Is Your Dental Care Harming You? The Truth About Fluoride & Root Canals Transcript

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Podcast Introduction and Guest Introduction

Again, another hot topic in the biological world, we, as you said, fluoride is a toxin. And yes, it was sold to us probably more than 100 years ago worldwide.

The idea, oh, fluoride makes your teeth stronger. It helps. fight cavities. But if we look at the history, if you look what we see in the modern world, that would have been the case.

We have fluoridation of the water worldwide, so a lot of oral hygiene products, majority of them actually have fluoroid. If that had been case, we would see less caries disease.

In other words, less cavity. That's not happening. Hey there, welcome to the Recharged Biomedical Podcast. I'm Dr. Edward Park, and if you're curious about regenerative medicine, you've come to Hi everybody, this is Dr.

Ed Park and welcome to another episode of the Recharged Biomedical Podcast. Today we're very excited to be joined by Dr Emma Abramian. So she is someone I met a few weeks ago at the Biohackers World Conference and I said, oh my God, I've been wanting to have a biological dentist on and she said I'll do it.

Thank you for your time. So it was a pleasure to meet you Dr. Park. It was meant to be and yeah, I would love to talk about my passion in life, biological dentistry.

So I am a doctor and I kind of listen to patients, which is unusual. Over the years, people have complained to me about their health after root canal.

So we're going to get into that. We're gonna get in to mercury and we are going into what really is functional medicine, right? From an oral perspective.

For example, tell me, when I was born in 67, so when we were kids, we got mercury fillings and I still have some. Number one, out the gate. Do you recommend patients get their mercury removed or can the removal cause more mercury release?

Mercury Fillings and Safe Removal

Where are you on that? That's a great question. That is a good question and I want to tackle it from different angles. In general, I would say mercury as we know very well at this point in medicine even.

Medicine is number one neurotoxin and thinking of it being safe. In the oral cavity, in the mouth, the three inches from brainstem, it's a little naive as a professional level.

I'm not even talking about general public. That's of course confused because, but there's very controversial messages around it. So part of it is, yes, we noticed in your talks in one of the heaviest metals and all this unfortunately negative effects on the systemic health, first and foremost, and oral health as such.

Now you brought up a very important topic. Take it out or leave it. Do you know how when we take it up we expose now to a vapor aerosol of mercury. So when it's in our mouth by extension every time we swallow we introduce mercury ions to our gut and we all talk about God being a holy grail of health.

This is the place where immunity or happy. new remediators, it's our hormonal health, so think about it, we're constantly introducing mercury ions. We're changing microbiome, changing our systemic health truly.

Now the controversy arises if we are not going to do it safely, if were not gonna protect the patients, us, the team members, environment, Then we introducing mercury vapor so people, patients can now inhale mercury.

So now we're introducing it to our lungs. This is a very, very important topic. If you don't have access to safe mercury removal, I can argue that I rather you stay in a position where once I'm going to find the way, the person who can help me, guide me through.

And I always like to start with functional medical doctors. we need to make sure excretory roots are ready. So in order to do heavy metal detox, we start with looking at where they're hiding those heavy metals.

And many times, I would say one of the most overlooked parts are the mouth. Back in the day we say, open your mouth, take a look where we're at. Now, let's say someone has mercury fillings.

If they don't have access to a biological dentist, wait until you have one. Do not take them out with a conventional approach because then you Instead of getting rid of it, you're reintroducing it to other parts of the body.

And I can argue lungs, gut, what's worse, was better. Not to mention skin exposure. As we know, heavy metals have affinity, meaning they like hair and skin.

So yes, people benefit from taking out mercury fillings safely. We have a protocol that we follow, SMART. It was developed maybe 50 years ago. It's called Safe Mercury Amalgam Removal Technique.

And following the protocol, I would highly suggest Dr. Park, it's a part of a detox. We don't want to be accumulating toxins. Recommended, but go to a biological dentist who knows the smarts.

Okay. Now I had a dental abscess in one of my femalers and it was coming back every month to get infected. It was because I'd gone to Tijuana with my parents who like to save money and they I think that the filling fell out.

So I had a hole there and the food particles were getting into my jaw. And so what I ended up doing, I'm so scared of dentists, so I end up begging this younger dentist to just put a new filling in.

He said, "I can't do that. It's already cavitated or it's all already rotten. Can't that malpractice." So, wrote this medical letter and saying, oh, it is okay.

I forgive you if I die of brain infection or whatever. And so he did it. Thank God. And I was injecting the gum with exosomes and it must have made the gums and the tooth bed healthier because it's been inactive for five years now.

