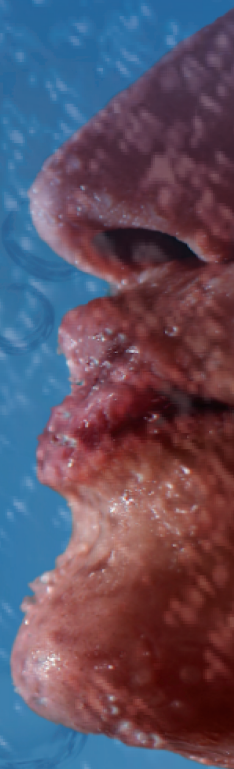


# Supercharge

Your Oral Hygiene Efforts  
Up To 9X In 30 Days\*  
With Seven Easy Steps

The  
**RENUZORAL Method**  
ShowerPlus Regimen



# The ShowerPlus Regimen

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[www.RENUzORAL.com](http://www.RENUzORAL.com)

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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

## Legal Disclaimer

The FTC looks at whether health advocates have sufficient evidence to support their claims. The law requires that advocates demonstrate proof to back up their express and implied claims, such as: “fights germs”, “helps prevent...”, etc.

**So, here you go:**

In 1993, periodontitis was declared the 6th complication<sup>1</sup> of diabetes.

In 2000, the US Surgeon General’s Office published the first ever report on oral health in America. It stated *clearly and indisputably* that **oral health is linked to systemic health, and improving oral health helps improve general health.**<sup>2</sup>

(You CAN’T get much better authorization than the top physician in America and the US Government itself.)

A 2015 report<sup>3</sup> (Oral Health: An Untapped Resource in Managing Glycemic Control in Diabetes and Promoting Overall Health) stated the following:

- **Prevalence of periodontitis is high in persons with uncontrolled diabetes.**
- Hyperglycemia in uncontrolled diabetes can lead to severe periodontal disease.
- **Periodontal infection in diabetes patients can adversely affect glycemic control.**
- Periodontal treatment improves glycemic control and can reduce complications.
- **Inter-professional collaboration can lead to early diagnosis and promote health.**

I've collected more than 4,000 research reports and peer-reviewed articles attesting to the benefits of improving the oral microbiome for dental prevention and improving overall health. And I have included a few of the most relevant ones in the end notes, and even more on my [website's research page](#).

In short, we have known for many years about the relationships between dental diseases and systemic diseases, and how each affects the other. So, I'm not concerned about backing up my claims.

I am concerned, however, about the lack of dental literacy and poor oral health in America, and inadequate oral hygiene recommendations.

Therefore, the purpose of this document is to improve dental literacy. It is NOT meant to provide dental or medical advice, treat or prevent any disease, or take the place of regular dental care. And it's certainly not meant to belittle or criticize anyone.

As individuals differ, so will the results of the products and exercises in this document.

The publisher, **RENUzORAL**, and Dr. Edwards shall have neither liability nor responsibility to any person or entity with respect to any loss or damage related to, or alleged to be related directly or indirectly to the content herein.

This document is written mainly for average people in average dental and medical health from ages six through the golden years. If any statements seem repetitive -- it's on purpose.

For more specific or severe problems such as oral cancer, dry mouth, or advanced periodontal disease, and when starting any plans of nutrition, diet, supplementation, exercise, or prevention, **please consult your dentist and/or physician to ensure that you are in proper health.**

Some of you may have medical problems or allergies that might limit your participation in the steps that follow.



For additional preventive dental educational materials, videos, training, seminars, services, and links to products mentioned in this document, please visit: [www.renuzoral.com](http://www.renuzoral.com)

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# Table Of Contents

● <b>Introduction</b>	-
○ True Prevention: Helping People Help Themselves	-
○ You Need A Coach and A Formula	-
● <b>The RENUzORAL Method's ShowerPlus Regimen</b>	<b>1</b>
● <b>Scientific Analysis of the ShowerPlus Regimen</b>	<b>6</b>
○ Notice I Didn't Specify Any Certain Products (Yet)	<b>6</b>
○ The Printable Reminder Guide	6
○ The Aggregation Of Marginal Gains	7
○ Multitasking	8
○ First Things First, "Eat A Frog"	9
○ Brushing Toothpaste Foam Prevents...	10
○ Squish And Swish, Oil-Pulling, Oxygen Bubbles...	11
○ Tongue Scraping	14
○ Summary: this is just a taste of RENUzORAL'S power	16
● <b>Here are six ways I can help you when you are ready</b>	-
● <b>Endnotes</b>	-
● <b>About Dr. Edwards</b>	-

# Introduction

*“An ounce of prevention is worth a pound of cure...”*

***Benjamin Franklin***

Prevention is the best medicine. This book will help you control the 2nd most common human affliction – **dental problems**, so you can reduce your risks for diabetes<sup>4</sup>, Alzheimer’s, and other systemic diseases.

