From Dentistry to Vitality: Dr. Debbie Ozment's Journey into Whole-Body Wellness Transcript

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Introduction and TED Talk Origin

For sure, the forgotten orifice, you know, the name of my Ted talk. Boy, I went through a master's program in a medical school and I was their only dentist.

It was a nutritional functional medicine nutrition masters. And in the medical school, they were like, we don't know if we should let a dentist in. I begged my way in.

And then I wrote my thesis and called it the forgotten orifice because they never talked about it either. They're like, oh, we should not have let you in there.

Are you kidding? Debbie, the forgotten orifice. But then they gave me like a hundred percent on this thesis. And then that's sort of how the Ted talk, I guess happened.

You know, when I got the call about the Ted talk, I thought it was a joke and just said, yeah, right. I'll call you back. And my husband said, you might want to call them back, Debbie.

Welcome to My MD Unscripted, where health care gets personal and the script gets tough. I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighter, on a mission to challenge how our health care system treats patients in America.

In every episode, my expert guest and I dive into real conversations about what's broken and how we can fix it by making health care about people, not just managing disease.

It's time to rethink what health care should be and how we can make it better together. Hello y'all. Welcome back to the My EMD Unscripted Podcast. Thanks for joining us.

Today is going to be interesting. Normally, we love talking about topics where your doc just doesn't have time or know how to talk about some of this stuff.

And I guarantee you, your doctor has never talked to you about this one. I haven't talked to my patients about it either until now and I think that's all going to change.

We're very pleased and honored to be joined by Dr. Debbie Osment. She's a dentist by trade. She is based out of Oklahoma and has the audacity to imply that your dental health is more about just when your teeth hurt.

So my question to her, I guess the big question for all of us is, What does the health of your mouth have to do with anything about the health of your body?

And so Dr.

How Oral Health Connects to Whole-Body Health

Debbie, thank you so much for joining us and tell us a little bit more about yourself and how we got here. Well, thank you, Clint. It's a joy to be here.

I graduated from dental school in 1985, was totally trained as a carpenter. In fact, our daughter, when she was in kindergarten, was asked what her mama did.

And she said, well, my mama is a laundry lady and she fixes teeth. And that was just so accurate in that order. And so, you know, we learned to fix teeth and exactly like you said, Clint, people think about their teeth in terms of when they hurt or if they have a pretty smile.

They really don't think about how they attach to the body. But I would ascertain and based on my experience that every single element in the body has something to do with the oral microbiome.

In other words, these bacteria in the mouth, they don't stay in the mouth. They travel to other parts of the body. And you know, I'm sure you all talk, you talk a lot about, about health starts with the gut in your practice.

Right. But I'd have to tell you Clint, the gut starts in the mouth. Yeah, right on. Yeah. No, I mean, that makes perfect sense. So you were a dentist, you were, you know, making some correlations maybe about this person's unhealthy and they're there.

Tell me about how you started making this connection between what we'll call vitality and dental health. I, it was probably about 15 years in to my practice.

As we talked about our recording, you and I are both very relational. We really like people. We like to get to know people. And so my practice was very relational, my regular practice.

And I started noticing how people were taking more and more medicines. how they would work hard, save their money to, you know, retire and run and play, but then they would start collecting doctors.

They would have their heart doctor and their kidney doctor and their, you know, psychiatrist and their, you know, they'd have all these doctors and they were just getting sicker and sicker.

So. I guess my first like aha moment was a woman who was always had these sick looking gums and she was very meticulous. She did everything she was supposed to do.

She comes in one day, Clinton, she looked really good. And I said, what are you doing differently? And she said, nothing, I'm doing what you tell me. I said, no, no, no, you're doing something differently.

Something's different about your mouth. And so I said, when you figure it out, call me. And so she went out to her car, came back in and she said, well, I'm getting a vitamin D injection weekly.

Could that make a difference? Well, that was probably 25 years ago. So that was like, my goodness. So that sort of led me down the. systemic pathway, the first big class I went to was given by some cardiologists on vascular inflammation.

And at that time, you know, we knew that vascular inflammation, well, even in the 80s, even when I was in dental school, it was hinted at that what's the oral microbiome, the bacteria in the mouth could be affecting the heart.

