Introduction to Holistic Dentistry

Hello everyone, and welcome back to another episode inside of the Heart Attack and Stroke Prevention and Recovery Summit, where the intention here is to prevent heart attacks and strokes.

And then if you're recovering from those to help you on your way to recovery, when when it comes to the 100 year heart methodology that we use at Natural Heart Doctor, we've got the equal, the live well and the think well inside a live well is holistic dentistry.

And I found one of the biggest and best authorities as it relates to oral health and wellness. This is Doctor Michelle Jorgensen and her journey began when she became seriously ill due to due to mercury exposure from practicing traditional dentistry.

I think that's probably very common. Maybe we can touch on that a little bit in suicide rates and dentistry or things like that. This led her to change the way she approached the dental care she provided for her patients and her own health.

This was clearly her epiphany moment. She returned to school and became a board certified traditional naturopathy physician and therapeutic nutritional counselor.

So for for over a decade, Doctor Jorgensen has pioneered health based dentistry and total care, dental and wellness in Utah, attracting patients from around the globe.

And I think travel dentistry is extremely important and extremely it's a it's a great strategy. This is a big, big, big deal that we're going to touch on.

And then along with being a busy mother and grandmother, she loves to teach, right. Cook and garden and believes the earth provides all we need to live.

Well. That's why Doctor Michelle, you are on this summit. Because I love, love, love everything you said. So thank you for being here. Thank you for the opportunity.

You got it. All right, so let's just dive into this.

Oral Health and Cardiovascular Disease

You know, this kind of start me off with the the oral cardiovascular connection, maybe oral gut cardiovascular. Tell me how it's all related to each other that they're not two totally separate things. Right.

Yeah. You know I learned this the hard way personally actually. So I was practicing traditional dentistry and my father's a dentist. He's actually still practicing into his mid 70s.

And I thought that that I would just continue doing that forever. That's just how this goes. And that's not what happened for me. About a decade in, I started getting really sick, and my gut was one of the first things that really started to go.

I just had horrible gut pain. But everybody says, everybody has a bad stomach. You know, everybody has got problems. And so you just kind of write it off.

But the symptoms just continued to get worse and worse. And I had numbness that I couldn't hold instruments anymore. I had no brain, I couldn't remember anything.

And finally I was going to just quit dentistry and leave. Leave completely. I put my practice up for sale, and thankfully somebody mentioned, you know, maybe this could be Mercury, maybe this could be a problem.

You know, maybe this is your problem too. Looked into it and that's what it was. Mercury off the charts. So as I tried to get better, I all of a sudden just started questioning, well, what else in dentistry could be damaging to people's health?

You know what else could be problematic? Because I had never heard that Mercury could be a problem. I had never heard that Mercury could be an issue for dentists, for patients, for anybody that was not in the profession.

And honestly, still isn't. You know, when we were just chatting before we started, you said, I think everybody knows about Mercury. Actually, no, everybody doesn't know about Mercury.

This is even inside of the profession. Even dentists don't acknowledge any of this. So all of these things started absolutely. Just opening my mind to is there something else like is there something else going on here?

And so one of the very first books I read, just trying to learn, was by a doctor. So he's an MD. His name is Thomas Thomas Levy. You may have heard of him and, he's awesome.

And he's also a lawyer, which is what I love about him, because when he says something, he's going to only say things he can back up by research, by science.

You know, he's not going to put himself out on a limb because he knows legally he shouldn't do that. So I love that. And one of the very first things that caught my eye in his book was research about heart attacks and strokes and mouth infection.

And we've always been taught, I mean, inside of dentistry, we've been taught that if, let's say you have a knee replacement, that you shouldn't have dental work done without taking antibiotics ahead of time for a couple of years, or if you have a heart set place, you shouldn't, you know, you should take antibiotics before you have dental work done.

So that was very mainstream, very mainstream, that the mouth infection actually loves the heart. Super mainstream. We all know it. Everyone, every dentist knows you should pre medicate.

We call it just premeditated with antibiotics because those bugs love to go to heart tissue. So that's just commonly known. But what's not commonly known is where those bugs may hide out.

And that's the that's the thing that I really got my eyes opened to. Are where are those mouth bugs? It's not just gum disease. Everybody just talks about gum disease.

There's so much more than gum disease. So as I started learning and will and I'll share where all these hidden infections are, as I started learning, it just blew my mind that nobody's talking about these things and nobody's relating heart health and mouth health, brain health and mouth health.

Nobody's relating these things cardiovascular disease. And then as I continued to learn, I found this enormous connection between airway and breathing and heart health and how airway and sleep issues are one of the number one contributors to high blood pressure.

