Will: The next expert to share their wisdom and experience with us here at the Healthy Mouth World Summit is Dr. Hal Huggins. Dr. Huggins is a leading pioneer in identifying toxic dental materials, balancing body chemistry, and developing a multi-disciplined approach to reversing autoimmune diseases. Well-known internationally for his stand against deception in dental practices and regulations.

Dr. Huggins has been on the cutting edge of dentistry since the beginning of his practice over 43 years ago. He has been called the world’s most controversial dentist because of his vigorous stand against silver mercury amalgams and his recommendations that dentists refuse to place or recommend placing amalgams and root canals.

Dr. Huggins earned a post-doctoral master’s degree in immunology and toxicology from the University of Colorado. Over the past three decades, he’s developed a multi-disciplined health care model that has been influential in improving autoimmune diseases such as MS, lupus, Parkinson’s, and Alzheimer’s disease. Other symptoms such as chronic fatigue, memory loss, and digestive problems have also responded well to his protocols.

He is the author of several books, including It’s All in Your Head and Uninformed Consent, which cover the dangers of using mercury in dentistry. He also recently published ten years ago Solving the MS Mystery, which covers the link between
mercury toxicity and autoimmune diseases, as well as seeking your ancestral diet, a cookbook and nutrition book.

In 2004, he published his long-awaited book on hormonally-controlled human interactions titled *Who Makes Your Hormones Hum?*. And his most recent book *Patient Empowerment* will be released late of 2012.

Dr. Huggins is currently a consultant in three countries at multi-disciplined centers that practice the Huggins protocol for dental revision and detoxification. He has lectured over 1,400 days in 46 states and 13 foreign countries, and has given over 1,000 radio and TV interviews. His books and many of his booklets and articles are available through his website at DrHuggins.com.

Today, I have the honor of interviewing literally the person who has championed non-toxic, holistic dentistry for the past several decades. In an effort to empower the reality that we prefer to see come to pass, we’re going to talk with Dr. Hal Huggins today about what real possibilities are available within the field of emerging dentistry as we embrace the ability of dentistry to address the health of the whole being.

Dr. Hal Huggins, welcome to the Healthy Mouth World Summit!

**Dr. Huggins:** Well, thank you! It is good to be part of helping you generate awareness because people need to know some of this material.
Will: It is such a thrilling thing for us to have you on the Summit, sir! I’ve been talking to others about how I’m going to be interviewing Yoda of biological dentistry. So, it’s really an honor. Thank you!

Dr. Huggins: [Laughs] Well, I’m not sure who’s better looking between the two of us!

Will: [Laughs] So the title of our talk today is “A View From Above: What Dentistry Can Look Like in the Future.” We’re going to be talking about a lot of new information and protocols today.

Perhaps we should talk first about what you see the purpose of all this is. Why will it be so beneficial for humanity for dentistry to go in this direction? How are we to benefit from incorporating the protocols you will share with us today?

Dr. Huggins: Well, the main thing that it can do is stop unnecessary diseases. Secondarily, it can show the treatment potentials for getting rid of these diseases that people have. Most of these are what are called autoimmune diseases, which means the immune system is attacking your own body. Examples of this might be Multiple Sclerosis, Lou Gehrig’s Disease, seizures, Alzheimer’s, leukemia. There are probably close to 200 autoimmune diseases.

And they all have essentially the same background to them. It’s just they have different symptoms attached to them, different manifestations, and, of course, different insurance codes, which really controls things.
But the main thing is the immune system only does two things. It looks for self or non-self. A self cell is one that has your personal genetic code on it. And if the immune system sees that code, then it bypasses that cell and goes on until it finds something that does not have your genetic code on it. And if it doesn't like a splinter, okay, we develop an immune reaction around it and kick it out.

However, if you have, say, a nerve cell that has an atom of mercury sitting on it, that will be recorded as non-self. And the immune system will be instructed to come in and destroy it. And then that's where we get things like Multiple Sclerosis, Lou Gehrig’s Disease, and seizures and so on.

That there is an interference there because of a dental material. It is a foreign item, yes. The part that is parking on it is foreign, but what it is attacking, be it nerve tissue, heart tissue, kidney, whatever, that is really you. And that’s why it’s called autoimmune. So, the general attack here is if your immune system is attacking your cells, kill the immune system.

Well, this is like saying we can stop the war in Iraq and Afghanistan and wherever else we’re fighting, we can stop it immediately if we kill all the American soldiers. And that’s exactly what we’re doing here. We’re killing our own soldiers by the treatments that are used for autoimmune disease. My approach is a little different. It’s get rid of the cause. And, many times the cause has its base in dental materials.

**Will:** Wow. Okay. So, that’s a lot to tackle.
**Dr. Huggins:** Well, it is and it isn’t. It’s a lot of different diseases to attack. But the attack is basically the same thing. We use blood chemistry as a monitor. And it shows us in the diagnostic portion that blood chemistry will show us where the bomb was when it went off. In other words, what tissue was injured and to what extent? And, then that also lets us know that that tissue needs some help.

All right, so if we go in and help that tissue get well, did it work? Did we over-correct? Did we under-correct? Or were we right on target? The blood chemistry will tell us that. So, there’s not a whole lot of guess work to it. And that’s a real advantage of using blood chemistry is that it tells you where to go. And as a monitor, it tells you how far you’ve gone and what corrective measures, if any, you need to do.

So, there’s not that much difference between breast cancer and gum disease. They’re both imbalances. If the serum calcium is high, what do you do? You bring it down. If it’s low, what do you do? You bring it up. In which disease? In all of those diseases. So, the correction is pretty simple.

Now, how you do the correction gets complicated once in a while. But conceptually, remove the cause and supply the body with raw materials so that it can cure itself. We don’t cure anything. The body cures itself.

**Will:** Right. First of all, stop the toxic load coming in. And then supply the necessary nutrition.

**Dr. Huggins:** Yes. And, the nutrition is not necessarily what you heard on television. Basically each of us has our own what is called ancestral diet. That is
the foods that our ancestors were eating 2,000 years ago. So, when we decided
to be born and what we were going to look like, we went to the shelf and picked
out items of genetics from 2,000 years ago. And that’s who we are.

And the amount of carbohydrate, protein, and fat are related to all of our
ancestors at least that far away. So, this is what we do is try to figure out the
ancestral diet because when you’re on your ancestral diet and I’m on mine, even
though they may be very different, the chemistry is identical.

