



#610 How Oral Microbiome Imbalance Drives Systemic Inflammation and Disease + Mouth Mapping™ Solutions | Dr. Jonathan Levine

Dr. Wendy Myers

Welcome to the Myers Detox Podcast. I'm Dr. Wendy Myers, and on the show today, we're gonna have Dr. Jonathan Levine. He is a biological dentist going above and beyond biological dentistry. We're gonna be talking today about mouth mapping and how your oral microbiome is so connected to your systemic health. We talk about cavitations. We talk about the oral structure of your mouth and how that affects your breathing and sleep apnea.

We really bust a lot of myths about fluoride use, oil pulling, what kind of floss you should be using, and doing a two to three minute care routine every morning and evening that can make a huge impact on having a healthy oral microbiome and what you should be doing to really prevent a lot of systemic inflammatory diseases and heart disease and so many diseases that are linked to infections in our mouth and poor oral microbiome. We're also gonna be talking about mercury fillings,

whether you should have them removed if you have them in your mouth, and how even some composite fillings have aluminum in them.

There are a lot of really key and advanced concepts in dentistry that you need to know. And we also talk about Jonathan's mouth mapping system, where he does a two-hour assessment using cone beam scans and salivary testing, and just really going above and beyond, looking at the oral structure in your mouth and how that's affecting your health. So stay tuned if you want to have really good oral health.

Our guest today, Dr. Jonathan Levine, is America's most sought-after oral health and dental longevity opinion leader, distinguishing himself among today's leading dental voices by providing approachable, data-driven insights that transform listeners from passive learners to active participants in their oral and overall well-being. As a prosthodontist and researcher, author and innovator with 29 patents in aesthetic, therapeutic and medical device technologies, Dr. Levine pioneered aesthetic veneers in the 1980s and established a multi-billion dollar teeth-whitening market as well.

He's been practicing for 35 years at JBL New York City and recently launched Smile House, smilehouse.co in New York. It's New York's eagerly awaited destination for integrative and functional dentistry. Beyond his clinical practices, Dr. Levine is committed to expanding how oral health is perceived and who it serves. Through his Glo Good Foundation, he remains dedicated to breaking down global barriers to dental care, delivering vital services, supplies, and education to underserved communities worldwide. You can learn more about his work at smilehouse.co. Well, Dr. Levine, thank you so much for joining us.

Dr. Jonathan Levine

Thank you for having me.

Dr. Wendy Myers

Why don't you tell us about yourself, your practice, and the work that you've been doing over the years?

Dr. Jonathan Levine

Well, it's been a three and a half decade career, but interestingly, I think my story really starts when I was in college. I was at Cornell. I was an immunology, microbiology major and a lacrosse player. I was very lucky to have a great coach and we ended up by our senior year winning a national championship. We were a group of guys with an amazing coach, really putting it together, having each other's backs and really building the kind of relationships that you can win a national championship. It's not about me, it's about us.

I tell you that because I chose dentistry because it was a bit of a process of elimination. I stayed next year getting a master's in immunology and didn't think it was gonna be enough for me. I didn't like hospitals 'cause of the experience I had with my grandparents who passed away. I was working with my hands. I was sculpting at Cornell. And I said, Wow, dentistry could be interesting. I knew nothing about it, but I jumped headfirst. I came out and I went to an amazing school, Goldman School, Boston University, where it was very much medical and dental. I was in medical school for the first two years, which was great.

We were med students, dental students, and PhD students. I get into the profession, and I see a profession that's fragmented, siloed, individualistic, somewhat collaborative, but very conventional, where everybody has their office. Some 70% of the dental practices were one dentist, one hygienist, one assistant. You'd refer to a specialist. I got into it and had the mindset of everything is possible, coming off a national championship, going to an amazing dental school that was actually a specialty dental school. Everybody becomes a specialist. Then going to dentistry, I said, we gotta reinvent this. I wanna reject this.

For me it was digging in deep and a bit of my personality. I ended up going back to school specializing in what's known as prosthodontics, which is the specialty of where aesthetics, structure, function, and biology all integrate. You end up being a bit of an architect, but a driver of all of those important aspects of oral health. 35 years later, a journey of zigs and zags put me where I am today.

Dr. Wendy Myers

I love that you have pioneered so many different things like veneers in the eighties and just taking things to the next level. That's why I wanted to interview you on the show today. So let's talk about the oral microbiome and how that connects to our overall health and longevity.

Dr. Jonathan Levine

Yeah, thank you. Well, we all understand longevity. We read, we listen to podcasts like yours, and we realize that it comes down to a number of silos, a number of verticals of eating properly, food is medicine, of really managing the headwinds and the stress in our lives by all these different techniques, and of how important motion and fitness is. And

then we always talk about a fourth one that maybe some people don't think enough about, sleep. It's getting into that deep regenerative sleep, being able to breathe.

In dentistry today, in fact, the dentists are not only aware, but there's many of us who really have therapeutics that you need to work with your sleep doctors, your MDs. But we have better answers for people with these types of issues, with sleep and obstructive sleep apnea. But there is a fifth level that we talk about for longevity, and that's understanding the oral microbiome.

Why is that? The oral microbiome, when it is in dysbiosis, when it's out of balance where the bad bacteria outnumber the good bacteria, when there's inflammation in the mouth, that dysbiosis works its way into almost every organ. 54 systemic inflammatory diseases, you name them, have a causality connection. In other words, a lot of these causes are a constellation of risk factors like cardiovascular disease. It's a number of things, and your inflammation in the mouth is one of them. So we say there is a fifth vertical of longevity. We call it dental longevity, but it's understanding the oral microbiome because it does see the gut.

Oral microbiome connectivity, gut microbiome is really that fifth level of longevity. What we do now in dentistry, and I'm trying to lead a bit of the charge and create awareness to both in the profession, to the professionals and also to our patients. I have a third book coming out in September, all about this. The connection of the mouth and the body is to make people aware of the importance of the health of the mouth. And the crazy thing is it's not that hard to keep yourself healthy in your mouth.

Dr. Wendy Myers

One of the worst things people can do is use mouthwash with alcohol and harsh chemicals and it gives you fresh breath.

Yes, we love that. I love fresh breath, but I wanna be healthy more than I want to have super fresh breath. So what's your take on using strong antimicrobial mouth washes?

Dr. Jonathan Levine

Right and great questions. You don't want to cause dysbiosis the other way. Antibacterials kill out these populations of what we call commensal. The good bacteria, that's the balancing act of good versus bad. There's seven bad bacteria of inflammation, the pathogenic bacteria, such as porphyromonas gingivalis and troponin. There's seven of them. And all of a sudden those that remember the healthy mouth, like the healthy gut is a diversified microflora. Diversified is the word. It's like we live in a community and we have all kinds of people in that community and everybody's living well together. But when the environment changes and when all of a sudden you decrease the saliva in your mouth 'cause you got alcohol in your mouthwash or you're on an anti-cancer drug that's decreasing saliva, or as we age, salivary flow decreases.

