## Introduction to Doctor Talks and the guest

I'm not blaming the practitioners. I think it's part of the education, is if a person comes in, there could potentially have a root canal, they immediately go to implant.

Right. We'll just take that out and do an implant. And so, and Onyx is kind of gone to the back seat, you know, all of these things were made worse by, by Covid.

Because what happened here, the education, instead of taking the year over, you know, dentistry is very technical. It's very hands on repetition. Revenue need reps.

And yeah, they should have taken that year over and they did it. 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're 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. Only issues that matter to you most.

Welcome to oral systemic connections. I'm your host, doctor Tom Larkin, where I introduce you to amazing people. The topic of today's discussion is I choose teeth.

Did you know that there are dentists that choose dental implants over teeth? Well, we are going to get into this very controversial subject with a special guest from Colleen Australia, doctor Len Green.

Good morning. No, it's good evening to you. You know, I, I don't get up at 5:00 in the morning for just anybody, okay? This has to be pretty special so that you're in here 9:00 in the evening, and I'm 6:00 in the morning right now.

So, Yeah. Welcome to my podcast. I'm going to kind of surprise you and kind of get into some controversial stuff. You're an amazing dentist. You really have a heart for people.

And what I'm trying to do is highlight individuals who I think are extremely unique. My podcast last week, I said, I find people anywhere. Well, you're by far the furthest away.

You know, I have a little a little following in Australia. And, so I was looking on, Google Maps. So you're how far from Sydney are you? Oh, three hours drive south of Sydney.

Oh, okay. Yeah. Okay. It looked a little bit closer. But it looked like a beautiful area. There were, like, nature areas and like a mountain and different.

Is it a is it a beautiful area?

## From Vietnam to Australia: Len Green's background

Yeah. It is. On the mountain, we're about 600m above the sea water level, so it's really high up. And, with the capital city and between Sydney and Melbourne, you two are not able to decide who's going to be a capital city.

So they chose something somewhat in between. And that's where Canberra was born. So Kaylene is a suburb in the capital city. Okay. All right. Well it looks it looks gorgeous. It looks beautiful.

And I am coming from time, you know, sometime, maybe this year. I need to come over there and see all these people doing, amazing things. So, let's go back and talk a little bit about, your origin story.

So you're originally from Vietnam, and then you immigrated to Australia. How old were you at what age? I was almost 17 at the time when I came to Australia. Yes.

So I it's almost finished. I was a complete year 11 in Vietnam and then left and came here. Start learning English and back to 11 again. Wow. Well, you have a beautiful accent.

Australian accent? No, I didn't realize. So. So tell me this. Because I always ask people, you know, that's that high school ish age. What, what were some of the influences for you to get into healthcare?

Obviously, you know, healthcare is a particular path. Someone inspired you to say, you know, this is something that makes sense to me, that I would like to do.

Was there was there someone who influenced you? Yeah. I came to realize that, almost at the end. We finished high school and at the time was new in the country.

And as you know, kids growing up in Asia, usually we follow our parents footsteps. You know, my dad was a lawyer back in the Republic, Vietnam time, and mum was a pharmacist.

So chemistry was my worst subject in high school. So I often to this day, I am saying to friends that I still have nightmares when I'm stressed, but I failing chemistry exam.

So obviously pharmacy is out and English is too new for me so I can't do law. So I wasn't sure what I was doing. And then my dentist is a new graduate at the time, was it?

Doing dentistry is fun. Give yourself a year if you didn't like it, you can always find something else. And at that time when I came to Australia, computer engineering was in session because everyone seemed to be doing that.

And the next thing would be there's a lot of pathway. But I think as my dentist at the time and is still practicing is a paradigm. Just now in Sydney and for that I will give it a go and never look back and say that, wow, I was looking at your your, resume, you know, just an amazing amount of training, and dedicated dedication.

We have a little commonality. So this is probably eight years ago, I did a I spoke at the Phaethon symposium, and I was, the oral systemic laser. And, of course, no one back then knew exactly, you know, what I was talking about and what I had identified.

And you've heard me talk about the main method of cardiovascular prevention and what I like so much about the Fatone of laser. Was it addressed? You know, the three areas of concern if you were practicing that area prevention, nightlights for sleep issues and snoring.

The race for the parade out. And the thing that I really was, fascinated with was the photo acoustic streaming with the endo. Okay.

