Dr. Gregg's Path of Discovery: Why Oral Health Matters for Alzheimer's and Longevity Transcript

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Podcast Introduction and Guest Overview

One of my good friends asked me a similar question. He said, what if all this positive mental attitude, and what of all of this effort, What if this is just for naught?

You get to the final stage and you just find out none of it's true. And the answer is really quite simple. That's okay. I've had 20 years of feeling really, really great.

And I tell people when they ask me, well, why do you do all these things? And my answer is always, you know, I never knew how bad I felt until I Felt great and I feel better now than I did a year ago.

And i'm going to feel Better next year. and even if something happens, i'll still feel. Better because I'd rather feel Welcome to the ThinkWellHBL podcast.

I'm your host, Dr. Heather Sandison, and I am absolutely delighted to introduce you to Dr Bill Gregg today. He is a dentist who shares practical insights on how to care for our whole health through our oral health.

He also shares his personal story and the inner generational struggle that they've had with Alzheimer's and their family, but also hope for the future and how he personally is putting Dr.

Bredesen's work to work in his life. Thank you so much for joining us. I know that you're going to get a ton out of this conversation. Well, I want to get into your story.

As we were chatting about this, there's two big pieces that I wanna dive into. One is the practical and professional side of things, but you also have a deeply personal story here.

Whole-Health Dentistry and Listening to Patients

And I want to start with the professional piece because you bring this very unique perspective of a dentist and really a whole health dentist where you aren't someone who looks at a tooth and separates it from the rest of the body, but someone really has thought through how our oral health is connected to our whole body health.

What kind of directed you down that path? What made you start thinking that way? I almost have to get back to epigenetics and family history. I come from a long line of family doctors, a great uncle, grandfather, granduncle, my dad, and a family doctor.

So I'll tell you the story of my grandfather because I absolutely love it. In 1977, I was graduating from dental school and my grand father was there and I said, You've lived in the most amazing times in healthcare.

I mean, when you got started there weren't antibiotics, there were X-rays, There was nothing. And now we've just come out with this SMA-12, which from one blood draw will take 12 different analyses of blood.

This is just amazing. You just must be amazed. He said, well, Billy, see, you're afraid to call me Bill. Billy? I have to tell you, when I got started, all we could do was listen and exam.

And if we really listened, most of the time the patient told us what was wrong. The difference is there wasn't a lot we can do about it. So then we had to learn to comfort.

Then we started getting all these tests and we stopped listening. and we missed the diagnosis more and more

because we didn't hear from the patient. So, we started to do a lot of things, but sometimes they were the wrong things because didn t listen deeply enough.

So you say, how did I get started in this? I have to say that probably was the start of it. So as I became a dentist and as began teaching in different forms, I kind of became known as eventually the fluffy guy, the guy who kind listened to the story behind the stories.

The dentist who listens. Novel concept. So most dentists, basically, we're plumbers of the mouth, were technicians. Most dentist are very technically oriented, so they think, gosh, We can solve everything, anything with technique and technology.

But you can't solve it if the patient doesn't accept it. And then you start learning more and more, how do we get people to accept what's in their best interests?

And that's really the key in dentistry, at least the way I enjoyed practicing it. The communication. Yes. You have some practical tips for how people can take care of their oral health.

Daily Oral Care: Flossing, Brushes, and Tools

What do you recommend people do on a daily basis? Well, obviously on a daily basis, it's pretty simple, brush and floss. The little catch in there is we dentists are wonderful guilt throwers telling people you should floss and how come you don't floss?

And how can you not floss every day? But you know something? We never teach people to floss, do we? So how do you start dental flossing? Well, you'll start simply.

One tooth. So I used to tell patients, just do your front tooth, that's all. Don't even try anything else. And they'd come back a little bit later and they've maybe done two or three teeth and I'd say, great.

Now I only want you to floss the bottom teeth. Why the button teeth? Well, they're the ones that are crooked and they are hard to get the dental floss through and so people would get frustrated and say, no, I just want to do one bottom tooth.

And pretty soon they can do some others. Isn't that wonderful? And the next thing with dental floss that everybody says, shouldn't say everybody, but they say is, well, I hate putting floss in.

I'm afraid I am going to pull something out. Well, why do you pull up? Let's put the dental floss in and drag it out the side so you don't have to pop it in, and pop that out, pop, it, in an drag, get out So now let's just try a corner tooth, Pop it In and Drag it Out.

So Enough of that, and now I don't want them to go on until they can do that without looking in the mirror. Now, I'll drive people crazy because I walk around the house dental flossing, but I get it done.

