THE MODEL HEALTH SHOW

EPISODE 979

How to Reverse Cavities & Protect Your Oral Microbiome

With Guest Dr. Staci Whitman

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SHAWN STEVENSON: Welcome to the Model Health Show. This is fitness and nutrition expert Shawn Stevenson, and I'm so grateful for you tuning in with me today. This episode is so powerful. It's addressing one of the most overlooked aspects of human health. We are finally merging our oral health, our microbiome, the health of our teeth and our gums with the health of our bodies. Overall, you're gonna see this relationship and to see how our oral health is deeply impacting our metabolic health and vice versa.

You are gonna find out how cavities are actually a metabolic disease, and you're gonna find out how issues with our dental health can dramatically impact what's going on with our brain. And again, this is filled with incredible insights and aha moments. But more importantly, practical things that we can do that most people simply do not get access to this kind of information. So this is beyond valuable, and whether you are interested in metabolic health, whether you are interested in improving the health of your oral microbiome, or you've got some cavities that you are concerned about. If you've got kids and you're worrying about the development of their teeth and the health of their teeth, this has got something for everybody.

Everybody's got a mouth, and you're gonna find out this relationship and this powerful relationship between, again, our oral health and our health overall, the health of our brain, our metabolic health, incredibly insightful. And without further ado, let's get to our special guest and topic of the day. Dr. Staci Whitman is a nationally recognized leader in biologically aligned system-based oral healthcare. She's the founder of the first dedicated functional pediatric dental practice in the United States, and a pioneer in applying root cause principles to the prevention and treatment of dental diseases for all ages.

Dr. Whitman's work focuses on the oral gut brain connection. Her teachings emphasize cavity arrest and remineralization, airway optimization, pediatric growth and development, and the microbiome as a blueprint for lifelong health. Through her social media lectures and speaking engagements, educational programs, and clinical mentorship, Dr. Whitman is inspiring a new generation of dentists to think beyond the tooth and practice at the intersection of science,

integrity, and compassion. Let's dive in this conversation with the one and only Dr. Staci Whitman. Dr. Staci Whitman.

DR. STACI WHITMAN: Hello, Shawn.

SHAWN STEVENSON: How are you doing today?

DR. STACI WHITMAN: I'm so good. Thank you for having me.

SHAWN STEVENSON: Of course. I am so excited to talk to you. I want to ask you first and foremost, is it true that cavities are the most common chronic disease in our world today?

DR. STACI WHITMAN: Yes, cavities and gum disease, which is mind blowing, but actually as an adult, up to 90% of people have had a cavity before, and we have just normalized it so you can you imagine any other disease in the world? If it was a 90% rate that adults had, wouldn't we be. You know, alarmed and talking a lot about it, but we've just normalized dental disease. Gum disease also is really prevalent and that's when your gums bleed and an inflamed, and this is what's really leading to other oral systemic issues, which we'll talk about more. But that's why I'm here, is to help educate people that common is not normal and that there are a lot of things that we can do to help prevent these issues and then optimize.

SHAWN STEVENSON: Yeah. There's no billboards up for this.

DR. STACI WHITMAN: I know.

SHAWN STEVENSON: There's no headlines.

DR. STACI WHITMAN: Not yet.

SHAWN STEVENSON: And I think part of it's because in medicine, for whatever reason, the mouth has been separated from the rest of the body. Can you talk a little bit about that schism?

DR. STACI WHITMAN: Yeah. Yeah. So basically, you know, medicine went one way, dentistry went the other. And so then they reform medical schools and they reform dental institutions and they've just been separated since. The eye is the other part of the body that's been separated out a little bit. And so because of that, I think people just give dentistry the side eye. It's just an afterthought. But really it's the gateway into the body. And of course it's connected. I mean, we breathe through our mouths. We shouldn't be doing that, but some of us do. We'll talk about breathing too, but our immune system is here.

We can see nutritional deficiencies. We can see inflammation in the body, in the mouth. If you have chronic bad breath or tonsil stones, that's a red flag of your body yelling at you that things are off. You can have see mineral imbalances and so it truly is. The beginning, but also I want everyone to think of, well, the mouth is the gut and we focus so much on gut health and optimizing gut health and fixing if, you know, if we have intestinal permeability or nutrient malabsorption issues, et cetera.

But it all begins in the mouth and so we really need to get the mouth back into the body and understand it is the gateway into the system. And you can't be healthy without a healthy mouth. And I think this is what we're missing. We, you know, you hear of people who have these chronic health issues, but they're eating well and they're sleeping well and everything's going great. Maybe they're an athlete and, but they're still having health issues. And I always think, has anyone talked to them about their oral health or are we screening their oral health at all? And very likely the answer is no.

SHAWN STEVENSON: Ooh, we've got so much good stuff to get into. I want to ask you, being that this is again, the most common chronic disease in our world today, which is, it should be shocking to hear that in the first place. The question is why? Number one, can you share what cavities are exactly. And what is the reason behind this? Because again, if we're just looking at basic laws of physics, there's causality. This isn't just an accident, it's not just happening. There's a reason why cavities are the most common chronic disease.

DR. STACI WHITMAN: Yes, that's right. So, what's really important to know, I focus mostly on pediatrics. And it's heartbreaking because in the United States, the rate of children

undergoing general anesthesia is estimated to be up to 200,000. And this is for a preventable disease. So imagine putting 200,000 children under general anesthesia for something that we could be addressing.

So, I didn't know what cavities were either really, until I started dental school, I never fully conceptualized what was happening. But essentially it is too much acid in the mouth. We always blame sugar, but it's really acid, it's pH. So when you are over consuming ultra processed foods, and this isn't just candy bars and soda. This includes crackers and chips and pretzels and granola bars and fruit snacks and dehydrated fruits. All these bagged package of things, those foods have fermentable carbohydrates in them, which are sugar and flour essentially. To simplify, those things are what feed pathogenic or bad bacteria.

Okay? Are good bacteria like prebiotic fiber, eat the rainbow and the bad bacteria, like fermentable carbohydrates. So when you overconsume these foods and maybe your hygiene's not ideal, you're not flossing all these other factors, you could be mineral deficient, you're dehydrated, you don't have healthy saliva, et cetera.

Those bacteria release acid as a byproduct of consuming that fermentable carbohydrate. And so if that sits there day after day, that acid, which it is involves the plaque. Okay? You know, everybody knows that plaque on your teeth, that's a biofilm. And so that sits on your teeth, they're releasing acid and it leeches minerals out of your teeth. And so again, day after day of that, eventually so many minerals are pulled out. You get a hole, and that's what a cavity is. It's a cavitation. It's actually a hole in your tooth. And so this is the interesting part, and something I speak a lot about, is that not all cavities, quote unquote, have to be filled if we catch them early.

So if you catch 'em before the hole has formed, the minerals are being lost, but the hole hasn't been created yet. You can remineralize your teeth and you can do this with calcium and phosphorus and hydration. And there are different strategies to this but what has happened? So ancestrally, if you go to the Natural History Museum, which I encourage everyone to do. If you're in New York or Washington dc go check out the skulls of our ancestors and look at their teeth. And you will see not only do they have big, wide palettes

and jaws and beautifully straight teeth and room for their wisdom teeth, and we can speak more to that if we talk about airway.

But their teeth are pristine, they're beautiful. They don't have cavities, they didn't have dentists, you know, 10, 12,000 years ago. And so what has changed and just to pin this too, we are one, we are the only species besides domesticated animals that gets dental decay. You know, the wolves out in the woods aren't suffering from dental decay, or the lions on the Sahara on the desert. So, the Savannah, I should say. So what has changed? And it's our food. Okay? So, big food is to blame. So we once were hunters, gatherers, and then we went to an agrarian society where we would farm and we were milling and processing things. Flash forward to the industrial revolution and everything's packaged and streamlined, and that just continued on into current times.

And so our food landscape has changed. So we're mineral deficient, we're fat soluble, vitamin deficient, but we're also over consuming these ultra processed foods, these fermentable carbohydrates, which are feeding that bacteria. And so many of these foods, you know, once you pop you can't stop that whole phrase. I mean, they're made to be hyper palatable. They're made to be addictive. The bliss point is supposed to be hit. That's that perfect blend of fat and salt and sugar to really satiate and get that dopamine hit. And so we're just over consuming them. And then maybe you don't have ideal hygiene, et cetera.

And it just creates this perfect storm. And so really, I say I go to war with big food every day because I'm battling a preventable disease that we're blaming the wrong things for. We're blaming patients. They're not using the right toothpaste. You're not brushing and flossing enough. If you are eating a clean diet that isn't feeding the pathogenic bacteria, those things shouldn't matter as much. And that's why you hear these carnivore dudes saying, I don't even brush and floss. You know, and they have healthy teeth because paleo foods, carnivore foods, if you will, and I'm not advocating for any diet, but if you're skipping the fermentable carbohydrates, you really won't suffer from the disease rates that we're seeing.

