Podcast Introduction and Guest Welcome

A lot of these patients and even the dentist were shocked because a lot of these patients felt fine. What are you talking about? I feel fine. I've never felt better. Right?

Something's wrong. This. My love for oxidase is elevated. We think there's a good chance it's an end of tonic infection. And they had enough faith in us.

I go check it out. And nine times out of ten, when we tell a patient to do that, indeed, they find an ended tonic infection. And then what we've observed over time is if that tooth is extracted within six weeks, Mallo oxidase is normal.

Welcome to the Oral Systemic Connections podcast. I'm your host, doctor Tom Larkins, here to explore how your world now connects to your overall well-being.

From heart disease to diabetes, your mouth is the gateway to your body. Let's dive in. Welcome to the Oral Systemic Connection podcast. I'm doctor Tom Larkin, your host.

I have an extremely special episode today, and we're going to talk about a health care guarantee. And, without any further ado, I'm going to bring my guest to the stage.

Doctor Brad Bell on the balcony method. Good morning. Brad. Doctor Larkin. Dom, how you doing? Good. So great. So? So here's the first thing that I need to tell you.

The first words out of my mouth. Is. Thank you. I want to thank you for 12 years of a health span, a remarkable health span. And, I give you 99% credit.

I have to give. I have to give her 1%, or she will end my life span. Okay. Yeah. Lovely. I had some of her cooking once. Yeah. You know her? You know, she kind of a little old fashioned.

She cleaned up the cooking end. I mean, there was no question. There's no canned food in this house, and everything is.

Origins of the Prevention Approach

So maybe, maybe more than 1%. But, you know, you you pivoted my life, like, you have a lot of people, and and the previous decade before I met you. So.

So that people understand, you know, I had cervical disk operation, two lumbar disc deals. One of them went really bad. So I've had periods of significant chronic pain, significant disability.

And I know what it's like to be in that. And so when you're in your 50s and you're faced with that and you're like, man. Am I just going to decline from here?

Okay. All right. So here I am today after 12 years in your in your program, a completely different person, 100% pain free. I was looking at my Fitbit.

Since January, I've got 19,000 steps a day average. Right. And, you know, and and my labs are dialed in, and, you know, I'm your chief evangelist. Okay.

I absolutely, 100%, believe in what you're doing, that it's transformational. And you've you've changed a lot of lives. And we've got a meeting coming up, and there going to be some people there that, that you've changed their lives.

So.

So thank you. That's the most important thing to start with. But now. My pleasure. I'm glad you're doing well. You look fantastic. And I know you've done a great job helping other people. So.

Yeah. You. So. So here's where I want to start. As a coauthor of two, just absolute groundbreaking books. Beat the heart attack. Gene, talk to me. We're talking a little bit offline on the healthy, heart, healthy brain.

The accolades on on this book. Okay, tell me about that. Yeah. It did won the Gold Nautilus award in 2023. They only give one of those up for a health care book, and they're it's hard to acquire that.

It won the Gold Novelist's award. And then it also won the June Roth Memorial Award, which is given by, journalists and writers in the United States. It won.

That award is the best health care book published in 2023. So we were real pleased with that. And the book is a national bestseller, and it's done well, which we're happy about.

Yeah, no, it's a remarkable read. So here's where I want to start. Here's my first question. What I want to know. And if you can kind of recollect a time frame because I really don't know when you started this.

So what was the pivotal moment in your career that made you realize that that a new approach to preventing cardiovascular disease was necessary? So approximate.

When did this happen? Yeah, that's approximately 30 years ago when I was doing family practice in Spokane, Washington, and Spokane was very fortunate.

They had the first adult cardiologist that came to town, Doctor Paul Shields. And Doctor Shields purchased one of the very first electron beam tomography machines, which can detect whether or not the coronary arteries had calcium in them or not.

So this was long before CT scans, and I went to one of his talks and he said, you know, if you find the calcium in the coronary artery, you know, they've got disease.

And now it's looking like inflammation is the driver of disease. You can measure high sensitive CRP and you need to start treating these people. So I thought, wow, that makes sense because what I've been doing in family practice certainly hadn't worked.

