

Healthy Mouth World Summit

Guest: Dr Ray Behm

Confessions of a Biological Dentist

Will: The next expert to share their experience with us here on the Healthy Mouth World Summit is Dr. Ray Behm. Dr. Behm is a practicing dentist who first began his practice 1968. He was introduced to the concept of biological dentistry early on, studying with other professionals such as Dr. Hal Huggins, Dr. Dietrich Klinghardt, and Dr. Boyd Haley.

Dr. Behm placed his last mercury filling in 1986 and performed his last root canal in 1994. He has coined the term “natural dentistry,” and currently practices in Florida. The title of Dr. Behm’s presentation today is “Confessions of a Biological Dentist.”

Dr. Ray Behm, welcome to the Healthy Mouth World Summit!

Dr. Behm: Thanks, Will! Glad to be here, and I appreciate the fact that we could give a chance with you to chat!

Will: Absolutely! I’m excited to have you on the program here on the Summit with us because I think that you’re going to offer kind of a unique understanding. And, for me, really, bringing in very much of an experienced, still-practicing, in-the-trenches biological dentist viewpoint in kind of a question/answer period, which I really appreciate.

So, the title of your talk today is “Confessions of a Biological Dentist: Tools to Help You Create Positive Change.” First of all, I love the title of this, so I’m really excited to learn from you today.

Let’s start by setting a baseline of understanding here. What is a biological or a holistic dentist? Your practice is called Natural Dentistry. What does all this mean? How do these titles differ? What’s involved? Does it mean that you don’t use x-rays or anesthesia? Can you help define this for us?

Dr. Behm: Well, again, I’m guilty of using marketing tools here. But, in the short run, the definition of “natural” actually means being in accordance with or determined by nature. Or there’s another definition that I like regarding “natural,” and it’s having an essential relationship with someone or something. So, we find that we can do those two definitions quite easily.

If you were to go online and look at the definition of “natural,” you would see that we definitely are in accordance with those. In other words, yes, we do use anesthetic. Yes, we do eliminate from our diet of anesthetics epinephrine or epinephrine-like substances. But, x-rays are certainly part of our protocol. Of course, we don’t use the high-radiation x-rays. We do use digital.

So, with that said, “natural” simply is a way to differentiate ourselves from other dentistry. And it’s a way for people to come on to our website and see actually what we do. You see, when they come on to our website, then they can get a feel for who we are and what we do so that it is more real to them and their problems that they have. I would say well over 75% of the people -- maybe 75% would be

pushing it -- but, I'd say 75% of our clients come from off the internet and our alternative marketing.

So, our practice is basically alternative dentistry, but, natural dentistry or biological dentistry. We can talk about the word "biological." Really, the term biological simply indicates that teeth have something to do with the rest of the body, which is obvious. But it's not obvious to mainstream in so many ways.

Mainstream is promoting that the gums have something to do with heart disease or kidney disease or a pregnant mother. It could affect the fetus. Yes, that's known. But the degree with which it's known, I don't think is fully appreciated. And I want to point out that it definitely does have a strong accordance with the rest of the body, so much so that we use kinesiology to test. We find that without peer of ability to really see what's going on with a person.

So, with that said, that's the short form of what natural dentistry is or what biological dentistry is. But, the longer form would be, well, if you look at the combination of these particular components to dentistry, I'll give you a formula that we really resonate with. In other words, oral health equals structure plus nutrition minus toxicity.

Now, when I say "plus nutrition," I'm really talking about that cellular manifestation that occurs. Things across the membrane of each cell that occurs. In other words, there's a block up there. If a person doesn't have enough exercise, if they don't have their lymphatic channels cleared, they're not going to really get good nutrition. So, when we use the word "nutrition," we're really talking about what goes into the cell structure throughout the body.

And when we talk about structure, we're talking about the alignment of, let's say, what the bite has to do with C1, what the bite has to do with sleep apnea, what the bite has to do with the noise in the jaw joint, what the bite has to do with electronics throughout the body. So, structure with the mandible or the lower jaw and the way it hits with the upper jaw, that's structure. Sure, it's structure as far as teeth go. Teeth hitting the teeth. But what really reins with the oral physiology is the way the muscles are helpful or the way the bite is, or it's actually a deterrent. So, consequently, we feel strongly about structure.

