Introduction to the Mouth-Body Connection

If we were able to kill 99.9% of germs, we would unleash ecological armageddon. What are they not teaching dentists in 2026 that we need to know about?

Practicing in an archaic model based on outdated science, 100% percent of root canal teeth produce endotoxins. Gum disease gives you a 10 times greater chance for a heart attack, 7 times great a chance of adult onset diabetes, like you're literally choking on your tongue at night.

Make peace with your microbes. They keep you alive. Hi, I'm Dr. Jess Petros, and on my podcast, Dr Justin Filtered, we uncover the real root cause of most misunderstood symptoms with help from top experts and real patients who've healed themselves.

All right. Welcome to the Dr. Jess Unfiltered podcast. Today I'm so, so excited because I have not only my personal friend, but the first dentist I've had on the podcast and I picked the best one I could find for you guys.

So he is Dentist of the Stars. He is so talented in so many different ways. mouth-body connection, as you can see, and it has a new book coming out called The Coherence Code.

Dr. Jerry Caratola is one of the best dentists I have ever had the absolute pleasure of working with. He's been my dentist before. Um, he saves my patients from root canals and all the other outdated practices that are out there in the mainstream.

And he's really just a breath of fresh air and a wonderful person too. Thank you, Dr Jerry for coming. Thanks so much for having me. I can't believe I'm the first Guettist.

Yeah, well, honors. Gosh, I have to go for the best if I get to have someone on here. If you guys didn't know, Dr. Jerry practices in New York. He has a beautiful office on Park Avenue and then also one in the Heathland.

Dr. Jerry I'm excited because we're gonna dig into a lot of the different myths that the regular mainstream dentistry has given us for years and so I really want to know what do you believe the traditional dental skeleton and model is it outdated what are they not teaching dentists in 2026 that we need to And after four decades of dental practice, I realize we're practicing in an archaic model based on outdated science where Dentists are essentially mechanics of teeth.

And medicine and dentistry was, in my opinion, unnaturally divided 150 years ago. So it's like, oh, you want to study medicine, okay, go to medical school.

If you wanna work in this little two by two cube over here, then you go dental school, and so most physicians, like when you were in medical, I'm sure you spent like maybe five days on the mouth, Yeah, if that.

If that, and then dentists, you get one course in oral medicine and we do a pathology. But for the most part, it is very, there are these blinders on in terms of the rest of body and you're just focused on the mouth.

So you just hit on something really interesting. The mouth is really representative of a body. How is this? How does this work? Well, you know, really a lot of it is part of the book that I'm writing right now, which is Beyond the Mouth-Body Connection and The Coherence Code.

The coherence code refers to alignment and it refers you, we are healthy. when we are coherent, when our entire system is coherent and mind-body-spirit coherence.

And we look at that coherance in biologic medicine on a microbial, biochemical, energetic, psycho-emotional, and spiritual plane. What's interesting is the most important area for regulation or coherence, both for vagal nerve, the vagus flow, which is from your brain stem to a third of your colon.

The center of coherency is right here. Energetically, they call that the throat chakra, but we actually know that your mouth is an essential part of both your ability to regulate.

So there's so many things that happen in the mouth for the regulation of your immune system, for your oral microbiome and the production of nitric oxide, and then energetically, people with TMJ dysregulate Vagal energy flow, vagal nerve energy field.

They call the Bridget coherence actually from this area to the heart. The heart here is often referred to as the bridget coherent. So I find this really interesting because we've been stuck in, everybody knows about, we hear a lot about the microbial world.

Dr. Jerry Curatolau2019s Background and Holistic Dentistry

We find infections. Our understanding has changed dramatically there as well. I spent a lot of time studying the oral microbiome over the past 30 years.

But in addition to that, we also know about biochemical regulation and hormone dysregulation, that kind of thing. When we start to get to the next three levels, the three planes, and we talk about energetic flow, And now we start to get into the world of woo-woo.

And a lot of people are like, oh, that's woo woo. The first time I was in, I actually did the Harvard Medical School Program in Complementary and Alternative Medicine back in the late 90s.

and was only around for a few years also, was that Dr. David Eisenberg put these symposiums and programs together. It was open to all healthcare practitioners.

So it had even said dentists, chiropractors, all this stuff. I get up to Boston first day, right? It's like a summer programs. And I got up there and there's a guy sitting next to me and he goes, hey, I'm Bob Zoenzel.

and I said, hi, Bob, Jerry Curatella. He said hey Jerry, what do you do? And I said, I'm a dentist. And my hand, he looks at me and he goes, what are you doing here?

No one got it. I was like, well, Bob, you'd said open to all healthcare practitioners, and I didn't feel like the orphan. But guess what Bob? What goes on here has a lot to do with what goes in there, which is how this book came about.

This book about after that program, because I realized Most people don't understand that your mouth is a mirror of what's going on in your body, like 86% of infectious disease has manifestations in the mouth, but it's a very, very serious gateway.

And you have dysbiosis in your mouth, periodontal disease. You dysregulate on a microbial, biochemical, energetic, psychomagic, you know, right down that line.

So I routinely, when I examine patients, I routine tie all of those five dimensions of regulation and healing together. And most of them go, wow. I even write down to if I'm like, for example, treating a cavitation, I'll ask the patient, do you believe you're going to get better?

Yes. And I had a patient with chronic Lyme disease who had giant cavitations. And she couldn't get over her Lyme. And, you know, it was Dietrich Klinghart, well-known M. D.

in Seattle, who actually came out and said, You're never going to get your Lymedisease if you have these

osteonecrosis in the jaw where these pathogens can harbor and stay for a long time, where there isn't a good blood supply.

It's warm, dark, and it's moist. So she was there and she looked at me and, she's from Washington DC, and actually started crying and saying, I don't know.

And I said, well, Erica, you know, the truth is that if that's what you're telling your body, you are not going to be able to regulate and heal. And so she actually pulled the book out.

I said to her, I say, you know, faith is believing in what you can see, and it's the substance of things that you hope for. Bruce Lipton, a renowned cell biologist, wrote a book, The Biology of Belief, what you believe changes the way your cells express themselves.

