Discover Naturopathic Methods For Parkinson's Treatment Transcript

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Introduction and Guest Welcome

Welcome to the Parkinson's Solutions Summit 2.0. I'm your host, Dr. Ken Sharlin And today I have a special guest, Dr. Karin Duncan. we, you know, I'm in Ozark, Missouri. Karin.

Dr. Duncan is clear across the country, up in the state of Washington. I'm sure it's absolutely magnet for sent up there. And we tried to get her on the summit last year, and she had some personal, obligations.

So I'm just saying that because I am really excited to have her on. I'm so glad that she was able to join us this year. And, Dr. Duncan, thank you for being part of the Parkinson's Solution Summit.

That thank you so much for having me. I just I am actually in Idaho, not Washington, Idaho, yet still beautiful up here in northern Idaho. And we're finally getting somewhere.

So it's lovely and I'm excited to be here. Thank you again. Absolutely. Now you're a natural physician. And then we're going to spend a lot of time kind of taking that perspective and how that can help people with Parkinson's.

And I was just looking at your bio, we talked about this a little before we hit the record button. But you've been a part of something I think is really fascinating.

and that is a summer symposium where you invite people with Parkinson's and their caregivers. It's a real opportunity for, you know, for touch points, for meeting with people directly.

And, I understand you're not going to be doing it this year, but I'd love to hear a little bit about what that summer symposium has been about. And, you know, hopefully folks watching this can get on a mailing list or kind of keep an eye out for participating in future years.

Yeah, absolutely. I've been part of, so my alma mater is based year university. So it's just north of Seattle, Washington, up in Kenmore. and my mentor in the Parkinson's role is Dr. Laurie Michaeli.

So she's a much more recognizable name in the world of Parkinson's disease. She's heading up integrative research globally. she's been a speaker at World Parkinson's Congress.

sat at the table with the Michael J. Fox Foundation. and so she really spearheaded this, the summer school idea.

Summer Symposium and Caregiver Support

And in, in such an altruistic way, saying, I have so much information and I don't know how to get it to our community. And so hosting a school at the school really seemed like the best way to do it.

So from its very first year, I was a medical, student, actually. And so I would just call myself the guinea pig. You know, the runner, the gopher. or it was, which I loved.

And essentially we invited, you know, people with Parkinson's disease and their care partners all over the world showed up for this week long, intensive course on learning about your disease from, you know, from the inside out, how you're navigating with it.

What are some of the non-motor symptoms? What are some alternative ways to address it? We have a movement disorder specialist that calms physical therapists mindfulness teachers.

So it really is taking the whole person and immersing. And then in what it would look like to care for yourself as

Parkinson's disease and, and what we feel is the best possible way, we hire the kitchen out for the whole week at the campus, and they cook a Parkinson's friendly diet for breakfast, lunch and dinner.

And then they share the recipes and the menus. so when we say full immersion, it's sunup to sundown and, you know, everything you could, you could want in that realm after the first year, you know, I shared with you can I was a I was a caregiver for my dad who had a neurologic disorder, for over 20 years.

And so after the first year, I went to Laurie and I said, hey, you know, we don't have anything on the schedule for our caregivers. And they're such an enormous part of the prognosis.

You know, we have this movie that shows caregiver health and wellness directly affects the prognosis of Parkinson's disease for the person with it. And she said, great, fix it.

So as a med student, I got excited creating this program for the caregivers, our loved ones. And so for every year onward, we had a special program in full immersion week for supporters or caregivers of people with Parkinson's as well.

So working with their health, looking at their labs, you know, helping them manage the disease, understanding, and really what you get out of a week, I tell people all the time, I mean, every time we do it, I said, if if you're in any sort of medicine, treating case for neurodegenerative disease and you want to see healing within a week, come to PD summer school because it's, you know, it's not the norm, it's not going to be sustained for the rest of your life.

Of course, you back to life and stresses and food choices and everything else. But if you really want to get motivated to heal, you see people heal within a week and improve their symptoms and improve.

I mean, just it's drastic, it's life changing, and I can't make it through one year without, you know, losing it and getting emotional because the bonds that we make, the community that we form is, is really, really spectacular.

So just curious. So you get on the website. Yeah. What's that? Oh, I was wondering it seems like something I would want to come to, you know, year after year.

Do you have alumni that return? We do. Yeah, we have a ton of alumni, some who have been every year. and the really fun thing about it, I think one of the reasons we did take the year off was that we have these alumni, and within this community, they've created their own groups.

And so this ripple effect has really taken off across the country, in the world, really. And so what I remind Laurie is you started this, you started this ripple effect that people are taking in their own hands.

And we have attendees that have gone back home to their rural communities and started rocksteady boxing, have started, you know, advocating and support groups.

And so when they all get back together, I mean, it's like Family Day one when everybody comes, you know, the ones we know, it's tears and hugs and gifts and it's it's amazing.

And then the newbies are just pulled right in under their wing and we, we get them started and going. So we've really grown a huge family. And I would say we've affected at least 2000 people in the last seven years with Parkinson's disease.

