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

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Introduction and Podcast Welcome

One of my good friends asked me a similar question. He said, what if all this positive mental attitude and what if all of this effort and what if all of 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 better.

This is Doctor Talks. Real talk from real doctors on the issues that matter to you most. Welcome to the Think Well, Age Well 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 intergenerational struggles 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.

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

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 who 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?

Dentistry as Whole-Body Health

I almost have to get back to epigenetics and family history. I come from a long line of family doctors, a great uncle, a grandfather, a grand uncle, my dad, and family doctors.

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

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

I said, this is just amazing. You just must be amazed. And he said, well, Billy, see, you're afraid to call me Bill. And I said, 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 could 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 we 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 I began teaching in different forms, I kind of became known as eventually the fluffy guy, the guy who kind of listened to the story behind the story.

Yeah, the dentist who listens. Novel concept. So most dentists, basically we're plumbers of the mouth, we're technicians. So most dentists 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.

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 come you don't floss every day.

But you know something, we never teach people to floss, do we? So how do you start dental flossing? Well, you 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'd maybe done two or three teeth. And I'd say, great. Now, I only want you to floss the bottom teeth.

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

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

I'm afraid I'm 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 it out.

Daily Oral Care Basics

Pop it in and drag it 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 don't 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, the toothpicks, all of those are wonderful. My favorite thing for people are called the go-betweens, the little tiny plastic toothpicks, if you will.

You know, 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 can 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, right?

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 toothbrushes?

The round head versus the longer one? Is there a 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 the types of floss, 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 and over again.

Isn't that interesting? So the real answer is the best toothbrushes one you'll use. Yeah. It doesn't matter beyond that. Small enough that you can get into the back.

I love the mechanical toothbrushes. My wife swears by the water pick 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 toothbrushes because it's just too much. It vibrates. People don't use mechanical toothbrushes correctly. Oh, how are you meant to use them?

I have one. OK, which one do you have? I have the Sonicare. OK, Sonicare. They're great. And how do you like it? I love it. Perfect. My teeth actually don't feel, I don't feel clean if I'm traveling and I don't have it with me.

It just doesn't feel 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 the bristles.

So most people will use a sonic care 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're using, you're probably pressing too hard.

Even a hand-held toothbrush, if you have to buy one every three months because it's flattening, you're 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 that something that you recommend?

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 about fluoride? Let's start with the hydroxyapatite.

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 fluoride, it really needs to be a prescription dose, 1.1%. Having said that, there's no good reason for it not to be 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 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. Just didn't see them. My kids grew up, we had fluoridation when they were pregnant. My wife was taking a small dose of fluoride because the baby teeth are forming in utero.

And then the kids started with fluoride drops about the age of two. My kids just didn't have cavities.

Fluoride, Fillings, and Root Canals

So fluoride got a bad rap. And when people would come to me and talk about the dangers of fluoride, I say, 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. I don't care which one you pick. 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, way too far. There are only two things in history that have been studied extensively and that's smoking and tobacco and that's fluoride.

Oh, wow. 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 fluoride are bad and they start calling it a poison.

We're not talking about elevated doses. We're talking about 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 right place at the right time. Yes. And when you hack anything can be a poison when you'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.

So 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? Where did that come from? My mother told me. And before that? The dentist told her. And before that?

I have no idea. Peps in and ads in the 1940s and early 50s. Pepsident 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 that. So the Dental Association, so Pepsident 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 Pepsodent.

And they could say, we got the dental stamp of approval. Brush your teeth every night, twice a day, and see your dentist twice a 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 six months.

Wow. We dentists loved that. Most patient dentistry until the mid fifties into the sixties was episodic. You went in for problems. You didn't go in much for preventive care.

So 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 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're 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 we're worried about is biofilm, the bacterial film of the teeth. So we should be de-breeding the biofilm.