So, sometimes people say, “Well, this may be normal for you.” Uh, no. Normal,
by definition, is 95.56% of the population. And where do our normals come from?
Well, they come from the hospitals. They get them from the patients where
they’ve drawn the blood before the patient died. So, what you’re being compared
to is 95% of the people who were sent to the hospital or who went to the doctor
because they were sick. Is this what you want to be compared to? Or do you
want to be compared to somebody who’s in good shape and well?

**Will:** No kidding, huh? Sure, your comments here about ancestral diet are really
echoing Weston Price’s research, it sounds like.

**Dr. Huggins:** Well, that may be true! Absolutely! Yes, because he spent over a
decade traveling around the world looking for peoples in the world who were in
good shape, that is they lived out their lifespan, and then all of a sudden, got sick
and died. They did not spend years in a nursing home. They were running
around, and took just a few days to wrap things up and die.
And, in one place, they gave him permission to dig up skulls. And he found one cavity per 1,000 teeth at the time of death. So, whatever they were doing was keeping the body in good health. And this is where the concept came from [that] the mouth is the barometer of the body’s health because if you do not have cavities, you do not have gum disease, you’re on your ancestral diet.

And, of course, people who had lived together in the same area for decades were pretty much of the same ancestry. So, we see people of different races who get married. And that’s fine. But then they have children. The children don’t have any real ancestral diet. And we have treated a bunch of those people. And it’s very hard to balance their chemistry because they don’t have an ancestral diet.

Will: So, it sounds to me that as genetic diversity within the human population increases, that it makes balancing the body chemistry more difficult. Correct?

Dr. Huggins: That is absolutely correct. Yes. This doesn’t mean that brothers and sisters marry. But when you marry across racial lines, hey, races come from different areas. And you take somebody from, for instance, Norway, who marries somebody from Hawaii, and the Norwegian, if he starts eating fruit, he’s going to come down with diabetes. And the person from Hawaii would not know how to handle seal and caribou and things like that.

Well, their children would end up being in a whole lot worse shape than they would be in. So, yeah, it does take several generations, as Pottenger showed working with cats. He and Price were compatriots. It takes three generations to bring animals -- and that would be people, too -- back to any type of system in
which what they’re eating goes to making the body heal itself and stay in good health.

**Will:** Wow. So, there is no perfect diet for everyone. And we have to each find our way and respect, again, our ancestral diet, where our genetics came from.

**Dr. Huggins:** Yeah. And this is not according to your blood type. That misses things sometimes by a pretty wide angle. But the individual blood chemistries of which we’re looking at more than twenty different chemistries, that shows you the amount of carbohydrate, protein, and fat that your body gets along with best.

**Will:** Wow. That sounds fascinating to me.

**Dr. Huggins:** Well, it has been. I’m glad to hear you say that.

**Will:** Yeah. So, let’s jump back into dentistry a little bit here. I’m sure that from your perspective, what is currently being called general dentistry and what you see as possible are very different paradigms. In order to really begin to see through your eyes, perhaps let’s start by discussing what baseline of information each of us must have in order for this possibility to come forward. And then perhaps we can contrast what general dentistry of today does and doesn’t do with what the future of dentistry will accomplish.

**Dr. Huggins:** Well, that’s quite a question to attack. The future of dentistry and what it’s going to accomplish is pretty much what it accomplished yesterday. If you look at the fillings that are placed today -- and I just found recently that about 50% of the fillings that are placed are the mercury fillings. There was a big
lawsuit in California some years ago. And there was a fine levied, depending on
how much amalgam was sold by the manufacturers.

And, it looked like instead of placing one million fillings a day as they did when I
was started this crusade against mercury, that they were down to 100,000 a day.
Well, they’re not. They’re still doing 500,000 a day. And that’s essentially the
same material they were using in the Civil War, which is probably why Abraham
Lincoln was noted to go into depression so often. Depression is one of the things
that comes from low exposures to mercury. And he had mercury fillings in his
mouth. That’s about the time they started placing them.

And, so, today the anti-depressants are one of the biggest selling items. And
what do you need that for? To counteract the mercury coming out of your fillings.
So, where have we gone in the last 150 years? Not very far. And from what’s
being done in dentistry today, I have one little talk that I’ve given a few times
called “Advance to the Rear.”

I think that may be what we’re doing because we’re certainly not handling people
as well as we did in the past. Dental schools do not teach nearly as much as they
used to. The refer to specialists. And by measurement, what I was taught in
dental school fifty years ago compared to what they teach today, today they’re
teaching 10% of what I was taught in school. So, that’s kind of advancing to the
rear. That’s going downhill.

But the new things that they’re coming out with in dentistry are even more toxic
than the things they’ve used in the past. So, what direction is dentistry going?
Well, it’s going backwards as far as health is concerned.
Will: So, let’s set a baseline down. What do each of us need to understand in order for this to move in the right direction?

Dr. Huggins: Well, each of us has to take our own responsibility. If you call the dentist across the street and say, “Hey, the mercury in fillings, is that dangerous?” and if he says, “Yes,” he’s going to be selling used cars tomorrow.

So, the dentist cannot level with you even if he knows. He can’t tell you the toxicity of mercury, of nickel, of aluminum, of these things that are used in high amounts. He’s gone through school. He’s got a lot of expenses. He’s got a couple of kids in college, and a mortgage and all that. He can’t afford to lose his license because he’s not trained to do anything else. A dentist is trained in a very small area, a very small field. And, you can’t go out and do anything else. So, he’s got to stay there and follow the party line.

But, it is up to the patient. There are things becoming available so that the patient can understand. And I’ve been asked on numerous occasions to address this. And I finally have. So, about next week or so, we’re coming out with a book called Patient Empowerment. And what that is is empowering the patient to be able to analyze what the dentist is trying to do to him, and decide whether he wants to do it or not.

Now, if we take something like cigarettes, like alcohol, is there anybody who smokes who thinks that smoking is really good for them? Probably very few. What about getting drunk every night? Does anybody really feel that that’s healthy? No. But it is their choice.
In dentistry, you do not have a choice. People go in now and they say, “Well, this tooth is a little sensitive. We’d better do a root canal.” “Well, I don’t want a root canal.” “Then, we’re going to take it out and put in an implant.”

And, that’s the only choice. They don’t tell you that fixed and removable bridges are available. I’ve had this come up at least 100 out of 100 times in the last few months, the dentist did not mention that removable, partial dentures or fixed bridge work was available. Well, implants are where there’s a lot of money and prestige in doing implants.

And we find that root canals, we have our own DNA laboratory now, and a real expert running it. And we have tested about 800 samples in dentistry that have to do with root canals or removed teeth. And 800 out of 800 have shown that there are many pathogenic -- that is disease-producing -- bacteria in root canals. Well, around the implant, there are even more bacteria, there are even more disease-producing.

