

**Dr. Ron Ehrlich:** Hello and welcome to “Unstress”. I'm Dr. Ron Ehrlich. Now being a health practitioner brings with it huge responsibilities and every single practitioner I know takes those responsibilities really seriously. Now I'm in a very fortunate position to work in a group practice and people come up to our surgery in the centre of the Sydney CBD and its beautiful space, we're very proud of it, it's a great environment in which to work but the best part of our practice is something which very few people see or experience. It's the five of us dentists share an office and we share our clinical experiences and our observations. We do that regularly and we mentor each other, and we advise each other. It is, it is terrific I have to say.

So, my guest today is one of those partners, [Dr. Lewis Ehrlich](#). And Lewis got the academic medal at University and he is an outstanding clinician. Apart from being a great dentist, he's a holistic health coach, he's a qualified personal trainer, a former professional football player - soccer and he's literally grown up with all these things we discuss on the show on the whole podcast.

Now oral health is becoming a big issue. It's actually always been one but governments and other health professionals and many in the public are now realizing an amazing fact yes, it's apparently a huge breakthrough in health care. The mouth is connected to your body and most importantly is being recognized as the gateway to good health. Well, who would have thought? Actually, we did many, many years ago. But here we are.

Now there's been a lot of publicity lately about oral health because of in Australia what's called the Oral Health Tracker. Now, this was developed in collaboration with the Australian Dental Association, the Australian health policy collaboration and quite a few leading Australian oral health experts. The oral health tracker highlights the link between oral health and preventable chronic diseases such as diabetes conditions and there are lots of other conditions in their risk or risk factors. It's a national report card that sets out oral health improvement targets for all Australians and the tracker shines a spotlight on our current national oral health status which isn't all that impressive I have to say while encouraging everyone especially the nation's leaders which definitely need encouraging to work towards effectively addressing the oral health burden in Australia. It is huge.

Interestingly in the USA, the Surgeon General's report in 2018 or in late 2017 highlighted almost for the first time the importance of oral health. That's 2018 oral health been an issue for quite some time and made the point very importantly that oral health and general health were inseparable. So, this was a great opportunity to take you into our back office more or less and share this conversation I had with one of my partners Dr. Lewis Ehrlich. I hope you enjoy this conversation I had with Dr. Lewis.

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Welcome to the show Lew.

**Dr. Lewis Ehrlich:** Thanks for having me on Ron.



**Dr. Ron Ehrlich:** Lew here we are talking around our... oral health week... Oh, oral health day was only well, middle of March or into March and it was pretty big this year because the media you got hold of a lot of statistics that were pretty alarming. What do you think?

**Dr. Lewis:** I thought it was very, very alarming. Shocking actually but a little bit unsurprising from what we see day today as dentists as well.

**Dr. Ron Ehrlich:** Yeah although our practice is in the city but even within the city of Sydney... but even with that, we're kind of sometimes surprised, aren't we?

**Dr. Lewis Ehrlich:** Yeah, we are. We're living in a little bit of a bubble there but having said that some of the statistics are pretty alarming you know, we've got what? 51% of people not brushing their teeth at all twice daily.

**Dr. Ron Ehrlich:** Twice daily?

**Dr. Lewis Ehrlich:** Twice daily.

**Dr. Ron Ehrlich:** Oh, my God... Twice daily.

**Dr. Lewis Ehrlich:** Yeah, which is crazy I mean if you think that people will line up for a coffee two three four times a day at what? 5-10 minutes a pop and yet they can't find you know, the four minutes that you need to brush twice daily you know for two minutes. It's a problem.

**Dr. Ron Ehrlich:** Yeah, and it's reflected in statistics too because they say tooth decay is the most common chronic disease in Australia and I think we've... I got to ask this question recently to have we been lulled into a false sense of security because water is fluoridated and therefore tooth decay has been eradicated?

**Dr. Lewis Ehrlich:** Yeah, well, I mean quite the opposite from these statistics and you know, if I look at the last week I actually saw two new patients in a row that didn't have any tooth decay and it made my day because it is so, so rare.

