

## [160: Dr. Jill interviews Whitney DiFoggio on Your Oral Health](#)

### **Text:**

#### **Dr. Jill** 00:12

Well, hello everybody! Welcome to another episode of Dr. Jill Live on this Tuesday afternoon. I'm so excited to have my new friend, Whitney, here today. One of the topics that you may not hear a lot about but is so crucial to [our] overall health is our oral microbiome—our dental health. We're going to dive deep because Whitney is a dental hygienist and has made it her calling and her work to talk about this and the systemic effects that our dental health and our oral microbiome can have on things that you would never suspect, like the risk of dementia—who knew, right?—or the risk of systemic cardiovascular disease.

#### **Dr. Jill** 00:51

So, I'm super excited to get into this talk today and really bring awareness around this topic. Whitney is a registered dental hygienist who's also known as Teeth Talk Girl on social media. Her journey of spreading dental health awareness began on the YouTube platform, where she continues to create educational videos for the public. She's extremely passionate about sharing information regarding the importance of dental health. And I couldn't agree more. So welcome, Whitney! Thanks for coming on today.

#### **Whitney DiFoggio** 01:14

Thank you so much for having me. I can't wait to talk about all this.

#### **Dr. Jill** 01:17

Yes, you're welcome. And again, I feel like this is so critical in functional medicine. We look at the whole body, of course. And I am not a dental expert. I can't pretend to know everything about it, but I know enough to know that [for] a lot of my patients, complex chronic disease comes from the oral microbiome, from cavitations, from old root canals, or [from] things that are creating more burden on the system. So we'll dive into that. But I always love [to hear one's] story as far as: How did you get where you are as far as a dental hygienist? Did you always know you wanted to do this? Tell me [about] your journey to get into this field.

#### **Whitney DiFoggio** 01:48

Yes, of course. I actually always thought I was going to be a dentist. When I was a

kid, I just loved going to the dentist. I was one of those kids who couldn't wait to get my sticker at the end of the appointment. I just liked my dentist. She was very young and new at the time when I was a kid. She was spunky and fun. And I think I just liked her. And I thought, "I want to be her when I grow up," and I didn't realize she was like a dentist. I don't know. But that was always on my mind.

**Whitney DiFoggio** 02:16

But then, when I got to college, I was still like: "You know what? I'm doing this. I'm pretty good at science. Let's do this." Then in college, we had to do shadowing and observation hours in pre-dental club. That's where I quickly found out that I do love dentistry, but I don't love the restorative aspect as much as the preventative aspect. It's awesome what you can do to fix teeth. I, of course, watched all the exciting procedures—root canals, crowns, and fillings. I loved watching. But then I was always like: "What's going on in that other room? What are they doing?" I was always turning my head to watch the hygienist because I was so interested in preventing all this from happening. I don't know.

**Whitney DiFoggio** 02:57

So then I kind of did a little shift. I was like, "Maybe I don't want to go to dental school." So I never applied. I thought: "You know what? Let's try dental hygiene first. And then maybe I'll go to dentistry later. I want to make sure that this is what I want. I don't know what I want." So I went to dental hygiene school, and I never looked back. I fell in love. I was like: "This is for me. This is exactly what I love." I was also a dental assistant. So after all that, I love watching the procedures. It's very cool to see a tooth get pulled out. I think it's cool. But I was like: "Wait a second, though. I want to prevent this from ever happening!" So that's where the whole journey began on becoming a dental hygienist.

**Dr. Jill** 03:34

Aw, I love that because in a similar way—I went to medical school—I always wanted to help people heal and prevent disease. And I remember surgery rotation—amazing, right? But it was like: "I don't want to do this. I don't want to take out organs, cut blood vessels, or sow up things. I want to be there saying, 'Why did this happen in the first place, and how can we prevent it?'" So, it's so parallel in some ways. So very, very cool. And you know what? Hygienists are really so crucial;

at least when I go to my dentist, I spend a lot more time with my hygienist than I do with the actual dentist. I have three of them.

**Whitney DiFoggio** 04:09

Oh, awesome! Yes. That's another thing; I always noticed that too. Like you said, I want to really build a relationship with my patients. In so many healthcare fields, there are so many who don't get to see their patients every six months or every three. We really have a good routine of seeing the same people/patients over and over. And I was like, "I want to spend as much time with them [as possible] and really get to know them and know their overall story versus just their teeth."

