

Will:

So, welcome back folks. We are absolutely honored and thrilled to interview Dr. Antonio Jimenez today, the lead for the Hope4Cancer clinics around the world. Thank you, thank you so much for joining us today here, Dr. Tony.

Dr. Tony:

Thank you, thank you! My pleasure and it's always good to provide some information that will empower people to find healing.

Will:

Absolutely. And we know that's what you're all about, and that's why we're so thrilled and honored to be here interviewing you today.

You know, I have to share with you. Honestly, while preparing for this interview, I found myself having questions coming to me while lying in bed going to sleep. That's how excited we are to talk with you today. So again, thank you so much.

I'd like us to really explore three different broad questions today:

1. I'd like us to start by exploring the connection between oral health and cancer (as you see it).
2. And then from there we'll shift into diving into the models—or the *stories*—that our culture believes about cancer (the 'cultural myths', if you will) and get your help to establish healthier models about cancer that are more based in truth and from your research.
3. And then third, I'd like—we'd like to go and talk about real-time solutions anyone listening or watching can apply in their own lives.

So that's kind of the roadmap of where we'd like to go today. So, anyone watching, buckle up because I'm confident that Dr. Tony is going to dispel some well-rooted stories our culture believes about cancer and drop some serious truth bombs here.

We'll all walk away from this discussion feeling more empowered that each of us has tremendous impact on our health and wellbeing.

So, Dr. Tony, you run a group of world-renowned holistic cancer treatment centers. We here at OraWellness are all about holistic oral health solutions.

Can you give us a little context—why is it important that we have this conversation (from your view)? In other words, from your perspective, what role does oral health play in the creation of cancer as well as our ability to effectively reverse and cure existing cancer?

Dr. Tony:

Yeah, it was no coincidence that we met at a dental conference—a biological dental conference in Tennessee—not too long ago, so how appropriate, right, that throughout my almost thirty years in integrative oncology, I (as a medical doctor, as a naturopathic doctor), I realized early on that dental health is so crucial to support a patient that has cancer to reverse that cancer.

And not only for them, but to all the listeners and viewers who are apparently healthy (as you and I are), how important it is for us to address dental health to decrease the risk of cancer (which is, as we know, an epidemic) and a lot of other chronic degenerative diseases—neurodegenerative diseases like Alzheimer’s / Parkinson’s, and also arthritis and lupus and so many other—diabetes—chronic diseases that, for the most part, the population in general thinks that it’s “normal” to get these chronic diseases, right?

Will:

Yeah.

Dr. Tony:

And that’s one of the myths that we’re talking about is that—and then the conventional health system is about *managing* that pathology, right? It’s not about *reversing* it.

And so, we have to realize here that dental health is for prevention. It’s for decreasing the incidence of cancer and chronic disease, and it’s also a therapy in itself.

So any integrative oncologist, any patient that is watching this who has cancer should make sure that they are getting a complete dental evaluation. And this is typically done by a biological dentist (or a holistic dentist, as it's called in some parts of the world) because conventional dentists, they—they're not trained this way.

I have a cousin who is a brilliant dentist. She's a maxillofacial surgeon, and when we talk about root canals, we talk about metal fillings, cavitations, periodontal disease, you know, it's like there's no idea or concept about the importance of correcting these toxins/toxin environment in the mouth.

So, it starts with what this program is doing is informing/educating the viewers so that they can be empowered and proactive. And even if their doctor does not agree, there's so much evidence on this, right, Will? So much evidence on the importance of this.

So, if I could briefly mention the four main dental toxins are:

Root canals: There's never ever, never a healthy root canal. A non-infected root canal tooth really doesn't exist. And I've talked to scientists, dentists (not only in the US, but around the world).

I met a dentist (and his brother's an MD/PhD in immunology in Taiwan—head of a major university dental hospital in Taiwan). And they've even done animal studies where they did the root canal in the animals, then sometime later they sacrificed the animal, examined that dental socket, and always—100% of the time—there was infection.

Will:

Yeah.

Dr. Tony:

And so then they started looking at humans, and the same thing: when they extracted those root canal tooth, it was 100% of the time infected. So there's never ever a healthy root canal tooth (because it's a dead tooth). And why do we want—I think dentists are the only ones that leave something dead in the body, isn't it, Will?

Will:

Yeah, it's crazy.

Dr. Tony:

Yeah. So root canals are one of the major things and there are so many studies associated with root canal—the side of the mouth that it's on—and, for example, breast cancer. And these are published studies where they saw that the root canal tooth is in the same meridian—or the same side of the body—as the breast cancer.

And so inevitably there's a tight connection. And colleagues that are biological dentists, they see this all the time, not only with breast cancers but other pathologies.

The second dental toxin is metal fillings.

And anything that's metal in the body is creating an abnormal energetic pathway, or the voltage is hampered.

When we talk about integrative oncology, we spend a lot of time talking about voltage because the voltage is actually the energy of the cell or the tissue that then becomes the energy of that organ, which ultimately translates to the energy of the systems (the digestive system, the respiratory system, the nervous system), and that then affects the body (because the body is composed of all these systems).

So if we have an abnormal voltage or impedance in the tooth caused by a metal filling (whether it's nickel, mercury, titanium—whatever it is), what happens then with this voltage is that, well, for example, in my field in oncology and cancer, we know that cancer cells have a transmembrane potential voltage of about -30 millivolts (where a healthy cell/a healthy tissue is about -90 millivolts to about -70 millivolts).

So for sure, there is an association in oncology with that voltage—that transmembrane potential.

And so then further to that, there is a—the cell communication pathways are altered. Because, see, everything in our body is about inflammation. It's about communication pathways.

So one cell has to communicate with the other cell and send out “correct” signals, right? Correct *information*.

So when that voltage and that energetic pathway is altered (by metal fillings in the mouth, for example), then that sets off a cascade of miscommunication, and that’s a—a—a—a terrain that is apt for things to go wrong (and one of them is cancer and chronic disease, inflammatory diseases, and so forth).

So the third main dental toxin is cavitations.

And oftentimes, you know, someone gets a toothache or a cavity that can’t be corrected. The tooth is extracted, the pain goes away, they take the antibiotic for x amount of days, they take the pain medicine, and the patient—you know, slowly the gums healed, and so everyone is happy.

