



Dr. Ron Ehrlich: Hello and welcome to Unstress. I'm Dr. Ron Ehrlich. Here we are. We've got quite a few episodes under our belt. Over 25 I think it is and, if you've just joined us and cast your eye all the way down to Episode 1, The Mission Statement, which actually explains it all, you will see we have covered a fairly broad range of topics.

Now, for those who don't know, I am a holistic dentist. So it's appropriate to cover things to do with oral health. This episode will be of interest to anyone with a mouth, who is interested in their health and hasn't fully connected the two.

If you're not taking oral health seriously, you should, because your body already does. Now, we're not going to be talking about brushing and flossing, although it does behoove me to say, and I would be irresponsible as a dentist if I didn't, it's important. So there it is. I've said it.

My guest today is dentist Dr. Steven Lin. Steven has written a fabulous book and the title says so much. It's called, *The Dental Diet: The Surprising Link Between Your Teeth, Real Food, and Life-changing Natural Health*. This is about so much. Your digestive system, your respiratory system, your ability to breathe and sleep well, your posture, it's about ancient wisdom and, as you will hear, it is not just about how and what to do, but why.

I hope you enjoy this conversation I had with Dr. Steven Lin.

[Download the PDF transcription](#)

Welcome to the show Steven.

Dr. Steven Lin: Hi Ron, it's a pleasure. Thanks so much for having me.

Dr. Ron Ehrlich: Steven, you and I are both dentists so the health of the mouth doesn't come as a huge surprise to us, but, to a huge majority of people, it does. There's a certain truth in our teeth. Why does the mouth matter so much?

Dr. Steven Lin: I think you're right Ron. We've really witnessed this, in our practice and our profession, broadly in society, is that we really placate the mouth as being an area that we go and get fixed up if there is a problem. So I really think that people have this misunderstanding that there is actually very powerful messages in their teeth and their gums, the way their jaws develop even. We can actually be understanding simply by viewing the mouth, not as something we go to fix at the dentist, but we understand as a part of the body and as a physiological messenger. Really, I think that the food has the power to control these messages and understand how the oral-systemic connection is far more powerful than we ever really even imagined.

Dr. Ron Ehrlich: Well music to my ears, Steven, of course, and we're going to get into the diet.

What sort of things are going on in the mouth, for our listeners?

Dr. Steven Lin: Yes, I think many people, we really kind of look very superficially at the mouth and even dentists might be a little bit guilty of this as well. We kind of look at teeth and that's all. But there is a lot going on in the mouth that can really tell us very, very deep and fundamental processes in the body.

One big aspect that I think that we miss is breathing. And, you know, you really kind of talk about this a lot. I think your book is such a great resource for that. But breathing, we can find the signs of improper breathing and one way that I try to tell my patients about that is that, if you think about feeding yourself, oxygen is the Number 1 nutrient. So, if we see that and we see the mouth as this messenger for how we're taking oxygen in, all of sudden we can begin to see some very simple signs that we're not breathing right.

One might be teeth grinding. One might be biting the tongue. One might be mouth breathing or dry mouth or waking up in the morning, for instance, feeling a bit not refreshed because we have not had a good nights sleep. That can all be connected to not breathing right, and the mouth is usually one of the first points that we start to see the signposts of this.

Dr. Ron Ehrlich: Yes. People don't make that association. But the shape of the mouth is a really important factor, isn't it?

Dr. Steven Lin: Absolutely.

Dr. Ron Ehrlich: And size. And this is where size does matter.

Dr. Steven Lin: That's a great analogy. But yeah, that's right. So there are ways, for instance, and this is especially important in our parents, but also in us as well, to understand how your jaw has developed. So, anthropologically, if you look at the records, we are designed to have 32 human teeth. If we don't fit those teeth naturally, that's a sign of jaw growth inadequacy. That means that your upper and lower jaw haven't grown enough to fit those teeth. That's a signpost of the body not having the correct nutrients and messages to grow properly during childhood.

