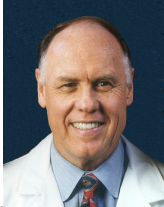


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# DENTAL WELLNESS\* NEWSLETTER



**Note from Doc** What is the message of winter and the New Year? Is it 'Out with the old, in with the new?' Is it new self commitments? How about your health and vitality? Do you like what you see when you look in the mirror? Is your body, your temple, in the best shape it possibly can be? Have you given it all the love and attention that it deserves? I decided to write about some of the changes I put in place several winters ago when I asked myself the same questions. I am hoping that my message will inspire you to revisit your nutrition and exercise regimens. Happy New Year to you all!

*Dr. McBride*



## How Healthy Are You?



I have always been an athletic person and have prided myself in keeping fit. I use my Lifecycle religiously and do weight training in my home-gym. However, I sometimes wondered about how healthy I really was when I would hear of individuals who were doing "all the right things" such as a healthy diet and exercising, yet had met unexpected demises. My curiosity was piqued during a presentation given at an annual dental conference as the guest speaker, Sam Queen, was speaking about the 'science of body biochemistry.' Sam had researched body chemistry for over 50 years, and what he presented made a lot of sense to me. He told that his organization, The Institute of Health Realities (IHR), has a Health Model that begins with the premise that it is necessary to know how something works in order to repair or improve it. It further proposes that health changes must be addressed from the perspective of their impact on total health, rather than just focusing on how a procedure impacts a specific symptom.

This Model is markedly different from the Disease Model, which is currently the basis of traditional medical/dental practices. The Disease Model is based on the assumption that health is simply the absence of disease and established risk factors, therefore the doctors assume that disease is mostly the result of flaws in the genetic pool. As a result, the focus of treatment is on making a diagnosis, putting a label on that diagnosis, and then treating the label. This approach works well in crises situations such as a heart attack, but fails miserably when used to handle chronic disease and infection. The flaw rests in the fact that symptoms and risk factors are less often the cause, and more often only a reflection of underlying defects. As a result, treating the symptom by dictating to the body what you would like to have happen rather than supporting natural mechanisms, does little more than hide the underlying defect.

Mr. Queen pointed out that IHR blood panel normal ranges are not as liberal as traditional marker values, and that their research has led to a more profound understanding of the significance as to how the markers interrelate. IHR panels have very important additional markers. They have identified six sub clinical defects that are common to every degenerative disease: ph imbalance; anaerobic metabolism; free calcium excess; chronic inflammation; connective tissue breakdown; oxidative stress. In order for a person to be treated and considered disease free, these six defects must be identified and addressed in a particular order. This process is known as Free Radical Therapy (FRT). FRT recognizes that each person is biologically unique, and slight alterations in treatment approach must be made for each individual. This is why a one-size-fits-all approach to wellness doesn't work for many people. By addressing and treating these defects, the doctor and patient are able to get at the cause of disease, rather than simply treating symptoms.

After hearing Mr. Queen's presentation I decided to have an IHR evaluation. This led to an individualized health plan that was based on my personal biochemistry which was derived from blood and urine tests, dental and medical history, and a diet and lifestyle questionnaire. I have been following my individualized FRT regimen for the past four years and have had great success. Imbalances were pinpointed, recommended measures were followed and my panel markers have all adjusted to well within the normal range. I feel great and now know the true state of my health.

In past newsletters, I have pointed out the mounting research evidence showing how the state of one's oral health influences one's general health, and its obvious reciprocal. This has been borne out by our successes with patients not responding as well as expected with local gum disease control methods who improved through body chemistry assessment and institution of recommendations. It has been exciting to see these changes as a result of this additional factor that supports the IHR premise.

Recognizing my own personal successes and that of my patients who have had their chemistry done and who have thus tailored their diet, lifestyle, and food supplement intake to fit the data, we are now offering in-office basic chemistry assessments to help you do the same. A side benefit from this IHR approach to better oral health is that lasting general health is optimized in the process.

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Quarterly Quote

**The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease.**

*Thomas Edison*

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## TREATMENT SUCCESSES

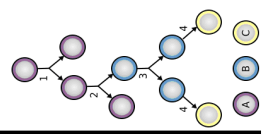


Our past newsletters have shown Before and After images of patients with esthetic improvements that have been life-changing. We see many other treatment successes on a daily basis where the changes in oral and general health cannot be displayed via photographic images alone. So this time, rather than having before and after images and the story behind them, I'd like to welcome you to the new edition of our website, [www.rpmdentistry.com](http://www.rpmdentistry.com). Besides having numerous before and after images, it also has video testimonials of people who we have treated out of acute and chronic head and neck pain. So, in lieu of the usual pictures, I'd like to introduce you to some patients on the new and improved edition of our site and let it and my patients speak for themselves.

\* Wellness denotes health, and true health is based upon sound relationships bounded by mutual trust and respect between practitioner, staff and patient. It is an attitude that involves learning and development of common goals for prevention and treatment.



