

Caspar ([00:00](#)):

A lot of us can agree that medicine is somewhat broken, but few fields of medicine are as broken as dentistry with its toxic treatments that often contribute to disease and don't prevent it. So today we're speaking with a special kind of dentist who is re-envisioning the future of dental health to actually save his patient's teeth and help educate them on the harmful effects of traditional dentistry. This is the story of Biomimetic Dentistry with Dr. Paul O'Malley. Dr. O'Malley, great to have you on.

Dr. Paul O'Malley ([00:30](#)):

Thank you guys. Appreciate being on your show. This is

Caspar ([00:33](#)):

Awesome. And thank you for coming on while on a cruise ship right now. As we were discussing right before we started, that you are my first guest to come from me from the open seas outside of Aruba. Right.

Dr. Paul O'Malley ([00:46](#)):

That's awesome. That's awesome.

Caspar ([00:47](#)):

Yeah, yeah.

Dr. Paul O'Malley ([00:48](#)):

You know, it's, it's good. It's good to take a break every now and then, and as they say, smell the roses and get recharged and go back into what you're doing.

Caspar ([00:57](#)):

It's balance. Right. And that's a big thing. And, and kind of wanna start with you know, the balance of, of what we're doing in dentistry. And I wanna go into the positive things you are doing, but to counter that, let's really start on the other side and maybe you could talk about what are those setbacks in traditional dentistry that you've noted that are actually harming people and not helping them?

Dr. Paul O'Malley ([01:21](#)):

Well, you know, dentistry's been around for a long time. Yeah. And historically used to be the barber, you'd go to the barber, and also he was the dentist, you know, a couple, two, 300 years ago. So it's a pretty frightening history. So we've come a long way, and a lot of the great innovations have come from dentistry. So, for example, X-rays, the use of x-rays implants, perfecting implants, and that bled over into the medical arena. So there's a lot of positive things that have taken place, but, you know, for about 150 years, we've had the same or similar procedures. So where we're getting better in dentistry is our technology, but we're still doing some of the same procedures, which, in my opinion grossly tears down the natural tooth structure and doesn't fulfill dental engineering principles any longer so beautifully. As a result of that USC, University of Southern California and maybe UCLA, and there's maybe another university in Sweden that might be teaching some of these things called biomimetic dentistry. And just for your listeners, your, your audience, your followers, et cetera, bio-biomimetic just means bio means life, and mimetic means copying. So it's how do we rebuild the teeth in such a way that we're following the original mother nature structure and not violating it, or weakening the tooth structure so that

people don't end up with unnecessary root canals, tooth loss, and then, then, oh, well, no big deal. Just pull that tooth, stick an implant in there. So that's what we're trying to move away from with this more minimally invasive concept.

Caspar ([03:10](#)):

So how would you say that compares to someone that may have heard of a biological dentist?

Dr. Paul O'Malley ([03:16](#)):

Well, it has bio in it, so of course it means life.

Caspar ([03:21](#)):

You're sharing that.

Dr. Paul O'Malley ([03:21](#)):

So, right. So the biological dentist is a, is a catchphrase for someone that's trying to do things in a way that they're using dental materials or removing old materials in a way that's healthy for the person's body and also healthy for the dentist and their support personnel. So they're not exposed to these toxic metals and toxic fumes. So for example a lot of people may not know this, they'll be listening, watching your show, but the, we've been using mercury fillings, mercury filled fillings, and of course they change the name call 'em, amalgams, silver fillings, et cetera. But really you should call it by the main element that's in there. And it's 50 to 53% mercury. So in the 1800s it was brought over from Europe. It was a cheap alternative to gold, otherwise people had to pull their teeth. So they ousted the gold group, made them look like a bunch of greedy whatever, I won't use the expletive, but made them look like bad guys.

Dr. Paul O'Malley ([04:21](#)):

And they morphed into this group where they started sticking this black stuff down in people's teeth. And at least it was, you'd scoop out the decay and put that in there and it would keep that tooth. Gold guy said, what about the mercury? The mercury guy said, oh, it binds in there, it's fine. Well, there was no science then. There was science. Now we know it comes out so much that one mercury filling is the same as eating a, a meal a day of contaminated mercury contaminated fish. So if you have 12 in your mouth, that's 12 times and it accumulates within the body. Most people can detoxify it, but at some point that garbage can gets filled up and they get sick and then they get mysterious illnesses. So that's one thing on the biologic side, how do you remove those things safely so you're not exposing the patient, exposing yourself?

