Is Your Mouth Making You Sick? The Hidden Link Between Oral Health, Sleep, and Brain Health Transcript

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Introduction to the Mouth-Body Connection

The mouth is a major source of inflammation. Gum disease is quite prevalent and other dental abscesses that possibly don't cause any pain, still a main source inflammation and infection in the mouth.

So inflammatory molecules, you know, they spread through the bloodstream and go and infect the heart. If once these oral microbes that are prevalent in a mouth, You swallow it, inhale it.

It affects respiration. conditions. It causes immune issues, it causes gut issues. The gut starts from the mouth. We know a healthy gut, healthy brain, but the starting point of that getting the moth healthy is extremely important to being able to get the gut healthy.

Welcome to the Functional Edge. I'm Dr. Julia Ward and this is where science meets real-world strategies for living healthier, sharper, and stronger. From uncovering hidden environmental toxins to unlocking peak performance and mental clarity, we cover it all.

Ready to take control of your health and thrive? Let's dive in. So hello and welcome to the Functional Edge podcast. I'm your host, Dr. Julia Ward, medical director and founder of Balanced Body Function Medicine.

Today, we're honored to welcome Dr John and Dr Rodriguez from Eagle Dentistry to our show. In this episode, they'll be sharing their expertise in biologic and functional dentistry, including the powerful mouth body connection.

the role of airway and breathing and overall health and how oral inflammation, dental pathogens and bite alignment can influence everything from fatigue and autoimmune tendencies to detox pathways and chronic disease.

Their integrative approach offers a deeper understanding of how dental health directly shapes whole body wellness. So stay tuned for an engaging conversation that promises to empower and inspire your path to optimal wellness, hi and welcome.

Hello. Thank you for having us. Absolutely. Well, let's start with what inspired you guys to pursue biological dentistry instead of the traditional dental route.

So with me, it started with airway and sleep dentisty. OK. And so I myself had to go see an ENT to have my deviated septum corrected. In that way, I could breathe better.

And that's because I was snoring and I wasn't, I, was waking up not rested.

Why They Chose Biological Dentistry

And so I did a sleep study and it showed that I didn't have sleep apnea, moderate sleep appnea and that a seat was prescribed for me. So that was about 15 years ago.

and once I started to do that, started just feel like, you know, research it more with my mouth, how airway goes and how I should be breathing through my nose.

I had no idea that. That I shouldn't be breathin through nose I thought breath in through your mouth was normal. and it's not. We need nitric oxide in the bloodstream.

So nitrous oxide is when you breathe through your nose, it is formed in sinuses and gets into the lung and crosses

into blood. That way it dilates to blood vessels as we sleep.

And so that way everything gets circulation to the entire body. I was connecting that and I said, okay, so the mouth, there's a mouth and then microbiome in the stomach and then the brain connection.

So I started to look and it's like, you know, we're all connected. We have separate insurance for the eyes, and we have some insurance of the mouth, then separate for insurance the medical.

My approach is always that was always separate. But no, I mean the eyeball is part of brain. The mouth is where a lot of things start here. Nutrition, there's a lotta organisms, you know, bacteria, good and bad, that need to be in balance in the mouth.

And so I started to do that. Then how to increase airway so that people can breathe better and sleep better, breathe through their nose so they wake up refreshed in morning, so the brain gets refreshed and replenished and re-energized, if you will.

And that's what my journey started and just checking in, looking at the microscope. We were taking plaque and saliva, look at it under the scope, which I'd never done before to see, you know, spirochetes, different organisms, bacteria that are associated with heart disease, gum disease.

Diabetes, things to that nature. Yeah. And Dr. John, how about you? What got you into this? Yeah, so for me, the journey was a little bit more personal.

Also, it started with my mother. So my mom, she a very strong woman, career woman. Worked as a nurse all her life. Very strong. Had no issues that I knew of for the longest time, except I know she had issues with sleep.

When she was in her fifties, She always complained of not being able to sleep well and kind of being tired. Kind of symptoms that I didn't really think much about.

Eventually she would take sleeping pills to sleep. And then that didn' really work. It was just one thing after that. That was the only thing that kind of knew of.