Remember, saliva is the beautiful body's buffering agent of the mouth. But when that pH, that acid-based balance, that acid goes too low, the pH is under 7, 6, 5, 4, you set up an environment for both the teeth to be demineralized. It breaks down and you set up an environment for the bad bacteria to grow. So alcohol and mouthwash, that's a no-no. Eating the type of foods that are both acidic and sugary. That's a no-no. There

are many things we can talk about, but it's creating a healthy environment like in the rest of our body where we take care of our body and what we put in is what we're gonna get out. And it's the greatest thing. The old comment of nutrition and food is our medicine and we just have to be aware. People aren't aware enough of what you need to do to have a healthy oral microbiome, but once you learn, it's easy. It just takes a little bit of diligence and discipline.

Dr. Wendy Myers

I started using a probiotic supplement. So after I brush my teeth at night I'll use excellent probiotics. Do you recommend those for patients?

Dr. Jonathan Levine

Oh, absolutely.

Dr. Wendy Myers

Okay, great. Yeah. I use one called Gaia. Is there one that you recommend?

Dr. Jonathan Levine

I like Gaia. There's a number of them. I work with a company called Bristle Health. I advise them. They're a startup. We do salary diagnostics with them. Fantastic company. 200 different bacteria are tested. They have their own probiotic, but it's basically used when you get a bug. The ones that cause decay are called streptococcus mutans, or STR mutans. The probiotic you take with Gaia has what's called strep alvar. And so it doesn't cause any of that colonization that's going to break down the sugars to cause acid and then let that acid enable the bugs

to burrow into the enamel and to start breaking down that enamel structure of the tooth, which is the hardest surface of the body. So you could imagine you gotta work pretty hard to kind of mess up your mouth, but you can avoid this.

This is an important home care regimen. We could hear it in our ears, mom knows best. She's telling you, did you brush? Did you do this? And so today we just have to make it pretty simple and easy for people. And we spend a lot of time as professionals with a whole team 'cause I live with my team. I've also invented products, but products that make it easier. My products, services and education makes it easy for people to understand what they need to do so it doesn't take too long.

Dr. Wendy Myers

I think it's amazing that you can take an oral probiotic and prevent cavities. And that's the whole reason I'm taking it. In my mouth, almost every single tooth has a filling in it because of not having the best practices when I was growing up and loving sugar when I was younger. Also with mercury fillings, because mercury is an antimicrobial, I assume that that will also destroy the oral microbiome as well.

Dr. Jonathan Levine

Well, that's a whole nother conversation there. There are many things that can destroy the microbiome and that's one of the big things. But the other big thing is mercury is a neurotoxin. They banned it in Sweden 27 years ago. The EU banned it about four or five years ago, using amalgams and mercury fillings. It's a big conversation, but truly it's something that the American Dental Association has to really look at the most. The immediate science on this shows, especially with these

older amalgams, not only are they prone to getting decay underneath 'cause they've been used in people's mouths for decades, but the mercury vapor comes off and that's the neurotoxicity of it.

It's very important for dentists to use what's called a rubber dam, high speed suction, and really getting them out in a way that you don't have any environmental issues with it, with people in the room and with the patient. And it can very successfully be taken out, decay cleaned out, and of course put in restorations that are very biocompatible.

Dr. Wendy Myers

Do you recommend that if anyone currently has mercury in their mouth that they get it removed?

Dr. Jonathan Levine

I never did until I read over the last five years, the most recent studies. I only took amalgams out in the past where I felt that there was either decay underneath, it was leaking, there was an open contact, so they were trapping floss. It was a rough surface that couldn't be polished. But today because of modern science, I can tell you personally speaking, when I had my heavy metals tested, I had two amalgams, I took them out and my numbers got better. And there's so much evidence of this that you just do have to get your amalgams out, but you just have to have it done in offices that understand the necessary procedures that have to be done to keep it safe.

Dr. Wendy Myers

I can't imagine getting your mercury fillings removed from a regular dentist where they're not using any protective mechanism for you or

even for themselves. Dentists have the highest suicide rate because among all the professions 'cause they have such high mercury exposure. But the ones that are still doing that, that's the statistic that I read.

Dr. Jonathan Levine

I think that's an old stat maybe. I know I'm a pretty happy guy and I always surround myself with happy people

Dr. Wendy Myers

Well, you're not doing mercury. It's related to mercury exposure.

Dr. Jonathan Levine

No. Well, you know, I have hatter's disease. But, I haven't done that silver filling for 35 years.

Dr. Wendy Myers

I had five mercury fillings removed when I was 21, just for aesthetic reasons. I'm like, let's switch to those white composite fillings so I don't have these dark fillings in my mouth. But it was just the regular way. I think following that, I had such a high mercury exposure. I experience a lot of depression and other symptoms related to the release of all that mercury into my system. So here we are today talking about heavy metal and environmental toxins

Dr. Jonathan Levine

This is one of them.

Dr. Wendy Myers

Let's talk about aluminum in fillings. This is something that I had read last year and was really surprised that there can be aluminum in composite fillings that people are choosing in lieu of mercury fillings. Can you talk about that and maybe how to avoid those?

Dr. Jonathan Levine

It's showing some toxicity and the dental profession in dentists in general, it's like if you're a consumer and you're looking at what's on the ingredient list, you have to have the knowledge of what are the important ingredients that you should and should not have. There's 55 names of sugar, right? So everybody gets duped because they think they're not having sugar, but they gotta edit sugar. It's the same thing for the professionals. The professionals have to understand the materials we have to use are completely biocompatible intestines. There are composites, of course, that are extremely safe, they've been used for decades.

We use them for sealants for the kids all the way to posterior resin for small cavities to bonding in ceramics. And it's just having knowledge of what is really safe. So, this is one more thing that patients get educated about and when you go to your dentist, you ask them questions about this. Are you still doing amalgams? It's the patient interview and the dental team is interviewing the patient, but the patient is interviewing the dental team. In the first book I wrote, one of the chapters was, can you trust your dentist? What are these important things you have to look for? You move to New York, you move to Chicago, and you wanna know, am I in the right office? I will tell you at the top of the list is that, are you in an office with multiple doctors? Number one, are you in an

office where the doctors are either lecturing, teaching part-time, or involved in continuing education?

Are you in an office that has the latest technology? Because if you're in an office that looks like it's 30 years old, the technology is 30 years old, and I ain't gotta tell you that it is unbelievable what's happening in dentistry today. It's a golden age. Everything's digital workflow. No more impressions, scan design manufacturers, small designs off computers, 3D printed, or restorations. 3D printed CAD cams are restorations, meaning we can bio cap natural teeth. A mom whose young daughter has a beautiful smile. She could have two to 10th of a millimeter, the exact shape of teeth for her ceramic restorations, so to speak. That is bio copying. There's so much I can go on and on about it, the way we look at saliva and the way we do our salivary diagnostics, and why we built this new office. I have had my office uptown for 35 years, where 26 people, all the specialists under one roof, periodontist, orthodontist, prosthodontist, restorative docs, four hygienists, three ceramics, everybody together.

I built a second office. I need my head examined. It's so much work, but I did it with my sons and they're not dentists, but they understand branding. They started a company called Twice. So they know oral care. And what's what's interesting is that because of the new technology, we can diagnose at such a high level that we believe that understanding the microbiome, understanding the airway, understanding a number of these factors that this dental longevity can lead to overall longevity because that connectivity of the mouth and the body,

Ads 19:49

A word from one of our sponsors. Two of the most powerful supplements for women's health are whey protein and creatine. Studies show that women have about 70 to 80% lower natural creatine stores than men, which impacts our muscle function, muscle recovery, our brain functioning, and even our mood. Pouri Creatine Plus combines pure creatine monohydrate with trine to support muscle strength, performance, muscle recovery, faster workout recovery, and cognitive health as well.