But what happens is that where that tooth was extracted/the gums sealed, that left a pocket right in here. And that’s the cavitation. And all these cavitations are, um, infected.

That doesn’t mean that the person is going to have pain or fever or any types of infection-type symptoms because these infections tend to be subacute. That means they don’t manifest clinically, but what is happening every second of every day is that the immune system is being taxed (because now the immune system is always, you know, migrating to that area to keep that infection down).

But also, it’s multiple infectious agents. It could be—it could be fungus, it could be some bacteria, it could be some cell wall-deficient forms (these are microorganisms that are—that can be disease-causing that don’t have a cell membrane. They’re called “cell wall-deficient forms”).

So, it’s like a haven, right, for conglomerates of different infections. And then it comes a point where the immune system is just, you know, overtaken by having to focus on controlling this infection, and then it sets off the number one opportunistic disease called “cancer”.

I believe that cancer is an opportunistic disease.

And these cavitations, these dead teeth in your mouth (root canaled tooth), and metal fillings are setting an environment of cancer terrain for that opportunistic disease called cancer to start.

The fourth dental toxin is very common. Some statistics say maybe even up to 85% of the general population (that means you and I, Will, have—well, not you and I, but others) have periodontal disease. And periodontal disease is gum disease.

And so—and gum disease means that there’s again, these gums are infected, they’re unhealthy, and people are living with this without apparent symptoms but then they develop brain fog, you know, they have lack of energy, they’re not driving, they have headaches, they might have sinus issues—so many different symptoms that sometimes confuses not only the person but the doctors, right? And they do all these tests, they say, “No, it’s in your head. We can’t find anything.”

But a good biological dentist will find that it’s gum infection/periodontal disease.

So please, everyone, go to a dentist who is trained in these areas, has the right equipment like panoramic x-rays (the cone beam device now that, you know, looks further into the gum, the bone, and the surrounding tissue).

So, these are the main four dental toxins and I could tell you from my experience with cancer patients, all of our patients are recommended to see a biological dentist. Because, as I’ve said, you cannot heal completely without having dental health, right? With dental toxins and so forth, it’s hard for the cancer to regress.

Will:

Right. So you’re dealing with active cancer patients. It seems to me that all of the dental factors that you just brought up—they all have something in common, which is that it’s a rampant breeding ground for anaerobic pathogens.

And then, so how much of this—

Dr. Tony:

Yes.

Will:

— is, um, this, this chronic drip of the toxins that these anaerobic pathogens produce—these anaerobic bacteria and other microorganisms produce (disease-causing microorganisms)—how much of it is just kind of—it’s a toxic body burden, really. It just puts the body under too much stress and then ultimately, that weighs down on the immune system and the opportunistic cancer can then get started, huh?

Dr. Tony:

Exactly. I couldn’t have said it better, Will, but that’s a summary of what I said.

Will:

Oh please, please. So—

Dr. Tony:

No, but that’s exactly right.

So, it’s like, you know, your faucet is dripping. It’s a little dripping and then your water bill, you know, starts coming higher and higher until you get like a really high water bill, and that causes you to check that leak in the faucet.

Will:

Right, right. Yeah.

Ok, so... there’s so much there. And it just really reminds us of a lot of different talks that we’ve had. I mean, we got to interview Hal Huggins before he passed away (thankfully), and you know, Hal is the one that really talked about metals in the mouth as being like a really problematic situation.

Dr. Tony:

Yes.

Will:

So, a big component of this (as far as diagnostics, it seems like)—and this is something that we've identified and I wonder if you would agree with it—that there seems to be an over compartmentalization (now I actually tried to look that up; there is no word—that's not an accurate word—but it works for me). It's an over compartmentalization of the body that we go through, not only in the medical and dental communities, but also just in our culture at large—the western culture, at least—to break the body into parts.

And so, then you have a dentist who focuses on the teeth and *maybe* deals with periodontal disease and gum issues, but they're not looking into the jaw. But then you go to a doctor about your cavitation and they're like, "Well, that's—that's for the dentist."

So, it's like there's a gap between the compartments and the grey zone there is where problems exist.

Dr. Tony:

Yeah, that's definitely true, especially when you deal with the physicians and dentists that are not holistically minded. You know, it's only about the tooth or the tumor and the colon.

And—and so, you know, now in medicine you have an orthopedic surgeon that just does surgery on the thumb. But if it's the pinky, he won't touch it, right? It's—

Will:

Yeah.

Dr. Tony:

It's becoming so sub-specialized, and we're losing that holistic uh, uh—in that holistic point of the patient.

If I could say one thing now, Will, I'd like to highlight my book—

Will:

Oh, absolutely.

Dr. Tony:

—because I want to read an excerpt from my book. So this is Hope for Cancer: 7 Principles to Remove Fear and Empower Your Healing Journey.

So this book, my first book, it’s 30 plus years of work—oh, you have one! It looks like we have a uh—

Will:

And it’s excellent. It’s absolutely phenomenal.

Dr. Tony:

So, on page (and I even wrote it down here) on page 28, I say the following (and this applies to conventional dentists as well): “Conventional medicine has taught us that “health” means the absence of a tumor. But health and lasting recovery from cancer don’t happen just because we eliminate the tumor. Rather, health is realized because we remove all of the underlying factors that caused the cancer in the first place (in addition to the cancer itself).”

So one of those underlying factors that contributed to that cancer terrain is the dental toxins. And so therefore, removing this and addressing these underlying causes (*including*, of course, the dental issues) is primary for someone healing from cancer.

And then I go on to say what you were a bit talking about, Will, is we are: spirit, soul, and body. And all this is interconnected.

The spirit is the highest part of our being that helps us communicate with our creator. Whereas the soul is our will, our mind, and our emotions. And the body, of course, is the vessel—the container—that operates under the influence of the spirit and the soul.

So, we heal from cancer and chronic disease when our entire person is made whole. And “entire person” means the spirit, the soul, and the body.

And here we’re not putting anything into a compartment. We’re really looking at—if you will—that—that trifecta, right?

Will:

Yeah.

Dr. Tony:

The—the trifacta essence of a human being.

And here, with all due respect to all the viewers, we’re not talking about religion. We’re talking about our spiritual nature, our soul nature (which is will, mind, and emotion), and then our physical nature.