## Choosing dentistry and early influences

With the laser, root canals because and it is, it's it's probably more controversial now than it was eight years ago. And, you know, you just see message boards and a lot of anti and, but people even don't even know why.

Right. And so when I, the, the procedure, with the laser and the complete examination because the issue that goes back to Weston Price in 1930s was that you're leaving tissue behind inside of a tooth, right.

So when I got this incredible disinfection using the laser, I said, there's your answer, right. So anyway, I've been a fan of for toner. And so you've got a couple of different, master's degree in laser.

So the, the one in, at Catholic University in Rome is that. Yes. Is that with, Jude, that with Philip Pan and Jason paying for that? That's correct. Yes.

I was going to send him the first batch of post, but they offer. Okay. Now that's cool. That's very cool. So 2020. Now the other thing that really caught my interest because, you know, you're you're so incredibly well rounded is the orthodontics and dental facial orthopedics.

You know, when you any one of these fields, when you step into it you realize how massively big they are. Right? What the incredible what the incredible need is.

What I'm finding here in the States is that people that that get involved in sleep, it almost becomes an entire practice in itself. I mean, it's it's so complex. Yes.

And it's so it's so necessary just to show you there was a tragic story on the news last night, a five year old child with HD and sleep apnea was put into a hyperbaric chamber, and the chamber, exploded.

And be until, then I was like. And so the people who own the place, you know, they were they were charged with manslaughter and the whole thing. But it was just this whole tragedy of of children with these issues.

And, you know, they're airway issues, right? ADHD can be constant. And, you know, if you look at this individual, it's so obvious. Right? But it's just getting the dots connected in this whole oral systemic world that people are not making it to the right, the right dentists.

So so you have a lot on your plate. You're just constantly learning. I think of meeting you a few years ago. So I'm going to show you, a slide here. And this is the first time that, you made it into one of my presentations.

Okay. So this is, and I want to show you the contrast, because this has happened to me twice. Okay? These are two social media posts the same day. So when I talk about this in my presentation, you you make this presentation about, you know, that you had bought your second air flow, and I read this in just a second.

And then I saw a post the same day, difficult conversations between the dentist and the hygienist. And the whole the whole context of this. It was very negative. And it was about hygienist leaving the work environment, toxic work environments.

## Laser dentistry, airway care, and advanced training

They're being labeled as diverse, disrespected, disregarded, and discouraged. And so when I look at your post in the same day, at the same time, you said that, after joining a larger protocol approach to better health, your patients are more cooperative and looking after the oral health, seeing value in services, because that's one of my motto, is the creation of value in hygiene.

Our team has spun every day. Well, it didn't sound like that other office was having fun. They come in for every, microbial sample and that involves patient education, then promotion of good health.

Right. So I just I when I presenting and I said which one is it. Okay. Which one is this. Which style of practice do you do you desire right. Do you want to get into this whole.

Because because the root cause of all that negativity is lack of leadership and lack of direction. And I don't have it. Yeah. I've never met you in person, but I know you're a strong leader, right?

And and then people follow you. Okay. So. So that was the first time that you came on my radar and I said, well, that's pretty cool. And so you're in my presentation now this is the second time.

All right. And that's why we're here talking about I choose teeth. All right. Time. So this is a post that you made beautiful photography. You know you've you've also taken the time to learn how to document these cases.

I mean this is outstanding photography. So I see this and that. Very same morning there is a post about a dentist who last week lost his license. All right, for a variety of violations.

And one of them was using a non-sterile tool in the mouth. But this was really, really the take home point for me. The board alleged there was no clinical evidence that removing all of the patient's teeth was necessary.

Specifically, the radiographs show the majority of the teeth extracted were storable, and they contained long, healthy roots and only mild bone loss, according to the report.

Now, this case here on the lower, I'm just telling you that's an all on ex case in a lot of practices. Okay. And I'll on X for my audience is for extractions and implants okay.

And this is happening and it's happening. It's happening for a variety of reasons. It's happening for economic reasons. But I think it's happening because of ignorance.

I think the root cause of this is ignorance. I don't necessarily mean that these are bad people doing this. You know, our education system has has led us down in so many ways.

So, so the reason why I, I highlight this, you know, two decade long journey that you have made to become an excellent clinician is you didn't learn to do this overnight.

Okay. And you you didn't learn this in school, right? This was this was the methodical, approach where number one, you had to create awareness with this patient, you know, because this is this is pretty bad.

