Root Canals are Red Flags: The Complex Relationship Between Oral Heatlh and Heart Disease Transcript

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Introduction to Dr. Douglas Thompson

Everybody. This is a great topic. So glad you're here. Back with another episode of Reverse Heart Disease Naturally Summit. And I bring two from southeastern Michigan, one of the most famous dentists across the United States, an educator, a clinician, accommodation.

But most importantly is my dentist, too. So I put my teeth and gums and tongue and oral care in his and his stats hand and I'm very picky about who I pick.

So introducing Doctor Douglas Thompson, but just to give him the accolades that he certainly deserves. He's a graduate of the University of Michigan School of Dentistry and we share that legacy.

He went on to do, advanced training at the VA, residency program and joined, private practice in 1997, in suburban Detroit. So we practice a couple miles apart.

But beyond that, he went on to do continuing education at a major dental center in Seattle called the Coys center. And he's moved up to become a member of the advisory board and clinical faculty.

And he spends lots of time in Seattle educating all those other dentists about advanced techniques and periodontal disease and the genetics of oral DNA.

We're going to talk about and really exciting. He's set up something called the Wellness Dentistry Network of dentists around the country, dedicated to continuing education, really centered on cardiovascular disease.

And how can a dentist introduce systemic health, systemic wellness, while the patient is visiting a dental office for a radical idea? But Douglas is an out of the box guy.

We have overlap. Besides in, dental care, both in anti-aging training where we were in the same modules, and also in the Bale Donen course. And of course, everybody has had a chance to meet Amy Downey and Doctor Deneen and, so we just share multiple pass of curious doctors.

Doctor Doug Dabs. It is a curious doctor. He's not satisfied being average. So thank you so much for coming and joining today. Well, Joel, thank you so much for the great introduction.

I appreciate it. And I just want to give a obviously a shout out to what you do. You know, being on the prevention side is takes a lot of courage because there's, just like me, I could make a lot more money drilling on things than I can, educating somebody about how to be healthy.

But the goal is, you know, create beautiful smiles for patients. But to allow those people that have those beautiful smiles to be as healthy as they can be.

So before we kick off, any questions or any comments, I just want to thank you for all the mutual patience that we get to share and, the work that you do as well.

Well, thank you very much. If you're not curious, if you're not asking why, if you're not disrupting the norm, you're doing good work, but you're doing really special work when you do the kind of stuff that you do.

I mean, just everybody listening. You walk in Doctor Thompson's dental office a beautiful place, but there's books all over the place. And cardiovascular disease and sleep medicine and, weight management on fasting, mimicking

diets.

There's posters. There's handouts. And we'll talk about the Wellness Dentistry network in a minute. But you actually offer blood work that's sometimes more advanced than what people might get at their internist or their cardiologist, looking at that magical word called inflammation and root causes of, poor health.

So, Doug, some people are going to wonder, you know, this is a really broad summit on reversing heart disease. Naturally.

Why Oral Health Matters for Heart Disease

You know, we're not talking about hemorrhoids and heart disease because there's no known connection. But why are we talking why are we talking about oral health and cardiovascular disease?

And how big a field of overlap is that? Yeah, it's a great question, Joel. And, 2011, I attended one of the functional medicine Continuums. I think it was maybe the American Academy of Anti-Aging medicine, but whether it's, the, Functional Medicine Institute or the international, College of Integrative Medicine, a lot of these physicians were looking at back in, back in after 2004.

They were looking at inflammation, just whole body inflammation as being the silent killer. And, you know, we thought the heart disease was a cholesterol disease.

And then we started to realize it's an inflammatory disease. And now today we've moved from not only inflammation, but we're now looking at oxidative stress and the significance of oxidative stress and what it does.

And when I started to peruse the literature on gum disease and other oral conditions that create inflammation or create increased oxidative stress, I mean, obviously it's a plethora of diseases that do that.

And so I thought to myself, I wonder what I could do in my dental practice if I have somebody sitting there for 45 minutes, which most physicians, unless you're, you know, have some kind of, fee, for your practice, most physicians just don't have that much time with patients.

And I thought, what could I do to maybe ask a question or say something quickly to a patient that would maybe encourage them to see somebody else, or that would encourage them to get help in another way.

And then and so we developed this whole concept about, can you be could you be healthier coming to a dentist beyond your smile? I mean, that was the idea.