Dr. Paul O'Malley ([05:05](#)):

And that's what they look at. And then what materials do they put back in? Cuz we wanna put back in materials that are healthy for the person's body, or at least as healthy as we know, and how they test that. It's, it's unique from one biologic dentist to another. There's not like a standard of care there other than a blood test that can be done that is duplicatable in every single office. You get the same results and then you get a list of thousands of materials that you can use. That's a very, very accurate and safe one. But some people do other testing and things like that. But so a biologic dentist is, they're working very hard to incorporate the entire person's body and help them live a more quality filled and health-filled life.

Caspar ([05:49](#)):

Now, speaking of mercury fillings, I understand you won't even do any cleaning or anything until they're taken out, correct?

Dr. Paul O'Malley (05:57):

That's correct. Or if, if we have to, we avoid those areas, we don't touch or scrape or scratch them at all. And by the way, just to finish my comment earlier, yes, that gold group that got ousted by the mercury group in the late 18 hundreds, they formed an organization, that organization is now known as the American Dental Association. And therein why why it's so difficult for us to, even from a environmental standpoint of not ascending those toxins out into the environment with mercury and whatnot to try to make it obsolete. Right. Some countries are making it obsolete for children. We'd like to make it obsolete around the world because bonded dentistry is way superior than sticking something in there mercury, mercury expands violently compared to the natural expansion of one's tooth. So you put a big one in there, it's gonna crack the tooth.

Dr. Paul O'Malley (06:53):

It's not a matter of if, it's a matter of when and when those mercury fillings were first being done, the founder, the father of modern dentistry back in the turn of the 19th or 1900s GB black laid out principles. And so the cavities had to be really tiny. If they got big, they weren't advocating even sticking those in there. Now they get put in along the gum line, they get put anywhere that there's a hole. Those things get jammed in there cuz they're cheap. They're kind of easy. But we see a lot of failure with those and a lot of tooth loss as a result.

Caspar (07:30):

Yeah. Now, let me ask you got mercury, you have things like fluoride, you have then root canals. Do you find one is worse than the other? Or are all of 'em kind of the same damaging principles in dentistry?

Dr. Paul O'Malley (07:46):

No. I mean, you, you can evaluate those things Yeah. And importance is, you know, so you might see that mercury is the worst. Okay. Mercury causes the most toxic damage. It's the third most toxic naturally occurring element on the planet besides the radioactive ones. They're, they're the only ones worse. Right. So to get that in our system, and even the World Health Organization has said not even one atom of it is good for the human body. So you can take that into, into account. Now fluoride is a whole nother discussion, but fluoride got introduced into the waters in the forties, 1940s and things like that. And there was a, some studies done in Colorado and it showed that a lot of those people in that area didn't have tooth decay. And they found that there was a lot of fluoride naturally in the water.

Dr. Paul O'Malley (08:34):

So they jumped, they assumed it was from the fluoride, not the fact that they just had better hygiene, they took better care, they at less sugary things, et cetera. Right. So what they did is they started contracting with different companies to dump their lumina silica waste or fertilizer waste that had some of that in their, into the water supply and and would fluoridate the water. So it's not even a a pharmaceutical grade type of fluoride. Right. So it solved the problem for those companies. Instead of paying millions to get rid of their waste, they were getting paid millions to take their waste. So back in the day, there was some senator, I can't remember his name right now, he even said yeah, don't drink the water. I mean, they, they, they know this stuff. Right? Yeah. So what does fluoride do?

Dr. Paul O'Malley ([09:20](#)):

There's a lot of studies on the IAOMT.org website. If you put it up for your followers there, because there's a lot of scientific studies on it and what it can do, it can cause brain shrinkage. It can cause condensing of the bone. It can increase arthritis. So there's a lot of things associated with it. I'm not an expert in it, I just know that we don't use it. And in my all natural company that, that has tooth products in a toothpaste and essential oils and stuff called great oral health they're all fluoride-free.

