How Dental Health Problems Can Worsen Your Autoimmune Issues Transcript

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Introductions and holistic dental background

Welcome. I am so glad that you agreed to be part of this summit. Welcome, Stuart, Welcome Lane What I'd like to have you do is explain to the audience who you are briefly and why you are an expert.

Well, we we have a holistic dental practice in central Texas, about 50 miles west of Austin. It developed 20 years ago, even though or 22, even though I've been in practice for way longer than that, 42.

But I got sick myself about 20 years ago. I was treated in and in Montreal by the old grandfather of holistic dentistry. His name was Now Huggins. And really, as a result of that, we completely revamped our practice years ago.

And so now primarily the patients that we see have either autoimmune disease or any degenerative disease cancer. So that's the vast majority of the patients that we see.

Most are referred by physicians like you, Dr. Wahls, who know of the dental connection to systemic health. And I'm Dr. Lane Freeman, and I'm practicing with Dr. Nunnally.

I've been blessed to be here with him the whole time that we've transformed this practice into one that is more integrative and biological, that seeks to help patients look at how the mouth affects the whole body systemically.

And so I think he gave a great overview of what our group looks like now. So many of us know we see dentists regularly. And what's the difference between my conventional dentist that I've seen for my dental cleaning every six months and you guys.

How holistic dentistry differs from conventional care

Yeah. Well, I think there are a number of things, so I'll mention a couple and then I'll have Laine follow me. But certainly one thing is we placed very strict attention to the materials that we use so that we're not going to compromise the immune system.

Most of our patients already have immune challenges, and so we don't want to introduce something into their mouth that they're going to have exposure to 24 seven.

And so we certainly consider that an important issue. We also consider materials like fluoride as a tremendous challenge to patients. And so we encourage patients, of course, not to use those things that would compromise or immune system.

What to explain the that the compounds that conventional dentists are using that are toxic that you wouldn't use. Yeah. So the big one, the big material that we would not ever use, but also that we have protocols to remove safely would be mercury fillings.

So those many times are referred to as amalgams or silver fillings, but they are technically mercury fillings every one of those silver fillings, if you open your mouth and look in there, would contain 50% mercury at minimum, and then there would be varying amounts of copper and ten and silver and zinc in there.

And so that mercury, though, is 24 seven being released from those fillings, no matter how small or large, no matter how new or old they are. So that would be the big one.

We're also looking at things like nickel and we want to also pay close attention to metals, even like titanium, which can sometimes is considered a more friendly metal.

But we really want to be careful with anything that has a metal component, but those are probably the top three. There are other toxicities too that we really look for, and that can come in the form of a root canal, which we know now has a toxicity of its own.

And there's a there's a jawbone lesion known as jawbone osteonecrosis. It's known in the world primarily as a cavitation. And those two have toxins that typically can be a challenge to the immune system.

So you mentioned fluoride before we got into the mercury question know told that fluoride is important to prevent cavities. It's added to our water, it's added to our toothpaste.

But it sounds like you're not a fan of fluoride. So what what's the story there? No, we're not a fan of fluoride at all because it competes for one and outcompete binding sites for iodine, particularly in the thyroid.

And so now we have displaced I done with fluoride and we have we have thyroid hormones that don't function properly. So that's a huge thing. And of course, iodine and every cell in the body.

Fluoride, mercury, and metal concerns

So there's not a place where fluoride doesn't outcompete its fellow halogens. And we so we're we're much opposed to it because of the systemic issues.

And to tell you the truth, there's very, very little data on fluoride being beneficial in terms of preventing tooth decay, except for that that's applied topically, but in terms of receiving it systemically, as we do in our water supply and in various other ways that we receive or to even, quite frankly, in these fluoride trays, deliver huge amounts of fluoride.

We think that's not wise at all just because of its systemic impact. And now you mentioned titanium. You are so pleased with titanium. And I'm thinking about the people I know who have dental implants with titanium.

What are your thoughts about that? Well, with titanium as with any of these other metals, we do find that that that titanium can leach into in the instance of an implant into the bone.

And so releasing that metal up, we could just keep it contained would be one thing. But since we find that it can be leached into the bone, that would be where our concern would come from.

We would prefer if an implant is appropriate for a patient, it's not always appropriate, but if it's appropriate for a patient, we would prefer to use a zirconia implant which would be metal free and all ceramic.

But in in some cases an implant just isn't appropriate no matter what the material is because it's still something foreign that's being implanted into the bone.

And really, just to circle back on what you asked about, what's the difference with a conventional dentist? There's some great conventional dentists that really care about their patients that they may not be looking at what they're putting in the mouth or what's already there, how it's affecting the patient's whole, whole system.

