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Solutions for Heart Disease & Oral Infections

Thomas E. Levy, MD, JD

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

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

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

Conventional medicine tells us that cardiovascular disease is caused by smoking, elevated cholesterol levels, high blood pressure, inactivity,

and, of course, a poor diet to name just a few. Yet, their primary focus is the distribution of toxic medications to control symptoms with very little emphasis on educating people about natural solutions. To make matters worse, Western medicine particularly ignores one of the greatest threats to heart health.

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

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

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

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



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

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

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

So this brings us to the point where we wonder what causes increased oxidative stress. And what causes increased oxidative stress are toxins. Really, a toxin is nothing more than a molecule that causes oxidation to take place. By causing oxidation to take place, the toxin exerts its toxicity. I think this is also important because it's a basic concept that's bandied about in what's called antiaging medicine.

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

Well, the degree to which they stay that way and new toxins come in on a daily basis, means you're not just dealing with that toxicity on a one-

time basis, it stays there. And every day means more, and more, and more biomolecules become oxidized. And depending on where they're located and how they're concentrated, you're going to have more heart disease, kidney disease, neurologic disease, muscle fatigue, headache, you name it.

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

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

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

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



is called reduction oxidation physiology.

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

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

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

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

But that’s not the kind that hurts somebody. That really breaks them down and causing them to

have very low quality of life. It’s these constant stressors from all of these toxins that are still not being addressed enough. And I’m sure you would agree with that, Dr. Levy.

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

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

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

However, I can’t be entirely complimentary of integrative and alternative medicine because, to a large degree, they also ignore or are unaware of the importance of stopping new, daily toxic exposure. And they just concentrate, very



effectively in some cases, on repairing previously inflicted damage.

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

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

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

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

Now, as it turns out, a very large number of people have what's called asymptomatic infected teeth. This is actually the basis of my new book. It's called *Hidden Epidemic*, subtitle being—and I don't mean it as an exaggeration—"Silent Oral Infections Cause Most Heart Attacks and Breast Cancers." And, as you mentioned at the top of the show, heart disease, by itself, kills a majority

of the population. Well, when you add to heart disease, breast cancer, you probably have 60%, 75% of the world population, that's the reason why they die.

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

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

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

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

Part of this is reflected in systemic body-wide inflammation. Inflammation is another word for advanced oxidative stress. When you have advanced oxidative stress and you have inflammation, you have depletion of antioxidants like vitamin C and others. And we have very strong



studies that show, the more your condition—in this case, the infected mouth—keeps the CRP elevated, because it means everything is in an inflammatory state in your body, the greater your chance of dying from all causes. So gum disease and infected teeth increase all-cause mortality.

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

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

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

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

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

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

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

And I said, "Oh, my, God, I said, I sort of have good news, bad news for you." I said, "The bad news is you're going to need another tooth extracted. But the good news is is you should really get some strong improvements of your health." And even though, I had never seen this before, I intuitively



knew I didn't care whether this tooth was asymptomatic or not because I said, "Does this tooth ever hurt?" "No, it feels fine." "Does it hurt when you chew?" "No, it feels fine."

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

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

I like to tell people that I talk to in my different presentations, I said, "How many diabetics do you think get diagnosed just when they walk in the door? Oh, there's a diabetic. Oh, that one has a blood sugar of 350." Of course, none of them do, you don't know until you check the blood test and the blood sugar, then you know. You don't know that you have an asymptomatic, silent, infected tooth that's invisible on general x-ray until you take the 3D x-ray.

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

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

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

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

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

Dr. Levy, Dr. Sawiak talked about how it was so disturbing to her—and it's so related to what you just said—how many people with bleeding gums are actually going into the dental office. Getting their normal teeth cleaned up, if you will. And the blood is pouring out all over. And people, "Well, you know, you're bleeding a little bit because you're getting a deep cleaning." Whatever. And



then, you leave. But my God, Dr. Levy, they're not dealing with the gum disease at all. They're doing the cleaning like they're getting a job done. And the risk of spreading that infection throughout the body is pretty serious. No?

Dr. Levy: No question about it, Jonathan. It's important to understand that when you have bleeding gums, you have, by definition, diseased gums. Gums that are chronically inflamed. And to a variable degree, depending on the individual person, you have infection in the gums. And because of this infection, you're consuming the antioxidants.

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

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

So periodontal disease has been clearly documented to be associated with increase all-cause mortality, coronary artery disease, diabetes and metabolic syndrome, high blood pressure, cerebrovascular disease, and stroke, vascular disease, in general, pulmonary disease,

all the different forms of arthritis, osteoporosis, inflammatory bowel diseases, chronic kidney disease, autoimmune disease, including Lupus. At least multiple forms of cancer: breast, pancreatic, colon, head and neck, lung cancer. And then neurologic diseases being strongly associated with Alzheimer's, Parkinson's, seizure disorders, and depression.

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

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

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

We're constantly doing what you talked about before, giving out a toxic drug, which has a suppressive effect on the body. That alone is dangerous for the person. And number two, what you mentioned before, we're not actually



dealing with what's causing the inflammation, what's causing the blood pressure to go up, the blockages, the toxins that might be present.

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

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

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

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

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

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

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

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

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



called *Circulation* in 2013.

