Introduction and Dr. Jill Carnahan's Background

Welcome to The Parkinson's Solutions Summit 2.0. I'm your host, Dr. Ken Sharlin. And today I'm welcoming Dr. Jill Carnahan from Boulder, Colorado. Flatiron Functional Medicine.

And you're a functional medicine doctor. I've known Dr. Jill for many, many years now. And she was a guest at last year's Parkinson's Summit. She's written an outstanding book right behind her left shoulder.

They're called Unexpected, and I think we'll probably talk about that a little bit today. She is not only a 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, and she's been involved in, 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.

So thank you, Jill, for joining us. It's really a pleasure to have you. Thank you, Dr. Sharlin, it is my pleasure to be here with you. Well, let's let's dive into it.

And I know, like to spend a little time talking about your book for time. About what your book is really about. The spirit of your book. And we kind of touched on this a little bit last year, but I think it's such an important topic to bring in to this year's Summit as well.

And maybe we can frame it for the folks watching the Summit today in the following way. You know, 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, some tremor. Not everybody that has tremor has Parkinson's, but it's at the back of your mind that you go in and you have that evaluation.

And regardless of the depth or the detail of the evaluation of the outcome, the result is, I'm sorry to tell you, but in fact, this does appear to be Parkinson's 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 that change your trajectory?

How did it change the way that you thought your future was going to unfold? And, well, Dr. Jill, fortunately does not have Parkinson's. She has her own health journey.

And all of this is about how do we come to understand these twists and turns? It is the Earth journey. So, Dr. Jill, if you wouldn't mind, could you jump in and sort of share some thoughts?

Illness as a Teacher and Personal Healing

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?

Oh, Dr. Sharlin, I love the framework that you've started with because there is nothing I get more excited about than modeling myself, but also teaching my patients, my colleagues, my friends.

How do we view life? Because it is inevitable that we will suffer, and it's inevitable that 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 in my face.

But regardless what happens when we get this day, 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 the 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. And now that sounds trite.

If you're hearing me, you're like, oh, brother Jill, come on, let's is like, there is this thing about suffering that takes us out of our. We like to control things.

We like to think we have it all together. And even for me, I literally was voted in my high school yearbook as the most healthy health conscious. In my yearbook, though it was a million people.

And I say that because I lived a life of quiet, 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.

I 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 they had a marriage or ownership or a friendship that was really strong, it would 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 know you could be facing the last. For me, I didn't know if I had six weeks or six months or six years.

So it catalyzes the seriousness about life and like so often we're going along, I 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're so afraid of change that we're 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 the puzzle, right?

So all of these things come under the microscope and we say, what do we really want? Like, what is my soul here to do? And because of the seriousness of a diagnosis like that, you say, I better get my act together because who knows how many you know how many hours or days or years I have left now, fortunately, 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 realize, oh, you know, they have some good ideas for treatment, but there's no one size fits all.

And I went on a journey to really find the best kind of answers. And I ended up creating a completely hybridized new, different chemotherapy. And I did a completely random, experimental radiation.

And here I'm alive 20 years later. So it worked. But I took that opportunity to really investigate what is the best option for me in 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 me to heal from a life threatening illness?

And yeah, that's something that you said just really resonates with me. May not be obvious to you, no, obvious. But, you did use in in this context, in this specific situation, a very I wouldn't say conventional because you said somewhat investigational, but it certainly was not.

I'm going to take these herbs or these supplements and it's going to fix my breast cancer. It's yes. No, it's radiation and it's chemotherapy. It's, you know, the things we think of in the traditional toolbox.

I want to link that to Parkinson's because in my experience, because of the type of practice I have where I'm, you know, 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 my I want help with my park and things, but I don't want to take any medicine.

And how do we bridge that?

Bridging Functional and Conventional Medicine

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

Yeah, I love that. I have based my entire life and career on how do we bridge the gap you and I were just talking about before we came on, and how so often people out there 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 is, treatments that are appropriate in both 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 chose a radiation which was experimental, but it was still radiation.

I had multiple surgeries, so I had 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 yeah, 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's 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 looked at the data. 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 right.

Cruising 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 Doctor Charlene, 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 a decision and go forward and have confidence that you're making the best decision that alone is powerful, because when our mind has ambiguity, it literally affects our treatment.

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, these both conventional and, functional. And 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 in science, right brain and left brain or functional medicine and conventional medicine.

And that's where I like to live. I like to say, no, let's get along. Let's pull the best parts of each of these regimens, and let's create a regimen that's personalized to the patient that works best and that they believe in.

Because you and I know that consciousness, that mindset, that belief in the medicine or the treatment or the protocol is half the battle. Oh, 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'm asked is if we recommend something and it happens to be, you know, a drug or a medicine.

And that could be something in the context of Parkinson's, as simple as leave a dopa. I often have to remind my patients that that's basically an amino acid.

Yeah, it's, you know, it's the immediate precursor to dopamine. So there are really few drugs out there that we use as much as leave a dopa that are as natural as leave a dope.

