

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

Howard Farran: This is going to be an amazing hour. I'm with one of my favorite idols and everyone on Dental Town's thought leader, Jason Luchtefeld. Uh, Jason is, um, a decade younger than me – I'm going to be 52 next month and he hasn't hit 40, but Jason, um, I knew this guy had an outside-the-mind thinking. I had made some comment, it must have been a joke or a slam of environmentalism or whatever, and sent me a book, uh, Cradle to Cradle, which was made out of recycled plastic, paper, whatever, and he sent it to me, and at first, I thought it was a joke, and I read that, and it completely did my mind a 180-degree U-turn because this was, this was, I don't know, what was it, 15, 20 years ago you gave this to me, and it was the first time a business man explained to me, sustainability. And that it's not some...you know, I think before you sent me that book, I thought of environmentalists as a bunch of hippies and free love and a van with peace signs and like, they didn't get it. And this book showed me that, you know, you build a house out of rock, it's going to be there in 100 years. You build it out of cheap stuff and you just keep replacing it. You put carpet down, and every ten years, you're replacing it, filling up landfills, it's releasing formaldehyde, but if you put tile down there, it'd be there 1,000 years, and then, you know, I've lectured in 50 countries and you start realizing everything they show you, a castle that's 1,000 years old, it wasn't made out of plywood and straw and whatever the hell they built my house out of. It was all rock and stone and, and then I started realizing that sustainability is actually lower cost. I mean, you're digging up this hole to make copper, and then you're making a battery, you use it for a week and then you're digging another hole and throwing it away, and none of it makes sense. And that's just one example, and uh, so I guess I want to, uh, and also you've been a huge role model for me. Um, I've fought obesity my whole life, and when I was 50 years old, I realized my dad and two granddads, they all died at 61, and then when I turned 50, I thought, I've got my new granddaughter, you know, I had four boys, I finally got the granddaughter, greatest thing in my life, and I realize, hell, I'm not even going to see her graduate from high school. And so, I started getting into, trying to get into health, I did my first Iron Man, I got another one, my second one in one hundred days, and gosh darn, you're just, no matter what it is, you think critically. And I want to talk about that, because if we're going to un-complicate dentistry, if we're going to un-complicate our lives, our businesses, our house, everything, you've got to learn how to think critical, and Jason, out of the world's two billion dentists and 180,000 of them on Dental Town, you're the best critical thinker that I've ever met. I'm a big fan of your podcasts – tell them about your podcasts and let's talk about critical thinking, how it applies to amalgam, how it applies to composites, you know, all kinds of examples.

Jason Luchtefeld: Yeah, well, first Howard, it's an honor to be on with you at the beginning of your podcasting career here, and I think you're going to do fantastic, so yeah, my history on Dental Town goes back to when I was in dental school, and I was a senior when I found Dental Town, and Dental Town helped me through, uh, getting into residency, it helped me through starting my practice from scratch in Colorado, and then through all the times that I've sold and moved and bought and sold and moved and bought to where I am now, so it's been a huge part of my life my entire career in dentistry. So, thank for that, as well. Um, so to get into critical thinking, I think that there's a huge need for it in dentistry because of the various areas that you mentioned, and to un-complicate dentistry. I think there are too many people out, there on the stage, that are talking about complex, complicated treatment, and it's easy for us sitting in the audience with the pie in the sky and the excitement that comes with these full-mouth rehabs and these complicated cases, and to think that we can cure somebody's spina

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

bifida with an oral appliance or whatever it may be, but what we're lacking is the ability to look at that and then ask better questions about how that's happening and why that's happening, and is it really plausible or not, and if it's not plausible, then why would we spend more money in that area, why would we complicate our lives or the dentistry that we're trying to do to just get people by. And so, what we've done is, a colleague and I, Grant Richie, he's a dentist in Kansas City and also on Dental Town and, he and I met at a, actually a scientific conference outside of dentistry, and had dentistry in common, and we're talking for quite a while just online, and had similar interests in trying to bring more critical thinking into dentistry, and then also had interest in science and I kind of life fitness and nutrition and that kind of world, he's more into astronomy and some other things, and so we had these ideas, and about nine or ten months ago, we decided we'd finally just see what happens with a podcast. So, we started a podcast, it's called the Prism podcast, where we are trying to just evaluate and learn about scientific and critical thinking topics. So, we have all kinds of things, not just dentistry, although we do jump into dentistry on a regular basis. So, we've tackled some sleep apnea issues, we've tackled a whole segment, or actually two segments on careology, which were really well done, I think, and we've gotten into other areas, as well, from health reporting – we had a health and science journalist from the UK on; next week, we're interviewing somebody from Sense about Science, they're based in the UK, and that's an organization that is entirely sprung up around educating the public on scientific thinking and asking better questions and asking for evidence, and the whole idea being to make our lives simpler and smarter, not supernatural.

Howard Farran: Well, I, um, anybody who listens to one of your podcasts is going to listen to the whole series, I mean, they're just amazing. Um, every time I see one fly across my desk on Twitter, I try to retweet it. Um, well, let's go through the, um, the three critical areas, or the areas you were just talking about – careology. They can go back and listen to a couple of whole segments on yours, but I only get you for an hour, Um let's talk about careology.