I got yanked into the consult room by the hair in about 1983 when I told a patient, if you'll keep your mouth cleaner, I think it'll help your blood pressure.

And they were like, you can't say that. And don't ever say that. And I just remember thinking, but it does. It makes sense. It's inflammation. It's. Right.

inflammation. And so at this cardiology class, Clint, they were enrolling these saliva tests, salivary diagnostics. And that literally changed my whole paradigm, salivary diagnostics, because then I started going on all these research rabbit holes and finding, oh, this bacteria, you know, the DNA of this bacteria can be found in the brain.

The DNA of this bacteria can be found in the gut and the joints and you just name it. And now our children can never move home because everything's full of research.

It's so much fun. My practice now is limited to physician referral. So I don't fix teeth anymore. I just do oral microbiome, gut microbiome assessment and, and periodontal treatment as necessary to get that oral microbiome.

Inflammation, Saliva Testing, and Systemic Disease

healthy and the gut gets healthier. They start thinking better. They start sleeping better. They start pooping better. They start, you know, your listeners would be very surprised to know that I have gotten seven women pregnant.

And I'm very proud of that because, and it's based on, you know, getting their oral microbiome healthy because one specific bacteria in the mouth has a lot to do with adverse pregnancy outcomes.

Okay. To go from there to, you know, hey, it causes inflammation. The cardiologists are doing salivary testing. There's only one cardiologist in the greater Oklahoma City area who's doing salivary testing.

This course was given by cardiologists. Right, right, right. Most conventional cardiologists, as you well know, are not there yet because insurance doesn't pay for it.

The whole world's based on what insurance pays for, unfortunately, which is why I exist and why you're doing different while you're practicing differently now.

So what diseases, I mean, you went as far as to say basically all of them. What, what systemic diseases are you, you know, focusing on when you're focusing with these clients or in your research?

Like where do you get the most impact? We get the most impact with gut health. So, but then that affects everything else with the gut-brain axis and you name it.

Interestingly, recently. had big impact with a guy with ankylosing spondylitis, which, you know, that's a genetic disease, but a very inflammatory component, Clint.

Yeah. Well, it's autoimmune mediated and very inflammatory. So yeah. And so he had not only what we would call oral dysbiosis, his more bad bacteria than good bacteria.

Additionally, he had a root canal that looked good on a 2D x-ray, but then via a 3D x-ray, when we start going through that, you know, in all three planes, front to back, side to side, top to bottom, had a giant lesion.

Those bad root canals harbor some very dangerous bacteria. They harbor a spirochete called trypanema denticola. And they're just super inflammatory. They go straight for the blood brain barrier and cause a lot of problems.

So we can see some very major things immediately by checking these root canals. But a case that you'll be interested in, this was 2013. a physician in town, someone who practices very much like you, called me and said, Debbie, I'm afraid this person has cancer.

I've tested everything and her C-reactive protein is 18.1. That's in the days when they really would give you a specific number. Now, a lot of labs will just say over 10, if it's 11 or 63, but she came in, she looked, She didn't look bad.

I mean, she looked like what I would have called normal. You know, I mean, average, you know, normal is a bad term because it just means typical. And typical in our society today is very different than typical in our society 10 years ago or five years ago.

So she looked not that bad. And because bleeding gums are often considered to be normal because everybody has them. All we did, I did a salivitis, an oral DNA salivitis on her, determined what bacteria she had.

She had, you know, some, but she didn't have crazy amounts. Cleaned her up, did a deep cleaning, scaling, replaning. So I used a laser, did not use antibiotics on her.

I used antibiotics on some people, but did not on her. Yeah. 60 days later, she got her next blood test. So when I saw her, her blood test was probably, you know, a couple of months old.

She didn't change anything else and her C-reactive protein dropped to 2.9. This doctor calls me and she's like, bring Debbie to the phone. And so we were just like, I wrote woohoo all over the test and you know, all this stuff.

And it's really funny because we made a board for the office. to show the impact. This was a simple non-surgical procedure that it didn't hurt. You know, there wasn't a lot of post-op problems and it was dramatic, dramatic results.

