Introduction and Guest Welcome

This was the absolute truth, but is it? And that's really what changed my practice. And now we have a multi-specialty, multi-doctor campus. People fly from all over the world to come and see us because I 100,000% believe dentistry is related to or is the cause of 60 to 80% of chronic disease.

And so dentists have a responsibility, first of all, to tell you what's going on in your mouth and how it affects the rest of you, but also an opportunity to be on the front lines of healthcare.

And so I'm so excited when I meet somebody like you who is doing exactly that because we really, like you said, we can see what's going on in the body and we have an opportunity to really help people.

Well, and it's really It's sort of simple, the solutions. Dr. Michelle, I mean. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Well, if you want to know how to power up yourselves, this podcast is for you. Welcome to Vitality Made Simple. This is the podcast that equips you to feel better, look better, and to enjoy better relationships.

Well, you're in for a treat. I've got Dr. Michelle Jorgensen with us today. We have a kinship. She is a dentist, but she's also a naturopath. She's also a homesteader.

I told her off camera, I think there's more than one Michelle because she's super energetic. She's smart and she's very, very curious. She is committed to helping people live a fuller life.

And she's got a new book called Living Well with Dr. Michelle. And that's why I wanted her here. It's an incredible book and I would encourage you all to read it.

Welcome Dr. Michelle. Thank you. I just am excited to be here with you. I've watched some of your materials as well, your TED Talk, and I just love everything that you've done and really to help shed a light on the importance of dental health as an overall health.

So thank you for all you're doing as well. Well, thank you. We're so much in the same lane because we've seen a lot. I say that dentistry is like a front row seat to life and we get to know people.

We know what they like. We know their habits, their vacation places, their pet names. It's not just fixing teeth. It's really relationship based. And that's one thing I really like about you.

I can tell that you care so much about people. Well, tell, tell us all about how your course of dentistry, we were both trained very classically as dentists.

Our listeners know that when, when our daughter in kindergarten was asked, what does your mama do? She said, well, she's a laundry lady and she fixes teeth.

And so, you know, we're trained as tooth mechanics, but your course changed. So tell us all about that. Yeah, definitely. But you know, like I said, like you said, I was trained the same way you were and my father is a dentist also.

So I was very much following in his path and thought that I would just do everything he's done. In fact, he's still in his mid seventies, working still at a prison and doing dentistry.

And I just thought that that's what I would do. That I would just continue doing what he'd done, you know, for

forever. And that's not what happened. About a decade into practice, I started getting really sick.

And anytime you start getting sick, you know, you start going to doctors and doing tests and x-rays and all these kinds of things started changing our diet, you know, everything that everybody does.

You know, you start just looking at every portion of your life, but some of the things were helping when some of it really wasn't. And my big issues were gut problems.

So obviously diet change, that helped some, but not a lot. I had just memory problems and I've always had a good memory. So I knew that something was wrong.

You know, I couldn't remember a patient's name from room to room and you can You know, you can understand that that's not normal because you're talking to these people, you're getting to know them.

And I'd go to the next room and they would say, well, you know, what did you do on, you know, such and such? And I'd say, well, who? And they're like, oh, this is not normal for you.

Michelle's Health Crisis and Mercury Exposure

And then my big one was numbness in my hands. I had such just painful numbness all the way down my hands. I couldn't sleep at night. I couldn't blow dry my hair.

And I started not being able to have the dexterity to do dentistry. So, you know how intricate a lot of those things are, and I couldn't change my burs and my handpiece anymore.

I had to have my assistant doing this, and it was really a bad place. So, I started just trying to find answers everywhere and couldn't find any. Everybody just said, you're just fine, and they would hand me a prescription as I would walk out the door.

I just felt like they were just kind of throwing darts with the blindfold on, you know, just hoping that something would stick or maybe that I would just go away, you know, and I would just leave them alone.

So I was really in a bad place and I actually ended up putting my practice for sale. Oh my goodness, Dr. Michelle. No, I call it pin the tail in the diagnosis, you know, when it's like, you know, well, I guess you have this.

So that is drastic because dental school is such a big commitment. You obviously loved it. Where did the light come from to figure out what was actually happening?

Yeah. So you're exactly right. I mean, it was a huge commitment. And at this point I have four young kids and the practice was busy. I had a lot of demands there.

I still had debt from the practice, from everything else. My husband still worked. My husband worked for the practice as well. So this was literally our entire livelihood.

And we didn't know what we were going to do. So we were both reaching out to anybody and everybody we knew. And finally, a dentist that I honestly didn't know before just reaching out and trying to find out a little bit more about his practice, he actually had a nutritionist in his practice.

And I thought, Well, I could do that. You know, I could talk to people about nutrition. Even if I couldn't fix their teeth, I could maybe do that. So I was just reaching out to find out how did he work that.

And he said, well, your symptoms sound so much like mine. Have you ever looked into mercury as a potential problem? And I said, well, I don't have any fillings because I knew, I mean, we both learned in dental school that silver fillings, amalgam fillings have mercury in them.

But I said, well, I don't have any mercury fillings. And, you know, like we've been taught, they're completely safe once, you know, they're in a mouth anyway.