**Dr. Ron Ehrlich:** Yeah, well, we're going to come up against we're going to talk a lot about different aspects of oral health and some pretty alarming statistics but I... the thing that amazes me is given it is the most common disease chronic disease in Australia, the Australian government actually only spends 2.1 percent of its health budget is dedicated towards dental care. It's almost like the mouth is not connected to the rest of the body.

**Dr. Lewis Ehrlich:** Yeah, well, I mean and that attitude from the government standpoint is kind of the attitude that the individual picks up on as well. So...

**Dr. Ron Ehrlich:** If they're not covered by Medicare then it can't be too important anyway.

**Dr. Lewis Ehrlich:** Yeah and I think that you know, that rubs off on people and that could be one of the reasons why people aren't showing the enthusiasm to their oral hygiene.

**Dr. Ron Ehrlich:** Now you know, I know I've been asked this question a lot over the years but what define... You know, what is the difference between a holistic dentist? I mean what do you think they're different? How do you answer that question, Lew?

**Dr. Lewis Ehrlich:** Well, I think that you've got to look at the person connected to the tooth and gums not just the teeth and gums and themselves and you know, if you're talking about tooth decay you have to look at not just oral hygiene, you have to look beyond that and you have to think what is this person consuming, food, drinks? How they're breathing, how they're sleeping? Are they stressed? All these sorts of things come into you know a holistic style of thinking and I think in our practice given the way that we do practice with those things in mind I think you get better health outcomes and as a general rule we probably see a little bit less decay than then perhaps other areas when you're looking at a little bit more globally or holistically.

**Dr. Ron Ehrlich:** Yeah. Well, you know, they have that the statistic is that poor oral health in childhood is the strongest predictor of dental disease in adults. Well, that's not entirely surprising, is it? I mean if you've already got decay as a kid you are set on a path because you need to have the decay fixed, you've got to have fillings done.

**Dr. Lewis Ehrlich:** Yeah. And the disappointing thing with that is that when you see parents that bring their children in and they actually do have a lot of decay the attitude is that they're just baby teeth? And they'll get a new set anyway and as a result it doesn't really make a difference, but it sets the time for the rest of your life and the statistics show that so just throw it away as something that doesn't matter is not really the right attitude. Rather it should be a warning sign that things need to change, and they need to change quickly so they can set themselves up a better dental health but better health outcomes generally as well.

**Dr. Ron Ehrlich:** Well, I mean I think we've often commented on this is that if the hardest things in your body, teeth decay because of what you eat what's going on in the rest of the body you know, and you don't actually have to wonder about that because you just have to look at the statistics of chronic disease. I mean people think of oral... I think part of the problem and we'll talk about this later too that if they're not in pain you're fine but oral diseases kind of fall into three broad categories if you want to share that with because people just think if they're not in pain they're fine but there are other issues here you know being tooth decay, gum disease and oral cancer. I'm going to talk about each of those in a moment but this also when how they're getting back to and this statistic is really coming to us from the Australian Dental Association (ADA) and the Australian Health Policy Collaboration and I think the ADA actually do a fabulous job, I really do. They advocate for oral health for the community and try to elevate it to a level that it really should be at and that's part of what we're doing here today.

But the reason this has received so much media attention is that they've put together what's called the oral health tracker and it's a fabulous resource for health practitioners and the public and we're just referencing some of these statistics. These aren't statistics you and I

have come up with this has come from us from the ADA and we just thought we'd shoot the breeze a bit with it. But what about this other statistic about now hang on... it was about... Go on. You share it. You share it.

**Dr. Lewis Ehrlich:** Only 10% of adults that are 15 years or above are decay free.

**Dr. Ron Ehrlich:** Yeah, they have no cavities that's why you were so impressed with your two patient, new patients you saw this week. You... kind of... I know you came into the office and you said I've just it just made my day. I've just seen two patients that have absolutely no decay. There are in almost perfect oral health.

**Dr. Lewis Ehrlich:** Yeah. So rare to say. It really shouldn't be that I have to come into the office and tell all the other dentists...

**Dr. Ron Ehrlich:** Did you've seen something exceptionally?

**Dr. Lewis Ehrlich:** That have seen something exceptional but unfortunately that's the case and you know going back to what you were saying if the hardest substance in the body is decaying it's scary to think what would be going on. And it's also scary to you know elsewhere in the body is what I meant to say. But it would be scary just to think that that is such an exception that it's actually mind-blowing.