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

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

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

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

The most important thing and safest thing for a person that has a chronically-infected tooth that looks like a chronic abscess or an infected

granuloma is to get it properly extracted. Okay.

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

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

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

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

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



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

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

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

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

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

your body that, perhaps, ages as egregiously as any part of your body is your mouth.

You can have a tooth that's functioning perfectly fine when you're 50 years old. And you bite on something wrong. You split the tooth. The pulp gets infected. You have no idea. The tooth feels fine. And without you ever knowing it, you develop a huge abscess on the tip of that tooth, if you don't periodically reevaluate with the 3D x-ray. Especially when you have a new disease develop that you never had before, you're going to miss your best chance at control of that disease and sometimes reversal and elimination of that disease.

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

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

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

And the problem with that is nobody likes dental work. Nobody likes fillings. Nobody likes



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

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

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

And I know many of the healthcare providers I've done programs with—almost 500 at this point in the last five years—they're really starting to talk about like a vitamin C deficiency, which you mentioned before, having a lot to do with heart disease. And a lot of people are running around having no idea that they're deficient in vitamin C. So talk to us a little bit about the importance of vitamin C, in particular.

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

So what you want is to get as many nutrient supplements as possible. Vitamin C is critical. But I have what I call the Big 4. And the Big 4, I call it the Big 4 because they help normalize calcium metabolism and bring calcium levels down inside the cell, which is absolutely a predisposing

factor towards the development of all diseases, especially cancer. This is covered in my book, *Death by Calcium*.

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

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

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

And with regards to vitamin C, that's the premier antioxidant. And you have to take enough of it. And in taking enough of it, you need to look at the different forms of it. Liposome encapsulated can really cover a lot of ground. Taking a gram or two of a properly encapsulated vitamin C.

I have an article on my website that shows that many of the liposome manufacturers are just fraudulent. They're producing products that



they call their liposomes. And they're not. And homemade liposomes don't exist. That's another ridiculous falsehood being propagated on the Internet. But that's not to say it won't help you. If you take any form of vitamin C, it will help you.

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

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

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

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

If you would like a copy of this program, plus all the other presentations inside the Holistic Oral Health Summit, simply click the banner you see on this page. Thanks again for attending the Holistic Oral Health Summit. Talk to you soon. Take care.



Your Cancer Risk EXPOSED

Ty Bollinger

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

Our show today; *Your Cancer Risk, Exposed*. Our guest; Ty Bollinger, first brought his discoveries about cancer to the public in his best-selling book, *Cancer: Step Outside the Box*. In addition, he has co-authored other books on alternative medicine, and produced several ground-breaking documentaries. Including *the Truth about Cancer*; *A Global Quest*. Which has been viewed by millions of people world-wide.

After losing several family members to cancer, Ty refused to accept the notion that chemotherapy, radiation, and surgery were the most effective treatments available for cancer patients. Instead, he sought what he could find about alternative cancer treatments, and the hidden truth about the conventional cancer care business. What he uncovered is shocking.

Today, we'll talk about one of the most overlooked yet significant risk factors for developing cancer; the toxins in your mouth. More and more

integrative health care providers are teaching cancer patients about the importance of good oral health. Let's face it; especially if you're dealing with any health issue. Removing the threat of toxins should be a top priority.

After listening to this conversation, I'm sure you'll agree that a cancer-free life begins with correcting problems in the mouth. Please join me in welcoming Ty Bollinger. Ty, Welcome.

Ty Bollinger: Jonathan, thanks so much for having me on today, my friend.

Jonathan Landsman: Ty, many believe that fluoride is good for the teeth. What do you say to people?

Ty Bollinger: Well, everyone knows, Jonathan, that fluoride prevents tooth decay is essential for your healthy teeth and gums, right? That's just a well-known fact. Of course I'm saying that tongue in cheek. The reality is, that's not the truth. We've been told a lie for decades. A lie that has literally led to the deaths of hundreds of thousands of people, weakening the immune system of tens of millions more. Fluoridation is a hoax; it's a con; it's a scam.

The root of fluoridation goes back to Nazi Germany around World War 2 time. The first known use of fluoride was in the concentration camps. IG Farben, which is a drug chemical



plant over in Germany. They used fluoride in the water to dumb down the masses that were in the concentration camps, to make them be more easy to dominate and to make them to be more docile. That was the first use of fluoride.

Then we come over here to the United States, and we look at ALCOA in the 1930s; 1920s, actually. The aluminum manufacturing company up in Pittsburg, Pennsylvania. And they were one of the first ones to suggest that we should drip this toxic waste that came from the smoke stacks of the alumina manufacturing industry into water.

They were trying to figure out a way, Jonathan, to get paid for dripping toxic waste into our municipal supply systems instead of having to pay to dispose of toxic waste. It was a brilliant idea from a business perspective. Because instead of having to pay to dispose toxic waste, they got municipalities across the country to pay them so they could drip this toxic waste into our water supply.

There has not been a single study that has shown that fluoride in the form that it is dripped into our water; which is not naturally occurring calcium fluoride. It's hydrofluorosilicic acid; sodium fluoride. There's different types of fluoride, but they're all toxic waste. There has not been a single study; no scientific evidence to show that it's a beneficial additive to water.