And all of these things just kind of snowballed as I started learning, and I started saying, what in the world? Why does no one know all of this? So I started going to dentists and saying, hey, we need to teach this.

And they all said, I don't know what you're talking about. So I said, okay, fine, I'll just talk to people. I'll talk to people, and then they'll ask their dentists for this kind of information.

So honestly, that's how I got started and that's how I discovered a lot of these things. Not because, you know, I was

trying to find some crazy thing.

No, it's this is just really standard. This is how the body works. It's all connected top to bottom, and the mouth has a huge part to play in. All of it.

Fantastic opening. You know, you mentioned your father and still a practicing dentist. So what does he think about your career? You know, the pivot. The way that it's come around.

So, he was definitely not accepting of what I did for a lot of, for a lot of years. Made fun of it, you know, because that's really traditional dentistry.

Why Root Canals Can Be Problematic

Is that we're very dogmatic. And we also are very strongly taught that our job is to save teeth no matter what, that any cost we are to save teeth. And it really has nothing to do with health.

You know, we're supposed to save teeth. And so now I like to say, you know what I mean? To save your health. Even if it means you're going to lose a tooth, because I can replace your tooth, but I can't replace your health.

So, yeah, a little bit, you know, scoffing at things, but now, you know, ten, 15 years down the road, he's saying there's a lot of people that care what you talk about, what you say.

This is, this is really interesting. Yeah, it it is interesting and something we need to know. Well, that I think about, really starting from a cardiology profession and it's like, you know, when people have done things a certain way for so many years, they really look to defend that position.

And, you know, to your father's case, you know, how difficult would it be to wake up to the dangers of Mercury when you've been putting in mercury amalgams for your entire career and thinking about, wow, I was poisoning people and wasn't intentional.

It's just, again, you're not. Your father did what he did, and I'm sure he was very good at what he did. But yeah, trying to wake up to that reality, I think it's difficult for for a lot of people, but I would I like to say with this doctor Michelle is, hey, listen, the past is the past.

We did what we did. You know, the way, you know, maybe you look at, you know, like the way that, you know, maybe one of your kids would say, mom, you know, why do you do this to me?

When I was and you're like, hey, listen, I did the best that I could. And your dad's like, hey, I did the best of what I knew, and that's the way that I was trained.

But it's kind of like once you learn the reality, just as you learn, Doctor Michelle, as you open up your eyes to all these things and holistic dentistry, you know, it's like the crime is those of us who would commit the same, like atrocity, maybe, if you will, or the same crime.

It's like the crime, you know, learn from your mistakes and move on. Yeah. You know, one of my most painful experiences personally, and this is, you know, root canals, there's a lot of issues with root canals.

And we need to dive into this. But I had, you know, hundreds of root canals myself. And I remember seeing a patient took a coming CT scan. And actually, that's a really important piece of holistic dentistry because we we can see so much on it. We'll talk about that as well.

Took a Colombian CT scan and found that she had three infected root canal teeth all in a row. I looked on the chart and saw that I was the one that had done the root canals, and that was a hard pill to swallow.

You know, it was a hard pill to swallow. But I just said, you know what? I'm so glad that I've learned what I learned

now, because this is going to be able to help your health.

Moving forward from here. So aren't we glad that we can learn and we can change and we can learn new things. But honestly, the profession in general doesn't do that.

So thankfully, all of you watching and listening, you can learn it and you can just start asking, hey, I just want to know more about this. I would love to know what you have to say.

You know, it's it's an important thing for all of us to just be really open minded. And don't worry, everyone at the end will, you know, I show you all the links to, you know, Doctor Michelle on how you can find more of her information and all of her teachings and stuff like that.

And I think that's going to really provide a good foundation for everyone. Art, you mentioned root canals. My my current opinion on this, when I talk to people and talk to patients is to never do a root canal.

And correct me if I'm wrong. Like the vast, vast, vast majority of root canals that are suggested they're going to be on the molars. So why not just remove them?

You know, the tooth. And then do we leave that area open or do we go with an implant? And if we go with an implant. So start off with, you know, root canals.

Should anyone have a root canal in 2025 and beyond? Let's just talk about what the problem with them is. You know, honestly, the idea of a root canal is awesome.

You know, back in the 1800s, dentist, the only recourse to someone had if you had a deep cavity, if you had a dead tooth, was take the tooth out one of those states, you know, anesthesia was sketchy.

And, I mean, it would have been a really difficult thing for both the practitioner and the patient. Both terrible thing. So this concept of root canal is a great idea.