SHAWN STEVENSON: It's fascinating. So what would the dental industry be without big food is my question.

DR. STACI WHITMAN: Well, it'd be preventable, you know, it'd be all preventative services and that is a good question. People do joke like you would be outta business, but this is where I think dentistry's been made to. We all feel it's just dealing with end stage disease. It's like fix the hole, do the crown, do the root canal. But this is where functional dentistry can come in looking upstream at the root cause of issues. And you can see so many things in the mouth before they show up systemically sometimes before they even show up in blood work. And this is where salivary analysis can come in too.

This is testing your spit. So what or what's the composition of your spit? What's your oral microbiome look like? What are your hormone levels looking like? Do you have vitamin C deficiency that can lead to bleeding gums, you know, scurvy. We can see zinc deficiency, iron deficiency B12 deficiencies. You can diagnose celiac or Crohn's or gluten intolerance. The mouth way before a patient might feel it downstream systemically. So I look at dentistry, we could be more like preventative medicine and less of the micros surgeons, and I think we need both. Like you need dentists to be fixing teeth, but I think there is room for this functional approach, which is really connecting all the dots so that we can help acknowledge that maybe a patients heading down a path towards disease and catching it early.

SHAWN STEVENSON: This is really for me putting up my antenna to see when it comes to our dental health and just even saying all those metabolic markers that we could find out by analyzing what's going on in your mouth. And the relationship with our food and our dental health much bigger than just like there's some sugar sitting on your tooth. This has me thinking, and I wanna ask you about this, about the relationship between cavities and its potential to be more of a metabolic disease than anything else.

DR. STACI WHITMAN: Cavities are a metabolic disease, as far as I'm concerned, so it's all, it can be so many different imbalances in the body, but if you have a tooth that is mineral deficient for whatever reason, maybe in utero it didn't form optimally, or maybe you are consuming too many acids, so it is pulling minerals out, or maybe your saliva is deficient. You don't have enough calcium and phosphorus in immune cells in your saliva, or you're just frankly dehydrated. And I really want people to understand your spit is so important. It's the golden elixir of your body. And if we lose the quality of our saliva, your teeth will just crumble.

And we see this with elderly patients or patients undergoing radiation therapy or chemotherapy.

Patients with zerostomia, their teeth tend to go downhill quickly. And so, you know, really getting back and focusing on the oral microbiome and how can we optimize that? We are learning that through salivary analysis. You can find all these biomarkers that can really identify whether a patient is in a state of health or dysbiosis. And I want everyone to think too, what happens in the mouth doesn't stay in the mouth. So you are swallowing 2000 times a day so that bacteria in your mouth is translocating down to your gut. So what is it doing to your gut health? And we do know that it can change your gut microbiome and lead potentially to intestinal permeability.

But the big thing in the mouth is inflammation. And the inflammation won't just stay in the mouth. And this is where we're seeing connections to Alzheimer's and dementia and fertility challenges and rheumatoid arthritis and even cancer. The list goes on and on. They are identifying up to 57 diseases now that are being linked back to dys regularities in the oral microbiome. And so when you say it's a metabolic disease, I mean it can be hormonal. We see this with puberty and pregnancy and perimenopause and menopause. Dental health can change. We can see it with nutrient deficiencies as we spoke about. We can see it with how you're breathing. This is another part of functional dentistry, is making sure a patient's breathing optimally, sleeping optimally 'cause I, I believe that's the foundation for health is how you're oxygenating.

And we want everyone to be nasal breathing, ideally. And so it's something we screen for. So there's just so many variables that go into it far beyond brushing and flossing and fluoride, or not drinking soda. And this is, we owe this to patients because think how many patients go back to the dentist every six months and they feel like they're doing everything correctly or pretty darn well. And they always get a new cavity or they still have gum disease or they have bone loss and we're not digging deeper. To understand the why there's genetic polymorphisms that some patients have that can impact their dental health too. And so we tend to shame and blame the patient for not following through with our recommendations. But actually this is a medical issue as, or as you pointed out, a metabolic issue.

SHAWN STEVENSON: Yeah. And we see this with you know, twin studies and, you know, studies where people are in the same household eating the same food, same environment, but their dental health can be dramatically different. You know, you can have one kid that has, that's very prone to cavities and they're supposedly eating the same things. But it's because there's all these other epigenetic factors as you just mentioned. And I wanna ask you about one specifically, and this has to do with breathing. Now, I think superficially a lot of people can see how our dental health might affect our ability to breathe, but our ability to breathe deeply affects our dental health. Is that what I'm hearing?

DR. STACI WHITMAN: Absolutely, yes. So it, you're right, it's a two-way street. When you breathe through your nose, you humidify the air, you clean the air. Nitric oxide is produced and that helps with cardiovascular health and sexual health and per sports performance and recovery. Okay, so we really need to be breathing through our nose. I think we don't take this, we don't understand how important it is. It's nice we have the backup of the mouth in case you have allergies or you're sick. But humans are obligate nasal breathers. And so when you breathe through your mouth, it, many things happen. Number one, you, it can create low grade chronic inflammation.

And you see this in patients' faces. You'll see dark circles or they look kind of puffy in the face. There's something called adenoid faces. Forward head posture, that's just a sign of low grade chronic inflammation that puffiness in the face in the dark circles, it can dry the mouth out. So you lose that healthy saliva. So you have zero stovia, the pH drops, so now you have acidity. So now you're feeding all those pathogenic health bacteria. They love it. They just have a smorgasbord on this low pH and they can contribute to cavities. So we see a lot more cavities than mouth breathers.

We see a lot more gum disease. We see a lot more tonsil stones. Not to mention you're not getting generally into your deep restorative sleep stages because you are constantly. Kind of choking on your tongue, if you will. You know, your tongue's supposed to be up at the roof of your mouth. Your lips are supposed to be closed, and we're supposed to be breathing through our nose. But if you breathe through your mouth, your tongue isn't stabilized and so it can slip back into the throat. It can stick out and tongue thrust, and that will occasionally wake

you up. You'll have mini arousals or micro arousals. And over time these airway issues are on a continuum. So they, everyone thinks it's just sleep apnea.

Sleep apnea is end stage airway issue. We wanna catch it way upstream. So it starts, you know, with mouth breathing and then it's loud breathing, and then it's snoring, and then it's chronic snoring and, you know, sleep disorder, breathing, et cetera. And it can all lead toward sleep apnea. So we really wanna catch it. Early, not only for reducing inflammation, the microbiome just feeling good, getting into the deep restorative sleep. So hormones are released and you're really recovered. The glymphatic system is, you know, full throttle, you're clearing the brain of toxins, but also for your dental health as you pointed out.

So, and in these twin studies, you're absolutely right. I have a lot of kids come into my office and the siblings seem to be doing everything mostly the same. And one has pristine teeth and one has rampant decay every time they come in or an occasional cavity here and there, and the parents are just so frustrated. The first thing I think about is I wonder if one. Is mouth breathing and one isn't. The other thing I think about is I wonder if one's a snacker and the other isn't. So the pantry drive-bys, the grazing people who tend to sip and snack as opposed to eating more structured, they'll get more decay usually because they're constantly creating that acidic environment.

They don't allow their mouth time to rest, and it's your saliva that allows the buffering to have the pH rise up again. And we need to be giving it time to do this. So this is why our modern food system, we're just set up for failure. Not only are we eating these ultra processed foods, but we're eating them constantly. I mean, think about chips. Like you grab a handful, you eat it, you go do something, you come back, you grab some more, and so you're just bathing your mouth and acid consistently throughout the day. And so it all ties back but airway is very important. And this is another thing that we didn't see ancestrally, as I mentioned earlier though, jaws were wide and big and there was room for the wisdom teeth and we were obligate nasal breathers.

So why do we have such, so many airway issues? Why do we have so much crowding? Like everyone has braces now, right? Well, it's because our faces are shrinking. Our jaws are

shrinking, our sinuses are shrinking. And what is the reason for this? It's also our food. And this is because the anthropologists believe we used to chew for hours a day forging, you know, and we didn't, like, we weren't brazing and, you know, cook overcooking food.

So we had to chew for hours and hours in that act of chewing created force that would grow the skull outward, wide and broad. But now we slurp and mash and gulp, you know, chicken nuggets and frappuccinos and these things, and we've lost our ability to chew. And now we chew for minutes a day. So we went from hours a day to minutes a day. So we've lost that form versus function, right? Debate, right? And so, this has been going on for the past 12,000 years, and so we're truly shrinking.

