Oral Health and Heart Disease: How Your Mouth Could Prevent Heart Attacks and Strokes Transcript

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Podcast Intro and Guest Welcome

So in the course of re re figuring health care, that was something I said. That's a no brainer. You know, that's an integration of saying I upload my my stats and I earn a 3,040% discount because I work my ass off because I had some discipline, you know.

You know, this whole thing of insulin resistance and obesity, we're being convinced that there's an ozempic deficiency. Okay. The 1000 to $1500 a month for this brick.

And it's the biggest frickin scam I've ever seen. Ever. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

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Welcome to Vitality Made Simple. This is the podcast that equips you to feel better, look better, and to enjoy better relationships. Boy do I have a treat for you all.

We have Doctor Thomas Lakin with us today. Now we've never met in person. Tom. But as I said off recording, I feel like I've we've been singing harmony for years because we've got the same message.

So I feel like I've met someone with a common heart who really cares about patients, who wants to see people feeling better. Welcome, welcome, welcome, Doctor Larkin.

Oh, thank you so much for this opportunity. We are kindred spirits. There's no question about that. Well, Doctor Larkin graduated from the University of Creighton School of Dentistry in 1980.

Of course, I was 1985. So we're right there in the same area. So, Tom, you know, dental school to you know, what did you learn in dental school that you're still doing today?

Nothing but yay! I'm so glad to hear that. I didn't learn anything. Yeah, we were trained as carpenters, weren't we? Exactly. More mechanics. That's what I call it.

Molar mechanics. Yes, we can. We can fix. We can fix teeth, I joked. Tom, our daughter, when she was six years old, in kindergarten. Her teacher said they were talking about what their parents did, and she said, well, my mom is a laundry lady and she.

And she fixes teeth. And so that was so accurate. So accurate. So, so you had a conventional practice? Yes. I practiced conventionally for nine years.

From Conventional Dentistry to Oral-Systemic Health

And and then like a lot of people experience, you just get overwhelmed with restorative reactive care. And I was like, you know, and I was in a smaller town with like one periodontist.

And at that time in you resonate with this. So you send people like you're trained in dental school to a periodontist if they have like four millimeter pockets, and then they would have this awful surgical procedure called the ginger back to me, which, and the patient would come back.

They would be very painful, very unhappy. And I was like, I gotta figure this out, you know, otherwise, you know, and I of all places, Reader's Digest, there is this very controversial figure called Porky's who, you know, kind of he was rogue and somehow, you know, without an internet.

I don't know how I made these connections, but I wanted him down. And he gave a small course in Washington, DC on anti-infective periodontal therapy. What a concept. This is an infection, right?

Yeah. And and I came back and just just did a complete pivot, you know, put a microscope in my hygiene. I train the hygienist how to use a microscope.

Look at microbiome. Now what's really important to know is that there are two phases to this. So at that time I was doing it for the sake of kernel disease and dental caries.

I had no concept of oral systemic connection. Right. So my patients got the benefit of that and I didn't know it made him know it. Right. So then I had this complete Renaissance.

Fast forward 2013 and now I'm living in Lexington, Kentucky, which is where I wanted to end up and to retire. And I see this conference by the American Academy of Oral Systemic Health.

And I go and I'm like, oh my gosh, there's this massive connection between oral health, periodontal health. And I said, I got to get back in this conversation and to create courses to teach dentists, because none of us are taught this right at all.

And that's right. That's kind of this latest phase of me training, giving live trainings on, you know, pretty much focused in hygiene, right, on the technologies.

And, you know, just kind of goes from there. And it's and right now, you know, I always like to refer to myself as the Maytag repairman, you know, was just like, you know, not super busy, but, you know, busy enough.

Now it's like an avalanche, right? Yeah. Right. Well, I, I so respect that you're teaching dentist because I know that's the toughest audience to convince that that we don't know everything.

You know, my area, Tom, is is more to grass roots to people. I have a course to help people know what to look for and what to do. So. So as you had this epiphany, I know part of that was the Bell donation program.

Heart attack and stroke prevention. And I know that one at one of your areas of expertise is heart attack and stroke prevention. I really want to talk about that, but I, I had a similar experience in 2010.

I got a flier in the mail. I remember the moment I looked at it, it was a vascular inflammation class given by Doctor Bell, then Amy Downing, at that point before she got her doctorate, and they introduced oral DNA.

And so, you know, I ran around to the course couldn't wait. And that totally changed the trajectory. And then that morphed into this awesome preceptorship and heart attack and stroke prevention.

So it's helped tell our listeners about so so the meeting that I went to in 2013, Doctor Bell was the there was a keynote. He's a cardiologist for our listeners preventive.