And he said, well despite what you've been taught perhaps it might be worth getting tested he said it's not the fillings you have it's the fillings you've been drilling out for the last you know 14 years now with no protection so he was right i had nothing to lose so i got tested for mercury and that's what it was mercury poisonings poisoning off the charts And I've since learned a lot about mercury, and we can talk about that.

But when I found this answer, I was, you know, furious. Why have I ever been told that this could be a problem for a dentist, you know? What? What else is going on here?

But I was also so relieved, you know, finally something to do. And so I just started, you know, diving headfirst into getting well. And part of that, the doctor said, well, you can't take out, you can't continue getting more mercury in if you're going to expect to get it out of your body.

So you have to figure out a way, is there a way to do your job and not breathe in more mercury? Because that's what it was. Basically when you're taking them, how many amalgam flasks have you removed in your career?

Thousands and thousands and thousands. Well, and Dr. Michelle, in my, I'm 12 years, you know, ahead of you in school, we'd roll mercury around with our fingers on the lab bench.

I don't know, mercury squeeze cloth. I mean, just like, yeah, just like no big deal. And the crazy thing is, now I think back, well, gosh, everybody has a fit about mercury and fish and mercury and vaccines.

Why does nobody talk about the fact that the silver fillings in your mouth are 50% mercury? Nobody's talking about this, including dentists and including dental schools or just the profession in general.

Nobody's talking about it. But when you're drilling out a mercury filling, the gas is released, vapors are released, and the dentist's head is right above the patient's head.

So anyway, I had to find out was there a way to remove fillings in a different way. And I found an organization that has protocol for this. I didn't even know they existed.

So I started following their protocols using these giant vacuums, you know, and we were doing it. And I would wear a mercury filtration mask and we covered everything and the patient, me, you know.

And as I would walk in the room, patients would think, what in the world is going on here? You know? And so they would ask me, why are you dressed like that?

And why are you covering me like this? And so they were very, very interested in what I was doing. And I would explain, well, this is for my health. But then they would say, well, wasn't this probably better for me too?

Absolutely, it's better for you too." So they would start saying, well, you know, I think my sister might be interested in something like this. She's been kind of having some health issues.

Maybe this is part of her problem too. Or, you know, my doctor's been talking to me about some of these toxic things, you know, heavy metals. Maybe they'd be interested.

And that's how I started to learn is patients would tell me things or doctors would say, hey, have you really researched root canals? Like, I've heard some questions about that.

What do you know about that? You know, is fluoride really as good as all you dentists say? You know, and so these are the questions and just really these provocations that I was getting from outside of the industry, from my patients, from other practitioners.

And I started just having to ask these hard questions like, wow, I was trained that this was the absolute truth. But is it? And that's really what changed my practice.

And now we have a multi-specialty, multi-doctor campus. People fly from all over the world to come and see us because I 100,000% believe dentistry is related to or is the cause of 60 to 80% of chronic disease.

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Well, and it's really sort of simple, the solutions. Dr. Michelle, I mean, not that getting your feelings out is a simple thing, but compared to so many other things, like if we can tell the world, here's where the gut starts, here's where inflammation starts, and I mean, I just so appreciate all that you're doing on Instagram.

You do an incredible job talking about 3D cone beams. So there's several things I want to do here. Number one, I want to hear about how you got the mercury out of your body for our listeners.

Yeah. So it's not a fast process because mercury goes and hides and it doesn't leave easily. So it took me, I really felt like it was about eight years before I felt like I had my brain back because I mean, there was a lot of mercury.

And this is an interesting thing that I learned later. I have two things that made me more prone to this, you know, because people will say, well, your your dad's still practicing.

Like, why is he not sick? Why did he not have a problem? The first one is we all have genetic variations. And of course, I'm related to my father. So we have some shared DNA for sure.

But there's a genetic variant called MTHFR. And people are talking about a lot more now. But really, this gene helps your body detox things, helps your body dump things.

I like to think of it as the coding system. So it's like the UPS, it puts the UPS code or UPC codes, our UPC code on things and says, this one stays, this one goes, you know, and so the body knows what to do with it.

Well, when you have a variant in this MTHFR gene, your body doesn't put those UPC codes on very accurately. So my body was holding on to mercury when it should have been dumping it.

So that was one. So I got one of these variants for my dad, one of them for my mom, and me together had then two. So my body couldn't dump it the same way my dad could.

The second thing is, I've since learned, mercury detoxes through mother's bodies into their first child.

Mercury Detox and Dental Safety Changes

about 80% of their mercury that's in their body from mercury fillings, from the environment, from food, from whatever, detoxes into their first child.

My mom's first child. So I think I already had a mercury burden before I even got to dentistry and then my body couldn't figure out what to do with it from birth or from occupational exposure.

And so I just got it full force, wham, you know, and I was so ill. So it took me a long time to get it out of my system. And I learned that again, because of that variant in my genetics, I couldn't get rid of it very quickly.

Like I have tried numerous times to do some pretty heavy duty detoxes and I get so ill. So I had to take it very slow with things like chlorella and chlorophyll-containing foods, which are lettuce and spinach and kale.

Basically, that's my diet, what I eat so much of because those things naturally detox toxins, including mercury. It's just an interesting thing, but you have to get something that pulls it from the cells and then something that helps it to leave.

So I had to get my gut working well because it has to leave through urine, through the gut, you know, it has to leave in ways. So it was a very multifaceted process.