But then, what we're talking about here, in terms of the architecture of the airway, all of sudden we can look into someone's mouth and look at their palate, and look at their adenoids and tonsils. We can see the tonsils in the back of the throat. So, if we see airways that are constricted if we see structures and cranial facial structures that haven't quite developed, or postures. A forward-tipping head, for instance. In a narrow-faced individual indicates that they're, for the most part, be mouth breathing by habit.

So all these signs come up in the body and it's a sign of development, but also a sign of nourishment as well. We actually know now that we can intervene in these processes. One, by function. So how the tongue works. How we breathe through our nose. How our lips work. We can intervene in how to operate this very important system, which is the mouth.

Dr. Ron Ehrlich: Because a lot of people just think, oh I inherited my mother's teeth and my father's jaws, or vice versa, and that's why my teeth are crowded. But it's a lot more complicated than that, isn't it?

Dr. Steven Lin: Yeah exactly. And this is where I really try to an anthropological approach where we look at our ancestors and the scope of which crooked teeth, and dental disease as a whole actually, have existed in our society in our human ancestors. Really what an eye-opening moment for myself was to look at the anthropological studies, talk to the anthropologists, and they laugh when you ask them about dental diseases. It just didn't happen. There are two points that they found that really kind of changed the shape of our mouth. That was the agricultural revolution where tooth decay began to pop up in more of its modern forms. But, then the industrial revolution is when we began to see the modern jaw, and the modern mouth that walks into our dental practice today, with not only tooth decay, gum disease, but also malocclusion and crooked teeth. That's a conversation I don't think we're having enough in society is that malocclusion really is an issue of development, and we can intervene in this process now. Really, at the underpinning, when we changed our food our jaws stopped growing and our teeth stopped filling as a result.

Dr. Ron Ehrlich: It's a funny thing that we've just come to accept as okay. I mean, I often draw the analogy if we didn't have enough room on our hands for all five fingers and we all agreed at age 21 that we'd just remove the fourth finger because it wasn't really doing very much, I doubt whether we'd all be going, "oh yeah, that's cool. I'll have my fourth, have you had your fourth finger removed? Yeah, I did too." And we just accept it.

But I know you got very excited, as I did too, about a fellow by the name of Weston A. Price. Tell our listeners a little about Weston A. Price and why that was so significant. Who he was.

Dr. Steven Lin: Yeah exactly. I actually discovered his book whilst I was backpacking through Europe and I was taking a little bit of time away from dentistry. I was a little bit, you might say disillusioned with working as a dentist. Because it was so reactionary and so treatment-focused. I was in a hostel in Turkey, in Istanbul, and there was a shared reading shelf and I actually saw a book named, Nutrition and Physical Degeneration by a guy named Weston A. Price who lived in the 1900s and practiced in Cleveland, Ohio. He had this theory that the diseases in his patient's mouths were connected to food. He went on a worldwide journey to discover why, and if there was any truth to this. So he looked at societies all around the world, both Westernized and non-Westernized, but where the modern diet intercepts the traditional diet. So where people were living on means they had for thousands of years, and what happens when we bring in modern means.

So he would look at their dental health, he would look at their traditional diets, he would look at what happens to their dental health once they eat these modern diets. He also looked through their ancestors as well. She's looking ok through the jaw records and gives them a dental check-up as well. So what he really put together was a human study of proportions I really don't think we've reached since. I think it's one of the most important health book/studies, whatever you want to call it, ever written, because of the scope of what he was measuring.

It's a very, very unique signpost in time. The theory he had really had long before many of the current diseases were seen to the rates malocclusion and orthodontic braces, for instance, that kids have today. Type 2 diabetes didn't barely exist in his patients. He was talking about tuberculosis. He really didn't see how the chronic disease epidemic would play out, but he predicted it. This is how powerful it was. When I picked that book up I actually didn't understand it, and I realized I didn't understand it. That was the point, to me, that I felt there was a story here that needed to be told. There were messages in food that we need to understand that affect our teeth. And this guy was onto something that, for some reason, we've all lost.

