Ep 579: Is Your Mouth Secretly Sabotaging Your Health? With Dr. Michelle Jorgensen Transcript

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Podcast Introduction and Guest Overview

Welcome to the health fix podcast where health junkies get their weekly fix of tips, tools and techniques to have limitless energy, sharp minds and fit physiques for life.

Hey, health chunkies on this episode of health, fix podcasts. I'm interviewing Dr. Michelle Jorgensen. Did you know that your mouth is a mirror of your overall health?

And on today's podcast, we're going to be talking all about the connection between chronic health conditions and dental health. So Dr. Michelle Jorgensen is former dentist turned holistic health pioneer who helps exhausted health conscious people finally feel like themselves again by starting where health actually begins, your cells.

She's the founder of Living Well with Dr. Michelle and she also has a book with the same name that came out earlier this year. And this book is going to reveal how to decode your symptoms and give you exactly what you need for your body to heal, thrive and stay energized without the fads, the overwhelm or the guesswork.

So if you're tired of chasing health trends and still not feeling better, this podcast is for you. Now, Dr. Michelle and I talk all about how true healing starts when we stop treating and chasing symptoms in isolation and begin to see the body as an interconnected system.

And often overlooked is the oral health aspect of things. So looking at a more holistic approach to oral help not only helps, but can be a game changer in helping you to figure out what is contributing to you not feeling your best.

Let's get into the podcast. Dr. Michelle Jorgensen, welcome to the Health Fix Podcast. Thank you, I'm excited to be here. I have been looking forward to this podcast for some months now, since quite a few of my patients have actually said, when are you going to get Dr Michelle on?

Because teeth, you know, it's a thing. We all have them, hopefully. If we don't, we'll talk about that too. But it is something I don' talk as much because I am not an expert in the dental realm, but we always talk how the mouth is so much part of your health.

So thank you so much for coming on. I'm excited to talk about these things because they are important. They absolutely are. And one of the biggest things that, you know, drew me to, but also just was fascinating is the mercury toxicity that you experienced yourself, because a lot of folks are going to think about it in terms of amalgams, But they don't think of it as secondary exposure.

I have a LOT of patients who are in the dental field. So it's definitely something that I want to bring some awareness to environment and how things can affect.

What was it like to have mercury for you? How did you even know that something's off? Well, it was an interesting journey. It certainly wasn't intentional.

Wasn't anything that I could put my finger on for a long time. And you know, before we got on, you talked about people with mystery illnesses.

Mercury Toxicity and Dental Exposure

Well that's really where I was at. So I 10 years into practice and you, know busy, really busy practice, four young kids, a lot going on. I wasn' t feeling well, but I think a lo of times we just write it off as, well this is just my life and

I'm just stressed out and whatever it might be.

But things got worse, not better. And the symptoms were gut issues. But it's interesting with gut issue, everybody just assumes that everybody has them.

You know? And what do you do? You just throw away all your food and you start over. So that's what we did. We threw away our food, and we started over and it helped some, but it didn't help a lot.

Things were still not good. My memory. I've always had a good memory and I got to the point where I couldn't complete sentences. Couldn't remember patients' names from room to room.

So my husband was really concerned because he said, this is not you. You know, I've known you a long time. This is NOT you! But the one that was REALLY debilitating was I had just numb, painful numbness all the way down my arms, my hands, and I couldn't sleep at night.

I could not blow dry my hair. And I just didn't have the dexterity to do it. My hands were completely numb. Can't do good work if I can't feel my hands So I put my practice up for sale because I was seeing doctor after doctor After doctor people would get send me home with a prescription, you know, it didn't help like, he put me on like an acid producer medication I'm like well, I sure that's gonna help a lot.

Let's do that one So, all of these different things that didn' help but they didn''t know what to do with me. No one had answers So put the practice for sale and in the middle of all of that, not knowing what we were going to do as in my mid thirties, like I said, for young kids, this was the livelihood for our entire family.

My husband worked for the practices. Well, we weren't really desperate times. And finally, another practitioner just said if you ever looked into mercury poisoning is a problem.

And I said, well, I don't have fillings because silver fillers are 50% mercury. They are. So every filling anybody has in their mouth right now that might be silver is 50 percent mercury I knew that, you know, they teach us this in dental school, so I know that.

But I say, Well, don' have any fillins. He said Oh, it's not the fillin you have, It's the ones you've been drilling out for the last 10 years with no protection.

And that was literally the first time I had ever heard those words or had every considered this could be a problem. Because in school, what I was taught is that if I told someone that those fillings could affect their health, I would lose my license.

That's what was I taught. So, this was not only not on my radar, it was off my radio because I didn't want to lose license So I said, no, I've been taught they're completely safe once they are in the mouth.

This is not an issue. And he said well, isn't it worth getting tested just to be sure? And I thought, well yeah, because I'm about to lose my entire livelihood here.

Let's give it a try. Got tested and that's what it was, mercury toxicity off the charts. So I had no idea this could even happen to me. Had no ideas this was a thing.

No idea that this is a risk for a dental professional. And it wasn't just me that was at risk. It was everybody sitting in that office. So, you know, it's the HVAC system circulating all of this.

so it is the dental assistant for sure. The dental hygienist that's cleaning these teeth. That's a dentist sitting at the front. It's everyone that's getting exposed to this mercury.

And so what ended up happening is the doctor said, well, you can't take it out if you keep putting it in. So somehow you've got to figure out how to do this if your going to keep your job.

I found an organization that actually had protocol. to remove these fillings and not get exposed, both the patient and the practitioner. Didn't even know they existed.

So I just started doing these protocols and it was very noticeable, you know, as patients would come in and I'm wearing a mercury filtration mask and we're covering everything in the room, including them.

We have giant vacuums and they're like, okay, right here. And so, I would explain to people, well, this is for me. But then they would usually go, but isn't this probably better for my too?

Yes. actually it is. And then they started telling friends, I thought it was going to chase away all of our patients. I though all our patience would quit coming, you know, because they would think I'm just like crazy town.

But they start telling people about it and people were like, i've been hearing about this. She's doing that now? Oh, okay. We started seeing people specifically for this, the practice started growing and then we would send doctors our way.

Doctors who are looking for practitioners who were doing this and the doctors would say things like I know you dentists haven't trained the fluoride is the only way that you've got to do fluorides but what do you really know about And I'd sit there and think, well.

Well, I know it strengthens teeth, but what do you really know? So then I'd have to go research, because that's the kind of person I am. And then, and I found the truth.

They'd say, what you do really about root canals? Well I'm doing one in the next hour. But what, do, you, really, know about them? And I have go find the answers and the research that supported it.

All of those things just snowballed. So it wasn't me intentionally looking for these things. It wasn' me assuming this was mercury that was my problem.

it all came because I had an issue. You know, in a way, I always believe that energetically that was meant to happen so that you can be here today and educating folks and really waking folks up because we've had a revolution of waking up in the medical industry that things are not what they seem.

Same thing goes for the dental industry, same thing does for veterinary interest tree. You know, it's, all we're starting to realize, wow, we've really, and one of the things that I really love about your practice that, I was checking out is the hidden dental infection exam that you guys offer.

Because I can tell you as a doctor myself, will send patients to holistic dentists, folks that are calling themselves holistic dentist. And I will say, Hey, really need a cone beam exam.

I need it, you know? Check this tooth. blah blah, and then the patient comes back and says, yeah, they said I'm fine. And I was like, well, what did they do?

