

# Real Health Podcast

Brought to you by the Riordan Clinic



## Episode #37: Biological Dentistry

**Disclaimer:** The information contained on the Real Health Podcast and the resources mentioned are for educational purposes only. They are not intended as, and shall not be understood or construed as, medical or health advice. The information contained on this podcast is not a substitute for medical or health advice from a professional who is aware of the facts and circumstances of your individual situation. Information provided by hosts and guests on the Real Health Podcast, or the use of any products or services mentioned, does not create a practitioner/patient relationship between you and any person's affiliated with this podcast.

**Intro:** This is the Real Health Podcast brought to you by Rearden clinic. Our mission is to bring you the latest information and top experts in functional and integrative medicine to help you make informed decisions on your path to real health.

**Dr. Lucas Tims:** All right, everyone. Thanks for joining us for another Real Health Podcast. I'm your host today, Dr. Lucas Tims, board certified naturopathic oncologist here at the Rearden clinic. I'm very excited for our guest today. We have with us Dr. Julie Babcock, who is a biological dentist, is in private practice here in the Kansas City area, so not far from our clinic. She's been in practice for 23 years, has a lot of experience, and she happens to be a board member of the International Academy of Oral and Medical Toxicology, which is a huge group of dentists and other medical professionals that look at toxins and environmental toxicity as it relates to dental and medical issues. So, Dr. Babcock, thanks for joining us.

**Dr. Julie Babcock:** Hey, it's good to be here. Thank you.

**Dr. Lucas Tims:** So Dr. Babcock and I have known each other for a little bit, and I thought it'd be a great introduction for you just to give us a little bit, I've heard this story, but for you to give the listeners a little bit of a narrative on your background and how you came to biological or holistic dentistry.

**Dr. Julie Babcock:** Yeah. Okay. I was a normal dentist. I graduated dental school in 1996, knowing that mercury was perfectly safe and nontoxic and root canals were meant for everybody. I practiced that way for many, many years until I had a good friend who was doing more holistic medical care, functional medicine, with some of his patients and realizing they had mercury toxicity issues and heavy metal issues. He tried to talk me into going to learn how to remove mercury safely for a couple of years, and I drug my feet for a long time. I thought it was ridiculous, because that's what I was taught. Then I looked at this organization, the IAOMT group, and their next meeting was in Puerto Rico and February. I thought, now that is a meeting I can go to. I can spend some time on the beach.



**Dr. Julie Babcock:** But when I got there, I didn't spend any time on the beach because I was blown away by the information that I learned. It was about the mercury, the ozone, fluoride, root canals in the harms that they can cause. These were all things, over about a three day period, that completely blew my mind, changed everything that I believed and thought. Then I figured out that once you know something you can't unknow it.

**Dr. Julie Babcock:** So I came back to my practice and tried to tell my staff all this great stuff that I learned, and they were not as well receiving as I was hoping. So I said, "Okay, let's just focus on the idea that mercury is toxic. That's not a stretch, and let's just take care of our own health. Let's take care of our patients' health." And what happened when I joined this group and I started removing mercury safely, my whole practice changed over. My current patients left and new ones came in, and they were an amazing bunch of people to work with because they had a whole new level of care about their own personal health. It's been fantastic working with this new group of people who, some are ill, some just don't want to be sick, and they just want a different level of care. I am happy to provide it.

**Dr. Lucas Tims:** Yeah, I love that. When you were talking, and when I've heard this story before, I almost envision Dorothy going to Oz and pulling back the curtain on the wizard. Once you see what's really going on behind the scenes, it's hard to unsee it, like you said. I credit you and all the dentists and doctors who have converted over when it comes to looking at health differently from more of a holistic standpoint.

**Dr. Julie Babcock:** For sure. A lot of the ones I give credit to are the ones that went before me. I mean, 20, 25 years ago, the people doing what I'm doing right now had their licenses at risk, and some of them lost their license. We weren't doing anything that weird. We're just saying, "Hey, there's a problem with mercury, and maybe a root canal doesn't belong in every person's mouth, and fluoride just might be toxic." It's not that far of a stretch.

