

# H O L I S T I C   D E N T I S T S

Tribeca Center for Integrative Holistic Dentistry



*There is a beauty in all things natural....*



Presented by Lewis Gross D.D.S

&

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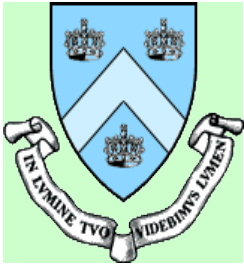
# **Curing Root Decay & Salivary Acidity in an Aging Population**

## **COURSE OBJECTIVE:**

**You will learn how to address dental complaints for a geriatric population with a Holistic perspective.**

# **Conflicts of Interest**

We have no actual or  
potential conflict of  
interest in relation to this  
presentation.



## LEARNING OBJECTIVES:

This course will review all aspects of  
**Holistic Dentistry**

- Addressing dental problems through Nutrition & acid based buffering
- Barriers to Oral Care
- Salivary Gland issues
- Alternatives to Mercury and Root Canal
- Diagnosis of Oral Cancer
- Non-surgical treatment for periodontal disease
- Sleep medicine

# **Our Philosophy:** **(The power of Intentions)**

**An awareness of dental care as it relates to the entire person. The oral-systemic connection:**

- The mouth is a window into overall health
- Nutrition to prevent and reverse systemic disease
- Acid-base buffering: pH testing
- The Inflammatory Model as the cause of chronic disease
- Elimination of toxic dental materials
- Sleep Medicine
- Malocclusion and facial development
- Detoxifying through oil pulling and herbal supplements

- High rates of dental root decay and periodontal disease are a common problem in an aging population
- The only solution to date has been Fluoride and Chlorine products
- The main cause of this change in older patients is lessened salivary flow and therefore an increase in salivary acidity
- Acid saliva (pH 5.5) demineralizes teeth<sup>1,2</sup>
- Saliva is super-saturated with calcium and phosphate at pH 7; this favors the deposition of calcium<sup>1,2,3,4</sup>
- Saliva promotes remineralisation, capable of depositing mineral in porous areas where demineralisation of enamel or dentine has occurred<sup>1</sup>
- Salivary pH shows significant changes and thus relevance to the severity of periodontal disease<sup>4</sup>

# Remineralization

- If a lesion is formed it will be remineralized; although this is a slow process that competes with factors that cause mineral loss<sup>1</sup>
- If the pH in the mouth remains high enough for sufficient time then complete remineralization of enamel may occur<sup>1</sup>
- However, if the acid challenge is too great, demineralization dominates and the enamel becomes more porous until finally a carious lesion forms<sup>1</sup>

## References:

1. Moynihan P, Pettersen PE. Diet, nutrition and the prevention of dental diseases. *Public Health Nutrition*. 2004;7(1A):201–226



# **OVERVIEW OF ORAL HEALTH OF THE OLDER ADULT**

- **Reasons for Poor Oral Health**
- **Barriers to Oral Care**
- **Long Term Care**
- **Dental Diseases of the Elderly**
- **Oral- Systemic Connection**
- **Importance of Salivary flow**
- **Edentulism**

**One out of Twelve Persons in  
Developing Countries is Over 65**

**By 2050 the proportion of the elderly in  
the total population is projected to: 20%  
of India and 32% of Developed  
Countries.**

References:

1. Srivastava R. High burden of dental caries in geriatric population of India: a systematic review". Indian Journal of Public Health. 2012;56:129-132

# REASONS FOR POOR ORAL HEALTH:

**Decreased self-care**  
**Lack of Dexterity**  
**Cognitive Impairment**  
**Dry mouth/ fungal infection**

## ✓Oil pulling

Research suggests that oil pulling may have potential in reducing plaque and gingivitis, caries causing bacteria, malodor and Xerostomia<sup>1,2</sup>



# **BARRIERS TO ORAL CARE:**

- **Senior Population Have Higher Rates of Dental Disease<sup>1</sup>**
- **Frailty**
- **Lack of Access Complications and Comorbidity**
- **Cost**



