The Mouth Matters- The Impacts Of Oral Health On Cognitive Decline? Transcript

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Introduction and Guest Background

Welcome back to the Reverse Alzheimer's Summit. I'm your host, doctor Heather Sanderson, and I'm so pleased to have my guest today, doctor Chip Whitney here.

He's a family physician from Bucks County, Pennsylvania, near Philadelphia. After serving time in the US, our Air Force, and working for the University of Pennsylvania.

Doctor Whitney established his practice, Revolutionary Health Services, in 2004. Preventative medicine has always been his passion. So when he discovered the recode method developed by doctor Dale Bredesen, he got certified and has implemented the full recode and the pre code programs in his practice for the past ten years.

He's been a speaker and writer in dentistry about the effects of oral health on several systemic diseases, inspiring dental professionals to assume their role as complete health care professionals.

Doctor Bateson asked that he deliver the high quality, the wonderful lectures. That's exactly why I'm having you here today, is because I saw your lectures on oral health and the Recode 2.0 training, and I was so impressed and really thought it was important that you share with our summit attendees just how important this often overlooked or under-recognized effect of oral health on cognitive decline.

So, Doctor Whitney, thank you so much for taking the time out of your busy schedule to be here to educate our attendees on just the super, super important topic.

I my pleasure. Heather, that. I mean, it's just everybody needs to know the mouth matters, but that's got it a long time ago. And now physicians and laypeople need to understand to the I think it's one of these things.

It comes up so often I read as people are aging and they're they're juggling like, where do I spend my limited resources? I'm on a fixed income dental work is in.

It is expensive. It can be out of pocket if you don't have the right insurance. Not everything gets covered by insurances. So how I just briefly how do you coach patients?

When do you say you know make this a priority. This is really important. Everybody is it really is as you'll hear as we talk further, that it really has a big impact on a lot of disease processes.

I mean, we're talking about Alzheimer's in this, series, but it impacts cardiovascular disease, cancer risk, pre-term labor, the complications of pregnancy.

It's not just an old person. I mean, it impacts potentially everybody. So the mouth really does matter is the gateway to a lot of diseases. So here I am talking to a family physician and other key opinion leaders in dentistry.

So how did that happen? Some things get dumped in your lap and this was dumped into my lap. So I mean, I've done preventive medicine for my whole career.

Why Oral Health Matters for Whole-Body Disease

Back to my Air Force days about ten years ago, I found and implemented a cardiovascular heart attack and stroke prevention program where you can actually prevent that first heart attack and implement it.

In my practice, well, it looked at things like biomarkers, blood tests that really reflect, as the Cleveland Clinic talks about a lot, inflammation in the arteries.

And there's two really important inflammatory markers. One of them is called plaque two. Basically, if it's up, you've got activated plaque in your arteries.

And back at the beginning I was doing what everybody was doing. I was putting on drugs, I was having an exercise. They were losing weight. And no, but this number wasn't budging.

But the second I pulled out those few slides during the about oral health and the training certification program for it, for me and I started simply having people use a sonic brush, use a couple of mouth rinses and see their hygienist.

That number was plummeting left and right. I mean, it was barely budging, even with statin use, which is kind of what at the time the treatment was but and lifestyles.

But it was plummeting ten times that amount with oral health. So I was preaching the gospel for a year about oral health. And a consensus statement came out between American Academy of, Periodontal Allergy, the gum dentists and the American Heart Association trying to tell everybody that there is important connection between the two.

Confused everyone. So I ended up, writing an editorial that got published to the declaration that kind of led towards that, but that I really recognize.

I had my moment when I say I watched these numbers dropping, I was like, wait a minute, why is this occurring? I mean, I always have to ask the question, why you do I do?

That's what Doctor resistance practice is. All our methods all about is why is this happening? Well, I thought, you know what I have known for almost 30 years that if you get bacteria in the mouth, from the mouth, whenever you have to bite an apple or get the hygiene cleaning done, bacteria launch into your bloodstream and they can infect a disease valve.

