

It's All in Your Mouth: Biological Dentistry and the Surprising Impact of Oral Health on Whole Body Wellness: A Special Interview With Dr. Dominik Nischwitz

By Dr. Joseph Mercola

Dr. Mercola:

Welcome, everyone. This is Dr. Mercola helping you take control of your health and today we are joined by Dr. Dominic Nischwitz, who has written a book, *It's All in Your Mouth*. He's a dentist in Europe. And he really is aligned with the right way to treat the important structures in your mouth and keep them healthy and have really solid strategies to preserve your health when things don't go the right way. So welcome, and thank you for joining us today.

Dr. Nischwitz:

Thank you very much, Dr. Mercola, for having me. It's an honor.

Dr. Mercola:

Yeah. Well, it's a great privilege. And where exactly are you now? Are you in London, in Germany?

Dr. Nischwitz:

No, no. I'm in Germany. It's the town called [Tübingen 00:00:47]. It's I would say 20 minutes from Stuttgart. It's in the South of Germany. Maybe you know Stuttgart.

Dr. Mercola:

Okay. So you are not trying to be fashionable, but it's 9:00 p.m. there in Germany where we're interviewing you and that's why you're wearing the blue blocking glasses. So my big congratulations to you because that's helping preserve your chronobiology and really a strong suggestion ... There's very few people who have the, I guess, maybe audacity to wear these glasses during interviews because of self-concerns about the way that it makes them not look good. But the people who do, really in my mind, are authentically committed to preserving in their health in a profound ways. So congratulations, kudos for that.

Dr. Mercola:

So you are a dentist. Your father was a dentist, but he wasn't just a regular dentist. He was a biological dentist, a dentist that was not putting amalgam fillings in people's mouth, which at the time I imagine was well less than one or two percent of the practicing dentists. So why don't you give us your story, your background on your dad's practice and I don't even know, maybe his father was a dentist. And how you progressed to that and how it was going to dental school knowing the alternative side.

Dr. Nischwitz:

Okay. Okay. Let's start with being ... Yeah, my dad is a dentist and he's still working with me in the clinic. So he's only 62 years old. And so as a kid growing up was very athletic and I was not really interested in

what my dad was doing. So I wanted to become a professional skateboarder and nothing else. So I was only focusing on sports and I couldn't imagine becoming a dentist or something like that later on because to me just sports was what I'm focusing on. So I thought, "He's only at work so that must be very boring."

Dr. Nischwitz:

Yeah. And also, I didn't make it as a professional skater, unfortunately, but I was always a little bit sick. And my dad is a dentist. My mom is a nurse. And because I was always treated with antibiotics, I had recurrent throat infections. When I was 14, they were taking my wisdom teeth out randomly and for braces, I reckon. And yeah, I had appendicitis with 15 and developed massive acne when I was also 15, lots of inflammation. Took antibiotics, I think, a course over six months, minocycline. And then these [inaudible 00:03:25] stuff for Accutane when I was a kid. Yeah. All things ...

Dr. Nischwitz:

I thought it was normal to be just a little bit of sick and then a little bit of healthy. I can do skateboarding and then I don't. I would take an antibiotic. And then they wanted to take away my tonsils when I was 16. My mom said, "Ah, let's take a second opinion, go to this naturopathic doctor." And back then I was just 16-year-old skater and I thought, "No, this is something goo-goo," but I anyways went there because I didn't want to go surgery again. And he tested me with kinesiology and that kind of felt right for me. And he told me, "You're just allergic to milk. Skip this. And take this [inaudible 00:04:09]. This is an allergy."

Dr. Nischwitz:

And I just did it. Back then I didn't realize that maybe I was doing something wrong with my lifestyle, but it helped. My tonsils are still in there and it took me a few more years to actually look into dentistry because when I was at civil service I was at a Red Cross as a, I think it's paramedic in English. So I had to rescue people. And you have to do an internship in the clinic. And I don't know why. Maybe it's coincidence. They put me in dental clinic. And I was sitting there and besides all these students, I found out later. And the doctor just picked me to take out teeth, randomly, because he thought I probably a student in year eight or something. I didn't even know so I just took out 15 teeth from a patient in general anesthesia and I liked it.

Dr. Nischwitz:

And I don't know, that kind of clicked in my brain and I thought, "Okay. Why not just apply to dentistry," because I knew at least that I'm very skilled with my hands and I knew my dad is also. It's something that you have to do really tiny craftsmen things. And aesthetic dentistry also appealed to me. So I just applied to university, didn't even know that I had to learn chemistry and physics and sciences. I just thought it's going to be about the craftsmanship. So I applied to university, made the cut, and started without knowing anything. Yeah, had to learn chemistry and biochemistry and all these things. And finally got interested.

Dr. Nischwitz:

Because at the same time, I was starting to go to the gym and starting working out because I just wanted to perform better. Yeah, that's when I started out a lot about nutrition and diet, by reading a random bodybuilding magazine. And there was this very muscular guy on the front of ... I guess it was a Flex magazine and it was just saying, "Eat 3,000 calories a day to gain mass." And I wanted to gain mass. So I

just ate 3,000 calories. I didn't even know what a calorie was back then. Yeah, I just started reading the box, the back of the box and noodles had quite a few calories and tuna and I'm kind of an extreme guy so I just went with noodles and tuna for a straight year.

Dr. Mercola:

Yeah, high carb, high mercury diet.

Dr. Nischwitz:

Yes, basically. Perfectly according to what we did at university then. Yeah. I gained 20 kilograms of I wouldn't say muscle but at least I made it from 60 kilogram to 80, something like this because I was always very skinny. And yeah, this is also how it all started.

Dr. Nischwitz:

And I went to dentistry anyways, and I was very good with the fingers. So the skillset was there because I was always very fast in the practical stuff, but still at the end of university, I was missing something. So it was like, in 10th semester ... It was one semester before the examination, I told my dad, "Dad, I'm not too sure about this job. I think it's great. I have the skills. I like the tiny stuff, but something is missing. I don't even know what it is." And he just said to me ... I know he was a little bit afraid that I was going to quit or something. He just said, "Hey, Dom, this is just your entrance [inaudible 00:07:29]. You will decide after what you need to do because the stuff you learn in university, most of it was already outdated when I was university 25 years ago. So you have the skills. You will just see what's coming afterwards."

Dr. Nischwitz:

And besides university, I was of course, trying to find out all tricks possible to help my body grow muscle and get as ... Yeah. I didn't know it was health that I was missing. I was just focusing on performance and of course muscle gain. Maybe it was just an aesthetic thing, but I learned everything about nutrition that you can find out there. I tried every possible diet. I used every supplement. I was the guy in uni who had his box of food always with him not even knowing that it maybe was also too much carbs, not even the quality I should've eaten. But I learned a lot from this.

Dr. Nischwitz:

And when I did the examination, afterwards you have to do two years of, I don't know the word in English, maybe it's a tendency at another dentist. And I had the chance-

Dr. Mercola:

An internship we call it or a residency.

Dr. Nischwitz:

A residency. That's the word I was looking for. Okay. And I did a residency at a very skilled surgeon because I wanted to do oral surgery from scratch. I don't know why, but this just appealed to me. I just want to do surgeries. Yeah, Dr. [inaudible 00:08:57] in [Musberg 00:08:57], and he accepted me as his resident. And he was doing amalgam fillings, yes. And I learned in university how they work. We actually worked with amalgam a little bit, but not too much. And we learned that's the perfect material, it's

lasting forever, and it's easy to [inaudible 00:09:21] for free because the insurance pays for it. That's what I learned. And you shouldn't use it on children and pregnant women. That's basically it.