Just an exam. I said, did you do any x-rays? No. Did they ask you about your health?

Hidden Dental Infections and Cone Beam Scans

So, I would love for you to enlighten folks what a real dental, like hidden dental infections exam looks like from your lens and what you guys are up to because I think we have a lot of people out there, probably well-meaning dentists, to try to help but we're missing some links here.

Yep, and really honestly my practice evolved. You know, it started with mercury removal and then I learned about infections and I then learned fluoride and so I'm hoping that all of these people are in the evolution mode but it's frustrating as a patient because you hear this and you say, well I want all it but your dentist is only on step two of step seven, you know what I mean?

So I am going to teach you what to ask for on the phone. which will really, I think, help alleviate that as well. First thing though, let's talk about what are these hidden dental infections?

Which ones are we looking for? So really there's three main ones that are gonna be found in the mouth. And one, every dentist is gonna talk, that's gum disease.

That's actually one that we're all taught how to deal with, we are all thought how record and measure in our offices, and we all are taught to treat it.

Now we do treat a little differently than perhaps another office does, but every office is going to measure your gums. If they don't, then they really aren't actually even practicing standard of care of dentistry.

So every office should be measuring your gum, six measurements on every single tooth to see what is the health of the gum and the bone underneath. That's pretty standard.

You're going to find that pretty much in every dental office. And dental gum disease is prevalent. 70 to 75% of all adults have some degree of gum diseases.

Gum disease the most researched dental disease that there is actually. There's hundreds of research articles showing the connection between gum disease and heart disease, and kidney disease.

And lung problems and low birth weight babies. I mean, it goes on and on, on on. So at bare minimum, you need to have your gums checked. But that's not where you should stop.

There are two other infections that you really need know about. The first is root canals and the second is where teeth were removed. Let's dig into those just a little bit.

Root canales. What's the problem? And this one, like I said, I've done hundreds root canal myself in my career. So I'm going to teach you kind of the way I learned it.

Inside of a tooth, when a root canal is done, what we do is there's either a cavity or a crack that's infected the nerve or affected it, you know, so that the toothache.

You're like, oh my gosh, I drank that thing and it just hurt for like five hours after. I am driving down the road in my car and what is that? It's killing me.

that means the nerve inside the tooth is dying. It's either dying or it's already dead. So what a root canal is, is the dentist makes a hole in the teeth, you get into that nerve area, so there's the nerves and the blood vessels on the inside of the toothbrush, clean it out, we use little tiny instruments that we used to clean out that nerves in that blood vessel, take it all out of there, sterilize it so it is disinfected with bleach.

Actually that's still the material of use, it was bleach that was put in there. We let it sit there and people would be like, why does it smell like bleach?

Because it's bleach. So you use bleach because it does kill bugs, okay? So, you put bleach inside of the tooth. You let it sit for a bit. Then you fill it up with something called gutta-percha.

It's like a rubbery material. If you heat it, up it kind of flows and flows into the teeth. so it entombs the truth in essence. The idea of is it awesome.

Like you get to chew with the two still, You get a smile with a tooth still. I mean it is awesome, it doesn't hurt anymore because the nerves gone. But that's not all that is inside the toothbrush.

So there are the main nerve canals, made blood vessel can't, but there these little things called dentinotubules that go off of that main canal. And every dentist knows this, we were taught this in first year of dental school.

So these dentinal tubules are why when you tap your tooth, you can feel it. Right? You tap here, and you feel because there's nerve, little nerve extensions that goes all the way out to the outside of the tooth.

It's also why cavities spread. Because cavities get into those little holes in the tooth, and then they start to spread deeper into the teeth. It's also how you get nutrients into your tooth.

You know, you can get more minerals in here if they need more mineral, it's through these little nutrient channels, these dental tubules. They're too small to clean, they're to small too fill.

Every dentist knows this as well. Otherwise on like an x-ray would see these teeny little fillings going all the way off of a root canal. We never see those.

So you always have dead nerve tissue and dead blood vessel tissue left in those tiny little tubes. No matter how well the root can now was done. At first it's fine.

Nerves gone, blood vessels are gone. Everything's great. But that dead tissue is going to attract bugs no matter what. Always. So I always tell people, I kind of joke and say, let's say that you have a major gallbladder attack, the doctor says you need your gall bladder out.

So they take it out, they clean out the inside, fill it with bleach, and let it sit there a little while, then they fill up with some rubbery stuff and put it back in you.

Why don't they do that? And that dead tissue will attract bugs, right? Always. It will always reinfect. So the same thing happens in your tooth. You've entombed it now.

Now the blood vessels aren't there so you can't get immune cells into these areas anymore. There's no flow. The bugs find the dead stuff and now your body has to non-stop fight this low-grade chronic infection.

Now some bodies are fine with it, right? They don't have any other things impacting them and impacting the immune system, distracting them, all those things.

So it can keep it at bay. It can the infection from spreading. Its just real localized, not a big deal. But what is it doing to the immunity system as a result?

I like it. I just like that it's distracted. Like it has so much to do all the time that something else comes along. And it can't deal with it. And this is the connection between root canals and autoimmune disease.

Because all of a sudden the body is so distracted over here, it cant deal other things. It just starts to like, shoot at everything and that's auto immune disease!

It's like taking out its own cells! Because it doesn't know what to fight anymore. Its soo distracted and tired. Even things like cancer. Cancer is just simply a cell that has gone awry.

Usually the immune system kills it. Well if your immune system is distracted doing something else non-stop 24-7, it may not be as capable of taking care of that.

So there's so many diseases that relate and I will never say that the root canal caused cancer. There's no way we will not ever say, that but the route canal leads to immune System function decrease.

Your immune systems not as good as it used to be which then leads, to the other disease processes taking hold. and the body not being able to take care of them as well.

So this is why it's so important to identify what is the status of this root canal. Is it still fine? Is the bodies taking care it okay? And sometimes even people will say, I don't even care because I dont want my immune system to be compromised and not capable of taking of me for other things.

You know, just get it out regardless. But this is so fascinating. The way we find these is on what you've already mentioned, it's called a cone beam CT scan.

So what is that? It's a special CT Scan that a dentist can do. Now the machine looks a lot like something that we probably have all had. It is called the Panorax, where it goes around your head.

Don't mistake the two. They're not the same thing. A panorax is a two-dimensional image. I can look at it on the screen, but I cant tell anything depth-wise. I can't go cut by cut-by-cut.

Can't look anything that way. Can't at the bone. You can only see certain amount of things on that. This is the three-dimentional image, I could literally turn your head inside and out.

Slice by slice, you can see exactly what's going on everywhere. So one of my favorite stories is really the time that my mind got changed on this. I had a patient that came and she had had root canal on it.

And I always remember it was an upper, upper bicuspid. So upper tooth like right in the middle here. She just tapped on and said, I don't know, everything inside this root can just feels off.

That is the most common thing people say. It doesn't hurt. Doesn't really bother you. Remember the nerves gone, you know. She's like, I don't know, it just feels a little off.

So I took a regular dental x-ray, the kind that goes in the mouth. You know you put it in your mouth, you snap it, and you look at it on the screen. I said, that looks just fine.

If any dentist had looked at that root canal, they would have said it looks fine, because it did. But I had just gotten my new cone beam CT machine. Let's go take a scan.

I'm just super curious. Like I don't know, I think it's going to be fine, but let's just go look because it feels off, you know. Let' go. Look, we took a scant and my jaw dropped.

