

Wendy Myers: Welcome to the podcast. My name is Wendy Myers of myersdetox.com. Today, I'm so excited we're talking about a very controversial subject. Something that's very, very important, which is biological dentistry and biomimetics root canals. We answer all of your questions today about why root canals are bad for you, why they're not always bad for you. And, alternatives to root canals, how to prevent root canals in the first place, and how a lot of ways in which conventional dentistry is harmful to our teeth and will promote root canals in the future.

We also talk about the issues with mercury fillings and a lot of amazing information today about biological dentistry and Dental alternatives. I want to talk to you a little bit about how to detox your body. You guys know I love educating people about heavy metal detoxification, and I've worked with thousands of clients over the years. I've developed a top 10 tips to detox like a pro checklist, which you can download totally for free at detoxforenergy.com.

With this checklist, I've distilled down all the top tips that you can use at home to get started today detoxing your body using some very, very simple inexpensive strategies. Because I know a lot of you guys, not everyone can do my Myers detox protocol and do testing and working with a practitioner. So, I wanted to provide some ways for you guys to start detoxing on your own and home. Just go download that today.

Our guest today is Dr. Paul O'Malley. In 1984, he graduated from the esteemed Creighton University School of Dentistry. Later, he completed a residency at Baylor University in Texas in cosmetic dentistry, and then spent six years practicing and learning and one of the premier cosmetic dentistry practices in the United States located in Beverly Hills, California. He's logged well over 1000 hours in continuing education to follow through on his ongoing commitment to dental health.

He pursued his studies with a number of the great technical dentists of our time, Dr. Dickerson, Dr. Kwan, Dr. Spirit, Dr. Dawson and became fully laser trained and can perform laser healing cosmetic laser dental procedures. He's one of the handful of dentists worldwide that are masters of both biomimetic and holistic dentistry. You can learn more about him at drpaulomalley.com.

Paul, thank you so much for coming on the show.

Paul O'Malley: My pleasure.

Wendy Myers: Let's talk a little bit about your background as a biological dentist. How did you get into that kind of dentistry?

Paul O'Malley: Well, actually, back in 1993, I remember a patient came into my office when I was in West Texas, and the patient said, "You know, I just had some root canals done and now I have some kidney trouble, do you think they're related?" And I

said, "You know, I never heard of such a thing. But I don't know. Let me research it." And so, that actually started my journey. And then I started seeing different things. I talked to the famous pioneer who's now passed away. But Hal Huggins in Colorado. What a nice guy. Gentleman and genuine guy. He sent me his book, and I started studying that.

Within a couple of months, we stopped placing mercury filling and we stopped doing all these kind of things that were, let's say, questionable at first, in my mind. So, in 1993, I was sort of like a maverick out in West Texas, like. I told my associates, "We're not doing this anymore." Of course, they were like, "Well, but patients will be upset," and this and that. I said, "Well, okay, we won't make it about the mercury issue or things like that. We'll just say, "Look, we have prettier fillings than that. We just don't do the black fillings anymore."" That's kind of how it started.

And then in the year 2000, I moved to California and I started working with a dentist in Northern California, and he was very much into the holistic side of dentistry. He introduced me to the International Academy of Oral Medicine and Toxicology, the IOMT. I went and took their courses and it was a perfect fit, because biologic/holistic dentistry is really clean. It's really beautiful presentation and you're paying attention to the person's body. We're no longer like a robot just drilling and filling, let's say, and so that's kind of how I got involved in those things.

Wendy Myers: Yes. You mentioned root canals with your story. What is the problem with root canals? Are they harmful? Should people be getting them? And we'll talk about some alternatives also.

Paul O'Malley: Sure. It's a loaded question, because even through the International Academy of Oral Medicine and Toxicology, we don't have enough scientific evidence to say, "They're all bad, you should remove your root canals." But there's a lot of things on the internet that are kind of frightening and scary to people. So, it's sort of like, what do you do? I think as a practitioner, I have to look at the patient in front of me and see what their health history is, and see, are they at risk? Is there something going on? Do they have some type of autoimmune problem going on? And, let's try neutral traditional things first before we go and say, "Let's start taking teeth out."

Because I've been practicing dentistry for a long time, the problem with somewhat of a radical approach might be, well, you start removing these root canal teeth. And then now people are missing their teeth, they can't eat and chew properly, and they're still sick, some of them. So, it's more of a more, let's say, cautious area. But here's the whole theory behind the thing, and you're probably well aware of this. Actually, I made a little drawing here, I don't know we can see it on TV. I'm going to back up a little bit.