So tell me for those people who don't know, what is a cavitation? Let's start with the definitions. Every tooth is an organ. It has its own lymphatics supply, nerve supply and blood supply.

On top of it, in alternative medicine, Chinese medicine as such, we talk about meridians or energy highways and all teeth connected to organs to the rest of your body through those energy highway.

Some people, some cultures will go like Pranachi in scientific world will say electron flow, energy flow. With that in mind, if you have any type of inflammation, infection, it affects the whole body.

It affects meridians, organs on the sea meridian. the blood flow in the whole jawbone. So cavitation is infection that went beyond the tooth structure.

And now it's in bone. There is a different names for it. Some will say cavitations, some will see inflammation, someone say abstinence or periodical radiology.

That's the jargon dentists use.

Cavitation and Bone Infection

The idea is this. We start with, for the most part, a cavity or some kind of trauma, and it develops in the tooth that we see in in mouth. We call it the crown of the teeth.

Then it continues on and then slowly the nerve, the blood supply, lymphatic start to get more irritated, inflamed, And it spreads. At this point, it's spread in adjacent bone because every tooth is embedded in bone, through the roots of teeth embedded bone.

So now it is in a bone and we say, It's a cavitation. So, I'm known to be a regenerative dentist. So before it gets to the bone, while it's still within the tooth, we can regenerate because we get lymphatics to flow.

We can get a blood supply to get there. And this is a beautiful platform to talk about exosomes and peptides and all the regenerating power. But let's say someone already has a cavitation like what you're describing, Dr.

Park. It's already beyond, in a sense, repair. Yes, we can try to make the area. So what is known for cavitation, the highly acidic pocket of infection in the jawbone.

It's so acidic, it's really hard to get there. Even sometimes people say it is a hot tooth, and it hurts me. Or sometimes it has a hidden infection, what we call silent.

If we dumb it down then, so a cavity, if it left unattended, can go into the bone bed and form like a radiographic hole. Correct. Correct. A cavity leads to a cavitation.

Correct So if it's an anoxic sort of environment, do you use things like ozone or lasers or what do? Right, so this is a great, again, way of looking at it.

We know this area is very comfortable because there's a low oxygen content. There's not enough oxygen. So how to make it uncomfortable, this microbiome?

When I say microbiomes, we say infection, right? I use those words interchangeably. It's actually different type of infections. They could be bugs, it could viruses, they could parasites.

we see a lot of candida or fungi species. it's the mix that make very much comfortable, make each other life easier. So how we make it uncomfortable for them, right?

We introduce oxygen, and if we introduce what we call oxygen on steroids or activated oxygen or three molecules called ozone, then it's really becoming now almost like a disinfection.

So we're disinfecting the bone with ozone. Our laser energy has been known now for probably 100 years. When we work, there's a photobiomodulation. Different modalities can be the way we use the laser.

We can choose the frequency wavelength to tackle certain microbes if we know the flora. Or we can just do a disinfection control. The idea is, again, making this microbiome uncomfortable.

And the best way to do it, introduce something alkaline, a lot of oxygen, and laser, laser-energy. So let's go back a little bit in a hundred years to the smelting of aluminum and introduction of fluoride into the water supply.

And when I started podcasting, I watched a friend's podcast and he interviewed one of the dentists who was well versed in the history of fluoridation of the water supply.

So this is kind of a funny thing. Maha or RFK just had it removed from certain things. And you know, fluoride, if you buy it off the shelf, is a neurotoxin as well.

We know it's great for cleaning because it is in a halide column. of the periodic chart, but is it something that we

can examine or criticize or even go against the idea of fluoridation?

Because it seems so ingrained in the dental practice. You go in, you get your fluoride treatment. How do you feel about fluorination of water and fluorite in dentistry?

Again, another hot topic in the biological world, we, as you said, fluoride is a toxin. And yes, it was sold to us probably more than 100 years ago worldwide.

The idea, oh, fluoride makes your teeth stronger. It helps. fight cavities. But if we look at the history, if you look what we see in the modern world, that would have been the case.

We have fluoridation of the water worldwide, so a lot of oral hygiene products, the majority of them actually have fluoroid. If that had been case, we would see less carious disease.

In other words, less cavity. That's not happening. That's just observational. Then if you look at the history, it's a lot to do with politics. It's lot with idea of this is a toxin, how we're going to get rid of it at more of a societal, political arena level.