**Dr. Jill** 04:38

Gosh, I love that. So on to the next topic. Many people, [such as] my listeners, are very aware that dental health is so important, but let's kind of go back to the basics. Why would what's in your mouth affect your heart, your brain, or other organs? Give us the basics on why this matters so much.

**Whitney DiFoggio** 04:54

Totally. It's the oral-systemic link. I just always want to say that word. I'm always like, "Oral-systemic link," "Oral-systemic link," just to get the information out there on what this is. But basically, the mouth is the gateway to the entire body, as we know. We eat, we talk, we drink—everything we do from our mouth. So if something is infected in the mouth, such as gum disease, [which] is an infection of your gums, it creates a constant source of inflammation. We all know inflammation isn't good; it constrains the immune system.

**Whitney DiFoggio** 05:31

Poor dental health specifically causing gum disease or whatever the infection is in your mouth, has been linked to several health issues, like you mentioned. Specifically, heart disease was one of the first ones they found with research because, with gum disease, there are bad bacteria. There are harmful bacteria in the mouth associated with gum disease. When this bad or harmful bacteria enters the bloodstream through the gums, it can travel throughout the body, travel to other parts of your body, cause inflammation in other parts, and [cause] damage to the tissues and organs. So, gum disease can increase your risk of heart disease, diabetes, kidney disease, Alzheimer's, and a bunch of other conditions.

**Whitney DiFoggio 06:14**

There's so much exciting research happening now that's really showing us these links. And I think it's something to be aware of that [regarding] your teeth, your mouth, and your gums—everything dental health-related—it's not just about having fresh breath and a pretty smile. That's part of it. We love that. But it's also about improving your overall well-being.

**Dr. Jill 06:32**

Yes, I couldn't agree more. I would say that some of the most complex chronic patients that I treat, which is kind of my specialty—people who've had unexplained symptoms of headaches, chronic fatigue, fibromyalgia, or whatever—often, if we've done all the work over the body, I'll say: "You need to go see a biological dentist and someone who can really look at the mouth." So where would you start with asking questions for patients who might think that their dental health could be connected? What kinds of questions would you ask them? Or where would you go with that?

**Whitney DiFoggio 06:58**

In so many ways. It depends. But I would say... My mind was like: "Oh my goodness, where do I start?" I think it depends on always getting a thorough assessment first from your dentist and/or dental hygienist. There are so many things. Of course, the appearance of your gums can give you some clues, some signs into: Maybe something's going on with the gums. But oftentimes, gum disease is a silent, unknown thing, especially with smokers. You could have gum disease and not even know it. Most people know the symptoms of [things] like bleeding gums, red puffy [gums]—gingivitis. But if you're smoking, sometimes that constricts the blood vessels in your mouth so much that you could go unknown. We didn't even realize you had gum disease. So a thorough assessment of your gums is so important. Giving a complete medical and health history to your dental professionals is so important too.

**Whitney DiFoggio 07:54**

I have so many patients [to whom] I'll say: "Any updates in your medicine? Anything new." And they're like, "Nothing that has to do with my teeth." And I'm like: "Argh! I've got to hear it all." I'm like: "Argh! I mean, I get where you're coming from. But if you changed to a different medicine... " There's so much that relates to what goes on in your mouth and what you're doing with your overall body. So I think I would

just start with: "Let's get a comprehensive exam, really figure out your whole background history, what's going on, and then a thorough assessment, really checking your gums, making sure." If there's someone out there who's wondering, "Ooh, maybe my dental health has to do with some other systemic things," I would say make sure you're getting a thorough exam with perio[dontal] charting. That's a big one that I think sometimes goes overlooked, unfortunately. So make sure they're checking your gums when they call out all the numbers. That's so important.

**Dr. Jill** 08:48

Go over it for the people who might be listening and maybe don't know what that is.

**Whitney DiFoggio** 08:51

Yes. So when you're hearing them call out all the numbers, I think that it's so important to just ask, "Hey, did you check my gums?" If they say, "Yes, they look fine," I would say, "Tell me more about what you found in the gums." You don't have to know all the technical things because I don't want to overwhelm anyone. But I think the biggest thing to understand when we're checking your gums is that there's a natural space between your gums and your tooth. That natural space should be between—you don't have to remember the numbers—one and three millimeters.

**Whitney DiFoggio** 09:13

So when we're going around calling a bunch of numbers, if you hear a bunch of ones, twos, and threes... Some hygienists might say it out loud, some don't, and some say it in their heads and then chart it. So just ask if you didn't hear them saying it. And if you've got a bunch of healthy numbers, you're great. If you have some fours, it's not the end of the world. Inflammation might be present, but fours are pretty reversible. We'll handle it depending on your overall situation. But if you get a lot of fives and above, that natural space is now a pocket. And in that pocket are spots [where] bacteria, pathogens, and stuff can get stuck. We don't want that.

