designs for health®

Oral Health Protocol

Clinical Protocol to Support Periodontal Health*

Supporting Healthy Oral Physiology

Oral health takes into consideration a person's teeth, gums, salivary glands, tongue, jaw bones, and facial muscles.[1] Oral complications are influenced by genetics, diet, and lifestyle factors that may increase with age.[2] Compromised oral health may be associated with certain diseases, including diabetes, cardiovascular disease, dementia, pulmonary infections, kidney disease, and pregnancy complications.[3-5] Human studies indicate that patients with poorly controlled diabetes have three times higher risk of developing periodontitis than non-diabetics.[5] Furthermore, suboptimal oral health may negatively impact a person's self-confidence and overall quality of life.[3,6] Supporting oral health through targeted nutrition and lifestyle factors may serve as an assistive strategy to support overall health.

Nutritional status and oral health are closely associated with each other. Inadequate nutrition can be associated with dental caries, periodontal diseases, and oral mucosal diseases.[6] Conversely, compromised oral health, such as difficulty with mastication or swallowing, may negatively influence a person's daily food intake.[3] This may result in suboptimal nutritional status, energy deficits, or malnutrition, which may increase the risk of chronic diseases.[6] Supporting a healthy microbial environment in the oral cavity may also support overall oral health.[1]

This clinical protocol is designed to support oral health through evidence-based dietary, lifestyle, and supplemental interventions.

Diagnostic Biomarkers and Clinical Indicators for Oral Health

- Annual dental examination by a dental care professional
- C-reactive protein: periodontitis and other oral conditions may be considered inflammatory conditions.[2,5,7]
    - Normal: ≤0.8 mg/dL; ≤76.2 nmol/L
- 25-hydroxyvitamin D (25-hydroxycholecalciferol): vitamin D deficiency may be associated with dental caries and periodontal diseases.[7]
    - Sufficient to optimal: 30 to 60 ng/mL
- Glucose metabolism profile[5]
    - Fasting glucose
    - Fasting insulin
    - Hemoglobin A1C
- Conditionally assess nutritional deficiencies, including but not limited to iron, calcium, magnesium, zinc, folate, B12, omega-3 fatty acids, and vitamins A, E, K, and C. [6,8,9]

Therapeutic Diet and Nutritional Considerations

- Encourage a whole-food diet with an emphasis on protein, vegetables, and antioxidant-rich foods[2,6,7]
- Recommend that patients reduce or eliminate soft drinks (as they have been associated with lower-than-optimal salivary pH levels and may be related to dental erosion, dental caries, and enamel demineralization)[6]
- Advise patients to reduce or eliminate refined sugar intake, especially sucrose[6,7] (high sucrose intake is associated with high plaque volume and gingivitis and high sugar consumption in general has been associated with dental caries)[6]
- Encourage prebiotic and probiotic intake (certain probiotics, including *L. paracasei*, have been shown in clinical studies to promote healthy oral microbial balance and may help disrupt biofilm formation in the oral cavity)[10]
- Provide recommendations to include oral health-supporting nutrients in a patient's diet: vitamin A, vitamin D, protein, zinc, vitamin C, vitamin K, the B vitamins, phosphorus, omega 3 fatty acids, magnesium, calcium, vitamin E, CoQ10, and iron[6,8,9,11]

Lifestyle Interventions

- Recommend that patients brush and floss their teeth twice daily and implement individual oral hygiene (as directed by a dental care professional)[5]
- Advise patients to stop smoking and limit alcohol consumption (as they may damage dentition and contribute to various oral diseases,[5,8] and smoking is considered a risk factor for periodontal disease)[5]
- Encourage patients who have reduced masticatory abilities to choose nutrient-dense, whole foods that can be cooked or blended to achieve a softer and more easily chewable texture[6]

This information is provided as a medical and scientific educational resource for the use of physicians and other licensed health-care practitioners ("Practitioners"). This information is intended for Practitioners to use as a basis for determining whether to recommend these products to their patients. All recommendations regarding protocols, dosing, prescribing and/or usage instructions should be tailored to the individual needs of the patient considering their medical history and concomitant therapies. This information is not intended for use by consumers.

Supplement Protocol

Primary Support:

PerioBiotic™ Silver

Dose	Use twice per day
Duration	Ongoing

Formula Highlights

PerioBiotic™ Silver is a toothpaste that features purified silver, coenzyme Q10 (CoQ10), grape seed extract, and Dental-Lac™, a *Lactobacillus paracasei* probiotic that has been shown in research to help support oral microbial balance and periodontal health. This toothpaste contains no fluoride, sodium lauryl sulfate, or saccharin. It is also free of BPAs, parabens, synthetic colors, gluten, and synthetic sweeteners. Periobiotic™ Silver may help maintain dental and oral health and may support oral microbial balance. Two flavor options: Lemon or Spearmint.

PerioPull™

Dose	Once per day after brushing and flossing
Duration	Ongoing

Formula Highlights

PerioPull™ is uniquely designed to help support oral and periodontal health. It features medium-chain triglycerides (MCTs) from coconut oil, geranylgeraniol (GG), bromelain, and coenzyme Q10 (CoQ10) to help support oral wellness. Oil pulling is a traditional Ayurvedic practice and has been shown in recent research to help promote oral health. This practice involves the swishing of 1 teaspoon (approximately 5 mL) of oil in the mouth for a minimum of 5 minutes or as directed by your health-care practitioner. In conjunction with a normal brushing and flossing routine, PerioPull™ may help support oral hygiene and periodontal health when used as recommended. This formula is free of BPAs, parabens, synthetic colors, gluten, sulfates, and synthetic sweeteners. Available in Mint flavor.

For a list of references cited in this document, please visit:
https://www.designsforhealth.com/api/library-assets/literature-reference---oral-health-support-protocol-references

Dosing recommendations are given for typical use based on an average 150-pound healthy adult. Health-care practitioners are encouraged to use clinical judgement with case-specific dosing based on intended goals, subject body weight, medical history, and concomitant medication and supplement usage. Any product containing botanical substances has the potential for causing individual sensitivities, appropriate monitoring, including liver function tests (LFT) is recommended.

For considerations regarding herb-drug and nutrient-drug interactions, please refer to reliable, evidence-based resources such as the Natural Medicine Database or Stargrove MB, Treasure J, McKee DL. *Herb, Nutrient, and Drug Interactions: Clinical Implications and Therapeutic Strategies.* St. Louis, MO: Mosby-Elsevier; 2008.

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***These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.**