Introduction to Dr. Jill Carnahan

suffering can come as a teacher. And now that you're hearing me out, you, like, oh brother, Jill, come on. We like to have it all together. Even for me, I literally was voted in my high school year book as the most healthy, health conscious.

in my yearbook. For me to get breast cancer at 25, there was a lot of whys from my family and friends and people around me. But while I did ask the why so that I could go to the root causes, which we can talk about with Parkinson's and other neurodegenerative diseases, is there some lesson or meaning or purpose that's deeper?

This is Doctor Talks. Welcome to the Parkinson's Solutions Summit 2.0. I'm your host, Dr. Ken Charlin, and today I am welcoming Dr Jill Carnahan from Boulder, Colorado, Flatiron Functional Medicine and your functional medicine doctor.

i've known Dr jill for many, many years now and she was a guest at last year's Parkinson Summit. She's written an outstanding book right behind her left shoulder there called Unexpected.

And I think we'll probably talk about that a little bit today. She is not only broadly a functional medicine expert, she's done work in mold and Lyme disease and other environmental exposures.

She has taught many doctors through the Institute for Functional Medicine. with Dr. Bredesen at one point in time as well, I know. So just widely accepted.

She's sort of a doctor's doctor and I'm sure you're going to enjoy the interview and the information Dr Jill has to share with us today. Thank you, Jill, for joining us.

It's really a pleasure to have you. Thank you, Dr. Charlin. It is my pleasure to be here with you. Well, let's dive into it. And I know I like to spend a little time talking about your book, but time about what your books is really about, the spirit of your work.

We kind of touched on this a bit last year, I think it's such an important topic to bring into this year's summit as well. Maybe we can frame it for the folks watching the summit today in the following way.

You make an appointment with your doctor, you're kind of concerned. You've noticed some maybe change in the quality of your handwriting, some changes in your gait or balance and tremor.

Not everybody that has tremors has Parkinson's, but it's at the back of mind that you go in and you have that evaluation. And regardless of the depth or the detail of evaluation, the outcome, I'm sorry to tell you, this does appear to be Parkinson disease.

And when you hear that message, you have Parkinson's disease. If you think about it for a moment, how did that change your life? How did it change the way that you thought your future was going to unfold?

And while Dr. Jill, fortunately, does not have Parkinsons, she has her own health journey. And all of this is about how do we come to understand these twists and turns that is the Earth journey.

So Dr. Jill, if you wouldn't mind, could you jump in and sort of share some thoughts? I'm sure it will spur a really deep conversation about how we bring this whole theme of illness into our narrative because it really is part of the human story.

We, we probably, none of us will ever escape some sort of serious illness in our lives. And you know, does it

devastate us? Does it define us or is it the old expression?

If it doesn't kill us, it might make us stronger.

Illness as a Teacher

Dr. Charlin, I love the framework that you have started with because there is nothing I get more excited about than modeling myself, but also teaching my patients, my colleagues, and my friends how do we view life because it is inevitable that we will suffer and it's inevitable we'll have some medical issue and hopefully not all of us will face cancer like I did or Parkinson's like many of your patients and mine face.

But regardless, what happens when we get that diagnosis or another? And for me, it was breast cancer at the age of 25 in the midst of my medical training.

So suddenly in my 20s, when I thought I was invincible, never had a thought in world about mortality or morbidity or any of that. And the important lesson that I learned that has taken me through so many other illnesses since that time is that suffering can come as a teacher.

Now that sounds right. If you're hearing me out, you'll be like, oh brother, Jill, come on. Like there is this thing about suffering that takes us out of our, we like to control things.

We like, to have it all together. And even for me, I literally was voted in my high school year book as the most healthy, health conscious in yearbook.

And I say that because I lived a life of quite, I didn't do excessive drugs or alcohol ever growing up. I was always running and walking and swimming and biking and doing those active things.

Actually ate really healthy even in high school and college. So for me to get breast cancer at 25. There was a lot of whys from my family and friends and people around me.

But while I did ask the why so that I could go to the root causes, which we can talk about with Parkinson's and any other neurodegenerative diseases. I also asked the, why, as far as why would this come into my life?

Is there some lesson or meaning or purpose that's deeper? And what I found in that experience and then subsequent experiences with illness was when we have that framework of suffering illness diagnoses as a teacher, all of a sudden it takes on this almost curious approach of what is this here to change or teach in my life and what happens often is I saw this with my breast cancer colleagues that you know got diagnosed under the age of 40 like me if they had a marriage or relationship or a significant other that was kind of on the rocks, often it would take that to divorce or break up.

And if that a marriageship or friendship that is really strong, it will make it even stronger. So in those times of crisis when you're facing a life-threatening illness, you start to say, what really matters?