Now, you know, I know I'm sure your listeners know you would like to see the seroactive protein lower than 2.9, but you know, once you get your immune system going, Yep.

It keeps improving. Like I really don't recommend a blood test within two, 60 days. I would say now give it four months, six months, because when you, when you, uh, the immune system is sort of sequestered by these oral pathogens.

So when you free it up by cleaning the mouth up, and then I teach people how to keep them clean, it just makes a huge difference, Clint. It's crazy simple.

It's crazy simple. And that's a really, I mean, that was a really fast turnaround. I mean, you, you treated the, you know, cause to me it's like, okay, the mouth is the beginning of the gut.

It, it's, it's passing the bacteria into the gut, which is then, you know, it's access to the body. But you basically did a, you know, a very thorough cleaning and you did, you know, you treated those, those bacteria with the lasers and that thing, but you just treated the mouth.

Right. And systemically, they went from 20-ish to two-ish on this, you know, a high sensitive, you know, inflammatory marker in just a couple of months.

That's crazy. And it saved her tons of testing, like the physician about to send her for an MRI and a PET scan and you know, all these diagnostic tools to figure out why in the heck is that so high?

So it was- Well, I was wondering kind of where you were going with it too, because Cancer is basically an inflammatory process, or at least it's inflammatory mediated.

And to the extent that, you know, she had, she had cancer in there, you still did her a solid by decreasing her inflammation in that. Thank you. That is a great point.

I really never looked at it.

Cancer, Root Canals, and Microbiome Research

I've never looked at it, that's, you know, what, 13 years ago almost from the standpoint of, wow, if it had been cancer in that question. I'll tell you an interesting case that happened about four years ago.

This gentleman came in who actually had had his colon resection already for colorectal cancer and he had a pump, a five-fluorouracil chemotherapy pump.

And his chemo wasn't working. He had metastasis to his lungs and it's like, he wasn't getting better. So we did a saliva test. I cleaned him up. And for him, I also do stool testing now, Clint.

In the last five years, I do a GI map. So we can test, we can see so much more, especially there's a bacteria in the mouth called Fusobacterium nucleotum.

And it's an oral pathogen that travels to other parts of the body. Well, this bacteria likes to go to the gut, has an

affinity to translocate to the gut, and GI met test for Fusil bacterium.

So that's why I like that particular stool test for it. And so this man's Fusil bacterium was high in his mouth and also high in his gut. And so I did use antibiotic on him.

I used metronidazole, flagell. And, you know, 10 days, 100 milligrams, BID, that's all. Called his oncologist. He goes to Stevenson Cancer Center here in Oklahoma City, made sure it was okay and, and, you know, did his, did his therapy.

Well, three months later, his wife calls me and she's like, Debbie, I don't know. I don't know if it matters, but, you know, I'm going to call him Jack.

Jack's chemo is working now. No. tumors are almost gone in his gut. And so I said, well, I don't know if I had anything to do with it. I don't know, but I'm going to find out.

Clint, I started researching. It didn't take long. It was a short trip to find lots of research that clearly had investigated the fact that Fusobacterium in the gut renders five-fluorouracil ineffective.

Oh, no way. Yes way. Fusobacterium causes those cancer cells to be resistant to 5-fluorouracil. But now we know it's also cisplatin. Now we know it's also oxyplatin.

Now we know it's also with breast cancer. Clint, it's giant. Are they, I mean, is this so common that the oncologists are using it? I mean, Flagel is cheap and easy.

It was an $8 prescription, right? I mean, something ridiculous. No, I sent a big pile of research, which I always do. And it's like, we're too busy, but it's in their journals.

These are not dental journals. None of this is really in the dental journals, but it's so fun. Now it's so easy to search and it's in all the journals.

It's in all the journals. Oh, and all their papers are in all my rooms. You know, my husband, bless his heart. I hope he stays patient with me because, you know, there's just, when you find a good research article, I want the paper.

I want to, you know, run it off and be able to, and I give it to people. I give research. Their specific concern is because it seems so wild. Wow. Yeah.

No, that's, that's really crazy. I mean. Um, I mean, I don't know. So now I, you know, in my practice, we're trying to stay on the cutting edge with AI and all those other things too.