So, again, we’re doing advance to the rear because we don’t have monitors. So, it’s up to the patient to find out. The sentence that comes up again and again in that book is, “Just say no.” If somebody wants to put a filling in your mouth that contains mercury, just say no.

Now, the new filling, the new amalgam, came out in 1976, contains thirty-some percent copper instead of three percent because they said, well, this would stop the mercury from coming out. Well, I think in junior high chemistry, you’re going to
find that if you add copper to some kind of an electrical system, it’s going to work faster.

But, with the high-copper amalgam, the mercury comes out fifty times faster and the copper comes out fifty times faster. So, it’s kind of interesting, these discoveries that we’ve come out just within the last year or two. The talk I’m giving to a couple of medical groups within the next couple of weeks is called “The Marriage Between Metals and Microbes.”

Now, what’s happening here is the root canals may have ten, twenty, thirty, fifty different bacteria in them. Well, these are kind of bad bacteria. But what turns them on? The key that turns them on is frequently the dental metal, the aluminum, the nickel, the mercury, the copper.

And we have studied all this in the DNA laboratory and found that it takes extremely low dosages of these metals to touch the bacteria and it is now forming something that I don’t think used to be there. It’s called a plasmid. A plasmid is kind of like a turret on an airplane that’s a bomber. You know, you’ve got a little turret with the machine gun sticking out of it? This is what a plasmid is.

So, when the bacteria is stimulated, it starts producing toxins. Well, it used to be that a bacteria produced a toxin. Where did you get mumps? From the mumps virus. Where did you get polio? From the polio virus. Where do you get pneumonia? From the pneumonia bacteria.

Well, now if you take bacteria and stimulate it with one of these metals, it may produce five different toxins. Some of them may produce fifteen different toxins,
which is fifteen different diseases. Well, we are beginning to see the term “atypical.” Atypical is the scientific way of saying not typical. Not what we would expect. We’re seeing atypical diabetes, atypical Multiple Sclerosis, atypical Lou Gehrig’s Disease.

What this means is it is very similar, but it’s got red hair instead of brown hair and it’s got blue eyes instead of brown eyes. There’s just a little difference. It’s not exactly the same. Well, in looking a little deeper, we’re finding that comes from mutations. And these metals in dentistry can make the bacteria produce the toxin and also a mutation.

So, we have a bunch of new diseases that have occurred over the last hundred years that were not known for the thousands of years before that because the dental heavy metals are stimulating the bacteria from the root canals to produce a toxin that is atypical which gives you an atypical disease.

So, where is this going? It is not going toward better health. The only answer is for the patient to become responsible, to become educated, to learn for himself. And this is what that Patient Empowerment book is directed to do -- tell the patient the real truth about what’s in mercury fillings and what it does.

What does the copper do? What does the mercury do? What do braces do? What do they have to do with sterility? What do fillings have to do with birth defects? All these things have been known. But it’s just that dentists are not really permitted to tell the public the truth about where these things are coming from.
Will: Wow. That makes sense. So, I want to get more into blood chemistry for sure.

Dr. Huggins: Okay.

Will: You teach the use of many different types of diagnostic tools. Clearly blood chemistry is one of them. I’d like to go through some of these test protocols, what they are and why you encourage their use.

We had Dr. Blanche Grube share with us about compatibility testing a couple of days ago. Can you explain what you’re looking for with blood chemistries and DNA testing? First of all, are those the same testing procedure for you?

Dr. Huggins: No. The DNA testing can be done on the blood because we find the bacteria in the blood are sometimes the same ones that are in the root canaled tooth. But we’re testing root canaled teeth with DNA. We’re testing cheek cells for some of the responses.

If we have time, we can go into detoxification. You have genetic methods of detoxification, which can be found from cheek cells just by rinsing the mouth with salt water.

But in the blood chemistry, there are things that are not really terribly new. But they’re certainly not taught in dental schools, even the dental school where it was discovered. But if you have looking at the serum phosphorus level, for instance, if the serum phosphorus level is below 3.5, you have dental decay. If it is above 3.5, you don’t have dental decay. Well, what makes that happen?
If you’re eating the right amount of protein in your diet, the serum phosphorus will be above 3.5. If your’e eating less protein than you need, it will be less than 3.5. Well, what happens at 3.5? Why is this such a magical figure? There is a fluid that flows from the pulp chamber of the tube through the dentin, through the enamel, into the mouth. It’s a derivative of the blood stream. But, this fluid flows up through the tube in people who have no decay. It’s kind of a self-cleansing action.

But, when the phosphorus drops below 3.5, which is an endocrine function -- one of the hormone-producing glands controls it -- then, when the phosphorus drops below, the tooth turns into kind of a suction machine and it draws debris and bacteria from the mouth through the enamel, through the dentin, into the pulp chamber, creating decay and occasionally even killing the tooth.

So, if we can control the phosphorus, we can control the tendency to dental decay or the tendency to resist it. But, where the problem came in was that when you drop below 3.5, you become susceptible not just to dental decay, but to all diseases. And if you’re above 3.5, it’s going to be a whole lot harder to catch a disease.

So, then, medicine comes in and says, “Oh, you're practicing medicine without a license.” And dentistry says, “Well, you’re practicing dentistry without a license.” So, everybody starts shaking fingers and handing out lawyer’s cards and all this sort of thing. And the patient is the one who suffers.

That’s why the patient needs to be educated in order to have patient empowerment so that the patient knows that dental decay is not a matter of food
sitting on the tooth. It’s a matter of is the fluid flow pushing that food away from the tooth or is it sucking it into the tooth?

And you are the one who’s responsible. You’re the one who is in control. If you’re on your ancestral diet, you’re keeping that fluid flow going from the inside out, protecting the teeth, protecting the rest of the body, as well.

**Will:** That makes a tremendous amount of sense.

**Dr. Huggins:** What’s interesting about this fluid flow thing, it was discovered at Limo Linda University by Dr. Ralph Steinman. Oh, I didn’t meet him until the seventies, so it was probably in the sixties that he was doing that. He published seventy articles on it over the period of his tenure at the University of Loma Linda Dental School. And, he has died, three years ago. But, the school doesn’t even teach how dental decay forms when it was discovered right there in their university.

**Will:** Wow. I thought I recognized Dr. Steinman’s work, the fluid flow through the tooth.

**Dr. Huggins:** Yes, I knew him personally, and certainly supported his work. I thought it was wonderful what he was doing because he was showing dental decay is a physiological thing controlled by the parotid gland. And he had all these studies that proved it. And dentistry is saying, “Well, you’ve got to brush and floss, or you’re going to get decay.” Well, you’ll certainly smell better. But that’s not what gives you the resistance to decay.
**Will:** So, can you encapsulate the silver bullet there, if you will? I mean, is it complicated for each of us to keep our serum phosphorus at or above 3.5? Or is it different for everyone?