Then every now and then I did see signs where she'd forget names or forget people. Again, everyone calls it a senior moment and you kind just rub it off like that, but then when she was in her late 70s, right after my dad passed away, And I think he kind of compensated for her a lot.

So I didn't catch these things earlier on. When he passed away is when we noticed how she, you know, all of a sudden, like her memory just kind went south.

And then that progressed so quickly, year after year, where eventually she could not speak. She forgot her, she didn' have words. Like she completely became emaciated.

It was so hard to watch that. Of course she was diagnosed with Alzheimer's and dementia. And so that kind of got me started and I was like, what causes this?

What causes Alzheimer's? Like, why did she have this. And I started digging deep into that. Then I came across Dr. Dale Bredesen, a neurologist out of California.

I read the book that he wrote on the end of Alzheimer and said, oh my goodness, this can be the disease that can stop here. When my mom went through it, now all the kids, me, my siblings, we're all kind of talking like, is this, you know, people say, oh, this is inherited.

You know? Is it something that passes from generation to generation or not? And so I started reading it and as I read and I listened to him, I find out that the oral microbiome has a lot to play with dementia, memory loss, cognitive decline.

Defining Biological Dentistry

And I was like oh my goodness, am a specialist of the mouth and why am I not Focusing on this and so started really looking into it come to find out that mercury is a neurotoxin Should not again she did have mercury fillings, you know, she didn't have I'm pretty sure she had sleep apnea I am pretty she was exposed to mold because we live in a tropical country and You know we've had lived in places where there has been, mold and mold exposure.

I don't know. We never tested any of that. Never put two and two together. We never put the connection between all of this with brain health, you know, just overall body health.

And so that kind of got me down this path and I said, Oh my goodness, if I can help one more person, right? Avoid this dreadful disease and then I'm going to do everything I.

Yeah. I just want to educate and let people know like you can do something. The mouth is not a separate part of the body. It is connected. Very much. To your body.

Yeah. So how would you guys define biological dentistry and how is it different from conventional dentistry? I would say biological dentistry, it is not a separate dental specialty, but it's an approach to care that recognizes the connection between the mouth and the body We emphasize on using biocompatible materials and techniques that reduce toxicity to the body.

We want to evaluate a patient's terrain. What sensitivities that you may have, what kind of immune condition are you in, toxic burden that may be under.

overall, you know, just your health patterns to see if there's anything that the mouth is playing a role in. So, to me, biological dentistry encompasses all of that.

What type of patients are seeking out biological dentistry and what are the most common issues that they're hoping to address? The way I look at it is people that are seeking just a more biological, non-traditional way of, or an organic way, of treating themselves, looking at mainly also inflammatory responses, right?

For example, some people can wear fake earrings, jewelry, and others have the real thing. So they have a contact dermatitis, so different people react differently.

Oral Inflammation and Systemic Health

People that realize that and are open to that, are the ones that are seeking us. And I just kind of picture it as the people that shop at Whole Foods, you know, that healthier and, and R okay with paying out of pocket for their gross reason, you know, wanting to get organic and healthier and de-healthier instead of, and getting, the metal out of their mouth.

A lot of biological people that are looking for biological goodness are going to start looking to getting rid of the middle out their mouths. So let's talk a little bit about this mouth body connection.

How does oral health influence the rest of body? And can you share some examples of where a dental issue contributed to a systemic condition? So the mouth is a major source of inflammation.

Gum disease is quite prevalent and other dental abscesses that possibly don't cause any pain, still a main source inflammation and infection in the mouths.

So inflammatory molecules, they spread through the bloodstream and go and infect the heart. It's a known fact that you can get, if there's lot of infection, infective endocarditis is pretty common heart condition.

Similarly, if there is these inflammation in the mouth, infection, once these oral microbes that are prevalent in a mouth you swallow it, you inhale it.

It affects respiratory conditions, it causes immune issues, It causes gut issues. The gut starts from the mouse. We know a healthy gut, healthy brain.

But the mouth is the starting point of that gut. So getting the moth healthy is extremely important to being able to get the gut healthy. The pH in the mouse, the dental materials that we use in a mouse.

Some people have a strong immune response to it. Certain things don't work in their mouths because they may be sensitive. They may reactive to certain materials.

aware of now and so now that we know we are more. conscious of what we put and how, you know, whether this person is sensitive or reactive to certain materials, certain root canals, right?