And I think that this is part of all of us living well. We have to figure out how to just constantly clean our bodies up, you know, spring clean, clean all the junk out and get rid of it all.

And it's all about foods and really getting all these systems working in the body. No, it's so great. You do a great job in your book about that, just increasing cellular wellness.

And we want to get to that. Tell our listeners while we're on the dental subject, Dr. Michelle, what you're seeing was root canals. This has been one of the most shocking areas to me, and I see it every day.

It's crazy. Yeah, it's so crazy. And it's interesting because, you know, when I was watching your TED Talk, which I loved, you were talking all about gum disease.

And one of the things that people don't often realize, and dentists included, is that there's something called chronical apical periodontitis, which is basically gum disease at the end of the root.

And so everything and all the research that you were studying and finding about the correlation between gum disease and overall health applies to root canals because you have to understand the anatomy of a tooth.

You understand it very well, but inside of a tooth, every dentist, and you can vouch for this, every dentist was taught that there was the main nerve canal, right, that has the nerve and the blood vessel, but then there's something called dentinal tubules.

Remember learning this in dental anatomy? We all learned this, right? Side streets. So think of this main highway, folks. But there's these little side streets that you may not know the address on, but they're there and trucks can get down them.

Exactly right. And that's how, when you tap your tooth, that's why you feel it. because there's little tiny nerve extensions that go all the way out to the outside of the tooth.

That's how your body gets nutrients out to the outside of the tooth to the enamel. And so those little tiny dental tubules also have nerve tissue and blood vessel tissue because they deliver sensation and they deliver nutrients.

So when the root canal is done, they clean out that main canal inside of the tooth. And it's like the superhighway, you know, like the eight lane superhighway.

But then there's all sorts of little roads that go off of that eight lane superhighway that feed everything else. The main superhighway can be cleaned in a root canal, but those little side roads cannot be.

They're just too little. It's too little to get any of that tissue out. So you always, no matter how well a root canal is done, you always have dead tissue remaining in the tooth.

So now when there's dead tissue in the tooth, it attracts bugs, no matter what. And I always joke that, let's say you had your gallbladder, a doctor told you, you need your gallbladder out.

So they take it out, they clean it up, they disinfect it with bleach, because that's how we disinfect. They fill it up with some plastic stuff, which is what we use.

We use, it's called gutter perches, rubbery stuff. We fill it up and then they shove it back in their body. We expect

that it was going to work. No, because bacteria will find dead stuff.

The same thing happens in the tooth. So bacteria find dead stuff. Now what that does is creates a chronic low-grade infection that never goes away. So your immune system has to come and fight that 24-7.

Well, if your immune system is busy, fighting this low-grade chronic infection non-stop, it is not capable of fighting other things that come along nearly as well.

Not only that, but the infection doesn't just stay there at the end of the root. It goes throughout the entire body. I like to think of it like a plunger.

Every single time you bite on the tooth, it's literally plunging that infection into the bloodstream and then in the jawbone surrounding the tooth and spreading it throughout the entire body.

So this is a low-grade chronic infection that never goes away that impairs your immune function and spreads throughout your entire body. Now, do you think that could be concerning?

Oh, absolutely. And now that we have like thermograms, we know, and I know you talk about this, that these teeth are connected electrically to other parts of the body.

We call it meridians. And so I saw a thermogram the other day, Dr. Michelle, where a root canal, you know, with a lesion that the patient had just been told, oh, you're fine.

We'll just do antibiotics if it flares up. No problem. It was lit up on the thermogram, which detects inflammation, clear down to a breast tumor and directly to a breast tumor.

And sure enough, on the meridian chart, that tooth is connected. to the breast and to other areas, you know, the thyroid, the gut, different teeth in different areas.

So tell our listeners about the importance of a cone beam x-ray, a 3D x-ray. I could not agree more. You probably feel like you're blindfolded without it, right?

Yeah, absolutely. And I'll always remember the day that my mind changed about this. So root canals, one of the challenging parts about a root canal is they often don't hurt.

You know, the nerves gone. And so patients come in and I'm sure you see it day in and day out as well. Patients come in and they've had, you know, five root canals and none of them hurt.

So why would they be concerned about it? You know, that nothing hurts. But I remember this day, a patient came and she said, my root canal just doesn't, it's never felt right.

And you've probably heard those words, so many, I hear those words, like they kind of tap their tooth or their cheek and they just go, I don't know, it just doesn't feel right.

You know, they don't ever say it hurts. This doesn't feel right. So I took a regular dental x-ray. These are the kind that we put in your mouths, you know, and we take a snap of dental x-ray.

These are the kind that you and I have been doing for forever. It used to be film when we learned, and now they're digital. Now it's film. It was film.

It was film back then, but now it's digital, which is so much less radiation, so it's fabulous. But I took one of those just regular old dental x-rays and looked at a root canal.

And there was nothing wrong. I said, it looks just fine. And if you had shown it to 10 different dentists, they would have said the same thing. If you had looked at this x-ray, you would have said the same thing.

It looks just fine. And she's like, but I just, I don't know. It just doesn't feel right. And I had just gotten my first cone beam CT scanner in the office.

And I said, you know what? Just for the fun of it, let's go take a scan. I'm super curious just to see what this shows. So for those listening, the difference is when we put, when we do an x-ray in your mouth or even what's called a panorax, sometimes people will have, they'll say, oh yeah, I got that one that went around my head.