Caspar ([10:00](#)):

And then finally you have root canals. Thoughts on that?

Dr. Paul O'Malley ([10:03](#)):

That's a big one. I was, I was avoiding that for a second. But, you know, root canals is the real gray area. So that's why in tic dentistry, we try to seal the teeth in such a way we're protecting the nerve or the brain of the tooth so it won't get inflamed, infected, or die. And if you follow those principles really closely, you'll do about 10%. You'll only do 10% the number of root canals that you did in your traditional practice. It's, it's that big of a game changer. But if a person does need a root canal, what's the controversy? Inside, inside of the tooth? It's sort of like there's tubules in there that go from the nerve outward to the exit of the tooth. And if you did a cross section of it, you can see it, it looks like Swiss cheese, like those tubes are there.

Dr. Paul O'Malley ([10:54](#)):

Right. So now if you didn't experiment with a straw, you fill the straw with water and you tap on one side, you can feel it on the other side, right? We've probably all done that as kids, right? Oh, that's cool. You can feel it. Those tubules are filled with solution. And that solution, if you get a cavity on the outside, it sort of presses and it feels like you have nerve pain. That's the pressure against that those fluids. What happens when you do a root canal? You take the whole nerve out, but there's thousands and thousands of miles probably of these dental tubules inside the tooth. And bacteria can sort of hide in there. This is the concept and theory behind it. So while you seal off the main area with a material that seals that with the root canal procedure, you may not be perfectly disinfecting.

Dr. Paul O'Malley ([11:42](#)):

All the lateral little side channels and bacteria can build up there. They can morph, become toxic. And every time we eat or chew with our heartbeat, it pumps it into the bloodstream. Will it attack a weak organ or not? The science is still inconclusive, but some, some believe that, you know, no root canals are good. My personal philosophy is that if you're gonna do it, do it the best way you can. And there's a procedure called gentle wave and also laser treatment where it can disinfect that entire tooth surface. And then if it's sealed, it may by chance not allow bacteria to harbor in there and then it will probably be ok.

Caspar ([12:23](#)):

Yeah. Do, do you use ozone at all in your practice?

Dr. Paul O'Malley ([12:27](#)):

I do. Okay. And you can use ozone in those types of things, but still it won't penetrate into the dental tub. It only goes a little ways. But the laser is showing that it can, the biolay laser, it's a very expensive

machine. So by the time you see the root, you might go, Jesus root canal costs so much money. Well, he's doing gentle lase, which is a machine that costs 150,000 and the biolase is a hundred thousand. So your quarter of a million in just to try to disinfect a tooth. This is the attempt to save a tooth. Cuz some people would rather live with a root canal than take it, take it out and maybe be challenged with the dropping quality of eating and things like that. Because, you know, I've seen the devastation on the opposite side where you go to the extreme, all root canals need to be pulled because there are some camps out there that believe that. And as a result, you have these people that become dentally compromised. They're losing all these teeth, and they don't want dental implants either. So they're chewing with something that's removable and it starts ruining their other teeth. They start heading towards a denture and the quality of their life drops and some feel better physically and some don't. It's, it's a role of the dice. So I try, in my practice, I stay more in the central area where I can see the science a little bit better.

Caspar ([13:45](#)):

I mean, a big part.

Dr. Paul O'Malley ([13:46](#)):

I hope that helps

Caspar ([13:47](#)):

Cause Oh yeah, yeah. Yeah. And I think

Dr. Paul O'Malley ([13:49](#)):

It's a confusing area.

Caspar ([13:51](#)):

A lot of what, you know, patients especially who have dental issues go through as this kind of immediate pushing to remove or to just do root canal. It's, it's kind of like, you know, there's no middle ground, it's black or white. We see something a little bit there, let's take it out. Whereas I believe your approach would be how do we save the tooth? And let's say someone comes into you with some cavitation, but it's early on. How, how would you go about, you know, dealing with that patient?