Am I doing something that's fulfilling in my career? And if the answer is no, you better change because you could be facing the last, for me, I didn't know if I had six weeks or six months or 6 years.

So it catalyzes the seriousness about life and so often we're going along, checking into the time clock and doing a job that we hate. or we are in a relationship that we're making do, but we were so afraid of change that were doing that and we know it's not good for us.

Sometimes even our relationships are partially the stress, the cause of the illness, like you get a piece of a puzzle, right? So all of these things come under the microscope and when we say, what do we really want in life?

What is my soul here to do? And because of seriousness of diagnosis like that, you say I better get my act together because who knows how many hours or days or years I have left.

Now, unfortunately I was on my soul's journey path with medicine, but it took me to a whole new level because I learned some lessons like the doctor doesn't always know exactly.

There's not a black and white route that's exactly A plus B plus C equals D. And so with breast cancer at 25, I realized, you know, they have some good ideas for treatment, that there's no one size fits all.

I went on a journey to really find the best kind of answers and I ended up creating a completely hybridized new different chemotherapy. experimental radiation and here I am alive 20 years later so it worked but I took that opportunity to really investigate what is the best option for me and a patient facing Parkinson's might do the same because there's no one-size-fits-all and we know the drugs don't really cure it even though they might help and that's where the root cause approach becomes so helpful and for, me it was like the personalized experience with root-cause medicine and how can I use this for And you know, that's something that you said just really resonates with me, may not be obvious, but you did use in this context, in specific situation, a very, I wouldn't say conventional, because you say somewhat investigational, But it certainly was not I'm going to take these herbs or these supplements and it's going fix my breast cancer.

It's radiation, it is chemotherapy. You know the things we think of in the traditional I want to link that to Parkinson's because in my experience, because of the type of practice I have where I'm very much still a traditional neurologist, I prescribe medicine on a daily basis to a lot of different people because they need it.

They truly need it, but I do also because I attract folks who are looking for a more holistic approach and say, well, I want help with my Parkinson's, But I don't want to take any medicine.

Blending Conventional and Functional Medicine

And how do we bridge that and say, look, you know, there's a role for these more holistic strategies, but there is definitely still a roll for traditional medicine as well.

Yeah, I love that. I have based my entire life and career on how to we reach the gap. You and I were just talking about before we came on and how so often people out there are like, oh, the medical system is so awful and so terrible and why are they treating patients like this and doing these things?

Or the medical system treats the alternative, complementary, functional, integrative realm as, oh, well, they don't know what they're doing. So there's no, why cannot we bridge this gap and say there is good in both philosophies and there are treatments that are appropriate in those areas.

And when you and I take the best of both worlds, that's exactly what I did with my cancer. I was facing a very, very aggressive cancer as you can imagine in a 25 year old and I chose three drug like literally the most aggressive chemo regimen I could possibly do without like having my heart stop beating and then I choose a radiation which was experimental but it was still radiation.

I had multiple surgeries so I have all the conventional treatments and one of the other lessons I learned was as your patients or my patients are facing these decisions So often we're like paralyzed, right?

We're either paralyzed by someone saying, oh, you need to decide right now. You have no time, You're going to die. I mean, that's not right at all. you always have some time to make a decision.

But the second thing is, the amount of data that is coming out is exponentially increasing. And 20 years ago, I was overwhelmed with the studies and the data as I looked at it.

but what I did is did my very best to look at the, data and say, what in my heart is the right choice? And then I look to the dad I spent several weeks actually researching.

And then I went forward without a second thought as far as I knew that once I made that decision, never in my 20 years have I said, oh my gosh, what if I hadn't done chemo?

Would I be better off? Because I still 20-years later have immune deficiency, probably partially based on the treatment. I have no regrets. So what I'm encouraging the listener is like, when you make these decisions about whether to take medications or not, What kinds of treatments to do with your Parkinson's?

You want to really look at the data, talk to someone like Dr. Charlin, who's an expert, and then together make a decision, but don't have this like waffling about of what if, then what should I do?

And like make it decision to go forward and have confidence that you're making the best decision. That alone is powerful because when our mind has ambiguity, And this is where the mind body comes in.

And when you mentioned my book, one of the things I love is I talk about functional medicine, science and faith, and that could also be like right brain, left brain or these both conventional and functional.

How do we integrate these? I feel like there's a place where we can find the best of both worlds, whether it's faith and science, right-brain and left- brain.

functional medicine and conventional medicine. And that's where I like to live. I'd like say, no, let's get along. Let's pull the best parts of each of these regimens and let create a regimen that is personalized to the patient that works best and that they believe in because you and I know that consciousness, that mindset, the belief in the medicine or the treatment or protocol is half the battle.

maybe even more than half the battle, right? So you definitely have to believe in it. And a common question I'm sure you're asked, I am asked is, if we recommend something and it happens to be, you know, a drug or medicine, and that could be something in the context of Parkinson's as simple as levodopa.

