Introduction to Oral Health and Parkinsonu2019s

Well, welcome again to the Parkinson's Solutions Summit 2.0. I'm your host, Dr. Ken Sharlin. Today we're going to talk about a very important topic. And that is your oral health as it relates to Parkinson's and in general, because there is a huge mouth brain connection, just like there is a gut brain connection.

And in fact, the gut and the mouth are really all part of the alimentary tract. To help explain all of this, I have a world authority on oral health. That's Dr. Doug Thompson.

He's coming to us from the Central Michigan area and Bloomfield Hills, Michigan, and he owns integrative oral medicine. Dr. Thompson, it's a pleasure to have you at the Parkinson's Solutions Summit.

I look forward to our conversation. Thank you so much, doctor. I'm happy to be here. Dr. Thompson, let's just throw out a really broad blanket and just talk about the mouth.

Talk about generally oral care and what this has to do with the brain. Well, you know, Ken, in 2004, I think it was probably in that, there was a time magazine article about how inflammation was, kind of a silent killer for us.

So this goes back 20 years now. And, what I did is I started to learn as a dentist, the younger dentist, I started to see these conditions in the mouth that were, that were highly inflammatory.

And the big one that we have, visual access to is people that have obvious gum disease. You know, the teeth get longer, they get gum recession, they get black spots on the teeth.

And and I started to think, what are these diseases, these two diseases, like, you know, gum disease and cavities. What does it have to do with, overall inflammation?

And it really spurred a whole, just a whole interest in oral health and how it could affect systemic health in an inflammatory or nowadays we call it oxidative stress relationship.

And so I started to study some anti-aging medicine, and I found out there's an amazing connection and can were up to 57 different systemic diseases. Now related that are related to oral conditions of inflammation.

And so in 2009, I rebranded my practice. You know, we were all smile centers or our esthetic centers or, you know, we restored teeth and we fixed, you know, we straightened teeth and we do all that stuff.

But I started to realize it was impossible for me to separate them out from the rest of the body. And so the integration is what has been my passion for all these years.

And, you know, we actually have a chapter in the integrative, cardiovascular medicine textbook, about the relationship. And so it's amazing, what can happen if the mouth is imbalanced?

Well, I wonder if you have a system by which you break that down. You've talked about gingival health, and there's the tooth, the root, whatever. Or is there a systematic way to think about oral health?

Systematic Approach to Oral Risk Assessment

You know, can I didn't expect that you're going to ask that question. and by the way, I don't know what questions you know, we are going to ask. The conversation goes where the wind blows us.

But, that's fantastic that you would ask that, because one of the huge things that I did as a young dentist was I

started to study at a postgraduate continuum in Seattle, Washington, called the Kois Center.

K O I S center. And any dentist that has been to the Kois Center in Seattle learns just that a very systematic process of how to break down, basically, the head and neck, health, if you will, and the mouth is part of that.

But it's how to break down the head and neck health into a systematic, organized, fashion so we don't get overwhelmed. you know, sometimes when you see a patient that has a lengthy health history or a really long list of of medicines or supplements, you can look at that and just say, oh, I don't even know where to start.

Well, the Kois center has taught us a very, a very predictive, a very, organized approach to break down the system. And we do look at gum and bone health.

We look at, we look at that separate from your health risk for cavities. We look at that separate, from your health risk to bite disease. Sometimes the jaws don't line up. Right.

And, people have significant disease from that condition, and they ruin the teeth, or they ruin their jaw joint. And we have, other oral abnormalities that happen.

Lumps or bumps or things in the mouth that could cause disfigurement, pain or, heaven forbid, loss of life. So we have to evaluate for those things. And then there's environmental damage that can be done to the teeth.

I mean, who would have thought that some of these rinses that we use are really, really acidic or some of these paste that we use that we think are healthy, are really abrasive, and they can damage the root surfaces, the teeth.

And then we have to think about, you know, your mouth is for breathing, your nose is for breathing, your mouth is for eating and your nose is for breathing.

However, many people breathe through their mouth. And when they do that, what happens to the oral ecology or what happens? Heaven forbid if they go to sleep and they have, sleep disrupted breathing, our breathing disrupted sleep, and they have sleep apnea or snoring or these kind of conditions.

And we so we look at these, each one of these areas in very much detail. And we created an assessment. And as a matter of fact, one of the things I want to do for our listening audience is provide a free oral risk assessment that will help them determine at home they can check the boxes and say, maybe I have an issue with this, and it can alert us that maybe we need to have other care.