And that would be really what sets us apart and how we're looking at that dental needs. And, you know, I think especially since we're dealing primarily with in this here, we we wouldn't we wouldn't entertain the idea, quite frankly, of having an implant placed on someone who has a blatant autoimmune disease in their aspirations or otherwise.

We just think it's too much of a challenge, even zirconia. We we would prefer not to place into someone's bone something that doesn't have their own DNA on it.

So we we don't recommend implants for our patients who have degenerative diseases. So in my patient, if I lose a tooth, you would not be timely to pop any implant.

That's correct. That's correct. There are many other ways to replace missing teeth and we love to see patients improve. And once they're on their A-game, they can experiment if they wish with one implant, see how they do.

And if they're if they seem to do well, then maybe that's reason for them to go forward with future implants. But we'd say go very slow in that game in don't, don't try to challenge the body with something that's formed.

Yeah, yeah. No, no, that, that makes a lot of sense. So I'm curious, what kind of restorative materials do you guys use then if someone has a, a cavity that needs to be addressed?

So we would use there's various materials that we would use.

Implants and restorative material choices

We have access to BIOCOMPATIBILITY reports, which would be a serum blood test that would be sent to a lab that could tell us that they would be tested against a patient's own blood, would be tested against thousands and thousands of dental materials, but specifically for building materials, we have found there are a couple that have been just really universally biocompatible, so appropriate for almost every patient we come across.

If we have a question about it, then we just go ahead and send in a biocompatibility test. So it would be a composite resin would be that usually would be the choice for filling a cavity.

If a tooth is broken or has too large of a filling that we might be looking at nonmetal ceramic restorations like a crown or inlay or online things like that.

And these these crowns or inlays on those, those are ceramic kinds of things that are that are made specifically for for my my tooth. Correct? Correct.

They would be custom made many times. We can make them here in our office. We have an in-house lab that is familiar with the materials that we like to use for our patients.

And once again, we can always refer to that Biocompatibility test. If a patient has chosen to do that. And so that's that is completely for that patient only and can be done here at the same time.

So that would be okay for those teeth. So if I have the misfortune of, you know, having my teeth filled and my tooth breaks and now my conventional dentist would say, well, after you broke your tooth, we ought to do a root canal. And and that may be happening to some of the folks who are listening.

How would you handle that kind of scenario in your practice? Well, you have to know that in the first 20 years of my practice, I probably did 100 root canals a year.

And I, I didn't I didn't know about any data that suggested that root canals had a toxicity associated with them or that they could contribute to systemic disease.

Unfortunately, I've never had read the works of Western Price and others who demonstrated conclusively that root canals do have the toxicity associated with them.

They're laden with bacteria and viruses and fungi, and no matter how well a root canal is cleaned out and you cannot render the tooth sterile, you do render it without a blood supply.

So now you have this non-sterile or bacteria filled dead tooth sitting in an incubator of 98.6 and no way for your immune system to get to it and clean it up.

Because in the process of doing a root canal you of the blood supply to it. So we now know and there's great data to support this now that root canal treated teeth pose a systemic health risk.

We have to this is one of these great challenges for us as dentists.

Root canals, cavitations, and systemic health

We have to have these discussions with patients and inform them and say, listen, this is the risk of having the tooth from either root canal or removed.

Let's talk about what that looks like in the future. And then you can we're going to participate and might help you make the decision. So if someone has had a root canal in the past and I think and now I have say two or three root canals in the past, I now have M. S.

or another immune condition. How would I sort out if my root canals are part of the problem now and I don't have any pain in my teeth, you know, I'm eating steaks and that part seems to be going, okay, so how would I think through whether the root canals part of the problem.

Right? So many times root canal treated teeth and infected any infected tooth can be asymptomatic. They can be completely you can be completely unaware that you have an infection sitting in your mouth.

The chronic infection can be completely without pain, but unfortunately, it doesn't mean that's an absence of infection. So one of the two big things to look at would be, of course, the research that Dr.

Nunnally is referring to concerning the toxicity that we know is present in every single root canal tooth, no matter how perfectly it was done. But then also we utilize a cone beam imaging, 3D imaging, so that we can look at these teeth more than just in two dimensions.

Many times we will find a tooth that's completely asymptomatic, looks perfect in a two dimensional X-ray, and will have a huge infection like an abscess.

Would be the layman's term for that. On that tooth, that is visible with that three dimensional x ray. So as far as determining if it's a factor in any type of autoimmune issue, you know, the conversation becomes no matter what this what the single root cannot treat a tooth or multiple root canal treated teeth are in some way a drain on the immune system.