And as a matter of fact, there is overwhelming scientific evidence that proves without a doubt that fluoride is toxic, and can cause things such as cancer. There was a 2005 Harvard School of Dental Health study that showed that water that contains fluoride has been directly related to osteosarcoma, which is bone cancer, in young boys. So the whole notion, dripping fluoride in the water and drinking it is healthy for us, is a complete scam.

Jonathan Landsman: You know what's amazing me is; you hear often that doctors are supposed to sit down with a person one by one, diagnose their situation, and only a doctor is allowed to medical treat a person. Obviously, Ty, if you and I were to do that, we'd be in a lot of trouble.

But yet, somehow, millions and millions of people have overlooked this key point that they are mass medicating people. And for me, I just find it very hard to believe that this is such a top health concern of theirs; the health of everybody's teeth, you know?

Ty Bollinger: Yeah, and you just hit the nail on the head there, Jonathan. They are mass medicating people without consent. This violates the Nuremburg code that was put in place after World War 2, because the Nazi's were actually medicating, experimenting, doing medical experimentation on the prisoners in the concentration camps without approval. The Nuremburg code was put into place to prevent this. But they're doing it again in our water supply.

There was a 2010 article I believe, Jonathan, in Time Magazine. It listed fluoride as one of the top 10 common household toxins. It describes fluoride as being both neurotoxic and potentially tumorigenic if swallowed. So, Time Magazine; a mainstream magazine tells us it's one of the top 10 household toxins. But, at the same time, we are told by the American Dental Association that it's good for our teeth and we need it in our water. We need it in the toothpaste. We need it in our mouthwashes. How can these two things be concurrently possible?

The reality is, the truth is, they're not. It's not possible for them to be good for us, but also one of the top 10 household toxins. But, we're told to believe both of them at the same time. It is cognitive dissonance at it's finest.



Jonathan Landsman: That is so well put, Ty. Another interesting thing; and it's just a fact, people need to keep this in mind. This notion that you put the fluoride, you put any kind of product in your mouth and on your teeth, and it doesn't get absorbed into your body is absurd. If you just put something under your tongue or on your tongue or on your cheek or anywhere like that; and kids too. Like you were saying; it's so easy for anyone to swallow some of this, especially children. But my point is, it's so easy for this toxic substance to be absorbed into the body.

For all those people; since we are talking about cancer today. For those people who are concerned about their immune system, getting away from the threat of cancer, this is just one big issue where you've got to look at all your products. I mean, baby water with fluoride in it? It's absurd. Make sure that fluoride is not in any of the products that are in your home; I'm sure you would agree.

Ty Bollinger: I agree, Jonathan. And I just mentioned Time 2010 article about fluoride. I think it was 2010, as well, there were two or three different stories out of India that showed that children in India were being blinded and crippled, partly as a result of fluoride being added to the drinking water. I think it was in the village of [inaudible], which over half of the children have bone deformities and are physically handicapped. Literally, the children are born normally, but after they start drinking the fluoridated water, they begin to develop these crippling defects in their hands and their feet.

It's well known that fluoride prevents iodine absorption. It also causes thyroid disorders. And here's something that's interesting, too. This is an article that a good friend of mine, Mike Adams, published I think two or three years ago; maybe four years ago. It was an article that was about a British company that had been caught exporting

nerve gas chemicals to Syria. And in the article, it reported that the British government; they were accused of something like being very lax in it's arms controls.

It was found out that the official had authorized the export to Syria of two chemicals that were being used to make nerve gas; sarin nerve gas. Now, I'll give you a quiz here; what were those two chemicals that were used to make sarin nerve gas, and I bet you can get one of them right?

Jonathan Landsman: Let's see; could it possibly be fluoride on that list?

Ty Bollinger: It's two different types of fluoride, actually. Sodium fluoride and potassium fluoride were the two chemicals that the British government exported to Syria that were being used to make nerve gas. And these are the same things we're dripping in our water. What is going on here, man? We are living in the Matrix, Jonathan.

Jonathan Landsman: You know, Ty, I know with your work over the last many years, you are definitely snapping people out of the Matrix. And I already have a good sense that this conversation is going to shake some things up, big time.

For those who are really interested in a slightly different perspective, but talk about waking up, make sure you listen to Dr. David Kennedy, who is a part of the Holistic Oral Health Summit. We talk about a lot of crimes in dentistry. One of those things was fluoride, and I promise you, he will blow your mind.

Ok, Ty. Let's shift gears here and talk about what's going on in terms of these root canal treated teeth, and the possibility that our cancer risk may be going up because of them. What do you tell people?



Ty Bollinger: Well, one of the first things that I recommend people do if they've been diagnosed with cancer. Or even if they're just trying to prevent cancer, is look at your mouth. And look specifically at your root canaled teeth or hopefully your lack thereof. And if you have been diagnosed with cancer, one of the first things that should happen is you should get rid of your root canaled teeth.

Well, why would I say that? And again, I'm not a doctor so these are not medical recommendations. These are things that I would do if I were diagnosed. And these are things that I do to prevent, is eliminating root canaled teeth. Well, why?

There's an underlying misconception that infective agents like microbes and fungi and viruses; that they are successfully disinfected from the teeth when there's a root canal. But there is literally miles of microscopic tubules which are never exposed to sanitizing chemicals when there's a root canal performed.