So—and this is really the cornerstone and foundation to healing—it is starting from the spirit, the soul, and then the body.

And this takes the dental aspect even to a greater plane, right, because it’s a big part of all this. However, anything we do to the physical body, if we don’t take the foundation as the spirit and the soul and the body, we’re really doing a disservice to the patient.

And this goes back to ancient times—Egyptians and the Greek times—when a person went to a health facility, the first person they saw was the Rabbi, the Imam, the minister—

Will:

Wow.

Dr. Tony:

—you know, the spiritual counselors.

Yeah. Then, well, they were taken to the emotional person—the psychologist—you know, the emotional counselor.

And then at the end, that’s where we were.

Will:

Wow.

Dr. Tony:

That’s where the medical doctors were. We were at the other hallway by the bathroom, right?

Will:

[Laughs]

Dr. Tony:

So, even in those times, that’s the importance that they gave to health and healing was the spiritual, the emotional, and then the physical.

But of course, nowadays this is all upside-down. And no wonder, you know, we’re in the crisis that we are in health—not only in the US but in the world.

Will:

Yeah. Truly. And just, yeah. That’s—that’s precious. I’m not even going to try to recap that. That was excellent.

Um, yeah, so, I—I’m going to—I—I’m going to echo your point (and I was going to plug your book later).

Um, you know, literally anybody listening dealing with, um, cancer or a loved one with cancer, the reason that we wanted to talk with you, Dr. Tony, is because we share a heart in our messages. And that is that regardless of what you’re faced with, there’s still hope, right?

Dr. Tony:

Mm hmm.

Will:

You have the capacity to—to, um, shift your state—to shift your awareness—and find a brighter future out there (if you want).

So, anybody listening, if you know somebody with cancer, Dr. Tony’s book, Hope for Cancer, is, um, it’s phenomenal. I mean, we’ve—I think that there’s a lot more here than just people who have cancer.

I think that you would agree that really, we’re all dealing with “cancer”, if you will. We’re all on that—you know, I’ve heard you a couple times, you’re quoting one of our favorite historical references, Antoine Béchamp, about the Terrain Theory.

So, we’re all managing our terrains, right? And we all can apply these wellness protocols that you teach in your book—that you lay out really eloquently in your book—we can all apply these.

And that’s exactly the same as what we do with OraWellness. It’s like, it’s much easier to deal with a child who doesn’t have gum disease and teach them how to prevent gum disease than to take somebody with advanced periodontal disease and get them to turn that around. But it’s still possible.

Dr. Tony:

Amen [inaudible].

Yes, and um, the title of this book is something that you just mentioned, right, Hope for Cancer.

No matter what stage, no matter what your doctor has told you, I could tell you confidently that there is always hope for cancer.

Will:

Yeah.

Dr. Tony:

Because I’ve seen it. I’ve lived it. You know, no one has told me. I’ve been in the trenches for almost 30 years—

Will:

Wow.

Dr. Tony:

—and not only in Mexico, but the world.

And then we look at the subtitle: “7 Principles to Remove Fear and Empower Your Healing Journey”.

And these seven principles I’ll just say, Will, six of them apply to all of us.

Will:

Right.

Dr. Tony:

Six of them apply to all of us for prevention.

The seventh one, which is non-toxic cancer therapy, that’s the one that’s specific for those who have been diagnosed with cancer.

And it’s very easy if you don’t want to read the whole book—you just open it and right here, it gives you the seven key principles.

Will:

Yup.

Dr. Tony:

And then we go into detail on each of them throughout the book. And removing the fear component—how important is that?

Will:

Oh.

Dr. Tony:

Because now if this comes back to one of the myths—or a myth that, you know, you mentioned talking about myths—one of the myths is that you need to start chemo or radiation or do a surgery *tomorrow*.

Will:

Yeah.

Dr. Tony:

And that’s where that fear comes in.

Cancer is seldom a medical emergency.

There’s a few specific times where it is and you have to act quickly, but this is 1% of the 99% of the time.

Will:

Yeah.

Dr. Tony:

So, hear me out: cancer is seldom a medical emergency, so there’s time to educate yourself. There’s time to go within that emotional/soul/spirit level. There’s time to pray, to ask for divine discernment and—and—and knowledge and advice.

Because even the best of us, you know, we don’t know how a particular patient is going to respond (to anything, even a high blood pressure medication, right?).

Will:

Yeah.

Dr. Tony:

So, there is time to think, there’s time to educate yourself. And when you make that decision, you go in fully vested, confident. Not because you made a decision out of fear, but now you made a decision out of, you know, knowledge, uh, spirit [inaudible], support from your family. And that’s ok if your spouse doesn’t agree with you, necessarily—it’s that communication again. And say, “You know, honey, this is what I’ve researched, this is science-based— “

That’s another myth. Another myth is that alternative, integrative, complementary, holistic therapy—however we want to call it—is not science-based.

Will:

Oh please.

Dr. Tony:

That’s far from the truth, right? There’s actually more science in this than there is in chemotherapy and radiation. Right? So that’s another big myth.

And another myth with respect to this is that only—your only treatment options are chemo, radiation, surgery, and now immunotherapy (those toxic immunotherapies called ‘checkpoint inhibitors’ that have come out in the last number of years). That’s a myth.

There are many treatment options, and they—those options—focus on the seven key principles that we’re discussing.

And just to finish the subtitle of the book, the second part of the subtitle is, “Empower Your Healing Journey”. How important is that? Because I can only heal myself.

Will:

Right.

Dr. Tony:

And I’ve treated thousands of patients all over the world. I could only heal myself, but I empower my patients to heal themselves.

So, don’t go to a doctor, please, and ask the doctor, “Hey doctor, you know, you have to get me well. You’re going to heal me. You’re going to get rid of my cancer.”

No.

That’s the mindset that we have to switch because we heal our self [inaudible].

Our creator gave us all the—all the—all the, the, the ingredients, the factors, the necessities that we need to heal ourselves. So that’s another myth.

Another myth, Will, is that the US has the best treatments for cancer.

Will:

[Laughs]

Dr. Tony:

Right? That’s the myth.

If you have a heart attack or you break your leg, the US and conventional medicine is the best.

You know, don’t come to me if you have a broken leg, right, or you’re recovering from a heart attack, right.