I love the results of taking creatine. I honestly had never taken creatine in my life before I started taking the Pouri Creatine, and I absolutely love its effect on my mental clarity. It's also especially beneficial for both pre and postmenopausal women as well. It's shown in research to support bone health, improve cortisol response, support, thyroid function, and so much more.

And like everything that Poure makes sure each batch of Creatine Plus is third party tested for over 200 harmful contaminants. It's clean and certified by the Clean Label Project as well, so you're only getting clean, safe ingredients and the test results are published online for complete transparency. All you have to do is scan the QR code on the bottle.

Now let's talk about whey protein. Protein is essential for women. A lot of people are not getting enough protein and many protein powders on the market are loaded with toxins and heavy metals and harmful contaminants, but the Clean Label Project reviewed over 160 top selling protein powders in the US and found that 47% exceeded California Prop 65 safety limits for lead with 21 containing double the acceptable. That's horrifying when you think about it. How many people are drinking protein shakes daily, believing that they're doing something healthy?

That's why I use and trust Puori's PW1 Whey Protein. I absolutely love the vanilla flavor. It tastes incredible. I love dark chocolate also. It tastes like fancy chocolate milk, but it's clean and safe, not like a lot of other cacao and chocolate products on the market. My daughter Winter loves the vanilla flavor. She loves making smoothies. And recently, Vogue also named Pouri PW1 Whey Protein, the best whey protein powder and for all the right reasons if you ask me. Like I said, my daughter's making smoothies daily and I have peace of mind knowing that she's using this protein powder that's clean, pure, and safe. It's been tested for purity.

Here's how I use the PW1 and creatine. Every morning I make a shake with coconut water, a scoop of the PW1 protein and the Creatine Plus. I add berries, maybe a banana, some dates, a little pinch of salt and that helps me stay strong, focused and energized throughout the day. I know that I feel good knowing that I'm fueling my body with truly clean supplements. So go feel the difference for yourself. Taste the difference. Go to puori.com/wendy and use code Wendy at checkout for 20% off. That code even works on your already discounted subscriptions, giving you almost a third off of the regular price. So don't wait. Go try the PW1 and the Creatine Plus today. Clean science backed supplements that you can actually trust. Again, go to puori.com/wendy and use coupon code Wendy.

Dr. Wendy Myers

You are going way beyond biological dentistry. You hear different podcasts and they recommend going to a biological dentist, but you're just going above and beyond that, just doing so many high tech scans and salivary testing, which I'd never heard about. Can you talk a little

about your practice and what you're trying to do above and beyond a typical dentist?

Dr. Jonathan Levine

Well, my branding sons about five, six years ago, this is when they were building twice, they came to me and they had this idea of changing the whole patient journey. Now that's what we tried to do uptown. But you walk into my office uptown, it's beautiful, it's glass and it's really cool looking, but you're in the dental office. They had this vision that it shouldn't look like a dental office and we wanna call it something and do this and do that. And so I said, look guys, when you get stuck with this company you're doing and you get some time, let's, let's talk about this. And the concept was smile house, and where it evolved to was because of what we figured out in the uptown office is where those four domains of looking at aesthetics, when people feel that they need to improve their smile.

Looking at the structures which we get from now every patient for the last seven years in our practices, you get a CAT scan for your jaws, which tells you everything from the top of the nose, airway, sinus, joint, jaws, size of your jaws, and this airway that we breathe in. You see numbers from 441 square centimeters all the way to 21. 21 is like breathing through a very skinny straw. And I can say you have trouble breathing. I ask them seven questions and I know they do. And then I'll say to somebody who's got 200 and you would sleep great. I sleep Greg. It's a very interesting thing.

There's so much science behind this, but to make that conversation understood, we look at structure, the function, we scan the jaws, we

could see how the teeth come together. This mandible has a temporomandibular joint. It's a very unique joint that rotates and translates. And so you gotta protect your joints 'cause people end up having a lot of stress in their jaw. They have this whole T-M-J-M-P-D problem. There's so many conservative things we could do for that. We look at that function and then we of course look at biology, and biology is a big deal.

That's just salivate diagnostics, understanding your microbiome and your periodontal assessment. It's so important that the gums around the teeth are healthy. That's the cuff of tissue. It has to be pink and tight and not red and inflamed. It's a fiber attachment to that tooth structure. When it's inflamed, Leaky gums mean those bacteria that are pathogenic form something called an endotoxin. It's a foreign invader. It's the breakdown of those bacteria. Guess what? That gets into the bloodstream. Guess what? The blood stream is the superhighway, as we all know, and it ends up, you name it, amyloid plaque of the brain, pancreas or pancreatic cancer, interstitial cells of leaky gut, on and on, of course, cardiovascular disease and the carotid artery of patients.

So, when you look at studies from 20 years ago, the Moise Devereux group in Columbia linking cardiovascular disease to inflammation in the mouth, you go to what happened over COVID. You were 5.4 times more likely to end up on a ventilator if you had periodontal disease. Why? Another level of inflammation shutting down the overwhelmed immune response from the foreign invaders, right? Think of how we have a castle and they're attacking us from every angle and your troops are getting overwhelmed. That's our inflammatory response. Easy way to think of our immune response. We look at these areas and

we do it in Smile House in a very cool way. I want to give my boys the shout out for that and the visual.

You walk into it, you think you're in kind of a cool members club. It doesn't look like a dental office. It's quite beautiful. And we were very fortunate to do that because we wanna really change the perception. Personally, I'm on a mission, I wanna change the perception of the profession. Dentists are not dentists because it's a negative connotation. We're oral physicians. The mouth is connected to the rest of the body. What happens in the mouth goes to the body. It's easy. The truth of the matter is doctors really don't have a clue about what we know and vice versa. I've made it my mission to really understand the human body because then it's easier for me to help connect the dots and understand how these new technologies work.

So when we look at those four domains, we are connected in a way that's engaging for the patient and explain it visually. My son Cody gave it the name mouth mapping. We map the mouth for the patient within those four domains for dental longevity. We call it the Center for Down Longevity. It's very unique because we want this to become a standard for the professional standard of taking a CBCT for a patient standard of doing these iTero scans, salivary diagnostics, and periodontal probing. When you do oral cancer exams, when you do all these things, now you have an opportunity for patients to be very healthy. And guess what they learn? They learn the oral hygiene regimen. We have a guide happy to send it to everybody listening that really lays it out, here's what you do first, second, third, fourth, it's gonna take two to three minutes.

You're gonna do it morning and night and you know what you're gonna have, you're gonna have game, right? It's like a good tennis game.

You're gonna have an oral hygiene game we like to call it. And you are gonna feel so much healthier. Your breath is gonna be better 'cause the same bugs that are causing inflamed gums hide in the recesses of the tongue, and that's what causes the bad breath.

And then you have good looking teeth because you're getting the plaque off so the state doesn't get access. It's so positive to create that oral hygiene game, to get the discipline to really learn about the regimen and then just follow through with it.