So, a root canal, you've got a really, really bad cavity. We can't fix it, we can't fill it. So what do they do? They go in there, they scrape it, they disinfect it, and they put a root canal in. They basically gum it up with cement like substance.

Well, that would possibly make sense if you could completely disinfect it. But as I just mentioned; it's not completely disinfected. You've still got microbes, fungi, viruses, bacteria that are in there that are not ever exposed to these sanitizing chemicals in a root canal. And then they plug it up!

So what happens? You begin to deteriorate from the inside out of that tooth. There are studies that show up to 50% of the pathogenic bacteria remained after a root canal.

So here's the problem. Once those bacteria are

sealed, then they begin to try to get out. And they can infect the mouth, they can infect the blood stream. There are dozens, if not hundreds of studies, that show that these root canaled teeth can lead to negative health consequences, culminating with cancer.

Not just cancer; there's links with cardiovascular disease, just chronic inflammation, brain diseases, nervous system diseases, lowered immunity. Even diabetes. And cancer, of course. But that's the problem with root canals.

If you have an infected organ. Let's just try to make an analogy here. Let's say you have something wrong with your kidneys, and they're really infected. Can you imagine going in, and trying to get rid of that infected part, and then putting some sort of a cement type substance on the rest of the kidney to make sure, if there were any bacteria, they don't leak out into the rest of the system? Well that notion is patently absurd. But that's really what we do with a root canaled tooth.

We take a tooth which is essentially dead, and we put some sort of a sealant on it, and we leave it in the body. How can that be beneficial long term? Because as I said, there are toxins that are released from the bacteria that leach both into the neighboring and into the distant areas of the body relating to the teeth.

And, gosh, I think it was Dr. Stuart Nunnally who is a doctor that we had speak at our recent event in Orlando, Florida, that said he had treated close to 100 patients that all had root canals, and they all had cancer. Now, granted correlation does not equal causation. But certainly, I think we could agree that should be something that should be looked at, at least.

And what could be the harm of eliminating teeth that had root canals? Could it be a bad thing to



get rid of the root canaled teeth? Or could there be a cover up of this root canal from the dental industry, because root canals are a very, very lucrative piece of their income.

Jonathan Landsman: Oh yeah, there's no doubt, Ty. There's a lot to do with politics, with business, with money. There's no doubt about it. Dr. Stuart Nunnally, and also Dr. Robert Kulacz are two of the doctors who talk quite a bit about these procedures, especially Dr. Robert Kulacz, with root canal treated teeth.

Please make sure that you listen to both of those presentations, as part of the Holistic Oral Health Summit. You will not be sorry that you spent time, and it's great points, Ty.

Bottom line is these root canaled treated teeth; they are leaving dead material in the body. That was so great what you just said at the end. And no where else in medicine would they ever leave a dead body part inside the body. It is crazy.

Ty Bollinger: It's absurd. And here's something interesting, too that I want to make a point about. We've all heard of Dr. Weston Price. Now, he learned about an interesting discovery in the early 1900s; about 120 years ago. What he did is he implanted infected teeth from a human into an animal. And here's what happened; this is very fascinating. The same chronic diseases and health complications that the person had would transfer to the animal shortly after the tooth being implanted.

So therefore, it's not just the population of bacteria that causes the systemic dysfunction, but also the concentrations of the toxins produced by the bacteria. So that experiment in and of itself should show you; if you've got an infected tooth, or a dead tooth, like a root canal. It's not a good idea to leave it in your body. Because he proved that those same diseases would transfer to the

animals when he transplanted the infected tooth.

Jonathan Landsman: Wow, great information. Ty, we've already covered two huge things as part of this whole big topic of holistic oral health that we're trying to highlight here in this event. Fluoride, root canal treated teeth. But now we get to another area that I just feel like millions of people; not so much overlook it, because I feel like they're all victimized by getting really bad advice from conventionally trained dentists who sort of downplay it. And certainly no one around them in their neighborhoods; their friends, their family. No one else is really talking about this. It's not in the mainstream media.

I'm referring to gum disease. We're talking about that bleeding gum tissue when you're brushing your teeth and you see a little blood in the sink. I mean, hello, that's a problem. Please talk to us about what you've seen with all of your research, with all the experts you've talked to. This connection between gum disease and our cancer risk.

Ty Bollinger: Yeah, I can talk about this from a personal perspective, Jonathan. Because I do have what's considered periodontal disease. But it's not active now. And here's what happened. When I was 18, 19, whatever, the dentist recommended that I get my wisdom teeth taken out because there was not enough room in my mouth for all my teeth. As a result, they were afraid that I was going to have inflammation. I just never did it.

I never did it until a few years ago, at which time I had begun to lose part of my jaw bone because of the fact that the periodontal disease; which is basically chronic inflammatory in the gums and it affects not only gums but the bones supporting the teeth. And the bacteria that result from the chronic inflammation, they destroy connective tissue. And they form little pockets where there's infection that persists. And eventually you can



either inhale it or ingest it in your saliva, and it gets into the blood stream. It's very, very dangerous.

So a few years ago, I had my wisdom teeth pulled. And literally after I had them pulled, my teeth began to space out. There was enough room in my mouth. The pockets went away. I had always flossed, I had always brushed, I had always used a Waterpik. But there was still chronic inflammation until I got my wisdom teeth taken out.