And it's like, this is the information age, baby. Like we need all those papers downloaded into a, you know, a GPT specific for say each major category and then have them be able to make a handout for all these patients and a super fast, easily digestible thing for the specialist or whatever.

You know, it's like. Yes. You know, this is something that, you know, gosh, I mean, we all need. What about, you keep, you said the blood brain barrier a couple of times and dementia is being, you know, it's everyone wants to know what's causing dementia.

Um, is it environmental toxins? Is it, you know, the hormones are lack thereof. Is it. You know, what we're eating, is it just that we're getting older?

And I think the answer is probably yes, but all of the above, but tell me, you know, how, what have you found in the sort of, you know, if you're talking blood brain barrier, you're talking memory and omission and dementia and that kind of stuff.

Yes. And you're precisely correct with yes on all of those. I think it's much more than one thing. I think it's way

much more than genetics. I think people worry much about genetics.

In fact, on my podcast, I interviewed Dr. Dale Bredesen and we had a robust conversation about the fact that there's just so much you can do lifestyle and he's been all over pathogens that contribute.

This is probably 10 years ago, a woman came in, referred by a physician for memory loss. She was in her early thirties. And her husband had to bring her, Clint.

She couldn't drive. And I was at a major, you know, easy to find intersection, not far from her home. And he kind of, you know, filled in her gaps, did a saliva test.

She had high levels of porphyromonas gingivalis, PG. You hear that called PG. It is a bacteria that has an affinity for the brain. And it's been well studied.

It's the first one well studied in terms of memory loss. It's a toughy to get rid of. Now we know that Fusobacterium is a bridge builder and makes porphyromonas gingivalis worse.

So now we know we're just learning so much. these bugs. So anyway, cleaned her up. I did use antibiotic on her, used a couple of antibiotics on her, which is very rare for me, but, um, you know, we consult with their physicians.

And you got to cross the blood brain barrier with it. That's not, you know, that's, it limits your options and usually having to, yeah, you probably had to use flagell if you're going to, you're going to address the fusiform as well.

Memory Loss, Dementia, and the Blood-Brain Barrier

So yeah. So she, and for her, I have a, you know, I'm very much a simpleton really. I have a very simple home care routine. I don't say brush and floss, brush and floss.

I have a simpler way to do things. And so I made videos for her. With her sitting here with someone, you know, my assistant filmed us and I showed her how, here's what I want you to do.

Because a lot of, I had learned a lot of the people suffering from memory loss, they go home and they're like, well, what'd she say? I don't know. So now I get videos for people, these little homespun videos, you know, on the cam, on the cell phone.

And she popped her head in just about, I don't know, four months later. They were like, Debbie, come up here. She popped her head and she said, I'm back.

She said, I'm back. I drove myself away. I wanted to come say hello. She said, I'm not a hundred percent well, but I'm so much better. So it's not one thing.

I would never say Clint. Of course. There's not a magic pill. We want a magic pill. We want the beauty from the Amazon. Of course, that's always a multilevel marketing something, but that's what people think is going to be it.

But it's all the things we all talk about, food, movement. In addition, it's humor. In addition, it's forgiveness. It's so many, so many things. So, so this is though, for sure the forgotten orifice, you know, the name of my Ted talk, boy, I went through a master's program in a medical school and I was their only dentist.

It was a nutritional functional medicine, nutrition masters. And in the medical school, they were like, well, we don't know if we should let a dentist in.

I begged my way in. And then I wrote my thesis and called it the forgotten orifice because they never talked about it either. They're like, oh, we should not have let you in there.

Are you kidding? Debbie, the forgotten orifice. But then they gave me like a hundred percent on this thesis. And

then that's sort of how the Ted talk, I guess, happened.

Yeah. You know, when I got the call about the Ted talk, I thought it was a joke and just said, yeah, right. I'll call you back. And my husband said, you might want to call them back, Debbie.

That's pretty awesome. I mean, that's great. I mean, I love that you went to a sort of a functional nutritional, you know, outside the box health. You know, I will tell you that until now, whatever time it is when this thing airs, I was not, I'm not a dental health equals, equals vitality guy myself.

Where would I have heard this before? Clint, you had me on. You are brave. You had me on. I mean, look, you're brave. So, so it's just, I really appreciate it.