Dr. Paul O'Malley ([14:19](#)):

Well, if there's a cavitation, I mean, that's just some leftover potential infection down in a bone where a tooth was removed. I, I refer that. I have a couple of surgeons that'll remove that. They'll use a CT scan, they'll go in and remove it, but they're also using the patient's own blood supply. And centrifusion, it's called PRP. Yep. Injecting in the area. Some will do ozone, et cetera. But the PRP seems to disinfect the area even better because you, you macroscopically, you, you, you can't grossly cut it all out. There's gonna be remnants of that infection and bacteria and toxic sludge that's left behind. So you want to sort of clean it out chemically if you can, and then put some of the bodies on natural ingredients in their growth hormones and things like that to help reseal and regrow that bone.

Dr. Paul O'Malley ([15:09](#)):

But I'll tell you, with biomimetic dentistry, and it doesn't work all the time because some people come too late where the decay is really deep. But for example, when I was doing traditional dentistry, if I saw

deep decay, we were taught this in school too, right? Well, it's gonna probably need a root canal anyway. We might as well do it now. That was the theory. Now because it's a gray area, let's see if we can save the tooth and let it heal on its own and keep it alive. So just by testing it against ice and some other parameters, you can see is it viable? Does it have a chance to try to survive? Even if there's deep decay? Because biomimetic dentistry, we can leave some decay over the top of the nerve area. We don't have to go in and drill it all out.

Dr. Paul O'Malley ([15:56](#)):

And boom, if we banged into that beautiful nerve, we can leave some there. As long as the seal is perfect, there's no decay there, we seal it, the body has its chance to reheal that and turn that into good inner tooth material. And then the nerve stays viable. So the best is prevention. But if you can't go that route, you need a root canal. I would suggest all those that are watching and that they look at, or basically that they look for a dentist that's doing gentle wave and a biolase laser.

Caspar ([16:31](#)):

That's good to know. Now you bring up this idea of prevention that I, I feel like not enough dentists really go with. Usually wait for a problem to occur, then you go to the dentist, then you get the surgery, whatever it is there. So what are the keys to prevention? Is that really focused on just tooth care in general? Is that diet? Is that lifestyle? Is that all the above?

Dr. Paul O'Malley ([16:54](#)):

Well, I think, yeah, it's kind of multifaceted. You know, that's a great question. But, but if a person is on a vegan diet, they wanna make sure they supplement with phosphorus and their amino acids to make sure they're getting plenty of the amino acids. Because they'll be deficient in those, if they're deficient in phosphorous, they'll have an increased chance of getting tooth decay. But also if they're vegan, they might be eating a lot of carbs and the carbs convert into sugars. Our teeth don't do really good for the most part unless the enamel is hard, which is genetic. People know that they, they can eat all the kind of crappy food they want, you know, and they never get cavities. Well, mom and dad happen to pass down some good genetics for them, but the majority of people have to keep an eye, they have to be a bit vigilant.

Dr. Paul O'Malley ([17:44](#)):

So if they're eating a lot of sugary foods and things like that, it just feeds the bacteria. They just love it. It's, it's like their favorite food in the world. And, and you know, sometimes you think, well, I just have an urge and a craving for that kind of sugary food. And it's not really the case generally. It just means your body's been hijacked by the bacteria and they're demanding. You give them more sugar and you can break that cycle. But it takes three weeks of decreasing the amount of carbs and sugar in the body and then start looking at ingredients. What's in up you're drinking. I had even my father had in his seventies, he got like three big cavities on his bottom left molars. He fortunately had all of his teeth, but like, geez, what are you doing dad? You know, and so, so we were tackling and tracking it down and no sugars, no, doesn't like candy. No ice cream doesn't like this doesn't, geez, what's, what could be causing this right. Medication. No. And they found out he was chewing Altoids only on the left side.

Caspar ([18:49](#)):

Oh, wow.