SHAWN STEVENSON: Oh my God. Yeah. And we need tho it's very obvious if you think about it. We need those signals to grow.

DR. STACI WHITMAN: Absolutely.

SHAWN STEVENSON: Just like our muscles and bones. If we're not utilizing that system that is evolved to be able to do the action of chewing and highly sophisticated in its ability to do so. If you are basically muting the signal by not chewing on stuff, and again, this goes back to big food as you mentioned. Just making it so easy to not have to chew. Everything turns into mush quickly. It turned quickly.

DR. STACI WHITMAN: Predigest really.

SHAWN STEVENSON: You know.

DR. STACI WHITMAN: Yeah.

SHAWN STEVENSON: And so, you know, this is one of the things that my wife told me about. Growing up in Kenya, like they would chew on sugarcane. Right. Like actually having this because when I hear sugar sugarcane, I'm like, that's terrible for your teeth, but none of them have cavities. You know, it's just like these cultural things where today, and I remember like growing up and my mom babysat a lot of kids and then, you know, having my kids, it was just

normal. Some of the first foods are like those french fries from McDonald's, a soggy, put a couple fries in the kid's hand, or those little cookies. Those little soft cookies or the chew toys would be like these plastic, squishy things. You know, and in reality, maybe kids were maybe chomping down on some bones.

DR. STACI WHITMAN: Oh yeah.

SHAWN STEVENSON: You know? Yeah. What do you, is that?

DR. STACI WHITMAN: Yeah, there's something called baby led weaning. Now, and again, I'm not here to advocate for how to feed your babies, but it's basically getting back to more ancestral feeding of your child, which was having them eat the food you're eating. And that does involve, you know, gnawing on, you know, a, these, this all has to be done safely. So please take this with a grain of salt and learn how to do baby lead weaning, but like gnawing on a carrot or gnawing on a chicken bone. And then of course, breastfeeding too. The active breastfeeding and form follows function.

And to your point, if we don't use it, it atrophies essentially is what's happening. And unfortunately, we, this isn't a quick fix. You can't just go start feeding your kids. Chicken and having them null on the bone and it's gonna course correct 12,000 years of dis evolution. There is a book I find this also interesting, so if people are interested, there's a book called Breath by James Nestor that goes deep into this and it will really explain a lot more about how we've lost the art of breathing.

We've just forgotten to breathe and once you realize this and understand it you will see it everywhere. I mean, you cannot go to an airport or an amusement park and not look around and realize. Wow, no one's breathing optimally and the kids just look so sick because they're not breathing well. I mean, and there's all kinds of other reasons for this too, but it's one of the reasons we're seeing such chronic disease issues, and it's something I'm really passionate about because if we identify it in a child early ideally to me that means before the age of 10, certainly before their face is done growing.

I like to start much earlier as many functional dentists do. You can do retainers and things to help grow that face big and wide again. And that can like change the trajectory of your child's life just by giving them a retainer for maybe a couple of years. And there's all kinds of different appliances out there that will do this. And all hope isn't lost for adults either. They're doing really cool things with adults too. So again, I mean, we speak so much about optimizing and nutrition and exercise and supplements and all these things, but if I really believe if you're not breathing well and not getting restored at night, a lot of those things will not have the impact that you want them to have because your foundation is off.

SHAWN STEVENSON: When you think about anti-aging, you need to think about antioxidants. Antioxidants from your nutrition help to neutralize one of the known culprits of aging called reactive. Oxygen species. These are potentially harmful molecules that can damage your cells, create DNA mutations and increase your risk of a variety of diseases. Now, how the antioxidants in your food are measured is using the ORAC scale or the oxygen radical absorbance capacity, and to support your mission of longevity, performance, good health, and blocking all of the actions of those reactive oxygen species. We need to tune ourselves to some of the highest ORAC scale foods ever discovered.

We want to get more bang for our buck and look no further than acai. Acai has a ORAC value of 103,000. So what does that mean in everyday terms? It means that it has about 10 times more antioxidants. Then most of the best fruits that you find in your produce aisle, acai is powerful, but it's also been proven to actually be highly usable by the human body. A study published in the Journal of Agriculture and Food Chemistry found that Acai actually raised participants antioxidant levels. Demonstrating how effectively that is absorbed by the human body. So that's just one of these super powerful sources of antioxidants. Now, what if you combine it with another powerhouse like beets?

Beets are a phenomenal source of antioxidants, but I don't know about you, but a lot of people are not out here eating beets. But the juice, specifically from beets has been found according to the Journal of Applied Physiology, to boost our stamina up to 16% during exercise, and participants even experience less fatigue Post-exercise. Now I get a therapeutic amount of acai beets, blueberries. Pomegranates cherry adaptogens like cords and more, and

the incredible Organifi red juice blend. It's all organic and it tastes amazing. Kids love this blend as well, and it's a powerhouse source of antioxidants and other important nutrients for human health and vitality.

Now I've been utilizing Organifi red juice for years. It's one of my favorite things to use, and also to travel with as well, to get a healthy dose of immune system supporting antioxidants and other nutrients. And so right now, when you go to Organifi.com/model, you're gonna get 20% off of their incredible red juice blend, right? That's O-R-G-A-N-I-F i.com/model for 20% off sitewide. So head over there, check them out. Now, back to the show.

SHAWN STEVENSON: Wow, that's so obvious now that you said this, like I'm having such an aha moment just on this is the primary nutrient that we need.

DR. STACI WHITMAN: Yes. Oxygen.

SHAWN STEVENSON: You know, we have to be able to breathe. It's, there's so much conversation obviously about exercise and you know, and what we're eating. But this goes back as well, you know, having time to not eat. Just to go back to your point about the environment in the mouth and the acidity and our body knows what to do to reach homeostasis and to sort things out. But it needs a little bit of time after we eat something and every time we have an input, it's creating that chemistry to try to deal with, you know, that couple, you know, whatever handful of chips or whatever you just threw in there.

And so would you suggest having intentional, you know, if somebody's found themselves to be more of a grazer and snacker, if I see it, I eat it a little bit of like some micro fast in the day. You know, when you eat something, just give yourself a couple of hours before you throw something back in there. And that having the potential to help with the oral microbiome to help with cavitations and just all the things we've already talked about.

DR. STACI WHITMAN: Yeah, absolutely. So I love, people to eat on a schedule. And I really do believe in intuitive eating, but we've been hijacked, you know, with some of these foods.

So you will find that patients who only eat a minimal amount of times a day, maybe they just eat breakfast, lunch, and dinner. The non-snacker group, they tend not to get cavities. So you really do want to give your mouth about two hours of rest if you can. And this includes your kids. I do have some strategies, so don't panic, but, you know, so like breakfast at 8:00 AM maybe a snack at 10:00 AM.

Lunch at noon afternoon, snack around three. We have dinner around five 30 or six and maybe a bedtime snack too. Now of course, what you're eating matters, which is why I like protein forward. Yes, and ideally Whole Foods and all of these things. But sometimes that's not always possible for every human. And if we are going to be eating these snack foods, particularly with your kids, don't let them just eat out of the bag. Like serve them a serving, put it in a cup or a bowl, have them sit and mindfully eat that snack until the bowl's empty and then it's done. Because otherwise you just don't, if you're snacking and grazing all day, you also don't realize how many calories you're getting in.

I mean, it can really sneak up on you. You can get an extra 500,000 calories pretty easily just by those handfuls. And you'd be, it would be surprised if you track that, you know. So it has so many profound impacts that way. But I do, yes, I like to eat on a schedule and I'm not a huge advocate of the continuous snacking. And I think you'll find significant health improvements once you make that small tweak. The other strategy though is if you are out and about and you eat a snack and maybe let's say your kid does get a bunch of crackers, goldfish, crackers, which are my nemesis, but I understand it happens. Offer them then.

So you can like food pair stack. So do the cracker first, and then offer like a slice of crunchy apple or a cucumber or a carrot because that act of chewing, and this goes back to the sugar cane chewing, it stimulates saliva and it's gonna help wash away a lot of that food. And your saliva has calcium and phosphorus in it, which is remineralizing. And this is probably why they didn't have a lot of decay from the sugar cane because all that chewing, there was so much saliva just washing that sugar away, you know, and then it was just being ingested so it wasn't sticking on the teeth. The consistency of our food matters a lot too, and that's why. If a child comes to me at my office and says, but Dr.