So yes, there's an organized system. We learned it at the Kois Center. What I did, in addition to what we learned at the Kois Center, is I put some lifestyle issues to it.

and I tried to relate it to more of these 57 other systemic diseases so that it could be even more comprehensive from a health and wellness standpoint.

Can the original purpose of the Kois Center was to create predictability in our restorative dentistry. So predictability and our restorative dentistry meant we as dentists that are trained there.

We like to think that when we look at a condition, we not only know what's causing it, what the root causes, but we know how to rehabilitate it, and we can do it predictably.

Because one of the things that I think many people in our listening audience struggle from is repeated dentistry that's done in a way that it just fails.

And so we have fillings that turn into root canals, that turn into cracked teeth, that turn into implants. And the whole decision making in dentistry is when, when do I act and when do I not act?

And and how do I restore? So it's predictable because it really pains me to see people spending money dollar after

dollar after dollar, chasing old dentistry.

So that's the idea. Seems to be that in looking at this, there's sort of two broad angles that clearly overlap and are important. And one is that we're looking at the mouth.

We're looking at the whole, you know, the jaw, the tongue, the gums, the teeth, etc., the upper airway. as you alluded to for itself, meaning we want to examine this part of the body to evaluate for disease or even, the possibility of impending disease.

Like if we if a person stays on this trajectory, they're at high risk for X, Y, or Z. But then there's a whole other component that I think is critical to what you're saying and what you're passionate about, which is to say that just as we sort of say, the eyes are the window to the soul, the mouth is really a microcosm of systemic health or systemic disease overall.

Well, you know, you know, as an integrative neurologist, you know that we're starting to get more and more science that gives us biomarkers that are really predictive, and we can start to detect disease early and earlier and earlier in our lives, which gives us an incredible opportunity.

You know, it's I know people sometimes are disappoint. And when they learn, like their genetics or when they learn that they have early signs of some kind of cognitive issue or some disease.

But, you know, what a blessing that really is, because then we can do something about it. You know, nobody wants to know at the end stage disease that, they have a problem because then it's hard to treat.

So the idea is, yes, we want to we want to look at not only what are the conditions, but where is it going and what's that? What could we do that could be predictable, that could, guide us to lifestyle changes, something easy that would prevent a disease in the future, rather than just walking into that disease entity and finding out you have it.

And now it's hard to treat. So the idea is we want our dentistry to be much more precision. We want to we want it to be preventive. In other words, I don't want to react to disease all the time.

I would love to know who's at risk and, help them manage or mitigate the risk. and, what a what a great opportunity it is. In a since we started to be able to look at the human genome and really understand what's going on from a dis biotic standpoint, it's been a great opportunity for us.

And there's a lot more we can do than just, fix the teeth or drill on teeth. I prefer not to drill on teeth. educate patients. And I prefer to, prevent disease rather than just treat it.

Amalgams, Mercury Exposure, and Root Canals

Doctor Thompson, I know we're we're planning on spending the good majority of time discussing the oral microbiome and its relationship to neurological health, Parkinson's disease.

But in my neurology practice, there are a couple of things that just come up over and over and over again that my patients ask me about. And I'd like to, if you wouldn't mind, just ask you, because I'm sure, for a good proportion of the viewers today, these are the kind of couple of questions that were in the back mind.

And one of them is, can you just clarify the whole sort of narrative around amalgams? We have dentists in the area who offer their services to remove amalgams and patients, you know, with Parkinson's or worried about mercury exposure.

and I do tests for heavy metals, and I do see elevated levels of mercury in some patients. So what can you help me understand that better? And, you know, if I had amalgams, what's my best approach?

Yeah, I think it's a great question. And one of the things that I struggle with is I see people that have had exposure

to alloys, let's just call it an alloy, because there's quite a few different types of amalgam that I can buy.

I don't work with amalgam. I haven't worked with it for years, but I did in the very beginning of my career. I worked with a lot of it, 27 year practitioner.

And so I removed a lot of it, and I worked with a lot of it. And I think that what I would say from a very practical approach can is the body is designed to heal.

And just because we get an environmental exposure to something, it doesn't mean that we're going to get a disease from that environmental exposure. I mean, if that was true, all the guys that worked in a brake shop or breathing asbestos all their life, they would be they would all be dead.

but we're not all dead. Some of those people develop lung cancer and some of those people don't. so the idea behind amalgam is I like to know, number one, what's the whole body accumulation?

How are you excreting it? And is it, and how are, how much are you being exposed to on a daily basis? Now, we do get some vapor giving, that's given off of our, fillings.

