Introduction to Oral-Systemic Connections

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It's not the most dangerous. It's actually the early stage for an inflammatory process is acting on the arterial wall, much like acne, worse on the skin.

So those of us who have had the experience of acne at one stage in our life or others know that it's an inflammatory condition. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you.

Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease. In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors.

If you are seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place. Get ready to unlock the secrets of lifelong health and vitality.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Welcome to the inaugural podcast, Oral Systemic Connections, where I am going to introduce you to incredible people in health care doing incredible things.

I'm Doctor Tom Larkin. If you're a non dental person, you will enjoy this if you're a layperson. I promise you you're going to learn something. One of my strengths when I was a professor at the university was, speaking in common language that students understood.

I never speak over people. And when you're in health care, there's a tendency to use terms and, you know, fancy terms, and you can speak over people. I'm going to take a very complicated subject today.

And with my help, my friend, Doctor Craig Bax, we are going to unpack this in a way that's understandable. So, without further ado, I am going to introduce you to my friend, Doctor Craig Bax, who's coming to us from Springfield, Illinois.

Is that right? Craig? That's correct. Okay, so, the first thing I want you to do is I want to go back to your pivot. Okay? You made a pivot about 12 years ago.

Attending the bail donation. Preceptorship and I. And I want, you know, tell me about. You know, you don't have to go to the back story before that.

Craig Bax's Practice Pivot

But coming out of that preceptorship, you changed your practice of medicine and your outlook on what did you want to do? Talk to me about that process.

Well, Mark Twain says or said that is like what we don't know. That gets us into trouble. It's the things that we know that just. So and when I first, was introduced to the concept of, building a method and there my offer of money back guarantee, if their patient ever gets a heart attack or stroke.

I was skeptical, but also curious. And I was prepared to be disappointed to think that maybe it was, that all those cracked up to be. But, after breaking from a fire hose for 17 hours of, information, including exposure to the dental world, which I had minimal, if any, exposure as a doctor.

I walked away thinking to myself, there's no way that I can go back to doing what I've been doing previously. I went there in part for myself, which I think is a very common experience for many medical and dental professionals seeking solutions to our own identified health risk and or actually health problems.

And found out that I had documented arterial disease and was seeking, you know, what more can I do? Turns out there's a lot. So I, I, actually, when leaving the meeting the following morning, my wife drive and I sat in the back seat, and I just put together, like a spreadsheet, a flow diagram of how this would actually be incorporated into my medical practice.

Some Monday morning, I knew I was going to get there that Monday morning, but nevertheless. And so for the last, you know, it turns out that there's there's just.

First of all, I was, shocked to learn that, you know, the inevitable progression of arterial disease or heart attack and stroke and end up with a stent or surgery to rescue you, is a model that serves the healthcare system well, but it's not a necessary medical model.

And it is, clearly. Yep. And that's been largely kept from patients, to know that they have a reversible, progressive condition and that early proactive intervention is helpful.

So, you know, meeting up with, you know, dental professionals, I, you know, started out trying to implement it, the way I was taught and then realized that it wasn't very scalable, wasn't very affordable for most people, including myself.

And so my goal was to create a process that achieve the same results, but far more accessible for everybody, that was willing to make a reasonable investment, in time and, money and to deliver it in a way that is user friendly, including, telemedicine platform looking at that, even, I would say back six, seven years ago before Covid and then Covid just, you know, accelerate that the need for it dramatically.

And so I think we're partially there now. But all of your, Mr.. Or your viewers, decide for themselves. Yeah. So so my story is almost identical. I went to the Preceptorship the same year as a dentist.

I had identifiable disease. I went because of me. Right. And I came out of there, and I made a pivot. At the time, I was teaching at the university, and I said, you know, I have a little background in prevention and I can participate in this conversation.

