Do I Really Need Root Planing?

Dr. O's 30-Day Gum Program

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Avoid the pain, skip the $1,000 deep cleaning you may not need,
and keep your teeth for life

Start Here

You've been told you have gum disease. Maybe the numbers were "fours and fives." Maybe you heard the words "gingivitis," or "moderate periodontitis." And then came the treatment plan: scaling and root planing, four quadrants, one or two visits, somewhere between $800 and $1,200, possibly more if a "laser" or "antibiotic therapy" was added. Insurance covers some of it. Often not much.

Here is what nobody told you: in a great many of those cases, thirty days of the right home care will shrink those pockets before the deep cleaning is ever done. Sometimes enough that it isn't needed. And when it is still needed, the deep cleaning on a cleaner mouth works better and lasts longer.

I practiced holistic dentistry for many years. I gave my patients the following oral hygiene instructions to do at home. Many of the patients who were told they needed root planing either didn't need it or no longer needed it after they improved their home care and we did a few thorough cleanings for them.

The ones who did still need it got better results because they'd done the work first to decrease their inflammation and heal as much as they could on their own.

This is not a way to avoid your dentist. It's a way to walk into your dentist's office knowing what your numbers mean, what you've already done about them, and what you're asking for. That's what an advocate does.

Thirty days. Three to five minutes a day. Let's go.

1. Why You're Being Sold a Deep Cleaning

Scaling and root planing (SRP), the "deep cleaning," is a legitimate procedure. The hygienist numbs a section of your mouth and scrapes tartar and infected debris off the root surfaces below the gum line, where a regular cleaning doesn't reach. For a mouth with deep, infected pockets it's the right treatment.

The problem is how routinely it's recommended. Three reasons:

The numbers trigger it. Most offices have a rule: pockets of four millimeters or more with bleeding equals SRP. It's a reasonable rule for a hygienist who has 30 to 45 minutes and no idea

what you do at home. It's a poor rule for you, because a four-millimeter pocket that bleeds is usually just inflammation, not bone loss. And inflammation responds to home care.

It's profitable. A regular cleaning bills at a fraction of what four quadrants of SRP bill at. Many practices track "perio percentage" as a performance metric. Some are pressured, sometimes by corporate owners, to raise it. I've heard all the practice consultants and what they are touting and recommending to dentists to raise the income of their 'perio' department. Geesh.

It's defensible. A dentist who recommends SRP is never 'wrong' because it's defensible through his record keeping. A dentist who doesn't recommend it and you lose a tooth has under treated, and can be criticized for it, and sometimes rightly so! If you were a dentist, which way would you lean? The incentives all point one way.

None of this makes your dentist or hygienist dishonest. They are truly trying to help you. However, the system is tilted. Your job is to un-tilt it by walking in with information and a track record.

2. Read Your Own Perio Chart

Every dental office measures your gums. Few explain the results. Here is what you need.

Pocket depth. A thin probe is slipped between the gum and the tooth at six points around each tooth. The number, in millimeters, is how far the probe goes before it reaches where the gum attaches.

- **1–3 mm:** healthy. Tight collar, no room for aggressive bacteria to colonize.
- **3–4 mm:** the gray zone. Often inflammation without bone loss. This is the zone this program is for.
- **4–6 mm and up:** advanced. Bone has usually been lost. Home care still helps, but professional treatment is needed in the form of deep cleanings.

Bleeding on probing (BOP). Whether the spot bleeds when probed. This matters a lot; bleeding means active inflammation. A four-millimeter pocket that doesn't bleed is a very different thing from one that does. Ask for your BOP count or percentage.

Recession. How far the gum has pulled down from where it used to sit. Recession plus pocket depth equals total attachment loss.

Mobility. Whether the tooth moves. Any mobility means bone loss.

What to ask for

At your next visit, before anything else: "Can I have a copy of my periodontal chart?" You are entitled to it. If they only have it on screen, ask for a printout or take a photo. You need three numbers for each area: pocket depth, bleeding, and recession.

When you truly need deep cleanings

When your pockets are in the 4–6 mm range. This is where you will definitely want to be doing and learning how to do a home care regimen to improve the health of your gums and see if the pocket depth improves or resolves.

You could also ask if the hygienist/office is willing to do a regular cleaning first and then re-measure at a shortened recall of 2–3 months. This will give you a chance to work on home care in the meantime.

At all subsequent visits your hygienist will probably re-measure your pockets. You want to see your pockets improve over time. Most of the time with improved oral hygiene, pockets will begin to heal and pocket measurements will go down.

Sometimes I saw pockets become normal again, sometimes not. It depends on the patient. But in all cases the lower inflammation improved gum health and the response to treatment going forward. So, it's always worth it.

