Introduction to Biological Dentistry

Welcome to this episode of the Reverse Alzheimer's Summit. I'm so excited to introduce you to Dr. Lane Freeman and Dr. Stuart Nunnally. They are just an essential part of this conversation around Alzheimer's, and you're going to learn why quickly.

Dr. Freeman returned to her childhood dental practice in 2002 as a dentist, where she helped develop it into a leading center for integrative biological, dental, dental care and Dr.

Stuart Nunnally is a board certified naturopathic and board certified in natural public medicine, as well as integrative biological, dental medicine. So you can see why I think it's just absolutely critical.

You've heard me talk about how important dental health and oral health is to the brain, how they're so directly connected, not only anatomically, but throughout the whole system, throughout the circulatory system, and in so, so, so many ways that we're going to dove into deeply right now.

Dr. Freeman, Dr. Nunnally, welcome. Thank you so much. You're so excited to be here with you today and to discuss this very important component of your oral health and how that affects care for Alzheimer's patients, but also just anyone with any systemic issues.

So there are so many directions I feel like we could go so fast and we could talk for days about this. But first, I just want everyone to know about your amazing story about you.

Dr. Freeman returning to Dr.. Not only is that practice and then how that got you into this biological dentistry. So tell the story, please. But I wanted to take the first part. So it's hard to believe.

But 22 years ago, just about this time a year, I was beginning to have some bizarre situations which are twitches that you can see, of course, and we all see these from time to time around our various muscles circulate.

But these became very concerning for me. And finally, after seeing a neurologist for months, I was referred to the center and Houston thinking that I had a list.

As it turned out, I did not. But I went to Montreal for treatment at that point, thinking about it, anybody else. And literally the day I walked out of my practice to be gone and not set foot in this practice again for six weeks.

Lane Freeman walked in as a baby, did this, and she took over a thriving practice and and well, the rest is history. I don't know of anyone whose work well, I don't know anyone who could have handled it like Lane did.

Dr. Freeman's Health Crisis and Practice Transition

And she, of course, had spent time in the practice over the years. But she's a phenomenal dentist and we're so grateful that she was the one to come in and take over, you might add more than that.

Well, I think then, you know, the rest of the story is then when he returned and probably even leading up to his return after healing, taking some time off to heal for those six weeks after he came back.

Then we we realized that, oh, my goodness, there is this whole component to dentistry that we have really not been aware of or not aware of the importance of it.

And so, you know, just coming out of dental school, I didn't know what I didn't know yet. And so we were able to go on that journey together where we really were able to focus more on our patients, not just doing conventional

dentistry, but really bringing into play how oral health affects systemic health and how what we are doing in the mouth or the materials we're using when infections are present can really affect the patient overall.

Wow. And so part of this is your own personal health journey, particularly for you, Dr. Stewart, that that you use this to heal yourself for a lot of these concepts.

Oh, absolutely. And I've been always kind of been one of those all or none type people. So when when I was exposed to the therapies that I went through and and Canada, I, I said, well, I can never go back.

And so we came back, of course, it was something that was so kind to just jump on and go. But then we had to train our staff of course, we had to retrain a patient base that had been on this for 20 years.

So but all in all, we're so grateful. It's what we get to do today is to be a part of some amazing health journeys and some fabulous stories and recoveries.

And so we're we're so grateful and we're so grateful especially to be part of this Alzheimer's summit, because both of us know very, very touching stories that we've dealt with over the years.

And so anything that we could do to help elucidate what industry has to do with this, we want to do it. All right. Well, then let's go for it. Sue, as biological dentists, how do you kind of think of this mouth brain connection?

Right. We we say all the time, there's this guy brain connection. And then I also will tell my parents health, my parents my patients health starts in the gut, but the gut starts in the mouth.

So when you put those pieces together, where where do you start? So I think it's really the same concept of everything that's in the oral cavity affecting the gut is the same with the brain.

Not only just when you think about the proximity of the mouth and everything that's in it to the brain and then it being the gateway to the gut, then that is where we really have to really look at how we look at simple cavities, infections, periodontal disease, things like that, and make sure you're looking at that in how it's going to be related to the brain or the gut.

