

# Nutrition in Dentistry

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Note: to have optimal response, all recommendations begin with **Ultra Vites** and **Ultra Omega-Linic**.

*This information is intended for the use of health care professionals. It has not been evaluated by the FDA and is not intended to diagnose, treat, cure or prevent any disease. You should consult a qualified health care provider for advice before beginning any new health care program.*

Nutrient	Product	Q/Day
A good Multi vitamin mineral formula	Ultra Vites*	2
Essential Fatty Acids	Ultra Omega-Linic	4-8
NSAIDs alternative for pain relief	Yucca	2-6
Calcium and Magnesium 2:1 or 1:1 ratio	Calcium D Chelate	1-2
	Ultra-Mag Chelate	1-2
Vitamin D3 + vitamin K	Vitamins D+K	1
Vitamin E mixed tocopherols	Vitamin E 400	1
Vitamin C	Vitamin C-500	2
Monolaurin action against virus, bacteria and fungi	Cinnamon Toothpaste with Monolaurin	
	Ultra-Monolaurin	2 scoops
Coenzyme Q10	Ultra-CoQ10 100	1
Vitamin A 20,000 IU	Vitamin A	2
Anti inflammatory	Inflamease	2, 4xday
Strontium	Ultra-Strontium	3
* Use a multi without Iron unless there is a known need for Iron		

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Medical professionals agree that most adults benefit from a good multi vitamin/mineral preparation. Ultra Vites has been specially formulated to meet or exceed daily recommendations.

According to the Surgeon General, two nationwide food consumption studies conducted by the USDA found that approximately 60% of the individuals surveyed were consuming only 70% of the daily minimum requirements of six essential nutrients. Those surveyed were people who made an effort to eat (and thought they were eating) a balanced diet. Individual requirements vary considerably. Unfortunately, as a result of these variables, as well as problems such as poverty, ignorance in matters

of food selection and preparation, dietary fads and confusion regarding the nutritive value of processed foods, total nutritional needs are often unmet. This means that at least 60% of the population have nutritional deficiencies. In fact this number is likely to be higher, since dental problems are not conducive to eating. Yet it is important to be in optimal nutritional balance when undergoing dental procedures.

A quote from Patten, JA. Nutrition and Wound healing: "Tissue repair after oral surgical procedures is adversely impacted by patient malnutrition. Protein, carbohydrates, fat, vitamins, and minerals play key roles in the different phases of the wound-healing process. Appropriate nutritional assessment and

intervention can enhance the potential for optimal wound healing after dental surgery”.

### **PERIODONTAL DISEASE:**

According to Park “Virtually all unbiased reviews of nutrition in periodontal disease conclude that although periodontal disease is not a nutritional deficiency disease, inadequate nutrition may either predispose the host to the disease, or modify the progress of a pre-existing disease” Coenzyme Q-10 has been reported to be deficient in 65% to 96% of patients with gingivitis. Since the amount of CoQ-10 decreases as we age it is usually deficient in older patients. CoQ10 is further depleted when the patient is on a statin drug. Gum tissue, because of its rapid growth, can be adversely effected if there is insufficient quantity of Co Q-10. Ultra-CoQ10 100 at 1 per day is usually adequate.

**Vitamin A** is essential in the repair and maintenance of mucus membranes. Use 20,000 IU per day in addition to the 4500 IU in Ultra Vites. Beta Carotene does convert to vitamin A, but not in sufficient quantities to produce the desired effect.

**Ultra-Monolaurin** has been shown to be effective against viruses, bacteria and fungi. Using an Inside-Out approach, our Cinnamon Toothpaste with Monolaurin will not only whiten teeth, but when combined with Ultra-Monolaurin at 2 scoops per day it is very effective against dental infections.

A recent study reported that gingival bleeding increased significantly after a period of ascorbic acid depletion and returned to baseline values after repletion. One or two **Vitamin C-500** can be used for this deficiency.

Another study reported that subjects with high levels of vitamin D were less likely to bleed on gingival probing. The association appeared to be linear over the entire 25-hydroxy vitamin D range. It was consistent across racial or ethnic groups, and was similar among men and women. The author attributed this response to the anti inflammatory effects of vitamin D, however, we know that vitamin D is very important to normal cell function as well as bone health. By spring, people who do not take at

least 1000 IU vitamin D per day become vitamin D deficient. (*The UV Advantage* by Michael Holick, Ph.D, MD). To further reduce bleeding and to enhance bone growth, **Vitamins D+K** should be considered. Vitamin K should be used with medical supervision when taking anti-coagulation drugs like warfarin.

Because of the known dental problems of the bisphosphates, like Boniva, their use should be discussed with the prescribing physician. Consider **Ultra Strontium** for bone strength and bone healing.

### **SURGERY**

The use of non-steroidal anti inflammatory drugs (NSAID's) prior to and after maxillofacial surgery is well established. There are, however, many instances where their use is either contraindicated or the people simple refuse to take them. **Ultra Omega-Linic**, a mixture of omega 3 from Salmon and other fish oil and omega 6 from black currant seed oil, is a very good alternative that has no side effects. 8 per day should be started about 1 week before surgery.

Consider starting **InflamEase** the day of surgery to further control swelling and tissue damage. Inflammase, used at two, three times per day on the day of surgery, and for a few days postoperatively, further reduces the inflammation. It must be taken away from meals (1 hour before or two hours after) since is a proteolytic enzyme.

**Yucca** can be used at 2 capsules, 3 to 4 times per day as needed. It is as effective as NSAIDs for pain relief without the side effects.

Consider **Ultra-Monolaurin** to control pre and post operative infection. One scoop 4 times per day should be adequate. Much larger amounts can be used at the discretion of the surgeon. There are many indications for the use of antibiotics before and after oral surgery. Ultra-Monolaurin could be used instead of, or in conjunction with ,antibiotics at the discretion of the surgeon.

## MECHANISM OF INFLAMMATION

There is a tremendous amount of current literature on the anti-inflammatory effects of the omega 3 and omega 6 fatty acids. The arachidonic acid cascade produces highly inflammatory prostaglandins of the 2 series (PG2). **Ultra Omega-Linic** uniquely provides an omega blend of prostaglandin precursors to counteract the inflammatory process.

The PG3 prostaglandins decrease the inflammatory response by preferentially competing for the enzymes that produce both the cyclooxygenase and lipoxygenase pathways. The PG3's are much less inflammatory than the PG-2's. NSAID's block only the cyclooxygenase pathway. Fish oil does increase the bleeding time but not out of normal range. Patients treated with fish oil two weeks prior to angioplasty in addition to the usual routine had no increase in bleeding at surgery and a decrease in restenosis. The gamma linolenic acid in black current seed oil (an omega 6) causes an increase in production of PG1, which is an anti-inflammatory prostaglandin. It also contains stearidonic acid, which is converted to EPA, further activating the prostaglandin 3 series.

All of the required vitamins and minerals should also be present in adequate amounts. I suggest this be well in excess of the RDI's as is provided in **Ultra Vites**.



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