So that's such a testament. And of course, you know, we're trying to do some of that with the summit. Of course, it's not as intimate and hands on in that, but the idea that there is so much that you can do and we to talk about the medicines, I think it's really important for people to understand the meds.

But I've had experiences, people come and see me and they've gone to some pretty prestigious, institutions. And the doctor said, you know, that's Parkinson's.

I'll write you a prescription. Take this three times a day. I'll see you in three months. And that was it. And, you know, not only did they not get all that extra information, but they don't even know how to take their medicines properly.

So it's a huge problem. It is. And it's, you know, it's a it's a system that's it's really struggling right now. I have a lot of compassion for my colleagues who are in that system.

There's no adversity there. I work really well with the movement disorder specialists in my area. We've developed a great team in the Inland Northwest where we all communicate regularly.

We you full well know that we have different philosophies and approaching it, but we know that it's patient centered and we work together on that. So I really love the relationships I've made here, you know.

But the diagnosis can I mean that's that's step one. I do I do a lecture series through the Northwest Parkinson's Foundation, and I've been lecturing with them since 2017.

And by far my most popular one is vagus nerve dysfunction. And it starts at diagnosis. And if you're told, hey, you have a neurodegenerative disease, there's four stages, you're going to end up in a wheelchair.

Here's your medicine. But it only lasts for ten years. Good luck. That actually affects the outcome and the progression of your disease. Right. Because you're you're oriented it to it towards fear.

So every time you have a tremor, you're fearful. Every time you get constipated, you're fearful. And that nervous system dysregulation plays a huge part.

So if there's anything I can tell my colleagues out there is reframe the diagnosis. You don't have to lie. You don't have to give false hope. But if you can't take the time to educate on what it is and help understand, you know that there's a lot of options out there therapeutically to support life.

Living with Parkinson's and then send them somewhere who can. You know some of these resources because I get they're restricted on time and availability and, you know, everything else that happens on that end.

But for a new patient, I get 90 minutes. And so I get to sit, talk with them and say, hey, by the time you're diagnosed by motor symptom onset, which is what upwards of 90% of our patients go because they have a tremor, which is motor, you're 60 to 80% deplete of your neurons.

Diagnosis, Fear, and Patient Education

Right. And so we know we're late to the game. And if they can understand that and we can start backpedaling a little bit and understanding where it might have actually started decades earlier.

Now we can start addressing that root cause. And it may not change the course or the diagnosis, but it definitely brings that patient into understanding that this is a cumulative effect of their life and their disease, and how we treat it needs to mirror how it came on.

Yeah. Because as you know, the full diagnosis of Parkinson's is idiopathic. Parkinson's is a we don't know we don't we don't know why it's there. And everybody presents differently.

So the more education we can do for folks to say maybe this was part of it, you know, I think the better that they have to understand how they're going to treat it and the more invested they are and in working towards that quality of life.

No doubt there is an element of sort of normal human psychology. That is, we need to understand the narrative absent. and, you know, we do have a lot of pieces of the puzzle.

but how they exactly why they fit together. I mean, we could talk about pesticides or we talking about head injury or

you know, some of the genetics involved that that's been identified.

But on the other hand, you know, many of us are exposed to pesticides, but not all of us get Parkinson's. So there's something about that unique combination.

And to be sure, I certainly have patients that have Parkinson's. Have you know, have this diagnosis, some of them for decades. now you're into it for 30 years.

You most of them are fairly symptomatic at that point. But I have a lot of patients who, if you didn't know that they actually had that diagnosis, they they look terrific.

They function well, many of them, especially my younger onset patients, they are working right. They continue with their life. And we've even been involved.

The local volunteer organization, because, well, I definitely support Michael J. Fox, Parkinson's Foundation, etc.. what I see is a lot of folks who bring to the table bring their life experience of having these amazing skills, whether they're intellectual skills like they were a professor or they're an accountant or they're an engineer or they're a cabinetmaker or whatever they're passionate about.

And the last thing that we want is for people to hear a diagnosis and say, well, hang it up, right? Like they have so much to give. And you could volunteer for the Parkinson's Foundation. Yes.

But you could also volunteer, you know, for habitat for humanity, because you're a carpenter or, and you want to share your skills and passion for that vocation and give to other people.

So it doesn't always have to be defined, if you will, by a disease. Right? Yeah. I love that you said that. And it really does. I mean, it segues for a couple of different points, if you don't mind me kind of jumping in here because in my brains I bring it on fire, you know?

But the first thing I'm going to put a plug in for the Northwest Parkinson's Foundation. You know, I sit on the board of directors and it is one of the it is a local.

You know, to the northwest. But one of the best things that I love is I'll get a patient in. And I just happened the other day is she was I do this diamond painting.

I said, what is diamond painting? I had no idea, you know, and it's these little teeny tiny things that she puts and pegs and then it's, it's art. And I said, my gosh, you need to create a workshop and have people with Parkinson's come and teach them how to do that.

