Introduction to Oral Health and Whole-Body Wellness

I realized and learned how much dental health influences overall health. It was a shock to me. I didn't know any of this existed, and we aren't talking about it in general in the dental profession.

So thankfully, we're talking it to all of you who are listening, because this is information that needs to be known. And I did know it as a dentist. Three brothers who were also in dentistry, none of us knew any.

This was not an intentional change. Something I had to do for my own health, but now that I've moved in this direction, I can't do it any other way. If you're overwhelmed with chronic health symptoms and still don't have answers, you are not an alum.

I'm Dr. Javan and on redefining wellness with Dr Javin, we'll be exploring root causes like Lyme disease, mold and parasites and I'll guide you with simple and practical steps towards real healing.

Hello and welcome back to another episode of redefining wellness podcast. I'm your host, Dr. J. Ben Moore. And today we get to talk about dentistry. things fell apart.

So she's been on both sides of this and she has learned through her own experiences what you have to do to be able to get well. Her name is Michelle Jorgensen and I'm really excited to have her here today.

Michelle, thank you for being here. Thank you. I am excited be here also. What happened in your story? Why did you switch from a conventional practice to now more of a holistic approach?

You know, it certainly wasn't anything intentional or anything that I planned to do. I, like you said, was practicing conventionally. My father was practising with me and I had watched him growing up.

So he was a very good dentist, always really focused on clinical care and providing the best dentistry. And I just thought that that's what I would do forever.

You would just keep practing that way. That's not what happened for me. At about a decade in, I started to get really sick. And anytime you do that, you just start searching for anything, right?

Shotgunning all of the approaches.

Michelle Jorgensen's Health Crisis and Mercury Toxicity Discovery

And my gut was the first thing I really dove into. So we started changing everything, threw away all our food, like we all do, throw away everything that was in a box or a bag or white thing or whatever.

It helped some, but it got to the point that I couldn't even drink water without pain sometimes. Something was really seriously wrong with the gut. You know, you just think, well, everybody has gut problems.

This is probably stress. It's just whatever. And the doctors couldn't really give me any answers. They gave me some pills. That didn't help. So I started just dealing with it, but then other symptoms showed up.

I couldn' remember things. I couldn't remember patients' names from room to room, and I've always had a really good memory. I have always been able to remember patient's stories and their lives and grandkids' and you know, I could not remember anything.

So that was drastic, but the big one was numbness. I couldn't sleep at night. They would be numb all night long. I'd

have to sit on the side of my bed just shaking my hands.

And I actually stopped being able to hold my instruments because I had lost dexterity completely in my hand. So at this point, with no answers, I was going to chiropractors two and three times a week, massage two or three time a day.

Nobody could answer anything. The orthopedist said, there's nothing wrong with you. I literally didn't know what I was going to do. So I had four young kids at home.

My husband also worked for the practice, so this was our entire livelihood. This was it. And we were really up kind of against, you know, a rock and a hard place here with no answers and no way to turn.

I started asking a bunch of different practitioners, what can I do with my dental degree, but yet not do dentistry? And I learned a lot about nutrition at this point, right?

We'd thrown away all of our food and done, different things. I thought, well, maybe I could do nutrition inside of a dental practice. So I spoke to a dentist who was doing that.

He had a nutritionist in his practice and I asked, what do they even do? Like, how does this work? And he said, wait a minute, your symptoms sound a lot like mine.

Have you ever looked into mercury poisoning as a possibility? And that was the first time I had ever heard those words. Nobody had every introduced this idea that mercury might be the problem.

And I said, well, no. I mean, I'd learned in dental school that silver fillings are 50% mercury. Yes, you heard that right, 50 percent mercury, but I've always been told that they're completely safe.

Once they are in a mouth, that Mercury stays put, it's not a problem, and so I say, Well, No, i don't have any fillins and I have been totally completely save.

And he said the words I'll always remember, he says, it's not the fillings you have. It's the ones you've been drilling out for the last decade with no protection.

He said, isn't it worth getting a test? And I said well, yeah, I've not been tested for mercury yet. So I got tested and that's what it was, mercury toxicity off the charts.

So once I found it, I was kind of in this weird place of I-was-so-relieved. I finally found an answer, but Iwas mad. Why in the world is no one talking about this?

What happens when you drill on a mercury filling is it vaporizes the mercury. Well, what does vapor do? It goes up. Where's the dentist's head? Up. So I was literally getting filled with mercury every single time I removing a filling.

So, I had to change the way I doing it. The doctor said, all right, we figured it out. You figured out, they didn't, but I did. So I had to find were there ways to do this in a different way.

And I found there were. There were protocols for how to remove it safely. We used giant vacuums and mercury filters and all kinds of things. So as patients started coming in and the whole room looks very different when we're doing a safe mercury removal protocol, They would start saying, oh, what's going on here?

And I thought they would all run away screaming, you know, who's this crazy lady now? I don't know what happened at this place. So I would explain this is for me and for my health, but they usually say, well, isn't this better for Actually, yes, this is better for you too." Then they would start recommending me to patients and to friends and the family and start telling doctors about what we were doing because doctors had been looking for this and couldn't find it.