Root canales tend to be, something that's very controversial, but at the same time, they do get reinfected pretty commonly, and then they, do again, cause other systemic conditions that don't resolve, And it could be from that root canal, Yeah, so talk a little bit more about the controversy around root canals.

Like, biological dentistry doesn't necessarily think that root canal are the way to go, is that correct? Yes. However, it's not everyone that, you know, if a root channel is infected or accessed, whether it causes pain or not, something needs to be done.

You don't want to leave an active infection in the mouth. And there are certain root channels that have no symptoms and have not infections that we can see.

can see on an x-ray that we know. This person possibly does not have any other issues. And so at that point, it's a decision that let that patient make that decision if they want to have that tooth removed or not.

Their body, their choice is what we say. Yeah. because they probably have a very strong immune system that is able to fight it. Whereas there are some others where your immune systems may not be as strong and that role is possibly causing another systemic issue, especially if they have any kind of systemic chronic conditions.

We want to link it back and make sure that there is not a tooth that that falling in line with that system, that organ system. That you are suffering from.

Yeah. These teeth are connected. Every tooth is like an organ in the mouth and it's connected to another organ. And so if you're having some issue going on there in your health, let's look back and see, is there a tooth in that same pathway and that meridian.

Yeah, that could possibly be affecting you. Okay. Investigate a little bit further and then they decide whether they want to take that tooth out or not.

So. That's kind of where we stand on that. What are some of the more common, like, hidden dental sources of inflammation that people don't really realize can affect their whole body health?

Root canalges were definitely one of them. That is right. One of big ones is root canalge where it doesn't hurt. Even if it does not hurt, it could still be a problem.

It can be a problem. Well, it's like a silver filling, silver amalgam mercury fillings. You know, when they chew on them, they elicit a mercury vapor, you know?

And where's that vapor going? Are they inhaling it? I mean, the mouth is so close to the brain, and then fluoride. We're known that fluoride now. Again, a neurotoxin.

Neurotoxins. And so, yeah, if you read a toothpaste, you know, it says on the back, It says recommend a pea size, right? A pea-sized toothpaste. But most people don't ignore that.

They put a lot toothpaste on there. If you swallow that, that's ingesting fluorides. Look, again, its neurotoxide. It's just some of these things that people aren't aware of.

that can cause inflammation and other issues in the entire body. And it's a cumulative effect of these things, whether it be fluoride or whether, it just, when you're like, there's just such a toxic burden, increased amount of it constantly daily.

exposure to these toxins that, you know, periodontal disease and gum disease. P, one of the most common chronic conditions in the body is gum diseases.

Again, goes unaware. People don't realize it. They just feel my teeth are getting longer. Eventually my, teeth getting loose. I'm aging. Yeah. and it's just kind of a natural process.

But no, a lot of these microorganisms are hidden underneath the gums. It's not just what we see on the surface, but it is actually what's hidden. That's what is more dangerous.

You might either have a mouth that looks pristine, looks clean, and underneath again what hidden, so that's why saliva testing is so important for us.

We test to see what exactly is there, just like you would do a blood test, to really know what your cholesterol level is or your A1C is, because you can't tell by just looking at somebody.

Similarly, we do saliva test and see those, and if there is an increased amount of certain microorganisms, then those are linked, have been proven to be found in plaque in the brain.

So like P. gingivalis and certain other high-risk bacteria, these are found, they burrow into the brain, into neurons and they lay, you know, so they're found in the plaque.

So can we control that in a mouth and will that reduce? Yeah. We catch things early, can we prevent this?

Root Canals, Hidden Infections, and Dental Risks

And I think we definitely can. And mouth breathing, you know, sleep apnea, and you stop breathing. Your heart is still pumping, fluid builds up in the bloodstream and then the kidneys kick in.

Then you've got to get up and if you have apneas, then you need to stop for more than 10 seconds. You have to go to the restroom two or three times a night.

Getting up that much is not normal. And so there's a variety of things they can cause. He's trying to stay hydrated and you're drinking a bunch of water and then you drinking it till 9 p.m.

while you probably can. But you know, mouth breathing, like I said, and sleep apnea, these are also causes of inflammation throughout the body. You know I tell my patients that sleep Apnea is so dangerous because you are cutting oxygen off to the brain periodically.