If it's the kind of fillings that has, that had mercury in it, in the beginning before it was amalgamated. And we know that that's measurable. The other thing that's measurable, we have a test that measures the amount of mercury in the body, how well you're clearing it, usually through the urine, and how much you're accumulating.

we usually use a hair sample for that. And what that test tells me is the source of the mercury doesn't come from your amalgams. Or is it coming from either soil or a dietary, a dietary source?

So is the mercury inorganic or organic and if you have if you test positive for high levels of inorganic mercury, now I'm going to be looking at your, fillings.

I'm going to be looking at your amalgam exposure, maybe your past exposure. What does that look like. And what I can do to figure out if that's hurting you or not, as I typically will do a series of cardiovascular biomarkers, then that measure some inflammatory biomarkers.

Typically, if the blood vessels are that are significant for vascular disease, you know, the brain is highly vascularized, right? It's a very, highly it's dependent on micro vessels and it's dependent on good clean circulation.

If we have mercury toxicity in our body or if we have elevated inflammatory enzymes or biomarkers, I'm sorry, biomarkers, then I definitely want to act for that patient during the removal of the amalgam.

I want to do it safely and I want to do it intelligently. But I'm more I'm competent as anybody to take it out. However, I don't want to take it out or I don't need to take it out if it's not affecting the body in a negative way.

Because some people just won't be affected by it or they'll have so little, that's not a concern. So what I would say, and I'm sorry, it's a long answer to your question, but I would find out how is it hurting me or not?

Because can every one of those teeth that I draw the silver out on or I draw, I drill out the mercury filling that tooth has a potential to be sensitive.

It has a potential to have more disease because it's a live structure and there's a risk involved with that. I have many patients that come to me and said, oh, this doctor said I should have all my amalgams removed.

And I said, why did they want to remove them? Was it because they didn't look good? Or was it because they were hurting you medically? I don't know, they just said I should have them removed because they weren't healthy for me.

And now I have three teeth that are really hurting. And now they now those teeth need more care. I don't want to be

that guy. I want somebody who says, I took my teeth out, or I took my amalgams out because they were causing problems for me.

We measured, we took the amalgams out, my body healed, we remeasured, and now I have a much different level of mercury in my body and I have, and I'm handling it in a much better way.

That's the way we would want to approach it with metrics. That's excellent. Perfect. So that leads into and we're getting close talking about the microbiome in this context.

The other question I hear a lot about is, root canals. Yeah. Same thing. Exact same thing with root canals. we have advanced imaging, called CBC. and that's, computerized, tomography.

It's what it's, it's a much it's a three dimensional radiology radiology approach to the mouth. We can detect about 35% more suggestive disease, because when we see something on a radiograph, I have to find out.

Did it happen or is it happening? I mean, is it active or is it just some artifact that's on the radiograph from some time ago. And root canal teeth will often show some root and pathology on the radiograph.

That's suggestive that it could be a problem. But I don't know if it's a problem or not. That's what we would do. biomarker testing to find out if that's causing a problem.

And if anybody has a root canal tooth and they have increased systemic inflammation and we think that tooth is the cause, I want that tooth to either be retreated or taken out.

because, there's no question that apical root end infections, if active and if they're untreated, they can be terribly systemically damaging. And they, they, they house a certain type of bacteria that can travel through the bloodstream and it can infect, and affect, other organ systems way distant from the root canal.

And so we want to evaluate, whether they're a problem or not. Every patient that I treat that's being managed by an integrative cardiovascular medicine specialist, they want me to evaluate the root canals and determine if those root canals should stay or if they should go.

And what I like to do is I like to give the patient the option, give them to share with them the metrics, let them make a decision on their own what they want to do.

And most people will, a lot to either remove a disease tooth or to, retreat it. And I've seen many root canals that are have been in someone's mouth for 35 years, and it's not causing a problem for them.

So I'm not of the belief that all root canals are bad, or that all root canals are temporary. Hold in place for an eventual implant. some people, the root canals don't seem to be causing a medical problem for them.

And if we evaluate and find out that's the case, then there's nothing better for you than your actual tooth in your, in your in your in your body. there's problems with implants, too.

They're not failsafe the doctor. Thompson, tell me about the oral microbiome. What is it? And, you know, many people have heard the gut microbiome. Is it different from the gut microbiome?

Are they synergistic? and. That's how to question. You know, we have about 700 different bacteria in the mouth right now. And there's a certain number of them that are pathogenic, meaning disease producing, and the biggest diseases they produce, there's probably two really huge ones that we think about in dentistry.