Well, if it's a panorax, it's still two dimensional, which means we can only see like width and top to bottom. We can't see through and through. We can't flip it upside down.

We can't really see exactly what's going on on the tooth. We just can't see. The three dimensional code beam, we can see everything. I can see your entire head.

I can see everything inside and out of tooth. It's absolutely incredible. So I went and took one of these scans on her, pulled up on the screen and I just, my jaw dropped.

There was literally a quarter size hole in her jawbone that had gotten eaten away by bacteria at the end of the root canal. I could not see it. on the traditional dental x-ray.

I could not see it. And that day I decided I will never see a new patient without a cone beam CT scan because I'm simply working blind. And you wouldn't want any doctor to be working blind.

You know, if you can't see it, we can't treat it and I can't take care of you. So that is an absolute must-have to really be able to determine what's going on in your mouth.

Well, and I know you look at airway and you look at sinuses, you can see all kinds of things besides teeth. My world opened up in this area in 2010. I started doing salivary testing via oral DNA, and a bacteria came back on me, a little bit of trypanema denticola.

So folks, that's trypanema is a spirochete. It's a bad bug. It's got a corkscrew-shaped root. It likes to go to the blood-brain barrier. It likes to cause all kinds of problems all over the body.

I researched. In 2010, we didn't know that much about it. Interestingly, my husband had, like if I had this much, my husband had a third as much.

Root Canals, Infections, and 3D Imaging

And I started in my research finding, well, it can come from an old root canal. And he didn't have any root canals. So just for fun, I decided to get my tooth out and retest.

The tooth did not hurt. It was a root canal I had done. by an excellent endodontist, a root canal doctor when I was in dental school, one of the instructors.

It looked great on 2D x-ray. We didn't have 3D x-ray yet, Dr. Michelle, at that point. But I did this experiment and went to my front desk, because also her name was Debbie.

We called her front desk Debbie. And I said, front desk Debbie, book me out. I'm going to get my tooth out. She's like, you've lost it. You've gone so holistic.

This is too crazy. You're getting good new teeth out. Yeah, you're getting a good tooth, good teeth out. And so anyway, I got it out, reached it and then went and had the oral surgeon show it to me.

Sure enough, there around the end was this what we call a granuloma folks. We know we just like, oh, let's go to granuloma. Well, that's. major infection and then retested three months later and trypanema was gone, trypanema denticola was gone in me and in my husband Mike.

Now that's a bacteria that's transmissible, transcussable. So, you know, this is important for relationships. I mean, when you find those bad root canals and you take care of those, Dr.

Michelle, you're helping the whole family. I mean, because, you know, these can be passed around with kissing with drinking, you know, whatever. And so part of my reason, I respect you so highly, but part of my reason for wanting you on the podcast is to educate people in what they need to be asking their dentist because this is not Well accepted in dentistry yet.

I sent a patient for an extraction who had chronic sinus infection. You can see the root of the root canal up in the sinus. You can see the problems. The oral surgeon sent me a text afterwards and said, well, Debbie, I took out another good tooth.

And it was not a good tooth. It had a giant lesion on it and the patient was better in three days. Her chronic sinusitis was gone. So, you know, I think people have to be bold and be their own advocates.

Find people like you who will show them what's really going on. Tell our listeners, you know, a story or two of what you see. Yeah, it's every single day.

So the example you just used a little earlier about they were told just to take an antibiotic. First of all, let's kind of debunk why that wouldn't work.

An antibiotic is going to kill the bacteria. But remember, we talked about the problem is the dead tissue. So you can tamp down the bacteria with an antibiotic all you want, but the dead tissue is still there, which means the infection is going to come back.

And this is what I see over and over and over with patients. So for example, I had a woman, she had had three sinus surgeries and was on just a complete train of antibiotics nonstop.

So in the meantime, her gut was destroyed, you know, because the antibiotics had killed everything going on with her gut. but she just didn't feel well.

She could not breathe. Her sinuses were always full. They would go down a little bit after the sinus infection. She'd get like a good maybe month or two and then it would be back again.

And she was so desperately frustrated. And she said she just went back to the ENT and they said, well, I don't really know what else we would clean out if we did another sinus surgery.

And I looked at her CT scan and I couldn't even hardly believe it. Like her sinuses, there was nothing left. They have removed all of what are called the turbinates in her nose.

They had removed like everything in the attempt to get this cleaned out so that she wouldn't have continual sinus infections. And I hear this so many times.

People are like, I've had numerous surgeries. I've had so many antibiotics. My sinus infections is back again. What is this? I took a cone beam CT scan and it was glaring.

There was a huge infection on the end of a root canal tooth on the top. I said, this is a tooth. And on the cone beam CT scan, we can see where it has actually broken through the floor of the sinus.

So the sinuses, I like to think of them as like bony bowls. It's a bowl made of bone. And that bone is actually quite thin on the bottom of that sinus floor.

In fact, when we do some surgeries, we actually lift the floor of that sinus up. And I've done this numerous times. That bone is very, very thin. So if there is an active infection in a tooth below the bottom of that sinus, that infection has to find a release valve.