So that's why we get antibiotics when people have disease valves. So I said, okay, well what else do those bacteria do in health. And that's where the whole connection of the the gum brain, the gum cardiovascular, the gum cancer, the gum pre-term complications of labor, all that's it.

When those bacteria that are causing inflammation that you can see in your gums, right, you can see your gums, the bacteria, it's an infectious cause of those those bleeding gums that when they land and those and organs like the brain, the arteries and the organs, they drive that same inflammation in those end organs.

It's so simple but so important. So you, you talked about a marker. So this feels really actionable. Somebody today could go to their doctor and say, can you run this test for me?

So what is it again? Is it the LP two? It is. It's the LP two. Admittedly, people need to recognize most physicians aren't going to know that test later.

Places like the Cleveland Clinic talk about it. But it's a measure of inflammation that almost always comes from activated plaque in the, arteries that, they can get.

It doesn't just have to be done at Cleveland Clinic, but it can be done in Quest Lab where they run it also. But again, most positions don't know what might exist and don't know what to do about it, because frankly, almost everybody in the ten years I've been looking at this, I'm all about 80 or 90% come from the mouth.

And frankly, I think the rest of them come from leaky gut. I've had a handful of people over the years where that number just won't budge, despite great gums.

I really think that the other end of the gut got being leaky causes. This can do it to also, health starts in the mouth or in the gut, and the gut starts in the mouth, right?

So there's another quick test that I think people could do today at home. And that's brush your teeth vigorously,

floss, and then spit in the sink and see if there's blood.

You know, you have implored patients, doctors, dentists, everyone involved in your training module with Doctor Peterson not to tolerate blood in the sink.

Tell us why you blood in the sink. By definition, there's a connection of whatever's in the mouth to the bloodstream. So whatever organisms there. And they're thought to be about a trillion microorganisms in the mouth alone, that they're getting into your bloodstream, they're spraying everywhere and causing disease.

So whatever's there is getting in your bloodstream. If it's there. And unfortunately, way too many, health professionals and, and patients don't understand the importance of that.

Inflammation Markers and Gum Disease

So some people might think, well, if I'm vigorously brushing it and I'm poking something around in my gums, of course I'm going to have blood. And no, actually, that's not true.

So many people over the years. Oh, yeah, I, I if I stop brushing and if I stop flossing, usually the brushing doesn't do it. But if I stop the flossing for a while and I start getting some blood in the cycle, that's because you're allowing the infection to percolate and and the infection causes inflammation.

Inflammation is what leads to bleeding. If you do your whole moral health, whatever regimen is recommended by, the dentist or your dental team is you're not going to get bleeding when you do those things.

So I I've seen it myself. I get lazy for a bit and I start doing things. I start to see a little bit of blood in the sink and it's like, oh, there's my, there's my barometer.

That's your clue. Yeah. That's a such a simple test to know that something is going on and that you need to kind of pick up that oral hygiene practice and actually just to talk about that for just a second or two, is that the reason this is important for a long time or standpoint is they've actually found these bacteria from the mouth in the brain of Alzheimer's patients.

I mean, it's tough to get what's called causation level evidence, meaning cause effect in health. Most of what we and I recommend are based on that. There's causation level evidence for the bad bacteria doing that.

And and also people have to remember you can't just rely on your dental team doing it too. Because those back to when what happens is, is that when they do their thing with their hygiene and cleaning in the office and you do your brushing, flossing and maintenance your home, you're breaking up that biofilm.

This, this organisms want to hide behind in a foxhole. I like to call it going back to my military days. They hide in a foxhole. We have to break them out and and let them be exposed to death.

Otherwise it can cause problems. Well, that biofilm starts to wreak, we, constitute itself within 24 to 48 hours of your hygiene cleaning. It's crept back to baseline four weeks after your hygiene cleaning.

So you cannot just rely on the hygiene team to do their job. You really got to do your job at home, too. And some people think that there's well, there is there's normal flora in the gut and in the mouth so that normal flora should be there.

Is that normal flora like, say, gingival is the one that we find in autopsy brains that have, you know, dementia. Is that normal flora or is that getting overgrown, or is it really just this, this breakdown in the gum that makes it a problem?

