



Dr Ron Ehrlich [00:00:00] Hello and welcome to Unstress. My name is Doctor Ron Ehrlich. Before I start, I would like to acknowledge the traditional custodians of the land on which I am recording this podcast. The Gadigal people of the Eora nation pay my respects to their elders, past, present and emerging.

Dr Thomas Levy [00:00:22] Well, today I have the pleasure of welcoming back Doctor Thomas Levy, who we spoke to in the [last episode](#) just recently about rapid virus recovery. Thomas is a cardiologist and a lawyer, actually, he has written many books and many articles. And, this episode we discussed in part one of this was Rapid Virus Recovery. And in this episode, we are going to be talking about the hidden epidemic going on right underneath your nose, people's noses, the silent oral infections causing most heart attacks, and breast cancer. It's a big call. But, as you will hear, Thomas has very strong and definite views about this, and I share many of those views with him. Having been an integrate, a holistic, biological dentist for 45 years who has engaged very seriously with these topics of mercury toxicity and oral infections. This is a subject that is very dear and close to my heart. So it was wonderful to have, Thomas, and not just a medical practitioner, but a cardiologist address this and has been addressing it for the last 25 or 30 years, so proactively. I hope you enjoy this conversation I had with Doctor Thomas Levy. Welcome back, Thomas.

Dr Thomas Levy [00:01:50] Glad to be back, sir.

Dr Ron Ehrlich [00:01:53] Thomas, we spoke, at our last meeting on your wonderful book, The [Rapid Virus Recovery](#). And of course that took up the whole episode. And I was really looking forward to

speaking to you about your other book, [Hidden Epidemic](#). Which is going on right underneath people's noses. And you also shared with me an [article](#) that you wrote recently on root canals as being the cause of breast cancer. And that was a very provocative statement. being a dentist, and not just being a dentist, being a holistic dentist over in America, I think you call them biological dentists. I've been that for 45 years. So this is a subject that I'm very well aware of and have grappled with professionally all that time. So to have you, a cardiologist write such an amazing book and article is really fantastic. So thank you for that. Tell me how you became so interested in oral health and why does it matter?

Dr Thomas Levy [00:03:00] So Doctor Hal Huggins, who I consider to be the father of biological dentistry. Back in 1993. I met him in Colorado Springs. I was a traditional cardiologist at the time. Although I thought I was helping people, I had a feeling inside myself that this wasn't my path. And the old expression goes, when the student is ready, the teacher will appear. I swear, within a few weeks to a month of having that feeling really strong. I met Doctor Huggins. In any way, to make a long story short, I pretty much not pretty much. I completely gave up my cardiology practice and began doing consultative work with Doctor Huggins at his, dental clinic, a massive operation, 60 employees seeing really sick patients from around the world. And more specifically, I saw the extremely dramatic effect that a 50 gram infusion of vitamin C has on someone little old lady, neurological conditions really weak, and she just got stronger and stronger and stronger while getting teeth pulled out and everything else imaginable under the sun. As far as traumatic dental work goes. Finally wanting to get a meal somewhere at a good Colorado Springs restaurant with their caregiver before, before she retired for the evening. And I said, how, what's going on? And he pointed out the I.V. and when he told me it had the vitamin C in it, 50g, that meant absolutely nothing to me at all except for the fact that. I'm not in the habit of denying what my eyes have witnessed, and they witness something dramatic. And literally at that instant I began my. Well, 30 year odyssey now with vitamin C, researching and writing about it, working with it, and all the ancillary things that comes off of that, which relate to the dental work. I mean, vitamin C is the ultimate antitoxin, and so much of dental entities are the ultimate toxins. So that's where the natural marriage comes together.

Dr Ron Ehrlich [00:05:16] Yes. It's so interesting and great that, you know, you're using these ortho molecular, you know, approach. It is interesting, though, because I think a lot of practitioners don't realise how unique the oral cavity and the oral diseases are. And whether you are taking the pharmaceutical approach or the ortho molecular approach. I mean, I got a referral from somebody, professor of ear nose and throat, just a few a years or so ago. And he was identifying a sinus infection, which in his report he wrote is of odontogenic origin. I don't even think he understood what he was saying because. Because he did agree, because odontogenic means it's coming from your tooth. And he said I will treat this. There was an infection of the tip of the root. And he said it's of, odontogenic origin, but I'm going to treat it with six weeks of antibiotics and anti-inflammatories. So, so in the one hand he said this is of dental origin. But wearing his professor of ENT hat couldn't quite accept that he needed some help in dealing with this problem. So he then went on to treat it aggressively with pharmaceuticals. And one could say, okay, that's one way. And treating it aggressively with vitamin C is another way. And I agree that it supports the immune function, which is a big difference. But you still need to deal with the dental infection.

Dr Thomas Levy [00:06:52] Well, sure. And of course, in case of any doubt, the only approach to that is extraction. Because once the tooth is infected, the pulp is necrotic and the tooth is dead, and you will never restore that tooth to health. I mean, you might restore it to a pain free status if you do something ill advised, like a root canal along those lines. But unless the infection is in the gum or periodontal area and has not yet infected the pulp of the tooth, then that's something that can be resolved with a number of different measures. But once the tooth is, infected in the pulp, you have bacteria throughout all the dental tubules, and you have as long as that tooth stays in the mouth. And in fact, the tooth for life. It's very interesting, that about the referral, from the ENT because something that I mentioned I came across in doing my research that as much as 70% of all chronic sinusitis is due to infected maxillary tooth abutting the side. It's I mean, you know, there are some reasons why sinuses get infected, but for the most part, it's like anything else. And as Doctor Huggins often told me, you can't dry off while you're still in the shower. So here this guy was trying to resolve the infection in the sinus while leaving the infection in the tooth unaddressed, which is at least scientifically mind boggling, to say the least.

Dr Ron Ehrlich [00:08:25] Particularly when you actually in your report write

Dr Thomas Levy [00:08:28] Yes.