I often have remind my patients that That's basically an amino acid. It's the immediate precursor to dopamine. So there are really few drugs out there that we use as much as levodopa that are as natural as Levodupa.

And the only thing that the carbidopa is doing to you or for you is making sure that the L-Dopa gets to your brain and not just be converted to dopamine in your digestive tract, which is what it would otherwise do.

But the question that I'm asked so often if a medicine seems appropriate is, What is it going to do to me? And I, you know, I try to help folks reframe things and say, anytime you put something in your body and that could be in an herb or a supplement, it could a food, that it's a risk benefit ratio.

We have to look at You know, you had to evaluate chemotherapy and radiation and say, hmm, yeah, I could get burned. I can lose my hair. I could have ulcers throughout my alimentary canal.

All of these things are known consequences, of course, but what's the potential for an outcome that you really desire? Yeah, no, that's exactly it. Like you, and that is where you and I are literally partners.

It used to be, you know, 40 years ago, the paternalistic doctor knows best. That is no longer, right? Like we have to come with, here is information. We have maybe information and maybe even perspective of other patients and what we've seen.

And we give that to the patient. But we're literally in this collaboration with them, at least I am, I'm sure you are in the clinic. Or saying, Here's the options.

Example, someone has bacterial overgrowth in their small bowel. I've got two very clear options. There's a medication route that works wonderfully. It's two week course and there's an herbal route.

That's more six to eight week. Course works. Wonderfully too. And there are pros and cons to each and I might sit with the patient and explain, you know, here's, a little bit quicker, more aggressive.

it could affect your microbiome a bit more, or here is another option. going to take a longer. Um, it would also treat

the fungus. So then we talk together about what kind of regimen they want.

and then also the alternatives. so it's those kinds of collaborations I love because I want to be giving great information and then just allowing that patient to make a decision with me.

I'm never like, you must do this unless it's dangerous or something that they really need to know. But generally, it is really that collaboration. And if you're out there looking for physician or just dealing with the life threatening diagnosis or neurodegenerative disease, you want to find someone who will listen and partner with you.

Like that's the core, is the partnership between the physician and the patient. So I want us sort of rewind this slightly and put it back. We're going to wear our physician hats now because this whole concept, this narrative, that is what I wanted to focus on, narrative of a diagnosis of the is really different in functional medicine than it is in traditional neurology or internal medicine or family practice, which tends to be more focused on what we call the history of present illness, as you know.

When did it start? What did you first notice? How did progress? what makes it better? That's the standard medical history approach, right? Functional medicine is a much bigger narrative.

that draws the patient in, right, helps them to sort of really feel, perhaps, not just think, but feel that they understand, how did we get here? Yeah.

I think if you wouldn't mind talking about that a little bit more, because I that then becomes the pivot point for the patients to form that bond that you're talking about and to then be able to journey forward sort of shoulder to shoulder with you, with a doctor who's going to help and guide them.

So I love this because one of the things I did very differently about with my book And I'm telling this little story because it's relevant to what you just asked is everybody out there said, unless you're a well-known celebrity or whatever, you can't write a memoir.

Storytelling and the Functional Medicine Narrative

But in my heart of hearts, I knew the only way that I ever connect with patients and thus the story in the book with the audience that's going to read it is through story, right?

Story is the way we connect human to human for generations and thousands of years. sitting around the fires back in the day. Like that's how we connect.

We tell stories and even generations tell of stories to pass down teaching and important information. And I knew that at the heart of my soul and I had to write a memoir because I have to tell my story in hopes that the reader would actually see my stories, and it's not really about me at all, but they would see themselves in a journey.

So that is relevant to what you just said about functional medicine because the truth is if we are a good clinician, We are helping the patient to unravel and tell their story.

And we are literally a facilitator of that story, the keeper of the story I consider that sacred when a patient is with me, telling me their stories and I'm asking questions.

Well, tell me more about that. That's where faith science, right brain, left brain. I use my intuition, believe it or not, first, before I used the left-brain laboratory science to say, ask the right questions or say oh, Tell me about your eyes darkened when you talked about you father.

And the issue with this alcoholism, how did that affect you? And then all of a sudden I go on a tangent and I realize, oh wow, this may be more relevant to their diagnosis than anything I've asked about.

Or for example, environmental toxicity. We know that exposure to toxic chemicals mold in water damaged building.

Heavy metals from mercury amalgams or any number of things can have a massive effect, especially in the realm of cancer, neurodegenerative diseases, and autoimmunity.

Those big three are the big ones. So here we are talking about Parkinson's in neuro-degenerative category. We'd better be asking that patient about their exposures, about hobbies, their environment, travel, illnesses, tick bites, you name it.

