

1 **Salvador Gaytan:** Welcome to SmileTalk with Dr. John, the friendly dentist, an
2 entertaining and informative dental talk show, featuring the latest
3 news and developments in dentistry. I'm Salvador Gaytan, and I'm
4 here with Dr. John Chao, the founder of Alhambra Dental, and the
5 creator of this show. How are you doing today doctor?
6

7 **Dr. John Chao:** Wonderful. We're going to have a great show everybody. We're
8 going to talk about some things that you would not suspect that's
9 happening in dentistry. So, tune in and stay on.

10

11 **Salvador Gaytan:** So, we're going to have a little snap, crackle, pop to this show?
12

13 **Dr. John Chao:** It's going to pop.
14

15 **Salvador Gaytan:** I like it, I like it.
16

17 **Dr. John Chao:** Alright.
18

19 **Salvador Gaytan:** Well, we've got a number of things that we are going to get into,
20 about wisdom teeth, and also different things about fillings and so
21 forth. But let's get to our Rapid Fire Five.
22

23 I'm going to ask you five quick questions, true or false, you're
24 going to give me the answer, and then we're going to come back
25 and you're going to tell the audience why it's true or false. Are you
26 ready Dr. John?
27

28 **Dr. John Chao:** Yes, fire away.
29

30 **Salvador Gaytan:** Okay. Question number one: Wisdom teeth should always be
31 removed, true or false?
32

33 **Dr. John Chao:** False.
34

35 **Salvador Gaytan:** False, okay. Question number two: Whitening mouthwashes and
36 toothpastes actually harm the enamel of the teeth, true or false?
37

38 **Dr. John Chao:** False.
39

40 **Salvador Gaytan:** False. Question number three: People with gaps between their teeth
41 have a higher rate of tooth loss, true or false?
42

43 **Dr. John Chao:** That's true and false.
44

45 **Salvador Gaytan:** Another trick question, okay.
46

47 **Dr. John Chao:** It's a little bit tricky there.
48
49 **Salvador Gaytan:** Okay, so it's true and false, you'll tell us why. Question number
50 four: Teeth cannot be straightened without using braces of some
51 kind, true or false?
52
53 **Dr. John Chao:** False.
54
55 **Salvador Gaytan:** False, okay. Question number five: Can a receding gum line be
56 restored?
57
58 **Dr. John Chao:** It's very definitely true.
59
60 **Salvador Gaytan:** Very true, okay. Interesting, I didn't think that was possible. Okay,
61 let's get back to question number one. Wisdom teeth should
62 always be removed, that is false.
63
64 **Dr. John Chao:** Wisdom teeth should be removed in most circumstances, but there
65 are circumstances where they shouldn't be removed.
66
67 **Salvador Gaytan:** Now, tell people -- most people already know, but what exactly are
68 wisdom teeth?
69
70 **Dr. John Chao:** Wisdom teeth are the last teeth in your mouth, and there you have
71 your first molars and second molars. So, the third set of molars
72 coming out way in the back are called wisdom teeth. The reason
73 they are called wisdom teeth is, you don't get them until you are a
74 little wiser, a little wiser and older.
75
76 **Salvador Gaytan:** A little wiser, now is that really true?
77
78 **Dr. John Chao:** Assuming that -- well, I don't know whether it's true whether
79 you're wiser when you get older, but generally wisdom teeth come
80 out when you are about what, anywhere from 14 and on. So, when
81 they come out in a less normal way, then they should be taken out
82 when the patient is younger.
83
84 **Salvador Gaytan:** Now, when younger, what age do you mean?
85
86 **Dr. John Chao:** Generally they should have it out between the ages of 17 and 25.
87
88 **Salvador Gaytan:** And now why is that?
89
90 **Dr. John Chao:** This is because the bone is softer then. And then sometimes the
91 roots are not completely formed. So, they are easier to take out.
92 When you get to be 35 and older, the bone is a lot harder, a lot

93 more calcified, and there would be more risk of complications. So,
94 generally if it's going to come out, it should come out while you're
95 younger.
96

97 **Salvador Gaytan:** Interesting, interesting.
98

99 **Dr. John Chao:** But not every wisdom tooth should be taken out. There are
100 instances where it's so difficult, and the complications are so likely
101 that you don't want to take them out, unless you absolutely have
102 to.
103

