



**Transcript of “Dr. Dwight Jennings: A Live Look at  
Bite Realignment & How TMJ Impedes Performance -  
#182”**

Bulletproof Radio podcast #182



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Dr. Dwight Jennings: This is polyvinyl siloxane, it's a silicone epoxy that sets up in about 15 seconds. This is a much higher accuracy at figuring out how teeth come together than either carbon paper or wax, or anything else.

Dave: Okay.

Dr. Dwight Jennings: Bite on your back teeth; stay closed. Let's see that nice end-on-end bite. Good. Open for me there.

Dave: All right, hold it up for the camera-

Dr. Dwight Jennings: Then we hold this up to the light and it tells how everything's-

Dr. Dwight Jennings: How everything's touching. This is like a pressure gauge. Right there?

Speaker 3: Yeah, perfect, thanks.

Dr. Dwight Jennings: It shows us in thousandths of an inch how everything's touching.

Dave: We can see more light coming through parts, that's where my teeth are hitting right now?

Dr. Dwight Jennings: Right.

Dave: My jaw is misaligned because I've been sleeping without the right bite guard for a while.

Dr. Dwight Jennings: Yeah, so you you've got some outside ... Normal teeth should meet like this, you're upper tooth should hang a half tooth out over your bottom tooth and so you should only have peak to valley and peak valley and not on the inclines. Some of these we were showing some inclines in the back but we've come together pretty good in the front.

We look like we're maybe just hitting maybe just a speck heavy on your right front tooth, but pretty good. Let me look at the picture; bite, close for me now, let's see how everything's growing here. We've grown, we're getting down pretty close there and if we were closer and we were just in that night piece more often on you, those teeth would be able to grow in quicker and-

Dave: Okay.

Dr. Dwight Jennings: They stayed quite stable there, everything's pretty good; just one little speck on the outside and a little speck on the front.

Dave: Invisalign just came out with new thing that allows you to pull teeth out to make them grow faster of about a millimeter every four to six weeks. Have you played with yet to first growth?

Dr. Dwight Jennings: I haven't; I'll have to look at that. The problem with most Invisalign treatment is that they don't grow the back teeth taller. You could take somebody who has crooked lower front teeth, and you start straightening those front teeth, it forces your jaw backwards on you unless you're putting vertical in the case.

I have a couple really severe cases, I have a 35-year-old male who developed hyperacusis and became totally disabled over Invisalign. Then I have another lady that we just started on that developed severe oral-mandibular dystonia; she lost her ability to talk at about six months into Invisalign therapy.

Dave: What's going on there? Is a focus on cosmetics, not function. I certainly know one guy who's using Invisalign for neuromuscular dentistry. I think it's not that Invisalign is good or bad; it's that if you use it to just make things pretty, well, we you might lose

function. If you use it to make things functional, it seems like a pretty neat tech.

I was thinking of using it, I wanted to talk you first to help my back teeth grow, because they don't grow very quickly. Basically, I don't know how exactly it works, but it's only been out for three months, so I'm interested.

Dr. Dwight Jennings: They're most likely to be putting buttons on those teeth and they just stimulate the-

Dave: They just keep pulling the tooth up a little bit, so you one or two teeth at a time on each side; but the growth rate's very fast which is cool.

Dr. Dwight Jennings: Teeth, it takes five times as much force to intrude a tooth as it does to extruded tooth; so teeth, you can pull them up pretty easily.

Dave: Oh, cool. I think I'm going to do that because I don't know if the camera can catch this, but if you look in mouth I have these big caps on my back teeth but the ones next to it aren't there, so see that?

Dr. Dwight Jennings: Now we're going to adjust that back crown.

Dave: You're going to grind down the high points?

Dr. Dwight Jennings: Yep, so you should either be hitting on this little ridge through here or this valley through here but not out over ... If you hit on this ridge properly, there's equal amount of light on this side and this side of that line, and this one's heavy on the outside.

Dave: I also feel like my front teeth are hitting a little bit more than they use to, like the pressure there is higher.

Dr. Dwight Jennings: Yep.

Dave: You going to fix that?

Dr. Dwight Jennings: Going to fix that.

Dave: Cool.

Dr. Dwight Jennings: Philip, is the compressor on? Let's check out these front teeth; tap, tap, tap. Tap, tap, tap. It's more on the left.

Dave: Yes.

Dr. Dwight Jennings: You can feel the percussion on that tooth. You shouldn't feel percussion on those teeth.

Dave: Yeah, they need to come down or the back ones needs to come.

Dr. Dwight Jennings: Bite; stay closed. Tap, tap, tap again.

Dave: What a difference, wow.

Dr. Dwight Jennings: Yeah.

Dave: The right side's too strong now.

Dr. Dwight Jennings: Stay closed; open again. Yeah, hitting front teeth is ... There's six times as many sensors in front teeth as there are in back teeth. Tap, tap again. Still a little more on the right than the left.

Dave: Yep.

Dr. Dwight Jennings: Stay closed. Put people tip to tip, most dentists worry that it's going to cause excess wear on your front teeth. When you build, most people have overbites, they spend all their time out here because that's where they relax to and so they end up wearing those front teeth. When you put somebody here and get the back teeth tall enough it protects your front teeth. You can't wear down the front teeth anymore without wearing the back teeth down, too.

Dave: Where we have me now? My back teeth aren't hitting at all and my front teeth, all the pressure's on my front teeth. It doesn't-

Dr. Dwight Jennings: We're going to adjust it more.

