Introduction to Dr. Felix Liao

So really excited to introduce Doctor Felix Liao today. He is a innovator, a thought leader and his true health care advocate. He's got three bestselling books.

And he is really connecting the entire body's health with the mouth. And he's taught me some amazing things over the last few months that made a huge impact on my patients as well.

Connecting the mouth and airway in dentistry into brain function. And that's what I'd really love to kind of focus on today, on the dentist, that the Felix is a leading airway, mouth doctor with, recognized expertise in impaired mouth syndrome, which is what we're going to talk about today.

I'm really excited for this one. And, he sees patients, in Falls Church, Virginia, and he spends the rest of time educating other dentists, doctors, and chiropractors how to collaborate for better health.

So the further ado, I'm gonna bring on Doctor Felix. We are so excited. Welcome. Welcome to the show. Appreciate you coming on. Totally. My pleasure. Thank you for having me. Awesome.

You know, this is one of my actually not one of mine. This is my least favorite topic to hit on when it comes to brain health. Which is airway health.

And it's because this is, there's not a whole lot of books, one about this other than the books that you've written. And, it is like the most commonly missed thing in all of medicine, I think.

But it has a huge implication. So let's talk about this for a second. Let's, let's start with a topic and multiple doctors on the summit have already talked about the importance of sleep.

And so the most people will have some sort of impairment in sleep for one reason or another, whether it's stress or too much screen time. But let's talk about how an obstructed, airway, contributes and, and how many people actually have that issue. Wow.

Airway Health and Brain Function

If we say that, the airway that is paid is a requirement for, you know, brain health and, refreshing sleep when we can talk about what refreshing means in a second.

But, I would say, judging from my perspective as a dentist looking at the oral contribution to airway obstruction, I would say 90% of the population have in America, it's different worldwide.

But in America, if you grow up in America, 90%, chances are 90% you'll end up with crowded teeth, which means narrow jaws. Means narrower airway. So this is a very prevalent problem.

Even people who think they're sleeping well, they are. If you were to run a pulse oximeter test or sleep apnea test on, you see that they're below par.

So it's interesting because we have these numbers, right? And these numbers show that the average person actually do do drop their oxygen, down to a certain percentage, at nighttime.

Yeah. You know, we say that this is within the standard deviation, which means that, the most people have them, but it's still still abnormal. Right now, standard deviation means you you're in the bell curve by 100% of your population is sick.

They're not. They're. We're still pathological. Yeah. So it was early. So if you grew up in America, then then you have this issue. What is it about growing up in America that that's that's different than than other places?

Very, very smart question. So the I've seen populations, generations, I should say, within the same family or. Grandpa, grandma came and then, you know, mother and dad and grandchildren.

So three successive generations in a household, it's not uncommon. And I've seen that the first generation immigrants always have the better airway compared to the one who migrated here and grew up here.

Okay. The first generation of the one who grew up in another country, okay. And the second generation is you come when you're young and you grow up here most of your life, okay?

And this is three generations. They don't even get exposure to the second, third, world culture. And they just eat the standard American diet growing up.

Okay, so those patients, the further down the, family tree line, the worse their, mouth occlusion, the worse their airway that I've seen in multiple families.

Of course, you need a formalized study to conclude that. But we can also draw from, partners cats as a lead animal study model. To see that, somebody else's and, you know, ADHD and autism, they're on the rise. Why?

Okay. And of course, inflammation is white and yellow. Why is that? We don't pay attention as a, culture in America. We worship technology or we worship, wow.

All the while some chemistry. But even the paper that, the, fast foods are rapping now, they are, you know, leakproof for oil and water. And that means that they have to come up with a synthetic, invention that does not break down in the environment.

Those are forever chemicals. And it's a lot of the the fast food stuff, like after you leave it for a week or month, it looks the same. Yeah. One night, when my mother French fry on the porch, the bugs won't touch it.

Yeah, yeah. That's concerning. And then that leads to a lot of inflammation in the upper airway. Yeah, a lot of the softer processed foods. So the kids don't developed, don't develop in, in the process to masticate or to chew.

And so there's, there's underdevelopment. You know what's interesting and this I think the last two years there's been more studies in the, in the association of upper airway restriction and brain function.

So, the most recent one is as of January of 2022, looking at, cerebral cerebellar function. Which completely mimics ADHD and, mild cognitive impairment, which is the stage that people get to before Alzheimer's and obstructive airways is.