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

Within a few days, it's almost back. Now, obviously they're not as active, they're not as 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 months. 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, no, there's absolutely good bacteria. 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 you have very few fillings, not if you're a really good dental flosser, not if 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. So you have to understand that. What medications? As we age, sadly, this really nice turtleneck barrier just like the 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 five, not bleeding, I'm not too worried. If you have a two that's bleeding, I don't know about that.

I see. So that's an interesting question to ask the dentist when you're 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 emphasize 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. You know, 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 percent of the chewing surface is silver fillings, I don't want those in there either. But if we have a half a dozen tiny, tiny little silver fillings, that's just not enough to give off enough mercury to worry about.

But sometimes dentists want to get rid of absolutely every silver filling just because it's silver. Well, I don't know about that. I wanted to ask about the filling materials.

What I understand is 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 most of them at this stage are going to be pretty old. Very old. Yeah, because 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 they're small fillings. Before we had resins to do pit and fissure sealants on teeth, some really, really good dentists would drill very shallow fillings, put in silver filling material because we didn't have the resins.

I've seen 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 canals?

Well done root canals. I prefer a well done root 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 implants 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, really clean. And my friend who's endodontist, a specialist says, if the canal is really, really clean, I can fill it with peanut butter and be okay.

The point being, and it can be time consuming and detailed. So again, 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.

How Often to See the Dentist

I think there's a vast difference between a specialist doing really really good root canals and a general dentist 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 beam. Sorry. Do you have any other professional advice for our listeners? Oh, I'd have to 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 to 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 lifestyle, 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 de-breed 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 points 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 next visit.

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, 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. So you watched both of them go through that process, right? Actually, dad did not. Okay. Mom did.

Mom did. And you are ApoE3,4 positive. Correct. So you've got one copy of the ApoE4 gene. Correct. And so does your daughter, the next generation. Correct.

So this has been a big part of your family's story. Yes. And tell us how you've 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, 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. 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 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 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. So that was 13 years of that.

Family History and Alzheimeru2019s Risk

It was a rough final 10 years and for sure a rough 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. So 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 OK. That was his request. And he called it Bill's happy juice, because I was administering at that point. He was on hospice and I was giving him the morphine.

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

I'll go see him tomorrow. No. 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 CPAP and got a call. Actually, I woke up bright eyed at three o'clock and we got a call at four o'clock that he had passed away.

So he was 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 had 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. And this one gentleman got to be, I want to say 104, certainly over 100, 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 have aged, they have plenty of plaques and tangles, but they're cognitively intact, right?

It tells us that there's, although, of course, the amyloid plaques and tangles, all of the misfolded proteins are associated with Alzheimer's, it's not an inevitability if they're there that we lose function.

So there's a difference between Alzheimer's disease and Alzheimer's 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 to get tested. And I said, fine. So I go to my primary care doc and he says, why?

And I said, oh, just humor me. And sure enough, I came out positive. So 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 had a fairly extensive time when I could be pretty darn good with it. So then in 2019, I was given a gift of the end of Alzheimer's by Dr.

Bredesen and I read that and I said, okay. I never wanted to have a study because I just didn't want to know, why

bother? So I said, okay, I better go do that.

So I go see my primary care doctor and he said, why? And I said, well, just humor me. So 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 he 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, yada, yada. And I said, well, I just read this book.

There's lots we can do. So I contacted, I knew Dr. Bredesen was at UCLA at the time. I contacted them. They said, no, you want to see this guy, Dr. Merrill.

And I said, no, I want to see Dr. Bredesen. No, you want to see Dr. Bredesen. Okay. So I went to see Dr. Merrill and that was March of 2020. And we all know what else happened in March of 2020. So I had my ream of blood tests and I had my cognitive tests and 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 didn't 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 this and that. What kind of things were you doing? Were you taking supplements? Were you changing your diet, exercising differently, sleeping differently?

Yes. All of the above? All of the above. Fun story, too. I went in and I had just been introduced not that long before to the aura ring. So I went into Dr.