104 One example would be, if the root is wrapped up in the nerve that
105 goes to your chin way back there, and if you do take it out, there
106 will be a high risk of having permanent numbness in the lip, then
107 that would be an instance where you should really, really be
108 careful, and not jump into taking it out, unless you absolutely have
109 to.
110

111 **Salvador Gaytan:** Now, how would you know this, by x-rays?
112

113 **Dr. John Chao:** By x-rays, the same type of x-rays that we have for years, or we
114 can use 3D x-rays, what we call Cone Beam Cat Scan, that can
115 determine on a two dimensional basis where the roots are, but we
116 can actually see the jaw in three dimensions, so that we can see
117 where exactly the nerve is, and where exactly the root is.
118

119 **Salvador Gaytan:** Interesting. Now, there's more on wisdom teeth we're going to talk
120 about here in just a little bit, but let's get to the number two
121 question. Whitening mouthwashes and toothpastes actually harm
122 the enamel of the teeth. That is false.
123

124 **Dr. John Chao:** That's false. It's not strong enough to cause any damage to the
125 enamel, although some people are so sensitive that even this very,
126 very mild peroxide product can cause severe pain. So, some people
127 should be very, very careful. If it bothers you at all, then don't use
128 it, and consult your dentist.
129

130 **Salvador Gaytan:** Now, can someone overuse it, they use the whitening mouthwash
131 three times a day. Is that too much, can it be?
132

133 **Dr. John Chao:** No, I don't think that's too much. If it doesn't bother the patient,
134 then they can use it as often as they want, but if your teeth are
135 getting sensitive to cold or even to cold air, then you should stop.
136

137 **Salvador Gaytan:** Now, whitening toothpaste, do they really work or is that just
138 advertisement?

139
140 **Dr. John Chao:** I think they do work to a certain extent. It's not going to work
141 really, really well, but it helps a little bit. I don't mind people using
142 it.
143
144 **Salvador Gaytan:** Interesting.
145
146 **Dr. John Chao:** But if you have any questions, if you have any discomfort, if the
147 gums are blistering, if you have unusual symptoms around the
148 mouth, or have actually throat problems or digestive problems,
149 consult your dentist, and certainly stop using it immediately.
150
151 **Salvador Gaytan:** Interesting. Anyone just tuning in, I'm Salvador, here with Dr.
152 John, the friendly dentist, and anyone wanting to contact Dr. John,
153 626-308-9104, or logon to AlhambraDental.com.
154
155 Okay, getting to our third question. People with gaps between their
156 teeth have a higher rate of tooth loss, that is -- well, actually that's
157 a trick question, isn't it? True and false.
158
159 **Dr. John Chao:** Yes, if it's gaps between your front teeth, then that's really okay.
160 That doesn't create any pathological conditions, but if it's gaps
161 between the back teeth, that presents a real great problem, because
162 the food gets trapped.
163
164 And if you're not consistently and persistently removing the debris
165 that collects between the teeth in those gaps, then you are liable to
166 have two things happen, cavities and gum disease.
167
168 So, gaps in the back teeth are not good, gaps in the front teeth is a
169 matter of whether you like it or not. Some people don't mind
170 having their gaps between their teeth, other people don't like it.
171
172 **Salvador Gaytan:** Question number four: Teeth cannot be straightened without some
173 kind of braces. That is false.
174
175 **Dr. John Chao:** That's false. That answer would have been true some years ago,
176 because at that time the popular way of moving teeth would be to
177 use braces. Even then, you can have invisible braces. It's a very
178 difficult way to do things, but you can actually put it behind the
179 front teeth.
180
181 **Salvador Gaytan:** Wow, I didn't know that.
182
183 **Dr. John Chao:** It's still being done today, but it's very, very complicated, and you
184 can only do it for certain cases. So, those are called invisible

