Introduction and Book Overview

Hello, this is Dr. Ken Sharlin. You are viewing the Parkinson's Solutions Summit. Welcome. I have the privilege of visiting today with one of our country's top functional medicine doctors, Dr.

Jill Carnahan, who is located in the Boulder, Colorado, area with her brick and mortar Flatiron functional medicine. I'm going to let Dr. Jill tell you about herself, but I do want to share that she and I met several years ago.

She was actually one of the very first functional medicine doctors that I had the privilege of meeting and chatting with. And so I feel like in some respects, our journey has paralleled one another.

I recently had the opportunity to read her new book, fantastic book, Unexpected Finding Resilience through Functional Medicine. I highly recommend it and will be talking about this book throughout the interview today and how it is so important to those affected by Parkinson's disease.

So without further ado, Dr. Jill Carnahan, welcome to the Parkinson's Solutions Summit. Thank you, Dr. Sharlin And it's an honor to be here with you and I love what you are doing for the field of medicine in neurology.

Thank you so much, Dr. Jill. I love this book. I read it over the weekend, I should say it. It is Sunday today. So it was an opportunity to kick back with a good book.

And one of the things that's so important, I think, about this book and a great launching point for our interview is that there are many, many books out there in the functional and holistic medicine arena and many of them, and they're great.

I could name lots of really good ones. Many of them in most respects are prescriptive. And I would say that while your book in some respects is prescriptive, it's it tells a story, right?

And through the story, through your own personal experience with illness, we learn how to harness the powers of healing. So it seems somewhat less direct and more narrative oriented.

And I must say, as someone with a background in English and literature and writing and so forth, and an a deep believer in really story as medicine, this book is very important.

It's a very important read for anyone interested in the healing journey. Oh, Dr. Sharlin, you're speaking to my heart. Thank you for those kind words and for really seeing what it was supposed to be.

I remember years ago when I first talked to the publisher, they said, you know, unless you're Michelle Obama or Ebony Brown, you can't write a memoir.

And truly, I realized at the heart of medicine, we're all telling stories. And when you think about back at the Great Ancestors, it's all about story and the connective tissue.

And even as a physician, the first thing we learn is to take a history, right where you've learned to take the patient's story. Now, sometimes with the busyness of medicine and the bureaucracy, we lose that story.

But at the heart of healing and connecting to other humans, whether it's physician to patient or just friend of friend or mother to child or human to human, it's really about story because stories the way that we understand each other's lives.

So I realized in writing the book and I wanted to blend like the how to, but I didn't want it to just be a how to. So

thank you for mentioning that, because it really the story drives that.

And what I try to do is tell my story, which is overcoming multiple different illnesses cancer, autoimmunity and mold related illness and all kinds of different things.

But in that journey, take those lessons that are universal to all of us and share with the reader so that the reader might see themselves as kind of a mirror.

And really it would be about the reader and not even about me. Yeah, so let's kind of walk through functional medicine and weave into our discussion your story and how this is so important to folks who are suffering from Parkinson's disease.

Functional Medicine History and Epigenetics

One of the things that I think we all do when we first meet our new patients as far as functional medicine providers is we take a history. But that history is very different than what you and I were trained to do as physicians in medical school, which is focus on what the patient calls the chief complaint.

So in Parkinson's, that might be I'm falling. I have tremor and shuffling my gait. And you sort of say, well, tell me, you know, when did that start? How did it progressed?

What makes it better? What makes it worse? But the history, if you will, in functional medicine is very, very different. Would you agree? Absolutely. Yeah.

So with functional medicine, what we get to do is be a great detective. And most of the reasons why many of us went into medicine in the first place is to become healers and also to really connect on that level with a patient, understand them, and then help them get to their goals.

Health related. Now, again, we both conventionally medical training and wonderful background. We've got a really great science background, a really great background in diagnostician, you know, diagnostic stakes and differential diagnosis.

And all this, I feel like is critical to the practice of a great practitioner. But what we've done with functional medicine is we go a lot deeper into that, you know, where are you born, what kind of environment where you're born, and what were your parents like?

And not just the family of origin, but the environment. Did you live next to a chemical factory? Did your father, do you know firearms and have led in the house or there's all these different questions that actually contribute to neurodegenerative diseases like Parkinson's and are critical even from birth?