You know what? What happens is there's a nerve channel inside of the tooth. And so that nerve channel is removed. Nerve and blood vessel nerve and blood vessel channel is removed.

The tooth is cleaned out and then filled up with the plastic like material. It's called gutta percha. It's from a gutta percha tree somewhere in the rainforest.

So it's like this plastic rubbery material that seals up the inside of the tooth. The trouble is, is that's not all that's going on in the tooth. You see, those main nerve and blood vessel channels, they're the big ones.

But then there's little they're called dental tubules that go off of that main canal. And there's literally a mile of them inside of every single tooth.

And those channels are where nutrients flow and everything the nerves are transmitted. That's why when you tap on your tooth, you can feel it because there's actually a nerve, little, little nerve appendage that goes all the way out to the outside of the tooth that we can feel.

So the main channel can be cleaned and filled. But those tiny little tubules can't. They're just too small to clean or to fill either one. So you always have dead tissue left in the tooth after a root canal, no matter what, no matter how well the root canals done, no matter who doesn't, no matter how beautiful looks on an x ray, there's always dead tissue.

And I joke and tell people, you know, let's say you have a gallbladder issue happening and something's going on with your gallbladder. You get stones, you need a cleaned out.

So the surgeon takes the gallbladder out, cleans it out, fills it up with some plastic stuff and puts it back in. How

successful is that going to be? It's not going to be successful because it's dead tissue.

So that's the problem with the root canal. It's dead tissue inside of the tooth. And that dead tooth is inside of you always going to attract bacteria no matter what, no matter what.

Dead stuff always attracts bugs. I tell people, you know, if you have a pile of garbage on the floor, how long before bugs find it? Not long a day, if that.

So bacteria find the dead tissue and they start to eat. They start to get infected, you know, to grow and say, hey, buddies, come on over here. This dead stuff.

We love dead stuff. So then your immune system has to deal with this and constantly has this attack. This is where we see a lot of autoimmune conditions related to these infections, because the body's just so distracted dealing with it that it can't deal with other things that come along.

So then the bone starts to get eaten away. This infection just sits in here and festers. But here's the kicker you can't feel it because remember, the nerve was removed, so you have no idea this is going on.

But every single time you chew, which you know how many times a day is that? Or every single time you swallow, we put our teeth together to swallow. It's like a piston pumping that infection into the bloodstream, surrounding the tooth. And that goes everywhere.

And one of the places that it loves to go is the heart. There was a there was a study. It was 2017 somewhere in that area where showed that they took clots that actually killed people.

You know, a fatal heart attacks. And they biopsied it and said, what is in these clots? Over 70% of them had mouth specific bacteria in them. So we know that these bugs love to go to hearts, and they love to be part of these clots and part of these plaques and part of other things that are leading to cardiovascular disease.

They also have found the same thing with strokes, with the clots that actually do the killing with strokes, very mouth specific disease or it bugs. So root canals, how many of them were done?

35 million a year in the United States alone. So now what we have is the potential for this festering pool cesspool. Like, think of it like a festering cesspool of bugs that you're completely unaware of.

That's literally spreading infection to your cardiovascular system. Every single swallow could this be a problem? Yes. And thankfully, we do have diagnostic technology.

Now we can take what's called a cone beam CT scan. It's a very specific CT scan. People always say, oh, no, no, I would never do that. It's not the one you get in the hospital. It's not like that.

It's minimal radiation. We can do really, really low, low, low dose radiation. And we can see what's happening here with old root canals and other. That infection hides is where you had wisdom teeth removed.

People don't know about this one either. So it's another area where things can hide, where teeth have been removed and on the under these root canals.

So, you know, should we ever do a root canal? Well, my answer is no. I legally I am actually required to tell you that that's your first option or that is a option.

I'm legally required to tell patients that if you have a dead tooth. Well, let me stop for just one second here, people will. I see so many people that ask for a second opinion.

They've been told I need a root canal. Okay, first of all, I hate that phrase because nobody needs a root canal.

Diagnosing Hidden Dental Infections

You're not going to die without a root canal, you know? So nobody needs a root canal. So just erase that phrase completely. But they come and saying, I was told that I need a root canal.

Here's the the line in the sand. If the tooth is still alive, then you're going to try to save it. How do you know if the tooth is still alive? If you have sensation?

So if it hurts too hot or cold, if you come in and tell me, oh man, my tooth kills with cold, I'm like, yes, I'm so happy because it's still alive. If it's still alive, we have a procedure that we can do where we remove the decay down to the deepest level before it exposes the nerve.

