

Caspar:

What if I told you there are organs in your body that you take care of on a daily basis. Yet at the same time, they often go completely overlooked. They are living, but often thought of as dead. They're connected to every other organ in your body and incredibly important for overall health yet regularly removed without much second thought. What's the answer to this riddle, it's your teeth. We like to think of our teeth and mouth in general, as this separate part of the human system. Thus, the field of dentistry is separated from medicine, but have we been going about this all wrong? Studies over the past few years have linked dental health and longevity with one finding that people who have a full set of teeth when they're 74 years old are significantly more likely to reach the age of 100. And that's just the tip of the iceberg when discussing your teeth. There's mercury, amalgams, root canals, wisdom, teeth extraction, use of fluoride and a whole host of controversial dental practices that may be the cause of many chronic diseases. That's why we're having a guest on today that makes the case for a whole new approach to dentistry, which is outlined in his book. It's all in your mouth. This is the story of biological dentistry with Dr. Dominik Nischwitz.

Caspar:

I want to start off by saying your book transformed what I thought is a cringe or what most people think is a cringe-worthy subject of dentistry into something enjoyable and into something I really wanted to continue reading. So congrats on that because that's a hard thing to do. Most people think of dentists and hear drilling and get this anxiety. And you wrote a whole book on it where you're like, Oh wow, that's fascinating. That's really interesting. And you talk so much about biological dentistry and set it up so well. But before we go into what is biological dentistry and what you do for a profession, can you go into your story of how you even got into it? Because you weren't a young child in Germany thinking I want to be a biological dentist, were are you?

Dominik:

No, not at all.

Caspar:

I didn't think so.

Dominik:

My dad is a dentist, but I was never interested I'm just a, I would say I'm just an athletic. I was just an athletic kid. Just wanted to do sports. And from the age of 12 to 20, I wanted to do nothing else and skateboarding. As you can maybe tell from my back here, I could see him back there. I'm actually still a skater. So I recently started to do that again because it instantly makes me young at heart, just transported back to being like a kid. That's amazing learning new things. So this was my world like only sports from

Dominik:

morning til evenings. I couldn't even understand my dad going into work all day to me was like, that sucks. He's never home. He's only working. I will never do something like this. So this was probably my mindset back then, because I couldn't imagine that working could be fun. And yeah, it took me really a while when I was at civil service, just kind of like by accident that I had just applied to dentist school because somebody at a party told me, hey, if you want to study something you have to be very quick. Otherwise you miss this half year. So I just applied to dentistry because I thought, okay, I'm good with

my hands. That's it. At the time I was building all these little cars here, rail cars and stuff. So as I started again with the hands and I like the aesthetics, so just apply to dental school, not knowing what will happen besides maybe drilling teeth and stuff.

Dominik:

So it didn't know about chemistry, physics. And if I would have known, I probably would have chosen differently because I wasn't as school kind of guy. So I'm not, I can't sit still. I have to do things, you know, like you would probably be an ADHD kid nowadays, but I would say I'm a hunter guy, so I need to do things. And it has to be practical applicable. And yeah, so I was just studying and at the same time, but because of a few like health problems I had myself, I wasn't as fit as I would love to be. So I needed to find solutions. So I started going to work out more for skateboarding to jump higher and got into strength training. And then of course, if you start going to work out, you'll also read about nutrition. And then I got kind of like addicted to nutrition, started all the experiments there all while studying, like dealing with supplements, like creatine, whey proteins, all these basic nutrients.

Dominik:

That you still hear about in bodybuilding and fitness. And I did this basically the whole, um, whole university, the five years of university. And at the end. It wasn't, I still wasn't convinced about being a dentist. I was saying to my dad, dad, not too sure if this is the right thing to do. And he's like, I think he got scared and he's like, dude, just finish it. It's just the entrance cut. Luckily he said that, because if he probably was scared, I was going to quit and I never quit. So I just did it. And afterwards you have to do a residency. And I did this at a surgeon because I wanted to learn surgeries, right from scratch. You don't train surgery in university. You have to do like two years. And this surgeon was also a dentist. So he was a maxillo — he is a maxillofacial surgeon, but um registered as a dentist so that he could do all the dental work plus the surgeries.

Dominik:

And I was his apprentice, but he still would do amalgam fillings. And I was like, huh, from an aesthetic point of view I can't do this. And then I knew from my dad that amalgam is somewhat toxic. I didn't learn that in university. By the way, I still learned that amalgam is a good material that lasts forever and is only it's for free because it's subsidized by the insurance companies. So I told my boss, no, I won't do amalgam. I will bring in composites. I will bring in ceramics and aesthetics and I can't do the amalgam. He's like what? Crazy guy, but yet, okay, let's just go for it. And this is when I had to look it up. This is why I like search for it. And YouTube just started then I think it's like 2009-ish. And I was looking for heavy metals and amalgam and instantly found, of course, Dietrich Klinghardt.

Dominik:

And doctor Moto, the two German guys who are like doing heavy metal chelations, everything about Lyme, heavy metals, with chronic disease for the last 30 years. So I was instantly addicted because this totally connected to all the things, what I was doing to optimize my health in terms of nutrition, supplementations, and biochemistry. It was just my world. So suddenly like a new thing opened for me that I got addicted to like overall healing and finally it clicked that I can really be somebody who can help people heal. Because before that, I was just thinking about repairing teeth basically. And I was more looking into the cosmetic and surgical part of things, because this was more like the high level stuff. And I'm always more like a high-performer like a pro-level athlete, more like this sort of things. I always look for the edge.

Dominik:

So this was a new opening. And yeah, it kind of like started with amalgam, being the Holy grail. It went over detoxification, I went to become a naturopathic doctor, functional medicine practitioner. I learned neurotherapy, injection skills, basically everything down, every rabbit hole in terms of health optimization for the last 15 years, always because of me and because of, I want to upgrade and like, think about new things like open-minded things. So it took me five more years to finally realize that I'm at the right spot as a dentist, because I learned from Dietrich actually that root canals could be very problematic about these things called cavitations about the whole oral interferant thing. It actually is 70% of all chronic disease starts in the mouth because there were times when I was just thinking I'm going to be a functional medicine consultant talking about nutrition and about lab works and all these things and IV nutrients.

Dominik:

But then I had some patients where I just removed the root canal tooth and like basically everything he had in terms of symptoms was just gone. So way faster than everything I did with nutrition and stuff. So I knew that I was up to something. I didn't have the solution yet because I'm a surgeon. So I needed something to replace a root canal. And I knew already that titanium is a metal and the standard implants in dentistry are still titanium implants. So I morally, I couldn't do a titanium implant anymore. So the problem was what can I do now? So, because I learned all the autonomic response techniques from Dietrich Klinghardt and the full cause I must mentioned another mentor of mine Ulrich Volz, who back then, was one of a few handful of people that did ceramic implants. And he was the one that was like, Oh, he does

Dominik:

Ceramic implants so I visited him and did an internship. And he did ceramic implant and had a company for this. And he had the same mindset and he was like 20 years older than me. And in his clinic also was doctor Moto and he was friends with Dietrich Klinghardt and I was like, whoa, I have the solution. And my concept biology then is now there. And from this day on on next day I ordered ceramic implants and started the full concept because then I had all the solutions I needed to restore the mouth as biocompatible, as possible, as minimally invasive as possible. And from there on we upgraded to like what it's now biological dentistry, 2.0, a full concept where it's the overlap of the high-tech dentistry part, functional medicine, health optimization, biohacking, all in one big concept to get one thing, optimal health, which actually actually starts in your mouth. This is the entrance to your gut system. Everybody's talking about gut health and yes, it's true. Health starts in your gut, but the gut starts in your mouth. So it does help. So this is why we here now. Right?

Caspar:

Absolutely. No, it's, it's a great breakdown of your story, how you got involved and kept going down as you said, the rabbit holes. I find the best doctors find as many rabbit holes and experience as many as they can. As I told you earlier, my father was about traveling the world, meeting Dietrich and others in Germany, going to China and learning about traditional Chinese medicine and jumping in those rabbit holes and gaining that experience and then applying it to the patient. That is the future of everything. I think of medicine of dentistry, of health, of who we are. So a great story. And one of the parts you brought up was, you know, your unwillingness to kind of go with the conventional side in mercur malgams. Now for me and working at a medical clinic where you see a lot of toxic patients, you see that mercury is a big part of that.