These are relevant. So I consider this like the old-fashioned storyteller or the person who's facilitating a story, that's my role as a physician is partnering with them to unravel that story.

And then, like we started our talk about, do we have meaning and purpose in the difficulty? How do I help them, to find meaning in purpose, in that Story?

Because all of a sudden, if they identify with, oh my goodness, this thing is so hard, This new diagnosis that you've given me or that we've been talking about.

But what if this was a catalyst to a better lifestyle, to taking care of myself, getting rid of unhealthy relationships, doing work and a purpose and meaning in my life that I love.

We know from the work of Dan Buettner, the Blue Zones guy who's written National Geographic, love his work because one of the core foundations of all these centenarians who've lived over a hundred years, they have meaning and purpose, and they've incredible connections, lifelong friendships.

So these women in Japan have had friends since they've been five years old in this group of women. Until their 90s, they stay together. They have, you know, tea together every day.

And those kinds of relationships, those kind of purpose and meaning, lifelong work, and even their exercise, none of them go to a gym. they just go out to the farm and bale hay, or they go, to they walk everywhere.

So all that to say in the story, as the patient's telling the stories, sometimes that's a catalyst for me as a clinician. to ask them questions, to get them thinking about, am I really in my life doing something I love or want to do for a meaning and purpose?

Have I fulfilled my dreams and goals for my live? Am I at 50, 60, 70 regretful of the things I haven't done yet? am i in a relationship whether it's a sibling, parent, daughter, spouse, whatever that's really unhealthy and I'm allowing myself to have boundaries that are crossed.

Am I healing that little girl who, you know, thought she wasn't enough? And whether these seem medical or not, these are some of the most profound conversations that the reason I wrote my book and the more profound conversation because when people start to get those things right, the healing almost happens by itself.

I mean, it doesn't just by its self, but these our catalyst to the deepest kinds of heal. No doubt about it. It's, you know, sort of 70% listening and perhaps facilitating a little bit.

And then we have to take that story, those, what we call them, is antecedents, triggers, and mediators. and give meaning and explanation. What do we know about Parkinson's?

How does your unique story lend itself to what we about Parkinsons and Parkinson related disorders or cancer or other things so that the person can come to that, to feel more centered.

I think that in the spirit of Parkinson, there's that loss of balance, loss Yes. You know, and we want to bring this back to center so the person can have a deeper understanding and then sort of shine that light and say, And this is where we're going to go with this, right?

This is, do you see this? Do you See where We need to Go? Yes, I definitely see that. And they sort have to feel

that as I've alluded to earlier, they have To know it very deeply that this Is what they need where really the process doesn't work.

And like you said, you're explaining this, it's such a true partnership, right? Because there's nothing, especially in the realm of functional lifestyle medicine, where there is changes that need to be made with diet or lifestyle or relationships or thought processes, we can't do that for them.

We can just facilitate and encourage and give them goals and meaning and purpose. One of the things I find so profound is identity around habits. So if we are a smoker, guess what we do?

We smoke, right? Or if you are gluten free, if were going to a restaurant, we don't even think about that. And I love talking about identity related to habits because instead of being like, oh, I need to cut back on sugar or I should, or.

Those words are never effective for our brain to actually facilitate change. But when I say I'm gluten-free, that's who I am, it's my identity. There's never any decision-making power I have to use when i go to a restaurant because I just know it'd be ridiculous for someone who's gluten free to eat gluten.

It doesn't even identify with me. Same with being a non-smoker. If someone offered me a cigarette, I would just be like, no, i don't smoke. That's So when you take some new habit or change lifestyle, I want to cut back on sugar, or I wanna lose weight, instead of saying I wanted to, should, must, we identify with I am a healthy person, a person who is active, an athlete, who takes my sleep seriously.

I value this and all of a sudden when it becomes our identity, the habits just happen when its part of identity. Yes, we have to work at it, but the thing that happens over our day is decision-making.

We have much less power by the end of the day. So that's why the nighttime people are like, oh, I want a little ice cream or popcorn or sugar or something like that, where they're snacking.

It's because by end the of day we've used up our ability to make decisions. But if it's identity, it is easy because it just doesn't fit with who I am.

Well, if I said, well, at Parkinson's, so I must have been doing something wrong all of these years. And if that's the case, and now I have Parkinson's, why bother?

Why bother. I might as well eat gluten. It might, as, well, whatever. We probably have to dig a little deeper. You know, there's extremes here. Another extreme is maybe you're not ready for this kind of medicine.

Maybe you are not, ready, for, this, kind, of approach. kind of touched on this before we started the interview that, yes, there are problems in the system with the sort of what I call the wham-bam, thank you, ma'am office visit where the doctor spent five minutes with me, didn't answer any questions, wrote a prescription that they didn' explain.