So the doctor started talking to me and saying things like, Well, I'm so glad you're finally on board with this mercury thing. We've been talking about this forever.

I don't know what's wrong with you dentists. They're not talking. And then they would say things like, well, but what do you really know about fluoride?

I mean, really? And all I knew is what I'd been trained in school. Same as the mercury fillings. So I had to start researching and found out. Wow, research shows a lot of different things than what I've been trained in.

What do you really know about root canals? We've be hearing some things and so I'd have to deep dive into the research there and all of the changes that I made were because I learned different thing and I learn better and realized and learned how much dental health influences overall health.

It was a shock to me. I didn't know any of this existed. And we aren't talking about it in general in the dental profession. So thankfully, we're talking it to all of you who are listening, because this is information that needs to be known.

I did know it as a dentist. Being raised in a dental family, I have three brothers who were also in dentistry. None of us knew any this. This was not an intentional change.

It was something that I had to do for my own health. But now that i've moved in this direction, I can't do it any other way. And now we have people flying from around the world.

We have a multi-specialty practice that we're all about. How do we improve health starting in the mouth? And it's incredible what I've learned through this process.

So I mean, I agree with a lot of the things you just said there and I want to deep dive into them. Cause there are things that we talk about in my practice all the time.

Dentistry is one of those tools is literally listed in paperwork. Like where's your entire dental history? Do we have all of things? You mentioned root canals to mercury fillings to have you got extracted wisdom teeth?

And do we know if those are safe? So, so I'm going to go through each one. As we deep-dive this. And I just want kind of attack the topics because This is one of those situations where so many people just honestly, they think, well, my doctor is smart and they went through school and there were taught and their taught the leading cutting edge stuff.

And so then they have their best interest for me at mind. I think that the doctor usually does. The problem is when I go back and I look at, how are doctors trained and where does this information come from and this goes for dentistry it goes from medical providers by the time someone actually figures something out and they they changed that in their practice to then they teach a few other doctors to Now they're teaching it maybe for like the state board for continuing eds to then it gets to a college and then I gets researched and I guess put in a textbook.

Safe Mercury Filling Removal and Patient Impact

I mean, you're like 30 to 50 years out and when mercury fillings were made, it was back 200 years ago and they were doing it because nothing would really grow on it and it would last a long time.

And the science really wasn't known about mercury fillings. And then it just became a tradition. It became habit. I've even heard some of the practices that are out there, not necessarily dentistry, but maybe this is…

Some of these things almost become a religion within the profession to do, because it's the way it is, and we don't want to change our standard of care.

But I know I ran into numerous traditions in medicine where I'm just like, why is this the ways it? Well, it has always

been that way. I'm like, wait a minute.

So we're not advancing with time or education or toxicities. It's just tradition. Is that what's best for the health of the person sitting in your chair?

Or is that, what just bests for, you know, the, old guys that are not wanting to learn new things. Yeah, it's a challenge. And, you know, I always assume positive intent.

That's just the way I approach life. So I don't go into this thinking that anybody's secretly trying to sabotage health by not talking about these health issues.

You know? I really do think that practitioners are well-meaning, and we're hoping we are trying do our best. But there isn't really a requirement for continuous learning.

There is, you have to get a certain number of hours. It's something like 20 hours every three years. I mean, it's really minimal. And a lot of times those hours can be things that you just get at a local dental convention where you usually just spend the entire time visiting with providers and vendors on the floor.

You're not even really learning. This is the standard. That's all you have to do. And as I really have learned a lot, we teach, I teach other practitioners, and I've thought, why is everyone not just signing up for my classes?

Like, this is such an amazing thing to be able to provide a different kind of care. As I spoke with one of my mentors, he said, Why would they need to?

Their practices are busy. They're making money. Things are going along fine. It takes a lot of effort to turn the boat around and to completely upend everything that you've been taught and have been doing forever.

You have the equipment, you have materials. Like, it takes lot effort. There has to really be a big motivation to make that change. And at first, that offended me a little.

I thought, well, certainly better patient care should be big enough motivator. But I don't know that it is. It's just not what we're expected necessarily to completely change and innovate all the time.

And there's another piece, though, that I think is really interesting to understand, especially when it comes to the mercury piece. I actually believe this is going to apply to fluoride piece as well, at least in part.

So in the United States, we live in a very litigious society, meaning we are quick to sue. And if the American Dental Association were to say that mercury fillings are a cause of this and this, and, this or can contribute to these things, every dentist that has placed or removed a mercury filling would be under class action lawsuit, because that's the way our world works.

So the America D dental Association, who do they work for? Who pays the dues of the american dental association? Do you? You don't pay American Dental Association dues.

Neither does anyone listening to this unless you're a dentist, only the dentists. So the American dental association, their job is to keep the dental profession and the dentist's insight of it safe from legal action, from other problems.

It's not that they're lying. They just are protecting their constituents, the people that actually pay them. So they will not allow this to happen. There's been some minor changes, things like we shouldn't place mercury fillings.

I call them mercury because they are 50% mercury. Mercury fillers in children under the age of six are expecting women. Well, I usually will often say, then why anyone?

