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### **Solutions for Heart Disease & Oral Infections**

Guest: Thomas E. Levy, MD, JD

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**Jonathan:** Welcome, to the Holistic Oral Health Summit. I'm your host, Jonathan Landsman. Did you know that 80% of disease symptoms are related to problems in the mouth? As a health and fitness consultant for nearly 30 years, I believe this is one of the most overlooked problems within conventional and integrative medicine. That's why I created this summit, to help you identify, prevent, and eliminate the roots of disease.

Our show today, Solutions for Heart Disease and Oral Infections. Our guest is a board-certified cardiologist and a bar-certified attorney. He has written 11 books now addressing the importance of nutrition, toxins, and antioxidant balance in both the development and the treatment of many diseases, especially heart disease and cancer. In addition, our guest continues to research and write on these issues, as well as to lecture on them around the world.

In the United States, alone, the numbers are staggering. Cardiovascular disease claims more lives than all forms of cancer combined. In fact, well over 700,000 people die of heart disease every year. Every 34 seconds, someone has a heart attack. And every 60 seconds, someone in the U.S. dies from a heart disease related event.

Conventional medicine tells us that cardiovascular disease is caused by smoking, elevated cholesterol levels, high blood pressure, inactivity, and, of course, a poor diet to name just a few. Yet, their primary focus is the distribution of toxic medications to control symptoms with very little emphasis on educating people about natural solutions. To make matters worse, Western medicine particularly ignores one of the greatest threats to heart health.

So if you want to avoid heart disease and premature death, I urge you to pay close attention to this program. It could very well save your life. Please join me in welcoming Dr. Thomas Levy. Dr. Levy, welcome.

**Dr. Levy:** Hello, Jonathan. Always happy to talk to you.

**Jonathan:** Oh, it's great to have you here as part of the Holistic Oral Health Summit. Dr. Levy, this is an important first part of our conversation. We hear a lot about oxidative stress, as it relates to creating disease. Talk to us about why this is so important that we understand this concept.

**Dr. Levy:** Well, before proceeding directly to oxidative stress, I think it's important that everyone understands what oxidation is. Oxidation is basically the chemical process by which a molecule loses electrons. The loss of electrons means it's oxidized. Obviously, when one molecule is losing electrons, another one is gaining electrons, which is called reduction.

Now, the important thing about this is in order for a biomolecule, a nucleic acid, an enzyme, a lipid, a sugar, any of the molecules that function in and around the cells, to be active, it has to be reduced. In other words, when you oxidize it, it stops functioning or it functions at a much, much lower degree.

So when you have increased numbers of different biomolecules becoming oxidized and staying oxidized, you ultimately begin to develop disease because there's a lot of literature out there that talks about oxidative stress causing disease.

And technically that's true. But a more important way to look at it is that oxidative stress, which is increased amounts of oxidized biomolecules in your various tissues, is the disease itself. Disease is nothing more than the degree and the distribution to which the biomolecules in and around your cells are oxidized.

So this brings us to the point where we wonder what causes increased oxidative stress. And what causes increased oxidative stress are toxins. Really,

a toxin is nothing more than a molecule that causes oxidation to take place. By causing oxidation to take place, the toxin exerts its toxicity. I think this is also important because it's a basic concept that's bandied about in what's called antiaging medicine.

Really, antiaging medicine is nothing more than a field which seeks to decrease as low as possible the amount of accumulating oxidative stress in your body. I say accumulating because, let's say, you had a lot of toxic exposure 10 years ago and you oxidized a lot of biomolecules. And they became inactive, inactive meaning they became diseased. They stopped functioning.

Well, the degree to which they stay that way and new toxins come in on a daily basis, means you're not just dealing with that toxicity on a one-time basis, it stays there. And every day means more, and more, and more biomolecules become oxidized. And depending on where they're located and how they're concentrated, you're going to have more heart disease, kidney disease, neurologic disease, muscle fatigue, headache, you name it.

Not only are all diseases directly a result of the oxidative stress that's accumulated, but it's increased oxidative stress that causes symptoms. There's no negative symptom—a muscle ache, a headache, any sort of pain—that's not directly related to having an increased amount of oxidative stress in the affected tissues, or the affected nerves, etcetera.