**Whitney DiFoggio** 09:58

When there's more surface area to clean, you might need a different type of cleaning. So I always urge patients to make sure that they're not just going in and out of the dentist. You don't want to [be like]: "Hi, how are you doing? Goodbye," and it takes like five minutes for a cleaning. Make sure you're getting a

comprehensive exam. At least you want them to acknowledge that they checked your gums because the source of infection is most likely your gums.

**Dr. Jill** 10:22

No, I love that you say that because we deal with the gut and lipopolysaccharide, which is a coating of bacteria. It can happen in the mouth as well. And you get a direct link to the bloodstream, which means that what we have is endotoxemia from the mouth, not just the gut. So what these things can do is just leak those little bacteria into the blood. That, I think, is one of the most potent inflammatory triggers for the immune system. So back to all the things that you said [about] risk, if you hear the patient say, "I have diabetes," or "I have...," what things would you be most concerned about with dental health and the connection?

**Whitney DiFoggio** 10:54

I don't want to say all, but most of the systemic [diseases]—diabetes, heart disease—all kind of relate to the mouth. It's very hard to determine: "Ooh, this is going on in your mouth. You probably have diabetes," or "this is going on—you probably have heart disease." It's very hard to say which one it is, but we can say one of these things might be going on. But say it is diabetes. If I know a patient has diabetes, with everyone, I triple-check. But with someone with diabetes, we also talk a lot about home care. Home care is so important. There's only so much we can do every six months or every three months, depending on what your dental regimen is for going to the dentist. But there's only so much we can do for you in the office.

**Whitney DiFoggio** 11:38

A lot of it goes back to the patient talking about what they use at home. Do they use an electric toothbrush? Do they use a regular toothbrush? Are they using it properly, whatever they use? I like to dive into home care. Home care—I go into it like a wild person. I love home care because it shows when someone does the work at home and comes back in six months. And I could say: "Wow, things look pretty stable. There are a few spots here or there." That will reduce some plaque or tartar levels there. But if it's pretty good and stable, it's often due to home care. So the question I would ask is, "What are you doing at home?"

**Dr. Jill** (pre-recording) 12:15

Hey, everybody. I just stopped by to let you know that my new book, *Unexpected*:

*Finding Resilience through Functional Medicine, Science, and Faith*, is now available for order wherever you purchase books. In this book, I share my own journey of overcoming a life-threatening illness and the tools, tips, tricks, hope, and resilience I found along the way. This book includes practical advice for things like cancer and Crohn's disease and other autoimmune conditions, infections like Lyme or Epstein-Barr, and mold- and biotoxin-related illnesses. What I really hope is that as you read this book, you find transformational wisdom for health and healing. If you want to get your own copy, stop by [ReadUnexpected.com](http://ReadUnexpected.com). There, you can also collect your free bonuses. So grab your copy today and begin your own transformational journey through functional medicine and finding resilience.

**Dr. Jill** 13:11

Good. Okay, so say I'm like, "Okay, I don't know what to do at home." What would you advise the average patient? I'm in my 40s. So what would you say is the ideal home regimen for someone like me?

**Whitney DiFoggio** 13:22

I always say that dentistry is based on the individual, so one thing that works for one person might not work for another. But I do have a generalized answer. There are three things everyone needs to do. I always say there are only three things you need to do for your teeth: One is brush twice each day, of course, [for] two minutes each time. Whether you're using an electric toothbrush or a manual toothbrush, it doesn't matter. However, it's worth noting that an electric toothbrush has less chance of user error. Electric toothbrushes are easier to use. So you can use either of them.

**Whitney DiFoggio** 13:55

The American Dental Association says they are equally effective in removing plaque. However, you've got to use them right. Even for me, sometimes we're rushing in the morning or at night. I'm like, "I'd rather my electric toothbrush make sure it's doing a good job than me trying to." So I recommend that. But if you like your regular toothbrush, that's fine. Just make sure you're using it right. So brush twice each day—once in the morning and once at night.