Dr. Paul O'Malley ([18:51](#)):

You see, that's an interesting one. So a a, a biologic or a holistic dentist will try to help discover those things, right? Whereas, and a traditional dentist sometimes will too, but sometimes they're so busy and they're just, they're we're, we're fixing things after the fact. So preventative dentistry is a really, really key thing now. That's number one. Number two on my great oral health site. Great. Oral health.com not really is a big pitch for that whole thing, but I have people can sign up there and then they can get a free course and they can also find out what's the best ways to brush your teeth flossing, how to do that. You know, we have a phrase in dentistry only floss the teeth. You wanna keep. And, and just really fast is an educational point. All that happens. We have bacteria in the mouth, they're gonna live there. They're there. No matter what we do, we're stuck with them and they're stuck with us. Now we can take a probiotic for the mouth.

Caspar ([19:47](#)):

Yep.

Dr. Paul O'Malley ([19:47](#)):

To try to change that. Right. Which is wonderful. However short of doing that, let's at least try to break them apart because it takes 'em about 24 hours to get a big enough group that lays down acids and changes the terrain. So by brushing 'em, we're getting all that out. But they get smart and they, okay, toothbrush coming time to hide everybody. Where do they go between the teeth? Right? So flossing between the teeth stimulates gum, but also breaks apart those bacteria. Now you've got about a 24-hour window to do it again. And generally that and decreasing sugary foods, sugary drinks will decrease the amount of cavities that a person's experiencing, even if they have bad soft enamel, let's say.

Caspar ([20:35](#)):

Interesting. You know, one of the things that came up while you're saying chewing Atloids was I remember reading James Nester's Breathe and a lot of what it talked about as far as breathing was because we changed our diet to a more soft palate type of things. We were chewing that, that decreased the size of the mouth teeth started getting crooked. We were breathing through the mouth instead of the nose almost. So part of what he was talking about is chewing gum because we used to chew harder things that actually helped the mouth and help the teeth structure from his research. How do you feel about chewing gum that is more natural, maybe even xylitol gum for strengthening the teeth and, and basically bacteria as well in some ways with the xylitol would kill the bad bacteria, I guess. But what are your thoughts on that?

Dr. Paul O'Malley ([21:20](#)):

You know, I don't have enough information. I haven't studied enough on that aspect of does it strengthen the teeth, et cetera. Eating a harder diet, chewing more on the teeth. I don't really know the answer to that, but does, if you're gonna have a gum, a xylitol type gum is one of the better ones to do. Cuz other ones, the other ones have aspartame. Yeah. They just have questionable preservative type things and them, so, you know, the, the people that are watching, you know, just be your own advocate and look at what the ingredients are and then you have to look at it as a collective. Right. So some people will be oh, well, they might have a mouth full of mercury fillings, three cracked teeth and some missing teeth, but now they're concerned about how they're breathing. So they tape their mouth shut while they sleep at night, so they breathe through their nose. Right. Nothing wrong with that, but it's a little bit out of sequence. They should first go get their mouth to health and then they work on the

preventative things because there's so much stuff out there. Like, if I wanted to make a million dollars quickly, I would just say, Hey, I found a cure. It's in my book on how to cure all cavities. Right,

Dr. Paul O'Malley ([22:28](#)):

Right. And they're out there. Right. And so people go, can I cure my cavity? I'm doing this program, I'm doing this program, and I keep my ears and eyes open for those things all around the world. And they're basically, so far it's, it's nothing that really comes to fruition. Now, systemically, you can build up your body in a way that helps a lot. Right. But taking proper nutritional products and things like that. But it, once you have decay, we have to go in there and arrest it unless it's right along the side of the gum, then we can zap it with some ozone and it'll stop. Or we can put a super toxic, high concentration of fluoride on it and let it sit there for a couple minutes and it'll turn it black and it stays black, but it won't progress. You know they do that with children's teeth sometimes. I just don't like the fluoride aspect of it.

Caspar ([23:16](#)):

Yeah.

Dr. Paul O'Malley ([23:17](#)):

But there's some cool things out there. But prevention is the longest route. Brush and floss. If you do it twice a day, it's even better, clean the back of the tongue, tongue scraping, try to find a good probiotic for the ear, nose, throat and mouth. And if there's anything you can rinse with or an essential oil or something you can rub on your teeth and gums throughout the day, it'll keep the harmful bacteria down and then allow the good ones to begin to overpopulate, which is what we want.