But I just went over a little bit of the anatomy of a tooth. And of course, on the outer surface, you have the enamel and the inner surface, you have dentin, and

then in the center, it's all there to protect this precious nerve. So, if this is the nerve that goes down the center of the roots, it actually communicates with the nerve that has the blood vessels, that has the artery, vein, lymphatic system. So, there's pulsation in and out and it actually keeps this hydrated, so the tooth has flexibility, which is a beautiful thing. It can withstand the pressures.

It's like a football helmet. You got the hard outer shell and, you have the inner softer dentin, and it's protecting this whole thing. Well, along the sides and the dentin, which, by the way, the word dentin means in dent, which means inside the tooth, just that's its derivation. So, you have these little tubules, or little microscopic straws, let's say, that fill the tooth in the dentin, and they communicate to the nerve all the way down through the root system.

The theory is that if you take the sick nerve out and seal down through here, these little tubules can they get back filled with bacteria over time, and it can mutate and kick out a toxic by products that are different acids, enzymes and things like that. And it can go down along the side of the tooth, wall off into the bone, and then every time a person's chewing, it can pump and go into the bloodstream. If they have a weak organ in their body, then it can attack that area. This is some of the theory behind it. It goes all the way back into the early 1900s with the guy by the name of Weston Price.

I would refer your audience and all those that are involved in sort of their own research, they have to sort of look for themselves to see what kind of makes sense to them. Because we know that there are going to be toxins left behind in the root canal procedure. A great professor from the University of Oklahoma, Boyd Haley has done the studies. Any tooth that had to be removed for whatever reason, they always test it and always found there were toxins down there. But even Boyd and I had the question. We said, "But should that mean that every person that needs a root canal or has to get a root canal should have it out?"

Wendy Myers: What are some of the alternative to root canal? Is it possible that say, if you have an old root canal, someone can go in, a biological dentist can go in and do ozone and then repack it properly, and maybe improve on the infection, or what are your alternatives?

Paul O'Malley: There's a couple of things. One is that a lot of times if a root canal looks infected, it doesn't need to get retreated. Because many times what happens when a patient gets a root canal done and then they don't go and get it sealed, or covered or the filling done and things like that, and then bacteria goes back down in the tooth, re-infects it. In those cases, it has to be redone.

Ideally, if it's being redone, it should be done with this inert a material as is possible. There's different materials that are out there. Typically, what they use is gutta-percha, which is sort of a rubbery plastic type of material. But you can find special subtle work with a substance called MTA. M as in Mary, T as in Thomas, and A as in apple, and they can fill with that. The only negative is once

you fill with it, it's a one-shot deal. You can't go back in and retreat it if it fails later. So, there's that alternative.

And then there used to be a product called Endocal. Endocal was a sort of a calcium type product that would seal and theoretically would spread into and through the dental tubules. But there was some problem with some of the spreading mechanism over time fracturing teeth. So, I don't even know if you can get it. Maybe you can make an order in Europe. But what I found, Wendy, is the vast majority of people are told they need a root canal if there's not an infection, and you can test it with ice and it responds normally with ice, they won't need a root canal even if the decay is really deep. They just have to find a practitioner that practices super conservative dentistry or a type of dentistry that I do.

It's called biomimetic dentistry, which is life copying dentistry. So, we can rebuild the tooth. We can literally leave about a half a millimeter or a millimeter of decay behind, as a tooth will remineralize it.

Wendy Myers: Yeah, that's interesting. Because I just had my daughter just had a bunch of dental work done at a biological dentist and they did the biomimetic procedure. She just had a bunch of potential root canals and things like that, that a typical dentist wanted to do or and [inaudible 00:11:40]. Obviously, I opted not to do that and took her to a biological dentist.

Paul O'Malley: Good. That's what I mean, it's stories like that. Because it's not that the dentists are bad people, that's what we've been taught. If it's near the nerve, if the decay looks deep, you look on the X-Ray and you go, "Oh, you're going to need a root canal." And so, they just do it. They don't actually need to do that. The problem is that the patients, they're not educated enough. So, they just go, "Okay, fine, we'll do a root canal." And then maybe 10, 15 years later, they got five or six them and then they've got now Crohn's disease, or some autoimmune weirdness that doesn't run in their family, and what's unique to them. And then that's when it becomes sort of like what came first.