## **But consider these points first:**

- Two devastating diseases, Alzheimer’s and diabetes, may derail America’s healthcare system by 2050!
- **Alzheimer’s is thought to be “Type 3 Diabetes”<sup>5,6</sup> or the end stages of type 2 diabetes and may also have a dental microbial connection via the oral/systemic link.**
- As of December 2022, about 45% of Americans were: diabetic (10.5%), and prediabetic (34,5%).
- **Managing periodontitis (gum disease) can improve glycemic control, and thus, diabetes.**
- Periodontal disease germs can cause bad breath; managing bad breath germs can reduce periodontal disease.
- **About 70% of American adults have periodontitis<sup>7</sup>.**
- Periodontitis is called the 6th complication<sup>1</sup> of diabetes, and research suggests a bidirectional systemic inflammatory relationship between the two conditions.
- **Periodontitis is a major cause of the oral/systemic link.**

- The oral/systemic link is the break in the oral mucosa through which inflammatory oral microbes and their dangerous metabolic byproducts enter the body and contribute to systemic problems.
- **Pathologic changes in the oral microbiome are associated with at least 57 systemic disease conditions, including IBD, colitis, celiac disease, obesity, leukemia, arthritis, cancer, atherosclerosis, plasma cholesterol levels, stroke, heart disease, pneumonia, and pancreatitis, just to name a few.**
- The restoration of a healthy dental microbiome improves many disease factors including endothelial function, systemic inflammation, and glycemic control related to non-oral conditions.
- **Oral health is the easiest type of health you can achieve that also has the broadest overall benefits.**
- 80% of most common dental problems are easy to avoid.

## **True Prevention: Helping People Help Themselves**

For too long, medicine and *especially* dentistry have focused mostly on reacting to problems after they occur even though the prior bullet points show that approach has not been working very well.

It's partly due to human nature – waiting till something happens, and waiting till the last minute. Also, it's hard for doctors to get paid for preventing things.

I mean, how do you know if something is actually prevented?  
Maybe it never would have happened anyway.

And prevention often comes across like hype and snake oil. So, it's more straightforward to charge fees for fixing existing problems and measuring the results.

But I've found ways to measure dental prevention from a fitness perspective — by evaluating breath freshness, tooth staining, gum bleeding, tooth sensitivity, and more.

I have always believed that the ultimate goal of medicine and dentistry should be proactive disease prevention — that is helping people help themselves avoid disease.

Yet, standard dentistry and even dental cleanings are not truly “preventive”.

For example, it is not possible for standard dental treatments, nor even hygiene appointments every 3, 4 or 6 months, to change a pathogenic oral microbiome that causes disease 24 hours a day, 7 days a week, forever, and ESPECIALLY while you sleep.

Thus, true dental prevention -- preventing problems in the first place -- which is the most important aspect of dentistry, is rarely performed. I mean, why wait several months (or years) for dental visits, when you can do a great job at home by yourself WHEN YOU KNOW WHAT TO DO.

For example, do you know that tooth decay is not caused by sweets?

I'm fairly sure your dentist hasn't told you it's really a disease. And I'll bet your dentist never told you of two sweets you actually should be consuming every day to fight dental and systemic problems.

And do you know there are scientific formulas to fight dental problems?

No? Well, you could learn about them in detail in [The RENUzORAL Method book.](#)



## You Need A Coach & A Formula

*“A good coach will make players see what they can be, rather than what they are.” Ara Parseghian, Former Notre Dame Football Coach*

To compensate for the lack of dental education and prevention, I believe that the best approach is from a fitness perspective, and for fitness to work best, you need a coach. Even the best Olympic athletes have coaches, so don't feel inadequate.

Sometimes a coach must be abrasive, yell, and cause a scene. But under that is a type of “tough love”.

Forgive me if you find anything offensive herein; I'm just being *tough*. You and I are on the same team. And although I am your coach -- like Yoda in Star Wars — I'm just a guide with a plan. YOU are the hero.

I'm calling you into action to follow the plan, take charge of your health, [avoid the disastrous bullet points in the introduction, and achieve the results on this book's cover page.](#)

Fortunately, most dental problems are quite easy to avoid. Just follow certain dental fitness techniques, use specific products, and be consistent.

However, despite even your best home care and professional treatment, you may still experience occasional dental problems. That's because dental problems are the 2nd most common human affliction. (Respiratory diseases including the common cold are #1.)

Also, no matter what you do, you may still have a 20% chance of suffering some sort of dental problem(s) in your lifetime due to genetics, accidents, and relentless microbes attacking you 24/7.

Even pristine-looking teeth have tiny pits, grooves, and defects just waiting for decay. The mouth is actually a very inhospitable place swarming with microbes ready to pounce at any opportunity.

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Nevertheless, prevention is well worth the effort because prevention is the best medicine. My company, RENUzORAL, is dedicated to providing the most innovative current resources of managing dental problems.

