Introduction to Dr. Lane Freeman

Hi, it's Dr. Jen. Welcome back. Today, we're going to talk to Dr. Lane Freeman. And she is a dentist, but she is not an average dentist. So I'm so excited to talk to her about integrative dentistry and I'm going to let her tell us a little bit about herself and introduce herself.

Hi, all. I'm just so thrilled to be here. Thank you for letting me take part in this. Just a little background on myself. I've been practicing integrative dentistry for just about 20 years now.

Might start came just working in a conventional dental office for Dr. Stuart Nunnally, who many of you may recognize his name. He's really at the forefront of integrative biological dentistry, but didn't start out that way.

I worked for him in high school. He was a family of one of my dad's very best friends and I just needed a job. I wasn't necessarily interested in dentistry, but worked there and started to think that dental school might be in my future.

So did my undergrad at the University of Texas in Austin and then went on to dental school at the UT Health Science Center in San Antonio and when I completed there, I had the opportunity to move back to my hometown and work with Dr.

Stuart Nunnally but unbeknownst to me, leading up to me graduating was the fact that he had begun begun to experience symptoms of ALS or Lou Gehrig's disease.

He had a lot of muscle weakness of the circulation and a lot of fatigue. He went from being a super healthy triathlete to barely being able to walk all the way through the airport.

And so the day I walked in as a baby dentist into this conventional practice that was very cosmetic driven, lots of loyal local patients walked into that, and he left for six weeks on the day he left, he traveled to Houston to begin the definitive testing for ALS, which they had just assured him is what he had based on his symptoms.

But also at the same time, a friend of his had said, you know, just as a last resort, you should probably reach out to Hal Huggins. And some of you have probably also heard of Hal Huggins.

He's considered the grandfather of biological dentistry. And so while he awaited the results from the ALS testing, he traveled to Canada where Dr. Huggins had a clinic going and in the process, part of the process that you had to do to be part of his clinic was to do some testing ahead of time.

And so he had to do a mercury challenge test and at that time, on his mercury challenge tests, his urine tests, he had the highest level of mercury in his testing that they had the lab had seen at that point.

I think he's been beat now, but at that point he had the highest level.

How Integrative Dentistry Began

He traveled to Canada, went through Dr. Huggins protocol. He had no mercury fillings in his mouth at that time, but had a lifetime of playing with liquid mercury, of removing mercury fillings in an unsafe way and inhaling that and also being uber, uber healthy to the point that he just had almost no body fat.

And so long story short, at the end of all this, he actually did not receive a diagnosis of ALS, but instead had severe heavy metal toxicity and specifically mercury toxicity that had completely mimicked the same symptoms as ALS, as an autoimmune condition.

So when he came back six weeks later, he said, we have to change the way we're doing dentistry. There's this whole other world that we were not exposed to in school that really connects the mouth and your oral health and what we put in the mouth with the rest of the body and vice versa.

The way that our overall health effects that so 20 years ago we redid the way we looked at dentistry and I've been privileged to be practicing with him and continue to do so all that time.

And we see patients from all over the United States. Of course, all 50 states have been represented in our office and the 30 plus countries, I think we're up to two at this point as far as international travelers that have been referred by either their own research or by other integrative medicine, doctors, functional medicine doctors, chiropractors, natural health practitioners, all of those.

So it's just super exciting to watch patients really be educated and take part in their overall health and and figure out how oral health and what we have in our mouths and what is dentists.

We are telling patients how important that is to their overall health. Well, that story gave me chills. And it's it's incredible. Right. And this is usually how conventional doctors get into integrative ways is because they see it doesn't work.

They have a personal illness, a personal story. So that's amazing. And just an amazing thing that, oh, you should look into this integrative doc. You know, Dennis. Is just crazy.

It was just kind of the last resort, which is sometimes how a lot of our patients are. They're just looking for one more, one more layer to try to help them. So.

Wow, that's amazing. And then you just jumped right into it. In practice, you're like, okay, I saw it worked and I'm all in. I mean, because, because honestly, coming from conventional medicine too, and then doing a fellowship in integrative medicine after even now I have haters, right?

I'm sure you have haters like conventional like, you know, Dennis, that you went to school with. They're probably like, oh yeah, that's snake oil crazy.

Yeah. But here you. Are, healing, healing patients. So why is the mouse so important to our overall systemic help? Because I think we compartmentalize a lot in medicine.

So it's like, oh, here's the dentist, here's the oncologist. Here's the heart doctor. Here's the gut doctor. It's all related. So tell us how the mouse fits in.

Yeah, absolutely. Well, if you think about it, really, the mouth is the gateway to the rest of our body in so many ways. I mean, obviously, our skin is as well.

But really, the mouth, when you think about it, but also if you think about the teeth are living organs, they have a blood supply and a nerve supply. Every tooth does.

And then you connect that to the rest of the body. And you're right, for so long, medicine has compartmentalize. And especially with dentistry, there was kind of like this block from here down when we worked up here and everyone else worked below that.

And it didn't affect the brain, even though we're within just a few centimeters in some places in inches, there was no connection made with that. But that's slowly changing.

And I am encouraged by the number of even conventional doctors who when you give them information, they they really realize that it does make sense. It's just been ignored for so long.

And so the mouth and the body are connected in a lot of ways. Some of it can just be what's in your mouth from a

materials standpoint. And we can talk about that a little more in detail in a few minutes.

But like what type of materials you have in your mouth, what type of metals or crowns or fillings that you have in your mouth, but also from an infection standpoint.

And that infection can be even just as simple as periodontal disease or just our gum tissue health and the supporting structure itself. It can also be from infected teeth, it can be from dead teeth like root canals, and it can be from old extraction sites where you have chronic infection in the bone, where areas didn't heal properly.

And so all of that is connected in that those toxins from those certain materials are draining into our system. They are being picked up by cells specifically like what Dr.