I thank you for, you know, for listening because it's super important. It's super simple. Kind of where that was the genesis of our podcast. I mean, my podcast is not a dental podcast, but like you, I feel like this has to be grassroots.

Right. For direct medical care, it has to be grassroots. People have to be seeking out someone who wants what we advocate for. Well, and the people are seeking.

I mean, like we said, there's a lot of information out there. They're not getting what they need where they, you know, at their classic docs office. And then, you know, you start a podcast called Vitality Made Simple.

And, you know, I would not have thought we were talking about teeth. So tell me about what you mean. So vitality, you know, they might have several definitions.

So define that for me from what you're talking about podcast wise. And then I guess define simple. I mean, you've only got three words in the title. I'm making you play with two of them.

But, uh, yeah, I love it. Expound on it. Well, it's not a dental podcast at all. It's a full body podcast, but I do try to get the mouth in there occasionally.

Vitality is vibrance for life. It's waking up excited. You wake up excited, I can tell. You wake up ready to live. You're curious. You're willing to try things, maybe make mistakes, but you want to feel good.

You're not just going through life bored. And for me, it has to do with my faith too. I mean, my God given purpose, I want to feel good to live that out.

And then made simple is that I think health information can be so overwhelming, Clint. I think people often. find it to be a chore and it even can get to be an idol.

And then, you know, you don't have any friends left. I mean, relationships, you know, life is all about relationships and you have to be able to navigate.

the world, a woman that came in, it's probably been six months ago now. She, she was just like, I'm so stressed. Dr. Debbie, I'm doing everything you tell on the podcast.

I do. I'm doing everything. I just still don't feel good. You know, she was just upset and she's like, I'm just so anxious. And so I'm listening and, and she really is doing everything and her heart is so good.

And I said, well, now do you, do you like Dr. Pepper? And she said, And I love Dr. Pepper. I haven't had a Dr. Pepper in three years. Do you like Cheetos?

And she's like, my favorite, my favorite chip is Cheetos, but they're so bad for you. And I said, okay, here's your assignment. Get a lawn chair, get a big gulp, Dr.

Pepper, and get a big bag of Cheetos and go to the lake, take your shoes off.

Vitality Made Simple and Practical Daily Habits

Yep. your feet into the dirt and look at the water look at the sky count your blessings sing to yourself whatever you want to do and do that once a month you can do that once a month yeah you know And she was like, really?

You know, Clint, you know, we're making this too difficult. I mean, people just feel good. But somehow I think in so many situations, the stress, the stress of doing everything right is overriding everything right.

Well, and if you have any social media, then you, then everyone else is telling you for sure what you're doing wrong and how they're doing it so right and how their life is so perfect.

And you know, you're like, okay, I need a perfect life like them. I have to do it their way. Right. I mean, and then of course your doctor, you know, they're going to try to prove to you how smart they are in their eight minute visit.

And I do love that, that a lot of the guys in town, I mean, and, and gals, the, the doctors and providers in my town, there's some really great. providers doing a really great job eight minutes at a time.

I mean, it's really impressive. I couldn't do it because I just can't. I can't. You know, it just takes longer than that to get to know someone, to figure out their value system, take care of them mental, physical, spiritual, you know, like, you know, grounded with a bag of Cheetos and a Dr.

Pepper at the lake. I was at the lake this morning staring at the water, trying to do a little, you know, you know, I try to get out there and get out of the mess.

And so it's funny that you brought that up today, but. But you know, one of my spiritual gifts is, you know, when, even when I was in residency and in the ER all those years, just trying to, one of my spiritual gifts was taking doctor talk, doctor ease and turning it into East Texan, right?

Just try to put it where they could understand it. Uh, but now I have an hour with every patient. It's, you know, the pressure's off. We can just get there, but I'm with you.

I do think that it's doesn't have to be this complicated. And you know, when you've got to, you got to. Take the science and then take your life and then take what the insurance company is going to cover.

And then when this next doctor is going to, you know, have an appointment, when you try to put all those variables together, your healthcare is crazy and complicated.

And then you get older and you've got six, seven doctors, like you said, and you just, yeah, it's complicated, but it doesn't have to be. No, it doesn't have to squelch your joy and your vitality.