You know, just one of the one of the classic, I would say, issues both with the oral microbiome and gut microbiome is the presence of so many times for our patients, the presence of mercury.

So it's a tremendous gut disruptor, but it's also a real disruptor in the microbiome.

Mouth-Brain Connection and Mercury Risks

And of course, if you have, for example, mercury fillings in your teeth, those are off gassing 24 seven whether you want it or not, and you absorb 80% of that gas and then self.

Mercury Gas is honestly not the worst, not the worst of all storms. But then it very easily crosses the border brain barrier and now you get a conversion into a very, very toxic form of mercury when it becomes a plus two and which then displaces other beneficial minerals in the brain.

Andrea And now we've got a whole new beast. And it's not just something that's breaking, too, because we have a four material in the teeth now. We have a systemic health issue.

So that's just one of many connections, and it's one that most people are aware of. Now, that mercury filling can certainly have an impact on our system, but we know that it can have a tremendous impact on brain health.

I'm just going on to say we and this is so well documented in the literature, even in visual ways, we're just little tiny micro motors of mercury are put in, put on to the slide with brain enlargement.

And you you literally would just watch we just literally watch the brain just disintegrate in response to it. And these are micro micro amounts of mercury. So I just think it's something that not only does the word be out there about it, but we need to take it very seriously.

Is there anybody that you would not recommend having amalgams removed for. Which no one. No one? Maybe not. I wouldn't know why. And that's a that's a great question.

And it's a question we get. Who would you not? Well, I would recommend it for someone who doesn't want to take toxicity toxicity seriously. But, you know, if you want to leave, you know, the most potent neurotoxin on the planet outside of plutonium, in your in your brain or in your body, then then you maybe don't want to deal with it.

But that's that's that's living in a state of denial. So some people will share with me their concern is that you're going to get more exposure when you put them in or take them out, that that's when the exposure is highest.

So what is your response to that concern? Yeah, well, that's absolutely true. And we have a lot of patients that tell us that they ask their conventional dentist or long time dentist, do they really have a lot of confidence?

And they ask them to remove their mercury signs and they tell them that same thing. You're going to have huge exposure if we just fill this out. And that's very true, which is why we need protocols in place that allow us to safely remove those.

And there are now with the LMT, the International Academy of Romance and Toxicology, they have an actual actual protocol that they must be trained in and certified in so that there is something consistent for patients to look for in how not only those within us protect them, but also how they protect their staff and themselves and the environment.

So there are definite trends of the statements as far as removing them, but that would be an unsafe manner. We can really protect the patient when we do it properly.

That's great. And so since you brought up I OMT, I want to make sure that everyone listening knows where to find a dentist that can take amalgams out safely.

So you guys are members of I OMT. And first tell everyone where you are if they want to become your patient and then if they're not close enough to come in to see you, how do they find someone like you?

So we are in a pretty small town west of Austin. We love not being in a big city. It's kind of surprising to some of our patients that come in from really large metroplex is that there's not a lot of Ubers out here.

So we're in a small town called Marble Falls, Texas, and our our website is Healthy Smiles for Life dot com. No abbreviations or anything. But yes, this is a little too far or you're not able to travel to see us.

Did I go into that or website does have a place right at the right of the home page which just says Find a dentist near me and you can click on that link and enter your zip code.

And then you can get a list of dentists that are members that alongside each of those then is it'll also tell you if they're accredited meeting beyond being a member, have they done a little more studying to be an accredited member?

And then also if they're smart, certified, meaning have they gone through the training and been certified and promised to use these safety protocols when a patient comes to them from our city renewal.

This smart acronym stands for, say, Mercury Amalgam Removal Technique. And I think it is it's a safe it's a very safe protocol, very well tested. And if you find a dentist who uses that, that needs to feel confident.

You're not going to get exposed. That's fantastic. And so what what separates other than how they remove

amalgams, what separates a biological or integrative genius from a conventional dentist outside of that?

Yeah. So that's a great question. We get that a lot as well. And there are some wonderful conventional dentists. They care deeply about their patients, but they maybe haven't been exposed or aren't aware of the big connection between oral health and systemic health and much more.