Caspar:

And so many come in with so many different mercury amalgams you see them right away. They just open their mouth and it's the vapor almost comes out in the mercury vapor. So, so why is it number one that we haven't yet adjusted? We know the dangers of mercury, this isn't some new science or anything like that. Why is it that we're still willing to apply mercury inside the mouth to a tooth? And you know, why is it that biological dentistry was the ones that kind of said, all right, enough is enough and you go into different direction?

Dominik:

Nowadays. The FDA is on top of all this. And I think at the moment they are discussing finally that they may be ban it. And I hope so, but the problem still is that mercury fillings are actually all crown works, partial grounds, all the things that you put in your mouth are not actually in your body. They are classified as Class 2 device kind of like these glasses here. So Class 2 device doesn't need to be. Yeah, like you don't have to do a toxicology report on this because it's not in your, body so biological dentistry means that the mouth is part of your body basically and the stuff is actually inside there. So this is one big and there was this time called the amalgam war. I think this is when my Dad stopped the amalgam fillings which was like late eighties, early nineties.

Dominik:

And there are so many studies from there. BB law shy that when they did the legendary sheep study, when they basically drilled the drilled cavities into the teeth of sheep, filled in amalgam and within, I think within 24 hours, the whole job on was impregnated with mercury, which they made radioactively visible, traceable. I didn't know how to say it in English. And also besides the Jawbone, like all, basically all tissues, like the brain, kidneys, connective tissue, fat soluble stuff would all be full of mercury within 24 hours. And they even did a study on monkeys but wasn't accepted. Sheep wasn't accepted because like she was nothing to do with the man. But the humans. Then they did apes like monkeys didn't except. They did so many studies like you can find everything. You even know nowadays that the pituitary of dentist is really full of mercury vapor, which totally disrupts the whole autonomic and hormone system makes them not think straight.

Dominik:

It's kind of a schizophrenia thing because on one side, when we remove amalgam and this is what made me think I have to remove amalgam in my clinic as highly toxic waste. There has to, somebody has to come in and pick it up. So I was thinking, wait a second, I have to rule this as highly toxic waste. How can I put highly toxic waste in anybody's mouth? Of course, for me, it started with aesthetics. I could never do this and do something ugly. But besides this, I was also wondering, wait, what does it do with my health if I drill it out? So of course intrinsically motivated for me and other people. I was of course, looking in how to remove these things safely. I think it's an economical problem. The insurance still subsidize it. FDA is still not saying no to it. And back in Germany, for example, every five to 10 years, there's a big, it's not a real study.

Dominik:

It's more like a eminence pace. So like the Kings, the professors tell that we have never seen any problem with amalgams, but it worked perfectly and there's no, um, connection to overall health with it. So it's not really research. And this is mostly the bigger producers or manufacturers that bring out these so-called, this is not a study. I don't know how you call stuff like this. Then they continue doing it. So,

Navia has banned it for 10 years, more than 10 years. Russia has banned it for 30 years. Why? Because the miners which went down and they would all die, like because of the mercury with 30 years of age. And that's why they amended chelation actually with DMPS, and all these things, because then they live to 50 years old. So they knew that heavy metals should be under the earth, like in the mines, but not outside.

Dominik:

And of course not in your body. And nowadays it's like not just thought about just the heavy metals. It's about all metals, gold palladium, all these different alloys. It shouldn't have metals in your mouth. It's a different environment. You have wifi, 3G, 4G, 5G. We basically use the book EMF nowadays. Dietrich Klinghardt is talking about this for 10 years. Ever since I learned from him that this is a problem. It is classified as an electromagnetic fields are classified as cancerogenic, since last year. Imagined you have a mouth full of antenna. Even small antenna from mercury vapor from being in your jawbone for the last 30 years. So you really have to think a little bit outside of the box. And this is why is important that we align all as functional medicine doctors align and have the same knowledge. So that also you in your clinic, you have to do, your dad does that anyways, but you have to look at a panoramic x-ray you cannot do chelations.

Dominik:

If the mouth is full of the stuff, Hal Huggins was saying this, like in the seventies, that you cannot just detox and still have the source in there it would be like showering and trying to rub yourself at the same time, but being very hazardous, maybe for your overall health. So the timing is really important. And this is what we all do. Like really the same, get the mouth as clean as possible, metal, free root canal, free, cavitation free. Look at your biting situation because the mouth and the bite is kind of like the thermostat for overall posture, the whole atlas axis. You want to see how it's all connected to your mouth and your nervous system. So it's really important that this is foundational work. And then we talk about this. And when I did the functional medicine course back in 2012 in Los Angeles, there was a lot about nutrition, a lot of bloodwork, timelines and all these things, really interesting and metabolic health. But heavy metals were mentioned with chelation, but dentistry, like almost nothing, maybe like 10 minutes in like a full week. So I knew that this is still not the baseline for most clinics that they stopped because you, of course you need nowadays for reparation, you still need

Dominik:

a trained dentist. And they are kind of rare. We are training and having a curriculum, but so far we only um, I only examined 30 or 32 specialists in biologic dentistry and ceramic implants. And this still is only the entrance card for high level dentistry. And from there, I kind of like pick and choose the guys that are the young and wild, like myself biohacking dentists, whatever you call them, that are interested in the overall health matrix and really having this whole feeling with helping people reaching next level health and doing the high-tech craftsmanship. So it's really next level. And it's a total different mindset. I wouldn't call myself a dentist actually, it's more like a health optimization surgeon maybe, and the people are not looking into oh I have to go to the dentist, it's like the patient would just talk about, she was like really looking forward to meeting me and the clinic. We did everything we to give her the best treatment possible in all sorts. So that her body really upgrades to the next level. Plus of course high-level surgeries and things. Yeah. With the focus of optimal health, not just absence of disease.

Caspar:

Right. No, it's, it's wonderful that you bring all that up and especially those other points, that's not just mercury, it's all metals or oral galvanism is a serious thing. Right? That's what it's called. I learned about that years ago. And if you want to learn more about exactly how that works and you can read Dr. Nischwitz's book here, but taking out too quickly also is not something that you would advise or doing it improperly. And let me give you a, just a quick story, because we have a physician assistant who works here at the clinic and she used to be a patient. She had Lyme disease, mold toxicity, and also a heavy metal toxicity. And she had a number of mercury amalgams and the doctor who was just a, I don't think he was a functional doctor, but said, you need to, you should remove them. Your mercury is high.

Caspar:

Let's just take them out. And so sent to another dentist who just took them all out, no real precautions or anything. And she said that exacerbated it totally that's when she got really bed ridden and said, Oh man, maybe I shouldn't have taken these out. Not knowing what was going on. Can you go into that? Cause many people think like they're hearing this and they're like, okay, let me take these all out. Let me just go to a dentist and make them do it, even though they don't understand how to do it. So go into that a little bit.

Dominik:

Perfect story. And this is the bread and butter of a lot of patients I was seeing for the last years in the realm of chronic disease, Lyme mold. This is all connected to the heavy metal problems. Yes, there is it needs to be timed wisely. And for now don't panic and don't just go to any dentist and just drill out the amalgams. Why? Because then it's for sure that will uptake way, way, way more of the mercury that you would have, by just having the amalgam fillings in your mouth, you need to find a skilled dentist who is able to remove all the metals, not just the mercury fillings, all the methods under special precautions, safe removal strategies. I recently posted a safe amalgam checklist in my feed on Instagram so that you can just go with it to your dentist. And we need at least a few things that are, so what we need to achieve here is we don't want any patient uptake more mercury that he already had before.

Dominik:

This is the goal of drilling out the amalgam fillings. We could do it in a pregnant woman, but we don't do it. But because of the measurements, it would be possible. If it's life-threatening, this is how strict you have to be. And we need a few things to make sure that we don't take more mercury. So obligatory a rubber dam, which is not against the mercury vapor, mercury able to go through seven layers of latex gloves. So a rubber dam more now, so a rubber dam helps with the bits and pieces and the particles. But most of the time a biological dentist will, will not drill out, but only break out the filling, if possible, to reduce the chance of the vapor. Then we have a special section going over the tooth. This is your tooth. It goes over like this and inside of suction, kind of like a, [inaudible].

Caspar:

A fan kind of a mechanism.

Dominik:

Kind of like it makes this thing.

Dominik:

So that it's a Scandinavian device called Cleanup. You can find in probably all the dental distributors and it takes about 99% of the mercury vapor already. We also have a, what is it? A nasal probe, where you just bring in fresh air. We don't do oxygen anymore because this was, earlier. It's now clear that we need fresh air. It's better. Otherwise it could be oxidized oxidized, and we have a big IQ. And basically it's an air clean filter system. It's called IQ air. It's like a huge tube, it looks like an auburn tube. It's loud and noisy, but it has like a, I would say it's like 12 centimeters of diameter and it goes pretty close to the mouth of the patient, but also through our surgeons or vendors. And again, it takes about 99% of the vapor into the system, which purifies already everything in your offsets. Of course, the dentist needs to wear an FP3 mask, that's for sure or gold mask, whatever but optional we use.