And the answer was, yes, you could. There's a lot of things we could do. I mean, I could see I mean, there's three things in metabolic syndrome that I can see visually.

There's things that I can look at their health history and determine that, you know, they're significantly at risk. So this was the option and this was the opportunity.

And then when I started to really study the science and I learned about the bugs, the bacteria, yeast and viruses that live around the teeth, I started to realize they have a direct impact on vascular biology, basically what goes on inside the bile, the biology of the vascular wall and when I thought about that, I mean, what a great opportunity to eliminate the oral cavity as being a contributor to what you so strongly, work hard to put out the fire inside the vessel, that inflammation and that oxidative stress that's going on, that we know is the root cause of many heart attacks and strokes.

So before we go to maybe some other questions, I mean, some people might be tuning out already. My teeth are fine. I don't have any gross problem. I don't have any pain.

I don't see much blood when I hopefully floss and, use some kind of water irrigation and brush. What do we really

need to hear the rest of this talk. But every day in my clinic, I see people with elevated high sensitivity C-reactive protein, elevated Milo peroxidase, and the other advanced markers of vascular inflammation, blood vessels and fire.

And we go through. Do you have psoriasis? Are you 50 pounds overweight? You have sleep apnea. Are you eating McDonald's? We go through the classic list of origins of inflammation.

And it's a no no, no, no. Why does a person listening, need to stay tuned in that there could be areas in their mouth driving inflammation throughout the body, not just in the gums, and they may not be aware of it.

Where can you hide inflammation and how do you find hidden inflammation? And what kind of testing might reveal that your mouth is rotten and it's affecting your whole body, including your blood vessels?

Yeah, it's a great question because Joe and most of the disease you can't see and unfortunately you can't feel it. It's like hypertension. It's a silent killer.

It just sneaks up on you and it's, it percolates for a long time. Starts in your 30s, maybe even in your late 20s, and it just goes on and, percolates for a long time.

So the first thing that we can do as an earlier screening than waiting until it gets so visual, it's like somebody having a heart attack or stroke. Why don't why do I have to wait until they have dizzy spells or chest pain or shortness of breath?

I mean, why can't I do something earlier to detect subclinical disease? Well, we now have salivary diagnostic tools where we can measure the microbiome inside the mouth because we know that the microbiome is a big part, a dysbiosis.

In other words, an unhealthy microbiome is a big part of the causative factor of inflammation. So what if I had some kind of test. And this is where the world's going today.

We're getting into early and earlier testing methodologies that allow us to figure out and see disease before it presents itself. That's the gift that we have.

However, you got to come and sit in the dental chair and you got to get it done, or you could do it in your office jaw. You could do the salivary diagnostics in your office.

And when you see a dysbiosis, I know how I've spent 12 years of my life trying to figure out how to shift that dysbiosis back to health, and I can tell you it's very much harder than what they've been teaching us traditionally in dental school.

Salivary Testing and Hidden Oral Inflammation

And that's what we've been, able to figure out. And that's why when people have elevated CRP and you can't figure out why, it's like, maybe I should look at their dental health.

Maybe I should look at that. I think that's the message people need to carry away from here is maybe you're not getting an adequate dental evaluation, or maybe you haven't been to the dentist because of the pandemic, and it's time to get yours.

So a lot of people haven't get back in the saddle. But what you're talking about, you know, measuring oral, bacteria is literally just spitting in a collection device and sending it off to a lab, like oral DNA.

And I think there's about three other companies. There's seven companies now, at least seven companies. And we have one company that, literally for, you know, $125, you can find out this information is notoriously inexpensive and it's available.

It's a swish. It's basically collect a saliva sample and we send it into a laboratory. Within three days. I can get a, an idea. If you have high levels of high risk pathogens in your mouth.

And let's just say you do, let's just say you do. I know, I know, if you have that exposure, you have some kind of, likelihood that a biomarker is being affected downstream and you're up to 57 cross-reference diseases right now with gum disease, and we haven't even mentioned sleep apnea, or we haven't even mentioned some other things that we can, detect for.

And I know you do a lot of sleep apnea screening, and you've realized how important that is for cardiovascular wellness and, AFib and, different, different diseases that people have.

And in a recent study published as a cross section of Americans, which sadly, three quarters of Americans are overweight or obese, it's a real up to date cross-section of Americans, 47% had unknown moderate or severe sleep apnea.

