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 major source of 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 the mouth, you swallow it, you inhale it, it affects respiratory conditions, it causes immune issues, it causes gut issues.

The gut starts from the mouth. We know a healthy gut, healthy brain, but the mouth is the starting point of that. Getting the mouth 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 Functional 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 in 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.

Why the Dentists Chose Biological Dentistry

Thank you for having us and with Hopkins. 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 dentistry, okay? And so I myself had to go see an ENT to have my deviated septum corrected and that way I could breathe better.

And I was snoring and I wasn't, I was waking up not rested. And so I did a sleep study and it showed that I did have sleep apnea, moderate sleep apnea, and that a seat was prescribed for me.

So that was about 15 years ago. And once I started to do that, I started to 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 I should be breathing through my nose. I thought breathing through your mouth was normal and it's not. We need nitric oxide in the bloodstream.

So nitric oxide is when you breathe through your nose, it's formed in the sinuses and it gets into the lung and crosses into the blood. And so that way it dilates the blood vessels as we sleep.

And so that way everything gets circulation to the entire body. And so 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.

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

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

And so I started to do that. And then how to increase airway so that people can breathe better and sleep better, breathe through their nose so that they are awake, you know, they wake up refreshed in the morning so that the brain gets, you know, 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, looking at it under the microscope, which I'd never done before, to see, you know, spirochetes, different organisms, different bacteria that's associated with heart disease, gum disease, diabetes, things to that nature.

Yeah. 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't really work. And you know, it was just one thing after that was the only thing that I kind of knew of.

And then every now and then I did see, I did see signs where she would forget names or forget, you know, people. Again, everyone calls it a senior moment and you kind of just, you know, just rub it off like that.

But then when she was in her late seventies, 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 of went.

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

And it was just, it was so hard to watch that. And, you know, 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. And then I came across Dr. Dale Bredesen, a neurologist out of California.

And I read the book that he wrote. on the end of Alzheimer's and I said, Oh my goodness, this can be the disease that can be stopped here. Cause you know, again, 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, is it inherited?

You know, is it something that passes?

Defining Biological Dentistry and Its Patients

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

And I was like, oh my goodness, I 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.

Again, she did have mercury fillings. She did have, I'm pretty sure she had sleep apnea. I'm pretty sure she was exposed to mold because we live in a tropical country and we've 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. I mean, 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, then I'm going to do everything I can.

And so 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, 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 you may be under, overall 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. So 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, right? A jewelry and others have the real thing. So they have a contact dermatitis and so different people react differently.

And so. People that realize that and are open to that are the ones that are seeking us.

How Oral Health Drives Systemic Inflammation

And I just kind of picture it as the people that shop at Whole Foods, you know, that are healthier and are 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, you know, the metal out of their mouth.

A lot of biological people that are looking for biological goodness are looking to get rid of the metal out of their mouth. So let's talk a little bit about this mouth-body connection.

How does oral health influence the rest of the 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 major source of inflammation and infection in the mouth.

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 a lot of infection, infective endocarditis is pretty common heart condition.

Similarly, if there is these inflammation in the mouth, infection, it can if once these all microbes that are prevalent in the mouth, you swallow it, you inhale it, it affects respiratory conditions, it causes immune issues, it causes gut issues.

The gut starts from the mouth. We know a healthy gut, healthy brain, but the mouth is the starting point of that gut. So getting the mouth healthy is extremely important to being able to get the gut healthy, the pH in the mouth, the dental materials that we use in the mouth.

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

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 canals tend to be, you know, something that's very controversial, but at the same time, they do get reinfected pretty commonly, right? And then they do, again, cause other systemic conditions that don't resolve, and it could be from that root canal, you know?

Yeah, so talk a little bit more about the controversy around root canals. Like, biological dentistry doesn't necessarily think that root canals are the way to go, is that correct?

Yes. However, it's not everyone that, you know, if a root canal is infected or accessed, whether it causes pain or not, it needs to be, something needs to be done.