**Whitney DiFoggio** 14:20

I always say that in the morning, it should be before breakfast before you eat or drink anything. A lot of people want to fight me on that. But it's because they're nervous that the toothpaste and the mint are going to ruin the taste of whatever they're going to eat for breakfast. But there are ways to rinse it away. It's so important. It's so critical to clean off that biofilm layer that accumulated overnight. Even if you're a perfect brusher before you go to sleep, it's inevitable. There's always bacteria in our mouth. There's still going to be stuff on your teeth when you wake up. So we want to remove that before you eat your breakfast. So that was all number one. That was a lot. But number one is important.

**Whitney DiFoggio 15:02**

There are polls out there that say about 40% or 50% of Americans say they only brush once a day. I'm like, "We've got to change that!" And we will, when more and more people realize how important it is to brush twice. The second thing is cleaning between your teeth. I try not to say flossing because there are other options. I don't know about you, but I—

**Dr. Jill 15:24**

Water pick. I love my water pick.

**Whitney DiFoggio 15:25**

Okay, good. Water flossing is great. I think that's perfect. So that's a perfect example. I'm happy you do that. So that's what I always tell patients: "If you don't like the traditional string floss, don't just say, 'I'm not doing anything.' You still have to clean between your teeth with something, whether that's a water flosser, a Proxabrush, or an interdental brush—those are the little ones that look like little bottle brushes. Or floss picks—something is better than nothing—with the handles [since] sometimes [there are] dexterity issues, or you just have bigger fingers and it's hard to get in there with the floss. I'd rather you use something that you want to use, because if you want to use it, you're going to use it. So that's my second thing: Clean between your teeth—at least once a day. You only have to do it once. Before bed is the most optimal time. And then the third thing, which a lot of people don't realize either, is a tongue scraper.

**Dr. Jill 16:19**

[inaudible].



**Whitney DiFoggio 16:20**

You do? Yes! Dental hygiene, 100%! I love a tongue scraper because between 90% and 95% of bad breath bacteria are found on your tongue. So right there, don't we all just want fresh breath? I try not to make it a cosmetic issue, but it is a big deal to have bad breath. You don't want that because, when you think about it, that bad breath bacteria is also bad bacteria that you don't want accumulating and going into your throat or your gums. You just want to reduce the bad bacteria. You don't want to kill it off, but let me scrape some off. So I love a tongue scraper. I have some patients who will say: "I brushed my tongue with a toothbrush. Is that good enough?" Not really. It's better than nothing, but really getting in there and scraping it... I always say you can use a spoon from your kitchen—a metal spoon. It actually works really well. So those are my three things: Brush, clean between your teeth, and tongue scrape.

**Dr. Jill 17:23**

So brush, [clean] between the teeth, and [use a] tongue scraper. I love that. And I haven't heard many hygienists talk about tongue scraping. Back in ayurvedic medicine, it's so classically part of their... So I have some specific questions for you because I'm all about the quality of what we use too. In toothpaste, in particular, there are a lot that have microplastics. They have chemicals, they have polysorbates, or they have polyethylene glycol, which is anti-freeze. So I'm a big, big proponent of mineral toothpaste. But I'd love to know your thoughts.

**Dr. Jill 17:50**

So those would be ones that have a primary ingredient of [something] like hydroxyapatite or hydroxymagnesium in the formula. They might have some xylitol, which is a known biofilm disruptor that's natural—a sugar alcohol. But I'm a big fan of those because, in a moment, I want to talk about the harms of overkilling in the mouth because we need good bacteria, right? And Whitney, if you guys listening can hear me, I lost Whitney for a second here. I'm going to wait to see if she pops back on. So while we're waiting, I'll just talk about the mineral toothpaste. I like several brands. There are hydroxyapatite-based brands. There we go, Whitney. You're back on! I was just filling the space. I think you froze for a second.

**Whitney DiFoggio** 18:37

You froze too. I was like, "She has the beautiful face that she froze on."

**Dr. Jill** 18:39

So who knows [inaudible].

**Whitney DiFoggio** 18:42

Sorry!

**Dr. Jill** 18:43

No. No worries. We're here. So I'll just reiterate in case you guys missed us. We're talking about types of toothpaste. What are your thoughts on that?

**Whitney DiFoggio** 18:50

Okay, yes. The last thing I heard was hydroxyapatite and using xylitol. Okay, okay, awesome. So I do follow the ADA guidelines—the American Dental Association guidelines—with fluoride in my toothpaste. Fluoride has been proven to be effective in preventing cavities, especially in low-income areas that cannot afford the more expensive natural toothpastes. Nano-hydroxyapatite and xylitol tend to be extremely more expensive than normal fluoride toothpaste, so I use fluoride toothpaste. However, for anyone who doesn't want to use it, I am all about making sure it has nano-hydroxyapatite in it. That is such a mouthful of words. They sometimes call it HAp. But I am all about making sure it at least has that in there because the hydroxyapatite toothpastes do have research associated with them regarding remineralizing enamel, whereas xylitol does not. So although xylitol is very good at inhibiting plaque and disrupting the plaque, making your teeth clean, it's not as good at preventing cavities.