185 braces. But now, we have the so called trays that fit over teeth.
186 These trays are clear, {it's like} retainers which are clear.
187
188 These trays can move the teeth step by step over a period of time.
189 So, when you wear them, hardly anybody can tell that you're using
190 anything. You do see a little bit. If you look really closely, you'll
191 see them, but they are practically invisible.
192
193 **Salvador Gaytan:** Now, is it something that you do, or do they have to have it done
194 by an orthodontist?
195
196 **Dr. John Chao:** This is something dentists, general dentists and orthodontists can
197 do. If you have the proper training, you can do that.
198
199 **Salvador Gaytan:** Do you do that in your practice?
200
201 **Dr. John Chao:** Yes we do it.
202
203 **Salvador Gaytan:** Excellent.
204
205 **Dr. John Chao:** A lot of dentists do that. It's very popular. A lot of general dentists
206 now have been trained to do orthodontics and do it well. So, it
207 makes no difference where you go to. If you are a dentist who is
208 well trained and experienced in orthodontics, you should have it
209 done with him, if that's what you prefer. Or you can certainly go to
210 the orthodontist, who limits his practice to orthodontics.
211
212 **Salvador Gaytan:** Excellent, okay. Let's go to question number five. Can -- and a lot
213 of people do have this problem, can a receding gum line be
214 restored?
215
216 **Dr. John Chao:** Definitely. There are surgical procedures that can restore the gum
217 line to its original position, provided there is not advanced gum
218 disease. But in most cases, something can be done to improve that
219 condition. In fact, sometimes we'll highly recommend it.
220
221 **Salvador Gaytan:** You were mentioning there is -- I guess to restore gum line,
222 sometimes they'll take a piece of gum from the palate and put it on
223 the gum line. Is that...?
224
225 **Dr. John Chao:** That right now is the standard way of doing it, because it is the
226 most consistent way and gets the best long term results. There are
227 ways also, instead of using your own gum, which is called
228 autogenous grafting, to use grafting material that's artificial or
229 taken from bovine sources.
230

231 So, instead of taking your own gum and then trying to replenish
232 the area that's lacking in gum, you can actually use grafting
233 material, that's not from your own body at all. And there are some
234 instances where we use -- where tissue from human source is used
235 also.
236

237 **Salvador Gaytan:** Now, why should someone -- if someone has a receding gum line,
238 is there a point where it's just for aesthetic purposes, or are there
239 some health consequences for the teeth if they don't restore the
240 gum line?
241

242 **Dr. John Chao:** There are certain cases where it could be basically cosmetic, but
243 when the gums have receded to a certain extent beyond a certain
244 amount, then that becomes a progressive process, and that can lead
245 to severe gum loss, and that can impact the longevity of the teeth.
246

247 So, in certain circumstances we'll recommend doing the procedure,
248 not just as a cosmetic procedure, but as a way to preserve the gum
249 and the bone around the teeth.
250

251 **Salvador Gaytan:** So, as you were saying, if the gum loss gets to a certain point, can
252 people lose teeth because of that?
253

254 **Dr. John Chao:** There are cases where this can happen, yes.
255

256 **Salvador Gaytan:** Okay, now getting back to one of our questions about wisdom
257 teeth. And there is some information on that. People want to know,
258 why do they call them wisdom teeth, why do we have wisdom
259 teeth? Before we get to that, I just know one thing, and you've
260 been my dentist for a long time. Excellent, I might add.
261

262 **Dr. John Chao:** Well, thank you.
263

264 **Salvador Gaytan:** Yeah, absolutely. You pulled my wisdom teeth a long time ago,
265 and I know you don't do a whole lot of that now, but I just
266 remember you. I didn't have any anesthesia, I didn't want any
267 anesthesia, I just wanted Novocain. You had a full workout getting
268 my four teeth out.
269