So they may not realize that you really have to pay attention to as either a biological. There's a lot of different things that that we fall under the biological or integrative dentist is looking at not only a cavity or a toothache or patient needing a dental cleaning because of their disease.

We're looking at how are we going to fix this and how is it going to affect them long term from a systemic standpoint. So that may mean we look a little differently at chronic and acute infections.

It may mean that we look a little differently at material or a lot differently at materials, both that are already in the patient's mouth and that we use to maybe replace those materials or fix a tube with.

So that would be the best way to describe the difference.

Safe Amalgam Removal and Finding an IOMT Dentist

I know my my biological dentist who I love and appreciate, he will do a cone beam X-ray, which is like a 3D X-ray. Do you do that as well? And do conventional dentists do that typically?

Yeah, so we absolutely do. That was a game changer years ago when we were able to incorporate that into our practice because it lets you get a very it's a big picture of exactly what's going on, on the job.

For four years all we had was two dimensional X-rays. And so you just you get a good snapshot, but you couldn't really see everything all the way around.

So the key to being able to identify infections that are around that root canal through the teeth or dead teeth that you look at a comparison between a two dimensional X-ray and it could be an X-ray, which is a three dimensional image.

The difference is it's huge. We don't know how many infections they may have missed in the years before having a comb. We would also like to look at the density of the bone in old extraction sites, and not a lot of conventional dentists have these in their offices.

For those purposes, they may be looking at a cone beam X-ray either in their office or from an imaging center so they can evaluate their ring or implants or things like that they see.

And then tell us about root canals. Should everybody be scared of them? Let's just jump in there. Let's go for it. So so I'll tell you a little bit about root canals just because you all are living in the the perfect segue way.

And that is when we look at root canal treated teeth with the traditional two dimensional X-ray, we miss most of the pathology associated with root canal treated teeth.

In fact, I know there have been at least 17 studies now done worldwide to see how often root canal pre treated tea has failed in terms of how they look on an X-ray or 40%, 40% worldwide.

When you look at them at a time being more 3D PET scan will show us that they have a region or infection associated with them. Well, if we take that one step further and truly, if we say 40% of these teeth are clinically bad, and then we look at the literature from 2019, a study done in New York, a well-known peer reviewed study.

That particular group of authors found that if you have infection on root canal treatment, you had a 530% increased risk of cardiovascular event. And so what that means is and these terms is that if you have a root canal done or

two, whether it's in this country or elsewhere, we have about a 40% chance of it saying it may not be uncomfortable.

You may not be aware of the fact that that's a chronic infection, but if you do, you're going to fall into that category where you have a very increased risk of cardiovascular disease, cerebrovascular disease, those sorts of pathogens or bacteria that are in these these type of infections like the brain.

They love to go to the heart. That's just the tip of the iceberg. They go where they want. So we're not fond of root canal through the teeth, basically, because the literature, in our opinion, doesn't support that in terms of our patients overall well-being.

Now, that being said, here's the problem. If we take the tooth now, we've got another problem. And so all of these discussions and solutions that we have every day with our patients, we do not take it lightly.

And I have to say, there is that occasion very rarely, but there is an occasion when we would say, you know what, I think your best option here is to have a root canal turned back or great, probably in the past, but it's not that common, which I personally used to love the root canals and thought because I didn't want to remove the tooth and now I'll hardly ever recommend one because I want the patient to live robustly.

Do you have a sense? I've just been curious. I don't know the answer to this at all. But if somebody has a needs a root canal because of a trauma versus an infection, does that make it less likely to be associated with an infection later on?

Well, let me just step back just a moment.

Biological Dentistry vs Conventional Dentistry

And aside from the science and for your listeners, when you're thinking about whether you have one or maybe it's been recommended and I'm going to come back to the trauma if there's an infection.

But the whole premise behind being a root canal is that each tooth in your mouth has 1 to 3, sometimes four roots. It means there's a little tunnel going down the middle of each route that has the main trunk.

And if we can clean that up and fill that in, that would be wonderful. But the problem with teeth and that's the problem with the way that they were created, is that they have if you were to cut it in half, they have thousands of these microtubules that go out from the sides of the canal.