I do not need a mirror, pop it in, go around, drag it out, move on. What do you think of those floss picks? Okay, so in cleaning one's teeth, the story is they can do two things really, really well.

One is a toothbrush. Pick the other one wisely. So the tooth aids, toothpicks, all of those are wonderful. My favorite thing for people are called the go-betweens.

The little tiny plastic toothpick, if you will. You can buy a two-year supply at Costco for 10 bucks and they just go between your teeth. So those are my second favorite thing.

If you can't do that, there are plastic cone tips. There's a lot you CAN do. The goal is to get to the point where you could use dental floss. So we don't need to give up on the other, but we can add it in.

And certainly for seniors, certainly, for people with any kind of hand dexterity issues, we have lots and lots of aids. And is there a favorite toothbrush?

The classic commercial on TV, right? Nine out of ten dentists recommend. So do you have recommendations like the electric toothbrushes versus the manual kind of old school toothbrush, the round head versus longer one?

Is there difference between all of these things or is it just marketing and gimmicks? One of the funniest seminars I've ever attended was a gentleman who went through all the types of toothbrushes, all of everything, and what you'll notice is the shapes change every year.

It's like pants and shoes. There's just a new fad. Yeah, why is that? They add new colors. Crest can say new and improved over and over again. Isn't that interesting?

So the real answer is the best toothbrush is one you'll use. Doesn't matter beyond that. Small enough that you can get into the back. I love the mechanical toothbrushes.

My wife swears by the Waterpik toothbrush, which both has a water jet coming out the center of it and is a toothbrush. Many, many people don't like the Mechanical toothbrush because it's just too much.

It vibrates. People don' use mechanical tooth brushes correctly. Oh, how are you meant to use them? I have one. OK, which one do you have? The Sonicare.

They're great. And how do like it? I love it. Perfect. My teeth actually don't feel, I don' feel clean if I'm traveling and I dont have it with me. It just doesn't feels the same.

Yes, and there's a whole lot of truth to that that we can discuss. But the actual maximum effectiveness of the sonic care is right at the tip of bristles.

So most people will use a sonic like a hand toothbrush and brush with the sonic care and you're not getting the full benefit of it, you want to keep it real lightly and just barely touching and go around.

So if you notice your bristles are flattening out, You're probably pressing too hard. No matter what toothbrush you are using, your probably are pressing to hard, even a hand-held toothbrush.

If you have to buy one every three months because it's flattened, Your probably brushing too-hard. Brushing should be on the light side. And about two minutes, is that like 30 seconds per quadrant?

Is that what you recommend? That's certainly best. And of course, Sonicare has a timer on it, so it makes it really, really easy. Are there any other things?

You mentioned your wife has this toothbrush with the water pick. Some people bring up the Water Pick. Is something that you recommended? And also toothpaste, what type of toothpaste?

Toothpaste is pretty simple for me. I go to Walmart and buy the 99 cent toothpaste. All right, I'm getting something more than 10 times that much. That is like a hydroxyapatite.

Do you have any thoughts about what's in there and fluoride? What are your thoughts on fluorides? Let's start with the hydroxylapatites. All the different additives are really neither here nor there.

A lot of people, of course, love Tooth of Toms of Maine because it's natural, but all they do is go get, you know. natural abrasives and natural fluoride and so forth.

Again, it's not important what's there. So some of the newer ones that have the additives that in theory remineralize teeth, I think those are helpful.

Fluoride, there's not enough fluoride in toothpaste to do the world's greatest help. If you need fluorite, it really needs to be a prescription dose, 1.1%. Having said that, There's no good reason for it not to in it.

Fluoride has got it and it received a really bad reputation. My history in dentistry, when I got started fluoride wasn't quite as common, certainly not in the water.

And we would see kids with three, four, five, six cavities a couple times a year. It just was not that uncommon. Then we got fluoridation in the water and we've got recommendations by pediatricians for supplementation for fluoride.

And it got to be when I'd been in practice about 10 years. I just did not see cavities in kids. Wow. Just didn't see them. My kids grew up, we had fluoridation when they were pregnant.

Toothpaste, Fluoride, and Professional Cleanings

My wife was taking a small dose of fluoride because the baby teeth are forming in utero. And then the kids started with fluorine drops about the age of two.

Uh, my kids just didn't have cavities. So fluoride got a bad rap. And when people would come to me and talk about the dangers of fluorides, you know, I'm far more worried about.

The dangers. Of filling materials. I think that's far. More potentially damaging. So kind of pick your poison. Why does fluoride get a bad rap? I think it gets it for the same reason we now have the anti-vaxxers.