And this thing has been a progression for me personally. Now I have a live event which you're a faculty member in, and things kind of blown up. And now the conversations like front and center, you know, we have we have a political movement now that says, we need to be prevention is going to take on a new light, okay.

And I think you and I, we've had that conversation online that okay, we need to get organized with this. And that's part of my motivation for having this podcast, because I just know too many people doing really cool things.

And, I want to bring, bring all this stuff together. So, you have a new book and, I was honored enough to write the foreword and, and also a chapter in on dentistry and, this is my style.

Okay. You took something very complicated, and you've made this in understandable language and in a understandable format. So it's cure. It's going to be on Amazon and Kindle here in the next couple, three weeks.

I've sent this to some friends and everybody is just kind of raving about it. So congratulations on that. So what I want to do today here is, I want to I want to kind of walk through this book and I want to walk through it kind of as a layperson, meaning, I just think there's so many misunderstandings and I mean basic misunderstandings that I

want to touch on.

Okay. So the first thing I want to do is I want to I want to start here with some basic anatomy. Okay. So this is an artery okay. And what I want people to know the take home thing.

And this will lead up to some of your ultrasound testing later. There's three layers. There's an inside layer the endothelial layer the intimate layer.

There is a middle layer called the media. And then there's an outer layer. The one thing I want people to understand clearly is that this is the concept of, they have a concept of artery sclerosis, of a pipe being clogged up.

And that's not it's like a pipe in your, in your bathroom and that's not it. Right. So the disease process that we're, that we're talking about is in the wall of the artery.

Arterial Disease and Plaque Progression

That's a massively important concept that just no one seems to understand. Okay. So so I'm going to have you kind of walk through this diagram and talk about this process.

So this is the progression from notices to an actual event. And talk to me about what's happening in the wall of the artery. Sure. Well, this this actually brings everything together.

The, the visualization, imaging and the laboratory testing that corresponds to each stage of this condition. And I use a couple of analogies that I think are fairly familiar for most people.

One is, that really atherosclerosis, the term hardening or sclerosis, meaning calcification or hardening is actually the the latest healed stage of the disease.

It's not the most dangerous. It's actually the early stage for an inflammatory process is acting on the arterial wall, much like acne, worse on the skin.

So those of us who have had the experience of acne at one stage in our life or others know that it's an inflammatory condition of the skin. You get pimples popping up and think of the plaque as simply a pebble in the wall of your artery.

And that's where all the action really is, and that's where all of our focus should be, instead of on the lumen, doctor, to name, you know, talk about standard, arterial, you know, vascular disease practice room analogy, focusing on the lumen, whereas what we're focusing on is arterial ology focus on the wall.

Yeah. And so it helps to understand how it is that one can have, you know, for many years, in many cases a condition that's going on silently and progressing silently, and then suddenly you're feeling fine.

And then five minutes later, you're in the back of an ambulance on your way to the hospital, if you're lucky to have survived. And if you're lucky enough to get to a tertiary center and have a stent put in the 30 minute or 90 minutes or less, that's considered standard of care.

But in fact, there are many opportunities to mitigate and reverse this process long before it gets to that point. But you have to look first so you know, as the, I think the very end stage, what you see is that red blood clot in the lower the artery that didn't get there just by accident.

It happened just like any other blood clot or scab, if you will, develops that in response to a wound or an injury to the wall of the artery that's precipitated by by inflammation.

And the stage for that event is typically set years, maybe even decades before it actually occurs. And the big reason why you and I are talking is one of the most profound and common stimuli for that inflammatory process.

Are inflammatory conditions in the mouth right. Gingivitis occurs on disease infected teeth or ended up disease. I may get the the medical dental terminology wrong.

In some you reserve the right to correct me if I if I muddled them up. But the the key thing is to understand this is detectable. Is reversible and you can get long term remission.

So that's why I use the word curable. What if your role as a dental professional could go far beyond teeth? What if you weren't just treating mouths but saving lives?