Right. And then there's larger studies looking at exactly where those areas of brains are, affected. Mostly it's a lot in the prefrontal cortex and the insula, which is also similar patterns to like addiction patterns.

How Childhood Diet Shapes Jaw Growth

Bipolar anxiety, depression and whatnot. So I think there's this sort of like mental health bucket that's been separate on its own. There's, there's a dental bucket, a separate zone.

There's a brain health. Okay. That's separate zone. Right. And it drives me nuts. Because in reality, you know, one's causing the other. And we really have to put that together, right?

Right. I'm fond of telling my patients that inside that lobby, there are no departmental lines. Right. We have bureaucrats who like to think differently.

And we have, you know, lawyers who think differently and all of that. Yeah, right. Absolutely. So, you know, we talked about why it's pretty prevalent, in the United States for, for this to happen, really just the westernized societies.

But what about, like, what can people do about it now, or is there anything that, like I can do for my kids who are, you know, six and eight years old and another one is nine month old?

Is there something that I can do for myself because I have obstructive airway disease as well? Or is is all hope lost? No. Here's the great news. Okay?

Our ancestors got us here, right? Not because of technology, right? They got us here in the absence of technology, right. So there are certain basic natural steps that we can take simply by replicating our ancestors wisdom.

They figure, path literally from the high plains and the jungles to get us here. And, you know, for much of humanity, we don't even have toothbrush and dental floss.

There are in health insurance and big pharma, right. So we can make it if we we adopt their collective wisdom. And so one is breastfeeding okay. And breastfeeding in general is not a problem because that's fairly instinctual where the ball really gets dropped in a serious way.

Let's just take, you know, the growth and development of a kid from birth to, you know, 20 years old. Okay. The problem happens. The tongue gets dropped during weaning.

So weaning, is when, okay. You know, the baby doesn't get the sacred breast milk anymore, and now Murphy's Law gets to take hold, right? You give kids the wrong stuff, and they're immature intestines and they're immature immune system.

Now we act. And now this kid is sensitive or allergic to certain food for life. And so your immune system has a permanent memory so that food is permanently reacted against for the rest of the person's life.

So I highly recommend a book called, baby led weaning. So by six years old, eight years, six month or eight month old, I'm sorry. The newborn can sit up and start to grasp things and everything goes to the mouth.

Okay? Because this is what we're hardwired for, you know? All right. And so this is the time to introduce some foods that requires crunchy, carrots, sticks, celery, apple slices.

No, they won't choke that. If they can't swallow, these will just spit it out. I mean, babies are so good as beating things out that we have to trust their protective reflex, I wonder?

I mean, there's a very serious fear of choking, you know? So. Yeah. Yeah. And even myself with, with my, my younger one as well. Yeah. Yeah. Now if you watch him punch out with. Exactly.

You know, babies have a lot of reflexes built into them. And you watch how they climb and learn to climb the stairs, you know, the, the, the reflex ability to the feet.

We need to trust those reflexes that got us here. So I went to I went to, supermarket. I, got the baby food, right? Mango, lemon, apricot, baobab, you know, flavor.

And I turned the bottle around and I looked at the sugar content at 17g for a baby. I mean, that's like adults out of nine five cans of Coke. So, it's it's, it's it's sugar overload and it's processed food overload.

And so I would highly recommend, maybe we weaning as a book. It's written by a British National health, visiting at home, visiting nurse. And, I think they've come up to 20 year anniversary or something.

This is a really, well, written book and, lots of pearls in there for early toddlerhood and how to eat and what to eat.

Basically give the kids a chance to crunch our food so that you use the law, form and function to activate these muscles of mastication, to grow the jaws.

And so, so, so I get how, eating carrots and, activating those muscles and form and function can be helpful. Right? But can you can how do you how does what does sugar relate to to all this.

How does it how is that related to airway disease. Sugar is inflammation. Sugar translates into inflammation. And you certainly don't want to, seed this sugar addiction into the, new babies, life in this world.

Right? So the rest of this life, the kid is okay. And but they did a study in France where they gave lab rats options to pull the lever, and there's there's, water laced with cocaine and is water laced with, saccharin, aspartate.

Okay. I think they they prefer they prefer the artificial sugar. 10 to 1. Yeah. That's an under. Yeah, yeah. So, you know, a sugar, man made sugar is way more addictive than cocaine.