We always tell our patients here it looks like a Texas road map. If you were to die in it, look at it under a microscope. That's how many miles of these microscopic bills that are inside a single tooth.

So if you clean out that main canal, you kind of cut off the nerve supply and the blood supply to the rest of it, too. So now you have dead tissue and we know that nowhere else in the body do we think dead tissue is compatible with health.

And so we can't get around the fact that once a tooth is dead, we don't have a way to bring it back to life. So that dead tissue is just sitting in there and that becomes the problem.

So even on a tooth with trauma, even though it didn't start out with an infection once the root canal is completed and the truth is that you may have been dead from the trauma, but then once the root canal is completed, it's definitely a dead tooth and that becomes the inherent problem with root canal teeth is they all have a certain level of bacterial infection in them.

You know, the mouth, the microbiome with the mouth is very diverse and and the bacteria are very opportunistic. They love to find a way to survive. And so when they encounter it, too, they they know they're able to tell.

Well, there's this tooth. There's no defense. I'm going to make my way into one of those little microscopic tunnels, and I'm going to hang out in there because nobody can get to it.

Well, that's exactly right. And so you see you see literally what we call amorphous and we're bacteria can change. They can go from being anaerobic bacteria to anaerobic bacteria.

They're very, very resourceful. And when they become anaerobic, they can become toxic as well. So those toxins that the bacteria create, other toxins, those contribute to cognitive decline.

How does that happen? Is it through the bloodstream? Is it up through the jaw? How does it get there? Well, but because those toxins can go anywhere they live, viral toxins have a way to make their way through most barriers.

And we now know see, we used to not know what these toxins were that were associated with group and even 100 years ago, West and Christ was writing about this, he didn't know what the toxins were because we didn't have we didn't have waste or didn't find it.

He knew that their teeth were not to be missed.

Root Canals, Infections, and Systemic Risk

So he would even he would even isolate the toxins away from the bacteria, introduce the toxins in the animal. And he would reproduce whatever systemic illness was in the animal, usually a rabbit more quickly than if he injected the bacteria because he had concentrated the toxins.

Well, we know that many of these toxins now are from gram negative bacteria. And this is what we see in the gut when we see LP is this Lipopolysaccharide Toxin Endotoxin being released from broken down bacteria.

So from that was a potent toxin and these can be isolated now and there are many papers now now that demonstrate that you can lead just like a leaky gut.

Now you will even see in the literature, you'll see leaky teeth exposing the patient to LPs lipopolysaccharide the same toxins that you can isolate from those patients who have leaky gear.

And so if you can believe this about root canal treated, we wouldn't think about this. But those toxins now are associated not with just systemic issues like we might think of in terms of autoimmune issues, but they're also associated with not just depression, but severe depression, other neurocognitive issues right now.

And that's why it's so important, I think, that we're here today to talk about these neurocognitive issues, that those sorts of toxins, those are permanent toxins.

But then the toxins, like we talked about earlier, some heavy metals are also responsible. Wow. And so, you know, if we're deciding, basically, I'm convinced from what you've told me that we should not have root canal treated teeth.

What are the alternatives? Are we looking, especially in an older population, are we looking at dentures? Are we looking at implants? Are the implants any better?

Where do what do you suggest to most of your patients? So that conversation also happens every day when we are talking about that hard conversation of taking out one, two or three teeth, sometimes more is how are we going to replace these?

And there are a few times where it may be in an area that it doesn't require replacement. Maybe it's a very far back tooth and we've got good dentition everywhere else.

Or they could do something like a partial denture based on might be remaining teeth that would maybe be

removable. It would just replace the few teeth that we removed.

They also have options for bridges. Implants are an option and sometimes there are cases where it's a good fit for a patient. We especially like it if we can use a non metal implant, if that's the case.

But probably in a patient with any type of cognitive decline, we would be shying away from implanting anything that isn't in the bottom. We would want to put anything, whether it be metal or ceramic, implanted into the bone on a patient that was already their new system, already dealing with everything else.

