean that I love that word picture. You want to scrub, scrub, scrub because you're removing, like, barnacles, you know, like barnacles from a boat. You know, scum from the bathtub.

You want to keep that gone? And then I've started doing something really interesting in the last few years, and I'm doing oil pulling, and, so I'm. And I did an experiment on myself, you know, did a saliva test and then did oil pulling for 30 days.

And I put a couple of drops of Nigella sativa black seed oil in my, coconut oil and actually looked for how that impacts acted, my oral microbiome. And there was, it was significant.

It was 30% decrease in a bacteria specific bacteria called fuser bacterium, nuclear atom. That's really my my area

of interest is fuser bacterium. Because it is being shown to be causative of colorectal cancer.

So we can we can really change people's health trajectories by dealing with the oral microbiome. And, and hopefully I want your listeners to know it can be pretty simple.

Wow I love that. So I, I want to get some of those little brushes.

Daily Oral Care Routine and Tools

I've seen them. But you're right. Like you're flossing back in the back teeth. You're not really getting that off. And that's where it kind of said, I do love, oil pooling.

I oil pool with coconut oil and I your gums like, shine after and it whitens your teeth. It whitens your teeth too. So, sometimes, like, I'll slack off and I feel like I was really good.

Like, I think I started oil pooling, like, ten years ago, and I was, like, so good and diligent. And then the more kids I had, because you don't talk when you're oil pooling and then like, you try to talk and eat some spits and dribbles out onto your outfit and it's, it's coconut oil, so it stains.

Anyway, so yeah, I agree. I love oil pooling, but okay. What are your opinions on this? Does I tell my patients or whoever ask don't oil pool if you still have amalgams or mercury fillings in what are your what do you think on that?

I think it depends from what I've seen. The size of those amalgam fillings, because some people have little tiny ones that really don't, you know, they're not hitting when they chew.

But I think that's good advice. I think, you know, overall, people need to be getting their amalgam fillings out. They need to be that needs to be done by a biological dentist who does it correctly.

And, and then it's, you know, it's like it's like an peeling an onion. There's just all these layers. And that's one of the layers that's going to help people.

So that's great advice. And one other like, well, I think it's controversial because I never I you just hear different opinions. What do you think about those dental picks.

Those like water power dental picks. Do you know what I'm talking about. Okay. Well, I think the key is people know how they're feeling, what works in their hands.

I don't think there's anyone, product that's going to solve this chronic inflammation in the mouth because it depends on, you know, if people have straight teeth or crooked teeth or, you know, crowns and fillings, and it just needs to, people need to be looking for bleeding.

And then there are objective saliva test that they can take them, that their dentist can administrator administrate, some that they can do on their own.

Like there's the bristle test. I'm sure, you've heard about that. It's, it's a shotgun genomic test. That's a simple saliva test that people. Can I take it home and and find out what's going on in their oral microbiome, as well as get some readings on things like nitric oxide and even a reading on gut health with that.

Yeah. Well, can you talk a little bit more about these saliva tests and how you use them in practice? Yes. Doctor Jen, back in 2010, I went to a to a vascular inflammation class that was given by some cardiologist.

The first thing we knew in dentistry was that the oral bugs, the bacteria in the mouth, can really, increase the chances of heart attack and stroke. So that was in the 80s. That was early info.

So it's like, okay, this is this class is being given by cardiologists. This is exciting. Well, at that course, they

introduced a test by Access Genetics called oral DNA.

And so oh my goodness, I'm on it. You know, I came home and tested everybody who would swish and spit and, it shows 11 different bacteria and it's a quantitative PCR test.

So not only do you see what's there, you see how much is there. And so I started doing that for all of my patients, family. Some fantastic stories that came out of that.

And that sort of started the deep dive. Now I use that one in clinic. Doctor Jen, recently, there's a great company called Bristle Health. And they have developed a shotgun genomics test that, you swish, but you get a lot of different information.

You get sort of you get, different type of information. It's not, as, you know, as quantitative, but great information. And they have such an incredible website and wonderful resources.

And so that I've got a lot of information on my website, about that, because I love it when people can be empowered to do things on their own. And I would encourage people to if they do bristle test, take it to your dentist and and check out the level of curiosity that you find.

Because this these tests are so well studied. I'm sure you've, experienced this doctor. You'll tell somebody something and maybe on the the less curious side of health care, it might be.

Well, there's no research. And it's like, oh, goodness gracious. No, there's thousands, thousands and thousands of research papers. And that's exactly where we are with the oral microbiome.

Yeah. And so yeah, there's research on it. But also I think there's this problem where they're like, well, it's not you know, this institute or this society that I belong to.

They don't recognize it. And it's like, well, it takes a long time for things to get into protocols. And it also depends on money and who, you know, in the pharmaceutical companies and in dentistry, I'm sure is similar to, to regular conventional medicine.

