



Episode 355: What You Need to Know About Cavities, Gum Disease and TMJ With Dr. Thomas Birkenhauer

Child: Welcome to my Mommy's podcast.

This podcast is brought to you by Beekeeper's Naturals. Beekeeper's is on a mission to reinvent your medicine cabinet with clean remedies *that actually work*. I am a huge fan of these bee powered products and want to share about one of my favorites... It's called B-powered and it's a superfood honey that goes beyond all the amazing benefits of raw honey. My kids love this as a superpowered treat in the morning with yogurt and chia seeds and I love it for it's many benefits. I'll often grab a spoonful for a healthy energy boost when I need it during the day. But it is so much more than just that. I would say it's probably the most powerful honey on the planet and that's because this isn't just any honey. It's a therapeutic blend of propolis, royal jelly and bee pollen supports all day energy and immune function. Essentially, it's a natural energy supplement that won't have you crashing later in the day and I find sprinkling a little of sea salt on it makes it taste amazing and also gives an extra benefit with the electrolytes. It tastes delicious and you can add it into drinks or over foods like yogurt, toast, and smoothies. It contains raw honey which is an easily digestible natural fuel and also bee pollen which is nature's multivitamin and it contains free-forming amino acids and nutrients and is a denser protein source than animal protein (gram-for-gram). It's been researched and used by Olympians to improve endurance and overall performance. Propolis contains antioxidants and germ-fighting compounds, which work together to support immune health. And royal jelly is the food of the queen of the hive and contains the neurotransmitter acetylcholine and ultra unique fatty acids that promote mental clarity, brain health & focus. B. Powered is your all day energy support. I also recommend trying their propolis throat spray for defense at the first sign of a scratchy throat or sniffles and their B.LXR for a caffeine free energy boost that lasts all day. To upgrade your medicine cabinet and save 15% on your first order, go to beekeepersnaturals.com/wellnessmama to get 15% off.

This podcast is sponsored by Alitura skincare. This a company founded by my friend (and previous podcast guest) Andy, who formulated these products to heal after a horrific accident left him with scars on his face. He mixed some of the most nutrient dense ingredients on the planet to create truly natural products that feed and benefit the skin, leaving it nourished and in my experience, hydrated and younger looking. I know from talking to Andy that he has literally gone all over the world to source some of these ingredients and is meticulous about testing them for quality and finding the combination that works the best. Even the name, Alitura, means feeding and nourishing in latin. My personal favorites are the mask and the gold serum, but all of their products are great. Here's a tip with the mask... mix with apple cider vinegar instead of water for an extra boost and to deep clean pores. I use the mask a few times a week and I use the gold serum at night and after sun exposure to keep my skin nourished and hydrated. Check out these and all of their products at alitanaturals.com/wellnessmama and use the code WELLNESSMAMA for 20% off and free shipping.

Katie: Hello and welcome to "The Wellness Mama Podcast." I'm Katie from Wellnessmama.com and Wellnesse.com. That's wellness with an E on the end, which is my new line of personal care products including hair care, toothpaste, and hand sanitizer, that are not just completely natural, but more effective than their chemical alternatives.

This episode was a fun one for me because I have been an amateur dental researcher for over a decade now. I've always been fascinated by oral health. And I'm here with Dr. Thomas Birkenhauer, who is a personal friend of mine and actually still my dentist that I travel now almost eight hours to see because I really like his functional approach to dental health.

And in this episode, he explains how to nurture a really good relationship with your dentist, especially if you're willing to do the things to really support your own oral health in the times that you're not seeing your dentist in between cleanings. And we go deep on things like creating solid dental habits for your children from a very early age. And the delicate balance between the oral microbiome. And why you don't often see people have severe gum disease and a lot of cavities at the same time. And how you can learn from that and use it to your advantage in maintaining oral health. He also talks about a root cause of tension headaches and how he educates his patients to move past those, and how teeth can remineralize, and how you can support the mineral process in your own mouth.

He is a dad of three. So he is also a parent and cares deeply about kids having strong dental habits from an early age. And he has done a lot of really fascinating research around kind of these new modalities of functional dentistry. And I really love his approach. He owns four dental practices. I will link to those in the show notes in case you happen to be close to any of them and want to check them out. But if not, definitely tune in. This episode gives you a lot of practical tools for navigating your own oral health and developing a strong partnership with your dentist. Dr. Birkenhauer, welcome. Thanks for being here.

Thomas: Oh Katie, thank you so much for having me. It's really an honor to be on here. You've been a really big inspiration for me and my family in a lot of things that we do. And I love that I can talk dentistry to you, there's not a whole lot of people out there who'll sit and talk teeth with me, so that's pretty awesome.