**Dr. Huggins:** Well, it’s simple in concept that if you eat the amount of carbohydrate, protein, and fat that keeps your chemistry in balance, phosphorus will be there where it belongs. But, a low-protein diet causes the suction machine to come on so that you’re sucking things into the tooth, where a high-protein diet makes it go out.

And then you get into a big religious argument here because protein is not always protein. If you look at protein as it’s taught in school in two-dimensions on a piece of paper with a pencil, you see that in two dimensions, there are carbons and nitrogens and hydrogens and little bonds between them. But it does not show you the shape.

The shape of a protein within the body is in three dimensions. And this three-dimensional shape is different from animal protein and vegetable protein. It’s like checking into a hotel where somebody gives you the key to the room next to yours instead of yours. It’ll go in. The key goes in the lock. But, it doesn’t open it. So, you have to match things in order to get the right key to open the right door.

That’s what the ancestral diet is all about, is getting the amount of protein in the diet to open the doors, to rebuild the tissues. Vegetable protein is good. But it does not reconstruct the body. It requires animal protein to rebuild you if some things happen to make you ill. If you have been attacked by a dental material or a bacteria, you have to rebuild.
And it requires looking at the serum level of albumen. 4.6 is a perfect level. 4.2 is acceptable. But 4.1, to me, is not because as the serum albumen drops below 4.2, you lose your ability to detoxify and you lose your ability to rebuild. Albumen is the primary detoxifier. And contrary to what you hear on television, the second best detoxifier is cholesterol.

So, if we have somebody with a low cholesterol, we know we can't help them. I mean, if we can raise it, we can. But, a low cholesterol is associated with disease. And they try to make you think that a low cholesterol is associated with heart disease. Nothing can be a whole lot further from the truth when you actually look at chemistries and look at what patients are doing. But the cholesterol is not the problem in depositing in arteries.

It is calcium. Calcium is 90% of it. Fats is only 1.5% and cholesterol is only 0.5%. So, no, when the cholesterol goes up, that means that your body is undergoing a challenge. And it’s our job to find out what the challenge is. Most of the time, of course, it is root canals, amalgam, nickel crowns, something of this nature.

Will: Wow. Being a lay person, I know albumin, that’s egg white. So, it’s fascinating that you’re mentioning here both cholesterol and albumin as being kind of like the two pieces of an egg.

Dr. Huggins: Well, it’s a different albumen. One of them is spelled with an “i,” and one with an “e.”

Will: Oh, okay.
Dr. Huggins: But, Cheraskin used to say, “An egg must be a complete food because it makes a complete chicken.” And the yolk and the white have a relationship between each other. If you eat one without the other, you’re creating an imbalanced diet.

Will: Sure, sure.

Dr. Huggins: It’s what Price called partitioning the food. He was referring to it in wheat, when you take away the bran and have just the straight carbohydrate, that was partitioning. Well, if you have only half the egg, you’re partitioning.

Will: Right, right. So, let’s come back for a moment. And, again, we’re totally flying open here as far as questions. Let’s come back to serum phosphorus and tooth decay. And how does that correlate with what we put into our bodies that would diminish our ability?

I’m specifically thinking of the studies from Edward and May Mellanby and the introduction of oatmeal and how that increased the risk of tooth decay in the kids they tested.

Dr. Huggins: Well, anything that lowers the serum phosphorus is going to increase the amount of dental decay. The primary thing that does that is sugar. We only buy 25% of the sugar we eat in the grocery store as sugar. The rest of it is what they call “hidden sugars.” So, it is the hidden sugars that are in the foods after they’ve already been prepared that cause the serum phosphorus to go down.
Now, as the serum phosphorus goes down, degeneration of the body occurs, not just in the mouth, but in the whole body. Oatmeal, even though it’s not a gluten material, behaves like gluten. And this is one of the things we study in the laboratory is gluten intolerance. And that fits right into it, that if somebody is gluten intolerant and eats wheat or rye or anything with gluten in it, it’s going to push the phosphorus levels down. It’s going to inhibit the healing process also.

There’s a good way to test with the oatmeal. We found a lot of people are sensitive to oatmeal. It looks like it would make a great breakfast food. But, if you will sit down for five minutes and take your pulse and then eat the oatmeal as you usually do but don’t have anything else with it, just the oatmeal, with thirty minutes, take your pulse again, and if it’s gone up ten points, you had a reaction to it.

And, of course, the people who that I see are having problems. They’re not the people who are the healthiest in the world. But the majority of them cannot handle oatmeal.

**Will:** Wow. I’m writing this down. If the pulse went up ten points...

**Dr. Huggins:** Yes, if it goes up ten points or more. Now, I know my mother used to go from seventy to ninety if she would eat oatmeal. So, that was a twenty point increase.

**Will:** Hmm. Okay. Okay, so what is a RITA meter, and what does it tell us?
Dr. Huggins: Okay. The RITA meter is a meter that detects amperage specifically on fillings. We have found, quite by accident, but it took a year to figure it out, that if...All right, fillings are like little tiny batteries. And some of them have positive current. Some of them have negative current like each end of a flashlight battery, for instance. But, if you remove a filling that has positive electrical charge in it and it’s the first one that you’re removing and taking out of a series of them, the patient tends to become more sicker.

And if you take out the fillings that have the highest negative charge first. They have a tendency to become well. Well, what’s the difference? Well, there was a big difference in that if you take something like Multiple Sclerosis, we used to have a ten percent improvement with Multiple Sclerosis. And when we found out about the electrical charges, we jumped practically overnight from ten percent improvement up to about sixty percent improvement. That caught my attention.

And, it was many years later that I was taking a course in forensic toxicology that I found out what was going on here. There’s this thing where nerves don’t touch. They come close, but there’s this space in between them called the synapse. A lot of chemistry goes on in that space, in that synapse. And impulses are jumping from one side to another.

Well, if you remove a filling with positive electrical charge, it causes an increase in potassium, which interferes with nerve impulse transmission, which interferes with the endocrine gland’s ability to produce hormones. And, if you’ve got this interference going on, the body gets worse.
But, if you take out the negative current fillings first, it stimulates the sodium to go first instead of the potassium. And then the four opposite endocrine glands are stimulated. And, this creates healing. So, we knew back in 1979 that there was a big difference. But, it wasn’t until maybe four or five years ago that we found out what the reasoning behind it is.