**Dr. Lucas Tims:** You weren't making any major revelations there, or they shouldn't have been taken that way.

**Dr. Julie Babcock:** No, but some of these guys lost their licenses for that. I'm thankful for those that went before, and what happened though, was eventually these state boards started suing these guys and they kept losing, and so they just kind of started leaving us alone.

**Dr. Lucas Tims:** Well, good thing, because there's a lot of connection, which we'll get into, between the toxic practices in general dentistry and overall health. I don't think a lot of people realize that. They maybe see the dental health has sort of a separate issue from the rest of the body.

**Dr. Julie Babcock:** Dentists certainly do. I mean, we're taught that this is a mouth, and it is not really connected to anything else. I don't ever remember a lecture about that in dental school or in all of my CE classes. We never talk about anything other than just the teeth.

**Dr. Lucas Tims:** Yeah. Well, you touched a little bit on some of these general dentistry practices that maybe aren't so good for us. Tell us, tell the listeners a little bit about why mercury and things like root canals could maybe lead to problems down the road, for not just the oral health, but the whole health.

**Dr. Julie Babcock:** Yeah. Well, mercury is what the most toxic substance known to man outside of radioactive plutonium. I think it's incredibly toxic and it takes such a tiny, tiny amount. When you put it

in the mouth and you continually chew on it and brush it and eat on it just, it completely, it continues to off gas. Right. We were taught that once that mercury is mixed with that powder and it's in the tooth and set up and hard, it would no longer off gas. That is absolutely not true. It's been proven over and over again. It's this constant exposure.

**Dr. Julie Babcock:** My belief is that some people walking around out there with a mouthful of mercury fillings, they're okay, their bodies can detox this stuff. A lot of people, they're good, but some people, you put one mercury filling in their mouth and it makes them sick. Or in my case, not really putting them in so much, but removing them. The amount of vapor that is created when we put a high speed drill on that and it starts coming out, it's what you breathe in is what the problem is.

**Dr. Lucas Tims:** That's not just harmful for the patient in terms of a re-exposure, but harmful for the dentist and the other staff that are there as well.

**Dr. Julie Babcock:** Absolutely. I mean, we've all heard these stories about dentists have these high suicide rates. Well, I don't believe it's because we're a bunch of miserable people. I believe it's because we're a bunch of toxic people and we have a lot of mental issues. When I look around at dentists, including my own dad with dementia and has a handshake that... and I have what, at least two friends that have died of suicide. I've got one in prison from homicide, all dentists. I believe it's all mercury related.

**Dr. Lucas Tims:** Yeah, and the connection there for the people listening that might not be aware is, there's these general dentists that are not board certified and trained and done all the extra training that you have, that are unsafely removing these, or trying to remove these mercury fillings. Correct?

**Dr. Julie Babcock:** Correct. They remove it, and then they become toxic, the patient's toxic. Then they can remove a mercury filling in a room, and then you can be the next patient coming in, and if they just removed a mercury filling in there, those vapors are still there. It's in the walls, it's in the ceiling, it's in the chair, it's everywhere.

**Dr. Lucas Tims:** There's like a butterfly effect. It doesn't just affect the person that has the actual filling.

**Dr. Julie Babcock:** Right. Oh, no, exactly. It's spread all over the place.

**Dr. Lucas Tims:** That's why practices like yours that are really up to date and doing the safest mercury removal possible, you guys are in hazmat suits with all kinds of suction and certain very specific high grade ventilation systems going on. Talk a little bit about that level of safety that you guys have at your clinic.

**Dr. Julie Babcock:** Yeah. Well, it's a lot. I recently moved into a building that I just renovated and my main motivation was to build a room where that's all we do is remove mercury. We do everything else outside. We get all gowned up and all of our stuff on, and then we go into this room and all you can see is one tooth sticking out, and that's it. We remove the mercury, and then we get out of there as quick as we possibly can and then finish any other work that we have to do. But that's ventilated to the outside. Plus I have four different sections going, tons of water, all kinds of, I've gotten wipes and some things that also can neutralize the mercury.

