

# Your Spit Could SAVE YOUR LIFE

The year was 2010 – just yesterday – when I first learned that periodontal (gum) disease and endodontic disease (an advanced strep infection from tooth decay), might be responsible for heart attack and stroke. I was shocked into action. You see, 15 years before that, my dad struggled with uncontrollable gum disease *and* suffered SEVEN miserable strokes before his death at the early age of 73. If I had only known *then*, what I know *now* ...

Today, the connections between cardiovascular disease, dementia and oral disease are considered common knowledge. But we still need to spread the word. We also need to encourage all dental and medical health professionals to utilize the advanced testing protocols that dictate high risks and learn how to modify the patient's risk factors to meet these diseases on a cellular level.

In their new book, *"Healthy Heart, Healthy Brain,"* Dr. Bradley Bale and Dr. Amy Doneen reveal plenty of up-to-date evidence that the presence of certain dangerous strains of oral bacteria can make all the difference between vascular health and life-threatening disease. Turns out, among the 700-plus identified strains of bacteria that live in the mouth, there are five hostile villains that intensify all the components of cardiovascular disease:

- People with gum disease actively convert "good" cholesterol droplets (HDLs) to the "bad" ones (small, dense LDLs). They end up with an average of *double* the LDL load.
- Chemicals produced by these dangerous oral bacteria make the walls of *all* your arteries more permeable for the LDLs to invade.
- Some of these bad bugs sneak into the artery walls to multiply and make a plaque of their own. This bacterial plaque grows and then ruptures (akin to a pimple popping) on the inside of an artery. A blood clot forms immediately, causing a heart attack, stroke or deep vein thrombosis.

In fact, a recent study exposed that many of the blood clots removed from heart attack patients (during bypass surgery) contained loads of oral bacteria. Seventy-five percent of



them were teeming with strep bacteria (the kind we find in endodontic disease) and 35% from the high-risk bacteria we find in gum disease.

## What can you do?

One, if you are cavity-prone, ask your dentist for a strategy to change that. Far beyond patching holes (with fillings and root canals), your hygienist and dentist can help you develop a multifaceted approach to restoring the acid-base balance in your mouth.

Two, ask for a thorough periodontal examination, complete with a microbial profile of your mouth. It only takes a drop of your spit. Through saliva testing, we have excellent technologies to precisely identify the concentrations of the high-risk bacteria.

Stabilizing that profile is not as easy as getting a "deep cleaning" and/or doing better with your brush and floss. It requires a very personalized strategy that might dictate systemic antibiotics, topical antimicrobials, an anti-inflammatory diet, identification of yeast (fungal strains), addressing food/chemical sensitivities, gaining blood-sugar control, good sleep quality and innovative home care strategies.

It sounds overwhelming, but even if you do one or two of these things, it can make a big difference! It generally takes a minimum of four to six months for this microbial shift to occur, and it's a critical component in reducing your risks of heart attack, stroke and dementia.

I like to think of it this way: **"On a good day we save a smile, and on a *great* day we save a life!"**



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