So, but, if you have a chronic disease like cancer or something that, you know, it’s more involved, then that’s where what we do becomes so important. Because we’re looking at that holistic—we’re looking at the *person with the cancer*...

Will:

Right.

Dr. Tony:

...not the *cancer in the person*. Right? And the point of that is—

Will:

That’s a huge distinction.

Dr. Tony:

Huge, huge distinction, yeah.

So, let me repeat that one more time: we’re working with the person with the cancer, not the cancer in the person.

Because if we are just compartmentalizing (that’s a tough word—but uh, you know, Columbian/Mexican/American [inaudible])—

Will:

[Laughing]

Dr. Tony:

—but, but you cannot remove the tumor and expect the patient to be cancer-free or say, “Hey, we got it all. Go on your merry way and eat, you know, anything you want.”

No.

Because cancer—this is another tip or another pearl—cancer is *always* (not some of the times, but always) a systemic dysfunction, a systemic process.

If you have cancer in the brain, you have cancer in the prostate, in the colon, in the pancreas, in the ovary, in the lung—wherever it is, we need to work locally *and* systemically.

If we just want to work locally and zap that tumor or remove it, this is why they give chemotherapy. They actually know this. This is why they give chemotherapy because the theory is that chemotherapy will kill all the cancer cells in the body. That theory is not totally correct, obviously.

So that’s another myth, right, that the US has the best treatment for cancer in the world.

Another myth is that if the FDA approves the treatment, it’s the best. And, sadly to say, that’s far from the truth.

Actually, I was in an airplane flying from Atlanta, GA to Boston. I was going to work to a workshop at Harvard on, on actually the tumor microenvironment as it pertains to cancer.

But anyway, on the plane there’s this lady sitting on the aisle—um, in the window seat—and she starts talking to me.

It turns out that she holds a prominent position at the Wellman Institute of Photomedicine at Harvard and, as I recall, she's triple board certified and, you know, a leader in what she does at Harvard and in that area. And she told me many things—it felt like a 10-minute flight but it was like two plus hours.

But anyway, this doctor tells me—a female—she tells me that, “Hey, Dr. Tony,” after I told her about Hope4Cancer this is what she said: “All you have to do to convince people like me about your work is do a longitudinal study.”

I said, “Doctor, explain what you mean by “longitudinal study.” I knew, but I wanted to hear it from her.

She said, “Track patients. If your patients are alive at three months and at six months, then that longitudinal study is showing that your treatments are efficacious.”

I'm like, “What? Three to six months?”

So, that is the bar that the FDA sets for drugs to be approved.

Will:

Oh my.

Dr. Tony:

So, if a drug—a chemotherapy or immunotherapy drug—extends life by six months, boop! It's good enough and it's approved. The patient, you know, can die in six months and a day but it doesn't matter; six months was the cut-off, right?

And so she said, “That's all you have to prove—that your patients are alive three to six months later.”

And I'm like, “Wow, we're doing—we're doing amazingly much, much better than that!”

So, the method that the FDA—if the FDA approves a drug [inaudible] you know, not really, right?

Will:

Right.

Dr. Tony:

And so, one more—one more myth that I’d like to point out is that cancer is a death sentence. We surely know that that’s not true.

It’s interesting because “cancer” is a word, it’s not even a sentence, right?

Will:

Yeah, really.

Dr. Tony:

Cancer is not a death sentence. “Cancer” is not a death word.

Cancer is also an opportunity for you to make those changes in your life—

Will:

Mm.

Dr. Tony:

—that were taking you down.

How many times have patients come to me and my medical staff and said, “You know, doctor, this cancer was the best thing that happened in my life.”

Will:

Yeah.

Dr. Tony:

And that’s hard to conceive, like, “How could cancer be the best thing to happen in your life?”, right?

But it made them realize that today is a gift. That’s why they call it “the present”.

How Supporting Oral Health Can Help Prevent and Stop Cancer
Expert interview with doctor, author, and Hope4Cancer founder
Dr. Antonio Jimenez, M.D., N.D. (aka “Dr. Tony” :)

Will:

Yeah.

Dr. Tony:

The present. Today is a gift—the gift of the present day. Yesterday is in the past and tomorrow’s a mystery.

So now we need to work on a day-by-day basis, enjoy our day, and know that cancer is reversible. Cancer is not hopeless. It is not a death word.

But, we are thrown in that fear—the cancer patients are thrown in that fear.

Please see yourself on the top of the mountain saying, “I am a thriver and I have overcome this,” (*not* seeing yourself in a grave).

We had a patient, Will, years ago. He was the highest position in the Hare Krishna in the US.

Will:

Ok.

Dr. Tony:

And I can say his name, you know, [inaudible] and published. His name is—was BT Swami Krishnapada.

Will:

Ok.

Dr. Tony:

And BT Swami Krishnapada, [inaudible] graduate, you know, Ivy League person, the top of the Hare Krishna’s in the US, world-renowned, written many books—well he had melanoma. And he had melanoma on the dorsal part of his foot.

He went to Johns Hopkins in Baltimore. They opened, they looked, and they closed and said, “We cannot remove that.”

And it had metastasized to the liver and a few lymph nodes in the abdomen.

And so, BT came to us, and he was writing a book and he had six months they had “given” him—how could doctors give anyone, right? —but they “gave” him six months to live.

Will:

Yeah.

Dr. Tony:

And that’s another myth—believing that.

So, they gave BT six months to live. He comes to us with an aggressive melanoma. You know, melanoma’s a cancer that can go anywhere and everywhere.

Will:

Mm.

Dr. Tony:

So, it doesn’t respect any tissues or organs or locations. It’s one of the most aggressive cancers.

So, BT had this. And he came to us. He was turning himself around—really good result. While he was at the clinic, he was writing a book called Die Before Dying.

Will:

Mm.

Dr. Tony:

[Inaudible]

Now, this is interesting because he’s sort of like, ‘seeing himself in the grave’ kind of thing, right?

And BT Swami lived about a year and a half (remember, he was given six months to live). He lived a year and a half—great quality of life. I even went to visit him in Kauai one time. He invited me there. I stayed at the ashram there. Beautiful people.

And then he wanted to go to India (you know, the Hare Krishna's have a big presence in India).

I said, "BT, don't go to India. The last thing I want you to do is catch an infection, you know, the immune system is just picking up; you need to be careful."