When I had a patient. I was afraid maybe they were having a cardiac problem. I'd send them to a regular cardiologist, they put them on a treadmill, called me up and say, hey, there's nothing wrong with them.

They're fine. And a week later they were in the hospital having a heart attack or maybe dead in a week. So I knew the standard of care wouldn't work. And so doctors, shields approach seemed a lot more reasonable to me.

So I started doing that. And the patients that would do that test. And then if I found disease and start treating them, it didn't take many years before I saw, wow, all of those people are doing great.

The ones that wouldn't do the test, and I had to send them the regular standard of care route to the cardiologists. A bunch of them had heart attacks or had strokes, so it didn't take more than a few years to realize, hey, that approach looking for disease and managing inflammation, that works, right?

So that brings me that brings me here. This is the most remarkable. And once again, what I'm interested in is how long. I mean, I know you didn't. You didn't.

Building the Root Cause Framework

You know, wake up one morning and just draw this thing out and send it to your graphic designer. Yeah. This had to take time, for you to identify these root causes.

Because, you know, whenever anybody asks me about it, you know, this is just a foundational graphic that just explains the root causes of inflammation.

So once again, we're in the process. How long did it take you to solidify this philosophy? Yeah, it took several years. We knew. And I say we because my partner, Doctor Amy Downie, join me in 1999, she was finishing her nurse practitioner training that Gonzaga and needed to work with a provider.

So she came to me and asked if she could work with me. I said sure. She quickly realized I had all this data on over 100 patients with coronary calcification, so she was excited.

Oh my gosh, we can do something to actually see if somebody has arterial disease and then start to manage it. So Doctor Doan, Nina and I started fine tuning the method in 1999, and we realized, well, what drives inflammation is way beyond simply what's our cholesterol, what's the blood pressure?

And even the diabetes and some resistance. It's all of those are important and they can certainly drive inflammation. But if that's all you manage, a lot of those people are going to go on and have heart attacks anyway.

Right. So we kept looking for other things that would drive inflammation and started to realize, well, guess what? If you have sleep apnea, that drives inflammation, if you have obesity, that's inflammation.

And then we were fortunate to get a relationship with doctor Tom Nabors. That was probably about 12 or 13 years ago and realized, oh my gosh, these periodontal pathogens, the high risk pathogens, they drive inflammation in the arteries.

So that's got to be taken care of. Two and then chronic infections including then the Donna can infections drive inflammation of the artery. So and our method continues to expand.

So now if you look at our current graphic we also have radiation in the was a root cause. We have air pollution as a root cause. So we don't stop looking for additional things that can drive inflammation.

And we now know that one of the critical elements of linking that inflammation to our arterial disease is actually oxidative stress. Right? That was a paper that we published two years ago, which now is in the 90th percentile of all papers ever published in the Frontier Journals, all of the different journals, not just cardiovascular disease.

And it's been cited in numerous other papers. That's actually oxidative stress, which is arguably the biggest trigger to start trapping the cholesterol particles in the wall of the artery.

That's the first step in forming arterial disease. So all of these root causes, guess what? They all cause oxidative stress right. So it's oxidative stress that starts trapping the particles causing the trapping of the particles in the wall of the artery.

And once you start trapping them the body's normal response is a healthy one. It's like hey, we need to start cleaning this up. So then you pop up these proteins on the inside lining of the artery to trap white blood cells so that they can be drawn inside where this cholesterol is collected, to try and gobble them up and get rid of them, clean up the mess.

So it's kind of labeled as endothelial dysfunction. But really it's the right response for the body to try and clean up the mess. But that's when you start getting all the inflammatory markers that go out of sight because you start getting the cytokine production.

So anyway, the root cause tree is fantastic. We developed that many years ago and we continued to refine it. So if you manage all of those root causes right, you're going to stop oxidative stress.

Gotcha. And they're going to stop inflammation. You're going to stop arterial disease. Right. And that's what the studies that have looked at the patients we treated, you know, one was published by Texas Tech.

The other. But Johns Hopkins, cardiology fellows clearly shows that the Baldoni method not only stops arterial disease, but we regress disease and we stabilize disease.