Jason Luchtefeld: Yes, so careology, it's, it was interesting to me because going back, there was a lot I forgot in dental school, and so as I'm seeing more and more patients that have these challenges and I'm trying to counsel them on what to do and try to find an organized way to present, it was challenging. And it's not just, it's not always something that's that patient's fault, is what I learned, and so all we can do is give them the best information and the best tools to try to combat this disease. So, what we did in our podcast was we tried to find a couple people that were interested in the topic, so we had Kim Cuchan, who obviously has a company, he has a product to sell and so we had to take that with a little bit of a grain of salt, but he did have some good information to present, and then we had a dental researcher, Dom Zero – he's a researcher at Indiana University, he's been doing careology research for 30 years, I think, and so it basically comes down to something that is very simple, but not well enough known. And that is if we can just alter the environment of the mouth in a way that is no longer advantageous to those bugs that cause cavities, that we can change people's entire risk profile for getting a cavity. And so, what I've done then is simplified my practice to anybody that has an active cavity gets this information, and it's a little brochure we made up that says, look, you're at risk for cavities. We know that you have the bugs, you know that you have the tooth, we know that you're, you

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

have the diet. And so, you modify these things, and here are some recommended tools and tips and techniques, and you can never have a cavity again. And so, it's made as simple as...

Howard Farran: How good are readers see that pamphlet?

Jason Luchtefeld: Say that again?

Howard Farran: How can our listeners on this podcast, how can they see that pamphlet that you give your patients?

Jason Luchtefeld: Yeah, the easiest way would be to email me or ask the question on Dental Town, and I'll respond.

Howard Farran: And what is your email?

Jason Luchtefeld: My personal email is jluchte@hotmail.com.

Howard Farran: Okay, and will you email it to, do you have it in a jpeg? Can you email it to me?

Jason Luchtefeld: It's in a Word document currently.

Howard Farran: Can you send it to me in a Word document?

Jason Luchtefeld: Yep.

Howard Farran: And then, when we post your podcast, um, maybe we'll just start it in with careology. Maybe we'll post it under careology and, um, and then we'll, and then you can post that, uh, or I can post it for you after your, uh, after your podcast. It would be the first comment after your podcast. So, what does that brochure basically say? Let's start with the bug itself. Um, I've learned recently that, um, it looks like there...we picked up streptococcus mutans from cats, probably 15,000 years ago in the fertile crescent, and that it's, uh, you're not born with it, we picked it up from cats, just like we picked up other diseases from animals and that, um, you have a newborn baby and mom and dad are kissing it, they're testing, tasting it's food and it's actually the whole dental industry, you got infected from your mom and dad.

Jason Luchtefeld: That's right.

Howard Farran: Well, what I like to say is mom, not the dad.

Jason Luchtefeld: Uh, yeah. Yeah, so that's a really interesting topic...

Howard Farran: That was a joke.

Jason Luchtefeld: Yeah, that's good...that's come up...so, strep mutans and lactobacillus are two really big ones, and when they're together, it's synergistic effect in the negative. And so, you get those, as you already said, from parents most commonly, but also from caregivers, so it can be grandma and grandpa, it can be the babysitter, it can be kids at their babysitters, so you know, kids put stuff in their mouths

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

and it goes to the next kid's mouth. I was originally thought, not that long ago, that it wasn't until the first tooth eruption that that was a problem. But, lately, they are finding that that stuff can even embed on the _____, the gum tissue, the tongue, and so it makes, you know, rubbing the kid's gums with a wash cloth before they have teeth even that much more important.

Howard Farran: Now, do you have to have both of those bacteria for a cavity, or you can have strep?

Jason Luchtefeld: No, you can just have strep, and it will cause cavities, and you can have no strep and just have lactobacillus and have some cavities, but it is a lot lower risk. But, if you have both, it's like a curve that arcs up that when you have both of those, is dramatic.

Howard Farran: And is that the same bug in root surface decay?

Jason Luchtefeld: As far as I know.

Howard Farran: Okay. And meth mouth and etc.

Jason Luchtefeld: Yeah, yeah.

Howard Farran: Okay, so...

Jason Luchtefeld: Now, obviously there are other things involved when you get into some of that as far as the acid levels in the mouth, and if there is dry mouth associates, not only do you have the higher risk from a surface that's not getting washed daily, but you also have the dryness that facilitates a lower PH.

Howard Farran: Now Jason, do you, can we envision in the near future that maybe, um, parents could not infect their child or is it a hopeless situation in our society that someone's going to kiss you or you're going to put him in school for one hour and they're going to pick up a ball from McDonalds in the ball area and, you know, I mean, is "I'm not going to get my child infected with this" a strategy or is that just not really even a strategy?

Jason Luchtefeld: I don't think so. I wouldn't tell someone to stop kissing their kid because they're worried about it, but what I would say is that if a parent has a lot of cavities and a high risk, they should be doing things to lower their risk, not just their kids. They need to be, you know, eating different and brushing and flossing and fluoride and doing all the things necessary to get that bug as low as possible in their mouth.

Howard Farran: And I've seen a lot of things change in my 50 years of life, I mean, _____. Do you think a vaccine for streptococcus mutans or lactobacillus is around the corner or is that way down the road, too?

Jason Luchtefeld: Yeah, as far as I can tell, it's a way down the road. You know, there are some other things that are kind of in the pipeline, some other gums and things that are peptide-based that affect the bacteria differently that are a lot closer. And, so that's...

Howard Farran: Talk about that for a minute.

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

Jason Luchtefeld: Yeah, there's a, they're actually studying it, it's in our episode with Dom Zero, he's one of the researchers and it's a military research grant that their researching this peptide that specifically affects these bacteria, and so they've made a gum out of this peptide for the troops when they're overseas and away from things to try to alter their risk for cavities in a more dramatic way, and initial data that he could be open about was very positive.

Howard Farran: Okay, so you said three things – there's the, we talked about the bacteria, and then the other two were...

Jason Luchtefeld: Yeah, the bacteria, the diet, um, I don't know if I said acid level...

Howard Farran: Uh huh, PH.