That's the trouble is, if it exposes the nerve, it's pretty much game over for this tooth. We remove it down to the deepest level, and then we use ozone to kill all the bugs in that deepest layer, so we can leave it there without exposing the nerve and keep your tooth alive.

So when I have a patients that come, if their tooth is still alive, about 8,085% of the time, I can save it. Well, they've been told you need a root canal, so that's the line in the sand.

If the tooth is infected, meaning I. But how do you know if it's infected? How do you know if it's dead? If it really hurts down in the jawbone, if you have any kind of swelling, anything like that, that means there's no more cold sensitivity on the tooth.

It just hurts. It hurts by itself. It wakes you up at night. That means the tooth is dead. At that point, I legally have to tell you, you can get a root canal, but what I prefer is that remove the tooth and replace it with dental implant.

Not your question. Do you have to have a dental? Do you have to replace it? No, but there's a couple of things we have to keep in mind. Number one, the teeth are connected head to toe with every other organ system in the body.

And when you remove teeth, multiple teeth, especially, it actually affects the way other organs work. So if you have a couple in a row, I do recommend you replace them.

If it's just one and your chewing efficiency is fine, then maybe you leave it alone so it's totally up to you. Do you need this to function to chew with?

So that's my answer. Should you replace it if you need it and if you want it, you don't have to. The bigger thing is get the tooth out. If it's affected and dead, get it out because those infections are going everywhere.

And love it, love it, love it. Crystal clear. Thank you so much doc. On that one. You know I'm missing a tooth. I lost it about four years ago and I kind of like I go back to my Mercury amalgam.

PDR dentist who my mom still, like, talk so affectionately about that. I'm like, for better or for worse. Like, that guy really messed up my mouth as a kid, and she's like, how can you say that?

He was such a good man and he always gave you, like, that thing at the end, you know, like, good for one free, like ice cream cone afterwards. Like like that going on.

And then the only time that bothers me, Michel, is when I love hazelnuts. And the hazelnut fits perfectly in more than listening to this. All right, what do we do if we've already had a root canal?

How do we decide if that is a problem? Leading to xyzzy health illness. What do we do with these old root canal teeth? Yep. So CT scan is the first thing.

And why do we have to take that scan? You know, I'll always remember one of my very first patients. I really realized this on. She had come and she was complaining about a tooth.

She'd had a root canal on it years ago. And it's the same thing I always hear. It just doesn't feel quite right. I mean, yeah, so there's no sense. It doesn't hurt necessarily, but sometimes people just they just don't feel quite right.

So I took an x ray, a traditional dental x ray, which is the one your dentist is taking and telling you. It looks fine. I took that x ray and looked fine.

You know, there was nothing that I could see on it that I would say, oh yeah, yeah, this one's concerning for sure, but I just gotten this new CT scanner and I thought, we're just going to try.

Let's just see. Took the CT scan. Was absolutely shocked. There was a quarter sized hole in the jawbone right over top of the tooth. I could not see it.

We cannot see this on traditional dental X-rays. We can't unless it's massive. If it's massive, sure we can see it, but we cannot see the extent of damage.

We can't see if it's gone into the sinus. So many times I'll have a patient that comes and says, you know, I just have chronic sinus infection.

Old Extraction Sites and Jawbone Cavitations

I've been through 2 or 3 sinus surgeries. It just doesn't go away. But somebody told me, maybe it's a tooth. So will you look and see? We take a CT scan.

They have a failed root canal on an upper molar that literally has eaten a hole, a dime sized hole in the floor of their sinus cavity, and it's filling up their sinus with infection day in and day out.

So they constantly have post nasal drip, constantly clearing their throat. This is just feeding it. It's so disgusting. So if you have an old root canal combin CT scan, depending on what you find, get the tooth out.

Like I said, we can replace it. We can replace it with ceramic dental implants. Now that are absolutely beautiful. Nobody ever even knows you've lost a tooth, including you.

So it's not worth risking your health to have a hidden infection somewhere in your mouth. It's just not worth it. And, what do you think about using. I mean, what if someone doesn't have any symptoms?

Maybe the CT looks okay. You know, sometimes. What if there's, you know, markers of inflammation, maybe elevated crp, some of these blood biomarkers that would go along with it.

And, like, we just can't solve it. That's a time when I go back to the oral microbiome, when I go back to the tooth and say, maybe there's something cooking there, and then maybe also use this opportunity to talk about these retained, periodontal ligaments when we have our third molars extracted.

Yep, yep. So I have yet to take a root canal tooth out that doesn't have bugs all around it. So even if it looks, you know, on the CT scan, we look at it, we say, well, this doesn't have a hole under your sinus, but at what point do we just say, you know what, I'd rather preserve my health before it tanks.