You get some little piece of information and it's exploded and sensationalized and carried just way, way too far. There are only two things in history that have been studied extensively and that's smoking and tobacco and fluorine.

So the studies leading up to the proper amount of fluoride, they're just a gazillion of them. It's very, very safe. But you only need one study that shows elevated doses of fluid are bad and they start calling it a poison.

We're not talking about elevated dosage, we're talking appropriate amounts. Right. We talk a lot about that in just our this approach to supporting brain health, right?

It's about the right amounts in the place at the time. Yes. And when you hack anything can be a poison when we've got too much of it. Interesting. OK.

So if I could deviate slightly, I don't want to get away from this one part of the topic that I think is really important for the oral systemic link and Alzheimer's and all of that, because, yes, home care is critical.

But I don't care if you're the best flotzer in the world, you can only do the parts that are accessible. So the professional hygiene visits are critical.

Let's start way, way way at the beginning with the fun story about that. How often should one see a dentist? Trick question, just put it in your head.

Six months, every six months. Where did that come from? My mother told me. And before that? The dentist told her. I have no idea. Pepsident adds in the 1940s and early 50s, Peppsident got this idea that maybe we can get the dental association to recommend our toothpaste.

There had been no such thing as professional recommendations before. So the dental associates, so Pepsodent said, how about we come up with a little jingle, brush your teeth every night and see your dentist twice a year?

Oh, interesting. And the Dental Society said well, people don't see dentists regularly anyway, that's really a good idea. So they gave a dental stamp of approval, which had never been done before to Pepstodents, and they could say we got the dentist stamp approval.

Brush your tooth every day, twice day and your dentist twice year. Wow. Okay then. So along comes dental insurance. How often should you get your teeth cleaned at a dentist?

Everybody knows every six months. Dental insurance does every 6 months, wow. We dentists loved that. Most patients, dentistry until the mid-50s into the 60s was episodic.

You went in for problems, you didn't go in much for preventive care. Dentistry goes, this is wonderful. Yeah. So how often should you? Well, that depends on a whole bunch of factors, doesn't it?

What's your genetics? what are the medications you take? Your age, your history, all of everything put together. Now, what we know, the gum should fit around the tooth like a really tight turtleneck shirt.

The bacteria start crawling underneath and form layers, and only at the bottom layer are the pathological bacteria. Those are all the anaerobic spirochetes that do all of the really bad things.

And they're the ones that get into the system. Guess what? You can't floss and get those out. Now, you can take the surface layer off so that they are much less active.

So that's where dental flossing is really, really good. The sad news is if you come in today and I get your teeth, absolutely. By the way, what is cleaning teeth?

Yeah, so what we should be doing because what were worried about is biofilm, the bacterial film of the teeth. So we shouldn't be de-breeding the bio-film.

I get your mouth absolutely as clean as it could be, absolutely few bacteria as possible. How fast do they come back? Just like instantly, I would expect.

Within a few days, it's almost back. Now, obviously they're not as active, they are not pathological, but within about 90 days three months, They begin to develop their condominiums and their cities and throwing parties and doing all the bad things below the gum line.

So technically to remove the biofilm should be about every three month. Much more frequently. Yes. Now, but we have to put all the host factors in there.

Well, are there good bacteria in the mouth? It shouldn't be sterile. No, no, there's absolutely good bacterial. In fact, when I was in dental school, they were doing the first studies on breeding the streptopoccus bacteria because that's what caused cavities.

And what they discovered was all of a sudden there were all these GI problems. So the good bacteria, chewing, mixes bacteria in with the food. So chewing is essential, mouth bacteria are essential.

But you need to breed the bad bacteria. Every three months. Well, not if you're completely healthy. Not if have very few fillings. If you are a really good dental flosser.

Your parents are on your side. In my situation, my grandparents and my parents never lost teeth. I kind of won the tooth genetic lottery. I learned early in my career, my wife not so much.

She would develop all this tartar, especially lower front teeth, and she'd want to go in and get her teeth cleaned more frequently. And I kept saying, why?

She is the world's best dental flosser twice a day. There is absolutely no reason you need to go in and get your teeth cleaned. And she'd come in every three months and she had all this tartar.

So anyway, she didn't win that part of the genetic lottery. But so you have to understand that what medications as we age, sadly, this really nice turtleneck barrier.

The gum line around the tooth. Just like your skin doesn't have the elasticity, it's not in the gums either. So you really need to get it to breed it every three months unless you're ideally healthy and that should be at the discretion of really the hygienist.