This book is just one of my many resources and covers only the basics of my vast RENUzORAL concepts. Some of the resources mentioned herein may be prescriptions or services available only through your dentist.

In the interest of transparency, I am manufacturing and selling the dental synbiotic oral strips [Breathific](#).<sup>®</sup> .

I'm also an ambassador for:

[Epic Dental](#)

[Burst Oral Care](#)

[BRISTLE Oral Microbiome Testing](#)

[Livfresh](#)

and more as I add them.

Much good (and bad) information has been written about oral health, but this is **the first oral health document** ever written from a **scientific fitness standpoint**. My concepts distill oral hygiene into simple effective dental fitness programs with customizable, personal regimens you can do all day, every day, and even while you sleep.

You can supercharge your oral health efforts, improve general health, and manage diabetes as well. Learn today -- use tomorrow and forever.

Every effort has been exhausted to make this guide as accurate, simple, and effective as possible as of the date of publication. For updates to this document, please visit [www.renuzoral.com](http://www.renuzoral.com).

Please send suggestions to [steven@renuzoral.com](mailto:steven@renuzoral.com) for future editions.

Best Regards,  
Steven J. Edwards, DDS — RENUzORAL

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# The RENUzORAL Method's ShowerPlus Regimen (aka: 7 Easy Steps to 9X Your Oral Health Efforts)

*"The Program is the Plan." "The Regimen is the Remedy."*  
**Steven Edwards, RENUzORAL**

*"A clever person solves a problem. A wise person avoids it."*  
**Albert Einstein**

Most people complain they don't have enough time, or they are too busy, tired, or "lazy" to perform adequate oral hygiene. I think you just need a coach to motivate you and help you get "organ-ized".

Recall that most people brush only about 1 minute (average of 30 to 90 seconds) once or twice a day, and only about 22% of people floss. Few people own waterflossers. And hardly anyone uses a tongue scraper.

Yet, studies show that every day, more than 212 million Americans take an 8-minute shower, and they enjoy the shower.<sup>8</sup>

So, why not take care of your teeth while doing something you like – such as taking a shower (or even sleeping as I will explain later).

And since most people don't have the recommended RENUzORAL motivation, education, gadgetry, and products on hand, I'm going to show you how you can immediately improve your oral hygiene efforts up to 9X using only the stuff you probably currently have in your home.

Think about it a minute. You can achieve a 9X improvement just by doing a mere fraction of what the entire [RENUzORAL METHOD](#) offers! If you followed everything in the [RENUzORAL METHOD](#) and my [online Masterclass course](#), you could achieve up to 37X better results, and for super-achievers -- up to 60X better results.

## Simple materials needed before you start:

- Teaspoon or butter knife (to be used for scraping the top of your tongue)
- Toothpaste
- Toothbrush
- Floss
- Shower
- Sink
- Cup for water, mouthwash, etc.
- Hydrogen peroxide – to sanitize brush, spoon, tongue scraper, etc.

## The ShowerPlus Regimen

### STEP #1

**Estimated time: 30 secs.**

Multitasking is one of the great powers of the RENUzORAL Method of Dental Fitness.

Many people say that multitasking is inefficient. But Dental Fitness is one thing where multitasking is absolutely essential to get excellent results. I mean, your oral microbes are multitasking right and left to attack you, so why shouldn't you do it to get back at them!

So, before disrobing, take a sip of water and vigorously swish it around and between your teeth to remove as much loose plaque and food particles as possible first. (This is so you don't waste mouthwash.)

Spit out, and then apply a blob of toothpaste to your teeth and squish it back and forth between your teeth for a minute as you disrobe.

Don't spit out the toothpaste just yet. It needs to "soak" a little first.

**STEP #2****Estimated time: 1 min.**

Turn on the shower water and floss the toothpaste foam between your teeth and under your gums as you wait for the shower water to heat up. Spit out excess toothpaste and add another blob of toothpaste. Watch my [YouTube flossing video](#).

**STEP #3****Estimated time: 2 mins.**

Grab your toothbrush, step into the shower, and brush your teeth with the remainder of the toothpaste as you wet down and warm up in the shower. Watch my [YouTube brushing video](#).

**STEP #4****Estimated time: 5 mins.**

After brushing, keep swishing the toothpaste back and forth between your teeth for the rest of your regular shower procedure. You could leave your toothbrush in your mouth and move it around your teeth with your tongue and cheeks.

Or, if you have a shower caddy you could put your toothbrush in it until you're done showering.

**STEP #5****Estimated time: 30 secs.**

After turning off the shower you can keep squishing the toothpaste foam while wiping down the shower, squeegeeing the walls and doors or whatever, and drying off.



**STEP #6****Estimated time: 30 secs.**

Spit out the last of the toothpaste foam into the sink, then grab your teaspoon or butter knife, stick out your tongue and scrape the top of your tongue from as far back as you can without gagging, and to the tip of the tongue.

Scrape it four times: once from the center, once on the left, once on the right, and once again in the center.

