Introduction to Oral Health and Hypertension

Welcome to another wonderful conversation we're going to have regarding Hypertension and Reversing Hypertension Naturally. And today we're going to address oral health and I think that's one aspect that's been neglected quite a bit, at least in traditional medical practice and discussions.

But today I'd like to welcome a biologic dentist. Dr. Stuart Nunnally. How are you today? Well, I'm doing great. Thanks for having me. Well, thank you for joining us.

And I'm actually really eager to learn more about your expertize and what you may have to offer for folks who may be having some difficulty with hypertension and maybe think outside the box.

So could you share a little bit about your story and your specialty and how you approach dental health? Sure. I never dreamed I would be doing what I'm doing today, which is practicing holistic or biologic dentistry.

I got sick 20 over 20 years ago out of the blue. I was a very competitive triathlete and all of a sudden I found myself hardly able to walk. And after months of testing, we were I was finally referred to the ALS Center in Houston thinking that I had A. L. S..

As it turned out, I had a mercury toxicity issue.

Dr. Nunnally's Mercury Toxicity Story

And so as a result of that, and my practice was transformed and I was exposed to ways of dentistry. First of all, I was exposed to ways in dentistry that would protect me in the future, in terms of my mercury exposure, because at the time I had not placed a mercury filling in 20 years, but I had been removing them and physicians knew that I would remove them and so they would send their patients to me.

But I took no precautions for myself or my staff. And as a result of it, over time, it accumulated. And I began to have these neuromuscular issues. And so all of that being said, I actually went to Montreal for treatment thinking at the time that I had ALS and and again, it turned out to be primarily a mercury issue.

But as you know, the toxicities mount on top of one another and they don't normally just one toxicity on top of another doesn't mean necessarily you have to know you can have a multiplier and they can be really overwhelm your immune system.

And so that's what happened. I was exposed to the teaching of a of the old grandfather of holistic or biologic dentistry. His name was Howard Huggins and very controversial man, but very bold and smart.

And his boldness cost him his license, but his is his intelligence reigns on today because over the years, what I learned from that man, how much of it is proven to be very sound and and very scientifically based.

One was people should stay away from mercury at all costs. And we know that. And by the way, it certainly has an impact on pressure and cardiovascular health.

Two, he was telling me at the time at the time I was doing about 100 root canal treatments a year in my office. And he said, Do you know anything about the root canal research and the terms of the toxicity that remains in root canals?

That's a real issue. I didn't say no, but I said no. And so I began to research that. And lo and behold, I found out that the treatment that I had been rendering from my patients all along, although it saved the tooth most often could

could be a real challenge for their immune system and a challenge for their system to kill.

And so that's one thing that I hope we can address today. And then finally, he introduced this concept of Jawbone Osteonecrosis, at least in the literature it's called Jawbone Osteo Necrosis, most awesome osteo meaning bone and and necrosis named bed.

And so he said, you know, oftentimes when a tooth is extracted, it's not done properly and the bacteria from the mouth go into the site where the tooth was removed.

You grow a little cap of bone over that and overcome tissue, but there remains residual infection.

Root Canals, Cavitations, and Systemic Risk

I said, Well, in fact, he said, if you have that, you'll probably never get well. So, well, I don't know if I have it or not, but he said most people call them cavitation, but it's really jawbone.

Last year, necrosis is nothing more than a sluggish area in the jawbone that is filled with the anaerobes and he said, I want to make sure that you don't have those and if you do, we'll clean them out.

So I was exposed to all of this over a course of a few weeks and my treatment at Montreal, along with a number of other things. I was being a competitive triathlete.

I was always trying to get a competitive advantage. And so I was super, super lean and which is not that bad unless you have a neuromuscular disease and you just simply don't have enough protein and fat in your diet to build new tissues.

So he changed my paradigm a bit and coached me along the way. And here I am 20 something years later with the Transform practice. It was transformed literally over a course of a year or two because people began to hear about my story, even though I didn't have ALS I had quite a remarkable recovery.

And so as a result of that, now we wait to see patients from all around the globe. And it's such an honor and a privilege to do that. And we are very, very, very careful about what, in fact, this would be one of the things that sort of separates a traditional dentist from a traditionally trained dentist from a biologic.

And this and that would be that we're very, very careful about what materials we put in the patient's mouth. We can actually serum test the patient for every known dental material to see if they're reactive to it or not.