Fine motor skills is concentration. It's community. It's all of these things that she goes, well, how I do that, the foundation will support you. We will buy everything for you to do this.

And so I love it. Plugging into your local networks and finding the support to do what you love and share that gift with people is extraordinary healing, and it gives you that sense of purpose outside of the diagnosis.

the second point I wanted to make is unfortunately, through the isolation period of Covid, what we learned in the research, you know, because scientists are always researching, is that isolation trumps all of the positive lifestyle factors you can engage in, including diet and exercise as a negative predictor of of progression.

So if you have the right diet and you're exercising as recommended, but you are, you answer the question. I feel lonely as positive you will affect your progression worse.

And so, you know, we have so much resistance. I'm not going to join a support group. It's depressing. I'm not going to do this. It's depressing. So you don't have to join a Parkinson's one, but get involved somewhere, because that community aspect of, being who we are as needing to be connected and belonging and, you know, with people is

really a positive predictor for our health.

No doubt about it. And not all support, you know, we do with Parkinson's support group here. And Valerie, who's my wife runs it and she's always been more science oriented.

So she'll have a guest speaker. Right. And, we've had folks from Medtronic who will talk about nutrition or it hasn't. It's never like a woe is me. I have Parkinson's kind of support group.

It's not, you know, and in fact, many of our our folks actually are sort of ambassadors. So they in turn go out and, you know, share their success stories and help people to motivate.

I mean, it is certainly even sort of connected to your point about loneliness, which is a huge issue.

Naturopathic Approach to Parkinson's

is that and something that I think is especially true with Parkinson's is sort of, a pull in the direction of not doing things like it's that disconnect from life, disconnect from, you know, from really getting I mean, there you could get out.

I know it's that I know I should do this, but I'm just having trouble motivating. Right, right. I mean, yeah, I mean, apathy is a huge non-motor symptom of Parkinson's and.

Right, you know, physically voice, you know, everything. It's it's really a disease of turning inward and becoming smaller. And so I tell people get bigger physically, energetically, whatever way you can.

And we know that that is a non-motor symptom. It's a barrier to doing that. And to your point, can I you know, I've been practicing for over five years and met with hundreds of people with Parkinson's.

I haven't met one that has a woe is me attitude, you know? So I do think there is a personality involved in that, that more often than not, I prescribe my people, hey, like, cool it on the research, cool it on, you know, focusing on Parkinson's, go out and live your life.

But so many of them become so immersed in their diagnosis that actually, hey, we have to find something else, you know? So I do remind people when they're hesitant to join a group, I'm like, I haven't met one yet that sits in the corner and, you know, feel sorry for themselves.

And most of the support groups I've been to have been very uplifting. Absolutely. Well, I love the fact that you you were talking about that you work as a team, that you work with other colleagues.

You yourself are a natural, empathic, trained physician. So introduce me a little bit. Introduce the audience to how a naturopath approach, which is Parkinson's.

How is naturopathy sort of different from traditional allopathic medicine? Yeah, absolutely. You know, I'm a huge metaphor person. You know, my patients know it and they're probably sick of it by now.

But I'll use a couple because I think it helps. You know, the first one is in a previous life, if you read my bio, I actually used to fly jets for the United States Navy.

And so that was that was a former profession. And I would say I love the view from 20,000ft. You know, if you can look from 20,000ft and study the body and its intricacies, and it's our relationship with nature and what it intrinsically does as a healing process, we can get so much more information from that and the signals it sends us.

I more or as much as we can from a, you know, a medication trial, like how is your body communicating to you? So I love the view from 20,000ft. I think one of my favorite things to say is I don't treat Parkinson's disease.

I treat the person who has been diagnosed with Parkinson's disease. because we don't again, we don't know where it is yet. We know it's the death of dopaminergic neurons, but the the upstream causes vary as much as, you know, feeders into a river.

So once we get to that point, it's it's terrain theory. It's really how are we recognizing how to revitalize? How do we help the terrain? How do we tease apart what is Parkinson's and what is thyroid deficiency or defect?

dysfunction? What is nutrient deficiency? What is vagal nerve dysfunction. And so there's a multitude of other realms in the system, digestive inflammation.

I mean, over 80% of my patients. Right. Have some sort of overgrowth or microbiome imbalance, you know, and I tell people right away, I'm not even going to touch your meds until we heal your gut because we're trying to rely on a system that can absorb and function well, and try to think that we're going to get consistent results from your oral medication, and it just doesn't happen that way.

So, you know, the closest alligator to the canoe is a metaphor we used in the military is, you know, which guy do I shoot down first? Right? In our training exercises and our seniors, like the guy who's going to shoot you first.

And so with Parkinson's, what's the closest alligator canoe? And rarely for my patients, is it, hey, this right. It's usually I can't poop. I'm anxious, I can't sleep.

You know, I, I'm struggling with my movement, like walking and exercising and so if that's the closest alligator to your canoe than that 20,000ft does allow us to really dive into that and say, let's, let's treat that.

so naturopathic doctors, I will say we were licensed primary care physicians where upwards, I think, don't quote me on this, but about 40 of the 50 states, as far as being fully licensed, we're trained in a medical school very similar, curriculum to a conventional in the first two years.