**Long term care staff are often poorly trained to administer daily oral hygiene<sup>3</sup>**



# DENTAL DISEASE IN THE ELDERLY:

**Rampant Root Caries**

**Attrition**

**Periodontal Disease**

**Missing Teeth/ Poor fitting Dentures**

**Xerostomia**

**Oral Cancer**



# ORAL- SYSTEMIC CONNECTION

- - **The mouth as a focus of infection.**
- There is a relationship between unbalanced oral and gut microflora and development of diseases<sup>1</sup>
  - Alzheimer's disease has been linked with periodontal disease, as bacteria similar to those found in the mouth were found in 4 samples of brain tissue in a small study of 10 Alzheimer's patients.<sup>2</sup>
  - Diabetes (DM): Periodontal disease complicates DM and DM predisposes individuals to periodontal disease. Both are chronic inflammatory diseases that exacerbate each other.<sup>3</sup>
  - Complications to heart disease and hip replacement.

# IMPORTANCE OF SALIVARY FLOW

- **Aspiration Risk of Pneumonia<sup>1</sup>**
- **Dysphagia difficulty swallowing**
- **Dry Mouth due to pharmaceuticals**
- **Reduced acidity and decay**





# Sjogren's Syndrome

70% positive ANA test



# Radiotherapy

**Side effects:**

**Dry Mouth**

**Mouth Sores**

**Difficulty Swallowing**



# Decreased Saliva Acidity & Dry Mouth

- Include probiotics such as homemade yogurt in your diet to aid digestion & absorption of nutrients
- Proper hydration
- Avoid foods high in phosphoric & citric acid, as an additive, in soft drinks
- Coconut oil pulling
- Alcohol-free herbal mouthwashes
  - According to the Australian dental Journal review there is now sufficient evidence to accept the proposition that alcohol-containing mouthwashes contribute to the increased risk of development of oral cancer and further feel that it is inadvisable for oral healthcare professionals to recommend the long-term use of alcohol-containing mouthwashes<sup>1</sup>
- Alkaline mouthwash



# SALIVARY HYPOFUNCTION COMMON PROBLEM

## Alkalize Oral Environment



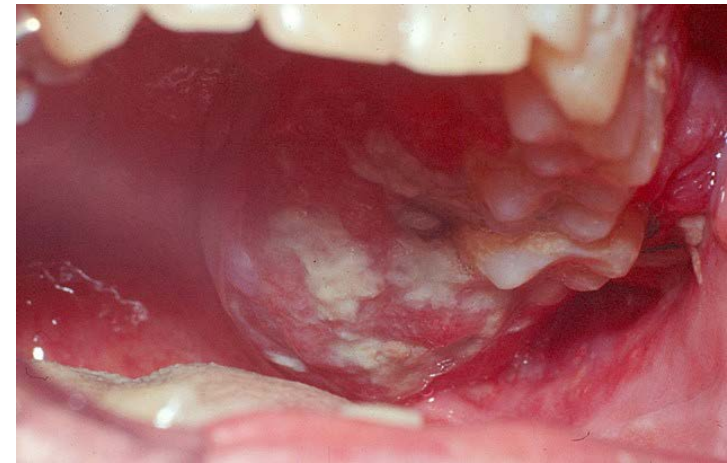
# ENDENTULISM:

**Rate of Edentulism Decreasing  
Older Adults Maintaining their Natural Teeth (5)  
Lost during Surgery  
Stolen in Long Term Care**