You know, it'll either swell out your cheek and so go out the cheek side or it will go up and go into the sinus and the Path of least resistance is the sinus because that bone is thinner than the bone out by the cheek.

So if it's infected, it has to find a release valve. It'll go and eat its way through the floor of the sinus and it will drain into the sinus. Her problem was a tooth.

And I said, are you kidding me? The ENT has never even looked at the teeth. They have done three sinus surgeries. Your sinuses are blown out, destroyed at this point.

We took the tooth out. She hasn't had a sinus infection since. That's the kind of thing that we see day in and day out. One that was so crazy is I saw a couple of infected root canal tooth teeth on a woman.

And I don't, sometimes I don't hear the end of the story because I see the beginning of the story. You know, I'm the one that does the diagnosing and I help people get on the right path.

And then I have other doctors that remove the teeth and that, so sometimes I don't get to hear this great result, but this woman, she came back with her husband.

So her husband came as a new patient later, you know, a couple of months down the road. And she said, do you remember me? And sometimes I do, sometimes I don't cause I see a lot of people, but I fit, but I did, I remembered her.

She had had, excuse me, her cholesterol was off the charts. like 900 or something super crazy. And they had been trying everything with her doctor. Nothing was helping.

And finally her doctor said, you know what? I think you need to go get your teeth checked out. Thank heavens for that doctor. So she went, we saw her as a patient and she had three root canal teeth removed in a row.

And sometimes it's hard for me to tell somebody, hey, listen, I think you need to get out three teeth and they're all in a row, which means you're not going to be chewing over there for like nine months to a year.

And that's not an easy thing to say, but I will tell people now all day long because I say, listen, I would rather you be healthy than have those teeth, you know, cause I can replace your teeth, but I can't replace your health.

So she got those three teeth out. She went a month later to get her cholesterol checked and it was down 90%. points and this was the only thing that she had done.

This was the only thing she had done was remove those teeth and her doctor was like you hit it right on the head. This is what happened. So these are the stories we hear day in and day out when you get these chronic infections out of your body.

Well, I love the way you talk about how it just sequesters the immune system. It ties up the resources of the immune system. And we see that so often, even with early gum disease, that gets ignored.

Oh, well, little bleeding, we'll just watch it. We'll just, you know, like you saying, we'll watch it get worse, you know, and we'll watch it tie your immune system up more and more.

But once we free the resources of the immune system, then it can go work all these other places. People come back and they're like, oh, Dr. Debbie, my neuropathy is gone.

Oh, that rash on my inner thigh is gone. Oh, my hair is growing back. I mean, folks, this is so big. This is so upstream. So what you've seen in your practice, somewhere along the line, you got a degree in as a naturopath.

Tell us about that, Dr. Michelle. You know, I just, I don't like not having answers. And I tell patients often, they'll say things like, well, my doctor, my dentist told me that my worn teeth are no big deal.

You know, I worn teeth right in front, like my teeth are really wearing off right in here in the front. You know, they give me a night guard and they told me it's just no big deal.

I just need to like not stress out so much. You know, like these are examples. And I'll just very kindly say, it's because they don't know the reason or the answer for the worn teeth, because I have been there myself.

You know, I have looked at something in somebody's mouth years ago and they'll ask me a question and I don't know the answer. And so I say, you're just fine because we don't really like to admit that we don't know, you know, and it's not that we're necessarily doing malpractice or anything else.

We just simply don't know. So we say, you're just fine, but you're not just fine. So I don't like to not have the answers to questions. And I started I started studying a lot of this for my own health, right?

I was wanting to get myself better. So I gave the very short version of getting better, but really, honestly, the book that I have coming out is it's medley of what I did to get well, very short version of that, but what the path that it sent me on.

And there's so much correlation with dentistry, which is really interesting because like I said, dentistry is 60 to 80% of chronic diseases related to your mouth in some way.

So what I started doing is I started studying through this naturopathy program, I started studying like Chinese traditional medicine. And that was just one of the first methodologies we started studying.

And I learned that I was, they classify in this medical classification system, they classify bodies in five different ways and five elements. And I learned that I was a fire element, which anyone that knows me, that's zero surprise.

So, you know, but there's fire, earth, wood, air, water, metal air is called, and what's the last one I skipped? One of the others. Anyway, water, water.

So there's five elements. So I learned I'm a fire. Okay. Now what? You know, what does that help me do? If that makes sense. And so then I started learning about Ayurveda.

And Ayurveda is an old Indian medical tradition. And I learned in that I'm what's called a Pitta dosha. Okay. But what? What does that tell us? What does that mean?

In our today's world, it doesn't really help us get well, just to give us a classification. Does that make sense? Unless we go back to school and learn how to be a Chinese traditional medicine practitioner, which none of you are going to do, most likely.

And so how does this work? So what I did is I actually studied all of these traditions, all of them that I was learning about through my naturopathy program, all of those that I was learning through other programs I was taking.

I know you went back to school and did a lot of this yourself. And I looked at all of them and I said, what do they all have in common? All right, they all talk about the seasons of the earth and the elements of the earth.

Every single traditional medical tradition throughout the world, whether it's German herbalism or Native American medicine or Campbell medicine from Japan or whatever it might be, they all talk about the seasons of the earth.

So then I looked and learned, okay, if they say that I am a fire, what does that mean? What does that mean I need for my own nutrients, for my own health of my body?