If it's a problem for that population, why is it okay for anybody? And they're still placed. It's not been banned anywhere. So I really, really believe that the change that is going to have to happen will come from all of you

listening.

You are going learn a better way, you're going realize that some of the stories I'm going share today resonate with you and they sound so much like your stories, You're gonna go talk to your dentist and say, can you provide this for me?

And if they can, fabulous. If they cant, your gonna need to go find someone else. And eventually enough of will ask for these things that professional have sit up and pay attention.

So this change, I believe, is going to come from the outside in, not from inside out. Yeah. And that's what's happening with fluoride, as you mentioned.

Also, there's enough people that are fighting back saying, no, this doesn't make sense. This isn't right. There's too much research coming out, even though it's not necessarily forefront.

I know friends of mine have told me about websites where there are 72 different studies on how toxic fluorite is. It's no longer a question. getting it in front of enough people that it makes a change.

So let's dive into these things. We'll go one by one. You mentioned your experience with mercury fillings. Can you give us just the rundown of what that looks like for a person that's getting a mercury filling removed correctly?

Yep. So first of all, that is the key piece. Number one, don't ever get a mercury filling placed. And they still are being placed, and this is a sad thing actually, is they're easier to place and they are cheaper to places.

Oftentimes, the people that are getting these fillings more often are children in lower demographic areas. because they're the thing that Medicaid will pay for.

So this is a challenge. That's the first step is don't get one. Don't one if there's any way around that. And there are those materials to use instead of it.

It's called composite. it doesn't have any mercury in it. So that's the choice you're going to make. If you have a mercury filling, what, first of all, could be the symptoms that you could attribute to this?

Well, I can tell you this now. And when I was in school, they told us that if I told anyone their health was affected by their fillings, That's what I was told in school.

So I can now tell you because there is research showing that mercury is released from those fillings 24-7. Mercury is a neurotoxin. It's going to affect everything that involves neurology.

For me, that was my brain. My memory was shot and we get a lot of patients that have memory problems as well as migraine issues, a lots of ongoing headache issues.

Again, think that's a nervous problem. That nervous issues right? The nervous system. I remember a woman. And she came and she said, I've been asking my dentist to remove these fillings for forever.

Like every time I go in, and I tell him to take these feelings out and he says, they're just fine. Clinically, They're Just Fine. And he refuses to do it.

But she says my kids actually made me come to you because She had such debilitating migraine headaches, she couldn't be a grandma. She couldn' take care of anybody anymore.

she could' do the things that she loved. And so we looked and I said, well, you're in charge of your mouth. You get to decide if you get those fillings out or not.

However, I'm so glad she didn't get it out with her dentist because if she had, they wouldn't have done it in a safe

way. So what are some of those procedures?

We actually cover you. So your face is covered because mercury will be absorbed through the skin. We give you eye sluts so you're not blind. You get to see.

But we cover your nose because, again, vapors are released and you shouldn't be breathing in that in. we use what's called a dental dam that keeps all the chunks out and we suction them up.

Otherwise, you are swallowing chunks. We use a giant vacuum that goes at the base of your chin that takes the vapours away from you while we're doing that removal procedure.

So, if you're going to get them removed, do not do it unless you do the way I just described, period. And there is a website called the IAOMT. This is probably the one you were referencing talking about fluoride and mercury.

Why Root Canals Can Become Chronic Infection Sources

If you go on there, there's going be a hundred articles about mercury that they've already sourced. So the iaomt.org has a directory on their of dentists who will do this safely.

I also have a directory on my website, livingwellwithdrmichelle.com. There's a Directory of Dentists that I have vetted also. So do not do it unless you're going to do the proper way.

This patient, I'm so glad her name was Winnie. I am so that she didn't do with her other dentist. He said, no. We could then do safely. We removed all of the fillings, restored all the teeth.

It was all white. She loved the way it looked better anyway. Within about two months, her migraines were completely gone. Again, it's neurology. So it is brain function.

It's headaches. My hands, my numbness, that's all nervous system and the gut. I know you talk about this all the time, right? Gut-brain connection. If you kill the brain, you've now killed gut function too.

That's what people are going to find when it comes to symptoms related to these fillings. Leave them in. unless you're going to remove them safely, because during that removal process, you have the potential for the most exposure.

You're gonna get a little drip of it all day long, but during the removal, your gonna to get whole bunch unless it's done correctly. We also encourage somebody to work with a doctor just like you, who's gonna be able to make sure that their kidneys are working right, that they're be gonna able detox any mercury that do get in during removal procedure, cause you gonna a get little in.

So everything has to be working correctly before they go through that. So we make sure they're working with a doctor like you who tells them, okay, it's time.

Let's do this. Everything's going well. Your elimination systems are working. Now it is time to get the fillings out. Amazing. You know, I have a question for you because I've heard this.

I talked to people about this, and I want this on this episode to be heard. When you remove mercury, let's say you removed mercury for a couple of weeks in your practice, how do you dispose of this mercury?

We have to have something called a mercury separator on our water lines. So our Water lines and our vacuum lines, well, actually the vacuum goes through into our Vacuum and it has a giant filter on it.