It's he gingival loss is probably present in just about everybody. It is a bad boy. Bad boys. I mean it's the of all the different bacteria we can look at.

And we do testing for that. And the way I do the Recode program, that it's the one that drives all three of the above heart disease, cancer and dementia.

But anyway, it's is it there and everybody probably. But you want to keep it a healthy gums where this biofilm is constantly disrupted. It's not going to kind of grow.

So if we just kind of keep it down to a dull roar and keep those, keep that Fort Knox of, of a barrier strong between letting those bacteria into the bloodstream, then it's not going to wreak havoc until it's all relative.

But yeah. No. So it's it's the end. It's the pigeons of us and the other, what we call anaerobic, the oxygen hating bacteria. They live deep in those pockets.

You hear about people getting, the dentist or measuring. They live deep in those pockets. They hate oxygen and they're going to grow more. And that's what causes the inflammation.

So as these bad bacteria colonization, drives the inflammation that drives disease, I mean, everything in life is good versus evil is balance. So you really want to kill the bad and promote the growth of the good.

So are there certain products? I know Doctor Peterson really likes the dental sight in toothpaste. I also recommend that in my clinic is there are there are a couple things that are quick and easy to find that you would recommend your patients use.

So I have gotten my education from my my dental advisors over the years. As you can imagine, I'm not a dentist. I didn't I didn't say the Holiday Inn Express either.

So but but I got my recommendation from. So I actually asked several dentists who told me the most important intervention they can do for the health of their mouth is a sonic toothbrush.

Because what? The sonic toothbrushes, it vibrates, it doesn't spin.

Home Oral Hygiene, Biofilm, and Bleeding Gums

So when you brush or you use the spinning type of of of disruption, you're getting as far as the bristles will go when you get that sonic vibration, what it does is to break up the biofilm 2 to 3mm past the tips of the bristles.

So they say, if there's any one thing a person could do is just using a sonic toothbrush and Oral-B makes it Sonic, Philips Sonicare, and those kind of things you may have heard of.

And, the toothpaste is there's a lot of debate on that in terms. I mean, I'm not going to comment as a physician too much about that. There's so many schools of thought, but basically one that causes the least irritation is kind of what I've kind of go by just kind of a plain, plain one, whatever variety.

And then and then mouth rinses. There's definitely a role for mouth rinses. There's a little bit of, there's a little bit of a debate on that. But in my world, just watching it for ten years now, people in these very specific cardiovascular markers getting better with the use of mouth rinses, they will kill the bacteria.

And then so they'll kill a lot of the bad guys, they will kill some of the good, good guys. And there is some pretty good consensus. They should use kind, mouth rinses without alcohol.

Frankly, I recommend alcohol free Listerine. And another one called The Closest Closes. They actually get a, And I'm not sponsored by them. They, they, they they together get the or the bad guys.

The best combination, I think, where I have people use, Listerine after brushing in the morning and closes after brushing in the evening. And then this is where the dental team can come in as to consider the use of probiotics.

So there's all kinds of regimens out there. And on the bottom line disclaimer is I don't know your situation. Talk to your dental team. And if it's a complete health dental team that knows that mouth body combination real well, that they they'll they'll they'll advise you well on what to do.

Because probiotics, if you're going to kill the enemy, you want to replace it with good bacteria. So there is a role for provider specific oral pro. The ones you take for your gut don't work for all time.

They don't work. There's a different mix of good bacteria in the mouth than there is in the lower gut. And is there a role for oil pulling? I would love to be sponsored by coconut oil if anybody out there has a connection.

So I just I've never done it myself. Disclaimer. People who do it love it. They're committed to it. But I've had dentists tell me that it does work. It it does help to kill the bad bacterial, makes no doubt about it.

And but it can be cumbersome and complicated. So if people are motivated to do it, it definitely is a valuable, intervention. Great, good. Now, we've talked about the gums and that being an avenue for these bacteria to get into the bloodstream.

There's another then there's some controversy around this. But the role of root canals versus maybe implants or or even fillings, how else can bacteria get into the bloodstream.

So root canals is a good, good topic to talk about. So that's exactly the same way. So what we've been talking about is gum bacteria, the gap between your gum and your tooth.