Staci, like, what can I eat? That's a treat. I would much rather have them eat like a piece of chocolate or a popsicle or ice cream than a sticky brownie or like a package cookie. And why is that? It's the texture because those, you know, a popsicle doesn't stick to your teeth, but one of those store-bought packaged cookies. Like, think about eating a bunch of Oreos. They're like all throughout your teeth. So, you know, pairing your food, so you're eating something crunchy after. Obviously water, xylitol gum is a nice trick if you're out and about throwing a piece of gum for a few minutes just to help stimulate your saliva. Again, it's the spit. The spit is so important. And then it will help wash away those food particles until that evening when we hope you do brush and floss.

SHAWN STEVENSON: Right. Amazing.

DR. STACI WHITMAN: Yeah.

SHAWN STEVENSON: You just mentioned the xylitol gum.

DR. STACI WHITMAN: All right.

SHAWN STEVENSON: So I want to ask you about some practical things that people can do. And as you mentioned, you know, especially if you catch it early, if there's the kind of onset of cavities or stages, can you talk a little bit about that? And also how we can potentially help for cavities to resolve on their own. Because I know it's, especially in early stages. There's, and this is what you do. You know, you've seen it yourself firsthand again and again. But we have a lot of evidence on this being able to be something that we can heal. Like your teeth can heal and, you know, keeping that in mind, can you again talk, walk us through the stages of cavitations. And then also what can we do proactively for ourselves to help our teeth in case we have some early onset of some cavities?

DR. STACI WHITMAN: Yeah, this is great. This is actually what I do, 'cause a lot, a large part of my practice is being very conservative and trying to arrest or remineralize teeth. So it's important. Number one I like people to be working with a dentist because some of these things are very nuanced and we do sometimes need x-rays to understand how big or deep

the cavity is. Okay. So if we see a surface level cavity or one that's kind of sha shallow, that can very likely be remineralized.

So your teeth are constantly demineralizing and remineralizing. All day. Every time you eat or drink something aside from water, that's a natural process because it's part of the digestive system. Okay? You start to eat the pH drops to help break up your food, and the enzymes come in like lysozyme to help predigest your food before you swallow it and send it on its way. So that pH drop is important. That's part of digestion. But if we give our mouth a break, as we spoke about, ideally a couple of hours, is my. My time that I like to see your saliva will naturally buffer and neutralize and raise that PDH back up. And in that process, the minerals in your saliva get pushed back into your teeth and so your teeth remineralize.

So again, this process is happening all day long if you're in homeostasis, as you mentioned. But what's happening is we're not in homeostasis. We tend to live in acidity, so you're pulling out more minerals than you're putting back in. So what can you do? One, being aware of it. Now you understand the process. So that helps. I think a lot, like sometimes just by simply. Eating more on a schedule, you're going to already shift your health back into balance and definitely drinking more water, making sure you're mineral optimized. So, so many of our foods are mineral deficient, so you know, I do like to consider magnesium supplementation.

Are you on a high quality trace mineral? You know, so many people use a reverse osmosis for their water. That water has mineral void, so we need to be getting more minerals back into the diet. And then fat soluble vitamins. How many people on this planet are vitamin D deficient or not getting enough vitamin K or vitamin A? Those things are very important for dental health. So we start nutritionally making sure you're optimized there. But what are strategies? So if the cavity is still in the enamel, there are things that we can do aside from changing diet, hydration, minerals, et cetera to remineralize it. And this, there are products that can help.

So it's kind of a one-two punch. You wanna kill the bad bacteria as much as you can or reduce their pathogenic load, and then you wanna push minerals back in. So how do we kill bacteria? We wanna be cautious, not overusing these strong antiseptics like the Listerine rinses and

those things just carpet bomb. But there are more gentle. Approaches. Some people are using iodine, some people are using ozone. So I like ozone oil that can be used and you literally can, you know, if it's an in-between cavity, you can put it on your floss and just floss it in between. And spit, but don't rinse. And you do that one night and then the next night we wanna think about, well, how do I get minerals back into the teeth?

My saliva is optimized. But what else? Well, this is where different toothpaste can come in. And so there's something called hydroxy appetite, which is an active ingredient that is calcium and phosphorus. It's biomimetic. Your teeth have a hydroxy appetite in them. Your saliva. Has Hydroxyapatite all throughout it right now. It is what we need to remineralize our teeth and so that can be found in various toothpaste and that can help remineralize teeth. You know, some people choose to use fluoride. The interesting thing with fluoride, it doesn't actually remineralize. Teeth. It creates a barrier on the outside of the tooth.

It creates like an armor so that you can't get further penetration into the lesion, but you probably will still always see the lesion. It almost like walls it off and it can make your teeth more acid resistant, which is great, but it doesn't actually remineralize. There's something called theobromine, which is in cacao, and that re mineralizes and then xylitol actually, it won't remineralize, but it does impact the oral microbiome in a really positive way. And so that can help too. And a lot of times we need kind of a combination of some of these modalities, and this is where it is nice to work with a functional dentist. But if we're, you know, making these small changes, diet, optimizing nutrition, maybe some tweaks to our hygiene, I can't overemphasize flossing enough.

And then trying to use some of these products, you can have a lot of success. And I avoid a lot of fillings in anesthesia in kids because of this. And I'll just go back to the flossing quickly. Why do I love flossing so much? It's because of our, it's 'cause of our diet. The, those crackers and chips and pretzels, they get wedged between your teeth. And if you aren't flossing, they will sit there day after day, whether you feel them or not. And they're feeding that pathogenic bacteria that's releasing acid. And you very well may get a eventual hole in your tooth. And we see a lot of cavities between teeth, especially in kids who are constantly snacking. So if

you're eating these foods, if you choose to eat these ultra processed foods, you have to be flossing. You have to be, it has to be a non-negotiable.

SHAWN STEVENSON: Wow. Thank you for that. There's so many good things there. And when you mention cacao, by the way, and I think about the real plant itself, when you cut it open Yeah, it looks like a bunch of teeth.

DR. STACI WHITMAN: Yeah.

SHAWN STEVENSON: You know?

DR. STACI WHITMAN: Oh, that's so funny.

SHAWN STEVENSON: Yeah, that's right. It's so, it's like that doctrine of signatures, you know, nature's telling you like, this might be good for your smile.

DR. STACI WHITMAN: Hey guys over here. Yeah. Oh, that's so funny.

SHAWN STEVENSON: But that's like the fruit, you know? If you think about it, there's like a fruit around the chocolate bean. Wow, that's so fascinating. And again, it's, there isn't a, what I'm already hearing, there isn't like this one trick pony, it's like a comprehensive thing. Stack conditions in your favor, and thank you for sharing about hydroxy appetite. And so wasn't that discovered like by NASA or something like that?

DR. STACI WHITMAN: Yeah. Yeah. So they realized when astronauts went up, any gravity causes you to lose minerals. And so how are we gonna push minerals back into the astronauts? They created this toothpaste for them 'cause their teeth were not doing so well up in space. And so, it was created in the 1970s and it essentially, it's calcium and phosphorus. Okay? It's what we already have in our saliva, in our teeth. And then Japan caught wind of it. And they're the ones that started the toothpaste revolution in the early eighties. Agar was the first one and they patented it. And then South Korea jumped on board, so their health ministries have approved it, and then it kind of spread to Europe. The Italians really loved it. It's, you know, it's kind of all throughout Europe now.

And then the SCCS, which is the Scientific Committee for Consumer Safety, evaluated it fairly recently and deemed it safe for consumer use when following certain criteria. And now you're seeing it more and more in the United States. And of course, the FDA hasn't. Spoken about it yet, but no surprise.

SHAWN STEVENSON: Yeah. And the same thing holds true when it comes to, you know, fluoride regulation. Yes. You know, a lot of countries are definitely not putting it in the water supply and you know, but seeing it used in places like Japan, for example, as some kind of a rinse like a topical thing, but the ingestion of fluoride

DR. STACI WHITMAN: That's right.

SHAWN STEVENSON: Is a problem. I've been talking about this for 20 years.

DR. STACI WHITMAN: Have you?

SHAWN STEVENSON: 20, God bless you.

DR. STACI WHITMAN: Years.

SHAWN STEVENSON: All right.

DR. STACI WHITMAN: Way before politics. Right. Right. Why is it political all of a sudden? You know, I've been speaking about it forever too.

SHAWN STEVENSON: And the main thing was just like, again, informed consent.

DR. STACI WHITMAN: Yes.

SHAWN STEVENSON: This isn't like, yes, you're putting some vitamin C into the water supply. Yes. Like this has notable metabolic impacts and impacts on the brain and Yeah. Cognition and all these other things. Just like, and this has been known literally for decades and just

now kind of, I mean, there's more. And I'm grateful for the time we're living in where information is so easy to spread quickly and litigation can happen.