Dr. Wendy Myers

My personal doctor does bioenergetic testing to look at all of your teeth because it's so important. You have meridians through every tooth, going to every different part of your body and it's going to affect those organs and systems on that tooth meridian if there's an infection or root canal or some other problem going on. And it makes so much sense that if you have periodontal disease or you're moving in that direction, that's just a more load on your immune system than it has to deal with, and is totally unnecessary and preventable.

Let's talk about oral structure and sleep apnea 'cause this is something my father had. He just didn't wanna do a sleep study and didn't get diagnosed for 20 years. It definitely killed him. He was waking up 70 times a night when he finally went and got his sleep study. But it just destroys your brain cells and your health. Can you talk about what are some of the signs of sleep apnea and the testing that you're doing to look at that airway and the structure of your mouth?

Dr. Jonathan Levine

I would just turn back the clock a little bit on the question and just say this, in the growth and development, and this is great for the young moms, there are things that young moms can do to help prevent structural issues for their children 'cause it's very important to know this. If you're a mouth breather, you're not using your nose. Your nose is designed for breathing. It's gotta filter systems. It's the way we have the antibodies and the filter systems and all these kinds of great molecules to really help slow down and kill some of these foreign invaders. We breathe through the nose. What happens when we breathe through our mouth?

When the young children are growing up and they have rhinitis or a sinusitis, and it's chronic, they start breathing through the mouth. And anybody who read *Breathe*, which is a fantastic book that just started to get the word out to the consumer. These studies are amazing orthodontists and researchers. Paul Ehrlich and Sandra Kahn wrote a wonderful book, *Jaw*. Stanford educated orthodontist teacher, PhD, Sandra. What they found is that when the children are breathing through the mouth, the formation of the palate gets very high, almost like a tunnel, and it gets narrow and the lower third of the face gets long. We call 'em cephalic and they start leaning forward and the posture changes and you end up with jaws that are very small and they can get kinda a recessed chin also, and you get a recessed chin.

And guess what happens to the tongue in the airway? The tongue goes back, the airway is closed down. What happens when the opposite happens? It's also hard food. They showed it was cortines work, a number of great researchers over the last 30 years. When you use hard foods, your jaws develop beautifully. Bottle feeding versus breath

feeding that difference. Also, you develop better jaw development with breastfeeding. The big thing is the mouth. Mouth versus nasal breathing will determine the development of the jaws. Now, if you have a small jaw, where do you put your tongue? Think about the tongue sitting in a studio apartment, and it needs a penthouse as my colleague Mark Hin would say.

Thinking about that, what we do in dentistry with adults. We can expand the jaws just like they do with the children. And there's a couple of great techniques we could move the jaw forward, which moves the tongue forward, which opens the airway, and we can teach the patient where to put the tongue when they're sleeping to get it right behind the front teeth to start developing. We have these new appliances and devices to do that. On top of that, we can take these palatal tissues that as we age, go further down the throat. They're called palatal pharyngeal vaults, and we use a medical dental laser called Fata, which has something called a night laser that pulls it up. You really wanna do a number of these together, but the key is diagnosis.

The key is to look at the airway. We do that routinely through our cone beam, our CBCT. It's looking at the palatal tissues of the throat and it's going through a sleep quiz, which leads to a sleep test to see that important AHI ratio you described as waking 70 times up. It's the Apia hypoxia index, which basically says, when am I running out of oxygen? That's when you wake up. All of these determinants will then lead to people starting to snore, which is really the early stage of OSA. When it's a structural problem and then you start getting into a slight to moderate and what the medical profession has. I don't wanna beat up

my medical colleagues too much, but it's really the insurance companies who have pushed the ACPAP machine.

Now, the ACPAP machine is good for the acute moment, but it's not a long-term answer. Could you imagine? You have this mask and it's on your face. People hate them. They don't wear them 'cause they can't stand them. It's a Petri dish. You're breathing in bacteria and it's a terrible issue, but we have better answers. The dental team has to work with the medical team to get that diagnosis. But the dental team, when you really know your stuff and you have the specialist working together, and I believe the future of dentistry is the specialists all under one roof, nothing is lost in communication. That's a whole other conversation.

So we have everybody under one roof 'cause we work collaboratively on Friday mornings. We put up our patient information that we saw during the week, the new patients, we go through that data. It's like grand rounds for medicine, but it's for dentistry. And now everybody's weighing in. And that's the way healthcare has to be because you're getting multiple sets of eyes looking at what's going on. We can diagnose correctly and then the treatment plan becomes what is the most appropriate one.

Ads 36:10

A word from one of the sponsors of the Myers Detox Podcast. So I wanna tell you about a lip peptide treatment that I've been using, and I've gotten amazing results. It was created to help you restore smoothness, fullness, and lasting hydration to your lips while protecting against visible signs of aging and environmental stress. What I love most about this lip peptide treatment is that it contains true energies, signature

proprietary bio photon frequencies to enhance cellular communication, optimize ingredient absorption, support collagen production, and helps lips maintain their smooth, fuller appearance over time.

It's something I'm really into right now at age 53, and honestly, I can't ever see myself using any kind of skincare unless it has frequencies in it that enhances its effectiveness and sends new information to your skin into your lips to improve their appearance. This Tru Energy peptide contains plant-based botanical oils, vegan moisture, ceiling waxes, and a collagen boosting clinically-studied peptide infuses the true energy signature frequencies to condition, smoothen, and energize lips for a healthier, more youthful appearance.

Each ingredient is also sourced to meet high purity standards and doesn't contain any synthetic fragrances, parabens, toxic ingredients, or harsh petrochemicals. So if you're ready to smooth away the look of fine lines around your lips, maintain lasting softness and hydration without stickiness, enhance natural lip volume and contour, protect against dryness, flaking, and environmental damage, and energize your own lips, repair and renewal cycles, Tru Energy is offering a BOGO special. You can buy one get one free for a limited time for my listeners only. Go to trytruenergy.com/wendy3 to get a buy one, get one offer. This is something that I use every single night. I absolutely love this product and I highly recommend it.

Dr. Wendy Myers

As far as correcting your palate as a child, do you recommend mouth taping for children? I know I slept with my mouth open and I had no idea at that time. And I spent many years mouth breathing and I really

regretted it. I didn't know any better. So, do you recommend mouth taping for children?

Dr. Jonathan Levine

I love mouth taping because it forces the patient to breathe through their nose. When we do a CBCT, we can see if there's an obstruction where you have a deviated septum on one side. I can't tell you how many referrals we make to the ENT. It's very important that the nose is working. So you put the mouth taping on, it becomes diagnostic. Now, a lot of times it becomes behavioral, so you mouth tape and now they're pushed to use the nose, which is fantastic. That's very good for a diagnosis and for certain people. But a lot of times it's other things going on. The other things could be all these things I'm describing with the pallor tissue down the throats, small airway, small maxilla, small jaws. You asked about the maxilla. We can expand the jaws of the children.

We have these different appliances. The kids have 'em. You turn a screw in the palate, it expands it. There's a mid suture line. Well now we know for the last 8 to 10 years that you can do that in adults. And there's a surgery in fact, that is fairly minimally invasive called SFOT, which you expand orthodontically. But the surgery facilitates that movement. There's a dentist from Fayetteville, Arkansas named Rick Robley. He developed this technique about 20, 25 years ago, and it's been fine tuned, extremely well. So that's all about the diagnosis. It's good to know that people who do have small jaws can really be expanded.