And, then the last thing is the one most beat up by the term "biological dentistry," and that is what is toxicity? So, if we talk about toxicity, naturally we get into the heavy metals, the palladium, mercury, nickel, down the line of heavy metals. And then, we talk about the other four components of toxicity, which metals are of one of them, then we're talking about the periodontal disease that people get, the pocketing that's creating a harbor or a vessel for upwards of 400 different kinds of bacteria in the mouth.

There's only two or three kinds that are isolated from the other end of the alimentary tract. And those are well-known. But, then, what about the oral disease that's actually started at this first entrance point of food, which is the pocketing of the bacteria around each one of the teeth that's possible?

So, periodontal disease is one. Heavy metals is one. Root canals or dead teeth, I fill in the blanks with both of those at the same place. Dead teeth and root canals harbor viruses, bacteria, and funguses. And, with that said, it's almost blasphemous to the endodontic world to talk about keeping dead teeth. But, we

feel like it's something that the person has to know that's there. And like the other day when I went online to see how many sites actually say that root canals are toxic, quite readily I pulled up on Google 642,000 hits just that says that.

And, by the way, about mercury, I typed in "mercury is ubiquitous." That means all over the planet at the same time, mercury is present. It's not widely known that mercury is everywhere. But, it's widely known on the web that it's everywhere because there's over 1,000,420 sites that are proposing that it's true.

And, then the last thing is the cavitations. I hope I've covered the four cavitations is an unhealed extraction site or at the place where the wisdom tooth has a component of toxicity that's been built up over a period of time. It's that inner aspect of the bone called nebular bone that accumulates this toxicity, which, being on the heart meridian that the wisdom teeth are, that can create quite a problem for people. But there's over 625 sites that will propose cavitations exist.

In other words, typing in "cavitations exist" or typing in "root canals are toxic" or typing in "mercury is ubiquitous," you would see these facets come up online. So, it's not like it's unknown. It's just not known through mainstream that these things are present. So, that covers the five aspects of what is biological dentistry. And it also covers my rendition of what "natural" means.

But, certainly we're not replacing teeth with wood in the mouth, like George Washington's teeth. I don't want to be too silly about it, but I want to be point blank that it is a marketing tool, and it has a very strong component that we feel like having an essential relation with someone or something following from the nature of the one in question is a very key, very key point that people actually

want to be communicated to because we all know that the body is their responsibility. And the dentist is just charged, you might say, in a contractual relationship of helping them or as a subcontractor helping that patient get themselves better.

Will: I am so glad to hear you say that, Dr. Behm. So many of our customers have expressed to us the frustration that they go to the dentist, and in fact, they don't like to go to the dentist, which is obviously kind of a cultural stigma for your industry. They go to the dentist, and they're tired of the dentist not listening to their needs and recognizing that the dentist is an educated expert counsel to assist them in navigating to greater oral health. That sounds like exactly the position that you take, which I think is a wonderful place to be in for you, both psychically, if you will, as well as you're really helping them.

Dr. Behm: Exactly! I'm helping them. And when they go and look at the definition of the word "doctor," and I'm not fulfilling the task of educating them, they wonder, "Well, where is he really wearing this title? Is it under his coat tail?"

Will: [Laughs] So, the title of your talk is "Confessions of a Biological Dentist." What are you confessing?

Dr. Behm: Man, I hadn't been there. It took me a long time to get there. I hadn't been there all my life. I graduated from dental school in '68. And, I really waited about 10 years to start to be responsible for my own self as being a dentist. In other words, I practiced with other guys. I practiced with the Health Department. I just wasn't comfortable with that relationship, you might say.

And so, ten years went by. And I dove in head first after I got married and traveled some. And I found that I liked it. But it wasn't until 16 years ago...Well, I quit doing mercury fillings in '86. So, you see it took me a few years to just disassemble myself from mainstream and quit doing mercury fillings in '86.

But, in 1995 and 1996, I said, "I've gotta start doing something different here. It really smells bad what I'm doing. I can't assimilate myself every day, picking myself up, saying, 'Okay, now, we're going to do it today, aren't we?'"