The immune system is daily responding to that root Canal Street, a tooth as an area of chronic infection. And so it becomes a definite contributing factor to the immune system, not functioning as well as it could.

And that would be the conversation that I think we have with a lot of our autoimmune patients is this may not be the one thing, but it is definitely an important thing to look at.

And, you know, I think of particular interest area when we talk about autoimmune issues, so often the leaky gut comes out and we know that certainly that can induce although immune issues.

Well, now in the literature you will see the term leaky teeth. And this was actually coined 100 years ago by Western Press, a real lives such a real one.

Yes he realized that disease t leaked toxins he couldn't identify them 100 years ago. Now there are different fad. And now we have these elevated levels of LPs being leaked from gram negative bacteria and root canal treated just like we do from the gut.

And so those have a tremendous impact on not only yeah, not only on our you know, our immune system, but on our cognitive function. And it's, it's, it's an area we should be taking precaution with.

So I'm thinking if I am most patient, you know, I have root canals, it's probably worthwhile finding a biologic dentist who could do cone beam examination of my teeth and then have a conversation about whatever they find and what I might do in response to those findings.

I think so. I and the discussion should be this. I don't think it should just be, hey, I want to take every root canal treated tooth out that you have.

Yeah. You need to have an intelligent, informed discussion with the dentist. And the dentist says, listen, this is the trade off. Let's say you have six root canal treated teeth.

And he if he doesn't say, hey, if I take your six root canal treated teeth out, number one, you may not have an improvement in your systemic health issues.

It's possible. Number two, he should say, and listen, I'm going to pose a whole new set of problems. You may not be able to chew as well as you can now.

So the discussion needs to be had and in a way that unfortunately does not pierce. What happens in traditional dentistry now is you come in with a broken tooth or a toothache, and the dentist just let's do a root canal on a crown.

There's no discussion of any potential side effects as a result of that. What I think a well-meaning holistic business would do is say, okay, here's the issue.

We know you have this systemic illness. I don't want to contribute to it. Let's talk about those things that we can do that will lighten the load for you.

And let's talk about the consequences of that going forward. I think that sounds reasonable and so if I have one or two or however many I have, I can get evaluated.

I understand. Are there habitations now? And if there are, that's one conversation. If there are no habitations, then is it reasonable to just say, you know, well, periodically go look.

And as long as there are no quotations, I'm feeling well, my, my, I'm doing well and my neuro immune problem is fairly well controlled. I'm doing well.

We could just watch. Would that be an okay approach? What do you think. It would be? It will definitely, because the patient needs to be in control of making these decisions. They just need to be informed decisions.

And many times we find patients say, I've never heard this before or I just started doing all this research. I do want to make a quick distinction on what we look for on the column being being an abscess versus a cavitation.

So an abscess would be a lack of density, maybe around the end of a route where the infection inside of a root canal treated tooth would destroy the bone and cause what we would see as a little dark bubble that would be an abscess, a cavitation would form in an area where a tooth has been removed previously and perhaps wasn't cleaned out properly, or for some reason the bone didn't heal.

Some commonly this happens where wisdom teeth are removed because typically those teeth are not infected. When they're removed, surgeons get in there, do a good job of actually just taking the 2000 without going back in and cleaning out the socket and then the area.

It can happen with any tooth that's removed. If it's not cleaned properly, then the area begins. Body begins to heal everything on the outside but the inside of the bone there doesn't heal properties.

That would be what, but it's another. It's a very similar setup to a root canal treated to an abscess and that you have dead tissue and you have a lack of blood flow.

Detecting hidden infections with cone beam imaging

So it's the same kind of setup, but it's a different area we'll be looking at on both of those on a cone. B But you

need a come room to see specific evidence.

In the clue for that problem. Might that be symptoms or might I have like again, the I mean, inpatient but. My the majority of those the majority of the capitated lesions or cavitation which are not changing.

Are not painful. Yeah. There there is a subset of them that are and those are those typically manifest estrogen around. But the those that do not, those that do not often go completely undetected.

So we could have a CMS or a new immune patient who had their wisdom teeth out chewing fine, having no awareness that there's any mouth problems. And they may have tried general neuralgia.

Of course, I'm one of those folks and so or they may not have tried to all neuralgia so it might be worthwhile for them to go see a holistic dentist to say, you know what, I had wisdom teeth out, you know, take a look at my jaw, see if there's any mischief in there.

I don't have any root canals, but my wisdom teeth were moved. Is that what I'm hearing correctly? Yeah, positively. And whether, again, the vast majority of these do not present in a painful way at all.