You can expand that basal bone, which then allows the tongue to move forward. But again, diagnosis is the key. That's why you need to have a

good team working together. We say move slow to go fast. The meaning is to put your effort in upfront, and then after you've had your diagnosis, then it's just execution on a plan.

Dr. Wendy Myers

So, there's some people that are listening to this who may not be able to come to New York City to Smile House and get their full diagnostics. Should they start with an at home sleep test? You can get 'em for a couple hundred dollars online and they put a little pulse on your finger.

Do you recommend those or using an AA ring to look at oxygen saturation and things like that?

Dr. Jonathan Levine

I love the oura ring. I love all those trackers. I think they're amazing. I personally put on an oura ring before I go to sleep because what happens, we know we might have a little dessert too close to when we're sleeping. We had the phone on the end table or the room's too hot or you had a drink with dinner and we know what alcohol does for sleep. It changed your behavior. Oh wow. I got a 90 or I got a 65. Sleep is so critical as we all know and it's different phases of sleep.

We have light sleep, we have that rem sleep for creativity, but we have that deep regenerative sleep that is absolutely critical. And that's where we really have to breathe, and we have to breathe through the nose and have a patent airway that is gonna support that. So, when you add up all these things, it starts to make sense, doesn't it? We're becoming aware of what's so important. So if you're focused on sleep using an AA ring or using these trackers make a lot of sense.

Dr. Wendy Myers

It seems like it can be a first step to see if you have an issue. I was having some sleep issues and trying to troubleshoot it and got an Oura ring. Luckily I found out I have really high oxygen saturation. I don't feel like I'm waking up that much. So I felt like I could rule out sleep apnea to a certain degree. Is there an at-home sleep test that you recommend to people maybe as a first step to where maybe once they figured that out, if they do have sleep apnea and didn't go to that next step?

Dr. Jonathan Levine

I would say that's an excellent way to think about it. You can do an Oura ring or the Apple Watch or the Whoop, but you have some type of tracker that tees you up. What's your sleep like? Or you may say to your significant other that you were snoring a lot last night and so you look for specialty offices that have good diagnostic skills in that next level that you're describing. Sleep Image is a company we work with and they wear a ring for a couple of days. They get a baseline and they see it over the couple of days. I worked with a company called Sleep Architects that is promoting education and the support to dental offices, because it's hard sometimes for the dentist to understand all the little nuances that we're describing.

They're very supportive and they're a great company. But, it's finding and identifying a dental office that really focuses on the care of the patient. They do have this wonderful holistic approach of comprehensive dentistry. I believe that when you find that office, it's just making sure they have the latest technology and when it comes to sleep, they have to have a CBCT machine. They have to be working also

with their MDs because you really want to be able to diagnose that sleep test with a sleep doctor, because there are things in there that need to be collaborative between the sleep doctor and the sleep dentist, and then make the diagnosis slight to moderate OSI, obstructive sleep apnea.

It is the treatment instead of a CPAP that insurance companies cover and that's why a lot of people have them. And then all the problems of long-term use, here are the options that you have through a dental office that's focused on this.

Dr. Wendy Myers

It's so important to get this tested. If you have any sleep issues, you're waking up exhausted, you've got brain fog or you just can't figure out what's going on, sleep is a foundation of health. You've gotta check that box. And so doing a sleep study can be a great first step, not just for your oral health, but your whole health and longevity.

Let's talk about the cone beam scan that you talked about. I've understood that to be looking at cavitations to see if you've got holes in your gum from removing wisdom teeth and any problems that can be causing. What else is the cone beam scan used to diagnose?

Dr. Jonathan Levine

It's interesting that you talked about cavitations because that's something that's fairly new in understanding in the profession. We could talk more about that, but from the top of the nose to the bottom of the airway, you have the structures, so everything in between. So we can diagnose a sinus, we can diagnose this upper jaw, which is the maxilla.

We can diagnose the joint, which is the temporomandibular joint, that's that rotation translational joint. It's very unique in the body that's separated with a disc. You gotta protect that joint. What I mean by that is if you clench and grind your teeth, you're stressing, the muscles are pulling this disc, and all of a sudden you're hearing noises and popping, and then you have pain.

There's so many interceptive ways to calm everything down. Longevity is all about managing our stress and what we do in the morning and how we start our day with a lot of great energy and positivity and gratitude. But that's a whole nother conversation, right? So what we're seeing with the volumetric CBCT is we're seeing the ability to look at the housing of the bone around the tooth. What is that important nerve dying, failing root canal? We gotta talk about root canals 'cause I'm hearing so much noise about root canals and I wanna really just set it straight. We can diagnose a LEOA, lesion of endodontic origin, a failed root canal. Okay, we'll talk about that.

Periodontal disease, bone loss, we'll talk about that, assist in the jaw bone. Talk about that. A condyle that you had trauma and all of a sudden instead of that beautiful rounded it's flat and you wanna know why your jaw's dislocating when you open too wide. We look at all these things and then we get the airway, which is all about, can you get into deep regenerative sleep, which is our future for health. So we really can see so much information and when you think about the crossover between the connection of dentistry and medicine, we don't talk to each other in general. It's totally disconnected. There's no universal health record, of course, in medicine, and there's absolutely no communication between dentistry and medicine.

Well, guess who's beaten the drum on this one? I'm involved with a really cool group, Henry Schein. The company is amazing, innovative and the largest dental company. And we're working on a project to help connect the dots with dentistry and medicine, and we call it DMI, dental Medical Integration. What we're looking to do is to do certain things with the Dell office, that we can share that data with our medical colleagues that allows them to get upstream and early in diagnosis of chronic inflammatory diseases. What this will allow us to do is to be more proactive and move away from the sickness model that medicine lives in and to try to be one of these important pieces of the puzzle, to get upstream and to get more into this wellness model.

We like to say that dentistry can be the tip of the spear of preventing these chronic inflammatory diseases. It's very exciting because why do people go to the dentist more, they go to their primary care physician, and we know what that problem is. So there are things that as dentistry gets elevated to do more than just fill a cavity. There's so much more that can get done because of this new technology and the new science and really all the great research that's come out in the last 20 years.

Dr. Wendy Myers

I'm so upset that I missed my Smile House appointment yesterday. I was supposed to do one, but I got food poisoning and so that went out the window. But I was here today talking about it, so I'm glad you could explain it. Let's talk about root canals. Are you pro root canal? I know everyone that I've interviewed said, don't get root canals. You gotta pull the tooth and then get an implant. And that just seems incredibly invasive, and implants can fail. What is your recommendation or your thoughts?

Dr. Jonathan Levine

We're taking a subject that can be simplified quickly. Here you go. We can liken it to many different industries, but at the bottom line, WD is greater than WS. That means well done is greater than well set. That's a Cornell lacrosse expression, but I had to bring that in. They just won a national championship this year, so the last time they won was our year. So I'm pretty proud of these guys. But meaning well done when a root canal is done with what's called a three-dimensional fill. So if you looked at the end of the root where the necrotic debris 'cause the nerve died and the body thinks it's a foreign invader, and now you have an inflammatory response, fluid buildup at the end of the root. And guess what? You have pain. You have these fibers that surround the ligament. They're called Alpha Ferris.