Dominik:

Of course we do a lot of IV nutrients before, during after surgery, of course, before, during, after the amalgam removal. And we try to remove the amalgam fillings or the metals in as less sessions as possible. Best in one day, if possible, why? Because we have all the special precautions and we don't want to have your immune system getting allergic by being multiple times in a few in a row, like getting into contact with these things because you never sure if you get a hundred percent, but we make sure to try 99%, at least of the vapor without things, then we do chlorella paste in the cavity. If the filling is out, let it sit there for a while to just get the Denton jewels a bit cleaner and the tooth itself, then we most time just place a temporary filling to let the tooth, get it into the rest.

Dominik:

They do let it that detox a bit in both directions. The temporary filling is made out of americ cement, which is kind of hypoallergenic before we do any sort of definitive groundwork. Yeah. This is kind of like the overall picture down a few more things that you can do for sure. And that we all do, but this is probably the most advanced thing. And I think if you go to in the U S for safe amalgam removal safe. Yeah. I think safe amalgam removal of biological dentistry. I A O N T is probably the place to stop. It's not the same training we have, but I know the amalgam that works, and this is what you should look into. Like don't just go to the dentist and let them drill out. Actually, this is for a lot of people where everything, like you said, ex ex or exacerbates.

Caspar:

Yeah. Exacerbates.

Caspar:

No. I mean, listen, you hear everything you're saying and all these precautions, and then you wonder why the hell would you ever even put it in initially then right? If this is the level of precaution to take it out and you know, just remove of it and everything you have to do, then why would you ever put it in? But listen, people just believe there are doctors and dentists and I, I'm not faulting them for that. Uh, you know, they go in with a level of trust, but now when you hear this, you should act on it and find a dentist who can do all of this and remove it safely.

Dominik:

I wouldn't blame them too much actually, because this is stuff you learn in university, depending on the character of the dentist. If you need to upgrade, or if he questions it, I was all always questioning everything. So why am I learning this? Listen, not in terms of, I have to learn like that sucks, more like, why am I learning this? Who invented it? And you have to see the history like dentists weren't medical

professions a hundred years ago. We only where craftsman's like to repair a hole and an amalgam filling is a material that lasts forever. It kills bacteria. It is easy to apply and it's almost so free. And this is why amalgam actually won 200 years ago. So in the U S there were these doctors, there was one camp, one body, it was called the American Association of Dental Surgeons or something like this.

Dominik:

And they could only do gold little gold fillings where they would hammer in these fillings. And they probably did two a day because it's like really tiny work. And then there were these French guys coming in to do us wet amalgam alloy, and they could do 20 fillings a day. So they sent the dental surgeon, told him hey you should stop with the mercury because they were already seeing chronic problems or diseases with their patients. But because the other ones were able to do more filling on a day, it was a better profit. So they formed their own body. It's history. And I wasn't there, but this is the storytelling. And this is still the American dental association, which survived. The surgeons didn't survive because they're going to only do two feelings a day. And the other ones could do 20. It's always the same. It's about industry. It's about who wins and who has the best, better marketing. So you could market the shit out of a metal mouth. Like you want to be a cyborg. You want to have the metals in your mouth like Terminator amazing heavy metals in your mouth. And then people would buy in, like they put in earrings and piercings and tattoos. I would, I'm quite sure they would love to have a gold tooth.

Caspar:

I was gonna say it's pretty cool. Back in the day to have a gold tooth, right. That was like gangster.

Dominik:

Yeah. A grill is still gangsta and how that you could take it out. And still there are actually, there are countries where it is a sign of the highest state. If you have gold teeth still. So it's all depending and same with the titanium implants. The first implants actually were ceramic. And at least here in Germany, hometown where the ceramic by one ceramic was invented in the seventies by a professor named Billy shorter in tubing and rounded. He invented the tubing and ceramic implant. And this one he had the problem that it broke because it was aluminum oxide. And Luminox is a bit too soft. They're still installing nowadays 40 years later of ceramic implants from him in the body, perfectly awesome, integrated. Like it would be natural, something natural in your body, but because they broke and he wanted to test something new and he asked in the seventies or early eighties he asked the local health authorities, if he's allowed to do a study, comparing his ceramic implants, the newer titanium implants.

Dominik:

And he wasn't allowed to do the study because they said titanium is not allowed in your body. Then I don't know. The last 30, 40 years only titanium was marketed. And this was the gold standard. A titanium implant nowadays looks exactly like a titanium implant in the early eighties. No chance is what it would be like. I would hang out here with the phone on the court, but I'm having an iPhone. I can talk to you through a video. So here's an upgrade, which we didn't do in medical or in dental school. So the training in school is the ground where we need this for sure, but it is really outdated. And it's so super slow. I don't know why it is so slow, but it's probably because it's so big to train on a higher level, but we have the new professors coming in.

Dominik:



They're finally adopting all these things. So we are doing research luckily now with, so about ceramic implants, I'm doing two studies with my clinic and with the whole team we do like about 20. We have a body called the International Society for Medical Freedom Ontology. It's also popular with international, with the IAOCI, which is a international committee of oral ceramic implants in the U.S. So the German is me and the international ceramic implants. We are now like together, bigger groups, ceramic implants are just a part of biology that it's never about implants. Never. It's just a piece that I need to repair. It's not more or less, but the good thing is a ceramic implant. For example, only heals in your body. If your body is able to build bone and tissue, and this is where my specialty nutrition and all these things come in and the functional medicine path and all these bone healing protocols and nutritional designs, because the titanium implant, which the regular surgeon does, it also integrates by a total different procedure.

Dominik:

It also integrates to an ongoing cytokine production like chronic inflammation. And this is why it keeps being in there. Whereas the ceramic implant just will fall out if your body's not able to be anabolic. So we have to take care about the oral structures, which is really good because nowadays ceramic implants are popping up because of aesthetic reasons. But these doctors, now I can now come through the back door and teach them the other things, like all the mindsets of our functional medicine, health optimization, and how to upgrade your practice to become, a health optimization doctor slash specialists in surgery, dentistry. We need both at the same time, but the future mindset should be that a healthy body is immune against cavity. You will never need a drillable hole, it is immune against spacing problems because you know, the mom is prepared well for pregnancy, you have all the nutrients, you have wide jaws, you don't need braces. You don't need your wisdom teeth to be removed. But it's this future. Where we have to start now.

Caspar:

It sounds like a dental utopia, but it's coming up, it's coming up, just wait for it. Right. But one of the issues I want to talk to you about that was in your book and you call the root of all evil is root canals. Right? And I want to ask you, have you ever seen the documentary Root Cause?

Dominik:

Yes, actually I've seen the documentary Root Cause. I would say it's about two years ago and I was pushing it hard on, on Instagram. And because I was like, this is it. That Thomas road was actually in it. And also Tom knew, I learned a lot from about IVs and nutritional IVs. And it's basically about the documentary about this guy who did all the things in terms of biohacking and health optimization he did everything. IVs, hyperbaric, oxygen, even shamanism, you name it for 10 years shade. And he still wasn't super human. So it was already almost giving up. And his last chance was a biological dentist who found a root canal tooth removed it safely. And this guy was healed.

Caspar:

Let me jump in because that's actually a friend of mine, Fraser Bailey, who that story is about. He's the producer and director. And we were the ones that found the dental infection for him after years after all of that stuff. So I learned so much through that and so much through his story and so much about you could be an incredibly healthy young guy, like Frazier was in Australia, like having a great life. Then he got punched one day, right? While he was partying, trying to stick up for a girl, a woman, he said, and from there he had to have a root canal because his tooth was damaged and everything they said, let's go

in and do that. And that's when all the problems started form chronic fatigue, all these things as a young, healthy guy. And he ended up, like you said, traveling, the world ended up at, he was dating someone that was at a convention we were talking at and came up to us, asked us a question.

Caspar:

We did some bioenergetic testing, showed there was a dental infection, asked him about it. And he said, man, I never thought about how would that do all of this right to my body as a young healthy guy and make me feel so bad. And he had it addressed and it got better like that. Now can you go into why that happens a little bit as a dentist? Because that story almost seems like, Oh, that's a, far-fetched one in a billion type thing, but it's a real common thing, right? When you have a root canal, you can have some serious repercussions that is systemic in the body?