And I'm not saying everybody needs to get their wisdom teeth taken out, but I did. And when that happened, my teeth spread out. The pockets went away. And there's no trace of periodontal disease now. So you can reverse it.

So if you have bleeding gums, don't be distraught or think there's nothing you can do about it, there certainly is. Periodontal disease is chronic inflammation, has been linked to cancer. There was a Reuter's story that was published, I guess about a decade ago, but they looked at data from about 60,000 women that had answered surveys over the last several years. And what they found out that people that had active periodontal disease.

Not periodontal disease like what I have at this point, which there's no symptoms. Because my gums don't bleed and my bone has returned. I've got a healthy mouth now, thank god. But active periodontal disease, there was something like 30% more likely incidence of lung cancer, there was 70-something percent frequency of gallbladder cancers. Something like 15% more likelihood to have breast cancer. Melanoma incidence increased 20 or 25% in the study. So there's definitely been a link between untreated gum disease and diabetes, cardiovascular disease, and even cancer.

But I don't want to leave people feeling hopeless.

You certainly can do something about it. And periodontal disease is nothing to sneeze at, but it's also something that can be treated if you know what to do.

And for those people that might have periodontal disease that have had their wisdom teeth taken out, it might be because you're not brushing properly. You're not brushing your gums, you're not flossing properly. Everyone should be using a Waterpik at least once a day to push out some of the little bits of food that you can't even get with flossing. So there are a lot of things that you can do.

And there are also different remedies for periodontal disease, which would include something like oil pulling, essential oils, that kind of thing. But coming from a personal perspective on periodontal disease, it's nothing that you should leave untreated. I certainly did for a lot of years.

But you know, one of the great things about what we do, Jonathan. And I know you can attest to this. We learn as we're going. And a few years ago I began to learn of the importance of having a healthy mouth. And at that point, I said, "I've got to do something about this periodontal disease." And lo and behold, it worked.

Jonathan Landsman: Without a doubt, Ty. I'm with you, 100%. We talk about this over and over again for years. How chronic inflammation is really at the heart of all of these problems, no pun intended. Heart disease, cancer, body pain, chronic fatigue, difficulty in thinking, poor digestion and not having the ability to absorb nutrients well. All of this is about inflammation.

So when we look at things like root canal treated teeth, gum disease. These are all sources of feeding that inflammation in the body. We're looking to calm things down in the body so that



our immune system can stay very, very strong, and on the lookout.

Ty, a couple of things that you mentioned, which was so valuable. In terms of properly extracting any tooth, especially wisdom teeth. Please make sure that you're listening to Dr. Blanche Grube, who is a part of the Holistic Oral Health Summit. She's got decades of experience, and she will blow your mind with her perspective in terms of what to do with wisdom teeth. I'll just leave it at that. Dr. Oksana Sawiak, who again has got decades of experience. She is an amazing woman. Very experienced in dentistry. Talks deeply about gum disease. Make sure that you listen to that conversation, as well, as part of the Holistic Oral Health Summit.

Now, Ty, I'm going to shift gears again. And this may seem like a really random question for a lot of people who are listening, but can chewing smokeless tobacco actually increase our risk of cancer?

Ty Bollinger: Great question. There's a lot of misperceptions about smokeless tobacco and about cigarettes. Granted, smoking cigarettes; any time you inhale hot air. The paper is on fire, the tobacco is burning, and you inhale that. It's not a great thing to do for your lungs. So I'm not saying that. But, the Native Americans have been smoking cigarettes for millennia. And there's very, very little incidence of lung cancer in Native Americans.

However, they don't smoke the cigarettes that most people smoke. They grow their own organic tobacco. They don't use any pesticides on it. They don't use any glyphosate on it. They don't use any chemicals when they process the tobacco. It's just pure tobacco. There's very, very little incidence of lung cancer.

But, we all know that back in the 50s, there was

a concerted effort among the tobacco industry to deceive the American public into thinking that normal cigarettes that you would buy on the store shelves; these processed cigarettes, were not only benign, but they were actually healthy. I remember seeing snippets from newspapers and magazines back at that time that would say things like, "A pack a day keeps lung cancer away." "My doctor smokes Pall Malls because they give him fresh breath. Or They make his mouth feel clean." It's really absurd the kind of disinformation that we were given when it came to the tobacco industry. Now, big tobacco knew at that time that cigarettes caused cancer. But I believe, and this is just my perspective. And people can disagree with this. But I believe that it's not necessarily the tobacco that's causing the cancer. I believe it's the dozens, if not hundreds of chemicals that are used and created during the manufacturing process that caused that cancer.

So when it comes to smokeless tobacco, there are about 30 different chemicals in smokeless tobacco that are known to cause cancer. The most harmful cancer-causing substances are called TSNA, which are tobacco specific nitrosamines. I'm not saying that it's a healthy habit. Far from that. My perspective, though, is that it's the chemicals in the cigarettes and it's the chemicals in the smokeless tobacco that are causing the oral cancer and not necessarily the tobacco itself.

Jonathan Landsman: You know, Ty, I'm glad you're saying it. Especially in our position. This can be a very risky position to come out and say this. We know, in a politically correct environment, this is tricky to say. But I personally don't smoke. I personally don't chew tobacco. And I couldn't agree with you more, at the same time. It's all about these chemicals.