What's the distance between a tooth and your brain, short? How much is that pain? If you've ever had a tooth pain problem, great. So just think about it. That nerve has a short distance to travel. You got this fluid buildup and where is it building? It's building in bone. What's bone? Inelastic doesn't stretch, so that means you get a lot of pressure and pain. Root canal's done. If you look at the end of that apex, and if you cross sectionalized it, in other words, looked at it from like chopped in and looked at it with a three-dimensional fill, it's gonna fill all the way. But sometimes fills are like this. And what is the gap? So over time, that necrotic debris lays out, gets out there, the body thinks now all over again, the process starts and you have what's called the failed root canal.

The body's immune response kicks into gear. Now your body's working overtime, it's chronic and all these inflammatory diseases, it's when it

gets chronic, it's in trouble, but you have to diagnose it. When you diagnose it, you wanna diagnose it as early as possible so you're not working overtime with your immune response. And that's where a CBCT allows us to see this clearing out of the bone because the inflammatory process destroys the bone. That root canal can be retreated. And a lot of times, root canals need to be done by specialists or a highly trained general dentist who really knows how to do them.

And usually the back teeth which are very narrow, you can imagine you're running down a windy, narrow road. That's what a lot of these canals are, and some are hidden. In our first molars, we have something called MB2s. They're a second mesial buckle canal that a lot of endodontists, even specialists in the microscopes can miss. So it takes a lot of technique, but when done properly, they absolutely work. When you look at it on an x-ray, you see a ligament. You don't see any cavitation. When they don't work, you see that cavitation, that hole in the bone. You have to do something about it. Your choice is to yes, extract and place an implant or redo the root canal.

All day long with anyone I know, my family or myself, I'd redo the root canal and make sure that we can get a three dimensional fill and understand why it wasn't done in the first place for whatever reasons, because there is a level of technique sensitivity. But I will say over the last 35 years, a lot of it now is much less on technique sensitivity because the top root canal specialist, and here's something for the listeners, your root canal specialist should be working under a microscope every single time, and they should always have a CBCT, or a cone beam, so they could look at that two three dimensionally because the two dimensional x-ray doesn't give enough information. So

those are two pearls to know that you're in the right root canal specialist office. If you have your general dentist who's not that well trained doing your molar root canals, you will have problems.

Now talk about the extraction. You're extracting. You're traumatizing the body. You're placing an implant when you have to do it. 97 to 99% success rate with osteo integrated implants. That follows a protocol. If you're not diabetic and you're not a smoker, you're at that 97, 90-9% success rate to take a tooth out because you need a root canal. I almost would go so far as to say it's malpractice, but I don't want to get too crazy. It's just that when you really understand the standard of care, root canal's done well in the way I'm describing works a hundred percent of the time. And with a good dental office, you're on top of any breakdown of those root canals. You can re-treat 'em and then make a clinical decision. And oftentimes that's after 20-25 years of use.

Ads 54:17

I wanna say a couple of words about one of our Myers Detox Podcast sponsors, Qualia Senolytic. It's a cutting edge formula designed to help your body eliminate senescent cells, also known as zombie cells. These outdated cells hang around draining your energy and slowing your workout recovery, and causing all kinds of havoc and mayhem. Backed by clinical research, Qualia uses nine plant-based compounds that support joint comfort, sharper focus, and better aging naturally. And here's the kicker, you only have to take it two days a month.

It is simple, backed by science, and validated by research. You can try it risk-free with a hundred-day money-back guarantee. Go to qualialife.com/wendy and use code Wendy to get 15% off. You wanna

try Qualia Senolytic. This is something that I've been taking. It's part of my anti-aging protocol, because getting older doesn't have to feel like it.

Dr. Wendy Myers

That's great. I'm glad that you clarified that because I have a root canal in one of my front teeth and I've had it redone before and when they took it out, the smell was just ungodly and it was just obviously very infected and they were not using a microscope, definitely not doing a cone beam scan or anything like that. So it's something I've worried about, maybe at some point I need to have that looked at again. But it gives one peace of mind that they don't have to extract that tooth and wait for it to heal and do months of waiting for it to heal. And then you could still have a cavitation if there's a lot of infection there or some sort of problem. The implant to me just seems very aggressive

Dr. Jonathan Levine

When it's necessary, it's a super tooth when done properly. There's a whole protocol and system that has been developed since Pi Branemark came over here from Sweden, which he developed a protocol in the late sixties. He was an orthopedic surgeon researcher, and he found a titanium. They were looking at blood cells that they put into. Yet you have to be careful being a graduate student in Sweden because they'll use you as a Guinea pig, and they put the little glass windows that were made out of titanium to look at blood cells called diapedesis.

Long story short, when he tried to take it out, it was attached to the bone because of osseointegration, meaning the connection of bone to

titanium, which is such a biocompatible material. Anyway, this launched what he created as an orthopedic surgeon and his team, dental implants, and then he tested it for it. It was a decade and a half plus till he led it out to the rest of the world and it changed implantology forever. I was fortunate to be at the meeting at the Pierre Hotel in 87 and it was groundbreaking because the people doing implants before didn't have the protocol down, didn't have the system.

So here we are, decades and decades later it works and it's beautiful. But when indicated, just like anything else, what I don't like, and if I could just say this, there are people out there that are causing scare techniques and scare tactics to get people to do things. And so what I would tell people is to try to get to the experts and these are the specialists in these individual areas to listen to the facts and create the fact base for yourself and then make a decision.

Dr. Wendy Myers

I've done that before too. I've gone to dentists, it seemed like really good biological dentists and felt like the treatment plan was just over and beyond what I felt like I needed intuitively and then went and got a second opinion as well, which I think is warranted, especially when you're looking at, hey, you need an implant and five cavities and this and that, and just this huge bill. I think it warrants a second opinion.

Dr. Jonathan Levine

It really does. The patients who come to us are usually highly recommended. Half our practice comes from outside the city and people come in. But it's good to get a second opinion. It's good to get a first opinion and then come for a second opinion. But either you're

getting validation and what happens because we don't have enough evaluation of technique and because it is a fragmented industry still that, you can have a treatment plan for the same patient. Five dentists might have five different treatment plans. So you gotta get the validation, but you have to become like anything else.

We have to become our own doctors. We have to become educated. Once you become educated, then you listen to a group of different people and you end up making an educated decision based on the facts.

It takes a certain level of diligence to kind of dig in on that because a lot of times, oh, you have to go to my dentist 'cause you know he's got a beautiful office and he'll never hurt you and his injection's great, that's fabulous. But you really gotta be able to check the boxes off on a number of these other things. One of the most important things is this person who's a professional. This goes for the doctors too, to have an attitude of improving and enhancing patient outcomes. What are the new technologies? What is the new science and research saying so that the books on my shelf are not 35 years old. The books on my shelf are the latest and the greatest, and that I'm part of that. Also, if you have access to care and you're one of those people who really want to have the best care possible, I would say take advantage of the best people.