Jason Luchtefeld: Yeah, yeah, PH. So, the diet is critical, so the carb snacking is the big one, and it's been amazing since I've now approached it with...in the last twelve months is really how long I've been doing this part of it, and that is kind of the diet focus for carries risk people, and that is they all know about sugar, they all know soda's bad, they all know that the sugary sweets and things are bad, and so they recognize that and they say that they will avoid those. What they don't know is carbs in general, and so everyone thinks s a cracker is healthy, but you snack on a cracker and that shit is in your teeth for hours, just ready for a feast from those bacteria to cause cavities, and so crackers are a big one that parents give to kids. I mean, all day long, they give them the crackers thinking they're healthier than giving them sweets or other snacks, and so that's been an eye opener for patients that I've had the discussion with, that crackers can actually be a negative for cavities. So, the big one there is carbs. So, um, don't snack on carbs, and if you do, mix it with some fats or rinse immediately.

Howard Farran: It's tough. I've lectured all around the world and the three fastest growing disease around the world are dental decay, obesity, and diabetes, and it's all what we're putting in the mouth.

Jason Luchtefeld: Yeah, absolutely.

Howard Farran: And, I, it's amazing, just last year I was in three different cities in Asia, um, Hong Kong, Katmandu, Nepal, and New Delhi – all three of them, for the first time in the history of their great civilizations, got their first pediatric dentist, and I was in Katmandu talking to a dentist, uh, who was 60 years old, said in his first ten years of practice, he never saw a cavity ever in a child under ten, and then the whole country quit drinking water and switched to Coca Cola and Pepsi and all this processed food, and now he says any five-year-old that walks in, he basically said any child that walks in, for their age, will have that number of cavities. A five-year-old will have five, a six-year-old will have six, and it's just crazy...

Jason Luchtefeld: Yeah...

Howard Farran: ...so, our diet...

Jason Luchtefeld: ...well, I think that's a great point. It's not like they don't have the bacteria. It's also, I think, a great case study there that they probably have mouths that are full of this bacteria, but they

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

never fed them anything that they could eat. And so, even though you have the bacteria, if you're not feeding it that carb, uh, those sugars, then you're not going to get cavities.

Howard Farran: That's a great...a great point. So, then I'm going to ask you, the last thing you said was the PH, so there's a lot of people who believe, I'm going to quit drinking Coke and I'm going to drink Diet Coke and then my dentist will love me...talk about that.

Jason Luchtefeld: Yes, so the acid levels in the diet soda are the exact same, no different there, in all the sodas. And even what's worse now a days, as you've probably seen, are all these sports drinks, and things like Red Bull and Monster and whatever else, they're just full of citric acid, and I see it a lot in some of the endurance athletes, um, that I've spoken to and gotten to correspond with, and that is that you may see in your Iron Man stuff. You know, the stuff you're putting in as you're on your bike for hours and hours, it's sugar-based and, if it's a liquid, it typically has citric acid in it to help to stabilize it. And so that citric acid is bad, the phosphoric acid and whatever other acid is used in a variety of soda products, is just going to tear the teeth up.

Howard Farran: And I also just read a study just a couple of weeks ago that, uh, swimmers actually have a higher decay rate, so you're thinking your mouth is bathing in chlorine, chlorine kills everything, that's why in a swimming pool, you can see the bottom of the pool, yet swimmers have higher cavity rates. Explain that.

Jason Luchtefeld: Well, the PH level in a pool, especially a public pool, is probably not real balanced at like 7.0, and so my assumption there is that, um, you have an acidic environment in that pool more often than not.

Howard Farran: Well, I live in Phoenix where you have to have a pool, and everyone knows it. Every time we lower the PH by one, the chlorine kills twice as much, so you dump in chlorine and acid, and so it's the low PH.

Jason Luchtefeld: Yeah.

Howard Farran: And explain, explain to the dentist why a low PH promotes decay.

Jason Luchtefeld: Well, the bacteria that can help cause cavities, one, they like the environment. They can survive in an aciduric environment, they're acid loving, and they're also acid-producing because it's the acid that helps to eat away the tooth structure. Not that they have a conscience and they want to do that, that's just what they do, right? It's their instinct. To eat and to poop and that destroys teeth. And so, that acid environment, if you're bathing your teeth in acid along with what the bacteria are doing, then you're just making their lives easier.

Howard Farran: So, if you have, if you were talking to a mom and dad, and they had a bunch of puppies, um, what would you be telling them? You'd be coaching them, less sugars, less crackers, less carbs, less acid, would you be recommending, uh, gums that have ingredients to, uh, you know, Zilactin and all

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

those...talk, talk about...well, talk to me like I just came in to you and said, hey, I got three kids – two, four, and six, what are you going to tell me at a recall appointment, you know, to help my kids?

Jason Luchtefeld: Yeah, so that depends. So, in my attempts to try to uncomplicate life for my hygienist, I don't require them to have a dissertation with every single patient. I prefer a more customized approach with each person. And so, if I have a family of five that come in and the kids don't have any cavities and the parents don't have any cavities, the our conversations are really short. Because obviously they're not at risk. Whatever it is they're doing, its working, and I don't need to spend twenty minutes educating them. But, if the family comes in and dad's got a mouth full of cavities and teeth rotting off, and two out of three of three of the kids have a bunch of cavities and problems, then it's a different story. Then, we'll bring everybody in, and we'll say, okay, mom and dad, first, do you know what causes cavities? Usually they'll sort of nod with a question mark look in their eye. And so, we'll review it with them, just the basic process, that is requires teeth and bugs and a food source. And then we'll say we need to try to alter this environment so that you don't get cavities anymore, and we have the ability now to do that very predictably. So, what that means is no more of the sugar snacking, like we talked about, eliminating sodas and juices, and usually it's easier for the kids to be instructed to do that. It's more the adults that are the problem, in that they like their soda during the day, they like that pick-me-up, or they want the caffeine, you know, the various stuff.

Howard Farran: The adults or the kids?