Preventive dental care is evolving rapidly. The oral microbiome, salivary diagnostics, laser biofilm therapy. They aren't just tools. They are the future of health care.

They're turning hygienist and Dennis into leaders in disease prevention, in whole body wellness. The question is, will you lead this change or be left behind?

This is your moment. My name is doctor Tom Larkin, and as a founder of proactive Oral wellness, my mission is simple to equip you with the tools and processes to transform your practice and your patients lives.

That's why I'm inviting you to join me and some of the nation's leading experts in Lexington, Kentucky on April 26th for the future of Dental Hygiene five.

The blueprint we will unpack the framework of the Wellness Center practice new patient onboarding from a variety of really unique practitioners, specific preventive protocols, medical, dental, collaborative communication platforms, AI and prevention, and the revolutionary products that are bringing so much hope to this movement.

And my podcast listeners, get an exclusive offer by entering promo code p o w that stands for proactive Oral wellness. Every event that I've held so far has sold out over a month in advance, so reserve your spot early at Oral Systemic mastery.com.

Hope to see you there. Yeah, so we talk about the the importance of the lining okay. The endothelial. And so the conversation is inflammation. Let me let me put this up really quick.

So this is the bailed owning tree. This is a root causes of inflammation. So the theory that that doctor, Doctor Downing came up with was that if you can extinguish these root causes, that is what gives you the protective guarantee.

If you know, and like I said, the concept that you as a practitioner, Doctor Bell has a almost 100% track record, no one's had a heart attack or stroke.

That's why I just need people to to know about this method and know about practitioners who are using this method. So in the red here I have the three contributors.

And this is why I locked on to this immediately when I saw this and I said, oh, I see Doctor Bell can't practice without a dentist. He needs an evaluation of periodontal disease ended on a disease and obstructive sleep apnea.

I was like, okay, that's the integration of medicine and dentistry that we've been waiting for. There's never been a mandatory integration. Okay? People have talked about this for a long time.

This is mandatory. He can't complete his workout. You can't complete your workout. You need input from a dentist. And that's why I'm just so on fire about this is because, people need to understand it.

So that's those are the root causes. Extinguish the root causes. And this doesn't happen overnight. It's a methodical you take labs pretty frequently, sometimes quarterly.

And and and you monitor this progression and people are treat treated with some pharmaceuticals and some

nutrients. Right. So you know it's not complicated.

It's very, very it's a very, very straightforward progress process. So one of the things that I underlined was the concept that you use the term arterial injury.

And I really like that okay. Because I hadn't heard that word before. And you're, you're quite a wordsmith. I mean, you, you, you use terminology that that makes sense.

So I think about I sprained my ankle. I blew out my knee, I hurt my back. I've got an injury that can heal. What injury does to me is it gives that capability, the capacity for healing.

And I don't. And I wouldn't normally look I don't think we look upon an artery as having a capacity for healing. We look upon this as a process hardening of the arteries, you know, just manage decline.

As you get older, you just some of us decline quicker than others, right. So you're using the words reversible proactive intervention. And I'm like, man, you know this, this is what I want this audience to understand, okay?

Because our health care system is broken. I'm not going to get off on a rant. I know, I know you and I can do that all day. And, and this meeting that we went to, you and I went to a meeting, in December, a for him, 7000 health care professionals.

Takeaway the general public is fed up and they are taking their own health care. Thankfully, into their own hands proactively. And they're looking for proactive measures.

So what I want to make sure that on the education side, that they're getting the best information, okay. And what you're doing needs to be broadcast. Because number one, you have a ten year track record.

It works. I'm a patient. I'm counting on you. So, so let's kind of go on and, and I'll ask a few more questions here on my deal. Talk to me about the word, cardio metabolic disease.

That's an interesting word to me. Well, thanks. The if you break it down for cardio is that's the kind of the late stage manifestation that this metabolic condition ultimately causes most of the morbidity and mortality on the cardiovascular system.