And, oh, let's see what it can help with. And without doing thorough research, superficial observational conclusion, they say it looks like it makes teeth a little different structure.

Ozone, Lasers, and Disinfection

What actually happens, Dr. Park, it does change the enamel, its outside portion of our teeth. It becomes a lot more harder. So it becomes like a glass type of enamell.

But truly, doesn't fight cavities, changes enamels. I can argue that I have a lot of fluoride in the water can cause a lots of staining of enamel. So enamels becoming almost like a glass like structure.

There's a less organic inorganic ratio is being changed because of the fluorite and it's long term not to the benefit of patients. That's why we see so many crack teeth.

Yeah. Interesting. Yeah, if you really go back in the age of AI, it's so easy to research stuff. The actual original public health papers were based on this very weird case cohort thing in Colorado with yellow teeth.

Correct. I've already forgotten what it was about, but the evidence was quite weak. But to introduce that in a mass fashion is quite disturbing. You know, I had a car accident the other day, a couple of years ago when I heard that the American College of OBGYN, and I'm an OB-Gyn by training.

was recommending universal COVID vaccine for pregnant women and they took a four million dollar donation from Pfizer or Moderna or both and it kind of made me think well this is what we share with biological dentists like people who are I don't consider myself a functional medicine doctor because my knowledge doesn't go that deep but This is why I did the podcast, because there's a lot of bad ideas out there that just don't get challenged.

And as doctors, I think people now realize the one benefit of the COVID is that you can't really trust your doctor. Because if they had read the studies, they would see there was like an over two-thirds miscarriage rate from giving this to pregnant people or animals.

So my point is, how can you square the circle in terms of being a traditionally trained? You have the techniques to take out teeth, to replace teeth. How do you live with a legacy of so much dogma that isn't great or evidence-based?

Do you have identity crisis? Am I a dentist? This is great, great questions. Well, the way I look at it, I try to simplify it and break it down into little fragments that can be chewable for my psyche in a sense, right?

Integration. Integration is the ways to go. So yes, that was strange, some amazing techniques how to As you said, mechanically help teeth, mechanical restore them, take them out if this is non-restorable situation.

No, but you have to zoom out a little bit. And in my case specifically, I went down this rabbit hole of a holistic integrative approach pretty early. I got myself educated with different alternative medicine branches.

Ayurvedic approach, Chinese medicine, homeopathic, approach. And then you kind of step back and say, okay, before taking the teeth out, maybe we'll try everything we can from other branches of health.

Fluoride in Water and Dentistry

If that works for the whole body inflammation, why would it not work in the mouth? Maybe we should try. So in my practice, absolutely, I try to zoom out and see what else can be done from, again, going through the point oral health, your mouth is part of the body.

If we know homeopathic approach works with inflammation and pain, why not to try it for the oral pain? But that will be the cases where I will highly suggest my patients take antibiotics.

Yes, Absolutely. Is it, for me, a standard of care? No. We try to go as much as we can without it. But that's, again, that is the premise of integration.

Someone has trauma. We need those, you know, we're really basing on a traditional dentistry approach how to, mechanically, help this patient. But when it comes to chronic illness, when is comes gently detoxing the body, of course I'm heavily relying on natural medicine and alternative medicine approach.

Because unfortunately in traditional dentistry, it's very mechanical. I call it real, feel, real approach Yeah, I am kind of like a little bit of an anti-dentite.

Cause like when I meet dentists, like I feel like, you know, the cartoon characters where you look like hot dog to the other guy stranded there. It looks like 32. So let's talk a little bit about dental anatomy for the lay person.

So, you know, humans, they're born with these decidual teeth, which fall out somewhere around age seven-ish or whatever. And then you get the permanent adult teeth.

From then till when you die, You get gum recession, right? depending on how good you are with oral hygiene, you might get cavities and then you may get implants.

But in between, a doctor might come and say to you, why don't you get a root canal? Now, if you study what a route canal is, it's kind of barbaric. They go in, they drill, and they just basically take out the vascular nerve supply.

In the old days, these put golf ball rubber in their gut, Aperture. But the reason I want you on is I've had patients over the years who, for right or wrong, maybe they're wrong.

They get into this idea of dentistry as a biological kind of toxin. And then they talk about meridians and they go, oh, my liver hurts. I'm like, you know, this is why I got cancer.

Tell me what you think about the root canal. Is there ever a place for it in modern dentisty or are there other ways? Is it better just to put an implant or what exactly makes a root-canal a Another hot topic.

So in biological dentistry is very black and white. Root canals are not part of a health. If we talk about health and wellness, it doesn't really, implies there is no root canal.