**STEP #7****Estimated time: 30 secs.**

While sanitizing the toothbrush and other implements with hydrogen peroxide, take a swig of mouthwash, swish it back and forth and between your teeth, gargle with it and spit it out. But remember, mouthwash can wash away the benefits of certain toothpastes, such as desensitizers. Therefore, in some cases, mouthwash can actually be detrimental. So, you must weight the benefits vs the disadvantages. (That's why you really need a plan and goals, like in physical fitness.)

**Total elapsed time: 10 minutes**

The above simple, effective, multitasking sequence affords you 10 minutes of time for oral care just by using shower time efficiently. It is 9 times more than the one minute most people spend.

In other words, it adds 900% more time to your usual oral hygiene time (900% x 1 minute = 9 minutes).

Yet, many people say they don't have time. Notice I didn't add any extra time to your shower and oral hygiene -- it's just the magic of multitasking.

(I was afraid to advertise a 900% improvement over standard home oral hygiene, even though it really is possible, as you can see.)

Even if you usually spend the recommended full 2 minutes doing oral hygiene, the ShowerPlus Regimen's 10 minutes is an *additional* 8 minutes, which is 4X better than 2 minutes, which is 400% more than 2 minutes (2 minutes x 400% = 8 minutes).

In fact, most people do such a poor job of oral hygiene, that just about anything extra would be a massive improvement.

BUT, it should be done scientifically and safely, and that is what RENUzORAL is all about.

In the coming pages, I will discuss a scientific analysis of this entire process, and explain my choices for everything here, but first, I want you to see the reminder **guide** I made for you...

**The ShowerPlus™ Regimen**

**1. 30 Seconds**  
Swish water vigorously in your mouth. Spit out. Repeat squishing with a blob of toothpaste instead of water. Don't spit out yet.

**2. 1 Minute**  
Turn on the shower. As it heats up, floss the toothpaste foam. Spit out excess toothpaste, add another blob.

**3. 2 Minutes**  
Grab a toothbrush, step into the shower, and brush your teeth as you wet down and warm up in the shower.

**4. 5 Minutes**  
After brushing, swish any remaining toothpaste foam as you shower.

**5. 30 Seconds**  
After showering, keep swishing toothpaste while drying off.

**6. 30 Seconds**  
Spit out the remaining foam. Grab your tongue scraper and scrape your tongue four times: center, left, right, and center.

**7. 30 Seconds**  
Optional: If you have a mouthrinse that you like, you can use it now. But some mouthrinses wash away the benefits of certain toothpastes, such as desensitizers.

Brush Different™  
**RENUzORAL**  
Oral-Systemic Health Reimagined

I'd like you to print it out (for reasons stated in the next page). [Here's a link to download the full-sized image.](#)

# Analysis of the ShowerPlus Regimen from a scientific RENUzORAL perspective.

Believe it or not, a ton of advanced RENUzORAL science underlies the aforementioned simple procedure.

## 1. Notice I Didn't Specify Any Certain Products (Yet)

One beauty of RENUzORAL is that it is so effective you can often use what you want, as long as you follow the rules.

But, if you decide to use any of the products I suggest, you can be assured I have checked them for RENUzORAL qualifications that make them very effective, easy, simple & safe.

## 2. The Printable Reminder Guide

Studies show that people tend to obey signs and follow written instructions. A famous "Candid Camera" episode in the early 1960's showed that some people driving from Pennsylvania to Delaware turned their cars around when they saw a sign "Delaware Closed Today".

And one person actually asked if New Jersey was open!



1960's Candid Camera TV show

That's why dental offices have a sign at the front desk "**Payment is Expected at Time of Service**". If they didn't have the sign, many people would just walk out of the office without paying. Seriously!

Also, a study of temporomandibular joint pain patients showed that stickers posted at various locations in their house, car, workplace, etc. reminding them to relax or think good thoughts reduced their pain levels.

**You could (and should) print the ShowerPlus Regimen guide onto printable static cling vinyl or laminate it and stick it on your bathroom mirror or even in your shower. [Here's that link again.](#)**

That's what I have done, and I'm the inventor, because sometimes I get so many thoughts that I can become absent-minded. A sign or note helps me to remember even the things that I have invented.

### **3. The Aggregation Of Marginal Gains**

When you follow RENUzORAL procedures every day, even if you make just a 1% improvement in your efforts, procedures, and products each day, the results will be good in a month, better in three months, great in six months, fantastic in a year, and phenomenal after that – kind of like compound interest.

That's what the failing British Cycling Team did starting in 2002 and they won seven gold medals by 2007.

By 2017, British cyclists had won 178 world championships, 66 Olympic or Paralympic gold medals, five Tour de France victories, and accomplished the most successful winning streak in cycling history.

See the chart on the next page showing how 1% improvements work.