Now, the advantage of the RITA meter is that it does something called hold the peak. With voltage, you have a lot of meters that’ll do that. But, with amperage, you don’t. And that is if you touch a filling, it’s kind of like if you’re old enough to remember the flash camera?

**Will:** Yeah.

**Dr. Huggins:** You press the button and the picture is taken. The flash goes off and then you hear a [whistling] sound as the battery charges up the capacitor again so that it can give another flash.

Well, this is the same thing that happens with a filling. When you touch the filling, it’s like a flashbulb going off. The charge is gone. And it leaves pretty fast. And we have at the University of Colorado, they did studies with this and found that it just takes a few hundredths of a second to discharge the electrical current that’s in a filling.

So, what this meter does is to hold the peak, hold the highest charge that you had there because it’s going to jump down in a big hurry. And you’re going to look at the meter and think you’ve got maybe a +3 microamps when actually it was +30 microamps. So, the reason for having to develop that meter was to able to
determine how much charge is there in that filling while you're just wandering around?

And then, of course, when you eat, you’re going to have acids and bases and stuff in the food that takes off a micro layer of the filling which can change the electrical current. But the main thing is if you just randomly take fillings out and happen to take out positive current fillings first, your chances of getting well are pretty slim.

But it’s just one part of the treatment. But if you take the negative current filling out first, then you have the endocrine glands producing hormones for you that are going to be interested in healing the body. So, it becomes a big factor in healing as we have seen in monitoring the autoimmune diseases.

Will: So, this makes sense now from my reading of your work over the past several years. You talk about if you take fillings out in incorrect order, you could send a person to the hospital.

Dr. Huggins: Well, that’s how I learned it, first of all, because I had a patient in 1962. And I said, “Hey, you’ve got these great big huge,” what we call “sloppy amalgams. There’s no anatomy under there, just big globs of amalgam that were placed in the service.” And I said, “These things are going to break and probably take the tooth with it. If we take it out and put a crown on it, put two crowns on those two teeth, you’ll probably be able to save those teeth.”

And he says, “Well, let me think about it.” Well, four or five years later, we’re still thinking about it. And, four or five years later, we’re still thinking about it. And, in
1979 he bit on something and broke them both out. “See! I told you! I was right!” I was just off by about 20 or 30 years. But, they did break off.

So, I went ahead and took the rest of the filling out and prepared him for a crown, which is what a dentist should do. Well, that night, he was in the Air Force Academy hospital with atachycardia where his heart was going about 250 beats a minute. And that doesn’t pump blood. That’s just going [makes whirring noise].

And he came back in. And I said, “You know, I think maybe you had the highest electrical current I’ve ever seen.” It was 113 microamps. And I said, “I think we may have upset your electrical current and stimulated this heart problem.” He said, “Well, why don’t you get the rest of those fillings out of there?” And I said, “Why don’t you get out of my chair? I’m not going to have you drop dead in my chair.”

Well, we argued for a while. And finally, okay. I took out three more fillings. Guess where he spent that night? In the hospital. But, he was only in one day. He was in a week the first time. He came in and says, “You get those last two fillings out of my mouth.” And I said, “You get your body out of my office!” [Laughs] So, we had an argument again. I took those fillings out. And we had no problem!

Well, those were the negatives. Because at that time, I was measuring electrical current just to be measuring electrical current and see if it meant anything. So, then we started taking out the negative current fillings first. And that’s when everything went up 20, 30, 40, 50 percent improvement over where we were.
So, yes, the electrical current, how you take the fillings out... If you just take them out at random, by actual measurement for people who have called for a referral from us, and found it was too far away, so they went to the guy across the street, 63% of those people ended up with an autoimmune disease they did not have before they had their fillings removed.

**Will:** Wow.

**Dr. Huggins:** So, dentists can generate disease by not using the RITA meter, and not using electrical current as a guide to what needs to be done.

**Will:** Wow. Okay, what about the idea of IVC? This is becoming more widely recognized in cutting edge medicine. What do you see the role of tools like IVC in dentistry being?

**Dr. Huggins:** Well, what it does in particular, it neutralizes whatever is going on. So, in any dental procedure, it’s fine. We used to have a big center here in Colorado Springs. And we used IV vitamin C on everybody who went through it. And in taking out the fillings, you’re changing the electrical current going to the brain. And this calms things down so you don’t have as much trauma from having different brain impulses. And that was nice.

But in surgery, it is absolutely necessary because of the toxins that are in these dead teeth or root canaled teeth. As soon as the dental forceps hit that tooth, those toxins are liberated into the bloodstream. Well, each one of these bacteria has its own GPS system. And it has a tissue that it wants to go find. And that means it’s going to set up a disease there.
Well, the toxins are -- a little poetic license here -- but, to me, they’re kind of like an outdoor motor boat where you’ve got the boat and you’ve got the motor hanging on the end. Well, the toxin is kind of like if you would take the motor and the boat and tie them together with a piece of dental floss. The motor pushes the toxin around. The boat is the toxin.

But, if you cut the connection between the boat and the motor, the motor goes to the bottom of the lake. What does the boat do? It just sits there. Well, this is what IV vitamin C will do. It cuts that piece of dental floss between the toxin and the power system, the motor system, the little cilia or whatever are pushing it around. It cuts that so that you have two separate units. And it’s not toxic.

So, this is a highly effective way of detoxifying the body and preventing the diseases, preventing the bacteria from going to their organ of choice. So, there’s no way I would every have a tooth removed without IV vitamin C. I know too much about the problems you can get into.

And, there’s another thing about vitamin C we’ve noticed. And this was just maybe a year ago, after I started working with it in 1968. But, last year we found that, yes, we used the IV during the procedure. Then, two days later, we would do another IV vitamin C of about 50 grams.

And, there are certain chemistries that I was monitoring. Some of them took about 4 to 6 months to correct. And, then I got the idea, why don’t we do it Monday and Tuesday? Just one day apart and see what happens. We did that, and those chemistries corrected in six days instead of four months.
So, we found that intervening with vitamin C not only helps to detoxify, but is it stimulating the endocrine glands? Stimulating cell membranes? I don’t know what it’s doing. But, it sure does help.

**Will:** Wow. It seems to me that you’re approaching wellness and disease from very much of a whole-body perspective in the relationship of this view to the mouth. Does it accurately describe at least one aspect of this paradigm in that

**Dr. Huggins:** And this has been proved scientifically hundreds of years ago with a guillotine. You cut the head off, the rest of the body doesn’t do well.

**Will:** [Laughs] Yep. So, what diseases have you seen simply go away applying some of these protocols? And I know we’re taking a broad brushstroke here. We’re talking about removing toxic metals out of the system.