**Dr. Ron Ehrlich:** Yeah.

**Dr. Lewis Ehrlich:** That that is so normal.

**Dr. Ron Ehrlich:** Yeah.

**Dr. Lewis Ehrlich:** That almost every patient that I see in what would be considered a bit of a "health bubble" you would almost call it you know. A lot of people are in tune with their health a lot of people will seek out our practice because it's a health orientated space etc. And we attract like-minded people as a general rule to even see that as an exception in our practices is scary.

**Dr. Ron Ehrlich:** And to put that statistic another way that means 90% of the population over the age of 15 have experienced some decay in their permanent teeth. 90%. And that actually there's another statistic a little further on we looked at in America which confirms that, and we'll come back to that also. But the other one we talked about is gum disease.

**Dr. Lewis Ehrlich:** Yeah, yeah. 20% of adults in Australia age 15 and above have some form of gum disease.

**Dr. Ron Ehrlich:** Yeah, now just to give people a little bit of gum health 101 here. The gum should be like a really tight collar around the tooth and there's a crevice between the gum and the tooth and if you measure the depth of that crevice it should only be about two to three millimeters deep. It should be pink it should be firm it should be healthy it shouldn't

bleed when you brush your floss. If that crevice goes deeper and actually becomes a pocket that starts to impinge on not just the gum that you can see but the periodontal structures that support the tooth to the bone. So, that's why a periodontal pocket over four millimeters of depth affects 20% of people over the age of 15. But as we will see as you get a little bit older than 15 and not that much older than 15 it gets even worse than that.

**Dr. Lewis Ehrlich:** Yeah, and I mean a lot of people would see bleeding gums and think ah it's no big deal it's just bleeding gums, but you know like we say to our patients if you take the surface area of your gums it's about the size of your palm and if every time you wash your hands your palm started to bleed you'd be in a state of panic. But often we just turned a blind eye when there's a bit of bleeding from the gums but what that's actually showing is that there's chronic inflammation in the body and gum disease is no laughing matter. It's basically linked to heart disease, diabetes, stroke, rheumatoid arthritis, breast, cancer, pancreatic, cancer preterm births, low birth weights, erectile dysfunction, poor sperm quality, you know the list goes on. So, if you're not taking your gum health seriously you're not taking your health seriously.

**Dr. Ron Ehrlich:** Yeah. And as you say a lot of people kind of floss will floss their teeth and they'll get some bleeding and they'll think I might just not floss my teeth for a while and that seems to be the problem. And again, using the hand as an analogy if every time you washed your hands the cuticles of your nails bled you wouldn't go oh I'll just stop washing my hands for a few days and the problem will be solved.

**Dr. Lewis Ehrlich:** It's a reason to keep going.

**Dr. Ron Ehrlich:** It's a reason to keep going and focus. And actually, the common denominator in all those diseases that you just mentioned, this chronic inflammation of which the gums is the most common. So, that's a pretty alarming statistic. Well, here is that question again how common gum disease and this came from an American study this didn't come from the Oral Health Tracker but how's that for a statistic 94% of adults in the United States have some form of gingivitis. That means the gums that more superficial part of the mouth you know the pink stuff around teeth that's gingiva and when that bleeds or is puffy that's called gingivitis and 94 percent of the American population and I would suspect that would be true in Australia too of the adult population have this more superficial gum inflammation chronic inflammation gingivitis.

**Dr. Lewis Ehrlich:** Yeah. Well, I mean again doing our new patient examinations that we do we check the gums and it's definitely the exception not the rule if you see a bit of a... bit of healthy gum tissue that doesn't bleed.

**Dr. Ron Ehrlich:** Yeah and the more deeper problem of periodontal... so you've got gingiva gum, but you can see but the part that joins the tooth to the bone is called the periodontal ligament so that's what periodontal disease is all about that it goes deeper. That's a pretty alarming statistic. Come on and share it with our listener.

**Dr. Lewis Ehrlich:** Well, here in American adults it's almost 50% have deep gum disease and for adults over 65 it jumps up to 70%. So, you think about all those systemic

diseases that I previously mentioned. If you want to try and reduce your risk of those things and you'd want to see that that figure a lot lower amongst our population.