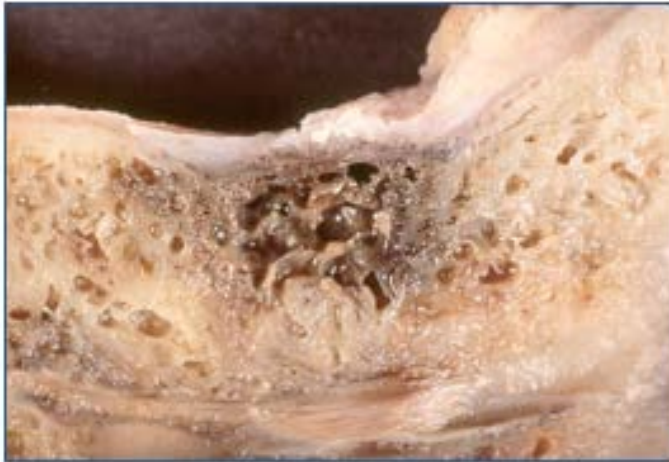


# Symptoms of Oral Cancer

- Discoloration of the soft tissue in the mouth
- Red or white patches on the tongue, lips, and bottom of the mouth.
- Raised, hardened lesions that are gray or white in appearance
- Hoarseness, chronic sore throat
- Thickening of the oral tissue
- Lumps in the facial and oral areas
- Dramatic weight loss
- Pain the jaw, neck, or shoulders
- Diagnosis, CDX, Brush Biopsy



# CAVITATION



- **NICO**
- **Foci Theory of disease**
- **Dr. Weston Price**



# CAVITATION

- Ozone Irrigation
- PRP – Platelet Rich Plasma bone graft





# ALTERNATIVES TO ROOT CANAL

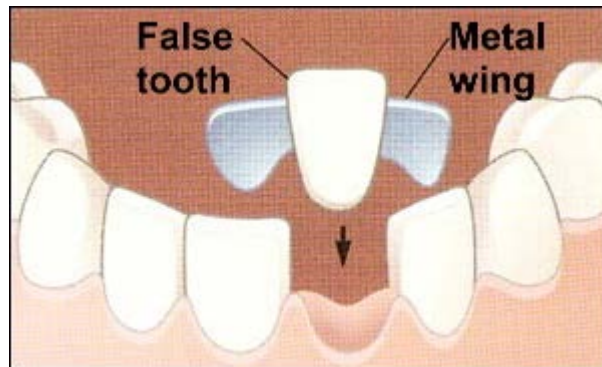


- **Careful Excavation**
- **Pulp cap**
- **Sedative Herbal Filling**
- **Apicoectomy vs re-treat**

# MINIMALLY INVASIVE DENTISTRY

**Conserve tooth structure**

**Maryland Bridge**



# **FACIAL ACUPUNCTURE**

**A non-surgical firmer skin and jaw line, reduced wrinkles, vibrant skin tone, and increased energy.  
It is an alternative to Botox.**



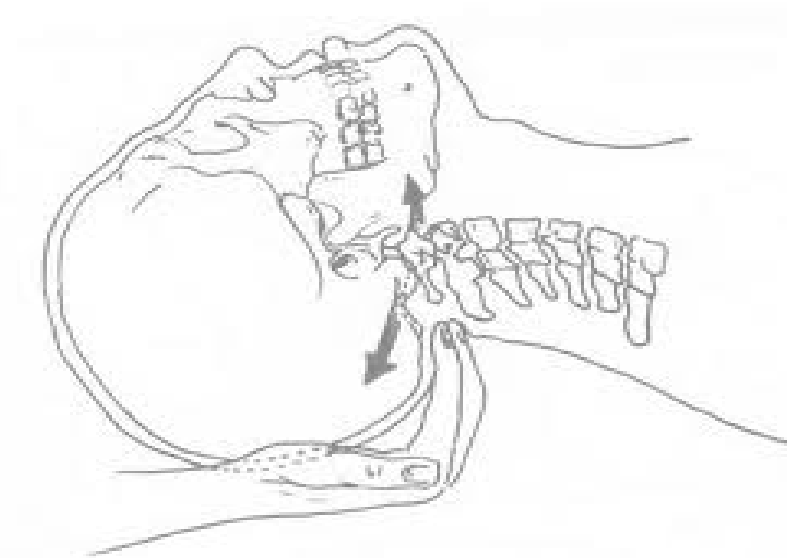
# BIOFEEDBACK

**Self monitoring and re-training of your body's heart rate, muscle tension, and stress is useful for treating dental phobia and TMJ.**