**Whitney DiFoggio** 20:00

I've had so many patients personally who have switched to a natural toothpaste, which is fine. [I'm] all about it. But they come in, and now they have... My best friend never had a cavity in her life. She switched. She came in, and she had three cavities. So I was like, "No!" It didn't have hydroxyapatite in it. It was only xylitol. If you are cavity-prone and you do not want to use fluoride, I can't stress enough to make sure it has nano-hydroxyapatite in it, because that will actually strengthen and remineralize your enamel. At least the research that we have shows it. It's not yet approved by the American Dental Association due to a limited amount of

research, but it's promising. It shows really good stuff. So once it's approved, I'd be very excited to talk about it even more. But yes, that's what I always tell my patients.

**Dr. Jill** 20:44

Exactly. And I do want to give a caveat about fluoride because we see Alzheimer's patients with fluoride deposits in their plaques. So I have a concern about the swallowing and the absorption [of it]. I think in those cases, like you say, there's clear evidence that it does bind the enamel. So in really severe cases, a lot of people tap on there, rinse their mouth, and make sure they're not swallowing any. So I agree with you in that sense. And it's hard to publicly say this, but I also want my listeners to know I have grave concerns about fluoride. Now, if you have bad teeth, you're going to have to talk to your dentist and decide. But as a functional doctor who sees a deposit for Alzheimer's, I would caveat that you have to really decide what's worth it.

**Dr. Jill** 21:24

I'll tell you a perfect example. It's a totally different thing. I had breast cancer at 25 years old. Now I'm menopausal, and I want to use hormones. Now there's some safety data that says after breast cancer, we need to use hormones. But if I did have to decide between my brain and my breasts, it's one of those decisions [where] hormones [are] better for the brain, maybe not so much for the breast. And it's one of those things, kind of like fluoride. In some cases, fluoride can be harmful, especially if you're absorbing it or swallowing it systemically. But we know that for the teeth, it's good. So I kind of want to say I agree with you, but because we're public and I have listeners that have heard me say, "Be cautious about fluoride," I want to be really clear about that too.

**Whitney DiFoggio** 21:59

I love being able to have an academic conversation. It's so cool to talk with you about this because a lot of times online—I do social media about dental health—I don't love when people just throw claims out and scream things either way: "Fluoride is good!" "Fluoride is bad!" "Fluoride is good!"—everyone just yelling at each other. So I love being able to have an honest conversation about it. And that is so important: Talking to your individual dental provider or healthcare provider regarding your needs. It's such an individual decision. It's your mouth; it's your body. I'm all about you doing what you need to do or what you feel is best based on

the professionals you've talked to—[their] opinions, statements, and facts. I think that is a really, really good point. There are always so many factors in everything, right?

**Dr. Jill** 22:50

And clearly, with the enamel point, there's no question. It strengthens enamel. That's why I kind of understand where you're coming from.

**Whitney DiFoggio** 22:58

And then all the studies with the American Dental Association show that if you're using it as intended... But I am aware that some people maybe can't use toothpaste as intended. They accidentally swallow a lot of it. Maybe different special needs populations or different populations that cannot spit out properly. I think that's definitely a conversation to have as well with your dentist or your dental hygienist. There are so many little nuances to every decision you make. And yes, that's what I advocate for on my dental health channel on YouTube: Always talk with your individual dental provider. It's great to hear the generalized information, kind of like what we just did: Make sure you brush, make sure you clean between your teeth, and make sure you tongue scrape. But there are other things you may need to do.

**Dr. Jill** 23:39

But there are all these ways to do it too, right?

**Whitney DiFoggio** 23:42

That too, yes. And there are other things I sometimes recommend you do in addition if you have something else going on. If you have sensitivity, if you have bad breath, if you're struggling with a certain specific situation, then you might have more things added to your routine or less; you never know. So I just always like to throw that out there.

**Dr. Jill** 24:02

I love it. Thank you so much for your expert opinion.

**Whitney DiFoggio** 24:06

And yours as well.