Dr. Nischwitz:

But for me, aesthetically driven, I just told him, "No, I can't do this. It's so ugly. I learned about composites and I learned about ceramics so I won't do amalgam fillings." And he was the boss and the little guy on the first day tells you, no, he doesn't do what you do. It was a little bit weird. And I also remembered my dad telling me that he's not using the silver fillings ever since I was a kid. So I think he stopped that in 1992. There was kind of a bit of an amalgam discussion back in the '90s, but it didn't make it. In Germany, it's still the regular stuff that gets paid for for insurances, in Germany at least.

Dr. Nischwitz:

Yeah. And I told him I won't do it and I will find out new ways. So I just started. Because I told him-

Dr. Mercola:

Was the motivation at that time purely cosmetic or was it for health reasons?

Dr. Nischwitz:

For me personally?

Dr. Mercola:

Yeah.

Dr. Nischwitz:

It was initially I think first was aesthetics. And then I had to look it up because I told him I won't do it and because I was so much interested into health and health optimization, I initially had looked up ... I looked in YouTube, and I found Dr. [Dietrich Klinghardt 00:10:42], my first mentor and Dr. [inaudible 00:10:46], German doctors, and I basically learned everything I could find out that kind of made ... So this whole amalgam thing and totally clicked with everything nutrition-wise I did in university, so me personally with all the supplements. I knew all the bodybuilding supplements, the sports supplements, amino acids, you name it. And you had to study biochemistry and chemistry and basically because I had to learn it from scratch to just get it ...

Dr. Nischwitz:

In university in dentistry, everything is an oral examination so I really had to get biochemistry. And I was really good at it because my brain just thinks like this. So it was easy for me. And then a whole new universe opens. So finally, I was able to see, "Whoa, this is the stuff I learned for me. Now, I'm able to use all this knowledge" because basically heavy metal detoxification, all these things is biochemistry and has a lot to do with supplements and nutrition. So it clicked and this universe opened and basically I would say I became addicted. And I was on YouTube, articles. I was researching. I would say, every minute in my residency when I wasn't drilling out amalgam fillings, I was searching the internet for stuff to remove, to detox, how all these liver phases work, basically, everything possible.

Dr. Nischwitz:

And you find Dr. Dietrich Klinghardt right away. So the first year I thought the holy grail to help people getting healthy ... I thought I found a holy grail. This would be the removal of amalgam fillings. It wasn't, I found out. So of course, I told all my patients, "You have to do this and this kind of nutrition to help your detoxification. We need binders, we need chlorella, we need everything." And of course, I removed everything as safe as possible with the rubber dams, etc. and I helped a lot of patients. They really got better, but a few of these patients got really, really sick.

Dr. Nischwitz:

And I found out through just basically empirically by doing it that patients need to be prepared and that a lot of them ... and I invented a health scale, from a scale from zero to 10. If 10, they would be optimal health. Most of them in terms of absence of disease from a scale from one to 10, they're only on a one or two. And they barely make it. So if you start detoxing or something, they might be blocked underneath or their asympathetic nervous system or parasympathetic ... or they're just lacking nutrients. So they ended up puking over the weekend and the same from the backdoor and my boss back then told me, "You know, Dom, what you did with this patient, over the weekend they came to me and they don't feel very well. And I know you are ... " He told me, "You are Protestant and I'm Catholic. The stuff you do, you just have to believe, but stop this please."

Dr. Nischwitz:

If you're a residency doctor, a very young from the university and the patient gets sick by the stuff you're doing, you really feel very bad inside, kind of like, "Why am I doing this?" I was just like, "Oh, why am I doing this," super nervous because I didn't have all the experience. I just tried whatever I've learned. Why am I doing this but at the same time I had this inner calling and was like, "I cannot just ... Why do you not just drill a hole like you should do as a doctor and put a filling in it?" I had this inner calling to help these patients and find out more.

Dr. Nischwitz:

So at the end of the first year, having helped a lot of patients and finding out about all the problems patients had because of not being able to detox ... I will tell you later what I found out how that works and why it's working now. I went to see Dr. Dietrich Klinghardt in person. It was 10 years ago, more than 10 years ago. And yeah, and I have asked him all my final questions. Basically I was sitting there and I was asking him, "Dietrich ... " Back then I couldn't say his first name. I was just saying, "Dr. Dietrich Klinghardt, I'm just a dentist. And am I allowed to do all these things?" Because he was sitting there in his underwear and injecting ... I know you know him. ... injecting bee venom I think into his thighs or something, neurotherapy. And I was like, "Dude, this is amazing. I want to do that."

Dr. Nischwitz:

And I just went to him and said, "Is this something I can do? I'm only a dentist." And he's like, "Now you have the moral obligatory to do this and tell this to patients and do it for your body." This was the first thing he told me and I remember this as if it was yesterday. And the second thing was always, "But don't be John Wayne. Search for a big team. You cannot do this on your own. You need lots of people." And I told him straight away, "Okay. I'm going to be the guy who explains it to all my dental colleagues," because I'm very school of medicine oriented also, but I'm just open-minded and I search for everything that helps health, actually, I would say a health enthusiast.

Dr. Nischwitz:

So I'm not brainwashed from university. I was always thinking, "Why am I learning this" not in terms of why do I have to learn because it's university but "Why am I learning all this stuff and who invented this?" This was always a question in my mind. So I was really curious to find real solutions.

Dr. Nischwitz:

Having said that, on the next day after this course back then in Austria and I went to Vienna to see him, I went to the pharmacy and basically bought me procaine and all the stuff I needed to give myself IVs. And as I was trained as a paramedic, I remembered ... Okay, five years ago, I did some catheters and injections weren't a problem. So just started injecting my chronic shoulder pain. And I injected just random spots in my arm that hurt and I was pressing anyways with the neurotherapy procaine.

Dr. Nischwitz:

And I found out always when I injected these acupuncture points, my upper first molar would hurt. So I just thought, "Okay, why not just inject my molar?" And I just injected molar, just upper right molar, and it's perfectly fine molar. I'm just having a bad bite. And I injected this for six weeks straight and the shoulder pain went away. So I was already having something there. So I thought, "Okay. Why not just do neurotherapy." So I booked a course with Dietrich in Seattle in 2011 and flew there over the weekend and learned basically everything you could find out for injections.

Dr. Nischwitz:

And finally developed ... gave all the patients a nutritional consult, put them on supplementation. Of course, I removed all the amalgam fillings, but I was a surgeon so I would do titanium implants and of course I would do wisdom tooth removal, etc. And I learned all the oral surgeon skills. So I basically knew everything by now besides the holy grail amalgam fillings. I knew about root canal problems. I knew about metals overall, not just heavy metals but also gold problems and titanium. So I was not feeling too comfortable with putting titanium implant instead of a root canal, so I just stopped that right away. And I did the whole aesthetic dentistry curriculum and this just bored me because there was nothing new. It was just techniques. You could show me a technique in a second because I'm very good with the hands. I will probably just copy it and just do it like a trick on a skateboard.

Dr. Nischwitz:

So it was just boring for me and at the same time I went to LA and did a functional medicine course at AFM. It was called ... I think the AFMCP week. It was one week. There was very great doctors. And then of course I applied all the functional medicine stuff. And there were times when I thought, "Maybe I'm just going to be a consultant." I did so many certifications or weekend programs because I was just searching for new things, new things. As I said, like an addition, how to optimization. And of course, I learned from Dietrich the five levels of feelings. I wasn't only searching for stuff on the physiological level. I was already doing all the acupuncture stuff, the neurotherapy. I was interested in the mental field. I was interested in spiritual health, so the full concept.