And that has to do with bleeding points. We all go to the dentist and they do all these weird numbers, 323 and 234 and all of that, which measure the susceptibility.

What's far more important is the number of bleeding points. If you have a larger number, even a four or a five, not bleeding, I'm not too worried. if you a two that's bleeding I don't know about that.

I see. So that is an interesting question to ask the dentists when you are there. So water picks, oil pulling, there's all these extra things that you can do.

How important are they? I know you've talked, you really emphasized brushing and flossing. But these other things, is there ever a time when we should do more than just brush and floss?

Those are so controversial. And again, it depends on so many other things. If you're susceptible, if you have some issues, you want to try most anything.

I don't think that's bad at all. One of the concerns I have, and I'll just throw this out there. You have dentists who want to do everything on every person.

They don't individualize for each person what's best. For example, we can certainly get into it as replacing silver fillings because silver has the mercury.

Well, if there's multiple teeth where 50 to 80% of the chewing surface is silver fillings, I don't want those in there either.

Root Canals, Fillings, and Finding the Right Dentist

But if we have a half a dozen tiny, tiny little silver filings that's just not enough to give off enough mercury to worry about. Uh, but sometimes dentists want to get rid of absolutely every silver filling just because it's silver.

Well I, don' know about that. I wanted to ask about the filling materials. We haven't used amalgam filling for 20 odd years. Doesn't it settle a bit so it has the potential to crack the teeth?

Yes, it expands and contracts and can crack teeth. So would most of them at this stage are going to be pretty old? Very old. Yeah, because people, dentists haven't been using them for a long time.

So, would you recommend that they be removed for that reason? Depends on the size. I can think of many, many examples where there are small fillings. Before we had resins to do pit and fissure sealants on teeth, some really, really good dentists would drill very shallow filllings, put in silver filling material because we didn't have the resin.

That's those present 40, 50 years not doing anything. So it depends. Very stable. Just depends And what about root canals? What is your view on root canal?

Well done root Canals. I prefer a well done route canal to having a tooth removed in an implant. People think implants are the answer to everything. And they're really not because you just develop a whole different set of issues and concerns.

You're going to get bacteria around implants and peri-implantitis, inflammation around implant is a big deal now because we put implants in the wrong places.

So I'd rather have a well-done root canal. And what makes it a well-done root canal? In today's world, and I forget the name of it, I think they call it the gentle wave, but it's where when you clean the canal, you're breeding it very

thoroughly with an ultrasonic and water spray.

A root canal is really nothing more than a tube and a tooth. So you need to make sure that that tube is, really, clean. And my friend who's endodontist, a specialist, says, if the canal, is clean, I can fill it with peanut butter and be okay.

The point being, and it can be time consuming and detailed. There are general dentists who can do a really, really good job, but if I didn't know the general dentist, I'd see a specialist for that.

I think there's a vast difference between a specialists doing really really root canals and a general dental doing so-so. And I did a lot of root canals in my history.

I actually really, really enjoyed it. And then when they came up with some of these gentle wave things, and I realized I didn't want to invest in that, I wasn't doing my patients a favor to keep doing it, so well done.

That's fine. not well done, you leave the potential of a focal point, a nidus, of future infection. So if one is really, really concerned, I would go to a specialist and endodontist and nowadays they have the CBCT scans and they can really look at it very detailed and you can tell if that's an active infection or a scar.

This is the cone beam. Some people will have heard of a cone. Do you have any other professional advice for our listeners? Oh, I'd have to think. I think The one other thing I'd say since it comes up and is an issue is how do I find a good dentist for some of this?

And my reply to that is it's your job to interview the dentist, not the other way around. And what are some good questions to ask that dentist when you're interviewing them?

Well, the first thing I personally would do, I'd go through the normal exam process and not want to confront too much right up front. That's just my personality.

But once I got to the hygienist, i'd want ask, so how much time do you have for a visit? And I don't personally think you can be thorough in less than an hour.

The 30 minute cleanings are sort of like sweeping under the rug and then walking out. And I would ask how much time are you going to teach flossing? We divided our hygiene visits into thirds, 2020-20.

20 minutes was catching up. What are the proactive things you're doing in your life or healthy lifestyle? Because we want to emphasize a healthy life style, not just teeth.

And then we'd review their home care. Show me how you floss. Do you have any areas they're having problems with? How about if we introduce this go-between?

Would you try that? So that's really the connection with them and their responsibility to keep things clean. And then my story was always if they can't debris the area, get it as clean as possible in 20, 25 minutes, there's too much there and we need to schedule a separate visit.