270 **Dr. John Chao:** But it was painless, wasn't it?
271

272 **Salvador Gaytan:** It was painless.
273

274 **Dr. John Chao:** But you still remember it?
275

276 **Salvador Gaytan:** I still -- I just remember you pulling and pulling, and you finally
277 got all four of those out.
278
279 **Dr. John Chao:** Yes I did, and I actually stopped taking wisdom teeth out after I
280 did yours.
281
282 **Salvador Gaytan:** After you did my teeth?
283
284 **Dr. John Chao:** No, no, I'm just kidding. But I do refer them out for different
285 reasons now.
286
287 **Salvador Gaytan:** Now, I've heard that there are different ways, that sometimes you
288 can pull them out whole, but I've heard other friends, they say they
289 went in, and they actually hammered and cracked them, and pulled
290 out little pieces at a time. Is that true?
291
292 **Dr. John Chao:** That's in the old days.
293
294 **Salvador Gaytan:** That's in the old days?
295
296 **Dr. John Chao:** Yeah, we have very, very easy methods now. It could be done very
297 easily. It's not as traumatic as it really was. So, you don't have to
298 worry about getting wisdom teeth out these days. It's much easier.
299
300 **Salvador Gaytan:** Much easier. Now, you have some interesting background
301 information now. One of the questions is, why do they call them
302 wisdom teeth, and what are they?
303
304 **Dr. John Chao:** Well, wisdom teeth are called wisdom teeth, because you don't get
305 them when you're much older. So, hopefully you're wiser as you
306 get older, so they call them wisdom teeth. But why do you have
307 wisdom teeth?
308
309 I think it came when our jaws were much bigger in the
310 evolutionary history of our race. In the caveman days, we needed
311 big jaws to accommodate eating roots and nuts and meats. So, we
312 needed all of them to survive.
313
314 But now, as time goes on, we don't need them that much anymore,
315 so our jaw over the evolutionary period has gotten smaller. So, all
316 of a sudden now, we don't have enough room.
317
318 **Salvador Gaytan:** So, our jaws have gotten smaller, so now the wisdom teeth are
319 crowded back there, is that right?
320

321 **Dr. John Chao:** Yes, there is no room for it to come out straight. It gets stuck at the
322 angle of the jaw. So, it comes in at 45 degree angles or worse, and
323 sometimes you get fully impacted when it's just horizontal pushing
324 against the tooth in front of it, and sometimes it's 45 degree
325 coming out and then it gets stuck, and then it creates infections and
326 so on. So, sometimes it starts to hurt, that they have to be taken
327 out.
328

329 **Salvador Gaytan:** I guess so, the cavemen, they -- actually is it true, their teeth --
330 because they ate so many hard foods, their teeth ground down to
331 nothing?
332

333 **Dr. John Chao:** That could happen, that could happen, that happens today. Some
334 people love to eat nuts and chew certain kinds of things which are
335 abrasive. And they do end up with flat teeth, that are real worn
336 down.
337

338 **Salvador Gaytan:** We are going to get into that in just a little bit. For anyone tuning
339 in, I'm Salvador, here with Dr. John, the friendly dentist, and he
340 can be reached at 626-308-9104, or you can logon to his website
341 AlhambraDental.com, because you are located in the beautiful city
342 of Alhambra. Isn't that right doctor?
343

344 **Dr. John Chao:** Yes, that's right, and please feel free to call us or leave a message
345 or leave a comment or question for us. We love to answer your
346 questions on our show. So, feel free.
347

348 **Salvador Gaytan:** Now, Dr. John, talking about the wisdom teeth and so forth, that
349 brings us to our next topic, which is a very popular topic and a lot
350 of people do suffer for. So, I'll form it in a question. Why do
351 people clench their teeth while they sleep?
352

353 **Dr. John Chao:** Well, it's the way the jaws are formed, you got muscles that are
354 working the jaws. The muscles tend to want to tighten, especially
355 if you are under stress, or if you are nervous or tensed, and that
356 produces the tendency to want to put your teeth together.
357

358 If you're chronically tensed or stressed, then you can develop a
359 habit, where before you know it, you're either clenching or you're
360 grinding your teeth. This could happen in the daytime, but it can
361 happen during the night time without you being able to control it.
362

363 **Salvador Gaytan:** Because you are asleep. Now, I know for me, you have made me
364 what you call a night guard, which I use religiously, I want to let
365 you know.
366

367 **Dr. John Chao:** Well, good, good, you're a very compliant patient, and that's why
368 your teeth are looking great.
369

370 **Salvador Gaytan:** Well, we try, we try. So, the causes of people clenching their teeth,
371 stress, even snoring, isn't that right?
372

373 **Dr. John Chao:** When you're snoring, you're breathing through your mouth, and
374 when you breath through your mouth, your teeth tend to go to
375 work, because you can't keep your mouth open if the teeth aren't
376 there to keep it open.
377

378 The other cause of clenching is actually the occlusion. In other
379 words, if your bite is half, if one or two teeth are sticking up, or
380 some teeth are sticking up and some teeth are not biting together,
381 it's having foreign matter between your teeth, like a little pebble or
382 something between your teeth. That can cause you to want to grind
383 more than ever.
384

385 So, if you have a malocclusion, or if the occlusion isn't right, you
386 tend to clinch more during the night.
387

388 **Salvador Gaytan:** Is there a difference between clenching and grinding, or is it the
389 same thing?
390