Wendy Myers: What is the correlation there? I have read and heard things about how the higher the number of root canals that one has, the higher the incidence of cancer and autoimmune and other health issues. What's the connection?

Paul O'Malley: Well, I don't know for sure. I'm still a student in this area, because there are loose studies out there. I don't think there's any double-blind studies that show that. We can show that if someone's had root canals and their body's reacting negatively, you can see on a blood test. The white blood cells look different. The breakdown of the white blood cells, some are higher, some are lower, and you can tell there's something going on in the jaw bone. But does it link them to cancer or not? I don't know.

I've had patients that would tell me that, that they had I read that every single patient that had cancer has had either root canals or infection and their jaw bone. I don't know where they're finding this study. Do you know where those study is come from?

Wendy Myers: No, I don't know, no. There's a lot of stuff on the internet. The things that you read and you wonder if it's backed up by studies.

Paul O'Malley: Yeah. That's some of the things that are loosely can be stated through the internet. I don't know any scientific studies that say that. Because if it did and it was validated, even the IOMT would have a blanket statement saying root canals should be and must be removed in this certain way. That statement is not come out yet.

Wendy Myers: Yeah. I'm sure it's hard to prove that the causation, but maybe it's there's some correlation there. And you think just common sense wise, someone has five root canals and there's infections in all of those root canals, the immune system is going to be occupied, find those infections, and then the immune system could potentially have performance issues or issues with dealing with other types of infections like cancer or autoimmune issues, and it can go haywire.

Paul O'Malley: That's right. That's why prevention truly is the best like you did with your daughter. I had a patient and just some time ago, and she had been to three other dentists. One said she needed five root canals, another one said she needed nine root canals, and I restored all her teeth, no root canals, it's been more than a year, they're all still happy teeth, they're viable, and she's doing great. So, the ability that we could eliminate that is amazing.

And then we don't put someone in that gray area. To me, it's a big gray area of do you want to treat that? Do you not want to treat it? If someone has a root canal, they're going to need a root canal. The best thing I can say for your audience is, make sure that you're seeing a specialist. If you are being told you need a root canal, have it evaluated to make sure. If it's still alive, it can be treated and restored. If it's completely dead and there's an infection, here's the things that can be done. You can have a traditional root canal, you can have a more holistic root canal with that MTA type filling, or now they're using a bioceramic type of material, which is less aggressive, let's say, then they've got to patch it up.

And then you can also have the tooth removed properly, where they take out the periodontal ligament, and they take out a half a millimeter bones surrounding or any infection so that your unhealthy bone. But again, you don't want to be too aggressive with that approach. Because then you start losing bone, and it's harder to restore if that gets too aggressive. The biologic dentists are good at that. They're less and less aggressive, I believe, with removing too much bomb these days, thankfully.

Wendy Myers: You said that root canals are done differently in the past than they are today. Can you explain that a little bit, and the people that have old root canals if they're potentially packed with metals, like mercury?

Paul O'Malley: Right? Well, a couple of things, in days, maybe more than even 25, 30 years ago, the way that they would disinfect the two has changed. The endodontists go in there and the way that they treat is really, really exacting. And all of them are trained us microscope, which is beautiful, because they can look all the way down in there, make sure there's no hidden cracks and fractures. That's important because you don't want to leave a tooth in there that's going to number one, fail, or number two, keep a low-grade infection, which for sure, would compromise the immune system.

Now when it comes to mercury type fillings and things like that, it's a whole different ballgame. Because how do you remove it safely? There's a whole protocol for that. How do you keep myself and my staff safe, because we're the ones exposed to it so much? And then how do I keep the patient safe? That's a whole protocol and there's a lot of dentists out there that are trained and how to do that, thankfully.

When I first started doing this in the year 2000 in Los Angeles, there was like about nine of us in all of LA. So, people are coming from all over traveling, and you'd feel terrible for them and say, "Gosh, can't we find someone closer for you?" But now, more and more people are starting to awaken and demand that the dentists are getting the training. So, I'm happy about that.

Wendy Myers: Yeah, I'm happy they are doing this to. You are one of the pioneers in, Los Angeles, you've been doing this for 25 years now, where you've been doing biological dentistry and serving so many people. I just love the work that you're doing and that's why I wanted to have you on the show.