Got it. especially if there's a lot of bleeding points, because you're not going to cure bleeding point in one visit. And then the final 20 minutes is just review what you've gone over, set up the next visit, and stress the importance of the One of my friends who is an expert in all of this stuff, a periodontist, you know the number one role of a hygienist in a dental visit is to get the patient to commit to come back at the appropriate interval.

If it's three months, that's what's best. in our office, they would graduate. If you were really, really clean at three months, you could graduate to four months.

So anyway, to get back to the original question, I think those are questions I would ask of the hygienist, not necessarily the dentist. I see, got it.

Good. Well, very, helpful information about how to best put your dentist to work for you. Now, I want to put this into the context of your personal journey.

So your mom and dad both had age-related memory loss. You watched both of them go through that process, right? Actually, dad did not. Okay. Mom did. And you are APOE 3,4 positive.

Correct. So you've got one copy of the APoE 4 gene and so does your daughter, the next generation. This has been a big part of your family's story. Yes.

Tell us how you have navigated that. Well, poorly at first, like I think most everybody. Mom began to slip in her mid-60s and we noticed all of that. Interestingly enough, she was in an experimental program for Alzheimer's at UCLA.

My dad being a physician got her in there. and she ended up having a stroke in that program. Nobody knows why, if it was the placebo, as she said, anyway, or was it the minute, and we just don't know why.

So at that point, you know, Dad self-cared for Mom. We literally had a hospital bed in the family room and he was taking care of her and I was watching his self care and his health plummet.

Family Alzheimeru2019s History and Caregiving Lessons

Quite quickly he would finish the ice cream mom didn't eat so he's about my height and probably 150 pounds more than me At my age so mom passed away and I How long was that process?

You said mid 60s she started… She sewed signs. She was about 70 when dad finally decided to go and get her tested. He was in denial for a while. And it was fairly early in the program that she had the stroke and she actually lived with a stroke for eight months.

So that was not a really drawn out process. But still very impactful on your dad as a caregiver. Very much so. So, you know, that's where the caregiver piece slips in there because he never recovered from that health issue.

He was very overweight all the way through his and he passed away in 2013. That was 13 years of that. It was a rough final 10 years and for sure a tough final three years.

We were able to arrange for him to stay home because that was his emphasis. So I actually took a day out of, cut my days of work by one full day. Thursday was Dad Day.

I'd drive up to see him. Lots going on within that, but he just never got better and ended up his last three years or so were pretty rough. I want to contrast that with my father-in-law.

who was very active, stayed fit cognitively and physically, literally rearranging his estate the day before he passed away. The woo-woo part of that story is I had been off doing some of my seminars.

I got back on a Friday. My wife had some board meetings. So I said, well, I've got your dad for the weekend. and he ended up falling, ending up in the ER.

I got a call for Saturday morning, went in and visited with him and went off to the board meeting. They gave my father-in-law some morphine and said, well, nothing's bad.

So they took him home, which was okay. That was his request. And he called it Bill's happy juice, you know, cause I was administering at that point. He was on hospice and I giving him the morphine.

So Saturday night, Allison got home and I said, we need to go see your dad. I need that, you know, give him his morphene. And she said oh, it's been a really rough day.

No, you need to come with me tonight. And he was watching the Laker game. I gave him morphine. He was basically CPAP intolerant, so we just put him on cannula that night rather than have him fight through the CPAPP.

Actually, I woke up bright-eyed at 3 o'clock, and we got a call at 4 o clock that he had passed away. So he bright, active, intact. right until the end.

And so that is what influenced me, that that's the way I want to be. So I had the two fascinating contrasts. Another thing that was very moving to me.

You see, I have a longitudinal brain health, mind brain study, which my wife's grandmother was in. And one of my patients was in, and he was very mentally intact.

And PBS actually did a special on the people that they were tracing out. I don't know if you ever saw it, but it's just fascinating. This one gentleman got to be, I want to say, 104. certainly over a hundred and was pretty cognitively intact.

And upon his passing, they did the brain biopsy and statement was he had more in the way of plaques and tangles than any brain they had biopsied and yet he was intact, so I'm going to be that guy.

You know, it really opens up this possibility, right? When we see that there are people who have become centenarians, who've aged, they have plenty of plaques and tangles, but they're cognitively intact.

Right? It tells us that although, of course, the amyloid plaque and tangle, all of the misfolded proteins are associated with Alzheimer's, It's not an inevitability if they are there that we lose function.