Jason Luchtefeld: So...the adults. So, then it's a matter of trying to just come to an agreement with them that, you know, I've found that you can't ask too much of them or you get zero compliance. Instead, it's finding a middle ground. And so, you say, have your soda, but have it with a meal, don't sip on it all day. And for the kids, it's the same sort of thing. Avoid the soda, except on special occasions, avoid the sugary snacks, except for special occasions, and then alter the environment with this – brushing twice a day, make sure you have a fluoride toothpaste, rinsing for the kids = Act mouth rinse is awesome, uh, for the adults, we do some carry-free products, uh, a little higher strength and more tolerable for the adults than the kids, and then as you mentioned Xylitol, gum and mints. We do recommend those for people to use throughout the day, especially if they're already gum or mint users. So, people that are sucking on Altoids all day, we try to get them to switch to a Xylitol mint instead. People that are snacking on gum all day, we try to get them to use a 100% Xylitol product instead of their Juicy Fruit, and...

Howard Farran: Any name brand that you like?

Jason Luchtefeld: For the gum, we use Epic...

Howard Farran: Epic?

Jason Luchtefeld: Yep. For the mints, we use Ice Chips.

Howard Farran: That's the name of it? Ice Chip mints?

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

Jason Luchtefeld: Yep, Ice Chips. Yeah, actually, they were on Shark Tank last year.

Howard Farran: Really?

Jason Luchtefeld: That...yeah, that show, it was two grandmas that invented it and they went on Shark Tank and pitched their Ice Chips and they actually got funding, so I think the parent company is now called Healing Leaf, Inc. or something?

Howard Farran: Is that, would it be healingleaf.com?

Jason Luchtefeld: Uh, that's a great question.

Howard Farran: Did Mark Cuban invest money in it?

Jason Luchtefeld: (Laughs) I don't know, I haven't watched the episode.

Howard Farran: Oh, okay, okay.

Jason Luchtefeld: It's, uh, icechipsandy.com.

Howard Farran: Icechipsandy.com.

Jason Luchtefeld: Yeah.

Howard Farran: Fantastic. And I can get the Epic xylitol gum and the Ice Chip mints?

Jason Luchtefeld: Uh, no, that's the mints only.

Howard Farran: Okay, icechips-what?

Jason Luchtefeld: Icechipsandy.com.

Howard Farran: Okay, icechipsandy.com...

Jason Luchtefeld: And they have like 20 different flavors, they're really good and uh, easy. The gum is Epic, which is epicdental.com.

Howard Farran: So, epicdental.com...E-P-I-C-dental.com?

Jason Luchtefeld: Yeah.

Howard Farran: Okay?

Jason Luchtefeld: Yeah.

Howard Farran: And then, I want to...you were talking about children. Let's go to the other end of the spectrum, something that's, um, really has my attention. So, I'm in Phoenix, it's a big retirement community. I'd say about 20% of my practice are people that retired here from the Midwest, the Northern Midwest, you know, um, basically, you go into a nursing home and your life's long dentistry

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

that you restored, about 18 months later, it's just root surface decay, it's just, dang near wiped it all out, and it's sad. What would you say, um, to the LPNs working the nursing homes, the nursing home director, or to, uh, a couple whose going to put grandma into the nursing home, knowing that probably...I mean, what percent, have you seen nursing _____, I mean, what percent of the people admitted to a nursing home will just get attacked by root surface decay?

Jason Luchtefeld: Yeah, I haven't seen the data myself, but I know that it's not good, and I know that the ability to get quality oral health care in a nursing home environment is very challenging. The, I think, and this is from a few patients that I've had that have gone through that exact process, that the, the staff are already pretty overworked, at least that's what it sounds like, the nurses and things, and so trying to adequately brush someone's mouth that doesn't have the ability to help very much is a real challenge. Combine that with the, uh, myriad of medications that these people are on that dry the mouth out and leave them susceptible, combine that with the diet that most of them are on in these places, and you have an environment that is ready for some serious decay.

Howard Farran: And, and rheumatoid arthritis that can't handle the brush, dementia, Alzheimer's, it's just a cluster.

Jason Luchtefeld: Yeah.

Howard Farran: So, what would you recommend to, um, say, a patient who's going to go visit her mom in the nursing home? Would you, um...and I've checked out about ten of these and it's some poor LPN little girl and she's in a wing with ten rooms on each side, and there's two to a room...

Jason Luchtefeld: Right.

Howard Farran: ...and she's supposed to be in charge, taking them to the bathroom and bathing them and this and meds and that, I mean, when they go in to brush their teeth, they squirt a little something on, go bing, bing, bing, and spit in a Dixie cup.

Jason Luchtefeld: Right, right.

Howard Farran: So, so, if your mom was in a nursing home in that situation, what, how would you counsel her? Would you...

Jason Luchtefeld: Yeah, so one thing, I think the carry-free treatment rinse, which they may have just renamed to CTx4, it's basically peroxide and bleach and some other ingredients to try to flavor it, would be a great rinse to use one or twice a day. Um, it's just...

Howard Farran: And where, where, what's, what's the website on there?

Jason Luchtefeld: That's carifree.com.

Howard Farran: Okay, carifree or carriesfree?

Jason Luchtefeld: Carry...C-A-R-I-F-R-E-E.

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

Howard Farran: Is that, is that Kim Kutsch's...

Jason Luchtefeld: Kim Kutsch's...

Howard Farran: Kim Kutsch's website? Carifree.com

Jason Luchtefeld: Yeah.

Howard Farran: Okay.

Jason Luchtefeld: Yep. So, their treatment rinse or CTx4 is that high-powered, and what I tell patients, it's like a prescription-strength rinse, because it's got stuff in it...they're going to hopefully have some data, actual published data released later this year, that will help to back up some of the, give it some science behind the theory, but that does multiple things...it has fluoride in it, it kills bugs, it has a buffering agent in it so your addressing the acid, and it had xylitol in it, so you're getting that effect.