Paul O'Malley: Thank you.

Wendy Myers: Let's talk a little bit about biomimetic dentistry. It's something we haven't talked about yet on the show, and how does that relate to holistic dentistry? You touched on it a little bit ago, but let's go a little bit deeper.

Paul O'Malley: Sure. Well, holistic dentistry is sort of the big picture philosophy, right? It's like whatever we do to a person's teeth, their mouth, et cetera, how do we do it in connection with the whole body? What materials are we're using? Is it safe for them? What procedure are we doing if for removing something? Is it safe for their body? How do we keep things safe for them? That's the bottom line.

The next thing that we look at is if we're going to restore the teeth, how would we then restore those teeth in a way that can mimic Mother Nature? Now that's sort of the subset let's say. So, we have holistic dentistry keep the body safe. And then now we have techniques, what kind of techniques do we want to use

that can actually keep the tooth healthy and keep it safe? That's where biomimetic dentistry comes in. Because you'll hear a lot of times, now dentists are starting to do minimally invasive or more conservative type of dentistry. But what does that actually mean?

I actually made a little illustration. The same illustration that I had from before, I don't know, is it possible to see this?

Wendy Myers: Yes.

Paul O'Malley: Okay, good. So, I like showing this and it's on my website too, I explain it and then later on I can tell your listeners any of the emails that they can tune into ... Websites, rather, they can tune into so that they know what's going on and further education. But again, you have this whole structure here. I illustrated a small cavity here inside of a tooth. This person has sensitivity and say, "Gosh, I feel real sensitive of here. What's going on?" And the dentist takes an X-Ray and he sees this cavity. We got a cavity and it's near the nerve, but it's not into the nerve.

The patient says, "Gosh, but when I eat cold, it feels like it's in the nerve." That's because it communicates through these tubules to the nerve. The tubules are like a straw filled with water. Any of your audience out there who've ever filled up a straw with water, you can push on one side and fill it on the other side, it just communicates. So, it's the same way with this. The dentist has to go and drill in here, and they remove this big bit of decay. The problem with it is they go in and they actually start destroying a lot of healthy tooth to get there. That's traditional dentistry.

I illustrate it a little bit more in this other page, and I'll show you the procedure. The dentist will go in and they have to remove a big section of the tooth in order to get to that decay. And now they're getting dangerously close to the nerve. And then they'll take a big filling and glob it in there, put the blue light on it. Anybody that's had white filling, you know what this is about. They put the blue light on it and it shrinks, and it shrinks away from the tooth right along here, which is the area you want sealed most. It's just like, well, but it looks beautiful. Looks white. It looks like you've got this nice restoration, and the bottom line is that you have sort of a camouflaged hole let's say. It looks like it's sealed, it's filled. But to a bacteria, this looks like the Grand Canyon.

Sure enough, the studies show all of these leak every time. Now I'm not saying that to panic, your audience out there because they're just ones that have to be watched. So, you're going to get your teeth cleaned every six months or a year, they should be checked and looked at just make sure decay is not seeping in under there. Because it's not going to happen that everyone's going to get decay under these things. But they're all leaking.

Now let's go over to biomimetic. And again, bio means life, mimetic means copy. So, we want to copy the structure of how we can rebuild this tooth. The way we do it is we go in more conservatively, keep as much tooth structure as possible. And then what we do is we remove all the decay, we use actually a stain to make sure we're removing the decay. Let's say in this area here, let's say there was decay right here, very close to the nerve. So, in this area, we might opt to leave some of that decay. There's a technical way of doing this that we learn in biomimetic courses of things, but we can seal the rest. The body will heal this up with dense a type of dentin once again, which is fabulous rehabilitative ability that the body has.

But in traditional dentistry, we'd have to chase that down, and we get into the nerve and the person needs a root canal. Now we don't have to do it, because we've tested the tooth with something cold, and they go, "Yeah, I feel that. It's not bad. It's a normal response to the other teeth." So, we know the nerve is still healthy. So, then we go, we leave a little bit there, and then we begin to put our first lining in. We just put a seal down. It's very small, we put the blue light on it, harden it, and then we walk away for five minutes because it's been found through the scientific literature, it needs five minutes to be left alone completed security curing time.