And now sugar comes in with many, many ugly cousins, and the consumer have no way of knowing. Oh, it tastes sweet. That's it. My brain lights up, my dopamine gets released, and I went and, let's let's rewind back to breastfeeding for a second.

Like, how does breastfeeding and sucking how does that improve the the airway of a child? Oh great question. Okay. So, Stanford Sleep Center is the world's most prestigious, study of, pediatric obstructive sleep apnea.

Breastfeeding, Weaning, and Early Airway Development

Concluded, pediatric obstructive sleep apnea in non-obese children is a failure of oral facial growth. That's it. The verdict is in. Okay, so when you're just not grow, you get sleep.

Actually, I don't yeah. You think about but let's think about the generic mouth okay. Yeah a newborn has what two gum pads, a pair of lips, a tongue and cheeks and a throat.

That's it. That's a generic mouth. Okay. No teeth required. We grow, actually, from that generic mouth. Okay, so when your jaws fail to grow by certain age, your teeth are all come in and they are programed to come in by a certain time.

So you ended up with crowding. So crowding is, not leading indicator, but a, a, a very common yardstick that the jaws fail to develop. And why, why does breastfeeding help the jaw growth?

Because the baby actually traps the nipple against the palate, using the tongue to milk it against the rule of the palate, that is, the ridges in the front part of, you know, okay, so this action actually requires a fair amount of energy from the baby, and maybe he's got a tongue tie, it gets tired and it falls out the breast, and you know, ten minutes later, it's crying again, so nobody gets any rest. So the the palate gets stimulated by the tongue through breastfeeding.

Okay. And the palate is associated with the upper jaw while the tongue is attached to the lower jaw. Right. So you need a tongue that is not tied down so they can reach the roof of the mouth rather than anchored to the floor of the mouth.

Okay, so you need to have the, palate widened sufficiently, and nature gives this breastfeeding as the stimulus for the maxilla to grow. We said that the maxilla should be like a shoe and lower should be like a foot.

Okay, so which one needs to be bigger to maxilla? It needs to be bigger. Okay. Remove my six year old patient is, Okay. Get that. All right. So if it the maxilla does not grow enough, then there are consequences because your mandible cannot fit into the maxilla, and because the tongue is attached to the lower jaw.

So think about this. You're going to buy a pair of clogs, and the salesman bring out, a shoe size that is four sizes

too small for your foot. Now, your foot cannot go all the way into the toe box.

Now, your heels left hanging out. Okay, so in the case of maximal mandible, the tongue is stuck in the throat now, okay. That's how you get airway obstruction.

So now so that's not big enough. So let's talk about the consequences because I see this in adults a lot. You know adults I see a lot of people with like anxiety and depression and dementia.

I mean, they see and you know, when they used to get the tongue, I see very common features. And if you're at home or listening to this, check it out in the mirror.

And one of the most common features of scalp tongue is like, the, the intention of the teeth, almost. That looks like it's making invention into the tongue.

And that's one of the, the, one of the telltale signs that that there's, obstructive, airway disease. Yeah. And then some people, even adults still have a tongue tied in.

They never knew about it, their personal life. Right? Right. Right. Right. Right. Yes. So, so a lot of time, trying to get to the tongue, to the roof of the mouth.

Yeah. They cannot or do. Right. Yeah. So, there's a study showing that, tooth prints on the side of the tongue. Reflex, is 70% specific for, sleep apnea.

Okay. So chances are good that you will have less sleep and poorer quality sleep when you see two friends on the side of the town. Now, two friends on their side of town is not 100% reliable because there could be hypothyroidism involved in which, you know, your tongue could be a little swallow or a lot smaller, depending on how poorly controlled it is.

And so in in the developing brain, in kids. So we know it's important for breastfeeding to be there. But but 1 in 10 women aren't able to produce breast milk.

Right. What about those situations. What was the best scenario for for the children in those situations? I think there is a kind of, nipple that tries to mimic the, mothers, the natural Nepal.

It's called and UK nook, and you model or is the research for that? And, help the baby to use, the, breastfeeding muscles pattern to, develop their jaws.

The, the the usual rubber nipples. If you were to turn the bottle upside down without actually leaked through. So essentially, the baby is drowning in the milk.

And it's trying to just, you know, follow as fast as they could. Yeah. In the face of that. Yeah. Okay. Yeah. Those are those are great things to to know about.