So heart attack and by extension, the vascular system, you know, stroke, peripheral vascular disease, chronic kidney disease. But it really starts with a metabolic imbalance.

And I think increasingly most of us are becoming more aware of the term insulin resistance.

Root Causes: Inflammation, Dentistry, and Prevention

Right. The I call it pre pre diabetes. And our health care system has sort of stared at blood glucose as the be all and end all. But it's really hyper insulin media in response to insulin resistance.

So it's like a car somebody driving their car with the left you know left foot on the brake on the right foot. So we're gonna try to keep the speed at the same level.

It causes a lot of wear and tear and inflammation, fire, if you will, on that vehicle. So translate that into your body. You have if you have a imbalance based on insulin resistance, you ingestion of glucose leads to hyperinsulinemia.

That's a chronic inflammatory state that drives much of the inflammation throughout the body, but ultimately manifests most horribly, I guess I'd say, with heart attack and stroke, you know, death and disability.

Right? So the you can't really attack arterial disease without also addressing this metabolic imbalance. And the driver of insulin resistance and the resulting inflammation, which is a whole hour long conversation.

Right. So, so the I think the so I it's a but by the time somebody who has type two diabetes is defined by an elevated blood glucose above a certain level or a hemoglobin A1, C above a certain level, they've had prediabetes for a certain amount of time, but even before that they had pre pre-diabetes insulin resistance.

And that state is associated with just as much inflammation, maybe even more than the later stages of the condition. So ultimately all roads lead to arterial disease.

And that's how people suffer and die from this chronic, progressive but reversible right medical condition. So let's talk about, the measures of, arterial disease.

Okay. So this is the, in body measurement because you were talking about, you know, visceral fat and everything that the stuff that I struggle with. And, we all do this is.

But this is part of your, you know, part of the measure. So. So talk to me about this. Well, this is the the most, cost effective member of my health care coaching staff.

It's a bit pricey to purchase, but the the impetus, the awareness, the motivation and the progress monitoring the provides is indispensable. We also call it the judge.

Because it does unfortunately, reveal some things that can hurt our feelings. But ultimately, one of the principles that is underlies all of our progress and success.

And by the way, I think worth mentioning that after ten years, I should be offer your money back guarantee and charging more because I haven't had a patient suffer a stroke or heart attack during that period of time.

But the point is that one of the concepts, whether it's our our health or our finances or our athletic performance, if you measure it, it will improve.

If you do not measure it, it will not improve. And so serial measurement of more than just weight because we're made up of muscle, bone, water and fat.

And unfortunately the scale fails to detect I call it adiposity or fat. I'm sorry I didn't use the f word, that in the conversation with Ben. So we will try not to offend people, but it's necessary sometimes.

The point is that if you have that detail and you can follow it periodically, then you can identify the opportunities for improvement. And I use a coaching analogy.

You know, the coach tells you what's wrong with you, what you know, where you're lacking, how to improve, and then holds accountable for that improvement, by measuring the outcomes again.

So without with, with these very, innovative. Well, with this, this technology has been around for a while. As much the alternative way of measuring body composition is Dexa scans, CT, MRI.

But this uses called bio Olympians. Measurement runs the electrical current through your body, develops the electrical picture of your body and tells you what you're made of.

And it's very, you know, it's very revealing and motivating and in my mind, indispensable. No. That's awesome. So that's one of the measures. Okay. So let's talk about, another one.

So this is you at one of my events. You know, this is your phone. This is a butterfly probe you have, over the course of the last three years, perfected this technique with your platform.

You know, one of the things that, I respect so much about you is that you really do have a consciousness of access to care, okay? Because this methodology for the most part, is a concierge model.

There are a lot of people practicing this method in a concierge model. And that's great. You know, that's not judgmental at all that it is. But if we really want to move the needle in health care, we need to have, you know, economical, concise, whatever.