Dave: We're going fix that, because it doesn't feel great right now?

Dr. Dwight Jennings: Yep.

Dave: It sounds a little weird but after you do this for a little wow, you become really aware of where you're teeth hit and you can actually guide a dentist. Say, "No, no, it doesn't feel right because when your mouth is relaxed it's amazing; your whole body relaxes.

Dr. Dwight Jennings: Yeah, so main pressure on a bite should be on your back molar. In an ideal bite the jaw should close up, swing up, hit your back teeth and microscopically pivot around those back teeth to get your front teeth together. Most people with bite issues, they close up, hit their front teeth and then they have to pull the jaw back.

Dave: Right now for my back molars to hit I have to do this; watch. I have to shift my jaw forward so now my front teeth hit when I close like this, but if I do this, now, my back molars hit, so I have to over-shift my low jaw.

Dr. Dwight Jennings: Yep, we're going to fix that, so we go through lots of tubes of blue goo; and bite. Let that set up first, don't touch it. Good. When you put this blue goop in there it also deprograms the brain a little bit and so they can find the ideal bite better. It reduces your avoidance mechanisms for shifting your bite.

Dave: Mm-hmm (affirmative).

Dr. Dwight Jennings: Drilling teeth in my opinion is drilling brain tissue; it has about the same importance.

Dave: I'm glad there's no hitting on the left; now, it's all right through so we need to just bring the height of the front down a little bit more, I think.

Dr. Dwight Jennings: I'm going to have to switch back to the right side.

Dave: See that?

Dr. Dwight Jennings: Mm-hmm (affirmative).

Dave: You said drilling teeth is drilling brain tissue?

Dr. Dwight Jennings: Mm-hmm (affirmative).

Dave: It's an apt analogy, but they come out the brain.

Dr. Dwight Jennings: The trigeminal proprioceptors, which are neural crest derivatives, are composed of the only sensory cells in the brain.

Dave: That's the fifth cranial nerve one?

Dr. Dwight Jennings: Mm-hmm (affirmative).

Dave: Left side, for sure. I can feel the left molar hit now; the right one still is hitting but the front left is hitting.

Dr. Dwight Jennings: Yeah.

Dave: You're taking off less than a ten thousandth of inch when you do that right? I can totally feel the difference; it hits here, then it hits here, then it hits here. When it feels right I'll be able to tell you because I'll feel my molars hit and my front hit and not too hard.

Dr. Dwight Jennings: Right, exactly.

Dave: Now the right's hitting and I can give you a little bit of back pressure now which I want; so it's right there.

Dr. Dwight Jennings: There? Good.

Dave: Because my night guard broke I've been having muscle tension all up and down my back, all along my head so my sleep quality isn't as good as it should be right now, so I'm stoked to be pitching this.



You were telling me something about when women who have a bite misalignment, if they carry children that they get some alteration there. Can you tell me what that was again because we didn't get that in the podcast and it was really cool.

Dr. Dwight Jennings: Women with bad bites, running elevated Substance P, would alter the neurochemical environment in which the baby's gestated.

Dave: That would cause higher incidents of?

Dr. Dwight Jennings: Autism and glial activation; it's going to alter how the brain develops.

Dave: Interesting, so the glial activation theory of Autism which is one of the things that we know is present in Autism-

Dr. Dwight Jennings: Right.

Dave: We just have proven it's causal, but it might be.

Dr. Dwight Jennings: Right.

Dave: That this is what could be triggering that?

Dr. Dwight Jennings: Right.

Dave: That means that if you're planning to get pregnant, or if you are pregnant, and you have bite alignment problems you might want to address those. Even something as simple as a drug-store mouth splints; grind at night would be entry level, or actually going and getting in done right?

Dr. Dwight Jennings: Right.

Dave: Wow.

Dr. Dwight Jennings: So now Substance P is a neurosecretory modulator; it blocks progesterone utilization. Bite dysfunction will induce a lot of miscarriages.

Dave: Interesting because of the Substance P connection?

Dr. Dwight Jennings: Mm-hmm (affirmative).

Dave: That I did not know and my wife, Dr. Lana, does a lot of work with people who have miscarriages or fertility problems. I know that she's looked at Substance P but I don't think that we have that as part of the protocol.

Dr. Dwight Jennings: I had one lady, patient once, that had an 18-year old daughter, she's had 18 years of unprotected sex and she came up pregnant within three months of putting her mouthpiece in.

Dave: Oh, no. I have that with Bulletproof, the [Bulletproof Diet](#), people they start taking [glutathione](#). They go on the Bulletproof Diet and suddenly fertility returns and I've had females like "Damn you Dave Asprey, that you, but damn you, look what you did. They're amazed because in their 40's suddenly fertility came back. Yeah, reducing inflammation is shocking. All right let's see how we're doing now.

Dr. Dwight Jennings: Time to squirt again here.

Dave: The front finally stopped hitting, the back, it actually feels kind of even but a little stronger on the left, but they hit about the same time.

Dr. Dwight Jennings: Between biting, smiling, and watching them talk; so, what should happen on an ideal bite is you should bite and talk on the same trajectory. Most people have an overbite, but they thrust forward when they talk.

You don't like to see that ... You want to get that hyper-mobility out of the system. You want it so that they open and close on a

same arc as they talk and bite; and that's what happens when you put them end on end.