And it's really crazy. I know you've seen a lot. transitioning. I mean, it's so wonderful for you to have an hour with each patient. I mean, they are so fortunate to have you, Clint.

Well, you know, and thank you, Jesus, for a business model that allows it. I mean, I'm sure every doctor would prefer this. Maybe not everybody. Some people are a little less relational maybe, but for the most part, you know, the less spectrum docs would prefer time with their patients, really dig in.

You know, they, they want, they're in the, you're not in, you're in this field because you want to help people, but they're in a system that doesn't allow it anymore.

Right. But the, you know, so to keep it as simple as possible to keep that train of thought going, what's one thing that these listeners, um, Probably have never heard this sort of take on it before.

So what's one thing that you would have my listeners do in a simple, you know, you don't have to do everything perfect kind of way to kind of head them in the right direction as far as this, um, unforgotten orpuses play on inflammation.

I would say, I've got some right here. This was not a plan. I would say buy some of these little brush picks. Okay. These are just little, the brand is gum.

I know this may be audio for some people, gum soft picks and scrub the barnacles off your teeth. Scrub as if you're, you know, scrubbing the toilet. Get under your gums, scrub under your gums with these little picks.

They will decrease inflammation. And Clint, I have a free course online called Upstream Gut Health, and I demonstrate this up close and personal, and it's got a lot about oral systemic health.

It's a lot more than we talk about. Wow, that's great. That's even easier. Of course, yeah, just on my website, it's just easy to access. No, it, you know, flossing is great.

I would never tell anybody not to floss. And I, I always say, keep doing what you're doing, but add these little brushes because they will actually do an incredible job at decreasing inflammation.

Man. Okay. I love it. That's, I mean, and the fact that there's a video you can watch to really, you know, dig a little deeper, you know, it's just kind of a new thought process for most folks.

Um, I feel like I'm going to have a bunch of people coming in here asking for flagell now. We'll see how that goes. Uh, but, um, no, but really it gets into like, okay, wait, we need to be doing some salivary testing on some of these, these unexplained inflammatory cases that were like, gosh, you know, you're so autoimmune and we're trying to get to the bottom of it.

Yeah, absolutely. Um, so for folks that want to, um, get more information, learn more about you, uh, catch that video on your website, listen to the podcast.

Where to Find Dr. Debbie Ozment

How do they, uh, how do we get ahold of you? How do we follow you? Easy to find DrDebbieOzment.com. Join me on Instagram. Having a lot of fun there. Have a YouTube channel on Facebook, Clint, but I don't answer anything on Facebook.

I just don't have the bandwidth, but then also take a look at the TED talk, but just, there's just a lot of, there's also a lot of free research that just I've compiled on my website under the research tab that you can give your physician.

And I'm excited that you're thinking about doing some saliva testing. I can point you and getting that done. It's, it's, it's an incredible service and it's, it's, you know, it's DNA testing.

It's very accurate and it is incredible the difference it can make. I mean, it's easy. Wish and spit. Yeah. It can't be that expensive. I mean, to me, one of the hardest parts about functional medicine in general is that the testing and the supplements really add up pretty fast.

And I'm in a kind of business where once you pay me a membership, everything's at my cost and I'm personally offended by every healthcare dollar out of your pocket.

And now I'm trying to offer you a $500 test and a $200 worth of supplements a month. And so it gets, you know, I try to ride that line as best I can, but this seems like a reasonably simple, affordable, super useful, potentially very impactful test that Yeah.

Please send me that information and we will link in the show notes, all of your ways to get ahold of you from the website to the podcast, to the YouTube, the Ted Talk.

So I think that's, that's, that's wonderful. Thank you so much, Debbie, for coming on and opening our eyes a little bit, making me a little bit of a better doctor and spreading that, that knowledge.

I love it. I really appreciate it. Thank you so much. Appreciate it. All right. Have a great one. Me too. Thanks for joining me today on My MD Unscripted.

I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life. If you found value in this episode, be sure to subscribe, leave a review, and share it with someone passionate about transforming healthcare.

Real change starts with real conversation, so let's keep them going. Until next time, stay well, stay curious, and never stop pushing for better.