Introduction to Biological Dentistry

Hello, ladies. Welcome back to Mastering the Menopause Transition 3.0. Our third annual summit here at DrTalks I'm still your host, Dr. Sharon Stills.

And it would not be a Dr. Stills summit if I didn't have a biological dentist on. And I know you might be thinking menopause. Why are we talking about dentistry?

But if you know me, and if you don't know me, you're going to know it. Now, I, as a bio regulatory physician, am trained to understand that most disease has some kind of implication occurring in the mouth, whether it be amalgam fillings or galvanic electricity currents or root canals, or cavitation or gum disease or whatever it may be.

It is really important that we handle our mouth and that we get it cleaned up and that going to the dentist is not just about checking to see if you have cavities.

And so biological dentistry is near and dear to my heart. I often kick new patients out of my office after the first visit and say, go get your dentistry taken care of, and then come back to me and we will finish up all the rest in your body.

And so it's also really important that you work with the right biological dentist, because it is kind of a new thing, and lots of people are hanging out shingle saying they're biological or holistic dentists.

And just like anything, not all biological dentists are created equal. So I wanted to bring on one today who is created amazing and who really understands biological dentistry.

Her name is Dr. Sanda Moldovan, and she is, the owner of the Beverly Hills Health and Dental Wellness. She is a biological dentist. I know her personally, I trust her, and I want you to really listen closely to the conversation I'm about to have with her, because it can really change the trajectory of your health as you're stepping into your sacred second act and getting your hormones all balance.

So welcome, Sanda, to the summit. I'm thrilled to have you here. Thank you. Sharon, it's a pleasure to be here. so let's let's just jump in, you know, real quick just to let the people listening know who you are a little more if they're not already familiar with you.

And how did you were you always a biological dentist, or do you have a story that led you to become a biological dentist after graduating from dental school?

Mercury Amalgam Removal and Safety Protocols

Yes, it's true, my own struggles with health so that I stumbled upon holistic dentistry. I actually have 16 large mercury fillings in my mouth that made me very toxic.

I had them removed unsafely, unfortunately for me, and that caused me to have headaches and were logical issues and I didn't know why. So, that kind of was the path for me that led me to, after I finished my periodontal residency at UCLA, I went to functional medicine, to search for answers.

And I was in one of the conferences, and I hear one of the physicians talking about Covid patients. oh. My thought in the world are Covid patients. I've never learned about this in school.

And that's how it all started. and, you know, now I'm a member of, IAOMT. do we have a multi-specialty biological office in which we practice, you know, personalized treatment, biocompatibility testing, and, you know, the safe use

of dentistry?

that's a lot of amalgam fillings in your mouth. I, I actually am a rare bear. I never had an amalgam filling in my mouth. I never had I never had cavities as a child, so I never had them placed.

And by the time I got my first cavity, I was already aware. And so of course, there's the whole issue with do your composites have BPA in them or not?

So let's just kind of talk about that right now because you you said something that was really important. You said you had your amalgam fillings removed unsafely.

And I know when I see patients in my office and they're like, I had my amalgams filled in, they're like so proud of themselves. And then it's like, I have to ask who did it and did they protect you?

And it's so sad when, you know, maybe it was a well-meaning family dentist, but they just drilled them out and didn't take the proper precautions. And I always tell patients, better to keep them in your mouth, which obviously I don't want you doing the better to keep them in your mouth than to have them removed improperly.

So can you talk a little about improper versus proper removal of amalgams? Yes. Yeah, and you're absolutely right. You're better to keep them in your mouth and remove them improperly, because during the removal, there's so much mercury vapor that comes off through the drilling process.

And those vapors that are in the atmosphere. If we don't create the proper protection for a patients or even us as the my assistant and my doctor, that order less vapor of mercury is like 2,000% higher.

And then the EPA allows in the atmosphere and we end up inhaling it and it goes into our nervous, tissues. That's the problem. And into the fatty tissues.

And it's very, very difficult to detoxify from it's not impossible, but it does take time. So, it is so important to wear the right gear. So, IAOMT actually has a certification process.

It's called a smart certification, in which the mercury fillings or the silver fillings that you can look in your mouth, you can actually see them glistening because they're all, you know, shiny metal or corroded metal, depending how long you've had them.

so that we protect you as a patient by putting, like a little cover, like, on this little rubber cover around the tooth. We have these this big suction that sits right in front to suction all those vapors. So.

And I'm not talking about the little suction that's already in the mouth, but the big suction for the vapors. And then both the assistant and, doctor are wearing pretty much gas masks to protect themselves.