It's important, I think, to, also, in putting oxidative stress and oxidation in perspective, is that the normal functioning of the cell does produce what's called a physiological degree of oxidative stress. In other words, you have to oxidize molecules to create energy, to create ATP. But you do it at a very low-grade level. And the body deals with that. Nutrients come in. Vitamin C comes in. They deal with that oxidative stress. And you stay well.

But when you have that going on with unaddressed, daily sources of toxins coming in, then you're in the state of what we call "increased oxidative stress," which is highly variable in degree from one person to the next. It's also important, in the context of what I'm talking about here, to understand that electron supply and flow is actually the life force in all life forms.

How well we are, whether we're sick, whether we're well, it all has to do with electron supply. And you have electron supply from electricity, of course, because you have small electrical currents inside the cells. And you have sources of electrons from antioxidants. Antioxidants supply electrons. Toxins

and pro-oxidants take away electrons. This is called reduction oxidation physiology.

And sometimes you hear the term bandied about “redox chemistry or redox balance.” And all it means is how many of my biomolecules are normal and what percent of them are oxidized and not being brought back to normal? And when you have a lot of oxidation and only a little bit of reduction, you have a very sick person or you have a very sick organ causing the person to be sick.

So in a nutshell then, we’re looking at increased oxidative stress as actually being the underlying biochemical reason for disease. It is disease, in and of itself. And the more we could stop new oxidative stress from developing, while at the same time doing our best to repair old oxidative stress, that’s really the entirety of clinical medicine and what you’re trying to get accomplished in a nutshell.

**Jonathan:** Dr. Levy, I can just sense it in your voice, I’ve known you for many years, this is a very exciting time. I know you are leading the way with so many others in terms of changing the way medicine views a person in front of them that’s not feeling well. You’re talking about oxidative stress. You’ve talked about how toxins come into our body.

That’s what we’re about to get in to, which is the whole reason why I created the Holistic Oral Summit to present to people these toxins that are so heavily overlooked. You’re really highlighting the importance of that and also simply explaining that, “Yes, oxidative stress, a normal amount of oxidation happens when somebody’s just metabolizing food or just you know cellular metabolism just normal as it goes along year after year.”

But that’s not the kind that hurts somebody. That really breaks them down and causing them to have very low quality of life. It’s these constant stressors from all of these toxins that are still not being addressed enough. And I’m sure you would agree with that, Dr. Levy.

Let’s jump right into it though so people have a clear understanding about the connection between these oral infections that are going on today in literally millions and millions of people and heart disease. And I say it that way Dr. Levy because, as a trained exercise physiologist, and seeing so many people running to the gym, and people are running out and they’re getting supplements, and they want to eat healthy, and it’s all great to avoid heart disease, millions of people are still dying of heart disease because they’re not addressing these oral infections, right?

**Dr. Levy:** There's no question about that, Jonathan. I don't mean to sound cocky or arrogant. I've just been studying this for a long time. I'm continuing to review the literature. And everything that I'm saying is based on a sound logical interpretation of the accumulated medical literature over the last 50 years, but especially over the last 10 to 15 years. It's interesting, too, because I mentioned earlier about you want to eliminate new toxins and repair old oxidative damage, that's the ideal way to approach a patient.

Ironically enough, mainstream medicine does neither. Mainstream medicine doesn't try to look for the source of new toxins. And it doesn't try to repair the oxidative damage of old toxins. It just has a panoply of different prescription medications that are designed to relieve symptoms.

However, I can't be entirely complimentary of integrative and alternative medicine because, to a large degree, they also ignore or are unaware of the importance of stopping new, daily toxic exposure. And they just concentrate, very effectively in some cases, on repairing previously inflicted damage.

But as my mentor, Dr. Huggins, told me 20 years ago when we were talking about these things, he looked at me once, a little frustrated, because I don't remember exactly at what point I was trying to make, and he said, "Tom," I said, "Yes, Dr. Huggins." He said, "You can't dry off while you're still in the shower."