Dr Ron Ehrlich [00:08:28] This this is of dental origin, but I'm going to treat it aggressively medically. But I think this for our listener who may not be aware, I mean there is inside a tooth a pulp which is the nerve and blood supply of the tooth. And when decay or trauma affect the nerve of the tooth, the nerve can die. And so you end up with necrotic tissue inside a tooth. And the anatomy of a tooth, as you pointed out, is very complicated. It's certainly, a breeding ground for bacteria. And, and when that infection occurs, we take an X-ray because often it occurs without any pain at all. In fact, I would observe 90%. This still blows my mind as a dentist, 45 years, where somebody can come in with a tiny cavity and be in a lot of pain. And other people have come into my practice with teeth rotted down to the gum that.

Dr Thomas Levy [00:09:29] That's the name of the book, hiddenepidemic. Yes, yes.

Dr Ron Ehrlich [00:09:33] Yes. And it's going on right underneath people's noses. And I know I often say to people, you know, this will be if you're a health practitioner or a patient, the oral issues, the oral health issues will be of interest to you. I if you've got a mouth which most people do. And b if you are interested in your health and you've never connected the two. But my question is this eventually that infection spreads to the tip of the root, and it shows up as a shadow at the tip of the root, because bone has been eaten away and that shadow is full of pus or granulation, abscess. Now a root canal

treatment. And we've talked about this in correspondence because you sent me that article and I observed and I should just say that in my practice we did do some and we removed some as well. So a root canal treatment is the most technically challenging thing a dentist does. That's my observation. After 45 years to do well, let's say whatever we call well, okay. By technical standards of dentists.

Dr Thomas Levy [00:10:40] Complete an evacuation of the pulp in abscess as possible would be the.

Dr Ron Ehrlich [00:10:45] Yes. And to spread antiseptic through the tooth and leave it sealed off and then come back a week or two later, wash that all out with more antiseptic so that it attempts to penetrate the tooth, and then you seal it off to the tip of the root. Now, if you don't get it to the tip of the root, if you haven't identified the main canals, you have not done a root canal. Well, anybody can do a root canal. Any dentist rather can do a root canal. But very few dentists can do it well and are. And when you've done it well, a year later you can take an X-ray. And where there was pus and granulation tissue, there is now bone. What has gone on there?

Dr Thomas Levy [00:11:33] Well, certainly let me say that there is literature that does assert that in abscess teeth or root canal treated teeth that have been debulked of their abscess. Not sterilised? No, they never get sterilised. They're never sterile.

Dr Ron Ehrlich [00:11:50] You can't get in the mouth. But after a well.

Dr Thomas Levy [00:11:53] And also within the tooth. When you debulk it, it does represent less of a toxic load to the body. Okay. And there's data to show that, right? And as you alluded to, expertise is important as well because a high volume, endodontist certainly is going to do a better job on 15 or 20 root canals a week than a regular dentist does on 1 or 2. All right. It's like any surgical procedure anywhere. That's not to say an incompetent person, can become competent, but assuming you are competent. Practice makes perfect or practice makes better. The problem is knowing with any degree of comfort or certainty. If you're in the lucky few, where the pathogens and the toxins in the infected lymph are not disseminated because the root canal tooth is directly connected to your venous system is directly connected to your lymphatic system, it's actually more effective in a delivery of toxins to your body than if you gave yourself I.V. toxins, because you get it in both the blood and the lymph. And early on with Doctor Huggins, Doctor Huggins formed an alliance with Doctor Boyd Haley of the University of Kentucky, an incredibly brilliant person. Good friend. I love him to death. And he had his initial misgivings about Huggins. Doctor. Doctor Haley was a very critical person, loving person, but critical. Anyway, they formed an alliance and Doctor Huggins said, I want you to test the teeth that I send to you for toxins. Okay? And he, coordinating with dentists around the country had over 5000 consecutive extracted root canal teeth. For whatever reason, these came out. They went to Doctor Haley, and he developed a test that looked at the inhibition of five different critical energy producing

enzymes in the human body, and he found potent inhibition of those enzymes toxicity in 100 percent of all those 5000 plus, teeth. And for those who immediately say, oh, well, there had to be a contamination. They also tested some extracted teeth for orthodontic purposes, in other words, normal teeth without any problems. What? You're making room to put the braces in. Those had zero toxins, so it was clear reflection. And of course, this is also, as I'm sure you're aware, Doctor Ehrlich, validation the Doctor Western Price's work because price took out many root canals in patients with various conditions. Heart problems, arthritic problems, CNS problems not only saw resolution in those problems upon extraction, but even more significantly, perhaps, is the poor rabbits. He would take one of these teeth that let's say caused a neurological syndrome and tuck it underneath the skin of a rabbit. Within a few days to a week, the rabbit would develop the same neurological syndrome, and then he would take that same tooth and consecutively put it in 30 rabbits. And all of those rabbits develop the neurologic syndrome. So the potency of these toxins is enormous. And this is one of the things where I think we get a little bit misled when we're just looking at the size of the abscess or the X-ray, okay. It doesn't take much quantity of toxins to do this type of damage. Certainly you don't need, around centimetre, circumference or diameter abscess. You could just have the tiniest amount. Matter of fact, let me take a step further. They identified in infected teeth, including root canals, toxins that were 100 to 1000 fold more toxic than botulinum toxin, which modern medicine, even though people stick it in their faces to let, wrinkles relax. Poison, poison the muscles that don't have the wrinkles. Relax. It's considered the most potent toxin on the planet. Botulinum toxin. And these toxins in the mouth. Not only with root canals, but other infected teeth. Infected gums in an anaerobic environment would become incredibly, incredibly toxic. So, yes, the bulking an abscess is good, but that does not even remotely address the issue of toxicity. It probably mostly addresses the ease with which you disseminate the toxins. In other words, if you have a tooth sitting on top of a nice round, plump abscess and you do your chewing, chewing, chewing, you're going to express that more easily. Then if there's not a large abscess or just a little lining of toxins. So it's. Probably. Less. Ease of dissemination. That makes a superiorly done Root Canal less toxic than another. But my goodness, there's no getting around the toxicity. And the problem is. Main problem is, personally, I believe if root canals were eliminated, the lifetime of the population would go up, 3 or 4 years at least something along those lines. But be that a way, that's that's just an opinion. They're right now. And correct me if I'm wrong. Since you're in the field. Doctor. Ehrlich, there does not exist an informed consent for a root canal. Nobody that does root canals tells the patient there is data that shows you're at an increased chance of heart attack. Increased chance of breast cancer, increased chance of a wide variety of diseases. Or am I wrong?