So you have all of your basic sciences, your medical pharmacology. And then we also embrace, you know, clinical nutrition, over 200 hours of clinical nutrition in our coursework.

the places where it really varies then is as you graduate, we're kind of the jack of all trades. You're your sent off as to a primary care world where we don't have that specialty.

So if you do want to specialize in something as a naturopath, it's the continuing that and the and the focused care, that we provide there. but we're licensed and we can use pharmaceuticals and we can also use botanicals and counseling and lots of other tools that we utilize.

in our practice. I think it's, you know, Laurie has a quote that says, if you continue to do the same thing, you're going to continue to get the same result, you know, and, and I think we're you know, we're there a little bit.

We continue to invest research into how do we slow down alpha synuclein, how do we preserve the dopaminergic neurons. And, you know, I've always been to I'll just press your I believe button and I always respond, I don't have one, you know.

So I've been since I was a kid. But why, why prove it. Tell me, tell me why. And so with treatments out there, I use them fully. So I'll use, you know, covered up. I'll leave it open.

And I do want to talk about that, but then I'm. Why isn't it absorbing? Why aren't you responding to it? Where did this all start? so we can start to address that as a root cause, for how your Parkinson's even started to to treating that.

So I would say there's a deeper dive. We have a lot more time and attention. We bring in adverse childhood events, like I said, vagal nerve dysfunction, GI dysbiosis.

So it's really looking at the whole person with a goal to slow down Parkinson's progression. And you see it. You see it slow down. I see it, you know, and Laurie invented this this survey that I just absolutely love.

And that's what I really want to tell people about. It's called the pro PD. And it's patient reported outcomes. And you alluded to earlier there's some people out there you wouldn't even know have the disease.

And so she was in her practice was what are they doing. Like let's figure out what they're doing. And so this survey, this research study she has going on has completely shifted the paradigm of research on Parkinson's disease, because we're asking the patients, hey, fill out this lengthy survey and tell me what you're doing in your world.

And if we can see a correlation of positive predictors, we want to use in treatment and see if we can slow it down for other people too. And we are, that's the exact speed when we start implementing those treatments and those lifestyle recommendations.

We tell people that pro PD is essentially a symptom burden survey to tell us how your symptoms are affecting your health. And I will tell people on a first visit if this score doesn't end, decrease by 100 points.

In the first year of working with me, you should probably fire me. It's not working. So it it's something that people it's it's an ongoing research study and can it be done remotely.

Pro PD Tracking and Symptom Burden

In other words, you know, I can have my patients connect to that online database or whatever it is and fill out. The the full research is through it's cam care.

And I can provide you all the websites and everything to, to utilize and dispense. because it is it's all remote. It's patient. This patient guided. So the Cam care study is really the one where you would enter the research.

And it's a much lengthier survey. It's about I want to say 60 minutes worth of do you eat organic. Do you eat food out of a can like really, really dial down in everyday practices?

the Pro PD survey is actually an app on your phone you can download now called Parkinson's Symptom Tracker. And that's something I have all my patients do because it's like bloodwork.

It's every three months filled out the survey and let's see what your burden score is of this disease. And if we can continuously low and lower the burden of disease, I'm not going to call it a cure, but I'm not not going to call it a cure.

Right. If you're living with concerns and your symptom burdens are going down, then that's right now across the board, the best we can do, right. That's everybody's goal.

Lessen the burden of disease. So it's. Not true. You know, actually we use the symptom tracker in our clinic. One of the things I've found helpful not only just to give me and, you know, a number, a metric, but it reminds me, you know, daily that I need to be thinking about both the motor and non-motor symptoms.

Right. So some of you might say, really? Tremor rarely bothers me, but I have constipation. Right. And how many of our colleagues maybe more so the naturopathic world.

But I don't think in the medical world in that allopathic medical world are asking about constipation, are asking about sexual dysfunction, are, you know, asking about mood because we tend to be sort of monocular early, focused on the motor control of Parkinson's.

So much more than that. It is. And I have patients tell me all the time, they said, I just left my neurologist appointment. I call it the chicken dance, you know, the updos.

And they said they told me I scored great on that and I did wonderful. And, you know, care. And I still feel awful. And you know, they're getting these like really great validating points from their, their primary neurologist not changing the medications at all because they do well in the new PDS.

We also know that there's a little bit of performance in that we're they will do right. We get a little adrenaline. And now I can run. Now I can, you know, do the finger tapping exercise.

and then they leave and they're like, well, I still haven't pooped for a week, like you said, or I'm still feeling anxious. so with the symptom tracker, not only does it give you a total burden score, but it tells you which alligator's closest to the canoe.

So I tell patients all the time, I don't want to play whac-a-mole, and neither do you. But if you fill this out for me every few months and constipation moves from number one to number seven, then what's number one?

Now let's get after that. Let's get after that alligator. And let's continue to rotate them out. And as we do that burden score will will inevitably come down.