**Dr. Lucas Tims:** The level of detail in terms of making sure that everyone involved in that process is safe, I really appreciate that. I know that there's few and far between practices that do it the right way like you guys do. How do people find holistic dentists, biological dentists, like you that do that the right way? What's the best way for them to locate those types of practices?

**Dr. Julie Babcock:** Really going through the IAOMT. So it's IAOMT.org. You can go in there as a patient and you can find a dentist in any state. So it can be nationally very...

**Dr. Lucas Tims:** So they're not everywhere, but there's enough of them out there now where most people can, maybe at most, a couple hour drive to find one.

**Dr. Julie Babcock:** Right, right. I've got people driving to me, I would say, every day I've got somebody coming at least two hours to do just something a little bit different like that. Yeah.

**Dr. Lucas Tims:** Right. Talk a little bit about, I mean, does everyone that has a metal filling, does everyone need to get those removed? Where's that tipping point? Because like you said earlier, some people might have a mouth full of them, but they're doing okay.

**Dr. Julie Babcock:** Yeah. If you're 80 years old, you come to me with a mouthful of mercury fillings and you're perfectly healthy, I'm not going to discuss removing your mercury fillings because they're mercury. If they have decay or some other reason, that might make some sense. But that person is obviously detoxing okay, and I'm not going to mess with him. Then on the other end of the spectrum, if I have somebody come to me and they're really sick, and they look sick, and they're autoimmune or cancer or something like that, I'm not going to remove it on them either, not until I've got an okay from somebody like you, who's going to tell me it's safe. Because if the body is not able to detox it, then we're going to be in trouble. Even with all of the precautions that I take, and it's a lot, there's still going to be some mercury exposure for everybody involved.

**Dr. Lucas Tims:** Yeah. Very important that you get the, like you said, the detox pathways, the pathways of elimination, because the goal is not just to recirculate toxins. It's actually to get them out of the body. Our pathways of elimination, our sweat, our urine, our stool, our breath, we need to make sure that all those things are running well, like you said, before you do that safe removal.

**Dr. Julie Babcock:** Right. Otherwise it's not so safe. So, I'm very careful when I meet somebody and I interview them. We talk a lot about that and where they are with their health. Sometimes I say, "Hey, you're not ready yet. You need to go meet with a naturopath or somebody that can get you ready and then we'll work at the pace that we agree."

**Advertisement:** There's a lot more to this conversation, and it's coming up right after a quick break. Today's podcast is brought to you by Bio Center Laboratories. The Bio Center Laboratory provides state-of-the-art lab testing and diagnostic services for healthcare providers, laboratories, hospitals, and the general public. Lab tests available through Bio Center include a comprehensive list of vitamins, minerals, fatty acids, amino acids, hormones, and pyrroles. We also provide a variety of standardized tests for disease markers. These markers include cardiovascular disease, diabetes, thyroid dysfunction, hormone imbalance, and more. Visit [biocenterlab.org](http://biocenterlab.org) to learn more.



**Dr. Lucas Tims:** Talk a little bit about root canals, because I think there's a lot of chatter out there, especially, I work with a lot of cancer patients and I have some patients that come to me and they say, "Well, I've heard that 98% of cancers are caused by root canals." There's these statistics that get tossed out there, but what's your take on root canals and the dangers?

**Dr. Julie Babcock:** Yeah, well, there's definitely correlations to it. It's basically having a chronic infection in your body all the time. I think even the most well done root canal is going to have that issue. So the difference is, that your body might be able to deal with it, just like a mercury, and somebody else's may not. When you're doing a root canal, basically what you're doing is you're taking the nerve out of the tooth, and the nerve is in kind of a canal, and that is pretty easily cleaned out and then filled. The problem is that the rest of the root structure is full of all these little tubules, just thousands of trillions of them. In these little tubules, these bacteria continue to live, because we can't get to it to clean it out and sterilize the area.