You don't want to leave an active infection in the mouth. And there are certain root canals that have no symptoms and have no 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 we give that, let that patient make that decision as 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 system may not be as strong and that 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 is falling in line with that system, that organ system that you are suffering from.

And 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 that could possibly be affecting you?

And then investigate a little bit further and then they decide whether they want to take that tooth out or not. We're kind of, that's kind of where we stand on.

What, what are some of the most common like hidden dental sources of inflammation that people don't really realize can affect their whole body health?

Ruchinaelsis were definitely one of them. That's right. One of the big ones is Ruchinaelsis. Don't hurt. Yeah. And then even if it doesn't 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, it's when they chew on them, they, they elicit a mercury vapor, you know, and where's that vapor going?

Are they inhaling it? You know, I mean, the mouth is so close to the brain. Right. And that fluoride, we know that fluoride now. Neurotoxin. Neurotoxin.

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

But they put a lot toothpaste on there. And if you swallow that, that's ingesting fluoride. And that, again, it's neurotoxin. And 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's just that it's when you're like just there's just such a toxic burden.

Yeah. Increased amount of it constantly daily. exposure to these toxins that you know, periodontal disease and gum disease.

Root Canals, Hidden Infections, and Oral Pathogens

P, one of the most common chronic conditions in the body is gum disease. Again, goes unaware. People don't realize it. They just feel my teeth are getting longer.

Eventually my teeth are 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's actually what's hidden. That's what's more dangerous. You might either have a mouth that looks pristine, looks clean, but underneath, again, what's 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 a saliva test to 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.

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

So can we control that in the mouth and will that reduce? Yeah. We catch things early, can we prevent this? And I think we definitely can. And mouth muting, sleep apnea, you stop breathing, your heart is still pumping, fluid builds up in the bloodstream and then the kidneys kick in and then you've got to get up and if you have apnea and you stop breathing for more than 10 seconds, you have to go to the restroom two or three times a night.

Getting up at which is not normal. And so there's a variety of things that can cause. He's trying to stay hydrated and you're drinking a bunch of water and you're drinking it till nine PM while you're probably going to.

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're cutting oxygen off to the brain periodically.

So it's almost like you're having little mini strokes throughout the night. It can be very damaging to the brain. Yes. And stressing the heart. You're stressing the heart.

Yeah. Yeah. 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 new patient comes in, we definitely always get a cone beam CT where we get to see the entire mouth, the jaw, the joints.

We're also able to assess the airway. It's a CT scan of the head and part of the neck. Okay yeah and then we always so 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 we can see that oh yeah this you know there is a there is an infection as we look through every slice of that tooth.

Wow. 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 we call a cavitation. However, cavitation cannot be identified without doing a biopsy.

That's the way to, and it has to be sent out to a lab and it 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 we can't find it in the teeth.

But 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 like a wound that you just keep picking at sort of kind of thing.

yeah that's one of the things and then we also do a saliva testing send it off to the lab and then look at you know find out the high low risk moderate risk bacteria present we do an airway assessment we check for the tongue ties yes and doing a Malin-Patty score assessment to see what the opening, the area opening.

When we see bony chora in the mouth, excess bone, excess ptosis, 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, the 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're on their back, the jaw, the tongue goes back and blocks the airway, especially if they can't breathe through their nose.

And that's why we also prescribe a sleep study. We can do them here. We can 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 of airway obstruction or resistance to their breathing. We can look at those. Bonitori is a big indication that a patient is grinding their teeth, clenching their teeth.

For some reason, a lot of it's related, but a lot of 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. We're looking to see if there's any dissimilar metals in the mouth causing a galvanic reaction in the mouth.

Some people have mercury filling. They have a gold crown. They have a porcelain with metal underneath it crown. They have like multiple different materials as years go by and they have different doctors and dentists placing different materials in the mouth.

Airway, Sleep Apnea, and Oral Health Assessment

So they have, you know, they can have that kind of, it's almost like having a battery in the mouth. fluid environment and you have all these metals in there causing corrosion and at times they find mold underneath mercury cellings.