So we have not yet even talked about a tooth problem. We've been talking about a gum problem back bad bacteria, the gums. So what happens to the root canal as you get an infection within the tooth?

Usually there's like a little crack in the tooth where the bacteria make their way down and get at the base, down into the root of the tooth and drive an infection.

So again, it's a bacterial infection. Typically it's it's an infectious process that pools infection at the base of the tooth and can get into the bloodstream.

And if it gets bad enough, that's when people get pain and need the root canal. So the the the what to do about it. There's definitely debate in there.

But the, how to treat it, whether it's with doing a root canal, whether it's doing a tooth removal and putting an implant in as a physician, I'm not going to talk about that. That's for the dentist, too.

And there's a lot of debate within what they should do. But bottom line is you don't want infection one way or the other. You want to get that infection out, because there was actually a very intriguing study back in 2013 that really linked tightly with we're talking cardiovascular disease for a moment, but they looked at 101 heart attacks.

And this was actually in the American Heart Association journal. Circulation. Probably heard of that as their top journal American Heart Association. It wasn't a dental journal, but they looked at 101 heart attacks.

They sucked the clot out of the heart attack. What happens is an artery in the heart. A clot forms in it. And they sucked that clot out of the heart, and they analyze it for oral bacteria.

And the bottom line outcome of it was that up to half of those 101 heart attacks, and this is a medical journal, were driven by an event from the mouth.

It was either and they looked at both gum and infection and they took root canal infection.

Root Canals, Hidden Infections, and Heart Risk

And so they were both contributing. They that the interesting part in this discussion is that they, they did the scan called a cone beam Cat scan. So it's a very detailed look at the base of the tooth.

And they found infections at the base of teeth of these people at heart attack in 30 of those 101 people, every single every single one of them were asymptomatic.

They didn't they weren't having any symptoms of of of teeth problems that they know. So a lot of people can have, tooth infections that don't really bother them, but they can cause problems.

So that's why it really is. When your dentist is telling you, you really do need to get this, this, this problem that's not causing pain because a lot of people go ahead and just fix my pain.

Well, what you don't know will hurt you that those bacteria can get into your bloodstream. It's a good motivation to brush. And for us, every day, the, you know, the old oil filter current.

You can pay me now or you can pay me later. Absolutely. That's nothing that comes with, with the mouth. You can either pay with your health or pay with your, your wallet.

And they this cardiovascular connection rate. Of course, we don't want anybody to have a heart attack, a cardiac event. But the cerebrovascular connection.

So when we're talking about cardiovascular issues, you know, this gets connected to cognitive issues very quickly, because if you don't get blood flow to your brain, because your, your, the, like, the inner layer of your vessels is inflamed, that's going to affect cognitive function very quickly.

Yeah. And as, as the whole record method teaches that. So with the bacteria we're talking about toxicity, the bacteria getting into the brain. And we're talking about cardiovascular type for and and so basically it's this disease of the pipes leading to it.

So if you have a I mean they're all the same mechanism. If somebody has a heart attack, it's because you get a clot. For me in the artery in the heart, a stroke is going to clot forms and the artery breaks open and ruptures and the clot floats up to the brain because it's a high pressure vessel, or if it happens hundreds or thousands of times in the itty bitty arteries that supply oxygen to the brain, that's cardiovascular dementia.

So it's all the same process, just different location. Wow. So, so important. So another really important piece of maintaining cognitive function is getting enough oxygen to your brain, particularly at night.

So sleep apnea is a known major contributor to cognitive decline for several reasons. And you call it airway disease. So it's not just sleep apnea. It's not just, you know, the absence of a CPAp.

Tell me a little bit more about kind of the comprehensive view of getting oxygen to your brain. Yeah. So it and also how it doesn't necessarily have to have.

So CPAp is like putting a Band-Aid on a wound. You're shoving oxygen down the throat and you're going to get you're going to bypass an obstruction which is by just your saw shoving action.

So certainly it is an important measure in some people if they've got severe apnea until they get it fixed. But it's not treating the problem at all. So the problem with the with sleep apnea is that you don't get oxygen to the brain for a couple different reasons.