So it's almost like you have little mini strokes throughout night. It can be very damaging to brain. Yes. You're stressing the heart. So when you assess a new patient, what oral markers or findings do you consider most important for understanding their overall health?

Like I said, when a patient comes in, we definitely always get a cone beam CT, where we get to see the entire mouth, the jaw, and the joints. We're also able to assess the airway.

It's a CT scan of the head and part of neck. Okay. Yeah. And then we always, so if we look for all the infections in the jaw, if they have root canals, are they infected?

Again, because sometimes our dental x-rays don't catch some of these until we take a 3D scan and then you can see that, oh yeah, there is an infection as we looked through every slice of that tooth.

You know, cause a 2D is very, you know it just gives you two dimensional. It's limited on what we can see as opposed to a 3D where we go through every slice and we're like, okay, yeah, no, that tooth is infected or there's some other infection going on here or the bone density in certain areas is low.

And so where teeth have been taken out, there is an area of low density and that's kind of what, what me call a cavitation. However, cavitations cannot be identified without doing a biopsy.

That's the way to, and it has to be sent out to a lab and is examined to then give us a diagnosis of cavitation. But we can assess the density and say, okay, something's going on in this certain area of the bone.

So we do a bone biopsy in that area. Yeah. And sometimes it happens where people have unexplained discomfort in the jaw and you can't find it in teeth.

Sometimes it's those areas where teeth have been taken out. probably 20-30 years ago, that's been a source of infection. It's like a scar, it's a wound that you just keep picking at sort of kind of thing.

That's one of the things and then we also do a saliva testing, send it off to the lab and find out the high, low risk, moderate risk bacteria present.

We do an airway assessment, we check for the tongue ties and uh, doing a Malin Patty score assessment to see what the opening, the airway opening. When we see bony chora in the mouth, excess bone, exostosis, that's an indication of the patient's grinding their teeth.

And it could be a symptom of sleep apnea because they're trying to, their brain's telling them to breathe. And then trying to get out of the way, the tongue tie can come into effect where when they're asleep, if they are on their back, your jaw, their tongue goes back and blocks the airway, especially if you can't breathe through their nose.

And that's why we also prescribe a sleep study. We can do them here. We take home, we can prescribe one if the patient just is kind of curious about where they stand and their deep sleep, REM sleep.

Things of that nature. And also if they stop breathing, have apnea. But there's some kind airway obstruction or resistance to their breathing. That we could look at those.

Bony tori is a big indication that a patient is grinding their teeth, clenching their for some reason. A lot of it's related, but a lot it can be if they stop breathing and they're trying to breathe.

Of course, we are evaluating the teeth. We're looking to see if there's any mercury fillings. There's no dissimilar metals in the mouth causing a galvanic reaction in them.

Some people have mercury filling, they have a gold crown, a porcelain with metal underneath it crown. They have multiple different materials. As years go by, and they had different doctors and dentists placing different material in their mouths.

It's almost like having a battery in your mouth. fluid environment and you have all these metals in there causing corrosion and a lot of times they find mold underneath mercury siblings.

That's another source of, you know, a ton of these chronic conditions. Chronic infections. I was just curious what a take-home sleep study looks like.

Yeah, so it's a pulse oximeter for the finger. Okay. It's got a watch that you wear like a regular watch. it is called a WatchPap1 that we use and then it sits here on the chest.

and the top three of those. And with your phone, it records your sleep. It walks you through it. Then it goes to a center where they evaluate it, and every test is evaluated by a sleep doctor, then they give me the results, so then I go over those with the patients.

I tell the patient, I'm not a sleeping expert, but I am a dentist that helps people manage their sleep where can sleep better.

Assessing Patients with 3D Imaging and Saliva Testing

We don't cure their that we can help manage it to where they can get resulting, get better sleep. Yeah, yeah. Oh, that's great. That's Great. Well, one of the hallmarks of biological dentistry is the use of biocompatible materials.

How do you determine what's safest and most effective for each patient? So in our practice, we use something called the EAD testing, which is an electron acupuncture according to Vol.

And we used that it's a machine that can detect the energy flow from that material to your body. That's FDA approved, by the way. This machine is FDA-approved.