Dr Ron Ehrlich [00:17:54] No, you are right. And in fact. So really what we should be doing is getting an informed consent from a patient every time they walk in the door. Because the research, the research linking oral disease to all systemic conditions. And we're going to talk about what that connection is. But the link between oral disease and systemic health is so strong that really we should have a disclaimer when patient walks in the door and goes, as long as you are aware that your oral health has the potential to impact every system in your body and promote heart disease, cancer, etc., etc. and you accept responsibility for the home care which goes into what we do as well as our care. Then we will work together in trying to eliminate these, I believe. I think two things should happen. The one I agree with you. The oral diseases. If oral diseases were addressed, I think life expectancy would increase dramatically, not just 4 or 5 years dramatically. But we should get a disclaimer from.

Dr Thomas Levy [00:19:04] And there's another point that I would add on the uninformed consent that they receive now versus informed. Yeah. Is the patient completely loses their right of extraction. They are given the option of extracting it, in which case it would all be resolved assuming the extraction is done correctly. Not only would there be no root canal, but there'd be no reroute canal. Redo root canal down the road and there'd be no one, two, three, four, or five years of toxin exposure throughout the body hammering that person's immune system. That would have never occurred had they been given the option at the outset of an extraction. And these days, for many people, implants are a great option. Implants, or depending on a strategic location, you can do without the tooth. There's a number of options, as you know well, but the point is, is right now this informed consent is completely uninformed. You know, I mean, I am a lawyer as well, and I'm not only changing this person in general, but if you're the party directly causing a heart attack or breast cancer in your patient, you should be sued if you don't give that person an informed consent. I mean, come on, there's no other area in the body medicine, biology where, where you assume no liability at all for what happens in basically right now when a dentist entered on as a root canal, they have zero liability for anything that happens, even though, as you mentioned in the book, in the articles that I've written, the amount of literature now is not minimal, but it's massive. Ironically enough, most of the nasty articles, so to speak, regarding root canals and infected teeth is in the literature. It's in the literature of the subspecialists that do these root canals. It's almost like they want to try to say, yeah, we know about it, but it's not that important. Or there's some, some sort of subliminal message, I don't know. But, and we can discuss in a moment the, the evidence is overwhelming. Oh, and also too, it really bugs me that not that you use the term, but we try to be so, in my opinion, pseudoscientific these days by refusing to acknowledge the obvious. So when something clearly causes something, well, we can't conclude that it causes it just because I did it and that happened, or I took it out and that went away. That's cause and effect. I mean, there are links and associations and correlations and all this, all this, all this stuff. But we're talking about cause and effect. They have an enormous amount of literature. It's not easy to do on all conditions, but they've shown, for example, in gum disease that have the same flora, the same pathogens as root canals and other infected teeth, because that's what eventually infects the tooth. They show that, good control, hygiene, bring the infection down of the gums, and cases of asthma either disappear or ameliorate. And when the gums flare up again, they get worse. I mean, if you don't feel comfortable labelling that cause an effect, then I think someone doesn't appreciate what the words cause and effect mean.

Dr Ron Ehrlich [00:22:23] Yeah. No, no, look, I mean, you're preaching to the choir here because I mean, I.

Dr Thomas Levy [00:22:28] Oh, I been talking to the last year. Yeah.

Dr Ron Ehrlich [00:22:31] Yeah, yeah, I know that, I know that. But in 2022 WHO put out a global oral health report. And interestingly, and I shared this with you when you sent me your article, the term. You know, we'd all agree that cancer, malignant cancers and heart disease are a big problem. I

think about 500 million people globally suffer from each. And mental health. Big issue of almost a billion people. Oral diseases, 3.5 billion people suffer from oral diseases. And I would say that's an underestimation. I think that's it.

Dr Thomas Levy [00:23:07] Well, you know, it's interesting you mentioned the WHO, but I call it world health obliteration. Okay.

Dr Ron Ehrlich [00:23:14] I agree with you. I agree.