You know, he's he's created this he's created this male droning method. And the thing that I still to this very moment, very moment can't get my arms around is that doctor donating doctor Bell, doctor backs who I use.

Now, I've used a couple of different people doing the Bell donation method. They have a track record. Now get your

arms around this 100% track record.

No one's had a heart attack or stroke ever. And I'm like, why don't people know? Why is this not you know, this is like insane. So so here was the deal.

Doctor Bell gets in front of the room and he says, I have this 100% guarantee. And I'm like, oh, this is I was completely turned off. No one can do that right.

But I was also curious because of my family history, my father had bypass surgery, diabetes, cancer. He had everything right. And so I'm approaching that age in my 50s and I'm like, what do I got to lose?

So the first thing I did was I became a patient and I went to Nashville and became a patient doctor. Bales and you know, when you're a new patient, he spends like all day with you.

I mean, it was almost like all day. Then I did the preceptorship and then I said, okay, you know, I'm staking my life on it. And now I have an 11 year track record.

And in some of my courses that I give, I go through my labs, I just show my labs and I say, you know, this is a reversible, manageable deal. But here's the really important part to me is that.

And the reason why I really kind of singled him out, as opposed to other functional medicine doctors, is that he requires the participation of a dentist.

And when I saw that, that's what I honed in on. Okay, so to become a patient, I have to bring a CT scan, a salary test and a sleeve screening. Okay. And I was like, well, that's cool, right?

That's a little bit, you know, that's that's different. Right? So I'm saying to dentists and once again, you know, that this is a niche play. It's 5% of dentists who are into this soon to be ten.

But it's not going to overwhelm dentistry. But I'm like guys listen listen to this. You have to this is someone that says, I'm a built on certified physician.

I have to collaborate with you. Right?

Heart Attack and Stroke Prevention Collaboration

I need this from you. So. So that was the opportunity. And I created a handbook. I created a course to teach this collaboration. And in fact, I've got a and we can talk about this later, but I've got an upcoming meeting in April where Doctor Bale is the keynote at my meeting.

And not to be political, but there's a lot of thing when there's a lot of changes in the wind around prevention. And I'm going to kind of create a blueprint around that for.

So it was a little bit of a pivot for me because I'm generally teaching technical stuff like how to do a salivary test, how to do guided biofilm therapy, how to use a laser.

And now I'm stepping back and I'm bringing a group of people and saying, okay, let's create a blueprint so that when Health and Human Services says, hey, preventive people out there, step forward and show me what you're doing because we have to change our broken system.

I want to have people kind of teed up for that. If you're enjoying this episode, please subscribe and share with someone who wants more vitality. Please leave a review, subscribe and like this episode.

It helps to spread the word. Thank you! You are changing the trajectory of the health because this this is where it all begins. You know you you commented on my Ted talk, The Forgotten Orifice and and I'm shocked.

And I know you are too, Tom, about how this is not everywhere. I don't know, like you said, 5% and maybe ten. It's just crazy that it's not 90% because.

Because when you see your first person, when you see their C-reactive protein plummet or you see that weird rash on their leg go away, or you see them start pooping, or you see their mental abilities improve.

I mean, isn't it exciting? Well, it is, but it always comes down to money. Okay, so one of my presentations, I always go back to Charles Mayo, 1915. He and his brother found the found in the Mayo Clinic, and one of his famous quotations is the next great advancements in prevention.

1915 will be made by the dentist. The question is, will they do it? Well? The answer in 1915 was no. Then answer in 2025 is almost no. And the reason is the same.

The reason in in tooth in 1915 was technology. So what was new in my understanding it was local anesthetics and radiographs. Okay, Dennis, we're distracted by technology.

Dennis. By nature, our engineers, most of us are engineers. We like to build things, use our hands. Yeah. And so they were distracted. So in 1915, you know, Charles Mayo was just he was so far ahead of his time.

And so, you know, and there's been several people through history that have pleaded with dentists and the dentist have ignored him. Well, what do we have today?

We have the digital workflow. I mean, the amount of money that a dentist can make today in a day with a digital workflow, with implants and and milling crowns and stuff is insane.

You can't make that in prevention. So it's it's always unfortunately coming down to the dollar. Oh, that is so astute Tom. It just gives me chills. But you can't buy that kind of satisfaction.

Now you and I get to experience, you know, and, and and the relationships that are forged through this, through seeing people get better, through seeing people get pregnant that have tried for ten years.

Well, and I love your quote by Doctor Mayo. I did wellness coaching training there and there's a big area in scripted in the granite that where he also said a sick man is not like a wagon to be taken apart and repaired in pieces, but he must be treated as a whole.

Yeah. And and you know the math is like the first portal. Yeah. And, and you know, with the build owning program that you're so involved in getting physicians to believe that right is the biggest challenge.