Katie: I'm really excited to chat with you because we've known each other in real life for years. And I know we had many late-night conversations on either of our back porches talking about dentistry. And I love researching, and keeping up on it, and I feel the same, you're one of the people who's willing to go deep and have a three-hour-long conversation about oral bacteria with me. So we'll keep it shorter than three hours today.

But I think that there's...you have such a huge knowledge base on this, and also some really practical common-sense strategies that are helpful to parents. So I'd love to start broad and then narrow down from there, starting with the idea of how do we create good oral health habits for families?

Because I know you've said before that a lot of people have dental problems that were created before they even really had any say in the matter. And certainly, most of us learned our dental habits from our parents, some maybe got stronger habits than others, but a lot of that is formed so early in life, and maybe not as intentionally as it could be for a lot of families. So let's start there. How can we start forming good oral health habits from very early ages with kids?

Thomas: Yeah, absolutely. That's a great place to start. And just like your family, we've got three kids that are all under six. And we're practicing these same things in our family. And in my practice, applying common sense to all the science is such a big part of this. And one of the things that we hear so frequently, and you hear it all the time is from moms, and they're sitting here saying that, "My teeth are so bad, and I can't do anything about it. And every time I go to the dentist, I have cavities. And I'm trying, and I just drink water, I cut out all the cokes, I'm brushing twice a day, and I still have cavities. And I'm so frustrated about it."

And it took a lot of thought on my part. And what I kind of finally do is have this conversation with parents, to let them understand that most of the problems that have happened to your teeth had happened before you really even knew what was going on or had any say over it. And so usually what happens is, people who have bad teeth, a lot of times their parents had bad teeth as well. And they didn't know how to show their kids how to have good oral habits.

And so if you think about your teeth, and then you think about your parents, a lot of this holds up. And so, when you're a kid and you're a teenager, and you're getting your adult teeth in, a lot of times those are the years where parents haven't done a great job about making sure that you brush and floss twice a day, or make sure that you are eliminating sugars from your diet, and those kinds of things. And that's why they have problems with their teeth as well.

And so there's a lot of things where people talk about genetics, but it's not so much about genetics in a actual genetic standpoint, it's more from your parents didn't know how to show you how to take care of your teeth, because they never had that from their parents as well. And so with teeth, the problem is, is that once you get a cavity, or once you get demineralization, it's really hard to fix that.

And so in a normal pattern, if you start having cavities as a young child, even if we fill it, that's still a filling or a patch on that tooth, and that leads into more susceptible problems in the future. And as my wife always says, every little filling grows up to be a crown, meaning we start with things, but that filling is gonna go bad at some point, and then it's gonna need more work. And then when that happens, that's gonna need more work, and eventually turned into crowns and other problems like that.

And so by the time you're 18, you've had a lot of problems. And then usually what happens after 18 is we leave the house, we've got a bad set of habits. Usually, that's the point in our life where nothing's really bothering us yet, so we don't go to the dentist because we're busy. And so, we're busy and we go for 10 years until about 30 years old 'till we finally get good jobs with dental insurance, and we sit down and we think about these things, and we go to the dentist, and oh my gosh, we have all these problems. And so this damage has already been done before you had a chance to think about it.

And so whenever I hear about parents talking about bad teeth and the genetic component, I always ask if they've got kids. And so let's just have a 10-minute conversation about this. Because the single greatest gift that you can give your kids is not having to deal with this when they're 20 and 30 and 40, and so on, so forth. And I explained that it's not actual genetics that you're gonna pass on to them, it's those habits that you start.

And as you know with your kids, routine is such a big part of this. So if you can establish routines and your kids, they become programmed to see that as normal. And so every parent who says, "You know, my kid won't brush his teeth." You know, it's really not an acceptable answer to me, because my son is very responsible, he's six years old. But I still every time I let him brush his own teeth, I'll still sit him down and basically put him in a headlock and brush his teeth for him, and let him know, "Hey, we're gonna do this well."

And he gets to the point where he expects it, and that's just a normal part of his life. And what we hope is that by the time he's out on his own he has good habits and he's able to keep that up with teeth that are as protected as possible and establish those things.

Katie: Yeah, I think that's such a great point. And I see that on the nutrition side with my background being in the nutrition side is, they've had this argument as well of, things like obesity or chronic disease, are these genetic problems or is it the whole nature versus nurture, are families eating the same way, and that's causing the same problems to express through multiple generations? And can we break that cycle by changing the habits?

And I think you're right, this absolutely applies here. And it seems like the earlier you start those habits, like you said, you're giving them a solid foundation for life and one that builds and hopefully continues to strengthen for their whole life. And I know one thing, when I started really researching this and came across even the idea of demineralization and remineralization was the idea that the saliva carries minerals essentially to the teeth.

And so there is this really cool interaction between our saliva and things like the pH in the mouth and oral bacteria, and how minerals are fixing the teeth. And I'm sure you can explain this much better than I can. But it was exciting to me coming from the nutrition background to realize, like we knew, or most of us I think know, we should be avoiding processed foods and sugars that sit on the teeth because we know there's a link there with cavities or with gum issues.