Dr. Nischwitz:

And then I had a little bit of a timing because I had to quit one job because of a new offer and then it wasn't so good. So I had a little bit of time and I did the whole Klinghardt [ART 00:19:28] courses and MFT. You know maybe from Dietrich, his whole course series. I did that. And during this course series, I found out about another guy who was doing ceramic implants. And I was like, "Whoa, ceramic implants. That sounds good."

Dr. Nischwitz:

So I booked an internship with Ulrich Volz for ceramic implants and I arrived there at the same day in his clinic there was Dr. [inaudible 00:19:51] and Ulrich Volz was doing ceramic implants. As a surgeon myself, I looked at him and in five minutes I knew he was a great surgeon. He's placing wide implants. So from this point on, the full concept I was thinking about in my mind for the last five years was finally there and we were just talking the whole day about the stuff I did the last 10 years, about the nutrition, and everything I just told you about. And he basically asked me at the end of the day, "Is it somewhat possible that you work with me sometime."

Dr. Nischwitz:

Because then I was working my dad's office and with him and I did this thing called flying implant service. So you could book me as a surgeon ... because I didn't have my own clinic back then. You could book me as a surgeon. I was doing flying implant service at [inaudible 00:20:46] clinic in Switzerland. I was doing it, I would say, in six different clinics. You would just book me and I don't even know the patients, I don't even know the nurses, or the clinic. I would just drive in the morning, 5:30, with all my stuff and would do just surgeries the whole day and at least 20 ceramic implants per day was my mandatory ... because I just wanted to have a routine in surgery with ceramic implants. So I didn't charge a lot for the implants. I just wanted to do numbers to just get good.

Dr. Nischwitz:

You can imagine these are super challenging days. So you know nobody. I didn't take my nurse, just my instruments. And then just went there and did the full day of surgeries. And this got me to a good skill level pretty fast because I was doing so many implants. I would say in the first year already 1,000 ceramic implants. I didn't count anymore after 2,000 ceramic implants, but it's a lot. This just made it second nature for me. It's just like skateboarding. It's kind of like being an athlete all the time and just wanting to become a little bit better every day. And this is a skillset. But the ceramic implant were just my neutral alternative to root canals and titanium implants. So I could finally see the full concept and then working with Ulrich and all the other good guys and finally getting Dietrich to know better. Yeah, felt like the rookie of the year and this was already almost 10 years ago.

Dr. Mercola:

Well, have you modified your protocol for root canal therapy, post-root canal therapy? Because that's what the ceramic implants are for. I just interviewed recently a periodontist who's biologically oriented and she was explaining how she uses these YAG lasers and photo-acoustic therapy to sterilize the existing tooth because ideally, you'd like to keep the structure there itself. And it seemed to be really intriguing. She had some excellent videos on how this was accomplished and it seems to be the state of the art. And I'm wondering if you have any experience with that.

Dr. Nischwitz:

Yeah. I think we do it a little bit differently and very consequence. So the concept we now developed over the last years is called ... It will lead up to therapy which we call all-in-one concept. What we are going to do or trying to do is we will take your whole mouth ... So let's do it just a regular patient. A regular patient applies for an appointment and I cannot see you in person for long time anymore because it's so many inquiries. And a lot of them at least 50 percent are coming from all over the world and from the US. So we made it easy virtually. You will just send the panoramic X-ray, your medical questionnaire, and your vitamin D3 and LDL blood work to just have a basic knowledge.

Dr. Nischwitz:

And then I will just do a full all-in-one concept, meaning we will remove all the oral interference, all the challenges there [inaudible 00:23:50] metals, root canals, cavitations. We restore the bite. We check for all these things. In one, let's say, appointment sequence, which is maybe you can call it the health optimization week, but to do this, you have to be prepared. So I will plan this whole case and just basically draw into your panoramic X-ray that will remove the root canals. We replace them with the ceramic implant. I will explain this in a second. We take care of all the cavitations, which are ... Cavitations is the layman's term for fatty degenerative osteonecrotic jawbone or CIBD chronic ischemic bone disease. It's also known as NICO cavitations, neuralgia-induced cavitation osteonecrosis.

Dr. Nischwitz:

Problem is that you don't learn this in university. This is still not medically accepted. Even as my good friend and I would say the pioneer in this field, Dr. Johann Lechner is doing research here for over 40 years now. Still not accepted. It's a bit of a problem with, let's say, the rulers there, but I'm doing this every day. So I will explain this. And then you have this panoramic. You get an email where you can see everything that we are going to do and how we're going to do this. And the ceramic implant is only the bonus. So what we need to do first is take out the oral interference as minimally invasive as possible.

Dr. Nischwitz:

So if there are any metals, of course we remove them under all safe removal possibilities that existing, not just the rubber dam. We will use rubber dam. We have a special device, a suction called cleanup suction, which has a integrated ... Yeah, it's a better suction. It goes over the tubes. It's from Scandinavia. We have a big outside suction device. It's called an IQ air which takes about 99 percent of the mercury vapor, all the other metal ions that are going to be removed. The rubber dam is basically just for the big parts. So all mercury vapor goes through at least six pairs of latex gloves. So the rubber dam won't help there, but the suction will. We will have nasal probes and apply not just regular oxygen, just regular air, not oxygen anymore. And of course if possible, we will just break out the filling so that we don't even drill it, so everything that's possible.

Dr. Nischwitz:

Then on the next day, we will remove ... The surgical part will be my part. So the metal fillings, the other dentist will do metal fillings. We do lots of IVs, nutrients before to help the body when you're here. Then we remove the root canals and cavitations. And I'm a surgeon, so we're trained as biggest surgeon, biggest cuts. We don't do any cuts if possible because every cut and all these vertical incisions will basically make scar tissue later on which could totally disrupt your whole autonomic nervous system and of course the whole blood supply. So this has to be very minimally invasive.

Dr. Nischwitz:

We use [inaudible 00:27:06] surgery and the goal is to conserve the whole anatomy as much as possible. So if you can, the root canal is anyways a dead tooth, it's a dead organ. There's nothing anymore there, so it's already dead. We just take it out. We clean the whole socket with ozone. We use neurotherapy, procaine, [inaudible 00:27:27], [salinates 00:27:27], [inaudible 00:27:27], and rinse it. We will draw blood before a surgery and spin it in the centrifuge to make a PRF membranes, which are kind of like platelet-rich fibrin or PRP membranes. They are containing stem cells and growth factors to place it in the socket or besides the implant or in the cavitation later on.

Dr. Nischwitz:

And then if everything is clean, then we will use a zirconium dioxide implant, which is not color. So there's no metal oxides in it. It's a completely neutral healing stone, Dietrich would say, and the good thing is it only osseointegrates if you're body is able to build bone and the part I will come up in a second. And if everything is clean, because if you, for example, miss a cavitation which is most of the time it's at least 90 percent underneath the root canals, you have to go higher or underneath the root canals because maybe at the tip there's a cyst but lots of times there are huge bone edemas or osteomyelitis processes above certain ... So the immediate implant will help you get there after there's a [inaudible 00:28:39], ozone, etc. Imagine the ceramic implant as a neutral component, kind of like a tent pole that you put in there or a plaque that preserves the whole socket. I call it socket preservation 3.0. That's what the cool kids do. Just kidding.

Dr. Nischwitz:

But it actually holds the whole anatomy and the whole tissue and bone because if you remove a tooth, this is what regular dentistry does and how I was trained, you remove a tooth and then you will just let it heal for three months and then do a cone beam, see that the bone is lost, and do a bone graft and then the implant, which is titanium, which makes no sense. Because if you have the socket, it's all clean now. Everything is disinfected. And then anyways your body has all the growth factors there, so it's now the time to heal and then replace the implant as a temple. You actually build a bone container there and the only that's possible to grow in there is actually bone.