You know, I talk in the book about 2001, which is the same year I was diagnosed with breast cancer over 20 years ago. The cord blood of babies in Canada was tested and came out to have 200 chemicals at birth.

And this was 12 or 20 years ago. So who knows how much it is now. But what that told us was that babies were being born with a disadvantage of the toxic load on their system from birth, from the womb, which should be a sterile, relatively healthy, nontoxic home for them before they're born.

So all this to say those kinds of things like where were you born? What was your mother's health like? What was your father's health like? And where did you live? Where did you grow up?

And even the relationships of your childhood, your family systems, your, you know, how did your parents treat you? Was there any alcoholics in the family?

And I could go on and on, but all of those things end up playing into that trajectory that we have in our lifetime. And many times those insults that happened at, you know, two or ten or 20 or 30 will start a process like an abnormal

gut microbiome or an abnormal autoimmune process that later on manifest as cancer, as autoimmunity or as neurodegenerative diseases.

That's right. So we sometimes even start with information about your broader family before you were born, because certain things can set you up even at the time of birth.

We refer to, we use the term epigenetics and we refer to a term transgenerational epigenetics, meaning the classic one that's always taught in functional medicine is women who survived the famine following World War 2 in the Netherlands were more likely to have children that were obese and diabetic.

But that's just a commonly cited example. And so we really almost set up a little bit at the time of birth. But we like to remind our patients that while genes and even epigenetics sort of load that gun, it's really environment that pulls the trigger.

And so it's these events of our lives. Dr. Jill said, Hey, I grew up on a farm, I was exposed to chemicals and there was possibly certainly a relationship for her between that and breast cancer.

And we can think about similar parallels with Parkinson's disease. Yeah, you know, at the root, I feel like functional medicine, if we really try to, there's no way to simplify everything.

But when I'm looking at a complex chronic illness like Parkinson's, it's a very good example of a lot of the different neurodegenerative things that we're seeing now.

And it's on the rise, as you well know, often in functional mice. And there's an interplay with toxic load and infectious burden. And then at the heart, those two things combine to create immune inflammation and dysfunction.

And often those processes are at the root of the things that we see manifest as autoimmunity, cancer and neurodegenerative diseases like Parkinson's. And when we think of it that way, we can think of the toxic load we're all swimming in toxic soup.

This is the hidden elephant in the room, and it's just the chemicals that are being put into our environment every day. I mentioned the cord blood of babies 20 years ago, but things like PFAO, which are things like Teflon and Gore-Tex, waterproof materials, used to not be in the water supplies.

Last summer, California water systems were checked, and every single one of them they checked had levels that were abovethe limit threshold of PFAO. Now, the sad thing about PFAOs is that probably fluorinated compounds.

These are forever chemicals. Scientists can't even calculate the half life, which means they're going to be around for my generation, in generations past, in very, very many years, and you can filter them out of your water.

But unless we're thinking as you're listening to this summer and maybe your friend or your family member, your parents or yourself are dealing with neurodegeneration, you have to be thinking about toxicology and what can you do about it.

And we can talk about solutions today, too, because there's not there are absolutely things we can do. But you need to be thinking about clean air, clean water, clean food.

Some of the real basic stuff that we input into our system and even before we take a bunch of expensive supplements or things, we need to start with the very basics because that toxic load, we can think about it as we're all born with the ability to detox and it's almost like we have a bucket and as our 2030s go on, we start to load up that bucket and depending on our genetics, our ability to detoxify some of us like myself, at 25 I got cancer, so my bucket got full very early.

And when that water spills over the top as a metaphor goes, you start to manifest with diseases or symptoms. So part of our role as a function of us and doctors to identify what's in that load in the body, in the tissues that we can

decrease and how that plays into infectious burden is often we have old things like we get chickenpox at five and it's dormant, but then we get shingles at 80 after surgery and lack of sleep or some stressor of the life or Epstein-Barr dormant virus.

We now have large studies that show connections to multiple sclerosis so these old viruses can pop up and start to wreak havoc when the immune system is not under control.

And that toxic load weakens the immune system. So these are one of the ways that those two things play. And when they sort of play, the immune system can get angry and either under react and become not a good defense against infections that were lying dormant, or it can become overactive and create cytokines and do damage to the only body and the nervous system in the brain.