And one is gum disease. And there's a certain family of bacteria that cause gum disease. And we have testing methodology now can it's really easy. You can spit, you can swish and spit 30s you can swish is spit into a collection funnel.

And, a solution. I could send it to a lab and I can find out in two weeks, anywhere from a few days to, a few weeks, I can find out the makeup of the, pathogenic portion of your biofilm.

So that means do you have do you have the pathogenic bacteria? And if you do, how will I concentrated? Or what's the concentration of those bacteria? And we know that if we get certain pathogens that are there above and that means disease producing bacteria, and if they're there above a certain concentration value, then we should probably be concerned and we should think about how could we suppress that population.

And to your point, you mentioned the alimentary canal in the beginning of the of our time together. And we know that if they're in the mouth, they're in the nose, and there's going to be some in the gut too.

So the gut microbiota is very different than the oral microbiota, but certain components of it are the same. And if we have an overgrowth or a we call that now a dysbiosis of bad acting bacteria in the mouth, then we could potentially have a dysbiosis in the gut as well.

And so we want to be and pay attention to both that's for sure. And you know, from your functional medicine training that a healthy gut is, is essential, for good longevity and good vitality.

So we know that's critical. And we also know a healthy oral microbiome is the same. What we didn't mention or what I haven't mentioned yet is not only bacteria in there, but there's also yeast and viruses.

And many of these components are in your mouth naturally, but they're very small quantities. And what happens is they get they they get an opportunity to overgrow some reason too much sugar, improper sleep, bad diet, exposure to pollutants, environmental damage, other types of damage, dehydration, mouth breathing.

They get a chance to overgrow. And if they get an opportunity to overgrow, they will. And if they do, then that needs to be managed. How do we manage it? We manage it with both, oral, oral approach and by altering any of those lifestyle issues that are causing it to be imbalanced in the first place.

Now, in the gut microbiome, we often talk broadly about diversity and abundance being two key measures. And those can be measured, in some of the stool analysis studies that are out there as a way to indirectly talk about building health, building resilience.

So I'm sure abundance and diversity are also important for the oral microbiome. The gut microbiome has multiple roles involved in communicating with the immune system, producing certain nutrients like vitamin B12, certain neurotransmitters, and maybe most importantly, producing short chain fatty acids, that are ultimately fueling the brain.

So I'm wondering in that sort of context, and we're going to talk folks about the bad actors as well, for sure, because that's some fascinating research.

what is the normal oral microbiome doing for us? And how do we how do we look at it, so to speak? What's the. Process? It's a that's a loaded question, but let me help you by saying we have, great protection mechanisms from the what we call the pellicle on our teeth and the pellicle on our teeth is a biofilm formation.

You can't see it if you don't brush your teeth. You can start to feel that fuzzy feeling on your teeth over. But if you go much beyond the day, especially if you feed a little sugar, then you can you can actually feel that pellicle grow on the teeth, and that's protective.

Oral Microbiome and Its Role in Health

And those are those those bacteria, your healthy bacteria. If your mouth is healthy, those bacteria are protective of, of a lot of things. They protect your teeth against a lot of things, including invading pathogens.

So if your mouth is healthy and you have a nice balance of normal, healthy bacteria, you don't need a mouth rinse.

You don't want to do. You don't need to do a bunch of fancy antiseptic rinses.

and if you want fresh breath, you can use a mint or a gum or something like that. So the so the number one thing the commensal or healthy bacteria do is they protect us against the invasion of bacteria, yeast and viruses that want to do harm.

And they help protect our teeth. The other thing they do is they produce, a lot of them live on the back of the tongue and they produce nitric oxide. Nitric oxide is something that's a vasodilator.

So it helps with blood pressure regulation. It helps us with parasympathetic stimulation. So that's calming and that's soothing. That's what we want. so we get that effect from a good healthy amount of bacteria.

And that plus many other protective factors or additive factors that help maintain our normal health. Now you would say, then why don't we measure them?

Why don't we measure all 700 of those and we can do that. We can do that through a shark on metagenomic approach. We can do that. But if we get into more sophisticated types of individualized analyzes of bad actors, what we know is that if the bad actors are held at low numbers, the healthy bacteria take care of themselves.

They grow faster, they grow stronger, and they grow more vigorously than the pathogenic low does. But here's what happens in a dysbiosis. The pathogenic load makes up almost 50% of the microbiome concentration.

So so so when that happens what does it do to the healthy ones. It pushes them down and the healthy ones don't grow as well. When you have a lot of pathogenic bacteria.

Now on my tests I measure anywhere from 5 to 29 pathogens. If I can control the pathogens, I don't need to worry about the commensal bacteria. They naturally grow themselves and they'll your mouth will be healthy.