We Have to dispose of that as hazardous waste. The same thing. we have a Mercury separater on Our water line and It connects any mercury that's going to go through the waterline.

And we again dispose Of that is hazardous Waste. But yes, when it's in your mouth, what is it? Safe, it's bioavailable mercury that can destroy your brain, safe.

I know I'm a little bit. I just, I can't even imagine sometimes when and the way that the world works because I've been going, wait a minute. Like we know it's dangerous.

You have to, you have, to get rid of it. It's biohazards got skull and crossbones on it kind of bio hazard, but it safe in your mouth. Doesn't make any kind logical sense.

All right. So let's move on. Let's go on before, before we get on that soap box anymore than I want to jump on top of, Okay. So mercury fillings, so many people, unfortunately have these, but what about root canals?

Cause I know my cousin, um, on his 24th birthday was riding a scooter down through downtown, getting ready to go out and hang out with his friends. And he got thrown off the scooter and landed and knocked his two front teeth back.

came in, they did root canals to him. He knew that that was not a good option because I'm his cousin, but that the option that he could afford in the moment.

And now he's like, all right, it's time to get these replaced. Why are root canal is bad? All right, such a good question. Again, I assume a positive intent.

The reason they were started is because, honestly, it goes a little bit back to that whole mercury filling stage. Back in the 18, mid-1800s, barbers were doing dentistry.

So you'd go and you get a shave and a cut and get your tooth pulled. Pulling a tooth without anesthesia, for both The person getting it pulled and the person pulling, like pulling a tooth is actually hard.

So this had to be absolutely miserable. Well, they figured out that you could like make this putty stuff and shove it in a teeth. That's where mercury filling started.

But they also figured it out, that if you have a real deep cavity, there were like these, called them tooth worms, clear back in the Egyptian era. These toothworms they would pull out.

What is that? That is the nerve tissue that is inside of the tooth. We're tired of pulling teeth and people don't like to lose teeth, right? We wanna keep our teeth.

So they figured out that we could actually go into that nerve area of the tooth, remove the nerve and blood vessel, disinfect it using bleach. That's still what's used.

Standard of care today is bleach to disinfect inside of a tooth. And then it's filled up with a material called gutta percha. It's kind of rubbery material from a tree in Malaysia.

so that's what a root canal is. The idea is awesome. Like your cousin, has a teeth to smile with still, to chew with, right? It was two front teeth. My gosh, what a difficult choice to make at that point.

Do you have your two teeth taken out seriously? You know, or what do you do? So with the root canal procedure, the teeth are able to stay there. You can smile at them, you can chew at, them all should be well.

The problem is all is not well because inside of a tooth, there is literally a mile of tubes So they're so small. I mean, think of it, a mile of tubes inside of your tooth.

They're tiny, microscopic little tubes. And every dentist knows this. We were taught this in dental material. Dental, just basically the way a tooth was made, year one of dental school.

Every single tube has a little extension of nerve tissue and blood vessel tissue. This is how, when you tap your teeth, you can feel it. Right? How do you feel?

Your nerve's not right there because there's a level nerve extension that goes through those little cubes. That's also how the tooth gets fed minerals from the inside out.

So the problem is, is when that tooth, tooth worm, you know, that main nerve and blood vessels removed, That's not all there was. So we seal it up. We basically entomb it now, this dead tooth that's full of dead tissue.

All of those mile of tubes have dead tissues still left behind. It's impossible to clean it. and fill it completely. Anytime you have dead tissue, bacteria are gonna find it.

This is why if somebody has a gangrene toe, what do they do? They cut it off. You know, this is if you a gallbladder or an appendix that's gone bad. They don't pull out your appendics, disinfect it with Clorox, with bleach, fill up with rubber stuff and put it back in.

Well, that would be ridiculous. That would never work. Bacteria are going to find it. It's going get infected. The same thing happens with a tooth. So bacteria always find the dead tissue.

This is where the problem comes. There's no early warning sign because now the nerve's gone. You don't actually know that this infection is brewing. So it requires your immune system 24-7 to deal with it.

And this is where the connection with a lot of other conditions, chronic disease conditions. Autoimmune diseases, heart disease, even cancer. are connected with root canals because now your immune system is distracted.

It's tired, it's worn out, and it doesn't have the ability to keep you well. So it is dealing with this infection nonstop. which means it's not as able to keep you well in other ways.

This is one very interesting thing. I have yet to find a patient who has or had cancer that doesn't have an infection in their mouth, either infected root canal or an infected where a tooth was removed.

So if you are one out there, I want to know about you because you're going to change my statistic. But as of yet I've seen tens of thousands of patients I've yet to find one that had cancer or has cancer that doesn't have an infection in their mouth.

Why? The root canal doesn' t cause cancer. Please don't listen to this and think that's what I'm saying. The Root Canal causes immune system changes and immune systems depression to the point that it cannot anymore keep you safe from cell changes.

That's all that cancer is, is a cell made itself wrong. Your body usually is able to identify it and take it down and get rid of it. But if your immune system is busy doing other things like taking care of an infected tooth all the time, it is less capable of doing that.