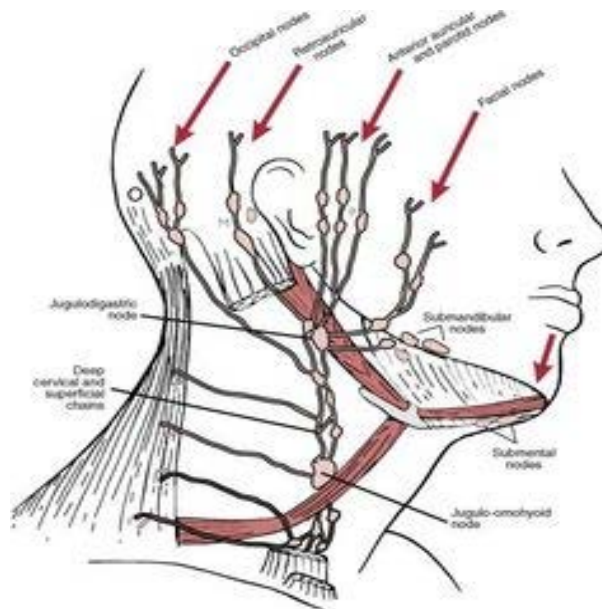
# CRANIOSACRAL

**Form of osteopathic philosophy using light touch to release tension and assist in treatment of TMJ, headache, and sleep disorders.**



# LYMPHATIC DRAINAGE

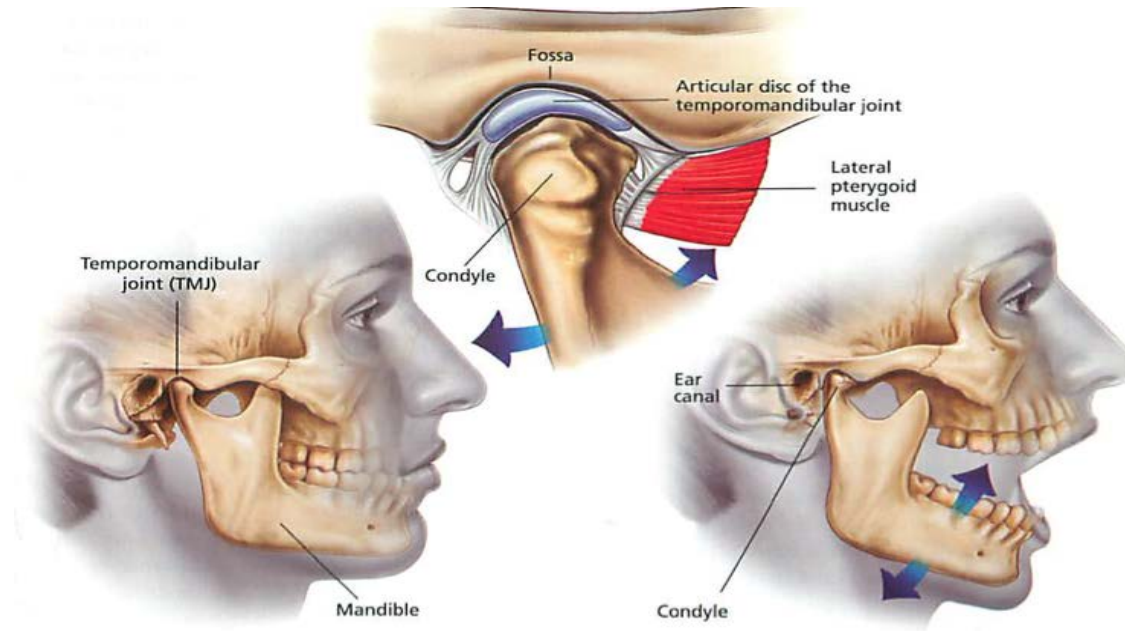
**Pre-post oral surgery to loosen stomatognathic system and drain blocked lymph nodes, and increased blood flow improve healing.**