And then I put all of that in this enormous, massive spreadsheet, all of these different things. And I said, okay, now let's make it understandable. So I simplified it down to five seasons.

spring, summer, harvest, fall and winter. And now what I've done is I've used all of those methodologies and I've

created an assessment. So let's say you go take this assessment today.

What you're gonna do is you're gonna plug in your symptoms. So you're gonna say, okay, I have this, my hair is thinning, I have a dry mouth, I'm a little like, I just can't quite get on top of my crankiness, whatever it might be.

So you're gonna plug in your symptoms And out is going to come your season, your season that you are currently in. What this is is your starting place because so many people get so overwhelmed with a health journey.

And that's where I was. We are not lacking in information today. Right? We are lacking in clarity. We're lacking on knowing how to start because there's so many one-size-fits-all solutions, even in dentistry.

Chronic Disease Connections and Case Studies

You know, we may say, hey, get your root canal out. It's going to take care of everything. That will probably take care of 60 to 80%. But what about the other 20%? What do your cells need to return to wellness now that we have that huge problem out of the way?

That's where this assessment takes you is where do you start? Which cells need help first? So let's say you tested and it said you're in a spring. All right, that means your liver and gallbladder need help first.

Okay, now you know where to start. And then I walk you through what are your liver and gallbladder need? They need help getting dumped. So you're going to start dry brushing and getting your lymphatic system dumped and cleaned out.

They need foods that actually help them work better, which is green foods, radishes, things that are bitter. Okay, so you just figure out where to start because there is no one-size-fits-all diet, no one-size-fits-all exercise program, no one-size-fits-all supplement.

Everybody is different and everybody's, every single body needs different things at different times based on what their body's doing right now. So that is where I took my naturopathy program and training and tried to make it very accessible for everybody.

Well, I think you've done something so much bigger than that to Dr. Michelle is you've decreased stress for people. The whole stress response from trying to be healthy is real.

It's big and it can steal vitality. just because people are like, Oh, Dr. W by doing, I'm doing this, I'm doing this, I'm doing this. And one woman, I mean, I'll probably get kicked off for saying this, but one woman is just so nervous.

She's doing everything and she's, but she's so nervous about what she's doing. I said, I think you need to get a bag of Cheetos and a big gulp of Dr. Pepper and go sit by the lake.

Just once, you know, just once, just go enjoy yourself and, and you know, relax. And I, and I said, and then when she laughed, she's like, I love Dr. pepper.

Okay, once I said, well, you know, once in a while, it's not going to kill you. And if it gives you joy, you might do that. But, but, but so that, so your point of, you know, the whole one size fits all thing is all over social media.

It's all over the bookstore. And so therefore, it's like people are that are searching for answers. They're like, oh, is this the thing? Oh, maybe this is the thing.

Oh, then they end up with, you know, 63 bottles of pills. A woman brought me in her bag of 63 bottles. And, you know, that is not good. Now, for our listeners, Dr.

Michelle and I are recording this right before her book launch. And she sent me a manuscript that makes me so excited. I have the book preordered. But the assessment that she's talking about, I haven't gotten to take it yet.

So I'm really excited about that. I think that's really actionable. So many things are not actionable. Exactly right and you know it's interesting in the book I talk about a new disorder called orthorexia which are striving to be perfect in our health and it's making people sick to try to work so hard to be healthy you know and so it really is so important that we take it down to what do my cells need right now.

What do my cells need right now? And it's interesting because you've brought up a lot of these things unknowingly as you've been discussing this today.

You know, you talk about, okay, we have to get rid of, we have to secure ourselves. And insecurity, that's getting rid of the bugs that are in your mouth.

You know, that's one of the things that we're going to do in securing to secure ourselves. We have to protect them from things. so that you don't get that dark red thing all the way down to your breasts.

You know, we have to protect ourselves. You have to support yourselves. You have to be able to detox and cleanse them. I talk about like taking out the garbage.

You have to be able to take out the garbage to give yourselves what they need, you know, the support they need. They need to be able to signal each other, which this is your whole thing with the word vitality.

Signaling is literally the way cells talk to each other. It's all about electrons, and that is the way that we stay alive. I start the book talking about the invention of the light bulb, and how Thomas Edison and Joseph Swan were both inventing the light bulb at the same time, and it literally changed the world, right?

Not just because we could flip a light on, but because people could work past dark now. Manufacturing, it changed everything in the world. But our bodies are electric too.

And when I start talking about electricity and vitality, which I know you talk about, people start rolling their eyes. They're like, oh, she's one of those crazy ladies.

No, I'm not. Let me ask you this question. When you go to the doctor and they hook you up to a heart monitor and you hear that beep, beep, beep, beep, hopefully you hear that, right?

What are they measuring? The electricity in the heart. That's the electrical flow in the heart. And what does it mean when it goes beep? It means your electrical flow is stopped and you are dead.

Same thing when they hook you up to a brain monitor. You're going to see the beep, beep, beep, beep. That means your brain is flowing with electricity and when it stops, your brain dead.

So electrical flow in the body is life and death. That's your on or off. That is your body actually working. But what I talk about is the in between the life or death.

And I loved in your TED talk, you talked about health span, because this is all about health span. It's the quality of your life. The living is in between the on and the off.