Yeah. And so, so people and here's the good news. You know, people find me, you know, and I'm, you know, I'm I'm kind of new to podcasting and doing podcasting on my own now because I really feel, you know, empowered to do this.

But of the people that find me, I'll just get somebody that will show up on my calendar. They're all very purpose driven and all very authentic. Okay.

So one of the things I see today, I don't want to call it epidemic is it's always been a problem is burnout. And and so when I went to the A forum meeting in December, which was really a seminal moment for me, there was somebody was presenting, you know, the physicians are making are making this shift earlier than dentists.

And it's and one of the comments was desperation versus hope. Okay. The traditional reactive model, when we go in and manage disease and see 60 or 70 patients a day, primary care, whatever, it's overwhelming.

It's depressing. No, it's no wonder physicians are depressed, suicidal, the whole thing. The same thing with dentistry. You know, it's like what happened to me kind of in a mini fashion.

It's like, is this all there is? It's just like drilling out holes and, you know, can any thing be done to, to stop this? Right. So it's a real mental health issue too.

And that's something that, you know, you, you know, are doing such a lovely job of addressing everything, you know, in a more holistic manner. So, so there is so this this goes back to the happiness question.

Okay. So what does it mean to be happy? You know, I got a boatload of money. I'm doing all on X. I produced 200 grand last week. But are you happy. Are you happy. Right.

And so people are starting to challenge themselves. And I see I see a distressing number of people quitting, quitting dentistry. And it's always about 40, you know, about 15 years in hygienist quitting.

And and so that's how people are finding me. You know, I said, you know, there's a different way I call it to slow down, slow down. So now let's start looking at people holistically, like one of my proudest things that I've done is I've done.

So I'm in Lexington, Kentucky, and I've done since I left the university. I've done six startups or acquisitions with students that I taught or students that I knew. Right.

It wasn't that I was wanting to have a transition business, but and so one of them is a holistic practice. And her name is Doctor Rachel Riley, and she's in midway, Kentucky.

You know, we we have a practice here that's five I think she's been in practice five years and now it's a waitlist. If she doesn't take new patients. Right.

That that's the kind of, you know, people will beat a path to your door if you're doing a 2.5 hour new exam, getting to know them as a person, getting to know all of their all of their issues and all their problems and taking stellar care of them.

Burnout, Happiness, and Preventive Care

Right. This is what I'm trying to tell them. She's doing fine, right. And you can't get in to see her. And then you know what happens when you do that.

It's kind of unintended consequence. Now people want you more know it's super interesting. I'm really glad you brought up the whole point of physicians catching on.

It's so interesting. Tom. I started going to a forum probably in 2015 and, you know, did their fellowship and then their master's actually to protect my license.

And initially just when you start looking outside the mouth, but physicians in say 2015, we're kind of like, well, what are you doing here, Debbie. Yeah.

And and then now, like you were at the December meeting, I wish I'd known we could have had coffee. People are like, oh, you're a dentist, and you're here.

Oh, let me tell you about this. Doctor Nathan Bryan was on the podcast talking about nitric oxide. You'll have to get him on your podcast. Yeah, it was fascinating.

And he is so supportive of everything you know, we're doing. He will be so impressed with what you're doing. Tom. And and the happiness issue is huge that people people are healthier when they're not living in that state of constant stress, constant frustration, constant, you know, unforgiveness, just disappointment.

I love to quote Brittany where she was this hospice nurse, this Australian hospice nurse who kind of collected deathbed comments and know where was, you know, the top five comments all were about.

I wish I'd spent more time with people that I cared about. I wish I'd pursued what I really loved. I wish I had, you know, spent more time just enjoying my my flower garden, you know, things like that.

Nothing was money, right? Right. Yeah, yeah. And unfortunately, you know, I've kind of watched social media evolve and, you know, the fear of missing out this, this concept of comparison is, is so unhealthy for, for, especially for young people, you know, and I've noticed that really early on.

And you know, I have like private Facebook groups, I understand the purpose of it and everything. But on balance, you know, when you're constantly looking at looking at possessions, you know, material possessions that other people have or what what they perceive to have accomplished, it's brutal.

I mean, I am so glad that I didn't have that measuring stick at that point in my career where I was like, you know, knowing what other people are doing, you know, I, I always kind of stick in my lane and, you know, I'm pretty I'm pretty humble and pretty modest about accomplishments.

Right. And now it's just it's just open season, you know, and it's not healthy. And you know that because you're, you're you're coaching people on happiness and health, right?

Right, right. No, it's it's not healthy. Well, and and with all of the changes through Covid, the last five years, you know, so many young people are so much sicker.