Okay, rarely ever do we find even what we think of as infected tissue in there and in the way that we find on an abscess like pus. But we do find a concentration of very potent anaerobes in there that do produce very potent line of toxins, all of which now are being identified.

And they certainly pose a problem in terms of challenging a patient's systemic ills. Okay. Now I'm going to move into another area that I hope you guys can address.

If you have the mineralization because of aging or demoralization, because you're relying on a cavity, is there anything that I can do with vitamin K two or diet that could help me re mineralized my teeth or heal a cavity?

So I think we get this question a lot actually is as we're looking at the mineralization or if we identify a cavity in someone that feels like they're really just doing everything right from a diet standpoint and from a supplement standpoint, they still have these areas.

Then definitely there are materials now with toothpaste and rinses and tooth powders that have agents like substances like hydroxy appetite in them that can act to help re mineralized an area.

Remineralization, oil pulling, and home care

One conversation I have to have. Sometimes the patient will have a deeper cavity that's passed the enamel into the second layer of a tooth. That's like dentin.

It's a little harder to get the 2 to 3 mineralized at that point, but if we can catch it in that outer layer of two structure in the enamel, things like that can actually re mineralized and heal a cavity or an area that's becoming weak on a tooth.

Certainly a clean diet which low and complex carbohydrates is important, not just brushing the teeth, but flushing out bad bacteria from under the gum line with things like a water pick.

Things like that are also very important as far as homecare goes, but there are definitely agents that can be used to help with that revitalization. So can you repeat the again hydroxy what now hydroxy appetite?

It's hydroxy. And then Apatite. And you'll find that now in these read mineralized toothpaste. And again, just as Layne said, as long as you're in the enamel, you do have the potential of criminalizing the tooth.

Even the slab of my mouth is full of minerals and it can help bring them along because so much of this is, you know, heart healthy diet is a tooth healthy diet.

And if you just emphasize those things that we know are healthy for our system until they do well for our teeth. Now, what about oil pooling? This is another thing that I've heard people mention as a useful dental care strategy.

What are your thoughts on that? I think it's I think it's fine. I don't know that it does what people would say that it does. I think it's fine. You do certainly abstract some bacteria from the mouth because they have cell walls that tend to conglomerate with the oil that you're using.

When you spit, you, you get rid of those. The two problems are is one. No matter where you do it, someone always tends to come up to you want to visit with you while you're in the middle of the world or you clog your sink up, you need the hospital outside.

Or an interesting. Correct good adjunctive treatment. It's just not a substitute for anything else, correct? Yeah. And you know, I like that oil pulling and then rinsing my mouth with water.

It does feel super refreshing. I had to point out my son, he might spit down the sinks. No, no. You, you know, clog your clogged plumbing. Because for the listeners, what happens is the bacteria will then live in the pipes for your plumbing and will narrow.

And it suddenly you have a very expensive plumbing bill, very. And what about sources for vitamin K2? Do you have opinions about that? Not so much. We we typically we we supplement with K2.

And, you know, we think of course, we love to see our patients vitamin D levels up, especially when we're doing surgery in the bone. We want to see their day levels up and we want to see them using D and in combination with K2.

So but we typically supplement. Okay. Well, this has been amazing. This is really wonderful. I could talk to you guys all day long. Why don't we distill it down?

Next steps and finding a holistic dentist

What is the one thing that you would like to have people begin doing right now as it's their next step for more holistic dental care? Right. Well, the things that you can do at home immediately to reduce bacteria in your gum tissue, periodontal from speaking from a prairie, all disease perspective is to use a water pipe with the dilute solution of hydrogen peroxide.

We'll go to our website here in a minute. And there's a lot of information in our hygiene tab regarding that and types of toothpaste and things like that.

And then I think the other thing I would say is asking questions. When you go to the dentist, what's in my mouth, what you know, having a dentist that will answer your questions and look at things for you from a broader perspective and from a systemic health standpoint, is is is big.

It's huge. If you would say and. I think that and, you know, I think to Terry, if your listeners are looking for a holistic dentist, they can go to this website, a t dot org, a dot org.

It's International Academy of Oral Medicine Toxicology. They're almost 1500 dentists now around the world who have at least been exposed to holistic dentistry.

And many of those now are what are called smart certified. They're certified in that technique for removing mercury fillings safely. This would be a great place for people to launch.

Perfect. Perfect. And where is your website? So they could come check you guys out? Our website is Healthy Smiles for life dot com. No abbreviations, just healthy smiles for life dot com.

That is wonderful. Thank you so much. This has been terrific. Thank you.