But also, it speaks to the importance of making sure our kids are getting good nutrients in their diet as well, and getting a mineral-rich diet because you want your saliva to have the minerals that your teeth needs. So can you kind of explain that interface as well?

Thomas: Yeah, definitely. We're kind of taught and brought up in this generation of, we're looking for a product, or we're looking for an application that fixes things. And you go over the counter and you look for

something and it says “do this”. And that's all really just marketing. And the old ounce of prevention is worth a pound of cure really holds up well.

We have a chemistry that's constantly going on in our mouth. And to me, it's a lot like your gut health, where we need to have a balance of good bacteria. And if we have a good balance, it's going to keep a good pH, which our teeth are naturally supposed to be at. And when we eat process foods and we do different things that raise the acidity levels, then we cause a situation in our mouth where demineralization sets up. And what we should be doing in terms of our oral care is trying to reestablish good chemistry in our mouth. And we do that mostly through diet, but also home care.

And if you think about when you go to the dentist and you get your teeth cleaned, you kind of start with that little fuzzy feeling on the back of your lower teeth. Well, your salivary glands that carry minerals dump out on the back of your lower anterior teeth. And after you get them cleaned, you feel super smooth. Well, those minerals are the same kinds of minerals, they're made of calcium and different kinds of things like that, that help remineralize your teeth.

And so if we are able to get our mouth back in a healthy balance, then those natural minerals that are floating around in there, designed by nature, will help remineralize your teeth. And we see this all the time where people have completely changed their habits, and we look at their old X-rays, or we look at the teeth, and we can see where these teeth have actually arrested themselves, and they've stopped.

And that's why when we see somebody we don't just fill all their teeth, we wanna educate them and talk to them, because it really is a real process that occurs, and it's a natural thing. And so we're not always looking at products to fix these things, we're looking at having conversation and looking at ways that we can allow your body to do what it's meant to do. And for me, a lot of these products that are out there are geared toward sterilizing your mouth, which is really silly to me.

Because you take something like Listerine, that was originally invented as a floor cleaner, and we say, "Hey, use this twice a day." Well, to me, that's kind of like taking antibiotics for your gut bacteria. If we wiped out our gut bacteria twice a day, well, the only thing that'll be left to proliferate are the bad bacteria. And so if we're using these harsh chemicals in our mouth every day, then what are we doing? And we need to find ways to cultivate a good oral microbiome so that the good bacteria can stay where they're supposed to be and keep all the bad actors at play.

Katie: That makes sense. And I love the education side of this. This is why we're still willing to drive to you guys to take our kids because...even it's a pretty long drive for us now, because I love that common sense approach and not just rushing of like, "Okay, there's a little cavity, let's immediately just jump to fill it." And that was another thing that really shocked me. And I think an important one to explain for anyone who's not familiar with the idea, like you said, you can see these cavities arrest.

And I think it's important to make sure that we are clear about the distinction between if you have a really severe cavity, that's one thing, but you're talking about like with little cavities that are not through certain levels of the teeth, the body essentially, if you address these factors like you're talking about, basically that can stop, and not only can the cavity not go further, but you can kind of remineralize the surface, is that right?

Thomas: Yeah, that brings up a couple of good points. You know, the basic anatomy of a tooth is that you have a hard outer shell of enamel, and inside of it is a material we call dentin, and that leads all the way to the point where you get to the nerve. And if the cavity is still within that area of the enamel, then it's definitely able to be remineralized. However, if it gets through that point and it's into the area of the dentin, then all bets are off, and that's something that we probably need to remove and find a way to fill.

And the question really starts to come up a lot with kids. And I've gone back and forth in my career a lot of times on how I feel about treating kids' teeth, because as we're taught, we drill and fill, and that's, when you get out of school and you've got student debt, every dentist is looking at this going, "Okay, I'm supposed to fill these teeth."

And then you start having a relationship with your patients and you start seeing kids, and it makes you take a step back and kind of really think about what you're supposed to be doing with these kids. And every baby tooth needs to be treated just a little bit differently. So we start having these questions where a kid comes in, and he's got a cavity, and it's not a really simple question of should we fill kids' teeth or not?

The question really kind of has to open up a whole lot, and we look at each kid and we look at their age. And the ages that we lose our baby teeth are anywhere from 6 years old to 12 years old. And we need to look at that individual tooth, and we need to see how much longer that that child is gonna keep that tooth. But we also need to look at the parents, and we need to see how responsible they're gonna be. That if I find a little cavity, can I watch this because I feel confident that that parent's going to come back and then I can have this conversation with them about how important it is to monitor this cavity?