Right. That's right. You have to believe. So you got to Fast forward, this woman, after I treated her cavitations, fully recovered. And she was bedridden with two small children, Fully recovered after she had her capitation treated.

But a big part of it was, I stopped her right there and I got her to understand that the psycho-emotional component of healing, we manifest what we believe.

if we believe that we're gonna be, and people who have chronic illness struggle with this all the time. All the times. It's really a roadblock. So I have to ask for everyone out there listening who may not know about holistic or biological dentistry, they're like, what the heck is a cavitation?

Right. Can you say that? First of all, cavitaion is made up word. And, you know, we didn't hear it in dental school. It was actually an orthopedic surgeon in 1931 who was dissecting the human jaw and found these dead areas of bone where teeth may have been removed in the past.

And it's an area of dead bone in what we call J-O-N, Jaw Osteonecrosis. Now, how do you get your osteonecrosis? Well, so many times what happens when we extract a tooth, at least what I learned in dental school, you extract the tooth and we're like, well, the gums grow over, and the bone fills in and everything's groovy.

And what we know, the technology advancement with 3D cone beam, which everyone should get one in their lifetime, a CBCT. It's cone-beam computerized tomography.

much less exposure than a medical CAT scan of your brain or your lung or anything like that, but there's an enormous amount of diagnostic information.

Most importantly, we can see in 3D. So when you can in see 3d, you see things that you couldn't see in a 2D little X-ray of a tooth that's superimposed with the cortical bone on the outside of the jaw and on inside.

So you really don't see a lot on a 3D that all of sudden on 3-D, it's a completely different story. a cavitation, the ability to see these, I would start reading these 3D convives and I was like, what's that big black area around where the third mullet was taken out?

Because what we know now is that bone in the jaw, The cells that make new bone, the osteoblasts, need support. They need a scaffold. So I always compare it to like the scaffold on a building in Manhattan when they're in a repointing brick.

You put the scaffold up, repaint the bricks, and then the scaffold comes down. What we do now when we treat cavitations is we will actually clean out those areas.

disinfect thoroughly and we have some great tools to do that. And then we graft it and grafted and close and get it to regenerate and heal. So now we eliminate what is essentially a petri dish for pathogens.

Really anyone who has a tooth root has risk of getting a cavitation. Yes. This is quite common. Very common and

people should know whether they have them or not.

Are there any signs or symptoms or is this pretty silent? Very often it's a stealth infection. It's pretty silent. But there'll be weird stuff. For example, depending on what tooth number, because every tooth is created energetically, there's connection from every organ system in the body.

So from your brain stem, through every tooth. And by the way, the first time I saw this tooth organ relationship chart that was in the Harvard Medical School program, this guy puts this thing up and I'm like, that's voodoo.

That is voooodoo, you know? And I was like no way. And then it was like, yeah, well, I mean, acupuncture goes back thousands of years. And so, you know, they've done open heart surgery with acupunture.

Coherence, Microbiomes, and the Oral-Systemic Link

I have an acu-puncturist in my office in East Hampton, and she will put points in and literally take anxiety, pain, amazing, even blood flow. You know, if a patient is having a surgery to control blood flow, you can even use acupuncture to modify bloodflow, which is amazing.

Amazing. But I mean, so this is a system of medicine that's what, 2000 years old? Yeah. And then the Chinese knew about meridians through the fascia, from thousands of years, and we're just catching up.

So now you have orthopedic surgeons using acupuncture, plastic surgeons, using homeopathy. At least there is a subset of practitioners that are more integrative.

Yeah, that reminds me, actually, how did you, as a conventionally trained dentist, figure this out? Was it that Harvard conference you went to? How did put all this together?

1983, I graduated dental school. I tell everybody it was Doogie Howser. I came out of dental school and a classmate of mine, I was always intuitively, you know, it was definitely innate, and dentistry was a calling, as a matter of fact.

I'm going to take this because I have to show everybody. In my book, this is The business card I made at six years old to become a dentist. So six-years-old was the calling.

And then when I was finishing dental school, I don't want to be a mechanic of teeth. I want feel like a physician of the mouth. Now, my older brother had graduated medical school.

And I remember I was applying to dental school and I told my father I'm applying for dental and he goes, you know, why don't you be a real doctor and go to medical school.

It's the same number of years, be real a doctor. And then I remembered my mother going, he has a dog DR. Yeah. And I was like, Dad, this is what I want to do.

This is when I feel called to. First of all, I've always creative. I always love to work with my hands. It was part of my left handedness was the artistic side, which was right brain, music and art and design. I was an art minor in college.

Oh wow, it makes sense. So that turned me on. And then the left brain was the science, and that's how I did the really deep dive in the microbiome when I came out of practice.

But part of the scien side of me said, I don't want to be a mechanic of teeth. I want be physician of a mouth. When I come out that Harvard program, I remember in the morning, when I was doing a morning meditation, I like, you know what?

And two things came. I have to, my mission in this lifetime is to change the way dentistry is practiced and to what people use to take care of themselves in their mouth and do a toothpaste that actually is not a detergent, but it is

something that helps the body heal itself.

But how did you that? How did know that bacteria were all bad in your mouth? I was mentored in that, that's an interesting story. I mentered in the microbiome, which we used to call, the micro biome is a made up word also, it was Joshua Liedemann in 2002, he was a Nobel laureate who coined it, was 2002 or 2006. He coined the term microbiomes because it used be biofilm.

So everything was the oral bio film. And our orientation was kill it. Kill germs, kill plaque, killed plaque. It was like everybody parroted the same thing.

And oral care still struggles with that understanding. because they're still like xylitol kills strep mutans bacteria. You know, you got to get rid of them.

And really, strept mutants are commensal. They're community bacteria that live in your mouth. they cause cavities when they are out of balance, when you piss them off.

Kind of like the way people behave. You know, right, you mistreat people, they form gangs and ghettos and next thing you know you got a war going on and then you're fighting a War that you really don't know what we really need to do is, that's why my mantra is make peace with your microbes.

They keep you alive. Yeah. they literally keep You alive so the conventional dentistry that saying kill everything and I still heard him parroting that is really different from what you are trying to Do with reviting the toothpaste and everything you were preaching to patients.