Dr. Ron Ehrlich: I totally agree with you. I think it is one of the most important bits of research that has ever been done, because he also got a chance to compare the same genetic group to the people who had moved down the road to towns and cities. So he kind of controlled for the genetic variation and saw what was happening just by dietary changes. It wasn't very pretty, was it?

Dr. Steven Lin: Yeah, absolutely. It's amazing how much he did take into account. And the genetic argument, as well, also goes across because he went through 14 different cultures. So there were kind of two prongs to that too. It was just remarkable how simple and how swiftly his observations came forth. He would basically ... He took 15,000 photographs which, at the time, was remarkable too.

Dr. Ron Ehrlich: No iPhone. He didn't have an iPhone did he?

Dr. Steven Lin: Exactly! It was beyond anything that was recorded of it's time. Today, even though it's in black and white, it's a powerful piece and anyone that hasn't heard of it you can Google the images and you'll see these black and white images of these people's face. You'll see these lovely, broad cheekbones and jawbones. He got them to open up their mouth and you'll see this huge, gaping dental arch with wisdom teeth standing in a place and no tooth decay. I remember seeing those photographs and thinking, I don't see that in dental practice anymore today. I don't see dental arches, I don't see teeth of that caliber any more. This is what he was recording. He was recording how human health is in its ancestral form and how we've really kind of moved away from that.

Dr. Ron Ehrlich: What do you think the percentage is of people who, like you say, we don't see people with all 32 of their teeth beautifully aligned with plenty of room for wisdom teeth. What percentage of people of our modern world do have that? Or, the alternative is, who don't have that? How many people have crowded mouths?

Dr. Steven Lin: From the generations, people, for instance, born in the mid-twentieth century I would probably estimate the people coming in from a more ... Either they grew up in a rural means, I would say probably 20% have that full 32. Then later, as we get on, from people born from the '80s on, I've barely seen five people. Kids that have grown up in that time that had their full wisdom teeth.

Dr. Ron Ehrlich: We're not talking five percent, we're talking five people.



Dr. Steven Lin: Exactly. I can barely remember people and ... There's a couple of my friends that stick out that do. I was surprised at seeing them because it just doesn't happen. We are talking about a very, very low percentage of people. It's probably around one. Probably under.

Dr. Ron Ehrlich: It's incredible, isn't it? I mean I was born in the 50s and I can tell you I had my wisdom teeth out and I have a little bit of lower crowding too. So I think is a very, very high number. I agree with you. I think it's that.

But I'm going to get on with the diet, but I thought you said something there that was really interesting. There you were, a dentist, and you were kind of feeling disillusioned because of the way you saw practice going.

How would you characterize the way dentistry is practiced today and how would you like to see that changed?

Dr. Steven Lin: Yes. So what we're taught in dental school and what we are seeing, in terms of what patients come to a dental office for, its treating disease. So we have great tools to diagnose, to give a set of treatment options and, then, basically cover over a disease.

What I found, when people would ask me questions about why conditions would happen, is that I didn't have the answers. Dentists and dental practice have the how and what. How do we fix this and what treatment can we overlay to execute this, but we don't have the why it's happening in the first place. That's the really important part with health, because if we don't get to the why the condition is happening, then it keeps going on. We can put all the lovely crowns and veneers and all the lovely dental work that dentistry has today, but we can't understand the conditions.

That's where I felt that we were really missing a big part of how the body works, but also practice itself as the why aren't patients coming to a dental practice to improve their dental health instead of just fixing the disease. That includes not coming when there's just a disease present. Coming for food information, for breathing information, for sleep information. You've really been in this area and, obviously, practicing this and teaching dentists for a long time now, but we are very reactionary creatures, unfortunately, that are missing a big piece of our patient's physiological puzzle. I think that's played out now.

The great part of this book writing process is that I found so many practitioners around the world, we're talking about functional medicine in all different areas, that have kind of dug into their own speciality and really kind of understood the processes a lot better.