**Dr. Ron Ehrlich:** And back to tooth decay and this is another study that we were talking about recently that said 92% of adults aged 20 to 64 had some experience of tooth decay in their permanent teeth. Tooth decay is the most infectious non-communicable disease globally. But you actually said something the other day when we were talking about that young patient there was a young patient that we heard about. Share it with our listener what this story was.

**Dr. Lewis Ehrlich:** Well, we had a four-year-old patient that that came in to see us and basically was told that she has eight holes and needs to have a general anaesthetic to have them treated and the mother was quizzing us as to you know, they said they're on a healthy diet, they are on a natural toothpaste. They didn't use fluoride toothpaste, but they presumably did drink fluoridated water and they were kind of coming to us searching for what well they were definitely cavities there and with kids at that age you do need to put them under general anaesthetic because you just cannot sit a four-year-old kid down and do the complicated work that is involved in that. And they were searching for other answers and we kind of shot some ideas around what could be, some other reasons... Let's share with our listener what some other reasons for that level of tooth decay might be.

**Dr. Lewis Ehrlich:** Well, one interesting one is that you can actually leave your child susceptible to dental decay if you yourself have the bacteria in your mouth that causes dental decay. So, it's actually transmissible it can be transferred from you know caregiver to child if you've got a lot of decay in your in your mouth and you're sharing spoons.

**Dr. Ron Ehrlich:** And gum disease.

**Dr. Lewis Ehrlich:** Yeah. Well, gum disease if you're you know sharing spoons, kissing your child. And I'm not saying that you shouldn't shower your children in love, but you've got to make sure that your oral health is in tip-top shape if you do want to reduce their risk of gum disease and tooth decay. So, tooth decay is actually is transmissible disease according to recent research, so a lot of people don't know that.

**Dr. Ron Ehrlich:** And there were a few I mean I kind of raised the one that a lot of people aren't aware of and that is if you are gluten intolerant or sensitive like the extreme version of that is a coeliac where you just literally cannot eat any gluten but there is a lot of non-coeliac gluten intolerance and that affects your ability to absorb minerals effectively and that affects the quality of tooth structure. Making you more susceptible.

**Dr. Lewis Ehrlich:** Yeah, yeah. So, you want the two structures to be really hard and it should be ten times harder than bone and if you've got that gluten sensitivity issue it can make the tooth-structure soft and more susceptible to holes and that could be another reason potentially why this child has ended up in the situation that she finds herself in.

**Dr. Ron Ehrlich:** We also offered an opinion on breathing.

**Dr. Lewis Ehrlich:** Yeah. So, we're meant to be breathing through our nose. Noses for breathing mouths for feeding and if you don't do that what you can do is a range of things we could talk about this for hours.

**Dr. Ron Ehrlich:** Let just give a quick one.

**Dr. Lewis Ehrlich:** One of the issues is that you're you also dry out your saliva at night-time and that's a protective mechanism in the mouth to prevent tooth decay. So, you know potentially this child was what I saw was breathing through her mouth and that's basically drawing up saliva but also shrinking her airway as well because her upper and lower jaws will be nice and broad if the tongue is at the roof of the mouth. If it's not there and it drops back into the throat not only do you get a poor-quality sleep because breathing is affected and presently start grinding. But yeah not good for the shape of the upper and lower jaws and sinuses.

**Dr. Ron Ehrlich:** Yeah. A lot of people see spaces between the baby teeth and think oh no that's not a good thing but actually, we look at it and we can say if there are spaces between the baby teeth then you have probably got enough room for the adult teeth. If the baby teeth look just fabulous aren't they all in a perfect line with no gaps we look at it and go that kid is going to need orthodontic treatment, that kid has already got a narrow upper jaw and probably lower jaw and that kid has got therefore a narrow upper airway. So, breathing was another issue.

**Dr. Lewis Ehrlich:** Yeah. And you know your spot on I see a lot of kids and that I've had numerous parents come in and say oh there are so many gaps between the teeth and that's another one that makes my day.

**Dr. Ron Ehrlich:** You don't see that often.

**Dr. Lewis Ehrlich:** You don't, you don't. I come into the office and tell everyone that I saw a kid with space between their teeth and that...