I can't tell you how many people I've seen that don't take, they're on levodopa, carbidopa but they don' take it correctly so they dont' get the benefit because the doctors never explain to them how to take a correctly.

Testing for Toxic Load and Root Causes

So we certainly have to realize we're not going to reach everyone, but if we are going reach people, we have use certain styles of communication. both in their presence as well as maybe even before they have a visit with us.

What do we send out into the universe? What kind of energy do individually send our collectively as believers in this type of approach? So important. So we make a diagnosis, we tell them they are Parkinson's, We help them understand how they got here.

We start to shine a light on this is where we need to go. Another area I'd love to hear your perspective on is testing.

And what I mean by that is, and we can talk about specific tests, that's fine.

There are people very interested in gut tests or Lyme disease tests for mold tests. But I also think there is the element of testing that, is part of what we've just been talking about.

You know, what is The test isn't necessarily always there to make a diagnosis. A test is there, to shine a deeper or a better light on a, deeper understanding of how this has happened and what we can do to then go to that place of change.

Yeah, so I think a function missing as at the core and most of these complex chronic diseases, there's a toxic loaded component and there is an infectious burden component.

And while there are other things that are playing into that, those two are the biggest players on the immune dysfunction that creates cancer, autoimmunity, neurodegenerative diseases.

Especially with Parkinson's, I would say toxic load kind of rises to the top as one of the premier things I see contributing to that. Although, of course, infections and inflammation and all those could also be at play.

So as a functional doctor, what I'm doing is trying to say, which came first? Where do we start? How do map this out? Now, I will say so toxic load is difficult to test body burden.

I feel like one of the Most premier labs, I think we'll see more in the future is DNA addicts from IGL in Germany. But right now to send those overnight shipping on ice, you know, to Germany, it's expensive.

So that is not something I order routinely, although I do find it most beneficial for the very complex patients. And this is literally how these toxins or components like silicon or mercury or mold like aplatoxins actually attach to DNA and change gene expression.

It's pretty powerful, it's probably one of the most accurate tests I would use for toxicity. But on a more simplistic level, I'm still using urinary toxic load panels, things like Mosaic Labs, real-time has a new one, Vibrant Labs.

but they're not perfect because they are not really doing total body burden. But they aren't giving us a snapshot of what kinds of exposures you might have had recently or what kind of exposure you're excreting in the urine.

So it still is very helpful and many times when I do that I can ask them about specific toxic exposers and get a history that matches. They are valuable.

I think a bigger value on some of these things, even if we don't have the perfect science to say this is exactly what your toxic load is, Two principles.

Number one is it gets the buy-in. When a patient understands with an actual visual lab data to see mold exposure in their urine, mycotoxins, or other things, it almost helps with a buy in because they can visually see this concrete evidence of some toxic exposure.

And then you and I can start the conversation about our toxic world and how we're all swimming in toxic soup. It's kind of depressing, but it's also empowering because then we can say, And I always start with clean air, clean water, and clean food.

It's very simple. We don't have to do a ton of expensive supplements if we aren't doing the inputs. So clean-air would be getting your air filtered through a good filtration system with HEPA and VOC filtration.

I like the standalone filters for bedroom or office or home. I have three at home, I had five in the office. And then clean water, making sure you're not drinking out of plastic water bottles.

You have a good water filtration system. It can be as simple as a fridge pitcher that filters 200 plus chemicals, or

you could have an RO system in your house for the shower and the bath.

But then you have lower minerals. You have to replace those minerals and then clean food is just making the choices every single day to try to eat mostly organic, local if possible, fresh and not chemically altered, all those kinds of things like GMO.

And those basics are so critical. Like I said, I find the testing really helpful to kind of see that load. But the truth is we all have a toxic load, it's only getting worse every year.

So we have too, even as clinicians, we're not going to find, if we think about toxic loaded as the bucket analogy, which I often talk about where we're born with a bucket capacity to detox and over our lifetime, that water level starts to rise and eventually it can spill over the top.

For me, it was 25 with the diagnosis of cancer. Clearly, my toxic load was over-the-top if I was being diagnosed with cancer diagnosis. Same with, you know, the 67-year-old female who has Parkinson's.

It might be that their toxic loads started to reach the So do we have to find every last toxin in the bucket? No. And that's kind of refreshing because all we need to know is there is a toxic load.

We can prove it with testing and then we can target some of the key toxins. The beautiful thing about really good detox principles is most of time you're targeting the toxic loads in general versus just one individual toxins.

So that can give us confidence as a clinician that we're making a difference in that water level even if we do some very basic detox principle. 100%. So in other words, there might be certain toxins where for sure there's going to be an action step that follows.

It's very targeted, very specific. If you have high levels of mercury or lead or with Dr. Jill, you're wanting to get rid of your mycotoxins, she's gonna have a protocol for you.