Natalie Mercury was just filling up his cells. Mercury has a great affinity for muscle tissue. It crosses the blood brain barrier, crosses the placenta is associated.

Mercury itself is associated with so many issues. And then if you take chronic infection and chronic inflammation because of that chronic infection and you layer that on top or even on its own, then you see that the whole body reacts to what's in them, what's in the mouth.

And so and then if you can take it a little bit further, even with if you've ever I'm sure a lot of your patients have seen like a meridian chart. And if you if you specifically are looking at a tooth meridian chart, you're looking at what teeth and organs are all on that same line energetically and so they can the mouth and the body are just intricately connected and there's just no escaping it.

And it just definitely goes both ways. Absolutely. Yeah. The meridian chart, if you haven't seen it before, it's so cool. You can look it up, look for it online.

The one thing I have noticed, though, in the past, like couple of decade, maybe decade or so, that before for cardiac clearance, for a surgery, they do make you go to the dentist and get cleared.

And that's because of the systemic inflammation that it can cause. So I feel like that's kind of a maybe they're waking up a little bit to that. Yes, absolutely.

And that would come especially because the reason that that was such a recognized and easy connection for cardiologists to make is because that part of the research with bacteria that is in the mouth being directly connected with bacteria that are found in the heart and there's so much more research now that shows a direct connection between the bacteria that are in their mouth.

They're actually finding that when they take a patient that's had a heart attack and they will biopsy the plaques in those coronary arteries, they're finding the same DNA from the bacteria that are in infections, in the mouth, in the heart.

And so that as far as from that standpoint, we've known that for a long time. And that has been one of the only recognized connections between the mouth and the heart for a long time.

Other professions that also pay quite a bit of attention to the mouth and request a clearance would be orthopedic surgeons. And I'm seeing that more and more.

I can get an orthopedic surgeon to postpone a surgery with one quick phone call. Oh, my goodness. I just found this infection. Let me take care of this for you before you go in to your surgery and they definitely want to see that because it compromises the patient's ability to heal and their success rate.

Especially with joint replacements. They do not want any sort of bacteria getting in there.

Why the Mouth Affects Whole-Body Health

And if you go into a orthopedic joint surgery, I mean, it looks like they're in hazmat suits, basically. I mean, because they don't want any bacteria getting into that joint so that the teeth need to be cleared and you need to be good, too.

So it's it's good. I think it's it's coming, right? They're starting to realize. So yeah, the big ship is starting is starting to turn. And I'm encouraged. I'm encouraged with that.

And a lot of that is driven by patients who are like, now, hey, wait a second, I have this question or I want to know about this. So that's also helpful.

Yeah. And it kind of goes both ways. So if you have like chronic infections in your mouth, they're affecting your body, too. Yeah. I was. I was. Absolutely.

Absolutely. There's so many. And you see this and I'm sure when I try to talk to my patients, you know, the mouth is always one of the layers of your health.

Now, for some patients, it may be a very minor layer. And for some patients it's a huge layer. But there's multiple factors that go into chronic and chronic diseases, autoimmune conditions, cardiac issues, things like that.

Those are a lot of the things that we see tons of females with thyroid issues and males as well, but especially disproportionately with with females that I see in the practice.

And and so it's just to make that connection when a doctor is willing to say, hey, let's look at everything that can be affecting your health, then we get a chance to say, Hey, this is one thing that could be an irritant or a drain on your immune system that we can take care of so that the body can focus elsewhere and isn't focused on what's in the mouth, whether that be infection or toxic materials that are kind of clogging up the system or that your cells are responding to.

Yeah, absolutely. And let's talk about toxins in the mouth, because I know when my patients come in, we talk about mercury. We talked and some some some patients don't even know.

They don't even know what an amalgam or mercury filling is because they were never told about it. They about what was going in their mouth. So I think that's confusing, too.

So can you explain the potential toxins that are associated with these specific dental materials? Yeah, absolutely. So let's start with yeah, mercury fillings are really probably the most well known kind of dental toxin when people start talking about this.

So let's talk about mercury a little bit. You know, that everyone knows is familiar, that you know, that mercury on its own is a toxin. It's definitely the second most toxic element on the periodic table below radioactive materials.

But the thought was when they created these what are called a lot of times called silver fillings or amalgam fillings, is that if you mix the mercury with some other metals, all of a sudden that makes that mercury inert and it's not released.

And so they would mix mercury with, you know, with silver, ten zinc, copper, lots of formula, different formulations that they would mix this mercury with.

And it sounded nicer to call them silver fillings. But in fact, any mercury feeling, anybody that opens their mouth in front of a mirror and sees those silver looking fillings and signs that they've corroded a little bit, they're a little darker than you have a filling that is no less than 50% mercury.

Every single mercury filling is at least 50% mercury. And then a conglomeration of these other metals and the thinking or the reasoning that this mercury doesn't come off of those fillings and so therefore they're safe has been debunked many, many times.

One of the best studies that you can you can look up is called the sheep study. And I don't have the the graphic for it, but it's where they put mercury fillings in the biting surfaces of the chiefs teeth.

They then let them to their grass for 30 days and then they sacrifice the sheep that those mercury fillings were tagged with radio isotopes. They took an x ray and they showed that the same mercury that was in the teeth had traveled all through the sheep digestive system, had collected all in the gut the kidney, the liver, the pancreas.

And so it was that has been recreated multiple times. There are also other studies. You can also, if you're patients want to look up, if you just Google the smoking tooth, that will come up, you'll see in it what it is.

It's a tooth that I believe is like 25. The Mercury fill in, it is like 25 years old. It is an extract, a tooth. You can see someone's holding it in their hand.

They rub it with an eraser which would mimic some friction from chewing or grinding your teeth. And then they hold it in front of this phosphorescent screen and you'll see this smoke, this vapor coming off.