So I call it an airway disease because the problem is not a lack of CPAp. Like you said, it's a obstruction either where the tongue falls back into the airway and blocks it off, or they get an upper airway obstruction.

It's usually a more subtle one, harder to find. It's not as raging. They have more and more results on testing, but it can cause a lot of disease coming from from the blockages in the nose.

So what the it's been doing speaking in dentistry, I've been paired up with a lot of, airway conferences, and I've got to see a lot of very I've been taught tremendously by my dental colleagues about airway disease because the you can you can actually and as you saw in the training, there's physical exam features that you can see on people where who have sleep apnea, whether it's scalp look on the sides of your tongue from gritting your teeth, whether it's, TMJ because you're gritting your teeth and you're not breathing, there can be really skinny people.

And most people think of a sleep apnea as that of the obese. And certainly losing weight will be very helpful. But now that I know what to look for and I'm looking for it through physical exam features and symptoms, I'm finding a lot of very thin people sleep apnea and interestingly, it starts very early in life.

I mean, it starts in the pediatric population when those bones are all malleable and forming, that people are left with a narrow, narrow palate, high arch where they're, they're they're very narrow faced.

The the jaw gets pulled back for various reasons.

Sleep Apnea, Airway Disease, and Breathing Solutions

And so it shows the tongue in the way, so that what the dentists are able to do with various techniques are to open up the airway. So they they will they yes, they can make an appliance.

Most people know about that. So if somebody has an appliance and they keep spitting it out, just a side note, it's probably coming from the nose. So if they're if they I've heard dentists say you're going to make a person's CPAp worse if the problem is coming from the nose, but you give them an appliance.

But they have different ways, whether it's Invisalign or other techniques called vivos, where it actually both opens the airway and restructures the mouth.

But if you can restructure and create more space to breathe, you can carry your sleep apnea and put your CPAp on on the shelf for for memories. So it's only it's it's actually the dentist team can actually cure the problem.

And some people especially I've had a handful of patients do really well with just mouth tape, which when I initially heard about it, I was like, that's weird.

That sounds awful. But people swear by it. Just putting it again in a very practical intervention, very inexpensive, something to just try. The other thing is that those strips that you can the breathe right strips.

So both of those things are treating that upper airway resistance. And during the sleep apnea that's not coming from the tongue falling in the throat.

It's coming from obstruction in this area. And people who are mouth breathers. So for various reasons, some people are mouth breathers. And we should be healthy.

Breathing at nighttime is breathing through our nose. So by putting the tape on there forces you to breathe through your nose. Now that's a problem if you've got a lot of nasal congestion.

So interesting. And I'll go into kind of another, no, treating the toxicity of like, say, mold toxicity to people. And that's the root cause of it. They can that year round congestion, their nose goes away.

And that's a way that they can actually improve their sleep apnea. So they cure their mold and they fix their sleep apnea in some cases. But yeah. So any intervention, whether it's a, a, whatever treatment to reduce the swelling at night time can be beneficial.

So that's kind of in the treating regimen is just for people with upper airway resistance is to whatever non non-surgical ways you can to treat the the problem if it's coming from the nasal passage.

And for anyone here who's listening that has more questions about the mold toxicity, chronic sinusitis and how that might be contributing to cognitive decline, both Doctor Jill Krista and Doctor Neil Nathan dive deep into these subjects.

So I invite you to go over there, listen to those interviews, because there will be lots and lots there to help you find solutions for cognitive decline that can be coming from those chronic sinus infections or, mold toxicity.

And Doctor Whitney and I are both, those are our colleagues and mentors, and we've learned a lot from them. And incorporating that into a comprehensive approach to combating cognitive decline is so important.

Another piece of the puzzle when it comes to dentistry is the role of potentially mercury in amalgams. So tell me a little bit about what's known, what isn't and when someone might consider an intervention.

There. So mercury it's a known neurotoxin. It's going to it is it is a root cause of Alzheimer's disease. So I and anyone who understands that concept says that nobody should ever have mercury put in their mouth again.