A recent a recent study I read, Tom talked about about a 30% increase in heart attack and stroke in in young people, 25 to 44. So tell us, tell us about, you know, what you see, related to the oral microbiome and this infection that is so often ignored in the mouth.

Well, it's it's just essentially it's just a knowledge. It's a knowledge vacuum. Okay. So let me let me kind of divert just a little bit. So one of my newest things.

And so Doctor Craig Bax is my current Baldoni guy. And we talk on a regular basis. I did a podcast with him a couple of weeks ago, and we start talking about glucose monitors.

And I was I was aware of it. So when we talk about educating patients, you know, and I always as I refer to Doctor Mayo, I always go back in history to look at nothing is new.

Okay. The health belief model was in the 1950s. A group of psychologists got together and said, how do we get patients to choose preventive care? Choose better care. That's 1950.

Where are we at today? We're not any better, you know, and you talk about, you know, young people in particular. So we need new approaches. Okay. And so Craig was telling me about this glucose monitor that doesn't need a prescription.

And it's fairly and you can buy one at a time. You know, you have to, you know, a monthly deal. So I get this thing last month and it was the nudge that I personally needed.

Okay. So I get one for my wife. And now we're kind of competing with each other as far as who can maintain their sugar in range. And I'm like, this is this is so friggin powerful.

This is so powerful because you'll get a text alert when you get a glucose spike. So if insulin resistance is the most underlying factor on everything, it's the driver for everything.

Here's a tool, here's the technology, here is whatever. Right. And so so these are the things that we need to be embracing. So so you're like this what happened to me yesterday Friday I saw just something in passing about.

Our state legislature was in session. And I don't pay attention to politics. It's not a that's not a good use of time, but they wanted to have a task force for heart.

And I was like, oh, that's interesting because because if politically prevention's going to move to the forefront, we need to kind of just lay down our political views or how we react to different things and say, okay, well, this is this is good.

So this is Friday. I wrote down the names of the senators. I overnighted a package of all my stuff. What I'm doing, long letter, whatever. Yesterday at noon, I'm at the gym, I'm on the treadmill, and I.

And I see I got a call and I see that was from the state capitol. I was like, I better take this. I get up there and it was a senator, and she said, hey, you know, this thing hasn't passed.

We it's moving through whatever. And she thought it was going to pass. But you know, what you're doing is really important. I was like, yeah, I need to be on this task force.

And I am 1,000% apolitical. But this, this thing that I was just telling you about, the glucose monitor and whatever, what I want them to know, and I'm old enough now to speak the truth and not really care what people think.

I'm going to say, please don't fill this task force full of university people. It's like. It's like what? What we're finding out about the government with antiquated, you know, doing the same thing over and over again.

There's millions of dollars been spent on quote unquote, prevention in this state. But we need to innovate. Okay. So the future and in in what doctor backs calls nudges we need little nudge nudges.

So what I needed personally was was a glucose monitor. That was just I needed accountability okay. And and that was what it was for me. And it's and it's important.

And so everybody has that. So we need to rebuild. We need to rebuild our health care system around innovation, around wearables, around track labels, around accountability partners and because it's not in the traditional sense, you know, dental students doing sealant trips is a freaking waste of time.

All right. It feels good. All right. But you're not. You're not.

Glucose Monitoring and Health Incentives

They don't even know what the oral microbiome is. What are they sealing up or are they sealing in? No, I applaud you. I am just my feet are dancing. Hearing about that, you might be on that task force because you've had boots on the ground seeing what really happens.

And I think, you know, it's so wonderful that you and your wife are wearing those glucose monitors because you already know what insulin resistance does.

You already know what high, high glucose does. That's what people have to know, though. They have to they have to know that it's going to steal their life.

They have to know it's going to steal their mobility. It's going to steal their their brainpower. It's going to steal their money. And and I think that's part of our mission, Tom, is to just let people know this matters for what matters to you.

Yes, absolutely. That's a great thing. Yeah. But you know, we just like people will say, I was at a I was at a wedding shower and and I never say anything outside of, you know, the podcast or, or clinic, but someone, you know, there was this beautiful array of food for blue cakes and you know, all that.

And someone said, well, there's nothing in there, Julie, because you're healthy. And I didn't say any. I would never say anything. I said, oh, there's plenty in there that I'll enjoy.

I mean, there was plenty of good food, but but the problem is, Tom, you know, we know what it does, right? That's

the thing. And so if people can know, okay, what's important in my life in my oral microbiome is, is directing that, you know, I want to go to someone who has a dentist who does Doctor Larkins protocol, who gets it.

I want to go to a dentist who's not going to just want to get the drill out all the time. But he wants to proactively prevent problems. So. So you're training dentist and and people can find a dentist who has your protocol like, like tell about your protocol.