Then we start going in with other layers, layer by layer, putting the light on, another layer, putting the light on. So, it could be 10, 12 different layers. Sort of like building a wall with small breaks versus one big block. The beauty is then it's a material which is going to follow the flexation expansion contraction properties that dentin has. These are certain types of white composites, and the ones I use are BPA free. They're also holistic and they fall within that proper range. So, now you have that buffering zone, that shock absorber zone built in.

And then on the outer part, we make an impression in a lab mix of porcelain piece that fits over the outer portion, which would then mimic the hard outer shell. And then you end up with a multiple layered restoration. That's biomimetic is sealed all the way through. So, if this ever broke anywhere, this seal is never going to be exposed. That tooth will never be exposed again for the lifetime of the tooth. This one's exposed, it'll need to be redone in three to five years, and then it's going to get bigger, then it's going to get bigger, drilled out. And then it gets bigger, they'll probably need a root canal. And then they're going to need the infamous crown. The infamous crown grinds down 70-80% of the good enamel in order to get a crown over a tooth, and it really inflamed some nerve. 33% chance over 10 years, they'll need a root canal if they've had a crown.

So, there's dead out there now doing biomimetic. You can find them and they'll push really hard from not doing crowns. Because a crown is like one big glob over the tooth, or a big filling is one big glob over the tooth. That will become the way of the past. We'll see how fast it takes. But like anything else, it takes time to change the paradigm that's in dentistry today.

Wendy Myers: How else are crowns and caps harmful, besides inflaming the nerve?

Paul O'Malley: Well, the biggest thing is the minute you cut down a tooth like that, you've destroyed the integrity of the tooth and its true strength. So, as I mentioned earlier, there's a greater risk that person is going to need a root canal because of the procedure. The problem is people live longer now. So, if that crown needs to be replaced, and by the way insurances will repay for a new crown every five years, each five years or seven years or whatever you're traumatizing that tooth. As a result of that, it's just an ongoing never-ending cycle, because the truth is now compromised.

Now if a person live, let's say you put a crown on and they're 85 years old and maybe they're only a live eight or nine years, it's not a problem. But people live a long time, so we should rebuild teeth rather than tear them down. That's the whole mantra. The truth is when dentists learn this technology, there's a ... This is just one big seminar and this booklet here, this is filled with 69 scientific articles in the published literature that backs up every single step that we do and biomimetic dentistry. So, it's not my great idea or five other dentists got in a garage smoking a cigar or listening to the rock'n'roll music and said, "Let's do this. This is going to be a cool thing and it makes sense." It was all based on the scientific literature.

And then now, the results that we're seeing 15 to 18 years later is even surpassing what we saw in literature. Teeth staying bonded, teeth staying sealed, healthy, lasting. It's an amazing thing. So, when the dentists learn this and they see it's backed by the scientific literature, they get reinvigorated and excited because as dentists, we don't like cutting down teeth. We don't want to hurt our patients. Most dentists are very loving people, kind caring people as a profession as a general statement. They want to do things as conservative as they can. But if you go to someone that their main tool and trade is a carpenter that's a rough finisher and he uses a hammer, he's going to fix things with a hammer. So, you go to a traditional dentist, they're going to do things traditionally.

If the 2000 little crack, they're going to put a crown over it. If a tooth is broken, they're going to put a crown over it. They don't know this whole process to rebuild. And so, shows like yours kind of helps because the people get out there and say, "Hey, I heard about biomimetic and can you go learn about it?" And of course, they can. I'm on the board of the biomimetic organization, the Academy Biomimetic Dentistry, so I'm happy anybody that wants to, they can have their dentists call me, I can direct them in the right way, the right website and let's go. Because this should be the standard of care.

Wendy Myers: Yes, absolutely. Well, let's talk about mercury fillings, the infamous mercury toxic metals in your mouth. So, how can metals in your mouth be harmful from a holistic standpoint? We know that Mercury is one of the most toxic metals on the planet. Let's talk about your viewpoint on it.

Paul O'Malley:

Well, because mercury is roughly speaking the third probably most toxic naturally occurring element on the planet and our bodies can detoxify at somewhat. Our bodies are pretty amazing. But it's an interesting thing. If you took one filling from a person and told them the amount of mercury that's out-gassing from this and coming out, because mercury is one of these interesting metals. It's vapor at room temperature and liquid at room temperature, and it kind of morphs between that and solid. It's always out-gassing.