And also, the patient is wearing actually an oxygen mask to prevent that from, from inhaling the vapor. So that's the proper way of removing mercury from.

And how do you feel about removing them all at once, or do you remove them per quadrant, or how how do you decide that? That's a great question. I think it depends on the mercury load the patient already has.

And I know some, naturopaths that are, practitioners that I work with. They decide to actually do a little bit of, prior to removal, and, to get the patient healthier, like, in preparation for the detoxification.

but, typically, like, let's say if there's somebody like me who on 16 levels of I would do just one quadrant at a time. So basically the upper right, because there's already four teeth there.

So that in itself can take three hours, to get those, removed properly and restored. So because of a lot of the time, I would recommend, you know, probably four teeth at a time.

If the fillings are small, we can certainly do more than that. But that's on an average about 416 is. Yeah, that's hopefully no one listening has 16 amalgam.

But even if you have just one amalgam, it's one amalgam too many. And I would just like to say that I would not detox someone before they're getting their amalgams removed.

I don't even heavy metal test anyone. You got to get the you got to get the sauce out of your mouth. Once you remove the source. then I'll go in and test you with urine and provocation, and then we see what's left in the body and we clean it up.

So, and I find a lot of times when patients come in and they've had their mercury removed and hopefully it's been removed the right way. No one's ever gone in then and said, well, what's left in the body?

And we have to remember, right. Like, so the amalgams are there. They're like a faucet dripping, dripping, dripping for as many years as they've been there.

And once you remove them, that's like the best thing to do. You've turned off the faucet. But what about all the the dripping that has gone on? We can't forget to go in and clean up the drip.

And I just want to repeat, Dr. Sanda said IAOMT.org. And so that is a good website for Mercury amalgam. For someone who has been trained in the smart protocol, I can't guarantee that they actually are going to understand the rest of dentistry.

But at least if they're trained as protocol removal, you can trust they'll remove your mercury properly. And that's really important. And yeah, you know, when you were talking, I was thinking, gosh, some of the sickest patients I have seen over the years have been dentists or dental hygienists because.

So I love that, you know, because I'm all about like practice what you preach. And I love that you emphasize, you know, you got to be protected too, right?

So you want to make sure the staff, you know, that they understand the seriousness, seriousness of this and they are protecting you as well as themselves.

Absolutely. And even I, I want to mention like if somebody has mercury fillings and they go to get a cleaning, you know, they, they polish, the teeth are high, are trying not to even touch, the mercury fillings because when you polish them, they actually will gas off.

It'll come off the fillings. So, I, I, you know, every time there's hot water or hot food or brushing teeth or polishing, there's, there's particles of mercury that are coming up.

That is a very, very good point. Yeah. So obviously we want you to get them out. But if getting them out is not going to happen tomorrow, then at least be thinking of that if you're going for cleanings and so on and so forth.

So can we also talk about fluoride and cleaning of teeth? And is fluoride okay? Yes, I love to talk about that.

Fluoride, Cleaning Alternatives, and Menopause Oral Health

I mean, fluoride is toxic. And it was used in pesticides for a very long time. and there's a great documentary called Fluoride Gate that explains how fluoride ended up in the water.

And a lot of countries around the world have banned fluoride. however, in United States, it's a state by state situation, but they did to reduce, fluoride concentration from one part, commonly, to point eight parts per million.

however, fluoride in itself, okay, if it's too high in the body, it can cause fluorosis of the teeth. Those are for people that actually have white and brown spots on their teeth.

it actually makes the teeth weaker. It doesn't make the teeth stronger if it's very high. and, it does the same thing to the balance. you know, it can weaken the bones.

It calcify, pituitary, the pineal. So we know we have studies to show, you know, in, grades five through eight, there was a study done to show a lower IQ level, with, in areas where there was a higher fluoride concentration.

so what do you recommend for the women listening who are going for cleanings? What should their, you know, no fluoride. What should be being used by their dental hygienist. Yes.

So there's a great technology, called airflow. it's a Swiss technology that we use in our practices. airflow has, 15 micron erythritol particles. Erythritol is a sugar alcohol which is anti bacterial.

It's empty cavity. So we actually clean the teeth with a spray of everything. It's all which is anti-bacterial. And then we encourage people to actually use a calcium hydroxy apatite toothpaste or tooth powder.

if they're prone to cavity or if they have brittle teeth for like let's say in menopause. Right? We tend to have more brittle teeth because of the lack of saliva.