Dr Thomas Levy [00:23:16] But it's interesting too that we get so surprised at this idea of infections. I mean, everywhere in your body except your mouth connected to your alimentary. That, tract connected to your intestine, connected to your anus is pathogen free or should be pathogen free. Okay. So, but microbiomes, normal bugs, you know, they're not only appropriate, they do good things. So we tend to get a little slipshy with the fact that. Oh, well, there's some there, some bugs there. That's no big deal. Well, there are very clear cut well-documented of the literature. Pathogenic bugs from the mouth perfoium is horrible for you. So bacterium is horrible. And we find these growing and concentrated in cancer lesions, throughout the gut, throughout the GI tract, throughout the body. It's easiest and most common to see them in gut gastrointestinal related, cancers, but by no means, limited to that in the breast cancer. Okay. The breast cancer lesions consistently grow out of 100 fold more microbes than normal breast tissue. And most of there are pathogens. I say that because if you're draining the lymph, the normal mouth, before that lymph gets screened through the lymph nodes and purified, it's going to bring bugs into the breast. So the breasts have a normal microbiome because you're continually draining lymph that does have in a normal mouth, a normal flora coming in. But the moment you get the infection and you get the pathogen overgrowth, then all of that normal flora becomes pathogens which are highly pro oxidative. No cancer develops in the absence of a focus of not minimal but massively elevated oxidative stress, and the breast is able to quite easily handle the lymph when it's coming from a non infected mouth and flowing through. But when there's a large amount of pathogens in and, and people need to understand the lymph, the lymph system too, especially with regard to the breast. And I'm addressing the breast now because it's the most significant cancer on the planet for everybody. Statistically speaking, even though the men don't get it less than 1%. So it's important to understand that the lymph gets drained and you can see the lymphatic part directly out of the neck, into the breast, and then out into the armpits, and then into the systemic circulation through the thoracic duct. And the purpose of the lymph nodes is to filter and sterilise the lymph before it reaches the systemic circulation, which it does no problem under normal circumstances. So when you have an infected tooth, then it's continually draining. Infected live high pathogen count into the breast. And at that point in time, if there's anything that inhibits lymphatic flow, then you're starting to set the seed, so to speak, for the cancer as the lymph flow becomes stagnant. And this is supported by the fact that, women with larger breasts have more problems and women with large breasts that get reduction, mamoplastys have a lesson incidence of cancer because they have not only do they have less breast tissue that the lymph has to traverse, but gravity okay, I mean, at the apex of the breast you need the lymphatic blood flow to go in the opposite direction of gravity to get out, of the lymphatic circulation into the nose, into the circulation. And the lymphatic circulation

has a very has a proactive force. It moves forward, but it's very, very limited. It's nothing like, the blood pressure inside the arterial circulation or even the venous circulation for that matter. It's lower. So and when you get the infected teeth, what else do they do? Over time, they start to infect these lymphatic channels. They break down. What's the. To very tiny but efficient lymphatic valves that keep the lymphatic flow going in one direction. And when this breaks down, you could literally start to get a sloshing a to and fro of the lymphatic. And it's no longer just going on. It's outside the breast. I think I make the suggestion in the paper. Obviously if you have an infected tooth, I'm telling you needs to come out. But I think good hygiene for women, hygienic practices, good health practice, that hygiene is on their backs, where you're then having lymphatic flow, accelerated by gravity to do a systematic breast massage each night before you go to bed. That way you give everything cleaned out a fresh start for the next day. But the, there's no question at all that I entitled the paper root Canal cause breast cancer frequently, and they do. But any source of infection will do it. As you already mentioned, there's a lot of infected teeth that have never received a root canal. Furthermore, and this applies to all cancers as well as the breast. Are the tonsils okay. The little old tonsils we found that, we, it has been found when you inject dye in one of the teeth within 20 minutes, you can see the dye on the part of the tonsils. That's how quickly it directly the drainage is. Now, when you have a root canal or other infected tooth or chronically infected gums for that long, maybe a few months, definitely within a year, but within a few months, what is draining those 24 seven? Well, not only the breast, but also the tonsils. Okay, the tonsils are a major lymphatic organ and very short term. And this is not get addressed. Have to. Right now we're trying to just get people Doc's dentist to realise how bad, infected teeth are and root canals. And of course the major job will be getting rid of that. But the job's not done when those teeth come out. Okay, you got to restore the gums to normal, which is not difficult. We can talk about that. And the tonsils. The tonsils, even though they appear morphologically normal. Normal size, no evidence of inflammation. When they've been in line with a root canal, they are 100% infected, and they stay chronically infected forever. Unless you make an intervention to resolve it. The intervention is usually, a direct injection of ozone gas several times, topical application of methylene blue on the tonsils, which gets in and knocks out the infection. Air ozone in sulphate insulation, which, also stops any pathogens that you have from reseeding. Whenever you're knocking out any source of infection in the mouth, you always have to look at the sources that could re initiate. So but the tonsils is more than a chronic pathogen colonisation. And finally, it is very difficult to know when you've done it right. Unless you have an elevated CRP that comes way down, then you've got good solid evidence that your tonsils have been resolved. Okay.

Dr Ron Ehrlich [00:30:48] Now, for a listener, Thomas says CRP is an inflammatory marker that you can see in common blood, right?

Dr Thomas Levy [00:30:55] It's a protein.

Dr Ron Ehrlich [00:30:56] C-reactive protein.

Dr Thomas Levy [00:30:58] That's it. It's a very sensitive, very sensitive test. Then ultimately tonsillectomy. And all this work came from Doctor Joseph Ansel in the 1950s and 1960s, who had a clinic for advanced cancer patients in Germany. Yeah. I think that these were cancer patients that the United States had given up on, and they ran out of funds, both two things that, you know, what happens when you're sick. And they came to doctors. Those doctors just had a very ingenious program for stimulating the immune system and getting people over their cancers. But he noted, now, remember 1950, 1960, that 98% of the patients had between 2 and 5 infected teeth and infected teeth to him at root canals or other infected teeth. Well, as we know now, with sophisticated, imaging machines at 98% surely would have been 100%. But even if it's 98%, fine. So what he also found, though, and here's the kicker. After several months of initiating his therapies, the cancer resolving about 20% of the patients would still get a heart attack. And he laboured over this for a moment. And then he remembered in his mind that he knew of a rheumatoid patient who had inflamed tonsils. And when the tonsils came out, the rheumatoid went into remission. That was basically a slice. So incredibly aggressive, I would grant you. But he started that initiating as a routine tonsillectomy in all of the patients. After they get all the infected teeth taken out, the heart attacks disappeared. Furthermore, at pathology, in his words, not mine, he found 100% of the tasks that are extracted even though they appeared normal in size. Normal morphology, no evidence. Inflammation. 100% of them had severe infection. Yeah, that it's a histology. So this is really important. And, it also indicates that the tonsils are one of the primary reasons that cause the chronic pathogen colonisation inside the coronary artery. That is the invariable reason for all atheromas in coronary artery disease developing and subsequent heart attacks.

Dr Ron Ehrlich [00:33:23] When I look at the statistics of the incidents now, not just the W.H.O. who I totally agree with you. What did you what. What was the word

Dr Thomas Levy [00:33:32] World Health Obliteration.