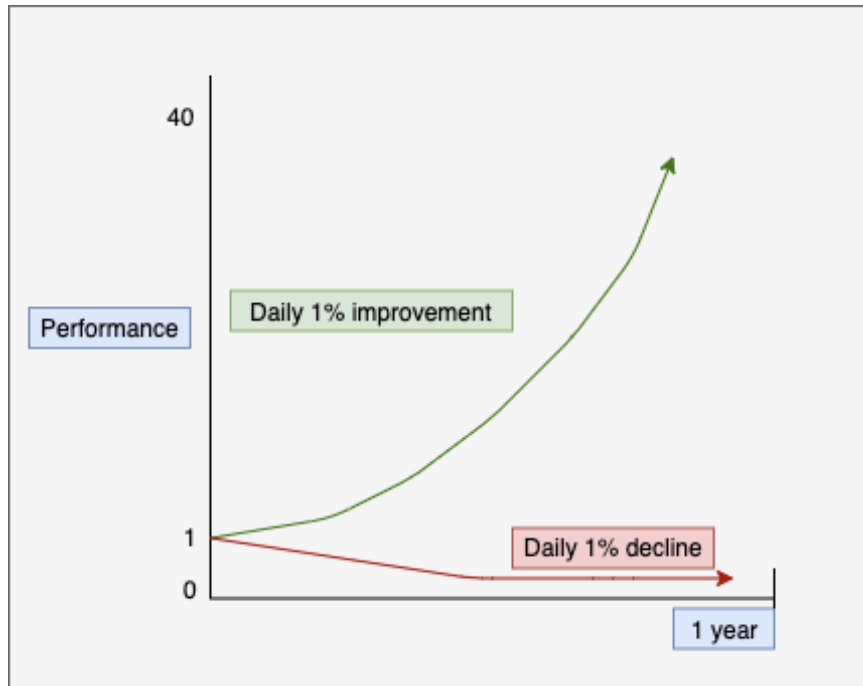


Chart: Changing 1% per day better or worse vs staying the same

If you never change for a year, you never improve ( $1.0^{365} = 1$ ). And if you do something just 1% worse every day for a year, you obviously lose ( $0.99^{365} = 0.03$ ).

**BUT — if you do something just 1% better every day for a year, you win BIG! ( $1.01^{365} = 37.78$ ).**

#### 4. Multitasking

If you say you don't have time for your oral care, or you're too tired, I'll bet you're usually not too tired for a regular shower, or even a quick shower.

Or you're probably not too tired to at least wash your face, disrobe, and get into pajamas. Use that time for Dental Fitness. In fact, there are times I am too tired -- BUT -- what I do during the day makes up for occasional nighttime "failures". You could learn those techniques in my [RENUzORAL Method book](#).

Actually, most of the "tiredness" and "lack of time" can be solved with organization and multitasking. That's what I've found in physical fitness.



So, start thinking ahead about your teeth first before doing anything. And multitask. At the very least you could squish and squish some toothpaste in your mouth while getting ready for bed. Multitask, multitask, multitask, and get "organ-ized!"

### **5. First Things First, "Eat A Frog"**

Mark Twain once said, *"If it's your job to eat a frog, it's best to do it first thing in the morning. And if it's your job to eat two frogs, it's best to eat the biggest one first."*

The main point is really interdental cleaning. You MUST do the "frog" of interdental cleaning somehow – whether it's with floss, toothpick, interdental brush, Waterpik, or whatever you can invent to get between your teeth.

Otherwise, you're going to fail, OR, at the very best you'll get poor results. Period.

That's why I call floss "Buttwipe for your gums". I'm serious.

Archaeologists have even found ancient bone toothpicks in at least one cave of ancient human skeletal remains. They found marks on the teeth roots consistent with the bone toothpick usage.

If a caveman can do interdental cleaning, so can you!

Also, according to recent research, flossing (interdental cleaning) must come before brushing. Basically, the research shows that when you clean interdentally first, you clear out some plaque between the teeth, which allows the toothpaste and its fluoride or other active ingredients to get between teeth better and do its job better.

And that's what you want – more effectiveness. But I take things a step further...

**I like to squish toothpaste between my teeth first, and then floss the resultant toothpaste foam.**

I like to floss the toothpaste foam between my teeth to ensure that it really does get between the teeth.

In addition, flossing toothpaste foam helps remove plaque, stain, and tartar from between teeth.

Most people hate flossing, even though they usually have some floss laying around somewhere. I don't really understand that because I've been squishing toothpaste and flossing since age 10. (That's another fun story.)

In my [online course](#), I get into flossing alternatives. If you really absolutely hate flossing and won't do it, then you could use a toothpick or something else.

## **6. Brushing Toothpaste Foam Prevents Tooth Abrasion And Gum Recession.**

The first cause of tooth abrasion and gum recession is putting a huge glob of toothpaste on your brush before brushing.

90% of the tooth abrasion and gum recession I see is worst on the side where people first start brushing with their giant glob of toothpaste.