We might warm up in some sort of vapor machine, if you will, some essential oils and we breathe that in and it gets heated up or steamed



or something. And that's all nice. You're looking at cannabis, as well, and it's from a plant. And if it's grown without chemicals, we know all the health benefits that are there.

But again, these things are all demonized or downplayed as being so important. And something that they admit causes cancer, this, as you say, commercially produced tobacco loaded with all kinds of horrible toxic chemicals that are in this tobacco that's treated that are pushed out to the masses. We admit it's no good for you, and we still allow it to be sold. It's absolutely insane.

Ty Bollinger: It is. It really is insane. I know this is on oral health, but while we're on cigarettes here. I've got a good friend that was one of the shamans for the Cherokee nation. And the Cherokees smoke heavily. They grow their own tobacco, and they roll their own cigarettes, and there is almost no incidence of lung cancer among the Cherokee nation.

But if you look at it kind of as an epidemiological study, you could look at what's the difference between those Cherokee Indians that are smoking, and the same number of Americans that are smoking cigarettes. What's the only difference? Well, the Americans are probably going to have a very high risk of lung cancer in the smokers. What's the difference in what they're doing? Well, the tobacco is not chemicalized, it's not processed the same way.

I don't know that there have been studies that have been done on that, but I think you could, through a good epidemiological study, show that it's not necessarily the tobacco that's causing the cancer. It's likely the chemicals that it's being manufactured with.

Jonathan Landsman: Oh, Ty, this is so much in what you've said. And I agree with you. I'd also add, and I know this is not scientific. And no, I

haven't spent millions of dollars in investigating this scientifically. But I would just throw out there that when we often talk about the synergistic effect of things, whether it's positive or negative. Look. Somebody is having toxic tobacco they're smoking, chewing, putting it into their body. Then you add to it factory farming techniques that are put in for dairy products and meat, and all the chemicals that are ingested into the body. And start created a very sticky environment in the digestive tract and in the lungs. And now all these chemicals over years and years get added more and more. And just sort of attach themselves to the inside of our body. I think that's where we need to really appreciate why so many people, over time, eventually get so sick. I'm sure you know what I'm saying.

Ty Bollinger: Yeah, I agree. It really is; it's the toxic overload. It's the chemicals. And I think what people need to just sit and analyze; look at 100 years ago when the incidence of cancer was about 1 in 80. And now we've got 1 in 2 men, 1 in 3 women, according to the World Health Organization, that will succumb to cancer during their lifetime.

Well, what's changed over the last century? This certainly could not be a genetic epidemic. Genes do not change that quickly. They don't. It's just a fact. There's got to be something else that's causing this. So look at the last 100 years; what has happened. Our food supply has radically changed. Our manufacturing processes for the foods. The canning; that's changed. The way that we preserve foods has changed. The genetically modified organisms are now in the picture.

Billions and billions of tons of pesticides and herbicides are now sprayed on our crops. That's what has changed. The environmental chemical toxicity is through the roof compared to the turn of the century in the 1900. That's what changed.



And it's funny; even though most medical doctors would say that cancer is a genetic disease, even the American Cancer Society will tell you, on their own website. You can look at a document, it's a PDF document called *Cancer Facts and Figures*. On the ACS website. And they say that only maybe 10-15% of cancers have a genetic link. The other 85% is caused by environmental toxicity and lifestyle choices.

Jonathan Landsman: Without a doubt. The message is clear for everybody. Toxins, toxins, toxins. Get away from them as much as possible to reduce your risk of cancer.

Ty, we're getting right to one of the biggest areas of concern. Again, I'm going to say it this way. And we'll just get your feedback on it. It just seems so disingenuous for these "experts" out there to be warning pregnant women. "Hey, you know, if you're thinking of becoming pregnant or you are pregnant, maybe you want to back off on the tuna fish and eating tuna because it has a little too much mercury." And wow, it just really seems like they're trying to help women out to raise healthy children. That's great.

But our biggest source of mercury exposure for millions and millions of people is the legalized use of these silver fillings that are still being put in the mouths of people by about half the dentists, at least here in the United States alone. Ty, please, spend a few minutes. Whatever you like to say. Talk about the dangers of these mercury-based silver fillings, as they like to call it. Just silver, like it's some sort of precious metal.

Ty Bollinger: That's right! That's part of the deception. Is calling them silver fillings. Because nobody would want the fillings if you said; "Hey would you like me to insert a mercury filling in your mouth?" No, not mercury. But what people don't realize is that these "silver fillings" are mostly mercury. And mercury is a known neurotoxin.

So, if you look at the Material Safety Data Sheet for, let's look at thimerosal. It says on the Material Safety Data Sheet, you can go to sciencelab.com to check it out. Thimerosal is mutagenic for mammalian somatic cells. May cause damage to the following organs: Kidney, liver, spleen, bone marrow, central nervous system. It may cause cancer based on animal data; but no human data has been found. May cause reproductive adverse effects. May cause sterility, infertility. It may affect genetic material.

Ok, so let me ask you this. In light of the fact that the MSDS on sciencelab.com says that thimerosal, which is 50% mercury. And I got this MSDS specifically for my documentary on vaccines. Which we know that vaccines contain thimerosal. But the dangerous part of that thimerosal is the mercury. Would you like that to be in your body? Knowing that it has been shown to cause cancer in animals. But they're not sure about humans.