Howard Farran: So, it's just a cocktail of about anything we got – we got the buffering agent, so, what is that – baking soda, some fluoride, some peroxide, some bleach, and some...

Jason Luchtefeld: Yep, yep.

Howard Farran: Very good.

Jason Luchtefeld: Yep, yeah, so I like the product for that reason, and I think that for people who have very little care, very little time and ability to do that, it's all of, you know, ten seconds to, for someone...it does come in two bottles in order...because it's not stable once you mix it, so you know, you do have to pour a little bit and a little bit, and then swish it, so as long as the person can swish, that would be golden.

Howard Farran: And how long would they have to swish with something like that?

Jason Luchtefeld: Oh, probably thirty seconds.

Howard Farran: Thirty second? Okay.

Jason Luchtefeld: It doesn't need to be long. And, it's not like Listerine where you have to, you know, make it burn for ten minutes. So...

Howard Farran: So, is there anything else you want to say about careology, or do you want to...?

Jason Luchtefeld: No, uh, I think we've touched on it. I think that we've done some things, both in my office and through the podcast, that can help to simplify that conversation for dentists, so...yeah.

Howard Farran: Okay, so critical thinking. Let's jump to the next seg...issue...um, sleep apnea.

Jason Luchtefeld: Yeah...

Howard Farran: That seems to be a big buzz word, I mean you can't read, you can't pick up a magazine anywhere in America, uh, without, um, seeing a ton on sleep apnea, even uh...

Jason Luchtefeld: Yeah, it's such an interesting topic. It's really taken off, uh...you know there's, uh, something in the critical thinking world that comes up a lot is that there's the one true cause, so a lot of people in pseudoscience – homeopathy and some other of those, that will try to claim that there is one thing, that if you fix, that the rest of your world and life will improve, so sleep apnea has got...started to get that wrap, where if you have sleep apnea, and you fix it, that you can cure cancer and erectile dysfunction and anything else that ails you. And that's a problem because as it...because sleep apnea is an incredibly important topic – it has serious health risks, health effects, and can compound other diseases to make things worse. But, fixing sleep apnea doesn't do anything to cure a lot of the other stuff. And so, yeah, we had a conversation with Kenton Smith recently, on our podcast, that was really good. He takes a pretty common sense approach to things. Um, someone we haven't interviewed yet, but is pretty active on Dental Town, Barry Glassman, I think he has a pretty common sense approach to the sleep world, and so it's, it's an area that you can really get sucked into quick because sleep is profoundly important.

Howard Farran: So, you talked to Barry Glassman. He put on an online course on sleep apnea, so what is a modern understanding of sleep apnea versus where is it extremism? How do you critically think this out?

Jason Luchtefeld: Well...okay, so a moderate would be if you are, um, obsess and you have narcolepsy during the day and you have fatigue issues, you're snoring, um, you should address the sleep apnea because it will help to improve your wakefulness during the day, it can help improve general performance during the day, whether that's at work or in athletics or something, um, it can help you to control other disease entities. So, for example, someone who is diabetic, um, if you're not sleeping, then it can be harder to control diabetes because you have a chronic inflammatory issue in the body, and it's never getting, you're never getting sleep to have that reset, so to speak. Um, the craziness starts with, cancer's a big one right now, that having sleep apnea, you know, has some x-amount of change in your cancer rates, and so if you treat the sleep apnea, then you're going to cure your cancer. And that's just not the case. So, um, that's a pretty out-there one, but real. So, the basic take-home for me is that sleep apnea is important, but it's not the one true cause, this over-riding problem that everyone has to fix. Um, it is an issue for a few people. Do you have it – have you been tested?

Howard Farran: I've never been tested. What, what simple screen questions would you ask or be looking for someone if you thought sleep apnea was a red flag?

Jason Luchtefeld: Well, one is neck circumference. I think 17 inches for a guy is the critical number.

Howard Farran: How does my neck look, Jason?

Jason Luchtefeld: Yeah, you're a little beefy there, Howard.

Howard Farran: Is it? Is it thick?

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

Jason Luchtefeld: Yeah.

Howard Farran: Okay. So, bigger than 17 inch neck...

Jason Luchtefeld: Yeah, um, kind of, it's very subjective, but if someone looks tired all the time, I know that's a pretty good indication. There are some general stuff in the office. You know, there's a real basic Epworth sleepiness scale, it's just a real basic, I think six question form that a patient can fill out, and that can be just a real introductory screening tool, and...

Howard Farran: Do you know those six questions off the top of your head?

Jason Luchtefeld: No, I don't.

Howard Farran: Do you know, um, why would a neck get bigger if you weren't sleeping well?

Jason Luchtefeld: Uh, it's not that, it's that a big neck causes you to not sleep well.

Howard Farran: Oh, okay.

Jason Luchtefeld: Because you have...yeah, because you're...usually it's somebody that's heavier, and so with that weight gain, you're reducing the, um, airway.

Howard Farran: Okay. Um, so, another area that's dear to me, and I want to get how you critically think this out – water fluoridation.

Jason Luchtefeld: Yeah, yeah, it's an interesting topic, especially for somebody like you that's a libertarian. Um, I think it's an interesting issue, in that regard, someone what politically in how we mandate what's in somebody's water. On the other side, I think that it's one of the best things we've done to alter carries risk in kids. Um, it's at a point where I think the data is pretty comprehensive, that there's not much benefit for adults, for water fluoridation, but for kids, I think it's a game changer in the positive.

Howard Farran: So, what would you say to some guy who just says to you, uh, it's toxic, uh, it's cancer causing, it's a waste product in the aluminum industry - it's so toxic, they can't dispose of it, so they're in cahoots with the government and they just slowly pour it in to your water supply. How do you talk to people like that?