Everything. For example, what are the big trends right now? Xylitol has been promoted as anti-cavity. Great for the microbiome. No, it's not great for microbiomes, everybody.

It's very disruptive. Interesting. Okay, because it disrupts plaque. What you want to do, plaque is an unhealthy expression of the micro biome, so what they're doing is they are treating the symptoms and not the root cause.

Okay, that makes a lot of sense then, because what you're basically saying is the microbiome in the mouth, it's supposed to be there. We need these commensal bacteria that we've labeled as bad, black or white, but nothing is black and white.

It's more of a gradient, and it is about the terrain. Terrain. Okay. So really, our understanding, the human microbiomes project has is so revolutionary and as a scientific advancement.

You know, the human microbiome project and our understanding of this world of the microbiomes, which we can talk about, is as unique as when Copernicus said the Earth isn't the center of universe.

So they call it a Copernician revolution in science. Why? Because guess what, everybody, we're made of microbes. That's right. I was giving a lecture in Austin, Texas, and I, um, I were saying, you know, there's that verse in the Bible where God in Genesis chapter two, verse seven, where god said, God took from the dust of the earth and breathe his spirit into it.

And we became mind, body, spirit. No, no, not as like, well, whether you're a creationist or an evolutionist, Somehow I don't think, you know, why would he take dust, like the stuff my mother would clean off the bookcases in the den, and so this guy who was a biblical scholar, oh no, he was the scholar of Torah, who's a Jewish scholar who studied the ancient text in Hebrew, Aramaic and everything and he's like, no you're absolutely right, the word is not dust.

The word translates loosely to slime. And as a matter of fact, one of the earliest Bible, the word in that text is slime. So we come from slime? We come form slime, The earth was covered with microbial slime And there is this whole mitochondrial bacterial theory where God took from the slime, microbes became engulfed in a cytoplasm.

So if you look at a mitochondria, which is the energy factor of our cell, and you looked at the bacterium, they're the same shape. They divide the Same.

Yep. they contain the genetic information. Yeah. Could it have been in that act of creation that those microbes became engulfed in a cytoplasm and then organized into tissues and organs and da, da da.

And here we are. By the way, everyone, the number of microbes in and on our bodies, as you and I sit here right now, outnumbers our human cells by 10 to 1. So we've been just really maybe falsely incriminating these guys for years, which kind of brings me to my next question.

What are we doing with the antibacterial mouthwash then? Ah. Antibacterium mouth wash. I mean, they have my picture on a bullseye of a target at the Listerine headquarters.

I think I had something like 20 million views on a post I did about, because I picked up a bottle of Lisbon, it kills 99.9% of germs, and this is what happens, this what really makes me angry.

is when consumer products companies continue to use junk science. And then I get these comments, you're scaremongering, because I said, if we were able to kill 99.9% of germs, we would unleash ecological Armageddon.

Because guess what? Your oral microbiome protects you from deadly viruses and bacteria in the environment around us. Number two, your oral micro biome produces nitric oxide essential for cardiovascular health, nervous system, immune system.

Beating COVID. Thank you. So what we have is this false and misleading advertising. That's the scaremongering. Scaremonger is saying, kill germs when they know that there's no such thing as germs.

There's good bacteria and bad bacteria, but bad bacterial are good bacterial that are pissed off. I truly believe that too. That's what I've seen in my same thing with like stomach acid too, right?

It's a flip flop of that as well. Yeah, that's really interesting that you say that. So people who are using regular mainstream off the counter antibacterial mouthwash are literally risking high blood pressure.

They're dysregulating their immune system, they are risking high blood pressure, their interfering.

Cavitations, Root Canals, and Hidden Oral Infections

They did a study and this was there because I had one of the dental societies, the ethics committee of The New York Dental Society or something sent me a letter saying that I was, from the Council on Ethics, saying I making comments that were not based in, I forget how they worded it, basically saying it was unethical and I giving disinformation.

That mouthwash has a long history of efficacy. By the way, mouth wash does nothing for oral health. It just gives you fresh breath. Why do people need fresh breathe?

Because their microbiome's out of balance. Yikes. So the halitosis is coming from here. You use something like this This product is, and the origin of this came from the fact that I was like, wait a minute, toothpaste was invented by soap makers 150 years ago.

I'm was on the Martha Stewart show and she's like tell me about your research in oral care. The origin Ravitan as a prebiotic was really as an nutritional first.

And I was the thing, like, there was a study from Japan in the 1970s that showed that there were two key nutrients that were necessary for proper cell function.

They were studying diseased gums. And they found that, number one, vitamin C. Vitamin C has always been a

favorite of mine because we know that scurvy, you know, sailors with scurry, they were deficient in vitamin c, which is a really gross gum condition.

And then the other one, very interesting, which a lot of people didn't know a whole lot about back in the 80s, but it was coenzyme Q10. Oh, yeah. Which is a cofactor in production of ATP, that the organ systems that needed the most amount of ATP, hence CoQ10, for the production of that, and we know Coq10 levels go down in the body as we get older, our production, so we do need to supplement, but they found that heart skin, and your gums.

Your gumbs need a tremendous amount of ATP, the most amount in metabolic function. Heart, boom boom, skin largest organ system in the body, gumps. So I started playing around with vitamin C and CoQ10 in a paste with Vitamin E and this and that.

I had my wife rubbing it on her gumes and she had this gingivitis problem. She'd see the hygienist like every two months. Next thing you know, her gum stopped bleeding.

And I was like, hmm, that's interesting. Oh, I guess we gotta feed your smile, feed the gums. So my thinking about without knowing anything about the microbiome or the biofilm back in 1997, and I didn't know anything bio, bio film I thought were bad.

Yeah. I know, you gotta kill him. Sticky substance. You gotta eradicate this, that grimy feeling on your teeth in the morning. That sticky, smelly film on you teeth that you don't even want to kiss your significant other when you get up.

Well guess what? You use Ravitan for three days. You go from a high film thickness, which is an imbalanced state of a thick, sticky, smelly film, to a thin, clear, odorless film where you don't have bad breath, your teeth get whiter, you breath gets fresher, all as signs of balanced microbiome.