But he went and he caught an infection, unfortunately, and passed away—not from cancer because the liver lesions had disappeared, the lymph nodes were gone, and the lesion on the foot was much better.

Will:

Wow.

Dr. Tony:

He wasn't 100% clear yet, but a year and a half later.

The point is that when you believe the doctor that you're going to die in X amount of time, right, and you don't see yourself triumphant—you see yourself maybe in a casket die before dying—

Will:

Wow.

Dr. Tony:

—this is what's going to happen. Right? So, I always tell patients, "Live to live. Don't live to die." Right?

Will:

Yeah.

Dr. Tony:

And many patients come to Hope4Cancer in that mindset because that's what they were told—

Will:

Sure.

Dr. Tony:

—by their conventional doctor: that they were going to live for X amount of time.

If I could say one—uh—I have so many stories, but this is a good story (they actually all are :). No.

This patient had an aggressive cancer, and again, they gave him a death sentence, you know, "X amount of months to live".

So, a year later, he's still alive. So, he thinks—you know, he's on borrowed time—why file his income tax?

So, he didn't do his income tax return at the end of this first year.

Will:

[Laughing]

Dr. Tony:

True story, Will. Second year, he's still alive and he has the same mindset: "Why am I going to, you know, give the IRS what they want? I won't do my income tax return." And he didn't. Now he's in the second year—he's still alive!

The third year, the same story and then [knocks on table] he gets a knock on the door.

The third year there was the IRS because he hadn't, um—he hadn't filed his taxes.

But what happens in the mind is so powerful, right? And that's one of the 7 Key Principles.

Will:

Yeah. Absolutely. That’s—[laughs]

There’s so many parallels here.

So, one of the things I want to touch on is—we’re going to rewind about 10 minutes here—is that, the idea that cancer is a systemic issue. Whether you remove the—have the tumor removed or not doesn’t really matter because it’s an environment that created the situation where the cancer could get ahold and grow and rise.

We, we talk a lot about—in OraWellness, we talk about treating something ‘locally’ *and* ‘globally’ (because gum disease is a systemic thing too, so—as well as tooth decay).

So, you’ve got to deal with it at the site *and*—but more importantly, really—deal with it on a global level; address the terrain, right? Improve the immune response; lower the body burden.

I love it. Yeah. So, the lesson here is what? Make sure you pay your taxes even if you—even if you have a cancer diagnosis, it sounds like.

Dr. Tony:

[Laughs]

Will:

That’s crazy. That’s good stuff.

Dr. Tony:

That’s right.

[Inaudible]

One of the things I say in my book also is, “Healing the root cause of disease is at the cell level.” Right? Conventional medicines treat cancer as an isolated entity rather than a systemic disease that starts at the cell level.

And that’s exactly what you’re talking about: you treat it locally and then you treat it systemically.

So, for example, behind me you can’t see, but it’s my ozone machine.

So, I use ozonated oil gel like in my mouth, right, to make sure that environment—that terrain—is healthy. But I also do ozone systemically. I do it transrectally and sometimes also ear [inaudible] and ozone to get into that, you know, mouth cavity, the sinus, the cognitive function—it’s a wonderful [inaudible].

So that’s just an example of how we can use something like ozone orally and then use it systemically.

Will:

Right, right. So you’re hitting it from both sides, essentially. You’re giving the body the best chance—

Dr. Tony:

Right.

Will:

—just treating at a body level, we realize—

Dr. Tony:

That’s right.

Will:

—you’re giving the body the best chance, really, to tackle the situation—whatever’s bugging it.

So, we’ve gone a lot into this idea of models, um, talked a lot about the different myths or broken models or models that our culture believes around cancer that aren’t true.

Let’s pivot a little bit and talk about what you understand as far as more realistic models. Like ok, I get that, for example, if we empower the doctor or the medical or dental professional as the healer and we’re not the healer, that that’s a disconnect there. That we have to reaccept the—our job as the healer, right? Or our job as the central figure, at least (I think that there’s a divine factor of healing going on there, too). But that we’re at the center of our healing capacity.

So that’s one of the disconnects that needs to be repositioned. What are other models that are real, in your opinion, that are more accurate as far as sustaining life?

Dr. Tony:

Well, um, first of all (if I get your question) is that we need to not only concern ourselves about our internal environment. We mentioned that—you know, the cancer internal environment, which is where the 7 Key Principles fit in.

The oxygenation: we know that cancer cells thrive in a low, hypoxic environment/low-oxygen environment.

Toxicities: we talked about dental toxicities. Of course, toxicities elsewhere in our body. One of the biggest toxicities are negative thoughts. I often say, “A negative thought can kill you faster than a bad germ.”

Will:

Yeah, really.

Dr. Tony:

Right? So, we have to detoxify our mind—not only our gallbladder, liver, colon and our mouth, but also our thoughts.

Will:

Mm.

Dr. Tony:

Now, the next key principle is the gut microenvironment. We know the importance of that gut terrain, right, with respect to the immune system, absorption and elimination of nutrients and waste.

Then, the immune system that protects us from a cold to cancer and everything in between.

And, of course, nutrition. The father of medicine said, “We are what we eat.” But even further than that, we are what we assimilate and we are what we eliminate.

Will:

Mm.

Dr. Tony:

So we have to take what we eat a bit further, right?

Will:

Yup.

Dr. Tony:

So that’s important with respect to nutrition, and nutrition’s another big topic, right?

Will:

Absolutely.

Dr. Tony:

One of the 7 Key Principles in our book. And then the next key principle—of course we talked about that—is the emotional/spiritual aspect of health.

And um, and then the non-toxic cancer therapies round out the 7 Key Principles.

So this is how we’re dealing with the internal environment.

And now, to answer your question about the model. The model that I want to present here (if I understood your question correctly) is the external environment, right? Because we live in this planet, we live in a property, we live in a home, we live in a room, we live in a bed, right? Or we spend time in all these areas.

So how are these environments? How are these terrains? How are we—how much are we exposed to electromagnetic radiation, right? How much are we exposed to WiFi? How much are we exposed to GMO (genetically modified organisms) in food? How much are we exposed to water that’s really not healthy for us?

If we are 75 to 80% water, wow, that’s an important factor.

Will:
Yeah.