And we often see a direct correlation. If you have a root canal right here, right on these side teeth, that is in the breast, what's called the Breast Cancer Meridian, the breasts meridian.

If somebody comes in with breast cancer, it's a huge percentage of the time I will find a root canal and a tooth right here on the side on exact same side.

This is something that's huge. And one key piece about this is, again, assuming positive intent, we can't see them. We can see this infection on the traditional dental x-ray.

So you know the dental X-Ray I'm talking about. It's that little square thing we shove in your mouth. Everybody hates it, right? It was like, gosh, this thing hurts or whatever.

On that dental, X ray, We actually can See this type of infection unless it gets massive. If it's massive, then we Can see it. But I'll always remember the day that this hit me.

I saw a patient and she came in for a cleaning.

Cavitations, Wisdom Teeth, and Hidden Jaw Infections

She'd had a root canal years ago and it was in that same side breast cancer area. And she said, this root can now, I don't know, it doesn't hurt. That's usually what people say.

It doesn' hurt, right? The nerves gone, but I dunno, something's just off. When she kept tapping her face, everybody usually taps their face. So I took a regular dental x-ray, the kind that goes in the mouth.

Every dentist does them. And I looked at it and I said, it looks just fine. Every dentists would have said the same thing. It looks fine, but I had just gotten a new machine.

For the heck of it, let's go look and see what this looks like on this new 3D scan. So we went and got a scan and it popped up on the screen and my jaw just dropped.

There was a quarter size hole that had been eaten away in her jawbone above the roots of that root canal tooth and I couldn't see it. I couldn't see it on my standard dental x-rays.

So that was the day that I decided I will never see another new patient without getting a cone beam CT scan. And that day was a day my mind was blown.

Because all of a sudden patients that i was just seeing routinely, we'd get a scan on them when they'd come in and I would find three failed root canals with massive infection, blown out sinuses.

They'd been to the ENT, had gotten three sinus surgeries and the E&T couldn t figure out why the infection kept coming back. I took a cone beam scan and found out that the failed root canal, failed upper molar root can now had eaten through the floor of the sinus.

And every single time the ENT cleared it out, the root now rebe, it was like a volcano, you know, re erupted and filled the entire sinus with infection.

So it never going to clear up through sinus surgeries they were doing. It was all about that tooth. These are the kinds of things we find on a daily basis.

We find massive holes above front teeth, just like your cousin, where everything looks good. And we do a cone beam CT scan and we found there's literally a hole eaten through the floor of the nose that's infection and is draining infection out of nose from these infected root canals.

No. we can't see them on our traditional x-ray. So if you have had a root canal, you absolutely need to get a cone beam CT scan and go to someone who could read it and say, is this actually infected or not?

Is this healthy or no? And then you always have to weigh, Is it worth the risk? You know, your cousin asked to weight the risks and goes, it is worth to risk that this probably low dose chronic infection is impacting my immune system.

Is that worth a risk of my body not being able to deal with this impact? And for some people it might be my son, he got hit in the mouth with a baseball at age 11, knocked out two of his front teeth.

We did root canals. Why? Because I could watch him closely until he was old enough to get a dental implant, which was, you know, age 21. So I had 10 years.

But I could watch him. We got very consistent x-rays, scans all the time, checking in to see how it was doing. I was feeding him well. He was already healthy, you know, all these things.

But if this were a 57-year-old who had diabetes or had an existing autoimmune condition, I would have done something completely different. we would've removed those teeth and done dental implants that day.

So it's really dependent on what can your body take and how healthy do you want to be? There's so much to pull away from on that one. And like my cousin, he was a young man.

He was 21 years old. It was healthy. Strong. You knew that based off of what I had taught him. Basically, brew canals are a ticking time bomb. Yep. I call them a zombie tooth because they will at some point be infested with living other organisms that are affecting your health.

And so I called it the zombie teeth. That was actually an Instagram reel at one point that went off when I talked about the Zombie tooth, because I was like, it's just funny.

It's like it is a funny way to educate people about. The fact that that's what is happening. You wouldn't kill a bone in your wrist and leave it there that causes necrosis and that is going to cause health issues.

It's well understood and well accepted, but again the mouth is just this weird disconnect that there's different rules for the mouths versus the rest of the body as far as what's okay and what is not okay.

And when you push back against it, it makes people really uncomfortable. You already mentioned the holes below the tooth, the hole that can go into the sinus, and those holes are called cavitations.

And I'm just curious, how often do you see cavitations being the driving force behind chronic sinus infections, chronic allergies, even chronic pain in and around the jaw and sinus area?

Yeah, so it's interesting, actually, the profession at large is changing its terminology just a little bit in reference to these. So we'll kind of use some real, you know, consumer-friendly terms.

But yes, there are going to be infections that are extending beyond a root canal. And what it is, is it simply the bacteria have spread into the bone around that area.

The bone in the lower jaw is quite dense. And it's fairly thick, so there's some room to spread, if that makes sense. But there is also nerve tissue in that area, and some people find nerve problems and all kinds of things.

There's ears right back here that if the infection spreads backwards, it is impacting that. The sinus is actually really close. So on an upper molar, we will find sinus involvement or infection going into the sinus 50% of the time.