That's another source of, you know, a lot 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. It's a watch that you wear like a regular watch. It's called a watchpap one that we use and then it sits here on the chest.

And the top three, it does it. And with your phone, it records your sleep. It walks you through it. And then it goes to a center where they evaluate it.

And every test is evaluated by a sleep doctor. And then they give me the results. And then I go over those with the patients. I tell the patients, I'm not a sleep expert, but I am a dentist that helps people manage their sleep where they can sleep better.

We don't cure their sleep. that we can help manage it to where they can get results and 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 use 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. And so when, when you try to complete a circuit using that material and, you know, holding onto 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, kind of reads how You know, you react to every material that we have in this office that we place. And that's why we have multiple kinds of Dell materials.

So because not everything is compatible with everyone, starting from anesthesia to our resins that we use, to implants that we use, you name it. Like different people are compatible to different materials.

We want to use, we want everyone's bio individual and we want to use the material that is safest and best for you. That's awesome. That's really great that you have that ability to test for each individual patients and individual materials.

Right, it has really been eye-opening to us ourselves. So we do implants here, we do the titanium metal implants, and we also do the ceramic non-metal implants.

And so depending on which implant we're going to be placing, we test them for even that specific implant, even that 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.

compatible. But that's going in the body, and it's going to be integrated in the body. 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 be 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 amalgams. But when I asked my dentist, this was a number of years ago, they were like, no, 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 a safe mercury amalgam removal technique. And so in that protocol, we, as well as the patient, 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. We use that along with a lot, a copious amount of water.

We are 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 that we don't let any fumes, you know, 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 may 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's, it's worth it because mercury is so toxic to the brain and other bodily functions.

Right. Right. And I'm like, the brain's right there. And I'm so like, I'm like, no, I'm not again, Alzheimer's and dementia is always on the back. Yeah.

Right. Right. So I'm like, 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, gangrene-ish 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 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, it becomes necrotic, and then we can go in there and go into and remove those materials out and clean them the best that we possibly can.

And we know now that there are some lateral canals, little canals 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 can cause the tooth.

A reinfection. Yeah, to get reinfected. And so we tell the patient, we have endodontist root canal specialists that can go in there and retreat it if they choose that.

And they do the best that they can with that and retreating it. And that way the patient gets to keep the tooth. 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 root canal in the mouth.

Biocompatible Materials and Mercury Removal Safety

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 tooth, 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 fiber 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. Vohl. That's his machine that's 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, fibers, tissue out of there, and we get it clean.

And then we're able to put that plug back in the socket so that we get proper healing to place an implant later. And like I said, we make sure that 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 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's an amazing way to kill harmful bacteria, you know, bacteria in the mouth. It also treats early caries. So ozone gas, we use that before any restoration that we do, because when we cut a tooth to do a filling or when we 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 of attack these harmful bacteria there and basically disinfect the area.

And it's a non-invasive way of disinfecting and not using any kind of harsh chemicals. It's just using ozone gas, ozone water, fresh air. 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 remineralize it.

And then we also 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 Oh three is really toxic to viruses bacteria molding yeast and it helps kill a heavy metal so that's why it's so useful in dentistry and medicine absolutely and we have seen many many patients avoid.

the 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 have been told to them.

Cavity is too deep. You're going to need a root canal because it's in the nerve of the tooth. And we have been able to avoid getting a root canal by using ozone gas because it forms this barrier.

Yeah. It's amazing. 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 airway 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. You got to 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 lot of this, uh, the sugars are hidden in processed foods and using a lot of drinking, you know, so-called diet drinks are just full of, you know, they are, uh, the pH level of a lot of these drinks are.

very low, they're acidic, and they're basically melting teeth away. And so the enamel's weakened. And so then when the mouth is not healthy, and then there's an overgrowth of these bacteria that cause decay, it just becomes a rampant issue.