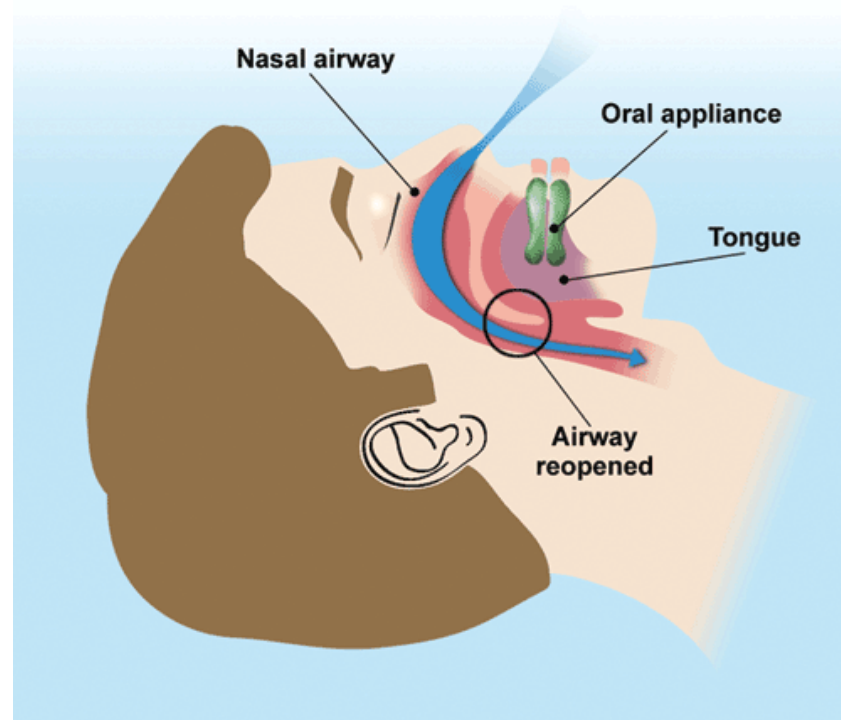
# MYOFUNCTIONAL THERAPY

**Works with facial muscles and tongue to assist in development of craniofacial structures in children and supports orthodontics sutures movement. In adults helpful sleep apnea, airway obstruction, TMJ.**



# SLEEP MEDICINE

**Oral appliance treatment for obstructive sleep apnea. Interdisciplinary approach to OSA involves education of medical community.**





# Four Main Causes of Tooth Decay

- **Increased consumption of sugar and refined foods<sup>1</sup>**
- **Lack of minerals, such as calcium, magnesium and phosphorus<sup>1</sup>**
- **Lack of fat soluble vitamin such as A, D, E and K, specially D<sup>1</sup>**
- **Bioavaibility and malabsorption of these nutrients, due to a high Phytic Acid diet and poor digestion<sup>1</sup>**

# Decay & Osteoporosis Protocol

- Avoid excessive intake of caffeine, cola, refined foods & sugar<sup>1,2,3</sup>
  - Increase intake of Alkaline-forming foods that are mineral- and nutrient-dense such as fruits, veggies rich in  $K^+$  &  $Mg^{+}$  <sup>1,4,5,6,7</sup>
- Women meeting the recommended Mg intake were at a 27 % decreased risk for future fractures<sup>6</sup>
- Eat Calcium rich foods such as green leafy vegetables, sardines, grass-fed milk, cheese and yogurt<sup>5</sup>
  - Adequate amount of good quality protein<sup>4</sup>
  - Drink organic grass-fed milk for its superior fatty acid composition & vitamin E content<sup>8</sup>

# Decay & Osteoporosis Protocol

- Vitamin D can be synthesized in the skin by exposure to sunlight <sup>9,10</sup>
- Vitamin D between 700 to 800 IU/d<sup>11</sup>
- Vitamin K2 deficiency of this vitamin has been linked with vascular calcification and osteoporosis<sup>12,13</sup>
- Highly bio-available - algae-derived Calcium<sup>14</sup>
- Calcium Citrate - The intestinal absorption of calcium citrate is approximately 24% better than that of calcium carbonate independent of intake with meals<sup>15</sup>
- Weight bearing exercise to increase bone mass<sup>16</sup>