So calcium hydroxyapatite is a great way to rebuild the enamel and keep the enamel strong. because it will actually get absorbed in the pores of the teeth.

so to keep the teeth strong and actually strengthen the enamel. So talking about menopause, what do you see. What kind of oral changes do you see in women who are perimenopausal going through menopause or even, you know, just post menopause?

Yeah. One of the things we're seeing is definitely like a dryness of the mouth. We see that the mouth is getting a little bit drier, and even if it's not necessarily physically drier, there's this sensation that there's like a Velcro like, you know, like it is dry, even if it isn't.

And some people even go as far as having some a burning sensation. we do call it like a burning mouth syndrome. And that's also with the hormonal changes.

so for gum disease, I guess. Just what are some of, like, your basic recommendations? Because I feel like in the general population, it's like, go see your dentist once a year and get a cleaning and they have nothing else to do with your health unless you go and they tell you you have a cavity, then you get the cavity filled.

Or if you're having tooth pains, so what? What do you recommend for gum disease? For staying on top of gum health and just, you know, oral health in general?

Yes, I have I have definitely some recommendations, something that you can do at home as a periodontist. I'm always, always looking at the microbiome.

How do we keep the microbiome of the mouth happy? So, definitely don't use harsh chemicals, or mouthwashes, in order to kind of bring moisture to the mouth.

just be gentle. Use natural products. So I have three steps, for optimum health, especially, you know, during menopause, number one, brush with calcium hydroxyapatite.

Secondly, use a water flosser. And the water flosser does 1 or 2 things. It actually stimulates the, collagen in the gums to help it maintain. And because also as we get older, we lose collagen in the gums.

So we tend to see more gum recession. so, and then thirdly would be to use a chewable probiotic. So popping a probiotic that's going to help to stimulate saliva, let it actually dissolve.

If you let it dissolve in the mouth and you know, your salivary glands actually will work harder to stimulate the saliva

and it will, at the same time, probiotics have been shown to decrease inflammation as well as decrease cavities.

So I do recommend popping in a jumbo probiotic, especially for those people that experience, like dryness. Is there a specific strain of the probiotic they should be chewing?

Yeah, definitely a variety of strains. And, I, I really started looking into this about eight years ago, as we were starting to get some early probiotic for oral health studies.

So, at the time, I was using a company of that, was a very chalky kind of flavor, and my patients didn't like it and it tasted like cough sirup. So I actually worked on developing, a product, vegan certified chewable probiotic and then oral sun online or a sauna.

And we have five strains of probiotics that have been proven to decrease inflammation. and not just orally, systemically. Interestingly enough, looking at the cortisol level, as well as, decreased cavities and, you know, influenced the microbiome in a positive way.

Awesome. And what about oil pulling? I feel like for some reason, that's like controversy zone. It's like two teams. Some teams love it. Some teams are like, no, don't do it.

So I'm curious what you think about oil pulling. And maybe you could also just explain what it is. yes. I actually did some research on this because I was asked to comment, several times on this topic.

And, oil pulling is banned is a technique that was invented, about 6000 years ago, in India and, an Irish Times. basically, we didn't have water. Flosser you know, we don't have string floss and floss came in in the 1850s.

so at the time, they used actually sesame oil to switch back and forth and between the teeth for 20 minutes. And why 20 minutes is because we need the 20 minutes for the oil to turn into a soap.

So it has a soap like effect. and then it removes the plaque that way in between the teeth. So looking at the studies, a lot of the studies actually came from India, from the university there, from the dental school.

it shows that when comparing it to a mouthwash, it's not, significantly better in removing plaque or decreasing inflammation. because we think that the oil only really goes about a millimeter under the gum.

So let's say people are suffering from gum disease and they have pockets, you know, the pockets that what I mean is, what we measure the difference from the gum line underneath the gum.

Typically in health, we want about 2 to 3mm.

Daily Oral Care: Water Flossing, Probiotics, and Oil Pulling

Anything higher? And some for gum disease, typically. so the oil from oil pulling does not get to that depth only about a millimeter in depth. So what does go deeper is a water flosser.

So for me, I'm very practical person. I prefer to use a water flosser in 90s than actually I am pulling in the bathroom for 20 minutes in order to do it correctly. So we have advances in technology, so I recommend just use those instead of doing the oil pulling, and always have quite a bit of come back lately.

especially there's coconut oil, there's this, but it does not replace a water flosser. That makes so much sense to me. I'm glad I asked because I look now.

Does it matter? Like what? water. Water pick right is a water flosser. Yeah. I want to pick as a brand. through Arizona, I, I have my own tips that I really like for patients.

so, and why do we call it a flosser? Because it actually get in between the teeth, but it goes up to six millimeters

under the gum, which is pretty awesome.

