5 Steps to a Healthy Mouth

Video 4 - Diet: What NOT to Eat for a Healthy Mouth!

[Intro music]

Introduction

Will:

Welcome back!

In today's discussion, we're going to dive into what foods undermine our ability to navigate to greater oral health.

More importantly, by the end of today's discussion, you'll understand *why* these foods destroy our ability to create positive change in our own oral health.

We have found that it's one thing if someone has a list of foods to eat and not to eat.

But when we really understand *why* a food causes problems, we're much more able to take ownership of that information and apply it in our lives to create positive change.

Let's first take care of the legal stuff.

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We share this material with you in order to support and bless you with the information and the insight we have found helpful on our own path to greater oral health.

Doctors Edward and May Mellanby

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To start today, let's learn from the work of Drs. Edward and May Mellanby.

The Mellanbys were doctors in the UK in the 1930s and 40s.

Dr. Mellanby is credited with the discovery of vitamin D which, as you know from a previous video, plays a crucial role in the development and repair of healthy bone tissue (including teeth).

Do you remember how we discussed in a previous video the role of blood phosphorus and maintaining a healthy flow of dentinal fluid through the teeth?

This is really crucial in today's discussion of what *not* to eat because these foods we'll cover today directly disrupt the balance of blood phosphorus.

So, again, if you haven't watched the previous videos, please consider stopping this one and going back to watch these from the beginning (as they do really build on one another).

So the Mellanbys discovered vitamin D and made the connection between vitamin D deficiency and the disruption of the body in making healthy bone tissue.

They also were very interested in the role of phytic acid found in foods.

Here's a quote from Dr. Mellanby's book to explain what phytic acid is:

"Phytic acid is the principle storage form of phosphorus in many plant tissues, especially the bran portion of grains and seeds. It contains the mineral phosphorus tightly bound in a snowflake-like molecule. In humans and animals with one stomach, the phosphorus is not readily bioavailable. In addition to blocking phosphorus availability, the arms of phytic acid bind with other minerals such as calcium, magnesium, iron, and zinc, making them unavailable as well. In this form, the compound is referred to as a 'phytate'."

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So what foods are high in phytic acid?

It turns out that we really want to watch the amount of grains, seeds, nuts, and legumes we consume (as eating a diet high in these foods that contain high phytic acid content will directly undermine our efforts to create greater oral health).

Eating lots of grains will function as an anti-nutrient in the body by lowering our blood phosphorus levels and, at the same time, by blocking our body's ability to absorb the other necessary minerals that are in our diet but [that] are now blocked by the phytic acid.

Testing their theory

To test their theory, the Mellanbys conducted a study with children with existing cavities.

They wanted to see if they could reverse the existing decay [by] applying the information they had gathered around the importance of vitamin D and eating foods [that are] high or low in phytic acid.

So they organized 62 children (up to age 6) into three groups and ran the study over the course of six months.

In **group 1**, they had the children eat a regular diet plus oatmeal (which is high in phytic acid).

In group 2, the children ate a regular diet plus [they] supplemented [with] vitamin D.

And in **group 3**, the children ate a diet very low in phytic acid-containing foods plus [they] supplemented [with] vitamin D.

Interestingly, this third group didn't eat a perfect diet (in our eyes).

Here's another quote from Dr. Mellanby on the diet of this third group of children:

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"Although the group 3 diet contained no bread, porridge, or other cereals, it included a moderate amount of carbohydrates, for plenty of milk, jam, sugar, potatoes and vegetables were eaten by this group of children."

So here's what they did: they tested the children before and after the six-month period, checking for:

- existing cavities that got worse
- new cavities formed
- and existing cavities that had hardened (showing signs of healing the decay).

The results really speak for themselves.

Experiment results

Group 1: normal diet + oatmeal

So, the children who ate a regular diet with added oatmeal (to "enrich" their diets with more phytic acid) and [who] did not supplement [with] vitamin D had 20 new cavities for every one cavity that was hardening.

Group 2: normal diet + vitamin D

Group two: the children who ate a regular diet with no added phytic acid but they also supplemented [with] vitamin D. For every one new cavity, [they] had four existing cavities that were hardening.