Merrill and he asked about it. And next thing I know, six months later, I went in and he had an aura ring. So that was kind of fun.

Personal Prevention Journey

I've always been kind of sort of because of my profession, proactive and health focused. I had been exercising. I had started a few years before with a personal trainer because I knew I wanted to be fairly fit and healthy.

Make your father in law. 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 more 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 just this or that and I kind of 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 I did those things and then I went back for another session and said, okay, give me some more things and okay, I did those things.

And one of the tricks there is I'm like everybody, you know, 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 on my shoes and I'd take a step out the door. And that became a walk around the block and that became a walk for a mile and that became a jog.

And 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 I jogged three miles, but I had to walk out the front door. So the same thing

with the exercise. I just had to go show up and I give myself permission to do what I call a 50% workout, you know, a giggle workout.

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

And day to day, I just start simply. And so I've been doing that. One of my blessings is I'm 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 it and at it.

And I would try this and I would try that. And I'm still trying it. I'm still thinking around with this and that and that and this. Right now it's a little bit more on sleep to get a little 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. I do to the KE4 ketone ester. I do a little half a milliliter. I guess it's about two milliliter 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, but I'm human, we went to Mexican food a little bit later than usual. So 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. I've done all the gratitude journaling. I've tried all of that. I forget now where I first heard it where some podcaster someplace said, count your delights.

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 delights each day. I don't do a gratitude journal anymore. 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 it got sidetracked.

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

Putzing around? Putzing! What a delight! Granddaughter is a huge putzing delight. Grand boys, but they've moved to Spain. So, but 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 the 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. I don't have to say I'm grateful for being everybody.

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 a spiritual background, and my spiritual background 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, because 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 for 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 list my delights from the day before together with the word word. 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 three by five 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 a lecture, and handwrite and doodle.

Well, just listen was run retention.

Mindset, Delight, and Spiritual Practice

Only slightly better was doing it on the computer. And doodling and handwriting were almost the same retention. In other words, doodling kept that part of the brain, that part of the 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 three by five card. Big old sheet of paper is just fine. But hand write it because you're activating that. Early on, when I was first diagnosed, I would get, well, you know, I'd retired and I was diagnosed and I was going through my grief process of the…

Well, tell me about the diagnosis. So you talked about a discovery. OK. 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.

And I do not have an Alzheimer's diagnosis. I have an Alzheimer's discovery because I equate Alzheimer's 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 was 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. 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'd been working with Molly on memory coaching.

I knew how to do it. But they went through it really fast and my brain went, whoa, you're not ready for that. And 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, I got to remember these. Well, I didn't do so well. And the third time I just kind of relaxed. So anyway, 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 was 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 in cognitive 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'd be back in the 97, 98% so I'm not too worried about it.

Good. Again, 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 if all of this effort and what if all of this is just for not? 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 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 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 better. Yeah, we talk about that a bit with this Bredesen approach, right?

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

And 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 mind in the brain? Or if we lose our brain, do we lose our mind or if we lose our mind, do we lose our brain? What you decide?

Well, what I've 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 into 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 is 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 it 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.

Estate Planning and Legacy Letters

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 as hell. I said, I just don't want my grandkids to know me that way.

I'd rather end my life than have my grandkids know me that way. 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 have 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 because I wanted them to see the handwriting. And 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, well, now maybe they can see me.

They can really know you. They can know me. Because isn't that what we really fear? Isn't that what we really fear? Not being known. Yeah. 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 around 2010 let's say they live to 90 you know they they can get to 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's a squandered resource. And the impact like you shared that this really opened up your conversation with your grandpa really opened up how you ended up practicing and the people that you helped through your dental practice.

And 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 to share your story with us. Thank you. Thank you for putting me at ease so I could just kind of talk.

You did amazing. I'm so impressed. Tell my stories. Thank you for sharing your stories. Is there anything else that you want to share? Oh gosh, not that comes to the 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, which is where the connection is.

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Closing Reflections and Farewell

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