But I will tell you, I mean, just echoing what you said rarely is tremor in the top three symptoms of a of a burden score or patients. It's. Yeah. It's just not there people.

People struggle with it but they live with it. And the things that are really bothersome to them are usually the non-motor aspects. Yes. Well, I was really struck by the fact you were talking about this course that you do and how popular the vagal nerve component is, and I'm wondering if you could just kind of give me a quick rundown of, you know, what you're teaching people about the vagus nerve.

Yeah, I love it. And I we start the conversation on the vagus nerve is that I had to press my own I believe button. It's a really hard concept to wrap your head around sometimes.

And in the population, of people, the majority of them with Parkinson's are in this very resilient, you know, 65 and up of, you know, we just kind of push through and we deal with it and suck it up buttercup mentality.

So to try to tell them to soften around trauma and to recognize that this affects your Parkinson's can be a challenge. And I usually do that by saying I wasn't even there.

You know, when I learned about the vagus nerve theory by my mentor Brad Lichtenstein, in med school and how trauma affects our nervous system, which can affect our health, I was like, oh, that's, you know, hippie dippy stuff, you know, in the natural world.

and then, you know, I really started diving in when you practice in the neurologic realm and, you know, the vagus nerve, it's the wandering nerve is the longest nerve in the human body.

So it runs from our brainstem all the way through our anus. And it's responsible for those visceral components of our body, our heart rate, our respiratory rate, our eye dilation.

It shunts the blood from certain parts of our body to others. And then it actually helps with our digestive function when stimulated. And I think that's the biggest takeaway is that Restfulness and that parasympathetic nervous tone, that rest and digest, it's not a passive form of being.

It has to be an intentional place of being really the sympathetic tone, fight or flight is more passive than the parasympathetic. If we were to cut our vagus nerve, we would all survive.

We would just be in that fight or flight mode all the time, which we all kind of are. We, like more stressed. We're running from certain bears. It's it's life as it exists.

So the metaphor I use here is as a fan of metaphors is we don't stop a car at a stoplight by taking our foot off the

gas. We actually have to push the brake.

And with society the way it's been, an environmentalist, exposures and toxins and stress and, you know, everything that's coming into our nervous system world right now, it has become an entire practice to push the brake.

How can I not just relax, but how do I actually rest and get in incoherence, to allow my body to do the work that it needs to do in that parasympathetic state.

And when we start teaching people about that and what that looks like. And then at the end of the lecture, I say there is not a symptom of Parkinson's motor or non-motor that's not affected by the vagus nerve that it doesn't touch.

And I list them out. And I mean, you can just see the light bulbs go on in. People of like every single symptom is mediated by this vagal nerve in one one way or another, whether it's on or off or dysfunctional.

And so, you know, when we talk about root cause, it's right up there.

Vagus Nerve, Breathing, and Nervous System Regulation

That's one of the most ubiquitous root causes I can find because we talk about the GI theory, right? The GI inflammation and the metabolic theory of Parkinson's disease.

But why is the GI system inflamed? Oh, I had head trauma. I had food poisoning. I had, you know, went through this this, a concussion. We know a concussion affects vagal nerve function, which can cause GI inflammation.

And so we just keep swimming upstream and recognizing the importance of how we orient to the world as safe or unsafe directly affects our health and wellness.

And that that doesn't exclude Parkinson's. Oh, yeah. Do you have any particular tools you like to help people work on their vagal nerve tone? one of my favorite ones is is really simple.

It's a four, seven, eight breathing. Doctor Andrew Wilde talks about this a lot, and we know that every time we exhale as beings, we're actually stimulating that parasympathetic nervous system by by stimulating the vagus nerve.

And so when we inhale for seconds and we hold for seven and then exhale slowly for eight, it's a very simple way to stimulate that vagus nerve to put you in the parasympathetic people who have childhood trauma, I tell them to do this every hour on the hour for 3 to 5 breaths.

So not sitting in meditation for long periods of time because that restful state is actually unfamiliar for those folks. Right? We didn't grow up in a world where it was safe.

So we tiptoe in, and I do. I recommend 3 to 5 breaths at that pacing every hour of being awake. And I have seen people come off sleep meds decrease, their Parkinson's meds come off their depression meds.

There are so many advantages to really being okay and settling your nervous system and and recognizing how you orient to the world that that has been beneficial in that realm.

So it's an exciting world. And the research is exploding, right? I mean, more and more open to learning about these, these aspects. But that would be my first one.

Is start breathing intentionally. And I tell folks, I'll say, you're already breathing. Do it with a purpose that's going to help your body heal. And the wonderful thing is, there's so many apps you can get for your phone, your watch that really walk you through that so you don't have to say, am I doing it right?

Many of them provide some sort of feedback, so if you're not quite following the bouncing ball, as it were, or whatever is used or, you know, no, mandala, you know, it can, you know, hey, I need to adjust here or there, but breathing it seems ironic because it's something we all do, and yet it's shocking how many of us sort of live our life every day in these shallow, quick breaths rather than the deep, restorative breaths?