Dr Ron Ehrlich [00:33:33] Obliteration. I totally agree with you there. But that's interesting statistics nonetheless. And I look at the prevalence of apical periodontitis, which is an abscess at the tip of a root. That is the official word apical periodontitis. That means you have an abscess at the tip of the root. I mean, I'm looking at a study here, 2021 study, 50% of the adult population worldwide have at least one tooth with apical periodontitis, 61% of individuals in Europe. You know, the whole story in incidence of this. This is why I think 3.8 billion. Yeah. Or 3.5 billion is an underestimation because then we get into the subject of gum disease. Oh my God. You know, that's like 90% of the adult population have gingivitis. 47%, that's the superficial the gums you can see in your mouth inflamed. And the deeper structures half the population have, deeper periodontitis.

Dr Thomas Levy [00:34:43] Let me make a point right here because I found this to be true. But you just pointed out how absolutely, enormously important gum health in gum disease is in initiating all diseases, no exceptions, all diseases. Which is why the root canals of infected teeth are bad because

they have the same bugs as the gums. Well, and then you mentioned the number of people that have horrible gums. It's so easy. Number one is. And some dentist push hard back against this. Others kind of reluctantly ignore it. Except for weird anatomy teeth. Forget about flossing. Forget about flossing. You need a water pick. Do you need a water irrigation device? I guarantee you, if you give somebody a sloppy meal and you have them water pick, you have them floss all they want and then their water pick, you're going to get a ton more stuff out after the water pick and vice versa. The water pick will get it all out and the floss won't add anything. Additionally, for many people, all the floss does. Also too is a re initiate a little gum trauma. Every time you do it. Not many people can do it without repeatedly traumatising their gums. And what's the resolution? Our good old buddy hydrogen peroxide. When you get the water pick tank and I like to use warm to hot water warmer, the better. I put it a splash of mouthwash, 100 cc's or so of, water at about 30 to 40 to 50 ccs of 3% hydrogen peroxide. And you just water pick with that every morning, and you will regain perfect gums and maintain perfect gums. I've even had cases of what appear to be advanced chronic periodontal disease, where normally you have the nice little widow's peak of gum in between the teeth. These had your a little flat line at the bottom. You know you lost those, within two weeks, 2 to 3 weeks would regrow that nice little widow's peak pillow. The thing is, is the thing that holds it down is the infection. And that's the other thing too, is floss is not going to do anything for gum infection, okay. It's it's got to, you know, get out the junk food and maybe some plaque or this habit the other. So, what I said about weird anatomy is I just have two teeth that always grab something, and I use floss for that just to get, because it just they're real tight, and they don't work that well. But everything else, and for most people. So this is like one of the simplest and because of the statistic you mentioned, most incredibly important things that people could do. I mean, I wish I had stock in water pick, as I say this, because everyone should have one and everyone should do this at least once a day. Probably the best time to do it if you can do it once. Good to do it twice. If you going to do it once, do it before you go to bed at night so that you don't have the stuff sitting in there for eight hours before you get up. Whatever. Whatever it is you cleaned up. But otherwise it's good to do it twice a day.

Dr Ron Ehrlich [00:37:49] I think that's great advice, Thomas. And coming from a cardiologist, just amazing. But anyway, I think it's brilliant. What can I say? I think we said just before we came on, and I've observed often that the mouth is really the black hole of health care. You know, it's kind of, doctors and, and health practitioners know almost nothing about it. In fact, I think the majority would do an oral health assessment by saying, oh, hi, Thomas. Have you been to the dentist lately? Yes. Was anything done? No. Do you have any dental pain? No. Oh, Okay, I've just done. I've just eliminated the most common disease in humanity. In 1 or 2 questions. Now we're.

Dr Thomas Levy [00:38:36] With 3 or 4 irrelevant questions.

Dr Ron Ehrlich [00:38:38] With 3 or 4 irrelevant questions. Because, as I observed also, and my partners have, too often 90% of oral diseases have no pain associated with them. So that's important. But, even the dentists, who? It's so easy for us as a profession to get lost in the minutia. We talk in microns. In terms of successful restorations, it's easy to get lost in forgetting that this mouth is

attached to a whole body. But what are your observations about how the medical profession, how health professionals approach this, both dentists then and doctors?

Dr Thomas Levy [00:39:21] Well, I couldn't agree more. It's kind of interesting. When I was in training cardiology, I worked with some cardiovascular surgery residents and faculty, and there was this one cardiovascular surgeon did a great job, good friend, and didn't mean anything to me at the time. But he actually always examined the mouth before they had surgery. Now, obviously his eyes are on an X-ray, so he can't see them like that. But I presume if he saw a horrible gum disease, he set the timetable for the, for the surgery back a little bit. But anyway, it was kind of impressive that somebody did that to that degree. Also, I don't know if I'd mentioned this in the past, but, I'm sure you're old enough to remember Charlton Heston in Ben-Hur. Okay, 11 Academy Award awards. Incredible. And they recruited in the film Charlton Heston to be a gladiator. Because he was slogging in the straw pits with mud to make bricks. And so they wanted to get good, fit people and take a look at that movie where if you go back there, he's sitting there slogging one of the soldiers. He goes up and he immediately goes to Charlton Heston and pulls his lip down a 25 cent examination. And that's what they do to horses too. Yeah. So it's but it's just in common wisdom type thing that's been commonly lost. It shouldn't be lost. I mean, and I've said this before, and I think this is the perfect context to repeat it is if you have a perfect mouth, you're going to live your normal lifespan without disease. Conversely, if you've got any sort of advanced chronic disease, there's no way on Earth you've got a normal non-infected mouth.