So many times we simply draw ten cc's of blood, spin the serum out and submit that to a laboratory, and have it tested against virtually every known dental material to make sure that what we put in is not a cause of inflammation or an aggravation to their immune system.

That's really fascinating, because just yesterday I was speaking to a friend of mine who's very well known, cardiologist Dr. Kim Williams, the past president, the American College of Cardiology.

And we were speaking just of inflammation, especially the HRP. And for those who are eating a very healthy diet, have phenomenal, you know, lipid panels and things like that as asking, well, what would be that residual piece of an elevated, syrupy eagles?

And they need to see a dentist. Right. And look at that dental component. So to speak, a little bit more. Also, I'm curious about the root canal piece I've had to myself.

So I'm curious what we should be looking for, concerned about if you if someone has had these which are so commonplace. Yeah, they are commonplace. And I think many people tolerate them.

Well, they have here's here's the issue of the root canal treated tooth. One tooth is treated, the main canals can be

cleaned out. And that usually relieves the pain and the tooth and the patient.

And the beautiful thing about that is you get to keep the tooth because the alternative that is removing that too. So there's some real discussions that we just have to have every day and make it a very individual decision based on the patient.

But what we do know is in a tooth like, for example, a typical front tooth just with one root, there are 2 to 3 miles of little microtubules in that tooth.

That an end, the honest or the dentist doing the root canal can never get to, so they can get to the land canal. But these are little accessory canal.

So it's kind of look like a Christmas tree or still filled with bacteria. So when the root canal is done in the process of doing that, the blood supply to the tooth is severed.

So now the body can't deliver its own, cannot deliver its own body, can't deliver its own immune defenses to the tooth. There's no way. And so now we have a tooth that's a little incubator filled with its own bacteria and the toxins they produce, which can be far worse than the bacteria and there is no way to keep them in check.

You can't deliver an antibiotic to it. You can't deliver your own immune defenses to it. But those toxins and the bacteria themselves can leak out of the teeth.

And this was described this is hard to believe, Lord, but this was described in the literature 100 years ago by Western Price. He talked about leaky teeth, just like we talk today about leaky gut.

And now, interestingly enough, you will find in the literature, you'll find papers that talk about leaky teeth, the fact that these teeth do leak, that the bacteria and their toxins leak from the teeth, they they they secrete the bacteria when they die in the process of their form.

Really potent endotoxin. And these are local they're that would be the same sorts of toxins that we see from leaky gut. And so now you will see in the literature today you'll see not only can these toxins and the bacteria have a real impact on cardiovascular health, but they also have an impact on things like mental cognition and depression and just an impact on the immune system.

So in cerebrovascular health, so the bacteria that we find in root canals, interestingly enough, there are many there are many, many studies now to show that if you sample the atherosclerotic plaque from a procedure, one, for example, and a bypass is done, if you sample that plaque, you'll find the exact same bacteria in that as you do in the root canal.

Pretty. Oh, wow.

Finding a Biologic Dentist and Safe Mercury Removal

So so what should someone do if they've had a root canal or require something like a root canal? And what is the answer? I think, you know, just becoming educated about it, because would I ever recommend a root canal?

I would. I did recently. And I will occasionally because maybe a patient I've told this example because it happened not long ago, a gentleman had six and six root canals is an 85 year old man robustly healthy?

Now he needs another root canal, but it happens to support a long bridge. And if he loses that tooth, if he doesn't have a root canal, then he's going to have to have a denture or multiple implants.

So there are occasions in this gentleman looks like he tolerates root canals very well. So there are occasions when when we would recommend them. But it's not all.

And most of the physicians, quite frankly, who refer to us, encourage the patients to have the root canals remove. And oftentimes based on their history, they can say, gosh, I remember now I had the root canal and it was before the demise and my health.

Maybe it was before the fact that I was diagnosed with rheumatoid or lupus or some other autoimmune disease. So so I think people just basically need to be informed so that they can make a rational decision about whether they keep the tooth, what the potential risk of having a systemic impact or whether they have the tooth removed, which once again, now there's a new set of problems that would replace the tooth if it's removed, it's usually either by a little removable bridge or it might be with an implant, or sometimes it's in a place where it can be lifted.

Maybe it's a very last tooth and it can just be left and replaced. So as far as the endotoxin is, that's really interesting because certainly in the literature it speaks to eating certain things like red meats and bacteria killed, but their endotoxin is orange and that can be cause and inflammation in the surface and increased risk for cardiovascular disease, hypertension and such.