**Dr. Jill** 24:08

The other thing I want to mention that I noticed you didn't mention: I've just been diving into the research on nitric oxide. This isn't necessarily specific to dental health, but it's a huge component of getting oxygen to the cells and vasodilating. As we age, we produce less. And what we know is that vegetables and foods that contain high nitrates, like beets, root vegetables, celery, spinach, and all these things—what happens is that we actually eat these nitrate-rich foods, and the bacteria in our mouth convert them to nitrates, which then get converted in our gut to nitric oxide.

**Dr. Jill 24:40**

The backstory is that nitric oxide is really, really crucial. So what that means is that if you use a really severe antiseptic mouthwash long-term, you're destroying the bacteria that's creating nitric oxide, which is absolutely linked to long-term health. And what I noticed [is that] you didn't say mouthwash. Now, you and I know there are certain conditions where there's an infection or a post-surgical [situation]. I want to know your opinion. I want to put mine aside. But knowing that data on nitric oxide and that [with] seven days of chlorhexidine [there's an] 80% decrease in nitric oxide production, I was like, "Wow, I was using mouthwash." Guess what? Last week, I stopped because of the data. So what's your opinion on mouthwash? When would you use it? And have you heard about those concerns?

**Whitney DiFoggio 25:19**

Yes, I love it all. I'm like, "Oh my goodness, I have like a hundred million..." Not a hundred million, but I feel like I have a hundred million. I don't know why I said that number. I have a bazillion videos on mouthwash because there are so many interesting facts about mouthwash. And you're like, "What?" Not only the nitric oxide stuff, [but] some mouthwashes stain your teeth. I could go on and on. Some are acidic, so they give you cavities. So I have a bunch of videos on that on my website and my YouTube channel. But interestingly, one more thing I want to say, and I will dive into that, about nitric oxide, also relating it to dental health, is breathing through your mouth versus breathing through your nose. You probably know way more about this than me. But from my basic knowledge, mouth breathing negatively impacts not only your dental health because you're more likely to have dry mouth—dry mouth causes cavities—but also [because] your nitric oxide is reduced when you're breathing through your mouth. You're supposed to breathe through your nose.

**Whitney DiFoggio 26:17**

So that's a whole other thing that's really cool in some specialty areas of dentistry. That's really newer research in the dental world, at least, but it's very exciting. So anyway, back to the mouthwash. So yes, if you breathe through your mouth, try not to. I always tell my patients. It might just be a habit. However, if you cannot breathe through your nose, I was one of them. My airway was messed up. I had a deviated septum; I literally couldn't breathe through my nose. I was always trying to, and I was like, "Oh, I can't breathe." So I always say, "Don't force yourself if you can't." Go see an ENT. Go see someone to make sure you have the ability to breathe through your nose.

**Whitney DiFoggio 26:59**

Okay, but mouthwash, yes. Okay, where do we start? I would say my biggest thing with mouthwash is to never think you need to use it just because. A lot of people are like, "What mouthwash should I use?" I'm like, "Do you need to use one?" I think we all have this thought in our minds that that's part of the dental health regimen. And it's like, "That's what we're supposed to do." But most of the time, you don't need to. However, like you were saying, if you just had a procedure, there are some benefit-risk ratios that [suggest] maybe you should be using it for a shortened amount of time as needed. It's usually 10 to 14 days after a procedure. They'll give you those prescription-strength mouthwashes. And there's a reason for that—to make sure things don't happen with your surgical spot in your mouth and all that stuff.

**Dr. Jill 27:43**

It's kind of like having a wound on your body after surgery and using neosporine or something. We don't use neosporine all over our body because our skin would be depleted of the microbiome. But once in a while, I completely agree with you that there's an appropriate use.

**Whitney DiFoggio 27:56**

Yes, appropriate use. It's unfortunate. It makes me sad that so many companies don't disclose that their mouthwashes are acidic. In the dental world, acidity gives you cavities and enamel erosion. Acidity is in our sodas and our soda pop. I always call it the wrong thing, depending on which region I'm in. They're like, "Don't call it soda. Don't call it pop." Soft drinks. Everything we eat is basically acidic, and that's

why it's bad for our teeth. So I'm like, "Why would mouthwash be acidic?" So some of them are acidic. I always say, "Try to find one that's non-antiseptic," and alcohol-free is key as well. So all that stuff you're talking about is even enhanced when there's alcohol in it. We don't like alcohol in mouthwash. I don't know if that ever really needs to be in existence. A lot of people like to feel the burn. I guess I get that; you like it. But you don't need to feel the burn. Try alcohol-free. Alcohol just dries out the mouth.