Caspar ([23:46](#)):

Great advice. Now for a patient or someone out there listening and has maybe some, you know, tooth issue and they can't get to you, let's say, yeah. What, what questions should be, should they be asking their dentist when they go in to kind of differentiate? Cuz I get this a lot too. Hey, I don't see any biological dentists in my area and I gotta kind of decipher which one is best. How do they start?

Dr. Paul O'Malley ([24:10](#)):

That's a tough call because but I'll tell you a good way that they can do that. Yeah. If they, if they can download this website, it's just called free holistic dental course.com. I don't know if you can put it up later or something like that for

Caspar ([24:26](#)):

Them. Sure, yeah. Yeah. We'll do it.

Dr. Paul O'Malley ([24:27](#)):

So it's a, it's a free video series I made for people all over the country, all over the world. And I did it as a philanthropic humanitarian type thing. Right. And, and I just got so many nice comments back. I thought, wow, it's, it wasn't like a million dollar production or anything like that. Right. It was just me talking in my office showing things like we're talking right now mm-hmm. They'll learn all the things about biomimetic and holistic dentistry, minimally invasive dentistry. It's all on that course and it's free. And then they'll have the tools they need, they'll know what questions to ask, and then the dentist will be



like, my gosh, you know more about this than I do. Or, you know, they'll be like they'll be impressed. Let's say. Right. Right. So then you won't be walking in sort of the effect of the dentistry.

Dr. Paul O'Malley ([25:16](#)):

You, you'll be a little bit more at cause to kind of go, Hey, this is what I'm looking for. Can you do that? I mean, like even when it comes to veneers, right. Some people go, I just want 20 veneers. I want beautiful teeth. Okay. So you want, how do you want those preparations done? Do you, do you care? And about maybe 80% don't really care. They're like, no, you're the, you're the guy. Let's just do it. Right. Yep. But 20% and it's gonna grow more. They want minimally invasive, they don't want all their enamel stripped away. They don't want their tooth ruined to get a cosmetic result. They're, they're now, now starting to think a little bit with longevity in mind. So free holistic dental course.com will save the day, I think.

Caspar ([25:55](#)):

Hopefully. So, no, I, I think it's incredibly empowering when you have the awareness of what to ask and you have a knowledge base going in cuz otherwise you're at the whim of whoever you go to. And that's kind of a, a leap of faith and trust in something you don't know too much about. Right.

Dr. Paul O'Malley ([26:11](#)):

That's right. I mean, as the, I'm the vice president of the Academy of Biomimetic Dentistry and we did a whole protocol there. I wrote up and worked with some of my colleagues. So we put a whole testing protocol together and they have to sign a pledge that, you know, at each step they're gonna do the best of their ability in biomimetic dentistry on the patients they see. So they're making a pledge, it's a public pledge. It's on their, on their platform. And then because in, in, in previous sites you get a person that says, oh, I'm a member of this group or a member of this group. Well, it doesn't say much. It doesn't protect the patients out there. So we wanted to challenge the doctors to move up in their education to get a fellowship. And also challenge the patients to look to see what are their credentials.

Dr. Paul O'Malley ([26:57](#)):

And then you have to see what's their practice like. Are they in a super busy practice? Cuz if they are, that means they're, they don't have time to do biomimetic dentistry. You know, in my practice I basically have to see one patient at a time mm-hmm. And yeah, it costs a lot more. But the real question is that a patient would wanna ask out there not how much a procedure is costing, but how much will it cost them if they don't do it right the first time. So if I catch someone with a cavity and it's fairly deep and I can do it with a layered biomimetic filling layer by layer and it takes me an hour and a half and all of a sudden it's like a \$1,800 procedure, someone can say that doesn't know, they would go, wow, that's a lot of money for a filling.

Caspar ([27:40](#)):

Right.

Dr. Paul O'Malley ([27:40](#)):

It's like, no, no, it's not a filling, this is a total sculpted reconstructed thing. There's a good chance, I can't say this for sure, but there's a good chance it may last them the rest of their life.

Caspar ([27:52](#)):

Hmm.