Imagine if you dumped a big mound of abrasive cleanser on a scrub brush and began aggressively scrubbing your beautiful shiny kitchen or bathroom countertop starting from the same place every time.

You would eventually scratch the heck out of the starting spot first, and wear out the rest of the shine in other areas later.

Now, imagine you dumped the same mound of abrasive cleanser into a bucket with some water and agitated it a bit and then dipped your brush into the foamy water, and then started scrubbing.

You'd likely prevent scratching or dramatically reduce the scratching.

[Watch this video](#) to see how to brush your teeth, so you don't scratch them at all and don't damage your gums.

### **7. Squish And Swish, Oil-Pulling, Oxygen Bubbles, And Easy, Simple, Automatic, Convenient, No-Brainer, Etc.**

I'm sure some of you have heard of the latest (ancient) fad of oil-pulling.

You take a teaspoon of sesame or coconut oil and swish it around your mouth for 10 to 30 minutes. The oil supposedly "pulls" microbes and "toxins" from your teeth, gums, tongue, and mouth.

Well, it's not a bad idea. But...

If you are a biologist like me and you have studied dental plaque biofilm, you realize just how difficult it is to even sanitize biofilm, let alone trying to remove it, or (magically) "pull" microbes and toxins from it.

In fact, dental biofilm is so resistant to medicines and removal that the microbes living in it are 1,000x harder to kill, even with Listerine, and even with antibiotics.

If you do oil-pulling, you soon realize it's frustrating, time consuming, and your mouth gets really tired after several minutes of vigorous swishing.

Plus, there's the problem of where to spit the used oil.

You can't spit the oil in your sink or shower because you'll clog your drains and you could even slip and fall in the shower.

You're actually better off, AND it's simpler, faster, easier, and more effective to **squish and swish toothpaste or mouthwash**. Call it "toothpaste-pulling" or "mouthwash-pulling".

Toothpaste and mouthwash usually have effective preventive ingredients better than oils, IF they are used correctly in a RENUzORAL manner.

And if you really want to do oil-pulling, then also do the squishing and swishing with toothpaste and mouthwash as well.

**To summarize, the main reasons I don't really recommend oil-pulling are:**

- Inconvenience
- Time consuming
- Tired mouth muscles
- Oil clogs pipes
- Could slip and fall in shower
- Some people have gotten "lipoid pneumonia" from accidentally inhaling oil and/or choking on oil

**Another reason I recommend squishing and swishing toothpaste is this:**

99% of the time when I have to fill cavities between teeth, the cavities start at the contact point between the teeth, and they spread into the direction of the gums and inward toward the tongue side (the lingual surface). WHY?

Because most people don't do much interdental buttwiping (I mean cleaning), so the decay progresses under the gumline.

AND, since people rarely brush the tongue side of their teeth, the fluoride from the toothpaste rarely reaches the lingual surfaces, and the decay spreads that way.

Most people aggressively brush the facial surfaces of their teeth, thus pushing the toothpaste a little bit between teeth until it hits the interdental contact area, and then it stops.

When you squish and swish the toothpaste AND floss it or toothpick it between the teeth, you'll be forcing it through the contact area, under some of the gums, and all around your teeth.

Thus, decay will have a real hard time getting started between teeth.

Even one more reason for squishing, swishing, and interdental cleaning is that gum disease germs are anaerobic.

That means they hate oxygen, and even just a little bit of oxygen is toxic to them.

So, if you are squishing and swishing anything at all around and between your teeth, whether it's coconut oil, mouthwash, toothpaste, or even just plain water, the air bubbles that you force between your teeth are toxic to the anaerobes between your teeth and under the gums.

In fact, one of the main reasons oil-pulling can work is because of the air bubbles and saliva you force between your teeth and under the gums.

Heck, I know of one guy who squishes his saliva as a "natural mouthwash". It's actually a great idea.

## **And a final reason for interdental cleaning is this:**

If you find yourself bleeding after toothpicking or flossing, don't worry too much (at first). That can actually be a good sign in some ways.

One way it's good is that fresh blood oozing from your gums brings along OXYGEN! And OXYGEN is TOXIC to the gum disease anaerobic germs, remember?

So, if you have not been cleaning interdentally very much and you are bleeding for the first two weeks, that means you must've had a pretty bad smoldering gum infection and it is taking a while to clear up.

**If your gums still bleed after 30 days of interdental cleaning, that is when you should worry. It's a sign you have a persistent, serious gum problem, or you are doing something wrong, or possibly hurting yourself. That would be the time to see a dentist.**

With more advanced RENUzORAL procedures and products, if you put just a capful of hydrogen peroxide into your Waterpik reservoir and shoot that between your teeth, that will work phenomenally against gum disease germs and cavity germs.

That's because your saliva contains a peroxidase enzyme that reacts with hydrogen peroxide to release water plus BUBBLES OF OXYGEN!