**Whitney DiFoggio** 29:06

There was something else I wanted to say about that. Oh yes, so when you were saying over the appropriate level of swishing, this is something that's been trending on TikTok and everyone's asking me about it: Swishing with peroxide straight from the bottle. Okay, I have a lot of opinions on that. Speaking of mouthwash, some people use it as a mouthwash. Sometimes it's fine. But we've been seeing how the trends are happening on TikTok. They're doing it to "whiten their teeth," which is fine because we do use peroxide in whitening products to whiten. However, like you just said, we put Neosporin on the wound. When we whiten our teeth, we put it on our teeth; we don't swish it around our entire mouth. So we have been seeing more and more people come into the office with something called 'black hairy tongue'. That's what it's called. That's the medical term.

**Dr. Jill** 29:55

I know exactly what you're talking about.

**Whitney DiFoggio** 27:57

You know it. Yes. It's when your microbiome—the bacteria in your mouth—went wild because you are killing off all the good and bad bacteria every day. They're swishing for 30 minutes a day right now. That's the trend. I don't agree with this. If anyone's tuning in, I do not think you should be swishing with hydrogen peroxide for 30 minutes every day. And then we've also had patients come in where they burn their cheeks. They have sores in their mouths. And I'm like, "What have you been doing?" "The TikTok trend." And I'm like, "Oh no!" So anyway, everything in moderation is key, I think, in life. Also, you don't need to be swishing with peroxide to whiten your teeth. It's so much easier to just put a white strip on.

**Dr. Jill** 30:40

I love that you said that. I love that because that was my big thing on this. Nitric oxide—if you're listening and you are a man or woman over the age of 40, you have 50% of the production of nitric oxide that you had in your 20s. If you're over the age of 60, you have 15% production. And guess what? If you want good sexual health—if that doesn't get your attention—you must have nitric oxide for normal sexual response in men and women. Despite the Viagra and medicines out there, they will not work if you don't produce nitric oxide. And I say that maybe it is a little sensational because everybody cares about that part of our health. And it literally matters [with] your mouthwash; if you're destroying that microbiome, you cannot produce nitric oxide. So this is a really big deal outside of your mouth.

**Dr. Jill 31:20**

And I love that you're saying that. Now, one caveat. It's interesting. Like you said, after surgery or whatever else, years ago I did some dental DNA testing and I had *Porphyromonas gingivalis*, which you well know is a big player for gingivitis. So at that time, I followed a very specific protocol with a heavy-duty mouthwash to destroy that. I no longer have that elevated level. But that was an example of a protocol where you actually might test with your dental hygienist or your doctor and see a pathogen, just like I would check in the gut for pathogens. I might even prescribe the prescription mouthwash for 14 or 30 days for that kind of thing.

**Dr. Jill 31:54**

But like you're saying, the microbiome, whether it's in the gut or mouth, is always competing and trying to stay in balance, and you want diversity. So if you just willy-nilly go throwing antimicrobials like heavy-duty mouthwash or hydrogen peroxide, you're going to kill off, like you said, the good guys that protect you, like *Lactobacillus* and *Streptococcus*, and then all of a sudden the overgrowth of candida or other types of bacteria like porphyria can grow. So I actually love that we're talking about this because it's so relevant. And even me, up until a few weeks ago, I had an over-the-counter "healthy" mouthwash. But I don't use that anymore, and I don't think I ever will.

**Whitney DiFoggio 32:29**

Yes, that's my thing with mouthwash. Yes, I love everything you said. That is so interesting. I didn't know the statistics about the ages and everything. That is really, really interesting. Yes, it's not something you need to do. If you want to use



mouthwash, there are times and places, like you said, but it's not something you need to do.

**Dr. Jill** 32:52

Amazing. What a great conversation. What would be the one takeaway—maybe the thing you hear the most that's a myth or the one bit of advice that you would want to leave listeners with?

**Whitney DiFoggio** 33:02

I think I would have to say that white teeth do not equal healthy teeth. Just because your teeth are white doesn't mean they're healthy. And vice versa: Just because your teeth are stained or yellowish in tint doesn't mean they're unhealthy. I just think we've come to a point in society where everything has to look good. We know with social media—I could go so many different ways with this—just because something looks good doesn't mean it's good. Just because something looks bad doesn't mean it's actually fine. So that's my biggest thing. Don't think that dental health is all about looks. It's all about what's really going on in there.

**Dr. Jill** 33:42

Love it. And what a great way to end. It brings up one more question I didn't anticipate asking, but I want to ask because people are into whitening. What are the harms or risks if you over-whiten or over-peroxide? Does it actually thin the enamel? Or what kinds of risks might people want to be aware of or not?