And then, it all crystalized for me. It's crazy to try to repair damage if you're not doing just as much to try to stop the flood of new disease-causing toxin agents coming in on a daily basis. And in every sense of the word, it's like trying to dry off while you're still being sprinkled with water.

Now, as it turns out, really 100% of oxidative damage is caused by toxins. Now, you could have toxins in your food, in your water, in your air. And all of these are important. If you have heavily contaminated water, that can kill you. If you inhale enough polluted air, that can make you sick or kill you. So there's many ways to get toxins.

But statistically speaking, the vast majority of the overwhelming amount of toxins, on a daily basis, comes from infections in the oral cavity. And I might add, before I go into any more detail on this, infections are singularly the most profound source of toxins or pro-oxidant agents that you could have. Everything they do produces toxins or produces agents that will oxidize, which I'm calling a synonym with toxins.

Now, as it turns out, a very large number of people have what's called asymptomatic infected teeth. This is actually the basis of my new book. It's called *Hidden Epidemic*, subtitle being—and I don't mean it as an exaggeration—"Silent Oral Infections Cause Most Heart Attacks and Breast Cancers." And, as you mentioned at the top of the show, heart disease, by itself, kills a majority of the population. Well, when you add to heart disease, breast cancer, you probably have 60%, 75% of the world population, that's the reason why they die.

Now, I just have that in the title, but this applies to all diseases. I just wanted to make it very clear from the outset that dental infections, infected teeth, and infected gums, which often cause the infected teeth, are the singular reason for the vast majority of toxins that cause most heart attacks and cause most breast cancers.

The infection in the teeth comes from both root-canal treated teeth, which we've talked about a lot. But the real thrust of this book is that—and this shocked me when I started reviewing the literature—all the different populations had studies and they showed grossly infected teeth.

By grossly infected teeth, I mean teeth that had evidence of abscesses at the tip of the roots. They found grossly infected teeth asymptomatic, didn't hurt, in an incredible number of people somewhere between 5% and 20% of all teeth examined. So if you do your math real quick, this puts some degree of an infected tooth in the vast majority of people's mouths.

And we know already from the literature on infected gums, periodontal disease—and we know an infected tooth is far worse than an infected gum—we have literature that clearly shows periodontal disease, and by proxy, the disease of infections in infected teeth are associated cause or are strongly related to virtually every disease there is.

Part of this is reflected in systemic body-wide inflammation. Inflammation is another word for advanced oxidative stress. When you have advanced oxidative stress and you have inflammation, you have depletion of antioxidants like vitamin C and others. And we have very strong studies that show, the more your condition—in this case, the infected mouth—keeps the CRP elevated, because it means everything is in an inflammatory state in your body, the greater your chance of dying from all causes. So gum disease and infected teeth increase all-cause mortality.

And not only do they increase all-cause mortality, we also have the studies and the literature that make it very clear that there's not just a relationship between infected teeth and heart attacks, there's a direct cause and effect between infected gums and infected teeth. Oral cavity infections have been shown to directly cause, not be related to, but directly cause heart attacks in, as much as 90% of the population.

So this is not an incidental or trivial situation. Currently, cardiologists—and as you know I'm a cardiologist—all my fellow cardiologists, to a person, are in agreement that inflammation of the coronary arteries starts the process of atherosclerosis. But amazingly enough, there still doesn't seem to be much of a question as to, "Why is the artery inflamed? Does the inflammation just start for no reason at all?"

And, of course, the answer is absolutely not. Inflammation always occurs for a reason. And that reason is always because toxins or pro-oxidants, whether from infections or from other areas of the body, are coming in to an area, using up the antioxidants, and then inflammation results.

We actually have a huge amount of literature all in the peer-reviewed literature—not crazy journals, but journals like *Circulation*, journals like the *New England Journal of Medicine* and *Lancet*, and all these other ones—that show that the atherosclerotic plaque is almost always—I won't use their term infected because that implies a different process—but they have a heavy growth of pathogens, so a pathogen growth.

Whether you want to call it infection or whether you want to call it a pathogen colonization waiting to evolve into infection, it's six to one, half a dozen of the other. But the bottom line is, in an area of the body, which should be sterile, sterile, the lining of your coronary arteries, we consistently find pathogens that are characteristic for the pathogens of the infection seen in the mouth, in this case, infected teeth, infected gums, and also infected tonsils, not to be overlooked there.