Is the child gonna lose it within a year? Now look at the child's behavior pattern and say, is this gonna be traumatic to the child if I treat it right now or if I wait until they're maybe five, six years old? And so we really need to take a step back every time that we're about to perform treatment, especially on kids, but also adults, because there's a whole lot of factors that actually play in on whether we make that decision for each tooth. And the best that we can do is lay those questions out and hopefully have conversations with the parents about how proactive they wanna be in their child's treatment.

Katie: It makes sense. Okay, and to circle back on the oral bacteria side, to go a little bit deeper there. I know you and I've talked about this before, and how you kind of see an inverse relationship between gum disease and lots of cavities. And so typically, you're not...have seeing people come in with really advanced gum disease

who also have a lot of cavities. And that was something I didn't know, obviously not being in the dental world and just looking at the research side. Can you explain why you think that is? And then, how do we find that balance to hopefully have neither of those problems?

Thomas: Yeah, I love this topic because it's not something that we were really taught in school. And it's something that it really took some observation just being out in the dental world for a while. And one of the interesting things about where we practice is there's a refugee center in this town. And we happen to get, we have a very diverse group of patients. And we see a number of these patients from other countries who have very diverse diets that aren't built on processed foods.

And when they come to America, what we see is lots of periodontal diseases. Periodontal disease is where you lose bone from your teeth and that's a very slow, chronic problem. When you look at teenagers from America, what you see is cavities, which is a very different thing, which is where we lose the enamel off of our teeth, so they're very different diseases. And it just so happens that there are a number of bacteria that cause periodontal disease, and there's a few...number of bacteria that cause cavities.

And you follow these patients and you start seeing them, and what you'll find is that people have very, very strong teeth and terrible bone around them, which is a periodontal disease. Or you have people who have very strong bones and they have basically rotten teeth on the top. And we really kind of start looking and going, "Why is that the case?" And for me, it coincided in time in my life where functional medicine started taking over.

And we have to look back and take a step back and say, "Why is this going on as opposed to just strictly treating things?" And what happens is, is that balance of the bacteria. So if the bacteria that are predominant in periodontal disease are taking over, they're simply eating up all the nutrients and proliferating to a point that they're keeping the bacteria that cause cavities like strep mutants at bay, and they don't have a chance to take over.

In some cases, you'll see both, but in the majority of cases, you'll see one versus the other. And so, when we talk about treating them, we kind of have to treat things a little bit differently. The periodontal disease happens when biofilms attach to the teeth. And what we have to do is we have to have our treatment geared at breaking up those biofilms. They're kind of like barnacles underneath a boat. They're very strong, they've got matrixes inside of them that stick to the teeth that you actually need to physically debride that. And that's why what we do in our cleaning appointments is so important, is actually physically getting in there and breaking up those biofilms.

But when we're talking about the bacteria that cause cavities, they're affected very differently. Strep mutants is the main factor in this. And what it does is that when you feed it sugar, then it actually eats the sugar and it produces acid from the sugar, and that acid is what causes the cavities on your teeth. And so, what we have to do is we have to limit the sugar. And when I usually talk to people about this, I say, "How much sugar do you

drink a day?" And they'll say, "Well, I just drink one Coke." I'm like, "Okay." Then my next question is, "Well, how do you drink it?" And most of the people will say, "Well, you know, I'm at work, I have a 20 ounce, and I just sit it on my desk, and I just sip on it throughout the day."

And that's really important, because that little bit of sugar is all it takes for that bacteria to eat and make acid, and constantly keep acid in your mouth. As opposed to if you were to drink a whole bucket of Mountain Dew, but you drank it in five minutes. It wouldn't be good for your system, but it wouldn't cause as much problems with your teeth, as constantly making acid throughout the entire course of the day even if you drank a very small volume. So it's not what goes in your belly, it's how frequently your mouth is exposed to it.

So we're treating periodontal disease and we're treating dental cavities very differently, but we see one predominant over the other. And what's really kind of starting to be interesting is when you see these populations of people who didn't, like the refugee centers, you see that their parents have periodontal disease where they bring their kids in, and their kids have cavities because they're being introduced to this American diet. We're doing the products that we're using. And it's really interesting to take a step back and see that and have those conversations with patients that are willing to listen.

Katie: That's so fascinating. And I think you're right, that's an important point about the frequency that these things are entering the mouth. And this is something people don't think about often even just when it comes to nutrition and food as well. I'm a big fan of, for me personally I do quite a bit of fasting and lots of intermittent fasting. But I've also developed the habit of not eating or drinking anything besides water in between meals. And when I looked at the data, it's really fascinating that most Americans think they eat three meals a day. But if you look at it from the perspective of an actual digestive event, like the time you're stimulating your digestive system to work, for most people it's actually closer to 17 times a day.