I mean, it is very frequent because the way the sinus works is it's kind of like a bony bowl. A bowl made of bone, and the bottom of that bowl sits right up against the roots of a tooth.

So there's not a lot of room. If that infection starts to progress, its going to get into that sinus very rapidly. Especially on upper molars, It is likely, probably 50% or more.

Oh, well, actually I see about 85 to 90% of root canals have infection around them. But if it's a top one, it is a large chance, great chance that you're going to have sinus involvement related to that.

So yeah, these spreads of infection is very, very common around these teeth. You know, this is wild. And you've got people getting their sinuses, roto-rotor just coming back.

are on all kinds of medication, antihistamine, just trying to function. You've got people doing nasal antibiotics and steroids. And I don't know if I've ever heard a client come in from ENT going, have you checked with your dentist and see if you've gotta cavitation?

You got a root canal going on, a dental infection. I think I ever hear that. and you just said 50% of the time, you're seeing something significant, that's higher than just about any other causation.

That's huge. So, you know, we've talked about cavitations a little bit, We've talk about mercury fillings a bit. We talked a about root canals a litte bit You know it was once said to me that when wisdom teeth are removed, That if you don't do it right after removal, and I'll let you explain what right means, You can end up with a hole in the jaw, the cavitation.

And I've actually had a client come to that I sent out for a cone beam scan, They found a cavitation in the jaw. The dentist saw enough inflammation visually on examination that he poked it and pus like black and yellow pus squirted out.

And I'm going, no, not in my mouth, Not in My mouth. What's going on there? So this is the true definition of a cavitation. It's an area that had a tooth, the tooth was removed, and the cavity in the bone did not fill in completely.

So that's where that term cavitaion comes from, is where the cavity in bone didn't completely fill it. Let's talk about two things. Number one, why would it do that?

And then what does it cause? If it does do, how do you know if it's does that. First of all, Why? Well, there's a few different things that can lead to this.

There's a ligament surrounding every single tooth. It's the thing that connects the tooth to the bone. And so it's that connection that brings the blood vessels, all of the kind of support system between the teeth and the bones.

So when a wisdom tooth is removed, any tooth was removed. This could happen on any teeth, but it is most common on wisdom teeth. If the ligaments isn't intentionally removed it stays there.

Well, research shows that if it stays there for about 10 days, the body doesn't know that the tooth is gone yet. So in that 10 day's time, I mean, think about it, and I've got a cut in my finger right here.

Well in 10, days that cuts going to be gone because skin will heal in ten days. The hole where the teeth came out of will fill over this hole in the jawbone within 10-days time and that gum will grow down into that hole.

not allowing the bone to then grow once the body finally figures out that the tooth is gone. Because the teeth gone means we need to grow bone, but it's already filled in with soft tissue with other things and that dead ligament necrosis and stays in there all kind of encapsulated by that soft issue.

So you get this dead zone in the jaw that bone kind grows around the outside of. But when it's dead, no blood vessels are in there. So you can't get your immune cells in, because they'll ask me questions like, well, can I just take an antibiotic for this?

Well, No, Because an Antibiotic can only go somewhere that your blood flow can go. That's how it gets there, so there's no Blood Flow. And why aren't your Immune Cells taking care of it?

Immune cells can only work where your blood flow goes. If there's no blood vessels, if this is a dead hole, there are no immune cell potential, no antibiotic usage, nothing can do anything for it.

Well, sometimes that hole just sits there and the body goes, I don't really like holes. So it sends off these little immune modulators called cytokines.

It's like these flares I like to think of them, it's going, trouble, you know, okay, we need to do something here. And those cytakines, our initiators have a lot of inflammation in the bodies.

The body throws off all these signals and then it has to send its warriors in and its warrior's cause collateral damage everywhere. So you get these inflammatory processes.

That's one problem. The other problem is a very interesting one. When we're removing teeth, especially wisdom teeth we are using anesthetic that we want to last a long time.

Anesthetic that we want to last a long time has something called epinephrine in it. Well, people know epinephrine. They've heard of this before. Epinephtrine constricts the blood vessels.

Basically, it slows down blood flow to the area. The whole intent of the anesthetic, we don't want bloodflow to come and wash the anaesthetic away. You want stay numb, like you just got four holes in your jaw made with wisdom teeth.

you want be numb for a few hours, right? So we use anesthetics that has epanephrine in that slows-down blood-flow. Well, when we slow down blood flow, we also slowdown bone formation.

So it's another nail in the coffin for why these areas don't heal very well because the longer the anesthetic lasts, the less bloodflow and healing we're going to get.

That's also another problem. How do you know you have this and what symptoms might you? I actually had mine cleaned out. I had three areas, I'd had 3 wisdom teeth removed and all three didn't heel properly.

We found it on that same cone beam CT scan. I was diagnosed with hypothyroidism early on in dental school. I had hypathyroid issues, I've had adrenal issues forever, and that's what I see largely related to these areas for wisdom teeth.

This woman, she was in her early 30s and she'd had to move back home again. She was the travel industry, had big goals to go to China and documented it and do all this and got to the point where she couldn't get out of bed.