Group 3: low phytic acid diet + vitamin D

Group 3: the kids who ate a low phytic acid diet plus supplemented [with] vitamin D. [They] saw the highest improvement. They experienced for every one new cavity, 15 existing cavities healing.

Let's recap the results of this study.

All of the kids had existing cavities in the beginning.

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And in the six-month time, the ones who ate a less-than-ideal diet had lots more [cavities] and the ones who ate a diet low in phytic acid plus vitamin D had way [fewer] cavities.

This is actually really good news because simply by having our vitamin D levels tested and bringing them to an optimal level, we can really make great strides in navigating not only to greater *oral* health, but *whole-body* health as well.

Then, if we simply add plenty of quality butter to a decent diet and supplement [with] vitamin D, we're getting the necessary vitamin K2 in our diet now to provide our bodies [with] more of the nutrition [that's] necessary to create positive change in our oral health.

So, with this piece of the puzzle in place, let's turn our attention to the other damaging food that our culture consumes in staggering amounts.

Yeah, you already know it; it's sugar.

The problem with sugar

We could make a whole video series on the damaging effects of consuming sugar (and perhaps one day we will).

For now, let's focus on how eating sugar impacts our oral health.

To do this, we'll go back to the work of Dr. Ralph Steinman and his incredible work with dentinal fluid flow.

In a series of tests Dr. Steinman conducted, he wanted to determine if sugar was the cause of decay because of the sugar in the mouth causing fermentation of sugars resulting in acids which eat enamel or [if there was] some other mechanism involved.

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Incidentally, that's pretty much the conventional understanding of the cause of decay these days: sugars from food sitting on the teeth that ferment cause a proliferation of bad bugs (which then eat away and cause decay).

We will see that although this theory does play a role (which is why it's still wise to brush your teeth), Dr. Steinman proved that other factors are involved with decay.

Here's what he did: he fed rats a sugar-rich diet directly into their stomachs to bypass their mouths [and prevent them from] having contact with the sugars.

They developed decay at the same rate as rats who were fed the same sugar-rich diet through the mouth.

How is this possible?

Well, what Dr. Steinman found, simply put, is that sugar directly suppresses blood phosphorus levels.

Do you remember the chemistry teeter-totter with phosphorus on one side and calcium, glucose, triglycerides, and cholesterol on the other?

Well, if glucose (that's sugar) goes up in the blood, that's going to drive the phosphorus in the blood down.

Consistently low blood phosphorus levels result in a reverse of dentinal fluid flow, which promotes tooth decay.

Takeaway gems

So, before we wrap up today's session, let's pick some gems out of this that you can apply in your life today.

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First, if you are going to eat something sweet, eat it with healthy fats (the best being quality animal fat, like pastured butter) to slow the absorption of the sugar down in the bloodstream.

Second, Dr. Steinman's work also showed us that the absolute worst way to eat sweet foods is how so many people do every day: grazing on little amounts of sweet foods throughout the day (particularly between meals).

For example, sipping sodas, sweetened coffee, or tea drinks--anything that is sugary that you essentially "drip" into your system day in and day out.

In this way, the body's blood sugar is consistently higher than is ideal, and therefore, the blood phosphorus level is never above that critical threshold to allow for a healthy flow of fluid through the teeth.

Incidentally, what I find very helpful when I feel the need to wrestle my own sugar demon into submission is to strictly limit any consumption of sweet foods to one day per week.

In this way, I give my body six days to function in a healthier way, giving it the opportunity to stay on top of any oral health issues that it's currently dealing with.

An added benefit to this "one day [per] week of sweet foods" is it gives our taste buds the chance to recalibrate to what sweet really tastes like (so we don't crave it so much).

Thankfully, there are plenty of resources for how to go about making these changes in your diet (if you want to make the change).

We have a "Resources" page below this video which will give you lots and lots of blog sites, books, and other videos to watch to continue your education on these subjects of the role of sugar and phytic acid and how they undermine our health.

That's it for today. We hope this information helps you put more of the pieces of the puzzle [of] how to create optimal oral health in place for you and your family.

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If you find benefit from this, please help us help others by sharing about this video series with your loved ones.

By all means, if you have any comments, please post them below (as we love to hear how you benefit from the information we share with you).

Until next time, thank you and Aloha!