Okay. And so, you know, everything has a certain output of energy. So when you try to complete a circuit using that material and holding on to this electrode, it actually shows you whether that energy is bouncing off of you, going high or going low.

Are you sensitive to it? So it kind of reads how You know, you react to every material that we have in this office that replaced and that's why we had multiple kinds of Dell materials because not everything is compatible with everyone starting from anesthesia to our resins that were used.

to implants that we use, you name it, like different people are compatible to different materials. So we want to use everyone's bio individual and we wanna use the material that is safest and best for you.

That's awesome. It's really great that you have that ability to test for each individual patients and individual materials Right. It has really been eye-opening for us ourselves.

So we do implants here. We do the titanium metal implants, and we also do this ceramic non-metal implant. And so depending on which implant we're going to be placing, we test them for even that specific implant, even the size, that material, We test it and some patients are compatible with the titanium.

There's other titanium implants throughout the body and different joints and what have you. But people that don't want any metal in their body, we do have ceramic that we can place and we also test them individually for that particular implant.

to be certain compatible. But that's going in the body and it's gonna be rated in that volume. And so we want to make sure that the patient is 100% compatible Let me ask you about mercury amalgams because removing this can be a major concern for patients.

Can you describe your safety protocols and why this process needs to done correctly? Because honestly in years past I think I'd heard about you know there's a right way and a wrong way to remove mercury dentist.

This is a number of years ago. They were like, no, we'll just take them out. It'll be fine. You know, so tell me your thoughts. So the way we are both what's called smart certified by the IAOMT, which is an organization that certifies dentists for this.

And what that stands for is the safe mercury amalgam removal technique. And so in that protocol, we, as well as the patients, are completely covered up with a protective covering so that neither us nor our staff or the patient are exposed to any fumes, debris, particles flying of this amalgam that's in their mouth.

So we start off with completely covering ourselves and them up. And then we use what's called a rubber dam isolation where we just completely cover everything in the mouth except for that one tooth that has that mercury filling.

We use a high volume suction to make sure anything that's coming is going to get sucked up. It looks like a little elephant trunk of a suction. And we used that along with a lot, a copious amount of water.

PPE. Yeah, completely covered up, we wear respirators. before it is taken out and we take it out in chunks so that it can be done quickly so we don't let any fumes, again, vapor any of it to escape.

And we also use a charcoal rinse. after to again capture and bind anything that may have seeped through somewhere. We also like patients to then follow up with their functional medicine doctor to go through a detox protocol so that they can completely be rid of any heavy metals that we have on their way to health.

Yeah. Wow. That sounds very complete. Yeah. It does take a lot of effort, but it's worth it. But it sounds like it is worth because mercury is so toxic to the brain and other bodily functions.

Right, right. And I'm like the brains right then, I am so like, no, again, Alzheimer's and dementia is always on the back of my mind. How do you decide when a root canal should be removed or replaced and what are the healthier alternatives?

So I believe we're the only profession that we leave a dead tissue in the body. If you have a Dead toe, necrotic toe gangrenish toe your foot gets cut off.

But anyway, you know, we've just been taught old school save your teeth at any cost, You know save what you can save.

Biocompatible Materials and Mercury Removal

Your teeth and the root canals are a way to keep your tooth in your mouth. The teeth, although they have an artery, a vein, and a nerve going through the tooth.

At that point, it's a vital tooth and when it becomes infected, we can go in there and remove those materials out and clean them the best that we possibly can.

We know now that there are some lateral canals, little canales that are not part of the main one and that's hard to get that tissue out. And so that can be left in there and that cause the tooth to get reinfected.

And we tell the patient, we have endodontist root canal specialist that they can go in and retreat it if they choose that and they do the best that the can with that in retreating it and the way the patients gets to keep the tube.

But once again, if they're more on their journey of health, most of them don't want to keep a tooth that's been rooted out in the mouth. They want it extracted, and that way the meridian, right, the energy in a dead tooth isn't the same as a vital tooth.

And so once the tooth is extracted and it can be, you know, once, again your body, your choice, when we extract a teeth, we are now drawing blood from the patient, their own blood, And we centrifuge it, we spin it and we separate the red blood cell from the plasma and it's rich in fibrin and healing and growth hormone.