So there's a difference between Alzheimer disease and Alzheimer dementia. And tell us about your personal journey kind of navigating. I know you made a discovery in 2019. My first discovery was 2010, which was a blessing diagnosed with celiac disease.

And I did that because my daughter got to know an expert when she was in medical school and said, Dad, you got get tested. I said fine. So I go to my primary care doc and he says, why?

And said I'll just humor me. Sure enough, I came out positive. Back then, the only thing you could do was read the labels. Yeah, just avoid gluten. Yeah.

So I had a struggle of three months, but then I have a fairly extensive time when I could be pretty darn good with it. Then in 2019, I was given a gift of the end of Alzheimer's by Dr.

Bredesen and I read that and said, okay, to have a study because I just didn't want to know, why bother? So I, okay, I better go do that. So, go see my primary care doctor and he said, Why?

And I said well, just humor me. He did the test and I came out APOE 3.4 positive and literally sat me down, pulled the chair up next to me, looked at me and said I want you to go home and rest.

You just need to take really good care of yourself. I don't want you to worry about there's nothing we can do about this, yada yadayada." And I said, well, I just read this book.

There's lots we could do. So I contacted, Dr. Bredesen was at UCLA at the time. They said, no, you want to see this guy, Dr. Merrill? And I said no I want see Dr Pettis and no you wanna see…

Okay. So I went to Dr Merrell and that was March of 2020. And we all know what else happened in March 2020, So I had my ream of blood tests and I have my cognitive tests.

At the time, of course, he asked if I felt I was at all cognitively impaired. And I said, well, you know, like everybody, I forget things here and there.

So my first cognitive test was okay. I didn't show any cognitive decline, so I did not qualify for the study he was doing, but nevertheless, I think he liked the history and the track record and all of that.

So I just started little bits at a time doing this and this, and that, What kind of things were you doing?

Personal Risk, Bredesen Protocol, and Lifestyle Changes

Were you taking supplements? Where you changing your diet, exercising differently, sleeping differently? Yes. All of the above? All the of above. Fun story too, I went in and I had just been introduced not that long before to the aura ring.

So I when into Dr. Merrill and he asked about it and next thing I know, six months later, he had an aura rings. That was kind fun. I've always been kind of sort of because of my profession, proactive and health focused.

I had been exercising, I started a few years before with a personal trainer because I knew I wanted to be fairly fit and healthy. Like my father-in-law, I knew there had to be more to it.

I had been to a presentation by a cardiologist at the Cooper Clinic who said we were discovering that muscle and lifting weights could be important than aerobic exercise.

I started on all of that and I kind of got into the concept of balance and fitness and core and whole body rather than just weights or just HIIT or this or that.

I just kind enjoyed it. So I had gotten started on exercise and the answer is the same, I started real simply. I went to a trainer and I said, teach me some things I can do.

And so we had two sessions of that, and then I did those things, then went back for another session and said okay, give me more things and okay I do those thing.

One of the tricks there is, like everybody, getting to the gym was brutal. So I had learned when I first started exercising, a guy told me, it's really simple, just put on your shoes.

So, I promised myself I'd put my shoes on and I take a step out the door. And that became a walk around the block, and that become a walking for a mile, that becomes a jog.

in my first really couple of years of putting on shoes, taking one step out the door, I gave myself permission I think twice to turn around and say, no, ain't happening today.

Some days I'd walk a mile, some days, jog three miles, but I had to walk out of the front door. So the same thing with the exercise. I just had go show up and I give myself the permission to do what I call a 50% workout, you know, a giggle workout.

Well, most of the time it turns out, okay, the second round is going to be a full workout and the third round, I'm really going do it. So it's just start and day to day I just started simply.

And so I'd been doing that. One of my blessings is I am curious. So I've always been a voracious learner. So, I started listening to podcasts and reading books and I just kept at it and at and add it.

And I would try this and try that. I'm still trying it, and still thinking around with this, that and this. Right now it's a little bit more on sleep to get a more deep sleep.

What are your strategies for that? I'll let you know when I've got them. I increased my magnesium L3 and 8 to 3 before bed. Thought, well, two was doing okay.

Maybe three would be better. Hasn't worked out so far. Don't know about that. Do to the KE4 ketone ester, do a

little half a milliliter, I guess it's about two milliliters shot of that before bedtime.

Sometimes it helps, sometimes it doesn't. What I am evolving to is I need to have all my protein before three, not all, but most, and then a really light dinner.

So last night, for different reasons, no excuse, I'm human, we went to Mexican food a little bit later than usual. Last night's deep sleep was not present.