Toxic Load, Infections, and Parkinson's Triggers

Right. So there's an accumulation, we call them triggers sometimes of inflammatory insults, some of which we can our bodies can deal with, some of which are cumulative until something happens, until we reach that tipping point sometimes called the Alice static overload.

That's the term we use at that tipping point. It's you have breast cancer, you have Parkinson's disease. And I'm I'm curious, Dr. Jill, for you at that moment and I think you were a we were a third year student in medical school to be told you have breast cancer.

How did that change your perspective on things? How did that impact your way of thinking about your identity, who you were, where you were going? I think this is so important when our patients hear about chronic disease and how they process that information.

Yeah, so I'll give you just a tiny back story. I grew up on a farm in central Illinois. One of five children. My mother was a retired nurse to raise the family.

We grew up in a beautiful, idyllic place. It could have been like the Norman Rockwell, you know, a wonderful family, all supportive. My parents have been married over 50 years, incredibly loving, supportive family, siblings that, you know, we bickered, but good, good, good family.

And we had a half acre garden. So we had tons of fresh grown produce and sweet corn and you name it. And so lots of good principles for healthy living.

However, there was chemicals like organic phosphates, pesticides and things on the farm that have endocrine disrupting effects, which are hormone like effects on the body.

So young woman like myself, if she was exposed to that and had poor detoxification, her bucket would get full. And for me, at 25, in my third year of medical school, I found a lump in my left breast.

I didn't think anything of it. I was really quite healthy. So I thought. But after a week or so of the mammogram ultrasound, all the findings were suspicious and biopsy.

I'll never forget the day that the surgical oncologist called me and she was a friend because as a medical student, your teachers are the faculty, right?

And so she was someone known as a faculty person. It wasn't like a stranger. And she called me and she said, Jill, I don't know how to tell you this, but you have aggressive breast cancer.

And, you know, we all remember. And if you're listening, I know if you've had any health issues, you probably remember where you're sitting, the color of the wall.

Like you'll never forget those moments when your life shifts. And for me, I'll never forget I was in my apartment in

Chicago in a green chair. And I'll never forget that moment because my life changed and I didn't really I don't think I could grapple with this.

What really, like at that moment, it's hard to even comprehend because in your twenties especially, you think you're invincible. And I had been what I thought was quite healthy.

But what happened was I always knew I was a healer and I knew I wanted to do something to help people understand and and be healthy. And because I grew up with the influences of a nurse and I even went to a chiropractor as a young person.

So I was open minded to other types of healing besides just conventional medicine. And yet I felt like our system right now, the best reimbursed system in the United States is allopathic medicine.

And I wanted to learn that system and understand a great clinical clinical skills. But having been diagnosed with breast cancer, I still had this idea that, well, maybe there was other ways to heal.

What happened? That was it was an incredibly aggressive tumor, as it would be in a 25 year old, that when young people get cancer, it's usually incredibly aggressive.

It's very different from breast cancer at 65 or 70. So I had a very aggressive protocol. I had three drug chemotherapy, nearly killed me, lost all my hair, all of that, all the works of the drugs and surgery and radiation.

So basically everything they could throw out me, they did. And it destroyed my gut. And six months after I was through that, I was diagnosed with Crohn's disease and there's a connection there because of chemotherapy creates more permeability in the gut.

And I had had another genetic predisposition towards Crohn's, which means I reacted abnormally aggressively to my normal microbiome. So as we had permeability in the cells that line the leakage of the contents into the bloodstream, my body created a bad immune response, and then the outcome was Crohn's.

Although to say, though, your question was how did it change my perspective? I knew I wanted I knew I wanted to be a healer. I knew I wanted to do something more holistic.

I didn't even know the term functional medicine. Then. However, when I went through that, what I saw was models of physicians that were completely stoic, cut off, wore a mask objective as taught in medical school, and I saw one or two doctors that gave their heart and soul set with me were present and they embodied the kind of medicine I wanted to practice.

And these were even conventional docs. But there was a few that actually really listened and really heard me. One in particular with my radiation, I did a very experimental type of therapy.