And I could guess the same thing kind of with the dentistry side, if people think they're just drinking the one drink, or they think they're just eating the three meals, but every time we're putting something in our mouth, we're actually starting that chemical process of digestion and affecting the oral microbiome. And I'm glad that there are people like you talking about this now, because I think it's just easy to not even ever think about that and to be constantly doing things that are at low-level kind of changing your oral bacteria, your gut bacteria, and that can have a really dramatic impact on the body. So to me, that's super important.

Do you have any strategies for, especially with parents and families in general? Obviously, brushing, flossing regularly, and maintaining a good diet I would say from the nutrition side, are there anything else that we can do to help kind of try to avoid either end of that spectrum with the bacteria?

Thomas: Yeah, that's a really good question. And it's difficult because as a dentist, we have so many people who come in here and they come from all different backgrounds. And the hardest part of dentistry is not necessarily treating the teeth or the disease, it's talking to the patients and figuring out where they're coming

from in our little 10 minutes that we get to actually speak to them, and letting them talk and seeing if they'll listen to the things that we have to say.

So it's a question that comes up every day, and it's different for everybody. Really establishing that good home care is where it starts. I mean, it's just making sure that every night before we go to bed knock that out, have great home care, make sure that that's taken care of well, and limiting the sugars, especially the processed foods in our diet. And our whole bodies do so much better that way.

But I really don't lean heavily on any product. A Sonicare toothbrush, in my opinion, is the best investment that any patient can make. Because it really does a good job of getting in and actually cleaning things out mechanically but still not being abrasive to your teeth. So if there was any product that I actually recommended to people, it would be that. But the home care is just the most important part.

Katie: Got it. Okay, so to shift gears a little bit, another topic that I think is super important and not talked about enough that you are an expert in, and I know you do a lot of work with, is the idea of TMD or TMJ, and you can explain what those are. But I've heard from a lot of moms, people who have chronic headaches, especially even chronic migraines or just chronic tension headaches, or whose jaw pops. And that's what I noticed, if I open my jaw all the way sometimes it will pop. And I know you've done a lot of research on this and you've worked with a lot of people for things like stress and chronic headaches related to these, so can you explain what you're finding in your practice? And then, how you address that?

Thomas: Yeah, this is one of my favorite topics. And I really got into it because I felt like there was a big need for this, and there wasn't a whole lot of people treating it the way that it needs to be treated. And for people who aren't familiar with TMJ, it stands for temporomandibular joint. And if anybody's listening, they take their fingers and they press them to your temple, and you clench your teeth together, you feel a little muscle flex there.

And then if you take it and you push it on the corner of your jaw, you feel that again. And then if you take your finger and you put it in front of your ear, and you open wide, you'll feel your finger deep in, and that's your joint. So that's how we come up with the name, temporomandibular joint, or TMJ. And TMD just means temporomandibular disorder, which means something in that system is out of whack.

And it's really amazing how many, especially women are affected by this. And I'm willing to bet that at least 90% of all the headaches that women experience boil down to TMJ or TMD. Especially even misdiagnosed migraines, and I see this every single day, and I have this conversation with patients probably two to three times a day. And what it boils down to is basically clenching. These muscles on the temple, on your side of your head on the temple, in your jaw are the ones that are responsible for pulling your teeth together.

And when we think about our life nowadays, the amount of tension that we carry, the amount of stress that people carry, it's constant. And I use my family as an example. When I get up in the morning, as a guy, I get up in the morning, I do some things to help take care of the family. I go to work and I come home, I play with the kids, I read them bedtime stories and I put them to bed and I help out where I can.

My wife is the one who runs our schedule. She also is a dentist, so she's also working. She's doing things where the kids have to get to practice, and she's making sure that everything's on time, and she's constantly got this going on from the time she gets up to the time she goes to bed, and she does such an amazing job at it. She's just better at it than me. But in our example, she doesn't get to shut it down the way that I feel like I'm able to.

And so in general, a lot of times, what I see is that women carry this from the time they get up to the time they go to bed. And what happens is it results in tension that results in clenching. And people don't even realize that they're doing it, but they're doing it all day long. And what they're doing is they're making very, very sore muscle that is constricting and causing a headache. And the really interesting thing about TMJ as opposed to anything else is that this actual clenching that's causing pain causes you to do the one thing that is gonna cause more pain.

So it's kind of like when you get a headache, what's your natural tendency? You go, "Oh, it hurts," and you clench even more. So when you have pain you don't know that...you think it's a headache, you think it's a migraine, so you're clenching because it hurts, and you're physically causing yourself more pain. So I kind of came up with the term pain causes pain, and it becomes a cyclic problem. And it gets diagnosed as migraines. Or it gets diagnosed as chronic headaches. And people take painkillers, and they go to different professionals, and they try to relieve it.

And one of the things that I hate is they'll come in and they've been taking Excedrin for years. And Excedrin is really bad for me because it's Tylenol and caffeine. And Tylenol reduces the pain just enough that you even clench harder just to kind of feel that extra bit of relief. And it's caffeinated, so you do it even harder. And then when the pain medicine wears off, the headache is even worse than it was. And people go on for years like this.