By just doing a simple home sleep study like you offer, and I do now offer two and it's 47%. So you're right that dental visit may result in an evaluation and, therapy for an important driver of inflammation, sleep apnea.

And, again, you and I know both. I go by this, statement test, not guess. I mean, you don't know that you don't have sleep apnea, and you've been tested, and now you don't know that you have a healthy mouth microbiome till you've done a, bacterial evaluation.

How about imaging? The same patient. Elevated high sensitivity C-reactive protein, no obvious, extra mouse, cause, they have some root canals. They have some implant.

Where can, abscesses if I said they're right, where can they hide? And what can a advanced dentist like you do to image them? Well, now, Jill, we have a really cool three dimensional radiographic machine called cone beam.

Cone beam technology. CBC, and the CBC t machine allows us to get a three dimensional image that we can move around on the screen, and we can look at the front side of a root in the left side of a root, and the right side of the root and the back side of a root.

And what we can see is things that used to appear to overlapped on two dimensional films all of a sudden become clear. So we're detecting about 37% more disease on CBC, CT evaluation.

And what we also get a chance to see is typically the pituitary fossa. We get to see other, images of the carotid. And very often now we're detecting calcified changes in other vascular systems other than just the carotid.

And so the idea is imaging is now, probably a three fold benefit. We can see so much more. We can pick up calcifications on the on the radiographs, which then I send them to you for a simple, so I can figure out if there's other issues.

We can pick those up and what else can we see. We can see these hidden infections that you couldn't see on two dimensional films. So anybody wants to rule out any kind of inflammation or any kind of infection that might be contributing to any elevated biomarker of, cardiovascular disease, whether it be LPL two, my up peroxidase microbiome and the ratio, all these things can be are affected by gum disease and by root and pathology, which you would call an abscess.

Okay. And I mean, is it standard in dental offices? Every time I'm in your office, I'm getting the depth of my gum pockets measured with usually takes two people to do that efficiently.

I mean, how often. And there's probably some people listening who don't completely understand what I'm talking about. Very careful, painless probing of every single tooth for, depth of pockets to indicate periodontal disease.

Is that pretty standard in a general dentistry office or, and how often should it be done? Well, it should be done

every visit for anybody that comes more than twice a year ago.

But unfortunately it's not.

Cone Beam Imaging and Detecting Abscesses

It's the standard of care, but unfortunately it's not standard in a lot of dental practices. And I still have patients that come to me and we start to do that as the backbone of our comprehensive periodontal evaluation.

It's the backbone of that evaluation. You can't you can't make a diagnosis without it. And the and unfortunately it's not being done in a lot of offices because hygienist look at your teeth, make all your gums look perfect.

I can't tell you how many people have come into my office with stage two and stage three periodontal disease. We stage it just like cancer one through four, stage two and stage three.

That would be, more than mild to severe to lessen severe periodontal disease. And they said, I've never had this gum mapping done before. I've never had this charting done.

And what the charting does, it allows us to see the difference in the crevices. Same crevice. You would get a popcorn hall stuck in between the gum and the tooth.

It gets deep for some people, and when it gets deeper, it selects for bad acting bacteria to grow down there. So you have to measure it and you have to monitor.

And it's basically a report card. It's how we tell how well your gum health is, is maintaining. And our goal in practice, when we find somebody with gum disease, we want to stabilize it and we want to hold it.

You can never cure it. We want to hold it into that pattern so it doesn't get worse. And then we want to eliminate the pathogens or the bad acting bacteria that made that process in the first place.

That's the idea. And again, for people listening, you know, why should you want to know and go through this, more advanced careful examination of your gums, your periodontal recesses, because, as you said, Doc Thompson, more than 50 diseases are linked to the presence of this moderate to severe periodontal disease.

One of them is coronary artery disease, carotid atherosclerosis, the very topic we're talking about. You're going to have a hard time reversing your heart disease.

Naturally. If you have hidden pockets of peri apical abscesses or you have a mouth full of advanced periodontal disease, this is, you know, perhaps on par with your diet, your fitness, your sleep, your stress management.

I mean, this is top priority is isn't, just, you know, being kind to my good friend, Doctor Doug Thompson, this is a critical component. Well, you would agree with that.

You know, Joel, I would describe it like in the Forest of Health, you know, we have some big trees and we have some small trees and we have some bushes, you know, and maybe, you know, vitamin B, I don't want to I don't want to, learn loss credibility to.