So as someone is concerned about. Yeah, okay. Maybe I have some issues. Or maybe they had a root canal and then it flared up and had some issues. Or they noted that they had, like you described, some type of demise in their health.

Where do we find someone like you if someone can't travel to Austin to see you in person? How do we find a biologic dentist near us? Well, fortunately, there are more and more of us.

And the thing that's driven the traditional difference in the biological dentistry is the pressure from patients, because patients have learned over time, sometimes the traditional way of doing things is not the very best and so are least.

They need to have choices. And so the best way I think is to go the organization that I'm most fond of and has over 1500 biological dentists belonging to the organization worldwide, is named a OMT. It's the International Academy of Oral Medicine and Toxicology.

So have a long history. It's very, very stringently science based community, and it is it's responsible, I think, for putting forth some protocols that now dentists across the globe can adopt into their practice.

And if the patient goes and they see one of these dentist seconds, they can pretty well be sure where this dentist is practicing in a holistic way, in a way that's to do no harm. And I'll also tell you that within, for example, the eye on TI, there are many of those dentistry called what's what's known as smart certified smarts.

That is the acronym for Safe Mercury Amalgam Removal Technique. And so dentists who have been through that training, hopefully if they're doing it and I think most will be are going to remove mercury fillings and other heavy metals from a patient's mouth that are very safe for the dentist.

All that kind of black. His spacesuit, when he does it in the pool and the patient is draped from head to toe and covered, and there are all sorts of precautions that are taken to make sure that these sorts of metals remove.

But usually they stand to serve a knowledge of root canal so they can speak to that issue. Even though there are many, many dentists in the holistic realm who still feel like root canals have, you know, are safe and then also this dentist very familiar with the term cavitation, some of them do these sorts of treatments where they treat these jawbone lesions that I mentioned a minute ago.

So I would look for a biologic dentist at a 20 OMT work website. Perfect. And so that's really fascinating. So then we've spoken about the the bacteria, but bacteria live in our mouth.

We have an oral microbiome. So how do we know that we have healthy oral microbiome, just like our gut microbiome?

Oral Microbiome, Nitric Oxide, and Blood Pressure

Because it's such an important piece, especially regarding, for example, nitric oxide. There's a recycling effect that occurs and I know it's important.

Piece of your microbiome is a piece of that. So we speak to a little bit of that, like what can we do to support a healthy oral microbiome? Yes, of course.

And I love the fact that you mentioned nitric oxide, because we know it's one of those major molecules and controlling our pressure and keeping us and keeping us away from being in the hypertensive category.

And so it's interesting that the bacteria, especially on the back side of our tongue, those there's some key bacteria there that need to be there in order to make the conversion to nitric oxide and which then will and we know now through studies by especially a fabulous biochemist, Nathan Bryant, who hails from Texas, that if we use, for example, a traditional high alcohol, mouthwash, I'll just mention something like Listerine or Scope.

Something has a lot of alcohol in it. You look you basically make the microbiome in the mouth and so and then you you destroy those very beneficial bacteria that help with the conversion of nitrite to nitrites the nitric oxide and now you you in through his studies it demonstrated an increase in blood pressure just from using traditional mouthwashes so yes and so I like in terms of mouthwashes, I like herbal mouthwashes, I like I like for my favorite technique for patients to clean their teeth and the mouth is to use a diluted, diluted hydrogen peroxide to use a water pik with about an ounce of hydrogen peroxide in the water bath and really try to get the hydrogen peroxide under the gum line.

Because what you're doing is you're exposing then the harmful anaerobes, sparks and others to oxygen and you will kill those, but you leave the good bacteria alone.

And I've found over the years and here's here's one other thing, Laurie, that your listeners might be interested in. Many biologic dentists keep a microscope in their office.

And so, for example, our this will not a single patient will come through there who doesn't have a little sample of bacteria taken from under the gum line, under the microscope.

So we can see exactly what's in there. And we want to see that that microbiome that's healthy. If we see one or two bad actors like a sparrow, keep on a slide or a microscopic slide.

We know sometimes those are just keeping the rest of the microbiome vigilant. But when it's skewed, where you have an entire slide full of spider case, about two bound off of the slide, you know that this patient is at risk for cardiovascular disease, stroke and all sorts of inflammatory diseases.