Right. And boy, you've you've worked over time. I've watched you. Right. So this is this is the butterfly probe. And and you've taken a process. This used to be a more extensive and expensive exam.

So so let me let me put this up here okay. Because this is really the conversation okay.

Measuring Progress: Body Composition and Ultrasound

What I wanted people to have the take away from this podcast is this concept of arteries, artery health, reversal of disease, the diseases in the wall not in the lumen.

This is why this is really, really the crux of the basket. Right. The three different types of plaque okay. So there's a soft plaque. This is the dangerous plaque.

This is the temple that's just full of pus. Ready to go. Okay. This and the reason why we have to really spend time on this is because traditional screenings can miss this, right?

If you get a calcium score when you're 40 and it's zero, that means nothing. Okay, I'm a perfect example. I had a low calcium score in my 50s, and then I started on this method and it zoomed up. Right.

And and so, so one of the things that I learned from you was that a rising calcium. Now I'm going to I'm going to repeat this twice. A rising calcium score is a measurement of healing.

Can you agree with me on that? Right. Okay. I mean, we you know, in in many cases. Okay. Medications. Okay. I'm not a doctor. I don't want to I don't want to get on my line here, okay?

You're the doctor. But but I'm I'm talking about. Yeah, yeah. I'm not a medical doctor. Okay. Okay. So we have soft plaque. It's called homogeneous. We have heterogeneous, which is half and, you know, kind of a half and half.

It's in the healing stage. And then calcified plaque. And that's a plaque that is scarred and will show up on a CT scan of calcium. So that's where this whole idea of calcium scores to me has always been confusing.

And in many instances you you tell that if somebody kind of enters the traditional system, the interventional system, and gets a calcium score, you know, you know, you may have may end up with a cath and a procedure.

You know, you could. Right. And so I call it the slippery slope to a stent in surgery. Yeah. Yeah. And so this is this is different. This is different.

So we need to understand that that that plaque is in is in different formations in the wall and that as it heals, it calcify and so, so having calcium present, you know, hardening of the arteries, you know, and that's, that's why old world, old fashioned terminology, doesn't really serve us, you know, hardening of the arteries sounds like, oh, that's that progressive, you know, bad thing.

Right? So, an increased calcium score can be a sign of healing. Okay. Okay. Another thing I want to talk about here is, CGM. So I did this on my own. You know, I've been extremely fortunate.

I'm going to talk about epigenetics. That reminds me of that minute. I just did this for a month just for the grunts and grins. Okay. And, I think now I think I saw somewhere that you can do this with a watch, that they can actually have a watch.

I don't know, I don't know, but but here's here's the thing. It was one of the most educational things I think anybody that you know that's intelligent and uses this goes, wow, this because because if insulin resistance is the root

cause of most all this stuff, to have the knowledge of how you react to glucose individually because we're all different.

Right? We all react differently. I can I can take something and and react differently than you. But this is an individual measurement. And once again measure measure, measure in body measure.

You know, these are these are, measurable results. And I got to thinking about so we're talking about the event that we have coming up where I have a lot of thought leaders coming together and, and what changes we can make in health care.

And this was just a random thought that I had. And I thought, what if I, at a high school level and I just chose high school? I don't know if that's the right time, but in high school, you know, they have a required health class.

Okay. I think they still do whatever. And wouldn't it be just immensely productive to a seven year, a 17 year old to say, okay, class, we're all going to wear these monitors for a month, okay.

And, and and instead of wasting dollars in money is wasted everywhere. Trust me, this would be a productive use of dollars, right? As an educational experience.

And then as a young person, understand, because, you know, kids are super tech savvy, tech savvy. And I see a lot of high school kids. I saw my stepson, you know, they're going to the gym.

They're taking care of themselves at a level that you and I probably didn't when we were that age. I think this would interest, you know, there would be obviously be some people not interested, but as an educational tool, don't you think a program like that would, would yield lifelong results?