So it's a little bit of a different approach than the gut, because I know if I take care of the pathogenic load, the natural load is going to take care of itself.

That got a little bit more sophisticated by that than that. And sometimes we have to seed the gut. Right now, we currently don't have any super well researched probiotics or anything to put in the mouth to say, oh yeah, if you take this magic capsule, you're going to have all the healthy microbiome you need and you don't need anything else.

We don't have that yet in, in dentistry, we have some pieces, some probiotics that are helping certain people, but they're not helping all of us the same.

And that's something that we're still trying to figure out as to, you know, where we are in that regard. So to summarize this portion of the conversation, if you suppress the pathogen load and you keep the pathogenic load low, the rest will take care of itself.

And your normal, healthy oral microbiome is helping you in everything from protecting your teeth, producing nitric oxide, aiding in digestion, breaking down foods.

I mean, lots and lots of things just like the gut does. not to dwell too much on the nitric oxide story, but I found it fascinating when I heard about the paper that was published looking at the oral antiseptic and how using, you know, some of these famous brand names that you see on TV, right?

Immediately destroyed, says bacteria. And the changes in blood pressure that can be observed as a consequence. I mean, this is dramatic. And I consider Nathan Brand to be a friend of mine.

but he wrote a book on, you know, on that whole topic, and he's studied that a lot. And there's no question that when we're healthy, that's what I that's why I suggested when you're healthy, if you're healthy, you don't need any

antiseptic rinses.

You don't need to go to the drugstore and try to pick one of those colored bottles off the shelf. I don't need it. however, if you're sick and you have a dysbiosis, we have to take the trade off of using the antiseptic rinses and the additional things that we need only to shift the population of microbiome back to health.

And once it gets back to health, we want to take that stuff off the table. Then I would prefer that we use a plant based rinse or something. Really. that's really kind and therapeutic to the healthy bacteria to keep nurturing it, much like you'd fertilize your lawn.

but not kill. Not kill, the healthy bacteria. So I'm in agreement. I'm in agreement only if the patient's healthy that we don't need that stuff when they're diseased.

and we have to do it when we have to provide a shift. I can tell you that what we need is we need to attack the microbiome harshly and swiftly, if it's pathogenic, to get it back to health.

And then once we nurture it back to health now, we can go ahead and discontinue all that stuff. So let's talk about some of the bad actors. I only know of two, and I'm sure you're extremely familiar with one, and I don't know if the other one is a main focus of yours.

I know you'll be familiar with it, and I'm sure there are others that you are going to share, you know, information about. But I do know about, the oral, well, herpes simplex virus.

And of course, there's HSV one traditionally referred to as the oral herpes. And these are neurotrophic viruses. They find their way to the brain. There's been a strong association with the risk of developing Alzheimer's disease.

And then the p ginger Pallas that's been studied, apparently found in the brains and people who have Alzheimer's disease, who, that's just the tip of the iceberg, probably.

But it's just it's an intro to the subject to these pathogenic, microbes. Yeah, there's there's probably five very well recognized research, high risk pathogens out there that we want to make sure are in low concentrations in everyone's mouth.

And that would be, AA, a is a, is a very, it's an economics, species subspecies. And it's very pathogenic. Shouldn't even be in the mouth then. Poor from Mona's gingival.

that's the one that's called our keystone gum disease pathogen. each of Alice can be present even in relatively small amounts, and it can cause a lot of downstream havoc.

it can convert other bacteria to be more bad acting. it can guide the process of growing other bad acting bacteria. so that's a big we call it a keystone pathogen to periodontal disease.

And then there's two other ones. Trapping EMA, dental collar. That's a spiral kettle. bacteria. And you know what that can do? and then tangela for Cynthia is our fourth one.

And then, so bacterium nucleate them. And most of our tests right now are looking at five subspecies of fish. So bacterium nucleate them. And some of them are, like animals and some of these other subspecies.

And I want to get to scientific, but some of these, have a lot of research in colorectal cancer and other, other diseases other than oral diseases. But these are the main, pathogens that we're concerned about.

And these pathogens need to be present in, in small quantities. In addition to those bacteria, we have now eight different, human viruses that we look at, and we test for, for we test for HSV one, which is what you mentioned.

we also have a test for HSV two, which is known more as the general herpes virus. But then we can't, negate

cytomegalovirus and Epstein-Barr virus. These are also two viruses.

And especially since the Covid outbreak, we see more people with chronic Epstein-Barr exposure or chronic cytomegalovirus exposure. And these viruses, two can find their way into, and to, into and affect certain mechanisms of the, of brain health.