So I think it can then be readily apparent that if you're going to address heart disease and try to, not only prevent heart disease—but remember drying off while you're still in the shower—if you want your heart disease to ever possibly regress, and it can, you can actually get resolution of plaques, you have to stop the influx of toxin and pathogens going in to your circulation on a daily basis. And for most people, not 100%, but for most people, this means, you've got to evaluate the mouth.

Now, the thrust of the book came from the fact that I have a close friend who was getting dental work done. And she was getting root canals taken out. And when they did a special x-ray test called the 3D X-ray examination, three dimensional, they did this to outline the anatomy for the root canal teeth that she was having extracted. And then, lo and behold, I could see across the room on the x-ray box, that's how obvious it was, that she had another tooth adjacent to the root canals that had not been worked on, but had a huge abscess that was eroding away the bone, connecting in to the sinus, and filling the sinus with mucous and other content.

And I said, "Oh, my, God, I said, I sort of have good news, bad news for you." I said, "The bad news is you're going to need another tooth extracted. But the good news is is you should really get some strong improvements of your health." And even though, I had never seen this before, I intuitively knew I didn't care whether this tooth was asymptomatic or not because I said, "Does this tooth ever hurt?" "No, it feels fine." "Does it hurt when you chew?" "No, it feels fine."

I said, "Oh, my, God, they have grossly infected teeth that you could only see on 3D x-ray." I say that because her regular x-ray did not reveal this infected tooth no matter how carefully you reviewed it. I said, "Oh, my God, we have a new technology that can detect infected teeth that were never detected consistently before with regular dental x-ray." And this is causing heart disease, cancer, and all the other diseases because it's not only releasing toxins and pathogens in to the blood like a root canal tooth does, which is always infected, but the literature shows—and get ahold of this—that these teeth are more toxic and worse for you than root canal treated teeth.

So this is something of profound importance. I don't say that because I wrote the book. All the information is there in the literature. I say this because we now have a reason for getting chronic, degenerative diseases: diabetes, high blood pressure, heart disease, cancer, you name it. And just thinking it's part of growing old, and not realizing that we've developed infections, much of the time, in our teeth that don't hurt and that we'll never know about unless we start routinely examining people that come in for physical examinations with 3D x-ray.

I like to tell people that I talk to in my different presentations, I said, "How many diabetics do you think get diagnosed just when they walk in the door? Oh, there's a diabetic. Oh, that one has a blood sugar of 350." Of course, none of them do, you don't know until you check the blood test and the blood



sugar, then you know. You don't know that you have an asymptomatic, silent, infected tooth that's invisible on general x-ray until you take the 3D x-ray.

And that's the whole thrust of this book is the 3D oral x-ray. Cone-beam imaging is what it's called. It has to become a routine part of anybody's medical evaluation with, especially, an emphasis on any heart diagnosis or breast cancer diagnosis.

**Jonathan:** Dr. Levy, that is so well put. I know you're waking up literally thousands of people who are listening to this program right now. And yes, right now, as people are listening to this, the cone-beam x-ray, only a small amount of dentists throughout the United States have it. Is it worth the trip? Absolutely, I couldn't agree with you more especially if anyone is concerned about autoimmune disease, heart disease, cancer-related issues.

There's no doubt what you said, two big things. Before we get to the best approach, the dealing with these infections because I know you have a wealth of experience in working with Dr. Hal Huggins and all the years that you've been researching this, I want to get that from you.

But really quick, for those who are listening to the rest of the Holistic Oral Health Summit, make sure you listen to Dr. Oksana Sawiak talking about gum disease. She will just blow your mind. It's amazing.

And I want to come back to you, Dr. Levy, with one thing she mentioned to get your feedback on it. And Dr. Robert Kulacz talks at great length about root-canal treated teeth. Please do everything you can to make sure you listen to those two related interviews. Those conversations were amazing.