Oh, yeah. I mean, Brad Lichtenstein. What do you mean? We average as adult humans between 14 and 16 breaths per minute. And the ideal ideal physiologic rate is between 4 to 6 breaths per minute.

So essentially we're all ventilating all the time. And it is it's using those lower lobes of the lungs. And Covid was helpful as a naturopathic doctor in that realm is saying, hey you want to be preventive?

Use your entire lung space, right? This is how we oxygenating toxins and, you know, protect yourself from these from these opportunistic infections. So my co-host for this summit, Doctor Barbara Pickett, is a neurologist at Michigan State.

And a lot of her work, that she's published more recently has been done in the area of mindfulness with Parkinson's and some really great data. Same ultimately sort of same thing calming the nervous system.

You one thing that's interesting, I don't know if you if you've observed this is if this is just sort of on our end and what we've seen, but it's a little bit of, puzzle to, to solve.

We utilize a lot of hard math technology, and we collect data, we have the softwares that we can not just help individuals, but kind of look at things, you know, all of our patients who are using this and what their data looks like collectively and, and what you're probably where you may not be, but in the movement disorder society diagnostic criteria for Parkinson's, a test that theoretically could be done.

But I always say in my career, I've never ordered it, I've never seen it done. Is the cardiac scene tography. And the reason I test on the heart is supportive of the diagnosis of Parkinson's is because the radio nucleotide tracer is taken up by, essentially nerve endings that secrete epinephrine or epinephrine.

The, the, you know, sympathetic side of the nervous system. But in people who have Parkinson's, they've actually lost those nerves in their heart. And so because heart math is dependent, it's really a read of heart rate variability, right?

It's not necessarily what's going on in your brain directly. And so what we're seeing is, you know, we'll have a new patient like, okay, we're gonna introduce you to our mouth and they have Parkinson's.

And you put the probe on their finger on their ear, and you, you know, get an initial measure of heart rate variability and what's called their power spectrum or their power distribution, which shows sort of how whether you're dominant, sympathetic or parasympathetic, we're kind of nicely balanced between both.

And we sort of, you know, intuitively, as practitioners expect folks to be like all like sympathetic. Right? They're everybody's in fight or flight, just like you said.

And then we find that from a heart rate variability perspective, a lot of our Parkinson's patients actually almost have too much parasympathetic tone, which is really interesting.

And I'm not saying that's happening in the brain. Right. But it may be happening in the heart. And it certainly does fit with some of those other things we're talking about, like the apathy, like where you don't want to be all parasympathetic, right?

Because you want that somebody to kind of pinch you in the bud a little bit and get up and go. But it is really interesting. and an interesting observation we've had and sort of an intellectual challenge because in some ways it doesn't.

It means that for for heart, math as a tool may actually not be all that useful for a lot of people of Parkinson's. There may be better ways to have a metric that then you can measure and track over time.

Yeah, I think that's really fascinating. I mean, because, as you know, 80% of the afferent, nerve impulses to regulate your nervous system come from the heart.

And so your heart really is a huge mediator of your nervous system. So I like to share that with people. Do is like, that's your radar scope of sorts, that tells your brain what to react to.

And we're learning that as we go. and also as you know, you know, the poly vagal theory we'll talk about that is you have your sympathetic, you have your parasympathetic, and then you have your shut down mode, which is technically in that parasympathetic road, the lean.

But it's the freeze. It's the shut down aspect of it. and we don't we don't want to hit that part. And what we do know again, with that poly vagal theory is when we've been sustained, sympathetic for, you know, prolonged periods of time, we actually will enter that freeze shut down mode.

And that is something then where you would need the spark to get you into a balance. I use a lot of the metaphor of jumping on a trampoline. You know, all of us jump on a trampoline all day long just by existing and living and making decisions.

And if you never stop the bounce on the trampoline, you're going to be in the stratosphere by the end of the day. And you know, I have a sleep specialist here says 100% of people with Parkinson's have some sort of sleep disorder.

in the medical field, I have a hard time saying 100% of anything, but we know it's really high. And REM sleep disorder is is one of the tricks that predates the diagnosis by motor symptoms.

And so I tell people if you're if you're tired but wired at the end of the day and you have a sleep disorder, you need to stop the bounce on the trampoline.

You're still bouncing all day. But if you stop and breathe, you're essentially stopping that bounce. And you're only going to get so far all day long.

And then you, you know, you can kind of get into that sleep phase a little bit better and you can start balancing out that nervous system.

Gut Health, Microbiome, and Medication Absorption

So we're not leading to burnout and avoiding that freeze because those heart rate variabilities are tanked in my patients. You know, I tend to get the aura ring and you just say, no, we've got to get this variability up, which means it has to go up at some point in the day.

We actually want you to be up. We just want it to be variable. Right. So in a very distilled out, sort of way of what you're saying, I have my, my patients say that's me all the time.

Hey, I've noticed that when I'm stressed, my tremors worse, my symptoms are worse. Like, yes, yes. So before you even take a pill, or in spite of the fact that you're taking a drug, you know, what else can you do?