If my inflammation and my inflammatory markers are already showing that there's concern somewhere, we get a lot of patients that are sent from doctors like yourself and others that say, you know, we can't move the needle on what's happening here.

We see there's concern. We've done everything in our toolbox to take care of it. And it's not changing. So maybe you better go check your mouth out. You know, I love to see people first, but usually I see people seventh.

You know, I'm the end of the road here for people. But we see so many people and we say, you know what, let's just take it out. I can replace it. You know, that's always my mantra every single day.

I know nobody likes to lose a tooth. However, we can replace it and I can't replace your health. So let's just take the tooth out. Let's see if it moves the needle on these inflammatory markers and large majority of the time it does.

That's the answer. So yes root canals are number one. And I tell people would you rather get sick before we deal with it. Or do we just deal with it before you get sick?

How about we be proactive in this approach? The second one, like you said, is ligament removal where where teeth were removed. And it's not just third molars.

It's not just wisdom teeth. It's any tooth that's removed. The teeth have something called a periodontal ligament surrounding them. And that periodontal ligament doesn't just come out when the tooth is removed, especially on a wisdom tooth.

Because if you think about it like these are often removed when they're 15, you know, and they're way down low in the bottom jaw, their way up high at the top, jostle their sinuses up here.

There's nerves down here. Nobody wants to create a sinus issue or create a nerve numbness issue. So nobody's going to be digging around when these teeth are taken out, you know, and remove this ligament.

So a lot of times the ligaments left there and for about ten days the body doesn't even know it's gone because the ligaments kind of it's indicator. Hey to still here.

You know, keep keep supplying nutrients keep doing everything. So about ten days body doesn't know two is gone. After that time it's like, oh I think something's happening here.

Because that ligament starts to die. There's no more blood flow to it. The ligament starts to die. But by this time, I mean, think about if you cut your finger, how long does it take for the skin to grow back?

About ten days. Right. So in that ten days time, the gums have grown over the hole. And now you have this dead ligament, and the gums are grown over the hole, and the body hasn't been stimulated to grow bone.

So this dead ligament just turns into this dead hole in the jawbone that never actually fully heals. Well, that dead hole always attracts bugs. Same story with root canals.

Same story always attracts bugs. There's a second thing I think that goes along with wisdom teeth as well. When you're 15, 16, 18 getting the teeth removed, your body is still in growth mode, so you're still utilizing a lot of minerals to grow bones, you're still using a lot of resources just to, you know, run your body and your stress.

Typically you're not eating great. You're you know, there's a lot of things I joke that it's the worst time to put four holes in somebody's head because the resources to heal just aren't there.

They're being utilized elsewhere. So it leaves a high likelihood that those areas did not heal properly.

Nutrition, Cavities, and Fluoride Alternatives

What the heck do we do with those? Well, so then the bugs living there again, you can't get your immune system in because it's a dead zone, but they can drop all their garbage out and that spreads through the bloodstream.

These are hugely related to the endocrine system, the heart and the stomach. So if there's cardiovascular issues, if there's endocrine issues, I immediately look at that convict scan and say, what does it look like where those teeth were removed?

What do we do about it? If we see that there is an area that didn't heal, we literally surgically go in and clean it out again. Then people will say, why can't I just do ozone or take an antibiotic or do a laser?

Or why can't I just do this? And I always go back to, well, what's there? It's a pile of garbage, so I can take an antibiotic. It's going to kills the bugs around the pile of garbage, but every pile of garbage will attract bugs again.

So the bugs are going to come back. The same of on. I can squirt ozone in there. It's going to kill the bugs. But the pile of garbage is still there. The same with laser.

We've got to get the pile of garbage out for the body to be able to completely heal and not have the effect of that. So those are the two biggies that we call hidden infections that hugely, hugely affect the cardiovascular system root canals, old root canals, and where teeth were removed.

Makes perfect sense. Beautiful. Thank you. Our ancestors, thousands of years ago, they didn't brush and they didn't floss. Why, do we need to today? And do we need to today?

Such a good question. You know, I'm going to add one more thing on to that. To our ancestors also didn't need their wisdom teeth out. They all fit in their heads.

Thousand percent agree with that 1000. I've got four kids and they will never be losing their their wisdom teeth. That's for. Sure. Yeah. So what's going on?

So what's going on? Why does every kid need braces, wires, everybody's mouth? Why everybody's teeth crooked? You know what's going on? Something obviously has changed, right?

So interestingly enough, I adopted a little boy when my sons were adopted when he was two and a half, and his upper jaw was so small it fit inside of his lower jaw.