Right. Yeah. And that's just absolutely essential. So. So the first time I heard you speak, I think it was 2013, and I took your preceptorship and came and then became a patient, I knew that you were going to be, in my mind, a historic figure in dentistry because you required a collaboration, you know, to, to my knowledge, I don't know anybody who developed a technique that requires the collaboration of a dentist.

You absolutely need the input on the three things that are that are root causes. And I'm to I'm going to go into those in just a second. But the other thing I want to ask about is, is the health guarantee, okay?

Because when I first heard it and I know, you know, a lot of people kind of feel this way. It was almost like too good to be true. But it was like I was at an age where I was like, what have I got to frickin lose, right?

Health Guarantee and Clinical Outcomes

This is I'm going to give you a health care guarantee. So basically it is based on these root causes, meaning. And if I'm understanding this correctly, if you extinguish all of those root causes, your chances of having an event are negligible.

Is that correct? Absolutely. Yeah. You have to have inflammation to have an event. And you also have to have that oxidative stress, which is associated with inflammation, to actually even start the disease and continue the disease.

So again, if there's no disease there, you can manage somebody. So they never developed disease, right. If they have disease you can manage and stop that oxidative stress inflammation.

So they can live to be 120 with arterial disease. As long as it never misbehaves, you know, and the mis behavior comes from inflammation. So it seemed reasonable to us.

I think we started using the guarantee word summer around 2000, where the patients wanted to see us for care. We were actually at a legal document that we wrote up where if they had a heart attack or stroke during that year that we're managing them, we give them their money back. Wow.

And so far, that's been 25 years. So far, I've had I've had one patient. I gave the money back. He didn't want the money back. And he's still a patient. Wow.

I mean, yeah, actually, I actually told him right before he had his event that you're. You are at risk. Your arteries on fire, right? You've got to get some things under control.

One of the main ones for this person was psychosocial. The amount of stress was under was incredible. So you've got to do something to minimize that stress.

You're going to have a heart attack right. Well he started trying to work on it. But then the notes to me, I didn't find this out until after he had his event.

He actually did a surgical procedure, a lipo suction. Any kind of surgical procedure adds to the inflammation. So no wonder. Yeah, no wonder he had an event.

So it wasn't a shock to me, right. But I had that guarantee. So I insisted on sending back the money. And he didn't want it, but I sent it to him anyway.

And he signed right back up. Wow. And he is still a patient today. And that happened probably 12, 13 years ago.

Wow. That's that's just an unreal. It's an unreal record.

Okay. So I'm going to go through the dental components and you know, once again, the first time I saw this, and everybody kind of knows my background going back to, I started to use a microscope in my practice in 1989.

I was I was mentored by Paul Kaiser, you know, personally. And and I did prevention, you know, for a different reason. I had no concept of the oral systemic connection.

So when I saw what you were doing, I just said, man, you know, I know how to do this stuff. You know, micro biologically, I need to, you know, create training and, and bring this conversation to the forefront.

So, so one of them so salary diagnostics. So you mentioned so Tom Nabors was the person that kind of helped, you know, he was the founder of oral DNA.

And so he was the individual that kind of helped, direct you as far as, like, what do these oral pathogens, how do they participate in the inflammatory process?

Yeah. So absolutely. Yeah. It's interesting. It was an orthodontist that was a patient of mine at the time out of Texas who saw this article where Doctor Nabors had just brought to the United States DNA testing for high risk periodontal pathogens.

Right. So that person, that patient of mine thought I'd be interested. So he sent me the article. Wow, I read it. I immediately called Doctor Nabors. He was a national at the time.

And within two weeks, Amy and, flew to Nashville and spent two fascinating days with Doctor Nabors. And, he taught us everything about the high risk periodontal pathogens.

Wow. Which, of course, we're extremely interested in. Right. Because that drives inflammation, actually causes arterial disease because it generates oxidative stress, which will start trapping the generates inflammation can trigger events.

So we're in to Doctor Nabors forever. And that patient of mine and I didn't know that story could be interested in this. Yeah that's a great story. We're in Nashville.

Yeah yeah. There are no coincidences. I'm convinced that the people that come into my life on a daily basis from, you know, from the atmosphere, there are no coincidences.