Dr. Nischwitz:

You have to make them stable so that they don't move, kind of like you need a cast for at least three to four months to help osseointegrate, but you at least conserve the whole anatomy and basically you don't have any surgery at all because you just took out the tooth. And make this very, very specific and simple so that your body is actually able to heal. And then you use the ceramic implant as a healing device. And that's why I say to patients, "Okay. First of all, we will take care of [inaudible 00:30:04] health." So we have to take out all, let's just say trash, and then your body will be able to heal itself. We use everything that's possible in terms of let's say neutral elements and then your body just needs time to osseointegrate.

Dr. Nischwitz:

So before doing this whole concept, the patient gets prepared. So I've written a full design concept. There also 40 pages in the book about nutrition. It's basically the same stuff you would do for a patient or every other functional medicine doctor. It's like, go as natural as possible. It's what you can hunt, what you can fish, what you can find. And it's basically the 20 years of nutrition information I had in my brain. I wanted to have it in 10 pages because most people don't like to read and then it has to be super simple.

Dr. Nischwitz:

So I have two charts. It's a red chart and it's a green chart. The red chart basically is good intolerances and food toxins and there's the right side, it's always the alternatives. We of course, go grain free and dairy free. And then there is a green chart which is based upon macronutrients, protein. And I named it healthy carbohydrates, healthy fats. Then we have fruits and vegetables. And initially ... This is just what they read before and they have to start with this. And because I'm always a big fan of food comes first,

so this is the basics. And of course, I've developed the protocol called Bone Healing Protocol, which is micronutrient tuning and it basically evolves around 20,000 ...

Dr. Nischwitz:

I use vitamin D3 a day to get the patients from normally around let's say 10 to 20 nanograms on average on my patients, and they're mostly chronic sick patients to at least above the average, which is about 60 nanogram. And I think in the US it's the same. So 70 can be amazing and if you start four to six weeks prior with this protocol, and it's not just 20,000 I use of D3. You cannot do this. There's of course the right amount of magnesium, the right amount of vitamin K2, all the activated B vitamins, you name it. It's all in there. That's my biochemical background.

Dr. Nischwitz:

So they come in to this health optimization week already immunologically boosted. The nervous system is already very good. And what we're trying to achieve then is bring the patients from chronic sympathetic nervous system mode into parasympathetic using high levels of vitamin C IVs, all these things, taking out the trash, being prepared. And then I'm going to individualize your, I call it food design or lifestyle concept. And after surgery, because then I know, then I see you in person, I can say, "Okay. Do you have a little bit of a metabolic problem? You have too much body fat and how does your body composition look like? Do you have too much body fat in the middle or it's maybe more legs?" Or whatever, "What is your problem with sleeping? How about the neurotransmitters?" We'll maybe do the Braverman test.

Dr. Nischwitz:

And then I just structured it in terms of being anabolic then because I need them to grow bone. And a lot of it, because cavitations can be ... And I can tell you the patients from the US have bigger cavitations. It's a huge problem there because of all the pesticides, glyphosate, and mold is a big thing. And you can see that in the cavitations. They just look different. I will tell you in a second. And you could end up having just four cavitations and if I remove those, it could be about eight to 10 cubic centimeters of fatty degenerative bone or chronic inflammation in your jawbone, which of course disrupts your whole system.

Dr. Nischwitz:

And I know the whole field of health optimization bio-hacking or anybody's talking about heavy metals and we're talking about chronic inflammation and cytokines and these inflammation in your jawbone, they're chronic and they're there because of things installed only for the reason that biting is possible. That's how a dentist is trained. A root canal is perfect if you want to just bite, but from an optimal health point of view, it's a dead organ and you have to see a little bit ... It's a bit of a challenge, but now as you can-

Dr. Mercola:

Let's start here because as far as I understand, and I don't remember the specific numbers, but I believe there's tens of millions of root canals performed every year in the US alone. And that procedure can be performed by a regular dentist. They are taught how to do it in dental school, as you were, and there's no specific subspecialty training that's required. And the periodontal specialist that I interviewed was really opposed to having these being done by a general dentist because the process you just described was people who've already had a root canal being done. But there's the pre-root canal phase where

there's potentially an abscess, a periapical abscess that's there and they're in a lot of pain because of that abscess. So the only therapeutic option that the dentist typically has is to do a root canal and that relieves the pain but it kills the tooth.

Dr. Mercola:

So what I was referring to earlier is this YAG laser. It's a very high powered laser. It costs well over \$100,000. And it combines not only the light therapy but an acoustic sound wave therapy that integrated together performed this unbelievable sterilization process and it's actually I believe typically integrated with ozone. So that combination is able to rescue a large percentage of these teeth from actually having to have a root canal performed in the first place, which to me, is the basis of a powerful intervention strategy. Because what you're describing is the rescue effort and there's certainly a need for that and people like you and many other to rescue the damage that's already been done.

Dr. Mercola:

But I think there needs to be loads of effort towards the preventive component so we don't need to rescue the tooth.

Dr. Nischwitz:

Yes. Yeah, 100 percent. Maybe I didn't understand that correctly. Yes, 100 percent. So of course, I would say a little bit different. So if the root is already ... if it's hurting ... If there's a cyst underneath, I would probably say it's maybe already dying. If you can really rescue a dying tooth with the laser, I didn't try this and I certainly didn't hear about a tooth that is-

Dr. Mercola:

I will send you this interview I did. It was really amazing to me, and I had never heard of this process before. But apparently it's not widely appreciated. And I think there would be a great benefit to adding that to your clinic. They're not inexpensive piece of equipment, but it would be a really great tool to preserve ... because the ultimate implant is the person's own tooth.

Dr. Nischwitz:

Yes. The best option's always your healthy tooth, but it's a little bit of different. A healthy tooth means you didn't even have a drilling before. There was no cavities, nothing. If you have-

Dr. Mercola:

Right. Yes. Which is not the case typically.

Dr. Nischwitz:

Yes. And if you have something on your root canal and your root is super inflamed and hurts like hell, I'm quite sure that you had a big cavity or something restorative done and you notice if you had an amalgam filling at least once in your tooth, it's never going to be as 100 percent healthy. And there are so many teeth, it's really difficult in terms of chronic sickness and chronic health, that are we call them mercury toxic. They're kind of alive but not really. And it's super difficult because a dentist only has one thing to do in terms of seeing is the tooth okay or not. Does it react to cold or not? That's basically it. If it's hurting like hell, of course, most ... Now it's coming. Most dentists will perform a root canal. Actually, that goes as far as doing a root canal on a tooth which hasn't even had a cavity.

Dr. Nischwitz:

And we're talking because why is this going there? Because I have a nurse right now. I had to remove a root canal that she had it for a long time and it was really interfering with her system, so rescue, like you said. But why did she have a root canal in the first place? Because it doesn't seem like there was a big cavity. So the tooth was hurting. So now we have to see the other way around. So first of all, your teeth are organs that are connected to your whole nervous system and basically are part of your brain, kind of like your eyes.

Dr. Nischwitz:

And you have this massive brain nerve there which is called the trigeminal nerve. It's a cranial nerve and it's one out of 12, and it takes 50 percent of the space of all the other ones, so it's quite important. And every tooth is along this. And if you do, for example, a nerve block, which I don't perform, here, you know it from dentist, you will have a numb lip here because you blocked it over there. So basically all the teeth go numb, but it's going from the back.