But we still have a lot to learn. We still have a lot to do, you know, with regulation in particular with Flora. Can you talk about this, because again, definitely you being a traditionally trained dentist. That was one of the things, and I, like one of my friends, she was the vice president of the American Dental Association, ADA.

DR. STACI WHITMAN: Oh wow.

SHAWN STEVENSON: For a hot minute. And you know, like her and her husband. Chiropractor, functional practitioner. He's just like, whoa. You know, he's very anti-fluoride. And she was just like, no, there's no science. This is like what we were taught. And so, you know, so what's the deal with fluoride? What were you taught in school and where are you at today?

DR. STACI WHITMAN: Oh man, I have so much to say. So I was traditionally trained as every dentist was, and I was a huge proponent of fluoride. And you get fluoride and you get fluoride. And everybody needs fluoride. You need it topically. You need it in your toothpaste, you need it in your rinses. I need the varnish on your teeth twice a year when you come to see me. It needs to be in the water, it needs to be everywhere. Okay. And what's so funny. I practice in Portland, Oregon. We do not fluoridate our water there. It just doesn't get voted in. And keep Portland weird, you know, that's what people say, but I'm happy about it in hindsight, but it's important for people to know.

So, I, the last time I was on the ballot was 2012 and I was volunteering for the pro fluoride side, and I was picketing and handing out buttons and stickers. And I was mad when people said, we don't need it. And I would say just what that woman said, no, there's no science. We need this Tin Hat brigade. They don't know what they're talking about. I'm the dentist. I know what I'm talking about. I was trained. So I sat in on a debate. And it was the pro versus the quote unquote anti. I don't like that description. Yeah. But anyway, those who have concerns

with it, and I walked in with a chip on my shoulder thinking these guys are gonna be wing nuts and woo.

And I sat there and they gave the most impressive discussion, science-based about things. I'd never knew of like what the possible ramifications can be with ingesting fluoride. And it's important in this conversation, we really do need to separate topical fluoride from systemic, and that means toothpaste and rinses versus in our water and supplementation. Okay? And so I, my mouth was a ga, I felt like I had been gut punched and I literally went home, very conflicted and started rabbit holding. And it doesn't take long to hop on NIH or PubMed and start to question, whoa, thyroid issues, bone health issues, neurotoxicity, gut microbiome issues because fluoride's antimicrobial and you're swallowing it.

What is it doing to the gut microbiome? So the other issue. So over time, I very much, I am opposed to water fluoridation. I think it can be used topically. We also know, and I did learn this in school, that fluoride really works topically, not systemically. You don't need to be ingesting it for it to work. And to your point earlier, almost 90%, 97% of the world doesn't fluoridate their water. The United States is one of the last main big developed countries that does this. And in Japan the decay rate's very low and they always will fight back and say, yeah, but look at their diet and they eat healthier.

Okay, fair. But they're all, they are. They do have a program where they're using fluoride rinses in school. And maybe that's what we should be implementing here. Like just getting this topical fluoride more accessible for people. I still personally don't use any fluoride products, but I get that's a big leap right now because accessibility to Hydroxyapatite and theobromine and these things, it's tricky. Okay. So that's why I can't be a purist in my discussions, but I will focus on water fluoridation. And the big issue with water fluoridation, there's a few. So to your point, yes, we are essentially mass medicating a population without their consent, and I think that is very wrong. You know, I think people should at least understand what the potential side effects could be.

And then now that you know this, do you still want fluoride in your water? The other thing is we're not factoring the halo effect. So you may drink one glass of water a day. I might drink

two gallons because I'm like marathon training or doing something insane. So I'm getting much more fluoride than you are. Plus what's my body weight? What's my composition? You know, my body weight composition. How am I metabolizing and detoxifying? Do I have detox pathway issues? You know, maybe I have gene snips, et cetera. So that's an issue. But also fluoride is in so many ultra processed foods. So if you are eating a can of soup or drinking Gatorade, that is made at a factory with fluoridated water, there is fluoride in that product.

So how much are you getting there? It's also in pharmaceuticals. Most people don't realize there is fluoride in Prilosec and SSRIs. It's considered like a stabilizer. So, a lot of people are getting the most amount of fluoride from their prescription drugs every day. And so at what point, you know, everyone will say the dose makes the poison fair enough, but how are, how do you know what the dose is? How much is someone getting a day? And then you have kids who are swallowing the toothpaste, swallowing their rinses and it's just it's in excess and there are enough. Stu, I don't think the burden of proof needs to be you know, proving to me that it's not safe. You prove to me it is safe.

And we don't have that safety data. And if anyone tells you we do, they are wrong, period. They are wrong. And I will debate them. The other thing is we are not following the EPAs own guidelines. So the EPA was on trial for the, there was a federal trial, the Tasker trial. And the EPA expert was asked by Michael Conant, the lead attorney.

And it was essentially the people versus the EPI and the people are saying, Hey, we don't want fluoride in our water anymore. It's not safe. Proves to us it's safe. So this EPA fella said, well, when asked, what's the window or margin of safety for fluoride? And he answered 10 x. So that means we should be fluoridating. You know, at a 10 x range to protect the vulnerable. So if we know this level is safe, we should be fluoridating 10 times lower than that. Okay? That's the margin of safety. And most people are agreeing that at 1.5 milligrams per liter, 1.5, there are issues. But we are fluoridating almost five times that amount based on 10 x.

Okay. Five times that amount. And so y who are the vulnerable population? We it's the pregnant women. It's infants and babies who are getting formula with fluoridated water. It's the toddlers in the young children brain development patients with calcium deficiency,

patients with iodine deficiency, kidney disease. Patients who, are genetically predisposed to being sensitive to fluoride. I mean, there are fluoride allergies, so it's a pretty wide range of the population that we should be protecting, but we're not. And so we just treat, we're treating everyone the same. We're treating everyone the same regardless of their age, weight, you know, genetic makeup. And that's just, it's just ridiculous. I think it's ridiculous. Yeah. It's like co where's the common sense? Right?

SHAWN STEVENSON: It's not common.

DR. STACI WHITMAN: It's not common. And so, and then I, you know, I get pushed back on this a lot, so I know all the arguments. They'll say, yeah, but access to care, and they can't get fluoride toothpaste. You can get fluoride toothpaste at the Dollar store. I mean, can we get toilet paper? Can we get, I understand that is an important conversation, but fluoride toothpaste is readily available. And then the other thing is, we're. Missing the elephant in the room, which is big food. That's the issue. So we're masking it essentially with a pharmaceutical because we can't keep up with the disease because of an industry that is poisoning us essentially.

And they're not being held responsible for it. So, I mean, not to be dramatic, but like root cause. What's the real issue here? And my other argument would be if water fluoridation was so damn successful, why are cavities still the top chronic disease in the United States when 70% of our population has fluoridated water? That doesn't make any sense. It's not working. And so the Cochrane report the most recent Cochrane report came out in 2024, and it's, it said that Fluoride nation doesn't work like we thought it did. And it isn't even statistically significant, the cavity reduction that's happening. But you will see mainstream media and the American Dental Association, they are not referencing the 2024 Cochrane.

They referenced the 2015 Cochrane, which says it reduces decay rate by 25%. That's old news. Okay. We need to be following the data and the science that's most recent. And of course, anything new that comes out, they'll pick it apart and say, yeah, but this, yeah, faulty studies, et cetera. So, I don't know. I think ultimately, patients should have a choice. Humans should have a choice. Your fall, all these people should be able to choose. And if you want fluoride in

your life, you can use fluoride toothpaste. You can use rinses, you can ask for it at the dentist and then focus on all the things we talked about. But I don't think it should be in our water. It has no business being there.

SHAWN STEVENSON: There you have it. Thank you for sharing that.

One of the fastest ways to impact your gut health is through the things that you drink. That liquid medium is a fast delivery system to improve your energy, boost your metabolic health orders straight up mess you up. When it comes to gut health, one of the most powerful things seen in clinical data to instantly uplevel the health of our gut are polyphenols. And these are incredible compounds that have antioxidant and anti-inflammatory properties that are out of this world. And this is just one of the reasons why in that liquid delivery form. Teas like green tea and black tea are noted in thousands, literally thousands of peer reviewed studies to have a variety of health benefits.

Now, my favorite tea is absolutely abundant and polyphenols, and it's been found to have remarkable impacts on our gut health. A recent study published in the peer-reviewed journal Nature Communications uncovered that a unique compound called Thea Brownen found in the traditional fermented tea called puer, has remarkable effects on our microbiome. The researchers found that Thea Brown and positively alters our gut microbiota that directly reduces liver cholesterol and reduces lipogenesis the creation of fat. Another study published in the Journal of Agricultural and Food Chemistry found that PIR may be able to reverse gut dysbiosis by dramatically reducing ratios of potentially harmful bacteria and increasing ratios of beneficial bacteria.