# ROOT CAUSE RESOLUTION

- **The dental-medical connection**
- **Evolution toward Functional Medicine model of prevention**
- **Eliminate environmental toxins such as mercury**
- **Extraction of infected root canals and cavitations**
- **Sleep disorders and airway obstruction**



# HOLISTIC PROTOCOL FOR MERCURY REMOVAL



- Rubber dam barrier
- O2 mask on patient
- Nose and eye contact

# Sources of MERCURY

## ➤ **Elemental Mercury**

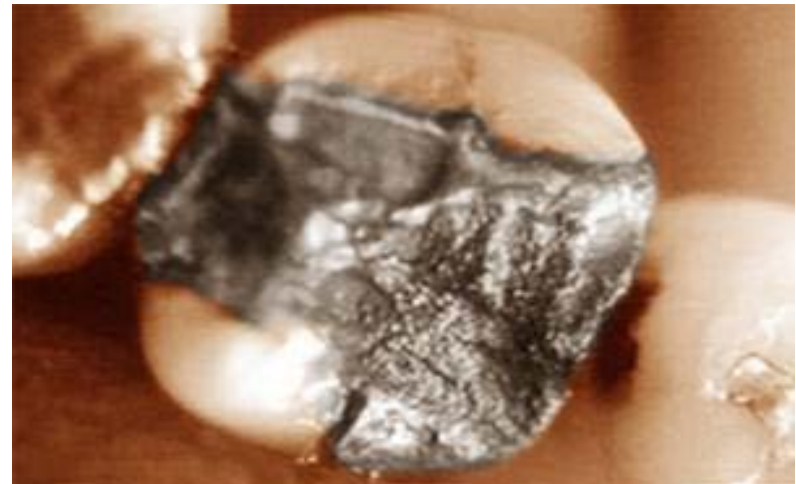
15 micrograms released each day from a filling

Mercury is a natural component of coal and is released into the environment during its combustion

## ➤ **Organic Mercury – Methylmercury**

2.3 micrograms fish from coal containing waters

➤ **Thimerosal in Vaccinations** is an organic mercury-containing preservative that is used in some vaccines to prevent contamination and growth of harmful bacteria in vaccine vials.



# Symptoms of Elemental MERCURY TOXICITY

- Neurological and Emotional
- Decreases cognitive function
- High suicide rate
- Muscle twitching
- Mood swings
- Nervousness
- Weakness
- Irritability
- Headache
- Insomnia
- Tremors



# Heavy Metals - Mercury Cleanse

## *Preparatory Phase*

- Remove source of exposure – Dietary & Dental fillings
- High fiber<sup>1</sup>
- Glutathione & Sulfur rich foods as natural detoxifiers<sup>1,2</sup>
- Correct any Vitamin D deficiency as it boosts Glutathione<sup>3</sup>
- High quality MVI: Vitamin B complex, zinc & selenium<sup>1,4</sup>
- Build a healthy Microflora: Probiotics & supplementation<sup>5,6,7,8</sup>
- Support liver function to enhance body's detoxifying ability
- Avoid highly processed foods, including HFCS<sup>9</sup>
- Move your body – Sweat!<sup>10</sup>



# CLEANSING PHASE

- Chlorella acts as an effective detoxification agent by binding to toxins, such as mercury, in your body and carrying them out of your system<sup>1,2,3,4,5,6,7,8,</sup>
- Cilantro may help to mobilize mercury out of the tissue.  
“While there is no evidence that coriander leaf has the ability to remove heavy metals, there is some preclinical evidence that, when used in advance or concurrently, coriander leaf can reduce toxin absorption and toxic effects”<sup>7,9,</sup>
- Liposomal Glutathione and Turmeric as antioxidants<sup>7</sup>
- Multivitamin with probiotics and enzymes<sup>7,10,11,12</sup>
- Vitamin C as an antioxidant<sup>13</sup>
- Maintain an exercise routine<sup>14</sup>

# Thank You!

## **HOLISTIC DENTISTS**

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