Dr. Nischwitz:

So I've a lot of patients having teeth hurt ... the teeth are hurting because of these so-called cavitations being in the back of the jaw and radiating pain goes through teeth. And of course, if you're not trained to see this as a dentist and your patient comes in with pain the fifth time, you'll probably say, "Okay. The only solution we have against pain is probably do a root canal," which is a huge problem because, like you said, the best tooth is your regular healthy tooth. And your body's able to heal your tooth and actually to reverse cavities if they're not too big. Of course, then you have to go onto your lifestyle again because nowadays we know from research ... Last year, came a lot of research about vitamin D3 and cavities. So we know that if we have a lack of vitamin D3 because you have a problem with mineral displacements and stuff, and we will have mostly kids, actually, cavities in our teeth or these chalk teeth or MIH, molar-incisor hypomineralization. It's all depending on vitamin D3, on amino acids, and of course on all these minerals. So you can check there.

Dr. Nischwitz:

What we would do if you have a tooth that just hurts, we will just look, is there any interference maybe from cavitations or what about your lifestyle overall. Then we will see the mouth again as a mirror for your overall health because teeth can also hurt if you just have super high blood sugar. They can also hurt by low blood sugar. They basically hurt when your whole PH level in your mouth changes or if you're just lacking minerals. And then if you go to a dentist ... Just yesterday, a friend of mine, he doesn't live here but he knows how I treat. He just asked me and, "So I went to a dentist and we did X-rays and between all my teeth I have cavities and they want to do 12 fillings." And I told him, "Okay. I would normally just check why you need fillings in the first place. So what about your diet, etc.? Just send me the X-rays." And he just sent me the X-rays and I would only do two fillings there which are already existing and basically at secondary caries or decay underneath the open filling space.

Dr. Mercola:

Let me interrupt you here for a moment, too, because there's another strategy that you can use that I encourage and advise and recommend people seriously consider, is ozone therapy. And you can get this yourself and it seems, at least in my personal experience, that it's been able to abort many potential scenarios where I may have had to have a cavity. And I just used to ozone persistently and literally a few

days the pain is gone. It's just an amazing, inexpensive, very safe tool. You just have to be careful that you don't breathe the ozone in, but it's very effective.

Dr. Nischwitz:

Yeah. Ozone is amazing. We also have an ozone machine to do autohemotherapy or whatever you want to use it. We use ozone, I told you [crosstalk 00:42:00]-

Dr. Mercola:

Sure. But that's professional. This is something the patient could do at home.

Dr. Nischwitz:

[crosstalk 00:42:04] with this, but ozone is amazing and what you can also just see, and I saw his X-ray, and he had just had these tiny initial cavities, very initially, which I would never drill. I would just then check, which is also all patients out there can do, test your vitamin D3 level. Is it maybe too low? What about your diet? Are you eating lots of sugar, like regular dentist stuff. But maybe you have too many fluctuations, what about your minerals. Because your body is able through the saliva to remineralize your tooth. That's a very fast process, actually. And also, from the inside, which is your pulp. Your pulp is in your living tooth. There's the nerve supply, the blood supply, the [inaudible 00:42:49] supply.

Dr. Nischwitz:

And of course, if your blood is full of, let's say, amino acids, minerals, nutrients, of course your body can pick and choose and build stuff. But of course if you deplete it in any kind of nutrients ... I would say protein is probably the most deficiency in the patients at least I see and of course vitamin D3 and minerals. If you just refill them and change your lifestyle, you will end up having not hurting teeth and your body will be able to remineralize these teeth without the use of any chemicals, of course, depending on size and shape of teeth.

Dr. Nischwitz:

And also the second point is the gluten intolerance. That's why we always have to do grain free and gluten free. These studies are done a long time ago because people with celiac disease, they end up having lots of these very mushy or chalk teeth. I've seen one patient when I was just out of university, it was a 12-year-old boy and he had these super soft teeth and I just knew from university, "Okay, this symptom is called molar-incisor hypomineralization." That's basically what I knew. And then I knew how to repair it. And I had this very bad feeling inside myself that this little 12-year-old dude needed a root canal treatment on his first molars that just came out. I didn't know about gluten intolerance or celiac disease. I didn't learn it in university. It would've helped him anyways with this because your teeth, if they're mushy, they can remineralize. It's possible. Weston Price showed this already 100 years ago. But of course, the information is lacking.

Dr. Mercola:

Do you have any children?

Dr. Nischwitz:

Yes, I have three children.

Dr. Mercola:

Okay. How old are they?

Dr. Nischwitz:

Three boys. The oldest one is five, the second is going to be three, the [crosstalk 00:44:30]-

Dr. Mercola:

That is perfect. So they don't have their permanent teeth yet.

Dr. Nischwitz:

No.

Dr. Mercola:

This is the question I have for you because there are many people watching this or if [inaudible 00:44:39], there may be grandparents that have children in the same age group. And I think this is really the crux and maybe the most important point, is I'm curious as to what your belief system is that if you can optimize lifestyle through sun exposure, vitamin D, minerals, proteins, avoidance of toxins like gluten and in many cases, milk and certainly glyphosate and other poisons and give them an optimal diet and lifestyle, do you think it's possible to avoid all cavities?

Dr. Nischwitz:

I would say yes, 100 percent.

Dr. Mercola:

Yeah. Because there are cultures like Korea which for some reason I believe the incidence of cavities is less than five percent of the population, which is just astounding, but nevertheless, that's the case. So I'm glad we're in agreement because I think that is the key. And I just don't know what the best way to impart that wisdom on the population is because what you're doing is fantastic. You're functioning at a very high level. You're in the elite biological dentist community, and there's certainly a need for that. But what's even more important is to treat the kids your age, to teach them how to live a life so they never need those services.

Dr. Nischwitz:

Yes. That's basically what you need to do and this is why it's so important that all this information comes out. And that's why I devoted a whole chapter to the nutritional part because also it starts actually even sooner. So I call it the health starts in your mouth concept. And basically the biological dentistry, I would say it's more overlap of functional medicine, biohacking and high tech dentistry with the goal of optimal health. So I'm a big fan of the basics and the goal is actually in the lifestyle. So when you go through the womb, you already have a microbiome and you get your microbiome from your mom going through vagina and getting her microbiome in your mouth. So the mouth is really-

Dr. Mercola:

Assuming you don't have a C-section.

Dr. Nischwitz:

Yes. If you have a C-section, it's totally different because you get mostly maybe the skin bacteria but also of course the germs that are maybe in the hospital.

Dr. Mercola:

Like MRSA.

Dr. Nischwitz:

That one also. And the next thing will be breastfeeding. And my kids ... I don't know my wife's pretty good at breastfeeding so they were fed, I think at least 18 months, which is super important to grow your whole jaw. So the sucking, you need I think, let's say, 10 times the strength to suck on a, what is that, a nipple instead of on the milk from the formula. And this sucking develops the whole lower jaw and the muscles there and also will grow and shape your palate and everything. So if you see my kids, they have this wide-shaped angle. I don't know how it will work when they are older, but we apply all the lifestyle because I'm doing this for such a long time.

Dr. Mercola:

Just like the pictures in Weston Price's book, Nutrition of Physical Degeneration.

Dr. Nischwitz:

Exactly the same. They look like this and they actually even have space in between their teeth. So I was the opposite. I had not a good diet and everything. And I needed braces twice and actually even did braces when I was in university as I studied. I had them inside. They were called Incognitos, just a hell. I was just-

Dr. Mercola:

So this is an interesting point because your father was a dentist and he was relatively enlightened. And what do you think the biggest difference is between the way your parents approached this and the way you did it? Was it you just were intellectually more curious or innovative? Or why the difference? Why didn't your dad and mom get it?