You know, I know a lot of, a lot of mothers watching this and feel almost a sense of shame or frustration about. Sure, sure, sure. Just a lot of the mothers know it's totally okay.

It's it's really common. It's it's let's go ahead and and if I may, my new book, coming out, this layer week or next week, it's called Your child's best face.

We include a passage on, maternal preparation. So if you could, plan this out, it's best to allow at least one year to make sure that the maternal environment is, friendly to the new life and also friendly to the mother.

So if the mother has narrowed jaws ourselves, it's got TMJ, teeth grinding, sleep issues. By all means, get that address so that you will have less back pain during pregnancy.

You will have less, thyroid. You will have less of high blood pressure and postpartum depression.

Adolescence, ADHD, and Oral Airway Clues

All of those complications, because there's a way to optimize the maternal airway and sleep and not pretty much will take care of everything. Yeah. So let's let's tie, adolescence and then we'll finish with adults.

Parents. Yeah. Talked about so so thus far we kind of talked about a developing brain of babies and wide airways. So important because it can lead to a lot of behavioral maladies, ADHD in, in children.

So let's kind of dive into, adolescence. Because in adolescence, and especially over the last 15 years, we're starting to see Vyvanse and Ritalin and methamphetamine salts very commonly prescribed.

It's, it's it's super common. Right. And so, and so one of the things that always kind of bug me is that, well, we really have to kind of address the root cause is going on and a lot of, a lot of my patients, and I see mainly adults.

So that's really their children, you know, they do well for them. They make sure they have a clean diet and they make sure that their exercising some of these, that some of these students are athletes, but they still have sort of that, that ADHD, you know, type of brain and physiology.

And then they come into the office and I'm like, well, do you have any like grinding your teeth? I see the tongue scalping. And then I probably three fourths of them have have a tongue tied I don't even know about. Right.

Because it wasn't necessarily affecting their speech or suckling that much on the younger. But it's still there. Yeah. Can you tie in that adolescent population and what you see in the oral airway in dentistry? Absolutely.

So it's only the very severe cases that could not breastfeed at birth. All right. What happened to those shades of gray. Right. So in person 30%, 50%.

What percent. Do you really feel the difference? Well, we know in the brain it would not tolerate more than 4% drop in oxygen saturation. Okay. But, you know, when it comes to breathing, you know, at what point do people get anxious?

You probably could create a study to make that happen. I would say that if you start getting ten, 15% drop, people are just get anxious. It doesn't take very much.

There's a study done, in, University of Malaysia dental School where they found that sleep apnea patients jaws, narrowed or compared to non sleep apnea patients by only 10 to 11%.

All right. 10 to 11 okay. Yeah that's a huge difference. Yeah. Oh no not much okay. So the shades of gray where what percent between 10 and 100. Do you feel the effect okay. Yes.

Or is fairly low now. So these people that are not diagnosed, you know, you can either try to mask the symptoms with drugs or you could try to go after the root cause.

And we're just connecting the dots now. And it's so great that us a medical doctor, notices all this oral facial dental connections. It's such a rare thing.

I want to have your audience understand this is really an exceptional M. D. you have hosting this program now. Seriously, I work with a lot of patients, a lot of, doctors.

And this is really by far the exception that, doctor comes already, so. Well informed and and and insightful. Now to the, mental aspect, of either school performance or socialization, you know, getting along with peers socially, all of that.

Your brain requires oxygen to function, right? I mean, this is so talk about brain dead or, you know, partial brain dead or brain fog. These are all varying degrees of oxygen deprivation.

And rule number one is you give to patients enough airway in ICU. He give them a bed to sleep in. And you know they will recover on their own. Right. So we can now do this at home and your own home in your own kitchen.

Right. So instead of I we will give you sound nutrition, which is I know you're into and, and the, the dentists that are trained as what I call airway mouth doctors, we can regrow the jaws in order to make sure that the upper jaw is widening.

Not so most people don't understand is the upper jaw bone runs from the corner of the eyes to the corner of the mouth and ear to ear. So this is the middle third of your face.

Okay, in this Facebook era, this bone actually is the most important ball in your face, not only for socializing, for your career, for your love life, but also for your nasal, respiratory function.

Okay, that means you're breathing, you're sleeping, and you're learning. Therefore. So kids with weak chins, they are always picked on in school. All right.