And finally, they'll come in and they'll find me or find somebody. And in the vast majority of these patients a simple conversation can really change their life. And we've got different kinds of things that can help treat this, but it starts with education. And if you tell people that their headaches are the equivalent of a muscle ache in their leg from running, that's really mind-blowing to them because they just chalk it up as, like I said, to a migraine or something that they can't see or feel. But it's really the same thing as a sore leg.

And if you have a sore leg, you wouldn't run again the next day, you'd relax it and you let it heal, but we can't do that in the face. And so we talk to people every single day about this. And it really is amazing when you actually can lift that veil, the way that they look at you, it's extremely rewarding.

Katie: And are you able to see resolution for most people when they start addressing it the right way by looking at it that way instead of looking at it as just a thing I should take a painkiller for?

Thomas: Yeah. And that's actually fixing somebody to me. So, when we do this, there's a few things that I'll do early on. So if somebody is having headaches, I'll give them what they call a trigger point injection, which a lot of people are skeptical. And rightfully so, because I'm usually just another physician in the long run of physicians that they've seen for this. And I'm 36 years old, so I've been treating this for about six years. And if you have a 30-year-old guy walk in the room and say, "Hey, I got this, don't worry about it," usually, you should be a little skeptical.

But they'll come in with a headache. And I'll give them this trigger point injection of where your temporalis muscle actually meets your lower jaw. And then, what I'll do is I won't say a word, I'll turn the lights off, and I'll come back five minutes later. And almost to a person, they're smiling, going, "I cannot believe, I haven't felt this way in five years." And then I'll say, "Okay, would you like to have a conversation now?" And that's when I've learned to do that so that can really get their attention.

Because if not, if I don't find that moment in the relationship between me and that patient, the problem is, is that again, I'm just another guy. And if I'm sitting there and I'm telling them that, "You're causing this pain to yourself, and you need to fix this by not clenching, by not doing some of the things that you're doing," usually they leave, and they feel very disheartened, because we are so programmed in medicine to be looking for a pill, to be looking for a magic treatment.

And a lot of patients come in and they'd rather buy a \$2,000 mouth guard from me than listen to me for 30 minutes talk about what can fix them for the rest of their life. And so, I really have to sit down and look at each patient, and some people aren't gonna be apt to listening. Some people really need a different treatment. And so, there are different things that we do. And we do trigger point injections, which help kind of on the short-term. We do special mouth guards. If we have to, we'll do Botox injections of their muscles.

But I try to steer away from all those lines of treatment because they're kind of temporary, and I'm not actually fixing anything. And so, I'll leave those for patients who really don't wanna have that conversation and they don't wanna fix themselves, they just want something that helps them. And so, I just really need to sit back and take every patient differently. The biggest question that I ask every patient, and I don't feel like this question is asked enough of people who treat these headaches, is, what time of day does your head hurt the most?

And it really breaks down into two different categories. Probably 30% of the people say they wake up with a headache. And about 70% of the people say their headache comes at 3 or 4 in the afternoon. And so, what I have a problem with is one size doesn't fit all. And those people who have a headache in the afternoon who

wake up feeling good, we don't need to give them a night guard. We don't need to give them treatment. We need to educate them about the fact that they've been sitting in front of a desk for four hours answering phone calls, and they're tired, and they're clenching, and they're exhausted.

And so for those people, what I'll do is I'll tell them to put a little sticky note in front of their computer. And I'll say, "Every time you see that sticky note, ask yourself where your teeth are at." If they're touching each other, then you need to blow some air between your teeth, relax your jaw, get good posture, and then keep on going about your day. And what you can do is you can break that pain causes pain cycle. And as you have less pain, you actually clench less.

You know, if it's an 18-year-old girl who comes in, generally I'm gonna say, "Hey, before you look at your phone, every time, ask yourself where your teeth are at, are they touching?" And usually, they'll say, "I don't do that." And then if I bring them back in a week later, and they're really being honest, they'll say, "You know what? I sat down and my teeth are together all the time. And I'm starting to finally feel better. And when I left, I thought you were crazy, but it's getting better."

And then I'll say, "Do you feel like you need to do any treatment?" Like, you know, "I think I got this." "All right, that's great. Come back and see me in six months if you need me." And so for me, that's a win. And that patient has become a patient of mine for the rest of their life. And so I'm happy and they're happy. And it's a great relationship.

Katie: That brings up another, I think, really important point that you touched on and one that you can probably speak to, and help a lot of the listeners with navigating, which is, how can we as patients talk to our dentist if we do wanna take a more conservative approach, if we're the patient who's willing to put in the work and to do the proper oral hygiene, and also to eat the nutrient-rich diet and make sure we're addressing the tension in our jaw, and we're willing to be really diligent with our children.