Dr. Levy, Dr. Sawiak talked about how it was so disturbing to her—and it's so related to what you just said—how many people with bleeding gums are actually going into the dental office. Getting their normal teeth cleaned up, if you will. And the blood is pouring out all over. And people, "Well, you know, you're bleeding a little bit because you're getting a deep cleaning." Whatever. And then, you leave. But my God, Dr. Levy, they're not dealing with the gum disease at all. They're doing the cleaning like they're getting a job done. And the risk of spreading that infection throughout the body is pretty serious. No?

**Dr. Levy:** No question about it, Jonathan. It's important to understand that when you have bleeding gums, you have, by definition, diseased gums. Gums that are chronically inflamed. And to a variable degree, depending on the

individual person, you have infection in the gums. And because of this infection, you're consuming the antioxidants.

And in every sense of the word, when you have bleeding gums, you have a focal form of scurvy. You have scurvy of the gums because most of the vitamin C or all of the measurable vitamin C is now absent from those gums. And they've actually done studies in the past where they've done biopsies of gums that look like this. And cannot find any vitamin C in the tissue at all. So does this seed infections throughout the body? Absolutely.

You recall, in the previous segment—and I mean the list is humongous—you have periodontal disease, which is gum disease, associated with or causing with...I have a little partial list here for you. But it's so impressive, I want those folks listening to be able to appreciate the amount of different diseases and literature that has been shown to be associated with or directly caused by periodontal disease, which I want to reemphasize is a lesser degree of infection than seen in a root-canal treated tooth or in one of these asymptomatic-infected teeth.

So periodontal disease has been clearly documented to be associated with increase all-cause mortality, coronary artery disease, diabetes and metabolic syndrome, high blood pressure, cerebrovascular disease, and stroke, vascular disease, in general, pulmonary disease, all the different forms of arthritis, osteoporosis, inflammatory bowel diseases, chronic kidney disease, autoimmune disease, including Lupus. At least multiple forms of cancer: breast, pancreatic, colon, head and neck, lung cancer. And then neurologic diseases being strongly associated with Alzheimer's, Parkinson's, seizure disorders, and depression.

So we have the evidence. And it's in the literature. And it's staring us in the face. It's hiding in plain sight. The mouth, I would even improve on 80% you said at the top of the hour. I think the mouth causes and/or contributes, by virtue of these infections and the associated infectious toxins, including infected tonsils, virtually all chronic, degenerative diseases. We just happen to have, so far in the literature, to find the support for it being the primary, direct cause of heart attacks.

But I guarantee you, once we get more sophisticated research going and we're able to more precisely localize diseases and take tissue samples, we're going to find these pathogens and their related toxins just about everywhere.

**Jonathan:** And, Dr. Levy, real quick, again, before we get to the best approaches to dealing with these infections, I just want you to comment on this because you put it so well. And what I'm referring to is this whole notion, the conventional notion, that when a patient presents with high blood pressure, "Well, we just get hypertensive medication." High cholesterol, "Just get some statins and lower the cholesterol number." It goes on and on and on. Anti-inflammatory. If someone is presenting with pain, "Let's just give them an anti-inflammatory."

We're constantly doing what you talked about before, giving out a toxic drug, which has a suppressive effect on the body. That alone is dangerous for the person. And number two, what you mentioned before, we're not actually dealing with what's causing the inflammation, what's causing the blood pressure to go up, the blockages, the toxins that might be present.

And one in particular, as it relates to heart disease, Dr. Levy, you've mentioned it—and have blown my mind with it—years ago, the idea of, "Well, you have high cholesterol, which is a sign that you could be very toxic to say the least, let's just drop the cholesterol number, and not deal with the toxins." That is a very serious, dangerous, thing, Right?

**Dr. Levy:** Yes. And what you're bringing up here, which is extremely important because we do have this mainstream medicine, and by virtue of the medical and public media obsession with cholesterol and anti-cholesterol drugs, the literature clearly shows that cholesterol is an agent that your body makes more of, the more toxins you have in your circulation. And it has a neutralization effect. The cholesterols can, to a partial degree, neutralize the toxins that the body's being exposed to on a daily basis, whether it's coming from the mouth or coming from other sources.