391 **Dr. John Chao:** Clenching is a different phenomenon. A lot of people just clench,
392 and you can't tell they're even doing it. Grinding is called
393 Bruxism, where the teeth are actually moving side to side or
394 moving forward. This is generally something that a lot of people
395 do during sleep.
396

397 **Salvador Gaytan:** Is it just a discomfort, or are there some real consequences to the
398 grinding?
399

400 **Dr. John Chao:** Well, first of all grinding can do one of two things. Grinding can
401 either cause your teeth to be ground down over time. This is why
402 you see certain people with very short teeth. They hardly have any
403 teeth left sometimes when it's really extreme.
404

405 The other consequence would be, the teeth don't ground down, but
406 the muscles hurt. So, this generally happens with ladies, whose
407 musculature is not as strong as the men, so they wake up with
408 headaches and eyes strained and the jaw pains and facial pains.
409

410 For the men, their muscles are strong, so there is no pain, but they
411 do end up grinding their teeth down.
412

413 **Salvador Gaytan:** I guess you could chip teeth too by clenching?
414

415 **Dr. John Chao:** Chipping front and back teeth as over time, as you chip the teeth, it
416 gets shorter and shorter.
417

418 **Salvador Gaytan:** So, what are the -- are there remedies as a dentist, that dentists can
419 perform to eliminate the consequences of clenching and grinding?
420

421 **Dr. John Chao:** Yeah, the dentists can definitely relieve some of the problem,
422 especially if it has to with the bite. The bite could be corrected
423 either with braces or with minor adjustments of the teeth, so that
424 the teeth come together better. And of course, we can use devices
425 like night guards.
426

427 **Salvador Gaytan:** The one you made for me?
428

429 **Dr. John Chao:** Yeah, such as what I made for you, provided you use it right. Some
430 people use it just to grind on, which is not a good idea. But if you
431 use it to remind yourself not to bring your teeth together during
432 your sleep, then eventually just wearing it would help you
433 disengage your teeth from each other.
434

435 So, night guards can be very, very helpful. But unfortunately, there
436 is nothing we can do about a patient's tension. So, we do suggest
437 that the patients try to get relaxed in some way or another.
438

439 **Salvador Gaytan:** Workout.
440

441 **Dr. John Chao:** Workout, take a hot bath, go swimming, get a massage and do
442 yoga, do whatever you have to do to get relaxed. Now, especially
443 tell yourself not to clench your teeth before you go to bed.
444

445 **Salvador Gaytan:** Will that help?
446

447 **Dr. John Chao:** Definitely. Now, I have a little suggestion for those of our listeners
448 who tend to clench your teeth. Even without the night guard, bring
449 your teeth together and clench on it for five seconds, and then
450 release it for five seconds, and clench on it again for five seconds,
451 and do it 10 times before you go to bed.
452

453 Just try to memorize what it feels like to have your teeth clenched
454 together. Tell yourself, before you go to bed, don't clench. You'd
455 be amazed at how better your teeth would be when you wake up.
456 So, that's a very, very good trick, and try it and see whether that
457 works for you or not. If not, then see your dentist.
458