It's like the opposite of what should happen. He had severe malnutrition when he was in his early years, and I learned that the top jaws, the first one affected by malnutrition, not only that, but our teeth are affected by malnutrition in an interesting way.

And, well, you know, I think everybody listening to this will go, I'm not malnourished. Maybe I've got a little extra 20 pounds. In fact, you know, I'm certainly not malnourished, but I'm going to actually argue that you probably are. So, malnourishment affects your growth.

If your growth is too narrow, it will lead to no room for wisdom. Teeth crooked teeth. And I'm going to argue airway problems. So this epidemic of people who don't breathe, 80% of adults who have some sort of airway sleep deficiency issue because our mouths are too small to fit what's supposed to fit in there.

So growth and development definitely is affected by malnutrition. So is so our teeth. Why? Because teeth are already made bank of minerals. A lot of times people will say, I didn't get a cavity until I was 17.

I didn't get a cavity until I had my first baby. What's going on there? What's what's happening? Well, the body needs certain amount of minerals to run your heart and your brain, and they are priority, right?

Because of a heart and a brain. Stop them. We die. So they are a priority. Guess what? Aren't priority? Your teeth in your bones. So if you don't have enough nutrients to go around for all of them, your body will prioritize your heart and your brain, and it will steal from your teeth and your bones to provide it.

So cavities today are often because of nutrient deficiencies. Our bodies simply don't have what they need, so they steal from wherever they can find it.

And our teeth are a great place to steal it from. And this is where I see people. They'll say, well, I brush my teeth and I can tell they do like, you know, dentist.

We can tell, we can tell if you're just, you know, blowing smoke and saying, oh no, I brush my teeth so good. And I can tell you just did it today. And you happened to, you know, three months now I can tell.

But I look at people who have beautiful teeth, gorgeous teeth. They clean them so well, they brush, they fast, they do all the things, and yet they still have cavities. Why?

Because we're deficient in nutrients. Two reasons. Number one, our food simply doesn't have it in and that anymore. Unfortunately, our food doesn't come from the ground because the ground is where the nutrients come from.

I'm a huge gardener, I anyway, this is a big thing I could talk about for ages, but our food just doesn't have the nutrients in it that it used to. So we literally are malnourished.

Even though we eat plenty of food, the food doesn't have it, so we have to supplement. Unfortunately, we have to add doctor Weston Price was an amazing, amazing, a doctor in the 30s.

Everybody knows about Doctor Weston Price. If you talked about nutrition, he was a dentist. And what he found is that fat soluble vitamins were the key.

This is why people didn't need braces, why they didn't need wisdom teeth out, why they didn't have cavities because they were eating enough. What are called fat soluble vitamins? These are vitamins.

Add E and K and often super deficient in our diets today as well. So we've got to supplement adequately in order to get the nutrients we need. Those fat soluble vitamins help you absorb minerals.

So you might be taking enough minerals, but you're not getting the vitamins to get them in your cells. So that's problem number one. Problem number two is we're not absorbing them properly because all of our guts don't work.

So when your gut doesn't work, it doesn't absorb the nutrients they just go through to the other side. So the gut function is absolutely crucial to tooth health as well.

So that's what I see. And people know to brush their teeth. Some people don't. You know, I will let everybody off the hook. Some people don't take care of their teeth. They're really disgusting.

But most people do. Most people take care of their teeth. If you're still getting tooth decay, it's because you are not getting enough nutrients. You're simply malnourished.

What about criminalizing toothpaste? Yep. So that's the beautiful thing. We have to go down the fluoride talk just a little tiny bit because this is actually really important for heart and brain and everything else.

So health as well. So again in the 1930s they said, gosh, we're so tired of people getting cavities. What can we do about it? And they found that there was these little pocket populations of people who are drinking well water, and they had stronger teeth.

They weren't getting cavities. And they discovered that those little pockets with stronger teeth had higher levels of fluoride in the water. So they thought, this is fabulous.

Let's put fluoride in everybody's water. Let's put fluoride in toothpaste. So let's put fluoride in mouthwashes. Let's put fluoride everywhere. And we will eradicate tooth decay.

First question is has it worked? Do you know of anybody who gets cavities now? Of course. And so no it has not worked. But the second problem is, is they didn't actually know what fluoride did to the rest of the body because nothing you put in, you just stays in one place.

Well, fluoride historically was used to treat hypothyroidism. So if your thyroid was overactive they would give you fluoride. Why? Because fluoride decreases barrier function.