Jason Luchtefeld: It's not easy. Most people that are like that aren't interested in having a conversation. Instead, they're wanting to just get their point across and they're not open to any other things, and so as much as I try, I will attempt to give some evidence, just showing the years and years of documented, um, fluoridation areas and the lack of change in cancer or thyroid or bone issues, I will ask of them to provide data to support their assertion, and often times, that will end the conversation, or it will lead to a wild goose chase of rogue internet websites, uh, that again, um...

Howard Farran: And that's, that's been a big change I've seen in my life. When I was a little kid, you know, you ran home after school and you watch Walter, you know, at 5:30 and there's the whole

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

country and just like three news stations, and then kind of the journals kind of pole vault everyone together, and now, I've seen the, just blown apart and fragmented to where nobody's...everybody's finding what they want to hear already, and everybody's just switching to their own religion, politics channel, and you're right, almost everybody that comes up and tells you something is not interested in hearing the opposite. They just want to come you to you and rant their spew and they don't want to have a convers...they're...the brain is like a parachute, it only works if it's open, and it's just so sad that so many people...

Jason Luchtefeld: Right.

Howard Farran: ...I mean, you can explain almost all thinking just on geography. Like, if you were born here, this is your language, this is your, what, your holidays, your religion, your cultures, your customs. I mean, you can find entire countries where 99% of the people don't have an original thought, custom, culture, I mean, they're just...you know what I mean?

Jason Luchtefeld: Yeah, oh yeah.

Howard Farran: It just like, wherever you were born is going to determine almost your entire life. And it's kind of sad.

Jason Luchtefeld: Yeah, well, and the funny thing about that is if you point that out to somebody that's never considered that before, it, I haven't been able to be in their presence when the light bulb goes off about that fact. But yeah, I think it's a fascinating area, especially for religion. You know, if you're born in the States, you're a certain way, and if you're born in India, it's different.

Howard Farran: I know.

Jason Luchtefeld: And so, it's, I think it's just a fascinating area, and one really important piece that we just talked about, is that you have to have an open mind and be open to receiving new information and new evidence, and that's what's incredibly difficult, in life and in dentistry, is being able to evaluate that evidence when it comes in, and knowing the, the good from the bad, and it's hard sometimes to sort out the garbage.

Howard Farran: And that's why I've had an intellectual love affair with you for twenty years, because we're just two open minds that are, everything, everything I think is transparent in my columns, on your podcasts, and man, if I'm wrong, tell me.

Jason Luchtefeld: Yeah.

Howard Farran: And, so what else do you see in dentistry out there. We are down to twenty minutes. What else do you see where you wish dentists were better critical thinkers. And I'll give you something I lived through – um, when I, when I got out of school, the adhesive dentistry guys were saying that the amalgam wedges the teeth apart and they're all going to fail, and the bonding glues it together; in fact, the tooth is stronger after an MOD composite than before it was placed, and you're just a hack horrible

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

guy dentist placing amalgam, and then you're kind of looking at the research today, and it's like, well, don't amalgams last like 35 years and these two-colored things 5-10? Talk about that?

Jason Luchtefeld: Yeah, I think that's another great area that we are...one...

Howard Farran: I'm going to put you on the spot and throw you under a bus, what lasts longer – an MOD amalgam or an MOD composite?

Jason Luchtefeld: Yeah, I think the data would show that amalgam, and I think that with, again, this is going to be opinion jumping here, but I think that amalgam is less technique sensitive, and so because of that, you...it's hard to do comparative analysis, and so if we were to take a look at data that were placed under the same circumstances, so the same sort of isolation, same parameters of size and shape and all that kind of stuff, I'm curious which would still last the longest. I don't think one would be superior necessarily, I think they would be more similar.

Howard Farran: Jason...

Jason Luchtefeld: But, I think in real life circumstances, of wet finger dentist in wet mouths that are not necessarily isolating and not doing all that stuff and there's blood and there's movement and all that kind of stuff, that the amalgam in a lot of cases is the better solution.

Howard Farran: Yeah, I was in, I lectured in four continents, uh, in the last 29 days, and even within this great country here, I mean, you have, uh, like I've seen dentists...what do you think about the practice that doesn't even have amalgam, so he has an 80-year-old lady in as his patient, full-blown Alzheimer's, doesn't know her name, uh, no brushing, no home care, in a nursing home, and he's doing buckle composites on root surface decay. I mean, shouldn't have that been amalgam, and you might think, or glass ionomer, but a glass ionomer and a composite, I kind of need a cooperating patient, I need to get dry isolation, and then I said to the doctor, how can you be a doctor, and for this exact person, you don't even have amalgam? What is your thought on that exact case? I mean, what do you think about a doctor who says, I don't even have the option, and then I come back and say, really, you saw 2,000 people last year and not one person had a superior indication for an amalgam?

Jason Luchtefeld: Well, I think that's where we get into the ability of the doctor to have clinical judgment in a way that there is a restoration provided that is adequate for that situation. And so, like you said, in those instances, I think glass ionomer is a reasonable solution assuming that you can achieve isolation for it. So, and even with that, again, I'm arguing from a point of selfishness here, but if you have a DO on #15 and you can't get it isolated, um, why isn't, why is shoving an amalgam into a wet, bloody hole any better than shoving a composite? And there are arguments to be made, I think, for some of the antibacterial effects of the amalgam or whatever, but the fact is that both of those are poor choices, and so...I think...

Howard Farran: But, amalgam is anti, more bacterial static with the tin ions flying out than an inert plastic composite.

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

Jason Luchtefeld: Yeah, absolutely, but I don't think that allows it to...that doesn't make it okay to place into a compromised situations...

Howard Farran: Uh huh.