Dr. Tony:

Let’s make sure we’re consuming clean filtered water. And then if you want to consume hydrogen water, all the better, right? But at least clean filtered water.

So, the external microenvironment plays a key role because we’re part of this world, this planet, this ecosystem. And so, going out and taking walks, you know, getting sunlight and hugging a tree, you know. Grounding yourself. Walking bare feet—barefooted? Barefooted.

All these things, right? So, coming in contact with nature.

And in my book, I also coin the phrase called, “The Garden Food Plan”.

Will:
Mm.

Dr. Tony:

So, let’s get back to the garden in all aspects of that. Not only in nutrition but in our daily lives, you know?

When you take a break for lunch—lunch break or wherever you are able to take a break, go outside. Breathe fresh air.

Breathe—that’s another interesting concept. Most of us are shallow breathers, right? You take a deep breath and it feels uncomfortable.

And so, if we need oxygen in every tissue, every cell in our body, let’s learn how to breathe, right? Bring in oxygen.

So, that’s the concept of a model that is important nowadays and becoming more and more important every day because of what’s happening to this planet.

Will:
Right.

Dr. Tony:
And so, we need to do the best we can, right? We cannot um...we cannot avoid these things.

And this brings up the topic of epigenetics.

And another myth is that, you know, doctors and people say, “Oh well my mom had cancer, my dad had cancer, my sister...”

Or you go to the doctor and the doctor says—you ask your doctor, “Hey doctor, why did I get cancer? You know, I was healthy, I love my spouse, I have good kids, I eat relatively well.”

And the doctor will ask you, “Is there cancer in your family?”

And if you say “yes”, he or she will say, “That’s where you got it.”

If you say “no”, then it’s like they half answer things like, “It’s bad luck.”

Will:

[Laughs]

Dr. Tony:

Yes, patients’ doctors have told them—answered that question saying, “It’s bad luck.” Or, “You did something to deserve it.” Or, “It was in your cards.” Or even worse, “God gave it to you.”

Will:

Oof.

Dr. Tony:

Imagine that, right? Yes, imagine that.

So, cancer is *not* bad luck. Only 2 to 5% of all cancers—which there are over 250 cancer types—all cancers, only 2 to 5% are genetic in nature.

Will:

Wow.

Dr. Tony:

The rest: epigenetics. And that’s what we’re talking about now with this model, right, the environment. What is switching on those genes? It’s not about the genes.

My dad had prostate cancer. That doesn’t mean that I’m, you know, I’m going to succumb to prostate cancer because it’s in the genes. No.

That means that I cannot watch, you know, an NFL playoff game or a baseball game, you know, eating ice cream every night—

Will:

Right.

Dr. Tony:

—like what I did growing up with my dad, right? And so forth.

So, we have to make those lifestyle changes.

In my book, there’s a really nice chart. I don’t remember offhand in what page it is, but there’s a really nice illustration—oh, here it is. It’s on page 58 and it says, “The biological terrain that influences cancer.”

And there we talked about this model (meaning the lifestyles, toxins and infections, genetics, soul and the spirit, and of course, getting a balance in your body). So being balanced, right, having that balance in your body is so important.

And then the epigenetics, the expression: what is triggering those genes to express themselves?

And some of the things that trigger the genes go back to OraWellness—

Will:

Yeah.

Dr. Tony:

—it’s infections, right?

Will:

Yeah.

Dr. Tony:

Chronic infections are epigenetic factors that trigger these genes to turn on.

Poor diet. Unhealthy lifestyle, for example. Conditions that favor a toxic relationship, right? This is a big one.

We had a patient, Will, that she had a very advanced stage four cancer. And a year after she came to the clinic I was giving her a Q&A session in our Cancun clinic, and I saw her. And at first, of course, I’m the world’s biggest optimist but I was surprised that she was there because of the extent of her cancer. It was a nice surprise, obviously.

So I said, "Hey Pam, can you tell the attendees here—the new patients—what's the number one lifestyle change that you made when you went back home to continue your home program?"

She said, "I had to tell my friend of 25 years (who is a nurse that I love dearly) that we had to separate from each other." Because, in a loving manner, the nurse was pressuring her to have more chemo, "Why are you going to Mexico?", you know, blah, blah, blah.

And the patient obviously made her choice, made her decision. And she said, "I had to separate from her because she was a toxic relationship."

Will:

Right.

Dr. Tony:

And so, you know, she didn't say, "Oh, you know, I was very diligent with my vitamin C or my [inaudible] therapy" or anything like that. It was that emotional relationship card.

And guess what? A year and a half after that, I'm back at the Cancun clinic (well, I was back before that), but I was there and giving another Q&A session and there was the patient and there was a lady sitting next to her. And it was her best friend of 25 years.

Will:

Nice.

Dr. Tony:

Because the friend, the nurse had shifted. She had come around. Her mindset had changed and she said, "I have to go to Hope4Cancer and I have to see what's happening there because this is truly a miracle that my friend is alive and well and with good quality of life."

So, you know, these epigenetic factors and this model that 'it's only about the tumor' needs to be expanded. It's about so many apparent intangibles, but this is the difference from a favorable outcome to a dis-favorable outcome.

So, when patients or family members say, "You know, I went to Hope4Cancer and my spouse died."

Well, there's a reason for that. You know, these patients—some of these patients are at the clinic, they're bickering, they're fighting, our staff is breaking up fights, you know?

Or when the patient leaves our Tijuana clinic (that's an in-patient facility) and the cleaning staff is, you know, taking care of the room for the next patient, they find hidden Doritos—

Will:

[Laughs]

Dr. Tony:

—or, you know, candy, or even—or even beer. You know?

So, goodness! And then it's, "Hope4Cancer, Dr. Tony why didn't they save them?" Please. Right? So, we have to [inaudible] these epigenetic factors and that's when we're going to get favorable outcomes.

Will:

Yeah. That's—we are, again, you know, if we don't do that idea—if we accept that idea that we're the MVP (the most valuable person) on our healing journey, then we're the number one cause of the dysfunction on that path as well, right?

I think it's a quote from Buddhism that says, "The path is clear in front of you. Why do you insist to throw stones in your way?"

You know, so...

Dr. Tony:

Mm. I love that.

Will:

Yeah.

Dr. Tony:

That’s a great analogy.