There are dentists out there who do it still because it is supported by the American Dental Association. So there's a lot of controversy in dentistry.

So I'm not going to get into the details of that. But I, as a physician, don't think anybody should get more mercury in their mouth because because when you put the mercury in the mouth, it you get a lot of mercury exposure.

So the question is, is that do you have to have if you, like many of us have, do you have to have your mercury fillings removed? And the answer is maybe.

Well, one reason is. So I always tell my patients, if I see mercury in their mouth, I say, go to your dentist, have him take a look at the the mercury is the.

If the filling is in good repair, you might not have to have it taken out. If it's breaking down and you're getting mercury in your system and it should come out.

And if it's done, it has to be done in a safe way. If there are safe techniques for removing it to minimize your exposure, because the the other time you get the most exposure is when you take out the fillings.

So when you put them in, when you take them out, you get your most mercury exposure. So if you've got a filling that's not broken down and it's not leaking into your system and no harm, no foul, don't don't just leave it alone.

Don't have the fillings taken out. And there are ways that we can test for mercury toxicity and, and even help to sort out is that coming from inorganic sources like the fillings, or is it coming from eating a lot of fish over the years and just not getting there?

There's ways you can distinguish that and we can test you for that. So if, if somebody comes back and the dentist says, yeah, they look like they're in pretty good shape, then what I'll do and the dentist could do also is to, test to see is that getting into the system?

And does it need to be taken out because it is leaking? I had a patient who had a significantly elevated. We had done the tests that you're referring to, and she had both that were significantly elevated, and she refused to take any supplements so she wouldn't do any binders.

She didn't want to do any sort of collation or IVs.

Mercury Amalgams and Safe Dental Decision-Making

She's like, I'm just going to be honest. I'm not going to swallow it. So I, we, we I did advise her to have them removed because those levels were elevated and she came back a year later was a full 12 months later and we

tested again.

It had decreased by more than half. So no intervention other than getting them all out. And both the inorganic and, methylmercury had both shifted significantly.

So she was kind of a control, if you will, almost because there was no other, the IMD powder that we hadn't done any EDTA or or DMPs or DMSO. So it was just an interesting kind of an of one.

Yeah. Yeah. No. And that makes sense because, it I clearly whatever Dennis took the fillings out. Did a good job. Yes. It was a biological dentist. Yeah. So that, clearly they did a good job on it.

And there's, there's, there's definitely evidence that if it's, you're going to have a lot better outcome if you do it in ways that are safe. Do you tend to refer to biological dentists, or do you think that there is another way to choose a good dentist in your area?

So the I don't like to pigeonhole dentists into titles. So I mean, a biological dentist is kind of like I'm a functional integrative physician. I mean, I'm a physician, and I just have an emphasis on root causes, understanding things like toxicity.

So those who are are kind of branding themselves as a biological data. Certainly. No, especially from a toxicity standpoint, the concept of mercury. And certainly if people are that they they are the ones who are most likely to be trained in that.

But I'm really more interested in a dentist who just understands the mouth body connection, because there's a ton out there that's not necessarily, the, like we talked about, like the oral bacteria, the airway, there's a whole lot.

So there's actually kind of a term complete health dentists where they're kind of branding themselves and setting a practice up, in terms of complete health, where they understand and they talk to people along these fronts about the connection of the mouth and the body and why they should do this and that.

And it makes a big difference. I mean, the root canal example is a perfect one where it's like a lot of dentists, if there's no pain, they leave it alone.

But what you don't know is going to be hurting you. So but yeah, I mean, that's, if people are looking for a dental I mean, number one, dentists can get certified in the whole breadth and recode method through Apollo Health.

They're kind of in the very early stages that there's not lots of them out there right now doing it. But I would that would be a certainly a great place to start if they happen to have somebody in their area who's been certified and recode and then basically kind of looking around to find out if they can see somebody who kind of like, I mean, branding themselves, or if you look at their websites and say that they understand the mouth body connection or call themselves a complete health dentist or, or a biologic does that.

That's a good starting point. And frankly, I the lowest level triage I have for that is that does the dentist tolerate blood in the sink? Because obviously there's been many times I as a physician, I say, do you bleed when you brush or you floss?