And what that is, is actual mercury vapor. It can be measured with at your own meter. And they measure that. And this is a 25 year old filling and they're still it's still releasing Mercury.

So if you think about that, if you have those feelings that on a daily basis, every time you eat and drink, every time your teeth come together and rub against each other, those that's a metal.

So it expands, then contracts with heat and then with the friction of chewing, you're releasing some of that mercury into your system. 24 seven Now some people have the ability to, to get rid of heavy metals a little better.

They don't hold on tightly to them and other patients, we, we see they just really tend to not have the ability their cells just don't let go of that mercury.

As I mentioned, mercury has an affinity for muscle and nerve tissue costs, the blood brain barrier. It's very important with pregnant women because it definitely crosses the placenta and gets into the breast milk.

And so if you think about having a toxin like that, getting into your system, 24 seven knowing that it's just it's there's no part of it that can be good for you, then that's the biggest issue with with mercury fillings.

It's very mercury is very much been associated with autoimmune issues similar to like ALS, most things like that, because they can cause a mimicking even of those symptoms that they have.

It can also cause fatigue. It likes to jump on to those red blood cells, knock off that oxygen carrying capability. That's why it's very there are many studies that are showing it's associated with I mean, not the only cause, but associated with chronic fatigue and things like that.

So that would be from a that's kind of the buzz word, like mercury failing to be the most recognized dental tox. Then you can also have a lot of materials that have nickel in them or a lot of other base metals.

We would not like those either. Many times I have patients that either because their naturopath or integrative medicine doctor has said, I don't want any metal in their mouth that will change those out no matter what it is or a patient on their own has done their research.

So we don't want to haphazardly take out old dental materials, but anything that could be a potential issue as far as a toxin, especially heavy metals, we want to remove and replace and even some older crowns that usually have like a metal substructure and then maybe an older porcelain on them can also be releasing a lot of aluminum.

So that's another thing that we're looking at when we're looking at older dental materials and anything that can be a strain on the immune system from a materials standpoint.

Now, I know the next question is usually, well, then what do you replace it with? So if we're replacing fillings, we want to use like what you've seen.

If you had a filling place, it's like a white filling material, a tooth colored filler material, which would be called a resin composite. And what we used to have to do all the time was to do a biocompatibility test to determine what metals would be appropriate for, I mean, what materials would be appropriate for each individual patient.

And a biocompatibility test usually consists of just a simple blood test. We have a lab that we like that we send those off to, and we get a report that just has tested the patient's individual serum against thousands of dental materials.

And that gives us a good list of what is reactive or not reactive for a patient. Now, over the last few years, we've found there are certain dental composites and bonding materials and crown materials that are really universally acceptable for our patients.

You know, a lot of times these big companies catch on to the fact that, oh, somebody is kind of watching these materials now.

Mercury Fillings and Dental Toxins

So we have many more that are biocompatible for us that are available to us than we had ten or 15 years ago. We have a wider variety of choices to make sure we're still using a really good material, but one that doesn't have toxic portions of it.

So Biocompatibility testing definitely has. It plays a role, but we don't have to do it all the time. I have some patients do it, then we'll take that biocompatibility tests and follow up with muscle testing because they are very sensitive and we need to get even on a deeper level of knowing what they're going to be most suitable for.

Okay. So back to composites. So you're saying that if you're going to get maybe safe mercury removal, you would recommend they could go with maybe a universal composite?

Like how do they go and ask their more conventional dentist this or someone that does safe mercury removal and you actually go into safe mercury removal what it is because some people they just they they don't really know and some Dennis just just take it out which it puts the the dentist and the patient at harm.

Exactly. Exactly. So let me back up real quick and talk about the safe mercury also, because I mean, that is a conversation I have all the time, a patient also.

You know, I tried to ask my dentist at home, I love I love my dentist at home. And I tried to ask him if they would take all my mercury fillings and they they got the normal answers are you're crazy.

There's nothing wrong with those fillings. You know, don't listen to those quack saying the mercury doesn't come off of those or hey, if I take them out, you're just going to get a bigger exposure to Mercury than you would if you just left them in there.

Which is actually true. If a dentist just goes in and haphazardly drills out those mercury fillings, the patient is getting a huge dose of mercury, as is the dentist and his staff, as that mercury vapor and mercury particles come off of that and are absorbed into the skin and you inhale them and you swallow them.

So that is why there needed to be a safe way to remove Mercury. Now, Dr. Huggins had had developed a protocol for that, and then the IAU, OMT, which is the International Academy of Oral Medicine Toxicology, oral medicine and toxicology.

It is probably the former foremost organization for integrative biological dentist, where you really have just so, so many great providers and they're always on the forefront of the research.

So they decided that they would put together a protocol. It's called the smart protocol, smart safe mercury amalgam removal technique. And so what it what it is, is it's a training program and then a certification so that a dentist promises that they will do a certain level of protection for the patient if they are certified like that.

And that way a patient can go on their website, search for a smart certified dentist in their area, and they'll know that they're getting a certain level of protection when they take the mercury fillings, the the some a few of the things that would be considered really just base expectations would be a rubber dam, which is like a little shield that goes over the tooth so that the tooth is isolated from the rest of the mouth behind it.

So it keeps those particles from going down using lots of water and high speed suction, draping the patients skin and hair and eyes. If you come into my office and you see a patient who is having their mercury removal done, then you wouldn't really see the patient at all.

You would see maybe underneath the draping you might see that there's a person there with their blankets covering everything. Everything is disposable so that everything can be thrown away and the patient is in exposed.

The dentist wear respirators and their staff. We were respirators, eye protection, everything, so that the mercury can be contained. We also use high doses of vitamin C and IV because vitamin C is very helpful in detoxing but also is protective as well.

And then we use a lot of high speed, also filtration in additional suction right around the patient just so that we pull everything, all of that mercury away from them.