And then kind of basically what I call it is oral microbiome optimization okay. And so the the little moniker that I trademark is test, teach, treat, repeat.

So the first thing is testing. And I teach the micro microscope chair side and salivary testing. And that's a really that's been around a while. But it's really getting traction right now.

And so we talk about that and how how do you utilize it. The reason why I've always leaned on the microscope so heavily is because I don't have to charge for it. It's a screening.

It's a 25 cent test. It's also extremely educational, right? As far as being diagnostic, yeah, it's a risk assessment tool. You either have a healthy microbiome or you know, about, you know, you're way out of whack. Right.

And what you see with the naked eye is not what's going on. There are many cases where I would look at someone say, you know, you look okay, and then you see the slide and you go, oh my gosh, you got stuff going on.

Okay, so that's the test part. And then the teaching part is really that's the missing part is that in in all of medicine is that how do we get patients to move off the dime and to own and to own their health?

Okay. Own the responsibility. Well, right now we have a crushing financial responsibility to do that. That's the that's the motivation for most people.

Now, health care premiums are are absolutely obscene. So let me tell you about a new thought that I had yesterday, because I'm always thinking, you can tell I'm thinking about this glucose monitor.

And I'm and I'm looking at, you know, I'm 99% in range over two weeks. Okay. And that takes a little discipline. It has broken some of my habits. When I would go to pick something up, I don't pick it up now because I know the accountability. Okay.

Tracking devices in automobiles, if you put a tracking device in your automobile, your health and your car insurance will give you a 30% discount, 30%.

Why they see every turn, every speeding, every whatever. And then they rate you accordingly. And they say you're low risk, you know, because you drive, you know, you drive safely, right?

Why not? Why not take this data, this data, and give me a 30% reduction in my health care premiums because I'm responsible. You know, we can't as a society punish people for bad behavior.

If you want to smoke, you know, knock yourself out. This is you know, you have the right to do that. Okay. So we can't we can't we can't punish people.

But we need to we need to reward people who are acting responsibly. Because I'm paying for a ton of other people's problems. I'm paying a premium for their problems.

Right. And that's not correct. So in the course of re re figuring health care, that was something I said. That's a no brainer. You know, that's an integration of saying I upload my my stats and I earn a 3,040% discount because I work my ass off because I had some discipline.

You know, you know, this whole thing of insulin resistance and obesity, we're being convinced that there's an

ozempic deficiency, okay? The 1000 to $1500 a month for this prick.

And it's the biggest frickin scam I've ever seen, ever. Well, and I'm quite concerned, Tom, about the tsunami coming of of muscle loss. You know, about 30% of the weight is actually muscle loss.

And so, you know, that's going to just feed forward to all these other problems. So I like your idea of of rewarding people who have self-discipline. That's in every other area of life. Right?

I mean, exactly. So so this gets back to the money part. It gets back to the part that is on everyone's mind is health care premiums. You know, my premiums went up 20% this year.

That's not sustainable. Our system is not sustainable. Or people that know anything about money that knows that our health care system is not sustainable over time.

It's one of many problems, but I think it's the number one problem. So then you go to a forum and you see 7000 people who kind of get it and are getting in front of this.

Unfortunately, dentistry is very poorly represented. I mean, I ran into like three dentists there, right? And I was very impressed with that meeting. And and that meeting really has kind of pushed me forward a little bit because I said, you know, I need to get out there and talk more about this other this other side of dentistry.

No, that's exactly right. For our listeners, a forum is the American Academy of Anti-Aging medicine. And I started their fellowship, you know, back in, I don't know, 2015, 2016, based on a local functional medicine physician.

We had it we had a case, Tom, a woman. She sent a patient to me that had a C-reactive protein. Crazy high and crazy high, like off the chart. And and literally all we did in the office was SRP with a laser.

And this was, you know, this is 2013. And, we did we did salivary diagnostics. But she didn't really have high, high levels of those really bad bacteria that we would think would cause that.

Nevertheless, in 60 days, we reached the physician, retested this woman.

Oral Microbiome, Decay Prevention, and Regenerative Dentistry

Her C-reactive protein had dropped from almost 20 to 2.9 without antibiotics, simply with oral microbiome management. Nothing fancy. And but what was so astounding is that also her her blood lipids improved, her blood glucose improved.

Everything on her panel moved. So so, you know, we had that biomarker of inflammation, which is what C-reactive protein is for our listeners. But everything moved.

And it was so simple. And it was relatively so inexpensive. So at that point I knew I've got to get some more education here in a forum is really great.

It's for our listeners. It's global. And so you meet people from all over the world. It is curious people like Doctor Larkin like me, people that know we don't know everything and that we have so much more.