And it's very well known that when you have an increase in period or when you have an increase in these anaerobes that elevates a patient's periodontal disease, they'll have an increased HRP.

And of course, that's a biomarker for coronavirus disease and hypertension. That's fantastic. So you'd mention the hydrogen peroxide and using water pick and looking at our bacteria underneath a scope.

What about nutrition? What do you recommend as far as gives me dietary foods or things that might be helpful in supporting our oral health or oral microbiome?

Well, that's probably where we would have a deeper discussion because obviously a whole food plant based have in for 12 years in my mid-fifties feel amazing and amazing results with patients.

But when we speak to also just the hygiene practice, what do you recommend on toothpaste fluoride, all of those things. So what should we be doing on a daily basis to make sure that we're maintaining a clean teeth and things like that, but also not killing too much of the vaginal?

I appreciate the idea of any of them, but. You know, I love the water pick. And then also I love to have patients just

used on their toothbrush a they can certainly dip it in hydrogen peroxide, but then using just do what my grandmother did.

She did put a little baking soda in her hand and she played a paste on her toothbrush. And that's a fabulous way to brush your teeth. Some people even had a little dab of salt because salt's antibacterial and there's no harm in doing that whatsoever.

Those are good. I would what I would want to do is stay away from fluoride fluoride. Well, as we know, there's just an epidemic of thyroid autoimmune disease in this country.

And I think much of it is due to the fluoride exposure that we have. Fluoride will outcompete iodine every time. And so and I done is in every cell in our body.

So if you want to outcompete your iodine, you just give it a good dose of fluorine or bromine and you will outcompete it. And so I would stay away from fluoride.

Daily Oral Care: Toothpaste, Fluoride, and Water

I would brush with either hydrogen peroxide and baking soda or some other herbal toothpaste, or you can make your own herbal toothpaste by putting a little essential oil in to the mix of hydrogen peroxide and baking soda.

And you've got your own toothpaste. Now, my grandmother had baking soda. She had her teeth till she passed in Germany. So exactly Italian history. And I never forget that she said it right there.

The actually go so what do you recommend as I know you know fluoride in many municipalities water supply. Do you recommend any particular type of water filter or some type of treatment of water in that sense?

That's a great question. This is such a hard thing. I think water is a huge issue and as long as it's not fluoridated, then I think we're doing about the best we can.

So I don't I don't like to drink my water out of plastic bottles and I don't like to drink it from a municipal water supply that's been fluoridated. So I've made a very conscious decision to move where I can get well, water, goodwill, water and drink that.

So what do you do when your traveling or and visiting other places? You know, when I'm traveling, unfortunately, I oftentimes have to relent to drink my whatever is my favorite bottle of water.

And I of course, I try to get a glass bottle and put you. Sure. Okay. And then as far as the types of toothbrushes, so, you know, they're soft and medium and hard and different things and you recommendations on types because they're also plastic like what do you recommend there.

Yeah I'm not as concerned about what the toothbrush is made of as as much as I am the way the patient uses it. So and both mechanical toothbrushes and handheld toothbrushes both do very well.

I think mechanical toothbrushes actually outperform handheld, but the key is to try to get the bristles of the brush to go up under the gum. So you're literally putting a slight angle to the brush when you're putting it in your mouth and you're trying to agitate the area between the gum and a tooth, just like you would clean under the cuticle of your nail.

You're trying to put the bristles, the brush underneath there. And some of these botanical toothbrushes have little rotary heads or vibrating heads which do that quite nicely.

So I think that's fabulous. And if you combine that with a water, water, you you typically have a very, very good microbiome. What about flossing in that sense?

Is that also helpful or how often, as we did before brushing or after brushing like once that one's ideal. One in a lot of ways is it Waterpik supplants the use of the floss, but both are good.

It's just hard to get people to do both. So if I had to choose that, to choose it would be brushing and water breaking. Okay. Sometimes it's hard to take a water pick with you on a trip, so you just take the floss instead.

So let's do two more questions regarding, for example, change pain, stress and anxiety, which can also elevate blood pressure, any treatments or thoughts on that particular piece I know can be really hard for people to find dentists who are well versed in caring for someone like this.

It really is. It's it's not you know, a lot of dentists don't really want to deal with TMJ problems because they tend to be chronic. We as dentists like to be able to look in the mouth, see something broken and fix it.