So that's a great thing for your patients to know. It's a great tool. If you have some mercury fillings and you want to find someone in your area that IAOMT.org website it'll you can there's a little button that says find the dentist in my area and you can look for that smart certification and always always ask questions you're always it's always a good sign if your dentist will answer your questions.

It's not a good sign if they get very offended because you're asking questions about what they're about to do in your mouth. So even a smart, certified dentist, feel free to have them ask.

Feel free to have them show you what they're going to do or tell you what they're going to do. That's very important. And then, yes, to replace that. As far as as that goes, most smart certified dentists would be very familiar with Biocompatibility testing, but also, even if they don't provide that, one of the material that we found that has been universally acceptable is is a BOCO, the OCO BOCO material, which is that's the brand name.

There's two filling material, two filling materials, two composites that we use most commonly. One is grandiose or ed mirror. And I don't expect anybody to remember that.

But that would be, you know, any questions like that. That's an easy answer from our website. But that's great. And one thing I tell my patients, when they're like, why does this need our I thought it was safe is like you said so mercury remember the old Mercury thermometers?

When it gets warm, it expands and it contracts when it's cold. So think about every time you're drinking coffee, it's expanding. And every time you're drinking something cold, it's it's contracting.

And one thing I remember talking to my dentist about, I'm like, why do we even put these in? Right. And to me, it's crazy because if it's expanding, contracting, I was told it leads more to dental fractures and cracks which lead to more root canals.

So I feel like maybe it's like. People. Are just trying to make more money. I don't know. Yeah, yeah. But have you seen that? Have you seen more cracking with mercury fillings leading to then root canals?

Absolutely. So because of exactly what you just talked about, that expansion and contraction over years and years, not to mention that because mercury was a cheap and easy way to fill teeth, they tended they tend to make these

fillings really large and it acts because it's not bonded to the tooth.

It's just mechanically pressed into the tooth. And so therefore it acts almost like a wedge in many cases. So years and years of biting down on that surface and having to kind of act like a wedge, and then you add in expansion and contraction and then that starts to pull away from the tooth and you can get decay.

So yes, it definitely can cause additional fractures, which you wouldn't necessarily see with what we call a bonded composite feeling, because a composite feeling like a tooth colored filling is actually bonded to the tooth.

It actually becomes it here's to the tooth. You can't, like, pop that out like you could a mercury filling. Wow. Yeah. I mean, and especially with kids, you know, advocate for your children because I will see kids with Mercury, silver amalgams and and they're having behavior issues.

You know, this is not this is not good for your microbiome in your mouth. It's not good for development. So, you know, really just make it a normal conversation with someone.

Be like, yeah, you know, silver fillings are bad. That's what I do. I just talk to people about it because people this is still not well known even with, you know, something came out last year where they're not really recommending mercury fillings anymore. Yeah.

So they yeah. The don't get me started on the kick the kids I can't even imagine and this is not to to get on to any parents whose kids have mercury fillings.

You trusted the professional who told you that this was the right thing to do. But I would definitely make sure that that isn't I would definitely ask questions, switch dentists, if you have to, to make sure that no more of that goes into your child's mouth because they are getting a bigger dose of that just they're so much more sensitive to that.

I believe even California may have at this point. I know they put warning label, a required warning labels on the mercury fillings for pregnant women, but I believe it's also now extended to children as well.

But that's an easy question. If a patient calls and we don't really see children in our office, we're not equipped to do pediatric dentistry. But that's the first question I tell people to ask their dentist when they're going is if you place mercury fillings in your office, are you willing to not place them?

Like, are you willing to use composite even if it costs a little bit more and you'll find more and more? There are more pediatric offices. I work with a few in our area that don't even have mercury in their office anymore.

They've they've they've quietly just kind of backed away from that. Even if they are in a biological practice, they know that that that material can't be good.

So that would be good. Yes. Advocate for your children. Advocate for yourself also. Yes. Just no, no, Mercury. You don't want that in there. That's why they banned those thermometers.

You know, we don't. Play. Mercury anymore. Why would you want in your mouth? So I think that's a hard thing for people to kind of realize and let go. And mercury stuff.

Mercury is something that sticks around. And like you said, with pregnancy, it does go into the womb and into that baby, especially firstborn. It's like babies are key leaders.

They get our mercury burden. So along with that, I have to say, you know, also with fish intake, be careful with mercury. So, you know, you could have someone eating fish mercury in their in their mouths and they're getting all these heavy metals that our body is very resilient.

But after a while, it just you're over the edge. So one thing I want to ask you about is cavitation. I feel like this is a hot topic and could you break it down?

What they mean? How can you get them? What about wisdom teeth? I feel like everyone has their wisdom teeth out. Are those at risk? Yeah. So what a cavitation is, is it's an area.

The technical name for it is an osteo necrotic lesion in the jawbone. Now you can have an osteo and a chronic. So dead bone lesion anywhere in any long bones.

It can occur in the leg bone, it can occur in the hips. But when for our purposes and we're talking about an osteo and a chronic lesion and a cavitation in the mouth, where that happens is when you have a tooth removed and each tooth, let's say that you have a tooth root.

Each tooth root is actually connected to the bone. It's not just tooth and bone. There's actually a ligament around each tooth and with wisdom teeth, if they haven't actually erupted into the mouth yet, they would still be in their developmental sack.

Safe Mercury Removal and Replacement Materials

So it's tissue around these teeth no matter where they are in your mouth. And so when you take a tooth out, you need to actively go back in there and clean that tissue out.

When you talk for the tooth that whether it's a a tooth that's in a socket with a ligament or whether it's a wisdom tooth that has a developmental soccer on it, when you pull that tooth out, you shred that tissue.

So part of that tissue is going to stay attached to the tooth and parts are going to stay in the bone. If you don't clean that out, then what happens is that frayed tissue just kind of shrivels up and dies.