Kids who can't breathe, they'll wet their beds. And this is, in 10% of the kids. Okay? And it's very embarrassing to both the kid and the mothers and so on.

We also three and adults too, so. Oh, yeah. Yeah, yeah, all the adult diaper commercials on me. Kind of like, the urinary incontinence, is one of the reasons I look in patient's mouth, especially in the elderly, towards dementia.

And I think, you know, I just have a weak bladder, like. No, there's. They're moving airways, right? Yeah. Yeah. So the weak bladder, or weak anything.

Right. When you're leakage is because your cells that is controlling the valve, that shut door, is weak because it doesn't have enough energy. And how the body makes energy is through two things we all know about eating and drinking.

And the calories are food. Okay. But the more important one is the air. Our sleep, and where we make our energy from oxygen. And that requires that you don't have a obstructive airway.

And that, by the way, includes your immune system. So you can't sleep well because of a choke there. What you're going to have now is your immune system.

Right. So and one of the things I kind of want to validate and kind of tie together is that, we, we tend to see a lot of like medical mysteries. And in our practice and most of the time it's kind of rooted in airway issues.

So whether some people have like brain toxicities, Lyme disease, heavy metals, etc., etc., etc., the ability for our body's immune system to deal with that ability of the body systems to sequester, like more toxins and stuff like that, is dependent on the actual airway.

Nitric Oxide, Nasal Breathing, and Systemic Health

And so, a lot of people, especially reading different forums and different books and, and, and testing positive for noticeably every virus and the Epstein-Barr virus, HSV, yada, yada, yada, they're not individual things, and they may be actually rooted, the root cause may actually be impaired airway issues and low oxygen states.

That's not allowing people to, sequester these toxins or deal with these infections in a very robust way. And therefore, you know, that's why a lot of people, they can they can, you know, eat clean to the cows, come home and and live a clean life until they deal with the airway issues.

A lot of this stuff can't be resolved. And we see a lot of that in a population with chronic gut disorders and, and Sibo, small bacteria overgrowth, which you also need oxygen to suppress bacteria overgrowth in the small billions of.

Oh brilliant. Yes, yes. If it's so, a lot of issues. Chronic gut issues is the result of poor oxygenation, or low oxygen supply. Okay. That allows the bad bacteria to become dominant over the good bacteria.

So that point is really good. And I knew about that. But what I recently found out, I want to get your opinion on this is that, most of our body's mechanisms to restore function for regeneration, battling diseases, most of it is nitric oxide dependent.

And nitric oxide is a substance that we produce, and we produce it from different things that are produced in bacteria as well. But the mechanism to produce it requires air to go into the nasal passageways, into the sinuses.

And then I'm not sure. Garside allows energy to be made to the brain, to the gut, to the bladder, to everywhere. Right? Yeah. And so when you have a lot of nitric oxide, that's basically all disease states and disorders.

We know that the lack of nitric oxide is the more risk factor for Covid 19, is the more risk factor for heart disease. And strokes and dementia, multiple sclerosis, ADHD.

We know the lack of nitric oxide is responsible for most of the chronic diseases that are developed, and that we are seeing that there's no, you know, quote unquote solution for.

And so, so without, you know, optimizing the nitric oxide mechanism, it's really hard to do. And one of the things I did not know until recently was in order for you to get air into the sinuses, one, you can't have too much mucus in the inflammation.

That's why, you know, getting rid of sugar is pretty important. And two, I do not know that your tongue fully has to includes your to your palate to allow the air to come in.

So it's kind of described that mechanism. Okay. So nitric oxide simply put is a artery relaxant. So think about your parts of the body that's starving for oxygen.

This is the one that brings those goodies by relaxing about blood vessels okay. So the more clamped up you are, the less goodies you get to replenish.

Okay, so it turns out that how to relax the blood vessels is built into our body already through the nitric oxide effect on blood vessels. So when you breathe through your nose, the air, rushing into the sinuses, basically releases the nitric oxide, and that becomes a relaxing to help ease breathing.

All right, so do this. It's very simple. Take a breath in. Okay. Through your nose right now. Lips together. Everybody just inhale through your nose. Not a big yoga breath as a normal breath.

Okay. Now take your index finger. Put it just above the ring of your nose right there and spread it to the side about towards your ears. Yeah. Now inhale.

Okay. Same kind of normal inhale. You can feel that you get a whole lot more air going in. Okay. So it turns out that the floor, nose and the roof of the mouth is the same bulb.