A caveat to the above is when you have many pockets that are greater than 6 mm deep. At this point you will probably have been referred to a specialist for evaluation.

The bottom line is the thirty days is never wasted. So, bottom line, do the home care for thirty days before or alongside the deep cleanings or any other treatment.

To summarize:

- Get your perio chart, or at least your pocket numbers and bleeding count.
- Take a photo of your gums, front and sides, in good light, with your phone. Pull your lip back. You'll want this on day 30.
- Note anything else: bad breath, sore spots, loose teeth, how often you see pink in the sink.

Write them on the tracking sheet at the back.

3. What You're Fighting

You'll do this better if you know what you're fighting.

The pocket between your gum and tooth is warm, dark and oxygen-poor. Bacteria that thrive without oxygen, anaerobes, live here. They feed on plaque, the white film of broken-down food, mostly carbs and sugar, that sticks to your teeth. And they excrete waste, which is what inflames the gum and makes it bleed.

Two organisms concern me most.

Spirochetes are corkscrew bacteria that change shape, bore into cells, hide in biofilm, and shrug off antibiotics. Once you have them, you manage them; you don't eliminate them.

Amoeba are parasites. They punch holes in gum tissue to make it bleed, because they feed on red and white blood cells. Under a microscope I've seen them do it.

Here is the part that makes the program work. These organisms have defenses against antibiotics. They have no defense against salt. Baking soda is a salt, and a strong one. When applied along your gums it draws water out of all anaerobic bacteria and parasites until they are dead. It also starts breaking up the biofilm they hide in.

I've watched it happen on the screen scores of times, and so did my patients. A patient who has seen an amoeba, and watched it die when exposed to salt, never again skips rinsing with salt water or using baking soda.

Everything in the next section is aimed at three things: remove the food (plaque), change the environment (alkaline, oxygen), and kill what's living there and inflaming your gums (salt).

4. The 30-Day Protocol

Three to five minutes a day. Do it every day. Consistency beats intensity; a gentle routine done thirty times beats a heroic one done four times.

The daily routine

Morning

- Brush, lightly. Chewing surfaces normally. At the gum line, angle the bristles 45 degrees toward the gum, short strokes or small circles, light pressure. Think massage, not scrubbing. One to two minutes.
- Rubber tip. Run the tip along the gum line, outside and inside, every tooth. Thirty seconds. [VIDEO: rubber-tip technique]

Evening (after your last meal)

- Brush, as above.
- Baking soda. Wet the brush, pick up a little baking soda, massage it along the gum line inside and out. Light pressure; it's mildly abrasive. Spit.
- Floss. Curve around each tooth, slide gently under the gum line. This also carries the baking soda between the teeth where the brush can't. Or you could use a soft pick dipped in baking soda.
- Rubber tip.
- Then rinse your mouth and spit, to get the baking soda out.

If you have pockets of 4 mm or more, especially with bleeding, add:

- Irrigation. Waterpik or similar.

Rule one: lowest setting. Always. Let the water do the work. Pressure damages the tissue you're trying to heal.

Protocol with Hydrogen Peroxide 3%. Fill the reservoir with water and then add 3 capfuls of 3% Hydrogen Peroxide, stir, and use per manufacturer recommendations. Adjust to taste.

Protocol with grapefruit seed extract. You can get it at Whole Foods, Sprouts or most any health food store. Fill the reservoir with water. Add a quarter teaspoon or 10 drops of grapefruit seed extract to the well, around 20 ounces. Adjust to taste; cut the bitterness with a little xylitol.

- Salt water rinses. As an alternative to the Waterpik you could rinse with salt water for 30 seconds twice a day but be sure to spit it out. If you have high blood pressure or a heart condition, I would stick with #5 above and buy a Waterpik, as salt can raise blood pressure if too much is used or ingested.

Put around half an inch of salt in about 3–4 inches of water in a cup and put it aside. Then for the rest of the week you can sip a little, swish for 30 seconds and then spit it out. Follow that with plain water, swish that for a few seconds and then spit that out as well. This is usually done after the basic protocol is done, 1–5 above.

What to buy

- A soft toothbrush — replace every three months or so
- A rubber-tip gum stimulator (GUM makes one; look on Amazon)
- A box of baking soda
- Floss or soft picks
- Hydrogen peroxide (3%), for a 50/50 rinse to clean your brush and picks
- If Level 2, a Waterpik or equivalent, plus grapefruit seed extract

Total under $75, or under $15 without the irrigator.