This is a game changer. You can have dramatic improvement in your Parkinson's symptoms if you work on your vagus nerve. Absolutely. Without a doubt. We you touched on gut health, and I think of that as particularly in the realm of naturopathic medicine.

So I'm wondering if you could expound on that. Even talked about haywire, your drugs absorbing the way they should. And I'm wondering if you could spend a few minutes explaining that a little more.

Yeah, there's I mean, there's a prevalence rate between 60 to 70% of Parkinson's disease. I have Sibo or small intestinal bacterial overgrowth. The main symptoms of that are constipation, bloating, gas, malnourishment. Right.

We know malnourishment is an issue in general. We have Parkinson's patients who are losing weight. You know, we don't we don't necessarily know what's happening there.

But the small intestinal bacterial overgrowth rarely is a root cause. Right. How did we we overgrow in our small intestine and usually comes from slow motility and inflammation in the in the GI lining, interestingly enough.

And we know what we do know. And I always tell people there hasn't been enough research to prove that gut health relates to Parkinson's disease. I'll say we just haven't put enough stock in, but we know certain parts of both.

That would make it silly not to think that there's a correlation. so I can't speak causation. I just did a lecture in Montana and said, you know, I'm not gonna say causation, but I'm also going to show you how your gut works and how Parkinson's works.

We know that the entire endocrine cells of the intestinal the intestinal cells, right. Our intestinal cells release alpha synuclein on purpose as an S. O. S.

call. We're inflamed. Our whole body does that right. We release ferritin, we release crp, we we have these S. O. S. calls that come out from our system when they're inflamed.

So we know that the intestinal cells were release alpha synuclein on purpose when they're inflamed. We also know that alpha synuclein is the misfolded protein, the aggregates in the substantia nigra of people with Parkinson's.

By an autopsy and now biopsy, which is really exciting. I love that that task to the field. We also know that the vagus nerve is a highway between the two locations.

Now, has anybody radio traced? Right. This alpha synuclein that travels up and then deposits here? To my knowledge, no, I'm a smart gal. I think most people can think the body connects and it talks, and it has these highways all over, and there's a lot we don't know.

So in my patients, I explain in exactly like that. And then they just go, well yeah, duh. Of course that's that's probably what's happening here. Now why is the system inflamed?

Those reasons vary as much as anybody's. so when we're talking about the microbiome, the biggest thing I like people to know is it's an ecosystem of cells and bacteria in a population.

And there that's larger than the human cell count of our body. We have more in that ecosystem than we do of human cells. So I love to tell people, especially my four year old, you're more bug than human.

Yeah. And that's, you know, it's always a you. So when we look at that ecosystem as diverse and unstudied, it's this vast universe that we just don't know enough about.

But we're learning more all the time. What we do understand is that when it's imbalanced, when there's opportunistic bacteria, when there's certain strains of bacteria and an overgrowth, population when treated, and we get motility moving and we rebalance that microbiome, we do see not only an improvement in symptoms directly related, we also see a better absorption and efficacy of medications.

And so that's the first thing I'll say is my my patient will go see their movement disorder specialists. They came home with 2 to 3 more medications and they upped my cinema or my cupboard I'll believe it or not.

So great. Have you started? And they say no because I'm a little nervous. I said, me too. Instead of putting one. Are you pooping? Are you? You know, are you eating this away from food?

Are you taking it with acid? Like, how are you in your meds and how is it working? And they're like, no, I you know, again, I haven't had a bowel movement.

I'm feeling really bloated. I said, okay, let's duct tape this piece together for now. Let's hold you up asymptomatic as best as we can. But let's really focus on this gut.

And I've seen patients, you know, downward trend of their medication doses by up to 60%, like cut your medication doses in half. When we can reliably take a medication and have its efficacy and work.

the tough part with Sibo is that it's recurrent, you know, it's a vulnerability because of slow gut motility. So it's a little, you know, you have to work together with the medications to enhance gut motility.

And then you also have to to continue to eradicate the opportunistic bugs. So it is a it is a science. there is a strategy behind it. I have a lot of patients who come in with thousands of dollars worth of supplements.

Hey, I need to take all these at once. And I'm like, whoa, no, not at once. What if there is a strategy to, you know, supporting your gut health, eradicating the bugs, you know, going out specific diets to help starve them out, supporting your body for toxin release.

So it's it's involved, and it's a lot of work. So there are some patients who ought not to do it and take more meds. And that's, you know, it's a personal choice.

And we work together through that. Definitely. There's been lots of observation connecting the gut and the brain and Parkinson's even going as far back as the papers it showed.

And of course, we don't do this today, but in the days where we thought that, you know, ulcers in the stomach were related to stress, you've cut the vagus nerve.

They they got to me that you'll ultimately cure peptic ulcer disease. But on the other hand, what was noticed is that there was a lower prevalence of Parkinson's in that group.

It's a bad idea to do that, folks, by the way. But it did sort of connect to the vagus nerve, you know, between the gut and the brain. So that was important.