He had a trial going for 50 to 60 year old low risk women. I was not in that category and we went to his office. He spent 2 hours with me and my ex-husband, and I begged and pleaded him to say, Would you please take me on?

And by the end, we were all in tears. He had listened, he said, with a compassionate heart, put his study statistics aside and said, yes. And I feel like he was part of saving my life.

And I remember how I'll never forget Dr. Sharlin looking at him and seeing him and saying, That is the kind of doctor that I want to be. I want to be that person that is against all odds, listening to the patient, maybe thinking outside the box.

And just because their standard of care. If I could really maybe do something slightly different to help this patient and safe, I'm going to be that doctor.

Wow. So listening is such a huge part of the healing journey for for patients. And very often and I'm sure you

experienced this as well, we get told as functional doctors as you're the first doctor who's actually listened to me so important.

And you did use conventional treatments as well. And I share that in part because one of the things that I see in my clinic with our Parkinson's patients and people do come to me from all over the country is some from outside the country, because I have that toolbox that includes both functional medicine and conventional neurology is a board certified neurologists, and they sort of say, heal me, but don't use medicine.

And of course, we don't have as of yet what we would call disease modifying and therapy for Parkinson's. Hopefully one day we will. There are several medicines out there that are used to treat Parkinson's, most of them really all of them are for symptomatic improvement of Parkinson's.

But where I'm going with this is you have to remember that with Parkinson's disease, by the time the diagnosis is made, it's said that in general, somewhere between 50 and 80% of dopamine producing cells are already gone.

Breast Cancer Diagnosis and Treatment Journey

And so if that person is presenting with falling, shuffling j just overall rigidity, slowness of movement, absolutely. There are things that we are going to do that are not the traditional pill for the ill take this drug.

But on the other hand, if we can utilize some of the benefit of leave a dope therapy, it also makes it possible to do the other things that are needed for that healing journey as well.

So where I'm going with this in by analogy is that really I'm hearing that used a more integrative approach and that it's perfectly okay to combine the tools of traditional medicine where they serve you as well as of course, bring in the rest of the equation.

I love that you're talking about that because it is we sometimes see patients that have come in. Same with my office. They're like, I don't want to any conventional drugs or any conventional therapy, but you and I, in any functional doc, is worth their weight.

You know, our toolbox is like a good foundation of great medicine, great diagnostic skills is what I want to be. I want to be a great scientist first.

I want to be a great clinician first. And those tools are drugs and surgery, and there's a perfectly appropriate place for those. However, what we have is we have this expanded toolbox, and I can think about my breast cancer journey because I had very conventional, aggressive therapy.

And I want to mention this is important because often maybe your listeners will be facing as a decision right now they're faced with cancer or they're faced with neurodegeneration or they're faced with some significant illness, probably neurodegenerative because they're here and they're trying to decide what to do and they're maybe feeling pressure from one doctor and then options from another doctor and maybe their families telling them a different thing.

I want to encourage you what I did with my breast cancer. And I learned very early, you take all the data that you can compile and then you go down to your heart space and really like weigh in on what is the right thing.

And you might know here, but you also want to bring in that heart space because your body often knows your intuition has a sense of this doesn't feel right.

And again, as long as you have the science, both the left brain and the right brain, the intuition and that analytical brain, those two together, you can make a decision.

And what I did with my cancer was I chose to do the therapy and I knew it had the potential of lifelong immune modulating issues, like I still have an immune deficiency from the chemotherapy or maybe heart attacks.

One of the drugs I took was cardio toxic, but at that moment I took all that information and I made a decision. This is what I'm going to do. And I decided also at that moment, I never ever, no matter what happens to me, live or die, have side effects or no, I'm never five or ten years out going to say, oh my gosh, regret?

Or what if I would have done something differently because that alone will drive you crazy. So even though I've had very toxic effects from the treatment I chose, there's not one time when I've had the thought of like, Oh, what if I wouldn't have done that because it saved my life and I'm here and I want to encourage people listening that that's an important thing to decide in real time.

Take all the information, take your time. Don't feel pressured because most times you have a few weeks or even sometimes a few months. But you that pressure is not healthy.

You want to make sure your heart and mind are connected. Listen to the analytical brain, but go in the heart space and ask professional opinions. Get a second opinion.