But it might be a bush, but I can tell you gum disease is a tree. And, you know, hyperlipidemia and, elevated, inflammatory biomarkers. These are more trees.

And I can tell you if you want to, if you want to prune the forest of, of health and wellness, you got to cut down those big trees because those trees are important.

So anybody overlooking periodontal disease, anybody overlooking sleep apnea, it's a big mistake. And, and I'm trying to help train, a team of dentists around the world, through our wellness dentistry network.

We want them to understand the language, and we want them to understand the significance of their place. And collaborating with physicians and collaborating with, other care providers to have that patient be as healthy as they can be.

And they have to have a thorough oral inflammatory evaluation, and they need to make sure they don't have anything in the mouth that's contributing negatively.

I can't I can't treat a dyslipidemia. I can't treat elevated LP, LP delay. I can't treat that stuff. That's for you to do. But what can I do? I can do my part, which is take the mouth out of the equation as contributing to the, to the disease process.

There's so much literature on this. It's, It's unbelievable. Yeah, I know I'm hampering you because your typical presentation is like 250 PowerPoint slides, and they're all academic references to science.

And we're just talking which I know as a lecturing physician can also be challenging not to have the comfort of your PowerPoint, but you're making you know, you're hitting home runs out of the park with these comments.

So we have a fair number of health care practitioners tuned into this summit nurses, bas, nurse practitioners and all kinds of medical people. They've got 15 minutes with a hard patient, somebody who's had a stent bypass, heart attack, carotid disease, and they don't ask any questions about dental health.

And they have one minute they say, I am so fired up. I met Doctor Thomson.

Periodontal Probing and Disease Staging

I'm going to spend one minute of my 15 minutes. What are two, three, four critical questions they should ask when that heart patient shows up in a cardiology office and internal medicine office to get them over to somebody like you, but to screen for maybe the most in need?

Yeah. The biggest thing you would want to ask is, are they current with their dentist number one. And then the second thing would be, is there any do they have any bleeding when they brochure floss their teeth.

And then just for you when you do your visible visible exam, it's you see any black spots on the teeth. You see any flaring or, or or teeth that are, that are drifting.

Do you see a lot of gum recession where you see a lot of the root surface? Do the teeth look like they're longer? Does the patient have bad breath? These are super easy telltale signs that you can just tell by looking in.

But even if you think somebody has great health, it would be just a great oral health. It would just be a nice question to say. Does your doctor talk to you about the relationship between your, oral health and your systemic health?

And have you ever had, bacteria from the saliva measured? These this would be amazing. And I'm going to encourage physicians, you know, don't wait for us dentists.

You could do this. Now, you can start collecting a 32nd squishy spit test in your office. And, Joel, I'll help you if you want to do this. Now, you can do a 32nd squishy spit test in your office.

We need more people identifying more people with disease so we can start to skin this cat. About how many people you know. Why are we losing people every 34 to 40s from a heart attack or stroke?

This could be prevented, and dentists could do it. And we would do more of it if we had even patients coming from us saying, hey, these got high levels of pathogens.

I don't know, to do most tennis, don't know what to do with it. Okay. I want to assure everybody watching Doctor

Townsend would never actually skin a cat.

That's a midwestern. That's a midwestern stamen. I don't want to offend anybody, but I think we all understood, skin a potato. How's that from a farm? Joel?

We've got a lot of potato eaters that are listening in all right, let me back up. I don't want to leave periodontal disease because you can talk for hours.

And everybody, let me ask when this question in the the internist, the nurse practitioner, the gynecologist, should they ask if a patient has prior implants, root canals, are you more likely to have a potential hidden abscess that needs cone beam tomography when you have that kind of complex work in your history?

Yeah, there's no question that when you have more complex dentistry and you see somebody that has a mouthful of crowns and bridges, you know that they had some trouble with dental disease at some point in their life.

And even the disease of cavity of carries, jaw and carries is the name of the disease that causes cavities. So let's just say somebody had a whole lot of restorative dentistry, even in their 20s.

We know that if you have the bug that causes the acid change to dissolve the teeth, that cause caries or cavities, if you've had just a lot of cavities, we you we know that if you if that patient has a heart attack or stroke and they do and our direct I mean, they look at the clot, we're going to find strep mutants.

That's one of the bacteria that is significant in the in the in the cavity process. You're going to find those bacteria in the clot. So to your point, if you look at somebody who has lots of crowns and bridges, you know, at some point they had high levels of bad acting bacteria that caused damage to the teeth.