Why? Because exactly what you said, root canal by definition is the situation when you say, My tooth hurts." He goes to the dentist and he said, I know what to do.

We're going to a root canal and a crown. You need a roots canal. And I want to argue it and I argue and challenge it every day. Almost my needs are root canals.

No one needs, there's no need for it. It's just when you have limited tools in your toolbox. This is the only way to get the person out of pain. But is this the way?

And this is where we again, we'll look at what is biological dentistry addressing the root cause. If there's a little bit of inflammation and the human perception hurts, it just says, I need more love, more care, a bit more blood supply, lymphatic should be flowing a lot better.

Why our barbaric approach, like you said, is to take everything out, throw out the lymphatics, blood, nerve supply. It's not needed. And then what do we have?

It's a dead organ, it's dead tooth, a shell. Guess, Doc, what's the color of this tooth? Black or blue? And that's why my colleagues that I love and honor so much will say, now you need a crown.

Because it will be white, pearly crown, not to show what it was underneath. And underneath is again green. This is the definition of gangrene, dead organ.

So if we understand that part, there will be no doubt in our mind, doctor and dentist or a lay person, as you say, it should not be part of our health.

Because what happens in nature? We don't need to guess, look at nature. Something is dead, you see a dead squirrel in the forest. It will attract what?

Scavengers. To hurt it? No. It's recycling. In the same fashion, those teeth, Rokanal-treated teeth beautifully crowned with a beautiful smile, I see it every day in my office, they always get infected.

Over the years, it will attract fungi, parasites, anaerobic, and those bad bugs who don't like oxygen. and get infected. In my 18 years practicing, I still have to find one root canal, extracted root canals.

We always send it out for biopsy to found out microbial test results. One, come back clean. Never comes back. You're implying strongly that There's never a need for a root canal, right?

It's always going to invite more problems down the line. So what is the solution if we can't afford or can do is just extraction and just have no tooth there?

Integrative Dentistry and Root Canals

Or what my recourse? If I'm not a believer in biological dentistry, I just to have my job's Delta dentist. If the doctor says you need a Root Canal and the patient says, oh, i heard on this podcast, it wasn't safe.

What's their alternative? It depends. So when we say, I would ask the provider, your dentist, why do I need a Rokina? First of all, the need should not be a part of a sentence.

Why do you think I should do it? So if the doctor says, because it hurts. That's not a good answer, right? So what it means is a spectrum of problem. It could be the beginning of inflammation that's reversible.

And then we can talk about… People don't like a gap, but you're just saying just extract it. Don't drill into the mandible or maxillium. Damage that.

Just take it out. Correct. And clean all the infection. Then we discuss how to replace. There's multiple options. It could be something like bridge, something that attaches the fake tooth to adjacent teeth.

it could something removable, clicks in, click out, just teeny tiny one tooth. I'm a big believer in no metals in the

mouth. So it's going to be medical grade, silicone, very soft, it is very static.

Well, yeah, that's a good conversation about implants because they're full ceramic implants that we accept in biological dentistry, but we try to stay away and advise patients to stick away from titanium implants.

Because again, we're introducing what? Metals. It's alloy, so it's never 100% titanium. In the medical field, when they use prosthesis, it's usually 100% titanium.

When it comes to dentistry, that's not many people know, but in the lab, people say, the slab technician will say let's introduce other heavy metals to make this titanium sturdier, so it is always alloy.

So 50% Titanium and the rest is different metals. Why would we want to introduce heavy metal in jaw bone? Does it work? Yes. Think of a metal, you just throw it, it will, by long-term effects.

Again, meridians, blood supply, immunity, low-grade inflammation. So some type of reaction from the body. This is what we see long term, especially…

It has gotten a real pass because it's so often used in orthopedic procedures, but perhaps titanium is not a great natural metal to have. You would favor silicon over titanium.

For implants, a ceramic. I use zirconia interchangeably with ceramic, but yes. It's like metal, it's biocompatible. The body will not have a foreign body reaction to it because it is something the body can accept.

And we actually do, there's a lot of research coming from Scandinavian countries and Switzerland when they check meridian flow. So when you place titanium implants, it completely stops the flow of energy.

Electrons will not flow, some metal, right? Now we place ceramic implants or cornea, the flows are restored. Interesting. So you believe in all that Eastern stuff.

It's an interesting topic. Titanium, of course, is not ferromagnetic. When you go into MRI, it's not going to rip your teeth out or whatever. But you're saying titanium is still a metal and it still interferes with energy, pronic, chi flow and all of that.