Dr. Paul O'Malley ([27:52](#)):

Versus the traditional fillings, their insurance pays to replace them every three to four years. Yeah. And they get bigger, they get bigger, they leak, they get bigger, then a person needs a root canal, then they need a crown, then the tooth gets weak and breaks, then they need a dental implant. So if you can stop it, instead of them spending less upfront with something that's gonna fail and cause them that whole downward spiral, they pay a little bit more upfront with a lot of time, care and skill. And then they don't end up with you know, \$8,000 spent over a 20 year period losing a tooth. Absolutely. And, and the health issues that might be come about from it you know?

Caspar ([28:30](#)):

Well that's the thing. You gotta take the, the kind of you know, non-numeric value of things in a sense and look at that as well. Your happiness, your health, your longevity, and, and also look at not the upfront cost, but how much of a value that is to have that peace of mind that you may not have to go back and re keep doing those fillings and deal with issues for the long term. Agreed. Agreed. It's, it's tough for people to see that cuz everyone's living in a very, you know, five second world where we only look five seconds ahead.

Dr. Paul O'Malley ([28:59](#)):

True. It's true. It's sort of like, you know, working, you're, you're just trying to raise a person's awareness to the point where they know what are the real important questions to ask. And that's a real important one. If I do it the right way, I know it'll cost more, but if I do it this way, what's the risk?

Caspar ([29:14](#)):

Yeah.

Dr. Paul O'Malley ([29:15](#)):

And so they have to decide for themselves. And the problem with traditional dentistry is, and not all of them do this, but many do. They put a, they, they have a big cavity, they put a little base down there, and then they glob in this thing, carve it up, put the blue light on it. Well that blue light's gonna make everything shrink and it'll pull towards the light. So it might pull off one of the walls of the teeth, but it looks bonded, it looks beautiful, but it's just not really supporting the tooth the way it should. Versus if you do little one millimeter increments. The science shows and everything we do in biomimetic dentistry is backed by peer research and reviewed and, and, and accredited research. So if we do it in one millimeter increments, nice and slow with the certain gold standard of materials that mimics the flexation of the tooth, then you're trying to rebuild mother nature. It's not as good as it was, but as close as we can get it, and they can be, they can look beautiful and they can also function beautifully.

Caspar ([30:12](#)):

Awesome. Where can people learn more about you, the practice and just learn how to ask those right questions.

Dr. Paul O'Malley ([30:21](#)):

Well, they go to the free holistic dental course.com. They'll get a good education on that. If they're interested to come see me, they'll do, they'll go to Dr. Paul O'Malley.com. It's very straightforward. And they can see my website, they can see before and after photos. My apologies we'll be upgrading the website throughout this year. But it's still pretty nice and, and very informative. And then if they're interested, then sometimes they send in some x-rays and we do a free evaluation, give them an idea of what can be done. But generally I attract people that want biomimetic dentistry and they want minimally invasive. So people that want veneers you know, it can be 40, \$50,000 to fix a beautiful smile, but if it's done in a beautiful way where you're barely touching the teeth, oh man, that's like, that makes me happy too.

Dr. Paul O'Malley ([31:12](#)):

You know? And yeah, some of my patients know what they're getting. Some of 'em don't know what they're getting, but the ones now coming in more and more have researched for those types of things. So, I mean, for example, I had a guy that came in from Arizona, only 26 years old. He'd researched around the country and he had a defect with his teeth and he just wanted things to be beautiful and be right. Well, everywhere he went, they said, we're gonna crown all your teeth, crown all your teeth. And he heard about me, flew out, and then we barely touched his teeth. We were able to rebuild everything. And you know, I have many of those types of cases on my website. So if they just go to Dr. Paul O'Malley.com, they'll learn even more. And feel free to reach out if they'd like to.

Caspar ([31:56](#)):

Great stuff. Thank you so much Dr. O'Malley. Now go enjoy that Aruba sun.

Dr. Paul O'Malley ([32:02](#)):

Yay. Go team. See y'all. Thanks a lot. Thanks for having me.

Caspar ([32:05](#)):

Thank you. Whether you're suffering from a mouthful of cavities or a need of a mouthful of reconstruction, it's good to know that there are dentists out there like Dr. O'Malley, who are committed to saving your teeth and are choosing practice over profit. Until next time, continue writing your own healing story.