Will:

So, you dove into the seven main components out of your book. Thank you for doing that. I wanted to ask you about that.

Those—you know, six of those are things that we all apply (and can apply) on a daily basis just to improve our wellness, really.

So, this book—I love that you focus on cancer, which is just such a, um, just such a challenging environment to work in. So, I just consider you very courageous for going into that space (I mean, I know you’ve been there for a long time), but it’s really so much more than just about cancer. It’s about how to live a healthy lifestyle, and I love how you explore the spiritual and the emotional components there.

One thing that I wanted to touch on here before we wrap this up: you know, like we said, we met at a biological dental conference in Tennessee a few months ago.

And one of the things that Susan and I left the talk (I mean, we were just sitting in the front row like, “Oh my god, this is Tony Jimenez, we’re going to talk all of this in and loving it”) and I got a real—one of the gems that I got from that was an understanding (and I want to pass it by you to make sure that it’s accurate because it really helped me to kind of reframe around the idea of cancer) um, if I can accurately paraphrase you that most people who die of cancer don’t die from the original source of the cancer. They die from cancer getting a good root in the body and then metastasizing to another organ system and that kills them. Um, is that—

Dr. Tony:

Yes.

Will:

—is that accurate from your perspective?

Dr. Tony:

Very accurate. And let me explain what I mean by that—

Will:

Ok.

Dr. Tony:

—so that every viewer [inaudible] full understanding is that (and this is a big topic), but the point is that nine—and this is research, this is not Dr. Tony saying this, this is published research—

Will:

Ok.

Dr. Tony:

—ninety plus percent of cancer patients do not die from the primary tumor.

That means that they don't die from the breast cancer.

Will:

Right.

Dr. Tony:

They don't die from the prostate cancer. They don't die from the colon cancer.

They die from the metastasis, the spread—

Will:

Right.

Dr. Tony:

—of that primary [inaudible]. And then going right to the lung, to the liver, to brain, or to the bones (metastatic disease).

Will:

Right.

Dr. Tony:

However, most of the funds, the money, that’s allocated for cancer research is used in studying the *primary* tumor.

Will:

Mm.

Dr. Tony:

So, it just doesn’t make sense. We need to reverse that spending and study metastasis because that’s what kills someone in ninety plus percent of cancer patients (not the primary tumor). Right? So that’s—

Will:

That totally makes sense.

Dr. Tony:

Yes. Mm hmm.

Will:

So, what I got from that was that as a healthy person not dealing (presumably) with any cancer, we can—we don’t have to wonder like, “Oh, this ominous cancer can come anywhere.”

But actually there's a few main pathways of entry, if you will, or gateways into the body (whether it's the colon, the breast, the prostate, or the lungs), right? Is what I got—I thought I heard from you at that talk.

And I just found that to be fascinating because if we can narrow it down to a few of those pathways, it's like, "Ok, what are the main issues that lead to colon cancer?" You know?

"What are the main issues that lead to lung cancer?"

Well ok, so I shouldn't smoke a pack of cigarettes a day because that's going to be a contributing environmental factor that could produce that initial tumor situation.

Dr. Tony:

Yeah.

Will:

I just found it really interesting. And what I found was that, you know, in Chinese medicine, the lungs and the large intestine are paired organs, right? So the lungs and the colon relate to one another. And those are both detox organs.

Dr. Tony:

Mm hmm.

Will:

So, then the prostate and the breast relate kind of in their own way as well there.

So it really seems to me that for this initial insult to the body that it's a matter of not just rampant detoxification (because I think detox can go off the deep end and you can detoxify the body and not fortify the body well enough as well—there's a balance there), but we really need to make sure that our elimination is working and that we're detoxing the body and we're eliminating common toxic pathways—yeah? —to lower the body burden.

Does that sound right to you?

Dr. Tony:

Yes, yes. One of the things I want to emphasize is that cancer can begin in any location, right?

Will:

Ok.

Dr. Tony:

We have a patient [inaudible] now that is 17 years of age and—he’s 16? 16. And he has something called “testicular mesothelioma”. I’ve never seen it.

Will:

Wow.

Dr. Tony:

I’ve never seen it. I’ve never even—I don’t think I’ve even read it in the literature.

Will:

Hmm.

Dr. Tony:

It must exist because [inaudible] and his doctor back home (also at a prestigious cancer hospital in the US), they said, “This is one in a million.”

Will:

Wow.

Dr. Tony:

And so—because mesothelioma is usually from asbestos poisoning or toxicity, and typically it happens in the lungs or the abdominal cavity. For it to happen in the testicle is very, very unlikely. So that’s an example, Will, of cancer can happen anywhere. There’s rare types of cancer, right?

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Will:

Sure.

Dr. Tony:

So that’s one thing.

But, but, the common cancers is what you’re talking about, like the lungs. In males, lung cancer, prostate cancer, and colon cancer are the top three (if you want to call it like you did) the “pathways”, the organs that mostly they present, right?

Will:

Right.

Dr. Tony:

That’s the main three cancers in males. In females, it’s similar. It’s lung, but instead of prostate it’s breast, and it’s colon. So, like you said, in Chinese medicine there’s an association and we’re seeing it in both male and female.

So, if we know that, to eliminate the po—*decrease* the possibility of [inaudible] those three major cancer locations or starting sites, wow.

Lungs: smoking. Right? Like you said. And also environmental toxins that we’re, you know, inhaling toxins.

Second: prostate or breast. Hormone dependent.

Will:

Yup.

Dr. Tony:

Are we consuming [inaudible], right, and steroids and hormones in our food.

Third is colon cancer for both male/female. And like you said, eliminating, right? Digestion. Gut health.

So, there’s so much we can do to decrease the incidence of these three major cancers in male and female.

And uh, and the seven principles that we adhere to and explain in our book address these very extensively.

Will:

Yeah. Yeah.

So, thank you. I just wanted to confirm that. I was like, “Man, that really simplifies it.” You know, I’m not—just to not have to ponder and just to realize that there’s a funnel, if you will, of common cancers (I mean, obviously, there’s situations and like the rare cancer that you mentioned with that unfortunate teenager).

Dr. Tony:

Right.

Will:

So, in your book, you outline—towards the back—you outline twelve steps anyone can apply for an at-home care plan.

Dr. Tony:

Okay.