So I'm always asking patients, did you lose your teeth because they were structurally compromised from breakdown from like cavities? Or did you lose your teeth because they got wiggly and they just fell out?

And, you know, and they just the gum went away and you got the tooth, teeth look longer, and all of a sudden they became unstable. It makes a big difference.

Both of those disease processes are biofilm mediated. Now, I feel like I'm talking to a relatively sophisticated group. So we all know about biofilm media diseases.

And if you eliminate the biofilm or if you can eliminate that biofilm, you can no question you can control that or you can stabilize that disease. So when you have even a patient with dentures, Joel, I want to know why did they lose their teeth?

And to your point, those people that have had extensive dentistry that have had an earlier dysbiosis in life, they need to be looked at. I mean, if you're a man under 50 and you have personal disease, you have a 72% increased risk of cardiovascular disease.

So when I see a young person in my practice with periodontal disease, I want them to see you. I want them to get evaluated. I almost guarantee you they have some kind of problem.

Sleep Apnea Screening and Dental Treatment

And thank you for that. And and for the guys listening, one of those 50 plus medical conditions connected to periodontal disease is erectile dysfunction.

So let alone the rest. So there's you know, it's it when we talk about the body's a network of connected organ systems. You know you might go see a lung doctor an allergist and a cardiologist.

But really so much of the overlap is pointed out by focusing on, the health of the mouth as a marker of, root cause

analysis, root cause medicine. I want to go back.

We talked a little bit about sleep apnea, but I don't think you can ever overemphasize the importance. What's the role of a dentist? I mean, many people have been to their dentist and probably haven't seen books like Gasp and Breathe and other books that you have displayed all over your, your office to stimulate people to learn more because you're all about education.

But what can a dentist do? Diagnosis, therapy for sleep apnea. Assuming there's a test done and it's not normal. Yeah, a dentist can do both. Joel. A dentist can screen for it.

But one of the things we can do an especially with our little kiddos is we can see these kids when they're really young. And when we see these kids, children with young, with huge enlarged tonsils, when they can't breathe through their nose, when they have crooked teeth or malformed jaws, they have tongue ties or they have lip ties.

So their tongue doesn't press against the roof of their mouth. So we have a very thorough screening process for our little children and any child. I want our listening audience to know any child that makes sleeping sounds.

It's not cute to videotape your child's snoring and then send it on to YouTube that it's not funny. The snoring and sleeping sounds are the first sign of an airway problem, and I have another class of patients that need to be addressed, and that's fit young females that have what we call upper airway resistance syndrome.

So to your point, Joel, we can do an easy wristwatch type home sleep study. And if that sleep study comes back showing a problem, we can either refer and network with sleep physicians or we can help treat that patient ourselves.

And sometimes we can do something as simple as lip sealing and teach people how to, breathe through their nose that night, which some people can't do.

Or we can make them even a mouth appliance. It just moves the mandible, the lower jaw, a little bit forward. And now all of a sudden, it's the difference between trying to breathe through a coffee straw and a McDonald's straw.

You know, it's just gets to be a bigger airway. You only move it a millimeter and a half, but it makes a radical difference in the way they can sleep.

But we always have to have a diagnosis. We always have to have metrics pre study and post study to prove that we're doing something valuable. But dentists are very involved today in treatment for some of those things.

Excellent. You know I think so so many pearls to take home. They're about you know, you can use an app on your phone called Snore Lab that will work for your sleep for free.

And it's not a sleep study, but it gives you a clue. I'm a noisy sleeper, and that might trigger you to find a dentist who does home sleep studies and then can triage you to a, board certified sleep specialist with the MD or Dr.

after their name. Or just stay in the office and get a, EMR, a, elastic mandibular advancement device like you do so well for so many people. Real practical stuff.

I mean, what should everybody do for their mouth care on a daily basis that, you know, that's going to be a long term win? I mean, how often do we brush in all of the practicals?

Yeah. You know, that's going to be, relatively easy. You have two areas you have to clean in your mouth. You have to clean in between your teeth, you have to clean in between your teeth.

That's where the disease starts. And you have to clean the tops and the outside surfaces of your teeth. We know people do better with a rotary toothbrush than they do with a handheld toothbrush, but let's just say you do a great job.

You know, some painters use hand brushes and they do a beautiful job, and other ones use power sprayers, and they get more done and they feel like that's better in their hands.