So, the interesting thing about these species are if you take a patient that had a heart attack or a stroke and you actually go and isolate the blood clot from where the stroke happened or the heart attack happened, and you look at the bacteria, viruses and yeast that's actually in that clot.

You'll find family members of those in the mouth. So we know now we know this microbiome travels, it goes into our bloodstream, usually gets in the bleeding areas around our gums, gets into our bloodstream or through our through our gut.

And, they cause problems. They travel downstream. And so the idea is again, is look at that pathogenic load. And if you have pathogens above a certain concentration in my current understanding, I know there's probably a downstream biomarker or a downstream process that's being affected by that.

The question is can you measure it and how much and how significant is it. So what is my job as an integrative oral medicine dentist? Take them out, out of the equation as being contributory in a negative way.

Let's make your mouth a positive influence for the body. And let's not forget to be negative. And that's why we measure. That's why we measure the microbiome.

And, you know, through our home dental exam, people can measure their microbiome, you know, wherever they are in the country or in Canada, or the world.

Our, you know, the logo behind me, the Wellness Dentistry Network. It's a it's a network of dentists around the world that have heard this language and are starting to understand it more and more, and we're all working together so we can serve more people so we can give people that option to be healthy.

And then doing that, then they're going to have some action steps that they can take for sure. Yeah. For sure. we have some people that we see their microbiome and we're so elated because it's, it's very, quite healthy.

And so I love when I get somebody who wants to find out, just where am I at on that spectrum? And we find out that they have very either no exposure or low risk exposure to, to these pathogens.

Pathogenic Microbes and Disease Risk

And we can tell them, you know, oh, happy day. but the people who come in and have or who come in or who we serve that have very large concentrations of pathogenic organisms, we either want to find someone that can help them, or we want to try to help them as much as we can through the internet.

Well, Doctor Johnson, it's it's okay. I would like to use, my own personal sort of dental history and, habits, if you will, just as a case example. And, and I want you to feel free to tell me if I'm doing it wrong or doing it right, or what I should be doing.

So, very briefly, as, as a child, I had a very small mouth. And so and to get ready for those braces that I had as a teenager, I had a lot of teeth extracted.

But I was very fortunate not to have any cavities for a very long time, really not well into, well into adulthood. Did I ever have cavities? but it did have those braces.

My parents were very dedicated to taking me to the dentist every six months for preventative, dentistry. So that was a habit that I built, from, you know, early childhood and really have been very good about going and, you know, full

transparency, until Covid hit.

And then I got a little bit scared about having somebody get that close to my mouth and for a couple of years, I didn't go and see that dental hygienist.

Now, aside from that, I'm back in the swing of things. Have had several, you know, reestablish it with my, dentist and my hygienist. I do brush, twice a day.

I have to admit that I have not had not been a consists dental floss or, but not too terribly long ago, within the last year, I purchased, one of these water pick, water flosser.

And I will say that I love it, and I use it at least twice a day, but it has made a huge difference, in my gum health, that I can tell. Not just my hygienist, in the texture of my teeth and my mouth.

Just feeling clean and still not necessarily going back there with the stream, but I have to say at least what my hygienist told me. And I was just there about a month ago, that my teeth and my gums look very sick.

I'm not that I ever had really bad oral health, but noticeably better. So that's that's kind of in a nutshell. I mean, I do have one. I don't have any, fillings with, you know, mercury amalgams.

I do did lose a tooth, and initially had a root canal, but the root canal failed. and I, I have an implant, but really, that's about that's about it. So, you know, kind of give me a critique, if you don't mind.

And what am I doing? Right? What am I doing wrong? How can I best take care of my teeth? Well, you know, your parents were doing the best thing for you that they thought they could, which was giving you braces.

What we're doing differently today for most of our 12 and 13 year old kids and kiddos. And by the way, if you have a grandchild or a child or, nephew or a niece or somebody out there who's snoring or making grinding teeth sounds in their sleep as a child, this is not something we videotape and share with our family that it's cute.

it's a it's the first sign that there's an airway issue or disease issue with that child. So the first thing we want to do are any sleeping sounds heavy wheezing or snoring for sure.

We want to get that looked at. So what happened to you can is when you were 12 or 13 years old, they took out some teeth because it was easier to take out some teeth and straighten the teeth.

but the focus then was on straightening the teeth. It wasn't on how do you breathe? How big is your airway? None of that was taken into consideration at that time.