Will:

We absolutely love that your number one in the twelve steps is not diet, it’s not chemotherapy, it’s actually to develop a relationship with God.

While the world is clamoring about the critical importance of diet (which, obviously, I don’t want to dismiss—it’s extremely important), why did you start here, with a spiritual starting point?

I mean, I guess—I guess you talked about that in the traditional Greek version.

But so, you’re really looking to model a more traditional medical approach, yeah?

Dr. Tony:

Yes, uh, definitely, definitely. Because, you know, there's even studies about that where there was a group of cancer patients that were prayed for by different faiths and there was another group of cancer patients not prayed for. And this was a big group—it was like a thousand or so patients in each group.

And—and there was a well-done study, and they concluded (the scientists did) that this group that was prayed for had statistically significant improvement and outcome than the group that wasn't prayed for.

Will:

Wow.

Dr. Tony:

So further to that, Will, when you experience it yourself (as a physician and like in life), the more we know, the less we know.

And believe me, you know, I've been in many aspects of medicine and when you're with a patient it's not like in the books. And you have to find your answers and that discernment and that wisdom. And you always should go up there and—to our creator.

I learned early on in my medical career that—from a patient. I went into a room to see my patient, and my patient said, "Doctor, can I go to the bathroom first before, you know, you see me?"

I said, "Sure."

So I was reading her chart, and in the bed next to her was another patient that wasn't my patient. And that patient said, "Doctor, can you come over here?"

And I'm like, "Sure."

And she said, "You know what, doctor? I'm going to do better than your patient."

And I'm like, "Oh, excuse me!"

And they had similar cancer, they were about the same age, and she said that she was going to do better than my patient.

And I said, “Well why is that?”

And, Will, what she said is what you’re talking about. She said, “Because I [inaudible] have God in my life—”

Will:

Yeah.

Dr. Tony:

“—and she doesn’t.”

Will:

Yeah.

Dr. Tony:

Alright? So, I learned that very early from the horse’s mouth, a patient who was going through cancer—it’s a published study.

And why do I say that as the number one of these steps?

It’s because I lived it. I know that when I pray before a procedure, before we treat our patients—every morning at both of our cancer centers in Mexico, there’s uh—there’s prayer.

So, patients who are willing and want to, they go a room and they form a circle and they interact and then they pray holy scripture. And it’s just beautiful because that’s setting the tone for healing.

As I said earlier (and you mentioned it): we heal from the spirit, the soul, and then the body follows.

Will:

That's precious.

Dr. Tony:

[Inaudible] thing more, Will. One of the endorsers of my book, her name is Dr. Jeanne Stryker. And she's in the beginning, where the endorsers are. And she's an interventional oncologist in southern California. Dr. Jeanne Stryker.

And she said to me one thing that made all the efforts and sacrifice of writing this book worth it. She said, "You know, Dr. Tony, what I see about your book is great with respect to medical information and, you know, complementary integrative oncology—the best that I've read. But what's more important is that I believe that your book will bring people to Jesus."

Will:

Mm.

Dr. Tony:

And when she said that, I'm like, "Wow."

And what she wrote in her endorsement here is, "True spiritual health holds an important place in the comprehensive process of healing. Dr. Jimenez logically gives us an insight to the spirit/soul/body connection. His principles are timeless. A must-read for every seeker of wellness."

Will:

Yeah.

Dr. Tony:

"Dr. Jeanne Stryker, integrative oncologist", right?

So that's the root and that's the foundation of so many years of work.

Will:

Yeah. Wow. That’s precious, that’s precious.

So, the last question I’d like to ask is a question you get to ask yourself, okay?

When people come to be your patient, what’s the question they *should* ask you and commonly don’t?

Dr. Tony:

Well, that’s a good question. I don’t think I’ve ever been asked that question. I congratulate you—

Will:

Thanks.

Dr. Tony:

—because I’ve been asked many, many questions.

The question that they don’t ask and they should is, um... let me think about this because the main question they ask always is, “Can you heal me?”, right?

Will:

Right.

Dr. Tony:

Uh, “Can you cure cancer?”, right?

I think the main question they should ask me is, “Dr. Tony,” (or doctor—we have a great group of doctors in our medical staff) is, “Allow me to participate in knowing what I need to do for my body to heal itself. Please help me. I’m here for you.”

So it’s not really a question. It’s like a plea or a request, right?

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Will:

Right.

Dr. Tony:

“Teach me how I can bring about health and healing.”

Because all too often it’s about the quick fix, it’s about, you know, ‘*you healing me*’, and that’s not how this works. It’s a journey.

Will:

Yeah.

Dr. Tony:

And it’s a beautiful journey. A journey of realization. It’s a journey of commitment, discipline. It’s a journey of coming closer with our creator. It’s a journey of coming closer with our— with our family.

And so maybe a question would be, “How important is family and community in my healing of cancer?”

Will:

Wow.

Dr. Tony:

Right? Because it’s the burden that is too much for anyone to take on by themselves.

Will:

Mm.

Dr. Tony:

So first they need that—that divine intervention in the sense of being close to our creator, and then they need that community, that love and the family. So that would be a good question.

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Will:

Perfect. Thank you so much.

So, where can our community learn more about you and the good work you're doing?

Dr. Tony:

Well, very easy. Our website is Hope4Cancer.com (and in this website it's the number 4). Hope4Cancer.com.

And there, they could see a trailer video that we made for the book and it's truly from the heart.

This is not about getting income from this book (because believe me, it's much more than that).

This is about education and about allowing all of you to know that there are options. And whether you come to Hope4Cancer or not, I want you to be empowered. I want you to make a decision not based on fear and know that there is hope for cancer.

So Hope4Cancer.com is the website. And there, you can read about the book, you can order the book, you can educate yourself. We have a lot of educational videos.

You can look me up on YouTube as well. There's a lot of information out there.

So, know that there is always hope, and know that God is good always.

Will:

Yeah, truly. Truly.

We'll make sure to put links to your—um, both your book as well as YouTube and your website on the Show Notes here.

Dr. Antonio Jimenez, it's been a true honor and pleasure. Thank you so much for spending time with us today. I really appreciate it.

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Dr. Tony:

Thank you so much. God bless, and health be to all of us in 2020 and years forward.
It's just super, what's coming.

Show the world your smile :)

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