We would want to add one more burden on there, but there are definitely different ways to approach replacing teeth and we take them out and it really depends on the patient, their age, their preferences, what their goals are, that number.

And you know, when we think about reticence, marvelous. But then there's treatments we think about really, I don't know of a single disease that doesn't have an inflammatory component to it, but especially especially when we think about cognitive issues and we know the Alzheimer's brains is really has a lot of inflammation.

And so we want to quell that. We want to bring that level down, at least give the patient from a neutral aural standpoint, a nice, calm environment in which to operate.

So lungs are exactly right that we usually, for us are placing something that doesn't have a patient's own DNA back in the body. We're not going to and I don't care what kind of implant you put into a patient and it's something you're going to have some sort of a response, some sort of an immune response, but we don't want that. But that's how we make the decision.

These are hard decisions because having a full set of teeth is a sign of health. Right. And when you start taking them out, it's it's a scary process.

So let's switch gears to how to take care of our teeth so that we don't end up in that situation. But we're going to start with the controversy. Tell me everything you know about fluoride.

Or don't. Use it and so I. Don't use it. Okay. Well, then I'm sure many of our our listeners are going to be pretty well educated and maybe even already avoiding fluoride, but when we go to pick out a toothpaste, certainly for milk, there's the micro crystal and I use the rise.

Well, toothpaste. And then apparently there's some nanoparticles like it just gets so confusing. Like what toothpaste are used. When void or void fluoride.

That's why I'm glad you want to lower your activity within fluoride if that's what you know. So to avoid for added we it competes for the other halogens in every cell in our body and we always think of it primarily associated with our health but now with fluoride will outcompete the cell outcompete I've done every time.

So we want to avoid fluoride exposure and we know there is actually a very slight benefit to applying topical fluoride to a tube. But in my opinion our systemic health way outweighs the benefit of that.

And we also know it is contrary to what you hear. We also know that applying systemically through a public water supply and then hoping that that's going to improve your oral health is absolutely false.

So don't use fluoride. Okay. And then. To your question on toothpaste, there. I don't see appetite. I just the appetite is definitely yeah, there's definitely toothpaste that have that in there.

But when patients ask me what type of toothpaste can I use, there are so many good natural toothpaste on the market now. I mean, gosh, in the last five years there are many that have come on the market that when we look at those, they seem to be good.

I still patients, you know if you find one that you like, what you're looking for is the least amount of ingredients. Just like in in nutrition, the fewer ingredients, the better.

And probably the most simple toothpaste. So if people ask what what I use is, the most simple toothpaste you can use is baking soda and peroxide. And so that if you want to get down all the way to the to the easiest thing, that's what I use every morning and take a little bit with me when I when I travel.

You can if you like a paste, you don't like to dip back and forth. You can mix it with coconut oil. Some patients add essential oils, that kind of thing.

But the fewer ingredients, the better. So and does it need to like foam up or is that not even. It doesn't that doesn't. We don't want our foaming, too, because that's that's typically produced by sodium sulfate and that too there's not a greater allergen allergen to us into orally than sodium also thing.

So no fluoride no cialis and you're going to have a pretty good toothpaste. So tell me about mouthwash. Have you heard this thing that if you use astringent mouthwashes or the the ones that kill all the bacteria in your mouth, that it actually increases cardiovascular risk.

Great. Are you familiar with this? So do you recommend mouthwash or you just stay away from certain types of mouthwash? What do we do around mouthwash?

Well, it does increase our risk of cardiovascular event because it will increase our pressure.

Tooth Replacement Options After Extraction

There are certain bacteria in the mouth are absolutely necessary to convert sodium, modify nitrate to nitric oxide, which helps dilate vessels. And so and we when we when we take a especially a a commercial type of mouth fragrances high in alcohol, we we basically remove the microbiome.

We don't want the microbiome any more than we want to take a broad spectrum antibiotic and use the microbiome with a diet. We're trying to protect this.

And actually some of the bacteria that we used to think of as bad actors in the mouth, just like in the gut, probably keep the rest of the bacteria more diligent.

And so I think it's very ordered not to not to do a full screen mouth rinse. There are some there are some friendly mouthwashes that you can use, but the main really the main role they're playing is just kind of brush in the mouth to just kind of moisten everything.