Dave: Now, one of the hacks that I learned when someone has significant jaw pain is like putting a Popsicle stick or toothpick on the side that's lower and then biting down gently so that the jaw just tweaks alignment. It's amazing, if you a strange headache or ringing of the ear and you try a toothpick on either side, but hopefully the side of your jaw that hits first, you'll actually feel a resolution of symptoms sometimes. I think even there's a connection with Rosacea as memory serves.

Dr. Dwight Jennings: Yeah, so C5 or secrete both Substance P and another compound called calcitonin gene-related peptide, and calcitonin gene-related peptide is primary effector on Rosacea.

Dave: Mm?

Dr. Dwight Jennings: What's the other point? Substance P and calcitonin gene-related peptide are the two know causes of headaches.

Dave: Wow.

Dr. Dwight Jennings: If you look at Ametrax it tells you that it works on trigeminal sensory fibers within the pia matter around the brain; skin around the brain.

Dave: I use to have a lot of silent migraines where I wouldn't get the pain, but I would get the other affects. I'd feel it in my stomach and my brain would turn off and I was kind of a Zombie, and I didn't understand.

I've, actually, fluorescent lights still; I'm much more resilient that I use to be, but fluorescent lights still mess with me after a while and there use to be nutritional things that were involved. It's gone away; I've probably taken Imitrex five times in my life, but man, that's a powerful drug with a lot of side affects. I'm also seeing-

Dr. Dwight Jennings: On a rebound.

Dave: I've seen a treatment which is just basically cayenne that you snort or a nasal spray. It hurts like hell, but if you have migraine, that also hurts like hell. Most people who have migraines I know would be glad to do a line of cayenne on the mirror with a razor blade if it would solve their problem so maybe this is a better way; just saying.

Dr. Dwight Jennings: All right; bite on that. Dave's night appliance was broken and I put some rebar in it and I've already looked it over He cut the wire to take any stress off the system while we repair it.

Dave: Would you also explain how that night appliance works when it comes back? Just so people who are watching the video they can understand how it keeps my jaw from falling backwards and what it's doing for me? It's actually stressful to open your mouth much; hold it open and close it. I can feel it affective my nervous system; I'm getting a little bit of the fight or flight response trigger and I'm actively turning that off the things you learn from doing the inner balance trainer.

I can feel my body, it's like, "All right, I've had enough stress on the jaw here and then I feel it right here." Then I'm like, "All right, turn that off," so I'm basically fighting with my nervous system and it's saying, "Freak out!" I'm like, "Down, boy."

Dr. Dwight Jennings: The nervous system and skull isn't quite right. All the pain drivers from the trigeminal goes to the same nucleus as the pain drivers from the vagus.

Dave: That means that when you fire your trigeminal nerve and your vagus nerve-

Dr. Dwight Jennings: There's a lot of bleed over.

Dave: Goes right into your gut; into your heart.

Dr. Dwight Jennings: Into your visceral organs.

Dave: Mm-hmm (affirmative), and it's one of the reasons that we say you, "You have gut feeling or a broken heart."

Dr. Dwight Jennings: Another major factor is that in acupuncture theory, the gall bladder meridian starts here and it crisscrosses back and forth through your temporalis, so your temporalis is what controls your gallbladder. Your temporalis is what pulls your jaw back because when the jaws too far back it will cause gallbladder dysfunction.

Dave: There's masses of gallbladder dysfunction right now in people, and part of it is there's just a stagnate bile flow from the lack of fat in the diet. I've actually wrote about that in the [Bulletproof Diet Book](#), how do you stimulate more bile? Because you can actually detox faster and we've just figured out bile is actually a signaling molecule. It's not just there to emulsify fat; it actually has nervous system signaling affects, kind of cool.

Dr. Dwight Jennings: That's very interesting; another quirt. This how we typically do this; we go through a large number of little squirt tips. The other thing you might want to point out is on my web site there's an area on elder care initiative. Bite is likely a major factor in aging symptoms on elderly people; whether that's hearing loss, or postural decline, or endurance, gate, cognitive decline. Nobody's ever checking for bite on elderly people that has long-term, many decades, a bite being dysfunctional would tend to make them degenerate quicker.

Substance P is going to be probably one of the strongest epigenetic modulators. Good. There is no more important reason for altering genetic function than trauma.

Dave: Yeah, let's say if you grind your teeth for 70 years, they're probably going to be a little low.

Dr. Dwight Jennings: Yep.

Dave: As you age your molar height goes down and preventing that, I consider, to be one of the things you ought to do as part of an comprehensive anti-aging strategy.

Dr. Dwight Jennings: Right.

Dave: It just seems like there's probably some stuff we don't understand about it but in the overall risk reward, it's pretty heavily tipped towards reward and away from risk as far as I can tell.

Dr. Dwight Jennings: That's most likely in the Parkinson's, why the Parkinson's comes on with age.

Dave: Talk to me about erectile dysfunction and jaw alignment. If you can connect that I'm pretty sure everyone's going to get their jaw aligned, so is there connection?

Dr. Dwight Jennings: There is a connection. The peripheral circulation is heavily influenced by your bite; that's why it makes athlete's stronger.

Dave: Right.

Dr. Dwight Jennings: That's the whole-

Dave: Bedroom athletes could be stronger if they had better bite alignment.

Dr. Dwight Jennings: That goes back into some of the trigeminal mesocephalic is paired nucleus with the locus coeruleus in the brain.