I think dentistry really has one of the big missing links in understanding the whole body and that's we're, hopefully, on the movement towards a powerful, much more holistic healthcare model.



Dr. Ron Ehrlich: You used the word "functional medicine" and I know what it means, but could you just, for our listener's sake, because they may not be as familiar with this term as they should or will be. Functional medicine.

Dr. Steven Lin: Sure. The functional medicine movement or term is quite a broad term. Basically what it means, and it was based very much in the US but it has spread to some practitioners and schools here in Australia and the UK as well. Basically what it means is that the principles of whether it's a general practitioner or whether it's a chiropractor or whether it's a health practitioner, they are understanding the root cause of disease. They are addressing those root causes through measurement techniques, and preventative techniques, rather than simply treating it. So the basic premise is that modern medicine, as modern dentistry, really has this set of tools to treat diseases.

That's how we address them solely. Functional medicine is that arm is moving to better testing, a better understanding of nutrition, better understanding of lifestyle breathing stresses, sleep and how all of these systems come together and how we can measure the body in much more detailed ways to give better outcomes to patients. That's, I think, been quite disconnected from the dental industry. I think now we have these two burgeoning fields where dentistry can really add to this. Because the mouth, as we started off with, is such a powerful signpost and measuring point for the body.

Dr. Ron Ehrlich: That's a great description of it Steven.

People have heard a lot about the gut microbiome. They kind of think oh, we're learning that it's the digestive system's really important, it's where all the immune ... A lot of people don't realize that the digestive system starts in the mouth.

What makes a healthy oral microbiome?

Dr. Steven Lin: This is really ... Because this is one of the most exciting areas of medicine, and functional medicine in particular, is that the discovery, this is 10 years ago now, that trillions of bacteria live in the body. That wasn't something we were really aware of before that. This is a very new perspective, but what it has subsequently shown is that the gut and the digestive system really is the center of most of the processes. Especially the chronic diseases that we see now, often underpinned by dysfunction in the gut.

For anyone that has listened to any kind of health show, or read any kind of health information, they probably heard about how the gut is so important and the different applications of microbes. But, as you say Ron, the mouth is also a teeming environment of bacterial, the oral microbiome, and it really is crucial, it's a crucial communicator to the gut microbiome. And, in the research, the oral microbiome is much less explored in terms of when you compare the amount of papers to the gut microbiome. But it's so powerful and it's so easy to measure as well, which is really, I hope, where these kind of conversations go as to understanding. While dentists, we've been dealing with the oral microbiome for as long as we've been here. We're up to our wrists in it, as such.

Dr. Ron Ehrlich: Well it started off being called, it's not exactly the same thing necessarily, but the dental plaque. People are familiar with plaque.

What's the difference between dental plaque and microbiome? Other than the way they're spelled, of course.

Dr. Steven Lin: Yeah, exactly. Dentists have been talking about bacteria diseases for decades and decades now. We've known this. Dental plaque we know, bacteria, for instance, are responsible for conditions like tooth decay. We've kind of moved from the idea of the dental plaque to the idea of biofilm. That's actually something that is set in conventional teaching now. Students, they learn that plaque is biofilm. That implies that there's a living organism at play and there are actually thousands, upon thousands, upon thousands, of microbes present in the plaque. So we've kind of moved, in a way, to understanding the ecological nature of dental plaque.

I think the next step is to connect that now, as a system, to the gut microbiome and understand that it's all actually connecting. There are some real interesting studies coming out in these areas. For instance, there was one last year that said if you use daily mouthwash, there's a certain subset of people that increase their risk of pre-diabetes. Now, what we know about Type 2 diabetes and the gut microbiome, we can potentially start to say that reducing diversity in the mouth might contribute to a gut microbiome that predisposes as to Type 2 diabetes.

This is kind of painting out. It's very, unfortunately, disconnected but we need to see the mouth as the living and breathing part of our microbiome that we can touch and feel.