But the bigger picture is that these tests create a narrative that helps you have a better understanding of how you got here. Now, the steps that might follow from that, in other words, do you really need that test to take those steps?

Maybe, maybe not. But what I hear you saying and I think it's so true in my clinical experience that at times, not for everyone, folks, but at time, depending on the individual, it is so helpful to move them to that place of change to say, here it, right?

Here it. Is you can put it in your hands. We can measure it and that's trichloroethylene, which is a major player. Now we think in Parkinson's disease.

I don't know of a trichloroethylene specific detox protocol. I mean, if you do tell me, but there are habits that we can acquire in hydration and sweating and daily bowel movements and all of those important things and eating clean and avoiding the exposures that got us there in the first place.

Those are broad principles. And I could do that without getting TCE testing, which I can do. I get untested for TSE through Quest or Lab. So it's an easy test.

It's actually covered by insurance with the right ICD-10 code. But it's really creating that narrative. That's the most powerful part because it is about action.

Functional medicine seems to be about taking action and the bigger thing is, like I said, with clean air, clean water, and clean food. I love that because everybody's like, I can do that.

Granted, you could start that if you're listening. You don't need a functional doctor to start. You can start that right now on your own. It's free. And granted, well, maybe an air filter might cost you something, but it's all choices on

food.

You're going to pay for groceries anyway. because it starts with clean inputs. And yes, there's fancy protocols that Dr. Charlton and I do for detox, but you can start, and i would say 80% of the battle is choosing inputs day by day because your daily exposure is far bigger determinant of your toxic load than a 21-day detox in January, right, at a spa.

Like, so I'm such a fan of making it simple, starting with inputs and starting something that everybody has access to. And whatever range you have, you can't afford all organic, get the dirty dozen organic.

Or go to local farmer's market and buy a bag of rice, which is way cheaper than organic than the processed packaged boxed goods for convenience. So there are ways to do this that do not cost a lot.

Did you know Dr. Charlene, they did a study of organic produce in bulk, and it was absolutely cheaper then conventional packaged produce. That actually not the truth that it costs more to eat organic.

Clean Inputs and Practical Detox Basics

You just have to buy in bulk and do some of the work yourself. Yeah. I always say, you know, we can have so much fun with this stuff, right? And I'm sure you experienced this, does it mean that I have to give up this or that, my daily Mountain Dew or whatever people like to consume?

I kind of say food is fun. If you weren't just eating that. But how could we make it really, really interesting? get recipes from all over the world? Could we teach our kids about different cultures and try different foods and spices?

I always think about some, you know, if I go into an Indian restaurant or somewhere from that sort of sub-Asian part of the word and the use of spices and aromas that just exude from the kitchen and how different and exciting that is.

By the way, spices are powerful. powerful things. Uh-huh, they're flavonoids. One of the first steps of mold detox is the bioflavonoid. Yeah, so having fun with it, making it an exploration without even leaving your home, you can travel around the world with food.

And then it can be about other things that are important to us. I mean, food is really about connection, isn't it? Yeah. You know, how can we make it about friendship?

How can You know, how many times can food lead to intimacy? And that's not necessarily a bad thing, right? So, exploring things in ways where we spin it to a positive rather than say, I can't have this, You know, I think it's really important.

So going back to cancer, you had cancer. My wife talks about, she doesn't like when we use this descriptive term. And Valerie is a health coach. She's very, tremendously gifted life coach and health coaches that works in our practice.

But she talks. The word fighting. Fighting cancer, fighting Parkinson's. What's your perspective on using words like fighting when we talk about chronic illness?

I love that you asked this because I have a story in my book about, so first of all, the truth was 25 I fought cancer, 26 I bought Crohn's. Now I won and battles over or whatever, but I had that mentality and I that like, oh, I'm gonna beat this kind of thing.

Like I grew up on a farm with brothers surrounding me. So I was a tough girl, right? And I took on that mantle of toughness and don't complain and cry and show up and all those things, which are great values.

But at the same time I was suppressing the sensitive flower, you know, the female part of myself that was like, wait,

I need actually nurturing and it's okay not to be tough all the time and its okay to cry.

And I framed that because that my first battle and then mold came along. I in an office in Boulder that got flooded and pretty significant mold damage and I started coming down with symptoms related to mold.

cognitive issues and skin issues, and rashes and mast cell activation, etc. Eventually, I found out there was mold in the basement and I had to leave that office.

And then I have to figure out, like I do with everything else, how do I heal from mold? And that's really how I became the mold expert in that journey.

But in my journey, here's what happened. I started to understand the physiology of mold. In some people, about 25% of the population, there is a genetic variant that causes that mold mycotoxin to circulate in the system and then trigger the innate immune system.