Dave: I do not know what the locus coeruleus is.

Dr. Dwight Jennings: It's your sympathetic gland in the brain.

Dave: Oh, interesting.

Dr. Dwight Jennings: It's your primary sympathetic center of the brain and so they're right side by side and they share a lot of information so a bite dysfunction puts you into sympathetic-

Dave: Which reduces fertility and is probably going to reduce performance.

Dave: Uh-huh (affirmative).

Dr. Dwight Jennings: And, shuts down peripheral circulation.

Dave: Actually, wouldn't you want peripheral circulation if your fight or flight was triggered?

Dr. Dwight Jennings: Right.

Dave: Because you want to be ready to fight tigers and things or you just need to get more for cardiac and brain so you can run away?

Dr. Dwight Jennings: Right.

Dave: Oh, okay, sounds ... The things you didn't know about what your body does to prepare for sex in the bedroom.

Dr. Dwight Jennings: I have a gentleman I'm treating right now and he was getting up and going to the bathroom three times a night, and that all stopped.

Dave: You solved that problem, that's kind of important.

Dr. Dwight Jennings: So when lower the Substance P then your bladder's not as hypersensitive.

Dave: I think my mom needs that. I'm hearing a lot of grinding in the back; are you guys working on my bite-guard or?

Dr. Dwight Jennings: No, Philip's working on something else. I think he brought your night guard up already.

Dave: Has anyone created a bite guard that has multiple pressure sensors per tooth so you can get a quantitative picture of what's going on in the teeth?

Dr. Dwight Jennings: Mm-hmm (affirmative).

Dave: That would be a cool thing.

Dr. Dwight Jennings: There is a machine that you put in there, and have you bite, and it shows both pressure and timing.

Dave: Oh, cool.

Dr. Dwight Jennings: It shows what you touch first and how hard you hit, yeah.

Dave: I want to make that embeddable so I just get a constant signal from my teeth and I won't even know it's there. That'll happen, give us 25 years.

Dr. Dwight Jennings: They're also doing those pressure sensors for head trauma.

Dave: Oh, yeah, inside the helmet; that's really important.

Dr. Dwight Jennings: They're doing them in the mouth too.

Dave: Oh, in the bite-guard?

Dr. Dwight Jennings: In the bite-guards, uh-huh (affirmative).

Dave: Cool. All right, I'm hitting more on the left side than the right now; very small amounts but-

Dr. Dwight Jennings: Since the trigeminal is a major influence on brain and blood flow, how you bite is a major factor in whether or not you develop a concussion.

Dave: Ahhh?

Dr. Dwight Jennings: That is, people whose trigeminal is overactive and unstable will be a lot more likely to go unconscious with trauma. Whether you go unconscious or not is a major factor where they decided if you had a concussion or not.

Dave: Mm?

Dr. Dwight Jennings: Whether your Substance P levels are up or not it's going to be a major factor in whether you recover from a head trauma; so, I have a different hypothesis on the trauma scenario. Most people think that the multiple traumas caused late-years neurodegenerations, right? I think that most likely these people



have a pre-existing bad bite that makes them prone to a concussion. A pre-existing, long-term bite dysfunction is what leads to the neurodegeneration on the long-term, and it's not really the direct traumas that's causing problem. You should heal and re-cooperate but for the fact that there's a constant micro-drama going on.

Dave: It's that resilience model that I work on with Bullet Proof where like hits the head, bad idea. If you have a chronic thing that's already making you weak, even if it's not something you notice, then you get the hit, and then you get the damage. If the chronic weaknesses that are invisible without a lot of self-reflection or technology, you're just not going to get all the resilience that comes with it.

There's a lot MMA fighters who are fans of the Bulletproof Page or listen to the podcast and all. If you're a professional or a semi-professional fighter, you're going to be taking hits to the jaw, which are going to mess with alignment and you're also going to be taking hits to the head which cause concussions. Do you think there will, soon, there will be an improvement in endurance and improvement in strength from having your jaw aligned and so that should be obvious. Should they be seeing you or someone with type of specialty after a fight where they're taking some head shots because they're jaw's going to get misaligned just by physical trauma?

Dr. Dwight Jennings: Could -

Dave: Yeah?

Dr. Dwight Jennings: Yeah. Like on Muhammad Ali it's that everybody has rationalized that his Parkinson's is from getting hit so many times, right?

Dave: You know, like, "It's his jaw."

Dr. Dwight Jennings: It is his jaw, and he broke his jaw, right and no one would ever-

Dave: Oh, yeah!

Dr. Dwight Jennings: No one would ever check it; fine tune it.

Dave: All right, so what about Mike Tyson?

Dr. Dwight Jennings: What's his latest on him; I'm not familiar with it.

Dave: He's taken a lot of hits to the head and he's actually an amazing guy when you meet him person; I had an opportunity to do that a couple years go in Hong Kong.

Dr. Dwight Jennings: Just a massive bone structure, though.

Dave: The guy is just big, right?

Dr. Dwight Jennings: Big.

Dave: He's funny but his speech has changed through his fighting career, right? Yeah, and-

Dr. Dwight Jennings: He's getting a little bit of distortion in his speech?

Dave: Yeah, you could say that and I'm just wondering, if you're not familiar that, I'd-

Dr. Dwight Jennings: Most speech defects are due to jaw misalignment.

Dave: Really? I just can't imagine like looking at those fights, how could your jaw not be misaligned after a 200 and something pound guy just smacks you full on in the jaw?