We want to learn. I mean, that's one of the things I respect about you, Tom, is that you're continuing to learn. You didn't I don't think you learned at all in dental school.

Oh, gosh. No, I learned so much. I learned something every day. You know, it's funny you mention that meeting because when I first it was recommended, that meeting was recommended to me.

And I was looking at the website and I saw I saw the anti-aging, and I had a little bit of concern that it might be kind of on the med spa side, right?

Meaning, you know, Botox and cosmetics. Fine. And I don't think that name really, really does it justice because it wasn't that at all. You know, it wasn't at all. Right?

Right. And I 100% agree, Tom, I don't like the whole anti-aging term. I mean, you know, if you look at what's going to hit on, you know, YouTube, it's going to be anti-aging, but it's an incorrect term.

You know, we we are designed to age and we want to slow it. We want to age later, but it's not anti-aging. And certainly that all the things like, you know, Botox and fillers and all that, that's not anti-aging, right?

Even if you looked at that doesn't slow aging, that doesn't slow aging a bit. And and of course, that's an area that I think is coming into dentistry and, and potentially blinding people from what really matters with the oral microbiome home.

Yeah. So so let me tell you something else that's brand new to me. And I just learned about it that I'm super excited about. And that's bio restorative.

And I saw a webinar last month and it was on AI and prevention. So if I hadn't had the word prevention I may have skipped it. So I so I attend this thing.

And so there's a couple of new softwares for reading radiographs with AI. And so yeah I need to kind of take a look at this and kind of see and the the dentist that was presenting it was it was really compelling.

And I got really really excited. So what I is going to do, especially in the area of radiographs, one of the biggest problems in dentistry always has been when you have multiple providers, either multiple for riders within a practice or you go to a dentist and then you get a second opinion is you're going to get two different treatment plans.

I mean, that's just, you know, if you go to ten guys, you're going to attend treatment plans. And so what I has the capability of doing is to kind of objectifying that just a little bit.

Okay. And I'm and I'm sure there's, you know, I'm sure it's not perfect. So anyway, this person puts up some bike wings with an incipient initial lesion.

So that's a, that's a, an area of calcification that could become a cavity okay. And then once you have a cavity then you start a process that's called filling, then crown, then root canal then implant and extraction.

Then it's a process right. And so so you have a dentist who is conservative or a dentist who is aggressive and and aggressive is not the right word. But so someone say, oh, my favorite word in the world, we're going to put a watch on that.

And I was like, what the hell are you watching? Okay, well, you know, watch me get sicker. You want to watch cancer go from stage one to stage four? We're going to watch it. Okay.

So anyway, so this person shows, it shows up and it Martin eye marks it. And then this is a there's two new bio restorative. And this is actually going in and rebuilding the crystals and rebuilding the enamel.

And then the bite wounds are taken in six months and there's nothing there. This tooth is completely healed. Now this is legitimate. Most of the stuff that are anti anti cavities.

What we do is we stop the we stop the disease process. Dental decay is a is an infection. It's a bacterial infection. So most things in the past from fluoride or whatever has been to kind of arrest the progress.

But it's the first time that I had saw I had seen legitimate evidence of just complete regenerative. Right. And I was like, okay, this is really cool because now this is the dentist that I want to go to where my x rays go through.

I and they see the earliest possible lesion and they say, hey doc, I'm going to just paint this on here and we're

going to regrow those crystals. And your tooth is good to go.

And I'm like, okay, now we're this is that technology that this movement that I'm seeing that really kind of has me, you know, pretty excited. So that's on the on the decay side.

So I tell the story of my relationship with with Paul Kaiser. Paul lived to almost 100. His wife lived to 101. So much for baking soda and hydrogen peroxide okay.

And I kept in contact with him. The last email that he sent to me, he was 99 and it was just one line. And I have in my presentation it says, so, Tom, it's hard to get people to accept new ideas.

Okay. And I said, so that's the perspective of someone who's been on this planet for 100 years. I was like, so. But anyway, getting back to getting back to his goal in the 60s and 70s, he had a mission statement was to eradicate dental decay, and he had a foundation.

He worked with the Peace Corps. He had the right mission statement, but he didn't have the technology. You know, he invented fluoride trays in 1962. He brought a couple of different concoctions of of sodium fluoride to dentistry.

But once again, wrong tools. So I'm looking at bio restorative. I'm saying, wow, would Paul like this. Right. And then I'm looking at one of the technologies of someone in my meeting is a prebiotic.

Her name is Emily Stein, Stanford trained microbiologist. And it's it's really innovative. It is a non-pharmaceutical but it alters the oral microbiome, selectively starving pathogens.