Whatever works best in your hands, whether it's a manual brush or whether it's some kind of power brush, you got to be able to clean the tops of the teeth in the outside surfaces.

You also have to be able to clean in between the teeth. We know that people with disease and people with, increased tooth length. Now the teeth have torturous services that you can't clean with just a piece of string called dental floss.

So maybe we need to move to oral irrigation like a water pick or even sometimes we make things like a medicine carrier tray for people that has, that have an anti bacterial gel in it that can help, coat and clean the teeth, but we have to clean in between the teeth and the tops of teeth.

And depending upon how, how hard it is for you, some people say, oh, I can't get that string through my tight contacts or I, you know, it's hard for me or I don't have the manual dexterity.

Daily Oral Care and Xylitol Strategies

It hurts my fingers. Whatever. We have to come up with a with a methodology for you to clean those two things. We also need to take care of the rest of our mouth, our cheeks and tongue and if you have a perfectly healthy mouth jaw that shouldn't require much care.

But if you have a dysbiosis, if you have some kind of microbiome that's not so favorable, now we got to do something like a medicated rinse. And those medicated rinses need to be balanced so you can reach out to us.

We would help you figure out what you need to use. But it's important to do those basic things. You should always water pick first, floss first. Get the stuff out from between the teeth.

Use any kind of rinses if you're going to use a rinse. No acidic rinses, no rinses below pH seven, please, and then brush with the paste of your choice and then we will always want to leave the film of paste on the teeth, because that's the therapeutic part of the paste.

So that's the idea. There's a pearl. How about chewing xylitol? Sugar free gum between meals, when you don't have time to run to the bathroom and use your toothbrush, I love it.

Xylitol is a biofilm buster. It's natural, comes from birch bark. It's a nice natural product. It's a, it's, helps, reduce bacteria. It's actually a sugar that the, bacteria can't use to make acid, and it actually kills the bacteria.

So xylitol is a great product, and we have some people that maybe they don't want to chew gum or mint, because then they got to put it in the gut, and it can make you sometimes a little gassy.

So you might not have as many friends if you eat too much of it. So, one of the things we would do with the xylitol products is we would maybe rinse with it.

There's some xylitol rinses and there's, powdered xylitol you can get from your health food store. And so it's, there's a lot of things you can do with xylitol and a research hall.

Joule is now another polyols sugar. It's coming on strong. Erythritol has some health benefits as well. You'll see suckers and mints and different things made out of erythritol and made out of xylitol.

Any of the other sugar sugar substitutes I probably would avoid. Okay, let's, just a couple minutes on nutrition and we'll shut down. This is a very plant forward.

No fast food, processed food conversation. We're having a crisis. Reverse heart disease. Naturally. Summit. That's

maybe supplements first. Is there any recommendations?

I remember sitting with Doctor Houston and you and lectures that might support better gum health, periodontal health. And you can go to your local vitamin store.

Yeah. There's no question that I think that vitamins and supplements are important, but I would recommend testing first to make sure you're deficient before you start taking lots of vitamins and supplements.

Because we hear often that, you know, CoQ10 is great, but if you have optimal levels already, then you don't need to supplement for. So I would make sure that your, DHEA and EPA are optimized so your omegas are optimized.

I would want to make sure that and you know, that's it can be a challenge, Joel, if you're not eating any kind of, meat protein and then, but you can you have a lot of good plant options and then our CoQ10, should be optimized.

It's up to you, Joel. I rely on our medical specialists to decide if we should be taking a baby aspirin every day with the baby. Aspirin with fish oil can have some positive benefits.

And but the antioxidants, Joel, we know with oxidative stress being part of the big issue, antioxidants are so important. And, you know, you you should the whole antioxidant family, you know, you mentioned Snore Lab earlier and snore lab.

One of the ways I use Snore Lab is to figure out how foods affect my sleep. And I can tell you, I, not totally, plant based, but I lean much, much more toward a mediterranean style diet that's predominantly plant based.

And I can tell you, if I eat the wrong foods, your snore score will go way up. I never have a problem when I have zucchini pasta or when I have, vegetarian products, but when I, when I go and eat, regular traditional lasagna or pasta, my snore score goes way up.

So, so based on Snore Lab, think about how using it to see how foods disrupt your sleep, and why I mentioned this now is because you're talking about supplements.

