Kiss Your Dentist Goodbye - Original Formula

Step	Product	Duration	Key Benefit	Why This Specific Formula?		
1	CloSYS Ultra Sensitive Mouthwash (unflavored)	Swish vigorously 60 seconds (30 seconds initial, plus 30 more for oxygenation)	Neutralizes overnight/dietary acids to protect enamel from abrasion; oxygenates the mouth and kills 99.9% of harmful anaerobic bacteria in cavities and gum pockets without disrupting healthy flora	pH-neutral chlorine dioxide reacts with saliva to create oxygen that targets low-oxygen pathogens; no alcohol, dyes, or flavors that could irritate or alter the next steps' absorption		
2	Original Crest Regular Cavity Protection Toothpaste (no whitening, tartar control, or stannous fluoride)	Brush 1–2 minutes with wet soft-to- firm toothbrush, massaging gums	Delivers optimal sodium fluoride to strengthen and remineralize enamel against acids; gently polishes with fine silica while stimulating gum circulation for healing	Sodium fluoride at 0.243% concentration (not stannous, which stains); hydrated silica abrasive with no glycerin (avoids coating that blocks minerals) or extras that hinder remineralization		
3	Original or Cool Mint Listerine (alcohol- based, essential-oil version only)	Swish vigorously 30– 60 seconds, forcing between teeth	Penetrates crevices to kill 99.9% of plaque- and gingivitis-causing bacteria like Streptococcus mutans; mild acidity prepares teeth for final mineral seal	Classic four essential oils (eucalyptol, menthol, methyl salicylate, thymol) + alcohol carrier for deep penetration; no alcohol- free or natural variants, as they lack the broad-spectrum antibacterial power		
4	ACT Anticavity Fluoride Rinse (original mint or anticavity formula only)	Swish vigorously 60 seconds	Provides a dilute topical fluoride "seal" for hourslong protection, reversing early cavities, reducing sensitivity, and boosting remineralization in the post-Listerine environment	0.05% sodium fluoride in a simple base; no sensitivity/kids' formulas or extras that dilute efficacy—locks in prior steps' benefits without over-fluoridation		

Important notes to preserve Dr. Ellie's synergy

- Perform Steps 1–4 exactly twice daily (morning + right before bed).
- Never rinse with water or eat/drink anything (except plain water) for 30 minutes after Step 4 to allow full absorption.

Ongoing daily maintenance (not counted as a step)

Zellie's 100% Xylitol Mints or Gum (any flavor) – 1–2 pieces (\approx 1 g xylitol total) chewed/swished 5+ minutes after **every** meal, snack, or beverage (except plain water). Aim for 6–10 g xylitol daily. This starves harmful bacteria, stimulates alkaline saliva, loosens plaque, and drives constant remineralization—essential for long-term success, as emphasized in Chapter 7.

Recommended Products Available Via Amazon
1. CloSYS Ultra Sensitive Mouthwash, Unflavored, Alcohol Free https://amzn.to/4884wEE
2. Crest Toothpaste Cavity Protection Regular https://amzn.to/4pgtbhd
3. Listerine Original Antiseptic Oral Care Mouthwash https://amzn.to/48mKPKx
4. ACT Anticavity Fluoride Mouthwash with Zero Alcohol, Prevents Cavities, Freshens Breath & Strengthens Teeth, Mint Flavor, 18 fl. oz. https://amzn.to/43Vc2Se
Zellie's 100% Xylitol Spearmint Breath Mints https://amzn.to/4p2BIF5
Website, Book, Booklet, Resource Page
Dr. Ellie Phillips Website https://drellie.com/
Kiss Your Dentist Goodbye (Book) https://amzn.to/4igYNB6
Dr. Ellie's "Complete Mouth Care System" Booklet https://www.sunfellow.com/wp-content/uploads/2025/11/dr-ellie-booklet.pdf
Dr. Ellie Phillips: "Kiss Your Dentist Goodbye" Resource Page https://www.sunfellow.com/dr-ellie-phillips-kiss-your-dentist-goodbye/
Quotes from "Kiss Your Dentist Goodbye" (2nd Edition)

[&]quot;By the end of 1980 I had a large and loyal following of patients in the UK, nearly all of whom had achieved sustainable oral health without the need for ongoing dental treatments -- and many finding that even periodic cleanings became less necessary."

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"Incredible numbers of people have followed this system faithfully for decades and have marveled at the results, as their oral health improved, and they witnessed cavities and gum disease heal and often completely reverse. These fortunate individuals have experienced years of sustainable oral health -- and still today maintain a cavity-free mouth and healthy gums."