Okay. This this before. Right. And then you had to have the patient what we call, you know, they had to buy in, they had to have confidence in you, believe in you.

And that's a lot of work right there. So, so I just need what I'm trying to do is I'm trying to get inside your head. Why? Why did this make sense to you?

And I think it's obvious because of, you know, over a period of time, you'd have to practice with a pretty high level of confidence. 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 absorbing 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 a 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, I think, I would say to many young graduates, whoever that you start this first, your

first 1 or 2, you know, employer or with the practice that you with will probably lead you to the path of practice that you will carry on later in life.

So, you know, and I was lucky enough to, I work in one of the project. I wouldn't come to town, and that was really high flow, restorative. But that's about all denture restorative.

But that get me high speed doing thing organized with a lot of basic dentistry. You know, that we have to get through in a day. And then when I got back to Sydney with in Sydney at a time, two of my, employer of my boss and the one that was at the time, doctor Mark Williams and son Skip Hinton, and they're still practicing today, almost retired, but it's in practice.

And I've seen the how they at the time they practice what we call Cairo dentists. And so they're already into body postures. And I can see in front of my eyes where patients who have class two give to slouching, posture and after they have all of those work double to work done photo by, you know, braces or restore their functional vertical.

I mentioned with consideration of the TMJ and see how well the time ought to be and how beautiful they turn out to be. Naturally, that building made the fact that I was just, wow, we can actually do this.

And in Miami every day, because one of the parties I work with about the medical center. So we got a lot of sick people going with, by medical practitioner.

And so I think that's the that built into me, that, that so that we can make a difference. And the second, person to sort of let me start this thing again because they practice follow and doctor scriptures who recently passed away and, Skip, is one of those promote again airway TMD.

## Practice philosophy, leadership, and team culture

So I said on his orthopedic program, you know, right through and then I sort of got young children to move away and got to practice my own very busy father and basically general dentistry.

But then in the back of my mind and to I can start to step back and look like, hang on, this can be just you know, just to get through the day. This is not what I want to do for the rest of my life.

And that's when we start to look at different courses and, you know, like when we do a course, I do the course is the progressive. We meet progressive dentists or colleagues and they just let you on.

And basically any course or any meeting, that sometimes people are just presenting as, oh yes, I see this every day. I'd like to know more. You know, there's something just interesting from there on.

We just keep going, look at mingling and, and, and then basically we just need our colleagues to open mind and see what's happening. Yeah. And, yeah, they're both busy, but it's it's fun.

It's very satisfactory, to actually, you know, help someone else, you know, orthopedic, craniofacial, orthopedics. So, you know, my industry. So I started using the microscope in 89, but before then, you know, there were two issues that I saw there as a young man.

And one of them was the, orthodontics. And I got really involved in the mid 80s with the, International College of Cranial Mandibular Orthopedics. And I was fortunate enough to be trained by, you know, some legendary people.

Barney Jenkinson so, you know, he was in his 80s. I was in my 20s. And and we were looking at these faces. It was very popular back then to remove the bicuspid.

Right. And what happened was instead of looking at the face, we were looking at the, at the models as if they were on a bench top right. How do we make these teeth straight irrespective of the face?

Right. And it's like any of this stuff in the, in the, oral systemic space, once you see this, you can't unsee it. Right? And it was like, oh, this is awful.

You know, some of the results of contracting these arches. Yeah. But what was not known then, which is, which is known today is the effect on the airway.

Right? I mean, that was the big thing because when you treat the teeth in singularity as an island, and the teeth look straight, but the patient can't breathe properly, you know, you haven't done that favor, right?

So when you see these beautifully developed arches, beautifully developed, beautiful smiles and everything, it's transformative. You know, it sounds like you had some really great, great mentors.

So that was you know, that's one aspect, of the oral systemic. But I think today it's still an extremely, extremely underserved market. There are just a lot of people that, yeah, that are not cared for properly.

It just loves them. So I just I don't like doing period, you know, treatment because hand scowling strangers, it takes forever. So we all staring away and looking at patients and so inflammation then quickly dusted off and hope someone else will fix the problem of the patient brush better.

And then until we start to inform lectures and start to. Yeah, I think the first time I had was in New York at one of the CEOs meeting. And I mentioned earlier, there's a high incidence of implant failures that happened in the men.