Hydrogen peroxide directly kills germs and it indirectly kills anaerobes by releasing oxygen, so you get kind of a synergistic action with it.

## **8. Tongue Scraping**

80% or more of mouth odor comes from the top back surface of the tongue. The tongue is like a dirty carpet in an apartment that had pets and smokers.

The tongue's top surface area is about the size of a single's tennis court because of all the papillae, grooves, fissures, etc. Lots of debris accumulates on top of the tongue. Anaerobic bacteria grow in this debris.

You might ask, "How can anaerobic bacteria grow on the tongue if we are constantly breathing air across it all day?"

That's a great question, but when you understand the oral biofilm you are up against, it becomes totally understandable.

Oral biofilm is not just scum. It's actually a highly developed, organized structure and system built by your mouth microbes.

Biofilm that's beyond several hours old has passages to allow microbial waste products to escape, passages to allow nutrients in, and barriers against antibiotics, antiseptics, toxic products, etc.

Anaerobic microbes can burrow down into the biofilm and hide out in total protection from oxygen.

Anaerobic microbes often hide within protective groups of aerotolerant microbes, like gang leaders surrounded by their protective gang members. It's truly amazing how they have figured out ways to survive.

So, you must scrape your tongue every day to remove them, because the tongue is a reservoir for all kinds of bad microbes.

I swear that the more you start to know about your mouth and its microbes, the more serious you will get about your oral health.

Decay microbes shouldn't be called "sugar bugs". They should be called

“microbial assassins”, “microbial parasites”, or “microbial spiders”. And instead of saying "Floss the teeth you want to keep, it's more like “Floss or die”.

### **Here’s another little sample of advanced RENUzORAL concepts:**

To awaken with fresh breath, one way is to do this before bedtime:

- Do the ShowerPlus Regimen listed previously.
- Waterpik your gums with water plus a teaspoon of hydrogen peroxide or diluted Crest Pro Health mouthwash.
- Squish and swish with Closys mouthwash.
- Then scrape your tongue 4 times, and go to bed.

Your breath will be pretty good in the morning.

There are even better products and methods in other advanced RENUzORAL training. And to top things off, you can combine them with [dental probiotics overnight](#).

### **9. Summary: this is just a taste of the power of RENUzORAL**

If you did only this “minimal” approach to increase your time spent, you would instantly be on the way to improving your oral hygiene.

But you could still be at risk of unnecessary dental problems because the amount of time you spend is not as important as **how** you spend it, **what** products you use, **when** you use them, etc.

Therefore, if you want more advanced methods, training videos, personal training, product suggestions, and more, I recommend you sign up for the full [RENUzORAL Method online course](#). Or get the [RENUzORAL Method book](#).



# Thank You For Reading This!

If you desire even more detailed information, I am in the process of expanding my RENUzORAL Method online course with 30+ more detailed programs.

This is a short list of the types of programs you could learn in my course:

**How to:** Stop bad breath, wake up with a fresh, kissable breath & maintain it for hours during the day.

- **Fight diabetes, by fighting gum disease, by fighting the bad breath germs that cause gum disease.**
- Break the oral/systemic link.
- **Prevent decay transmission from pregnant mothers to newborn babies.**
- Fight dental diseases even while you're asleep.
- **Whiten your teeth naturally in 7 days or less.**
- Desensitize your teeth in 5 days
- **And so much more...**

**Go here to learn more:** [renuzoral.com/pages/masterclass](https://renuzoral.com/pages/masterclass)

## Here Are 6 Ways I Can Help You When You Are Ready

1. On LinkedIn, you can find me [here](#).
2. On Facebook, you can find me [here](#).
3. On YouTube, you can find me [here](#).
4. Are newsletters your thing? And would you LOVE to get my twice-a-month emails (on Wednesdays) with at least one actionable tip per email to supercharge your oral-systemic health? [Then subscribe to my Dental Fitness newsletter here](#).
5. If you HATE waking up with a dry mouth and bad breath, you should check out my [Breathific Oral Strip](#) . You put one in your mouth before going to sleep. It sticks to your gums in seconds and fights germs naturally while also relieving dry mouth at night, lowering your chances of waking up with bad breath. [Grab yourself a pack here](#).
6. On my website you can:
  - [Join a Dental Fitness course](#)
  - [Get books](#)
  - [Order specialized Dental Fitness Products](#)

## Endnotes

<sup>1</sup> World Health Organization; Oral Health Fact Sheet, #318, April 2012; [https://www.fdiworlddental.org/sites/default/files/media/documents/2015\\_wohd-whitepaper-oral\\_health\\_worldwide.pdf](https://www.fdiworlddental.org/sites/default/files/media/documents/2015_wohd-whitepaper-oral_health_worldwide.pdf)

<sup>2</sup> U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General; Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

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*The surgeon general's report on oral health ("Oral Health in America: A Report of the Surgeon General"), which was released May 25, 2000, highlights the bidirectional interactions between oral and systemic health.*