And if the tooth was infected when they took it out, then if they don't clean out that infection that just sits there as well. And the nice stock would be and I mean, I took out teeth when I was in dental school and I know other oral surgery, but I had my wisdom teeth out.

You know, the the goal is to get the teeth out pretty quickly and then give you some got eyes and say, hey, the body's going to heal this, go home, you know, it's just going to heal up on its own, which is a great thought.

And the body does do an amazing job at healing. But if you leave that dead tissue there and you don't clean it out, you don't clean out the infection, then what happens is the body starts begin that healing process.

It calls in all the bone forming cells in the tissue forming cells, and it begins to heal that and especially in wisdom teeth, because those are hardly ever infected.

When we take them out, the body begins to heal on the outside. And so it's closing. Everything up on the outside. You get an outer layer of bone that closes and you get an outer layer of tissue that closes.

But on the inside of that bone, where that dead tissue sets up is that as that kind of shrivels up and dies, what do bacteria love? They love a good setting where they have dead tissue.

The blood flow becomes really sluggish in there and bacteria set up shop and the body can't do a whole lot about it because the blood flow is sluggish and now you have dead tissue there.

So that's what it cavitation is. It's a dead spot in the bone so many times. What we'll see is that the body will get to a certain point of healing and then it will have this area of dead bone that is less dense than the bone around it.

And that's what we're looking for on a cone beam x ray. You really can't diagnoses without having a three dimensional image because you need to be able to look all the way around.

So a lot of times I'll have a patient. It's really better if a patient sends us like a two dimensional panoramic x ray, because I can look at everything and I may say, Hey, that area looks kind of suspicious for a cavitation, but I won't

know until I have a three dimensional image if there's actually a cavitation there, because I need to be able to look all the way around at the bone and see where the outer layer of bone is that's healthy and what the inside looks like, but it tends to be darker on the x ray, less dense, and we can get kind of a reading, a numerical reading of how dense that area is compared to the area around it.

So that's what a cavitation is. And in a minute, when we talk about root canals, it's a similar setup in that where this dead tissue and these bacteria set up, these tend to be anaerobic bacteria.

They tend to be bacteria that don't like oxygen. And so they tend to release these toxins that can be really serious for a patient's health and so there's a lot of people, you know, I have patients that go, well, gosh, I've had like maybe they brought the caregiver since I had my wisdom teeth out and I have any health issues.

And that's very true. You can have many patients who are walking around with mercury fillings or a root canal or cavitation, and they have no known health issues.

It doesn't mean that those things aren't important. It just means that their immune system at that time is functioning in a way as to just flush out those toxins.

But with cavitation and and when we talk about root canals and the toxins associated, they're that at best is just a low level irritant to your immune system.

Your immune system knows there's a chronic infection there. It's responding to it on a level every day. But for some patients, that becomes the one more big like air that just kind of can tip them over the edge as far as their bodies.

Like, I'm just kind of done. So that's what cavitation is under. The way that we treat those would be that we would make a small incision in the gum tissue.

And when I say small, it's usually really small, small incision in the gum tissue over that area that I'm looking at on the x ray, pulling that gum tissue back.

And then we can when we press on that outer layer of bone, the best way I would describe it is that outer layer of bone looks great. You're like, This looks super healthy, but when you press on it, it's like falling through an eggshell into that dead area where that dead tissue is.

It can either be soft or really dry and crunchy. The blood flow is really sluggish if present at all. If we take a sample from that before we start to clean that out, we can do a DNA analysis that tells us exactly what type of bacteria are present in that we can run that test and then we clean out that dead tissue.

We just get in there and we start to work to clean out all of that dead tissue. Sometimes it's a very small area that didn't heal, and we can clean out that dead tissue and reestablish blood flow.

And sometimes it can be a large cavitation area. I've had a few that I could probably stick my thumb in. It just got no healing. It's just been sitting there with the huge dead area just filled with bacteria.

But after we clean that out, then we can use ozone in that area and then we can also pack platelets. We call it press platelet rich fibrin, which is from that patient, pack that into the area to increase healing.

And we just pull that piece of gum tissue back up and let the body do what it wanted to do in the first place, which is heal that. That's awesome. And this is, like you said, it's the immune system.

It knows something's wrong, but it can't get to it. And that's not good. And it's almost like, you know, I was thinking when you were telling the story in our SUV, we one of the kids like left food in there and we thought we cleaned out the car, but it was tucked in the back.

And then we had maggots in our SCV and we're like, this is so gross. So sweet. And now, oh, my gosh, a lot of

parents can identify with this. It's like, yeah, you don't know it's there.

And it was from weeks ago and it's shoveled itself off and maggots were growing in there. And then we had some flies and we got it cleaned out. We didn't have to bring in the ozone.

Right, but but yeah. So, so this is why you'd want to go to an integrative dentistry office and you might have to travel far, but when you, when it comes to your teeth and your overall health, you want to make sure that it's done correctly.

Like you said, you even use prep. That's amazing. That's amazing. And it's from your own blood. It's spun down. And then you just get these really rich healing platelets that are going to go back in and clean up shop.

So it's like if we, you know, took our car after to the detailer, but we didn't. I just did it myself. But you know, think about it is taking it to a professional detailer to fix the mess that created so.

So I guess what would be the warning signs I know when I have patients like the patients you see, I guess I just want everyone to understand. You might not know you have a cavitation, you may just have low level inflammation.

Your CRP could be elevated, your said rate, you could just be chronically fatigued. You know, the the mouth and this is why we're talking about this on the hill your thyroid summit is because you could have an autoimmune disease because your body is just reacting to inflammation.

So that's why the mouth is so important, if that makes sense. I just want to know, like, what are we talking about? The mouth again? No, absolutely. And you know, the with cavitation especially, that's probably one of the biggest things that I that I see and treat that is actually asymptomatic.