Dr. Wendy Myers

Let's talk about wisdom teeth. For me, I got my wisdom teeth a little roots out when I was 18 years old. I only had 'em on the uppers, and I just assumed that everyone should have their wisdom teeth out, that I didn't know any better at the time. Is that the case? If you have wisdom teeth

or they're impacting, should you automatically have them taken out? Or are there situations where it's better to leave them in?

Dr. Jonathan Levine

Here's a question to the question. 400 years ago, did we have the same problem with wisdom teeth and the need for orthodontics? There were really interesting studies that were done by these researchers about 30, 40 years ago who took the skulls of 400 year olds and noticed that the maxillas and the jaws were very big, and that had everything to do with what we were talking about with eating hard foods and breastfeeding. Well, today, there is a greater need for wisdom tooth evaluation and potential removal. And my philosophy personally on this is understanding the structures when there's no room for the wisdom tooth, and it is impossible to access and to clean and it's infecting or pressing on the tooth in front of it, the second molars. Then you can start building a rationale on lower wisdom teeth.

There are these limiting anatomical structures called the mandibular nerve. A lot of times you, first of all, you have to be looking at these cone beams again because you have to see is that root sitting on that canal and that nerve because there are plenty of stories of people having numbness of their lip for their life and paresthesia, and that molar that was could have stayed there and it could stay there. And the worst that happens is they get a little infection of the tissue there as long as it's not impacting the second molar. So again, move slow to go fast. Be keen on your diagnostics. Go to an oral surgeon expert, maybe get a second opinion. Understand what these limiting anatomical factors are, and if it does have to come out, they just have to make sure that if there was a partial infection there, that it's cleaned out extremely well.

That's the problem with cavitations. If you just take out a tooth and you're not cleaning out a lot of that inflammatory process, then that never heals. You don't get bone fill, and then you constantly have these cavities that are infected that can impact the rest of the body.

Dr. Wendy Myers

I had a cavitation, even though I just had the little root of the tooth in my upper jaw. I'm just relaying this story for anyone that may have, have had the wisdom teeth taken out and might have a cavitation, have some gram-negative bacteria and anaerobic bacteria that's growing in there causing a chronic infection. So I had the little root taken out and there's a little hole that's left over. And today, I assume people are filling it in with PRP and things like that to just fill in that hole. I had these two cavitations. I went to a doctor, Reza PPO in Beverly Hills and had the cavitation surgery to the PRP, et cetera.

It seemed like it was a good thing to do just to rule out any kind of symptoms or health issues that might be caused by that. Do you have any recommendations on whether people should look to see if they have cavitations that might be a root cause of their issues?

Dr. Jonathan Levine

It comes down to the diagnostics team that you go to and having the understanding that when they're looking at. Panos Panorex is CBCT, specifically Panos are just two dimensional, and so is the regular dental x-ray. But the cone beams, these computerized tomography, you see things three dimensionally. You have to take a very good look and to see, first it's patient history. Sometimes people never get wisdom teeth. So even though they don't have wisdom, it's like you have to ask the

patient, when were they taken out? Did you have any problems with it? And you can see where these cavities are. There's a whole technique to do that. This science and research, three to five years old, it's very new and it's very new within the profession.

It goes to that there's a number of people, probably not scientific enough at this point 'cause it's so new, that have improvement of cognitive function when it's on those meridians, when it has a decrease of brain fog. I've had a patient who the dentist explained to a surgeon that some of the orthopedic issues he was having had a link up to it and sure enough it improved. So I do think people need to be in an office where they are diagnosing that and once they diagnose, they have a good treatment plan and know how to send the patient if they don't do the therapy themselves.

Dr. Wendy Myers

We've been talking about really complicated issues. Dentistry's complicated. . Let's get back to some basics for people that want to improve their oral microbiome and their mouth. Can we talk about some of the more popular things that people are doing? Do you recommend oil pulling, for instance?

Dr. Jonathan Levine

Well, I like that people are spending time with their oral hygiene game and if they spend so much time oil pulling, I would like them to replace the oil pulling. I'm not gonna say it doesn't do anything, but that if you used an electric brush. You did your two minutes on that. A really good one or manual brush with great technique. The beauty of an electric brush does all the work for you. So it could be any one of them, it could

be sonic it, it could be the IO from Oral B, but if you use electric brush and then you used a water flosser and then you used pH raising rinse, which I love that 'cause it raises that pH 'cause everybody has acidic drinks in their coffee and oxygenates, which does a great job balancing out those good versus bad bacteria.

You do a rinse and you do a tongue scraper. And then I like to finish also with a regular Flos. So, we have it all in this guide. And then you just spent three and a half minutes in the bathroom, not 10, 15 minutes oil pulling.

Dr. Wendy Myers

You have to do it for 15 or 20 minutes. Oh my God. Who could do that? Who is doing that?

Dr. Jonathan Levine

If you did everything I just said and you did that morning and night, a lot of people after a meal, they're also brushing in the middle of the day and they figure that out. But if you just do that morning and night and you've had dentistry done, it's very important, continuous care. You get yourself in it three times a year, not twice a year, and you have a good office that's very preventative oriented. You're gonna have an incredibly healthy amount. You're gonna have no inflammation and any little inflammation, your dental team is on it. So I'm not against it, but I love that people are spending that much time because you're spending that much time. I'd like to take it down by a factor of five and that gets you a greater oral hygiene regimen.

Dr. Wendy Myers

Okay, great. And then what about floss? There's a lot of controversy out there that the conventional floss at the grocery store has PFAs in them that's getting into your gums and your flossing. Is there a floss that you recommend?

Dr. Jonathan Levine

I do. There were the PT fees that had Teflon in it and people rejected that. There's very safe floss. The boys we developed with twice. Is a very safe biocompatible floss that stretches slightly. So it's very nice for getting between tight contacts and it's impregnated with sodium bicarbonate that raises the pH between the teeth and between the teeth is really where you get periodontal disease 'cause they're the hard to access areas. But people have to know that even though you brush, you have to have a way to get between the teeth. That's why water flossers and regular floss are so good and now they have floss picks that do a great job of just very easy to get around your mouth because floss string floss is a little hard to manipulate for some people.

Dr. Wendy Myers

So, that's called twice.

Dr. Jonathan Levine

Yeah, that's the brand, smiletwice.com. I like their floss. Johnson Johnson has a stretch floss also. That's great. But I would say non PTFE at this point, because we know about that. Anything that's going to leave something residual that could potentially be toxic, obviously we stay away from, but the two things that you wanna do in the mouth is you wanna create an environment for the good bacteria to live in

harmony with the bad bacteria. And that is NA neutral pH and that is watching your diet.

What's amazing is all the rules apply for the body applied to the mouth, right? Sugar is the enemy. We know all the sugar issues with that, and pre-diabetic and diabetic. The percentage of the people in this country that are facing these maladies and these problems, which are totally preventable when it's a type-1 diabetes, cardiovascular disease, and obesity, totally preventable by understanding that food is our medicine and really become educated and all these things that we talked about, longevity in the beginning of fitness and stress management. I'm just adding a number five to that, which is your oral microbiome.

Dr. Wendy Myers

What is your take on fluoride because every fluoride or every toothpaste in the stores have fluoride in them. And then when you go to the dentist, you're typically asked if you want a fluoride rinse. Are you for or against fluoride?