But they're not really playing a big role in actually increasing oral health. Okay, so if you had to tell a patient to have the best hygiene, the best oral hygiene possible, what would a 24 hour oral hygiene plan look like?

So one of the things that we have is the biggest take home for our patients is when they come into our office and they're being evaluated in our hygiene department and having a new patient exam with us.

One of the things we're going to check is their bacteria, the presence of bacteria. We're not depending on what the mouth looks like so much, we want to see what's actually going on under the gum.

So we're able to take a small sample of the plaque or right along with them one, and then place it on the slide and look at it under a phase, contrast microscope and then show the patient on a computer screen exactly what is going on in their mouth as it relates to bacterial activity.

So we're looking at we should never see a blank slide. We don't want a sterile slide, but we are looking at the amount of bacteria that's on that slide.

And we're looking for types of bacteria that could be markers for periodontal disease. And that real time I can tell the patients as I have nothing wrong in their mouth, no bleeding, heard anything like that and they have that really acid slide that shows that they are definitely in an acute stage of disease that we need to deal with.

So one of the most effective ways to deal with that, not only just being in our office and having our very talented hygiene very effectively clean the teeth above and below the goal line and irrigate and use ozone.

But at home, their biggest thing that they can do at home is to incorporate a water thick into their home care, even more important than a sonicare toothbrush or whatever type of toothbrush using is to use a waterpik and it doesn't have to be the water. Six.

And it's a great brand.

Fluoride, Toothpaste, and Mouthwash Guidance

It can be another different brand that maybe I just always wanted to have the adjustable adjustable power switch on there so that it's not just full screen.

You need to be able to adjust that for your comfort level. But the effectiveness of that comes from the fact that it's going flushing out under the gum line or flushing out those bacteria so much more effectively than floss can do.

And it's getting down there where your toothbrush is not able to get as well. And so many times we will tell a patient to use it. They can use just plain water, but very effectively using the root solution of hydrogen peroxide and water or apple cider vinegar and water and that's where we see the biggest changes for patients that they have control over at home.

And it's not not a very expensive psychotherapy. We're looking at, you know, when we're working with that, we will see the bacteria that are associated with cognitive decline, will see the skyrockets that are very, very well known in that world.

They're checking them a certain color and they're certainly well written about in the literature. And then another one is one called Gingivalis. We see them both.

And so we can coach the patient right away, say, and that's such a motivator for the patient to look at that slide and say, oh, my gosh, I didn't know my brain was at risk.

My mother died of Alzheimer's, for Pete's sake. And this is a way to really help contribute to the patient skill. So would you say like breast twice a day, floss once a day, plus spotter pick.

And then also I want your recipe for the apple cider vinegar or the hydrogen peroxide. How much per how much water? Like when you see a dilute solution, what does that look like?

So I definitely think brushing at least twice a day is great and it depends on a patient's risk factor as far as saliva production and brushing twice a day might be sufficient.

I have other patients. We may tell them, hey, in the middle of the day, if you can't brush your teeth, it needs to be a really good rinse. The water, the brushing would be more effective, but at least twice a day would be normal for a patient.

And then if you can floss daily and Waterpik daily, that's great. But if I have to pick one or the other and the patient says, I'll only do one of these, then I'm going to pick water pick every time.

So much more effective. So you can do water six once a day That's great as well. And the recipe would be an ounce of either the apple cider vinegar or hydrogen peroxide.

And we're just talking about 3% little brown bottle, garden variety hydrogen peroxide, just an ounce of there and seven or eight ounces of water in the water bath.

And that's planning to do the job. And then we don't have to worry about killing too much bacteria with that. Right, with the hydrogen peroxide, because that's pretty potent anti-microbial stuff.

But it's dilutive to the point where we're going to really get rid of we get rid of even very stubborn and rodents like like treponema because it is just a well, we just don't like the bacteria at all.

It's a sparky that burrows into the tissues and it leaves brain tissue. And so we want to get rid of that. But that that dilution of about one four hydrogen peroxide to seven or eight water over a period of weeks, we'll get rid of it.