**Dr. Julie Babcock:** So that will live right there, and then that surrounds the root of the tooth, this chronic infection, the toxins coming out from the tooth. Sometimes these aren't painful. I saw a patient earlier this morning and he has, I think I found six infected root canals in him, and none of them hurt. They're draining. They're they're just, they're not always aware. Sometimes you have this big, bad toothache and you know there's a problem, but sometimes it's a hidden issue.

**Dr. Lucas Tims:** Yeah, almost a better situation if there's some sort of a symptom or a pain or something where they're alerted to it. But oftentimes these things can be festering or become more a cult type infections where there's not, the alarm bells aren't going off, right?

**Dr. Julie Babcock:** Right.

**Dr. Lucas Tims:** But they're causing chronic inflammation and chronic possible immune dysfunction.

**Dr. Julie Babcock:** Sure. And I have to say that in the more naturally minded people that I see and that you're probably seeing too is, they'll notice there's something wrong, maybe a little drain or something next to a tooth and it doesn't hurt. So they're using their oils and they're using whatever they can and it gets better. Then it comes back, and it gets better, and it comes back. What they're thinking is that they're doing something with it, but it's not. It's still chronically infected. It's just draining.

**Dr. Lucas Tims:** Right.

**Dr. Julie Babcock:** So if you notice anything like that around your tooth, it needs to be checked out, because you can't... That nerve is dead, and when the nerve is dead, you can't get blood flow to it. You can't get blood flow to it, it isn't going to heal.

**Dr. Lucas Tims:** So do all root canals need to be basically taken out and cleaned out? I know you use a lot of ozone in your practice. Talk through some of the ways in which root canals can be mitigated or remediated.

**Dr. Julie Babcock:** It's very individual, it depends on the age of the patient, how infected the tooth is, how long it's been infected, and how healthy the person is. I believe everybody's different. In my office I'm like, "Look, we got a gut check going on here, because we've got either a bad choice or a bad choice. Having a root canal is a bad choice. Having an extraction is another bad choice. So we just got to pick the

less bad choice for each person." I would say if there's a cancer issue going on, and autoimmune situation going on, the tooth should come out. I don't think that's much of a, for me that's not much of a discussion.

**Dr. Lucas Tims:** Right.

**Dr. Julie Babcock:** Right. I do have some patients in my practice with some, what I will call healthy looking root canals. I can't see anything. Even with a 3D cone beam, everything looks good. We can do some preventive ozone injections around that a few times a year. It'll just get in and really clean out that area and make sure there's no bacteria escaping.

**Dr. Lucas Tims:** Yeah. I know you love ozone as much as I do. Maybe more. Yeah. It is, a lot of people I don't think understand, it's used in a lot of medical sterilization. It truly does mow down all pathogens when it comes to viruses, bacteria, fungus, and it calms down inflammation. When you've got that sort of an issue going on within a cult infection or a dental issue that's deep-rooted, boy ozone just seems like such a no brainer. Why is it not used more?

**Dr. Julie Babcock:** You can't patent it and charge for it. I don't know. It's really sad that it's not being used in dentistry. I've had it now for about six years and I couldn't practice without it. I use it for, a couple of my main things I use it for, is after any extractions are done, I have the patient come straight back to me and I inject ozone gas down in that fresh socket, and that gets in the phone and that entire area where that was. Then we'll use ozoneated olive oils to use topically from that point during the healing process. The other main way I use it is for, after I do a cavity, once I get in there and I dig out all that decay, there's still bacteria deep into those same tubules, just like that was in the roots. They can live down there and they can cause more decay later. It can irritate the nerve, kill a nerve. I get the decay out and then I take some ozone gas and just flow it down into that little hole, that cavity hole, right before I fill it.