*Systemic conditions with oral manifestations include diabetes, hereditary disease, joint disease, HIV and osteoporosis. Oral disease can exacerbate certain systemic conditions, such as diabetes, respiratory disease, vascular disease and preterm low-birth weight.*

*While a number of interactions have been identified, additional research is needed to evaluate disease pathogenesis and therapeutic interventions.*

*Further, emphasis should be placed on educating patients, dental and medical students, and dentists and physicians regarding the importance of these relationships. These findings place oral health in the perspective of systemic health, and suggest that the dental and medical profession will develop even closer linkages in the future.*

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<sup>3</sup> "Oral Health: An Untapped Resource in Managing Glycemic Control in Diabetes and Promoting Overall Health"  
*Darling-Fisher, Cynthia S. et al.; The Journal for Nurse Practitioners, October 2015, Volume 11, Issue 9, Pages 889–896*

<sup>4</sup> Huang DL, Chan KC, Young BA. Poor oral health and quality of life in older U.S. adults with diabetes mellitus. *J Am Geriatr Soc.* 2013;61(10):1782-8.

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*For additional preventive dental educational materials, videos, training, seminars, services, and links to products mentioned in this document, please visit: [www.renuzoral.com](http://www.renuzoral.com)*

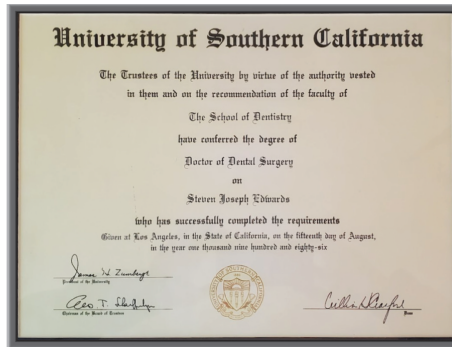
<sup>5</sup> Teixeira FB, Saito MT, Matheus FC, et al.; “Periodontitis and Alzheimer’s Disease: A Possible Comorbidity between Oral Chronic Inflammatory Condition and Neuroinflammation.”  
*Frontiers in Aging Neuroscience*; 2017;9:327.;  
*doi:10.3389/fnagi.2017.00327.*

<sup>6</sup> Aging Neuroscience; 2017;9:327.; doi:10.3389/fnagi.2017.00327. 5  
Suzanne M. de la Monte, M.D., M.P.H., and Jack R. Wands, M.D.;  
"Alzheimer’s Disease Is Type 3 Diabetes—Evidence Reviewed";  
*Journal of Diabetes Science and Technology Volume 2, Issue 6,*  
*November 2008*

<sup>7</sup> According to Home Water Works – a project of the Alliance for Water Efficiency  
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773-360-5100 ~~pt~~-Free 866-730-A4WE and in cooperation with The Field Museum.

# About Dr. Edwards

Hi, Dr. Steven Edwards here. I'm a dentist and a 1986 graduate of The University of Southern California School of Dentistry. I also have degrees in Biology, Dental Laboratory Technology, and I was a personal fitness trainer for a year (1998-1999). Below is a composite of photos to show I know a little about fitness, biology and dentistry.



In my 2nd week of dental school (1982) I was shocked to learn that 80% of most common dental problems are easily preventable, tooth decay is actually a transmissible microbial DISEASE, AND sugar does not cause tooth decay. Carbohydrates and proteins feed the microbes that destroy teeth, gums, and jawbones.

I asked one of my professors, "Why doesn't everyone know this? It seems Earth-shattering, like there's life on Mars or something! Why don't dentists tell anyone this?"

He said, "Well, you find out very quickly that patients don't care, they don't listen, they don't floss, they just want to get fixed and get out of the dental chair as fast as possible. So, to keep from going crazy trying to educate careless patients, you just knuckle down and fix teeth like we teach you to do here at USC."

I thought that was a terrible answer, and at that moment I decided I would be different. I would teach people the truth about tooth decay and help people help themselves to avoid dental problems in the first place. And I discovered that people DO care and they DO want to learn -- but not in stressful, scary dental offices. They want to learn in the comfort of home, on their own time.

Another thing I discovered was that it's a lot more fun and effective to look at oral health from a fitness perspective, instead of a hygiene perspective. So, I developed a concept called Dental Fitness, and that changed my life and the lives of many of my dental patients, family, and friends. And now I want to help you get control of your dental destiny once and for all.

Dental fitness will turn your mouth into a relentless dental-disease-fighting machine working 24/7 for you -- even while you sleep! When you follow the easy programs and regimens, you can improve your home oral hygiene efforts and effects anywhere from 9X to 37X and even up to 60X depending on the levels of training you achieve and the types of products and equipment you use.

I'm looking forward to helping you awaken every morning with fresh breath and a kiss!

To our oral-systemic health,  
Dr. Steve Edwards



Brush Different™



**RENUZORAL**®  
Oral-Systemic Health Reimagined

\* 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