Dr Ron Ehrlich [00:41:16] You know, you've identified two clinics Joseph Vessels, who would have got very difficult cases from all over the world. And you also mentioned Hal Huggins who similarly attracted really intractable problems that would end up. So these are the apex of dental clinics in terms of what they're saying. But in the everyday practice, I mean, to me, I, I'm amazed that in an oncology practice in a heart clinic that an OPG, a panoramic X-ray of the mouth isn't just standard, practice. Talk to us about what you consider to be a comprehensive assessment of a person's oral health.

Dr Thomas Levy [00:42:06] Well, I would only, ironically enough, I'd only be in favour of the panoramic X-ray if it was a very poor area that didn't have much money and there wasn't anything else available. Definitely get that rather than nothing. But because of the impact that we've been talking about on all diseases. Yep. Everybody needs a 3D cone beam examination of their mouth, no exceptions. And of course that's a tomography. I mean, it's really, really Star Wars type stuff. You rotate around and you see all the angles its magnificent. The important things to remember though, about that are, it's very technician dependent. So you really need in a dental office to get well trained technicians because it could be that like anything else. Well, not anything else that like a blood test, it can be done sloppily or. Well, the second thing is is interpretation okay. The dentist is not equipped to interpret it. Okay. Now. And the dentist should not take offence at that because proper interpretation requires a specially trained dentist or radiologist. Okay, that will routinely take 25 to 30 minutes going through everything and doing their dictation. Of course, the dentist spends 10s. Where do I see the abscess? So, there's not a lot of them out there, but there are some interpretation services for this

type of test. And I would strongly encourage any of the dentists out there that might be listening. Don't even try to take the responsibility, because that's the other thing doing is you're taking responsibility you shouldn't take. There's a lot more information on this test than your teeth. It's doing a large part of the head. And if you look at it for 10s and you miss a tumour, okay? And you never get it properly interpreted, guess who's going to get sued? And guess who's going to collect? So don't even try to play Super Doc by saying, oh well, I can just interpret this correctly in a minute. No, you can't do it. And the other thing is, is you need to every test that you do is enhanced by giving the interpreter the information of what you're looking for. All right. I do echocardiograms of the heart, all right. And I can do it without anybody telling me anything. It's systematically cover everything. But still, if they say. I heard a systolic murmur, there was a positive blood culture, then I'll look at it a little harder, and then maybe I'll see a little vegetation. So the heart valve that I wouldn't have noticed before. So you got to feed the interpreter as much pertinent information as possible. So in that regard, in addition to getting a good interpretive service to look at these examinations and interpretive, you want to say, I'm especially interested in any evidence of, radio Lucent Caesar abscesses at the root tapes. I mean, make it clear that's what you're looking for. I mean, tell me as much as you care about the chest, but I want you to tell me with great assurance that you've looked at all 30 to 30, 28 or 10 teeth that are present for abscesses at the tip.

Dr Ron Ehrlich [00:45:27] Thomas, I look, you know, I could not agree more with you there with the 3DX rays which have been around for probably last 20, 25 years at least, have been an absolute revelation for me as a clinician who had looked previously at to two dimensional x rays, the standard ones, and looked at things and went, oh gee, I don't know, maybe, maybe there's something there, maybe there's not so.

Dr Thomas Levy [00:45:55] Much overlap on one.

Dr Ron Ehrlich [00:45:56] Lap. Yes, yes, we'll keep our eye on that. And then we get a 3D x ray. Oh my god. You mean I would have let that sit.

Dr Thomas Levy [00:46:05] Well then on the cover of the book Hidden Epidemic, we show the pan X, we show the suspect tooth. You wouldn't you wouldn't consider anything problem with it on. And then a big circle around it. You go down to the 3D, and not only do you see a huge abscess, you see the sinus wall completely eroded away.

Dr Ron Ehrlich [00:46:24] Absolutely. So I, I totally agree with you. I mean, if someone and less than 5% would come in with all 32 of their teeth through and in perfect order without any history of decay, but 95% of the population have some history of decay, or 90% of the population. So if you have, certainly if you have a health condition like heart disease, cancer, autoimmune, whatever.

Dr Thomas Levy [00:46:52] Oh, and that's.

Dr Ron Ehrlich [00:46:53] a 3D Xray.

Dr Thomas Levy [00:46:53] I'd like to make too is don't wait until you feel ill. All right. Whenever you decide to go to the dentist and you have the opportunity, even if you're a kid, a teenager, a young adult, get your baseline three D examination so that if five years, ten years, 15 years down the road, you got high blood pressure, you got fibromyalgia, you got headaches, whatever. Then you repeat the test and see if a new abscess teeth is not emerged. I might add that, and the person who, I got the studies on, for the book hidden epidemic, had three abscess teeth taken out. Okay. And did fine for many years. And then she called me up, not, a year or so ago and said, well, you know, I develop a couple breast lumps of the blah, blah, blah, and I said, repeat the cone beam examination. And sure enough, she had two more teeth that had passed out and had to come out in order to resolve the breast condition. Because it's not just breast cancer, it's any breast condition at all. All diseases have increased oxidative stress. It's just cancers have the absolute highest oxidative stress. So you get any type of condition of the breast draining that infected lymph. It's just in the worst possible scenario it evolves to a cancer. But clearly repeating.

Dr Ron Ehrlich [00:48:22] To your second.

Dr Thomas Levy [00:48:23] Was what triggered the proper treatment.

Dr Ron Ehrlich [00:48:26] Hmhm. And to your second point about proper interpretation. I mean, we have had in our practice the [Sydney Holistic Dental Centre](#). We work with a professor of dental facial radiography, who does the assessments for us. And it's usually a two page report. And it's very, very thorough. And to your point about liability because if you do, there is so much information here that a dentist is just not capable. I don't believe as a dentist myself.

Dr Thomas Levy [00:48:57] And if not capable, even if you were capable, you don't have the time. You don't have the time, you don't know. Not an actively practising dentist.