You can ask multiple professionals and then make a decision. And don't ever look back and say, What if because that is not healthy. But what I ended up doing is taking that.

But I also had prayer, meditation. I had a natural path through help me with nutritional supplements, and I did tons of other kinds of work, you know, as far as detoxification and supplements and nutrients.

So I did everything. And again, here I am today, over 20 years later, living and really doing quite well considering all that I was, went through my early twenties.

And I'm so to sort of briefly recap, we've talked about what we call antecedents in the history, things that we come into this world with. We've talked about various exposures and circumstances, these triggering events, toxins, infections in the case of Parkinson's, maybe some head injuries or blows to the head.

If you were, say, a soccer player and heading the ball or you were involved in other contact sports or had an accident, these are some of the things that we know play a role in triggering and triggering what we call a chronic inflammatory response.

Until that tipping point is reached, we then have a diagnosis and then traditional medicine. In some respects, you know, not the best of doctors, but some doctors will then lose sight of that person and say, okay, you have this diagnosis, this is the drug we use to treat the diagnosis.

But what Dr. Jill is saying, no, that's important. But we also have to keep the person in mind what is right for you. And then we have to move beyond the.

Okay, what is this? This is this is it. This naming the diagnosis. And we have to look at what's the trajectory. Right. What's keeping you on this path of, say, breast cancer, Crohn's disease, Parkinson's disease?

Because ultimately we do want to change that trajectory. And so the history, if you will, continues. But it's from a little different perspective saying, what do we need to be addressing?

What are the foundations that create brain health, breast health, gut health, Right. Yes. Yeah. So so that's where we get into the nitty gritty. The first thing we do in a functional medicine is we've already talked about history, but I just want to mention that's the framework, that's this frame of understanding the patient's story.

And we've told that both very well. After we have that history, we look at all of those factors in that history that might have contributed and then where the patient is in the real time.

And this is where I mentioned before, but we come back to starting with the basics. Clean air. Are you breathing clean air? 80% of the environmental toxic load that we get is from the air that we breathe.

And most people are unaware whether it's exhaust fumes or formaldehyde or micro toxins from mold or now we know the nano particulate from exhaust and fuels and planes and cars and stuff is absolutely neurologically affects us.

So all this is in our air. So getting an air filtration system in your home or just a simple standalone air filter in your bedroom is a great way to start.

I have five in my office and three in my small condo, so that's one thing that I practice. And I think quality air that we breathe is simple and affordable for most people and easy to start Clean water, making sure we drink purified clean water.

If you have a whole house reverse osmosis system, that can be excellent. However, that creates a very acidic product without minerals. So you need to replace your minerals if you're using oral water because you're getting acidic product.

I often recommend people drink European mineral water like San Pellegrino or Gerald Steiner because it's very rich in minerals between meals, and that enhances some of that mineral absorption into more alkaline product.

But clean water and clean food, making sure that the very foods that we put into our body, which are the building blocks of cells and regeneration of neurons and neuroplasticity, even if we can go that far and making sure that you're eating whole foods without a lot of processed ingredients, organic whenever possible, local if you can, and things that are nourishing, full of nutrients.

So, for example, I think most people should be on a mediterranean style diet with lots of nuts and seeds and fruits and vegetables. Leafy greens are high on the list and all of those nutrients that come from vegetables.

Some people eat meat, some people don't. I can go either way with that. Most people like myself with breast cancer. I have a little bit of really clean wild fish, and that's about it.

One small chicken. I don't eat red meat at all. But again, everybody's different. I just find that for me with my inflammation, that was a really good diet and mostly plants.

But I still have the meat, right? It's just that's a condiment and it's super, super clean sourcing on all of these foods, but that can be a foundation.

And then you can go to the mind body and then what you do is add on if there's nutrients you're missing, if you need to enhance detoxification. And of course, with the neurons and the neurological system detox and support for the gluten down pathways, all of that can be added on.

But you can start really simply. And then I always think about what are you getting rid of out of your bucket? So what are you avoiding? Like the air quality or the food that's processed or.

I just saw an article the other day about Sucralose, which is Splenda and the damaging effects of DNA. This just came out. Yeah. So that and let me tell you something, you'll find this fascinating ICE research just ten, 15 years ago when it came out, when they make Splenda, they basically put a hydroxyl molecule on where there was a methyl molecule.