It's how do you live? How do you make everything better in between? And everything you're doing with dentistry is such an enormous component. And I talk a ton about that in the book.

Everything from infections, like we've been talking about, to airway. You literally cannot live well unless you can breathe well, you know, on and on and on, but also How do you supply your body for this?

How do you give your body what exactly it needs? And I don't talk about paleo or keto or carnivore. I talk about what your cells actually need and how they actually work.

And so then you can decide, do I do this kind of diet or do I eat these kinds of foods and when would I do it? So it's

really about simplifying things down so that we don't get into that sicker because I'm so worried about being sick mode.

Well, when you talk about symptoms are merely communication, they're signals to hopefully tell you to do something. You talked about Jack LaLanne in the manuscript, and I love him.

So tell our listeners, I mean, here I am, you know, older than you, but as a little girl, I just have such fond memories of Jack LaLanne in the 60s, and nobody was really that unhealthy then.

He was quite an oddball. Yes he was and he actually opened the first gym in the United States and he was not he did not start healthy actually he called himself a junk food junkie and he wasn't feeling well like late teens early 20s and he learned from a man named Paul Bragg which if anybody's used Bragg vinegar And a lot of people have, right?

The raw apple cider vinegar that's Bragg, that's who started Bragg vinegar. The other with the floaty stuff in it. Yeah. With the floaty stuff in it. That's actually the stuff that actually helps your gut be healthy.

Yes, Paul Bragg was the man who started this vinegar, and that's who Jack LaLanne learned from. I didn't know that before I was researching this. I thought that was such a neat little thing, little tidbit.

But yeah, Jack LaLanne decided, you know what, that the health of the nation depended on the health of its people. And I just think that is so beautiful.

And I often joke that health is the new beauty now, right? Everybody's talking about health, everybody. Politically, you know, everybody in the political climate, whichever political side you are on, I don't know that anybody's questioning that we need to be healthier, right?

And I love that now it's what we're talking about. We're questioning things like fluoride in water. I was so excited that Utah was the first state that actually banned fluoride in water.

And I live in Utah. I was so excited about this. And the FDA just this week just banned supplements for fluoride. I mean, I'm just so excited about this because fluoride is a thing that affects your cells.

But here's, I think, the biggest issue. And this is what I love to dispel in the book. So I had a fascinating experience just recently. I was able to go on a trip to Morocco and it was one of those bucket list experiences and so we thought we got to do everything cool while we're there, right?

We got to do everything cool. So we took a camel ride out into the middle of the Sahara Desert and stayed in a Berber camp overnight in the middle of the Sahara.

Okay, it was so cool. So the next morning we wake up and they gave us the option of taking the camels back or of taking a truck back. Well, everybody in the camp, including my husband, decided to take the truck back except for myself, my daughter, and her friend that were along because I thought, when in the world am I going to be in the Sahara Desert to ride a camel again?

Okay. Why did they take the truck back? Because the camel was not comfortable. I mean, it was certainly not comfortable. But again, I'm like, so what?

You know, I got a couple hours of discomfort.

Naturopathy, Seasonal Health, and Cellular Wellness

I'm never going to do this again. I got to do this. So as we're walking back, there were just the three of us in this whole camel train. Every other camel was empty.

That was the front camel. My camel's name was Jafar, which I think was very fitting. And he apparently was in movies. He had a passport. He was very famous.

But Jafar had a problem. Yeah, exactly. He was always looking for girls. and there were never any girls. The camel train's always boys, but he was always turning around sure that there was a girl camel back there.

So we had to have a guide that was walking in front of the camel train, walking our camel, walking Jafar along to keep him moving. So I just started chatting with this guide and he was the most fascinating guy.

He's 26 years old. He had actually been nomadic until he was 15. His family had set up camp, they would feed their animals the grass there. When the grass was gone, they would pack up camp on the camels and they would move to another location, which to me, I just like had a thousand questions at that point, you know?

I started thinking, how did you do this? So one of the questions I asked him, we passed a milk thistle bush and I know milk thistle is medicinal. So I said, well, when you were nomadic and living in the desert, Like, what did you do when you got sick?

You know, what, like, did you take milk thistle? What was your medicine? Like, what did you do when you got sick? And he turned around, started walking backwards, still pulling too far.

And he said, we didn't get sick. And I sat there and I went, what? It didn't get sick. And I thought, Whoa, where did we get off track in the Western world?

Because we think we have to get sick before we can get well. We don't even talk about not getting sick to begin with. but our bodies, I believe, are divinely designed to be well.

Our cells have the ability to keep us well. When I talk about this, I say, okay, let's say if you cut your finger and you put a bandaid on it, does the bandaid heal you?

No, right? Does the bandaid heal your cut finger? No, the bandaid might support your finger, it might keep it clean, it might whatever, but your cells are actually what do the healing.

and they heal your finger without you telling them what to do. I mean, isn't that pretty dang cool? In about 10 days, that cut's totally healed. Your skin cells are knit together so tight that that cut doesn't come apart.

I mean, that's miraculous. Our cells have the ability to keep us well. Our job is to give them what they need to do their job. And that's what the book is all about, is teaching you what are your cells needing right now, what are the symptoms telling us, not covering up, but paying attention to them so that you can give your cells what they need to keep you well so you never have to be sick.