Dr Ron Ehrlich [00:49:05] And if you're going to have an X-ray like that taken, why not get the most information you can from it? So I agree with you about that as well. But that raises the issue also about a thorough assessment of the gums, because this involves now, you know, the gums should be

like a tight collar around the tooth. And there's a crevice around each tooth, which should be about 2 to 3mm deep because that's easy to clean with the tooth brush. But a full periodontal exam measures that crevice depth at six points on every tooth. That means 192 measurements in the mouth. That is a thorough periodontal assessment as well. I think that needs to be said as well.

Dr Thomas Levy [00:49:48] You know, I would say this too. I'm not trying to do away with the subspecialty, of periodontology. But, for someone like that. Yeah, I would, I would say get on the regimen, but I wouldn't, I wouldn't bother with that analysis until I had them on the hydrogen peroxide oral irrigation for a month. Then after a month, come in and let's see what, if any, residual periodontal disease that you have.

Dr Ron Ehrlich [00:50:20] Well, I would say I love that idea of the water pick and the hydrogen peroxide by the way. And I also add to that I don't know what you think about oil pulling. What do you think about oil?

Dr Thomas Levy [00:50:32] Coconut oil? I don't have a strong opinion about it one way or another. I really have no experience with it. And, I don't see it. I don't see much of anything adding that much to gum health after you've knocked off all the pathogens with the peroxide. And because that's the only thing that causes periodontal disease, it's pathogens. Also, of course, if you have a real problem with calculus and you have some hard, bony stuff that's chronically irritating, inflaming the gum, well, that's another story too. But short of having hard, foci of calculus and calcium, it's all a matter of are there bugs there? Or if you knocked out the bugs, if you knocked out the bugs, the garbage are going to regenerate. It'll only be the really advanced cases of periodontal disease where you have a weak foundation and the teeth are already a little rocky in their socket,, where you're not going to, in my opinion, get yourself back to complete gum health. But short of that, it's like I said, I'm not trying to do away with a subspecialty, of periodontology, but whoa. This would put a big dent in their practice.

Dr Ron Ehrlich [00:51:42] It would. And I think part of the I mean, I think if people are motivated to do waterpik with that and good oral hygiene combined with, of course, you know, we're talking about nutrient dense diets and, and all the things you mentioned in that last episode about rapid virus recovery. I mean, if we weren't recovering from the virus and we wanting to maintain good health, I think a lot of those factors that you mentioned, dialled back a little bit, would be good daily routines anyway. Would you not agree?

Dr Thomas Levy [00:52:12] No question about it. I mean, wow, if you knock out or as reasonably as possible, knock down and mitigate all of the shall we call them pathogen growing circumstances that the oral cavity allows. Wow. Everything else works so much better because I come back to Doctor Huggins, a simple, simple statement. And it was so beautiful and so elegant. When I was frustrated in asking him about some person who wasn't getting as well as I thought they should, and he looked at

me somewhat annoyed, and said, Tom? I said, yes, sir, that you can't dry off while you're still in the shower. And immediately, I mean, to this day, I now see all therapy as having two major aspects, and they have to have both. One is repair and the other is prevention. All disease, as we mentioned, is oxidative stress oxidised biomolecules. So you're good diet antioxidants come in and repair the oxidised biomolecules, give them electrons and bring them back to their reduced forms. Functioning perfectly well biologically and metabolically. Enzymes, sugars, fats, etc. proteins. And then the other side of the coin is you got to stop the new toxins, you got to stop the new toxins from coming in and causing fresh oxidative damage. And of course, that's everything else we're talking about. But it's conceptually, it's very simple. Conceptually it's so simple. You repair old damage and you prevent the new damage and diseases disappear.

Dr Ron Ehrlich [00:53:50] Thomas, what a note to finish on because, we have covered again, as well, we both agree big topics here of vital importance to anybody with a mouth who is interested in their health and may not have fully connected the two, and that includes patients and practitioners alike. We'll have links to your book, [Hidden Epidemic](#), which is a wonderful read. And the [article](#) too, I might add, which has 2 or 300 references. Just the article alone.

Dr Thomas Levy [00:54:18] Yes. Even though it's a breast cancer article, it applies to everything. It's just especially dramatic because breast cancer is such a big deal around the world, and so many women and their practitioners are clueless about it, and it just tears me apart when I get new letters every few days from these cancer patients around the world, they say they don't even know anything about to say. So, Doctor Levy, how much vitamin should I take? Vitamin C should I take? You know, I'm getting my chemo, but how much vitamin C should I take? And the rest of the articles. So let's say that you haven't paid attention to the elephant in the room. It's infected teeth and blah blah blah. And then I get another version. Okay. Thank you, doctor Levy. But how much vitamin C do I take?

Dr Ron Ehrlich [00:55:05] Yeah.

Dr Thomas Levy [00:55:06] I mean, you know, vitamin C, is important, you always need it. But there's a lot of times it can't do the job by itself.

Dr Ron Ehrlich [00:55:15] And you see patients have bought into the same, philosophy that practitioners have, you know, so we've educated each other in, in many ways. But for you to be doing this kind of stuff for so long and putting it so eloquently. Thomas, thank you so much for joining us.

Dr Thomas Levy [00:55:32] My pleasure. Thanks for having me on, sir.