**Dr. Ron Ehrlich:** You've got a lot of good news for us. In the office, we wait for you to walk in and it's all the good news. But that is true, and you know we've talked about this many times and that is that if you looked at 95% of the population they don't have enough room for all 32 teeth in their mouth that we've evolved to have. And if you've got enough room for all 32 of your teeth and you've got broad upper and lower jaws you've got enough room for your tongue and you more than likely have a broad upper airway. If you don't have enough room for your teeth and you have a narrow upper airway and that predisposes you to a whole range of things but we're not going to get distracted by that. We're going off on a tangent here, but we were talking about this four-year-old kid and why they were had such a high decay rate.

So, we talked about well we didn't actually get to do a diet diary on the kid which we would love to do, and a lot of people think you know, a good diet may... well, what they consider a good diet may not necessarily be what we consider a good diet. But the gluten was one thing the airway was another thing...

**Dr. Lewis Ehrlich:** The transmission potentially from mothers to child and caregiver it to a child. There's another one.

**Dr. Ron Ehrlich:** I think reflux was potentially another one that the kid you know there could be some reflux to do with some food sensitivities which it brings acid into the mouth and causes that kind of you know, a lot of decay. That's a lot. Eight cavities in a four-year-old kid is a lot of cavities. But it's a problem. I mean tooth decay is a problem and interestingly enough when you are on a traditional diet and they have been research done about this in the 1930s and I guess archeological studies. I mean there are some archeological studies that do show tooth decay and oral health was a problem, but I would suspect that was in a nutritionally compromised area. But if you're on a nutrient-dense diet zero prevalence of dental disease 10,000 years ago compared to 90% today which is a pretty sobering issue. Now the other one that comes up in a lot of people don't associate with a visit to the dentist is this one. Oral cancer.

**Dr. Lewis Ehrlich:** Oral cancer is on the rise. I think worldwide it's approximately the tenth most common cancer. And you know one of the main reasons why people should attend the dentist and one of the reasons why avoidance is such a dangerous game to play is that we do an oral cancer check and it's one of the most important checks that we can do as dentists to pick up on this potentially life-threatening disease. And there's 11 per 100,000 people.

**Dr. Ron Ehrlich:** Yeah. And it's higher in Australia because of our lips exposure to the Sun. I mean the causes of oral cancer well, pretty obvious...

**Dr. Lewis Ehrlich:** Yeah.

**Dr. Ron Ehrlich:** And some not so obvious.

**Dr. Lewis Ehrlich:** Well, I mean it used to be a very common cancer amongst and it still is amongst people that are 40 years and above that have been smoking and drinking a lot of alcohol so they're two of the main ones. A lot of people don't realize that they're actually co-carcinogens. We all know the people that are social smokers or what-have-you they only smoke when they drink etc. Now that's a dangerous game as well because the alcohol dries the saliva out and then leaves the oral tissues exposed to the potentially damaging effects of cigarette smoking. So, if you've got a friend out there that only smokes when they drink you know should let them know that that's actually a dangerous game.

But also, where we're actually seeing it in a younger people these days which is quite alarming and that's because of the human papilloma virus or HPV and it's actually been shown to come as a result of oral sex. They are seeing a rise in oral cancers from young people performing oral sex.

**Dr. Ron Ehrlich:** And of course, as I said the sun's exposure to the lower lip in Australia elevates oral cancer and, in our practice, I mean over it only has happened probably three times in the last five or ten years to me. One of them was a 53-year-old woman who had very, very tiny ulcer on the side of her tongue and it turned out to be a carcinoma and the

extensive surgery that resulted from that was really horrendous. I mean you know you take your tongue for granted until you burn it, damage it, bite it or actually don't have it and that affects salivary glands as well so if you think, talking, and speaking and chewing and smiling...