Yeah, it's not just titanium. It's also other metals is to always introduce aluminum and nickel and other heavy metals. And that's what becoming more of an issue than purely titanium products.

Well, let's talk about, uh, Let's pivot a little bit to general health for those that don't know things that can set you up for. Gum disease, gum supports and protects the teeth and everything and disease in general, inflammation.

So also poor circulation from uncontrolled diabetes is a huge contributor. People with bad mouth infections, I assume sinus infections since they're connected can be related.

Poor dietary considerations, you know, ongoing cancer treatment probably is not good for your stem cells and your immune system. One of the things can set you up for bad oral health.

Well, it goes both ways. So someone who comes in and see me and says, I'm absolutely healthy and I see a lot of inflammation in their gums. I said, when was the last time you saw your doctor?

When was last you done your labs? There is no way the gumbs will be so inflamed, so red, swollen and bleeding and you're 100% healthy, your gut is healthy.

Your hormonal health is there. It's just not… Oral cavity is a manifestation of what's going on in the rest of the body. Specifically with gumps, It's more so about the GI tract or your gut health, but it's also, it can show some infections and vice versa.

So as you said, someone who has diabetes. will have more bleeding and less healing. It's really, we'll call it delayed healing, so every time they'll have a scratch in the mouth, the scratch will get infected.

For most, for majority of people, they forget about the scratches, it will be gone in a couple of days. But these people say it's bleeding, I think there's an order, a doctor, can you check?

And if I don't know that they have uncontrolled diabetes, then it's hard for us to find out why. So that's why we ask about the medical history. Same goes for cardiovascular health, your heart health.

We know that the pathogens found in the inflammation around the heart, pericarditis, endocardias, is the same pathogens that live in pockets of your gums.

So gums have pockets. This is the distance between when the tooth is attached to the bone. It's through this ligaments and gumps. So if there's a pocket and it's really hard to clean it, it is a little deeper pocket, right?

There's no toothbrush that will go four or five millimeter under the gum, and goes for flaws. We check those pathogens and we compare. Same goes with dementia Alzheimer's.

There is lot of research lately coming out from Germany and Japan saying if we an autopsy they check those brains people with Alzheimer's and dementia and it's Fascinating is the flora from their mouth.

Yeah So let's talk about that. So, you know, obviously in the vagina there's lactobacillus It's supposed to be there to protect you in a gut. There's a bunch of flora that produce, you know, vitamins and neurotransmitters.

The mouth is not a clean place either. And so the mouth has to have bacteria. How do you, no, other than having, brush, which is obvious Canada, how do, if your mouth flura is good or bad?

Well, it's hard to know, so I don't think people will be walking and saying, I have a good floor or not, but they can suspect something is off if their loved ones, usually loved one and a family member will say, you know you have this constant odor in your mouth, right?

Or they will see, a dog, do my diligence and religiously flossing and brushing and using mouthwash, everything natural, and I take care of my diet. And my doctor says, my laps look great.

Dental Anatomy, Implants, and Oral Health

But this is what I see, a lot of inflammation in my gums. Then what? Then I say, let's check your flora. Maybe you do have some stubborn pockets that some infection is brewing on the bottom of these pockets.

And many times we'll do this extra testing. But, this more of an exception. For the most part, people will say things that are relevant to them. They will not talk about flore being on and off.

They help us, they help in a sense that we coexist lovingly in an area where there's a lot of oxygen, it's easy to clean, its very alkaline, there is not acidity in the mouth, then those bugs actually helping us.

We coexist in loving, just like for the gut, we talk about probiotics, prebiotic, postbiotics, those are bugs, but those a bugs we co-exist loving that they helped us we help them.

But there's also other bugs who take advantage of what we eat. They take, they take advantages of the blood supply in the gums and the bone and they, almost like a parasite, destroy the structure.

Well, for the lay person, palatosis, bad breath. Bleeding gums, inflamed gumbs can be a sign that the flora is a little off. Now, tell us, what's a good way to brush?

You know, is it three times a day after every meal? Do we need to floss all the time? It depends what kind of

products we try to stay away from. I tell my patients stay way from products with fluoride or harsh chemicals.

We're not trying to kill all the bugs. There's no such thing as sterile mouth. If your mouth is steril, it's only a couple of seconds and then it is going to invite not good bugs by definition.

Brushing right after every meal is not recommended because after we eat, our mouth becomes acidic. That's actually activating enzymes that help us digest food.