Now you put it someone's mouth, it's going to be more the vapors just come off 24/7. You brush, it comes off even worse. You can go on YouTube and see videos with a fluorescent background and see the amount that's coming off, right? So, there is no debate. Even finally, the American Dental Association which has a whole history of mercury fillings, they love to call amalgams to mask that it's ... You should call whatever the thing is, by its predominant metal. And the metal in a silver filling is mercury. So, it should be called a mercury filling. But they knew that that wouldn't go so well over the last 100 years.

So, this line was pushed to call it an amalgam, because it's an amalgamation of other various metals. But the problem with mercury is the toxicity of the metal, it's a poison as we all know, it's a neurotoxin. And because it out-gases and it's so close to the head, it can go up the olfactory, it can get into the brain, it gets in all the organs. The studies are plentiful, they're out there. So, it's not debatable. Where the American Dental Association may come in and all they might say is, "Yes, but it doesn't cause disease." Okay, fine. Now, let's do an analogy here.

Let's say I have a patient coming into my office and I say ... Let's say Wendy, you're coming in, I say, "Wendy, I have this filling I'd like to do for you. It's really nice. It's very fast. I can plug it in really fast and won't cost you a lot. And oh, by the way, it has a little bit of our arsenic in it. Is that okay with you?"

You would say, "Of course, no way. Is there something else we can use?" Well, you know. The difference is the toxicity of arsenic here, it's way down. The toxicity of mercury is in the ionosphere, it's so bad. It's sad, and the way that it came along was early on. As dentists, just to be protective of my brother and sisters out there, we were sold a bill of goods from our teachers who were so from their teachers all the way from the mid 1800s, that no, this stuff locks in there, and it's all safe and it's all good.

Now, the American Dental Association thought this until 2004. They said, "No, no, it doesn't come out. It's fine. It's fine." Finally, in 2004, they said, "Okay, already. It does come out. But it doesn't cause disease." They have this much studies to say that. We have studies going through the ceiling of its association and exacerbation of different illnesses-

Wendy Myers:

There's thousands.

Paul O'Malley: It's unbelievable, right? And it's a bear to get it out of the body is. You know because you're a master at detox and everything. It just takes a lot of time and you can go fast with some people, they get really sick, you can get slow, et cetera. But the cool thing in my practice has been, I've had people come in and they have an electrical interference from it. One guy's buzzing on the side of his head, we removed the mercury safely. Next day I call him, "How are you doing?" He says, Hey, Doc, the buzzing is gone away." I'm like, "Wow, that's great." And then of course, he said, "Do you think that's from the mercury?" I said, "Could be. It probably is."

And then I've had others with the chronic fatigue. The interesting thing is, if they're working with getting some type of detox or your protocol, if they're doing things that can help their body heal, it's a one two punch because we take out the source safely, and then they need to detoxify. I had one guy who couldn't lift a carton of milk. After about four months, the red blood cells sort of turnover in that period of time, his chronic fatigue and weakness and all that went away.

The most dramatic one I had was a guy that had severe fibromyalgia. He came in and he was burning just a wonderful man, a German guy, he came in, he'd been all over the world. Mayo Clinic, everything. He had burning syndrome from his neck to his feet. Just I said, "On a scale of 1 to 10, how bad is it?" He said, "An 11. I sleep 10 minutes at a time." I, like, "Oh, my God." He was loaded with mercury. This is back 15 years ago, but we I removed the one side. Honest to gosh, he came back we put some of the porcelain in like I earlier showed, we rebuilt the teeth and put porcelain over it. At that time, he said, "Hey Doc, I'm only burn from the waist down." I said, "Wow."

Again, they don't know. It's like he was hopeful, but he said, "Don't you think that's from the mercury?" I said, "Sounds like it could be. Let's get the other side done." We did, and then he came back and he was only burning in the tips of his toes.

Wendy Myers: Wow.

Paul O'Malley: Now I say it's anecdotal. I don't say to anybody out there listening that, "Hey, this is the sure cure for everything." But as you know, getting metal and mercury out of the mouth is the way to go. Because it allows the body to heal and then the glutathione in our natural system goes back to its normal antioxidant level and various other enzymes start working better, et cetera.

Wendy Myers: Yeah, I've heard so many stories about that about how people have pain syndromes, numbness, tingling, burning. After they detox the metals, they're a lot better. Let's talk a little bit about what is the most important aspect of dentistry in relation to helping the body detox itself?