Okay. And and so both of these companies are going to be at my meeting. And I was and I'm going to tell people I was like, I have two people in this room that could fulfill Paul's vision of 60 years ago.

You know, we can we can regenerate tooth material. We can we can reverse things. We can stabilize. I use the word manage. You know, it's one thing that I've learned about oral microbiomes are dynamic.

They can't be cured, but they can be managed. Okay. They change. And that's why they require, you know, diligent home care. And they require diligent professional care.

You're never just good to go. Right. And that's one of the driving factors. And we talk and I'm and I'm I'm just going to touch on this if you're okay with time.

The dental implant thing I'm very concerned about it. The number of dental implants, the number of placements is increasing like this. The number of failures is increasing like this. Why?

Patients are under the misconception and the dentists are kind of partially responsible for this. Oh, I have a dental implant. It's titanium, zirconium, whatever the flavor.

And I'm good to go. I'm just good to go. And they don't come back and they're getting gum disease. And and actually there are some physiologic factors around the anatomy of them.

When you have gum disease an implant, it's actually worse. And with a real tooth they're not really attached in the same manner. And people are having failures.

But the only problem is, is the price tag. These failures are emerging in a huge, you know, and then what do you do? You graft and do it again, you know, so so this whole concept of managing oral microbiome with a natural dentition and with an implant restore dentition is the emerging conversation that I see for the next five years.

And it will be driven around liability issues. Oh goodness. That's interesting because when things are driven around liability issues, people listen. They do a lot more than they do it.

But that's a reactive side, right? That's not a proactive side. That's why I'm not the Maytag repair man anymore. Oh that that is that is so good. And I totally agree.

Even with a patient I saw recently who had had had a deep cleaning periodontal therapy in five years ago and hasn't been to the dentist since, and sort of thought, okay, well, I got that done.

Now I'm finished. And and so, you know, you try to be very sensitive to someone's level of knowledge and never shame anybody. But I knew that he was a gardener.

So it's like, well, now if you if you had somebody come over and plant a beautiful garden, would you ever think you needed to weed it? You know, I mean, and so that's, that's kind of exactly what you're talking about.

They think, oh, I've got this. Even if it's a knee implant, even if it's, you know, any of that, I mean, you're we're seeing more problems with these because part of that, Tom, don't you think it's just metabolic health being, you know, less than it was ten years ago?

Even less, you know, 20 years. Go keep going.

Implants, Self-Empowerment, and Practice Philosophy

So you think about, you know, insulin spikes that all effects. Right? Everything. Everything. Yeah. Because I love the I love the term ten. So Doctor Stein used that in her presentation.

And she was talking about tending to the oral microbiome. I said you know what. And the only reference to that word that I've ever known is tending to your garden.

Okay. And so that's that whole concept of your, your microbiome is like a garden. You need to tend to it so that that's kind of funny. But but getting back to the to the insulin thing and the glucose.

So I have a slide in my training and one of the things and I'm always looking for ways to change the conversation for hygienists. And it's a, it's a graph of, you know, the traditional spikes of pH in the mouth when you drink an acidic, soft drink, you know, so it's spiked.

Spiked spike person drinks Mountain Dew, sips it all day, spikes spike, spike. Well, right underneath it I have the glucose monitor, the glucose graph, and it's identical.

And the spike is exactly the same. And so what I'm what I'm teaching the hygienist is that I want you to look at this different. This is this is in parallel. Right.

So when you have a challenge orally with the microbiome and pH, you've just challenged your pancreas. And basically what happens with the pancreas is that you just challenge challenge, challenge fatigue, fatigue, fatigue.

And then the pancreas has, you know, 30 years, oh, hey, I'm out. I'm out of here. Right. And that's why I really think central to this is the management of of that, that glucose level, both orally.

So what happens if I show you a 99% in range glucose monitor for two weeks? I know one thing. I had no challenges. I had no challenges in my oral microbiome.

How about that? Wow. That's a concept. That's an incredible concept because that translates also to better memory, better sleep. Yeah. You know, every area that really matters to people for their relationships.

Well, and I appreciate you talking about the word tender because you just think about anything in your life that's important your marriage, your finances, your, you know, on down the line you have to tend it.

And so we can't think that our health is any different or our oral microbiome is any different. Yeah. Well, the the self-

empowerment, the movement of self-empowerment.

So what the f or m folks have figured out. And I tell Dennis, there are more patients looking for this type of Dennis than there are Dennis trained. Okay, there isn't any question. Okay.

This self-empowerment is rooted in finance. You know, motivation to learn how to take care of yourself. Because once you use your $2,000 a month insurance with your $15,000 deductible, you're still on the hook for 15 grand.