**Whitney DiFoggio** 34:00

There are definitely risks for over-whitening. I would say that for over-whitening, the rule of thumb is to not whiten more than four times a year. Whether you're doing a week-long whitening or a one-day whitening at your dental office, achieving the results you need is considered one time, even if it's multiple days. You're not supposed to do that more than four times a year. If you're doing it more than that, it's hard to say that it thins your enamel because everyone has different thicknesses of enamel as it is—the way it's penetrating into your tubules and things like that.

**Whitney DiFoggio** 34:36

The biggest, I would say, negative effect to over-whitening is sensitivity. There are so many different reasons that can get you there. But regardless of the reason,

more likely than not, you will have sensitive teeth. A lot of people don't realize that with whitening comes sensitive teeth. If you're overwhitening, you could really overdo that sensitivity. If you're whitening responsibly using ADA-approved products that have been tested for safety and efficacy and you're using them as instructed, you should be okay as well. That's another thing; I always tell my patients: "If it says to leave the strips on for 30 minutes, don't say, 'I'm going to do an hour. I want it to work better.' No! Your teeth are going to be so sensitive. It's going to be unpleasant to live life." So just always follow the directions, and you will be fine.

**Whitney DiFoggio 35:27**

My other thing about that, though... Sorry, I have to say one more thing about that because I've got to say it. Something that's been on trend but is not good is charcoal whitening. I'm all about the strips, the gels, and the trays. As long as there's peroxide in them, you're good. It's even better news if it's ADA-approved. But for charcoal whitening, no good. The thing about charcoal is that yes, it works, but over time it damages your enamel. It's so abrasive.

**Whitney DiFoggio 35:58**

There are different layers to your tooth, with enamel being the outermost layer, and then the next layer in is dentin. Enamel tends to be white, and dentin tends to be yellow. So although the abrasiveness is scrubbing it away, scrubbing away all these layers of white enamel, they might look really nice. "Wow!" "Wow!" "Wow!" "Nice." "Clean." "Clean." But then, when you get to that dentin layer, you literally brushed your teeth yellow. Now you have a layer of yellow, and the white is never coming back. You probably need to get crowns or veneers. I've seen this.

**Whitney DiFoggio 36:33**

Only a few times have I seen it this extreme, but it's an extremely sad thing. They're like, "No, I'll just wait till the enamel grows back." I'm like, "Enamel does not grow back." So you don't want to be scrubbing your teeth yellow. I would be very cautious [about ] anything that has the word 'charcoal' on it. Having said that, some toothpastes will say they are charcoal, but they're not. They're just stained black because companies know that it's trendy. So they're just calling it charcoal, and it's just stained black; that's fine. But if it actually has the abrasivity of charcoal, then stay away.

**Dr. Jill** 37:05

Oh, I'm glad you said that because, in my realm, we use charcoal orally—not on the teeth—ingestible because it's an inert substance that binds toxins. So maybe for patients listening who've heard that it could be a good binder, I would agree with you. I want to be really clear. Do not use charcoal on your teeth, please. So I just love that you said that because I talk about binders in other scenarios, not on the teeth, they might... So lots of good, clear points. And I love, love, love the perspective and wisdom you bring. Thank you again today for taking your time and coming on the show.

**Whitney DiFoggio** 37:38

Thank you. I love your perspective. It was so nice talking with you. Thank you for having me.

**Dr. Jill** 37:42

And thanks for all the good work you do in the world, the social media, bringing out... Where can people find you?—speaking of...

**Whitney DiFoggio** 37:47

Of course, yes. They can find me on TeethTalkGirl.com, which is my website, as well as on my YouTube channel, youtube.com/teethtalk. And one more thing I might as well mention: I feel like I've talked so much about habit-forming, which is so important—the home care that you do. I have so many patients who tell me that they're really good at keeping up with their habits after seeing the dentist for like two or three weeks, and then they fall off. They stop flossing, or they stop water flossing, right? I get it; that happens to us. So I actually have an oral health coaching program coming this fall. It's called "Better Mouth". So stay tuned. I'm so excited. Hopefully, it will help more and more people to get a better routine, leading to better dental health and better overall health, like we all know. It all relates.

**Dr. Jill** 38:29

We will make sure that's linked here if you're listening. Thanks again, Whitney, for your time.

**Whitney DiFoggio** 38:35

Thank you so much for having me!

**Dr. Jill** 38:36

You're welcome!