Jason Luchtefeld: ...and so, it becomes...that's where I really like the idea of evidence-based dentistry, and copying off of evidence-based medicine and using our best available evidence combined with clinical judgment and the patient's wants, needs, and desires, to form a decision for that patient. And so, what that's going to mean is, you're not going to treat every patient strictly by what the evidence says is the absolute best. What you're going to do is you're going to say, okay patient, you would best benefit from an amalgam in this situation. However, this restoration is less long-lasting, has this potential under these circumstances, and I am either comfortable placing it or I'm not, are you comfortable receiving that or not? And so, I believe in an open dialogue with the patient to come to an agreement on what treatment is the best..

Howard Farran: And do you know what...

Jason Luchtefeld: ...for them.

Howard Farran: You know what I would like to see in the next ten, twenty years, I would like to see, gosh, for twenty years, all these composite and tooth-colored...they're all talking about the wear and the wear and the bonding rate, it's just bonding wear, bonding wear, wear...when are they going to introduce something bacterial static, when are they going to release a composite that says, hey, put in this tooth-colored filling and it releases something that bugs don't like. When are we going to start seeing bacterial static restorations and, and materials?

Jason Luchtefeld: That's an awesome idea. Do you have, do you have a _____ working on that?

Howard Farran: (Laughs) But, I mean, isn't that the logical next step, is, you know, but something bacterial static...uh...

Jason Luchtefeld: Well, isn't that the idea behind glass ionomer and releasing fluoride?

Howard Farran: Yeah, and this is what's interesting – um, you know, all these countries have great civilizations, a lot of them go back, 3, 4, 5,000 years, and why is it that the great dentists of Australia and Japan use far more glass ionomer than the United States? I mean, those are critically, highly educated, I mean, a lot of countries, their dental school program, um, four out of five dentists go to “a private school” and it's just two years straight out of high school, and they're graduating, you know, 18, 20 years old and they're a dentist. But, these are civilizations where dental school still has a six-, eight-year program, so how do you have critical thinking if you have this great Australia/Japan region using far more glass ionomer than the United States, because wouldn't someone have to be more right and someone have to be more wrong, I mean, could they both equally be making the same best decision?

Jason Luchtefeld: They could. And it's also possible that one is more than right, and one's more wrong. And I, I don't know, uh, which it would be.

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

Howard Farran: Like, it's funny because you've heard of sandwich techniques and open sandwiches

Jason Luchtefeld: _____...

Jason Luchtefeld: Yeah.

Howard Farran: ...so, they put glass ionomer on the floor, they want their...on the inner proximal box they want an exchange of fluoride and calcium and phosphorus, and then they put a layer bread sandwich composite on the top. And in the United States, if you say to a dentist, hey, do you ever do the sandwich technique? They're like, what? You know...

Jason Luchtefeld: Yeah, I think that that demonstrates a severe lack in our dental research, as well, in that we don't have great data on that. There is a practice-based research network now that is becoming more and more active where they are getting data from actual dentists in real life that are tracking things and presenting the data as it becomes available, and that's going to be really interesting to see over the next five to ten years.

Howard Farran: What do you think of the evidence-based dentistry movement? Do you think that's taking off, do you think that's showing in dividends yet? Do you think that's something more of in the future?

Jason Luchtefeld: I think it's coming slowly, and some fighting it more than others, but I think it's on its way and there's a lot of good to be had with that movement, in my opinion, and...

Howard Farran: I, I still cringe on, um, the three major software companies, you know, Dentrix, _____, _____, you know, you can put in DO composite, but it's not prompting them, what was it, what was your bonding agent, so that the next generation dentist can say, oh, here's two patients and how we did this on this one and this and this one, and these all lasted 7 years and these all lasted 14. You know, we're not even...we're going all digital, but our practice-running software is not asking the right questions, so that our grandchildren can just have enormous amount of data, you know?

Jason Luchtefeld: Yeah.

Howard Farran: So, I'm unfortunately down to only twelve minutes with you, so what other areas of critical thinking do you see in dentistry that, uh, get you to scratch your head? We talked about water fluoridation, sleep apnea, careology...

Jason Luchtefeld: Well, I think in general, dentistry is finally starting to come around with, in general, the research. So, you know, we have a lot of bench research, and translating that to people is hard, and doing the research that we need on people is hard, so even something like careology, when we're doing it on people, because of the host of things that are involved in the process, it's a challenge to do research on people, and so as we continue to move forward, I think getting more and more data that is of a good quality in dentistry is going to help all of us practice better, to make better choices and ultimately, have better results for our patients. But, I think that that's, it's a long time, slow process in coming. A bigger risk, I think, is the involvement of insurance companies in our decision-making because

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

we're already starting to see the snippets of it, the very beginnings with the outcomes-based stuff. And I know this is switching gears a bit from what we were talking about, but the insurance companies are going to have a field day with this outcomes-based reimbursement that has already started in medicine, and is going to be coming into dentistry in the next five to ten years. And unfortunately, the dental insurance companies are leading that, not the dentists. And so, instead of us being leaders and standing up and saying, let's take this by the reigns and lead it, we're going to be trailing behind, kicking and screaming, complaining about what's happening.

Howard Farran: And explain what outcomes... explain what it means? Like, what's your worst _____...

Jason Luchtefeld: Yeah, so um, I'm going to use implants as an example. Uh, what's going to happen is that your, you place an implant and there's going to be a follow-up that, uh, is the implant still there in x-number of years? And so then, over time, you're going to develop a profile that, and it's what your success rate is basically, so it's already happened, um, pretty widely across Europe, and so you can get data on the success rate of a surgeon in a hospital for a hip replacement, and with that information, make a decision on where you want to go for your hip replacement, assuming you can get there and afford it and all that. Same thing's going to happen in dentistry.

Howard Farran: And tell them what the negative to that is. Because...