Do you remember the book, *Alice in Wonderland*?

Jonathan Landsman: Sure.

Ty Bollinger: You remember the Mad Hatter? The term "mad as a hatter" originated from a disease that was peculiar to the hat making industry in the 1800s. They used mercury in the finishing of a hat. They had to turn the fur into a finished hat. And with the cheaper source of fur, there was an early step they used, which was brushing a solution of mercury on the fur to roughen the fibers. And the hatters breathed in these fibers, and they went crazy.

So the mad hatter disease was a combination of symptoms like trembling, slurred speech, loss of coordination, anxiety, depression, personality changes, and so forth. Even memory loss. This became known as mad hatter syndrome, and it resulted from the exposure to mercury.



The American Dental Association is in total denial about the toxicity of mercury. There was a news release about 15 years ago that said there was no sound scientific evidence supporting a link between amalgam fillings and systemic disease or chronic illness. That is just a flat out lie! It's a blatant lie! We know there is an association.

Dental amalgams, the mercury filling. If you've got an amalgam filling, it's probably mercury. It's highly unstable, and it gives off mercury vapor. And the most dangerous route for transporting mercury vapor, which is being released from these amalgam fillings, is from the mucus membranes in the upper nasal cavity. And it goes directly upwards into the brain.

In other words; if you were going to try to get mercury into the brain, there is no better way to get it into the brain except put an amalgam filling in your mouth. Because it goes straight through the nasal cavity into the brain.

Jonathan, would you take a leaky thermometer and put it in your mouth? One of the old thermometers, right? Not the new ones that are digital. But the old mercury thermometers. If it was broken, would you put it in your mouth?

Jonathan Landsman: Not a chance.

Ty Bollinger: I mean, we knew that as kids. I remember in kindergarten-first grade, going through a class that at that time; I'm almost 50 years old. So back in the day, there was no such thing as a digital thermometer, they were all mercury. And I remember in class learning that if a thermometer broke, you stay away from it. We had to evacuate the class. You definitely wouldn't touch it, much less put it in your mouth.

But that's what we're doing when we're putting an amalgam filling in our mouth. We are putting one of the most toxic substances in the world

right there within a couple of inches of our brain. There's over 4,000 research papers that show that mercury is a highly toxic substance.

So, my question to any dentist out there that uses mercury fillings is this. How can you be so thoughtless as to place one of the deadliest toxins in the world 2 inches from the brain of your patients?

Jonathan Landsman: You know for all those listening, especially the health care providers. I know Ty and I, we're not giving it from a medical perspective. We're not trained in medical school to talk about these things. But let me tell you; somebody who got funding from the National Institutes of Health, the NIH, Dr. Boyd Haley. Nobody can talk better about the dangers of mercury. He's on the Holistic Oral Health Summit. He's a part of this event. Please make sure you listen to his talk. It was an incredible conversation.

And just really quick, Ty. This is a man who wanted to look into it further. He's at the NIH, 20 years getting government grants, getting money. We're talking very high level research, knows what he's doing. He wants to look into the topic more, and of course they say; no. Case closed. We don't really want to look at that. There's nothing to look into with this anymore.

He keeps pursuing it, and guess what? All the money dries up and he's gone. Pushed out. This is what happens when people are questioning the status quo that is certainly protecting a lot of business interest.

For those people who also want to learn more about; hey, how do I get this mercury and other heavy metals out of the body? Make sure you listen to Dr. Chris Shade as part of this event, and Dr. Thomas Janossy. You'll be very pleased with those conversations.



Ty, as we're closing out the program, I just want to take a deep breath. For all those people who are absolutely crystal clear now that; hey, I've got to look at these issues in my mouth. I've got to connect myself with a good, well-trained, biological dentist. And yes, I recommend that people look for the International Academy of Oral Medicine and Toxicology. It's a great organization. It does certify biological dentists out there. It's not a guarantee that everyone is going to be at the level that you want, but it's a good place to start.

Ok, we're past that point, Ty. We know that people out there are going to want to do this. But just generally speaking. What are some of the best ways to naturally reduce the risk of cancer. You of all people have been involved with waking people up for years. So I'm really looking forward to hearing what you have to say.

Ty Bollinger: Thanks, Jonathan. I think the first step should be; if you have cancer, one of the first things you should do is look and see what's in your mouth. Do you have amalgam fillings? Mercury fillings? Do you have root canals? Do you have periodontal disease? What are some things that you could do to clean up your mouth? That should be the first step.

And most of the experts that I've interviewed over the years, that's one of the first things they do. If they have a cancer patient, they look at their mouth first to see what's in there. And most likely, there's going to be one of the above.

Now, to reduce your cancer risk, to prevent cancer, specifically with the mouth. Let's look at it from just that perspective. Because of course, I can say to prevent cancer you need to eat an organic diet, you need to detoxify, you need to exercise. All those things that we already know about a general cancer prevention protocol.

But specifically when it comes to the mouth; to

oral cancer. Oil pulling is something that I would recommend everybody do. I do oil pulling every day with coconut oil. I just get a teaspoon of extra virgin coconut oil, put it in my mouth for about 10 or 15 minutes, swish it around and spit it out. Don't swallow it, because it will pull the infection from your mouth. It will pull bacteria out of your mouth. And you don't want to swallow it. You want to spit it out and rinse your mouth.