There was a quarter size hole eaten in her jawbone all the way through from the tooth, all way out to the cheek side. Quarter size whole with bacteria eating away the jaw bone. I couldn't see it on the dental x-ray.

Could not see. And this is what we find every single day. We can't see them on regular x-rays, so it's not that dentists are ignoring it. They can see it, they cannot see.

You have to get the cone beam CT scan. So when you're calling a dental office, you say, do you have a cone-beam CT machine in your office or do have someone that I can go to to take it?

bring to you at my appointment because you must have that scan to be able to determine what is the status of these root canal teeth if you've had a root Canal at all but not just that I mean I find dead teeth in people's mouths that have never hurt that are completely of infecting their sinus like someone will come in they'll have chronic sinus infection have gone through three sinus surgeries the ENT can't fill figure out why it keeps filling back up again and We take a scan and I say it's because your upper molar is dead.

I didn't I don't know I've never had root canal on that. It's never hurt I know but for some reason when that you had that crown on the tooth it killed the Tooth didn"t hurt tooth dead has eaten its way through the floor of the sinus and it"s unloading or basically, you know Draining all the infection into the Sinus.

So the ENT comes in cleans it all out. Everything's good to go for about three weeks and and then it fills right back up again because that tooth has to drain somewhere.

So we find this day in and day out. That's why in my practice you never have an exam without a cone beam CT scan because there's so many things we found.

so that's the root canals. I'm going to jump to the other infection real quick just so we can finalize this answer, this story here. The other place is where teeth are removed and a lot of times people will say well I've never had a tooth removed.

wisdom teeth. Yeah, I had my wisdom tooth removed. I was like 15. Exactly. So here's the problem. When a tooth is removed, there's something called the periodontal ligament around every tooth.

It's just the way the tooth works. That's why we can, when we bite on it, it gives a little give to it. Think of it like a trampoline and like the springs, you know?

So this ligaments surrounds the teeth and kind of holds it in this little basket. Well when the toothpicks removed the ligamen doesn't come automatically with the It has to intentionally be removed out of the area as well.

When it's not removed, what happens is the body doesn't actually know the tooth's gone for about 10 days because the ligament is, the feeder, it is what all the nutrients come to that tooth through from the outside.

So the bodys thinks the two still there until that finally the legament necrosis, its dead and the Oh, there's a tooth gone. But in that 10 days time, the gum grows down into the hole, but the bone doesn't initiate healing because the body doesn' think the tooth's gone yet.

So it thinks that there is a hole in the gums. Oh yeah, something happened here, let's go heal the gun. The gum goes down in, so you end up with this dead ligament basically entombed now in this jaw bone.

so the gut grows over top, it doesn"t really grow bone in here. Well that dead legament creates an inflammatory situation. A lot of inflammation that we find in bodies and people who have had tests where testing CRP, we're testing all these inflammatory markers and people are, their doctors are like, I don't know where this is coming from.

Why are your inflammatory Markers higher? We've dealt with everything we can think of.

Fluoride, Hydroxyapatite, and Tooth Remineralization

Have you checked the wisdom teeth areas? Because these will initiate a huge inflammatory reaction. And this isn't the really interesting thing. In the mouth, every single tooth is connected to organ systems.

So this goes along with Chinese traditional medicine. Every single organ system is represented on the hands, on feet, ears and on teeth. Isn't that interesting?

But I liken it to the charging system for every organ. Think about how much use we get with our feet. how much use we get with our hands, even our ears.

You know, we got a lot of wind, you know and things going on. And our teeth, how many times do we put our tooth together? Every single time we swallow, every single we chew.

So I believe this is the way the body recharges itself. Every time you chew, it re-charging a little bit into the organ systems. The organ system connected to the wisdom teeth is endocrine system.

This is all the hormones, this particularly sex hormones. Estrogen, progesterone, testosterone, This is your get up and go, your thyroid, you're adrenals.

So, so many times people are just dragging. They're like, why do I feel so lousy? I've done all the hormone things. I have done hormone replacement. Why do i still feel tired?

So rundown. We go check these. Okay, four areas or three areas didn't heal right after wisdom teeth were removed. And we're looking for bone density. Looking for a hole in the jawbone basically.

If that's there, we go back in. We open into that hole, We clean out that dead ligament. we disinfect it to make sure there's no bugs living in there and then we fill it up with stem cells so it will finally heal.

And one of my very favorite stories of this is a lady, she literally had to move home with her mom. She was in her early 30s. she'd been, She worked in tech, but she was like travel was her love.

So she had all these dreams to go travel the world. actually had a move with the mom because she's nearly bedbound. could not figure out what was going on.

Took a look on the ComBeam CT scan, found four areas where her wisdom teeth hadn't healed, and she had an infected root canal right here on her front tooth.

She'd hit this tooth when she was like 10 on a bike, And it had a root can now. We took the root Canal out, we cleaned out all four wisdom-teeth areas, the next morning her mom woke up and She heard something in the kitchen.

she's like, what is that over there? Went and looked, her daughter was up doing dishes. And she said, What are you doing? She said I feel better than I felt in a decade.

The day after getting this infection this inflammatory basically thing that's leading the body to say fight me out All of a sudden the buddy goes. Thank you very much now I can go on with the rest of the business that I want to do So this is why you have to have a comb beam CT scan We actually cannot see areas where teeth were removed on a regular x-ray.

We can't tell we have To use a special value indicator that tells us bone density and it can only be done on the combing CT Scan So you've got to have that scan to get a true exam, to be able to look for root canals or areas where teeth were removed that didn't heal right.

inflammation in their jaw, we'll see it kind of draining down the lymph. And then I see, it go towards the breast and I start thinking about breast cancer.

My mom and my aunt both died of breast, cancer, and it's one thing I'm like, I really need to think about this. I think a lot of people might be thinking, could there be something there in that connection too?

I have not found a patient yet that had either had or has cancer that doesn't have an infected tooth. Haven't found one yet. And nearly 100% of the time when someone has breast cancer, I say, which side was it on?

It was in the left side. I find a root canal on the bicuspid. So it's not the eye tooth or the cuspids. The one's right behind it. It's either the top bottom on that same side because that is the meridian or energy connection with the breast.

When you have a short circuit here, infection here it will lead to your body's inability to take care of your breast or anything else on this same circuit.

Huge oh and so if someone's feeling like sensitivity right now, maybe they haven't had a root canal But they're feeling sensitivity in any of those areas that would be like go get it checked out right away Let's get a combi and let's make sure we can get on top of this and really interesting one of the other teeth that was commonly removed Especially you told me your demographics like 35 to 55, you know, especially that 55 here Generation is taking teeth out for braces We don't do this, at least we try not to do it anymore.

It creates so many issues. I call it the ambient generation because we've now made mouths so small that tongues can't fit and all of a sudden nobody can breathe at night.

So they're awake all night, nobody could sleep. They're all on ambient. Anyway, that's a whole nother talk, but when those teeth are removed, the teeth that are moved are bicuspids.

So if you've had breast cancer, you had teeth out for braces, You may have an area that didn't heal right after those teeth were removed when the brace, when they were taken out from braces.

Also a very common connection. I never even thought about that. That, I mean, that's huge. Yep. Yeah. Do you want to get into the airway and the sleep evaluation that you do?

Because I think it's, so many people are trying to avoid CPAPs. Cause that seems to be like, all right, we ended up being Darth Vader. And I don't think that is really the answer either.