Dominik:

Yeah. It sounds like a rare thing, but actually it is the splinter. Sometimes that holds you back from overall health. It is the root to all diseases in my opinion, the funny thing is when I had this movie, I showed it to a trainer friend of mine in Dubai. He was kind of like the Frazier. And he's like, dude, 10 minutes into this movie, I'm already this guy. I need to see you, my man, you can you help me? I, this root canal break it out. And he was also an Australian guy. He broke it out by canoeing or something. He just smash it out and had two things installed and we finished it and the same happened. And this is what we have on a daily basis it actually is pretty simple, how that works. So a tooth is an organ. It qualifies as a, because it has a blood supply.

Dominik:

It has a lymph supply and autonomic nervous system. If you look at it and there are 32 teeth in your mouth and they align with the trigeminal nerve, the trigeminal nerve is one of the 12 cranial nerves. It stopped writing to you in your brainstem here. And the trigeminal nerve actually takes 50% of all the spaces. So it's quite important. It goes here. One arm is here. One arm is here and one arm is here and the teeth are kind of like at the end of it. A root canal, normally is performed because you maybe break out a tooth. So just keep it there for biting. A root canal will also be performed if you had a big cavity. And it hurts like hell and your tooth nerve got infected and the pain is unbearable because it's in your brain. It is the help. You need a root canal to get relief of the pain.

Dominik:

But if you look at the root canal too, if you look at a tooth from a microscope, its structure, a tooth has not just the pulp in it. Like this big channels. A tooth is made out of Denton. And in one root you have about per square millimeter you have about 70,000 dentin tubules. And if you add those dentin tubules of one root. You add up kind of like having like 0.6 miles or a kilometer of length of tubes where bacteria can live in most likely anaerobic bacteria that you don't want to have compartmentalized there. So you have now because there's no more blood supply, no more immune system in the pulp. You don't have an immune system to attack these invaders. There are studies showing that a natural, healthy tooth because of the pulp in the immune system is able to defend against bacteria. It's not the animal.

Dominik:

So you have the perfect cave for these micro organisms. They will live in there making the tooth kind of like chronically infected. If you have an immune system in your body, which you have mainly in your mouth, it will do something against it. Macrophages are there to fight against bacteria, viruses, parasites

by eating them. So you will have an ongoing chronic silent inflammation done by an immune system around the tooth. Most of the time around the tip of the tooth, forming a cyst, making the ankylosing process, forming cysts whatever. It's kind of like the cat and mouse. So the cat would be the immune system macrophages trying to keep that thing safe. And the mouse being the bacteria lurking inside. Also these bacteria inside the tooth because they have to eat something. They will eat the same thing. You do like amino acids from your, from your food and metabolize.

Dominik:

These amino acids, like they are byproducts or like their own bio, like their metabolites, um, into high toxic sulfur compounds. It's also pretty clear research. They are called thioether and mercotin. And those things in itself are very toxic for your body. So your liver has to deal with it. But on the other hand, your immune system can become allergic to so double whammy being allergic to a toxin really bad. So this is one more thing. So immune system, ongoing cytokines through the macrophage activation of the innate immune system, then toxicity of the metabolites. Then also it's a dead organ. Everything dead in your body picture that black finger or the back, the gangrenous foot or toe from a diabetic foot, every medical department will remove the foot because it's clear that this spreads throughout the body, but it's in your mouth.

Dominik:

It's in your jaw bones. It's not in your body. So nobody cares. You can just put a cap on top. Nobody will see it. It smells, it will rot in there. So a tooth rots over time and build byproducts of rotting, which are called putrescins and cadaverins, which are in itself again, highly toxic, puts another stress burden on your liver and your detoxification system, and you can become allergic. So it was never a good idea to leave a dead body or that organ in

Dominik:

Your body. So you have toxicity, you have inflammation, you have immune system, you have cytokines and you have all this on top of the trigeminal nerve, which is able to transport all toxins viruses, parasites, bacteria, into the brain stem, into ganglia, into hypothalamus, into the pituitary within a day, it's called retrograde axonal transport. It was shown in the early thirties by started back in Sweden, where when you put in mercury mercury into cavities use of dark teeth or croton oil, and it could show these things in the hypothalamus and brain ganglia and autonomic nervous system. And also with the trigeminal nerve, there's always, always a part of the parasympathetic nervous system, a little bit of the vagal nerve. And if the vagal nerve becomes toxic, it's called toxic Vagus syndrome. And you know what happens then all your organs will be affected. You will be in chronic stress mode or you in anti parasympathetic so that you either in fight or flight, or you're in too much parasympathetic, but you're not in yin and yang imbalance anymore.

Dominik:

So most of the time you end up being in a fight or flight mode and you don't even know where it's coming from. And then we back to root cause and John Frazier and my friends, and you know why this is the splinter that could hold you back. And Thomas Rau, I had done a study in his patients where he could find for all this breast cancer patients, he found 94% of his breast cancer patients had a root canal tooth on the Meridian. That is the stomach Meridian, which is going through the breast and female organs. Whereas in healthy population, it was only 30%. So it's not a causation, it's a correlation, but still strong. So for optimal health, we should really consider looking into root canals. But nowadays we

actually happy to not just have to take out his teeth and do nothing. This is my specialty. As a ceramic implant surgeon, I can take out these teeth, clean disinfect with ozone, and do everything perfectly and place in a ceramic implant at the same time immediately, why to keep the structure and the anatomy safe. We call it soccer preservation 2.0, so you basically never have the surgery. And this is why you come in to the all in one concept where we do everything in one week, basically. And from there, let your body heal and recover and be in the next level of health. It's sometimes it's true. I know it's, it sounds crazy and not believable, but it's the truth. Like it's like everyday business. It's just fun helping these people.

Caspar:

And after I learned that story of Fraser, and you say so many others, I started to pick up on the trends of so many people that had root canals and went through some suffering and some pain. So at the other end of it, there's a lot of patients who we know and we've told them about these dangers and had root canals. And we said there may be an active infection we're picking up that have gone to a dentist and looked at a regular x-ray. And they said, everything's fine. And I learned through others that a regular x-ray may not be enough, but can you go into that when you have a dentist that just looks at your x-rays says your root canal is fine. Don't touch it. Don't do anything. Don't listen to that. Doctor. Other dentists, why is that incorrect?

Dominik:

It is the normal business that the most dentists still coming from university and a root canal treatment is a fine craftsmen out. Funny thing is the biggest group of dentists in between 30 and 45 years of age are not surgeons. They're not endodontologists their specialty is root canal treatment. Why? Because they still have to focus on the, they have the lens of repairing it to us for one thing, biting pain-free maybe aesthetics and yes, the root canal works for this. That's totally fine. So they will look at an x-ray just from a pure craftsmen reparation garage work. And they just see, yeah, it looks good on an x-ray. Does it hurt? No, it doesn't. Even if you see on the, x-ray a huge cyst, they would probably tell you, does it hurt? And you say no. And then they say, then we just monitor it. We see each other in six months time and that's about it.

Dominik:

So they don't connect it to the oral body because this is also not trained in school. This is really a lack of information, a lack of upgrades. It's kind of like iPhone generation three and iPhone generation 11. They can't talk to each other because there's a few apps in between or a few upgrades in between that are just missing. So it really also makes no sense to discuss it with a few dentists. Actually, the dentist endodontologist they made a petition against root cause movie and put it down from Netflix. I think it was 2000 signings and it was a big thing. So I heard from a lot of colleagues which went to like conferences and like the first 20 minutes was about how to debunk this movie. And what can we tell to our patients so that they still do the root canals because it's a big, big business root canal and it's still fine

Dominik:

I mean, it's your problem as a patient. If you didn't take care of your teeth and you needed a root canal because of pain, it will still be there to have a root canal, but a root canal should be kind of like a temporary provisionary thing, like to get you pain-free. But then within the next six months, time or latest a year, depending on how healthy you are, you should have another solution, which is

biocompatible. And this is where we need to change. And of course, on a two-dimensional x-ray you miss a lot of things. We, the gold standard to diagnose as a three-dimensional, x-ray called a cone beam scan, kind of like a CT, but like a hundred fold, less radiation. And we are able to look at your teeth, your jawbone, everything, all the structures your sinuses, from a 3 dimension, basically it cuts your jawbone and your face into bits and pieces and then you find everything.