But, I found in just these 15 or 20 years that materials have gotten superior, far superior than the way they used to be. And that may sound like an excuse. But I didn't really know that there was better ways, too. Through these last 15 years, I have learned quite a bit. And I have learned that where we're going with this is just to help folks, help folks with what they want for themselves. And, as a confession, just to let you know I hadn't been there but about 15 years of the some 44 years that I've been practicing.

Will: One of the beautiful things that I've really picked up from this Summit is that all of you experts that we're interviewing are very compassionate people. You're folks that have been there, you've done that, you've put plenty of mercury. You've used plenty of fluoride. But, then, you woke up and you said, "Wait a second! Is this really where I'm supposed to be applying my skills?" And then you came forward with a new model, essentially, and have shared that. I think it's a beautiful thing.

Dr. Behm: And you're totally right. The guys that you're interviewing all are compassionate. And, really, when I meet mainstream dentists, I really like each

one of them. And I know that they just don't know, or that if they wanted to change, they don't have a venue to change on. It's just they don't have a path. So, the path is not hard to win. But it's one the person would have to fill their own passion to actually make way for it to happen, you see.

So, yes, you are correct on that that the guys that write the books that want others to know, they're really sacrificing their privacy to do that once they write a book. So, my heart's out to them. And books need to be written on this so that the public actually knows -- or like a Summit that you're doing -- folks need to know that they have choices.

And they need to know the questions to ask. They need to know how they're going to do that. So, the points that you make on this Summit, you're the driver behind this. And what questions you ask each one of these practitioners is key for the public to know.

Will: Yeah, yeah. It's a labor of love for sure to help spread the word as far as what you all are doing here.

So, what are the many ways the mouth can affect the rest of the body? Where is your understanding of that now, sir?

Dr. Behm: I like it when you say, "sir." It makes me feel older. [Laughs] That's good! That's very good!

Will: [Laughs] Well, hearing that you graduated in '68 kind of put me in my place, frankly!

Dr. Behm: [Laughs] Well, I'll tell you. You could talk to my wife and then you could see that I am really a child at heart. I'm going on 69 this November. Anyway, thank you for that.

To answer your question, I could tell you vignettes of things that have occurred that made me turn my head. When I first started this idea of natural dentistry, we had a guy crawl into our office, and crawl in literally. And the only thing we could find on him is he was sent to us by a physician that wondered if we could help. He crawled in. And he actually had only one root canal. We took out that root canal. And he straightened up and he could walk after that. Now, that was a few days afterwards that he could.

Now, that got my attention. And you say, "Well, Ray does that happen on every count?" I have to say, "No." In fact, the first probably seven years, most of my work was surgically taking out these root canals. And only in the last five to six years have I learned that ozone is an alternative.

Now, we do work with an endodontist. Thank goodness we do have other professionals that will work with us when we want to retreat these root canal teeth or freshly treat these dead teeth. We believe that the ozone acting as a fumigation can change the content of the bacteria, viruses, and funguses within the tubular structure of a tooth.

And you've read or known, the front teeth harbor popularly five miles of these channels or catacombs. And then the back teeth, the molars, harbor eight miles of catacombs that Weston Price so fervently pointed out. And through *Root Canal Cover-Up*, our friend George Meinig was promoting for years. He was the

founder, I think, of the first endodontic association. And what a neat little guy he was to meet and just know his love for helping people.

But, getting back to this, how it can change people. I saw this guy change. I've seen countless people say they feel better even with the ozonation process, people notice the difference. I have a lot of success stories, though, that I have compiled in my reception room if a person was to say, "Show me something. Show me this. Show me that." I could quickly say that these people you could contact.

But, to make a point in case, this lady had acne. And she was 35. And the only thing she could find out because she'd done everything else, and that's usually the way we meet these people is they've tried every other remedy that mainstream will offer, everything from antibiotics to surgically removing this or that. But, it dispelled her acne to ozonate her teeth. She came back six months later after that. And we sent her over to our M.D., who is very alternative. And he used DMSO IV. And that seemed to take it out of the rest of her body.

Because as you know, if people don't get flow in the body, then they're not going to apt to get well. It's all about flow. It's all about life in motion. It's all about if the person is going to survive on this planet, they have to have plenty of motion in the body. We don't revere the bedridden nursing home people. We revere the athletes. And why do we revere the athletes? Because they've got the motion in the body.

