Root Canals Are Red Flags: The Complex Relationship Between Oral Heatlh And Heart Disease Transcript

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Introduction and Dr. Thompsonu2019s Background

– Everybody. This is a great topic. So glad you're here back with another episode of Reverse Heart Disease Naturally. Summit And I bring to you from southeastern Michigan, one of the most famous dentists across the United States, an educator, a clinician at com addition but most importantly is my dentist too. So I put my teeth and go and tongue and oral care in his and his staff's hand and I'm very picky about who I picked.

So introducing Dr. 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 shared that legacy. He went on to do advanced training at the V.

A. Residency program and joined private practice in 1997 in suburban Detroit. So we practice a couple of miles apart. But beyond that he went on to do continuing education at a major dental center in Seattle called the Coy's 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 set up something called the wellness dentistry network of Dennis around the country dedicated to continuing education. Really centered on cardiovascular disease and how can a dentist introduce systemic health systemic well now while the patient is visiting a dental office sort of a radical idea. But Doug isn't 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 bail Donen course. And of course everybody has had a chance to meet Amy Donen Dr. Donen. And so we just share multiple paths of curious doctors. Dr. Doug Thompson is a curious doctor.

He's not satisfied being average. So thank you. Doug 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 obviously a shout out to what you do, you know, being on the prevention side is it takes a lot of courage because there's just like me, I can make a lot more money drilling on things that I can educating somebody about how to be healthy. But the goal is uh 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, just wanna thank you for all the mutual patients 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 that kind of stuff that you do. I mean just everybody listening.

You're walking Dr. Thompson's dental office a beautiful place. But there's books all over the place on cardiovascular disease and sleep medicine on 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 sometimes more advanced than what people might get at their internet 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.

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? – It's a great question, Joel in 2011, I attended one of the functional medicine continuum.

Why Oral Health Matters for Heart Disease

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 the back in after 2004, they were looking at inflammation, this whole body inflammation as being the silent killer. And, you know, we felt that 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 bruise the literature on gum disease and other oral conditions that create inflammation or create increased oxidative stress. I mean obviously jolt a plethora of diseases that do that. 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.

So that would encourage them to get help in another way. And then and so we developed this whole concept about the 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 visual. There's things that I can look at their health history and determined 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 bio the biology of the vascular wall.

And and 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 that 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 I 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 peroxide days and the other advanced markers of vascular inflammation, blood vessels on fire. And we go through, do you have psoriasis?

Are you £50 overweight? You 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 Joel 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 um it percolates for a long time time, starts in your thirties, maybe even your late twenties 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 a stroke. Why do 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 dis bio sis 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 is 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 gotta come and sit in the dental chair and you got to get it done. Or you could do it in your office Joel. You could do the salivary diagnostics in your office and when you see a dis bio sis I know how I've spent 12 years of my life trying to figure out how to shift that despite aosis back to health.

And I can tell you it's very much harder than what they've been t teaching us traditionally in dental school. And that's what we've been able to figure out.

And that's why when people have elevated Hs. Crp. And you can't figure out why it's like maybe I should look at their dental health. Maybe I should.

Hidden Inflammation, Saliva Testing, and Oral DNA

– 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 yourself.

– A lot of people – 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 D. N. A. And I think there's about three other companies that provide. – 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 Joel were 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 a feb 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 America 47% had unknown moderate or severe sleep apnea by just doing a simple home sleep study like you offer and I do now offer to and it's 47%.

So you're right. The 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 until 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 uh extra mouth cause they have some root canals. They have some implant. Where can abscesses if I said that right where can they hide?

And what can they advance dentists like you do to image them? – Well now Joel we have a really cool three

dimensional radiographic machine called cone beam uh cone beam technology Cbc. T. And the C.

B. C. 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 the room and the right side of the room and the backside of a route.

And what we can see is things that used to appear to overlap on two dimensional films all of a sudden become clear. So we're detecting about 37% more disease on cbc. T. Evaluation. And what we also get the chance to see is typically the pituitary fossil. We get to see other images of the carrots.

And very often now we're detecting calcification changes in other vascular systems other than just the carrot seeds. And so the idea is imaging is now probably a threefold 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 C. I. M. T. 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 who 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 L. P. P. L.

A two mile approx idiots micro albumin creatinine ratio. All these things can be are affected by gun disease and by root and pathology which you would call an abscess.