And this is important just like you said because if then you just focus on cholesterol being the bad guy...And I will say this. Cholesterol, high levels of it, can cause a plaque to grow. It does not initiate the process. But it can be one of the things that makes the plaque grow. So to that degree, there's a "logic" in wanting to decrease cholesterol because you have less of an agent to grow the plaque.

But the bad part, which you pointed out, is if the way that you decrease the cholesterol is to suppress its production with these drugs, you're just taking away the body's natural protection against the toxin. And so, in fact, we have also many studies that show the lower you artificially lower your cholesterol, clean and simple, the greater your chance of cancer.

And it makes an enormous amount of sense when you realize that taking cholesterol medication, knocking down your cholesterol, not addressing the toxins that the cholesterol are trying to neutralize, a greater toxin presence un-neutralized means greater cancer, as well as other chronic, degenerative diseases.

So when patients have extremely high cholesterol, I don't necessarily think it's a bad idea for them to take a cholesterol drug to drop themselves from 350 down to 250. But only with the proviso that they understand this is a temporary measure because you've got to get your mouth evaluated. And you got to find out why you have so many toxins circulating in your blood.

So it's a push/pull thing. When cholesterol levels get astronomical, not minimally, but astronomically elevated, and you can't do something immediately about the mouth, it makes sense to lower it a little bit in the short term, but never to the degree in which they're saying. Modern cardiology still doesn't seem to think you can knock your cholesterol too low.

Well, Nathan Pritikin, who started the vegetarian Pritikin diet, was a fellow who was obsessed with having heart disease. And I think at one point and time, he had a cholesterol at between 300 and 400. So he developed this largely vegetarian Pritikin diet. He dieted himself down to a cholesterol of 100. And the part of the story you don't hear is he then developed leukemia and died. So that's what they call the rest of the story.

So it's very important though to realize that this information is out there. It's not hidden. That article that I told you about that shows definitively that the pathogens and toxins from infected teeth, infected gums, and infected tonsils directly cause on the order of 90% of heart attacks is "hidden" in the primary journal of cardiologists called *Circulation* in 2013.

So they had in their journal. Did they read the article, and not understand it? Did they not read the article at all? Did they read the article, understand it, and think that it was going to change the way they practice too much, so they wanted to ignore it? I don't know. But I bet it's one of those three possibilities.

**Jonathan:** Dr. Levy, let's jump into this. As we're closing out this program, some very important questions to ask you. Number one, what would you say is the best way to deal with these infections that we've been talking about in the mouth?

**Dr. Levy:** Well, not to be too obvious, shall we say, but the most important thing, and the purpose of the book is awareness. Both people, and physicians, and dentists need to understand that the scenarios that I've just talked about are not rare. They're not the exception. They're the rule. They're the rule in patients with heart disease, cancer, and all the other diseases. And they have to be looked for.

You can't be too young to get your first 3D. Let's say you're a 25-year-old kid getting a well-person physical maybe for your football team. That's still a perfect time to get your first 3D x-ray of your mouth. And if it's perfectly normal, fantastic. Because let's say that same kid starts to develop diabetes when he's 30, well, you repeat the 3D test. And now, if you see an infected tooth, you have a pretty good, comfortable conclusion that the appearance of that infection in the mouth is one of the or the primary reason that disease developed. And then, you direct yourself at therapy.

The most important thing and safest thing for a person that has a chronically-infected tooth that looks like a chronic abscess or an infected granuloma is to get it properly extracted. Okay.

Now, this is going to maybe, I hope doesn't get people confused because they know how I feel about root canals is that they're all toxic. And they're all infected. But the data shows that a well-performed root canal treatment that leaves hardly any residual infection on the x-ray is substantially less toxic than a tooth that has a large abscess on it that goes untreated. Why do I say that?

I say that because the dentist might offer a patient like this an extraction. And the patient might say, "I don't want you to extract the tooth. I forbid you to extract the tooth. Do whatever else you can or you want to do that you think will make me better. But the tooth feels fine. I don't want it extracted."

Under those precise circumstances, it is advisable for that patient to go to a high-volume endodontist that has the highest number of procedures and get hopefully a quality-performed root canal with disappearance of the abscess at the tip of the tooth.

