

Periodontal Nutrition *

As women dentists, we understand and accept that we practice dentistry differently than the majority of our male colleagues. When I graduated from dental school in 1982, fewer than 2 percent of

HEALING

private practitioners in the United States were women. In preparing to enter practice, I quickly realized that I had a different style — a different vision than the men with whom I interviewed. It was hard imagining how I would clarify *my* vision and bring it to fruition.

I knew that what I imagined for my practice wasn't going to happen within their practices. With

from
the
inside
out

**Periodontal nutrition refers to the specific nutritional needs of the periodontal tissue.*

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enormous debt and a dental degree, I set out on my own.

“Holistic” was the new buzzword in medicine, and I adopted it as a part of my office logo and philosophy. I was amazed how many people — even dentists — asked what holistic meant. I could only say that to me, it had to do with my personal approach to patient care, which included responding to the emotional and total physical needs of my patients, as well as spiritual needs when appropriate. It meant not treating my patients’ dental health as something isolated from their total health, but as a part of the whole. Nearly 24 years later, this concept seems trite. Nowadays, we readily agree that oral health is integral to total health.

By the mid-’80s, I had begun researching nutrition for the health and well-being of my growing family. I breastfed each of my children until they were past 2 and a half, and I was a medical representative to my local La Leche League. I subscribed to numerous complementary and alternative health newsletters and read tomes on nutrition and health. Staying at the forefront of nutritional research has remained a focus during the years.

Since the beginning of my career, I have been interested in educating the rest of the medical profession on the importance of dental health. It makes sense from a physiologic perspective, although most information we had to support this notion was, at best, anecdotal until the mid-’90s. My conviction was rarely taken seriously. Resistance from our medical colleagues prompted me to persuade dental and nondental health care professionals to give dental care the respect it deserves when assessing total health. As the oral-systemic disease connection has grown, dental research has offered crucial substance to what has become known as periodontal medicine.

The daughter of a well-known, respected periodontist who is now retired, I came into periodontics as a 15-year-old surgical

assistant. As a dentist, however, I never desired to specialize. (Like many of you, I thrive on the variety that comprehensive general and cosmetic dentistry offers.) Nevertheless, I have been deeply committed to periodontal treatment since I began practicing. Early on, I joined the American Academy of Periodontology as an associate member. AAP membership allows general dentists to remain at the forefront of periodontal research while it provides current information relative to the diagnosis and treatment of periodontal disease. With all the systemic research, periodontics has never been as relevant to general health care.

In my early years, nutritional research led me to realize that supporting the immune system is



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of Periodontology:
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Pharmaden Nutraceuticals:
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Dr. Andrew Weil,
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Centers for Dental Medicine:
www.centersfordentalmedicine.com
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DENTISTS CAN identify systemic nutritional deficiencies by learning the oral signs and symptoms of deficiency apparent in the soft tissues of the mouth. As for treatment, our intent should be to **NUTRITIONALLY SUPPLEMENT** the oral tissues.



critical to total health. Consequently, I believed building up the immune system was integral to healing and stabilizing the periodontal tissues. At that time, formal research linking periodontal disease and nutritional deficiency was nearly nonexistent, with the exception of dramatic scurvy cases seen in early settlers' sea voyages. A recent Web search on periodontal health and nutrition revealed 170,000 entries. The link between the two has been overwhelmingly established.

The intent of this article is neither to discuss specific oral signs and symptoms of nutritional deficiency, nor to outline the number of nutrients necessary to fulfill the requirements of oral soft-tissue health. The purpose of this article is to emphasize our role as conscientious dental health care practitioners in recognizing and treating the nutritional component of periodontal disease. In doing so, the soft-tissue management of our patients will become more stable, benefiting both their oral and systemic health.

By the late '80s, I had begun discussing nutrition (beyond the plaque-acid cycle we learned in dental school) with my patients and recommending supplements for the increased health of their periodontal structures. Based on my research, I prepared a prescription of what I wanted them to purchase from health food stores. A few patients complied. In essence, though, the regimen was burdensome, costly, and required them to purchase five or six nutrients and take them twice a day. No matter how motivated they were in the beginning or how successful the nutrients were in stabilizing their disease processes, their commitment soon waned. Further thwarting my attempts to nutritionally support my patients, supplementation was not mainstream in any phase of medicine at that time. For this reason, my efforts were met with inherent skepticism by many. Suffice to say, long-term success did not occur.

In 1996, the American Dietetic Association issued the following statement, "It is the position of the American Dietetic Association that nutrition is an integral component of oral health."

In 2003, the group updated its statement, "Collaboration between dietetics and dental

professionals is recommended for oral health promotion, disease prevention, and intervention. Oral health is an integral part of systemic and nutritional health Chronic disease such as diabetes and cardiovascular disease that are modulated by diet and nutrition intervention have oral sequelae. As we advance in our discoveries of the links between oral and nutrition health, practitioners of both disciplines must learn to provide nutritional screening Scientific and epidemiologic data support the life-long synergy between nutrition and oral health status in health and disease...."