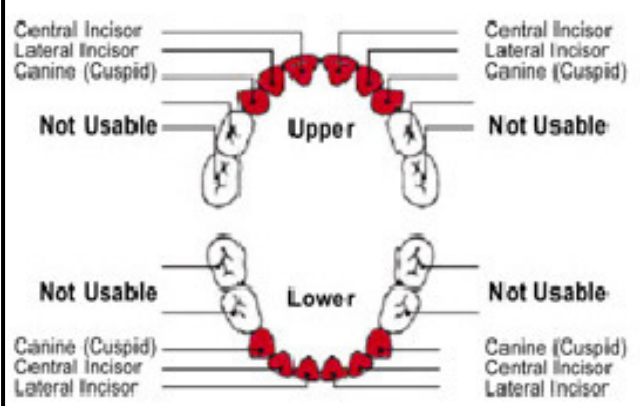
# Dental Stem Cell Research



Progenitor cells found in children's primary teeth show great promise in successful treatment of spinal cord injuries and neuronal degenerative disorders. Primary tooth stem cells grow rapidly, have great differentiation potential, and may also be used to regenerate bone and teeth.

The process costs a fraction of other types of stem cell extraction. Banking a child's primary tooth stem cells could ensure cells are preserved before natural damage occurs, and would provide a guaranteed matching donor for life, and is a simple and painless process. By helping to save a child's tooth, you could help save that child's life.

Most important are the first incisors (red on diagram), which retain stem cells with the highest tissue regeneration properties. Cell viability reduces the longer a loose tooth remains in the mouth, i.e., a tooth collected shortly after it becomes loose is most viable.



## METH MOUTH



It's cheap, addictive and can harm your smile for life. Its use is also rapidly increasing both nationally and world-wide. It is methamphetamine. According to the National Survey on Drug Use and Health, more than 12 million Americans age 12 and older reported they had tried methamphetamine at least once in their lifetime.

According to a report that will appear in the November/December 2006 issue of *General Dentistry*, the Academy of General Dentistry's clinical, peer-reviewed journal, methamphetamine is a powerful central nervous system stimulant that produces prolonged euphoria and is relatively easy to make, inexpensive to purchase and distribute. Its use is on the rise and can have serious adverse affects on one's oral health, including highly visible widespread cavities and rampant decay.

Meth abuse patients may have a higher tolerance for anesthetics, experience unpleasant effects due to drug interactions or have anxiety regarding dental treatment which combined with meth use can cause serious problems. Their teeth have been described as "blackened, stained, rotting, crumbling, or falling apart," according to information in the study obtained from the American Dental Association (ADA). Some teeth are in such poor condition that they are unsalvageable and must be extracted.

Use of the drug also can decrease saliva due to the dry mouth many suffer from. To provide relief from "cotton mouth", many meth users drink vast daily amounts of carbonated sugared soft drinks, says lead author Gary D. Klasser, DMD, Cert. Orofacial Pain. He also says that many users lose interest in maintaining good oral hygiene habits, and will stop brushing and flossing their teeth.

Eric Z. Shapira, MS, DDS, MAGD, MA and AGD spokesperson explains, "Meth users have no sense of time or the importance of helping themselves, especially with doing regular dental care both at home and professionally. Lack of dental care leads to many oral diseases, but primarily periodontal disease and tooth decay."

Also, being a stimulant, meth can cause increased motor activity which induces excessive chewing, tooth grinding or clenching, furthering the oral problems associated with the drug use.

### Management of meth mouth:

- Identify the problem and seek professional assistance for the substance abuse
- Patients should avoid diuretics such as caffeine, tobacco and alcoholic beverages
- Patients should use fluoride products to reduce the risk of cavities
- Establishing more frequent visits to ensure the maintenance of oral health

## Team News



This Newsletter's *Team News* will headline our talented hygienist, Jenean. While in hygiene school, she co-authored an original research project. It addressed the influence of various oral hygiene products, brushing, flossing and tongue scraping on bad breath (Malodor). Twenty-eight subjects were selected, based on their general and gum health – all were healthy with no systemic conditions that could influence the study. Baseline oral bacterial colonies were assessed at the beginning of the study, and assessed periodically during the course of the project. The results definitely suggested the efficacy of proper oral hygiene on the odor quality of one's breath. So, when you see Jenean for your hygiene maintenance visits, you can rest assured that you will be treated, taught and monitored by a caring professional who has a great background, as well as continuing experience within our health-centered practice.



### Presentations

Some of you who see us on a regular basis may not know about the knowledge and skills that Dr. McBride possesses that go beyond the usual. Through his passion for learning, he has developed leading edge skills such as diagnosing jaw joint (TMJ) head and neck pain, body biochemistry analysis and much more. The presentations offer a wide spectrum of dental health topics. His goal is to inform and educate his patients on the latest in dental health, prevention and treatment. He is always open to suggestions for topics so if you have an area of interest, please let us know. Call Karen if you would like to be on the reservation list for our upcoming talks—and don't forget to bring a friend—call Karen now at (562) 421-3747.



### Seasonal Drawings!



Congratulations to Rose Gayton for winning the Halloween Basket and to Jan Calmer for winning the Thanksgiving Basket! Our creative hygienist Jenean continues to bedazzle us and our clients with her assemblage of items that go into these unique Baskets—you won't find any like them anywhere.



Please let us know what topics you would like to hear about in upcoming issues.