They didn't know why, nobody knew what was going on. Massive, they call it chronic fatigue syndrome, which is basically we don't what's wrong with you.

And she was bed bound. Well, she came, we found three areas where the wisdom teeth hadn't healed properly and one infected root canal. We did it all in the same day.

Fluoride, Hydroxyapatite, and Daily Oral Health Tips

So what do we do? We actually go in, we open these spots up because remember, you can't just squirt a little antibiotic in there, a low zone in their or something and have it heal.

We have to get that dead ligament out. which is what they put in if you've had a dry socket after a wisdom tooth. We still find it lodged in the jaw. we got to get all that junk out of there.

So we clean it out, we disinfect it, We do use ozone, but we have to clean out first and then we put stem cells back in so that the body now has a stimulant to heal finally.

so we did all this in same day for her. cleaned out all three of those wisdom teeth areas, removed the infected root canal tooth. The next morning, her mom woke up and heard something in the kitchen.

She was like, what is going on? Went out and she was up doing the dishes. she said, What are you doing? She said I feel better than I felt in a decade.

So just getting that immune burden off of her system allowed her to system to finally kick back into gear. She had the energy she needed. Wisdom teeth are on what's called the endocrine circuit.

So endocrine means all of our fatigue systems, all our hormone systems. Infertility. All of those things are all going to be related to these zones that didn't heal right.

You have to find somebody that has a cone beam CT scan and you have find someone who actually knows what it says. what it's showing you when they're looking at the scan.

But this is huge. We actually do a survey, post-surgery survey for our patients and ask them a few questions. First of all, did you have serious symptoms that you came in with?

And about 90% said yes, yes this why I had the surgery done. Number two, Did you see resolution of your symptoms? 95% say yes. at least to a degree. They have all seen resolution of symptoms.

And would you recommend this to your friends or family? 95% say yes. So this tells you how impactful these are and how effective the treatment is. That's incredible.

the fact that wisdom teeth sit on the endocrine and fertility line and we have massive fertility issues in society today and wisdom tooth are removed almost always it seems like it's just like a standard like oh they're coming in let's take them out i still have my wisdomteeth nice i am almost 40 years old here in a month and so i feel like they are going to stay i'm beyond the question mark And I'll tell you what, it was painful here and there as they were growing in and shifting things around and so on.

But I think my busyness going through professional school. made me just not ever make an appointment, which means- And your poorness probably too, had no money to do it.

Yeah, my poor-ness too. Absolutely. I didn't have the money go. But I got to keep my wisdom teeth now, so I've got those suckers still in there. No holes in my mouth, and I have had a cone beam scan, but it was solved and wow, it's so much better now.

So I think that cone beams are extremely important. Every time I go through a patient's paperwork, I look for the things you're talking about today. I looked for root canals, mercury fillings, signs that there could be cavitations.

Look at the full dental history, because that could something that can stop me from being successful. And like you, surveys coming back to me, they're saying, we're good to go.

Whether it's your nervous system, your dental, history the mold in your house, the toxins in the environment, infections that you are dealing with. I don't care as long as we figure it out and we get to the bottom of it.

Cause that's all that matters in reality. When someone comes to you is the outcome. That's what they want. They don' t really honestly care that much about how they get there.

I mean, to some degree, of course, but it's, what's the out come? That' s what we want to get too. And we wanted them to be able to live a long healthy life.

So coming into the end, I want ask a couple of things. Because I'm just curious, as someone who's been a conventional dentist, now a holistic dentist who has fought the chronic health situation, has a family of dentistry, and you've written a book about oral health, about the mouth.

If you had to pick a couple of things that you'd tell people like, start here with your oral, health. What would those be? So the first one is ditch fluoride.

So this is another sacred cow inside a dentistry that we don't want to give up. And really the research is catching up, I just did a presentation yesterday to a whole bunch of conventional dentist hygienists.

I mean, you should see the daggers coming out of their eyes when I'm talking to them. Because this is just what we're taught. This is gold standard. I created an entire product line of non-fluoride containing product because I couldn't find something that I really could strongly recommend.

The key is a cavity is not due to fluoride deficiency and fluorine hasn't worked, right? The whole goal of fluorite was

to completely eliminate tooth decay.

Well, has anyone had a cavities since 1940? Unfortunately, I've had a few. Unfortunately. Everybody listening probably has had to cavity since 1940. So that means fluoride didn't actually work.

It slowed things down. Absolutely. Fluoride does slow down cavities, but it didn' prevent them. I didn stop them We now know that cavi are a deficiency of minerals.

It's just the mineral that your tooth is made of called hydroxyapatite. That's what happens when acid gets on the tooth, either because you ate sugar and the bacteria in your mouth then create acid, that's how sugar causes a cavity, or because your ate acid.

So this is energy drinks, this even electrolyte drinks oftentimes. This is soda, anything acidic, even lemon water. which is good to drink, but guess what?

It's extremely acidic. If you're sipping that all day long, you are literally dissolving your teeth away. So if you lose minerals out of your tooth, just need to put them back.

That's how we prevent cavities and that's actually how you can heal cavites if they're still in the outside layer. Ditch fluoride, replace it with a hydroxyapatite containing tooth care product line.