There have been studied supports, have looked at different, make ups of the microbiome and certain patterns that tend to be more prevalent in people who have Parkinson's and even, there's at least one company out there, called Simple Access by and by acts that has essentially a laser.

And you, you place it on your gut, and they've done clinical trials with this laser device. And it improves a variety of symptoms related to Parkinson's.

And then, of course, mixed data. But this whole story about the appendix and whether people have had appendectomies are more or less likely to develop Parkinson's.

But the I favor the idea that, of course, if you have a burst appendix, you need surgery. And that's a medical emergency, but that maybe the appendix and this kind of goes into terrain medicine and naturopathy medicine, maybe you really need an appendix that it's not just this vestige of our ancient ancestors.

And, you know, it's like your tonsils. You don't really need them. No, you need it. And there was this idea that perhaps what it is, is, among other things, a reservoir for the microbiome, and that if your microbiome is disrupted, it's an opportunity to to rekindle, if you will, that gut microbiome from the appendix.

And so people who have that been dictums and some studies were found to be more likely to develop Parkinson's because they didn't have that reserves. And yeah, I haven't read that study, but I'm really fascinated by that.

So I'm going to look it up. And, you know, I have a tendency to think that, you know, everything that we utilize in our body, including our energy, you know, is connected.

And so, you know, lymph nodes and, tonsils and appendix, you know, we all know that that's part of the lymph and detoxification purpose as well. And so those are those are hugely implicated, in Parkinson's disease.

So I think I think those are really interesting studies. And you know, there's a rat study out there too, Ken, where they they took the microbiome of a rat that they turned into Parkinson's disease by some neural function.

They took that microbiome and they transplanted into a healthy rat. And that rat started to develop symptoms of Parkinson's disease. So we haven't done these fecal transplants yet.

You know, that research is is on the rise as well. And I think it's really fascinating to know, like I said, there's an entire universe in there in your entire nervous system, purpose and function of our GI system that is really undervalued, globally.

but I think it's making a. Right. So, you know, the Hack Your Health documentary on Netflix that just came out phenomenal, that it's a phenomenal documentary that really just kind of does that superficial layer and level of, you know, I've gotten more calls about that, like, hey, watch this documentary.

Do you do you treat the gut? I think it's important of like that's important. So let's let's chat about it. Well, Dr. Karin Duncan, I know that people watching this interview are going to want to work on their gut for sure.

And we've just kind of teased on the topic a little bit. But if folks do want to connect with you, they want to reach out to you, potentially work with you where you are.

A team can you just give me a little more idea about what they need to do and how they can connect with you? Yeah, absolutely. Anyone local can stop in the office and ask, you know, for an appointment, you can call in to, our office phone.

you can email. I do recommend everybody visits our website first. We have a really excellent website. And if you go to my bio there, I have a library of other podcasts and lectures and things that I've done.

So, you know, again, free information is available there. if you do want to schedule an appointment, I also host free 15 calls so you can ask me more questions.

Personally, what does this look like? How do you approach here's my presentation. so I can kind of give you an idea of what that looks like. otherwise you just, you call my clinic and you schedule an appointment.

It's a 90 minute intake, really, really thorough. I tell people to buckle up and be be a houseplant, be fed and watered and ready to go. and then, you know, we hit the ground running.

It's it's definitely a different approach. It's a very thorough approach. and I don't I don't feel fearful of the diagnosis.

Connecting with Dr. Duncan and Closing Remarks

If I get somebody brand new or I diagnose people, I will do all the normal, conventional allopathic, you know, things. Let's initiate medication. Let's get started.

but oftentimes I'll extend a welcome. It is a phenomenal community. And as we age, we're bound to be part of something with our health. And I think the Parkinson's community is a really, truly beautiful place to be.

And I love the work I do. I love the people in, with and, you know, extending the invitation to be part of a community again, can change your orientation to the entire diagnosis, which which is positive.

Absolutely. So name of the clinic website phone number. Yep. The name of the clinic is Coeur d'Alene Healing Arts. Coeur d'Alene is an old, you know, French.

Try saying something I don't. I should know the history much better here in northern Idaho. I don't, but it's Coeur d'Alene healing arts Our website is www.cdahealingarts.com and our phone number is (208) 664-1644.

Oh. That's wonderful. Here's a go. I used to do the Ironman triathlon, and many of my friends did the Coeur d'Alene. I don't know if it's still running, but it was notorious, for its beauty, of course, but also that the water was so cold.

But hey, hey, this is called immersion. Get your dopamine going. There's. Yeah, there's your hydrant there. We just went, camping and fly fishing up at the Coeur d'Alene River last weekend.

And I made my whole family go do our contrast hydrotherapy, and it was shocking, to say the least. But now the curling Iron man is on the 23rd. They're still running it. It's still a big event here.

So awesome. Well, Dr. Karin Duncan, thank you so much for being part of the Parkinson's Solution Summit. I know people are going to want to reach out to you, and I hope they do.

And I look forward to maybe visiting with you again next year. Absolutely. Ken I appreciate you having me on. Thank you.