And so we're able to spin that, get a plug and when we pull that tooth out, We clean out that socket really well using the EAV. Again, that's the electro acupuncture according to Dr.

Voll that says a machine that that FDA approved, like I said. And we clean it out and we get the energy flowing through there again at 50. And so to make sure get all the chronic, the inflammation, fibrous tissue out of there, and then we're able to put that plug back in the socket so that we'd get proper healing to place an implant later.

We make the patient can be or is biocompatible to the implant. And most of our patients are choosing to go the non-metal route and we're able to place the ceramic implant in there and restore it back with the with a ceramic crown so that they're back functioning properly.

That's great. And what role does ozone laser therapy and other advanced technologies play in your approach? So ozone gas and ozone water, as we know, it's three parts oxygen.

And so it is an amazing way to kill harmful bacteria, you know bacteria in the mouth. It also treats early caries. So also on gas, we use that before any restoration that we do because when we cut a tooth to do a filling or when you do an extraction, there are pathogens that can seep in and so we kind of flush that area with ozone water and with the ozone gas so it can kind attack these harmful bacteria there and basically disinfect the area.

And it's a non-invasive way of disinfecting and you know not using any kind harsh chemicals. It's just using ozone, gas, ozone and water freshly made.

using medical grade oxygen. And then we can also use ozone gas to treat, you know, to help remineralize tooth and treat early decay. If it's a start of a decay that's in the enamel, ozone, gas can help re-mineralized it.

use a laser to go in there and into these areas and it helps heal and support. It supports healing of the gum tissue. Lasers can also be used for drilling into the tooth non-invasively.

Multiple uses of laser that is available. Yeah. Oh, that's great. Yeah, and then just just for reference, just to back up a little bit, like ozone gas for people that are not familiar with it is generated by running electrical current through medical grade oxygen.

And O3 is really toxic to viruses, bacteria molding yeast, it helps chelate heavy metals. So that I think why it's so useful in dentistry and in medicine.

Absolutely. And we have seen many, many patients avoid patients that have had deep cavities that look like if they went to a conventional dentist, it would have been a root canal.

That's what would've been told to them. Cavity is too deep. You're going to need a route canal because it's in the nerve of the tooth. We have being able to avoid getting a rural canal by using ozone gas because if forms this barrier, yeah, they have no symptoms.

That's awesome. Yeah. Okay. So for listeners who want to support their oral and systemic health, what are the top three things they can start doing today?

So my motto is, breathe better, sleep better. Smile more. And so that's one of the things that we really look at, encourage patients, you know, where before we didn't even think about fair weight work and sleep.

Get a sleep study done. Let's just get a baseline of REM sleep, deep sleep light sleep. Are you stopping breathing? Do you have apnea? These things, just take a look at that and see if that can cause it.

You sleep in six hours, eight hours a day. To me now, sleep is more important than nutrition and exercise. Sleep well, you really need to sleep well. And then things like, um, avoiding sugar, right?

Processed foods. I would say that's, you know, cutting down processed food is, is huge. And just a lot of, a ton of this, uh, the sugars are hidden in processed meats and using a load of drinking, so-called diet drinks are just.

You know, they are the pH level on a lot of these drinks are very low. They're acidic and they're basically melting teeth away. And so the enamels weakened.

So then when the mouth is not healthy and then there's an overgrowth of this bacteria that caused decay, it just becomes a rampant issue. spreads from one tooth to the next to next.

And they come back and they think they're drinking better, healthier drinks, but they have to still watch out for a lot of the sugars, a big one is to do tongue scraping.

A lot people do floss, they don't tongue scrape.

Root Canal Decisions and Ceramic Implant Alternatives

Tongue scraping is super important because the bacteria does reside on the tongue. and it grows on the tongue. And so tongue scraping is very important.

We encourage, instead of fluoride, we're encouraging like hydroxyapatite, you know, toothpaste with hydroxylapatate to help re-mentalize the teeth instead using fluorides.

Yeah. Why are you asking that? Because, fluorine, once again, is a very toxic, as far as we are concerned. Are there early warning signs that someone might need to see a biological dentist, even if their regular dentist says, like, everything looks fine?