And so I think that's why it's a little harder for a conventional dentist to wrap their brain around. Why would you go into a place that isn't hurting?

Because so much of dentistry is to fix something that's hurting. And I agree with that. I'd love to get to it before it starts recruiting, of course, but cavitation is are very rarely painful.

They're kind of this walled off little area and they don't typically cause pain. There is a subset of these that do cause that do cause tremendous pain that are associated with like trigeminal neuralgia, things like that.

And so there is a subset that can cause pain and the theory or that I shouldn't even say the theory that what they're finding with those is that the bacteria from the cavitation actually attack the nerve and travel backwards to the branch that then causes this severe pain through the face.

And just by cleaning out that dead tissue and eliminating the bacteria, that pain can be treated. But for the most part, the majority of patients I see, they might say, well, every once in a while I get a little achy back there, but mostly they just are completely asymptomatic.

So what we're looking at is how is it's affecting the patient on a systemic level? How is the chronic infection that's going on in that cavitation affecting your immune system?

And sometimes it's because it's just one factor of many.

Cavitations and Hidden Jaw Infections

I have had a few cases, though, where patient had nothing else, no periodontal disease, no mercury fillings, no other root canals, but they were having some unexplained symptoms, whether that be from unexplained pain in the neck or shoulder, to lack of energy, to thyroid issues, to other autoimmune symptoms.

And all we did was seeing other complications and they had a vast improvement in their symptoms. I don't ever like

to tell stories that look like, Hey, if you have this done, all your problems go away.

It's not like that because as we said before, there's so many factors and damage has been done over years and years and you kind of have to allow your body to heal.

But I definitely see that decapitations play a huge, huge role in the body's ability to heal. If you can get those chronic infections cleaned out, then you take a big load off immune system.

Right now, what about root canals? Where do they play in to to all of this? Yeah. Okay. So I just want to point your patients just real quickly, because I we're going to I know we're running through a lot of this really quickly, but one of the best resources that's out there, the most recent compilation of research on root canals, is going to be by Thomas Levie.

Dr. Thomas Lee The Lab, why it's called the Hidden Epidemic. And if you want a good overview of the dangers of root canals and their toxicities, that's great place to go.

And it points you to all the actual peer reviewed research that's out there. So for a really long time, most of the research that was done on root canals was just done in the dental field.

Well, now, in the last probably 10 to 15 years, it's really been picked up by more in the medical community or by independent researchers. And so it's gaining a little more attention as far as that is concerned.

So what are root canal is just basically, if you can imagine, if you if you had a root canal, what they did was they went through the biting surface of the tooth.

They drilled a hole and they went up into the main canal. So if you have a single root, a tooth, or if you have a three rooted tooth in the middle of each, you know, ice cream cone shaped root, there would be a little tunnel and we call that the root canal.

It's the canal that runs through the middle of the tooth and that contains the main branches of the nerves and blood vessels that serve this living tooth.

But what they do is if the tooth is already died or is in the process of dying, they take instruments and they clean out that main canal and then they fill it with some type of material.

The now the tooth is now officially dead and they seal it up and usually put a crown on it or a filling in that and the patient goes on their way. The problem is that now we have a dead tooth and not only do we have a dead tooth that even if a dentist cleaned it out really well, the main canals, what they can't ever clean out is that there are from the main canal running off.

From the sides of it are thousands of what we call accessory canals that come off from the main canal. So if you cut a tooth in half just to your naked eye, you would be able to see there's all these little extra little pathways going off from that that contain little offshoots and blood vessels and nerves.

If you were to look at that under a microscope, you would see that it is just filled with these microscopic tubules. And so when you cut off the main supply, you clean out that main trunk.

You cannot get all of those little fingers of blood vessels and nerve tissues. So kind of like a cavitation. Now, you have a lot of dead tissue in this tooth, but you just took away the main portion of the blood flow.

So similar to a cavitation, you have this setup where you have a dead tooth. Now I like to you know, there's always research that can back this up, but also logically, there is nowhere else in the body where the medical community thinks it's okay to leave dead tissue.

We always know that dead tissue is not compatible with how it is that we know that bacteria love to set up in there.

We know that dead tissue doesn't work well, but for some reason in the mouth we decided that dead teeth were okay in this dead tissue.

And if teeth were just solid and we could just clean out that main canal, that might work. But they aren't. They are living until what's at once. They have a root canal once they have died and have infection is dead tissue.

And there's really just no way around that rationale. So once you have a root canal, some patients say, I've just I just always didn't feel it there never felt right.

It didn't it didn't hurt, but it didn't feel right. Or I have some patients say it hurt from the day they did it. And I have some patients say it was great.

Never, never had any pain or swelling or anything. I didn't even know. I wouldn't even know I had a root canal if you didn't show it to me on on the x ray.

But the problem is, is that symptomatic or not? We know from years of research of extracting these teeth and doing toxicity studies on them and DNA analysis on these teeth that they are, in fact, very infected and they are leaking these into your system.

So root canals can be a huge layer just everything we've talked about as far as cavitation and mercury fillings and other materials, root canals can be a huge strain on the immune system because it's chronic infection and also, you know, contributing to chronic inflammation throughout the body.

And so that is just kind of an overview with a root canal. So when a patient says looking at their x ray, you know, like, is my root canal infected? Well, the root canal itself is going to be on some level infected no matter what.

No matter how perfectly it's done, it's going to have good tissue. We just can't get around that. What we're looking at on the x ray is, does the tooth have a secondary infection?

Does it have an abscess? Is the bone being destroyed around the tooth? And we can and can we see that on the x ray? That's what we're looking at on the x ray.

But we know already that the root canal itself has a certain amount of infection in it. So do you always take out root canals? And what if someone is told they need a root canal?