My preference is toothpaste or tooth powder, the mouth rinse that you then follow it. We even have some mints that can suck on. need fresh breath, you're not going to dissolve your teeth in the process.

You're actually going be rebuilding them. Ditch the fluoride, add hydroxyapatite instead. So that's the first one that I always want to tell people is to absolutely do that.

The second one is kind of an interesting one. It's scrape your tongue. People don't often know this, but tongue scraping is an old Ayurvedic thing from India.

It's been around thousands of years. And what we find is it does a couple of things. I myself had something called geographic tongue, which had these like weird sore patches all over my tongue.

People that have it, they tell you there's no solution for it. Well, I found a solution because somebody introduced me to tongue-scraping. My tongue would literally bleed because of this thing I had on there.

Then all of a sudden, it went away. So I believe, through my experience, I found geographic tongue and a lot of other things are actually fungal related.

And sometimes the fungel infections in the body, like you've got these yeast things you're dealing with in sinuses and vaginally and other places, and you think, why can't I not get on top of this?

Are you scraping your tongue? You got to scrape your tone. That's often where it's reintroduced, reinfected the rest of the body through the tongue. So every single night, scrape that tongue, copper tongue scraper is best because it is anti-microbial.

It doesn't grow anything. Nothing will live on it. You're not going to re-introduce that the next night when you're putting it back in your mouth. Copper tongue-scraper every night.

Those two things are huge if you can change those two. Amazing advice. I love it. Uh, I've deep dove this fluoride thing I'd been using fluorite free toothpaste now since I went to a conference in like 2015. You were early.

And I jumped off the bandwagon of fluorine and I haven't looked back and honestly my, my mouth health I think is better. My mother. I just took her out to New York with me.

We went out on a vacation with my son.

Where to Find Dr. Michelle and Final Takeaways

When we were out there, we met up with a couple of dentists and one of the dentist had a fluoride free toothpaste that he gave her and I can't convince my mother of anything, but he did.

And so she's been using that. She came over to my house today, right before this conversation and she said, do you have any more of that toothpaste? And I go, well, yeah, I've been using it for a decade.

And she says, Well, i need more. I ran out and I'm like, okay, we can get you more and she goes, my dental hygienist. She goes to a conventional dentist said, whatever you're doing for your mouth, your teeth are so much better now.

Did you tell her you use a fluoride free toothpaste? She said no. Well you should. If they want connections, if I got friends, that can help them. convert a little bit, but it was just a funny story for my mom, and I was like, that is perfect leading into the conversation I'm going to have with you.

So, before we close this out, can you tell people how they can get a hold of you, get hold your book, because this information, you know, go buy the book if you're listening right now, read it yourself, then give it to your dentist.

Exactly. So I get a few more daggers in my back. Why not? I'm up for it. I am tough. It's just because we have research. We have researched the backs and that's one thing that is really interesting.

You know, people assume because I m a holistic dentist, in fact, I don't even like to use that word because holistic carries some baggage with it, they think that you're crazy, you know?

And that your like doing peace signs and smoking incense and you got beads in the doorways and If you come to my office, you're going to see where the most technologically advanced dental office you have ever been to.

And we have research to back everything we do. Go ask your dentist if they have researched back what they do, I guarantee they don't. Nobody's looking at this, but we to defend what we so we absolutely do So yes, how do you find all of this?

Living Well with Dr. Michelle is where to find it and please go and get on the YouTube channel. I release a YouTube video twice a week and I know there's a lot of unanswered questions.

Often when I talk like this, there are people asking, well, I already have a root canal. What do I do about it? And how to I prevent a route canal if I've been told I need one?

I have answers to all those questions, So go on the YouTube channel, go and see all of that. All of the Instagram, Facebook, everywhere, whatever your favorite is.

It's Living Well with Dr. Michelle. And if you want to find a dentist near you, same thing on that same website, that is where you're going to that dentist directory, as well as all the products that I have that i've talked about.

If you are interested in actually coming and being a patient in our practice, the practice is called Total Care Dental and I am in Utah. And we have patients from all over, we take great care of you, and we find these answers, these hidden answers to why you can't, even though you're working with phenomenal practitioners, you just can' t quite get there.

Often it's dentistry that's the missing piece. Well, thank you so much for giving all of this information. Everybody go check out her YouTube. There's so many questions about dent history you don't even know to ask.

I didn't even know to ask until I got a decade into this and made friends with a bunch of different dentists that have

figured this stuff out that are at the cutting edge.

Because you're at forefront of dentistry. You are so far beyond what most of us even think of as dentistry with the technologies that out there. People, you'll be absolutely blown away when you get into the research on dentitry.

It is absolutely astounding. how much good data there is to go off of it. I mean, it's one of the few professions right now where the data is just like, here it is, just go do the things that are there.

So Dr. Michelle, thank you so much. And to everyone listening, we'll see you on the next episode. Thank you for tuning in to redefining wellness with Dr.

Javin. If this episode spoke to you, please follow and share this podcast with someone who is ready to take control of their chronic health symptoms. Also please consider leaving a review.

It helps more people find the show. See you here again.