So much of these benefits seen in these peer-reviewed studies are due to the incredible concentrations of polyphenols that are found in pu'erh. And the only pu'erh that I drink is triple toxin screened for purity. It uses a patented cold extraction technology and it's wild harvested, making it even more abundant and polyphenols. The pu'erh that I'm talking about, and again, it's the only pu'erh tea that I drink, is from the incredible folks at Pique Life. Go to Pique life.com/model and you're going to get up to 20% off. Plus they're going to hook you up with a free starter kit that includes an electric frother with some of my favorite bundles. And

my favorite tees over at Pique Life, again, go to Pique life.com/model. That's P-I-Q-U-E-L-I-F e.com/model to take advantage. This P Air Tea is in a league of its own. It's absolutely incredible. You can enjoy it, either hot or cold, and there are multiple studies affirming its benefit on our overall metabolic health and supporting fat loss as well. It's truly special. Again, head over there, check 'em out, Pique life.com/model. Now, back to the show.

SHAWN STEVENSON: You know, going back to this understanding with our oral microbiome, our dental health, or overall and in particular cavities being a metabolic disease, I want to dig a little bit deeper. Pun intended with the cavities.

DR. STACI WHITMAN: I love that.

SHAWN STEVENSON: But looking at this connection, you know, because when we think about metabolism, we might think about things like, you know, insulin and, you know, you mentioned earlier inflammation has a big part to play in this conversation around metabolism. So I want to touch on that, but also look upstairs, because the most metabolically active part of our bodies is our brain. Right? Our brain is maybe 2% of our body's mass consumes about 20% of the calories we consume. It's just like a hungry or there's, so, there's so much happening as far as metabolism is concerned when it comes to the human brain. And I know for certain. It's just one of those things. We don't connect our oral health to our brain at all, and they are intimately connected. So talk about the relationship a little bit more. Inflammation, maybe some of the things we tie more to metabolism, like insulin maybe. And then also what about brain health and our oral health as well?

DR. STACI WHITMAN: Yeah. Great questions. Yeah. I mean, they're literally neighbors. Your mouth is right next to your brain. Yeah, the diabetes connection and the insulin resistance is very important. It's bidirectional. So inflamed gums can be one of the first signs of pre-diabetes. And it's kind of that chicken or the egg issue is the inflammation in the gums leading to, you know, the insulin resistant, the metabolic issues or vice versa. But I'll never forget where I really started putting this together. I had a mom reached out to me, this child kept coming in with decay and we just really couldn't figure out what was going on. And she,

he ended up being diagnosed with diabetes and then I started researching like. Well, it makes sense.

His saliva had more sugar in it. Had more glucose in it because his body had more glucose in it 'cause his pancreas wasn't working. So something to think about. You know, again, our saliva really tells us a lot of information. And so the inflammation in the gums can create inflammation throughout the body, but also it's the bacteria too. So if we have pathogenic bacteria, they can translocate, we swallow them, we breathe them in. But if your gums bleed, and I love to say this, if you see pink in the sink, you have inflammation in your mouth and you best pay attention. If any other part of your body was just bleeding every day, wouldn't you be concerned?

But yet we normalize that our gums bleed. So if your gums bleed, now, the bacteria in your mouth can get into your circulatory system and they can travel all around and end up and end stage organs that they shouldn't, you know, including your brain. They also can travel on your nerves. And they are crossing the blood-brain barrier. And so there are studies that show we are finding oral bacteria, specifically p gingivalis in the brain of patients that have passed from Alzheimer's disease and they have no business being there. They're meant to be in the mouth and they have.

People will push back and say, yeah, but you know, patients with Alzheimer's or dementia tend to lose their hygiene. And that is true, but they have all those con confounding variables were accounted for in the studies that they did. And they had, you know, control group. So that's concerning. And that can create inflammation in the brain. They're not supposed to be there. So it triggers an immune response. On top of that, these pathogens release endotoxins. So not only are they themselves creating inflammation, but they're releasing pro byproducts that create further inflammation and destruct tissue destruction around 'em. And this is where the links to cancer are coming in.

So we're seeing f nucle is a bacteria specifically being linked to colon cancer and pancreatic cancer. And how would you know this until it's end stage? And this is where I really believe in salivary diagnostics. So you spit, you send it off. Two weeks later, you get your results. And do

you have some of these keystone pathogens? Imagine if we could catch that in people's twenties and thirties. Like we could prevent a lot of these end stage diseases in their forties, fifties, sixties, potentially. So yes. I mean, we need to think of it as a two-way street. And what happens in the mouth doesn't stay in the mouth, but these bacteria end up in places they don't, and they are being linked and tied to Alzheimer's and dementia.

I mean, that's enough to get me to floss every day. That's it. Like brain health to me is so important. So if you're not flossing and you just can't find a reason to do it. Please think about your brain, fertility too. I mean, we know women who have gum disease. There have been studies that show they can take several months longer to conceive and it can the inflammation and the metabolites can impact sperm mobility, sperm motility. So it's both partners. Okay. So gum inflammation, gum disease, periodontal disease needs to be taken very seriously 'cause it can lead to so many other issues in the body, heart disease and arthritis and diabetes, as you mentioned before. I mean, the list, as I mentioned, 57 different diseases are being cross-linked back to oral bacteria.

So, and certainly it might not be you have this oral bacteria, you're going to get that issue, but it contributes to it. And imagine if we could just keep our mouths healthy. That's just one less risk factor for some of these other things.

SHAWN STEVENSON: Yeah. We have to stop separating our mouth from the rest of our body.

DR. STACI WHITMAN: Yeah.

SHAWN STEVENSON: You know, bottom line. And also when you mentioned the pink in the sink. So can you just do a quick note on the context around flossing? Because I think if somebody's not flossing regularly or they just started flossing, they might, they will cause a little bleeding and just you know, and not be able to associate the two. But what I find is that consistently floss that just goes away does after, you know, maybe a week of you flossing consistently.

DR. STACI WHITMAN: It's exactly right. I find that in seven to 10 days, maybe 14, it usually goes away. Great point. Yeah. So if you haven't been flossing and you start doing it, you may see a lot of blood and a lot of red and a lot of pink in the sink. That's called leaky gums. So we've heard of leaky gut, leaky gums, or the same. It's very similar. And so now bacteria and deformed debris, things are getting into your system that shouldn't. So we want nice, healthy tissue. It's a barrier, it's a protective barrier from the outside world into our body that includes your gums.

So, I describe it this way, if you have just picked up guitar for the first time and you start playing, your fingers are raw. Or I say this to the my kid patients, I'm like, you know, you go on the monkey bars in the spring and your hands get raw, but after you do it for a few days, a few weeks, you get, they get callous. So it's gonna be the same with your gums. So if you're just starting this habit. Yep. Do you play Guitar Monkey? Oh, you're hanging, you're doing your hangs.

SHAWN STEVENSON: Yeah. Just did some pull-ups yesterday.

DR. STACI WHITMAN: Yeah. So, you know, it takes a little time, but not that much time. So be patient. Be patient. But you know, if you feel like you have pretty good hygiene and you do floss and your gums still bleed after you've been flossing for a long time, we needed it deeper. Why is that? Are there hormone imbalances? Do you have vitamin C deficiency? Do you have zinc deficiency? B vitamin deficiencies? Why are your gums bleeding? Why are your tissues so fragile? Is there a certain bacteria in your mouth that we need to try to help reduce or eliminate too? So, but I think, I joke but I really am not joking.

If someone said you have, you're gonna go to a desert island and you can get an ultimate lifetime supply of floss or toothbrushes, I would always pick the floss. I would always pick the floss. 'cause your tongue can clean your teeth for you to some degree. And then especially if you're eating a more, let's say paleo diet, you really shouldn't have much plaque or biofilm because you're not feeding those pathogens. But we do want to be making sure our gums say really strong and resistant.

SHAWN STEVENSON: Amazing. You know, having you here, I get to ask stuff that I think about. And you know, our teeth from my perspective or something that we really tie to like aesthetics and beauty. You know, and right or wrong. And I think of course it could be a sign of health in some ways, but also it's, it gets to a point potentially of dysfunction. I was just watching with my wife last night, this America's Next Top model documentary. And there's like parts where in spoiler alert there. And she used to watch it. Apparently this was right before we met each other. Okay. I guess it was like 2002, 2003 when it came out. We met in like the end of 2004.

And so she was like, you don't understand. I watched so much of this. And I'm just like, oh, okay. And it was crazy. It was, it's crazy. But anyways, there's one of the early seasons where basically they demand that one of the contestants goes and gets her gap closed. Right. And this, the show started off by being something to uplift different different expressions of what beauty can be.