What should they get instead? So I would say, at least with my patients, the vast majority of my patients already are very familiar with root canal research or their physician, integrative health practitioner or whoever has educated them on that.

And so they understand that concept. The I always give my patients the choice. If somebody came in with a root with a with a tooth ache, and I'm always going to tell them you have two options.

You can have a root canal. Here's the pros and cons of that. And here is the alternative to the only way to get out the dead tissue and the chronic infection there is to take the tooth out.

And that's never a fun conversation to have, whether it's one root canal tooth or whether it's ten root canal teeth, that's a big deal to the patient and to me.

And so when a patient is in the middle of an immune system crisis, many times we do decide to always remove the root canal. That's always a decision that is the patient's to make.

But I want them to be very informed on both sides. But there are some patients who may come in and they have no apparent health issues and there's no apparent secondary infection on the tooth.

So the patient may choose to say, I think I just want to watch that tooth for now. I don't think I want to take it out.

And that's okay. It's very individual.

That's one thing about, as you know, in your practice and with integrative and biological dentistry is it's not one size fits all. You have to look at each patient, you have to look at their health history, what they're currently dealing with, how their immune system has responded in the past.

And you have to then compare that to what they have going on in your mouth and your treatment recommendations. But I would say the vast majority of the time when I give patients that kind of information, they choose to have root canal treated teeth out because there's just not, like I said, any way around the fact that it's a dead tooth that has chronic infection.

If if they're told, I get this call a lot here, I just get told I need a root canal. What do you think? And I'm like, well, if I can establish that I agree that you need a root canal, then I'm going to have that same conversation that I that I just said.

Root Canals, Risks, and Tooth Replacement Options

As far as that is concerned, if a tooth needs a root canal, that means that it's either already dead or it's in the process of dying, and we're not going to be able to rehabilitate it.

And so then we're at that same point, whether the tooth has had the root canal or not. And then at that point you could. But the other option to a root canal is removal.

And then they usually get some sort of flipper or crown and they wait for implants, right? Yeah. Yeah. So there's lots of options for replacing teeth and a lot of it depends on the patient's individual.

Like what are their goals? I have some patients who say I do not want anything removable and then I have other patients. You're like, Oh God, that sounds great.

That's conservative. I'll discontinue removable implants or another option, titanium implants are the traditional type of implants, and I have patients that have definitely done just fine with those.

My preference, though, because we have them available now, is zirconia implants. They've actually been using them in Europe with great success for 40 years.

They've been approved in the United States and used and I've seen great success with those over the last 20 plus years. And so that's an option. It's the downside is that there's usually an additional surgical procedure.

The upside is you have a now a new standalone tooth. Bridges, as you mentioned, with crowns is another option for replacing teeth where it's something that's cemented in the mouth and all just depends on where the tooth is in the mouth, what the patient's goals are, what their health status is.

I don't want to do anything very invasive on a patient that is maybe still recovering from a chronic illness. We want to not give their body something else to have to get used to.

So there's always options for weight is to replace teeth. And then there's some cases where I just say, you know, you really don't need to replace that tooth.

There's some areas in the mouth where a patient may just say, I don't even really after the first initial healing, I don't even notice that the tooth is gone.

So it's very individual as far as what your options are. Okay, so from a meridian standpoint, it's okay to leave a space like a tooth because. You know, I kind of have quite a few practitioners that have gone back and forth.

I think you could probably find something on on both sides of that issue. And also with bridges where you're tying

teeth together, some practitioners don't like that with meridians.

And so it really comes down to what's the best for a patient. I haven't necessarily seen not no replacement as an issue as long as there's no capitation or like if a patient came to me and already had a tooth missing, I wouldn't necessarily recommend them replace that.

We'd be more concerned. On if a cavitation was causing a blockage to the meridian or an interference there. Yeah. And now with if someone did get an implant as as you said, you know, it is another surgical procedure.

Have you seen cavitation or inflammation with the implants is that's another thing that we have to worry about with implants or. Not generally, no, because an implant itself different from a root canal treated to the implant wasn't alive and then dead.

It's just it's just an inert material. And so you don't have to worry about it that from a chronic infection standpoint. And as far as getting cavitation around those.

No. Now, are there risks and benefits with implants? Yes. Have I seen implants failed because the implant became infected or the patient rejected it? I have seen that.

But generally you don't have you're not worrying about that from an implant standpoint. As far as cavitation or infections around them, it's just more of a post-op complication that happens very rarely.

Okay, great. So, so many great options. So let's talk about prevention, because we've talked about all of the things that can happen. But I think we should really focus on, you know, what can we do at home to support our oral health so we don't get to all those scary things, right?

Yeah, absolutely. Yes. Let's go back to that. What can we do? So one thing that I didn't touch on that really is probably the one of the most important things that people need to realize about their oral health is really just basic periodontal disease.

You know, we kind of overlook that when we are talking about all the big things in the mouth, but supporting your mouth from a periodontal standpoint is key.

So and when I'm talking about her disease, I'm talking about your gum tissue. So that could be anywhere from gingivitis all the way up to full blown periodontal disease where your teeth are getting loose because you've lost all the bone support around them.

The periodontal disease affects 90% of people in the United States from one end of the spectrum to the other. At some point in their lives and back. Periodontal disease is a bacterial infection of the gum tissue around the teeth and the bone that supports the teeth.

So like your jaw bone that supporting the teeth. And so one of the most effective probably everybody kind of remembers when you go to the dentist and they take the checkup x rays and they're looking at your bone level and then they take that little probe and they go around, they're calling out those numbers and they don't want to be more than three.

So what they're measuring with that and looking at on the X-ray is they're looking at has damage occurred? Have you already lost some bone? Are you losing some attachment with your gum tissue?

Well, we want to catch that before that starts happening or we want to see where they're at in the moment, not wait till damage has already occurred. And the way that we do that is by looking at what is the active state of bacteria in the mouth when the patient is sitting right there.