So even though we're taught in medical school, mold's an allergen, it is, that's adaptive immunity. This is actually innateimmune system that gets triggered.

And we learned about this during COVID, because we talked on the news, we heard about cytokines. If you're listening out there and heard of cytakines, That's innate immunity system, and we saw it in COVID.

Because most people didn't die of COVID itself, they died of that innate immune response and that cytokine response. So same thing with mold, same exact situation where mold triggers the cytocine, it's almost like collateral damage from the inside out where your immune system is going so haywire, trying to eliminate the mold mycotoxins, but not having success that it causes collateral damaged.

And when I understood that image, And I started to think about I'm going to fight mold. Immediately, you can imagine my immune system was fighting. It was finding so hard, it was harming my tissues, my body, and my system completely, wait, fighting is very, very bad.

I'm going to get worse if my immune system continues to fight. And around the same time, I read a book about a story of a doctor who had a patient who needed a bone marrow transplant and he needed to harvest some bone marrow.

He said, well, how many white blood cells do you need? Anyway, this man went home and meditated on multiplying those white-blood cells for the harvest so that he could get his transplant.

The doctors did that and they said, I don't know what you were doing, but we got 10 times the amount that we normally do from patients for your transplant.

And he talked about the meditation. As soon as I heard this, we all know the power of the mind. I was like, duh, why don' I start to meditate and change this paradigm in my immune system?

So from that day forward on my walks, i took an image of those little yellow minions from Despicable Me. And I made them to be my immune system, these little yellow minions.

And they were whistling and walking and happy. They were escorting the mold out with kindness and love and compassion. No fight. Just like, hey, God, show you the way out of my body.

I literally for days would meditate on this minion analogy where there was no fight, it was just whistling happy minions taking this toxin. out of my body and I really changed my paradigm and change my thinking.

And I do believe that was a huge turning point in my healing from mold to take away that fight and to say, I don't want to fight anymore. I want my immune system to fighting more because that's what's killing me.

And seeing that paradigm and start to think, and in my office right now, on the bottom shelf next to my desk is a minion. It's about this big. And I often will tell the patients that story we're talking about, this because I know that they too can be empowered to start, to create, you can create your own visual.

You pick something ET or you pick Star Wars. Or you picked some character, or, pick some, And you create a story and then you meditate on that and you could actually integrate that into your healing process.

That's great. One of the things I share a lot with patients when we're talking about the limbic system, you know, that part of our brain that sort of protects us, but it also doesn't just protect us from danger and trigger that immune response, looks out for us in the sense that it tells us when it's okay to invite relationships and things like that into our lives.

And so often see, and this is not necessarily about Parkinson's, but individuals who come in, as you know, with tremendous hormone disruption.

Mindset, Identity, and Healing Without Fighting

I talk about, you can't be you know, running from the saber-toothed tiger, defending yourself from a saber toothed Tiger, and then along the side of the trail, depending on your gender or your sexual preference, it doesn't matter.

You know like that handsome gentleman or that lovely woman and go, hey, good looking. And you, know because if you stop and pay attention to that other individual, That's it.

Tiger's got you, you know, so I we try to, that's still a story about healing, right? It's a still story. If you're in fight mode, if you are fighting your Parkinson's, You can't be in healing mode at the same time.

You just can not. Excellent. Jill, I know we're getting close to the end of our interview and this has been such a lovely ascent. And I want to end as we get close the and with something I knew is extremely important to you and I think bringing this into the fold and that is belief and faith and spirituality.

Because we don't as clinicians, we of course respect people's individual faith beliefs, the religions, things like that. It's not necessarily about that, many people do define themselves, I am Catholic, Jewish, Muslim, but this is really about faith and belief and spirituality.

That's usually not a conversation in the doctor's office, it's very important in a healing process. Yes and you know it's funny because even the science backs this up because once again with Dan Buehner's work and all these belief in a greater purpose, a higher power, something that's actually purpose and meaning in your life guiding you, whatever that looks like.

I love that you framed it because I always like to come with Whoever you are, whatever your beliefs, even if you're atheist or agnostic, you can still have a greater.

I have friend who's an environmentalist and that's his God. That's His meaning and purpose. But we all, I do believe that true health lies in having this thing that is greater than ourselves.

For me, I do have a very deep faith in God and it guides me. And there's such a sense of peace that I get in that relationship because I have this, this true guidance in my life and this greater meaning and purpose.

Because for me at the core of my belief is how do I meet the patient with unconditional love and how did we actually interact with our world, with neighbors, our patients, friends, family, spouses, children, dogs.

with true compassion and unconditional love. And that to me is the divine in my life manifesting is literally, how do I become more and more loving in every interaction?

And what I know is from the moment that patient walks in the door, many of them, as with your patients, I'm sure,

have been traumatized by the medical system.