Jason Luchtefeld: The negative to that is the insurance company...by the insurance company controlling that, it's going to mean that they have the data, they have the information, they're going to be limiting reimbursement for those that aren't performing as well. It's going to start limiting how much you and I take risks in the treatments we're performing...

Howard Farran: Exactly.

Jason Luchtefeld: ...and therefore, it's going to alter the treatment that we are then offering to patients.

Howard Farran: Yeah, what I've seen from lecturing around the world is uh, people saying that, um, um, he won't do your grandpa because he's too old, he won't do it because he's a smoker, he...so, if you're too sick, no one wants to help. And I also think it's interesting how, you know, you go to London, there, they, uh, you know, when I got out of school, probably 99% of the dentists participated in the NIH dental system, and now, you know, 25% of them abandoned it, and the rest are just trying to see how fast they can get out of it, while America's deciding, oh, this is interesting, let's get into it. It's like, it's like, well, the people that have been there 60 years, they're all trying to get out of it, and you're just trying to get into it, so yeah, that's a complicated issue. Um, I want to switch gears, one last thing because, where you're a role model to me, I follow you on Facebook, Dental Town, um, is you know, when I turned 50 years old, I started realizing, um, that you know, to be a good dentist, you've got to be fit. I mean, you can't lean your 10-pound bowling ball over a head all day and not have neck injuries, and I think, um, I think that you're actually a better dentist in a better mood, um, a better everything if you're fit, and that last two years, I've been trying so hard to really get fit, and like I said, at 50, disaster, first year or first _____, um, you've got seven minutes...tell the doctor, un-complicate a doctor, just simple things he or she can do to get healthier and more fit, and how that would un-complicate their life.

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

Jason Luchtefeld: Yeah, the most basic one, and the one anybody and everybody can do, is move five minutes a day. Just extra movement five minutes day has an impact, has a positive impact on health in general. Um, that data actually just came out. It just published like a week ago, that that's all it takes to get started. Uh, to beyond that, just walking twenty minutes, three to four times a week has a profound impact on the brain and ability to, for cognition and um, well-being. Uh, that's from a book called Spark by John Ratey, and um, they found that movement in general releases brain-derived neurofactor, and that has impacts on the brain functioning. So, that would be the first one. The next one is, eating. That's huge because it's incredibly difficult to make a change by exercise alone. In fact, it probably won't happen. You're going to lose. You can't outrun your mouth. And so, instead, you've got to make changes to the diet, and like we talked about with cavities, carbs is a big one. If you're obese, if you're really needing to lose a lot of weight, then there is evidence that the low-carb, high fat approach is more effective and healthier than the traditional just lower-calorie approach.

Howard Farran: And what, what diet would you like the most? Would that be the Paleo diet or the Beachfront or, there are a hundred names...

Jason Luchtefeld: No, it...nope, I don't care what label you give it, to me, its low carbs and higher fats. So obviously, there are some caveats to that as far as eating a variety of fruits and vegetables and that kind of stuff, but one thing that, it's only a modified Atkins diet, except problems with the Atkins diet was its way too high in protein. And so, there are some negative aspects to that part of it. So instead, um, low carb, high fat, and so if you're already...I'm going to segway off of that to somebody who's already in shape, um, at least physically looking, doesn't need to lose a ton of weight, but just has some, um, motivation issues or whatever, and getting back to the basic movement, and so it starts out with just some walking. But, the other things that are fantastic for getting the body feeling better are laying on the ground, rolling side to side, crawling, and then just doing basic movements of sitting, crawling, and standing, and then going back down. That's the biggest thing we lose as we get older. We forget how to get up off the floor. We lose that dexterity, we lose that flexibility and movement, and so just keeping that as you get older, and practicing that, can make a world of difference on how you feel as you're hunched over that patient all day, and going from that hunched over movement, back up, and around again.

Howard Farran: That's amazing. So, um, I'm...in fact, I was sitting here thinking while you were talking about that...I would love to get you back for a whole hour and just do fitness and nutrition because you're an amazing...would you be up for that?

Jason Luchtefeld: Yep, sure.

Howard Farran: And, and how many, how many...prismpodcast.com, how many podcasts do you have on there now?

Jason Luchtefeld: We have 27 episodes.

Howard Farran: I'm telling you, you guys, there's nothing this man can talk about for an hour that's not fascinating. He has the most amazing mind I know of, I think you're the best critical dentist, um, critical

Howard Speaks Podcast #3
Featuring Jason Luchtefeld

thinking dentist I know, so Jason, my buddy, you have two minutes...it's 58 minutes, so wrap up everything you just said to uncomplicate dentistry in two minutes. Give me a good, big close.

Jason Luchtefeld: Wow, uh, I don't have nearly the command of the room that you do, Howard, but uh, I think that we, um, we covered a lot of topics and I think there was a lot of good information there for people to, to simplify things in their lives, from basic careology and educating patients to how they live their lives and just simplifying and moving little more, and so to uncomplicate their dentistry, it's take everything and ask questions. So, ask more questions, to dig down, and ask for evidence for the things that you're doing on a daily basis. One great thing that was done, a huge exercise for me, Noreg, from Dental Town, uh, had me do this about a year ago. He said, look at all of the procedures you're doing, and ask yourself why you're doing each step of those, and whether or not they're important or why do you do them in the first place, and it was amazing to me how many things I was doing that, that were unnecessary, and the assistants were doing that were unnecessary, so you can simplify your life, your assistant's life, if you just ask questions and simplify throughout.

Howard Farran: Well, thank you, Jason, for all that you do for dentistry and for Dental Town, and thank you for your Prism podcasts, and I just think you're one hell of a guy. You're my idol, buddy.

Jason Luchtefeld: Thanks, Howard.

Howard Farran: Take care.

Jason Luchtefeld: Thanks Howard, I appreciate it.

Howard Farran: Bye-bye.