It's exact same way that they make a pesticide. So if you did or change those things pop off, I'm sorry, I think I said that wrong.

Integrative Care and Decision-Making

I think it's hydroxy molecule. They popped up and put on a methyl molecule. Either way, what happens with heating and change in temperature? It's those pop off and in a pesticide, that's what kills the past.

Right? So I always had this like sense of like, this is not a good chemical compound. Well, now the data is coming out that it damages the microbiome and it damages DNA.

It is so frightening. I saw that news article as well. So, folks, if you're watching, Dr. Jill has given you some wonderful tips. And what I'd like to do, if we can, is put this into a little bit of a framework where if you're taking notes, perhaps you can say, okay, we're at where am I on this?

Foundationally? I always start with, tell me about your sleep. What is sleep like for you? Do you go to bed at a specific time? Do you wake up at a specific time or are you waking up at the middle of the night or are you struggling to go back to sleep?

Whether that's with sleep initiation or sleep maintenance and of course, in the case of Parkinson's disease, we know that what's called REM sleep behavioral disorders are very, very common because and we could say this about every lifestyle factor, and we'll quickly step through each of them.

But I'll have folks who come in, they say I am and I haven't had the most perfect gluten free, anti-inflammatory or organic, you know, plant based diet, whatever.

And I'm still struggling. And I said, well, how are you sleeping? And they're like, terribly, right? So we have to make sure there's a lot to juggle here, but we have to understand what are the fundamentals.

So sleep Dr. Jill has touched wonderfully on nutrition and talked about the importance of gut health and the microbiome and leaky gut movement. There is so much information out there about movement and Parkinson's disease movement and health in general that we're disease.

You know, there is that old cliche, what's become a cliche now that, you know, sitting is the new smoking. And we've all heard that. But the point is that it's not just the new smoking, it's the new Parkinson's, it's the new breast cancer.

So moving our body and we'll definitely have some interviews with some movement. Experts will talk almost exclusively on that. But I want to also bring in another piece with talked about environment.

And Dr. Jill is mentioned some really important things. We've talked a little bit about infection and we haven't touched on hormones, but I always call hormones part of our internal environment.

And we know that in Parkinson's, for example, at least for men, it is a slightly male predominant disorder, that low testosterone is a major risk factor for Parkinson's.

But here, let's kind of go back to the one of the important themes of this book, which is what is your stress resilience practice? What does stress look like in your life?

Do you take time for yourself? This is woven throughout unexpected. And Dr. Jill, I wonder if you would share some thoughts about this as we talk about it.

Yeah. So I went through breast cancer, Crohn's disease and later mold related illness. And each time I learn more things. And one of the themes that came out, probably the latest in my last five or seven years of life was how do we view ourselves?

How do we show up in the world? What do we do for stress? And and often stress can be self perpetuated if we don't if we aren't aware of how we're stressing ourselves.

Because the thought processes that we have, I'm not good enough or I don't do enough of this or I'm, you know, the kinds of patterns that we have a thinking actually affect ourselves and affect our functioning.

So all of these things are important. And one way to start is just to think about there's a and Selig years and years

ago put out all the a lot of the research early research on cortisol and adrenal function and how cortisol affected so many illnesses.

Now cortisol for those you don't know, is produced by adrenal glands. It sit on top of the kidneys and it is a stress response hormone. So it's a thing that makes us fat and overtired and bloated and and can cause inflammation because it causes breakdown of tissues that causes catabolism instead of animal ism, which is secretion of muscle.

All of those things are not good. And we need cortisol because cortisol helps us buffer from the environment. So say we have allergies or asthma or even an infection.

If we have no cortisol, we're not going to survive. So there's a happy medium. But back to Hansel here. He came up with an acronym that I love and it's called Nuts and Nuts.

These are the things that cause elevated cortisol. And I'm seeing them because as I see them, if you can relate to any of these, these are ways and places where you can start to modulate your cortisol and your stress response.

So the nuts acronym is novelty. Anything new that you've never experienced before? Unpredictability, when you can't really you don't know what to expect.

The T is threat to ego or during the pandemic it was threat to health. Really, anything that threatens our health. So a diagnosis or a threat to ego that threatens we're not good enough, we're not enough.