Well, it was not. It, I mean, having a mask on yourself and a whole tube thing, like how, how was that even, to me in my mind, that doesn't even sound right.

So I would love to get your, your opinion there, but really quick before we move there. Cause I have something in head that I want to just get out with the little tubules that are in the teeth.

A lot of people talk about the different types of toothpaste. Like the, the I'm gonna probably say it wrong, hydroxyapatite. Am I saying it right? Is that what those are doing?

Are they putting, is that how that works? curiosity. This is a great question. I think it's really important. So can we do the fluoride fluorite talk along with this?

Yeah. Let's do it. All right. The idea of fluorine is awesome. It actually does strengthen a tooth and this was found in the 90s. They would look at people who had lower cavity levels and they found that often they had higher fluorides levels naturally in their water.

they were using well water And so they had higher fluoride levels, and they said, this is awesome. We've figured out how to completely get rid of cavities.

So what fluorite does is it just strengthens the crystal that teeth are made of. Teeth are a mineral complex called hydroxyapatite. The exact word you just said.

That's what teeth made up. When you smile, you're looking at hydroxylapatites crystals. What fluorites does, is that it incorporates into the hydroxide appetite, pushes calcium out, fluoride moves in it creates something called fluorapatite.

It's harder so it's more resistant to acid dissolving it and it is more brittle which is fine if it a tooth but here because tooth teeth have kind of a squishy layer underneath okay so its fine to have that brittleness because it has a little bit of give in that tooth itself but heres the problem.

Anything you put in your body and I'm sure you talk about this, anything you out in you body acts on the cell you want it to act on but it also acts on every other cell in the body.

And we call this, in a medical world, a side effect. A side-effect is just simply the way that biochemistry works. No matter what we put in our body, it's going to act on EVERY SINGLE CELL.

Some things we want it to do, some things, we really wish it didn't do but we don't have a choice. It's gonna do it regardless. Fluoride has the same thing.

Its gonna act in every single cell. So in tooth, its great. Makes your tooth stronger. But the other thing that's made of hydroxy hepatitis bones, same crystal.

So now fluoride also pushes calcium out of the bone and incorporates and creates fluorapatite, which is stronger and more brittle. Does anyone have a worry about a brittle bone?

Yes. So density increases, density changes in the bones itself. And now we have higher rates of fracture in areas

that are highly fluoridated. Okay. Now we've got a side effect that we didn't want, but I do want to establish one thing right at the beginning.

Fluoride, the goal was to eradicate tooth decay. Has anyone had a cavity since 1940? Yep. Okay, so we can establish that it did not achieve its goal, correct?

Did it slow down to decay? Perhaps. Lots of research shows that. It slowed it down. Okay. So it didn't stop it. Now it creates brittle bones. Didn't it stop there?

It also affects other things. Fluoride is very similar to iodine. They, if you look on the periodic table, they're cousins. Fluoride, iodine, chlorine, bromine.

They're all what are called halides. But fluoride is the biggest cousin of them all. So if it's in the same area, it will bully iodide and push it out.

You know, I'm sure, that thyroid hormone is activated by iodines. As is, the cells that secrete stomach acid are also activated iodides, most cells the secret something are activated with iodin.

Well, if we have fluoride in the system, fluorine pushes iodine out. So now you do a blood test and you test thyroid hormone and it comes back as completely normal.

But what it is, is it's thyroid hormones activated by fluorite, not by iodide, and its not usable by the body. In the 1970s, Fluoride was used as a treatment for hyperthyroidism.

They knew it decreased thyroid function. It was actually intentionally used, as medication. When someone had overactive thyroid function, they used it intentionally because they know it does.

Well, how many people do you know that have thyroid issues? Lots of them. How many are exposed to fluoride through their water, through toothpaste, their mouthwash, whatever it is at the dentist's office?

Airway, Sleep Apnea, and Dental Expansion

So much fluorid exposure. So fluorides simply counteracts the effect of iodine. So second, second strike against it. Third strike, against, it came actually early this year, 2025 January.

There was a study published that showed that mothers that had higher levels of fluoride in their system led to babies that have lower IQ and they equated it one to one.

Higher this goes, the lower this go, particularly in male children. So it's affecting the brain function as well. Now we've got bones, thyroid or energy systems, and brain.

Decrease in function in all of the three. I say, okay, we were hoping to eradicate tooth decay. It didn't work. it created all these other side effects.

Was it worth it? or how many years it was, but not anymore. Because cavities are not a deficiency of fluoride. They're not. Remember fluorite wasn't in the tooth to begin with.

Hydroxyapatite, this mineral complex, is what's in a tooth. So when you get acid on the teeth, either because you eat sugar and the bacteria in your mouth eat that sugar, and then they create acid, so it's not the sugar that creates the cavity.

It's the bacterii eating the suger. You eat a lot of sugar. Bacteria stay on your teeth in plaque and they eat it and create the acid. Or you drink acid or eat acid energy drinks.

You know, all of these things, soda, even lemon water, used all day long as acidic. And what it does is it just

dissolves the minerals out of the tooth.

So now it leaves a porous tooth behind. Well, if the toothbrush has holes in it, bacteria crawl in. Now it's harder to clean them because there's bacteria deeper in the teeth.

They eat more sugar, they create more acid, and they make a hole deeper. This is what cavities are from. It's simply acid dissolving hydroxyapatite. So we used to fix it with fluoride.

Well, let's just make the crystal stronger so it doesn't dissolve as easy. But now I'm saying we don't have to do that because a cavity forms when hydroxyapatite is lost.

Let's put hydroxylapatate back. That's all we're doing. So yes, going on the tubule idea, this enamel crystal idea. This porosity of the tooth. Lets just fill up all those holes with the mineral that a tooth is made of.

Anyway, lets put back what was lost and now we are healing cavities. We are preventing tooth decay. Research shows that it has just or even more effective than fluoride was at preventing tooth decay.

There is no need for fluorite in our world ever again. Period. Good deal. I hope that someone who I've seen before for dentistry hears this. And for the waiver I had to sign for denying that I did not want fluorine.

Because I was like, really? I talk to dentists about this all the time because this was our doctrine. Okay, we were taught that fluoride saves teeth and that it's really malpractice to not offer fluorine.

This is our doctrine as a dentist. I was just on two huge dental podcasts just last week and they said, boy, you are killing some sacred cows here. And I said I am, but it is okay.

It's okay to say we didn't know and we are doing our best and doing what we thought was the very best thing and perhaps for years it was. But now we have a better choice.

And it's okay to say that. I mean, how many things in medicine have changed? Are we treating pneumonia the same way today as we were treating in 1940? Absolutely not!

So why do we have to stand so resolutely on fluoride? We don't have treat it the way we did in the 1940s. It's OK. And that's what I'm trying to tell the dental profession.

And hey, great news, we have something even better now! We have Hydroxyapatite now. So yeah, I actually started a product line myself because of this.

Because I was like, We've got to have hydroxyapatite products that are good. That we don't have other things that they add in that we really want or need or…

So we've have, you know, toothpaste, mints, mouthwash, because there's no need for fluoride. You just use hydroxyapatite. I mean, yes, it's becoming a little more aware that there are dental appliances, which I don't know, we're gonna talk about that.

I definitely want to talk that because I've had a couple of people have some issues on that, and then we have the night lace, Which is the surgery. And then, of course, the CPAP, everybody's like, oh my gosh, Darth Vader.

That can't seem right. So, what are you guys doing to move the needle a bit forward in that department? So first thing we are going to do is look at the cone beam CT scan.