And if they say yes and they tell my questionnaire, and if they say yes, I say, so what's the dentist say about your gums? Oh, they say they're great.

Okay. There's, there's, there's a mismatch right there. And the other thing is that people can look for is does your dentist, do testing for your pockets.

So where they usually there's 1 or 2 people there often have a hygienist, an assistant where they'll kind of go through and they'll measure your pockets between your tooth and your gum, and they'll call out numbers like one, three, five, things like that.

If they're doing that and they at least understand the basics, that that's an important thing to keep control of. And, and they're doing it so and so if the practice isn't doing the it's called period trading that.

And that's kind of another indicator that that it's not so much of a complete health type practice. Great. Good to know I don't want to be I don't want to because there's a lot of great dentist that if you if you need a, a root canal, they do a great job at or a crown or whatever, but it's just, it's the it's the acceptance of disease that to no fault of their own, they just don't understand our world and how much problems it can cause, even if they don't, you know, even if it's not bothering the patient.

Yeah. We want to get proactive, particularly if, someone already has symptoms of cognitive decline or maybe even when they have, genetics that can predispose them, or family history that can predispose them.

And as you've made a really phenomenal point, that same thing with heart disease, if you have a family history or genetic or labs that might indicate that there's some sort of cardiac risk, making the dentist a priority, making dental hygiene a priority, make doing whatever the dentist is recommending and getting that done.

It starts to be really high on the list of places to put your resources and put your time. So that's that's where we kind of bring us right back to the beginning, where it is a significant the mouth, those three areas, the bacteria for root canals and gums problems, the airway problems and toxicities like amalgams.

Finding the Right Dentist and Closing Remarks

They're a root cause of a lot of things. And the big three I mean three biggies of cardiovascular disease, dementia and even cancer. There's a lot especially that ginger analysis plus pancreatic cancer, esophageal cancer are are definitely a connection between the mouth and those cancers.

And I would imagine mental health as well. Certainly with the mercury. And so yeah, lots of connections here. Well, two out of two doctors recommend you go see your dentist.

Absolutely. Doctor, that is super watching out there. I encourage you to learn more about this and consider getting certified in the whole process, too, because honestly, it's so much fun collaborating with dentists who understand and the dentists who are looking to collaborate with physicians.

There are lots of us out there who want to work with you, so I really do encourage and dentists who are watching to to really go learn more about it. And, Doctor Edison's Apollo Health site, there's you can find out how to learn more about it.

I feel so fortunate to have a few really phenomenal, dentists who are thinking this way in San Diego. And so we chat frequently about patients and collaborate.

And it is it is a lot of fun, you know, several in San Diego, we may not even have, you know, the same lens. Yeah, we do it. So I really feel fortunate to be in a community that has that resource, because I don't have to skip a beat saying, this is the dentist, go see them.

They're close to you, I trust them. They're going to give you good advice. And that's just so reassuring. Yes. Don't do any. Thank you so much for being with us.

I want to make sure that everyone knows where they can find out more about you, particularly our East Coast patients, but also online. So share with our listeners, how they can get Ahold of you.

Yeah, by, practices, Revolutionary Health services. Again, I'm just outside of Philly, and, it's Russ live. Well, dot com and a half hour agent like revolution all services live Worldcom.

So kind of the whole approach is it's a preventive at the core with the with the recode at the, as the really gratifying opportunities that we have. And just to be clear, I because I know you outside of just this conversation, you do

whole health medicine yourself, not just focusing on oral health, but in this context.

Yeah, we do know I'm a physician. You are a physician who can can. I just got rocket ship into the dental industry, but. No, I'm I'm I'm a family physician.

Practice. So. Yeah. No, I'm I'm a physician at the core, and I, people have asked me, did you did you wish you went to dental school because I to it's like.

No, I just never had any idea how important it was. And I want to tell the world because it's really important. Are dental colleagues are critical. So you were making that connection and you have the full suite of medical care available.

So Doctor Whitney, thank you again. My pleasure, my pleasure. So nice to see. So good to see you.