Those kinds of messages. And then last one is sense of control. So often we we do things like buy insurance policies and we, you know, do all these things in our life to maintain an idea that we have control and that's really an illusion.

I'm going to tell you I'm sorry, but that's an illusion that we have control. And so the sooner we make peace with that and I talk about faith, that faith has nothing to do with religion.

I have a very strong faith. But here this is not about that. It's about how do we deal with the inevitable uncertainty of life.

Foundations of Healing: Sleep, Nutrition, Movement, and Stress

And that's universal for all of us, regardless of background or what we believe. Faith, to me, is like, how do we deal with that uncertainty that hits us, that unknown, that lack of control, this nuts acronym.

And to me that that faith is just a surrender to the process. And wherever whatever background, whatever will believe you have or none at all, you still have to deal with uncertainty in life.

And if we have the sense of like life is working for us instead of against us, which can be really hard in the middle of a crisis, but that's surrender that realizing that somehow, some way, instead of it happening to us, it's happening for us, for our souls, growth and that journey.

And again, this gets a little more metaphysical, but it's really critical because when we can accept our diagnosis, we can be partners with our doctor or have friends that support us or that we can accept that we're not going to be able to control all circumstances.

It's that gripping so tightly to reality and thinking that we have control that actually stresses us probably more than anything. So this ability to be in in a world that is uncertain and predictable threatens our health often and to still like go.

It's almost like when you're a surfer, you're right in a wave. You're not like fighting the wave, you're just letting it take you. And when we can, like literally with our bodies, let life take us and we still have control over the things

that we eat and the things that we breathe so we can have some choice.

But when we can let go of the things we don't have control over, it really allows our body to to heal, and it allows us to deal with that stress in a healthier way.

Well, it's so much like if you're in a fight with a disease and we have that expression fighting cancer, it it becomes a little more of an uphill battle because we're automatically sort of posturing like this, which puts us in that fight or flight instead of healing state.

If I am focused on life every day and what I can do to heal and nourish myself, yes, I have this disease, I'm working on it. But it's sort of what what's the posture that we're going to take?

We may actually find much more healing in the long run than taking the fighting posture. So true. And I have a really quick story about that, because I fought cancer and I fought Crohn's in my twenties and they overcame and then later my thirties, I had this environmental toxin that affected my office and made me very, very sick.

It was mold related illness. And in that I started getting sicker and sicker. And what happens with mold is this toxin your body's unable to really excrete well will start to cause some collateral damage and cytokine activation, which is that immune inflammation.

So it's literally your own body gets triggered. Same thing happened with COVID. So all of that, a lot of the really severe illness in the early days was because that patient's body got triggered by the virus and their cytokine storm, which is an internal battle of their immune system, created a lot of damage and the virus was there, but it was actually their own immune system causing the damage that was their fighting.

And when I realized that metaphor was no longer working, I literally had to change my meditation and I sort of meditating on a different story. I chose the little yellow minions from Despicable Me and their immune system, and literally every day I would meditate on these happy, warm, working, you know, parts of my immune system that were escorting the toxins out of my body.

But it wasn't a fight any longer. And I really feel, Dr. Sharlin, that that understand that meditation and starting to do that on a daily practice was one of the things that got me well. And in the last decade.

I often talk with my patients about a term, and I always preface it with I'm not a big I'm a fan of the term, but I'm not a fan of how it's come to be understood in our society.

And that is psychosomatic because psychosomatic sort of too often implies somebody who's neurotic, who, you know, oh, it's sort of all in your head. It's not real, but to me, the literal translation means that your brain and your thoughts and your feelings and your sort of spiritual energetics self or are are all connected and they're connected to your body and everything else that's going on with you.

And that's really functional medicine because we do focus on systems. We don't say, Oh, I'm just going to treat your heart, I'm just going to treat your brain, I'm just going to treat your arthritis or whatever.

And to heck with what happens to any other organs system, which too often is the case, right? As we deal with one pill causing side effects and then having to take another pill to counteract that.

But if we can understand how everything is connected, that part of that healing journey has to be the spiritual self-care or whatever the person defines that as personally.