It might sound like a broken record right now. You have to have a cone beam CT scan large enough to see the airway. So this is also something to ask because there are cone-beam CT machines.

It's called field of view. so it's the size of the scan they're going to take. Some take it just right here. They take just

the teeth. they don't even go back to the jaws, the jaw joints itself, and they certainly are not going go to back the the Airway, so you need to for a Cone Beam CT Scan that will show the AIrway so, it has to be a large-enough field-of-view that makes sense to people, you know, a scan that we're going to see all of this.

So we look at it and we say, what is the structural issue? Is there a structural issues here? So I'll tell you there's two kinds of sleep apnea. There's one called central sleep Apnea, which is where your brain doesn't tell your body to breathe.

It is incredibly small percentage of apneas are actually central. The large majority of Apnea is like I'm talking like 98% of them are what's called obstructive apnea, which means there's just something in the way of air passing.

So let's talk about this. There's a tube that goes from your nose past your mouth and down to your lungs. Okay, so it starts in your knows goes all the down passes back behind you when you say you're looking at it, right?

You're Looking at the airway what we call the Airway. So obstructive acne, I mean something is pushing its way back into that tube and not allowing air to pass.

So let's talk about the fallacy of a CPAP right now. A CPap doesn't fix anything. What they're doing is they are just forcing more air into a pipe. So let's say that you have a blocked pipe on your kitchen sink, right?

Nothing's going down, your sink's backing up. Does it work just to put more water through that? No. Now your sinks just backs up even more. And a lot of people with CPAPs tell me that's the problem.

Literally the masks get blown off their face and they get air in their eyes and their eye are dry all night long. Why? Because you're just trying to push more hair past a block pipe Does that make sense?

So really there's a huge fallacy with this. The other thing that's the problem is when you force that air in, you're now turning off your body's own reflex to take a breath.

So you are actually making the problems worse. You're kind of driving into central apnea or don't breathe because you don' have to anymore. I'm providing you the oxygen you need.

Now you turning of the body own response to actually breathe more and you just forcing it past a clogged pipe. It doesn't work. So we have to stop and say, well, why is the pipe clogged?

Let's figure this out. And are there things we can do about it? So the largest thing, the larger problem we see is when mouths are too small. When mouths or too, small, if you think about the mouth, it's like a closed box, right?

You put your teeth together, everything inside of the teeth has to fit. Well, If the math was too smart, because they took teeth out for braces. or because they didn't do an expander.

You have crooked teeth. Everything's kind of crowded in there. There's just not enough space. Well, now there's not space inside of that box for your tongue, for the tissue at the back of the throat, the tonsils, or for any of it to fit where it should fit.

So what does it have to do? It doesn't have a choice. It has to spill backward, back into the tube. I liken it like a big, long pickup truck that you're trying to put in a tiny little garage.

No matter how far you try to shove that pickup truck in the garage, it's going to spill over under the driveway, no matter what, because it is too small of a garage.

So we've got to make the garbage bigger. Does that make sense? So, we use expansion appliances that actually make them out bigger, We can do this in adults.

We love to do it in kids. So we love to find kiddos that are struggling with airway. And how does this show up in a

kid? Snoring, mouth breathing. You hold your mouth open at night because that brings the tongue forward.

Brings the time forward and down. All of a sudden the air can get by. So as an adult too, if you're mouth-breathing, this is a sign you have a clogged pipe.

Kiddos, the same if you're snoring, if your mouth breathing, If you are tossing and turning, or if they are bed-wetting. If they don't have focus during the day.

These are all signs they're not getting air at night. So what do we do in a kiddo? Awesome! Let's make the mouth bigger! And an adult? What do you do?

Let make them mouth-bigger. We have ways, we have appliances to make their mouths bigger. And this is the only appliance we use. Why? So the appliances you probably familiar with are the ones that bring your jaw forward.

The concept is good because when you bring the jaw-forward it brings the tongue with it. So remember, we're unblocking the pipe. This is great. But the problem is, is that when you bring the jaw forward and hold it there all night long, the joint itself is held in place.

There's a little piece of cartilage in that joint that's held on place with a ligament and the job itself has moved forward. And back with muscles. When you move that jaw for it and that fixed position all that long.

you overstretch the ligaments of this entire joint structure. It's just like with a knee. You get ligament laxity. Now all of a sudden the cartilage that sits in that joint doesn't stay on top of the joint anymore.

you get popping and clicking. Eventually it just kind of falls out of that point and now you have bone on bone, which is arthritis. This is an acquired arthritis situation.

Research shows that four years into using these appliances that hold you in a fixed position all night long, four years in, you're going to have irreparable joint changes.

So we do not do these alliances because they aren't fixing anything again. They're just band-aids. There's holding it forward, but they're not fixing the real issue, which is that there's not enough room in the mouth for the tongue and the tissue.

So we make space in the mouth. Now you said nightlays. What is that? Well, sometimes the tissue at the back of the throat gets so stretched out because it's been stuck in this airway, in his flow of air, and it gets stretchy.

So night lays actually isn't a surgery. I'm so glad you've said that so we can talk about what it is. It's a laser light that shrinks tissue. it stimulates collagen formation.

so we're not cutting anything off and you don't even get numb for it. All it's doing is it stimulating the collagen fibers in the roof of the mouth and it causing them to shrink up.

So we are just shrinking the tissue up and out of way. Now it is not a forever thing. Usually we do about three or four times and then we have to do a touch up about every year.

But we may need to it even along with the expansion. We make the mouse bigger but this tissue it like if you lost 50 pounds you still have the flabby skin.

You know what I mean? Even though the 10 pounds are gone, you still have the flabby skin. We got to shrink it up and get it out of the way. So we may need to still shrink the tissue.

Infection in your mouth can lead to that tissue getting swollen. So the first thing I look at, if you have airway issues, is do you ever have an infected tooth or an area where a tooth was removed that didn't heal right?

Because it can lead to all that tissue getting swollen and now getting pushed back into the air way. So does this make sense? We're not just going to band-aid it and say, here, let's shove some more air in your nose and through a blocked pipe, or let us just like shrink up some tissue.

We are going say why is the pipe blocked. Is there an infection that's leading to swelling? Is the mouth too small? And why are mouths too, small why do all of us have to get our wisdom teeth out?

Why is everyone getting braces these days? Because of nutrition. First bone that is affected by malnutrition and I'm not talking like we're starving. You know I am talking that the food we eat doesn't have nutrients anymore.

The first bone affected is the top jaw. So I learned this because of my son. I adopted him at two and a half and his top was so small it was literally completely inside of his bottom jaw because he was still malnourished.

and I was like, why is his jaw like this? And I did a bunch of research and found out it's the first bone affected by malnutrition. So when you have malnutrition, you're just not getting enough nutrients.

The top jaw forms narrow, the bottom jaw then has to form narrow. And now we know everybody ends up with braces. Everybody ends with no room for their wisdom teeth.

This goes back to nutrition. Everything I do is hitting nutrients, vitamins and minerals. Vitamin D3, K2, Starting at an infant and all of you adults who need to do this as well.

And then minerals that can strengthen teeth, but also help to grow bones, help your bones to be what they need. To be in wide enough. So when you have sleeping issues, the first question is why?

What's blocking? Is this my brain not telling me to sleep? 2% of the time, or is this something blocking my airway? 90% percent of time. What's blocking it?

Why? And what can I do to fix it. That makes sense. Yeah, I've heard a lot of stories of different appliances, obviously the CPAP machines and night laces.