So yeah. And I think, like you said, get the test on your own and bring it to your dentist. And maybe that will plant a seed. And then maybe in five years your dentist will just flip in the holistic dentist.

I mean, this is how if that like you said, you were curious. That's why you went from regular dentistry to what you do. It's like we we want to spark curiosity and so many people, I mean, they go to their dentist and they're still having problems with their teeth.

And it's like, well, if it was working, wouldn't you have perfect teeth? So we got to we got to do that. And this is why people are listening right now, right?

Because we're doing the research outside of that box that that everyone sitting in. Exactly.

Saliva Testing and Oral Microbiome Diagnostics

Something also that just really, I guess, supercharged in terms of, of of me going back to school was a case in 2013, a, functional medicine physician sent a patient, to me who had a super high, C-reactive protein.

And, she had a her C-reactive protein was 18.1. And that was in the days, Doctor Jen, when it wasn't just over ten, you know, you actually got to see a specific number, and and the physician said, Debbie, I don't I'm thinking she has cancer, but we can't figure it out.

See what you think? So I did a saliva test, found out her, you know, profile of pathogens did not use antibiotic. Now, doctor Jen, seeing her profile, I might.

I mean, sometimes I do, but nevertheless, what we did is a deep cleaning. Used a laser, taught her home care techniques, as I as I've described. And in 60 days, her C-reactive protein had plummeted to 2.9.

So what we're finding is actually that probably kept improving, you know, on out. But, that just happened to be the timing of, of her test. But what was shocking, absolutely astounding, is that other blood numbers moved her, fasting blood sugar, improved her cholesterol numbers, her lipids improved.

Her whole blood panel, all this red went to yellow or green. And so that's when I was like, yikes. There's way more to this. This is not about the teeth, right?

And that's amazing that they were sent to you for, for dental stuff. And and it was the key. It was the key to it all. And we just can't we can't ignore our mouth anymore.

You know, it, like like you were talking about, fusiform bacteria. What? What's the correlation you said with colon cancer? And have you seen that actually, like, in patients, have you seen the correlation and how do you fix it?

Thank you for that question. I really appreciate that. She's a bacterium. Autom is an oral pathogen, exclusively oral pathogen that in the last probably I'm going to say eight years has been highly studied.

I, had the privilege of doing a TedTalk, in 2018, I think it was. But after that, several researchers, started emailing me and saying, I really think she's a bacterium is a bigger thing than we thought.

I don't think it's only, increasing inflammation in the gut. I think it it might end up being potentially causal for colorectal cancer. Well, now, Doctor Jen, we're finding this oral pathogen in about 50% of colorectal tumors.

And the jury's still out on whether it's causal, but I don't think that matters. I mean, we want to get rid of it either way. We want to know it's there and we want to deal with it.

So, we can, you know, do a saliva test and then we can do a GI map, which actually shows you the bacterium. Now, some of the latest research, is telling us that it might be also a subspecies and Amelia's, but, the key is to get rid of it to.

And bleeding is going to be a sign of a bacterium. Now basically this bacteria, causes havoc in the gut. I mean, it's not just colorectal, cancer. It's all kinds of other things that I'm seeing.

I'm seeing it high in autoimmunity. I'm seeing it high, especially in Hashimoto's. I'm seeing it, high in adverse pregnancy outcomes. I'm seeing it high in, type type two diabetes.

Prediabetes. It's it's a it's a it's commensal bacteria. So when it's super low it's not bad, but it's when it over grows it it over grows easily. These days I mean, something I've really been working on is trying to figure out why in the heck do more people have high fives a bacterium now than they did when I first started testing?

You know, 14 years ago. But nevertheless, it is it, and the thing is, it's it's pretty easy to get rid of, but it's been so highly studied, doctor. And it's so interesting in real in real, a real case that I had a gentleman came in who had been diagnosed with colorectal cancer.

He, was, was wearing a, a chemo therapy pump of five or uracil. His he had mints in his lungs. His tumor was not shrinking. We tested his mouth. His gut did a deep cleaning.

Actually used, Were you. I used metronidazole on him because of his level of. He's a bacterium in it's got. Don't always use antibiotics, as I said. But the key through this journey he his his, colorectal cancer, started shrinking and and in researching like, okay, this is I want to understand this more.

I found lots of research talking about how if use a bacterium actually causes some chemotherapeutic agents, to not work, it can cause these colorectal cancer cells to be resistant to five fluorouracil is one that's been highly studied.

Another one that has been studied is cisplatin. So so now we know that this, you know, this simple antibiotic as well as a good throw, you know, deep cleaning which we call scaling rate planning really turn turn the corner for him.

That's really cool. And gosh, I mean, it's this whole nother world of looking at our gut microbiome and how it's affecting drugs because these guys are smart.