And the only thing that the carby dope 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 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, you know, anytime you put something in your body, and that could be in an herb that could or a supplement could be a food.

Yeah. That it's, you know, it's a risk benefit ratio. We have to look at, you know, you had to evaluate chemotherapy and radiation and say Yeah. You know yeah I could get burned.

I could lose my hair. I could have ulcers throughout my alimentary canal. All of these things are known you know, consequences of course. But what's the potential for an outcome that you really desire.

Yeah. No, that's that's exactly it. Like you and that's 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 and we give that to the patient.

But we're literally in this collaboration with them, at least I am. And I'm sure you are in the clinic, we're saying here's the options. example, if someone has bacterial overgrowth in their small bowel, I've got two very clear options.

There's a medication route that works wonderfully to recourse, and there's an herbal route that's more 6 to 8 week course works wonderfully too. And there's pros and cons to each.

And I might sit with a patient and explain, you know here's a little bit quicker, more aggressive. It could affect your microbiome a little bit more. Or here's another option. It's going to take a little longer.

it would also treat the fungus. And so then we talked 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's really that collaboration. And if you're out there looking for a physician or just dealing with a life threatening diagnosis or a, 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 to 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's what I want to focus on.

Narrative of a diagnosis of the physician patient relationship 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.

You know, when did it start? When did you first notice how to progress? What makes it better? What makes it worse? That's the standard medical history approach, right?

Functional medicine is really 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 mean, you know, I think if you wouldn't mind talking about that a little bit more because I think that then becomes the pivot point for the patient to form that bond that you're talking about, and to then be able to journey forward sort of shoulder to shoulder.

Yes. With you, with the doctor is 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 ask, is everybody out there said, unless you're a well-known, you know, celebrity or whatever, you can't write a memoir.

But in my heart of hearts, I knew the only way that I ever connect with patients and thus the patient. The story in the book with the audience is going to read it.

Is their story, right? Story is the way that we connect human to human for generations and thousands of years.

Narrative Medicine and the Patient Story

Sitting around the fires back in the day like that's how we connect. We tell stories and even generations, tell stories to pass down, teaching and important information.

And I knew that at the heart of my soul and, and I knew I had to write a memoir because I had to tell my story in the hopes that the reader would actually see my story.

And it's not really about me at all, but they would see themselves in the journey. So that's 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 story and I'm asking questions, well, tell me more about that.

And I use that's where faith, science, right brain, left brain. I use my intuition, believe it or not. first, before I use the left brain laboratory science to say ask the right questions or say, oh, tell me more about that.

Your eyes darkened when you talked about your father and the issue with his alcoholism. How did that affect you? And then all of a sudden, I go on a tangent, I realize, oh, wow, this may be more relevant to their diagnosis than anything I've ever ask about more.

For example, environmental toxicity. We know that, exposure to toxic chemicals, mold in, water damage, 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 lot of those big three are the big ones.

So here we are talking about Parkinson's in the neurodegenerative category. We better be asking the patient about their exposures, about their hobbies, about their environment, about their travel, about their illnesses, about their tick bites, about their 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 and purpose in that story?

Because honestly, if they 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, to getting rid of unhealthy relationships, to 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. I love his work because one of the core foundations of all these centenarians who've lived over 100 years, they have meaning and purpose, and they have incredible connections, lifelong friendships.

So these women in Japan have had friends since they've been five years old. In this group of women till their 90s. They stay together. They have, you know, tea together every day and those kinds of relationships, those kinds 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 bail hay, or they go to the they walk everywhere. They do these things that are just part of their lives.

So all the to say in the story, as the patients telling the story, 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 meaning and purpose?

Have I filled my dreams and goals for my life? 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 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 most profound conversations.

Because when people start to get those things right, the healing almost happens by itself. I mean, it doesn't just by itself, but these are catalysts to the deepest kinds of.

Yes, 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 in the, in the, in the biz 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 know about Parkinson's and Parkinson's related disorders for cancer or other things, so that the person can come to that to feel more centered?

I think they, you know, in the spirit of Parkinson's, there's that loss of loss of balance, loss of yes, you know, and we want to bring this back to center so that 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 of have to feel that, as I alluded to earlier, they have to know it very deeply that this is what they need to do.

We're really the process doesn't doesn't work and know. Yeah. And like you said you're explaining this. It's such a true partnership. Right. Because there's nothing especially especially in the realm of functional lifestyle medicine where there is changes that need to be made with diet or lifestyle or relationships or, 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 we are gluten free, if we go 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 I must, 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 of 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 gluten.

It doesn't even identify with me. So you would be a nonsmoker if someone offered me a cigaret? I would just be like, no, I don't smoke. That's my identity.

So when you take some new habit or change lifestyle, I want to cut back on sugar. I want to lose weight. Instead of saying I want to, I should, I must.

We identify with I am a healthy person. I am a person who is active. I am an athlete. I am a person who takes my sleep seriously. I value this, and all of a sudden when it becomes our identity, the habits just happen.