So yeah, that's kind of newer. And so obviously I'm still trying to figure out what that is. Now on the side of, you know, GLP-1s are very popular right now.

A lot people are using it for losing weights and some people using to basically get super thin. Do you have any thoughts on what might happen with the teeth on that side of things?

GLP-1 Medications and Mineral Deficiency

Have you seen anything? What's going on there? Yep, so this is being dubbed like GLP-1 teeth. So the problem is, in fact, fascinating story. Literally, just last weekend, I was at a wedding and I close friends with the bride's family.

So the other side of the family her mother found out that I was a dentist and we were in the kitchen cooking and you know we're prepping for the wedding and she said she's like I have had the biggest issue.

She's, like, I've never had cavities in, the past and all of a sudden all I do is get cavites all the time and my dentist cannot figure out why they're putting me on all this fluoride and everything else, and I said, okay, so first of all, it's either you're not taking care of your teeth, right?

But that sounds like that hasn't changed. So that's usually what everybody's blaming cavities on. The second thing is, is you are not absorbing nutrients properly.

And she looked at me, she said I had a gastric bypass. I So here's what people don't understand. The same thing is going to go with gastric bypass as GLP-1s, all of these things.

What it's doing is it is affecting the absorption of nutrients in your gut. And when that happens, your body needs a certain level of minerals to operate.

Your brain needs minerals. Your heart needs minerals. If your body is not getting enough because your absorption rates have changed, which is this, this is what happens.

You get a lot of poor motility. Sometimes stomachs even stop working entirely when you're on GLP-1 medications. So now you are not absorbing minerals properly.

Well, when your not get enough to run your heart and your brain. Your body has to go mine them from somewhere. Guess what two ready made banks of minerals are?

Teeth. and bones. So now we're seeing people on these medications with rapid tooth decay and osteoporosis because their body has to get the minerals for somewhere other than the brain and the heart stops and their brain in their heart take precedence over your teeth and your bones because you can live without teeth, and you live with weak bones, but you cannot live your brain without your heart.

This is so huge if people feel like, gosh, I've changed nothing, why am I getting cavities? especially along the gum line. If you're getting cavities along a gumline, this is nutrient deficiency all the way.

So what do you do about it? Well, I like to do something called the baking soda test. This is my favorite little test, maybe you've done this. You take a quarter teaspoon of baking and a half a cup of water, mix it up and drink it.

What are you doing? The baking should be Reacting with stomach acid. So we like to do this first thing in the morning before you've eaten any food should be reacting with the stomach Acid you should burp in two to three minutes because that reaction it's like when you know your kid does that science fair experiment with they dump baking soda and the vinegar in a volcano, right the Baking soda interacts with a stomach acid and it creates a chemical reaction.

It creates gas. So you should burp in two to three minutes after drinking this. Quarter teaspoon of baking soda, half cup water. If you don't burped, what it means is you do not have enough stomach to actually break your food down, including minerals.

Minerals have to be ionized by stomach acids. So if you're not burping, automatically I can tell you, you are not absorbing enough minerals to keep your body healthy.

This is why you getting cavities, this is getting osteoporosis, This why your getting these other issues. So the first thing we deal with is stomach activity and I know a lot of GLP-1 people have to deal stomach activities.

In fact, I have a new formula just coming out that's called Stomach Reset. for particularly these people because it resets the activity. We're using a lot of old Indian Ayurvedic herbs and things to try to reset the stomach motility, get stomach acid working, but you may need to supplement stomach acids right now.

You just gotta take it. So you have to take something called betaine, along with your food, so that your foods can actually be ionized, the proteins can be broken down so they're absorbable and recognizable, So that you can use your own food.

You may just have add betane with you food for a little while right now. On the other end, you need a supplement. With minerals, I have something call tooth bone formula, it's tooth and bone specific minerals.

but also vitamins D3 and K2 because D 3 grabs the minerals K 2 puts it in the cell otherwise you're just going to end up with kidney stones and gallstones and tartar on your teeth and things you don't want you got to have them in tandem minerals plus vitamins together so if you are on these medications and you know you've lost weight and all this your stomachs aren't working the same way as they used to be so take the test see if but for sure you need to add minerals and vitamins.

gut health and tissue health. Some people talk about estradiol being affected there too. What's your take on gum recession as we get older and grafting doesn't seem to be the solution is what I kind of saw on your website, but I want to hear your taking.

That's just my impression there. So there's really two, three reasons that can lead to gum recession. Number one is gum disease. We talked about that at the beginning.

If you have gum diseases and there is tartar underneath the gums, the gum will shrink away to get away from that tartare because the tartars are full of bacteria.

The bacteria, I like to think of them as like bacterial condos. Bacteria are living in there, they're dumping their garbage, and they are having parties.

And like the Gums are like, get me away! So they will recede. So if you have gum recession, the first thing you would check is have your dentist, your dental hygienist measure your gums, say, do I have gum disease?

I'm gonna tell you it's maybe 30, 40% of the people there's a gum disease aspect. What about everybody else? So the second thing that every dentist blames it on is you're brushing your teeth too hard.

But this is the fallacy with this. Number one, usually it's not every tooth. So if you look in your mouth, you are going to see, I have like recession like right here on the side.

You know? It's the top and the bottom teeth that are touching each other right there. And like, right, here. Those teeth are so sensitive. Then I say, well, why are you brushing those teeth so hard?

Especially if they're sensitive? And they are like well I don't. I actually don' t brush those tooth hardly at all. Bingo! So it is not tooth brushing that is causing the problem.

Why is it not every other tooth? Why did you just pick that one to make the gum go away? So it's not that. Sometimes it is in a very rare situation, but it isn't very common that it actually is tooth brushing.

So take that off your plate. It's NOT your fault. The third thing that I find is the most common is how the teeth fit together. Why are they right on top of each other, top and bottom?

Because the way the teeth fit together. So if when the tooth hit, they should just be hitting pretty much straight up and down, mountain into the valley.

Gum Recession, Clenching, and Sleep Issues

But if the teet sit a little skewampus and now you're getting mountain to mountain or valley to valley or you hit on the mountain, then you slide down to the Valley.

What it does is it actually flexes the Tooth. When the tooth flex is the flex point is right at the gum line. The flex points creates a chipping right here, a flexure and the gums goes, I'm going to move out of that flex zone.

It's kind of like the splash zone at Sea World or whatever. I'm going to move out of the flex zone away from it so that it can keep flexing with this bite that's a little off and I am not going be affected by it.

I have now found a good solid part of tooth to hook onto up here that is not flex. So this is why we see recession with teeth that are in contact with each other because it's the way they are hitting together.

So we go back and say, all right, is this an orthodontic issue? Do we need to move the teeth out of the way? Is this is an expansion issue. Are you squeezing your teeth at night?

Because when you squeeze, it tightens up all of tongue and all the tissue in the back of throat and you're able to

breathe past it better. So anybody that says, you know, I'm just not sleeping great.

I clench and grind all night long. It's because I am so stressed out. Like, no. You clench or grind all night long because you can't breathe and your body knows as soon as it gets into deep sleep, your muscles relax.

All that falls back into the pipe, it plugs it further and you body says, no, you cant actually be this relaxed. You have to squeeze your teeth together.

Tighten up your tissues so I can breathe again. So now people aren't sleeping at night because they literally can't sleep and breathe at the same time.