Dominik:

You can look inside the features underneath between everywhere, and you find the root canals, the cavitations, and this is how we really diagnose to get started with a clinic. You only send in a panoramic and I will just preliminary diagnose on it. It's a real diagnosis. Just get an overall picture because everybody is remotely plan with us so that we get an overall yeah. That they know exactly what we're going to do when they come in, because they come in from all over the world. Before Corona, I would say at at least 50% of my patients were not from Germany, from everywhere around the world, even from Africa, from everywhere. But now, because of lockdown situation, it's mostly Germany, but instead of for medical travel and you can come most of the time, maybe you have to quarantine a little bit, like you said, at the beginning, it's always a way to get, get around it, but it's, it's different now. But, um, yeah, for the initial diagnosis, the two dimensional works. When you at the clinic on day one, when we do the initial in life, real life examination, we'll always do the gold standard cone beam diagnosis from there and maybe fine tune the treatment then. But most of the time we were already pretty correct before. So it works

Caspar:

I recall Fraser talking about that, that wasn't until he learned about the cone 3d imaging, that they saw this large pocket of dead tooth of infection of all of this happening. And that's where they're able to finally kind of diagnose this situation. But it took him so many years because didn't know people, you know, like you and other biological dentists and you just tried everything. So, you know, there's another sign that, you know, even though you can't see it, even though others are telling you, it's fine. You can always go a little bit deeper down the rabbit holes almost. And what that's, what biological dentistry does so well.

Dominik:

Yeah, we removed all root canals. So if I see a root canal is just coming out, its just what we do when you come to us in the clinic, our goal is not, Oh, is this root canal still fine and for biting, Yes. For sure. Maybe, but we have the mindset is optimal health for optimal health. You don't want to have a dead organ. And I explained before why it doesn't make any sense. If that does resonate with you as a patient, of course you don't come, it's all good. But you need to know at least that it could be holding you back. This fight doing like Frazier, all the biohacks worldwide, you still not fit. You still can't sleep. Even if you wear new things, you still tank and have no deep sleep, maybe you have a root canal. You can get pregnant. Maybe you have a root canal, you have a cancer, maybe it is correlated. So you have to finally start looking into your mouth and at least have the knowledge for this.

Caspar:

Yeah. It's a beautiful part of biological dentistry it connects it. It doesn't separate you. Like most of medicine also does also. And that's, that's a part of holistic medicine and understanding it. Now, can you give your stance on another controversial topic, which is wisdom teeth and explain what in the world Nico and I C O is.

Dominik:

And I C O stands for neuralgia-inducing cavitation osteonecrosis. And this is a pathologist term that was coined by you asked pathologist, Jerry bucco back in the eighties. And he's still kind of like, as he has a hard time because he named it or coined it, Nico, because it's actually not correct because in the word is neuralgia neuralgia, inducing. That means the cavitation is always connected with like trigeminal neuralgia, neuralgia. That's how he found it. He had this guy who had massive trigeminal neuralgia must be pain of death. And this guy sponsored his head after suicide. And then he found the cavitation surrounding his trigeminal nerve in the wisdom tooth area after he was dead already and diagnosed it afterwards, psych and Nico, the problem is nowadays we call it F DOJ. This term stems from my good colleague and friend, Dr. Leshner.

Dominik:

I call him the Yoda of capitations he's 72 years old dentist. And he's doing all research has 12 peer reviewed papers on cavitations and Randy's and chemokines in there. And it is pretty, pretty much. His whole life legacy is still not accepted medically. Even if he does all the research FTO J stands for aesthetic degenerative also the jaw bone. And this is what we regularly diagnose while or after doing the surgery before on a cone beam, we can only tell you, Oh, we can see that this structure in your bone doesn't look correct. It looks like an osteolytic process. Normally you see the areola bone, it looks like a sponge, but it's cavitation. It looks like just black holes. There's like no structure in it. This is how you diagnose. And this kind of like, this is when you then say, okay, that's something we should explore.

Dominik:

Let's have a look there. And then we find really fatty degenerative osteogenic bone, this is what you see. It's fatty tissue. It looks like tumorous tissue and a little bone particles like actually alive bone particles. This is how it looks like it's really, really nasty. It is kind of like a huge dumping area. You're not gonna find everything in there, including things like mold. Actually, we find a live mold in there. It is the perfect spot. And the U S when I had a lot of U S patients, it's a big problem. The mold mold grows in these cavitations imagine how much this can disrupt your whole nervous system. If you have mold surrounding your trigeminal nerve ear and in your brain, basically it's insane. Mold comes when there's heavy metals. Mold basically helps you, but you don't want to have it in your body.

Dominik:

In the compartment. You find toxins like glyphosates, heavy metals, mercury, viruses, parasites, all in there. So it's really nasty and has to be cleaned out and everybody will tell you health benefits afterwards. It's kind of like you could open a clinic doing this and be the miracle doctor, because from a Chinese medicine point of view, this specific wisdom tooth area is also connected to your heart and small intestine Meridian. And this is where your whole central nervous system gets transferred on. So the whole semblance system, adrenal glands, chronic fatigue, irritable bowel syndrome, joint problems find all symptoms just by having a look at, in these cavitations. And in this cavitations. Now we go a bit deeper in the rabbit hole. They found, especially Dr. Nathan have found this chemokine some cytokine chemokine called RANTES, which you can also find. Then the other name is CCL5 in medical literature.

Dominik:

And RANTES is basically at the beginning just telling your body to repair something. So when you remove the wisdom teams, because the spacing problems, because they couldn't grow out because they were impacted whatever your body then produces RANTES to tell your body hey build this area, but because

of not preparing your body, too rough surgeries, and lack of nutrients in this initial phase, your body can really heal. Leaves these cavitations and RANTES stays they are ongoing and becomes chronically activated. And this is the problem, because then it switches. If you now do a Google scholar search, of RANTES, plus any sort of symptom like RANTES and met and multiplesclerosis, or RANTES plus a rheumatoid arthritis, you will find thousands of studies because basically every medical department looks at RANTES, but who's not the dentist, but there it is. It is ongoing. And RANTES can, for example, go on the endocannabinoid receptor blocks it, and then you get a neuralgia because the pain, the anti pain medication doesn't work anymore.

Dominik:

Then you call it a Nico. But what if RANTES correlates with rheumatoid arthritis, then you should call it a Rico. What about its correlation with cancer? Then you have to call it a Kiko and if it's correlating with multiple sclerosis you have to call it a Nico. So you see why the term Nico doesn't cut it. And why F DOJ, which is just the morphologic description of the stuff you see in surgery is a better description. Fatty degenerative osteonecrosis jaw bone or the layman's term cavitation can happen after all extractions is initially assigned for lack of nutrients and maybe too rough surgery, whatever. And this is why we have an elaborate protocol before, during after surgery, actually you stop preparing your body at least four to six weeks prior, before you even see us by becoming really anabolic fine tuning with macronutrient timing, meekeragin tuning, and then in search, we do everything from IVs, hyperbaric, oxygen, low-level laser therapy, ozone in the cavities.

Dominik:

We have special surgical protocols that we train how to clean this. Like every surgery is done the same. Like just when you go in locally, we do ozone in the jaw bone, lots of it. We take blood before we spin it, make membranes out of it.

Caspar:

You do PRP therapy also.

Dominik:

Yeah. It's kind of PRP. It's called APF membranes. Basically you, you get the plasma, it's a little bit of a different spinning protocol has a little bit more stem8 cells in it. We put it into sockets into the cavitation, into all wounds, because it's an intelligent biomaterial loaded from your blood. It's loaded with stem cells, growth factors, peptides, like everything. You basically need growth factors, kind of like a matrix where your body can heal in and also attracts bone cells, tissue cells. It's just intelligent biomaterial, I would say. And of course we spike it and enhance it by stacking in eh, IVs before hyperbaric, before whatever.

Dominik:

And of course the whole nutritional phase before, during, after we'll all be individualized when you're there, but kind of like generalized approach before with the nutritional concept I've written in the book, but also it's called. Yeah. I would say thinking in nutrients is how I would call it food design thinking nutrients because it's frequency. Uh, it's not depending on frequencies anymore, but that, I mean like nutrition is kind of like religion nowadays at too many mindsets frequencies, I call them vegan carnivore, locarb, high-carb, low-fat high-fat, Palio-ish, whatever. So it's more about protein, healthy carbohydrates and fats and we timed them either. If you're vegan or carnivore, you have to learn to think

in nutrients because you never know what the moral is behind, why you chose to be a vegan or whatever. So this makes life easier. Enable the individualized plan yourself at the end of every surgery, for sure, for the next four to six months so that the body's in anabolic mode and can actually heal after this.