Yeah. So I have another question now. So if you're using the water flosser, do you still need to do manual flossing or does that take the place of manual flossing?

That's a great question actually. the recommendation in Europe is already to use either that in between brushes they're called inter dental or a water flosser they no longer recommend string floss.

why? Because string. Most people that are having a hard time using it, and even if they're using it, they're not using it correctly. Many people actually wrap it around like a C and I'll go up and down.

Most people like snap it in and out and it doesn't clean sufficiently. That's the problem. So, yeah, most people can get away with just water flossing.

Now, if somebody has really heavy gums, you know, they're they're really gummy. Very, very thick. And they have teeth that are very, very wide. Typically the water flosser has a hard time to get inside.

So they're still going to have to use either string floss or, in between brush. But for most people, using a water flosser correctly typically does a better job than using string floss.

And we know this also from the studies that we do have. That's why Europeans already are not recommending string floss. Bowstring flies also was invented in the 19 oh 1849 I believe.

So, yes. So, you know, we have more modern technologies that help to clean better. This is good news. Yeah, I was hoping. For. I was asking for a friend.

I always like I'm wondering that. And, like, you know, I love my water. It's so, like, easy to use, and it's effective, but then you're, like, looking at the string floss and you go, you know, like, I should be doing that too.

So that's really good. And the oil pulling too, because I love what you said. Because I think the Saint like, who's got 20 minutes to be swishing that.

That's just not realistic. So I'm happy to hear the water Flosser is like is Queen last? Is there lots of studies on it? We know it works. Excellent. So let's kind of round it off with I'd like to I'm just trying to kind of like do the highlights of all the things that I see mainly.

So you know why you shouldn't get a root canal I think would be important for the ladies to hear. And then maybe we can just educate on, what a cavitation is as well.

I think those are two important things. So I actually ended up with a root canal at the age of 14. Oh, wow. Okay. Now. Yeah. So, of course I it wasn't done nearly at the level that it's done here.

And then when I came to United States, I had a redone, and then, once I learned about and became a biological dentist, I, I kept flossing that area, and I kept getting a smile.

And on the X-ray, it looked perfectly fine. And I would see at the gum line that the tooth itself would turn black. So I chose to have it removed and, replaced with an implant.

And I noticed that after I had it removed, my digestion improved and it wasn't the meridian of digestion, but I never really related that to, and, other people that I see.

The problem with the root canals is that there's bacteria that is trapped inside. And that is the problem, is that the actual root canal procedure, what the bacteria are trapped inside, really can hold, like this chronic inflammation in the site, whether it's just in the gums like me or for a lot of people, it's in the bone and they don't even know it.

And for us to really diagnose properly, hey, is this root canal? Chelsea, we need to take a CT scan. And on the CT scan, I could really see if the bacteria has leaked into the bone.

And now it became like a larger problem. and this tooth, typically I recommend a removal. So that's the only way to properly get to that bacteria inside the job.

So pull the tooth. Don't get a root canal. Exactly. The good news is yeah I know I have some good news here that we have such good advances in dentistry today.

So if you have a cavity that's deep find a dentist who does laser dentistry. We were just talking about this last week. We had our eye on team meeting.

lasers are so much gentler as they're at removing the decay that's next to the nerve. And then also meeting the site and really helping to build that because your tooth will recover if it's done correctly.

Root Canals, Cavitations, and Advanced Dental Treatments

The problem is the drill. If it's very close to the nerve, it'll push the bacteria right into the nerve. So that's why people end up with a root canal.

Wow. yeah. Yeah. Lasers. And I guess one more thing. Also implants. because that's something that typically you just go get a titanium implant and think.

But could you speak to the materials and why it's important not to do titanium. Yeah. So I was I finished my periodontist at UCLA in 2004. And I was trained on titanium implants.

and, I place quite a few titanium implants and, now I'm mostly going towards ceramic implants. what we're seeing with titanium. And we know this. It's been published.

The research is that titanium corrode and, titanium particles will corrode into the tissue. It's actually removed some titanium implants last week, and, I had to take pictures because her corrosion, this lady's corrosion was all over the gum tissues as I removed that implant. So.

And she was having actually cognitive decline. And that's one of the reasons some of them were actually infected, some of her titanium implants. But, she just decided to get rid of the upper titanium implants that she had, because of of her declining in health after she received, whether or not they're associated, you know, we can't say.