But there are a lot of outstanding tools to get more insight as to sort of where you where you are with that and then what you need to do to ultimately change that trajectory and be in a better place with your with your own body's balance between fight or flight and healing.

Yes. Yeah. So important. And I often I mean, we probably both know good referrals and therapists and people and

that's a critical part of I'm not the expert, but I know who is in my community.

So when I have a diagnosis like Parkinson's or other autoimmune disease or anything in the inflammatory realm, I'm often having the patient also see a therapist or see someone who will help them with those that work, because we all have patterns of thought that are either contributing towards disease or leading us away from that.

And sometimes were unaware of them. So part of it is just awareness of the thought patterns so that we can shift. Yes, you know, we I will say as a general neurologist, course, I see all kinds of things M. S., Parkinson's, Alzheimer's, this sort of spiritual aspect.

You probably see even more with our ALS patients. It's such a frightening diagnosis, Lou Gehrig's disease. But I think regardless what chronic disease for managing this is such an important piece, because in the end, I think we're all sitting back and kind of reflecting on our lives and saying, you know, why are we here?

What what is this journey all about? And Parkinson's can ultimately be fatal. But many people live with Parkinson's for many, many years, and they may have other chronic conditions that affect them more.

It just varies, of course, from person to person. But my point is that, of course, the person who is told they have Parkinson's probably didn't plan on that.

And none of us plan on Parkinson's knows plan on breast cancer. And, you know, is it viewed as a disruption? Is it viewed as crap? I was, you know, on this I had this plan is the things I was going to do.

No, I can't now. I'm sort of stifled by the name that has just been given to me. Ken Sharlin with Parkinson's, Jill Carnahan with breast cancer, Crohn's toxin exposure, etc..

Or do we kind of make that narrative part of who we are and sort of make it in an odd sort of way, almost a blessing? You know, I always quote my friend Terry Wahls is said, who says, and that's what's the best thing that ever happened to her.

You know, how can we make the story of our lives mean something to ourselves and to the people we love, the most? And we can leave our mark whether or not we have these diagnoses?

You know, I love that we're talking about this because I learned so much from Viktor Frankl, who wrote The Man's Search for Meaning. I asked which US house, which Holocaust survivor, and Eger, also a Holocaust survivor.

Now, these people have gone through so much more dramatic and awful treatment than I ever will, hopefully, and I have such deep respect for their views because they both bring this light and this transformation from something really, really horrendous that happened to them.

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And one thing that I'll never forget, Viktor Frankl shared, was that the in the concentration camps of those who actually survived was not strength, was not hide, it was not AIDS, it was compassion, which I think shocking.

You would think the most compassionate and most empathetic would be the ones who would actually be the most vulnerable. But what happened in those situations where they were the ones who shared their bread when they had a little bit, they were the ones who had compassion on the sick and the dying, even in the midst of suffering when they could have just been feeling sorry for themselves.

And I think the lesson there is no matter what's happening to us, it's not always happening to us, it's for us. And if we can transform that into understanding, there are people that are suffering greater than us.

And then even the midst of our own suffering, we can not only do something for ourselves, but do something for our fellow humans around us to love and support.

And also the focus becomes off of ourselves and on to someone else. And I was shocked to learn that that was the survival advantage in this most awful circumstance.

So it's incredible. Well, Dr. Jill Time, as usual, goes so quickly, and I have thoroughly enjoyed this conversation. I hope our viewers have as well. I know they have in the last few moments that we have.

Could you share a little bit of how people can connect with you or if you have an event that that you want to let folks know about and some way to connect to your work, please let us know what they can do.

Sure. Well, thank you for mentioning the book. That's really been my desire to inspire and change lives through that. And it's available anywhere books are sold, and if you want to get free bonuses, you can go to readunexpected.com or just readunexpected.com And there's a free chapter.

So if you just readunexpected.com/freechapter you can even get first part of the book and see if you like it. And that'll be the best place to reach me.

Wonderful. Dr. Jill Carnahan, thank you so much. Folks, check out her work. She is one of the premier thought leaders in functional medicine. And if you're looking for healing and guidance, I can think of no better person.

Have a wonderful rest of your weekend. I'm looking forward to getting a little sunshine myself with that. Please stay tuned for more wonderful interviews in the Parkinson's Solutions Summit.

Thank you so much.