Dr. Ron Ehrlich: Yeah. I think using that word that you've just used there, diversity, is really the key isn't it? Because when we were studying dentistry, and I think when you look at paper up to even a few years ago, there might be listed two, five, ten different microorganisms that are considered to be virulent and cause problems. Now I think we're up to ... Well, it depends which paper you read. I read one paper which said there are 700 different varieties of microbes in the mouth. I read another one that said 1,400. Anyway, suffice to say there's a lot, and the diversity of it is the key. It's when you lose that diversity, like you want to have a really big spread of microbes, isn't it? That diversity is the key.

Dr. Steven Lin: Absolutely. That's what the research shows. People that lived without chronic disease, they have much more diversity in their gut microbiome. But the same is true for anthropological studies of dental plaques as well. So, when you dig up a jaw of a hunter-gatherer, for instance, and you scrape their plaque off, the research have shown that they have a much more diverse oral microbiome.

This correlates to the patterns where they don't experience dental disease. That's very much the overriding conclusion. The microbiome and all this research is very complex and, as you say, we're kind of going from day-to-day discovering other things. We haven't even gone into categories of types of microbes like acaia and certain fungi or viruses do in the oral microbiome either.

I really think, as you say, we should be understanding that natural diversity is the best model that we have to promote health. That goes for the gut microbiome as well. The mouth is a contributor to how diverse your gut microbiome is, as a result, as well.

Dr. Ron Ehrlich: So Steven, you've written a terrific book, *The Dental Diet*, and so I guess this is a good point to say we're trying to promote a diverse, well-balanced, healthy microbiome.

What are the fundamentals of a good dental diet/diet for more than just the mouth?

Dr. Steven Lin: Yes. I've tried to underpin the dietary principles in four different principles. The first is that there's a physical chewing component to food, and that includes breathing. So that the mouth and the jaw joint is like a musculoskeletal system in that it needs to be exercised. So when you go to the gym, when you do a workout, you are training your joints to grow and to be healthy via physical signals. The same goes for our mouth. So pureeing foods and mush foods and juices really aren't the way we're designed to use our jaw, and that chewing on fibrous and collagenous foods really is a nutrient in itself.

So that's kind of setting that physical function, and breathing is really important. I try to get people to breathe before sitting down to a meal to get their digestive system working. But, also, to learn that nasal breathing, that our cranial facial system is designed to do.

But then so the nutrients these ... What Price found was that there were three key nutrients that were, across the board, focused on by cultures all over the world. These are the fat cell vitamins, Vitamin A, Vitamin D and Vitamin K2, which people might be a bit less familiar with. These foods come in whole fat, nutrient-dense foods such as egg yolks, and well-sourced butter, and ghee, and organ meats. So the different cuts of well-sourced animals that are raised on grass from natural processes, these are the foods that have Vitamin A, Vitamin D, and Vitamin K2. If you're not thinking about these three nutrients, I can almost guarantee you're not getting them.

Dr. Ron Ehrlich: Nicely put Steven.

Dr. Steven Lin: Exactly, because unfortunately, the modern diet strips these nutrients out. So low fat, by definition, will take away your ability to both absorb fat-soluble nutrients, but you likely won't be eating foods that have them in them.

So this set of foods has really kind of moved us away. Then, on top of that, we need to be thinking about all those trillions of microbes in the mouth and digestive system.

The fibers, the fermented foods, the prebiotic fibers that actually feed bacteria that our body doesn't process ourselves, but actually spark off physiological processes that microbes do. So microbes will release molecules when you feed them fiber. That's part of nourishing yourself. You need to, for instance, make sure you're eating enough of these fibers and replenishing these probiotic communities so that it stays healthy and balanced.

The last is in epigenetics. So how your food is sourced, where the food comes from. Its lifetime affects how it will send its messages to your own body and your own genes are basically listening to every meal. That's why organic, well-sourced, grass raised and without chemicals is important too. I try and build into those four principles that food becomes a lot more simple when you think of it from the perspective of the mouth, rather than thinking about your waistline, or your blood sugar, or things like that.