So we have to give it some time. Let's say you just had your dinner or lunch or breakfast. Give it sometime, 10-20 minutes, and then you can brush. Do you have the brush three times a day?

No. You definitely have to do it twice a day, right after the breakfast, after some time, 30 minutes after breakfast and before you go into bed. In terms of brushing, that's enough.

And same goes for flossing. Now, using mouthwash. Again, gentle product. Something that's based on tinctures, plants, essential oils, vitamins, minerals.

Yes, I'm a big fan. Probiotic. So we're bathing the tissue with something that makes it healthy and detoxing at the same time. You can have your mouth wash.

This is what I tell my patients, on your desk and you can, between the meals, right after the meal, swish it and it's actually very beneficial because it will change very gently the pH.

So my mom is a big biohacker at 89 and she gargles with peroxide 2% all the time. That's a little harsh, don't you think? Is there a brand that you would recommend for this kind of intermittent mouthwashing?

As long as it's a food-grade hydrogen peroxide, I'm okay with that. Really? Okay. But not doing it over zealously because why I like food grade products because everything goes in the mouth should be edible.

On the other hand, doing all the time, it can change the flora. Introducing something like a donor of oxygen. Again, we talk a lot about oxygenation today, right?

because it's part of the health. And then the mouth is just the same idea. So hydrogen peroxy is a good product and yes, you can swish it as long as a food grade, 2% is fine.

But I would also introduce something that will have minerals and vitamins for your gums. Not just purely oxygen, but something else. The more products you have and you alternate throughout the day or throughout week, the better you off.

Just like for the body. You don't take just vitamin C every day, right? You do different things to support the Okay. You know, recently the internet sold me this brush that goes in your mouth, front and back.

It's like a mouth guard, but it's got little bristles and it vibrates. Are those gimmicky or is that good or you have no opinion? I'm not sure which line you're referring to.

It goes, it fits both top and bottom row and it vibrates on the front and back of the teeth. I mean, logically it seemed like it would work, but I don't know.

Everything's how we use it, right? It's interesting because there is one to massage the gums. This is to brush. Brush. I would like to see the research, what is it, someone is doing it and then is that effective?

I have not seen that. There's a lot of gadgets out there, but I can't comment because I don't have personal experience and I want to how they, you know, how are they based on the effects of this brushing.

Kind of wrapping up, a lof of people have heard of biological dentistry, But they don t really know what it is. So if

you could summarize, What do you think the philosophy is of what you do?

Well, biological dentistry is where we'll look at the root cause. So if someone comes in and says every six months I go to my dentist and they say, I have a new cavity, so I'm so tired of it.

I want a second opinion. What I am going to say is going be very different because I will say what's your stress level? What's you pH? Let's look a cortisol because we see the latest research.

It's cortisol that's driving cavities. not so much sugar, not to say I'm a proponent of sugar. The more stressed we are, the more acidic we're are the, more cavities we have.

So unless we can address that, it will be drill-filled bill domino effect. Right, so cortisol is immune suppressing, also telomer is suppressive. Immune function, higher rates of inflammation and infection.

so that makes sense. You're looking at the whole person, their lifestyle. But isn't it also true that Everything in life is sort of aging, right? So you don't expect 102 year old to have healthy gums, Right?

Now, and I've treated some gum disease with seeding gumbs with exosomes and it can help regrow the tissue. But isn't it just a manifestation of ageing?

I mean, if we all live to 300, aren't we're all going to be toothless? Well, you know, talk about gums, but this is a little bit layered question which asking.

So when someone with aging, we see bone remodeling, in other way, people losing the bone level. Always have in mind, what we seen in the mouth is gumps, underneath there is bone.

If there's a bone shrinkage going on, the gumbs will follow. Is it the gum issue that needs to be addressed? No, it's the bond issue. Is it an issue in the first place?

You're right. There is some physiological what we call wear and tear. But what I see in my practice, 30 years old man losing tremendous amount of bone and as a consequence gum.

And they'll have to look at what their testosterone level, their hormones, what they're eating, mineral content, the stress management, right? So if we're not going to do that, these people in their 50s, we might lose those teeth because teeth embedded in bone.

And the more shrinkage of the bone and recession of gammas following, the less stability those healthy teeth, as a matter of fact, have. This is what I want to get attention of my patients and when I talk at the conferences, we need to look at underlying, again, addressing what the root cause.

That's the whole point of integration. I want to work with your doctor or your Dr. What he says, what he has to say about the density of the bone, quality, quantity of bone.