**Dr. Lewis Ehrlich:** And swallowing.

**Dr. Ron Ehrlich:** And swallowing is all important. So, there was a 53-year-old and she had quite extensive surgery. Same story with the 23-year-old woman young woman you know, really shocked us. And then I had one case which I mentioned in my book of a 29 year old guy that came in because he felt he had loose tooth on a back tooth and when I examined him as a new patient every tooth on his right-hand jaw moved and I had never seen anything like that before and he immediately went off to our oral surgeon and he was very quickly part of a very complicated oral surgery and which actually removed his right upper jaw. Now I don't want to gross people out but that is the seriousness of oral cancer and you know, we are saying we routinely as you say we check and I'm sure everybody's dentist does this as well. You routinely check the lips, the tongue, the cheek,s the palate, the roof of the mouth, the back of the throat and the glands under the jaw. And that is just a standard six monthly oral cancer screening that I'm sure absolutely every dentist does.

So, that is another reason for going to the dentist and having them check you out very thoroughly. We talked about pain being a barometer of health or not. You know kind of people think if they're not in pain they're okay, how's this for a statistic go on?

**Dr. Lewis Ehrlich:** Adults who reported a toothache in the last 12 months 16.2%. So, that has to be you know the tooth has to be in a bad way for you to get a toothache because like you were saying you can have a cavity and it doesn't cause any pain whatsoever until it's quite far gone so that's quite alarming.

**Dr. Ron Ehrlich:** What percentage... I mean we've thrown this around a little bit in our office talking but what percentage of oral health problems, oral diseases that is tooth decay gum disease and oral cancer, what percentage of those displays as pain?

**Dr. Lewis Ehrlich:** Very little.

**Dr. Ron Ehrlich:** What would you go on? I mean I've got my own idea of what it is so I would think... What would you think?

**Dr. Lewis Ehrlich:** Well all you have to think about is how many patients come in to see you in pain and that would be I would say five maybe two... Five... Two to five percent.

**Dr. Ron Ehrlich:** Yeah. I think that's absolutely right. I think 95 percent of oral disease has no pain associated with it and that's shocking and that actually surprises me because in one day and this happens to us all the time. In one day... I had a patient a few months ago new patient that came in and they were concerned about a little brown spot on their canine tooth. And I looked in their mouth never having seen them before and at the back

of their mouth, they had six teeth that were completely rotted down to the gum, completely. And I said to them and they were concerned about this brown spot which fair enough I'd be concerned about it too but I said to them have you had any pain? – “No. I have not had a day's pain. I'm just concerned about the appearance of this brown spot on my front tooth”. And then on the other hand in those one or two out of a hundred or five hundred of them, one person comes in and yes, they have a cavity where they are excruciating, excruciating pain. So, I had that happen in the same day and I've been in practice for a fairly long time and it still surprises me.

**Dr. Lewis Ehrlich:** Yeah. There's no rhyme or reason there.

**Dr. Ron Ehrlich:** Yeah, no rhyme or reason. So, the point being if you're not it just because you're not in pain, good on you, but that doesn't mean you're anything to do with oral health.

**Dr. Lewis Ehrlich:** It's a really bad barometer.

**Dr. Ron Ehrlich:** It's really bad. Imagine I often use the analogy to imagine if I went in to see my cardiologist Ross Walker who we interviewed earlier in this series. You know, and Ross said to me Ron how are you doing? And I go I'm fine and he said you in any pain and then I go no when he said well, might come back when you're in pain and I'd be thinking Ross... And I know Ross doesn't do that Ross is a lot more thorough than that.

Anyway, dental check-ups and this got a lot of publicity, didn't it? How often people actually go over the age of... go on.

**Dr. Lewis Ehrlich:** Adults age 18 years or above that have had a dental check up in the last 12 months – half.

**Dr. Ron Ehrlich:** Yeah. And I mean I think I've heard a statistic where actually half of the population haven't been for a dental check-up in the... in more years than that. I'm surprised that was only in the last 12 months.

**Dr. Lewis Ehrlich:** Yeah. Well, I mean one patient stands out for me I actually had a guy who hadn't had a checkup since 1981.

**Dr. Ron Ehrlich:** Wow.

**Dr. Lewis Ehrlich:** And this was...

**Dr. Ron Ehrlich:** How old was he?

**Dr. Lewis Ehrlich:** He was 60.

**Dr. Ron Ehrlich:** Right.



**Dr. Lewis Ehrlich:** And he you know, this was probably back in 2015 and he didn't realize that he actually had gaps between his teeth on his lower front teeth.