And, you know, we will have to stop the screening for vitamin D deficiency, you know, that kind of thing. And the sense that. That's right. I got quite a few patients, older male that I have swallowed implant one.

Wow. Everything gone. Gordon's only just gone downhill. And then that's when I think Paul Bautista passed away at Insys. I got to listen to Sue and be involved to Roussillon.

And I thought, oh yeah, for me at the at the time, you know, like masters and things going on until I start listening, I'm thinking, hang on this explain why my male patients have a problem there.

While film is a problem, and often yes, I tend not to look after the dental health. Well, you know well. And so therefore there's a problem of that kind of look okay.

So I wanted to solve the problem. That's why I want to look more and more and then become like wow. Like tomorrow I have three sessions of deep clean paleo Laser tomorrow.

And something that I never had thought that one day I would do this right, you know? So I enjoy doing that because I know the patient is getting better and the patient know they're getting better, even just do half and half and they are half better already and they want to get back for more.

And so I think that all of the today's will have technology. We have knowledge centers, I'll call it. Just have to listen and you know and give it a go.

Well you're addressing the root cause I. And so one of the problems that's, that's emerging and it's going to continue in America because the number of implant placements is going up very dramatically.

Right. And you know, the problems that I have with this, and I'm not afraid to talk about it because I, I see the message boards and this happened, you know, I don't know the last five or 6 or 7 years where dental implants were kind of positioned as a way for the young Dennis in America to pay back their student loans.

And I saw the connection to that, and I thought that was horrifying, right. Because not everybody, not everyone, should be a surgeon. It shouldn't be a requirement to do a dental implant.

Personally, I enjoy surgery, but I've also trained a lot of dentists. I would say this that I would not let near me with a

sharp instrument. Okay, so you know, there's there's all different levels, but it seems like it's almost a requirement now.

Right? The other thing that's happened, and once again, I'm not blaming the practitioners. I think it's part of the education, is it's a person comes in there could potentially have a root canal.

They immediately go to implant. Right. We'll just take that out and do an implant. And so, ended Onyx is kind of gone to the back seat. You know, all of these things were made worse by, by Covid.

Because what happened here in education, instead of taking the year over, you know, dentistry is very technical. It's very hands on repetition, repetition, need reps.

And yeah, they should have taken that year over and they did it.

## Why teeth should be preserved over implants

And what they did is, you know, there was about a year or two period where they graduated. A lot of people never had done a root canal. Never. All right.

What have you graduated never do a root canal. You're not one. You're going to probably do an implant, you know. So but this whole concept of dysbiosis, infected root, infected dental implants, it's the same as the teeth, you know?

And that's really what I'm trying to emphasize here. If you have the root perspective, if in your training, you see an infected tooth. I saw a post yesterday was just tragic.

It was a 38 year old, you know, once again, people I, I monitor social media, because I really I'm trying to understand what's going on. The major person said, you know, I'm I'm tired.

I'm ready to get all implants, right? 38 And I'm like, do you know what's going to happen about 15 or 20 years? So I, me yeah, a nightmare. And so what's happened?

And there's a dentist here called Doctor Paul Haney. He has the Bob Barclay Study Club and he's posted about this, you know, pretty in a pretty strong fashion.

The tragedy in his career. He has a long term perspective of people getting into assisted living and nursing homes, as these implants are failing. And I can't think of a worse nightmare because, as you know, maybe it's different in your country, but the level of care and extended care is is awful.

It's non-existent. Right? So you put the infection on top of that. And people are just they just they don't want to see them. Right. You know, we're just more focused on the immediate.

So, you know, I just commend I think you have, a skill set that you kind of developed organically that just makes you ready to do, to treat everyone in such a high manner.

So, I really commend you. Tell me about, so you have a couple of associates, in your practice? Had it. How did you find, you know, like minded, individuals?

I think because I have to say, I can't do it with my nursing team. They very engaged. The interest. So when the new graduate enters, I tend to enjoy graduate dental school.

I believe that I can guide them through and get them through the right channel. So they get on because the team already doing what we supposed to do so they can get along very, very quick.

But yes, some will get on better than the other. And those that are committed to education will they got on faster school. But I've got a couple new lessons about just joining and I'll just say that context.

The reason for them to be, you know, going through with the lock and protocol because, they need to know and they are already dying to know because they say no, that I stop and talk to patients and, you know, the kind of things that they want to know, too.