But what does it do in the meantime? All that clenching and grinding leads to gum recession because the gums move up and out of the way of The Flex Zone.

so anytime I see just, you know, gum recessions across the board, I'm like, oh, You don't Sleep Good, do you? People look at me like how did you knew that?

Because the gum recession is because you're trying to stay alive at night. So we have to go backward. This is why we go back to the root of the, root, of, the route.

We have figure out the main thing. People can say, oh, it's gum. It's gut issues that are your gum disease. And I can, say maybe, but most likely the fact that you aren't sleeping has a lot to do with the you have gum recessions in every single tooth in your head.

Sure, let's fix your gut. That's not always, that's never a bad thing to but let's actually get you breathing and sleeping without having to squeeze your teeth to do it and then the gum recession stops.

You know you bring up a really good point because a lot of women I've heard over the years do clench like it seems like, it starts to happen as we get older and so I can see how it's easily said that you know yes there's more stress there are more things we're thinking about the grinding kind of thing too but it does make me wonder like okay yeah it would make sense if we are gaining weight too at the same time.

it now all of a sudden your body so think about it when you lay down gravity is not in your favor right so when You're in light sleep your muscles are engaged when your in deep sleep less muscles.

They're engaged in REM sleep It's defined as paralysis, so you actually can't engage a muscle so When you drop into REM, sleep this is I've heard it hypothesized.

It so that we don't like act out our dreams, okay? You know, we don't like run around and whatever. So when you were in REM sleep, your muscles have no tone.

The tongue muscle, the back of the throat muscle all of those muscles that have been holding the airway open to get enough air past now relax. Everything falls back and if you can't breathe past it your body will not let you stay in that deep sleep mode.

Immediately you will come out of it. You'll wake up and you're like, why am I awake? Or you just toss and turn a little. As soon as you toss in turn you are out deep asleep because remember That deepest level of sleep, you're paralyzed.

You cannot toss and turn. If you are tossing and turning, if you were waking up, You are coming out of that deep sleep layer. So it's just your body saying, I literally cannot stay alive and sleep deeply at the same time.

Because I have added weight here, because my muscle tone is getting older, everything is a little droopy, whatever it is. I can't do them at same the time, so you will not sleep deep.

you cannot do it anymore because you won't live. if you do it. So you squeeze, tighten everything up. Now you're not sleeping deeply, but at least you breathing.

Nice. Well, I mean, it makes sense to kind of look in that and go, okay, all right. We've, we've got other reasons than, than just working on the job of the root of, of The Root.

Yeah. Which, which leads us kind to a little bit of root, But also I want to get into some of advanced like therapies that are common with, with holistic dentistry in particular, the ozone, The platelet rich plasma.

and those kind of treatments because a lot of folks ask me about that and they're like, what do you think? Is it necessary? Do I always have to do that?

I think there's a little bit of a thought process, at least in the Tacoma area, that if we're going to a biologic dentist or a holistic dentist, we are going have do the ozone or the PRP or something like that.

Tell us a bit about those particular procedures how it ties in to improving oral health and how can be beneficial based on certain conditions there. So ozone is simply three molecules of oxygen.

Oxygen likes to be an O2, that's why we call it O 2 all the time, right? When you add a third molecule, it's like that third wheel. It's unstable. It doesn't like a third to have a 3rd wheel.

So that unstable oxygen molecule will break off of that oxygen, that triplicate. it will brake it off. And it has to go and bind to something because oxygen likes to be in pairs.

Now it's got this free-floating oxygen that has got to bind something. Well, the beautiful thing is when it binds to it, it does something called oxidizes it.

We hear this word. The reason when you cut an apple, It turns brown. That's actually oxidizing when its exposed to the oxygen. So the same thing it does to the cells, it will oxidize something.

Well the beautiful thing is it loves to oxidized bugs. Bacteria, viruses, fungus, parasites, doesn't matter what it is. It will bind to it to stabilize the oxygen, but in the binding it destabilizes the bug.

and kills it. It's beautiful. And then when the bug dies, its guts spill out and kill all the other bugs in the area.

Ozone, PRF, and Advanced Dental Therapies

So it creates this chain reaction of killing, which is so amazing. We use it in dentistry because we now are able to kill bugs without things like antibiotics.

So we're able to use it topically. We use as a gas all the way around the gums. You know, this is what we use to kill bugs in the mouth. we used it in a surgical site.

Why? Because our instruments can only go so far. They can't get into every little nook and cranny and make sure we've got everything and I don't want to bleach anymore.

So, we'll use ozone. why is ozone so amazing? because the thing that it breaks down into is oxygen. Funny enough, we could use a little bit of that. So we use ozone in this in surgical sites to kill bugs.

We use Ozone to desensitize teeth. we used it underneath deep cavities. Actually, We didn't talk about this. People always will say, well, what do I do if I've been told I need a root canal?

Well, What we do instead is instead of uncovering, if the tooth is still alive, If the truth is dead, Your only options at this point are root canal or remove and replace it.

We didn't actually say what we should do about a root can now. If you've had a new canal, we remove the tooth and replaced it with a ceramic dental implant.

But if the Tooth is just a deep cavity still alive, what We do is we removed the cavity down to the deepest layer, but leave the nerve uncovered. That's the key.

You don't want to uncover the Nerve. we use ozone on that deepest Layer of cavity to kill all the bugs and then we fill over top of it We have about a 92% success rate of teeth that have been deemed, you need a root canal.

We're able to save them and keep them alive now, as long as they're still alive. So we use it in underneath a cavity. If I'm a patient, I would not go to a biologic dentist that doesn't have ozone, because there's so many ways it's used that are beneficial.

For gum disease treatment with antibiotics, for surgery to make sure that all the bugs are gone, underneath of filling to makes sure it never gonna turn into a route canal, soo many different reasons, that's ozone.

PRF, so PRP is platelet rich plasma. I used to use that years ago. Actually, I was one of the first users in dentistry of it. But now we use PRS, platelets rich, fibrin, because we want the fiber portion of.

It's kind of a mesh because where we. Use it is where. We want bone to grow. So we, use it in sites where teeth have been removed, we used it and gum grafting areas.

we Use, it where, We, want, bone, to, grow, Because it gives us scaffolding that does a couple of things. It holds growth factor there for about 10 days instead of one day.

The growth factory usually moves in and it moves out. It gives something that the bone can actually grow too. So we can say we want it to be this high.

We're going to put the PRF this height so the bond will grow to it. Eliminates dry sockets. Because a dry socket is simply a socket that bone doesn't grow in.

Well, we put the PRF in, now the bone grows there. So again, if I'm going to get an extraction done, a tooth removed, I am not going go to anywhere that doesn' have PRS.

But if you're just fillings and cleanings, you don't necessarily need someone that has PRs. Does that make sense? It's more in surgical applications that you are going use PR.

but for cleanins and fillins, i would not go somebody that does not have ozone. Because it is used in every single thing we do in dentistry. So hopefully that clears that up a little bit.

Would someone who normally has to take antibiotics before a dental procedure, could they avoid that if they made this on their own choice? Of course, because I know standard of care is using antibiotics.

Could you avoid if ozone therapy was used saying that the person was signing off that that's what they wanted to do instead of an antibiotic? Yes, the reason for the antibiotic is that bugs in the mouth, particularly like hearts and joints.

So if you've had a joint replacement or you had valve replacement in your heart, then typically it's recommended for at least a year. The recommendations change, which is always funny to me.