Caspar:

I mean, nutrition and you talk about it. And the oral microbiome are so essential when you're looking at it from this stance. Now, another thing that you talk about and I want to get into that's a controversial chemical is fluoride. We still use it in the US and our water supply a lot. And we actually wrote an article about fluoride at our company recently, and the pineal gland calcification, you brought up the pineal gland before also, and there's so much research into the dangers of it, but I've still heard some dentists, even on the biological realm there that said, if you have really bad teeth, that they could still use fluoride one to two times a week, locally, of course, in fluorinated toothpaste to help with cavities. Would you agree with that? Would you ever introduce fluoride into any patients, even with really bad teeth, never you're shaking your head, like no.

Dominik:

No way, it's super toxic stuff, no need for it problems with your teeth are a hundred percent, no chemical deficiencies. So we have to look at maybe nutritional deficiencies and your lifestyle, but this is one thing. Every none of our patients would ever use fluoride toothpaste. Of course, this is what we learned in university and this is like done for 30, 40 years? And it's probably biased or whatever. It is a strong disinfectant and if you think that any inflammation in your mouth is correlating, it's because of your immune system going, was there a it's because of infections and you have to disinfect them. This is the common belief. If you have to ask this and now your hands and stuff, of course, then you use stuff like this also like chlorhexadine and stuff in your mouth. But if you see that your body and your mouth has an oral microbiome, like, think about this, like your skin, it is the biggest microbiome in your whole body is in your mouth.

Dominik:

Why would you disinfect it on a regular basis? That makes no sense at all. You would rather nourish it and take care of it and make sure that all these bacteria, whatever lives in there, they're not bad or good. They just have to live in harmony and be balanced and the immune system has to kind of like juggle it. And we don't have one, a half of course, compartments. We don't want to have this dysbiosis because of metals. We don't want to have to dysbiosis because of root canals. We don't want to have dysbiosis because of cavitation and all the other things. It really smells like you cannot imagine like the sewer in New York city, maybe down there, like where turtles live.

Caspar:

That's bad. That's bad.

Dominik:

That's how it smells in some people of course, because it's really nasty. The research is pretty clear. If you have mercury in your mouth, you had it, it kills the good bacteria.

Dominik:



It kills further down the gut. You ended up having the dysbiosis, fungi, like mold come in, candida comes in and parasites also come in because they help you with the heavy metals, but they want your energy and it smells will be different. And if you have metals in your mouth, most of the time you have an inflamed gingiva, like your gingiva will be a little bit reddish, a little bit bleeding. And I refer to this as leaky gum, same as leaky gut, but starting already in your mouth, leaky gum will open the doors for auto-immunity for like undissolved undigested stuff coming into your system already in your mouth. Periodontitis is an open gap to the inside of your body every day, 24 hours, seven days a week. It's insane. What you can see there. So really health starts in your mouth I can just, yeah.

Caspar:

I mean, I totally agree. And, and it's, it's good to hear you talk about these things and kind of put your foot down because some people say, yeah, you can be used a little fluoride here and there, it won't hurt. Most dentists, you know, are, are taught that fluoride is a part of the dental, you know, toolkit. But if you're, you're saying no fluoride ever, of course, what would you look for? What would you recommend to people looking for? What kind of toothpaste should I use?

Dominik:

Just thinking about it. Totally logically. What would you eat? Would you eat fluoride? No. Why would you put it in your mouth? So I would go and see, just go to whole foods or any sort of good. How do you call it like a natural supermarket or yeah. And find a natural toothpaste. You should look for no chemicals. Like most of the toothpaste besides the fluoride and our white white is titanium oxide. Most of the time it is white color called E171, try to skip this. This is also an immune system disruptor, really toxic. So I would go with something, maybe a coconut base. It could be activated charcoal. It could be bentonite in it. Mixtures of herbs as natural as possible. So there are lots of, um, in the biohacking realm, there are lots of DIY toothpaste and things online. Most of the time they use some sort of coconut oil as a base for it.

Dominik:

This is what I would do, or just find something in the local supermarket, natural supermarket. There's good things that I found at whole foods already. Maybe not perfect, but I'm not a perfectionist that would just look better than yesterday. Like make it a little bit better every day. I would also introduce my patients to something called coconut oil pulling just to help nourish the or microbiome coconut oil, extra Virgin coconut oil is known to be antiviral antibacterial because of the Loric acid in there. What I do is just totally simple. Just take a teaspoon of coconut oil, put in your mouth and buy some essential oils. I use peppermint essential oil, oregano essential oil, and you could put it a little bit of propolis. And if you have like an all micro or probiotic and just put it in there and then swish it gently around in your mouth for about five to 15 minutes, I normally do this.

Dominik:

When I wake up, I wake up like 5:00 AM, go straight to the kitchen, make me a big glass of water with essential amino acids in it. And I eat a few supplements with it and salt. And then after this, I do the coconut oil pull while I prepare things and then spit it out and go to the gym and train. And so this is in like a, in the time when I do something else, like maybe preparing anything. So you just have to basically make a routine out of it and put it into your daily schedule. And it feels so good, especially in summertime. In summertime, I maybe do it once in a while, like every other day. But winter time I do it religiously everyday, it feels so good. It feels like I'm just more healthy right after it.

Caspar:

Yeah i mean it's an excellent detoxification, right? Corax therapy. It's also called or oil pulling. I use a brand called skinny, no promotion. It just happens to have peppermint oil. It's very finely extra-virgin.

Dominik:

Yeah, I know that. I know the guys actually who I just

Caspar:

Matt Getty?

Caspar:

Yeah, the Getty's right. Yeah. I know him too.

Dominik:

He had actually sent me a bunch of this thing. Yeah. Skinny Coconut.

Caspar:

Yeah it's good stuff. Yeah. We give it to patients to do also who are going through detoxification, everything. Now, do you usually tell people before or after you brushed to do oil pulling?

Dominik:

I personally don't brush my teeth and uh, only once a day. So I do one sitting is coconut oil pulling and

Caspar:

That's so funny to hear by the way that that's just, that's so funny to hear it. Dentist be like, I know this also for reading the book, you don't use mouthwash either, right?

Dominik:

No, I don't. I basically also do not. I don't not floss. I do nothing. I just have a perfect diet that sustains my oral microbiome. So I don't have any from my teeth. I don't actually have to clean them. I just do it because of smelling issues, but the coconut oil really cleans and detoxifies. But for general recommendation, just clean your teeth twice a day, I would probably clean my teeth first and then do the coconut oil pulling because I think a bit of the coconut oil and all these things will still stay in there for a while. So if you want to do both start with brushing first and then do the oil pulling takes a little bit longer, maybe do your coffee while you oil pull maybe do a little bit of the dishes, whatever. Just make it into a routine.

Caspar:

Yeah. Now I want to jump in really quickly with, with some questions from people out there that I threw out into Instagram. And I know you're big on Instagram. I love your stuff. I follow you all the time, but I want to hit you with these and you don't have to go into in-depth answers here. It's kind of like a, a, you know, quick answer here. Yeah. What do I do for itchy gums? One person asked

Dominik:

Skip all the chemicals and looking to coconut oil pulling, its the first stop and into natural toothpaste and then gum health. Look into vitamin C, collagen and maybe, um, vitamin D3. Of course. Yeah. Those are like quick rapid fires.

Caspar:

Good, good. Can you strengthen weak teeth or even reverse cavity damage?

Dominik:

Yes, you can. Cavity damage depends on size. If it's in the enamel called initial cavity. Yes, you can. By implementing the right nutrition, protein, two grams per kilogram, body weight, and then go with vitamin D3, vitamin K2, K2, magnesium, and all the other minerals that you can find in my bone healing protocol. So that you get divided in these three level above the norm, which should be above 60 nanogram to 100 nanograms per milliliter, not 30 to 60. Add on vitamin K2 and magnesium as co-factors and Omega-3s. Maybe this you can do to really strengthen your teeth. Basically you will nourish your saliva, but also nourish your pulp from the inside. And then you rebuild because you can see teeth kind of like as a, maybe you could say a storage unit for minerals in your body. And if you have a lack of minerals in your body, your body takes it from the teeth. And from the bones, you kind of like cavities are kind of like osteoporosis of your teeth, just saying, so think in terms of minerals and for mineral uptake in the vitamin D3, this is why I brought up in the, of course you need proteins or enzymes and stuff.