Well, it's kind of obvious, isn't it? I think the point is be curious, do this and do that. I'll share with you what I've been working on lately that is a huge help for me.

You know, I have done journaling, done all the gratitude journalling, tried all of that, and I forget now where I first heard it where some podcaster someplace said, count your delights.

Do you smile? Yeah, what brings you joy? Yeah. Have you heard about the delights? No, I haven't, but I love the word delight. It's one of my favorites.

Well, that's what happened to me. I just went, wow, okay. So now I count my delight each day. And so what brings you joy? What ends up on that delight list?

Oh my gosh, so many things. Saturday. You know, I've got my to-do list. I'll share with you how I do at my To-Do list, but Saturday I kind of sort of got started and then it got sidetracked.

So I call that now a putz day. so I putzed around and on Sunday there were a couple of other things and I puts around. When I did my delights, guess what was a delight?

Putzing around? What a Delight! Granddaughter is a huge putzing delight. Grand boys, but they've moved to Spain. So, they're still a delight, what shifts in my mind is gratitude.

I kind of go, okay, well, I've done all those before, But delight keeps me in the now. So I walk out to walk the dogs, and I look at the trees against the sky, And I go, wow, the green against a blue.

How delightful. I'll frequently sit outside to have lunch. And it's much better for me to look At the birds and go what a delight. So you're right. It incorporates joy, wonder and awe.

And we can spin that off because I know so many of the people you've spoken with have talked about a spiritual element, which I think is huge. I did spiritual background and my spiritual back ground is Celtic spirituality.

which then developed into Quaker. And that's a spirituality of now. So I went, wow, isn't that interesting? I can actually pull from the heritage epigenetics of the spirituality.

Of now, so my curiosity became, I wonder if we misspelled G. O. D. as we all know backwards as D. O. G. Well, maybe it should be G-A-W and wag, where the G is for gratitude and A is For awe and W is Wonder.

So can I stay in spiritual delight, wonder and awe? So I try to do that every day. I start my day that way. I have to remember the word word the next morning or it doesn't count, right?

Right. You're exercising that memory. And so then I list my daily to-do's on a 3×5 card. Handwritten, every day. If I didn't do it the day before, it goes in to the next day, handwritten.

Why? Well, studies show that that activates a different part of your brain. I always used to share the study where they had college students listen to a lecture, take notes on a computer on the lecture and handwrite and doodle.

Well, just listen was run retention, only slightly better was doing it on the computer, and doodling and handwriting were almost the same retention. In other words, doodle-ing kept that part of the brain, that memory circuit alert.

Wow. So you put that to work every day? Every day. Every Day. And my encouragement for pre-dementia, my encouragement for early dementia, ask the dementia person to write it down.

It doesn't have to be on a 3×5 card, a big old sheet of paper is just fine. But handwrite it, because you're activating that. Early on, when I was first diagnosed, I would get, well, you know, retired and I diagnosed and was going through my grief process.

Well, tell me about the diagnosis. So you talked about a discovery. OK. And so there's the language that you've used and but shared. I slip into doctor language too fast and I pride myself on communication clarity.

Mindset, Delight, and Intergenerational Legacy

And I do not have an Alzheimer's diagnosis. I have Alzheimer discovery because I equate Alzheimer with dementia. So I don't accept that part of it. And have you seen Dr.

Miller and the rest of the neuropsych evaluation team, Chanel and Dr Ahilo, for cognitive testing recently? The last one was slightly under a year ago.

And how was it? That one is not so good. I mean, no, it was fine. I'm still intact. My first one, I forget the specifics. So let's just kind of give a guesstimate.

I was maybe 95th percentile. I Was okay. Yeah. The next one I'd actually increased into 96 and I had done better in most of the elements. For whatever reason, the next One after that, which was about a year following that by then it was remote.

So it Was zoom and I'm remembering it now. The very first one was where they give you the list of like 20 words. And I'd been practicing that, I knew how to do it.

I've been working with Molly on memory coaching. But they went through it really fast and my brain went, whoa, you're not ready for that. My brain just shut down and I listened to…

I think I got two or three words, And they read them to you three times. So the second time, I'm going, okay, got to remember these. Well, didn't do so well.

And the third time I just kind of relaxed. I ended up recalling them. Okay. But it was like I got bucked off the horse right at the beginning. And the rest of the time I was analyzing how the heck I doing rather than just relaxing and doing it.

So I actually emailed Dr. Merrill and I said, well, I blew that. Now I'm going to be officially incognito. decline. And it turned out it really wasn't that bad.