I'm like, well, hearts and knees haven't changed. Why are the recommendations changed? But they have. So I believe it is now a YEAR you should get pre-appointment antibiotics.

So the idea is that if we're stirring up bacteria and it's getting into the bloodstream, they may go to your heart or your knee. So you may just choose for that year to do it, or you can use ozone.

In our office, we actually use ozonated water, so all of the water that we use. Any water we are spraying in your mouth, any water coming out of a drill, it all has ozone in it.

That is really important because you want to make sure that anything that could potentially be getting in the has ozone in it, so it's going to kill the bacteria that are potentially getting into the bloodstream.

So yes, ozone is very, very useful for that. One of the other things that people don't think about, and it is kind of disgusting, is that we dealt with this during the AIDS epidemic.

one of biggest chances for spreading of disease in a dental office is through our drills, because they have water lines. And the water comes back up in them as well.

It goes out and it comes up back in. And so now if you have somebody who has something in their mouth, it can get back into the Waterline. Any Water line is a stagnant place that bacteria grow.

Something called biofilms grow inside of the watercolor lines themselves. They're gross. That's why your water bottle is kind of slimy. So any sort of a water line will have biofilm in it.

So we, Claire, since the AIDS epidemic and dentistry have worked to make sure that we don't have bugs growing in our water lines. But we've used all sorts of things like we used to use Everclear.

We used use Clorox. we use to all these things that really aren't so great for you, you know. Now we us ozone. because it kills every single thing in those water lines.

So what this does is it eliminates the possibility of cross exposure as well. I had a huge, huge whole bunch of dentists incorporate ozone in their offices during COVID because I said your COVID risk of exposure and cross contamination is in your dental lines, it's actually not the surfaces that somebody sneezed on.

It's getting sucked back up the dental line and then sprayed back out of the next patient. So ozone in those dental lines is absolutely imperative. It kills everything on contact.

So we use ozone water in the lines, which is also going to be beneficial in So I know we're short on time, but I've got to tell you this story because it's so crazy.

So we opened a new practice and we moved into another dentist's practice. He'd been practicing there for 15 years. I started working there at the time I was doing a lot of surgery and like full on, you know, eight hour surgery days.

It was one of my first days practicing in this facility and there's a main vacuum trap on our dental vacuums. And it's like a big trap and it creates, it collects all the crap.

Oh, the disgustingness. I mean, so gross. Okay. So it plugged up and I thought, well, that's really interesting. He must just not have emptied it out.

You know, he must've known he was selling the practice to us. he just didn't empty it up. so we empties it. It proceeded to plug up 12 times that day.

and i did not figure out what was going on until about two days later, two years later. It's because I'm using ozone water in the lines. It dislodged 15 years of bio-sludge in that one day.

God, is that not the most disgusting thing ever? So go to a dentist that uses ozone because everything's gonna be clean, squeaky clean. We're actually just moving into a new office that's going to be our pediatric facility.

And we said, we've got to remember this! We've gotta run the water through the line before we move in because, I guarantee, We are going to dislodge because this practice has been over 20 years.

We're going dislodged 20. Years of crap in a day. we have to make sure we're planning for this. It's just so crazy. Oh my gosh. I'm just. So horrified right now that I am like, oh my Gosh, I don't even I mean, because I thinking too about, you know, we want to be thinking about water just in general, like what kind of water is being used, but then add the ozone and then oh, my God, ozone got to have ozone in that water.

Okay. All right, I think you might have convinced a lot of people, including myself, that it is time to maybe ask more questions because I didn't even think about, in the water, and the lines.

Preventive Oral Care and Where to Find Dr. Michelle

So we probably need to do a whole podcast on all the other girls' things. Cause I'm sure there's other girl's things that we didn' even talk about today.

But for the sake of time and just giving folks something they can think on besides being horrified. You know, for preventative dental care practices, you know obviously nutrition is important, things of that nature.

But, we're always told like go get your dental cleanings and floss and brush your teeth. What other things would be crucially important that you like to tell folks to think about that they might not be thinking about compared to the usual recommendations?

So let's just go through the list. You're going to brush your teeth with a hydroxyapatite tooth care product, either the tooth powder or toothpaste. Then you're gonna clean in between the teeth.

I don't care if you floss, you just need to clean it between them somewhere, somehow. My favorite is actually called a shower flosser. So it hooks between.

our head in the wall, and it's like a water pick, but you're already wet. It's already in shower, it is already nice and warm, like it the best way, because people that do water picks are like, make such a mess out of my kitchen, you know, on my countertop.

I'm like then do it in a shower. Spend one extra minute in my shower it awesome. So just clean it between some way. Then tongue scraping. People often don't know about tongue-scraping, that a lot of yeasts live on the tongue.

so you scrape the Then you rinse and I use a hydroxyapatite mouth rinse with colloidal silver colloidal silvers the antimicrobial and it makes a matrix with the hydroxyl appetite which holds it against the teeth so now you have a You know plaque or biofilm in your mouth that actually is reparative.

It's holding that hydroxide appetite against a tooth It is resisting decay so you get acid it's gonna take off that layer first and It won't even touch your tooth.

So hydroxa appetite mouthwash is the last thing I like to do So that's the scenario I recommend for everyone Good stuff there. I think that's huge. It's definitely things that I've started to incorporate over the last couple of years as well.

And then last but not least, one of the biggest things. That will happen is dental emergencies, like tooth chipping and things of that nature. What do you, well, first and foremost, if we have tooth-chipping, we're thinking about bone and bone density and thing of nature and grinding and clenching.

So seeing that as well. Okay. Got it. And so that's what we want to be thinking about dental emergencies there, things of that nature. We got to tell everybody where we can find you, where are we your best found on Instagram.

Then of course you have a book that we've got everybody talking about too. Yep. Yep, so golivingwellwithdrmichelle.com, that's the website. That's where you can find product as well as all sorts of information.

I'm just all about teaching people. So you check us out on Instagram, Facebook, YouTube. YouTube videos, I release a YouTube video every single week. I just did one this week on root canals.

And so there's so much information if you want to know more, I guarantee I've done a video about it. So just check out livingwell with drmichele. com and the book is actually, it's already did released in May.

And it's called Living Well with Dr. Michelle. Also, the publisher insisted on that name, that it is all about how to have unlimited energy. How to utilize your cells and work with them the way they already work and get that unlimited energies.

So check it out. You can learn about that on the site as well or livingwellbook.com is a place to go for that. Perfect, perfect. And then, you know, one of my things that I didn't catch at the beginning of the podcast to let everybody know I had you on my podcast way back in the day when I started episode 116 we were talking about Kenya from root canals and I didn't hit it on it first and i sincerely apologize for not letting everybody know that like Michelle's been on before but wayy back when i first started things and we're kind of already starting the conversation then but so many things have happened in dentistry and advances and and You know, great for folks to be thinking about that.

And you also have a resource in terms of if folks are not coming down to American Fork, Utah, where else they can go to try to find somebody that is doing similar work to you.

Yep. On the website there is a dentist finder. So go on there and you can find somebody that's close to home. Thank you. Yes. Oh my gosh. thank you so much for coming back on and sharing so great information with us.

I learned a lot. i know folks are definitely going to be learning a from this one too. And I think we'll just keep a record of having you on every couple of years so that we can keep the updates going.

Cause last time it really opened my eyes to a lotta stuff too and now I'm like, okay, I gotta check a couple things like lines at the dentist office. Maybe flying to Utah now.

There you go. Thanks again Michelle, I really appreciate it. Thank you.