Right? And not having this kind of perfect societally determined perfect identity as a model. And so anyways, you know, the young woman is today, now she's sPiqueing out about it. She's in the documentary as well, sharing her experience. And another young lady at the time, she went in because she had some crowding and she, I think they took out like four teeth. Right there. And this is like a grown woman. She's like maybe 20, 21, and she's going onto this show to, you know, become a model. And they ended up like taking her teeth out. It was crazy. And she was beat up, like she looked a mess afterwards as one would.

DR. STACI WHITMAN: Maybe.

SHAWN STEVENSON: But with all that being said, you know, just seeing. The hyper focus on aesthetics. And teeth looking a certain way and being quote perfect can get us, I think, to make some decisions. And also the field of dentistry, using that as a tool to do more stuff. Right. Yeah. And obviously our dentist overall wonderful individuals. We talked about this getting into the field with a desire to be of service and to help people, but there's always gonna be those individuals who are like really looking at how can I systematically be able to make more money doing this thing, even if it doesn't need to be done.

I'm saying all this to say, there's two things I wanna ask you about. Number one, I think the most glaring, this is another little pun in there. Example of beauty would be teeth being white. Right? And so I want to ask you about natural ways to support our teeth being whiter, but not abnormally white. 'Cause I think that's weird too. You know, you see somebody like, and shout out to the goat Michael Jordan. Okay. He's the goat in this documentary. His eyes are like, he's got all this brown basically over time. And his eyes and his teeth are like whiter than.

DR. STACI WHITMAN: I know.

SHAWN STEVENSON: I don't even know like I white than this. I know the white you're talking about.

DR. STACI WHITMAN: Yeah.

SHAWN STEVENSON: And it's just like, that doesn't look right. It makes your teeth look, you know, not unnatural. And so what are some natural things people can do to support the whitening in a healthy way of their teeth? And then we'll take it from there.

DR. STACI WHITMAN: Okay. Yes. So this is the internet and social media at it, the desire to have this unrealistic as aesthetic. So first I think it's so important. To feel good about yourself, you know? And that's going to be different for everyone. And I agree with you. The smile, it tells so much about the person. It's kind of, it's the gateway into the soul in a lot of ways. The eyes and the smile, and. It's sensual and it's how we communicate to each other.

It's really important. And you think about how hard it would be to be out in the world and get a job if you were missing your front teeth. You know, like we really do attach a lot to it and a lot of self-esteem and speech. A lot of the sounds we make, we use our teeth and chewing. If you don't have teeth, you can't chew and swallow your food. They're very important. But we do tend to think of dentistry as aesthetics. I agree with you and it's getting worse. I think we've set unrealistic expectations for ourselves with what is the perfect smile, the Hollywood smile and what is, what white teeth are. So teeth are not meant to be white.

They're actually a little bit yellow, and that will vary from patient to patient and person to person. So I understand people want white teeth, but just know that this excessive bleaching that you're doing, it can be damaging to your microbiome. I mean, it, they are bleaches, I mean, you're using like various peroxides and things that it's going to impact your microbiome, but also over time, that can create enamel damage to your tooth and potentially nerve damage.

And I see these kids on TikTok just basically chugging, they're not swallowing it, but hydrogen peroxide every single day. And their teeth are blindingly white like mjs and it's just too much. And then I just think, gosh, I hope you don't need root canals in the future. And like, what else is going on with your microbiome? So, and then the veneer thing too, like everyone's getting veneers and just knowing, I'm not opposed to veneers, but you just need to have informed consent. Like do you, are you, do you, are you aware of the risks? So anytime you put a filling or a crown or a veneer in your mouth, it is gonna shift the microbiome.

You're now creating margins as good as your dentist is. It will not be as good as your natural tooth ever. And so there's gonna be a margin of that veneer that bacteria can cling to. And can that cause problems over time? You know, it can, especially depending on your diet. And then also important to know nothing in dentistry lasts forever. Nothing. So it all needs to be replaced at some point. And it could be in five years, you might need new veneers. In 15 years you might need a new veneers. So every time you're going in. What are those procedures doing to your underlying dental health? Like, you know, we were drilling away a little more healthy tooth structure and now there's, you know, a new product in your mouth essentially.

So more natural things to do. Number one, I would say you could go in more regularly for cleanings. Okay. Just the polishing, cleaning, 'cause that really will help brighten and whiten your teeth. Nano hydroxyapatite has been shown in the data to brighten and whiten teeth because it fills in micro porosity, so it's the way the light reflects and refracts, it just looks brighter and shinier. So it's not gonna bleach it, but it will make your teeth look brighter. Coconut oil. So folic acid is a mild acid, and so it can remove surface level stains too. And there's actually some mild acids and strawberries as well. I caution people to, please be

careful with the charcoal toothpaste that are, they're kind of phasing out, I feel like now, but they're very abrasive.

So why do your teeth get wider after using this? You're literally scraping away the surface of your enamel, and that's permanent. That doesn't come back. So be very careful. They're just, they're too harsh. You know, being cautious with your tea and your coffee and your wine and these things, just being aware. Certainly cigarette smoke is gonna cause, vaping's gonna cause more of it, more of the staining. But I think just setting realistic expectations for yourself. Would be my best advice. And there are cleaner bleaching companies out there, like OO is one that uses more of an herbal formulation to help brighten whiten teeth, but you're never gonna get that bright white without the risk of either veneers or like very strong leaching agents too. So you just have to decide what's right for you.

SHAWN STEVENSON: Great advice. Thank you. With the coconut oil thing, so is this like switching for a certain amount of time? Would this get into the domain of the oil quote oil pulling essentially?

DR. STACI WHITMAN: Yeah. Yeah. So oil pulling is an ancient Ayurvedic practice that started with sesame oil and, but many people use coconut oil now, and I am a fan of it. Like I'll do it a couple times a week, usually just be cautious. 'cause coconut, it is slightly antimicrobial, so we just don't wanna overuse antimicrobials in the mouth. We wanna nourish and preserve our healthy bacteria. But it will not only just switch away, if you will, biofilm, but it can brighten and whiten and it can shift the microbiome.

And patients just notice that their mouths feel really good after they do it. And that's why I do it traditionally. They'll say to do it for 20 minutes. I think that's. You just can't, I can't do it for 20 minutes. So I do it for a few minutes in the morning when I think of it. So people could try it. Yeah, it's one of those things, don't knock it till you try it. And I think a lot of people like it once they start doing it. Just don't spit it when you're done down your sink. So you wanna use raw, organic coconut oil, ideally. I mean, I just take a spoonful and let it melt in my mouth. Some people can't do that.

They gag and think it's disgusting. So again, you do you, but and then it melts and you just switch around. I do it while I'm, you know, picking out my outfit for the day and just puttering around in the morning. But just don't spit it down your sink. 'cause it will harden and coagulate again. And then you could get blocked drains and that would be bad.

SHAWN STEVENSON: That would be bad.

DR. STACI WHITMAN: Caution.

SHAWN STEVENSON: Great. This is great advice. Thank you for this. So again, looking at practices again for the aesthetic part of not necessarily again creating abnormally white teeth, but you really added in the other thing I was gonna ask you about, which is removing the cause of like abnormally stained teeth. And so I was going to ask you about, are there some things you said being aware, right? Coffee, various teas, wine, that kind of stuff. Is there something we could do further? Maybe just if we have a cup of coffee, make sure we rinse afterwards. And would that be just simply rinsing with some water?

DR. STACI WHITMAN: Yeah. Yes. The water's always great. Rinsing your teeth is always great with water, but you could add a little baking soda. 'Cause baking soda will neutralize and buffer. The acidity from your coffee. So a little sprinkle doesn't have to be a lot. And sometimes salt, which is antiseptic, so it's a pinch of salt and you kind of rinse with that. Those can be great strategies. The other interesting thing, a lot of times people may not like their smile because they have crowded or crooked teeth too. So just consider this if you were to go and just get some Invisalign. If you're a good candidate or a retainer or, I understand braces is a big ask, but just hear me out sometimes if you can just straighten the teeth, they don't have to be perfect, but it's all light.

You know? How does the light hit on your teeth? And sometimes if you're too rotated, you're gonna see a shadow, you know? And so you might think your teeth look dark, but if you could straighten them all out so when light hits it reflects and refracts, you might be like, wow, my teeth not only are straighter, but they look brighter and whiter too. So, and then you fix the function of your bite in your smile too. So something to think about also.

SHAWN STEVENSON: Functional dentistry.

DR. STACI WHITMAN: Functional dentistry.