And I think that we don't give them enough credit for being so smart, smarter than the doctors, smarter than cancer specialists. So I, I think that that's great that you were working side by side, you know, with his doctor and they were open to looking into this.

Fusobacterium, Cancer, and Systemic Disease

It's so impressive to me, curious doctors like you who are willing to say, wait, there might be more to this. There might be a door I need to open. There might be, you know, a basement.

I need to look in. Because, you know, it all translates to more better relationships for people to have more time with their their families and to feel better and to.

He had a lot of he had a big family. And, you know, it was just it was just wonderful because his chemotherapy started working very integrative. And yeah.

Are there any other case studies that come to mind over the years that you would like to share? One thing for your listeners, I think specifically is the impact of the oral microbiome on adverse pregnancy outcomes.

I've been I've been shocked, absolutely shocked. A most recent case, a couple came to me who had been, trying to have a baby, had done everything they can for ten years.

And literally, Doctor Jen, we just had to get her oral microbiome healthy to get rid of this, this chronic inflammation. She's a bacterium, has been found, in the fallopian tubes.

It's also been found to be correlated with, low birth weight. I mean, every problem you can think of, it's just crazy. And it's so simple. Nobody's named their babies after me.

But, you know, I'm still trying. I think there's been about seven, though, in the last few years of of women who have to send me pictures. They'll send me pictures of their ultrasound, you know, like at four months or one woman had had five miscarriages.

And so she sent me a picture of Hazel, you know, five minutes in utero. So, you know, those kinds of things, you just, you wonder if it is so. That is so cool, so fusiform.

And you said that's your favorite. Well, not your favorite. You actually don't like that bacteria, but that's the one you go after in the fallopian tube.

Colon cancer. What else has it been? Oh, and the some of the newest research is that it? It kind of propels a bacterium called poor from gingival. Now, poor from gingival has been studied intensely in terms of Alzheimer's disease, neuro inflammatory disease, multiple sclerosis, Parkinson's disease, specifically studied with Alzheimer's disease, there was a a landmark study in 2012 where they found the DNA of four from managed danger versus oral bacteria in the brain of 40% of Alzheimer's patients postmortem.

So it's it's big. But now we know that few the bacterium actually feels it. Oh, doctor Jen, I, I jokingly call these a bacterium nuclear atom. The mother in law bacteria.

Because, you know, I can joke about mother in law's because I am one. But it it is a bacteria that when it's low it can be a beneficial bacteria. It's just when it stays too long, it just it's just when it starts taking over your life and, you know, giving unsolicited advice and, moving things around, you know, fuser bacterium if, if, if tamed is fine.

Just like, just like as mother in law, as if we, know when to leave, then we're beneficial. But, it's when it overgrow. So I suspect that there's something in our environment that, we can't quite pinpoint yet that is causing this pesky, mother in law bacteria to overgrow.

I don't have that broken yet, but, boy, I'm researching this all the time. Yeah, and you said so. For aggressive cases you do treat with gel or metal that dies.

And, but I this one's come up a few times on GI stool testing. And usually like garlic oregano can keep this under control. So. But but it's tricky. Like you were saying, you know, for the fertility stuff, if no one is even looking at their microbiome, and then this is causing inflammation because that's what these opportunistic bad guys do.

They can cause inflammation if they're overgrown. So you think that inflammation probably in the fallopian tube was leading to the infertility in your patients?

I think that's certainly part of it. And it seems like to me, that, you know, it's this chronic inflammation, this inflammation thing, as you know, as people get older and I know you're writing an incredible book on, perimenopause, it seems to me that this oral inflammation, this low grade chronic inflammation is sequestering the immune system and sort of tying it up.

So once we clear that up, then, you know, our bodies are designed to heal. So so at that point there are more resources to go to other areas to for those and for the immune system to work.

Yeah. And when we look at in regards to fertility, I mean, I see this with patients all the time, even, you know, not just bacteria in our in our gut.

And stuff, but that stress right in your body, if you're stressed out, you're not going to want to heal, you're not going to want to get pregnant. But a lot of the times these gut bacteria, the oral microbiome that's causing a lot of stress on your body because it's chronic inflammation and it's it's hard because it's like what comes first?

What do you fix first? And it's like all of it. No. But but you have to work on like different layers at a time. And it might just look like getting a little scrubber, which I'm going to get for my kids because I think that they would have fun with that.

So it might just be like, you know, start taking good care of your oral health. And and that will keep exposing more layers that you have to work on. Exactly. It.

And then your stress point is, is so on target because, say, when people are stressed out, if you're running from a tiger, all the time, then your mouth is going to be more dry.

And if your mouth is more dry, these bacteria can overgrow because, you know, saliva is so protective. And then, so, so like you said, it's that it's that circle.