So that's again, premise of biological dentistry, right? Look at the root cause, not just get the gum. There's a lot of gum surges. Let's cut the gun from your palate, attach it here.

But, and this is the standard of care in traditional dentists. And I always ask, do you see those patients two years later and going back to square one?

Why? No, I had a patient who was going to get that gum transplant where they take it off the roof of your mouth.

Gum Disease, Flora, and Oral Hygiene

That is horrible. It's traumatic. Very traumatic and not effective because long-term, if this bone shrinking not addressed, it's more responsible. Yeah.

So the gum disease comes from the bone. Okay. Right. We're not going have time to cover obstructive sleep apnea. I've had that since, you know, forever and 30 plus years of CPAP, which works for me.

It doesn't work for everyone because I think the doctors. prescribed too much pressure and they have uncomfortable masks. So I have a lot to say about that.

But are there any simple sort of hacks? Because like I said, I listen to patients. I don't listen the practitioners as much because they always misrepresent, right?

But the patients who've had UPP or uvulopilatoplasty, i've never heard one that said it helped. Where do you fall on simple hacks like side sleeping, put a tennis ball in your pants?

What are some things people can do if they have obstructive sleep apnea? In the world of obstructive sleep apnea, it's, there's a different types, but in general, I would say in medical world, as a CPAP solution, in dental world there is a sleep appliance solutions, But simple hacks, that would see exercises for tongue.

We call it myofunctional exercises or face yoga. What it does because obstrative sleep is when your tongue is too big and it falls back and obstructs or another way of saying it, making your airway, your area tube narrow.

and people suffocate in their sleep, right? And they gasp for air. So what can we do? We can make tongue a little bit more toned because tongue is a muscle.

As a matter of fact, it's nine muscles. And the more toned your tongue is, the most it's going to be in the front of your mouth. That's why I do a 3D scan in my practice, a comprehensive head and neck scan to see the position of the tongue and interrelationships or airway.

What is actually obstructing airways? Is it too much inflammation in your back of throat? That is why it is so narrow. Or is it tongue, we'll call it lazy tongue when it's all the way in the back.

So that's why there's no one cookie cutter approach, but one of the very common things that help, I call, it face yoga. You can look it up on YouTube.

There's a lot of exercises, tongue to the tip of your nose, time to your chin sideways. Your exercise tongue throughout the day, is a little more toned and it is not going to be lazy going back because of gravity when you sleep, right?

And closing the airway. So you can look, Max, and you could also sharpen that jaw line. Correct. Okay, so that's great. So finally, about 10 years ago, I know it's not a fake thing, it is a real thing because I've been to these stem cell conferences.

I heard about a doctor at Columbia that was regrowing teeth using, you know, differentiation factors, right? Which can come like proteins, mRNA, maybe chemicals.

In theory, nature can do it, and now we can it to grow teeth. But because it's not really ready for prime time, what does the future for regrowing teeth look like to you?

And is there a problem with shaping it after it is growing out? Because it just comes out like a blob? Or is that never going to be part of the armamentarium?

This is fascinating. I do think it's promising and this is the future. Not so much drilling but saving teeth, regenerating teeth. And that's why the exosomes and peptides and stem cells, this such a great way of starting looking that direction.

Most teeth regrowth is still not clinical but in the lab. But what I see and the latest research I've seen from Japan is very promising. Now, can it be reproduced clinically?

That's the hard part. I mean, we can regenerate nerve. We can generate gum tissue separately, but can we take a tooth out and put, you know, sprinkles, some stem cells or whatever the combination is and expect all different tissues to grow dentin, enamel, roots, gums, bone?

I don't know. But that's what they in the lab saying. Yes. I have not seen it clinically, I don't know, we're not there quite yet, but separate tissues we can regenerate.

That's I've seen clinically before and this is what we do in my practice too. They probably are figuring out the pathways. I remember as an OBGYN taking out ovarian tumors, teratomas, and if they're early enough in differentiation, you get these fully formed teeth, which is really weird, out of the ovary.

Well, anyway, that's really interesting. So it sounds like you're in a very interesting space. I get a lot of prejudice when they try and speak to you in Armenian.

It's a lots of Armenian people there. A lot. Well it's not mixed, Doc. Like I see a a of people actually traveling because now more and more people say, I want to find a biological dentist.

People travel from desert, from San Diego area, and from Northern California, Central California. Because they really want try to regenerate. They try save the teeth.

Do you do hybrid billing? Because I'm sure you accept some dental insurance, but a lot of what you're doing is not yet covered by insurance? Yeah, well, because the conversation with insurance companies say, why did you save the tooth?