**Dr. Huggins:** We’re talking about cleaning out the cavitations, which are primarily areas where the wisdom teeth had been removed because they never heal. Those are just left as a big hole back there full of bacteria. But, if you clean the cavitations and get the nickel out, the nickel crowns, and get the mercury fillings out, and do all these things and get the body chemistry in balance so that the body can be put back together, there are none of the autoimmune diseases that have not responded.

Now, with Multiple Sclerosis, we are now up close to 90% good response. “Lou Gehrig’s disease is 100% fatal. Nothing can be done. Get your affairs in order,” is usually what they tell the patient. But, we are maybe scratching around 15% on
that now. And, all of them do show a positive response so that they don’t go through the horrible ordeal of death. They have more of a death with dignity, which is not curing them, but it’s certainly a whole lot more pleasant.

But, you know, 0%-15%. We used to only get 10% with MS. So, with the DNA, we’ve discovered some things there, discovered a bacteria that is so rare, [they] don’t even bother to look for it. The chances of finding it are one in a million. Okay, good enough averages for me.

So, I went in and I found this bacteria in the first ALS, Lou Gehrig’s Disease patient that I tried it on, a root canal in that patient. So, I tried it again. One chance in a billion that you would find two in a row. Well, I found two in a row. Then I found three in a row. Four in a row. Now, I’m up to 17 for 17. So, it looks to me like there is a suggestion that this particular bacteria may be related to Lou Gehrig’s Disease. So, we found out how to wipe him out.

And if we can get him wiped out, then we have a chance of pushing that 15% up even higher. So, leukemia we’ve seen some great reversals. In fact, you interviewed somebody who had terminal leukemia 18 years ago. And she’s going strong today. And if you knew who it was, you can probably figure it out.

Will: Right. I do, yes.

Dr. Huggins: But, oh, lupus, we’ve seen that turn around. That’s one I keep forgetting. Oh, Alzheimer’s. Chronic fatigue. We see a tremendous amount of chronic fatigue. It’s probably above 95% of the people that we see have chronic fatigue. And if we go back and look at the records of 30 years ago, it was only
64%. So, that’s going up as we have the high-copper amalgam coming into play. And now, dentistry suggests that dentists do 30,000,000 root canals a year by the year 2000. Well, they accomplished that by 1999. So the bar has been raised.

But, if we have the high-copper amalgam producing fifty times more mercury and we’re doing 30,000,000 root canals a year, there aren’t too many people running around who are not going to have that combination which is going to set up the situation favorable to more disease, new disease, less ability to recover.

Breast cancer is another one that’s a dental disease. And, that’s one that would be relatively easy to prevent. For some strange reason...Do you know what the meridians are, Will?

Will: Yes, absolutely!

Dr. Huggins: Well, these are the little invisible electric wires running through the body. They run through the teeth. And for some reason or another, almost all the breast cancer is related to root canals in the bicuspids.

And, in the front teeth, now the meridians there are in the reproductive system. Well, we’ve noticed that if a male is 18 or younger when he has a root canal on one of the four front teeth, the testicle on that side atrophies, shrinks, to half the size of the other one.

And what does this have to do with fertility? Well, a lot of things have to do with fertility. And if you just have one root canal up there, it doesn’t make you entirely
infertile. But, if you look at the fertility studies that are done on eighteen-year-olds in high school, recent high school graduates, you find that sterility is getting to be a problem. It’s up over 30% now, where that should be the height of virility. So, what are we going to do? Wipe out the human race due to sterility? Well, this is possible.

**Will:** It seems to be we’re heading in that way.

**Dr. Huggins:** Well, there’s a thing called the telomere. And those are the caps on the end of your DNA. And I think our original warranty was probably 1,000 years because Methuselah made it to 969. So, that shows the potential there. Well, now the potential is 76 for a U.S. Male.

There have been things that have happened over the few millennium that have shortened man’s lifespan. And, in looking at the DNA, we find that any of these metals that are used in dentistry will interfere with the DNA. And, if it interferes in an area like with Sickle Cell Anemia, there’s only one gene that’s bothered there. But, that turns out to be lethal, not immediately. But they don’t have full lifespan there.

And, so the more mercury, the more copper, the more aluminum that we put into people, the more changes we have in the DNA, the more chance for birth defects, for diseases setting on earlier in life. And, Multiple Sclerosis used to be something you saw in people in their fifties and sixties. And now, I think the youngest one is eight years old.

**Will:** Oh, my!
Dr. Huggins: Aren’t you glad you called?!

Will: I am! I am! So, it sounds to me that, of course, we have to get the toxicity out of our mouths in the proper sequence so that we don’t freak out our systems. And then eat proper with our ancestry. What about detoxing this stuff out of our systems?

Dr. Huggins: Let’s hit something before we hit detox. There’s something that is simple for people to do. And that is the 7-14-21 day immune cycle. This is something that we discovered some time back that people, they have an immune challenge. And 21 days later have another immune challenge. One or both involving having dentistry done. Their immune system drops down. They come down with one of these diseases.

We noticed it with Multiple Sclerosis first: two challenges 21 days apart. Then, we found two challenges 14 days apart would have a similar affect. And then we found that having something done and then 7 days later, having another dental procedure, people will feel like they’re coming down with the flu for a few hours. And then, blink, it’s gone. They feel fine.

So, we noted the 7-14-21 day immune cycle. And in dental school, we’re taught people don’t like to go to the dentist. So, give them an appointment like every Monday at 3 o’clock so it’s easier to remember. Well, that is the epitome of how to destroy an immune system.
So, if you’re going to a dentist and you have something done, let’s say, January 1st, to pick a date you probably wouldn’t go to the dentist, but on January 1st, then you don’t want to go on the 7th, the 14th, or the 21st because these are times that the immune system takes a little vacation for a few hours. And if you get another hit at that time, your immune weak link is going to break. And you come down with one of these diseases.

So, when we had our big center here, we did not have conscious sedation at that time. And without conscious sedation, you’re limited to 2 hours in the dental chair before the immune system starts going down. So, we would see the patients on Monday, Wednesday, Friday one week, and Tuesday, Thursday, Saturday the next.

You need 48 hours between dental appointments. And you cannot go to the dentist on the same day. If you’ve seen him on Monday, you’re not going on another Monday within the next five or six weeks. And, if you’ve been on Tuesday, then you don’t go to see the dentist on Tuesday for the next six weeks. So, that’s one. Just your appointment scheduling you can control. If they try to set you up every Monday, just say, “No.”