The calendar

Week	Focus	What to notice
Week 1	Learn the routine. Baking soda daily. Go slow on the rubber tip; tender gums are normal for a few days.	Bleeding may increase briefly in the first few days as you touch inflamed areas. That's expected.
Week 2	Routine is automatic. Add irrigation if Level 2. Take a mid-point photo.	Bleeding should be noticeably less. Gums slightly less red.
Week 3	Reduce baking soda to alternate days if gums are calm. Keep everything else daily.	Little or no bleeding on brushing. Pink returning at the gum margin.
Week 4	Hold the routine. Day 30: photo, count the bleeding points, compare to day 1.	Most Level 1 cases: resolved. Level 2: fewer bleeding points, visibly pinker.

5. Enroll Your Hygienist

This is the chapter that makes the program different, and it's the one that requires courage. Your hygienist is not your adversary. In most offices she's the person who most wants your gums to get better. Give her a reason to be on your side.

Before the visit

Book a regular cleaning (a "prophy"), not the deep cleaning. Bring your day-1 and day-30 photos, and what you've been doing at home.

The conversation

When you sit down in the chair to get your cleaning, you could tell the hygienist what you have been doing at home and ask if they can recheck your pockets and problem areas from before. This is somewhat routine anyway.

You could even ask for a hand mirror to follow along to see where the problem areas still are. Ask if there is bone loss and they'll show you on the x-rays. Then ask if there is anything else they would recommend you do at home. And what treatment is recommended moving forward. Have the attitude: if it's needed, I'll do it. I'd just like to be sure it's needed.

A good hygienist will engage with the numbers and be pleased. A defensive answer ("we recommend SRP for everyone with fours") tells you the numbers are driving the decision. You can still say yes to the treatment. But now you understand better where you are in the process.

What the hygienist can do for you

- Re-probe and record, so your improvement is in the chart
- Point out the specific spots you're missing (there are always two or three)
- Adjust your technique, especially the rubber tip
- Spot-scale a stubborn area
- Set a recall interval based on your numbers, not the default six months

Most hygienists will engage with patients if they show an interest in their own health and are motivated to improve.

6. Day 30: What the Results Mean

Three outcomes.

Resolved. Bleeding is gone or nearly gone, gums are pink and firm, pockets have dropped into the 1–3 range or are 4 mm without bleeding. You've earned your way to better health.

Improved but not there. Bleeding points are down by half or more, pockets are shallower, but some areas are still 4–5 mm with bleeding. Two options, and your hygienist should help you choose: another thirty days plus localized scaling on the stubborn spots, or the deep cleaning

now, on a mouth that's far better prepared for it. Either is a good decision. The bad decision is doing nothing.

Not improved. Bleeding is unchanged, pockets are unchanged or deeper. This is the signal that something beyond plaque is driving it. Gums that won't heal are a message about the body and a signal that there is something deeper going on, even systemic. (Keep in mind that gum disease is multifactorial.)

You could do the deep cleaning your dentist recommends, but for pockets of 6 mm or more, mobile teeth, or bone loss between roots, see a periodontist, who is a gum specialist who can look at all the factors with you and recommend the best course of treatment.

Keep doing the protocol; it will make their work succeed better.

7. Keep It Up

You've spent thirty days building a habit. Don't dismantle it.

Daily, forever: light brushing, rubber tip, floss. This is the non-negotiable three minutes at least once a day after dinner.

Baking soda: two or three times a week for maintenance.

Irrigation: if you needed it to get better, keep doing it 2–3 times a week.

Cleanings: on the interval your numbers justify. For a resolved mouth, every four to six months. Ask to be re-probed each time.

The mirror: once a week, look at your gums in good light. Red at the margin is your early warning. You'll catch it weeks before anyone else would.

Feed the good guys: fermented foods, kefir, yogurt, less sugar, less snacking between meals. The anaerobes eat what you eat.

Most of my patients who reached "resolved" stayed there for years with nothing more than this. The ones who slid were the ones who stopped the rubber tip. Don't stop the rubber tip.

A Last Word

I'm not encouraging you to avoid treatment. Just the opposite. I want you to work with your dental office to improve the health of your mouth for the rest of your life. Enroll them by bringing something to the appointment other than an open mouth and a check book. A chart you understand, a routine you've kept, and a question or two. That changes the conversation and enrolls them more than you'd expect.

Thirty days. Then look in the mirror.

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The Tracking Sheet

Print this. Fill it in on day 1 and day 30.

	Day 1	Day 30	Change
Date			
Photo taken (Y/N)			
Bleeding points (count bleeding spots while flossing)			
Deepest pocket (mm)			
Gum color at margin (red / pink-red / pink)			
Bad breath (none / some / often)			
Sore or tender spots			
Days completed on checklist		/30	
Range of pockets at last cleaning (e.g. 3–5 mm) / compare at next cleaning			