But what I can tell you is we do see corrosion, of the titanium, implants, because, you know, that that corrosion, doesn't just stay around the gum. It has been found in the neighboring lymphatic tissues.

yeah. Titanium is as bad as mercury. Yeah. So. All right, so we've just done, like, a crash course in biological dentistry. Is there anything else that's important to talk about that I didn't ask you about?

I was saying you mentioned cavitation, and I didn't get a chance to talk about that. I think, you know, it's so important to have a tooth removed properly, just like mercury properly remove the tooth properly.

And what does that mean when you have a tooth removed? Make sure that it's clean and that there's a little ligament that surrounds the tooth that holds the tooth to the bone.

It's important for that to be removed thoroughly and typically not by hand. I actually use this ultrasonic device to help me to remove that ligament properly.

And of course, any kind of let's say if the tooth is infected, it's important that the necrotic bone is removed. So all that is is removed. I definitely recommend ozone with every extraction.

And platelet rich fibrin is another one that's so, so important because we don't want to leave that hole where the tooth comes out of open. We want to always plug it with something to prevent bacteria from going back and and typically I have a CT scan.

I see people that have had wisdom teeth removed, and I see these blocked cysts all the way in the back. And then I ask them and then they have chronic fatigue.

some of them have heart issues because that's on that meridian and they have heart palpitations or unexplained inflammation. So in those cases, I do recommend that those cysts in the jawbone that we see, be removed even though there is no tooth there.

Or has it been a tooth for many, many years? but I biopsy these these areas in the jawbone and I never get a sterile site. There's always microbes from bacteria, parasites and viruses.

All three are on of each. so, what I typically see once I remove cavitation is that people feel better. They say, oh, my God, my brain fog lifted. Or, you know, I have more energy.

Typically, those are the two main things that we hear once we once we clear the toxins and infections from the junk. Yes. Well, well, all of you listening can.

So we're filming this in in the end of March, but this is airing now in October. And so I'm going to get cavitation surgery done because I have cavitation in my wisdom teeth that I knew just intuitively.

I've known. And with just a panoramic X-ray, no one ever picked them up. But with the CT scan that Dr. Sanda mentioned, you can see so much more. So make sure you write that down and get one of those done, and have it looked at by a biological dentist who can tell you accurately what's going on.

But you can ask me now, what was my experience with my cavitation surgery? Because I will be, let's see. June-July, I'll be honest, five months post-surgery.

So I should be. I'm already bouncing off the walls. I should be, like, hanging off the ceiling by then. great. Yeah, really looking forward to it. So practicing what I preach, because I know, you know, a lot of us, sometimes we have, like, dental work, and yet it's not like suddenly wake up and go, I can't wait to go to the dentist today.

No offense. You know, no one wants to. There's so. But it's really important for our transition, for our sacred second act, for aging gracefully and with quality that we clean up what's going on in our mouth.

So, absolutely, if you weren't. Writing really fast, you're going to want to listen to this interview again, because we can't, you know, you've got that website, you the mercury removal, the scan you need, the tooth care, you need all the things, that you kind of, you know, just to get you started and what you should be looking for.

And of course, you can always go see Dr. Sanda, who's located in Beverly Hills. Why don't you give us, like, how to how do the ladies learn more about you?

Website, podcast where should they find you? Yeah. So we have a website, beverlyhillsdentalhealth.com We actually have three locations and I'm seeing now Beverly Hills and Newport Beach.

Finding a Biological Dentist and Closing Remarks

But if you want more information on listen to the Holistic Dentistry Show, which is my podcast. And we always have interesting topics for oral health related to overall health.

or you can go to my YouTube channel, @askdrsanda, you'll find really some interesting videos. I have one video that actually shows parasites from the cavitation side.

for those of you that are interested in surgical veneers. I'm kind of hoping parasites don't come out of mine, but, you know better out than in, right?

Exactly. That's right. Well, go, go follow her. Go check her out. And really, you know, in all seriousness, take take this to heart. Like, if this hasn't been something, if you're just thinking about menopause and how to lose 10 pounds and get your hormones balance, like I got, but this is, you know, overall, I want you really to be thinking, like, now's a good time.

You know, that's why I say menopause with the parentheses around. Pause. It's really an amazing time. The optimal time to pause and just say, like, what do I need to address in my health?

So I can you know, just rock the rest of my life and your dentistry and doing it from a biological perspective, correctly, is going to just give you the gift of longevity and health and quality and all of the things that we're all looking for.

So thank you for being here. Thank you for staying open minded. Thank you for listening. Thank you, Dr. Sanda, for hanging out with me. And, we'll be back with another talk.

So stay tuned. Okay. So much like.