Paul O'Malley: Wow, good question. I think if a person can work with a healthcare professional like yourself, where they're getting their immune system built up, they're getting ready if they have to remove metals and mercury and do all these things safely, that's the way to go. That's the ideal scene. But the way that I've always looked at it over the years is this is through various protocols that I've researched and studied and followed. Typically, you want to make sure there's no infection. So, we try to handle the infection.

But let's say someone comes in and they have gum disease, but they have mercury fillings. Well, we don't want to go in there and start cleaning their teeth because it disrupts all the mercury fillings, and part of the infection may be exacerbated again by the mercury. In that case, all right, let's get the mercury out. Let's clean everything out. Mercury's out, let's get the metals out. Now, let's clean the gums up. Now let's clean, if they need a tooth removed or things like that. Now let's remove a tooth, because if a tooth's removed, they're not going to have mercury going down into that socket walling itself off in the jaw bone and toxins and terrible mix of gook down in the job on right, which we call cavitation. Those things can be eliminated.

I think that you want to handle infection and heavy metals, typically, you want to remove the heavy metals and then handle the infection. And at the same time, if the person's very sick, you have to go slow. You can't go fast. Because just the procedure being in the dental office is enough to make them sick for a few weeks.

Wendy Myers: What is your procedure when you're removing mercury fillings in people that have a whole mouth of fillings? Do you go slowly where you just do one or two at a time you do like half the mouth at a time? What is your protocol? I know, everyone's probably different. But just generally, like for anyone that's listening, that's thinking about getting their fillings removed, what are the best steps?

Paul O'Malley: It depends on the patient, if they're very healthy, generally, we can do a lot at the same time, because the whole concept just get it out. If they're sickly, then you have to go slow. That's the just the simple aspect of it. So, each person is a little bit individualized. But it has to be removed as safely as possible.

For example, I follow the SMART technology, it's SMART from the IOMT and that's beautiful. And I add a few things on my own, to make sure there's no leakage and the air is really super clean, and all these things. For the most part, nobody is going to react negatively, unless they're overloaded with mercury, If they're overloaded, sort of like a garbage can, if they're filled up with it, no matter what we do, they can't handle anymore. It just dumps into their body in they're kind of sickly. Those are the ones that are a little bit bedridden, in and out of bed, they do good, then they're not so good. Those are brittle.

Those usually as they do to see the healthcare person, let's get yourself healthy, let's get some detox protocols. Unfortunately, sometimes they'll go find someone that says, "Oh, you have a ..." Whatever the buzzword is, or, "You

have a yeast infection." And then they treat them for yeast and then they damn near die because the yeast is actually, as you know, it's holding the mercury. It's a preventative thing. So, it's got to be someone knowledgeable, like yourself, and that they know what's going on so they can take care of these people before they come in. Because I'm going to get rid of the source, and I don't mix my hats too much. I'm the guy getting rid of the source. I don't pretend to be the medical healthcare body type practitioner that then let's use safe materials and safe protocols.

Wendy Myers: Are there any protocols you use as far as supplements or binders when you're removing mercury fillings?

Paul O'Malley: I do. I use the activated charcoal at the time that we're doing the procedure. I have some clinics nearby me that can do some vitamin C and glutathione on and things like that. But honestly, what we found through a lab out in California, a guy who has done tons of research on glutathione, it was discounted orally. But the truth is it was just breaking apart when it went across the mucosal membrane, and then it would reattach. But they were testing how much glutathione was in the bloodstream, and they test within the first hour. It took longer to go through and recombine, and that was flaw on the testing.

So, medical doctors are all like, "You can't take it orally because it's not effective. You know you have to get it as an IV." IV is expensive and IV only lasts for a half an hour to 45 minutes. It's out of the system. So, glutathione, I'll help them with glutathione and I'll help them with the activated charcoal on the day that they're in for the procedure. To kind of build their immune system, maybe glutathione. But again, in my practice, I have several healthcare practitioners that follow different protocols that helps a lot of these people.

Wendy Myers: Yeah. Do you have any protocol for following getting the mercury fillings removed, like taking the activated charcoal for a week or something after the procedure?