They've been told they're crazy, they've told their symptoms don't matter, or they maybe said, oh, can't find anything wrong with you. I don' know, this maybe is all in your head.

And those kinds of thoughts start to create a sense of insecurity or unsafeness in that patient. So when they walk in my clinic, what I want from day one is for them to feel this container of safety.

They will be heard no matter what, knowing they will love and not judge no manner what their beliefs, their background, preferences of any sort that they're gonna come into my office I'm gonna accept them just as they are and I come alongside them and hopefully help them to find those deeper means and purposes in their life and i know of no greater way to do that than unconditional love.

And I know that the power of that love energetically is literally the foundation of healing. And the other level of, that is, I was always pretty good at helping people.

I'm a healer, right? So we do that by nature, whether it's family growing up or siblings or whatever. But it took me a long time to extend that same unconditional love and compassion to myself, to my own selves.

And I'll never forget when I read Gabor Maté's work on autoimmunity and he talked about the metaphor of autoimmune is attack of self and everyone has auto immunity has some level of subconscious attack itself or parts that we don't like.

and until we really integrate that and have this loving self compassion and acceptance of all of our parts. Even the parts we don't like, or even the part where like I remember going to therapists after my divorce around 40 and telling the therapist, I don' get angry.

She laughed at me, right? And I didn't have this recognition because I had suppressed that part. I thought, oh, good girls don''t get anger. Good girls are pliant and complacent and happy and cheerful and accommodating, Right?

I have to re-learn that and express a healthy anger because that's a part of myself I was rejecting. And that''s not healthy, right? So all of these things to say I want to teach that patient about how to really start by loving compassion to themselves, even in a diagnosis like Parkinson's.

And secondly, how do extend that to the world around them and how they find deeper meaning and purpose in that. To me, that's my faith. That is my manifestation of it.

It starts with that container that we create for the patient. There are two things that I have found very common with my patients with Parkinson. One is anxiety.

Anxiety may precede the onset of motor symptoms, or it may be such a huge part of their non-motor, non trimmer, you know, Parkinson's itself, like it doesn't just preceded, but it continues in it, magnifies.

Faith, Compassion, and Next Steps

And hand in hand with that is when I ask, and I always ask I'm sure you do, about relationships, out social circles, Hopefully your spouse your partner your children, but then what about your peers your friends, right?

There is very commonly a Withdrawal we don't see them as much anymore I don' want them to see me like this and that these although I'm talking about very concrete things This really gets into what you were just saying because if we can turn that around and realize that our friends are not judging us Yes You know, our friends love us.

And that love that we feel from our friend's true friendships is really critical and part of that healing process and how we turn that around and then we are there for our for the same friends, you know.

That will help, that will make a difference. Absolutely. Well, Dr. Jill Cornehan, I really appreciate you being part of the second Parkinson's Solution Summit.

This has been a very profound discussion. I hope people with Parkinson or those who know people Parkinson watching this interview understand these things that we have shared.

These are truths. They don't necessarily have to do exclusively with Parkinson's, though we've touched on some common features of Parkinson, some comment aspects, but I hope the information that we shared has really expanded the universe for the individual who is watching this interview, because it's such an important discussion that goes beyond the sort of raw mechanics of how do you treat Parkinson really, and takes people into a place of healing.

Yeah. And I just leave people with, I love these two questions and it can apply to anything, but to you, if you've been diagnosed with Parkinson's or someone you love, invite you to ask, what do I need to know and what I do need do next?

And take the next best step. It could be something simple or profound, all you have to do right now is what, do we need know? Find the people who can help you.

What do you need you do? Start with simple and then just keep adding to that. Find your guru, find your inspiration. I just saw that news within last week or so, that article about Michael J.

Fox, who's up on stage. It was in England somewhere, playing guitar with Coldplay. I mean, you know, does that stop? And this is not about, cause he's so rich folks, right?

This is about the spirit of the person. Right? I love that. And he is, what has he done with his Parkinson's? He's turned it around. He has kind of made it part of his narrative, shared a message to people and he Keeps going, keeps going.

So, well, Jill, if folks would like to connect with you, with your information, your healing, how should they best do that? Yeah. My website is just my name, jillkarnhan.com.

You can find the book, you can't find blogs for the last two decades, podcasts, all of that there. If you do want to really go dive deep into my story, my movie documentary is out there for the public.

It's called Doctor Patient, and that can be found at doctorpatientmovie.com. Excellent. Dr. Jill Carnahan, your functional medicine expert and owner and physician at Flatiron Functional Medicine in Boulder, Colorado.

Beautiful Boulder where everyone seems so healthy. Oh my gosh, we just love Boulder. Thank you so much for being part of this journey with all of us. You're welcome.

It was my absolute pleasure. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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