– Is it standard? And 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 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.

Cone Beam Imaging and Detecting Hidden Infection

Is that pretty standard in the general dentistry office or how often should it be done? – Well it should be done every visit for anybody that comes more than twice a year Joel.

But unfortunately it's not 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 started to do that as the backbone of our comprehensive paradigm tal evaluation.

It's the backbone of that evaluation. You can't you can't make a diagnosis without it. And the and unfortunately not being done in a lot of offices because hygienists look at your teeth and 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 just like cancer one through four, Stage two and stage three. That would be more than mild to severe to less than 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 crevice the 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 ba Because as you said Dr.

Thompson more than 50 diseases are linked to the presence of this moderate or 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 periodical abscesses or you have a mouthful 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.

This isn't just you know being kind to my good friend Dr. Doug Thompson this is a critical component what you would agree with. – 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 um you know vitamin B. I don't wanna I don't wanna uh learn less credibility to it but it might be a bush. But I can tell you gum disease is a tree and you know hyper lipid e. Mia and elevated inflammatory biomarkers.

These are more trees. And I can tell you if you wanna if you wanna prove in the forest of of health and wellness, you gotta cut down those big trees because those trees are important. So anybody overlooking paradoxical disease, anybody overlooking sleep apnea. It's a big mistake and I and I'm trying to help train a a team of dentists around the world through our wellness industry network.

We want them to understand the language, We want them to understand the significance of their place in 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 dislike academia, I can't treat elevated LP LP Little A 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 unbelievable. – Yeah, I know I'm hampering you because your typical presentation is like 250 power point 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 power point, 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 healthcare practitioners tuned into this summit, nurses p A.

S nurse practitioners and all kinds of medical people. They've got 15 minutes with a heart patient. Somebody's had a stent bypass heart attack karate disease.

Periodontal Probing and Gum Disease Staging

And they don't ask any questions about dental health. And they have one minute they say I am so fired up by Dr. Thompson I'm going to spend one minute of my 15 minutes.

What are 234 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 the dentist number one? And then the second thing would be uh is there any do they have any bleeding when they brush or floss their teeth?

And then just for you when you do your visible visible exam? It's do 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 to 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 great oral health. It would just be a nice question to say because your doctor talk to you about the relationship between your oral health and your systemic health? And if you ever had bacteria from the saliva measure this, this would be amazing. And I'm gonna encourage physicians don't wait for us, dentists. You can do this now, you can start collecting 30 seconds. Swish and spit test in your office and Joel will help you. If you want to do this, you can do a 32nd swish and 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 40 seconds from a heart attack or a stroke? This could be prevented and dentists could do it and we would do more of it if we had even patients coming from you saying, hey he's got high levels of pathogens.

I don't know what to do most tennis, don't know what to do with it. – I want to assure everybody watching Dr. Thompson would never actually skin a cat.

That's a midwestern, it's a midwestern statement. I don't want to offend anybody, but I think we all understood skin a potato house that we've got a lot of potato eaters that are listening in.

Alright, let me back up. I don't want to leave para donald disease because you can talk for hours and everybody let me ask this question in 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. – Yes. 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 carrie's Joel 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 twenties we know that if you have the bug that causes the acid change to dissolve the teeth that cause carries 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 a stroke and they do and are direct a mean they look at the clot, we're gonna find struck mutants that's one of the bacteria that is significant in the in the in the cavity process. You're gonna 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 cause 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 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 despite diocesan life, they need to be looked at. I mean if you're a man under 50 and you have paranal disease, you have a 72% increased risk of cardiovascular disease.

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

– And thank you for that.

Mouth Health, Cardiovascular Risk, and Systemic Disease

And then for the guys listening one of those 50 plus medical conditions connected to periodontal diseases, erectile dysfunction, let alone diabetes and the rest.

So there's you know it's when we talk about the bodies and 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 uh 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 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 dentist can screen for it. But one of the things we can do and 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 and large 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 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 stealing and teach people how to breathe through their nose at night, which some people can't do or we can make them even a mouth appliance.

It just moves them, 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 stirrer and a Mcdonald's straw. You know, it just gets to be a bigger airway.

We 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, so I think there's 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 M. D. Or D. O.