So the second component is, is sleep apnea. I don't have a graphic for that. But, obviously, you know, I've trained a lot of dentists how to do sleep screening.

Here's where I fall on that today. What I have found is and I'm going to use that word, and I hope this doesn't offend anybody because I've done it personally.

Dabbling in sleep when you're in a in a full blown restorative dental practice is hard. The reason being is that in to me involves orthodontics. It really involves I'm talking about treatment.

I'm talking now talking about screening. So one of the things I've noticed in the past year, because I know some people that are, you know, practicing sleep stuff at a high level, are dentists creating, you know, free standing sleep airway clinics. Right.

And giving it and giving it exclusive attention. And I'm kind of leaning in that direction because like I said, I dabbled in orthodontics and functional orthodontics, and it's just a it's a different deal.

It's it's hard to jump from doing a bridge or an implant to going doing sleep stuff. And so I do think it's a specialty in it's in its own. And I certainly know some people whose work I admire and, you know, functional orthodontics

getting these kids, you know, and it always takes me back.

You got to read Western prices, book in the 30s, you know, because he, he talked about all of this stuff, the root canals, the epigenetics of the refined carbohydrates, the shrinkage of the, you know, the skeletal part, you know, he figured it all out.

So that's kind of where I'm at with with sleep. And then, I don't want to interrupt you just second, because I hopefully, you know, Doctor Steve Acker, you are out of New York.

Yeah, he is an expert in the sleep, including pediatric sleep. He has annual conferences, which are amazing. Yeah. And so he's a true dental sleep expert.

He's one of the best in the country. Yeah. And and I think that's where it belongs. You know, I think it's a specialty with itself. All right, now I'm going to get into the good stuff.

So, root canals now, now I need to know how where how did this. Come on your radar screen? Okay. These are residual infections. So you require a CT scan or CT scan for part of your new patient intake.

How did this get on your radar? Well, we already knew that chronic infection certainly can drive inflammation. Chronic infection increase. This oxidative stress can cause arterial inflammation.

Dental Pathogens, Sleep, and Root Canals

But then Doctor Passy published a study and then the American Heart Association journal quite a few years ago, where he took just over 100. And the vigils, who had an acute heart attack.

So in the throes of the heart attack, they go in to the heart with the catheter, shoot the dye, find the obstructing blood clot. Of course, that's what causes this heart attack, this blood clot.

It's not the cholesterol buildup. So they found the culprit. Clot sucked it out. And before they withdrew the catheter all the way, they also sucked out arterial blood.

And then they did sophisticated testing of the arterial blood and the clot for oral pathogens. One of the findings was interesting. The vast majority of the clots did have high risk periodontal pathogens.

But in terms of the end of Doc infection, they randomly X-rayed. I think it was 20 of the 100 patients for infection, endo disease, and over half of them had that.

And most of those were in root canal teeth. And if they had that in the Doc infection, it's like 85% of those clots had the strep germ that causes endo Doc infection.

So they concluded that a huge number of acute heart attacks were actually being triggered by end of Doc infection. And we believe that's true and probably associated with one of our most important inflammatory biomarkers, malo peroxidase.

That's that was my next conversation. So so you have you know, CRP alpha and Milo oxidation Milo peroxidase is highly associated with with oral. So so my question is so did you like see a patient.

And they have a CT scan. And they have this tooth because this is a residual infection. And then you just say recommend. You know you might have that tooth out.

They take the tooth out. And Milo peroxidase was dropped dramatically. Is that how that worked. Yeah. What we started to observe because of the Milo peroxidase when it was elevated, we would insist that the patient be checked for endotoxin.

A disease. And then in order to do that, they need the cone beam because regular X-ray were only, accuracies, about 76% were cone beam accuracies, about 94%.

So a lot of these patients and even the dentist were shocked because a lot of these patients felt fine. So what are you talking about? I feel fine, I've never felt better.

Something's wrong. This, my little peroxidase, is elevated. We think there's a good chance it's an endo tonic infection. And they had enough faith in us.

So go check it out. And nine times out of ten, when we tell a patient to do that, indeed they find an ended tonic infection. And then what we've observed over time is if that tooth is extracted within six weeks, Milo approximations.