Well, absolutely. Especially if you could get their parents to do it at the same time because the school has influence on them. But when they go home and they work.

But, you know, but that the, you know, the parents think or traditionally. Okay. And maybe it was when they were raised on it back then, the food was different.

But one of the things I think, that you bring to the forefront here is the concept of gamification. If you can turn a process into a game, if you get into a competition, yes, it's much, much more engaged.

The person that much more gets not everybody. That's what I'm and we don't you know, we're not going to engage 100% of the population. Whatever I do is going to be like everything else.

You're going to have your, you know, your explorer's, your pioneers or early adopters. And yeah, you hit the tipping point, but we have to start somewhere.

Yeah. But the you know what? We're trying to you're introducing and what you did is that these are readily available now. Now they may not be covered by standard health insurance.

Right. So what you know, the key thing I think we can waste, decades getting the FDA to approve these things so that then Medicare, you know, pays for it.

Calcium Scores, CGM, and Gamified Health Tracking

And then the insurance plans will follow. That takes literally decades. Why not identify affordable? But nonetheless, I don't like to use the word free and cheap, but affordable investments that we can make in our own health and well-being.

Yeah, that work better than the standard approach. One of the points I would like to make is that hemoglobin A1, C is used as a common quote screening tool.

In the concept of screening. You have false positives and false negatives. And you want a screening tool that is has very few false negatives. It's highly sensitive, but you accept that there are some false positives.

Hemoglobin A1 C misses that the iceberg under the surface. So people that are pre pre diabetic that are inflamed they're progressing. Whereas what you're espousing here identifies this process much much earlier and also provides individualized immediate feedback.

You know oh I thought it was healthy. Look what it did to my blood. You know I thought bananas were a fruit. And that's good for us. But what it does or maybe you get away with those things.

And I love that concept of gamification. I mean, I could see it and so so once again, let's pull back a minute and let's say that our government going forward, who wastes hundreds of millions of dollars like it's just nothing, says we're going to do a pilot program, you know, we're going to do this and give these things, you know, and then get the pharma to, you know, give them a discount and do it for free, you know, because if you're really serious about impacting, you know, we're on it, we're on an unsustainable path.

We'll do a different podcast on that. But our health care system is on and on. It's bankrupting the country, and it's unsustainable that what you and I just talked about could be a tool to dramatically change that.

You know, that's that's those are the kind of thoughts that I have, if I'm, if I may just say introduce everything you're saying is absolutely true, but if you're on the receiving end of that revenue, those things are that cost the revenue.

And so I'm numerous entities, not necessarily sinister. They may start out with good intentions, but once these things become essential to an organization or entities revenue, they're very, very difficult to give up.

And there's a lot of resistance to new and innovative ideas that threaten that revenue stream. Yeah, okay. No, it's cost is another man's income. I want to touch on epigenetics because this is something that I just wasn't going on.

Okay. So one of the things when I entered this process was that I knew my father had heart disease, diabetes, cancer, everything. Right. And so I'm looking at him at 50 and I'm on I like man, I you know, I don't want to go down that route.

Right. And so, I have outlived my father's lifespan and had nothing right. And so, so I didn't understand the impact of epigenetics. And I and I saw that there were a couple of different lectures at, a forum.

So I'm just going to read something. Lifestyle choices can change the way our genes are expressed. So this is gene expression. This is kind of, you know, I didn't know this concept.

So I, you know, I'm I'm I'm fairly savvy. So I don't think a lot of people know this. So how the body uses information in our genes to create proteins and other molecules, it's called epigenetics.

So maybe, maybe the lifestyle choices that I've made in the past decade, my lovely wife has certainly changed my diet. For sure. It's clean. It's cool.

Right? Maybe. Maybe I give that, I need to give that more credit because I think the number that they said was that hereditary genetics. And correct me if I'm wrong or tell me what you think the number is, but hereditary genetics was 20% and epigenetics could be 80%.