**Dr. Julie Babcock:** I can tell you, I was doing that for about three months in the very, very beginning, and I didn't really understand what was going on, but I got a phone call from my root canal specialist that I almost exclusively refer to, and he is a really good guy, but he called me after three months and he said, "Hey, are you mad at me?" Like, "No?" Well, I haven't seen any of your patients for about three months. I thought, ah, interesting. I think it's probably the ozone I'm using. It's so rare, I can't say it never happens, but for me to have a deep filling or crown prep or something like that then ends up needing a root canal or tooth coming out because of infection is extremely rare. I give all the credit to ozone.

**Dr. Lucas Tims:** Yeah, and then talk about preventative medicine. I think a lot of people may look at what you do as like, well, that's if I really have a serious problem, I'll go see that type of a dentist. But this is for everybody. This is proactive. This is preventative dentist.

**Dr. Julie Babcock:** Absolutely. Yeah. I can't tell you how many times in my career I've done a basic filling, just something, not even deep, just no big deal. And they come back in a week and they've got a toothache and something, it died, the tooth died and now they need a root canal. That just doesn't happen anymore. I can't remember the last time I had that happen. It's very preventive, and if I've caught early, I can use a high dose ozone on a early cavity. If it's deep into the tube, then more into that layer of the dentin, then it doesn't work so much, but there's some areas I can use ozone and stop a cavity.

**Dr. Lucas Tims:** I love that. Ozone, I call it magic gas, but it really does have so, it's such a versatile tool. We use it, obviously in our practice, IVs and other types of injections.

**Dr. Julie Babcock:** Sure.

**Dr. Lucas Tims:** To use it in the dental setting makes so much sense.

**Dr. Julie Babcock:** Oh, for sure. Then also for gum disease, when we're doing cleanings, we put this ozone down in the gum pockets where it kills what it needs to kill, and we ozoneate all of our water. So everything coming through our lines is heavily ozoneated. During COVID, we worked in here and we had no issues of COVID issues at all because we were using ozoneated water in the mouth and we've got ozone in the air, because we're using it all the time, and we all stayed very healthy.

**Dr. Lucas Tims:** Your clinic was probably one of the safest places to be.

**Dr. Julie Babcock:** Yeah, probably. My aerosols were safe, right?

**Dr. Lucas Tims:** Yeah. I think that's great. Talk a little bit maybe, we'll leave the listeners here, maybe with a few tips or tricks, things you may recommend your patients do, more maybe on the home care side, things you can do to really make sure that you keep your dental health optimized.

**Dr. Julie Babcock:** Yeah. Okay, so one of the main things I work with my patients on is keeping their gums really clean. Some of it's a little bit counterintuitive. I always say, "When you're brushing, you want to try to make your gums bleed." Now you don't want to be using a Brillo pad or anything, but if you're using a regular soft toothbrush or an electric toothbrush, you want to really, really work on the gums. If you see bleeding, that is your body telling you that there is a problem. You need to continue to work on that and keep that super clean. I've had a lot of patients come in and they're like, oh no, I can't brush on my gums because they bleed. And I'm like, "No, if they bleed brush them more."

**Dr. Lucas Tims:** That is counterintuitive, because I think you hear a lot of the opposite from the traditional general dentist, right?

**Dr. Julie Babcock:** I've heard all kinds of weird things from other dentists about being more careful on the gums and I'm like, "No, what you want to do is create a callus, kind of like the bottoms of your feet at the end of the summer." The stronger and firmer your gums are, the healthier they are.

**Dr. Lucas Tims:** Yeah, I think that'll come as a, maybe a new concept to a lot of people listening.

**Dr. Julie Babcock:** It does. Subconsciously we don't want to hurt ourselves, and if it's tender like that, you're not going to let the bristles go down onto the gums hurts, and we don't really want to make ourselves bleed. So we do tend to avoid that stuff.

**Dr. Lucas Tims:** It makes sense. It makes sense. The stronger you can get that tissue, the healthier it's going to be.

**Dr. Julie Babcock:** Yeah, and interestingly enough, the most common place I see a lot of plaque build up is right down here on the lower teeth under the lip. So I'll actually tell people to pull their lip out like this, and brush, and it feels weird and they're like, "Oh my gosh, I didn't know I was missing that spot."