Dr. Dwight Jennings: The entire speech pathology community doesn't look at dental orthopedics.

Dave: Wow, that's kind of sad.

Dr. Dwight Jennings: Lipping is usually that the teeth don't line up well, and so then you tongue thrust to make your own splint.

Dave: Oh.

Dr. Dwight Jennings: Then he talks like this.

Dave: Oh, and then he lisps, oh.

Dr. Dwight Jennings: Then you lisp.

Dave: Because your teeth were hitting and hit was hurting, so-

Dr. Dwight Jennings: No, see you're use to your jaw being further apart and so you don't close that gap to control airflow, so it's the lack of airflow control that makes you lisp.

Dave: Interesting and so, basically, you could change the height of the back molars and people with a lisp could stop lisping?

Dr. Dwight Jennings: Yeah.

Dave: Does it change other behavioral things, too?

Dr. Dwight Jennings: It does affect anxiety-

Dave: You'd be less anxious all day in addition to getting rid of a speech impediment which, itself, causes anxiety. That's a good thing. Wow! I feel like my jaw is ... There's some tension and some relaxation like it's trying to realign itself and so I've got a lot of muscular tension right here.

Dr. Dwight Jennings: On the left or right?

Dave: It's actually on both sides, let's say.

Dr. Dwight Jennings: We're getting close.

Dave: My visual feels more stressed on the upper left here, that's the weakest part of my visual field, but I'm feeling more stressed there than normal.

Dr. Dwight Jennings: That's one of my big complaints with the medical community. Ocular motor coordination goes through the trigeminal.

Dave: Oh, really?

Dr. Dwight Jennings: Uh-huh (affirmative), and so ocular motor defects like people with ... Kids with the reading comprehension, kid reading eye track and issues they never look at the bites.

Dave: Helen Irwin, she's been on the podcast, she spoke at the Bullet Proof Conference. She's the woman, who about 30 years ago, figure out that about I want to say 48 or 58% of the people ... It might have just been 48; have visual sensitivities to certain colors. You can take kids with dyslexia or ADD or Autism and you put colored lenses on them or you put it on a sheet of paper and they can read.

I went through this kind of analysis and training and they basically said, you know, Dave, you probably would have had sever dyslexia accept your eye tracking is perfect. Maybe because I learned to read a young age instead of learning to crawl and move properly so I had other functional movement problems. It's interesting, I wear orange glasses a lot and they just give me more of my brain back all day. I've increased my resilience; I am resilient under fluorescent lights a lot more than I use to be, but they still, after a while, I just like, I feel like crap. I want to be in the zone all the time so I'm willing to go to extreme lengths there.

I wonder when I look at my eye tracking, even though my jaw alignment was pretty bad, is there an explanation of why my body was able to have, essentially, perfect eye tracking; not eye-teaming, my eye-teaming sucks, but I could read every line perfectly. Even though, now that I've learned to see it there's like float-y pictures and fields and colors all around the words, I'd just tune them out. Any thoughts on jaw alignment in that?

- Dr. Dwight Jennings: Everything that we do is chaotic; it's not predictable. Two percent's going to get this and two percent's going to get that. It's very chaotic how it impacts things.
- Dave: There's something weird happening. I keep crossing my legs and I don't normally sit with my legs crossed. When I started here I had no desire to do that and as my jaw is realigning itself because they're aren't weird pressures on it right now, why do I want to keep crossing my legs? Is there a connection between that alignment and this alignment?
- Dr. Dwight Jennings: Mm? Don't know that.
- Dave: Don't know that?
- Dr. Dwight Jennings: Leg crossing I think is a-
- Dave: It's a height adjusting thing for your low back, right?
- Dr. Dwight Jennings: Mm-hmm (affirmative), but I think it's also a little bit of an anxiety thing too.
- Dave: Oh, it could be just because of the dental thing?
- Dr. Dwight Jennings: Yeah.
- Dave: Okay.
- Dr. Dwight Jennings: Left, front, Let me see the oblique.
- Dave: I definitely feel like I'm getting a little tired from doing this. There's also ... When I was younger my left eye, the eye itself wasn't lazy, but the eyelid, I would close my eyes and the left eye would open much more slowly than the right eye and jaw alignment connections with that or something else?
- Dr. Dwight Jennings: Eye lid, blink reflex, this is variances in neurological affect and so blink reflex is trigeminal sensory into the brain and seventh nerve out to close it.

Dave: Interesting.

Dr. Dwight Jennings: Seventy percent of Parkinson's patients have a blink flex defect.

Dave: Wow.

Dr. Dwight Jennings: Nobody's ever looked at the trigeminal or is like ...

Dave: The seventh cranial nerve comes out from somewhere up in the upper back-

Dr. Dwight Jennings: No, it's till inside the brain.

Dave: Where's the other terminating end of it, right?

Dr. Dwight Jennings: It's going to be in the brain stem.

Dave: Oh, it's in the brain? Oh, okay, so it's too high, so it's not a-

Dr. Dwight Jennings: Yeah.

Dave: Okay, cool. I'm getting more hitting on the left than the right now- Oh, but my legs are crossed. It's more on the right, yeah, there's a high spot right here.

Dr. Dwight Jennings: Feel on the right side. That was left, that says right.

Dave: Yeah, definitely.

Dr. Dwight Jennings: The other way you check these is feel your masseter; masseter fire at first tooth contact ... Slowly clench on those.