I hope that it helps people to reframe how they look at the plate in front of them.

Dr. Ron Ehrlich: Yeah. Just before ... Go back K2, because I don't think a lot of people will have heard of that vitamin. A and D I think they're familiar with ... Well, tell us about those. But K2 is really, these fat-soluble vitamins and, as you say, particularly on a low-fat diet we've really suffered. Tell us about K2.

Dr. Steven Lin: Vitamin K2 was actually the central piece in a mystery that kind of lasted about 70 years. Price actually wrote in his book, so when I was reading Price's book he was writing well, there are these three nutrients that people eat and they have healthy jaws/teeth, and they don't need braces or fillings or get any of the conditions we see today. That was Vitamin A, Vitamin D, and Activator X.

Price actually died 10 years after he published *Nutrition and Physical Degeneration*, he never found out what Activator X was. Up until this day the book was lost, basically after he died, for about 60 years until around 2000 when it was reprinted. It was still unknown what Activator X was for about 10 years, until about 2007 when a guy named Chris Masterjohn actually put it together, with some Japanese research, and some Eastern European. A very complex chemistry that kind of uncovered it. That's why it was so hidden was that the research was more-or-less hidden from the broader health community.

But they show that it was actually a different type of Vitamin K. So that in medical and dental school we're told that Vitamin K is a blood clotting nutrient and the molecule is a phylloquinone. But there is a whole other subset of Vitamin K and this is Vitamin K2's. These are called the menaquinones. These have very different roles in the body. They actually carry calcium, well, they activate the proteins that carry calcium, into bones and teeth, but also out of our soft tissues. The studies have shown the potential consequence of not having enough Vitamin K2 is the increased cardiovascular risk because of the calcification of our arteries. We've kind of misunderstood this fat-soluble nutrient.

It's exactly like A and D in that it needs to be sourced well. How Price noticed it was that he would, in the Swiss Lotschental Valley, they would actually take the cows up onto the side of the mountain where the fast, spring growing grass would grow. They would make sure the cow would eat that green grass because it was rich in K1. Then their butter, subsequently, would be rich in K2. That's the same for the butter we have on our supermarket shelves today. If the cow is not grass-raised, it will not have access to that K1 rich grass and it will not have K2 in it. Whereas if you have organic, grass-raised butter, there will be some amount of K2 in it at least.

So K2 has really been misunderstood, but the physiology behind it now, it's showing how powerful it is and that it's a synergistic factor with A and D. A synthetic form of K2 is approved by the Japanese health ministry as a medication or a treatment for osteoporosis. The reason is because it's so crucial in calcium metabolism. This is exactly what Price was talking about, yet we've ignored and lost and somewhat misunderstood the message.

I think that's really where, what Price's, the powerful message that comes through. There was a missing piece of his puzzle that we've only just recently understood. Now we have the full picture. We've got the scientific context to put it all together and that it's time to move forward with what he found out 70 years ago.

Dr. Ron Ehrlich: Yup, yup. Now listen, if people are kind of saying I get it, I really want it. What would be two, three, four, five tips you'd give people to get going on this?

Dr. Steven Lin: The first I would say is that I would try a nasal breathing exercise once a day. What that is, with your tongue to the roof of the palate, with your lips closed, breathing slowly into the diaphragm, then having a long breath out than your breath in. Try that before a meal. Do it for, say, about a minute. Then see how you feel and see whether you feel better while you're eating. It's important for kids. It's important to start getting yourself accustomed to nasal breathing.

Then you want to dive into whole fat, well-sourced, nutrient-dense foods. These are well-sourced eggs, butter. Don't fear the butter. Don't put margarine on your toast anymore. Also, the same with that is avoid the vegetable oils. Canola oils, sunflower oils, soya bean oils, all of these do not allow your body to absorb these fats soluble nutrients. Having these nutrient dense ...