Do you know anyone who has hypothyroid issues? Only like everybody, right? Could fluoride be a part of this

fluoride? Also, just a brand new study just out about a month ago shows a decreases IQ in children.

Literally point by point they can show you take this much fluoride, you decrease your IQ this much. It was so linear it was crazy. It also affects bone health, bone basically the brittleness of bone.

So there's so many problems with fluoride. So I don't recommend fluoride. We don't need to do that. But we need to get minerals in. What do we use something called hydroxyapatite.

And what is this. In fact there was just a podcast last week that somebody was just ripping on hydroxyapatite. They said, I can't believe how quickly the holistic community has adopted this.

This is just crazy. It's so suspect. My gut just tells me this is wrong. And I responded and said, hydroxyapatite is the mineral your teeth are made of this.

This is something that the holistic community has created. It's actually what your teeth are made of. That's the mineral complex that's here. So when you get a cavity, minerals are pulled out of your tooth to feed you for because you're drinking lots of soda, whatever it might be.

Let's just put it back. Let's put back what came there. What came out. Not fluoride. Fluoride never came out of your teeth. Cavities aren't a fluoride deficiency.

Airway, Tongue Tie, and Sleep-Related Blood Pressure

Cavities are a mineral deficiency. So hydroxyapatite tooth products. Fabulous thing. This has just been the last 3 or 4 years. I have a tooth care product.

I have a whole line of hydroxyapatite products. They've been out about two and a half years. We were one of the front runners. This is blown up lately. Why?

Because it works. So if you're losing minerals in your teeth, you're getting cavities. Just put minerals back so hydroxyapatite is brilliant. Finally, we figured out a way to put back what was missing.

I love it, you know that, the two most famous statin drugs of all time, I, Taraba State and rosuvastatin, have a fluorine atom in the molecular compound.

It's actually in the statin drugs. So. So it's so sinister. I mean, you remember, I mean, as kids like the fluoride trays and stuff like that. They're still they're still going strong.

In fact, when the study came out about IQ in children, the forms blew up, dental forms blew up. They're like, okay, everybody, give us your research about fluoride.

We got to defend it. And again, I'm like, what are we thinking? Why are we defending it? Just because we've always said it's the thing. Why are we defending it?

Just say, guess what? We didn't know. Guys, let's, change and put hydroxyapatite in. So it's still today. Every single time you go to a regular dentist, they're going to say you need a fluoride treatment.

Just say no. Just kindly, Talk. Let's wrap it up by talking about airway and, talk to me about tongue tie. Yep. So again, we talked about malnutrition.

Small mouth, all these kinds of things. Well, the mouth is like a garage, if you think about it. And there has to be enough room in the garage to be able to fit everything that belongs there or what belongs there.

Tongues, tissue at the back of the throat, uvula, soft palate. All of that has to fit inside of the teeth. Well, when we have two little nutrients growing up or heaven forbid.

I call this actually the ambient generation. They took teeth out to do their braces. This is, this was a huge thing for a couple of generations where they would actually remove for teeth.

The teeth were crooked, mouth was too small. So instead of widening the mouth and making more space for all the teeth, they just took the teeth out. Took the easy route.

So take teeth out, make everything fit right? But now guess what doesn't fit tongue tissue? Any of those kinds of things. So if that doesn't fit, it has to go somewhere, right?

We can't chop off half your tongue. Where does it where does it going to go? It's going to go back into the tube that you breathe through. And this is where the problems start.

And how does tongue tie relate to this? Well, if a tongue is tied down, the tongue actually can't go up and forward like it should and out of the airway.

Also, when the when this person is was a baby, the tongue supposed to go up and put pressure on the roof of the mouth to widen the roof of the mouth as they're sucking against the nipple, a bottle, whatever it is, if the tongue was tied down, it couldn't do its job.

So often with tongue ties, we see very narrow jaws, very narrow jaws, long facial development, no room for anything to live. So the tongue, everything is falling back into the back of the throat.

So now you imagine laying down. Lay down. Where's that tongue? And all those tissue? All that tissue going to go to the back. Back of the throat. And you're not going to be able to breathe past it.

So you end up tossing and turning all night long, waking up in the middle of the night and awake like, why am I, you know, there's no going back to sleep for an hour or two.

You got this adrenaline spike, all of these things happening. Why? Because all the tissue that fit that should be up here are back here. And they're simply blocking the tube that you should breathe through.

So when you sleep, you can't breathe. Your body has to breathe. The saliva so it won't let you sleep. We see this so often now why does this relate to cardiovascular issues?

Well number one that cortisol spike is not good for your cardiovascular health right. And you drain your adrenaline. You drain everything. Cortisol has to wake up in the morning and you feel like trash. Why?