You need to have a good diet in order to get the proper supplements, so that you don't need a lot of supplements so that you have the proper, antioxidants in the proper omegas in the, in the, proper balance for good oral health.

Yeah.

Nutrition, Supplements, and Gum Health

I read a research paper just recently about lycopene and periodontal disease, the famous antioxidant found predominantly in tomato products, and of course, fresh tomatoes, tomato sauce, any way you can get it except sugary ketchup.

And you can buy lycopene capsules if you really want to get a green tea. Good stuff in green tea. The the prevents poor from owners ginger allergies from growing and subdues some periodontal pathogens.

So you're correct. There is a there's a dietary kind of some things you could do, but I would say, green tea would be an amazing. And you can take a green tea capsule, you know, and you can take in one capsule, get as much as 18 cups of green tea.

So, you know, make it easy. So there are some things you can do to promote good gum health pretty easily. Last topic because this has been fascinating and not everybody can read this.

I'm behind you, but I know what it says inside the Wellness Dentistry Network with founder doctor Doug Thompson. So just tell us you have I remember actually being on an airplane with you and you were working, so hard at setting up a spreadsheet about what is now a active and wonderful example of, a guy with a big dream putting together a

thought and making it happen.

What could somebody listening ask their dentist to check out what is the Wellness Dentistry Network and how is what is it about educating dentists on all these topics we've been enjoying?

Yeah. Thanks, Jill. I, I it's just became my become my passion to share this message with other dentists and as, as, you know, as a professional that looks at research and has research based, protocols and procedures, a lot of dentists want to learn that stuff, and they want to they ask you, hey, what's your protocol for this?

And I would I started to share with my friends. I'd have 50 Dropbox folders on my computer with, you know, sharing with friends, forums and information and research articles and different things that I was learning.

And then I decided, you know, why don't I create a why don't I create an online resource hub for dentists that would could allow them to personalize, education material to help get the message out to professionals and to other people easier without, you know, screwing around or copying something.

Or let's get into the electronic world. So the world's dentistry network is really a resource hub, where, it's a subscription service. Dentist. Pay me an annual fee, a very small, modest annual fee.

And, they belong to the network. And we also have physicians like you that are what we call partners in health, where there's no fee to be involved. You're just.

I just need your permission to list you as somebody on the web who could help patients who if you have a preventive mind. And so we have two components.

We have resources for dentists to share this information with their patients and to help them learn. And then we have, a physician, a collaborative physician network, which you're part of. And I thank you for that.

Where where other people can see your name and who you are and that you know the language and that you're interested in going down this, this journey.

Because here's the last thing that I want. I don't want a patient to walk into your office and have you think that their dentist is not that important and I don't want anybody to walk into my office.

Wellness Dentistry Network and Collaboration

And for me to think that their gum health or their oral health is not significant to their cardiovascular health, to their brain health, to other areas.

And so I have lots of patients who need people like you. So this is the idea. We have about 165 offices around the world currently. It ebbs and flows.

It's it's an amazing network. And if people you should ask your dentist, are you a member of the Wellness Dentistry Network? And if you're not and you want to go down this health and wellness pathway and be preventative and help patients be healthier, then come join us, look us up.

And if you want to ask us any questions, Joel, I would like to give, a simple plug for the email. It's contact. Like we all wear contacts. It's like contact.

Just basically contact that wellness dentistry network, three words. Wellness dentistry network all strung together.com. And that's where you can ask us a question and we'll you can inquire about it.

You can go to our website Wellness Dentistry network.com and learn if there's a dentist in your area that gets it and understands us and there's this is this is where we're we're way out in the early stages of developing this thing.

And it's it's just getting to be more and more amazing. That's great. And, anybody who's listening that happens to be in Southeast or Michigan, your practice is integrative oral medicine, which is by just by its name.

It's different than other dental practices. And it's a meaningful, you know, choice of names because it is really the whole body network and the work you're doing is so cutting edge and, so important.

So I so appreciate you taking the time, from so many things you do. Any dentist listening, go check out, Wellness Dentistry network.com, check out the Voice Coaches Institute where Doctor Thompson is faculty and very frequent lecturing and teaching to small groups.

Hands on. I know you know, you're so passionate about that work that you're doing out there mid December. Wonderful, wonderful. All right. Well thank you everybody. Thanks you.

And thanks for making so many beautiful smiles all over southeastern Michigan. And the country. All so much. And thank you for your involvement. I appreciate it so much.

All right.