Dr. Jonathan Levine

We have a lot of controversy in this country about fluoride and taking fluoride out of water. This is another point where people have to get educated. The truth of the matter is that it was one of the greatest public health moves that we ever did in this country. It is completely dependent. The fact is, with all of these types of chemicals or additives, or pharmaceuticals, it's all dose response. How much are you taking? There are levels of fluoride that will cause bones to be brittle and brains to be wasted as a neurotoxin. Then there are levels that will get in the

forming tooth that will make a tooth super strong with the hydroxy appetite molecule of enamel.

Enamel is this magical lattice that has created the hardest structure in the body. It's quite amazing, but when you take fluoride in as you're developing, it's six years first molar, let's say. So three and a half, four years old, five years old, those two structure's gonna be rock solid. And that caused in the very early days when it was introduced, an incredible decrease of fluoride. Now today, we have fluoride in the water. You can have fluoride in your toothpaste. You can have fluoride in fluoride treatment in the pediatric office, and all of a sudden you're getting over fluoride aid.

So you have to be conscious of that fact. How much fluoride is potentially happening potentially for you. But the truth of the matter is that if you're watching it, you can make a decision if you don't wanna use a fluoride toothpaste, maybe you have you go to the dentist and maybe they put some topical fluoride on because you have recession, they don't want you to get decay on the root. You can make a decision on water, you can filter it out, or you don't want to. So you can make a decision on that. The biggest people that are gonna suffer from taking fluoride outta water are people who don't have access to care and we're sensitive to that.

We have a foundation called the Glow Good Foundation. I don't know if you know about it. Lenny Kravitz 10 years ago said, you gotta help my people. He is a patient. And 10 years ago we started and we have a 14 chair freestanding clinic. I bring doctors, which has got me into this whole connection of dentistry and medicine. I saw what we can do when we work together under one roof, doctors, dentists, dental

specialists, technicians, and we take care of the people and we go into the schools. But I tell you this because if you don't have access to care. You don't have access to fluoride treatment. You're not that educated in brushing and flossing. And so the biggest line of defense we have is some fluoride in the drinking water. The truth is that people are really worried about fluoride in the water and having too much product, filter your water or bottled water without the fluoride that it's not added. Just be conscious of it. But I will tell you, at low levels, it will make your teeth hotter, more impervious to decay. And the last thing you want, especially if I was a parent, is my kids to have a mouthful of decay. Of course, nutrition and sugar and all of those things are incredibly important.

Ads 1:13:17

For anyone listening who really wants to detox their body, go to heavymetalsquiz.com. I created a quiz for you. It only takes a couple of seconds and it's based on some lifestyle questions. You can get your toxicity score and get a free video series that answers all of your frequently asked questions about how to detox your body. Check it out at heavymetalsquiz.com

Dr. Wendy Myers

What about hydroxy appetite? Is that a good alternative to fluoride? I use a toothpaste with hydroxy appetite to accomplish the same thing as fluoride. Is it just as good or do you recommend it?

Dr. Jonathan Levine

Yeah, so molecules like that are getting developed over the last 10 years as hydroxide, there's also nano ha, which is the molecule, molecules that tend to the minus nine. They're very small. What you're trying to do with rein remineralization is when our saliva is neutral. It's designed to rein the teeth. That's just our body's wonderful protective mechanisms. But when the environment gets too acidic, what happens? Rein turns into a demon. We're breaking it down.

These ingredients are getting added to toothpaste to add back some of these important calcium and calcium phosphate onto the tooth and to form a protective barrier. And what they've found from the latest studies is that not only hydroxy appetite topically, but better nano hydroxy appetite, the very small molecules. I think we'll see products out there that if you don't want to have fluoride in your toothpaste, you'll have an alternative like an HA or a nano HA to use. Of course, you gotta have a good oral hygiene game to make sure that nothing's between the teeth.

Something you might not have heard about, I have had many of my patients walk in and I hadn't seen them in six, seven months. There's recession as we age, so the roots are now exposed. You know, enamel is the protective layer of our teeth, but the roots don't have enamels. You have something called cementum, very decay pro. And as we age, what happens, our saliva lowers or maybe there's a medication that a patient is on lower saliva. And guess what they might do at night? They might do a gummy to go to bed. You do a gummy loaded with sugar and people have to read the ingredient list of any sugar in that gummy, do not touch it because they'll go to sleep.

They didn't clean between the teeth. And guess what happens? A mouthful of decay and root decay is root canals, crowns, posts,

implants, the most expensive dentistry. And when I said to the patient, are you using gummies? And there's all these gummies now with melatonin and they wanna sleep better, or ABC D gummy. You just gotta be really, really careful what the carrier is 'cause many of them are with sugar and that is a problem. It's really important for people to know.

Dr. Wendy Myers

A lot of people are taking those and then they just brush their teeth afterwards and it's still stuck between the teeth.

Dr. Jonathan Levine

If you do it, you really gotta be a maniac with getting everything out from between. That's why I love the water flossers, in addition to the electric brush and the floss, you gotta do all the little pieces to the puzzle again.

Dr. Wendy Myers

Okay, great. Why don't you tell us about Smile House and where people can go and get this really extensive two hour mouth mapping appointment?

Dr. Jonathan Levine

Well we gotta get you back in. It's four blocks from here, 55 Warren Street. The website is smilehouse.co. We built a lovely facility that was a good year of planning and building the city of New York Landmark building on two floors. I think it's gonna be a journey for people. If you look at the reviews on Google, I've never seen anything like this. We have

an aesthetician that does jaw release massage because we live in New York and everybody's a little tense, so we like to relax them before and after the appointment.

But it's all those little touches. We believe in something called House Vitality, like hospitality, where we really are very thoughtful about all the little things we do to make an amazing experience for people. I say we're gonna make dentistry cool and for people to look forward to having an appointment.

That's the goal. I'm hopeful that the young dentists who have all the tremendous energy will pick up on this idea. I love when we can lead and we can get a standard of care in the profession, and then all boats will rise with that tide. Go to our website. My Instagram's @drjonlevine where we post all the videos, but our smile house landing page on our website, people can make an appointment right there on the website.

Dr. Wendy Myers

Well, I highly, highly recommend getting this very thorough testing. I was surprised that it was a two hour salivary testing and very, very comprehensive. You can start there. Even if you're not in New York or going to your dental practice, you can at least get a super comprehensive evaluation to figure out what's going on with you. A

Dr. Jonathan Levine

People are gonna say, I just want cleaning. And that's okay because that's the context that they've had in the past. Once they see what we're doing, they get educated. Everybody who said that then ends up having a mouth mapping at the next appointment, or people want a tour. So

we have the ability for people to see what they have. You come to New York, come have a tour, come see what we're doing. I love Zoom calls, and I get on Zoom calls with people who are in LA. I refer my friends to my colleagues there. I'm part of a group of 175 that is global and very focused on these types of things. They are specialists, so we can make referrals to people so that they can get a tremendous level of care.

Dr. Wendy Myers

Well, Dr. Levine, thank you so much for joining me on the Myers Detox Podcast. Everyone, thanks so much for tuning in to the Myers Detox Show, where every week I bring experts from around the world to help you upgrade what you're doing with your health, and really get you thinking about ways that you can improve every area of your health, anti-aging, and live the longest, healthiest life that you can. That's what I really want for you.

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