Caspar:

Let me ask you this. Isn't one of the questions, but it just brought up my head. What do you think of the new toothpaste with Hydroxyapatite with that? Uh, you know, they'd say it's a, it's a, what is it? Mineral calcium appetite that's supposed to, remineralized enamel and I think there is,

Dominik:

I don't know if they're new, so I think they are there for years, Hydroxyapatite. Um, I think there's something organic and I wouldn't have a problem by using it if it's fluoride free. And if it's a natural toothpaste, I think that your tooth is on naturally hot as stone. It calcifies in this it's in the same category as granite or granite. So it should be hard as stone and at the same time as sensible to touch a hair, it's really a fascinating organ. So if you have the nutrients from your diet and maybe from fine tuning with supplements, I think you don't need it because you will have it from the nourishment. Then you probably don't need the Hydroxyapatite, but maybe as a first aid strategy, do you have sensitive teeth to build Abbott could work. And, but I would always do it in conjunction with what I just said, protein and the critical three vitamin D3, K2, magnesium, at least why not more like the Bornean protocol? There's everything in it. Like even activated B vitamins. The snips are covered. Boron is in it, singers in it. So it's kind of like synergy, nutrients, micronutrients work in synergy, like a soccer player, team or football player team. It is all basketball player team. You need everybody on the team. You cannot win without anybody. So it's not one thing that blocks anything. It's the whole approach.

Caspar:

What are your thoughts on xylitol gum and mint?

Dominik:

Like it, xylitol fine. And it is Birch. If it's on Birch spurred sugar, actually am, can you say carries bacteria, streptococcus mutans and stuff. They eat it. They feed on it. They die from it. So it's a good strategy. I like to chew gum from time to time. We have one in my store, which is xylitol and it is without a titanium dioxide. The other one you have to look for because gum already is white. Most of the gums you find out there, which are full of sugars and white coating are toxic for you. Don't chew those gums. Really be careful with what gum you chew and xylitol ones maybe a natural gum source is good strategy. And I think you have more available in us than we have in Europe.

Caspar:

We have a number. I use a few different I've I've seen people posting about it and yeah, I enjoy it more. So of course the regular gum or other mints out there, or otherwise just use peppermint oil if you're, you know, breath is something right. It's strong, strong one drop and boom. It'll wake you up.

Dominik:

Yeah, I do. I sometimes just drink like a jug full of water. And this one, for example, I just had an, a one drop of lemon, essential oil, one drop. It's so good. And I do the same with peppermint at times. And peppermint one drop is always one drop is in my coconut oil pulling recipe. So it's really awesome.

Speaker 3:

I'm gonna hit you with two last questions here. Do you ever feel implants are contraindicated? If a person is really sick.

Dominik:

It depends on what implants. So titanium implants are 100% contraindicated, or if you have them, you should really look into getting rid of them because it's metal, ceramic implants, however, are a tool to save lives, bone and tissue, and keeps you biting. And silicone dioxide is a ceramic. It's not a matter. It is totally electrically neutral. And I recall it from Dietrich Klinghardt it's actually a healing stone and you can activate it by using red light therapy on it or low-level laser therapy light to it so that it really heals and activates the jaw bone and helps you and especially chronic patients to keep their job on and their bite height. Because if you lose by bite height, you basically get old and you, your brain doesn't work anymore. You can, glymphatic system dies. So here is where the outlet is. Like the TMJ joint is kind of like where everything comes out in, in, from your brain and outside and inside the whole blood supply. And there's a study showing if you have only one millimeter of tooth height loss because of grinding chewing and lots of different things, you lose 50% of the blood supply to the brain and 50% of out of the brain. So you can't really detox anymore. One strategy is to get like a splint to open it up at nighttime, kind of like sleep like this and an open mouth just to detox better. And so yes, implants are kind of an healing device. We call them bone growing implants, actually the ceramic implant

Caspar:

The fun thing that I learned about ceramics. So you're right. It is healing. And I'm seeing that a lot of companies now are using even 3d printing of ceramics for EMF protection and solutions, and trying to basically, you know, create vortexes that negate negative EMF, uh, you know, radiation. So there's another great ceramic use. So ceramics are healing for sure.

Dominik:

Yes. Yeah. A bunker, a bunker would be made of ceramic if possible. This is also the problem with the cone beam. You cannot, the radiation doesn't go through, uh, through a silicone implant. So it's all scattered on a cone beam later on, you cannot diagnose it afterwards. So if it's installed in your mouth, you need an MRT. If you want to find some structures, but normally if you do it correctly, ceramic implant will perfectly be just also integrated into your whole body. If your body is able to build bone and tissue, this is why nutrition and all these outer parts are so crucial to overall healing. And this is why it's not about the implant. I tell it to my dentist, that I, at the beginning of their training, it's not about the implant. It's about the optimal health for your patient, you needed the implant to restore the bite and to help with, um, the tissue to preserve the socket. But don't think about selling implants and stuff. It's not about that. It's about optimal health for your patients. It's a challenge.

Caspar:

No it's always a challenge. And I want to hit you with one last question. And this is maybe for all the parents out there who have kids and should cavities in young children's teeth be treated. And if so, to what extent?

Dominik:

Depends on pain. And sort of the thing is a healthy individual. Doesn't have cavities. So in this case, parents, you didn't that you are not educated. I think maybe you let it slip for your kids so you didn't know what to do. So if you have a cavity research in the last few years is pretty clear. It is correlated with the vitamin D3 deficiency on one side cavities in little kids. And I don't know why everybody takes more vitamin D3, but somewhat. We miss our kids that is just research. So think about vitamin D3. And the other thing that is clear, the research for like years is gluten intolerance or celiac disease because of the ongoing inflammation. You got system leaky gut or whatever. You have an absorption problem of minerals. It's clear also that if, if you eat anyways too much grains and stuff, because of the fighting acid in there, minerals are not being absorbed very well.

Dominik:

So this could be just a problem. Sugar minerals, all these things, insulin spikes, and you get mushy teeth and you get cavities. Of course if you have a hole and it hurts. You have to do a filling, but best would be not to. And this is again by teaching your kids, the strategy on how to eat for being a superhero. That's what I do with my kids. So we kind of like, we are superheroes. We don't get cavities. We eat for being a superhero. Sometimes we can also do sweets, but superheroes eat proteins, meat, fish that eat what they can hunt. And they know that they get rotten teeth. If they eat too much sugar, they don't want to have it. They want to be performing. So this is how we kind of like gamified.

Caspar:

I like it. Who doesn't want to be a superhero these days. Right. Everyone, especially the kids come on, you know, they got to eat well and become super heroes.

Dominik:

At least my son's like, I don't know about girls because I don't have a girl at yet. But my three sons at least my two older ones. They are all about being superheroes. And I'm being a superior too. So

Caspar:

Wonder woman. There's some wonderful, you know, captain Marvel. There's a lot of them out there now, especially. So I think it goes both ways.

Dominik:

Yeah, that's perfect. Yeah. I just have to find, this is what I trained or what the future should be, that we educate parents. And I get this question almost every day from patients that are having kids. How do you do this with new kids? And it's really like, it's not easy. I don't lie. I have to be sometimes really strict. But I found out by giving them daily kind of like little daily anecdotes that they can apply to their life. One, like, am I just make an explanation? So we went to Croatia. It was this little girl, one year older than my oldest son. And they played with them. She was fine. And cool. And I told them one day, Hey guys, look at her teeth there because she had these rotten dark milk. They're like baby teeth. You know what I mean? They, they didn't see this because it's not on them on their radar.

Dominik:

They're kids. They don't see this. But then of course they saw it like instantly an Karl our three year olds, what she's having. And he's always going to this little, girl's like, can I see your teeth? Do you have nice teeth like I have? It's like, he was really scared and Mike's too. And on the next day, this little girl came in with a package of Oreo cookies and every little kid will say yes to a cookie. And I was just sitting there and looking at these guys and she came in guys, you want to have Oreo cookie? And I see my three year old like this, no thank. And my six year old also. So they initially got it. Okay. Cheats, this, this make her look like this. And all from this day on, they asked me every day, dad, can you clean our teeth please? And can we eat this and this.

Dominik:

What we need to be athletes. And also of course, because they want to be athletes. The older one learned pushups lately. I just told him, basically, push the floor away from you. And he did 10, like really good ones. And that's like, massive dude. Really good. And then on this day, I don't know why he we were on vacation. He ate gluten, bread and he ate sugars and all these things. And I just thought, okay, it's just let him do. And I told him, Hey dude, it's probably not so good for you. Let's see what happens next day. He's like, Dad let's do some pushups. And I was like, yeah, just do it. And when he went down, I was, I saw his middle, like abdominal. He wasn't, there was no core tension anymore because there was an inflammation ongoing. And he was trying one.