People with poorly functioning immune systems have been shown to be at higher risk for periodontal disease. Simultaneously, with periodontal infection, the ability of the oral tissues to use nutrients is altered, thus interfering with normal healing and repair.

Nutrient deficiencies compromise inflammatory response and wound healing as nutrients are critical for cellular survival and replication. Additionally, malnutrition can elicit adverse alterations in the volume and the antibacterial and physiochemical properties of saliva. It is therefore incumbent upon dental practitioners to evaluate and treat underlying nutritional deficiencies so that we might properly "feed" the soft tissues and boost the immune system in so doing.

Clinical evaluation and nutritional supplementation of thousands of patients causes me to believe that the oral cavity is the first place in the body where nutritional deficiency is manifest. With the exception of eating-disordered individuals, patients rarely present with external signs of systemic nutritional deficiency. When one is experienced in the recognition of oral-nutritional deficiency, lack is easily discovered in the majority of patients who do not supplement daily with good quality nutrients. As dentists, we are overtly aware of the inherent vulnerability of the delicate oral soft tissue. We are also aware that a large percentage of our patients have inherited genetic predispositions to periodontal disease. Because the oral tissue exists in a milieu of the most highly virulent bacterial toxins, there is perhaps no other part of the body where soft-tissue health and nutritional status are more interrelated.

As dental health care practitioners, we are

in a significant position to identify systemic nutritional deficiencies by learning to identify the oral signs and symptoms of deficiency apparent in the soft tissues of the mouth. As for treatment, our intent should be to nutritionally supplement the oral tissues. Simultaneously, we will improve the general health status of patients. The relatively new discipline of periodontal medicine has taught us that no matter what, as we improve the health of our patients' oral tissues, we improve their overall health.

The World Health Organization issued the following statement regarding nutrition and oral health, "Nutrition ... influences craniofacial development, oral cancer, and oral infectious diseases. Dental disease related to diet include dental caries, developmental defects of the enamel, dental erosion, and periodontal disease."

In 23 years of lecturing to dental and medical professionals, only recently have I found others interested in the importance of periodontal nutrition.

In 1998, however, I was pleased at last when I read about Pharmaden, a company that created and university-tested a nutritional supplement for treating and maintaining periodontal tissues. Immediately after scrutinizing literature on the products, I incorporated the supplement into my nonsurgical and surgical periodontal-therapy programs. Patients take only one or two supplements at a time, and they do not have to search for health food stores and decide which brand to purchase. Compliance is masterfully simplified. Patients get nutrients specific to their needs at my office upon my recommendation.

These supplements are less costly for patients than taking nutrients individually. Furthermore, I am confident that my patients are taking pharmaceutical-grade nutrients of the highest quality that are well-absorbed and tolerated. The products are clinically proven to reduce pocket depth, bleeding, and inflammation. They were developed to inhibit enzyme release, prevent plaque colonization and binding, enhance healing, and strengthen and replenish the immune system.

In 2004, I met with Dr. Ron Schefdore, a private-practicing general dentist and chairman of Pharmaden Nutraceuticals. He knows periodontal disease and his product, and he has developed an effective, step-by-step program for incorporating these nutrients into dental practices. It's available free on DVD. He is also committed to supporting periodontal treatment with

superb nutrients in the most effective combination. For more information on Pharmaden products, reach Dr. Schefdore at celebritysmiles@aol.com or (800) 910-5523. He and I maintain zero tolerance for gingival bleeding.

In addition to assisting my father in periodontal surgery during my teenage years, I have maintained formal education in advanced periodontal surgical therapy since 1981. The greatest evidence I have of the success of my STM therapy is that my need to perform traditional periodontal surgery has fallen nearly 80 percent since I incorporated Pharmaden products into my regimen. With the 2005 addition of a sophisticated soft-tissue laser (Center for Dental Medicine), my nonsurgical periodontal program is one of the most effective in dentistry. When periodontal surgery is necessary, my patients heal swiftly and well. Pharmaden products, the Rotodent hygiene appliance (Prodentec) and Closys II mouthrinse (Rowpar) are all part of that success. I rarely resort to using antibiotics or antimicrobial rinses.

As a cosmetic and reconstructive dentist, I know that the foundation of the dentition is key to long-term beauty and success. I am committed and obsessive in helping patients establish and maintain optimum periodontal health. In turn, my patients are health-conscious, committed, and most appreciative of this approach.

With research substantiating the critical connection between oral and systemic disease, it is incumbent upon dentists, hygienists, and entire dental teams to take periodontal nutrition seriously. Current research establishes that our patients' systemic health is directly related to our ability to effectively educate and motivate them to achieve and maintain periodontal health. ■

Dr. Samaha receives no compensation from companies or products referred to in this article.



Lisa Marie Samaha, DDS, FAGD, PC

Dr. Samaha is a solo practitioner at Port Warwick Dental Arts and a fine artist in Newport News, Va. In addition, she lectures extensively on the oral-systemic link. The June 2004 cover of *WVDJ*. Dr. Samaha may be reached at samahadds@pwwdentalarts.com.