So what I'm hearing you say is really good toothpaste or mouthwash or anything for oral care is going to help balance the bacterial ratios, which is what really causes the bad nasty biofilm is the ratios of the bacteria are out of balance or mad, like you said.

Yes. Okay. And that's part of coherence. If you think about it, you know, we're in such an amazing incoherent period in our history, politically, economically, environmentally, but even people are incoherent with each other.

They don't, even in government, nobody's reaching out and talking to each polarized. And that is called incoherence. That's why this theme, which I started with in the mouth-body connection, I talked about four pillars of oral health.

The four pillar of health were nutrition was the cornerstone. I talk about alkalizing, anti-inflammatory, antioxidant-rich. whether you are keto, paleo, vego, pescatarian, you know, fooditarian, whatever you're, the concept was alkalizing anti-inflammatory, antioxidant-rich, what I call triple A nutrition in the book.

The second thing was about regular exercise, not just for your body, but for you mouth, believe it or not. Exercise, helps with the production of short-chain fatty acids that are anti-inflammatory in your mouth, helping to restore coherence.

Stress management. What happens with stress? You grind, you clench, and you get TMJ. You lose vagal coherency. You can't swallow pills, right? And in addition to that, management of stress, you know, helps with the production of short chain fatty acids, which are anti-inflammatory.

So managing stress helps to restore coherence to your mouth, to you body, mind, body mouth spirit, and you name it. You know that's where people have to get out of their heads.

and really understand how to manage stress. And then the final one was get the junk out of your medicine cap and restore coherence in your mouth. That was a big thing about this prebiotic approach.

Probiotics, by the way, were tried back in the 70s in-the-mouth. They were not effective because your oral microbiome makes it very inhospitable for any foreign microbes to set up shop, good or bad.

So I was like, if probiotics worked in mouth, so would conbiotics like E. coli and salmonella and all that, which you generally don't see. E. coli or salmonella is setting up shop in the mouth.

In the gut, yeah, but it's a closed system and that's where probiotics have more effect. There are newer probiotic that are coming that could be supportive to this overall community.

So I'm really starting to adopt a pre-pro because they worked back in 70s with probiotix was much more primitive than the technologies that were evolving today.

That's really important. that we nourish and support the indigenous flora of the mouth, what we call the oral microbiome. Yeah, it's actually a key and center point in everything, right?

There's a microbiomes on our skin, in our gut, and our mouth. It's everywhere, so we have to be nice to these bacteria. I wanted to touch really quick on mouth breathing.

A lot of people know that it's bad now. We have a lot people mouth taping every night. And we have lot a people with these high arches, narrow pallets, all that kind of stuff, and they don't know what to do.

There's a lots of misinformation about their, do you move the mouth and the teeth at the right time? Do you do an expander or not? Is this gonna hurt my nervous system?

How do triage that? So the first thing is, everyone should have two tests. You know, I told you one already. I gave one away. CBCT. You now, as a matter of fact, we're going to do a special code for you to read for your people, the Dr.

Jess unfiltered. people will read your cone beam, because a lot of cone beams, a lotta dentists are not well-trained in reading it. It's a new technology.

A lotta dentist use it as a diagnostic tool to see whether they have room to put an implant in, so you don't hit the sinus and you won't the mandibular canal down here.

But there's so much other pathology that we can see, including your airway, on a 3D cone bean. We can your see air way. The second test is a home sleep study.

Watch, it's called the watch pad. And, you know, I did a sleep study back, like, 20 years ago, and my brother's cardiologist was like I want you to get a study.

And I was, all right, because he said, they found I had obstructive sleep apnea, OSA. We're different. You know? We don't even look alike, my Brother and I.

It's so funny. But we sound alike but we don' look like. He had more severe sleep Apnea and a lot of that So the old way you did a sleep study, you went to a Sleep Center and they hope all these electrodes up and there's fluorescent lights in the hall and you're sleeping in a hospital bed and it was like, get me out of here.

So there is now a kit that we can send our patients. And it's a little disposable kit. It's got a plastic wristwatch, kind of like this, and It's got a sensor like a blood oximeter measuring blood oxygen level, you know, heart rate and everything.

It has got sensor on your breastplate. and that we can tell what side you're sleeping on. Basically we get seven pages of respiratory data. And from that, we know whether you are mild, moderate, or severe.

Now you mentioned mouth taping, which I'm a fan of also, under one condition, that you do not have a deviated

septum, you don't have obstructed breathing because of a respiratory issue.

The reason I'm a fan of mouth-hating is we can train you to breathe through your nose, which helps with the production of nitric oxide, and also prevents a lot of other problems, because dry mouth is linked to a lotta periodontal gum inflammation, so gum disease, tooth decay.

It's like gasoline on the fire for gum-disease and tooth-decay when you breathe your mouth at night. Can that change the shape of your face? Yes. Really?

Absolutely. So a lot of times the reason people breathe through their mouth is they may have a tongue tie other than respiratory, you know, upper respiratory where you have deviated septum or something like that, large adenoids and things.

So, really breathing through, if you can breathe through your nose, then what we would look for is a high-voltage pallet. A lot of times, believe it or not, 80% of OSA, obstructive sleep apnea, this what we call upper airway disease or air way resistance is because of past orthodontic treatment, extraction therapy.

So believe it or not, orthotontists were really big on like, oh, we gotta get your teeth straight. Oh, you gotta take your four bicuspids out, your for wisdom teeth out.

Now they're missing eight teeth and then they do orthotics to shrink the jaw. And so a friend of mine, you know, I always quote his book, he's a really nice dentist, a biologic dentist.

Dr. Felix Liao wrote a book called Six Foot Tiger, Three Foot Cage. And I love it. He's Chinese. Everything is like crouching tigers. I have a feeling it's great title.

The book's little dry, but the title of the book tells it all. Yeah. What happens when you have extraction therapy or if you've had orthodontics when young and they took teeth out to make quote unquote make room to line your teeth, they may have shrunk the cage.

So your six foot tiger is your tongue. Your three foot cage is you mouth. and or the arch, the dental arch. So really the tongue is squished into this space, forcing the tongues to sit further in the back of the throat, obstructing the arrow.