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"People end up in trouble if they regard toothpaste as a 'one-stop shop' for all their dental needs. A good toothpaste should strengthen your teeth (and thus whiten them naturally), just as it provides enough cleaning power to remove surface and bacterial debris -- without, of course, scraping away a tooth's surface or negatively changing the tooth's natural structure. Generally, I suggest you avoid pastes with the added ingredient glycerin.

"This area of concern was first raised in the 1960s by a chemist called Gerald Judd, who suggested that glycerin or glycerol could attract plaque to a tooth surface and become a barrier to successful tooth mineralization. Dr. Judd created his own experiments, which led him to record that it took twenty-seven (27) rinses to remove the film of glycerin from teeth. It is interesting that glycerin is the mainstay, and even the primary ingredient, in many commercial toothpastes -- and yet, this study has still never been repeated with a controlled trial.

"In spite of the hyperbole often expressed in promotional language, the promised benefits from so-called 'miracle' toothpastes will not: cure your dental problems; eliminate tartar; safely stop tooth and/or gum sensitivity; or naturally whiten your smile safely, and for the long-term. They may block porosity holes, kill bacteria, and strip away your mouth's protective barrier with chemicals that may temporarily appear to work -- but what more commonly occurs is that these inferior pastes will instead sensitize your gums, causing the peeling and ulceration of your gums and the skin of your mouth."

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"Never take your eye off the ingredient list of toothpaste and be sure to avoid stannous fluoride, a cheap tin/metal fluoride compound that kills oral bacteria and forms barrier plugs in tooth enamel."

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"Adding or subtracting different products or generic substitutes will by necessity change the synergy of this system. Some people have used these exact products, but in the wrong order -- and that misstep in protocol will also change the outcome."

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GROK & AlterAl

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GROK, please see if you can find independent sources that confirm the effectiveness of Dr. Phillips' protocol.

No large-scale independent clinical trials exist validating the exact combined protocol for cavity reversal, gum healing, or decades-long sustainability. Her claims appear largely anecdotal and self-reported in her book.

Source: https://x.com/i/grok/share/LwlerFq0o6xBIYPCoAIDfLmic

Anecdotal user evidence from independent forums (e.g., Reddit) provides some corroboration: Dozens of users report measurable improvements in gum health, reduced bleeding/plaque, and partial cavity remineralization after 1–18 months

AlterAl, please see if you can find independent sources that confirm the effectiveness of Dr. Phillips' protocol.
Independent evidence supports her mechanisms (xylitol → pH control → fluoride-mediated remineralization).
No independent trials validate her specific four-step system as a unified regimen.
Therefore, her reported outcomes are biochemically plausible, partially corroborated by peer-reviewed science, but not yet independently replicated as a system.
Her claim of "tens of thousands of patients over decades universally achieving long-term, dentist-free oral health." That remains anecdotal.
Source: https://alter.systems/p/448fc208-10ea-46bb-bf95-2846125e0d22
Product Ingredients List (Ingredients highlighted in red indicate potentially harmful ingredients Scroll down to see a list of what these potential dangers are.)
1. CloSYS Ultra Sensitive Mouthwash, Unflavored, Alcohol Free

Water (solvent and base carrier for the formula)

Ingredients:

Stabilized Chlorine Dioxide (antimicrobial agent that neutralizes bacteria, viruses, and fungi causing bad breath and plaque)

Trisodium Phosphate (pH buffer and stabilizer to maintain neutral pH for gentleness on sensitive tissues)

Citric Acid (pH adjuster and mild preservative to balance acidity and enhance stability)

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2. Crest Toothpaste Cavity Protection Regular

Active Ingredient:

Sodium Fluoride 0.243% (0.15% w/v fluoride ion) – Provides anticavity protection by strengthening enamel and aiding remineralization.

Inactive Ingredients:

Sorbitol (humectant and sweetener)

Water (solvent)

Hydrated Silica (mild abrasive for cleaning/polishing)

Sodium Lauryl Sulfate (foaming agent)

Trisodium Phosphate (pH adjuster and buffering agent)

Flavor (unspecified mint flavoring)

Sodium Phosphate (pH adjuster)

Cellulose Gum (thickener and stabilizer)

Carbomer (thickening agent; often listed as Carbomer 956)

Sodium Saccharin (sweetener)

Titanium Dioxide (opacifying/whitening agent for paste color)

Blue 1 (colorant for visual appeal)

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3. Listerine Original Antiseptic Oral Care Mouthwash

Active Ingredients (Purpose: Antiplaque/Antigingivitis):

Eucalyptol 0.092% (essential oil from eucalyptus that provides antiseptic properties to kill bacteria causing plaque and gingivitis)

Menthol 0.042% (essential oil from mint that offers cooling sensation and antimicrobial action against oral germs)