And if that's the outcome, statistically speaking, that would be much better for that person in the long term than leaving the other tooth in. The patient just needs to be counseled that infection is left in the tooth when the root canal is done. And although many root canals appear to cause heart attacks, many root canals in other people don't seem to harm their health as much or at all.

And what you need to do is you need to track CRP. So root canal that keeps a high CRP is probably not good versus a low CRP. And very importantly—we don't have a lot of time to discuss it to a great deal, but I want the people out there to understand this—it's absolutely critical as to whether an infection in your body stays put or spreads is your sex hormone and your thyroid hormone status.

If you have demonstrably a low-estrogen woman, low-testosterone man, low-thyroid, high-hormone man or woman, you are much more prone to any infection, as is present in the gums or the teeth, to spread throughout your body. On the other hand, when these hormone levels are brought into the normal range and maintained in the normal range, the body has an incredible ability, much of the time, not all of the time, to wall off these infections and render them relatively non-toxic to the rest of the body.

So it's a lot to cover in the period of time that we're talking about. But I want people to know there's a lot of options. The whole idea of the book was to try to lay out these options so that people can see there are other things they could do to improve their health.

And, also, the purpose of the book was to suggest to the dental and the medical world a number of different studies that could be done from this point on that might, at some time in the future, allow us to know when a root canal is destroying somebody's health or when a root canal is relatively harmless to the health. And this all has to do with the general health of the patient, how well the root canal was done, the status of their sex hormones, the status of the thyroid hormone.

But the fact of the matter is, we do have 90-year olds that have had root canals for 10 or 15 or 20 years and they're doing fine. And we have a 55-year old that gets a root canal. And lo and behold, he gets a heart attack six months later. So how do we determine which root canal is going to take you down and which root canal might leave you alone.

The other important thing about this test and repeating it is that everybody likes to say, "Oh, well, I never had that. I never had joint pain. I never had this hurt. I never had an infected tooth." Well, that was then. And this is now. The part of your body that, perhaps, ages as egregiously as any part of your body is your mouth.

You can have a tooth that's functioning perfectly fine when you're 50 years old. And you bite on something wrong. You split the tooth. The pulp gets

infected. You have no idea. The tooth feels fine. And without you ever knowing it, you develop a huge abscess on the tip of that tooth, if you don't periodically reevaluate with the 3D x-ray. Especially when you have a new disease develop that you never had before, you're going to miss your best chance at control of that disease and sometimes reversal and elimination of that disease.

**Jonathan:** There's no doubt, Dr. Levy, the world is waking up to this. Integrative physicians are actually slowly, a small minority unfortunately, but it's significant. These clinics for people that have diagnosed cancers or any other kind of serious health problems, the first thing that they're doing is saying, "Look, we can give you all kinds of therapies that we have, advanced technologies, but we've got to clean up your mouth."

And that's what the Holistic Oral Health Summit is all about. Talking about the mercury-base silver fillings, the root-canal treated teeth, all the cavitations that are there from improperly extracted teeth. All of these presentations go very deep into all of this. Listen to this summit two or three times, you're going to get two or three times more out of it. No doubt.

**Dr. Levy:** Well, Jonathan, the other thing, too, is—and I've observed this over and over again—a lot of people that say they want to know the truth and they want to know what to do, they really mean, "I want to do what you tell me to do if it's something that I want to do."

And the problem with that is nobody likes dental work. Nobody likes fillings. Nobody likes extractions. Nobody likes sitting in the dental chair. So they're going to use rationalization as best they can to say, "Oh, well, let me take these supplements. Let me do this. I feel a little bit better. Let me ignore the elephant in the room."

And all that's going to do, I promise you, is cause you problems. So if you have chronically-infected teeth on a 3D x-ray, don't ignore them. And don't ignore trying to find out if you have them or you're just going to depart your dear family a whole lot earlier than you need to.

**Jonathan:** And, Dr. Levy, as we have a few minutes left, I want to spend this time on a particular supplementation program. What you recommend, obviously, it's going to be all about antioxidants. I want people to hear the way you explain this because I think it's that important.