And I can appreciate that it's nice. It's nice to be able to do that, but many times temporomandibular joint issues requires the require multiple visits.

The patient may need. They may need some emotional counseling because, you know, there can be very stressful issues in a patient's life which leads to them manifesting a way to relieve that stress in their sleep, operate by grinding their teeth and so that's why dentists are reluctant to treat.

The issue is it's going to be it's going to be a case of the patient and the dentists having to cooperate, usually for a long time on specific problem.

And most of this aren't really equipped to do that.

TMJ, Sleep Apnea, and Dental Appliances

Sometimes it's a simple fix by making a patient all appliance what we call a night guard or an occlusal guard, they can slip in. Lisa can't brand their teeth together and damage 30, but that hardly ever breaks the pattern of grinding.

They'll still continue grind on whatever kind of device the dentist made. So I think that's the reason it's hard to find a bed, as the patients typically would look for a dentist who has a degree in Orofacial pain.

And there are a number of there are a number of I think there are 11 oral facial pain post-doctorate programs in the United States. And so those patients and there are several in California, USC and UCLA both have program so does so does University of San Francisco.

So you and California has more programs. Anyone? Oh, wow. Okay. So I guess maybe two more questions. I said to put me to sleep apnea, which can go undiagnosed and cause high blood pressure, heart failure, location for disease, all sorts of things.

So appliances, dental appliances, are these very effective and do utilize those as well in your own practice. Do utilize them and they can be very effective.

They're not recommended for severe cases of obstructive sleep apnea, typically. And still, the gold standard is a sleep approved backpack for that. But many patients don't tolerate those because they don't, you know, and if they don't tolerate them, a dentist who's skilled in this can really help with an appliance.

And for mild and moderate sleep apnea, the dental appliances can be huge in terms of and not only, of course, preventing the sleep apnea, but snoring as well.

Yeah, absolutely. So I guess the other question would be mouth breathing. And I read a book called Breath and really fascinating. What the study piece to me was, how they did treatments and actually were able to create more bone within the jaw with certain types of treatment.

And in my brain goes straight to like, for example, osteoporosis and other things. We speak a little bit, some mouth breathing. And do you feel like the types of food that we're doing or eating soft processed foods has affected how literally our jobs are formed?

And we kind of like. Question. Bread ourselves into it. No. And once you know what's to impress them is demonstrated this in one generation, taking a patient or taking taking someone from their indigenous diet to, for example, a traditional Western diet, which is absolutely horrible.

In one generation, the progeny of that person will have a smaller skeleton. They'll have jobs that don't accommodate all the teeth. They'll be crooked. And just because they've been taken off of the diet that they were designed to be.

And of course, and I think today we see we see the effects of this horrible Western diet that we're on. And I see it even though I don't treat children when I do see children anywhere, they're almost always have a very crowded dentition.

Their little their jaws are small.

Diet, Jaw Development, and Closing Thoughts

When I go, I love to go and to areas of the world that are, you know, where where there's no well, I'd just love to go do dentistry in areas of the world where they're where they don't have dentistry available.

And when I go to those areas and I see these young children that are their own teenagers, even that are on a wonderful diet, it might just be nothing but corn and beans and rice.

They'll have a beautiful fall for their mandibles and maxilla will be nice and full of have all of their teeth. They'll be perfectly straight. They'll have these nice, robust skeletons and.

Then I'll see the family that owns the little store in the neighborhood that serves Coca Cola or any other. You'll see that family and they'll be and they'll have the opposite appearance.

So we a diet is huge in terms of our skeletal development and the ability to accommodate all of our teeth. I agree this exact same thing. So I've been to Uganda and Ecuador and different times of my life doing mission trips and when I was active duty, Air Force and different things.

And what was interesting is exact thing you notice is they have beautiful teeth, very different facial structure, different very plant centric diet. And it's just a very different thing. And you're exactly right.

The one suit on the little cantinas, they had oil. They had, you know, the refined process, ultra processed foods. They're the ones that tend to be a little bit overweight and they're the ones that were pre-diabetic or diabetic or had hypertension.

So amazing. Yeah, it's it was mind blowing to read that book as I call in. So yeah, it was is really fascinating. Well, I feel like there's so much more we can dove into, but I want to be respectful of your time.

So thank you so much, Dr. Nunnally, for sharing your experience with us and your story. I think this is really fascinating. Thank you, Laurie. It was a treat to be with you.