So, it's all about motion. It's all about getting drainage in the lymphatic channels or the walking every day. You know, a person doesn't have to be a triathlete to

get drainage or to get flow in the body. But, I'm going back here to what I've seen is like, for instance, not six months ago I had a guy that the physicians sent to me. He had a root canal in the upper left. And, he didn't come to me otherwise a patient. But, he was going to pretty much mainstream dentistry.

And the physician said, "Okay, take that tooth out. I know that it's a bad one. I know that it's giving him a problem," because he muscle tests also. And, behind that site, there was a cavitation. So, in talking and interviewing the patient, there was found that he had an atrial fibrillation. So, with this fibrillation, the meds wouldn't even quiet it down.

So, he was pretty much heart broken with his condition not being able to reverse it. So, he was ready. You might say he was willing to take that tooth out. And, mostly that's the way we do take out teeth in our practice. People don't have other answers. They have stage 4 cancer or they've had degenerative illness for a number of years. And they just are ready to get these bad boys out of there.

And they know that the structure is going to be compromised as a result of getting out the teeth. But they know the toxicity is overriding that. So, this guy, we took it out. And the next day, he was off his meds. I know that sounds like boom, boom! But it was that way in his life. So, those ones I do remember easily.

But, it's pretty much every week we're removing the toxicity from teeth, whether it's heavy metals. I see a lot of nickel crowns or porcelain-fused and metal crowns that have a substructure of nickel. And the type of nickel that's used popularly is the racksillian. Now, not to be holding myself up as a target here. I just want to point out that some people do well with that.

I've got another guy. And I don't have many of these folks. But this guy, he's got two titanium implants, which I shudder with that idea, too. But he's got a lot of nickel crowns. He's got mercury. He's got root canals. But he seems to be doing okay. It doesn't seem to meet his belief system that these things are slowing him down.

So, great! We don't propose to change everybody's structure or toxicity with the situation we propose to them. But we do want to let them know what they have. We feel like that's our responsibility. Again, it's the doctor-educator thing that we have in us. We're not trying to change the world. We're trying to change the people that want to subcontract us.

So, mercury we do every week. Last week we did a couple of cavitations where the couple that I did last week was with first molars. And I see first molars that were taken out erroneously. And you can see the outline on the x-ray of the tooth form. And when they say, "You know, I just haven't felt right," I'll muscle test them. And I'll say, "Do you feel anything differently?"

We see on the x-ray. "Do you feel anything different? Is there anything going on?" "Yeah, you know..." And, they go on through and they're telling you stuff about it. And, I say, "Well, do you mind if I take a look at it and muscle test or I use my cavitat on it?" Some people like to have the cavitat to give a third party reference to the fact that there's no flow there.

The cavitat, it has some credibility with me. But, if I'm going to be charged with the responsibility to do the surgery, then I really should know muscle testing-wise

that it's the next step. But it's like the guy that came into me the other day, you could smell cigarettes all over him. And he was a concrete worker. And he said, "You know, I got this place right here. And I know it's a cavitation." I said, "Well, I don't believe I can help you. I believe that you've got other issues."

What I can't do is I can't do something that wouldn't help him flow. You see, it's got to be that first priority or it's got to be the thing that's going to help peel off the other conditions for flow. So, again, we go back to the motion idea.

But, certainly, what we've run into is people stand up and they take notice of the heart meridian or the wisdom teeth being a problem. And the guys take notice of the root canals at the front teeth. Like the guy that came in this week, also. He's got a company going. And the company that he's got going is he's trying to create something with glutathione and vitamin C. This isn't something new, particularly. But he's trying to get a new vehicle for it.

And he said, "You know, I'm interested in that front tooth that's got a root canal." Because I pointed to it, "Hey, are you okay with that?" He says, "No. By the way, I'm almost 40, and I've got a low sperm count." It unfolds, you see. Once you tell the person that you know something, then they're ready to talk to you. But I have to talk their language. I have to speak to the issues that they're familiar with. Not that I'm fishing so much. It's just that I'm presenting what I see. And then they get the download. They give the okay to do it. It's not a matter of twisting their arm or telling them what they gotta do.