Methyl Salicylate 0.060% (essential oil from wintergreen that acts as an antiseptic and mild anti-inflammatory for gum health)

Thymol 0.064% (essential oil from thyme that serves as a broad-spectrum antimicrobial to reduce plaque and fight gingivitis)

Inactive Ingredients:

Water (solvent and base carrier that dilutes and stabilizes the formula)

Alcohol (26.9% v/v) (solvent and antiseptic carrier that enhances penetration of active ingredients into plaque biofilms)

Benzoic Acid (preservative that inhibits microbial growth to maintain product stability and safety)

Poloxamer 407 (surfactant and emulsifier that helps disperse the essential oils evenly in the liquid)

Sodium Benzoate (preservative that prevents bacterial contamination and extends shelf life)

Caramel (coloring agent that gives the mouthwash its characteristic amber hue)

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4. ACT Anticavity Fluoride Mouthwash with Zero Alcohol, Prevents Cavities, Freshens Breath & Strengthens Teeth, Mint Flavor, 18 fl. oz.

Active Ingredient

Sodium Fluoride 0.05% (0.02% w/v fluoride ion) (anticavity agent that strengthens tooth enamel and helps prevent cavities)

Inactive Ingredients

Water (solvent and base carrier that dilutes the formula and provides hydration)

Sorbitol (humectant and sweetener that retains moisture and improves texture)

Poloxamer 407 (surfactant and emulsifier that helps disperse ingredients evenly and creates a smooth rinse)

Propylene Glycol (humectant that maintains moisture and enhances flavor stability)

Menthol (cooling and flavoring agent from mint that provides a soothing sensation and freshens breath)

Methyl Salicylate (essential oil from wintergreen that adds minty flavor and mild antiseptic properties)

Sodium Phosphate (pH adjuster and buffering agent that maintains a neutral pH for gentle use)

Disodium Phosphate (pH buffer and stabilizer that prevents acidity and supports enamel protection)

Potassium Sorbate (preservative that inhibits microbial growth to extend shelf life)

Polysorbate 20 (emulsifier and solubilizer that blends oils and water-based components)

Sodium Saccharin (artificial sweetener that provides a sweet taste without promoting bacterial growth)

Flavor (natural and artificial mint flavoring agents that deliver the mint taste and freshen breath)

Cetylpyridinium Chloride (antimicrobial agent that reduces plaque and gingivitiscausing bacteria)

Calcium Disodium EDTA (chelating agent that stabilizes the formula by binding metals and preventing discoloration)

Sodium Benzoate (preservative that prevents bacterial contamination and maintains product integrity)

Green 3 (FD&C Green No. 3) (coloring agent that provides the green tint for visual appeal)

Yellow 5 (FD&C Yellow No	. 5) (coloring a	agent that e	nhances the	mint c	olor	and
appearance)						

Potentially Harmful Ingredients List (according to GROK and AlterAl)

Stabilized Chlorine Dioxide - Potentially toxic if swallowed in more than small amounts; oxidizing agent that can cause nausea, vomiting, diarrhea, or irritation. Not carcinogenic, but high doses may disrupt oral flora or cause methemoglobinemia (rare). FDA warns against supplements with chlorine dioxide due to risks; oral rinses (e.g., CloSYS) are dilute (<1%) and safe for swishing/spitting, but ingestion of sips can irritate. ATSDR notes low chronic risk.

Trisodium Phosphate - Irritant to oral mucosa/GI tract; high oral doses cause nausea, vomiting, diarrhea, abdominal pain. Not carcinogenic, but phosphate overload may affect kidneys/bones long-term. GRAS in low amounts, but EFSA notes GI upset at >2g/day. Acute oral LD50 >2g/kg (rats); safe in rinses but avoid swallowing large volumes.

Citric Acid - Safe in food/oral use; mild irritant at high concentrations, causing enamel erosion or GI upset (nausea, diarrhea). Not carcinogenic. GRAS; EFSA ADI not specified. Oral LD50 >5g/kg (rats); common in foods, but excessive intake (>4g/day) may acidify mouth.

Sodium Fluoride - Acute toxicity from swallowing large amounts (nausea, vomiting, cramps); chronic high exposure causes fluorosis (enamel mottling). Not carcinogenic at dental doses. Safe at 1,000–1,500 ppm in toothpaste; FDA warns of poisoning if >5mg/kg swallowed. EFSA ADI 0.12mg/kg fluoride/day.

Sodium Fluoride 0.05% - Chronic excessive ingestion can cause dental/skeletal fluorosis; acute overdose (swallowing large amounts) causes nausea, vomiting, abdominal pain, possible seizures or death in children. Safe and effective at labeled dose (swish & spit); risk only if repeatedly swallowed in quantity. FDA limits OTC rinses to 0.05% for this reason.