Because I'm sure as dentists, you've seen many patients, like you said, who come in, who just do want the silver bullet, they want the quick treatment. They don't wanna stop drinking soda, or they don't wanna change their whole life. And so I would assume you guys get used to having to work with people like that, who just want it fixed in the office and then not have to think about it until six months later. Do you have any advice for patients who are willing to be more of a partner in their own dental health of making sure they can communicate that to their dentist and get their dentists on board as a partner with them?

Thomas: Yeah, definitely. For me, my favorite part about dentistry is just the relationships that we have with our patients. It's filling teeth and doing root canals and things like that are definitely not my favorite part of the day. It's about talking to people, and it's about seeing people every six months and building those relationships that you have for your whole life. And if you're going to a dentist that you don't feel wants to have that kind of a relationship, and that's something that you're looking for, then you probably need to look around and find another dentist.

I'm the same way from my end of things, I have to realize that every patient doesn't want that too. And I have to realize that some patients aren't gonna listen, and they really just wanna come in and get this done and fixed. And what I hope is that by gaining their trust, that over time, they'll start to listen to me. And usually what you'll find is that people come in with all different preconceived notions, and they have all these walls up against you.

And again, especially being a young dentist, I have to realize that those things are real, and that they come from other places, and that I can't worry about that. But by gaining trust over time, that I can start to break down those walls and actually fix patients, fix their mindsets, fix the way that they take care of themselves, even if they don't realize that's what we're doing. And that's really, really rewarding for me.

And the best appointment ever is that appointment when somebody comes back for cleaning, and they've had problems forever, and I look at him, I smile, and say, "Hey, have a good day." And they're sitting there waiting for you to tell them there's another problem. And they're like, "That's it?" Like, "No, that's it. Go and have a great day." And you just see that feeling. And that to me is one of the best parts about what we do, and I think that as a patient, that's what you should be looking for.

In medicine anymore, it's all about speed and trying to get people through the door. And that's unfortunate, and it's kind of how things work. But I don't think it always has to be that way.

Katie: You're right. And I think whether it's in dental health or other aspects of health or nutrition, and I think that is the long-term solution, is having practitioners like you who care about the education side and who understand this, and same thing with doctors and therapists and people who understand. And also having patients who are willing to take ownership and to do that work too.

Because like you said in the beginning, you're only seeing them once every six months usually or something. We have to be the ones to take ownership every single day as parents, or for our own oral health, but it's so encouraging. That's why I value our relationship with you so much, is that you look at your patients who are willing to do that as true partners, and you don't ever talk down, and you explain it, and you're willing to educate, which I think is super important.

This podcast is brought to you by Beekeeper's Naturals. Beekeeper's is on a mission to reinvent your medicine cabinet with clean remedies *that actually work*. I am a huge fan of these bee powered products and want to share about one of my favorites... It's called B-powered and it's a superfood honey that goes beyond all the amazing benefits of raw honey. My kids love this as a superpowered treat in the morning with yogurt and chia seeds and I love it for it's many benefits. I'll often grab a spoonful for a healthy energy boost when I need it during the day. But it is so much more than just that. I would say it's probably the most powerful honey on the planet and that's because this isn't just any honey. It's a therapeutic blend of propolis, royal jelly and bee

pollen supports all day energy and immune function. Essentially, it's a natural energy supplement that won't have you crashing later in the day and I find sprinkling a little of sea salt on it makes it taste amazing and also gives an extra benefit with the electrolytes. It tastes delicious and you can add it into drinks or over foods like yogurt, toast, and smoothies. It contains raw honey which is an easily digestible natural fuel and also bee pollen which is nature's multivitamin and it contains free-forming amino acids and nutrients and is a denser protein source than animal protein (gram-for-gram). It's been researched and used by Olympians to improve endurance and overall performance. Propolis contains antioxidants and germ-fighting compounds, which work together to support immune health. And royal jelly is the food of the queen of the hive and contains the neurotransmitter acetylcholine and ultra unique fatty acids that promote mental clarity, brain health & focus. B. Powered is your all day energy support. I also recommend trying their propolis throat spray for defense at the first sign of a scratchy throat or sniffles and their B.LXR for a caffeine free energy boost that lasts all day. To upgrade your medicine cabinet and save 15% on your first order, go to beekeepersnaturals.com/wellnessmama to get 15% off.