**Dr. Ron Ehrlich:** Right.

**Dr. Lewis Ehrlich:** Because they were caked in plaque.

**Dr. Ron Ehrlich:** Right.

**Dr. Lewis Ehrlich:** So, I removed the plaque and he goes – “Ah, I've got gaps between my teeth. I never knew that”.

**Dr. Ron Ehrlich:** Yeah that's where the gum normally would sit but this was full of calca... Anyway, now part of this oral health tracker also and again let's give credit to the ADA and the Australian Health Policy collaboration because these are these are amazing statistics and they need to be out there and it's why we're doing this show today. Australia's children and young people let's just look at a little bit of that. This is pretty scary, this is pretty scary I mean children 5 to 6 years old who have experienced decay in their primary teeth 35% of kids up to the age of 5 to 6 years old have had some decay in their baby teeth. I mean come on give us the rest of it. It's pretty shocking.

**Dr. Lewis Ehrlich:** Untreated tooth decay children 5 to 10 years is 27%.

**Dr. Ron Ehrlich:** Yeah. Now you actually told me a very interesting statistic about days lost. Share that one with us. You know, we talked about 600,000 school days lost because of oral health problems.

**Dr. Lewis Ehrlich:** Yeah, I'm mean the ADA a few years ago released a document basically with estimates on how much productivity is lost due to oral diseases and there was six... they estimated there were 600,000 school days lost annually because of tooth related issues or pain or treatment. And you think about how many how many days of lost learning that is across our community.... it's you know they're missing out on valuable education there.

**Dr. Ron Ehrlich:** I mean I know we're talking about young people but going back to adults, I think there was another incredible statistic which was something like a million days, of working days, were lost because this was the ADA's assessment.

**Dr. Lewis Ehrlich:** Yeah, yeah, I mean a million days across the country.

**Dr. Ron Ehrlich:** Across the Australian pop.

**Dr. Lewis Ehrlich:** It's just the Australian population.

**Dr. Ron Ehrlich:** Yeah.

**Dr. Lewis Ehrlich:** Juda tooth related, or you know, oral health related issues.

**Dr. Ron Ehrlich:** We are bombarding people with statistics but when you look at younger people as they get it well you know they get older 6 to 14 years, 25 percent basically have decay already at that stage in their permanent teeth.

**Dr. Lewis Ehrlich:** Yeah, I mean I had a I had a patient who literally had just got his premolar, he's out old premolars, he'd had it in his mouth for a year and you already had a massive hole and you just think how does this happen?

**Dr. Ron Ehrlich:** Yeah. Yeah, yeah, yeah. Early childhood dental visits. When do you think when should a child first come?

**Dr. Lewis Ehrlich:** Well, I think the ADA released something that said that you should check their teeth when they first come out but that might be a little bit impractical so probably some of...

**Dr. Ron Ehrlich:** You mean professionally.

**Dr. Lewis Ehrlich:** Professionally.

**Dr. Ron Ehrlich:** Yeah.

**Dr. Lewis Ehrlich:** Yeah, yeah, yeah.

**Dr. Ron Ehrlich:** Maybe, maybe that's a good way you know with the baby just in there and you're counting the teeth. I mean I...yeah and I think could have encouraged the patient to come in with their child rather than make a separate appointment. You know, you're looking in there too you know what I mean like not make a big deal of it but yeah...

**Dr. Lewis Ehrlich:** Yeah. I mean practically speaking around sort of two to three is probably a good place to start. Get them in some good early habits make it a positive experience from day one and set them up for a lifetime of good oral health and not a pattern of avoidance which unfortunately a lot of people do.

**Dr. Ron Ehrlich:** Yeah and I think for parents you can actually look in some in a kid's mouth and you get a pretty good idea if there's discoloration or staining on a tooth then there's probably a problem. So it's definitely worth looking into at that point.

You know, we talked about lost school days but there was a part of that same report was also you know, you said 600,000 days were lost in school. But there was also a part of that report lost to productivity. Can you share that with our listener?

**Dr. Lewis Ehrlich:** Yeah, so lost productivity based on truth related discomfort and it has been estimated at about two billion dollars a year. So, you know, if you want to do the right thing by your country you really should be here staying on top of your oral health and be visiting the dentist regularly and be very proactive rather than reactive.