So, like this guy with his low sperm count, he's tried everything. And, so he's willing to first take a look at it through the ozone because he says his prostate is

not suffering. But, he's had a surgery to untie his vas deferens. The physician felt like there was a constriction in that line so that he doesn't get a good flow of the sperm out through the urethra. So, he was interested, you see.

So, this isn't something unusual that we find, the front teeth being part of it. You go online and you look at the root canals being a problem. You'll see that quite readily. The lady the other day, oh, my gosh. This was a different case. She has suffered for ten years with fibromyalgia.

And, when we found that she was autoimmune at first, we really didn't want to treat her although she had four root canals. The most obvious thing is let's do something that's the most toxic to remove. But, you see, in her case, it's not good to do that because they just don't flow still well.

So, I said, "Okay. Here's what you've got to do. You go over to a physician. Let's get your autoimmuneness issues handled." Well, when she got handled with her autoimmune...By the way, we use that protocol that's well-known by Klinghardt. We don't subscribe to everything that Klinghardt does. But, he's definitely our mentor in a lot of areas, and the mentor for Joe Mercola, too. I know you know. But, we also subscribe to the idea that if we can't get flow with the autoimmuneness or the scars, then we're really backing up.

So, with this lady, we couldn't really just do the treatment right away. But she was able to talk to another practitioner with EAV or the biomeridian. So, with live blood cell analysis, this girl could see that her blood -- and she's like not even 45 -- her blood was very toxic. And the fact that she was sensitive to gold, we knew that through our muscle testing. You see?

So, we have winds at being able to test the person and treat, and then test and treat. But, we have to keep it going where they don't always get better right away. It's not the Heineke effect, where, you know, in 24 hours, 48 hours you're better. It isn't like that with everybody.

Will: So, what do you see is a major flaw in both how conventional medicine and conventional dentistry is taught these days? There seems to be something missing. What do you have to say about that?

Dr. Behm: That would be a place where I'd better shut up, unless I'm a teacher, right? Because if I don't make things understood in this communication today, I won't be able to be credible on the major flaw.

Well, I believe, first, that all experts, number one, are from out of town. And number two, they have a briefcase.

Will: Huh.

Dr. Behm: I don't want to propose that I'm an expert on this. But, I do see that the wider the scope of the practitioner, the more he can entertain parts of the body or go back in time, like look at the book *Death in Dentistry*, written in the thirties by Martin Fisher. Should we actually subscribe to that? Should we actually subscribe to the fact that the focal infection theory is still alive? Should we look at what Weston Price said? Is it important that we look at what Francis Pottenger said in the fourth generation, that the teeth are gnarled and they're

abnormal and they can't even procreate when he fed these cats what he called "commerce food," you know the cat study with Francis Pottenger?

So, it's like, we have to look outside the box. And we have to look at what we put in our mouth. And then we have to look at what other people put in our mouth. It's probably a combination, not that there's a flaw, because so much attention is put on actually being able to hold the hand piece, the dentist being accurate with his skill. But, his skill of his philosophy is so important. In other words, each dentist gains a particular mindset or a belief system when he practices dentistry.

And I don't think this is a shabby part of a practitioner. I think this a part that creates the full flow of what he does on a daily basis. In other words, if we think in terms of philosophy, we're talking about what is the belief system of that dentist? If I can get next to that dentist and actually ask him, "What do you believe? What do you think about all this stuff? Where do you want to go with it?" then, we could actually start to help that dentist in formulating a practice that he wants to subscribe to that he feels safer with that he wants to help his friends in.

And that's the way our practice is. I would much rather have people coming to me, not because I accept their insurance, but because they think that I'm going to help them. Already, I'm starting out, you see, I'm up to the batter's box. But, I can't go to the batter's box if I'm taking their insurance and I'm twisting their arm even coming through my doors, you see.

Now, how do you get to that point, though? See, it's not easy for the practitioner to get to that point. How do I know? Because I've done all the wrong things already! That's the confession. I'm telling you that the wrong things are

something that the patients know. They feel it. When you're next to somebody with your head to head, there's no way you can't feel what's going on with the other person. You have to know a little bit what's going on with the person. And, if it's just a tooth to be filled, and I want to get out of that room as the dentist, why, the patient kind of knows it.