So when the town goes up there, it activates the, the, cranial sacral rhythm and relaxes all the cranial sutures so that the skull bones there look like different plates of bones that form an eagle.

They actually breathe like the ribcage breathers. Okay. And the tongue that goes in up to the womb for the mouth that allows this to happen. And that's why kids stuck there, thumb sucking their thumb is this form of cell therapy.

It's not something that the adult is. They don't do that. All right. I see I hope I answer your question. Yeah, I know that that makes complete sense.

But it's it's a mechanical function. And the more you do that mechanical function, the more you, you know, practice, it expansion. Right. So the other thing that I, that I noticed is that a lot of people with this sort of impaired mechanism, whether they have a tongue tie or whether they just have a, you know, high palate and stuff like that, tend to have neck pain and that ones that have neck pain, they have, shoulder and hip issues and their, their cervical spine or c span the next one as it goes forward.

So they kind of complained of all over the last few years, my little hump in the back of my neck is, is is getting bigger, as well. Yeah. You kind of is that what you see as well?

Yeah. So I came up with a term called impaired mouse syndrome in 2017 because I notice all these things that you're observing. So, like, mine goes down the same lane.

Wonderful. So a syndrome is a collection of associated symptoms connected to a condition. In this case, the condition is a structurally underdeveloped.

Now what we call a six foot tiger electrical cage oversize tongue undersized jaws okay. So the syndrome that, includes what you just described, it's not only the mental aspect, it's not only the fatigue aspect, it's also the pain aspect.

All right? Pain that's related from a mouth that didn't develop fully. On the one hand, you don't have enough oxygen. You're going to have more pain. On the other, when your head and your jaws are not fully developed, the head and the neck will pay a price.

Okay, so actually there are more relay messages relayed to the brain from the jaws than any other part of a body except the eyes. Really? Yeah. The secondary neurons. Yeah.

So people don't don't, you know, it's very easy for people to forget that the teeth are part of the head. Okay? And the mouth is part of the skull. Okay.

And there's a reason why your mouth is located right above your neck. Okay? It's actually we all as newborns, we all grow from here.

Posture, Pain, and Impaired Mouth Syndrome

Repeated cycles of feeding and sleeping, feeding and sleeping, both of which are mouth mediated. Okay, now to your point. When we remember, we talked about earlier that when the upper jaw is too narrow and lower, can't quite fit in and has to do this.

This is called Vitruvian intrusion, the opposite of protrusion. Okay, well, you don't have enough protrusion. Your tongue is stuck in your throat. And when that happens, you had to do this in order to compensate.

How do we do CPR? Right? You hyperextended neck. You thrust the jaw forward, and that's how you opened up the airway. They said, you do that before you do mouth to mouth and blow air into somebody's windpipe, right, right, right.

The body adopts that posture in order to do that. Now, as soon as you adopt that posture, your head is not on top of your neck column now. And so now your neck and shoulder is having pain because it's not sustainable.

Yeah. Yeah. So that's neck pain. Shoulder pain, knee pain arthritis. Some elderly struggle. Yeah. Yeah. Well in 2016, I did a talk for the fibromyalgia association, here in Texas.

And, my talk and I at the time, I was not as smart as I am now. And at the time, I noticed. Yeah, I noticed that,

almost every patient that came to the office with far more allergies had a very specific look of the sort of temperature of the lower jaw protrusion back, you know, the Russian mafia and then the neck forward and then the tender points.

And I know my mom's acupuncture, I know from acupuncture are these specific anchor points of fascia. That's like trying to like, pull that back. Right. Exactly.

And and you know, at the time I didn't really make the make it and, put the two together. But now, you know, whenever I see someone like that coming in, you know, more like, let's, let's look at the airway and lo and behold, at the minute that we concentrate on the airway, you know, the fibromyalgia, the chronic pain, they start going away.

And it's fascinating to watch the transformation. I'll take them and they take a year or two. But it's fascinating to watch the transformation of these people who are on like, chronic narcotics, chronic, pain medicines and even immunosuppressants and some of them.

And then they get off and once, two years later, it's very interesting to watch the minute we start focusing on like the the airway. Yeah. And then the, but the last thing I want to tie in together in the same population, one thing I notice is that the, a lot of them have, gum line, like recession, receding gum.

How how is that related to, to all this very good observation. So you're picking up all the fine points of the paramount syndrome. Congratulations. Yeah.