I think if they have issues like chronic fatigue, they're always tired. They have a issues of bad breath that they can't, you know, their dentist looks and, your mouth looks, fine.

I've had, in the past, we've have patients that would say things like that to us too. And you can really find they like they just brush your teeth and five minutes later, the breath You know, is not fresh again.

And a lot of times that's coming from hidden bacteria underneath the gums. Okay. So doing a saliva testing and finding out, you know? Cause it's probably a gut issue too, right?

Yeah, yeah. It's more than just the mouth. Like he said, chronic fatigue, a lotta times is coming sleep apnea. Yeah. Needs to be looked at at least and checked.

Yeah, and we've been learning a lot about nitric oxide, getting that into the bloodstream, get that for vasodilation to dilate the, the Blood vessels to get better circulation.

And we found out that, you know, even though you get your, we do what is BRT, it's a bacterial reduction technique that we use here to reduce the bacteria, but you got to take the tonsils into consideration.

Are they, are they hidden in the Tonsils now as part of the defense mechanism, You know? And so now. I was just researching on how tonsils can be purged to get rid of the bacteria that are stored there, you know, because that could be a source there too.

Yeah, that was something that I just came across within the last month. Wow. Okay. It's interesting. How do you guys collaborate with medical or functional medicine practitioners like myself when you suspect that there's a dental issue contributing to a patient's chronic health problems?

Firstly, you know, we want to have deeper integration with medicine because we cannot by ourselves help this patient with their overall health, right?

We can kind of focus on what could be the dental issues, but then we need someone like you as a functional practitioner to go back in and be able to treat them for their gut issues or their immune issues for like metal, heavy metal detox.

so that they can then progress. Because if they have metals in their mouth and they do a heavy metal detox, it's really not, It actually will make their teeth hurt more.

And it will hurt their jaws more because it is like pulling off from their, from there teeth. So they need to have all of that taken out and then have a detox done.

Then do the detox. Yeah. get your mouth healthy, so then you can start working on the gut issues. Because if the got is worked on, but the mouth is not, then it just repopulates really fast.

And then, it's the same issue going again. So, kind of work in conjunction with the functional medicine doctors to help the patients together. That is our goal.

Okay. What are some of the key lab markers or symptoms that medical practitioners should look for that might suggest an underlying dental component? I know we mentioned chronic fatigue.

I would say some, you know, blood work that shows a high CRP, right, growing signs of inflammation. And if there is nothing that, hey, always like the mouth, there's always something going on with the mouse for most people.

If they're bleeding, bleeding gums is not normal. A lot of people think, well, I brush my teeth and I spit and there's a little bit of blood, that that's okay.

No, it's not. It's no okay, you know? And so it has been so common to them that they can't breathe through their nose, they could, and if a patient is going to tolerate a CFAP, we can make an oil appliance that helps their airway.

Ozone, Lasers, and Advanced Dental Therapies

I myself, I wear a nasal strip, and then I'll wear an amount piece to help airway so that I can get better sleep, get a better REM sleep and deep sleep.

No, other things I would say is like if they do have neurological symptoms, I definitely look and see if there's an oral component to that and try to see some of that could be contributing to it.

Blood work that shows low vitamin D level. Again, that also helps if people that have a lot of decay, rampant decay and things of nature tend to have lower vitamin.

Interesting. Yeah, because it's like the calcium is not getting absorbed and a lot of people take additional calcium and they take vitamin D is low and it is like calcium getting absorb.

It's just coming out of your system. You're just peeing it out. Your bones are not any stronger. Teeth are like teeth are bones. And so calcium needs to be there to able to resistant to these assaults that we constantly have with our food.

Yeah. Drinks and coffee. What do you wish more physicians understood about how dental health impacts their patient's overall wellness? So much, yeah. For me, I'd go back to Airway.

If they're not breathing well, if they are not breathin' through their nose properly, send them to the ENT and we can collaborate with the E&T sleep study, a CPAP mouthpiece to help with that.

I mean, even just high blood pressure, right? They're very quick to prescribe a high-blood-pressure medication for someone without even considering, you know, hey, kutsuit apnea.

contributing to it because it does cause the heart to race at a high, you know, high pulse rate. I mean, a lot of people suffer from that, but, and then they have anxiety, they had panic attacks.