Reds from one, two to the next to the next. And they come back and they think, they think they're drinking better, healthier drinks, but they have to still watch out for a lot of the sugars.

A lot of, yeah. And a big one is to, um, to do a, to do tongue scraping. A lot of people do floss, but they don't tongue scrape and tongue scraping is super important.

to get bacteria, 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, toothpaste with hydroxyapatite to help the teeth instead of using fluoride.

Why are you asking that? Because fluoride, once again, is very toxic as far as we're 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 issues of bad breath. that they can't, you know, their dentist looks and, you know, mouth looks fine.

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

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

Yeah. Yeah, it's more than just the mouth. So yeah, like he said chronic fatigue a lot of times is coming from sleep apnea It needs to be looked at at least and checked.

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

Root Canal Alternatives and Ozone Laser Therapy

And we found out that 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've got to take the tonsils into consideration.

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

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 or 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 make their jaws hurt more because it's like pulling off from their 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 gut is worked on but the mouth is not, then it just repopulates really fast and then it's the same issue going again.

So it kind of works in conjunction with the functional medicine doctor to help the patients together. So that is our goal. Okay, and 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, you know, hey, always like the mouth, there's always something going on with the mouth for most people that have a high CRP.

If your teeth are bleeding, bleeding gums is not normal. A lot of people think 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 not okay. It's been so common to them. They can't breathe through their nose. If a patient is not going to tolerate a CFAP, we can make an oral appliance that helps their airway.

I myself, I wear a nasal strip, I wear a seat, and then I wear a mount piece to help airway so that I can get better sleep, get better rim sleep and deep sleep.

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

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

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's like calcium is getting absorbed.

It's just coming out of your system. You're just peeing it out. It's not like your bones are not any stronger. Your teeth are like teeth are bones. And so calcium needs to be there to be able to be 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're not breathing through their nose properly, send them to the ENT and we can collaborate with the ENT 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, high. I mean, a lot of people suffer from that, but, and then they have anxiety, they have panic attacks.

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

Yeah. Blood pressure has lowered, anxiety has come down, you know, so that's, that's definitely one thing. And then of course, diabetes, diabetes, you know, 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 disease. So no matter, 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 their diabetes worse because it's interrelated. The periodontal disease contributes to diabetes. Diabetes contributes to periodontal disease.

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

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

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I wish more doctors would, you know, consider looking at connecting the mouth to heart disease and the valves and the plaque late in these, you know. And then going back to diabetes, if their sugar gets low, they pop sugar.

Get your sugar up and so they're sucking on candy or some kind of sugar and that's just putting gasoline on a fire as far as decay is concerned. And a lot of these high blood pressure and a lot of 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 a root cause of why this went down that way. that path. He can find clauses and that's kind of our goal is to let's look and see is there was there a root 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, you know, I kind of phase out, you know, physically, because it's physically demanding, you know, bent over, wearing, you know, these heavy loops, you know.

were working and so, but now as I started to get into it, like I said, I started with the airway and breathing, breathing and what have you. And then I got into it, I said, yeah, I want to live healthier longer, you know?

And so it's all, 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 deeper 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.

And so. Let's get it back to optimal. We don't look for optimal. We're always trying to, we are very reactive and just trying to fix things that are already gone south, right?

Everything that it's already broken and then we're trying to fix it. So we, you know, I look forward to seeing a time where we can get, we can start preventing things from breaking down, preventing, you know, a future that is, that is collaborative with, with medicine, patient focus, patient 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. Yeah. It's absolutely not.

Yeah. 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 the body.

Heal the mouth. and heal your, you know, and you support your entire body. That's awesome. We're excited too. We want to become certified in the Bredesen protocol for Alzheimer's, you know.

Yeah. Recode, you know, where it can, you know, we're hoping to do that and to be able to express that more. Yeah. That's great. That's awesome. Well, thank you guys so much for joining me and thanks everyone 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 the subscribe, share and share the podcast with someone who needs it and leave a review.

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What's your website and phone number? 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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