Dr. Dwight Jennings: This is a pretty sensitive EMG machine as to how whether those service EMG's are jumping equally or simultaneously.

Dave: I feel like it's sliding around a bit; I'll probably just get use to that. Now, I definitely want those teeth to fill in. Like when I see even the other neuromuscular guy who looked at this. They're all like, "You've got to get those teeth filled in; you have a temporary thing

going on here. You're only hitting on one tooth in the back and you really want to have the lower teeth there raised up. Is putting essentially more caps on those teeth a good idea or just pulling them up using-

Dr. Dwight Jennings: I'd pull them up.

Dave: Okay, cool.

Dr. Dwight Jennings: people function just quite well, even on one tooth. They will have a lot of ... I mean there's a lot of people out there that are missing one or more of their molars which means that they're basically functioning just on one molar and they do just fine. A lot of dentists get concerned about it, but there's a lot of people that in partials that have only one back molar and then people do just fine.

Dave: Excellent.

Dr. Dwight Jennings: I'm going to mix up some acrylic for your night one.

Dave: All right, now whatever the acrylic solvent is always just gives me a headache, so I'm going to hold my breath while we're molding that if it's going to be in my mouth and rinse my mouth-

Dr. Dwight Jennings: We're going to let this thing set up pretty much before we put it in your mouth, let a little off gas quite a bit.

Dave: Cool and then I'll rinse my mouth as soon as it's done; I can hold my breath for a couple minutes.

Dr. Dwight Jennings: Yeah.

Dave: I haven't got the Tim Ferriss five-minute breath holding technique down yet; I'm still working on that.

Dr. Dwight Jennings: I was always the best one in high school; I could hold my breath longer than anybody else.

Dave: Oh, that's cool.

Dr. Dwight Jennings: In dental school we had, we were checking, we had machines for checking lung function and me and another kid had the largest lung capacity and I think both of us were trumpet players.

Dave: I thought that you going to say that you guys were experimenting to see who could hold on to nitrous oxide the longest. I've done nitrous oxide with a dentist once when I was in my early 20's and it just jacked me up; I felt terrible for a while after that. I think it's because I have too much inducible nitric oxide which cause inflammation but most people don't have eNOS which is endothelial nitric oxide. For erections and for proper vascular flow you want eNOS, not iNOS and it's mostly a gut bacteria thing that causes iNOS. I don't believe I have that anymore, in fact, I can actually take things that increase my nitric oxide levels and sometimes they're too low now which I actually test with a little saliva detector.

It's interesting that we know that nitric oxide is an amazing signaling molecule and we knew nothing about it a while ago and now we're figuring out sulfate is probably the same that's another thing you can test.

Dr. Dwight Jennings: They have nitric oxide saliva test? Wow. Is this a dip stick or-

Dave: Yeah, you just lick one end of it, fold it over. I've actually included one of those in my [quarterly gift box](#). I have a thing every quarter I send a group of people like the cool biohacking toys. Then you can use nutrition like eat more vegetables, and you can use a few other targeted supplements that will raise nitric oxide which is important.

Dr. Dwight Jennings: Mm-hmm (affirmative).



Dave: Now we have some squishy solvent-based crap on here so I'm going to hold my breath while we do this. Is it time for me to mold it?

Dr. Dwight Jennings: Almost, not quite.

Dave: The smell of that stuff even gives me a bit of a buzz, I don't know what's in it, but-

Dr. Dwight Jennings: Methyl Methacrylate which-

Dave: I can smell it from here, it's interesting. I probably should have- Actually I do, I have a tube of my glutathione there I'll take that after I do this; help my liver take care of whatever that is.

Dr. Dwight Jennings: We're going to put this in and have you bite on it. I want to make sure that it's lined up as best as possible.

Dave: All right.

Dr. Dwight Jennings: Minimize our adjustment needs on it.

Dave: That stuff smells like paint thinner and epoxy mix, it's gross.

Speaker 3: I'm here, where you want it.

Dr. Dwight Jennings: The appliance that we use for nighttime is what a lot of dentists would call a neutral bionater. We'd call it a nocturnal orthopedic positioner but it basically fits both jaws simultaneously. Both the upper teeth and lower teeth fit into it on what we think is ideal trajectory and so it doesn't let the jaw fall back at night time. It keeps the lower jaw and chin in the same position.

A lot of dentists use flat splints; upper lower, whatever and they don't really control jaw alignment, particularly, when you go unconscious. About 40% of our pain patients don't do well at all until we make them a night appliance that keeps them aligned at nighttime. I went to try to buy some urine strips for one of my

patients who's having Lupus and my medical, the medical supply company wouldn't let me order the strips.

Dave: Why not?

Dr. Dwight Jennings: Because I'm a dentist, which is the stupidest thing in the world; so, I had to go to eBay. You can buy it-

Dave: I was just going to say, have they heard of the internet.

Dr. Dwight Jennings: Just go to eBay, right, and buy it all you want.

Dave: You can buy anything you want online.

Dr. Dwight Jennings: Actually, part of the high-priced medical supply thing is starting to break down, too. You're starting to see some of the dental supplies that you can buy either from China or Israel or where you want them; they're everywhere available at a lot less price than you can buy them here through the dental supply houses.

Dave: Mm-hmm, I believe it. It frankly pisses me off that there's people that think I shouldn't be able to buy something to do something to my own body. I just don't understand that other than it's economic protectionism.