Sleep Apnea, Mouth Breathing, and Airway Health

Oh, wow. Okay. Tongue tie. Tonge tie is a big thing. Unnaturally holding the tongue down is that ligament under your tongue? Yeah. You know, that can be unnatually taught.

We call that tongue tie, and it will un-naturally keep the tone further back in your throat, like you're literally choking on your tone at night. These are people who can't sleep on their back.

They have to sleep their side. What's the other sign of obstructive sleep happening? Your palate, high-voltage palate. So high vaulted pallet, we breathe through this triangle where my thumbs are, my fingers are.

When you have a high-vaulted palette. Oh, wow. You have restricted upper airway. Like this? Yeah, so this is a little upper-airway resistance. So what we want to do, and what do is a lot of times we will help to use, we have an appliance.

This appliance is called the DNA appliance, which helps with the expansion of the arch, make room for the tongue. Release the Tongue Time, makes some room.

We can do removable alignment therapy. we can use this DNA Appliance. There's different ways that we could improve the airway by improving the room giving your six-foot tiger a six foot cage.

And it's important because for people thinking, why does this matter? It's like the way the teeth touch and the where the tongue goes talks to the nervous system.

That's your body, right? That's another very good point. So the rest position for the tongue should be basically toward the upper jaw and resting right behind your upper front teeth.

Okay. If you have tongue tie, you can't get there. Further back you could touch. And if you ever really high palate, everything starts to be off and then you'll have a restriction above that.

It's harder to breathe through your nose. That puts the body in flight or fight. Right? Right. Yeah. Exactly. And that's why a lot of people who have TMJ or clenching and broxism, that is usually a sign of airway disease.

Interesting. Because when the brain is, people have to get up and pee in the middle of the night because they lose their continence around their bladder.

Bedwetting in children is a side of obstructive sleep apnea. Hyperactivity disorder in children could be a sign of airway disease, obstructive sleep apnea.

So this happens very, very young. And for adults, a lot of times they will, there's a host of things, but it's linked to hypertension, type 2 diabetes, cardiovascular disease stroke, dementia.

Yeah. a lot of really, really things that you would never think were connected to airway disease. ADHD, like is it just they're not getting enough oxygenation to their brain?

Is that what's happening? Yes. Three things we need to live, right? We need food and water. We need oxygen and we need sleep. And so what happens a lot is with obstructive sleep apnea, we have an issue where your brain goes crazy in the middle of the night.

There's a billion people on the planet choking in their sleep and they are literally, most of them are undiagnosed. Yeah, I can't tell you how many times I've seen people with sleep apnea and they didn't have the body habitus or a reason for me to say that I would never think they would have a diagnosis like that.

It's always something obscure like this. That's why everyone, the best thing that you could do is let them get a home sleep study and let him get cone beam and get them a virtual consult.

And that's what we do. We do that, and it helps patients. And then we'll help direct you to a biologic dentist near you. But a lot of times, they're like, oh, I want to go to biologics dentist.

They go in there and they start clicking around. It's some dentist who decided to join the club. He goes to an IOMT meeting, now he's biologically. So, the certification, and the credentials, they vary.

It's one of the reasons why I'm establishing this institute, which hopefully will be at NYU. We can really train people in the principles and protocols of this, because biologic dentistry is good dentestry.

It is a higher level of consciousness. It's a more conscious way of practicing where we look at root causes. We do not vary from the standard of care.

You do a lot of the things that you would do in dentistry. But you do it with an understanding of both the connections to the body and from the work that we do.

It's really bringing dentistry and medicine back together again. as it should be. It's been separated just like different organ systems and specialties have been separate.

That's not correct. The body works as a whole. So I really appreciate this point you're making. Obviously, all dentists are not created equal, just all doctors are created not equal.

And unfortunately, a lot of conventional dentist that haven't been trained properly and still keep the outdated science, they make a of my patients sick.

So I know pretty much like a patient profile of someone who has maybe an infected root canal or a, you know, mercury toxicity. If you were going to tell people out there listening, hey, I suspect you might have a microbiome or tooth, some sort of teeth issue.

What would that patient's profile look like? What kind of diagnoses do you have? It's really interesting because you just, that's a really loaded question because she covered a lot of things.

Yeah. Because I want to talk about root canals. Yes, let's go. I get a lotta haters, the Dennis haters. Let's get there first then. Dennis, who are haters?

So to give you an idea, modern root canal, Modern Endodontics has only been around since the end of World War II. And honestly, It is a procedure that can get a patient out of pain.

And the big thing is we as dentists, we're in the job of keeping your teeth in your head, save the tooth. I do have to say that everybody's like, oh, you hate root canal, no, I think root canals can be mechanically successful.

and the patient does not have pain, fever or swelling. moniker or the markers of success of a dental procedure is it stays in the head, it doesn't hurt, and insurance will pay for it.

And the reality is that where a root canal may be mechanically successful, It does not take into consideration the inflammatory burden that may created by that procedure over time.

And when I say over time, I'm talking about endotoxin production, which is well documented in the literature, in scientific literature and PubMed studies and everything.

100% of root canal teeth produce endotoxins, bacteria and bacterial byproducts that are inflammatory to your immune system and that also a dysregulating to the immune system.

They can dysregulate. So what does that mean? It means that there can be problems downstream with that. What do I recommend? I recommended if you've had root canals on a CBCT, which I am training and I have a very well-trained group in my practices, but I get CBCTs from all over the world and i read them every day and it's a major aha moment for a lot of patients and because I can see areas of cavitation.

I was giving a lecture in Newport Beach, California on biologic dentistry to functional medicine doctors. One of the functional doctors there, a woman named Deborah, called me on Monday morning in my office.

She said, Jerry, I loved your presentation, and I learned so much, but I want to tell you that one of my girlfriends I grew up with was just diagnosed with a lung tumor.

And it's aggressive. It's large. They're talking about taking out her lung. And she's like, what do I tell her to look for in her mouth? I want her get screened dentally.

What do tell to her look? Well, honestly, ask her if she has any root canals. This was before COVID. This story is, you know, one of those stories that was like a confirmation of the path that I've been on.

So, of course, she calls Deborah back, and she had one root canal. And it was the lower left first molar. What are the meridians right below the low left-first molar?