So nowadays we would really reserve removing teeth as a last case scenario, we would much rather expand the arches and develop the face more so that we didn't have a small mouth and we would have a bigger, broader smile, but we would have better airway.

And so that's the first thing is that happened was maybe airway compromise. So you don't have to get into your personal history, but it would be snoring, mouth breathing, sleep apnea if you have that now, if you want to do something easy, you can contact me.

We have a methodology where we can determine how you're breathing at night by an app on your phone. if you wanted to have a home sleep study, we can mail you, wristwatch home PSG.

And we could measure your sleep for under a few hundred dollars, so it's not hard to do, but that's number one. number two, you continued to grow up, and you said you didn't have a lot of cavities.

That's fantastic, because typically the cavity bacteria come from the primary caregiver. usually. So that means maybe your mom was healthy. Your dad or pair.

Whoever was taking care of you, was, not diseased. And so you, started to live your life with what we call low susceptibility. You didn't have cavities as a kid.

That's fantastic. And so you brushed your teeth. That was great. but you were probably somewhat disease resistant. Anyways, then you got into adolescence and as you continue to grow, you said you got into adulthood and you had your first cavity.

I don't know what that's from. If that was maybe from exposure to some cavity causing bacteria from someone else, significant other, partner. whatever we wanted, want to look at were the microbiome shift came from.

But what you said to me is critical. You haven't had a, a bout of cavities year after year. appointment after appointment. I have adults that have had cavities almost every time they go to the dentist.

If that happens to you, that's a dysbiosis. And that's a problem with the cavity causing bacteria, which we haven't talked a lot about. And then you said to me, I, didn't go to the dentist during Covid so much.

Well, you and, you know, thousands of other people did the exact same thing. And then you were away for a little while. And when you came back, there really wasn't that much wrong.

That, again, can is because you have a low disease susceptibility, which is fantastic. So something is protecting your system because I have other people that were away for two years and they're a disaster.

So we have to find out who, you know, kind of who's who. And then you said you brush your teeth. that's fantastic, because now you're cleaning the bacteria off the tops of your teeth and the sides of your teeth, which is important.

And then you said you're not so used to using the string, but now you got a water flosser. That's beautiful, because the water flosser is probably the number one way for removing the bacteria from in between the teeth.

So what our patients need and what our listening audience needs is a methodology to clean the bacteria from in between the teeth. And you want to do that first.

So the first thing you do when you walk up to the sink is fill that reservoir with water and power, wash the insides of all the teeth in between the team that gets the food out.

Yeah, it gets the stuff out. Now you go in and brush your teeth with any mechanical method you want, whether it's, whether it's a, toothbrush manual held or a power toothbrush that's going to do the movement for you.

And that will disrupt the biofilm physically, and it will disrupt the biofilm from what's a little bit what's in the paste.

Daily Oral Care, Toothpaste, and Caregiver Support

And then we want to leave the film of paste on the teeth, which means spit out the foam and don't rinse. That's the idea. If you have a dysbiosis or if you do some testing and you're in a phase of we're trying to fix a dysbiosis and we prescribe a therapeutic rinse, you would want to rinse after water picking, but before brushing that's the order water pick rinse if you have to.

Then brush. That's what you do. And you've been doing that. And what is your dental hygienist say. Can you look great. You look fantastic. And that tells me you don't have a high disease propensity.

And, you're doing a really good job cleaning in between the teeth, cleaning the tops of the teeth. You're managing the oral microbiome can when you go and you take that toothbrush and you're starting to put it back in the toothbrush holder, your healthy bacteria are already starting to grow.

There's any healthy bacteria that you're removed are starting to grow. And again, they significa quently outpace the growth of pathogenic bacteria. And if you do that routinely and you said you do it twice a day, if you do that

routinely, your chances are way better than not that your mouth is going to be healthy.

Why your body wants to be healthy. So wondering about toothpaste itself. I happen to choose a toothpaste that's just has natural ingredients. but obviously there are some commercial well known commercial brands out there not to pick on anybody.

but do you have any general recommendations about toothpaste? Yeah. If you're, if you're, if you're cavity averse, which I would consider you low risk for cavities just from our discussion, if you're low risk for cavities you can choose a paste with fluoride or not.

remember these fluoride applications are all topical. You're not swallowing them. You're not drinking it. it's just simply a topical additive to the teeth.

And, that can be healthy for you, especially if you have a cavity risk. But you don't have a cavity risk. So for you, any toothpaste that you want to use, it's not too abrasive.

That would be, perfectly fine. we have a chart that I can also happy to provide anybody that asked me for it about the abrasive ity of paste. And we don't want paste that are too gritty.