If I'm doing it with passion and with high interest, the patient knows it. So that's what I'm talking about with philosophy. That's what I'm talking about with a major flaw. Well, and it's not that it can't be taught. It's not that it can't be learned. It's not difficult. It's just not adhered to as a part of the profession.

Will: Yeah. Well put. So, how do we know if the dentist we're going to is really a biological dentist or is just using it as a marketing ploy?

Dr. Behm: I can't make myself wrong for making it as a marketing tool. But, when I say that, I want to look at the points that I've been through to create our paradigm here. It wasn't always that I had the idea that neuromuscular dentistry is an extremely important facet of the oral structure. It wasn't always I had that thought. I had to learn that thought.

I had to learn that practice, which is part of biological dentistry for us. It wasn't always that I knew that candida was going to be with the mercury. I learned it from patients. But, it's just one step at a time. But it's good for the patient to ask the question, "What exactly are you helping your friends with? What particular facets of biological dentistry do you help your friends with?"

Now, if they say, “Well, we remove mercury and this is how we remove the mercury, it’s true.” That’s a good one. And, certainly, cutting off these porcelain-infused nickel crowns under a latex or a vinyl dam is extremely important. It’s extremely important that we use the rubber dam and we put either charcoal or MSM or chlorella underneath the powder to absorb stuff. All these facets are important.

But, it’s more like, “What else do you do? What other tools can you offer me with, because I have this disease or I have this particular problem? Or what quadrant are we going to start on next? What protocols do you use to make it more safe for me? I’m interested in detoxing afterwards. Do you have a general mercury vapor analyzer that can show me that the office is pretty much free of mercury? Do you have an ozone generator that’s medical grade ozone that you’ll inject into the root canal to help me get my root canal ozonated? Do you use an endodontist that’s going to help me with that? What do you actually do? Do you have a person that I can talk to and not blow me off that I want to get my questions answered because I’m really interested. I think” -- this is me, the patient, talking -- “I think that what you’re going to do for me is really important. And I do need to have a patient advocate there that’ll let me bend their ear.”

Am I being communicative when I say those things?

Will: Yeah. I think those are right on the mark. Really, it sounds like part of the issue is that the terms holistic or biological dentistry are not -- how shall we say? -- they’re not professionally recognized designations. And so there are not any type of specific protocols that a dentist has to use in order to say that they’re a holistic or biological dentist. Is that correct?

Dr. Behm: You're right on the mark on that. So, yep. The schools are waiting for us.

Will: Yeah, literally. Hopefully, in the future, we'll see that. I'm going to be positive here and say that within the next ten years, I would like to think that dental schools will step up to the plate as far as providing more avenues for dentists to not have to just kind of find their own path and more or less go about it organically and stumble along and find what they're going to offer, but could actually offer a venue of tools that would be compiled as holistic or biological dentistry.

Dr. Behm: Well, the groundswell is there. There's a lot of closet biological dentists. And they are all heading in that direction. When I talk to my friend the lawyer in D.C., because I want him to help me put together a substantiation manual so that we can segue in that direction and actually have steps to help that person, to guide that person, if they want that.

And certainly, that's all doable. I don't hang my hat out as being the sharpest knife in the drawer. My wife will tell you that I'm not if you have questions about that.

Will: [Laughs] So, let's shift this to solutions. You mentioned to us earlier about the dentist having to have the ability to really view the whole system as one. Can you help us with some more questions that we may want to ask a dentist to interview them to see where they're coming from?

Dr. Behm: If you were interviewing a dentist? Okay. You just ask him, “Hey, I can’t find on your website what protocols you’re actually following to be a biological dentist.” It would be that short and sweet.

“If you use a surgical technique to remove root canals or do cavitations, can you tell me where you learned it or exactly what you do? Do you send the biopses to Jerry Buco in Texas so that we can corroborate what kind of nebular bone is there or that I can pay my 250 bucks or whatever to see that this is actually what I’m getting from you is what I want to get. Can you give me a third-party reference that these problems are there? Do you have EAV at your place? Or do you have a way to tell me some other backup way to tell me that what you’re doing is going to help my overall body because I’m coming to you from a whole-body standpoint?”