This podcast is sponsored by Alitura skincare. This a company founded by my friend (and previous podcast guest) Andy, who formulated these products to heal after a horrific accident left him with scars on his face. He mixed some of the most nutrient dense ingredients on the planet to create truly natural products that feed and benefit the skin, leaving it nourished and in my experience, hydrated and younger looking. I know from talking to Andy that he has literally gone all over the world to source some of these ingredients and is meticulous about testing them for quality and finding the combination that works the best. Even the name, Alitura, means feeding and nourishing in latin. My personal favorites are the mask and the gold serum, but all of their products are great. Here's a tip with the mask... mix with apple cider vinegar instead of water for an extra boost and to deep clean pores. I use the mask a few times a week and I use the gold serum at night and after sun exposure to keep my skin nourished and hydrated. Check out these and all of their products at alitanaturals.com/wellnessmama and use the code WELLNESSMAMA for 20% off and free shipping.

A little bit unrelated, but this is so fascinating to me personally, that I wanna make sure we touch on it. You and I have had conversations about how you're using something called platelet-rich fibrin as part of helping certain cases in oral health especially when healing, I think with extractions, can you explain what that is? Because I think this is so cool.

Thomas: Yeah. platelet-rich fibrin is awesome. It has come on the scene, let's see, I started doing implants probably six or seven years ago. And that is where I kind of started learning about it, because it was never mentioned to us one time in school. So I graduated 10 years ago, it wasn't in the curriculum at all. And when I first heard this, it almost sounds too good to be true.

And I brought it back, and I implemented it into our practice. And it's amazing stuff, and now it's gaining popularity, and it's becoming almost standard of care in certain situations. And what Platelet-rich fibrin is, is when you have a dental procedure, certain surgical procedures, we will draw blood from your arm. And what we do is we spin that down in a centrifuge, and it basically fractionates that blood into three different components, the red blood cells, which don't help us at all, the plasma, and then a middle layer that is exactly what it says, platelet-rich fibrin.

And what that is, is it has lots of platelets that help with blood clotting. It has fibrin, which is essentially if you skinned your knee up and you looked at your knee and it had that yellow kind of material, that fibrin is what kind of builds that back and helps establish the new matrix for growth. And so, it has these factors in it. And it's a very resilient material that we can use right after we do an extraction or right after we place an implant, right after we do wisdom teeth extraction.

And the best part about this stuff is it has growth factors in it to promote healing. So it has what we call endothelial growth factors and platelet-derived growth factors. And these actually last for up to 10 days wherever we put them. So if we take this platelet-rich fibrin, and we've extracted a wisdom tooth, and we placed it in the extraction site, and it's so durable that we can actually suture it in place. It actually has effect for up to 10 days where it's releasing growth factors that cause the blood vessels to grow in that area. And healing is all about blood supply.

And so the more blood supply to that area, the faster it's gonna grow, the better it's gonna heal. It keeps the infection down. The bleeding itself is limited initially by the platelets that we put in there. And so you have this stuff that's just, it's just great stuff that the body is naturally giving to us. It's basically free to get from your body, and it lasts for 10 days. And so what you see is less dry sockets, better healing, better bone preservation after an extraction is done. And just a really great, great new thing, and a new tool in our toolbox that we can apply.

Katie: I love it. I love being able to use all the really cutting-edge stuff that we're finding out in science. I've seen the studies on platelet-rich fibrin and platelet-rich plasma which they're using in other areas of medicine. And it's so exciting to see these things getting practically applied and then good outcomes for people.

But I'm just, I'm so grateful we got to have this chat today because I think like I said, you're really helping patients with the education side and you're providing a commonsense educational approach to dentistry. And I get so many questions about dental health because I have some posts about when I had smaller cavities that did remineralize, and I wanted to have you as a resource that I can direct people to. I know that you have four offices in Kentucky, and I'll put links to those if that's okay with you in the show notes so anybody within driving distance can find you directly if that's all right.

Thomas: That'd be great. Thank you.

Katie: Awesome. And then a little bit unrelated, but selfishly I love to ask at the end of episodes, if there is a book or a number of books that have really had a dramatic impact on your life, and if so, what they are and why? They don't have to be dental-related, but they can be.

Thomas: Okay. My book is not dental related, it's actually a spiritual book. It's called "The Universal Christ" by Richard Rohr. And that book has really opened my eyes and kind of has done for me spiritually, and the way that I see people in the world, what functional medicine did for me, on the way that I approach patients in dentistry, it's just really opened my eyes a lot. And I highly recommend that if you're into the spiritual kind of things.

Katie: I love it. And that's a new one, I'll make sure that is linked in the show notes as well. But Dr. Birkenhauer, I know how busy you are, and you have many, many patients. And I'm so grateful that you took the time to be here and to educate today.

Thomas: Oh, thank you for having me, Katie. I enjoyed it.

Katie: And thanks as always to all of you for listening and sharing one of your most valuable resources, your time with both of us today, we're so grateful that you did. And I hope that you will join me again on the next episode of the "Wellness Mama Podcast."

If you're enjoying these interviews, would you please take two minutes to leave a rating or review on iTunes for me? Doing this helps more people to find the podcast, which means even more moms and families could benefit from the information. I really appreciate your time, and thanks as always for listening.