We're going to cover it, we're kind of on the ground. Why you did the regeneration and the filling? So unfortunately, I tell patients, will do our part, be prepared.

The minute you see regeneration, they say it's on you. So that's unfortunately where we are and we try to change this paradigm. It's driven by reimbursement.

So patients should know from the outset that a lot of this isn't approved by the insurance company because they do things the old way. Yeah, they're losing money.

They say we will pay for root canal and crown or extraction, but don't regenerate and put a filling. That's where we're at. And have you used exosomes at all in your practice yet?

Currently not and I was practicing North in California. I had a little bit of exposure I'll be interested to introduce it to my protocols and expand on that I currently using a lot of peptides in my practice PRFs or growth factors, but I want to introduced exosomes.

Sleep Apnea and Airway Exercises

So I'd be very interested Yeah And finally, do you think that, I know you believe in meridians and whatever, energy, electronic flow, but what is this thing that people think their health, their cancer was caused by a root canal?

Is there a mechanism for that? It is a dysbiosis, is it energy? Just bacteria? Like, Is their a link there? Because I have a friend, unfortunately, a dear friend who's passing or fighting stage four pancreatic cancer.

And I can't decide whether it was the GLP-1 that gave her pancreasitis or whether was it the multiple root canals and implants that she went through. What is the relationship between oral health and cancer, if any?

Yes, there's a lot of research. It's not what I think. I mean, in my 18 years practicing, I've seen it again and again, and, again. But again research is coming from Scandinavian countries, Switzerland, Japan, Germany.

Heavily, it's evidence-based. A lot control, randomized studies. What does it mean is there is a correlation on, let's

say, breast cancer and health of your upper molars.

So if you have upper molars that have a root canal treatment, on the same side you how breast cancer, those patients will benefit from addressing this infected root canals in order for them to be more receptive to the treatments.

Because yes, everything you said is relevant. It's taxing immunity, a local infection, meridian. So from the standpoint of meridians, it's draining in the breast.

From the stand point of immunity there's a lot of immune factors. making sure this infection in the jaw not spreading instead of doing what necessarily needs to be done with addressing the early stages of tumor and cancer growth.

And a lot of oncologists would say, depending on the organ, they will say can you please check out lower front teeth health? Is there any metals, any heavy metals or titanium implants or infected root canals?

Those people will say, just take it out. I don't want to replace. of this tension between scientific thought and then this alternative kind of mapping of disease pathology.

And I think it's really interesting to be in that crossover space and be open-minded to everything. Well, Dr. Emma, so your website is DrEmmaAbramian, spelled A-B-R-A-M-Y-AN.com.

Tooth Regeneration and Future Dentistry

So you practice in Glendale, California right now. And people have a bunch of resources on your site to learn more. Is there authority on YouTube or a book that they can kind of leaf through 50-pager on basics of biological dentistry that we whipped through today?

As a matter of fact, there are some movies. One of them is called Root Cause. It's about a lot of things that we talk today. I think it was on Netflix.

They pulled it on YouTube, but once, you know, check where it is right now, Amazon Prime, I believe. And there's a lotta books on the topic of biological dentistry, and one of the them, is your mouth is driving your health.

Actually, in my practice, have a library. Just to make sure people understand, it's not what I think, right? It's a collective experience, day-to-day practice that's based on evidence.

Yeah, I find it exciting and I thinks it takes a lot of courage to go against a the dogma that you're trained with. And I think you guys are incredibly good at functional medicine and I hope people will understand that there is this other option than just like, you know, pull and bill, that's kind of the traditional scary thing.

So yeah, I was surprised when I did a dental webinar that the majority of people don't have their original teeth. And for some reason, despite not the greatest personal, you know, regimen, have 32 original.

But by the time you hit 50, most people are missing and then 60, several teeth, and it's just like a steady march. Yes. We see that a lot for different reasons.

Okay. Well, Dr. Abramian, thank you so much for your expert and expertise. And I'm sorry we couldn't get the higher quality video to work, but next time.

Your words came through very clearly. Thanks. That's dremabramian.com. All right, everybody. If today's episode got you thinking, you'll love my book Exosomes, Songs, and Healing.

It's packed with cool analogies, full color illustrations, all the science you need to understand how exosome are changing the game in aging and regenerative medicine.

You can grab it in paperback, ebook, or audiobook, whatever works for you. Now head over to www.rechargebiomechanical.com to check it out. And don't forget to like and subscribe so you never miss another episode.

See you next time.