Lungs, colon. Root canal, lower left first, smaller. So I said, Deborah, tell Lisa to get a cone beam and have it red and, you know, and see if there's a cavitation forming around that root canal.

She goes to her general dentist, he does an x-ray, the root can now looks perfect. And really on a two-dimensional

film, The Roots Canal did look perfect, it looked like, oh, look, because the idea is it's taxidermy.

Right? It's really taxidermy on a tooth. And, you know, as Jaymen says, it's a zombie tooth, Jayman's like, It is a Zombie tooth! And I'm like I never thought of it like that.

But, because we thought, like in dentistry, we're so mechanically oriented, a teeth is like another piece of bone in your head, No, it's an organ system.

It has a circulatory system, a nervous system a lymphatic system A skeletal system I mean it is a living breathing thing It's not but anyway when we do root canal we take all the guts out and then we file it and clean it We use this bleach in there that only goes, you know, 100 microns or or you or even less I think it was 10 micro I thing with a laser with the bleach, you can go further or ultrasound.

We do all these things to try and disinfect the tooth. So problem number one is you cannot sterilize a tooth, that's problem one. Problem number two is anything dead in the human body will necrosis.

Okay, so that means it's going to decompose in your body. That's why when you take out an old root canal, it crumbles like dust. It smells like death.

Routinely, when we remove an infected root We send it out for pathology sampling, and we see parasites, mycotoxins, all this stuff. And you know what kills me?

When you put bleach on mold, it makes it worse. It makes produce more mycotoxin. I didn't even know that. Yeah, never use bleach-on-mold. Never is a big no-no.

So I wonder, when you're using bleach, on these microbes… Bleach- on- mold makes is worse? Yes. Yes! Wow! I learned something new on Dr. Jess Unfiltered.

Come on, everybody. Learning is a lifelong experience, Dr. Jess. Right. But then that makes you wonder if you're putting bleach inside the tooth. What is it actually doing?

It's unbelievable. I can't believe that because mycotoxins are a huge common finding when we take out endodontically treated teeth. Really? Yes. Yes, I'll show you the pathology reports, but let me get back to this patient.

So she goes to two general dentists and then a root canal guy. None of them have a cone beam or do a cane beam.

Periodontal Disease, Chronic Inflammation, and Disease Risk

And so she's totally frustrated. She comes up to me, and by the way, they have her in the queue for surgery in Texas. For her lung. U of T. for her lungs.

They were talking about taking out her long. OK, she comes to up me and this is tooth number 19, which is the lower left first molar, big tooth right.

And the first thing, if you look on the tooth organ meridian chart, you can Google that, tooth, organ, meridians chart. right below that tooth that says lung and colon.

Your lungs and your colon are on the same energetic meridian. So anyway, I do the cone beam and lo and behold, she has a giant black area behind the two roots.

So you would never see that on a conventional x-ray. But in 3D, like for example, a 2D x ray, you have bone here, bone there, and where my head is, is where the problem is.

On a 3-D you can look at different orientations. What we have is a cross-sectional orientation, longitudinal, axial from the top. Really you could see in three D.

Yes. She had this big black area, and I said, Lisa, you know, this tooth should be removed. This tooth is failing. And we need to disinfect the bone, we have to graft this.

So it was eating away at the bones? Eating away, right. Okay. Literally, it's a pathogen party. It was like, party! A giant disco going on in there. Yeah.

I took the tooth out, I disinfected the bone, and I grafted it, closed, kept it for a few days, monitored her healing, then sent her back down to Houston.

She shows up five weeks later, this is the part that blew my mind, five week later she's in her pre-surgical workup, they do another scan of her lungs, she is in there, outside the door, going from film to film, film and they're like, guess what, we can save your lungs.

We can save your lung. Like they're saving the lung." And she's like, what's going on? She said, well, we don't know why, but the tumor has shrunk to 25% of the size.

And I would have been like okay, fellas, see you in another month. Let's see. Because here's the deal. Doctors don' heal you. I didn't heal her. The doctors don"t heal we have this divine gift to self-regulate and heal.

We have the divine capacity to Self-Regulate And Heal. And that's the part that I feel so good at about because, you know, we've got this God-given ability to regulate and to heal, We just need to eliminate the interference and restore coherence so that everything kicks in, your amnesia kicks back.

You know what happens when you have an infection and it's healed? It's almost like you flip an energetic circuit breaker. Oh, I like this. That's true.

So your teeth are like the panel box for everything. You know, oh, this is the dishwasher. This is a refrigerator. These are the bedroom lights. And these are this, so your are teeth like these circuit breakers for your energetic immune system.

Man, that's good. What happens when you have dis-ease is you pop the breaker, Nothing, you know, I made a remark once and I said, cancer isn't the scary thing anymore.

And it was a little insensitive because if I was diagnosed right now and many people I know and loved ones and family that have faced cancer and, it's interesting because there's a book Love Medicine and Miracles by this guy, Bernie Siegel.

And written in the 80s, I read it when I was up at that Harvard program. There was a book, Love, Medicine, and Miracles. It talked about the people who really thrived and cancer went into remission versus those that didn't.

And a lot of it was psycho-emotional and spiritual connection, those last two levels of regulation. So being regulated up here and here is even almost, in a sense, more powerful than down here.

But all that happened with Lisa was popping the breaker back on and allowing her immune system to kick back in. And there's a dysbiosis that goes on, right?

There's lot of talk about every cancer has a pathogen attached to it. That's right. So when I say cancer, isn't that scary anymore? No, it is scary. Psychologically, It can be terrifying.

But that's part of your walk is to get over that fear. Part of your luck. Faith is the opposite of fear. And faith is is, the gift that we have to manifest.

That's how we manifest, we Manifest with Faith. That's beautiful. And that's the most coherent level that we can have. My editors are fighting with me because they were like, well, it doesn't sound dental, the coherence code, and I really want to go with it because It's a powerful concept because it transcends just us.

It transcended our being together, it transcend our existence on the planet, our relationship to the plan, not just to each other and ourselves. Well, you're not a dentist to me, quite frankly, Dr.

Jerry. much more, you rehab the entire body through the teeth. And like you said, they're the little breakers you're flipping and the living room, the kitchen that it's working on are the different organ systems of the body, right?