That’s the easiest question to ask. I would rather keep it easy. If we get into too much technical stuff, then it may be all right. But if they don’t have a patient advocate that can explain all this, if it’s just the receptionist that’s doing that, then it makes it more difficult to get the dental office to spend the time with the patient that wants to be.

So, that’s pretty straightforward there, I hope, for you.

Will: Yeah, definitely. So, what role, if any, do you see massaging the gums has in helping to restore greater health to the gum tissue? And, I guess what I’m really looking for is, you had mentioned the idea earlier that life is basically motion. Do you see that gum massage plays a role in this?

Dr. Behm: [Laughs] Ask our good bud, Dr. Kennedy. Yeah! I've seen it too many times where the use of the rubber tip, which is an instrument that has a little copper-colored handle to it and a little rubber tip on the end. It's not the kind that's placed on the end of a toothbrush, but it's actually called a gum stimulator that Butler sells. And it's extremely valuable.

We promote this kind as, you might say, a lost leader or a preview for people that want to take care of their mouths. We have a retail store in our practice. And we sell a lot of this. But, it's a 12-minute video that we made maybe 6 or 8 years ago. We call it *The Secret*. It's not *The Secret* that talks about intention and cause. It's *The Secret* that talks about oral health.

So, oral health, what we're talking about here is with three instruments. What I'm promoting to you is the motion that you put in the mouth in the morning is key. What's the most acid time of the day for our bodies is going to be what's built up from the night. We're going to be more acidic in the morning. So, why not alkalize first crack out of the box?! Go ahead and put that baking soda on there.

We use that aluminum-free, benzene-free baking soda. But, even if you use the Arm & Hammer, it would be okay, because it gets the baking soda in. So, alkalizing the mouth first crack out of the box, and then flossing the teeth. If the person is not a flosser, certainly you want to make them a rubber-tipper.

That rubber tip, use it on the tongue side. The tongue side is probably where the deepest pockets are on the tongue side of the lower, it's the most neglected area. So, it takes the end against and rotates for about 10 seconds. So, if you have all 28 teeth or 32 teeth, you're going to spend a good 10 minutes doing it. That's

why I promote to do it when, if people watch TV, they can do it then. If they drive in their car, they can do it then.

But, there's times to do it if it's understood that the health of those tissues are paramount that do connect with the meridians with the rest of the body, so much so that the lung/large intestine is off the first molar. Second molar on the lower, and on the upper, it's the first and second bicuspid. And the front teeth, the incisors are the Uro-genital meridians.

So, we're strengthening the whole body when we do that. Why not help ourselves first crack out of the box? Why don't we lower the pH? You know? Go for a walk. Take a lot of breaths. Get aerated. Get the motion in in the body early on.

So, motion, well, I can't beat that to death anymore. But, I'll tell you, the people that I see, because I see so many people that aren't very healthy. You know, we have two ranges of patients that we see, Will. They're the people that are really not happy with the current practitioner that doesn't have answers for their complaints.

And, then we see those folks that are very on it. They don't want to miss a stroke any more. They moved. They're new to the area, but they've been to a biological dentist before. And they're seeking us out. So, it's those just range of people.

We don't have people wandering in saying, "What do you do?" Because those people that wander in and say, "What do you do?," they're expecting for their insurance to pay the price for them, which I think is a misnomer. I'm sorry to say

it like this, but I think the people that really win in the insurance industry are the insurance industry and their executives. I wouldn't beat that one to death any more than that. It's just a fact of life. I think it's not good to keep promoting that way of life.

So, I'm kind of answering that point where what you can do for your gums is really on our website. It's really the use of that component we call a secret.

Will: Perfect. So, what do you say to the person who wants to navigate to greater oral health? I've looked at you guys' protocol there that you call *The Secret* on your site. And I think it's an excellent tool for people, absolutely. I get the idea of massaging the gums. And that's crucial. And I totally agree with that, as well.

Do you have any other gems of wisdom you want to offer this person who wants to take steps in the direction of creating positive changes in their mouth?