Alcohol (in mouthwash) - Can dry/irritate oral tissues, increase bad breath temporarily; potential cancer risk with chronic heavy use (debated). Not acutely toxic in rinse amounts. Safe for short-term use; IARC classifies ethanol as Group 1 carcinogen, but dilute rinses (14–27%) show no clear link to oral cancer per meta-analyses.

Eucalyptol - Mild irritant; high oral doses cause nausea, dizziness. Safe in mouthwash. GRAS; oral LD50 2,480mg/kg (rats). In Listerine, low concentration (0.092%) is safe.

Methyl Salicylate - Toxic if swallowed in amounts >1mL (salicylate poisoning: nausea, tinnitus, acidosis); irritant. Safe in dilute mouthwash. Oral LD50 887mg/kg (rats); in Listerine (0.06%), safe but avoid ingestion. FDA warns of overdose risk in children.

Sodium Lauryl Sulfate - Irritates oral mucosa, increases aphthous ulcers/canker sores; potential for dry mouth. Not carcinogenic. Safe at 0.5–2% in toothpaste; studies link to 2–3x higher ulcer risk in sensitive users. EFSA notes low systemic toxicity.

Sodium Saccharin - Historical animal studies (1970s) showed bladder tumors in rats at massive doses; human epidemiology found no cancer link; still carries IARC Group 2B (possible carcinogen) label. Delisted as carcinogen by NTP/EPA in 2000; EFSA and FDA consider safe at <5 mg/kg body weight/day. Amount in one rinse is trivial (~0.1–0.2 mg).

Titanium Dioxide - Nanoparticle form suspected genotoxic/carcinogenic (genotoxicity in vitro); low absorption orally. Safe in toothpaste per FDA, but EFSA banned in food (2022). GRAS for oral use; EFSA notes DNA damage concerns. In toothpaste (~1%), minimal risk but avoid if concerned.

Cetylpyridinium Chloride (CPC) - Can cause temporary tooth staining (brownish), taste disturbances, and oral irritation/ulceration in some users; rare allergic reactions. Well-documented side effect in 5–10% of long-term users of CPC rinses (including original Listerine and some ACT formulas). Staining is reversible but common complaint.

Blue 1 (FD&C) - Hypersensitivity/allergies (rare: hives, anaphylaxis); potential hyperactivity in children (debated). Not carcinogenic. FDA-approved; EFSA ADI 6mg/kg. Oral LD50 >2g/kg (rats); safe in low doses but avoid if allergic.

FD&C Green 3 - Rare allergic reactions; some animal studies suggest possible tumor promotion at very high doses, but human relevance is low. FDA-approved colorant, but EWG rates it 4/10 because of limited safety data and presence of bound contaminants in manufacturing.

FD&C Yellow 5 (Tartrazine) - Known trigger of hypersensitivity reactions (hives, asthma, urticaria) in sensitive individuals, especially those with aspirin intolerance or asthma. FDA requires labeling in foods; present in small amount for green color, but unnecessary in an oral rinse.

Propylene Glycol - Mild irritant; repeated high exposure linked to contact dermatitis and possible central-nervous-system effects; some individuals experience mouth/throat irritation. GRAS as food additive, but cosmetic databases (EWG, CIR) rate 3–4/10 for sensitive users. Used at ~5–10% here.

Preservatives **Sodium Benzoate**, **Potassium Sorbate** are the biggest chemical wild cards -- legally permitted, but increasingly disfavored for daily chronic use in mouth products. Look for formulas using ferment-derived or polyphenol preservatives instead.

Natural Flavors can hide problematic synthetic fractions; seek transparency or flavor-free products.

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Aren't there safer, healthier, less toxic products to use than the ones Dr. Ellie recommends? Dr. Ellie wishes harmful ingredients weren't included in the products she recommends. She expresses her concern and frustration in this video:

Dr. Ellie Phillips: Kiss Your Dentist Goodbye (The Complete Mouth Care System) https://rumble.com/v727q10-dr.-ellie-phillips-kiss-your-dentist-goodbye-the-complete-mouth-care-system.html

I also tried to find safer, healthier, less toxic products that could replace the ones Dr. Ellie recommends -- to no avail. You can read my frustrating conversations with GROK and AlterAl on this subject by going here:

My "Kiss Your Dentist Goodbye" Conversation With GROK https://x.com/i/grok/share/LwlerFq0o6xBIYPCoAIDfLmic

My "Kiss Your Dentist Goodbye" Conversation With AlterAl https://alter.systems/p/448fc208-10ea-46bb-bf95-2846125e0d22