We personally, in our office, we, couple of us have, You know we all wear oral appliances. They all where sleep apnea appliances and it's, it dramatically changed, how that our hearts functioning.

Yeah. Blood pressure has lowered, anxiety has come down, you know, so that's definitely one thing. And then of course, diabetes, lots of patients suffer from diabetes.

Right? And yes, it is a nutrition issue. They control that. But a lot of times people who are diabetic have gum

disease and it's uncontrolled gum. So you just keep changing your diabetes medicine and keep going up from oral and then to insulin.

But it could be that the gum disease is making the diabetes worse because it's interrelated. Yeah, yeah. Paranormal disease contributes to diabetes. Diabetes contributes a paranormal disease.

So it kind of like if you can control the Gum disease, you're more than likely be able to get that oral drug to work. And then they need to move on to insulin, you know, or move onto something worse.

So diabetes is huge. A lot of the oral bacteria is also connected to certain cancers. That's another thing that they want to look at. And then of course, heart disease.

Daily Habits for Oral and Whole-Body Health

I wish more doctors would, you know, consider looking at connecting them out to heart, disease and the valves and a plaque laid in these, and then going back to diabetes, their sugar gets low.

They pop sugar into the mouth, get your sugar up. And so they're sucking on candy or some kind of sugar. That's just, putting gasoline on a fire as far as decay is concerned.

And a lot of these high blood pressure and a lotta these medications cause dry mouth. And that then makes things worse. Well, if you didn't have to get on those medications in the first place, it could be just that something, a root cause of why this went down that way, that path.

If you can find causes, and that's kind of our goal, is to, let's look and see, was there a real cause for you getting this or getting that condition?

Well, where do you guys see the field of biological dentistry heading in the next decade and what excites you most about that future? Well I'm 63 years old and my partner talked me into this, you know, let's look into, this I said, I kind of phase out, physically, it's physically demanding, bent over, wearing these heavy loops, were working.

And so, but now as I started to get into it, like I said, I start it with the airway and breathing, breathing and what have you, and then I've gotten into, it's like, yeah, want to live healthier, longer, you know?

And if I can do that, part of my purpose in life is to help that help someone breathe better so they can live longer. That's very encouraging for me to stay in the field and do it as long as i can.

If all I do is oral appliances to help patients, all i do, is take impressions and then we can do a mouthpiece for them. We can calibrate it so that they get maximum use out of it, maximum airway without doing damage to their TMJ.

Those are things you have to take into consideration. And I think just a deeper, where I look forward to it heading is a deep collaboration with medicine, personalized care, regenerative therapies, like things that we can do to get the body back to.

The body is created, has been created to heal itself. Let's get it back to optimal. We don't look for optimal, we're very reactive and just trying to fix things that are already gone south, right?

When to Seek a Biological Dentist

Everything that's already broken and then we trying fix it. So I look forward to seeing a time where we can start preventing things from breaking down, preventing a future that is collaborative with medicine, patient focus, patients center.

Instead of just like tooth dentistry, you know, just fixing teeth. Right. As if it's a completely separate entity from the body. Yeah. It's absolutely not.

So finally, if you can leave our listeners with one key message about why their mouth matters to the whole body health, what would it be? I would say the mouth is not separate from body, heal the And heal your, you know, and you support your entire body.

That's awesome. We want to become certified in the Bredesen protocol for Alzheimer's, recode, we're hoping to do that and to be able to express that more.

Yeah, that's great. Well, thank you guys so much for joining me and thanks everyone for joing me on the functional edge. I hope today's episode gave you fresh insights and practical tools to level up your life.

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Working with Functional Medicine and Future Directions

So our office name is Eagle Dental Texas and our website is www. EagleDentalTexas.com Our address is 17034 University Boulevard, Suite 700 in Sugarland, Texas, 7749. Awesome.

Number 281494. Okay. And we'll put all this information in the show notes for people as well. So until next time. Thank you. Thank you and stay strong, stay healthy and keep living on the functional edge.

Thank You for joining me on The Functional Edge. I hope today's episode gave you fresh insights and practical tools to level up your life. If you found value in what you heard, don't forget to hit subscribe, share the podcast with someone who needs it and leave a review.

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