Oil pulling is something that everybody listening to this program should be doing. And I have heard stories of people that had dementia. And I'm not saying that this is a cure for dementia. But I've heard stories of people that had dementia that were oil pulling to help get some of the bacteria out of their mouth, and the dementia decreased. It went away. And we've all read the stories about the relationship of the coconut oil and the mind.

So, that's something that everybody should be doing every day. Oil pulling can help with asthma, bleeding gums, sore throat, tooth decay. It's just awesome, and it's easy to do.

Essential oils are something else that should be used to help prevent the pathogenic bacteria from building up in the mouth. So there's no adverse health consequences if you use them properly. I mean, I like tea tree oil, clove, cinnamon, turmeric root oil, neem.

There's all kinds of essential oils you can use. You can infuse them. But you need to be careful before you ingest certain essential oils, like tea tree oil. But you can always infuse it. You could make your own mouthwash up with several different essential oils, and then some sort of a base oil. You just swish it around your mouth and spit it out. But there are certainly several different ways you can incorporate essential oils into an oral cancer preventative program.

I would also recommend that people supplement



their diet with probiotics. Because it's a great way to inhibit the growth of cancer causing bacteria. And you can do that with a great probiotic supplement, or you can start eating sauerkraut and drinking kefir and kombucha and so forth. There's a lot of great fermented foods.

Another thing; green tea, Jonathan, is well known to contain micronutrients and antioxidants that can help fight inflammation in the body. We know that lowered inflammation can help reduce the risk of lots of different things, including cardiovascular disease, cancer, and obesity.

Again, the diet is the key. I want to make that clear. And remember, sugar in your diet feeds bacterial infections. Period. It feeds bacterial infections, it feeds fungal infections. Get rid of sugar, ok.

If you've ever had an infected tooth or infected gums and you eat candy, what happens? It hurts, right? It hurts so bad. Why is that? Because it's feeding the bacterial infection. It's feeding the infection in your tooth or in your gums. Don't do it. Get rid of sugar.

Those are just practical steps I think everybody could be able to take to reduce their oral cancer risk. And as you mentioned, I strongly suggest you find a good biological or holistic dentist that's close to you. You can go to the IAOMT or the IABDM. Which is the International Academy of Oral Medicine and Toxicology or the International Academy of Biological Dentistry and Medicine. Those are two groups that will have listings on their websites where you can find a biological dentist close to you.

Jonathan Landsman: Great information, Ty. And again, I know this is going to sound unscientific. And I can get your take on it in a moment. But I just want to try to impress upon people that this information is just so valuable, beyond what you

could ever imagine. Until you start taking better control over the health of your mouth.

And what I'm leading up to, Ty, is simply to add to everything you just said. To lower our cancer risk is about feeling better about ourselves. Mentally and emotionally. And I already said I know this doesn't sound very scientific. But what an empowering feeling to start getting control over the mouth. Seeing pocket sizes go down, infections going away that are not detected on that phase contrast microscope that a really good dentist should have in their office.

To see these things starting to turn around. To literally feel like your mouth is truly fresh and clean, and how that spills into the rest of the body. What a great way to be feeling better, which will absolutely reduce your risk of cancer. No?

Ty Bollinger: Absolutely. And you're right, Jonathan. There is not a better feeling. I can attest for this personally. Whenever I got my wisdom teeth extracted, and I began to continue flossing, continue to Waterpik. Begin to use essential oils. All these things in my mouth. And I went back to the next dentist visit, and they're like; wow. The pockets have decreased by 2. Whatever the pocket size was, they decreased. And the next time I went back and they're like your pocket size has decreased by another 2. They were at an 8, and now they're down to a 4. Now they're down to a 2.

That's an awesome feeling, because I knew that what I was doing was working. And I'm flossing, and there's no more blood in my spit. And my gums feel healthy, and they're the proper color now. That's a great feeling, because I know what I'm doing is working.

And you're right; that leads to this positive mental attitude. This belief that what you're doing is working. And as we all know, belief in healing;



belief in preventing cancer, is a huge part of the equation that's often times overlooked. And if our mind says, "You are healing. You are going to be healthy." That's half the battle.

Jonathan Landsman: Yeah, that is exactly my point, Ty. I really appreciate all the words you just spoke. For those people who want to dive really deep in appreciating the value of what Ty talked about in terms of oil pulling, there's nobody better to listen to on this event than Dr. Bruce Fife. Please make sure you listen to that conversation.

Also, in terms of just an overall 8-step plan, if you will. Very comprehensive and yet simple and inexpensive way of taking better care of

your mouth, please make sure you listen to my conversation with Nadine Artemis, who really goes over a lot about what you can do at home to keep your mouth fresh and clean. Like several of the things Ty has already mentioned in terms of the oil pulling. There's also salt water rinsing you can do. The essential oils that you start bringing into your life. Really, very valuable information.

Ty, I want to thank you so much for your time, and I want to thank our listeners for joining us today. If you would like a copy of this program, plus all the other presentations inside the Holistic Oral Health Summit, simply click the banner you see on this page. Thanks again for attending the Holistic Oral Health Summit. Talk to you soon. Take care.