That's really my goal. Well, in your book does a great job and I love the name of it, Living Well with Dr. Michelle. Your point is so well received that we have expected to get sick.

I joke on the podcast a lot about what we consider normal these days. Normal is whatever the standard is in a society at the time and normal is dehydrated irritated, constipated, frustrated, over-scheduled, over-stimulated, under-nourished, under-rested, totally stressed out.

We expect to be sick and your book takes such a different perspective. No, expect to be well. Expect, let sickness be the unusual thing rather than vitality.

Yep, yep, yep. Love, love, love, love your list that you just listed right there. That's so perfect because that is the norm and that is what we have come to expect.

And that's not okay. You know, in your TED talk, you listed the statistics for health span and lifespan and they've even gotten more dire. You know, lifespan has decreased for two years in a row.

Health span is now down to an average of 61.9 years. So that means we should expect to have to be bathed, dressed and helped out of a chair past the age of 61.9 years.

I'm like, what? No, that's not okay. No, Dr. Michelle, I'm 66. Yeah. And, and I was shocked in, in, in your, in your manuscript about that because the Ted talk, I think it's 2018. So I probably researched it in 17. I think it recorded it at the end of 2017. So to see that that's dropped that much in that short time.

And it's not all due to COVID. You brought that out in the book. It was dropping before that. And, you know, to think that we have high infant death rate, we have high maternal death.

I mean, you just go down the list of everything. And, you know, we think we're so great here in the United States, but, you know, we're not doing well when it comes to living well.

And you really are going to help a lot of people with this book. Sarah was so great helping getting you scheduled. And I was just like, Sarah, she's going to help so many people with this book because people need a place to start.

They need to feel like they can start one place. You don't have to do everything. It's like cleaning house. You know, if you all saw my art room right now, you'd be like, oh my gosh, get a dumpster.

And during COVID, I just bought every art supply I could find. But you know, it's one thing at a time. You clear one little area, just like cleaning out anything of the garden.

I know you're a gardener. We're gardeners too. You don't say today, I'm going to get all the weeds out of my yard or you know, whatever. So your book is really got an incredible foundation for that.

A very great starting point. Thank you. And for people who are interested, please go to livingwellbook.com. You can actually go and get the assessment right on there.

So pre-order the book, go order the book, and you go right back to that site, livingwellbook.com, put your info in, and I'm going to send you the digital assessment, which you can then plug all your, so you need to go do this, Debbie.

You need to go plug your information in today. Go get the digital assessment because you can go and take that assessment and it tells you which season are you in and where should you start.

I'll also send you the first steps guide, which gives you the first step to take because that really, to me, you know, there's a lot of psychological research that shows that the way to overcome overwhelm is one step, right?

It's just one step. And I've often, well, I found this with patients, and I'm sure you have as well, that somebody who's confused cannot take a step. That you can't make a decision if you're confused.

So today's world is full of confusion. We're full of information, we're full of amazing health research and innovations, and we're sicker than ever. Why?

Right. Because we are confused. We're overwhelmed. We don't know where to start. And if we're confused, we cannot start. It's impossible. You have to have clarity to take a step.

So that's really what the assessment does is gives you that clear first step forward. And then what I often find is once you've taken one step, the second step is so much easier and the third step is so much easier.

And then all of a sudden, each step, like you said, people come back and they go, well, you fixed this, but you also fixed this and this and this. because things start to multiply and snowball.

You take one step and it fixes three things, which then take another step and it fixes another five things.

Living Well, Assessment, and Closing Thoughts

And so all of a sudden you see this exponential change in wellness with just a few little changes. It's not changing everything. It's not completely overhauling every single component of your life.

It is taking one step, which then leads you to the next step and just simply supporting yourselves and doing the job they already know how to do. And as that clarity increases, fear decreases.

So as fear decreases, the stress response decreases, and that is greater hormonal health. I mean, every kind of… All of the above. Yep. All of the above.

Everything affects everything. Yep. Yep. Well, thank you, Dr. Michelle. Dr. Michelle Jorgensen, it's been a joy. I appreciate talking to someone who's had such a similar journey as I have.

We wanted to be a dentist to help people. We went through the torture of general school, the financials, you know. problems of dental school, but it's been worth it.

I would do it all again to get to see people get well. And I support your bravery. I support your courage and all the time you put in to not just this book, but your other books.

I want you all to check out Dr. Michelle's other books. She's quite a resourceful person and with four kids and a husband and a homestead and all kinds of just interesting things.

So join her on Living Well with Dr. Michelle on Instagram. That's also your website, correct? And then the book is called Living Well with Dr. Michelle.

Exactly. The publisher picks the name of the book. I was like, all right, whatever. It's so much clarity. I mean, it really is. It's just like, it's, it's great.

Well, and then thank you listeners. Thank you for supporting Vitality Made Simple with your, with your listens and your shares. We're now in, I think it's 140 countries and 5,500 cities over.

that has just grown very organically. I'm sort of new to Instagram, but join me there. We're having some fun and just go out and live with vitality. Don't let it stress you out.

Check out Dr. Michelle's book, Living Well with Dr. Michelle. And today I'm going to get the assessment. Maybe you can too. And just thanks again. Blessings until next time.

Thank you so much. Thank you for tuning into Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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Real talks from real doctors on the issues that matter to you most.