So we that can easily be done by taking a little sample of the plaque right around the gum line, going under the gum line and then placing that on the slide.

And then we can look at that under a phase contrast microscope. And then we have a big screen so the patient can see, hey, you want to have some bacteria and you don't want to have a completely sterile mouth.

You need a good, healthy oral biome. And so but when we're looking at on the computer screen, when we're looking at what is on the slide, if we see lots of bacterial activity and if we're also looking specifically for certain bacteria, like, for example, a spider, which is this little corkscrew thing that's just going nuts all over the screen.

If you have that, that means that you're in an active state of periodontal disease. This bacteria has invaded under the gum line. It's effectively a chronic infection in your mouth, also leading to chronic infection contributing there.

And it is something that your immune system is responding to. So when we see that on the screen, then we can educate the patient. It's very motivating to see what's going on in your mouth.

I've been out of town, out of the country before I come back, and we've checked my bacteria on the slide. And it is just it's it's crazy because I was drinking a different water source that probably wasn't eating this clean and things like that.

And so there's lots of sources for why people can say, oh, I brush my teeth every day, I floss everything, I eat really clean, and they can have a really active slide.

And that's because there's lots of sources of these bacteria. And if you're not cleaning below the gum line, then this bacteria is just sitting there. So what we recommend patients to do just at home.

So if I have a patient that comes in from out of town and they they decided they didn't want a cleaning, but then they see the screen and they're like, Now I really want to cleaning, but I can't get them in right that moment.

Then I can. The best arsenal or the best tool that you can have in your arsenal at home is to have a water pick a water flosser. It doesn't have to be the water pick brand.

There's lots of different brands, but you want something like that where you can actually use that little one. And we usually recommend a mixture of hydrogen peroxide with water or apple cider vinegar with water that can flush below the gum line.

And it fleshes out those pockets so much more effectively than brushing.

Preventing Oral Inflammation at Home

I mean, then than flossing. You still want to brush, but it's more effective if you have to pick between flossing and a water pick. Always pick the water pick.

It's so much more effective. And then when you're in the office and we can also use a combination of irrigating with ozone water, irrigating with ozone gas to flush out those bad bacteria.

We also can incorporate some essential oils, things like that. So those are the big preventative things that we can do as far as recruiting on the standpoint.

And then I'm sure as you tell your patients, nutrition is key as far as oral health nut, no complex carbohydrates. Cutting down on sugar is eating lots of good, you know, raw fruits and vegetables, clean eating, things like that, everything that gives your body the building blocks it needs, just like to to keep your skin and hair healthy and your organs healthy.

That's the same things that we're wanting to do for our mouth. So those are. Yes. Yes. And in dental cleanings, I like it's like a competition and I'm like between my husband, I'm like, did you get ones and twos?

I have like one, three back, back here. And I'm like, Oh yeah. So it's like it's a game, you know, you want those low

numbers. And then I have patients that are competing with their spouses on what their slides look like and they're like, No, no, I want to see what his life look like.

They come back after they've gone home and done their homework and and they come back and and they want to compete on who has the better slide. So. Oh, that's funny.

And it's so important, you know, dental, dental hygiene, it really is. You don't want that excess inflammation. So I and I was loving just talking to you and picking your brain about everything.

And this is stuff that I don't know in northwest Ohio. We don't have options here. So how can people travel to see you? I've heard that we can and let everyone know how to find you and where you're at and how to become a patient of yours.

Yeah, absolutely. So we are in we are in Marble Falls, Texas, which is a little town along the lakes just west of Austin, Texas. So we're right smack dab in the middle of Texas.

And we are not in a big city. People come out there and they're like, how in the world is this clinic here in the middle of what feels like nowhere? We really you know, our little town has grown quite a bit, but we are definitely not a big city.

We're about an hour from Austin, about an hour and a half from San Antonio. And so that's where we're at. The best way to get some more information is.

And a lot of the things that we've talked about today are on our website. There's multiple videos that are on our website that they show you the platelets, the proof.

They they give more pictures of root canals and cavitation and what the smart removal system looks like if you if you're real visual, a lot of times it's helpful to see those pictures read about it here.

A little more in-depth discussion. That's on our website and our website is healthysmilesforlife.com. Just all lowercase all the same it's all written out words.

There's no abbreviations healthysmilesforlife.com. There's also a button there on how you can contact us. The best way, I think, is to call the office and they're going to immediately hook you up with a coordinator, and that's the best way to get that process started.

As I mentioned earlier to you, we do have a lot of patients that travel. A vast majority of my patients travel in from out of town. And we can usually by doing all of the pre workup as far as looking at x rays and looking at intake forms and talking to the patient, we can come up with kind of a tentative plan so that then when the patient's ready to travel there, we usually can accomplish what we want to accomplish within about 2 to 4 days using our protocols of conscious sedation, high doses of vitamin C, we have most people bring a caregiver.

Some patients can't bring someone with them, don't have one available. We have caregivers on staff that are there for our patients when they travel. We have lots of good relationships with restaurants and hotels in our area as well.

How to Find Dr. Freeman's Practice

So those are just just kind of a brief overview, but that's the best way to go on the website and then call the office and go through it that way. That's awesome.

Thank you so much, Dr. Freeman. You are a wealth of knowledge and what you're doing is amazing because we need we need more integrative dentists out there.

So I applaud what you're doing for everyone. I just give that right back to you, because I think the reason that Integrative is such a good title for what you and I are both doing and other health practitioners is that we're looking

at how all of this is connected.

There's never just it's never just the mouth. I always tell patients that you really need a quarterback that's looking at your overall health and how your body is responding to things.

And so I just really appreciate that you're recognizing that oral health is such an important part, but also just for what you do for your patients. Absolutely. Thank you so much.

Have a great evening. All right. Thank you.