If you get a little bit of gum disease and you have some gum recession and you use a paste is too abrasive, you can get some notching at the next of the teeth where you'll, and you can cause some root sensitivity.

Maybe it can be unsightly. Am I collect poppy seeds or food? so these notches are what we call environmental damage to the teeth. And it's come it comes from the abrasive ity of the paste and the acidity of some of these commercial mouth rinses, which we've talked about that you don't need to use usually if you're, if you're healthy.

So the toothpaste, there are some pastes now that are coming out with more additives that pose to be like bacterial suppressant. We don't have we don't have great, solutions for that.

But I think the most of the world is trying to avoid sodium laurel sulfate in their paste ourselves. many people are trying to avoid fluoride in their paste, and most people are trying to have a paste that's creamy and not too gritty.

And so if you maintain, those preferences, I think you're in pretty good shape. There's a lot of things there's a lot of different paste you can use. Also, I want you to know that dry brushing is not wrong.

So you don't even need toothpaste. If you don't, if you don't want to use it, you can dry brush. And I really want our people to know that have Parkinson's disease or, early cognitive decline that the caregivers that are taking care of those folks, it's going to be extremely important that they assist with the bacterial removal off the teeth.

It takes good dexterity and good knowledge and good, habitual, repetitiveness to get the bacteria off the teeth on a daily basis. And one of the saddest things I see is our patients that are either losing cognition or losing manual dexterity to be able to do it themselves.

So that's going to be important for our caregiving community. That's, working with Parkinson's, people. and that's going to be important to your listening community.

Absolutely. I'm so glad you brought that up, Doctor Thompson, as we start to wrap things up, I want to reiterate or have you reiterate the, wellness Dentistry Network as well as the home dental exam.

Yeah. And just Wellness Dentistry network is, WellnessDentistrynetwork.com. It's really for, dentists to join, the learning about what we do, but it's also for your patients to go on and look and see.

Is there a wellness dentist or somebody who understands this concept near my neighborhood? we would like to provide people, that opportunity. We have members in Australia, New Zealand, UAE, Spain, the UK, Canada, and across the US, there's only about 100 of us now, but there's going to be more in the future.

And then the, home dental exam.com, that's where people can get their own saliva testing should they want that. we offer a small promotional as being part of your program.

I'm really. It's really generous that you would, want this voice to be on your program, so that we can share this information with you. And then, I want to make sure that people know that they can also download the free risk assessment booklet that will help them, understand if they're at risk for, some of these other areas as we mentioned, the structured approach to breaking down the system.

I want to provide that for them as well. And if folks happen to live in the Central Michigan area, Bloomfield Hills is where you're located. And the practices integrative oral medicine.

So folks can, visit with you there where you have other dentists that also work with you. I do, I have an associate dentist, doctor Watkins works with me and, myself and, where everybody in the practice is totally dialed into the philosophy.

Wellness Dentistry Network and Contact Information

as a matter of fact, she's the third author on another chapter and a nutrition and integrative cardiovascular medicine textbook, edited by Mark Houston and Steve Sinatra.

And so there's really, you know, we're we can't be we can't be more anxious to help people. we had, somebody just drive from our practice from two states away a couple days ago.

So it's not a problem to see anybody if, they want to get to us. But I want to make it easy for them. We want to find someone in their community who understands the language.

That's the idea. Should they choose to seek you out to contact your office, is there a phone number or an email address? They can send a no. Please contact me.

I'd like to make an appointment. Yeah. The, email address is clinical. Just the word clinical. And IORALMED. COM That's an abbreviation for integrative oral medicine ioralmed.com And the office phone number is 248642 1000.

It's very easy number to remember 642 1000. And they could we'd be happy to see anybody. But again, the idea behind the Wellness Dentistry Network is to have a world wide group of practitioners that can help people because, you know, medicine and dentistry is not getting easier.

It's getting a little bit more difficult for people. And, you know, our, our costs of doing business and, you know, people are, what our, you know, what we're able to, to get from what is provided for us at no cost is, it's pretty limited today.

So we need to, you know, we people, people really we really have a, compassion for where people are and how difficult it is. So we want to try to make it easier.

Excellent. Well, Dr. Doug Thompson, thank you so much for joining us today in the Parkinson's Solutions Summit. I know everyone that's learned a lot. I've learned a lot.

And I hope lots of folks choose to reach out to you, to your wellness network and to get their oral microbiome checked, go through their free risk assessment.

Thanks, Ken, and thank you for, for giving, light to this topic. I really appreciate you asking me to be here.