So high compliment. So. So here's what happens when you have, airway obstruction. Your body's going to have to do something, especially during sleep. So, when we did residency, you know, we all know what a call blue and crash car is, right?

Somebody is turning blue. Bring out the crash card. Right. Do CPR and, do the, paddles. Right. So you shock a patient back to life. Well, why does the patient degenerate into that state?

It's because they have airway obstruction, and they don't. They ran out of oxygen. One of the cards that, body plays because the body craves sleep, is that it would grind teeth.

All right, so this is how I got into this, this, field is teeth. Really never made sense. To me as an engineer coming out of college, why would the body destroy the hardest tissue that class.

Right? Right. I mean, all my teeth have survival value. And so, you know, why would you grind your teeth? Well, it nagged at me, and I took all kinds of courses everywhere.

Long story short, a career quest boils down to this. Teeth grinding is one frame in a movie. The movie is not called dentistry. Then what we call airway obstruction. Doing.

So here's what happens. Yeah, yeah. You're sleeping. Your whole body relaxes and your tongue falls into your throat and plugs your throat. Now your body had to do something because the rest of your body said, hey, where's our oxygen?

Said it sent oxygen as well. Jeez, what can I do? Is, we can do this grind. So you're going to. You always bring your lower jaw forward so that your front teeth touch.

Okay. Jaw to the side. This opens up the airway because it gets a tongue out of the throat. So when you're going to your teeth, you rock the teeth in that socket.

Right. And that's what causes that recession. That's how people get long in the teeth. Gotcha. And so I've made it a point now that anybody that comes in with like brain health issues, brain fog, memory issues, and psychiatric issues and we we can't we always ask about teeth grinding, whether the dentist noticed anything.

Gum line recession. It's so common for them to say yes. And if they don't say yes, they just haven't been to the dentist recently. Yeah, yeah. And a lot of people are like, well, I thought it's just me being nervous was just just my nerves.

You know, it's actually a compensation mechanism by by your brain. Right? This is so great what you're observing, what you're picking up and the data you're connecting for your patients.

The, the syndrome, means that medical patients could have dental problems. Yes. Dental patient could have medical problems. You're one of the few doctors who actually connect all of them together.

Okay, so again, high compliments. So are you. Yeah, well, that's my job to just preach this and spread the word on this.

Books, Takeaways, and Closing Thoughts

But you're doing it. You're right. Now. Thank you for that. Yeah. And so, we're going to close off. But I'm going to ask you sort of this, this one question.

And, and just take your time with the answer, everyone. Yeah. So what what do you know now that you wish you knew when you first started your medical training?

I wish I knew what I know now when at the start of my career, I could have, you know, save what could have helped more patients. But it's never too late.

It's better to discover the earth around and still stay in the world. That's still flat. Okay, so, Yeah, I would simply say that, we could save a lot more teeth, brain, hearts, breast, prostate.

If we all know this. And so, the more cross-pollination across referrals, we, doctors do learn from each other, the better off will will be. All the patients will be as well.

Yeah. Oh, absolutely. Yeah. And, now people are going to want to know more about you. So you've written a few books, you've got a couple that's, that's coming up.

So by the time this is released probably be out already. Okay. What are the names of those books and how do they find it? Okay. So, it will be uploaded into Kindle.

I'm going to roll this out first as a e-book only because things are always evolving. I have cases where patients, you know, progress until coming in.

Okay. So, the first one is called your child's best face. This is actually within every parent's power to nurture top pal and natural glow. Of course, you're not going to inject, you know, your baby's lips, right?

You wanted to grow to its fullest. Best version possible. That's within the genes that the child inherits from the parent. It's actually now that's possible from birth to teens.

All right. And the second book is called We Launch Your Vitality. This is for parents who are tired, who have aches and pains. How to, find the hidden key to start getting, out of the prison of suffering chronic pain and fatigue.

Yeah. So it's called relaunch your vitality. For those parents who are on the side of 29, there's no way back. Yeah. I mean, yeah, well, thank you for, thank you for being on.

It's been such an interesting discussion, as always. I just want to challenge the people listening at home to think a little bit outside the box. And chances are, your doctor may not know what we just talked about, but there's clear evidence out there.

And that's the whole point of summits such as these. So that's well, thank you for coming on. Appreciate thank you for having me. And high compliments again.

Thank you so much. All right.