I'd slipped down to like the 92nd, 93rd percentile and Dr. Miller says, oh, we've got all the ways to adjust for that sort of thing. So anyway, the moral of the story is I'm completely convinced if I were to do it again, I would be back in the 97, 98% so I am not too worried about it.

Good. Again, yeah, and I think the question is, is all your effort working? I have a great answer for that. Who cares if it's not? One of my good friends asked me a similar question.

He said, what if all this positive mental attitude and what of all of this effort? And what a follow? This is just for not you get to the final stage and you just find out none of it is true.

And the answer is really quite simple. That's OK. I've had 20 years of feeling really, really great. And I tell people when they ask me, well, why do you do all these things?

And my answer is always, you know, I never knew how bad I felt until I've felt great. And, and I feel better now than

I did a year ago, And even if something happens, Yeah, we talk about that a bit with this Bredesen approach, right?

That the side effects are that the diabetes resolves, that blood pressure resolvs, the people's mood improves, their sleep improves. And yeah, generally, like, side effect is that life is better.

Yep. So why not? Why not. The effort is worth it, it sounds like. So one last thing that I've been working on, which parallels with several of your other people, I heard and I took it to heart.

Is the brain the mind or is the the in the or if we lose our brain, do we loose our mind? Or if you lose your mind, you loose your brain? What you decide?

Well, what I have decided is that this is a hugely vast universe. And I actually believe that there's a universal mind that we can tap into. So I don't have to hold everything in my ever so feeble mind.

I can enlarge it to include a Universal mind, so when I do contemplation meditation, I spend most of my time trying to tap in to the very best I. Can always failing, but we'll try again.

Universal Mind. So you don't mean chat GPT. Oh, you want to go down a different rabbit hole now, do you? No, no. Just clarifying. No. I love it. That is my attempt when my daily meditation practice as well to tap into that universal mind and get that strength from source.

Somewhere along the line, somebody said, can you understand infinity? Well, if God is infinity, how can you expect to understand? It's acceptance that we won't understand at all.

We won' t know it all, never. Yeah. You shared also that there was one other project that you are working on and that is estate planning. Not probably in the way that comes to mind for a lot of people, which is like getting your trust in order and talking to the attorneys and the financial planners, but in some more soft ways.

Can you describe what that means for you? Thank you for asking because I think that is one of the most important things. When I first discovered and was first going through my kind of grief and rediscovery process on all this, I kept thinking, what is it about dementia that I'm just so petrified of?

And of course it was my mom's demise and it's my dad's loss of health, even though he had his mind intact, his health not. I said, I just don't want my grandkids to know me that way.

I'd rather end my life than have my grandchildren know that I am. And so then, somewhere along the line, somebody was talking about a living will, and they said well, no, it's not the will.

It's the living part. Write a letter to your loved ones now. So I have been composing letters to loved ones. I've been writing about our heritage. Our family heritage is interesting, especially spiritual heritage, as I said, about the Celtic and the Quaker, because I want the grandkids to know that.

And so I started off handwriting, cause I wanted them to see the handwriting. Then somebody said well, you know, today we have Audio. Well, that's pretty cool.

So I'm going to start reading my findings to the grandkids. And then somebody said, well, we've got video. I said well OK, now maybe they can see me. They can really know you.

Because isn't that what we really fear? Not being known. Another fascinating concept, I touched my grandfather. He was born 1900. shared the impact of that on me.

My dad, me, my kids, My grandkids are right around 10 now. So, you know, wherever, let's just say, well, they were born right about 2010. Let's say they live to 90. You know they can get to 2200, no 2100. My life can be impactful 200 years worth from the start not knowing to them carrying it on.

Isn't that impressive? This intergenerational wisdom transfer that's so much a part of my why. Why I do this work, why I hope to increase the ripple effect of Dr.

Bredesen's work is because of that wisdom and experience and how it's this unrenewable resource. But we're squandering it in so many cases when someone goes down that path of dementia.

And if it's avoidable, I mean, it is a squandered resource. And the impact that you shared, that this really opened up your conversation with your grandpa, really open up how you ended up practicing and the people that helped through your dental practice.

It's just unbelievable the infinite ways that those relationships can impact future generations. Bill, it is such a delight to have you here. You will be on my list of delights today.

As you. Thank you so much for taking the time to come in person and to be here and share your story with us. Oh gosh, not that comes to top of my mind.

I will just share the one thing that your gift is what you just described, which is taking Dr. Bredesen's scientific stuff, Which a lot of us can get lost in to the ever so human practical part, the emotional part.

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