And I know many of the healthcare providers I've done programs with—almost 500 at this point in the last five years—they're really starting to talk about like

a vitamin C deficiency, which you mentioned before, having a lot to do with heart disease. And a lot of people are running around having no idea that they're deficient in vitamin C. So talk to us a little bit about the importance of vitamin C, in particular.

**Dr. Levy:** Well, vitamin C, in particular, but I like to talk about what I call the antioxidant matrix. Okay. All positive nutrients and all positive supplements, at the molecular level, have antioxidant capacity. They donate electrons. All things bad for you, all toxins, at the molecular level take electrons away and have an oxidizing ability.

So what you want is to get as many nutrient supplements as possible. Vitamin C is critical. But I have what I call the Big 4. And the Big 4, I call it the Big 4 because they help normalize calcium metabolism and bring calcium levels down inside the cell, which is absolutely a predisposing factor towards the development of all diseases, especially cancer. This is covered in my book, *Death by Calcium*.

And the number one supplement—I love vitamin C—but the number one supplement you absolutely have to take is magnesium. Magnesium keeps and pushes calcium levels down. You need to take magnesium. You need to take vitamin C. You need to take vitamin D, D3, and vitamin K, K2. These four supplements independently, as single supplements, reduce all-cause mortality.

Take a lot of magnesium, you decrease your chance of dying from anything. Take a lot of vitamin C, same thing. Take vitamin D so that your blood level is 50 to 80 nanograms per cc, same thing. Take a lot of vitamin K, you start dissolving stones and deposits in your tissues, and normalizing calcium, same thing. And ironically enough, all four of these things are virtually non-toxic. So that's what I call my baseline supplementation.

I'm not saying those are the only things you should take. But whatever your supplementation regiment is, it absolutely should include those four supplements. Of course, it's important to have B-complex, lysine, proline, iodine, Coenzyme Q10. Many, many things out there, there's no way I could give somebody what their optimal supplementation regiment would be, beyond the fact that it needs to include those basic four.

And with regards to vitamin C, that's the premier antioxidant. And you have to take enough of it. And in taking enough of it, you need to look at the different



forms of it. Liposome encapsulated can really cover a lot of ground. Taking a gram or two of a properly encapsulated vitamin C.

I have an article on my website that shows that many of the liposome manufacturers are just fraudulent. They're producing products that they call their liposomes. And they're not. And homemade liposomes don't exist. That's another ridiculous falsehood being propagated on the Internet. But that's not to say it won't help you. If you take any form of vitamin C, it will help you.

So people will take these homemade preparations of vitamin C and feel better. And they think they're feeling better because liposomes did it. No, they're feeling because they started taking vitamin C. And when you start getting a really advanced disease, a cancer or a heart disease, and you want to rely on the liposome technology of getting a lot of vitamin C inside the cell, then you need to be sure you're taking a liposome preparation, so IV, oral sodium ascorbate, liposome encapsulated, ascorbyl palmitate, which is fat-soluble form.

I'm not saying everybody needs to take all those forms. But I will say, when you're dealing with a significant, advanced, chronic, degenerative disease—heart disease, cancer—the more you can take of these different types of vitamin C, the more you're going to gradually increase the quality of the antioxidant matrix in your body because the vitamin C keeps all the other antioxidants charged, if you will, as they get into the other tissues and deliver that important antioxidant impact.

Also, as a final note, we don't have any time to discuss it, but absolutely avoid calcium supplementation, absolutely avoid copper supplementation, and absolutely avoid iron supplementation, unless you have a documented iron deficiency anemia, because these three are what I call toxic nutrients. They're absolutely essential for life in small amounts. And they're absolutely essential for disease and ultimately death when you take too much of them. So they're toxic nutrients. And you need to be aware that you should largely just get them in quality food and never consider supplementing them.

**Jonathan:** Wow! Great information for anybody that's concerned about heart disease. Dr. Levy, I want to thank you so much for your time. And I want to thank our listeners for joining us today.

If you would like a copy of this program, plus all the other presentations inside the Holistic Oral Health Summit, simply click the banner you see on

this page. Thanks again for attending the Holistic Oral Health Summit. Talk to you soon. Take care.