After their name. Or just stay in the office and get a E. M. A. A elastic mandibular advancement device like you do so well for so many people um real practical stuff.

I mean what should everybody do for their mouth care on a daily basis that you know that's gonna be a long term wind. I mean how often do we brush in all the practical? – Yeah. You know um 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 and the outside surfaces.

You also have to be able to clean in between the teeth we know so that people with disease and people with increased tooth length, the teeth have torture 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 a that have antibacterial gel in it that could help coat and clean the teeth.

Sleep Apnea Screening and Dental Treatment Options

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 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, 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 Joel that shouldn't require much care. But if you have a dis bio sis 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 ph balance so you can reach out to us.

We will 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 ascetic rinses, No rinses below ph seven please. And then brush with the paste of your choice. And then we 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 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 a gum or a 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 for 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 re throttle Joel is now another polly. All sugar. It's coming on strong A re throttle has some health benefits as well.

You'll see suckers and mints and different things made out of Aristotle and made out of xylitol. Any of the other sugar sugar substitutes I probably would avoid. – Okay just a couple of minutes on nutrition and we'll shut her down. This is a very plant forward.

No fast food processed food conversation we're having across this Reversing Heart Disease Naturally. Summit It's maybe supplements first. Is there any recommendations? I remember sitting with Dr. 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 vitamin and supplements because we hear often that you know

co Q. 10 is great but if you have optimal levels already then you don't need to supplement for. So I would make sure that your D.

H. A. And E. P. A. R. Optimized. So your omegas are optimized. I would want to make sure that you know that 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 plants options and then our CO Q.

10 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. But the baby aspirin with fish oil can have some positive benefits.

But the antioxidants Joel we know with oxidative stress being part of the big issue, antioxidants are so important and you know you use the whole antioxidant family.

You know you mentioned snore lab earlier in snore lab. One of the ways I use snore lab is to figure out how foods affect my sleep.

Daily Oral Care, Xylitol, and Supportive Nutrition

And I can tell you I am 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 go and eat regular traditional lasagna or pasta, my snore score goes way up. 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 anti accidents in the proper omegas in the proper balance for good oral health.

– Yeah, 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. Anyway, you can get it except sugary ketchup.

And of course you can buy like a pin capsules if you really want to get a – Green tea. Good stuff in green tea that that that prevents poor farm owners ginger Alice from growing and subdue some paranormal pathogens. So you're correct.

There is a there's a dietary uh kind of some things you could do, but I would say green tea would Being 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 could do to promote good gum health pretty easily. – Last topic because this has been fascinating and not everybody can read the sign behind you, but I know what it says inside the wellness dentistry network with founder Dr.

Doug Thompson. So just tell us, you have 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 what 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 Joel. I it's just became my, become my passion to share this message with other dentists and um as as you know, as a professional that looks at research and as research based protocols and procedures, A lot of dentists want to learn that stuff and they wanna, they ask you, hey, what's your protocol for this?

And I would I start to share with my friends, I'd have 50 Dropbox folders on my computer with, you know, sharing with friends forms and information and research articles and different things that I was. 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 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 wellness dentistry network is really a resource hub where it's a subscription service dentist payment, 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 Reese sources 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 your name and who you are and that you know the language and that you're interested in going down this this journey.

Wellness Dentistry Network and Closing Remarks

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 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. Apparently it ebbs and flows. 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 so look us up and if you want to ask us any questions Joel.

I would like to give uh a simple plug for the email. It's contact. Like we all wear contacts. It's like contact. Just basically contact at wellness dentistry network, three words wellness dentistry network all strung together dot com.

And that's where you can ask us a question and will you can inquire about it, you can go to our website wellness dentistry network dot com and learn if there's a dentist in your area that gets it and understands this and there's this is where 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 southeastern Michigan your practices. Integrative oral medicine which is by just by its name. It's different than other dental practices and it's a meaningful choice of names because it is really the whole body network and the work you're doing is so cutting edge and so important. I so appreciate you taking the time from so many things you do. Any dentist listening.

Go check out wellness dentistry network dot com. Check out the coy's K. O. I. S. Institute where Dr. 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 in mid December. – Wonderful. Wonderful. Alright, well, thank you, everybody thank you and thanks for making so many beautiful smiles all over southeastern Michigan and – Thank you so much and thank you for your involvement.

I appreciate it so much. – All right.