Dr. Dwight Jennings: Yeah, that's what it is.

Dave: They just shut down the Silk Road too which was a place where people were buying all sorts of things including pharmaceuticals that they wanted access to that they couldn't get access to; also, illegal drugs and whatever. I think that there's a big problem with ... In order to get a pharmaceutical drug you spend way more than it costs.

Dr. Dwight Jennings: That's the other thing that you might need to know is that Substance P is tested by only by one company, Quest, and Quest is totally confused as to what's proper; yeah they do blood tests.

Quest, I had a personal conversation with them and they told me that they tested 30 employees to come up with their norm without knowing the medical background of these people. They just ran 30 employees and said this is what normal is. On their 30 employees, they had one that was at 2,800 and one that was about 2,000; and all the rest were less than 1,000 so they set the norm at 1700.

Then it says, "Well, send me your last 100 samples." They send me the last 50 samples and the last 50, I think there was one or two over 1,000 or something-

Dave: Oh, wow.

Dr. Dwight Jennings: Then they conceded that the level should probably be less than 1,000 but they've never changed it. If you order a Substance P test request they still say on there that 1700 is normal.

Dave: That brings up a whole bigger issue in the testing industry about quality standards and ...

Dr. Dwight Jennings: That's good.

Dave: This must be my gum here. Almost got it?

Dr. Dwight Jennings: Mm-hmm (affirmative).

Dave: Yeah, my jaw certainly won't slide back.

Dr. Dwight Jennings: Want me to lay you back; want to check it lying down?

Dave: Yeah, sure. This is important, so my ... If when I go to sleep, and I do sleep on my back sometimes, especially if I've got headphones in with sounds on it, when I lay back even if my jaw falls open like this, this metal thing catches on my top teeth so even I'm like ... I don't allow my jaw to do this. See how it falls back? If we don't want that to happen so I do this; if I do clinch, I'm not going to be wearing my teeth down. Even if I just totally relax, these guys, these metal tabs keep my jaw from doing that; which is why I can

sleep on my back which isn't a great idea if you're not doing this. I can sleep on my side; same thing, it's going to hold my jaw in position which means all night long do I get more efficient sleep? Yeah. Do I get more blood in my brain? Yeah. When there's more blood flow in the brain, there's more oxygen, when there's more oxygen the mitochondria can do their job better.

The mitochondria control the lymphatic re-circulation system which happens at night that drains cerebral spinal fluid that contains cellular waste products. Is sleep efficiency controlled by your bite guard? To some extent, yeah, it is and I certainly got great benefits from using it and plan to keep doing that.

Dr. Dwight Jennings: That's good; how does that feel? It should feel like you're hitting evenly and simultaneously on the back teeth?

Dave: Yep. It feels, let's see ... Actually, the top right is not hitting. The bottom on both sides is hitting, the top left is hitting, so I think the top left needs to come down a bit.

Dr. Dwight Jennings: Yep.

Dave: Actually I felt that when I was clenching, I got a twinge in the right.

Dr. Dwight Jennings: Most people typically get pain on their low side when they close up and hit on the high side then to get the low side together, they have to torque the jaw.

Dave: That was happened when I was clenching there, I felt it; it was the top of it was low and I got the twinge on the top right of my jaw here.

Dr. Dwight Jennings: That's also why most people get into hyper-sensitivity on teeth. The dentist will typically grind the tooth down a little bit more to think that they're hitting too hard on it and then they end up needing a root canal.

Dave: Mm?

Dr. Dwight Jennings: It's the low side that usually has to do the more work and gets more neurologically hyper-reactive. Hypersensitivity is something that's very poorly understood by the medical community and my average patient is a hyper-sensitive person. They're reactive to light, and to noise, and the food, and the drugs, and the hot, and the cold, and the stress, and that's from the elevated Substance P on them. One of my patients, a 45 year old female, she couldn't tolerate red wine and after I fixed her bite she could tolerate red wine. It's just a hyper-sensitivity method and it gets more reactive. It's hypercousism and-

Dave: There's a lot of triggers for autoimmunity. Have you found that having elevated Substance P increases Hoshimoto's or hyper-pituitary and things like that?

Dr. Dwight Jennings: Yes.

Dave: Wow.

Dr. Dwight Jennings: I had a patient who just came in, it was my receptionist in the other office her daughter, we just finished her, we did build ups, crowns on her. She came back three months later and she'd been on a .7 grams of thyroid for 20 years and she just went into overdoes on her thyroid medication; she had to cut it back after 20 years.

Dave: I reversed my Hashimoto's, I have not more antibodies, but for me that happened several years after we did the alignment of the jaws, I would -

Dr. Dwight Jennings: What do you think worked on yours?

Dave: I think it was avoidance of grain and avoidance of mycotoxins in food and in the environment. I could show multiple studies that show that they trigger the auto immune response to the pituitary and the thyroid. In fact that's one of the reasons that I think that whole grain avoidance paleo template works, that people don't really talk about, is that it's naturally a low mycotoxin diet because you eliminate grains, you eliminate grain fed animals. You

dramatically reduce things like aflatoxin and ochratoxin in the diet.

Dr. Dwight Jennings: One more time, here. Yeah, using carbon paper doesn't work for this well at all. Carbon paper is just not nearly accurate or sensitive enough. This material is three-dimensional so you can look through it and use it as a pressure gauge, much like putting an engine together and carbon paper shows you where you hit, but it doesn't show you what part of the opposing tooth is causing the hitting. It's important to know not only where you're hitting on the bottom but what part of the upper tooth is causing the hitting, and carbon paper's just not good enough for that; which is what most dentists use. How's that feeling now?