Do you think it's that much? Oh, I yeah, I think that's pretty reasonable. Think of it this way. If you put a, you know, somebody who's never played poker at a table and deal in the hand of cards, how are they going to do against the experienced poker player who understands the odds and how the you know, how the game is played?

And that's really how I describe genetics. Your genetics are the cards. You know, the epigenetics is how you play the hand. Now, I love that, I love that, yeah.

See, this is this is kind of this is kind of new to me, you know, I mean I, I was aware of it, I mean, I but I just it didn't come to me as much as it came to me at the meeting.

And then when I was reading your book and like I said, your book is just it's just hitting all, all the high spots. Okay. So, but if I could just talk briefly about one specific epigenetic phenomenon that affects almost all of us and that is the whole insulin resistance, why is something that is so bad for us so prevalent?

And the answer is, it wasn't bad for us when we were hunter gatherers. It actually enabled the hunter gatherer to eat one day, go several days without food, store that energy to be used later was changes our environment, our environment, our culture has turned us into grazers and it's a bad there's a mismatch between our evolved or created.

However, we want to look at a genetic design which is designed for one environment, and yet we're exposing it to another environment that's counter to us success.

And that's where things go awry. Yeah. Awesome. Okay, so there's one last thing that I want to touch on. And like I said, I'm doing like a super CliffsNotes version.

I want everybody to get this book. It's, it is. It's straight to the point. You'll learn a lot. I want to talk about stats. Okay? If there's if there's something and, so I consume, I confess, you know, TikTok and, you know, I consumed and social media.

And if there's something that consistently the health care professionals that are on social media, if there's anything, it's controversial statements. Okay.

This is a really super important point of the methodology that you're practicing the risk reduction with statins is not for the reason that most think.

Yes, we're concerned about LDL, but the most potent effect is to reduce inflammation in the arterial wall. That process of healing okay. And I don't think people understand that.

And so tell me this, because this is my understanding from reading a couple of studies, was that kind of found out anecdotally, meaning that, you know, the satin was initially done and then the inflammation reduction in the reduction in cardiovascular was found later.

I think there were a couple of studies with statin, you know, and, you know, I can remember. So I've been practicing for 40 years. And I think the sentence hit their stride in the mid 80s, which is by the time that I started practicing, they were new and novel.

But if you remember from the beginning there was this correlation. Yes, the LDL cholesterol was impacted, but then there were these called paleo tropic effects, meaning these effects that we don't seem to understand or can't explain.

Right?

Epigenetics, Insulin Resistance, and Statins

Well, going through the building a method preceptorship and understanding that that paleo tropism is about reducing inflammation, right. And yeah, for some reason this system is not emphasizes.

Well, I think it's largely because, you know, we have a tendency to focus on what we can measure. So measuring cholesterol levels was easy to measure.

Actually it's harder to measure certain early on for inflammatory conditions because all we have C-reactive protein, bile peroxidase, LDL it to microbiome to crack and ratio.

And we understand that if you can induce a favorable trend in those inflammatory markers, you're reducing inflammation. And we see this all the time with stents. Okay.

So what you're bringing up then is why now does there seem to be a war on statins or I call it anti statin ism. In the culture. And that's because they're no longer particularly profitable.

But I see this argument. It's like farmers pushing statins because they're profitable and you can get a year's supply of, of a standard for less than $20.

You know, if you use an online pharmacy, right. It's really dirt cheap and there. And but the more dangerous thing is that they are preventing the progression of disease and with and preventing progression of the condition to the stage where the money is.

And that's an intervention. And the procedures. Right. And then secondly, there's two other phenomena. I always encourage people to say, well, well, I read someplace or I saw some place and I'd say, okay, what were they pushing as the alternative?