SHAWN STEVENSON: And you know, we were talking before the show about this. I'm shocked that it's taken this long to have something that's more systematic and, you know, regimented and just cohesive when it comes to functional dentistry. Functional medicine has been around for a few decades now. Maybe what, 30 plus years? Maybe 40?

DR. STACI WHITMAN: Early nineties, I think. Yeah.

SHAWN STEVENSON: And, you know, again, separating the mouth from the body. Everything is kind of getting more up to speed now. And you are really spearheading this movement to have accreditation and something that's more consistent because, you know, you might go to what you believe to be a functional dentist over here and it's wildly different from what you might experience with someone else, you know, who's also stating that they're a functional dentist. And so can you talk about that? Because right now you are working with some of the leading minds in dentistry to really push this movement forward, to have something that's cohesive. So can you talk about that a little bit and just what you're working on?

DR. STACI WHITMAN: Yes. Thank you for saying that too. That is what initiated this educational platform was that myself and some colleagues were feeling frustrated that the patients were being impacted because they didn't know who to go to. And there's different lists and directories and things out there, but there's no vetting and there's no credentialing and there's no education. And it's one of those things like anyone can call themselves anything which is unfair to the patient like there has to be a standardization. I'm a big believer in education and academics and amplifying and elevating your clinical practice on the latest research and data that's out there.

'Cause things change a lot over the decades in the years. So yeah, I have some wonderful co-founders and we have co-founded the Institute for Functional Dentistry because not only did we want a standardized training platform it's really a residency level education platform,

but we wanted it based in functional medicine or systems biology, root cause medicine, and this is what dentists are really missing a lot of in dental schools, like the foundational medicine. How do we connect the dots? We don't know a lot about hormone pathways or immune health or cardiometabolic health or mitochondrial health. We don't learn about a lot of that in dental school, but it's very important.

SHAWN STEVENSON: Or nutrition?

DR. STACI WHITMAN: None. Right. You're totally right. It's like medical school, hardly any and most oral diseases. Because of your food ..

SHAWN STEVENSON: That you're chewing on with those teeth.

DR. STACI WHITMAN: Yeah, that's right.

SHAWN STEVENSON: And you, it's just, that should be shocking. I know. To hear that. I know. You know, like no training and nutrition. Yeah. And this is the organ that's dealing with literally the interface with food.

DR. STACI WHITMAN: Yeah. And we have a little bit of it, but it's super basic. And it's not diving deep into what does this deficiency do? How can we support this patient with different nutraceuticals and like, there's none of that. So, yeah. We launched mo very recently. We have our first cohort signed up, but we're really hoping to create change. And this isn't meant to be a replacement for traditional dental school. I really wanna make that clear. You have to have that foundation. This is to build upon it so that we can work cohesively and collaboratively. And start looking at things differently and really helping our patients get healthy. And I was saying this to you earlier, I think it's really gonna help the dentist too.

So I myself, and perhaps people have heard me say this before, if you've heard me sPique before, but I almost left dentistry. I just had it, I was so depressed and sad. I didn't like my work. I didn't think I was helping, I was just putting out fires all day. It was like whack-a-mole. And that is dentistry. Dentistry is whack-a-mole if you don't connect to the patient and dig deep and take the time to understand the why you're not gonna fix the issue

And just throwing more fillings and crowns and root canals at it are not gonna fix it. And this is why they're still the chronic diseases globally.

So, it's sad to go to bed every night and be like, I don't know if I helped anybody today. Really. I helped someone get outta pain, but. And you see your patients coming back sicker and sicker, and you just know intuitively, a lot of it's coming from the mouth and then you learn. Oh yeah. Actually a lot of it is coming from the mouth. How do I help them? And it just, it rejuvenated my career for me to, I became a feel like a, I'm a real healer, at least in my domain, in my lane because my patients come back healthy. And then that education, it spreads throughout families and then it spreads throughout friend groups and it spreads throughout the community.

And just, and that's why I'm so appreciative of having these opportunities to come and sPique to a larger audience because I think so many people don't have this education about their oral health. Like we've just really missed the mark in teaching people how important it is and how it, we are overthinking it. It's just a lot of, it's the basics and it's not just flossing and brushing and it's not just avoiding soda and using fluoride toothpaste. There's a lot more to it. You can be doing all of those things and still having issues and what if we could. Figure out your why and get you healthy, and maybe that will help prevent a disease for you down the road, like dementia or Alzheimer's. I mean, that's a big deal.

SHAWN STEVENSON: Yeah. So powerful. It's such a great service that you're providing for everybody and you know, now to be teaching more teachers, it's just, again we're on a mission to make. Good health, viral. Yes. You know, and that's the possibility right now. And you know, I appreciate you so much for coming to hang out with us. Can you share where people can follow you and just give more information?

DR. STACI WHITMAN: Yeah, absolutely. So I tend to hang out on Instagram quite a bit, so you can find me there. It's Dr. Staci, be in the show notes. I have a website, dr Staci.com, and I do a newsletter that I'm very proud of. We dig deep because I know we talked about a lot, but like we could go a lot deeper on every topic we talked about, and we really just scratched the surface. So I do encourage everyone to try to sign up for that newsletter if this information

interests you. And then the Institute for Functional Dentistry is functional dentistry.org. So even if you're out there listening and you're not a dentist, we also, we train hygienists.

We trained front desk business team, myofunctional, therapists, chiropractors. We have different tracks for all different providers. So even if you're out there listening and you're like, you know what? My dentist is pretty open-minded. I wonder if they might be interested, please share. Because we are trying to go viral like we really do. I don't want cavities and gum disease to be the top diseases anymore. That's ridiculous. When so many patients are seen us twice a year, we're just not moving the needle. And so we're clearly missing the mark. So I just ask for help, help us spread the message.

SHAWN STEVENSON: Yeah. Thank you. Thank you. Thank you for doing this work. Thank you for stepping up. And you know, I'm here to support you for sure. Thank you. And again, we'll put all the links in the show notes. And I can't wait to, I've got like a thousand more questions to ask you, of course. But like you said, you go deeper with your newsletter, so definitely check that out. Your Instagram is fantastic. Oh, I love it. Thanks. Incredible videos. Super insightful. And even in that medium, again, just making. Empowerment. Go viral. Yeah. You know, good health. You know, it also, there's an inspiring nature to it because just like I have the ability to influence my health, you know?

DR. STACI WHITMAN: Yes.

SHAWN STEVENSON: That's what's most important.

DR. STACI WHITMAN: You can be advocate for yourself, which is so important. Well, we'll have to do it again 'cause we can talk about a lot more. Yeah.

SHAWN STEVENSON: Yeah. Can't wait. You know, I've got your back. I appreciate you so much.

DR. STACI WHITMAN: I appreciate you too. Thank you.

SHAWN STEVENSON: Of course. The one and only Dr. Staci Whitman, everybody.

DR. STACI WHITMAN: Thank you, Shawn.

SHAWN STEVENSON: Thank you so much for tuning into this episode today. I hope that you got a lot of value out of this. You already know what to do. So many people are lacking education when it comes to the oral health Send in this episode. Take a screenshot of this episode. You could share this on social media. You could send this as a text directly to somebody that you care about and you wanna share this incredible information. We want people to feel more empowered going to the dentist is one of the top fears in the world.

By the way, because a lot of people got a lot of drama going on, you know, and we need to remove that fear, remove that stigma, and Dr. Whitman is focused on making this a more functional, preventative care practice, where we are truly aiming our focus at improving the health of the whole person and thus improving the health of our oral care. With this being said, we cannot separate the body into parts anymore. All of us matters, and having expertise to specifically, if there is something, you know, as Dr. Whitman mentioned, just putting out fires. If there's a fire that needs to get put out, we want a dental expert for that, but we want also overall care of ourselves as a whole person, and that's what she's pioneering with the work that she's doing. So I'm telling you, you might've heard it here first.

Dr. Whitman is gonna make a huge impact in changing healthcare. So again, share this out with somebody that you care about. Share your voice. If you enjoyed this episode, you could pop a voice to the YouTube channel. Leave a comment if you're watching or listening on Spotify. You could leave comments now. All right, Apple's making some changes as well, but you can share your voice and leave a review for the show on Apple. It really does mean a lot. And make sure that you're subscribed so you don't miss the thing. Make sure that you're subscribed to the show. I see the numbers. I see there's a percentage of people who listen to the show consistently, but they're not subscribed and I don't get it. All right. Hit that subscribe button that you stay up to date. We stay connected and just know that I've got your back. I appreciate you and I've got so much in store. All right, again, we got incredible masterclasses and world-class guests coming your way very soon. So make sure to stay tuned. Take care, have an amazing day, and I'll talk with you soon.