So it makes a lot of sense to people when you say it that way, because these meridians, that's how the tooth represent like the foot, different organs systems, so each tooth is attached to the endocrine and heart.

This is why when we hear about teeth and infertility and cardiologists give you antibiotics before you go get your teeth worked on, It's because the teeth represent everything in the body, right?

It is whole body connection. So if you're a dentist and you don't know that, you are barely scratching the surface about how to practice, in my opinion.

Absolutely. When I came out of dental school, the number one reason why dentists were sued was because they were so myopic that they only looked at the teeth.

So they was sued for failure to diagnose gum disease. Because they didn't even look at their gums. It's failure-to-diagnose periodontal disease is a major thing.

Patients would be going to the dentist and they're getting a cleaning and the dentist is checking them and checking. About 10 years go by and my teeth are moving a little bit.

And the dentist is like, oh, yeah, I got teeth shift. And then it was like oh this one is loose actually. Oh wait, you missed this win. It's like failure to diagnose perinatal.

They had advanced gum disease with bone loss, but it wasn't just about losing teeth or bad breath and losing tea. Gum disease gives you a 10 times greater chance for a heart attack, seven times great a chance of adult onset diabetes, 67% higher incidence of pancreatic cancer.

Well, much higher connection to Alzheimer's and neurodegeneration. The number one bacterium, colorectal cancer, lung cancer. Breast cancer two and a half times higher incidence of breast cancer so you have literally gum disease being the body's number one source of chronic low-grade inflammation that dysregulates organ systems and everything all over and leading to cancer.

Gum disease, a big study came out in 2015, the headline was, gum disease is a precursor to cancer because of inflammation, this issue of changing genetic changes in a more pro-inflammatory genotype is all from this chronic low-grade inflammation.

So low grade, it's a silent killer, doesn't hurt. Undiagnosed. Und diagnosed. Yep. And so it is a slow progressive killer of teeth, but really massive ravaging in the body from chronic low-grade inflammation that doesn't get treated.

It's like death by a million paper cuts. Yes. Slow, right? Yeah. Absolutely. Good analogy. Unfortunately so. So really, really having emotional regulation and having your nervous system under control is extremely important for inflammation too.

And what I'm hearing you say is the mouth is really depending on if it's good or bad, can be connected to cancer. It can connected the infertility, the cardiac disease.

Do you see it connected auto-immunity? Absolutely, 100%. Rheumatoid arthritis is a huge connection to

periodontal disease, low-grade, and people can Google this.

There's studies out, thousands of studies that have showed this correlation, this alignment. Unfortunately, and to kind of get back to what you were saying, like, you know, do you see dentistry needs to evolve?

I mean, yeah, because we think about it. I means, let's just talk about fluoride. Oh, yes. Throw that out. issue of Flora, and it cracks me up because organized dentistry goes around saying, you know, Flore is the greatest advance of the 20th century.

Then recently, I was to Benigno and I've been a member of The American Dental Association from when I came out of school, but I support organized dentistry.

I love my profession. I was definitely called to this and I loved this, you know, even though we've been made fun of in TV and everything. It's always like, Jared and Dennis was like the wacko guy on Bob Newhart, or even on Seinfeld, the Dennis-was-the-wacko, and this-and-that.

So we're always been to be the kooks. But the reality is, is that You know, dentistry, to be a good dentist, I always say, you know you need the three H's.

You need a head, and you good hands. It's one of those, You Need Good Hands, And You Good Heart. And dentists see patients on a more regular basis than any other healthcare practitioner.

That's right. More than power practice, more than the dentist, the whole preventative program of going for checkup and cleaning and that kind of thing.

You have this contact with the patient. It's also a very intimate, you're close to the patients, and you are working in their mouth. Yes. So it's a really intimate thing where there is a lot of transference and counter-transference.

There are just so many practices that we've done that, we have defended heavy metals, amalgam fillings, 52% mercury. They came out at the end of the Civil War, and we defended it.

Why? Because it's cheap, it stays in the mouth for a lifetime.

Mercury Fillings, Biologic Dentistry, and Safer Materials

You know, a monkey can put an amalgam filling in. And when I came out of school, I used to see some patients I actually saw, like, what are those grooves on the top of the filling?

It was the thumbprint of a dentist putting the amalgam in because they didn't wear gloves. Oh, my God. They'd be sticking it in, and a lot of dentists would go, oh, yeah, let me just stuff that in there.

My head's going to spin around backwards. OK. 52% mercury, the most neurotoxic element on earth. And then we were told in dental school that the mercury stays magically locked in.

It does an off guess. I was on the Dr. Oz show in 2011, and they actually had an amalgam tooth and a toothbrush on top. They were measuring the Mercury vapor coming off of the tooth.

So they'll like, roll, you know, the others go, I've been doing amalgam for 45 years, my patients are fine. And I'm like first of all, How do you know they're fine?

What's going on subclinically? Oh yeah, they take thyroid medicine or they have hypothyroidism. Oh, yeah. They have a lot of gut issues. Yeah, this guy got MS.

So who are the ones that get the real neurodegenerative issues are? The ones where you have this APO4 genetic variation, which is they can't chelate. Yes.

We have the ability to chelae. So even though amalgam is a bioburden, we chelate it out so we're not walking, or we not with MS, God forbid, of Parkinsonism.

A lot of dentists, by the way, those that have that, because I think it's like 16% of the population had that genetic variation, the APOE4 gene, just like MTHFR.

Alzheimer's, yeah. And Mthfr is the one, you know, pro-inflammatory genotype. It can't methylate. So we have let a dental amalgam should have been banned a long time ago.

I agree with you. And that is just not catching up. Yeah, and I managed with with, you know, a Dr. Mark Wolf at at NYU, who was one of the chairmen of department of great guy and he He got amalgam taken off the floor of NYU from not being used, but that's only half the issue.

The biggest problem with gentle amalgam is people who have it and it leaks and you get decay, teeth break, because a metal filling is like a wedge splitting a log when you got decay under it.

It's like you bite on something hard, it just splits the teeth. So amaldam is not a great material, even though it stays in the head for a lifetime. It's leaching with hot liquids.