Dominik:

He couldn't do one. And his, his a vision, you could really see like, what is happening. I'm not a superhero anymore. I can't do one pushup. And the whole day was like Dad. Even in the city, he was just go down to the folks like that. I do push up. He's like, he couldn't do it. And then like, dude, today you only eat good foods. You know what will build your body protein, you know, fish and all these things. And don't do any sweets today. I'm sure tomorrow you will do 12. Next day he wakes up. Does 15. It's like, Oh yes, fine. And these are his little real life examples. And this helps them teach it. I can tell too many things, but if they see what I told them and then have this real-life experience and this resonates somewhat with their view of their life. This is the education that works for my kids.

Caspar:

Absolutely. I mean, at a young age, those types of experiments, you could call them with children and experiences, set their belief systems for life. So to do it at a young age and to teach them these things

and show them, you know, it may taste good, but look what it's doing to, you're not a superhero. You can barely do a pushup now. And that gets ingrained and they want to be super heroes. So they're going to stay away from things that don't let them be superheroes. So I love that. It's it's like the superhero test for kids everyone should have it.

Dominik:

Yeah, because of course I was a kid too. So I didn't know about all the things. Of course I wanted to eat only the crap foods, for sure. It's designed for us to get addicted. And especially kids, it's kind of like sugar and all these processed foods. It is that it is their alcohol. So they get the same problem. And I can see it. My sons, they have really good satiating effect. If they have good foods, they just, they know when they're finished. But as soon as the older one gets a piece of cake is addicted. You can see these like smashing it down and like, and I'm like, dude, normally you eat super slow and you'd barely eat anything. Now you eat three pieces of cake. You crazy stop at one. I have to really be strict in this case then, because I know what happens if you don't.

Caspar:

I mean, listen sugar. When you look at the brain lights up like it's cocaine or some hard drug. I mean, there isn't much of a difference, which is scary. That is scary. But you understand why kids love it so much. And it's not to say they can never have, but absolutely limiting it and educating so that they could be superheroes again. That's what starts the foundation for healthy living. And it starts with the parents of course, educating themselves. And it starts with understanding how everything is interlinked and really works together. Like the teeth and the mouth.

Dominik:

Yeah. And as a dentist, you have to opportunity to see everything in one. Look, just look in the mouth, you see rotten tooth, you see information, you see lots of different things in there. And as a, as the parent, I give you the responsibility, because you cannot come to me with a kid with like teeth and ends. I say, you didn't control it on the next day. It's like, it's like, what the hell dude, is this your fault? You're not educated. I told you what to do. You've let it slip. It is your obligation to train you, you, your child. I think this is what parents should do. Get educated and then apply it. Of course you don't have to be perfect. I'm not at all. So I'm just trying to give my best on a daily basis. Find solutions. You know, it's hard, it's difficult with kids. It's kind of like the biggest challenge for me is my sons, because it's kind of like, see me doing the same mistakes again. You know what I mean? You have kids?

Caspar:

No, but I have a wonderful niece and nephew that are sponges. Basically. You know, they look at me and I'll do something and they do it right back. So I see it right. If my, my brother and his, his, uh, wife eat poorly, they start eating poorly. If they eat better, they start eating better. That's it. They mimic, they are a little mirrors of ourselves. So in a way, if your children are unhealthy, that means you're probably unhealthy. You know? And maybe you need to take control of your own health. And that is the greatest gift I believe you could give to a child to society. And to yourself is your health, right?

Dominik:

It's the best investment you can take that only have one body in which you live. If the body is dying, you have a problem. And if you have patients like I do like chronic sick patients, they only want one thing be

healthy. Again, nothing else is important anymore. No money, no nothing. It's just like health. You cannot put a price tag on health.

Caspar:

It's, it's got such an insane ROI when you lose it, there is nothing you won't do to get it back. And that's why I hope most people don't. I hope most people take the tips to understand how important your teeth and your mouth is to your whole situation going on with your health. So, Dr. D I don't want to take up any more of your time. So tell me what's next for you. Do you have another book, maybe a Netflix series coming out or something? What do you got?

Dominik:

That's a good idea. No, I didn't think about it. No, no book is planned. I'm actually planning a few online courses now because it's so many inquiries and we really have to train dentists. The high-tech dentistry part in terms of our curriculum and training is already quite good, but the next level are missing. And this is what I'm working on right now to give like a broader audience, all the knowledge, because what I said in the beginning is basically, it's just a missing update in terms of knowledge. This is something you could train in online education, for, the practical things. You have to come and see at one point. But when, you know, before, like you have all the updates, we can talk on the same level and it's way more efficient afterwards. So this is what I'm doing right now. Of course, I have a few other projects and a few companies and a few things that I'm doing. I'm doing things all the time. It's like being a little kid playing from morning to evening, very routine and structured. So I cannot stand still. It's just like, yeah, inventing new things all the time.

Caspar:

It's a wonderful, thing. Isn't it to be involved. And I know, you know, you work with your father. I work with my father and, and to, to see your passion, I feel that too the same way, it really makes life that much more enjoyable and trying to help people as well, empower themselves to make the right decisions to me that that is everything. That's the greatest reward.

Dominik:

Yeah. I loved it. I loved it. If I can somewhat have an impact and help these people reached the next level. Of course, it's a challenge, but it's worth it.

Speaker 3:

It's a challenge you will accept, uh, I could tell

Dominik:

Accepted a hundred percent.

Caspar:

Well, thank you so much for this. This was really a pleasure. And, and, you know, I hope more people learn about biological medicine. Go read the book, all your mouth and, and really take charge of your own health through learning about these things.

Dominik:



The book is actually, someone I didn't even know because I didn't read it, but it in the U S the book is available as an audible, as an audible

Caspar:

Audible. Right. I saw that too. Yeah. So you can now listen to it as well while you're thinking

Dominik:

I did. I didn't. No, I didn't.

Caspar:

No. So it's not you. Who did the voiceover? You're not reading it to us.

Dominik:

No, actually not. So in Germany, it's not existing as a, as a audio book, but I think it's amazing because so many people listen to podcasts and that's why we do all these things. So if you listen to it while driving commute, whatever you do, absolutely.

Caspar:

And here's a quick hack. I learned, listened to it at 1.5 times, the normal speed. And you'll get through it that much quicker and still retain all the information. 1.5. Yeah. Yeah. Cause it on audible or a different ways you listen to, it allows you to speed it up a little bit. So if you listen to it at two times the speed, it turns a little bit like a mouse, you know, talking very, very quick, but at 1.5 times, it's quick, but you're going to retain everything very well. And you'll listen to it in a shorter amount of time.

Dominik:

That's an amazing hack. I didn't know that it's possible.

Caspar:

It's possible. And I do it with every single book and I get through it. And about 50% quicker. Yeah.

Dominik:

I don't do audiobooks because it's so slow all the time, so, okay. That's a good strategy. I will apply.

Caspar:

There you go. You got another hack to learning more, to being better, to being a super human and a superhero.

Dominik:

Thanks, man. Amazing. Thank you so much. Yeah. Thank you for having me.

Caspar:

I want to leave you with a reading of the final part of Dr. Dom's book. I dream of a world where dentistry and general medicine do not form separate spheres, but work hand in hand I've dream of a medicine that rejects the idea of separating the body into sections. And instead acquires more knowledge about

integrative concepts. I dream of a medicine that trains both patients and doctors to understand our organism as a whole, a medicine that understands what causes disruption, but also how the body can regenerate and heal a progressive form of medicine oriented toward health issues. People are facing today needs to be more than Dole out diagnoses and treatments. It should give people all the information and tools. They need to integrate health concepts into their daily lives so that they can take their life and health into their own hands. Instead of fatefully, having to accept illnesses, I'm firmly convinced that this is the right way to respond to the medical challenges of the 21st century.

Caspar:

And if need be, this path will be led by dentistry. This may sound unimaginable today, but tomorrow we might just start getting used to the idea in the not too distant future. My hope is that this way of thinking will become completely normal. Let the healing begin such an amazing message and share dream of many out there, hoping you all learn something valuable in today's podcast. And if you enjoyed it, leave us a rating on iTunes, Spotify, or wherever else. You're listening to this and check out our website, [innovativemedicine.com](http://innovativemedicine.com) for more valuable information on biological dentistry and integrative medicine as a whole until next time, continue writing your own healing story. And as Dr. Dom said, be a superhero.