Will: Yeah. Let me ask you a question along this. Is it accurate to say that...So you have an immune hit, if you will, from your dental appointment. So, you don’t want to take a hit within the same cycle? Is that essentially what you’re saying?

Dr. Huggins: I believe so. Now, it kind of dawned on me it’s not just 7-14, it’s not just dentistry. We had one fella who came down with multiple sclerosis. He’s riding his motorcycle and he’s doing fine until he hits gravel. And the bike goes
out from under him at 60 miles an hour. And he looks up and here comes an 18-wheeler at him at 60 miles an hour.

And he went under that truck. At 120 miles an hour combined, the truck coming at him and him going at the truck, each at 60 miles an hour. He missed all the wheels. But it did create an emotional trauma. And then he had a root canal 21 days later and came down with MS. But, if you have an immunization shot, that’s another exposure to mercury and aluminum. Any type of a severe challenge -- the death of a close friend or family member -- this creates an immune challenge. And 21 days from then, you certainly don’t want to go see a dentist.

And, then, strangely enough, let’s take 21 and 21 and we end up with 42. You’re going to have a little dip in immune competence on day 42 and 63. And then nothing happens for a year. But, you get down there at about day 357 plus or minus a couple of days, there’s another day where the immune system is down. And that’s not the day you want to have 80 cub scouts to play in your back yard for the week.

It’s a little bit complicated, but it’s not really complicated. It’s just a matter of using the discipline, learning what these things are, and following them.

**Will:** Right. That makes sense. It totally makes sense to me. So, that’s kind of your prelude to being able to address other detox ideas. Stay away from these cycles, first of all.

**Dr. Huggins:** Yes. And then the detoxification is about our third biggest problem because most people are detoxified with too many things too often and too much.
Now, as I’m sure you’re aware, vitamin C is good for detoxification. “Well, so, is vitamin E. Okay, well, let’s add some of that. Well, so is vitamin A. Okay, let’s add some of that. Well, how about alpha lipoic acid? Well, let’s add some of that. And then glutathione? Hey, that’s today’s king. Let’s add some of that.”

Well, detoxification is not difficult. In order to get the body to release mercury and copper and those things, that’s not hard. The thing you cannot do, you cannot control, is increasing liver function and kidney function. So, you cannot increase the amount of elimination. So, what happens is detoxification becomes re-toxification.

So, what you’re doing is redistributing. Just because you’ve taken mercury out of the arm bone and stuck it in the brain does not mean you cured anybody. So, detoxification is very important. And, we have our own internal way of doing that. And we have a way of determining what that is.

There’s something called chromosome 22. We have a few chromosomes in our body, and that’s one of them. All right, mercury, in particular, has the ability to go in and gouge out the bunch of the base pairs, they’re called, within that chromosome in the area that makes you susceptible to Multiple Sclerosis and Lou Gehrig’s Disease.

So, if you’ve had that area gouged out, like being a dental assistant or a hygienist or a dentist, then you are far more susceptible to catching Multiple Sclerosis. So, chromosome 22 lets you know you’d better not eat fish, you’d better not be in a dental office. There are still a lot of exposures to mercury. You’d better find out what they are and avoid them.
Then there is an enzyme called the ApoE enzyme. And it attaches to mercury and gets rid of it. Well, genetically, you have the ability to attach to one, two, or zero mercury atoms. This is something you inherit from mother and father both.

So, if you have inherited the one that attaches to two mercuries, you don’t have to worry about Alzheimer’s until you’re after 90. But, if you have no ability, you’ve got two zeros sitting here, that you got one from mother and one from father, there’s only about 15% of the population that’s there. But, there, you’re going to start having memory problems when you’re in your thirties and forties and maybe Alzheimer’s in forties. You’d better not be in dentistry because it can really mess you up.

So, the body has its own method of detoxification. But it is alterable. Some people have fillings and have no problems. Some others, you put in one filling, and their life goes South. Well, that depends on those two factors, is the chromosome 22 intact? And, do you have the ApoE Enzyme that has the ability to get rid of mercury? So, these are the primary things that should be watched in detoxification because detoxification is re-toxification. So [inaudible] an idea.

You can also look at liver function enzymes. If the liver function enzymes are low, then detoxification is very easy. But, if they are high, you’re going to undergo re-toxification instead of detoxification. But, be very careful with not taking too much and not taking too many things that do detoxification because that is a really big problem. And the brain is the one in the end that gets the biggest hit from this.
**Will:** Okay, so, by kind of approaching detoxification with a big shotgun, we end up just liberating a bunch of junk and then repositioning it in the body because our body’s detox pathways weren’t open to get it out?

**Dr. Huggins:** Yeah, okay. Got it.

**Will:** Okay. That makes sense. And, of course, I presume your blood chemistries would be telling a lot about liver function and kidney function, as well as how to approach and how quickly or slowly to approach detox, correct?

**Dr. Huggins:** That’s correct. You’ve got five liver function enzymes that are basic in most chemistries. And then we also have supplementation that will enhance the ability of the liver to detox. But, you’ve got several other chemistries. Your kidney, of course, function is important there. But, you’ve got to look at the protein to see if you’ve got enough albumen to do the detoxification. And you’ve got to see if you’ve got cholesterol as a backup.

And globulin is another protein in the blood that’s another backup to the white blood cells if the white blood cells don’t have the right number there, then globulin comes to the rescue to help that out. So, there are a lot of things going on here. And this is the way modern dentistry and medicine should work together as far as I can see.

I mean, I’m biased in it because we had a big center here for years that did that sort of thing. We had physicians and dentists and chiropractors and Feldenkrais practitioners, massage therapists. We had 76 employees. And we had lots of marvelous things happen. And that’s why the state shut us down because they
said, “It implies that mercury is toxic.” Well, I got news. It’s the most toxic element on the planet that’s not radioactive.

Will: Right. “It implies.” I love it! [Laughs]

Dr. Huggins: So, if we advance to the rear and go back to where we had in the 1990s, we would have a good future for health and medicine and dentistry. But, right now, it’s the patient who has to become educated. And, as I’ve mentioned, there’s a book coming out next week, Patient Empowerment, will tell you when to say no, what your disadvantages are to certain treatments. Whiteners are not everything they’re cracked up to be. And certainly the sealants have the opposite effect of what they’re supposed to.

So, patients have to go out and monitor the web and learn for themselves and not take the word of the Dental Association. And please keep in mind that the dentist has a gun to his head. The dentist cannot tell you the truth, or, like I said, he’s going to be out selling used cars tomorrow.

Will: Right. So, where can we find dental professionals who are moving in this direction? Obviously, your book, Patient Empowerment, will clearly help empower individuals in being able to discern this. Is there any other ways that we can find professionals who are moving in this direction?