459 **Salvador Gaytan:** Now, for our listeners, you are listening to Dr. John, the friendly
460 dentist, and you can contact him at AlhambraDental.com. Now Dr.
461 John, you can make night guards, and devices like that. Do those
462 go on the upper teeth or the lower teeth or where do they go?
463
464 **Dr. John Chao:** It's a matter of choice. If the patient -- I generally tend to make it
465 on the lower teeth. Some dentists prefer to make it on the upper
466 teeth, and there are different ways to make it.
467
468 There is a special device, where you just put it in the upper front
469 teeth and the lower front teeth. It's a little tab that you wear. This
470 would disengage the jaws. But that generally should be worn with
471 some kind of a string that will prevent the patient from losing it or
472 actually swallowing it.
473
474 So, there are different devices on the market that the dentists use.
475 Talk to your dentists about what would be the most suitable for
476 you.
477
478 **Salvador Gaytan:** Now, that device that you mentioned, it's supposed to come with a
479 string. We were talking to someone, a female who had a device
480 like that, and she said it was very cumbersome, and that it actually
481 -- sometimes it made her drool, wake up with drool, and it's down
482 by her feet. So, I mean what's up with that device?
483
484 **Dr. John Chao:** Well, I think probably there is some communications gap here,
485 where somehow the string got lost. So, we won't say who it is,
486 except maybe it's the producer of our show. We won't even say
487 her name.
488
489 **Salvador Gaytan:** We won't incriminate. I tell you, it's a funny darn story though.
490
491 **Dr. John Chao:** Yeah, but we'd like to hear that. That's really true, that happens,
492 and especially with something like that, it's a very good idea to
493 have a string on that can tie to your pajamas or to your neck or
494 something, because anything that can happen, will happen.
495
496 **Salvador Gaytan:** So, that particular device could actually be swallowed.
497
498 **Dr. John Chao:** Yes, that's the biggest danger, so you {don't want} that to happen.
499
500 **Salvador Gaytan:** Okay, okay. Now, we wanted to touch on one last topic, that we
501 didn't get to talk about. We did talk about the different substances
502 that you can use to fill cavities. But the way that the gold and the
503 porcelain are made, are different. You have to use a laboratory, is
504 that right?

505
506 **Dr. John Chao:** That's correct. You have to use a laboratory for that process. Now,
507 some dentists will actually do it themselves, but most dentists
508 would use either a laboratory or use a technician, who is working
509 for the dentist in the office.
510
511 So, there are two ways to go, and when the dentist uses the
512 commercial laboratory, this is when the patient has to wait two or
513 three weeks for that to come back. When you have a technician in
514 the office, then this could be done a lot quicker and faster.
515
516 **Salvador Gaytan:** So, which method do you use?
517
518 **Dr. John Chao:** I use actually both right now. I'm working towards having a
519 technician in my office who would do the work right there. And I
520 have used also commercial laboratories. But I prefer, at this point
521 in my practice, to have a technician in my office.
522
523 Now, for the denture work, I use a commercial laboratory. For
524 doing porcelain and gold, I have a technician who is in my office
525 right now. So, I'm currently in between getting a technician to do
526 everything in my office.
527
528 **Salvador Gaytan:** So, the benefits of having a technician in the office is that you as
529 the dentist, you can supervise the work, and the quality is better. Is
530 that...?
531
532 **Dr. John Chao:** As a supervisor of work, I have control over the work. And also, I
533 can train the technician to understand what goes on in the mouth,
534 rather than a technician who is way out in somewhere else, and we
535 can't see what's in the mouth.
536
537 And actually it's a learning experience for both myself and the
538 technician, because he has his perspective. He is a very valuable
539 member of my team, so we do learn from each other, and the end
540 result is, we can do something that we both enjoy doing, and then
541 give the patient hopefully a better product than if we had sent the
542 work out to a laboratory that's away from the office.
543
544 **Salvador Gaytan:** I see.
545
546 **Dr. John Chao:** But on the other hand, there are dentists who work very well with a
547 commercial laboratory, and they also have good results. So, it's a
548 matter of preference.
549

550 **Salvador Gaytan:** Well, we are coming to the conclusion of our show today Dr. John.
551 Did we cover everything today?
552
553 **Dr. John Chao:** Yes, I think we managed to cover almost everything. We still
554 haven't gotten back to The Yellow Rose of Texas.
555
556 **Salvador Gaytan:** The Yellow Rose of...
557
558 **Dr. John Chao:** We got to get it next time.
559
560 **Salvador Gaytan:** We've got to get The Yellow Rose of Texas.
561
562 **Dr. John Chao:** How can we forget The Yellow Rose of Texas?
563
564 **Salvador Gaytan:** I know. It's not to do with dentistry, but it's an interesting tidbit.
565
566 **Dr. John Chao:** Yeah, we did talk about Yellow Rose of Texas, but we didn't talk
567 about how it related to General Santa Anna, and who we talked
568 about had helped dentistry develop the bubblegum.
569
570 **Salvador Gaytan:** The bubblegum, right. Anyway, that's the conclusion of our
571 program. Anyone wanting to reach Dr. John, you can call him at
572 626-308-9104 or logon to his website AlhambraDental.com. And
573 you can submit your questions or find out more about the doctor
574 and his work. That's it for today, a great program, doctor.
575
576 **Dr. John Chao:** See you next week everybody.
577
578 [END OF AUDIO]