Dr. Behm: Well, yes. I do want to answer that question. But I want to answer it from all ends of the spectrum. I don't think that biological dentistry is for everybody. I'd like to think that. But, that would be a selfish thought. I think that what people need to know is that what they do for their bodies is the most important thing. And what they think about the health of their body is very important.

One can literally strengthen his body in various ways. It doesn't have to be only through the biological dentistry route. But, what we have seen are certain things that seem to really help that stand out. And those things that stand out have

really been promoted in what Mercola's website will have or Natural News websites will have.

I see the rest of the body affecting the teeth as much as the teeth affect the rest of the body. It's a misnomer for me to tell you, who already knows this, but, this thing about decay is passe. People that still get decay, there's something wrong with more than just the teeth. It's a nutritional factor. Or they've got fructose coming in their body sideways in order to get that way.

So, I would be more looking at this equation that I told you in the first that has to do with nutrition. So, one of the points that probably won't be brought up by many guys, and that is the plus point of what Linus Pauling promotes. And that is two things. He promotes niacin -- not niacinamide, but niacin -- and vitamin C.

And what Linus Pauling has in some of his books or even on YouTube, there's a YouTube the guy has regarding niacin, we're looking at longevity, but getting niacin into the body will actually embellish or widen the vessels, you might say ectodermal structure. And, so, you're strengthening all that throughout the body when you flush with niacin.

And, so, for me it's a whole-body thing when a person asks me that question.

"What can I do to help myself if I don't have the bread to move forward with the biological dentistry?" The tool of ozone, we find, is helpful, not with those people that have mercury in their mouths, still, but we make ozone trays. And so we can flow ozone over their teeth and over their gums. And that's another remedy for us, sort of like an ace in the hole. But, again, they can do a lot themselves, you see.

Will: So, let's go back to the niacin and vitamin C for a moment because I really appreciate this idea. You differentiated niacin from niacinamide. What are some sources of niacin? And, obviously, we're not talking about medical advice here. We're just talking about broad-scale suggestions for a person to be able to utilize on their own.

Dr. Behm: Good question, good question. Well, B3 is niacin. And when we promote niacin, we're talking about taking it. I like a little capsule form rather than a tablet. I would promote the person take it in a gradient form. In other words, they can start out with 100 milligrams or even lower. But, until they flush, they're really not getting the help for the body.

I'm not really authorized to give these kind of dietary instructions, so to speak. But, I can say from my experience what I've seen work. And, so that's why I promote for myself niacin is something that people need to know about, nicotinic acid, whatever you want to call it, vitamin PP.

But when you go and look at this one facet...I'm trying to think of the book that Dr. Pauling had that talked about this person [that] lived. She was in her late nineties. And she skied up until the last breath, almost. And she took fantastic amounts of niacin. And so did Dr. Pauling, too.

And, so, this isn't promoted mainstream. This is like D3. How many people are now talking about D3, Will? You see D3 all over the place. But, two years ago, it wasn't even heard about. So, I'm pointing out that it should be known about

niacin. But, the trick on niacin is niacin really needs support from the other B vitamins.

But once they start flushing, then they ought to think about supporting it with other B vitamins, and then consulting their healthcare practitioner to support them with this other supplementation because it is a B vitamin. It can extend the other B vitamins faster. So, that's who the books are so helpful. But, I thought I would mention something that probably doesn't get mentioned too much.

Will: Yeah, yeah. I appreciate that.

Dr. Behm: I appreciate what you're doing. It takes a lot of effort, time, expense, to really put something like this on. There's a lot of behind-the-scenes stuff that I don't even have a clue about. So, my hat's off to you and Susan to do something like this. I feel like it's going to be a help to others.

You know, as long as we're all helping, that's what we're doing on the planet, in the end, it's just about help. And, there's a lot of things to help on this planet. And I think we're all digging ourselves out of the hole that was dug and we're trying to undig it. So, you're doing your part. And I just admire you for it.

Will: Yeah, I appreciate that, Dr. Ray. So where can folks learn more about you and your practice, sir?

Dr. Behm: So, it's at Behm Natural Dentistry.

Will: BehmNaturalDentistry.com.

Dr. Behm: Yes. That's correct, Will. Well, we had fun today! Thanks!

Will: Yes, sir. Thank you for your time!