**Dr. Lucas Tims:** That's new for me. I need to start doing that.

**Dr. Julie Babcock:** Well, if you think about it too, when you're brushing, this is easy. When you go this way, that's awkward and weird. You have to intentionally get some of those areas that you think would be easy right there in the front.

**Dr. Lucas Tims:** What do you think about some of the mainstream products that are out there in terms of toothpaste and mouth washes? Are you a fan of people using just the regular stuff that you buy at the big box store, or are there better products out there?

**Dr. Julie Babcock:** Full of chemicals and fluoride and all that stuff, so, no, I don't think any of that stuff's any good. I think the whitening stuff is almost all gimmicky. I don't think any of it's going to be strong enough to actually create a whitening effect. I've even seen whitening floss. I think that's kind of self-explanatorily ridiculous. I like the more natural products. Charcoal toothpaste are great. There are some other remineralizing toothpastes. Ours is, we use Rise Well here.

**Dr. Lucas Tims:** The hydroxy appetite, right?

**Dr. Julie Babcock:** Yeah. Those can be really, really good.

**Dr. Lucas Tims:** What I've seen, correct me if I'm wrong, has actually, the research has shown to be just as effective if not more effective than fluoride. Correct?

**Dr. Julie Babcock:** Right. With fluoride, there is a topical effect. If you're using fluoride in a toothpaste, there is a topical effect. The problem is it's a systemic effect that goes along with it that we don't want to add to it.

**Dr. Lucas Tims:** Right. Actually a harmful systemic effect.

**Dr. Julie Babcock:** Very, yeah. So many dentists believe that fluoride's a nutrient. They actually make fluoride supplements, if you can believe it.

**Dr. Lucas Tims:** The body does not need that.

**Dr. Julie Babcock:** It does not. It does not belong in any biochemical process at all.

**Dr. Lucas Tims:** This is that approach we tend to see in a lot of medical models is that, we look for a benefit despite its risk in other areas. And so we say, "Oh, well, you know, we've prevented this cavity, but, the side effect..."

**Dr. Julie Babcock:** Now our thyroids don't work very well.

**Dr. Lucas Tims:** Now your thyroid's wrecked and metabolic health is all over the place. We know that story. One last thing I want to ask you about, maybe a quick comment on oil pulling. What are your thoughts around that?

**Dr. Julie Babcock:** Yeah, coconut oil pulling can be, I think that's the best. There's the chemical, you remind me of the name, the acid...

**Dr. Lucas Tims:** Hydroxy appetite.

**Dr. Julie Babcock:** No, it's in the coconut oil.

**Dr. Lucas Tims:** Oh the, yeah. Undecylenic acid.

**Dr. Julie Babcock:** Yeah. Yeah. That can be really good. It's antibacterial, kills the strep mutans, which is the bacteria in the mouth that causes decay. So yeah, really good stuff to keep that in there, in your mouth.

**Dr. Lucas Tims:** And that's something that people can do daily a few minutes.

**Dr. Julie Babcock:** Oh yeah. I've got some people that do it 20 minutes a day. They love it, feels great, and just do it for a few minutes a day.

**Dr. Lucas Tims:** No harm in it.

**Dr. Julie Babcock:** Absolutely none.

**Dr. Lucas Tims:** Good. Good.

**Dr. Julie Babcock:** Yeah.

**Dr. Lucas Tims:** Well, Dr. Babcock, thank you so much for all this extremely valuable knowledge. I think this is really going to be a great episode for our listeners, and thank you for your time. Thanks for joining us today.

**Dr. Julie Babcock:** Thanks for having me. It was really fun.

**Outro:** Thank you for listening to the Real Health Podcast. If you enjoy this episode, be sure to subscribe and leave us a review. You can also find all of the episodes and show notes over at [realhealthpodcast.org](http://realhealthpodcast.org). Also, be sure to visit [Reardenclinic.org](http://Reardenclinic.org), where you will find hundreds of videos and articles to help you create your own version of real health.