Normal. Wow. Okay. If they treat it with another root canal, the the Milo peroxidase does start to trend the right direction, but it may take as long as six months before it's normal.

And we've got lots of studies that tell us, look, when Milo approximates is elevated, all bets are off. Red matter how all the other inflammatory tests can be perfect.

If you have elevated Milo peroxidase and you have arterial disease, you can have a heart attack or stroke in any second. So that patient we like an ambulance outside with a sober driver.

And, you know, I've, I've used that on some of the patients if I feel like. Well, I'm not sure they're believing me. Say, look, this is serious. You know, you can have an event any minute.

We really should get an ambulance parked up side with a sober driver, and you need to go check it out. Yeah, and one at one of the patients in the center.

I hadn't seen him yet. He was going to be a new patient. And so we do all this testing of the blood before they come to see me. So he had gone and gotten all the biomarkers done.

My nurse sees his report. I'm not going to see him for a month. This appointment with me is a month away. And she says, look, he's I'm fired. You know, it's my proxy.

This was elevated in some of the other inflammatory markers were elevated. And she said, what do we need to do? So he's got to see a dentist A.s.a.p..

So she I said, you got to get Ahold of him, get him to a dentist so she has a hard time tracking him down. He was at a music festival in Mexico. So my nurse gets a hold of him, tells him this doctor Bell's worried.

Your your arteries are on fire, and he thinks it could be from your mouth. He wants to see a dentist right away. His response was, look, this is a fantastic music festival.

I'm having a ball, I feel great, I have no problems whatsoever. I'll see Doctor Bale in a month. So the nurse responds, oh, well, he was a doctor. Bales are afraid you might say that.

So he told me to ask you where we should send the flowers and condolences for your death, because he doesn't believe they'll ever see you and I. I've never seen this person yet. Right.

So this comes back to the nurse said, are you serious? He said, they're so. Yeah, that's what he said. Okay, I'm out of here. He flew the next day from Mexico to Illinois, where his former roommate is an excellent dentist.

They had to pull the tooth out. It was so abscess. He had like 30 points of bleeding and periodontal disease was horrible. They started treating them for that.

And then before a son, which was about three weeks later, I wanted to repeat the model approximates because that's one that really made me nervous. And it was already back to normal because I do.

Yeah. So I you know that that the reason there's such a misunderstanding. So part of it and this goes back to Weston Price. It's residual tissue that's left in a tooth during the root canal procedure.

Okay. Because the inside of the root is, for lack of a better term, kind of like a honeycomb. And they have all these fine tubules. So I think it was in 2016, I got invited to speak at a laser conference for a laser.

And, they had a procedure that I was just, completely enamored with. And it's a laser disinfection I'm wanting to do. I'm going to do a podcast with an internist who does this.

It's called photo photoacoustic debridement and uses, erbium laser. Some people are using ozone water, but basically what it does is it goes in and cleans out all residual tissues with this shockwave treatment, I go, well, there's your answer.

I mean, it's not that not a total answer, but that's a step in the right direction as far as because now we don't have residual tissue there. Right, right.

So I got you know, I got super excited about that. I'm always looking for solutions because I knew I don't think people know what the issue is. The issue is residual tissue left behind and then residual infection.

Right. That's the issue behind it. So you know I'm at the point now where I'm personally I would find an end to honest who does that. I'm not against root canals by any stretch.

But that really has to be a common. Hence have disinfection of the root canal. Yeah, yeah. And unfortunately root as far as like doing root canals in school, you know, it's just not the proper level of, you know, wraps.

You might get to do 1 or 2 and then you go out and, you know, so I, I think it's an, I think it's an area that could be improved upon, but I, I kind of figured that was the story.

If I remembered it correctly. It was a little bit kind of anecdotal. You know, you take this tooth out and this approves and, and, wow, very. We knew there's some science behind it because of course, mother, for oxidase is in the white blood cells when you get an infection somewhere, the white blood cells track to that infection.

They release mallow peroxidase into the tissue because it creates hyper porous acid. So that'll kill any germ. It doesn't matter. The virus fungus. Back to you.

So we know myeloid peroxidase is one of the keys to shut down infection. And what made sense to us was because we know if you get a like a little pneumonia, your systemic mallow peroxidase level usually will not elevate.