So they already know a few things. So that that's how we go. Everyone got to be educated. So that's but if that's a problem I find with most dentists, we are too busy to go and learn some new thing.

It might be very, not engage you, intrigue you, you enthusiastic. But then come Monday, it's the same old thing repeated. Right? You have no time to involve our team.

And so that would, you know, that work that and then they're not exact, they don't know what's going on and they just carry on with what they know best.

And so I keep saying to everyone who's going to the post, make sure Monday, Tuesday, because that's what happened. One of my for to come back, my staff would make sure that my staff meeting this on pens and paper, they're going to write down stuff because there'll be new protocols that I really like, what I would want to do.

And so the whole team start to work toward that. And I think that some sort of match day fun, we work very hard. Myself and I, every day. But, no one does the same, even though our schedule might look similar, but, it's good.

And, it's, a nice place patients have been come and everyone have a lot and lot of families, and I think that make the day easier and more enjoyable, rather than how many implant we may or how many Kranz and the nurse may I mean at time.

We will need that for sure and have a skill set and even have but I don't do like implant and I've been at this practice, my own practice for this is 24 years.

Wow. And for a long time now, we we don't have patients wearing dentures. You know, so keep teeth educated. And so, and occasionally I put a single implant in on an important six, that I need for function, but we don't have multiple k.

Do not try. There's nothing there available. Our patient teeth because I'm enjoy doing endoderm. Take them up. So and if attorneys you know sweeps and peeps and all of that.

Excellent. So that our patient we kind to take a lot longer. So yeah. So that's, that's how it is. So is possible to retain teeth and I love I practice like I said, we don't have patient wearing dentures.

Of course new patient coming will be some wearing. But the patient being with us for some time we hope for preempts. Look at our health. Look at things are going to break down and we ahead.

And that's how everyone retained that intuition to that. Well now you're doing a fabulous job. You know for a for a young practitioner you would be a dream to work for me because you've taken the time to create this unique model.

And for a, for a person is purpose driven. Right. And and you know what I mean. Not perfect, but who really, really care really care about people. This is this is the totality.

You know, I that's right. I, I was very, the fraternal laser I think completes a lot of things. So you you're mentioning the root canal. I told Jason paying, I said, do you guys need to market that better?

Because if people don't, you know, you just take it for granted that this is a better way, you know? But but I, you know, I, I've told more than one time, I said, now, this is a very strange observation that I'm going to make.

But I said, if I had to, you know, go in a time capsule and start all over tomorrow, I would do exclusively. I would do the, patina ended Onyx. I don't know that just because I did it.

I did a lot in my practice and I enjoyed it, but I but this is so I could market it in such as in such a way that it would educate people on why this is different.

Because the underlying issue with all these residual infections to me is disinfection, right? It's it's disinfecting. Right. If you just do a really quick just, you know, in and out with a file and you know, you, you know, you do leave stuff behind, right.

There is stuff. Right.

## Closing thoughts and final remarks

And you can't get residual affection. And you know, Doctor Vale has shown that this can lead to low grade systemic infection, which is, which is not good.

So, yeah. Wow. You're the you're the complete deal. And after the podcast, everybody's going to want to work for you. You have no problem with just everybody's going to be lined up, Tandy, to, to work with you.

So I know I'm going to be seeing you, on a, webinar, Saturday night. And, anyway, it's just been an honor. I hope you enjoyed this show. I know you didn't know when I said, would you jump on a podcast with me?

I know you didn't know why, but then tonight, you've kind of stopped me in my tracks, and I was like, okay, I know who you are, but I wanted to give you, proper recognition because, you know, part of the reason my motivation with this podcast is it's introducing, people like yourself that are doing extraordinary things and hopefully motivate younger dentists who are really, you know, I think being young Dennis, today is hard because you're inundated, you're inundated with so many things, and you have to find out what the what the truth is.

And that's hard, right? Yeah. Anyway, here's one podcast. Here's one example of a beautiful human being and and a great dentist. So thank you so much for your time.

And thank you so much for me. It's an honor, actually. Thank you. Finally, to face to face. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

Each day is a new opportunity to make choices that empower your well-being. For more insights and strategies, subscribe to our podcast and visit our website w ww di doctor Talksport.com.

Stay connected, stay healthy and join us next time on Doctor Talks. Real talks from real doctors on the issues that matter to you most.