52% mercury, methylmercury. The biggest issue is the greatest amount of mercury exposure. Here's the paradox. You got to get it out. But if you don't take it off safely, you expose the patient, your dental assistant, As a matter of fact, if Osha went into a dental office when a Dental Amalgam was being drilled out unsafely, there would be unsafe levels of mercury vapor, not just in the operatory, but in a hallway and possibly even in reception area.

Like I was on the Dr. Osho, he held a thermometer and he said, If I drop this thermometer, we will have to evacuate the studio and all of you, you know, a hundred people in your audience or whatever.

And he had, yet dentists are using this material all the time and they're drilling it out. and da, da da. And he got a lot of heat. The American Dental Association went wild.

Flipped out, yeah. They flipped out. Because the American dental association was founded in the late 1800s as well by, guess what? Pro-Amalgam dentists.

You mean their conflicts of interest. American Dentists Association had the first patent on dental amalgams. There was something called the Amalgama Wars, where dentist who were against the use of mercury and dentis who are like amalgan's grades, the greatest new material, Because if you go back into the history of dentistry, they actually put lead in teeth around George Washington's teeth.

So I guess that was in advance. Wow. Yeah, talk about some reduced IQs, I Guess, huh? So you have dental amalgam, you've endodontic therapy, modern endo, which I'm not against, I just think we need to move into more regenerative types of procedures in the world of endodontics, like regenerating pulp, stem cells, pulpal regenesis.

That's the direction we needed to go, not taxidermy. We need move in other direction. Or if you need do a root canal, monitor that tooth and look at it as an interim procedure.

Not as, oh, you could have that root can for 40 years. That's not true. I mean, not with the bacterial and the biologic studies that are emerging. That is right.

million root canals being done, I think 28 million in the United States alone, a year. And the U. S. root canal isn't a cheap procedure, by the way. It's $2,000 to $3, 000. A lot of times, you have 21 million roots canales being donned, $2000 to 3, 00 a root channel.

You're talking about, this is the livelihood of endodontists. Oh, yeah. Trillions of dollars of revenue for a procedure that is temporary at best. It's really hard to get a man to see the problem with something when his living depends on it.

That's the truth. Well, that's why there was a documentary film called The Root Cause. Oh, and they pulled that right off a Netflix. They filed a class action lawsuit saying the American Association of Endodontists is a very wealthy organization.

And they filed class actions lawsuits saying it was causing unnecessary harm to the public. I watched it and there is nothing undocumented or it was very well done and the producer who was the patient who experienced the problem because it's a true story about the guy who his whole inflammatory system cascaded down when when he had a root canal I mean I have to thank that film because that's what woke me right up about missing something with my lime and mold patients because I know you know if someone is a continuous fight with lime or mold or something like that and they have issues with the teeth, cavitations, root canals, that is their roadblock to their healing and that movie is what woken me up to that.

So I am so glad that I watched that on YouTube after they pulled it. And you know what? They filed it against Amazon. Amazon couldn't do it. Netflix couldn' do.

I think you can get it online. YouTube even pulled. They had to do that. Talk about censorship. This was major censorship, Netflix didn't want to deal with the lawsuit.

And Amazon didn' want deal wih the law suit. So it was all pulled down for those reasons. Not because things were incorrect that were on there. Everything was very clearly researched and referenced.

but there was no disproving what was done. Now, some of it was sensationalized in the dramatic, what do they call it, in a dramatic way it presented.

Final Advice and Resources for Better Oral Health

You know, they had him walking on coals, but it affected, it's a front tooth. What meridian is that? It's the genital urinary system. So he was having problems with sexual performance with his girlfriend, or his wife, I don't think it is girlfriend.

And it was like, there's a scene of him in bed and he's just like so. Yeah, when that happens, men actually do something to help. He was distraught. But it's on the prostate for men.

It's the uterus for women, right here. I have a man who had metal implants, so metal implant, titanium implants which we thought were great. I did my first dental implant.

They're inert, there is corrosion, inflammation, endotoxin production. Basically, the bone that grows around a metal implant is almost like scar tissue bone, as we call a sclerotic bone.

It doesn't really have a good blood supply. But the implant itself, saliva is like a weak electrolyte, can corrode the metal implants. Like a battery.

Right. So you have corrosion and actually a study that came out of China showed titanium particles from dental implants being deposited in the liver, the kidneys and the lungs.

So I just had a man who had virtual consult with me from Barbados. He had a 3D cone beam and I read it. This man is in kidney failure. He is loaded with implants in the front of his mouth, several of which are infected and the bone being lost around others and all of this stuff.

And it's like, okay, where's the kidney See, things are not known of unknown etiology. When we dig deeper, there's always a root cause whether we find it or not, for sure.

Right. I remember unknown ideology was always the term we used when we couldn't figure out what was going on. That's exactly what is still used here. So as we wrap up here, Dr.

Karatola, I would love for you to leave everyone listening out there with maybe a pro tip or a good tip of information about their teeth and something that leave the audience with about how important I think, and well, I can use my standard line, be true to your teeth or they'll be false to you.

You know, what's really amazing is, is that, you know be aware of the shadow of your smile. The shadow your of smile is and I get people who come in and they want cosmetic work and, And I love cosmetic dentistry.

I'm, half of my brain is artist, but the important thing is is Inflammation is so essential and you really need to look at your mouth as a mirror and a gateway to health in your whole body.

And ask the right questions when you go to the dentist. If your dentist gets defensive, if your dentists is not able to answer those questions, then it might be time for you to find a new dentist who is open to that.

And for anyone who's watched your show today, if they want to have a virtual consultation or something like that, I know you can. We'll give them a link and we will give a special promotional code to get a discount.

I also wanted to let them know that Ravitan which we have a discount code. It's drcuratola20. And by the way, you guys, if you haven't tried it, it's delicious.

And if any of this information today that we shared, and we can talk forever, if you have any information, I'm putting it out all the time, out on my Instagram at Dr.

Jerry Curatola. The older book, Mouth Body Connection, obviously I own this, but your new book The Coherence Code. That's later this year. We'll have you back then.

Awesome. Thanks so much for coming. Pleasure. Thank you, thank you.