Dr. Nischwitz:

No, that's a huge difference. This is more me being an extremist and extremely intrinsically motivated because at one point I was just so sick that I had to find solutions. And I was just seeing it as a challenge and took this and just I'm an experimenting guy, I would say, and really extreme. So if you tell me something, I will do that 100 percent being a super soldier and find out everything what I can learn. And then I will do the next phase and integrate everything. I think that's just my passion and my personal-

Dr. Mercola:

Probably the fact that you're an athlete, too. I think that had something to do with it.

Dr. Nischwitz:

That I'm an athlete, too?

Dr. Mercola:

Mm-hmm (affirmative).

Dr. Nischwitz:

Yeah, the athlete's minds, the skateboarder's minds is more fall and back up and fall, back up.

Dr. Mercola:

No, it's the commitment, the discipline and the desire to excel at a very high level.

Dr. Nischwitz:

Yeah, that's maybe just also my personal shape that I would say probably ... Yeah, dopamine dominant, [inaudible 00:49:22] individual, a lot of drive. I did my Braverman test. I had to. So when I crashed, when I was 22, I was like just not anyone was just asking for a solution and it took me quite a while to figure out what was wrong with my brain.

Dr. Mercola:

Were you wearing a helmet?

Dr. Nischwitz:

No, no. No, it wasn't a crash from skateboarding. I just meant I crashed kind of in terms of health.

Dr. Mercola:

Did you have any head injuries when you were skateboarding?

Dr. Nischwitz:

Not from skateboarding, but I had a massive head and neck trauma when I was falling from snowboarding, when I basically jumped down a huge cliff.

Dr. Mercola:

Oh, geez.

Dr. Nischwitz:

And I ripped off almost my whole head. And this head and neck trauma basically hunted me a long ... I actually since now am on my health journey and learning from all these levels of health. This trauma was one of the roots of everything. So I remembered being ... how I was when I was 14. I was just a guy, just doing it. You would tell me, "Okay, do this. [inaudible 00:50:24] skateboard these 10 stairs down." I would just do it. Wouldn't even think about it. That's just how I am.

Dr. Mercola:

You're invincible. That's true for almost all adolescents.

Dr. Nischwitz:

What? Yeah.

Dr. Mercola:

They just don't understand death or permanent disability.

Dr. Nischwitz:

I didn't, but my brother, he's actually younger, he always told me, "Dom, just check the ramp. What is afterwards in the snow. Maybe you cannot jump over there." And I was just already flying and had fun with doing this. But then after this head and neck trauma, it's just in retrospective, my whole physiology changed. So this just doing mode was off. I was just constantly thinking in my brain. I was drawn to doing alcohol stuff and I was just negative in my brain. And then all these things developed, appendicitis and acne and all these things. It took me 20 years to figure out that this is one of the roots of my problems because I was just [crosstalk 00:51:20]-

Dr. Mercola:

Yeah, sure. We call that traumatic brain injury. Have you ever looked at hyperbaric oxygen therapy? Because that's a pretty powerful invention to address the neurodegenerative changes that occur in that type of trauma.

Dr. Nischwitz:

Yes, actually. In my [inaudible 00:51:33] Tim Gray, he is also a mutual friend I guess, he had this clinic and I'm going to bring one in my clinic pretty soon because it's so good also for the surgeries. I didn't do it for me personally for the head and neck trauma because I tried all the other things and head and neck trauma doesn't come up anymore, so it's a lot of osteopathic treatment.

Dr. Mercola:

Yeah, but there still might be some changes, though. You may want to get some assessments.

Dr. Nischwitz:

So everything I do, basically, I try on myself and see how it works and then later on I have the moral obligatory to tell it to my patients. And yeah, I will always try to bring the next level equipments and recovery tools to make my clinic even better for everybody, for me, and for everybody. So my priority is just optimal health [crosstalk 00:52:21]-

Dr. Mercola:

Yeah. Well, you're doing great. You're a rare bird who you are really seeking ... You're a truth seeker. And you don't accept the conventional wisdom. And there's not many people, healthcare professionals who have that courage to implement that action. And then as a result, you make great innovation because you're in the trenches and you're trying new things and you discard what doesn't work. It takes a rare individual to put that all together, so congratulations on what you've accomplished.

Dr. Nischwitz:

Thank you very much. I just try to do my best every day. Yeah. But thank you very much.

Dr. Mercola:

Yeah, yeah. But that's what it needs. That's what it needs for sure.

Dr. Nischwitz:

And it never changes, so I'm always-

Dr. Mercola:

It's a journey. Yeah, you're always learning. The journey never stops.

Dr. Nischwitz:

No, that's the good part, right? This is what's so fun. I'm only ... The good thing is I'm only 37, but I do this since, I would say almost 20 years and I didn't even know the word biohacking since one year ago. One year ago there was a patient coming in from New York City. And I was, of course, I'm like this with all my patients. I don't belittle my patients or talk down to them. I just on the same level and we were just hanging around the whole week and had lots of fun in my juicery and everything. And he was saying, "And you are kind of like the German Dave Asprey and Tom Bilyeu at the same time." And I didn't even know these names. So I was like, "Okay. Thank you. I will look them up."

Dr. Nischwitz:

So now, of course, and then a few weeks later the German biohacking community, which is low grade, did an interview like we do it now and they told me, "Okay. You're probably a big biohacker." And I didn't like the word so much. I didn't know what it means. So when I was invited back to the Health Organization Summit from Tim, I liked the word health optimization. And now I also get the biohacking and of course, as I'm a skater and a cool kid, I also like the biohacking. So I understand how that works and I think that's why biological dentistry is just the ... I am actually trying to go away from this dental thing. It's more like we optimize your health by starting from the mouth, which is the entry to your whole system.

Dr. Nischwitz:

And you know about leaky gut, for example. Everybody talks about leaky gut. But nobody talks about leaky gum. The gum tissue, the gingiva, this is the same tissue, it's squamous tissue. It's the same as outside skin and of course the whole inside. And if you have a chronic gingivitis, for example, just from a lack of nutrients or maybe from the wrong restorations in there, you will have an opening into your system because gingiva is outside. Your bacteria, they cannot go really inside, but if it's opening or if you maybe have a titanium implant where the tissue doesn't grow on top, you will always have a huge gap or Niagara Falls with all these bacteria and mainly anaerobic bacteria which will travel into your system. This is basically leaky gum, leaky gut. It already starts there because the gut basically starts in your mouth.

Dr. Mercola:

Speaking of that, as you age there's a tendency to get gingival recession. And I'm wondering if you in your biohacking efforts or health optimization strategies if you've encountered any good tips or tricks to accommodate that other than periodontal surgery?

Dr. Nischwitz:

Yes. Yeah. Recession's a little bit difficult. You have to see. If it's too much of the dental tubules that are open and you probably have a little bit of the sensitivity and that's one reason but you could use again ... There's nothing that works that you can apply topically. I didn't find it yet, but ozone will work, again. Like you said, you can just-

Dr. Mercola:

For rebuilding the gingiva?

Dr. Nischwitz:

Not rebuilding, but just to make it-

Dr. Mercola:

Yeah. No. I'm not talking about pain. I'm just talking about rebuilding the tissue. Yeah.