Also, cuts of animal meats as well. So organ meats. I really try and get my patients to have a slice of liver a week. Everyone kind of cringes. I did put some recipes in the book to try and hide that. Pate is really easy to make at home if you like that kind of cold spread. But also in meatballs and kind of a Bolognese mince, you can hide it, but there are so many nutrients in these organ meats that are really crucial and they're hard to get from other foods. Like we said before if you're not thinking about them, you just miss out on them.

Fermented foods. If you can incorporate a sauerkraut or some kind of pickled ginger or vegetable into your daily routine, that replenishes those probiotic cultures or that microbiome that we spoke of. You see probiotics on the shelf but, really, in food, there are so many more microbes in a fermented food than we'll probably ever, ever discover. Probiotic food, lots of fiber.

The last is really try to get to a Farmer's market where you meet where your food is coming from. Talk to them about how the food is raised, what they use to spray their foods, or how the animals kind of graze. Understand a little bit about where your food comes from, where you can. That helps you to at least have some context as to how that food has reached your plate and what it's also sending into your body as well.



Dr. Ron Ehrlich: That's great Steven. I think they're terrific tips.

Listen, before we go, I wanted to ask you this. Taking a step back from The Dental Diet, and just looking at what you've seen in terms of the health out there of people, what do you think the biggest challenge is for people on their health journey today in our modern world?

Dr. Steven Lin: That's a great question. I actually think one of the biggest challenges is wading through. Because there's so much information out there now. And that people, even that are health conscious, understanding all of the different books out there, all of the different kind of health experts and programs out there, it really is quite overwhelming as to how we kind of approach our health. One thing I really try and contextualize with people, and I hope that this kind of talk has helped them too, is that dental health really does simplify it all. There are so many different, complex ways to approach an overall healthier lifestyle. But your teeth, your mouth, the principles that you use to keep your dental health tip-top, really do reverberate throughout the body. That context I hope helps simplify this because I just think there's so much information out there that most people just find it kind of freezing and giving up because they simply cannot keep up with it all.

I hope that the dental practitioners and this message of oral health can help them kind of simplify it all and bring it all under one hat. We're working with the same body here. The principles of the mouth really are there for us to see in plain daylight.

Dr. Ron Ehrlich: Steven, what a great note to finish on. Thank you so much for joining us today.

Dr. Steven Lin: Thanks, Ron. It was actually a pleasure. Thank you for all your work too, actually, it's been so helpful for this movement. I'm looking forward to chatting more.

Dr. Ron Ehrlich: I really enjoyed talking to Steven and his passion for getting this message out. Well, obviously I share that passion. I love the term "functional dentistry". I mean I like holistic too because that's the way our bodies work. It's the way our planet works. So I really like the idea of thinking holistically. But understanding how it functions, and using that to inform our practice, our professional practice, is certainly shaping medicine in the form of functional medicine and exercise or movement in the form of functional movement. So functional dentistry well, I think it's a move in the right direction.

Diversity is another important term. Diversity in the food we eat, natural foods, leads to a diverse and stable microbiome. Not just in the gut, but in the mouth as well. The question we all need to be asking ourselves each and every day, are we feeding our friends or our foes? That's the bacteria we share our bodies with.

The other thing I loved in what Steven said when he was outlining his four principles, was principle one. Before you eat, start practicing nasal breathing. I love that idea. Not only do you need to do that to keep your mouth shut while you chew effectively, cause there's nothing more disgusting than an open mouth when you're trying to gasp for breath and chew at the same time, but nasal breathing also helps you engage the parasympathetic nervous



system or the "rest and digest". A great way to start the meal. I really thought that was terrific.

We'll have transcripts, we'll have links to Steven's website and book. I hope you enjoyed it so, until next time, this is Dr. Ron Ehrlich. Be well.

*This podcast provides general information and discussion about medicine, health, and related subject. The content is not intended and should not be construed as medical advice or as a substitute for care by a qualified medical practitioner. If you or any other person has a medical concern, he or she should consult with an appropriately qualified medical practitioner. Guests who speak in this podcast express their own opinions, experiences, and conclusions.*