Because you've literally been fighting and running away from a bear all night long. You know you feel terrible when you wake up. You have no energy to do anything.

The other problem, cardiovascular that happens is when you have limited airway space, each red blood cell has less oxygen than it should or than it can carry.

So what does your body do to compensate? It pumps more of them to your systems, to your organs. This is what we call high blood pressure, right? Your body just has to pump more of it.

Because each red blood cell that carries oxygen has less oxygen in it. So high blood pressure is directly correlated with airway issues. So what are the symptoms you should be paying attention to?

Like I said, tossing and turning. Waking up. Can't go to sleep at night. You know, insomnia. I can't just lay here. I can't go to sleep. Feeling just groggy.

I slept, but I feel terrible when I wake up in the morning. All of these things. So what in the world we do? We just make room in the mouth. We make the mouth bigger.

We do this for kiddos because kiddos have these issues too. If you have bedwetting in kids, if you have, focus issues, ADHD symptoms in kids, this is they're not getting a fair.

They're not breathing at night. We make the mouths bigger for kids. We make the mouth bigger for adults. We can absolutely do this. And this fixes the problem, not just mandating the problem.

We will see so many people that have been to their cardiologist and they have they're on the medication. They have all kinds of side effects from medication.

They hate the medication. And they come to us and they say, is there anything you could do is say, absolutely, let's get a sleep study. First of all, let's quantify what's happening and then let's make your mouth bigger.

Let's help you actually be able to breathe. Let's clip that tongue tie. Let's get the tongue up and forward. You know where it needs to go so you can actually breathe again.

We see high blood pressure drop. People get off medication. Everything just resolves. All right. You make it sound really, really, really easy. But the mouth is so complicated.

And I know you know that. So it's like, as you do, like the expansion processes. Do we run it? How often do we. And how do we resolve the fact you maybe bite issues, maybe TMJ issues related?

To this? So a lot of times the expansion actually alleviates all of those problems because the the teeth have to fit inside of the muscles. What are the muscles?

Let's cheeks on the outside, tongue on the inside, the tongue and the muscles and the lips and cheeks are often fighting. This is why people mouth breathe.

Why do you mouth breathe? Because you don't have enough room in your mouth. So we mouth tape won't fix anything. You're making a little bit better. At least at nighttime. Won't fix anything.

But when you make more room for the muscles to function, a lot of bite issues resolve a lot of TMJ muscles, especially if they're muscle related. Also resolved if you're grinding and clenching and squeezing your teeth, signs are worn.

Front teeth, these kinds of things. If you're doing any of that, it's because you don't get enough air at night. When you don't get enough air, you tighten all the muscles.

You squeeze your teeth, you tighten your tongue up against the sides of your teeth just to try to get enough air. So a lot of this creates this muscle tenderness and muscle soreness, waking up with headaches.

All this soreness. So when we make more room in the mouth, you stop grinding and clenching, you stop squeezing. And all of that tenderness soreness goes away.

So it it is simple. And in essence, you know, that's one solution solves a lot of problems. All right, well listen, everyone, I can talk with Doctor Michelle.

You can tell I'm very passionate about this. I love this topic as well. And it just it it really is a, not only a semester education. It's almost like a, an undergraduate education in this particular area.

So I guess we'll leave it at that. Hopefully you and I entertain everyone. And really, at the end of the day, as we said initially, right, it's like if you are sick or you want to prevent being sick, you better take care of your mouth.

You better work with someone like Doctor Michelle Jorgensen and her team doctor Michelle. We'll put all the listings in the notes and all the promotional material that people get, but while I have you on right now, our best because people are going to be like, wow, I need this woman and her team or somebody to take a look at my

mouth.

How can people reach out? Yeah. So my practice is called Total Care dental.com. So check that out. Total care dental.com. But I'm a big believer in finding somebody close to you if you can as well.

So I actually have an online directory of dentists that we vetted. We have about 75 on the right now and growing rapidly. So living well as Doctor Michelle that's my online platform Living Wealth doctor michelle.com.

You're going to be able to go find a dental directory on there of dentists like me that think similarly that can provide these services for you on there as well are going to be all kinds of free resources, information about everything I've talked about and links to the products, the hydroxyapatite products and gut health products and mineral products that I've developed to be able to combat all the things that we've talked about today.

So living well as Doctor michelle.com, just go get all the free stuff on there. So much information. That is so fantastic. Thank you so much everyone.

I hope you enjoyed this episode. On the Attack and Stroke Prevention and Recovery Summit. We'll see you next time.