Now if it's lifestyle, I'm all for it. But, you know, I call it the belt and suspenders approach, you know? Yes. Lifestyle is foundational, but let's face it, very few of us are anywhere close to perfect in lifestyle, so why not have a sprinkler system on, you know, on board to protect in case things flare up?

But the but the more I think important thing for us to understand is that there's expression when looking at things that we both know who benefits. So what are they trying to say is an alternative?

Is a farmer trying to sell you instead of a $5 a month generic statin that's generally well tolerated if prescribed at lower doses for the right reason.

That's the key thing with toxicity is lower doses right or they're trying to convince you you can't tolerate that. So you'll take a $500 a month injection like a Pcsk9 inhibitors, right?

And then the alternate other side of the coin is and this is actually probably more common is the nutraceutical industry, which are much more open minded to it than I was, say, 20 years ago.

But nevertheless, there's a lot of really good stuff there. And then there's some stuff that's really just, you know, it's a business model, let's just say.

Right. And they're trying to push you toward their business model. Take my proprietary, supplement, you know, you know, herbs and spices, whatever you want to say.

Just be a little bit cautious and ask for, okay, what are your results? And the final thing I'll just say is that the, the the issue is that what goes in for what reason is to set the interest right is because you have a disease that we want to heal, or are we focusing or staring at LDL cholesterol?

There's one interventional cardiologist in particular who's running around, you know, poor people in the the statins, you know, don't prolong people's lives.

Well, we put in the drinking water. We give it to all the 30 year olds with all the LDL with no arterial disease. We're going to do a lot of unnecessary treatment.

But if we don't, offer it and encourage it in the 70 year old who already had a stroke or is a stent, we're depriving them of the opportunity to prevent their next event, which is your businesses, stents and surgery, right?

Yeah. Well, that's that's what's got to change. And hopefully, you know, there's change in the wind, you know, and that's, that's that's yet to be seen.

But there's some things in motion that, that our, our health care system, like I said, it's not sustainable has to change has to change. And, you know, these proactive interventions that you're talking about, come to the forefront.

So, so anyway, so that was my CliffsNotes, analysis of just things that I wanted to make sure people I hope that make sense to you as far as, like, certain things where there are areas of misunderstanding and, you know, your book goes into the detail of the testing, you know, supplements, medications and inflammatory markers and stuff.

And like I said, I encourage people to do that. Let me give you some contact information here. Get Ahold of me. Super easy, Tom, at Tom Larkin website. Tom.

Mark Incom doctor backs is doctor backs at the cure center. Life and the cure center. Life is, is his website. And then if you are a health care provider, I'm going to tell you this is coming together to be something really, really special.

April 26th here in Lexington, Kentucky. Oral Systemic mastery Aecom has the details and what we're going to do. You know, in my day to day work, people ask me, how do I make this pivot to this wellness model?

And, and, and I use the word isolates, meaning I know brilliant people doing things in isolation. And we need to be coming together as a collective to talk about.

I need to know what Doctor Baxter is doing in relation to, dentistry. And the dentist need to know all of it.

Closing Remarks and Event Promotion

So I'm bringing together there's some horsepower in this room, trust me. And Doctor Bell, the founder of the balcony method, is one of those people that are going to be there.

So I would encourage anyone, anybody in health care, they don't have to be a dentist or a physician, anybody to, attend this. So, Craig, thank you so much for your contribution.

You know, I hope this, you know, it was just kind of my version of how I wanted to interview and focus on the things that I had to learn because I wasn't, you know, getting it.

And, And so I hope to see you here, in April. I'm looking forward to it. Just if people are interested in downloading the book, it's available on the home page of, The Cure Center that live on that website that. You.

Okay? You're centered. Not like they'll find it right there or on Amazon or Kindle. And, that's coming hopefully in a few weeks. In the meantime, you can at least go to it.

Nice. Very good. Thank you, Craig, for your time. Okay. Thank you so much. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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