Dr. Huggins: Yes, you have to look under the radar because you certainly can’t advertise it in the telephone book, which I don’t know if they even have telephone books anymore. We are able to give out the names of people that I have trained.
But, I can’t put them out in writing, can’t put it out on radio shows because these people would be visited by the FDA tomorrow.

Will: Right.

Dr. Huggins: The FDA thinks that mercury is perfectly safe, just like dentistry does. There’s kind of a financial connection going on there that excludes patient health. But, I can furnish the names of some people here and there. It takes guts because there are certainly plenty of dentists who have lost their license for taking out root canals and taking out amalgams.

And we have now a whole bunch of x-rays and DNAs showing what the dental association would consider perfectly healthy root canals. And all of these people had neurological problems. And looking at the DNA of all of them, you find why they have neurological problems. Every one of them has a large series of bacteria that create neurological disease. So, the only people who are interested in your health are you and...gosh, I guess that’s the end of the sentence.

Will: [Laughs] I think that’s the sober truth. You know? We have to shoulder the burden of responsibility for our own health and be able to educate ourselves with the questions to ask health professionals to discern whether or not they can assist us or not.

Dr. Huggins: Yeah. I certainly don’t want to be on an airplane where the pilot comes back to me and says, “We’re about to run out of gas and the lights just went off at JFK. What should I do?” [Laughs]
You’re the one who’s trained! You get up there and fly this plane! That’s how I feel about it. And I feel that in a perfect world that physicians and dentists would be able to advise their patient correctly. I have so many people say, “Well, sure. I still do root canals. I leave it up to the patient to decide whether they want one or not.”

Well, the patient has no idea of the trauma and the diseases and so on that they catch from root canals. So, the patient should not be put in a position of having to make that decision. That’s why he went to somebody who was trained in the first place!

**Will:** Right. But, of course, because the dentist is shackled with the mortgage and what not and doesn’t want to be a used car salesman, then he or she has to walk the line.

**Dr. Huggins:** Yeah. So, don’t blame the dentist. Educate yourself.

**Will:** And my prayer and my hope is that as more and more of us become educated, then, eventually dental colleges can step up to bat and actually start teaching other protocols.

**Dr. Huggins:** Well, I’m sure that’ll happen by the year 3000. But, it is interesting to find out that there’s a university, a dental school in New York, who is the first in the United States to start limiting the teaching of amalgam. Now, they don’t teach it in Japan. They don’t use it in several of the European countries.
There’s a meeting every six months of the United Nations to determine what to do with mercury. And they’re trying to get it banned. And the United States is fighting against that. The United States has a lot of money and a lot of power. And they’re trying to fight very hard to make mercury stay legal. So, it takes a lot of other countries, which they’re beginning to do. They’re coming around. They’re finding out what mercury does, and they don’t want it.

And there’s a big study that was supported by us about 11 years ago in proving that mercury was safe. They took children in Portugal and some in the United States and did some tests on them and put amalgams in. And when they got finished, they “proved” that mercury improved their health.

Well, I was at a meeting just a couple of days ago in which an M.D. and a PhD researcher looked into that data and found that probably 90% of the data was left out and most of what was presented was distorted. And the person who was the primary distorter is now coming forth saying, “No, I didn’t do it right.”

And the people in Portugal are finding that many of the kids are coming forward now showing that they have diseases they didn’t have before. And it was our National Institute of Health that put up $11 million to do this fraudulent study that did not have the informed consent. It didn’t have any of the basics that are required. So, it has now been referred to the criminal section of the International Court at the Hague.

Dentistry may have a problem with this because they’re investigating it, seeing that there’s been a lot of abuse, there’s been a lot of money that disappeared. And they have no record of where it went. There have been a lot of kids who
have been pushed into lesser than ideal health. And it's going to be interesting to see what that does.

But, I cannot see in the foreseeable future, which may be tomorrow, may be ten years, I can’t see that the dental association is ever going to say, “I made a mistake.” And I can’t see that they’re ever going to come forth and say we should correct that mistake and do things right. I don’t see that kind of integrity with the association.

They are an extremely wealthy association and they have the white knight appearance. And they don’t want to lose their reputation or their money. So, hey, let people get sick.

Will: Hmm. Wow. Do you have any last words of wisdom? Any other pearls there that you say, “Gosh, I’m going to set this one down here,” that you have to share with our attendees?

Dr. Huggins: Well, generating awareness is the mantra that I use. And get yourself educated. And the primary thing is learn when to say, “No.”

Will: That's it. I mean, it’s an empowerment issue.

Dr. Huggins: Yeah. Do not accept implants, bone graphs, root canals. These are 100% tragic. Some people can get along with amalgams. Their bodies are injured, but they’re not totally destroyed.
But when you get into these other things, it is just absolutely unbelievable. I’ve spent most of the day today seeing what happens with the implants and the bone graphs. And it is just unreal to think that man can do that to man and get paid for it.

**Will:** Yeah. All in the name of health and progress, I suppose.

**Dr. Huggins:** Yeah.

**Will:** So, Dr. Huggins, where can folks find more about you and your work?

**Dr. Huggins:** Well, we do have several websites. The one of them to start with would be...It’s pretty complicated -- you may want to write this down. It’s DrHuggins.com. [Laughs] Did you get that?

**Will:** [Laughs] Got it!

**Dr. Huggins:** It’s just DrHuggins. And then we do have an 800 number that’s not 800. It’s an 866 number that you can call for information on who might be in your area who has been trained in this technology. And that is 866-948-4638.

**Will:** Perfect. And we’ll make sure to post that so that the listeners can find this number for sure.

Very good, sir! I really, really appreciate your time today. I know you’re a very busy guy, and I appreciate the work that you’re doing. It’s just been such an honor to be able to interview you here today.
Dr. Huggins: Well, I appreciate your help in this to generate awareness because I can talk to one person several times a day. But with what you’re doing, gosh, there might be a hundred or more people who see what you’re doing!

Will: Well, yeah. Upwards of 50,000, so we’re doing just fine.

Dr. Huggins: 50,000? Well, see, that’s a whole lot more than I could do in a whole week!

Will: Hey, we’ve all got to put in our work that we can do!

Dr. Huggins: Well, I appreciate what you’re doing in helping get this word out and people need to know that the dentist is a nice person. It’s just that their hands are tied. So, unfortunately, you have to go out and learn this yourself. You don’t have to do your own dentistry. You don’t have to pull your own teeth. But you have to learn to get in the hands of someone who respects your health and your life more than the money involved.

Will: Right. Well put. Thank you for your time, sir!

Dr. Huggins: You are welcome!