It's never one thing. Everything's impacting everything else. And but this is an easy place to get to get started. Yeah. Yeah. That's great. So everyone listening out there right now, what could they do like today.

What would you suggest Doctor Debbie today that someone can can start on because they might feel overwhelmed a little? Oh, that's a great question. I would say today get some little little brush picks.

And you know there's again it's it's really you just want to scrub does t that I, I actually have an online course on my website, a very inexpensive course called AB Stream Gut Health.

I demonstrate all of this, but I would say start there. Now know that your gums are going to bleed at first because they're inflamed. The gum picks do not make your gums bleed.

Floss does not make anybody's gums bleed. Generally, it's because they're inflamed. So. So then, and on the

course I talk about, you know, questions to ask your, your dental team, you want to make sure they are reading the research and up on what's been what's really important, what's impacting their health span.

But start with the brushes. Start with it. Start with simple in something you can hold and, it's not, as you know, technically as floss doctor Jen. It's. Anybody can do it.

Your children can do it. Yeah, it's almost like a fidget. Think of it as like a fidget.

Pregnancy, Inflammation, and Practical Next Steps

It is. It's like a. Yeah, well, and I jokingly here in Oklahoma, I like all the cool people are doing it, you know, because, you know, we'll be out to dinner.

My friends will pull out their brush picks. It's amazing. You can brush and floss and then you get a brush pick in there and you're still like, whoa, there's a little little broccoli in there, and there's a little popcorn hole.

There's, you know, it's just it just really, you know, scrubs it. The difference between, you know, rinsing your tub out or scrubbing your tub. Oh yeah.

That's like when kids try to do the chores and they just. Yeah, they just rinse. They don't scrub. Yeah, that's actually a good analogy. I should use that with my kids actually, like take a pan and just rinse it and then scrub it and be like, this is why I, we're I just ordered some actually, while we were on this podcast, this is what I was going to do, scrub brushes.

Because Doctor Debbie told us doing it makes a lot of sense. The other thing I love is that, like God created our body with symptoms and signs that something's wrong, right?

And we ignore them. Like you were saying, the dentists that are like, oh, it's just a little bleeding. When is bleeding, like, ever? Not like, whoa, like fire.

Like, let's check this out. Let's hone in. Right. So it's kind of cool that our gums bleed when they're inflamed because it lets us know that something's wrong.

So listen to the clues. Don't stop pushing away the clues. No, it's you're it's so right. God gave us all of these signs, you know, like your little headache.

Maybe you're dehydrated if you're a little, you know, I mean, just on and on. But we start looking at these things as normal. Doctor Jen and I always joke on my podcast about normal, you know, normal in our world is not a good thing.

I mean, you're obviously not normal. I'm not. I don't want to be normal because Nina normal is dehydrated, irritated, constipated, frustrated, you know, overscheduled, overstimulated, undernourished and arrested and totally stressed out.

I mean, you can see that those are the patients that are seeing you that need your help. They've they've ignored these symptoms. But but I fully agree.

God gives us lots of signs. We just want to. And that's what your podcast is doing helping people see the signs of things like This might be so normal that I don't want it because normal is not good, right?

Yeah. Be the weird ones, be the ones that pull out the digestive enzymes when you're out eating with friends and families. And then now I'm going to up at one more and bring out the dental floss.

And you've already ordered them. That is impressive. You've already I like I, I'm like, I should I needed them today. Like I feel like if I hey, you're the expert.

If you're going to tell me something and it makes so much sense to like, has those back molars just after a cleaning, I'm like, oh, I wish I could do this at home, but you can. You can.

We scrub the little things off? So I'm super excited. I just needed someone to tell me to get those. So thank you for that. Oh no, thank you. And you've got to see folks when you're watching this on video.

It's one thing, but Doctor Jen is on a treadmill doing this podcast, and she's listening so intently and coming up with these great questions, I'm just like, wow, well, I'm only going, what am I going at 1.5?

So and you're moving on. Oh yeah, well I will when I, when I'm getting interviewed, I said, but when I'm interviewing I feel like I can walk. So yeah.

Aspiring very inspired Debbie how like so first of all, you don't look like a day over 40. You look amazing. So you're practicing what you're preaching.

How can people work with you or just listen to you more? Well, check out my website. I've got a lot of, free information. If you, love your dentist and you want to.

And they say there's no research, I have a whole free research tab that I've, you know, curated. I, I have this course, there's a link on my on my website.

You can get the bristle health test through that. Just join me on Instagram and, and check out my podcast, Vitality Made Simple. Doctor Jen is going to be a guest soon, and we're going to learn all kinds of great things from her.

Yes. Well, awesome. It is so nice talking to you. So such a good just information and you're just so sweet and positive. So, super excited to have you here.

Thank you so much. It's just been my pleasure to be with you. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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