Paul O'Malley: I haven't done that. It seems like it would be fine, but that would help if there was anything going on in the gut, I suppose. But typically, I would do it just the day of. I don't know of any studies necessarily in that one. But, some are using cilantro and selenium, and different things to detoxify with. Your different protocols and stuff, I think they're all beneficial. Because if you're doing objective tests like you're doing, you can actually see the changes. So, the objective tests are nice for the patients to see, because they can sense they're progressing, but they can also see it and they know ... Sometimes you might see the objective change a little bit premature before they start feeling better, but it's coming, right?

Wendy Myers: Well, Paul, thank you so much for coming on the show.

Paul O'Malley: You're welcome.

Wendy Myers: Is there anything else that you want to add to our conversation?

Paul O'Malley: Sure, there's a couple of things is the other company that I'm involved in is called Great Oral Health Inc. and I'm really passionate about it. I started it because I wanted to ... Well, with biomimetic dentistry, we can rebuild teeth right and prevent root canals and things like that. But we're still catching on late in the game. How do we prevent it?

So, the other company that I'm founded and have several patents and is called Great Oral Health Inc. We sell a few different supplements there that I'm passionate about worldwide. I'd like to help people prevent cavities, prevent gum disease, really get ultra healthy mouths and not have to go through a lot of this stuff. In a sense, it would be nice if we could put ourselves out of businesses dentists. We're one of the few professions I think we're working hard at it. But we still haven't gotten there because the amount of decay worldwide and gum disease worldwide is over 4 billion people. So, it's a massive pandemic out there.

What we discovered is there's certain people that never get gum disease, they never get cavities. 2%. Out of that 2%, we're able to isolate what kind of bacteria do they have in their mouth that's happening. And so, one of the products I have is a probiotic for the mouth. It's a chewable, you take it at night and it can convert the harmful bacteria to the good bacteria. It's fun. We're seeing a lot of cool stories, a lot of cool results and stuff. And of course, what I see in my own practice. But the kids that are prone to cavities, they're not getting cavities at their checkups, all these kind of things, right?

And then the wives love it for the husbands and the husbands for the wives because they have fresher breath. It's a win-win for everybody. But these bacteria that are in there have seven strains. They can lower the harmful bacteria in the mouth by up to 80%. There's really good research and studies. It's on my website, greatoralhealth.com if anybody is interested in it. It's really great products, they're all-natural. That was the goal I had as a holistic dentist. I wanted to create that.

And then they can sign up on the newsletter because I have an all-natural toothpaste coming up that literally will re-mineralize teeth on a microscopic level. So, people who have sensitive teeth, et cetera, it'll help with all those things and fast within two weeks because of the healing calcium. That's a blast for me. Anybody that's interested in that, that's greatoralhealth.com.

Wendy, just one last thing I wanted to let your audience know, there's another website that they can go to if they want really a tutorial and education on the basics of dentistry and conservative versus aggressive dentistry and the whys and wherefores and things like that. We get into all those kind of things. There's a free educational seminar online that they can sign up for, it's just, freeholisticdentalcourse.com.

Wendy Myers: Fantastic.

Paul O'Malley: Yeah. I would love them to go there. And yeah, thank you very much.

Wendy Myers: Well, thank you so much, Dr. O'Malley. I really appreciate all the education that you're trying to put out there to educate people about the regular dentistry versus holistic. I think it's really, really important work because there are so many people that are just ruining their teeth unfortunately and there's so many amazing alternatives out there that people need to consider and educate themselves before they just say yes to whatever their dentist is asking them to do.

Paul O'Malley: Right.

Wendy Myers: Yeah.

Paul O'Malley: Thank you for having me. It's shows like yours and pioneers like yourself that are out there. You're the mouthpiece for ... As dentists, we're there working all the time, so it's great to be on your show and I hope we create a beautiful wave where people go, "Hey, this is what I want. Come on." They demand it, and then they can see me at the ... They can just go into the Academy of Biomimetic Dentistry and search that and they can send their dentists there and their dentists can call me. I'm happy to talk with them and let's go, let's get people super healthy and no more root canals so we don't have a gray area in the first place.

Wendy Myers: Yes, no more root canals.

Paul O'Malley: Right?

Wendy Myers: Yeah.

Paul O'Malley: Like you did with your daughter. Well done.

Wendy Myers: Yes. Well, thank you so much. And everyone, thanks so much for tuning in today. You can find me, Wendy Myers, on myersdetox.com and you can download my free top 10 tips to detox like a pro checklist at detoxforenergy.com. Thanks so much for tuning in today, and we will talk to you next week.