We like to boost that up a little bit. We'll have our pajamas and supply the little ozone under the gum tissue and they're having your teeth cleaned. And you can you can really have an impact on those, squirting them without disturbing the good bacteria, too.

Wow. And do you have any thoughts about oil pulling using coconut oil and squishing it? So we have a lot of patients that do that as well. And just as an overall.

An. Overall way to detoxify, it can be very helpful. It doesn't seem to have too much of an effect like the water would be. I definitely wouldn't recommend oil flowing over the water thick, but it's not.

It's beneficial, but maybe not as much as other ways that you can take care of it now. Got it. Okay. Super helpful. So for some of our listeners, they are struggling with pretty severe cognitive decline or someone they're caring for is.

Do you have any tips for supporting somebody who has relatively severe dementia to get good dental hygiene in? And in addition to going to the dentist, it can be so stressful for a lot of people.

So any any suggestions for how to make that a more easy process for people? Well, it's such a good question. I was finding that we're remember when years ago my mother pulled up at a red light in our little country town and it turned to green.

And she she couldn't make the decision that you wanted to move forward or not.

Daily Oral Hygiene and Water Flosser Tips

And after three changes of the light, she finally made it home. But at age 58, she was diagnosed with Alzheimer's and and certainly had the symptoms long before our family all recognized that and the Sloan family history of cognitive issues.

And we knew I knew nothing about our connection between dentistry of that nutrition, about anything and cognitive decline. They had much less Alzheimer's.

And so today what we do because so many of our patients are I have systemic and cognitive health issues, we encourage their patients to get all of those toxins removed at once.

So we're just like severe. Usually Alzheimer's patients, are they beautifully or sedate them lightly and remove whatever toxicity is trying to give the body at least a reprieve from those toxicity?

And then we know that just like one therapy does not fit all or one therapy does not take care of Alzheimer's like one killer does. This is this disease that has many facets.

And so we need those patients to be under the care of a physician who understands who understands the many facets of cognitive decline and so that they can be coached nutritional research from an anti-inflammatory

standpoint, they can be coached from a detox standpoint, as, you know, a hormonal standpoint.

The list goes on and on as we know. So that's how we encourage patients. Here's what we think we can do a good part on this, but this is only one part of the puzzle.

But that's really great advice to maybe think about. You know, if you're a care partner supporting someone with pretty severe Alzheimer's, there's dental work that needs to be done instead of just forgoing it and not doing it, maybe putting bundling it, doing all of it together.

And it's sort of this necessary evil of doing a little bit of anesthesia. Is it like a conscious sedation sort of thing and then doing as much of it together all in one day and just getting it over with?

And I know I work with my biological dentist and some of the other dentists in the area will give patients IVs before and after and give them some extra glutathione, things like that, so that they can get up in over any of the cognitive impacts caused by anesthesia.

And that can help them also to heal from any any surgeries that are potentially being done in the mouth and detoxify more quickly if there's there is some exposure to mercury or anything else.

That's right. And you mentioned, you know, the anesthesia risk is something to consider. When we do the conscious sedation, the depth of the anesthesia is not near what it is under general anesthesia.

But you're still you know, that's that's where classes of drugs are going to have to be detoxified. And then many times those mechanisms are not robust in these patients.

And that's why we always want to team up with physicians who can help order that that force so that we have the least amount of impact possible. Thank you so much for sharing your insight there.

Do you have any other takeaway suggestion ones for listeners but they can implement right away? Well, I think we've mentioned the water thick as being one of our top takeaways as far as periodontal disease goes.

And just on a quick note with that, with caregivers of someone with advanced cognitive decline, Alzheimer's, anything like that that can be very challenging to maintain good dental health.

So I would want to be encouraging, first of all, that we all realize that that is a very challenging part of being a caregiver. But my husband, as we have such amazing hygiene this year and they've given me some tips in the past, and I've had this question from specific patients, maybe at different conferences we've been at.

And a lot of it comes from just finding what works, but even using a water on the lowest setting, sometimes there are there are many. You can find a portable water thick and the patient may sit in the shower or the bath and it doesn't bother them as much.