Dave: When I clench really hard I get a twinge up here; I think that's still too low up here compared to over here. Yeah, it definitely doesn't feel good, wow.

Dr. Dwight Jennings: The one boy downstairs is severe hyperacusis; his bite was off from birth. He got an eye infection and inflammation of the eye and lost his eye at I think 9 months of age and he's had severe hyperacusis all of his life; and he's starting to do a lot better. He's got him opened up and widened him quite a bit and got him end on end bites and he's doing much better. Moved out here in the last four months from his mother's; living on his own.

When Substance P alters cell membrane and it hyper-sensitizes things then you lose homeostasis; so you no longer appropriately respond to sensory input because of the hyper-sensitivity. Then you start just getting into all kinds of illness problems from inappropriate sensory response.

Dave: Yeah, the jaw tension over her is much less when I clench really hard. There's still a bit of twinge, but I think it's just an echo from what was going on earlier so it feels like it's hitting right. It does still feel stronger on the left.

Dr. Dwight Jennings: Check it one time?



- Dave: Yeah, I think I might want to. There's just a little bit of a height difference and it's hard to feel at first but it's there.
- Dr. Dwight Jennings: I'm working on starting a ... Have you ever heard of dental chiropractic neurology?
- Dave: Mm-hmm (affirmative).
- Dr. Dwight Jennings: It's the guy who started up probably 15 years ago. It's certification for chiropractors in advanced training and neurology; so, I'm looking at starting a dental neurology specialty. I'm looking at setting up steady clubs and training programs. A program to west coast, mid-west, and an east coast, and probably one in Europe.
- Dave: How can people ... There's a lot of medical professionals who listen to the Bullet Proof Radio. How can people find out more about that? Talk loud.
- Dr. Dwight Jennings: We're probably within month or so going to come out with a website maybe we can have that ready for you then too.
- Dave: Okay.
- Dr. Dwight Jennings: I'm teaming up with a chiropractic neurologist. They have an annual meeting every year on functional neurology and so we'll probably join forces with them on our annual meeting so I don't have to totally reinvent the wheel.
- Dave: Cool; yeah, this is better. When I clinch really hard it's still flexing more up here than over here, is that supposed to?
- Dr. Dwight Jennings: I like seeing more of meeting that-
- Dave: When I squeeze hard, I feel almost everything right here and not over here which makes me wonder if this side is still lower.



Dr. Dwight Jennings: When you lie down at first touch, they're pretty simultaneous? As you clinch, it's that first contact that's important. Is that your first contact over there?

Dave: I think we're even, okay? Cool. If this looked like a lot of work and very fine precise adjustments it is, but you figure I'm going to be spending, in my case about 6 hours a night, just about every night, for the next foreseeable long period of time with this end getting it right matters so a normal visit takes what? About an hour?

Dr. Dwight Jennings: Yeah.

Dave: Dr. Jennings, as always, thanks for hacking my jaw. My Substance P is already feeling better.

Dr. Dwight Jennings: Right.

Dave: Coconut charcoal. It's one of my favorite products. This is something that I've been working on for quite a while. This is the purest form of activated charcoal you can get. We actually take the top 15% finest particles and we give the rest to things like hospitals or other supplement manufacturers. This is truly the purest you can get. What it does when you take it is it preferentially binds to the toxins that are in your gut. Toxins in your gut come from foods that you eat but they also that live in your stomach. When those microbes are stressed they put out ore toxins.

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[Dr. Dwight Jennings](#)  
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## Resources

[Polyvinyl Siloxane impression materials: a review of properties and techniques \(The Journal of Prosthetic Dentistry\)](#)

[Invisalign](#)

[Evidence of microglial activation in autism and its possible role in brain underconnectivity](#)

[Travel bite guard](#)

[The role of substance P in inflammatory disease \(Journal of Cellular Physiology\)](#)

[Rosacea](#)

[Group C Nerve Fibers](#)

[Calcitonin Gene-Related Peptide \(CGRP\) and Migraine](#)

[The trigemino-vascular system and migraine \(Pathologie biologique\)](#)

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[How to Hold Your Breath Like David Blaine, World Record Holder \(Tim Ferriss 4-Hour Blog\)](#)

[Nitric oxide](#)

[Inducible nitric oxide synthase \(iNOS\) and endothelial nitric oxide synthase \(eNOS\) expression in fulminant hepatic failure \(Journal of Hepatology\)](#)

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[Hashimoto's thyroiditis \(Mayo Clinic\)](#)

[The Molding of the World Part 1: How We Made Mycotoxins into the Health Disaster They Are Today \(Bulletproof Knowledge Blog\)](#)

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[Ochratoxin A \(Molecular Nutrition & Food Research\)](#)

[American Chiropractic Neurology Board \(ACNB\)](#)

[The International College of Cranio-Mandibular Orthopedics \(ICCMO\)](#)

[The American Academy of Craniofacial Pain \(AACP\)](#)

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[Glutathione Force](#)

[Bulletproof Diet Book](#)

[Helen Irlen: Irlen Syndrome, & Visual Stimuli on Brain Performance – #181](#)

[Helen Irlen is Transforming Lives with Light – Podcast #98](#)

[Dave Asprey's Quarterly Box](#)

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