Dr Ron Ehrlich [00:55:34] Well, Thomas Levy has written so much on this topic and has been, in the thick of things, the clinic that he was referring to, how Huggins certainly was one of the biggest clinics in America where people faced with really difficult health conditions would come. And it was all about removing mercury toxicity, removing infections and building immune function. And I agree with so much what Thomas had to do. I don't necessarily believe it is that black and white, that all root canals must come out. Whenever I'm asked this, I always say it depends. It depends primarily on, well, the immune, the patient themselves, their immune function is a really important starting point because somebody who has a terminal illness and somebody who is in inverted commas in perfect health, has different immune function. So it depends on a patient's immune function. Another big depend is the technical skill of the practitioner, because it is a very complex issue. And I'm going to share some images with you because if you're looking at this on YouTube and it's one of the reasons you should be on [our YouTube channel](#), you'll get to see just the complexity of what we're talking about. But it depends on the technical skill of the patient, of the practitioner. And it is without a doubt, in my opinion, after 45 years of dental practice, the most technically challenging thing to do in dentistry, which is a really technically challenging profession at anyway. And doing it well is not easy. And that's why in my own practice, [Sydney Holistic Dental Centre](#) my partners who worked on the 25 times microscope, microscopy and microscope and utilised the latest and greatest sterilising procedures, they did it because they did it as well as any specialist. And when they couldn't do it, they would refer it to a specialist who could do that or not. And even given that there were many times we in the practice, decided that root canal was not the appropriate treatment for a patient or retreating a root canal. So it depends on the technical skill, and that immune function needs to be monitored for a lifetime. So what might have been fine a year ago may not be fine in 20 years time. And so that's what a dental comprehensive dental exam is all about. And his, description of the importance of cone beam, 3D X-rays and importantly, interpretation, we believe, by a dental facial radiologist. So not just any radiologist. We've got reports back, from. From radiologists, who have looked at a cone beam and given us, a paragraph summary, the reports we typically get back from our who is a professor of dental facial radiography is typically one and a half to two pages in length. So this is really important. But I just wanted to share with you a couple of images to make it easier for you to understand what we were talking about. This is the W.H.O.. Oral diseases dwarf all other diseases, and I believe that this is gross under estimation. Even 3.5 billion people globally is an underestimation of oral diseases because the vast majority have no pain associated with them. The last 25 or 30 years have been a, coming of age for dentistry, as it is been linked to so many, in fact, almost every physical and even mental health condition. And when we're talking about periodontal disease, we're talking about four stages of periodontal disease. We're talking about gingivitis. Now gingivitis is that part of the gum that you can see in your mouth. And if that's inflamed that's gingivitis. Easily reversible easy to treat. And it's very superficial. And there's a little crevice around the tooth. And if you're looking at this image you will see that crevices 2 to 3mm. That's a little measuring tool that is used in a proper comprehensive oral exam. And sometimes when the gum there's a build-up of deposits, the gum gets pushed away from the tooth and a pocket develops. So you just cannot get a brush or floss better with a waterpik. I agree with Thomas there, but it's very difficult to get to the bottom of these pockets as they go deeper. And the mild early to mild periodontitis is 4 to 5mm and moderate periodontitis is probably 5 to 6mm, and advanced periodontitis you have a 6 to 8 to ten millimetre pocket down the side of the tooth, which you have no chance of cleaning effectively. So that is the stages of periodontal disease. How common is it? Very common. In fact, in Australia, relatively high in over 15 year olds and a third of the population have moderate to severe periodontitis, which I've just shown you is with over five millimetres, 5 to 6 millimetre pockets down the side of a tooth. In America, 94% of adults have

gingivitis, again quite superficial and easily reversed, but almost 50% have periodontitis. And over the age of 65 years old, that number goes up to 70%. So when you think of people with chronic degenerative diseases like heart disease, cancer, autoimmune conditions, mental health issues, dementia, let alone young people with infertility problems and autoimmune conditions, oral disease is a significant issue and gum disease is a very common one. And when you do an assessment of those pockets, you should be measuring six points around each tooth, three on the outside and three on the inside of the tooth. And that means there are 192 measurements in a comprehensive periodontal assessment. And it's important to do those measurements because when you're looking at this image, you can see that in fact, one tooth might measure at 1.3mm and another part of the same tooth might have 6 to 7mm. And just to underscore that, this is, an example of doing that, this is a model, bear in mind with clear gums, but you can see it going along here. There's no pockets 3 to 5, three millimetres. And then we go into his five millimetres. But in the same tooth there's seven millimetres. So this is really nuanced. And when we get into the back teeth it's even more complex than that because there are roots that you got to get in between. And how do you clean these? This is why professional, comprehensive oral exam is just so important. And in some instances it may well be better to remove a tooth. This is the panoramic X-ray that Thomas described, and it's a panoramic X-ray of somebody with very few fillings. I can count four or so fillings off the top of my as I look at them. Those white things you can see impacted wisdom teeth, but you look at the next one and you see these are what root canal treatments are all about. And as I look just on this X-ray, I can see infection down on the bottom left and probably up on the top left, but we would need a 3D X-ray. And a 3D X-ray is far more comprehensive. I mean, this is just some of the images that one gets and one needs to look at very, very carefully. And this is why it needs to be done professionally by a radiographer that is used to looking at it. Look, the mouth is a really complex area. There are so many nooks and crannies, not just to mention tonsils and under the tongue, but around 32 teeth, which is very unusual. But also the anatomy of teeth is really complicated and that all needs to be looked at. And so when we look at the anatomy, it comes in all different directions. And of course the whole structure of the tooth is open to infection. So the anatomy of a tooth is complicated. How common is tooth decay. Well 92% of adults between the age of 20 and 64 have had some experience of tooth decay. It's the most common, most common non-communicable diseases globally. Tooth decay and the vast majority of tooth decay is pain free has no pain associated with it. It's a big problem in Australia. In age groups 15 to 64, 45% of the population have one or more teeth with untreated tooth decay, and that is important. And when we're talking about infections, the tip of root apical periodontitis is what that diagnosis is. And the literature, as we outlined, is quite specific or quite horrific. In fact, 50% of the adult population worldwide have at least one infected root. And, you know, you can pause this and look at some of the others. My question to Thomas was the image on the left shows an X-ray with the shadow around it, and that means there's no bone around the tooth. And when we look at the tooth, 6 to 12 months later, there is infection. So look, we'll have links to Thomas's books and articles. They're brilliant. And I would encourage you to look at them. I hope this finds you. Well, until next time. This is Doctor Ron Ehrlich. Be well.

Dr Ron Ehrlich [01:05:09] This podcast provides general information and discussion about medicine, health, and related subjects. 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.