But the daggone mouth is so rich with grasses. When you have that in the tonic infection, the model of peroxidase will go up and doctor Craig Miller that, you know, a University of Kentucky dental college did a study that actually showed that and that's published now looked at your current clinical references.

You should put that study in there. Mean I'm sorry. No, but we do not think it's far fetched to believe somewhere around half of all acute heart attacks are triggered, triggered by oral infection.

Wow. So in our opinion, our opinion, once somebody stabilized after a heart attack, the first place they need to go is to the dentist for a thorough evaluation.

That clothing company and and and that's what I saw in 2013 I you know and I once again, for whatever reason, why I just locked in on it. I said, this is just an unbelievable moment of opportunity for dentistry because we've never we've never really realized how to become dance partners.

And, and you have written the template on how how we need to be dance partners. Yeah. And the American Heart Association is out there. They've got to catch up because it was probably eight years ago.

They asked me to to write up a potential additional session at the huge American Heart Association meeting. So I spent weeks, maybe even a month, writing up a detailed oral systemic session for the American Heart Association, including with speakers, etc.

and they finally came back to Maine. They said, well, thanks, but we don't think we're ready for that yet. Now we're, we're we're going to talk about that in a minute.

All right. So this is 2017. This was a memorable, day that you and I had, and actually, so this was a meeting called Voices of Dentistry. It was their first inaugural meeting. Right.

The purpose of this meeting was for podcasters to just kind of get together and network. And because a lot of people didn't know each other, had never met in person, but everybody knew, hey, I have a podcast, I'm doing this.

And so I contacted, I think it was Allen. Mead was one of the organizers of the meeting. I said, I just have this idea. I said, can I just bring a guest so that we could do some potential interviews?

Because like I said, I'm kind of chief evangelist.

Why the Model Faced Resistance

And I thought, here's an opportunity of these quote unquote influencers that are going to be at this meeting because they had no intention of having interviews and such other than networking with each other.

Right. So so you and I show up and this is Gary Tack is Gary Tack has had the first podcast ever in dentistry. He's got a huge following. And I just remember you and I went from table to table and the and the, the one thing I remember we went till 730 at night, I was exhausted and we and we just talked about in kind of an informal way with all of these people.

It's medical dental integration, what you were doing. And, it was a lot of fun. It was a lot of fun. Yeah, yeah, I know. Question. Yeah. Our guarantee we would not put a guarantee on or work without excellent oral health care providers.

Right. But some because of periodontal disease and the end of Doc disease and the airway are absolutely critical. If you don't have a healthy mouth, right, you can't have healthy arteries.

Yeah. Yeah. Okay. I think this was the same year, you. Yeah. I, I think I remember at dinner at my house and maybe Craig Miller was there, I was kind of introducing you to, the current people at UK that I knew.

You got an associate professor ship at that time. And this is my next door neighbor's farm, the ruler of Dubai. I always tell people how, you know, or I have this.

I live on one acre and my next door neighbor's the ruler of Dubai. You got to see some really nice racehorse now. So you're coming to Lexington for my meeting?

In April, and. And you're coming early because we're going to the races. You got to ride love at Keeneland. Most beautiful racetrack in the country, for sure.

It is without question. You know, it's part of the reason why I'm here. I've always been, and that's a whole nother story of a race fan. And and I just love spring in Kentucky.

And you know how blessed I am to have this is, you know, I look out the window, and that's what I see. That's my next door neighbor. So let me come with you to the races.

Yeah. Oh, you'll have fun. It'll be. It'll be a special day for sure. For sure. Okay. I'm going to take us in a little different direction. And this is a slide from one of my presentation.

And, and these are some of the, you know, greatest names in, in prevention historically, starting with Charles Mayo who founded the Mayo Clinic. You know, he pleaded with dentists to get involved in, in his work.

And, you know, Dennis at the time, this is around 1915. And dentists were distracted on the restorative. And the same thing is happening today. The thing that competes with my message to dentists about prevention is the digital workflow.

Because the digital workflow is very impressive and what people can do now with technology, but they're kind of competing things. So all of these people, we're kind of I compare them to like a meteor, or they had a movement and it was just kind of a, a flash in a pan.