Dr. Nischwitz:

Rebuilding the tissue, it's depending on the bone structure underneath. It's super simple. There's this biological width. This is if you have a regular tooth, like I have. There's no [inaudible 00:56:30]. Then you have to attach gingiva. It's about, let's say three millimeters. This attached gingiva is where the protection is. And this biological width, if you have periodontitis or it's receding, that means the bone underneath receded also. And it will always stop two to three millimeters above the jawline. So you probably need some kind of ... If it's for aesthetic reasons, you probably will need a recession but it's not so important for health issues if you don't have any inflammation. If the gingiva, even if it's receded, if it's still super tight around the tooth, it's no problem at all in terms of bacteria lurking into it.

Dr. Mercola:

Oh, that's good know. That's an excellent point, so thank you for sharing that. Are you going to be teaching again at the Health Optimization Summit in London this year?

Dr. Nischwitz:

Yes. I'm going to give a lecture there.

Dr. Mercola:

Oh, good. Well, we'll meet because I'm teaching there also in September.

Dr. Nischwitz:

Nice. That's 100 percent. Yeah, perfect. Can't wait to meet you in person. Where are you living?

Dr. Mercola:

I live in Florida.

Dr. Nischwitz:

Ah, nice. [crosstalk 00:57:42]-

Dr. Mercola:

... on the East Coast, which is I think one of the healthiest places at least in the United States. I get the privilege being able to walk on the beach virtually every day in shorts and no shirt and walking in the ocean perfectly grounded and getting sunshine. And my vitamin D level is typically over 70 all the time and I don't take any oral vitamin D.

Dr. Nischwitz:

I would love to have that. I'm grounding myself all the time. I'm walking barefoot even if there's snow. [crosstalk 00:58:12]-

Dr. Mercola:

You can do it because you don't live in North America and there's not as much dirty electricity in Europe. And I would ground if I was in Europe, too, but not in North America. So I had to ground in the ocean.

Dr. Nischwitz:

Yeah. It's so great that you ... I go to the US quite a few times and I've been to Florida also. I'm going to Florida after the ... What is it? I'm going to go to the Upgrade Labs event.

Dr. Mercola:

Oh, yeah. You're going to be there, too?

Dr. Nischwitz:

You, too?

Dr. Mercola:

Oh, yeah. I'm speaking. I'm one of the keynotes. Yeah.

Dr. Nischwitz:

Amazing. Then we will meet there already. [crosstalk 00:58:45]-

Dr. Mercola:

Yeah. Yeah. It should be fun. I'm really looking forward to it. Yeah, that's the two big events is the Upgrade Labs and then Health Optimization in London.

Dr. Nischwitz:

Yes. I'm going to go to both and actually, I'm going to be a plus one of Tim at the Upgrade Labs because I'm not speaking there. I'm just going there to see everything. Yeah. We call wolfing, meeting all the other wolves for the wolf pack.

Dr. Mercola:

Yeah, it's fun. It's my favorite event not so much because of the speakers there. And in fact, I really don't attend many of the lectures. I just love the people who go. I have such a good time hanging out with them at the exhibits and talking to people. Because everyone, like you ... It was very obvious when I saw you with your glasses on, you're committed to optimizing your health. You're not just trying to ... The classic American strategy is to take this magic pill and just continue your pernicious evil ways that are contributing to the disease and having insulin resistance and you're not [inaudible 00:59:41], but you're not really striving to optimize your health. So the people at these events, that's what they're doing. They're really in it full speed and it's just really great. I've just never seen such a high percentage of healthy people in one place.

Dr. Nischwitz:

Yeah. And it's amazing. And actually, last year I was always searching. This may [inaudible 01:00:00] also why I figured it out retrospective. So wanting to become a professional skater was actually not about just skateboarding. I just wanted to hang with people that have the mindset and just do everything they can, not because I'm trying to be or I am trying to be a professional doctor or a healer, whatever you call it. And to find all these other wolves and these like-minded people, for me this is the most pleasure existing. And we need to ... I call it the wolf pack. We need to have a wolf pack and not like we had it in Germany. It's a lot like this, that all these good guys, they're more a little bit egocentric or they don't share. I want to share all my information. You can have everything for free. I only do this to spread the news because I don't have any impact myself. I can only do 30,000 surgeries. If you train 1,000 [crosstalk 01:00:52]-

Dr. Mercola:

Yeah, yeah. Absolutely. I had the same conclusion. You can't see more than 100,000 people in your lifetime. It's just not technically possible.

Dr. Nischwitz:

Yeah. And I cannot even see so much because surgery's a little bit longer so it's maybe [crosstalk 01:01:03]-

Dr. Mercola:

Yeah, yeah, yeah.

Dr. Nischwitz:

But if I train 1,000 dentists or other doctors to implement this, it's 30 million. So you really change and I think hanging with like-minded people, you have so many ideas and you can really ... I think nowadays with all the social media and everything, you can really change the world at least for a few people. And this is the fulfilling part for me, it's that I can help you optimize your health. And this is also of course the challenge that I put onto all my patients, that they have to change their lifestyle. Otherwise, they don't even accept them because then they don't have any good results. But if they have the results and they've seen the [crosstalk 01:01:40]-

Dr. Mercola:

Yeah. That's the same strategy I did, let's see, 25 years ago. In 1995, I sent a note to all my existing patients that ... because I was a conventional physician in the mid-'90s and had put most of my patients on medications and drugs. And I said, "Listen, I've had a change of heart. I'm going down a new path and unless you're willing to commit to getting off these medications, you're going to have to find a new doctor." So I lost 75 percent of my patients but then it wound up changing the whole thing. And I only have patients who are committed to health. And they got better and the word spread and I started seeing people from all over the state, then the country, then all over the world, like you. And they came into fly and see me from all over and that's what happens when you're committed to doing the right thing, which is what-

Dr. Nischwitz:

Yes. This is again, 100 percent agree, but you have to be consequent. I train all my doctors, even people that are 30 years older than me that it's you. You have to decide what is your path, what is your vision,

what are you going to do. So I just made this ... I had this clear vision in my mind and made this decision and, like you, I probably lost a lot of patients and [crosstalk 01:02:50]-

Dr. Mercola:

But you didn't want them. They were holding you back. And they weren't ever going to get better anyway.

Dr. Nischwitz:

No, and they don't want to. And it's not my responsibility. So I can just help you accelerate, but the commitment, basically, I cannot train. That has to come from yourself, so being committed and doing it. Because I have the tools. I can tell you exactly how to get lean. I can tell you exactly how to optimize this, this and this and this to at least reach a few levels. And if I cannot help you, I will certainly search another guy who has the tools to do that. But if you don't want it, I can't help you.

Dr. Mercola:

I would put a little thought in your head that I think what would have an enormous impact, that literally hundreds of millions, potentially billions, and someone like you could catalyze it and you could deeply appreciate it because you got the kids. You have three children and just to develop some type of comprehensive simple strategy that can be widely adopted throughout Germany, the United States, and where they change their behavior so they don't get cavities. It's the ultimate preventative dentistry. And if a program like that can be implemented, it would be radical. That's going to be exponentially better than training them with all your finest surgical interventions.

Dr. Nischwitz:

Yes. I actually have the online course already for this. So I give the whole food and nutrition and everything seminar for specialists or for dentists, but because of all the patients asking me, "How can I follow up" and everything, I just filmed a three-hour concept in this case. It will be online pretty soon to just clone my knowledge. And also the Instagram we use, I just do Instagram. I don't do it myself. I just have the ideas. I write it down. And then we spread the content. I see like this. When I was a kid I was waiting every month for my new skateboard magazine. I was really passionate about it. And I would probably read it every day for the next month so I would probably know it by heart. And I had this magazine idea for Instagram. So now my Instagram is more like this. I'm giving all this information from seminar and a little bit of topics from the book, maybe for cavities or maybe for root canal, whatever, or health optimization tricks.