**Dr. Ron Ehrlich:** Yeah. Economic right. Another form of economic rationalism.



**Dr. Lewis Ehrlich:** Exactly.

**Dr. Ron Ehrlich:** You know if there's no other reason, do it for the country.

**Dr. Lewis Ehrlich:** Exactly.

**Dr. Ron Ehrlich:** And go get your teeth check so you don't you know lose productivity. God, we would not want productivity you go down that would be just absolute disaster.

**Dr. Lewis Ehrlich:** Dental health makes economics.

**Dr. Ron Ehrlich:** Solely just finishing if you had to give our listener you know, now they're totally focused I mean I can just imagine people are reaching for their phone about to ring up and make appointments to go and visit their dentist and check. What are some of the tips you'd leave our listeners with oral health wise?

**Dr. Lewis Ehrlich:** I think eating nutrient-dense natural foods is very important. So, non-negotiable. Avoiding things that are in packages or with an ad on TV is generally a good thing to avoid, brushing regularly which is you know twice daily for two minutes which half the population isn't doing. That's a no-brainer but also visiting your dentist regularly as well. Not leaving it years and years and years between visits because you've got to you got to get on top of you know things like chronic inflammation tooth decay etc. and they're often not painful.

**Dr. Ron Ehrlich:** Yeah, I think we've kind of been lulled into this false sense of security with this idea that water fluoridation has eliminated tooth decay and this statistic clearly shows it hasn't and you kind of think well decay rates have definitely gone down since I was a kid for sure and you look through the entire world fluoridated and non-fluoridated countries decay rates have gone down and I think the reason for that is people have focused on brushing more than they used to. But clearly we are not doing it enough and I guess the other message was that don't wait for pain because it's such a poor barometer of health.

Just finishing up now, you know taking a step back from your role as a dentist, what do you think people's biggest challenge is today on their health journey through life in our modern world?

**Dr. Lewis Ehrlich:** I think confusing health messages. People really don't know how to sort through the bombardment of information that they get on a daily basis and it's all conflicting, but I think if you go back to basics eating natural, healthy foods, prioritizing your sleep, prioritizing your oral health which is a little bit bias I know but it's very important. Moving your body regularly. I think if you start with those things and then you'll be a lot healthier than you otherwise would if you weren't doing those things. So, getting back to basics not getting too caught up in the confusion really. I think that's a really important thing.

**Dr. Ron Ehrlich:** Fantastic. God, you couldn't tell your part of my family, could you? Lew thanks so much for joining us today.



**Dr. Lewis Ehrlich:** Pleasure Ron.

**Dr. Ron Ehrlich:** So, there it is some pretty disturbing stats and when you dovetail that into this epidemic of preventable degenerative diseases we have in our society. It doesn't matter whether we're talking about cardiovascular disease, cancer, name a body part and there's cancer to go with it affecting young and old like allergies diabetes autoimmune conditions of which now there are over 80 and more.

So, we're going to be doing other shows on various other aspects of oral health. [I list dental stress as an important stressor and with good reason.](#) Some of those issues will be the root canal issue chronic tension headaches and neck aches which people often don't associate with their oral health but clenching and grinding are very intimately connected to those. As I've said if you're not taking oral health seriously you should because your body already does and don't wait for the pain.

Now we'll have links to Dr. Lewis Ehrlich's webpage. He's written some great health articles and is definitely worth following. We'll also have links to the oral health tracker, the US Surgeon General's report which makes fascinating reading.

Folks now listen I'm a dentist, so I've got to say this don't forget to brush twice a day. Apparently, 55 percent of the Australian population don't do that so please if you're a listen to this program make sure you do. Floss once a day and most importantly feed your friendly bacteria, your oral microbiome, and your gut biome. Not your unfriendly bacteria by eating a nutrient-dense diet and drinking clean water. Are you feeding your friends or your foes? And more importantly, most importantly, don't wait for pain. Remember 95, at least 95 percent, we think of oral health conditions do not have pain associated with them so visit your dentist, find out if you do or to what extent you do have any oral health issues. Remember that not much can go wrong in six to twelve months usually and if you haven't been in for a while well go. So, with that in mind until next time and this is Dr. Ron Ehrlich. Be well.

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