Okay, what a concept there, right? So self-empowerment people going online doing testing themselves. There's a there's a pretty significant amount of testing.

You can do both oral microbe and blood test on your own without a script. Right. And so that's a trend. That's a that's a trend. People want just like everything else.

They want to do things. They want to become self empowered. So this model that I'm talking about, this blueprint, this whatever's in progress, a lot of it should be based on on self-empowerment.

Well and I and from what I see from your program, it's fantastic folks. You're attracting dentists who are curious and who are humble, who are not afraid of patients asking questions, who who don't shame people for saying, you know, what about this?

Or I don't want this, or, you know, here's some research I found. Would you look at this, doctor? That's huge. Yeah. No, it's it's important. So. So one of the historic figures, another person that I pay a lot of homage to is Bob Barclay from back in the, the 60s.

And he, he, he basically wrote the textbook on preventive dentistry, and he had a huge following. It was American Society of Preventive Dentistry. And Bob was killed in a plane crash, kind of at the peak of his career.

And his, his movement, like, ended, you know, almost immediately. But he's credited with the term coda diagnosis. Okay. So when you look at his readings and stuff, when a patient comes in, you know, and I and I teach this in my course that that it is a collection of information.

And so and I and the way that I explain it is that it's, it's like if you're my patient and you're in front of me, I'm not talking down to you or directly to you about your condition.

I'm sitting next to you. Okay? And we're looking at and and we're learning together about what your condition is and what we can do about it. So I'm, I'm kind of you're I'm in alignment with you and I'm partnered with you.

Right. And this gets into the psychology of how we present things. You know, it's not like talking down like you're talking about the you have this, you have this.

Now we're sitting we're sitting side by side, you know, in front of a computer monitor or whatever, looking at looking at the data that's collected. We're looking objectively.

And I'm your friend and I'm your ally, and you have this going on, and let's figure out what we can do about it. That's a whole different approach. It is absolutely a whole different approach.

I look at it as you can be the guide or you can be the hero and you want to I want to be the guide for my patients, and I want them to be the hero of their own health.

Exactly what you're saying. It's just huge. So so for our listeners, how can they go to your website, find doctors you have trained because there is a shortage of people like us.

I didn't know is even 10%, Tom. But I'm excited that it's that it's increasing. And I don't think it's I don't think it's ten yet, but I know that, you know, I think that's kind of projected.

Yeah. I would be happy to, you know, share information that that I don't have a director yet. I really kind of had that that's been on my to do list is to kind of create a directory.

There needs to be a directory for all of these, you know, biological dentists and, you know. Yeah. So I'm pretty easy to find. My email is Tom at Tom lakin.com.

My main website is Tom lakin.com. And that will lead you to other other things on Tom lakin.com. So Intel tell us about your podcast. Yeah. So my podcast which I just started and I'm just loving it.

It's called Oral Systemic Connections. And so what it is is me interviewing these people that are in my world like yourself, you know, because I'm going to have you on it at some point.

And really get into that thing of who are the people behind this, right? You know, this authenticity, these purpose driven people. So what I'm looking for, I knew it all along, but it's kind of a common there's a common trait, right, about people that just kind of end up in my world.

Closing Remarks and Podcast Wrap-Up

And so I want to start interviewing and documenting and and just having the opportunity, like with your audience, you know, I think I've got a lot to bring to the table.

And, you know, I have a very unique thing that's just kind of happened around me. It hasn't been intentional at all. You know, that's the truth, Tom. This has not been intentional for me either.

It was just one more thing. One more thing, one more thing. Even when I got the call for the TEDx talk, I thought it was a joke cause I'm always playing a joke on somebody.

So I told my husband, I said, somebody, you know, punking me, telling me they want me to do a Ted talk. And he's like, well, maybe you should actually call them back, you know?

But things just happen. You don't have a grand plan, but we know it matters, right? I mean, we care about people. We got into dentistry to help people feel better.

And so we're getting to do that. And I just applaud you for actually having an oral systemic podcast. I mean, this this you're you're unusual to be oral systemic on my podcast.

This is all about vitality and and oral systemic is really upstream. I mean, my course it's called Upstream Gut Health because it's upstream. And so I'm excited about your podcast and I want my listeners to find you in and harness all of the experts that you're going to be having on that platform.

So thank you so much for for being part of Vitality Made Simple, Tom. Absolutely. It's been a pleasure. Well, and thank you, listeners. You know, I'm, I'm sort of shy about social media.

I'm trying to get out there, but it's because of you that we're now in 136 countries, and I think over 5000 cities and so thank you. Keep sharing. This is information that can absolutely change the health trajectory of people.

It can help them enjoy better relationships. And life is all about relationships. Blessings. Until next time. Thank you. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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