Dr. Nischwitz:

And if you learn instead to help you learn stuff and I think this will help a lot if you ... It's just devote yourself maybe for two or three minutes a day. And if you do that every day, these little baby steps, you will learn so much. Yeah. Luckily, I'm able to do that now and can help as much as possible. But of course, it needs more spreading because I'm just a tiny light.

Dr. Mercola:

Well, that's the thing. You've got the knowledge. What needs to be developed is a very sophisticated strategy to spread this. It really requires some creative inspiration and genius to make this happen because the basics aren't that hard. It's just a matter of catalyzing a cause to change the behavior so kids

don't have to go through dental pain or ever have a cavity done or reparative surgery. It's just crazy how all this can be prevented.

Dr. Nischwitz:

And also-

Dr. Mercola:

The need for dentists is ... We should have 99 percent less dentists, ideally.

Dr. Nischwitz:

Yes. So in terms of the recreation, 100 percent. You don't need it. But if the dentists would look at it differently and just look at the mouth as a mirror for your overall health, it could initially be a good [crosstalk 01:06:21]-

Dr. Mercola:

Yeah, yeah.

Dr. Nischwitz:

... doctor because you have to see the dentist anyways. And if he tells you ... because my patients they come to me, sometimes older patients from my dad and then they tell me, "Oh, I have this and this problem." And I look at their teeth and say, "Hey, your teeth are fine. Here's your problem. Let's check your vitamin D3," and we're able to test vitamin D3 chairside. Within 10 minutes, I have the vitamin D3. And then I ask in these 10 minutes, I will ask, "How is your lifestyle looking like? What about the protein? Oh, you're vegan? Oh, you don't eat? You only eat once a day? And it's only vegetables? How would your body be able to build bone or build teeth? It sounds like you're catabolic." So I can totally reverse it and help people in this little consult to get back on their lifestyle.

Dr. Nischwitz:

And also patients waiting long time so if ... You can imagine. I had a lot of problems with my dental colleagues for long years because of course I'm a pioneer in the field and they kind of get emotional sometimes when they talk to me.

Dr. Mercola:

Well, they want to take your license away.

Dr. Nischwitz:

No, no. I try to do everything as perfectly as possible.

Dr. Mercola:

Well, even so. It doesn't matter. I don't know if you know the history of it, but just for telling a person that amalgam was potentially problematic, you could have your license removed.

Dr. Nischwitz:

In the-

Dr. Mercola:

In the US.

Dr. Nischwitz:

And still in some countries, yes, I thought it's like this. In Germany, you can. You would word it differently, but it's more ... I don't tell this to patients. Now it's like this. They're informed. They're searching for me. They know exactly what they're getting.

Dr. Mercola:

Oh, sure. Sure. Your past that area of [crosstalk 01:07:53]-

Dr. Nischwitz:

I'm past that area, but for me, the dentists ... So let's say seven years ago when I gave a seminar for two days of biological dentistry for five people, it was a blast. It was like-minded people. I had so much fun. And at the end on the congress I gave one speech in front of 100 regular dentists on a huge podium. And afterwards, I would have get 30 minutes of emotional attack. So I stopped that. When the book came out, and the book was not even my idea.

Dr. Nischwitz:

The book was just somebody found me on YouTube and asked me, "Do you want to write a book? Because it sounds like you could help people." And I was like, "Oh, it's perfect for the mission. I will do it." So the book came out and in this little town where I'm living, there's a huge clinic and there are a lot of dentists. And initially, I got a shit storm for two months and lots of newspaper articles about me and so really uncomfortable. You know all this way more extreme than me, but I know how it feels. And now, one year later, it's actually turning a little bit around and a lot of the cooler kids, I would say, the dentists my age, they are coming-

Dr. Mercola:

The skateboarders.

Dr. Nischwitz:

The skateboarder dentists, they are coming and seeing, okay, dentistry is basically just a little bit boring because the techniques don't change too much and they're not so difficult. But now you can really change how people are getting healthy, so the one part is the achievement side. It's just like [inaudible 01:09:14], like building Lego, that's it. But on the next day if your patient tells you, "Oh, I didn't tell you before, but I was chronically depressed and I had a neck trauma. I had this shoulder problem, this, this and this and this and 80 percent is already gone," then it starts to get fulfilling and patients wait for this.

Dr. Nischwitz:

And I don't have any patient coming in that has to go to see the dentist, like the normal dentists, too. They're like, "Oh, no. I have to see the dentist. I don't like you. You're the dentist. You have to drill a hole. It will hurt." My patients, they're waiting for this. They are in the spirit, as I am. And the other dentists, the patients, they hate it. So if they would change to see [crosstalk 01:09:56]-

Dr. Mercola:

It's probably one of the reasons why the suicide in dentistry is so high.

Dr. Nischwitz:

Yeah. It's really ... It always changes in between dentists and I think pilots or ... I don't know. What is it? Stewards, stewardess because of course, because it's always negative and also you always have to deal with fear on a spiritual level and you're way too close to the patient. So normally, if I talk to you, I'm at arms length, I would say. But on a dentist's chair, I'm like this. I have the patients here, so I'm in their total aura. And of course, if I don't protect myself, I breathe in all the toxins they anyways have. I work with all the toxins. And of course, dentist, if they're not taking care, like I did in the first year ... I intoxicated myself-

Dr. Mercola:

Yeah, you got exposed to so many mercury vapors.

Dr. Nischwitz:

The first year, because I didn't ... Now I'm using all these masks, but the first year, I just protected all my patients and I was drilling it out like crazy the whole day. So I get exposed to huge levels of mercury. So that wasn't a good idea for my side. So-

Dr. Mercola:

No, unless you want to repeat Hal Huggins' strategy.

Dr. Nischwitz:

Yes. No, no, no. But he's a good one. He said detoxing your body of heavy metals while having amalgam fillings in your mouth is like showering and trying to dry yourself at the same time. I like this one.

Dr. Mercola:

Yeah, yeah, yeah. He was definitely another pioneer.

Dr. Nischwitz:

Yeah, 100 percent, a pioneer like Weston Price.

Dr. Mercola:

I think we should begin to wrap it up. So why don't ... the name of your book again is It's All in Your Mouth, which is available pretty much anywhere where you can purchase a book, but what are the other resources where people can find out more about you or your clinic?

Dr. Nischwitz:

Yeah, of course. The website is dnaesthetics.de. Maybe you can put it in the show notes if you have that.

Dr. Mercola:

Oh, sure. Yeah, yeah, sure.

Dr. Nischwitz:

Otherwise, I have to spell. Then you can just YouTube my name, Dr. Dominic Nischwitz. There's a YouTube channel. I'm on Instagram. It's @drdome1, D-O-M-E-1 where all these little tiny content is there. And of course, I'm the president of the ISMI. That's the International Society of Metal Free Implantology. It's maybe more for the dental colleagues. But basically you just can Google my name and find me everywhere. I'm going to speak at the Health Organization Summit this year. [crosstalk 01:12:13]-

Dr. Mercola:

Yeah. Well, we'll meet in person because we're both speaking there.

Dr. Nischwitz:

And we will meet sooner in-

Dr. Mercola:

In Upgrade Labs in Beverly Hills.

Dr. Nischwitz:

Yes. And afterwards, I'm actually also in Florida for a week or so. That's amazing.

Dr. Mercola:

Yeah. Yes, indeed. All right. Well, thanks for all you're doing. You're a real pioneer, a real inspiration to many others and making a difference and really being a rebel and having the courage to go up against the conventional dental community and really create a new path and strategy to get people healthy.

Dr. Nischwitz:

Thank you very much for saying so. I do my best.

Dr. Nischwitz:

(silence)