So what what, in your opinion, is what are the challenges of up until now? Because I'm going to talk more about what's happening now. What have been the challenges of gaining, a broader acceptance, you know?

Yeah. Well, I think the main thing is American medicine for good reasons, was founded on treating end stage disease. I mean, when they started American Medicine 1900, we didn't know all the things we know now.

So like with heart attack, you had to wait for somebody to have one right to develop the symptoms, have heart attack. And then you had to try and figure out what to do about it.

So in a way, it's rather miraculous what they've been able to do developing the stents, the coronary bypass, the artificial hearts, the heart transplant.

But it's all based on an end stage disease. Right. And that's what drives American medicine financially because that's where it was started. So if you move to what we're doing, where you prevent all these things, the heart attacks and strokes, and if you read our latest book, all the other chronic diseases of aging are anchored in arterial disease and microvascular disease.

So we also prevent dementia and macular degeneration, peripheral arterial disease, erectile dysfunction. And then chronic kidney disease, etc., etc. all those are stopped when you stop arterial disease.

What's that going to do to the system economically? It's going to throw it into a turmoil. People are dying on the streets right now because they can't get dialysis.

And I've never had a patient develop chronic kidney disease. None of our patients need dialysis. And I have completely shut down arterial disease. And we've had cardiologists.

We have great cardiologists now doing our method, but we've also had cardiologists that listen to everything we're saying, saying, look, I don't know that one word what you're saying, but I've got three children to put through college.

I'm not going to do that. You know what I need to do? What I'm trying to do, which is put in the stent, you know, so so the economic part of it is probably one of the biggest hurdles.

It just turns everything upside down. Right. And really to stop arterial disease you don't need expensive medicines, right. Most most everything you need to do is really holistic, right.

Yeah. Get a good night's sleep, eat fruits and then figure know I know now that that's the whole us get out and walk etcetera. You know so and the pharmaceutical industry of course is heavily anchored in the end stage disease.

Yeah. So if we start at preventing all this, you're going to upset a lot of people. I mean, I've had some people say, look, and if they really adopt what you're talking about, you better get a bodyguard.

Yeah. I want yeah. So we talked about this before the podcast and I, and I truly am an apolitical person because, you know, that's just not something that interests me.

But but the reality is, you know, HHS has a health care mandate, okay. And I'm kind of banking on that a little bit, meaning, Robert Kennedy Jr has a mandate that within two years he needs to do measurable, improvement in heart disease, diabetes and dementia.

And I think our book, he'll be all over it. And, so I'm on the newsletter now. I'm getting some stuff from HHS, and they're already funding some preliminary things.

And and some of the terminology that they're using is early diagnosis, early diagnosis. And I'm like, you know, this is everything I've been immersed in for for over a decade.

But one of the things that they talk about is, one and I had some slides, I did a webinar over the weekend and I had these slides there they were talking about.

So they have, actuaries and people that, you know, work the numbers on our health care system. So it's it's not sustainable. We are absolutely headed for bankruptcy. Right.

Future of Oral-Systemic Medicine

The number of people who are turning 65 and the burden and the, as you know, the tremendous cost of end of life, treatment or whatever, that's where, you know, you can spend hundreds of thousands of dollars in a small period of time.

So they they use the term, this is their term fragility and disability. Okay. So in the traditional reactive health care system and there's a period of, fragility and disability that ends in death.

Okay. And, and one of the things that they were doing is they're funding studies or whatever to compress, to compress that period of time. And I remember this statistic, it's top of my mind, okay.

And once again, there's a bean counter that came up with this. So if you took that period of fragility and disability and in 10% of the population that are in that period, and you compress it one year on 10% of that, the economic impact was $100 billion, a hundred billion.

And I'm thinking to myself, what would Bill 17 have to do in 10% of those people? It would not be one year. It would not be one year. It would be so that if they adopted our method, it would save the country.

I would argue trillions of dollars. Yeah, yeah. You spend over 500 billion a year just on the heart attacks and strokes. Yeah. But again, like I stated, if you do our method, you don't get dementia, you don't have chronic kidney disease, erectile dysfunction.