Using a toothbrush doesn't work using a washcloth on your finger, things like that. I'm just getting that because the surface is clean, even if it does take a little longer and I know it can be challenging, but I just wanted to give that little bit of encouragement that there are some ways that that that can be done.

A little bit of associative. A bit. Creative. Yeah, that's great. So I think Water Pick is one you had mentioned and we mentioned going on the i t website to find someone in your area that would seem more biologically integrative minded as far as a dentist goes.

And then you had mentioned another given is interviewing your dentist and not being afraid to ask questions. I think that's a big thing for some patients to hear.

We sit and listen a lot to everything that's going on in their health and not just their mouth. And then that helps us understand a little bit more and what the impact that there have going on in their in their oral cavity and has on their

system itself.

Care for Dementia Patients and Closing Advice

You know, I think so because I think if you're in your you know, your health care providers is a good idea here. And because there they're many you may go to an I on team member who doesn't take seriously the tenets of that organization.

Maybe maybe he or she just wants. But there are many more websites, so I would do what you recommended. I'd go to one who's accredited, one who is smart, certified, and I would sit down with them and say, Well, what kind of precautions are you taking for yourself and your staff?

Oh, that's a great indication of how seriously they take it. If they're sitting up like a spaceman. And then you have to me in a sense, that they're going to take care.

Right? Got it. And then what about gum? Am I so many questions for you guys? Oh, I can just keep going. You'll have to stop me at some point. But what do you think of different gums and anti-microbial gums, especially like xylitol?

Are the sugar alcohols come up a lot? Well, we'd certainly be more in favor of something, as I recall, than something that had aspartame in it, which is a neurotoxin.

And most of the chewing gum triggers laced with aspartame. So so the ratio and in that patient group and also numbers who are more prone to decay because they don't they're not representative how well they're doing what they're telling me chewing gum if they would chew it and government has a problem with it might be of some help.

We need to bring this stimulate saliva of one and to brush over the two, whether it's gum or otherwise, can be helpful. So I think that's a valid point.

We have to remember that sometimes Alzheimer's patients will slow down, xylitol can really be disturbed, their ingestion. So there's they'll have to be watched and see.

You know. It's not going to be it's not going to be a replacement for brushing teeth. No, no, it's not. Which is unfortunate. And we all know what kind of care.

Oftentimes these patients sitting there and whether in some sort of facility where usually all of this takes a very backseat. Yeah, yeah, that can happen.

But if we can get creative and be encouraging and maybe make a game out of it somehow and some people love brushing their teeth, right? It's something they're used to doing and it feels it feels good and it it gives them a sense of accomplishment to do it.

And so just getting a little bit of help and some of the techniques and tips is really, really helpful. Thank you so much for sharing. Is there anything else that you want to leave our listeners with?

I certainly want them to know how to find you guys. Would you repeat your Web address? Yes. You've made healthy smiles for life dot com. Just every word written out dot com and that's where you can we have a lot of videos about a lot of the things we talked about today.

We have just a little short two and three minute videos if patients want a little more information on any of that is also how to get it, if. You wish, maybe share with your friends and family.

I think this is one of the places where it comes up where there's siblings kind of arguing over whether or not it makes sense for mom to have her amalgams removed and seen videos from really credible, great dentists like you guys is so helpful for spreading that word and and helping people find the faith that it's going to be, you know, the

right decision to make or even getting rid of those root canals.

These are big decisions that they love. To be a part of. You know, a team, an integrative team that can really bring hope to these patients. And I think, for example, when this idea that they reticence broke 30 years ago when my mother was in the throes of Alzheimer's, I would have had absolute hope that we had we could make a we could make a real change for her.

And so we want to do that. We want to be known. We want to be on teams that bring hope to our patients, to their caregivers. And not just hope, but results.

We get that. It's so fun. Yes, absolutely. Well, thank you both so much for joining me. It's been a pleasure getting to know you a bit and learning. I like I said, I just have so many questions and I learn so much.

And it's really helpful for me because I will now be able to take this to my patients and our Marama residents and my family. So thank you for sharing your wisdom and experience and with us today.

It's been an absolute pleasure. Thanks for having us. Thank you so much.