How many ads do you see on TV for that? Now those people definitely want to take me out those forms. Yeah, sure. But you know, heart failure, you don't develop that if you do our method.

So all those diseases are anchored in micro vascular disease, which our method also prevents. And we had no clue about that when we first started. Our task was just to stop the big deal.

You know, the heart attack and stroke. And then we started to realize, golly, you know, I've been doing this for 25 years now. Our patients don't get these other things right.

Well, my patients just turned 93, and he's a type two diabetic. He's probably the oldest type two diabetic living today. When I first saw him about 20 years ago, he already had heart attacks.

Wow. I mean, he's so sharp. He's still on the bank board. Wow. He has a girlfriend. He enjoys all of this family,

including some great great grandchildren.

And he's a type two diabetic. That's an oxymoron. Yeah. You know, lived to be 93 to diabetic. Wow. And then the one that's in both of our books, Joe the Texan, who was told at the age of 58 he needed a heart transplant because he'd already had some major heart attacks.

There was nothing more they could do. And instead of doing a heart transplant, he plugged in or method. Joe is now 78 years old, doing great. I visited with him last week.

He's doing great with his own heart. Wow. Wow. How gratifying. I mean, it's just. Yeah. So so if there is, anything right now, anything novel or new that has your particular attention and write this moment in time frame something, something, you know, that's, that's happening that has your attention.

Well, they artificial intelligence, of course. I think that's that's phenomenal. And it'll be able I mean, you could put our method into artificial intelligence and make it much more efficient for people and make it much more affordable for people if it was wrapped around AI.

Right? You know, because the the testing that we do is not expensive. The the thing is, the insurance companies don't cover a lot of the tests that we do.

Right? Like one of the main tests that tells us if somebody is at risk for a heart attack, like the protein associated for us for like B and C two, which was given FDA approval as a blood tells to alert adults that they're at risk for heart attack in patients, whether or not they knew they had or had disease that was given ten years ago.

And yet the FDA approved it. And yet the insurance companies still say, oh, no, it's experimental. Well, the test costs $10. Wow. You know, I mean, it's ridiculous.

Yeah. Wow. Oh, there's. So I really want to make America healthy again. Yeah. Somebody has got to read our book and get after the first. No, no question, no question.

So, so you're coming to April and April 26th to Lexington, and we've got a, a group of really amazing people. And, and this is really kind of our goal, to get together that the, the title of, of the meeting is The blueprint.

And, and so we don't have an agenda going in, but coming out, I hope to create a document. And I'm saying, you know, let's let's figure out a way to collectively work together everything based on on the groundbreaking work that you've done for for decades, which, so many people are so lucky, so, I'm just going to close by by thanking you again.

I thank you and know you're doing great work, and it's an exciting time. I mean, when you realize there is a we have a cure for arterial disease. Yeah.

Arterial disease is arguably the most important health issue in a human being. Yes, there's cancer, but now we know, preventing what we prevent. We cut the cancer risk in half because a lot of that's driven by oxidative stress, too.

And as you know, higher spread all pathogens are associated with some cancers. So when we do impact cancers, we don't guarantee or prevent cancer, right?

We can guarantee you will shut down your arterial disease. And that's what's at the root of most of our chronic conditions of aging. It's amazing. That's exciting.

I know it's excited there that yeah. Well it it keeps me working full time because, like I said, this is, you know, for the first time in a long time, I'm extremely motivated on on the fact that we're, we're getting close to doing something really significant.

So doing good work and say hello to Maria for me. Yeah. I still remember that meal I had there. Yeah. Oh, geez. She's the real deal. Beautiful. Okay. Yeah. Yeah. Okay.

We'll get together at Keeneland, and then we're going to next April. We're going to solve all the world's problems with healthcare. And that's in plain sight.

And that's a wrap on today's episode of Oral Systemic Connections podcast, where we prove every week that your smile is way more powerful than you ever imagined.

You enjoyed. This episode hit that subscribe button. Share it with someone who deserves to know these jaw dropping truths, and leave us a review to help us spread the word and remember every smile you care for is an investment in your whole body count.

Keep smiling, keep driving and I'll see you next time.