When it's part of our identity, we almost 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 night time people are like, oh, I want a little ice cream or popcorn or sugar or something like that where they're snacking.

Testing, Toxic Load, and Detox Basics

It's because by the end of the day, we have we have used up our ability to make decisions. We've wore that out. But in this entity, it's easy because it just doesn't fit with who I am.

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

Why bother? I might as well be gluten. I might as well. Whatever. we probably have to dig a little deeper. You know, there's extremes here. And another extreme is maybe you're not ready for this kind of medicine.

Yeah, maybe you're not ready for this kind of approach. And we kind of touched on this, before we started the interview, that, yes, there are problems in the system with the sort of but I call it the wham bam.

Thank you, man office visit where the doctor spent five minutes with me, didn't answer any questions, wrote a prescription that they didn't explain. I can't tell you how many people I've seen that don't take their own.

Leave it to a Harvey it. But they don't take it correctly so they don't get the benefit because the doctor never explained to them how to take it correctly.

So we certainly have to, realize we're not going to reach everyone. But if we are going to reach people, we have to use certain styles of communication, both in, 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 we individually send out or collectively as believers in this type of approach? Yeah. So important.

So we make a diagnosis, we tell them they have 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 from 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? The test isn't necessarily always there to make a diagnosis. The 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 and change?

Yeah. So I think of functional medicine as, the core and most of these complex chronic diseases, there's a toxic loaded component and there's an infectious burden component.

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

and especially with Parkinson's, I would say toxic load kind of rises to the top as one of the premier things that 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 we 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 that I think we'll see more in the future is DNA addicts from IGL in Germany. But right now it's hard 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 silicone or mercury or mold, like aflatoxins actually attached to the 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. I think real time has a new one, Vibrant Labs, but they're not perfect because they're not really doing total body burden, but they are giving us a snapshot of what kinds of exposures you might have had recently, or what kinds of exposures you're excreting in the urine.

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

But I think a bigger value and 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.

And it's kind of depressing, but it's also empowering because then we can test crises. And I always start with clean air, clean water, 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 have five in the office. and then clean water, making sure you're not drinking on a 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 oral system in your house for the shower, in the bath.

But then you have lower minerals. You have to replace those minerals, and then clean food is just making those 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 now. And 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 to even as clinicians, we're not going to find if we think about toxic load as the bucket analogy. But you have to talk about where we're born with the bucket capacity to detox.

And over a 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 a cancer diagnosis.

Same with the, you know, 67 year old female who has Parkinson's. It might be that their toxic load started to reach the top. So do we set? Do we have to find every last toxin in the bucket?

No. And that's kind of refreshing because all we have to know is there is a toxic load. We can prove it with testing. and then we can target some of the key toxins.

And the beautiful thing about really good detox principles is, most of the time you're targeting the toxic load in general versus just one individual toxin.

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 principles. 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 Doctor Jill, you're wanting to get rid of

your mycotoxins.

She's going to have a protocol for you. But the bigger picture is that these these create 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. They in other words, do you really need that test to take those steps. Yeah. 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 times depending on the individual, it is so helpful to moving to, to move them to that place and change to say, here it is, 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.

Yeah. I mean, if you do tell me. But there are habits that we can yes. Acquire. Right. And hydration and sweating and daily bowel movements and, you know, 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 I could do that without getting TCE testing, which I can do. I can get on test for TCE through Quest or Lab. I think it's quest.

So it's an easy test and actually covered by insurance. you know, with the right ICD ten 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. Yeah. And the bigger thing is, like I said, with clean air, clean water, clean food, I love that because everybody's like, oh, I can do that.

You don't even need it. I mean, granted, you could start that if you're listening. You need a functional doctor to start that. You can start that right now on your own.

It's free and granted. Well, maybe an air filter might cost you on the. But it's all choices on your food. You're going to pay for groceries anyway. You might as well pay the farmer instead of the hospital, right?

So I'm a big fan of empowering patients, even those listeners who maybe don't have a relationship with a functional doctor because it starts with clean inputs.

And yes, there's fancy protocols that Doctor Cheryl 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 a such a fan of making it simple, starting with inputs and starting with something that everybody has access to and whatever range you have, you can't afford all organic, get the dirty dozen organic, you know, or go to your local farmer's market and buy a bag of rice, which is way cheaper than organic than the process.

Mindset, Identity, and Reframing Illness

Packaged boxed goods for convenience. So there are ways to do this that do not cost a lot. Did you know Doctor Scholl? And they did a study of organic produce in bulk.

And it was absolutely cheaper than conventional packaged produce. it's actually not the truth that it costs more to eat organic. You just have to buy in bulk and do some of the work yourself.

Yeah, and I always say, you know, we can have so much fun with this stuff, right. and I'm sure you experienced that. Does it mean that I have to give up this or that? Right?

My mountain, my daily Mountain Dew or whatever people like to. Yeah, assume. And, you know, I can say, you

know, food is food is fun. Like, if you weren't if we're doing just eating that.

But how could we make it really, really interesting? Could we get recipes from all over the world? Can 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 world, and the use of spices and the aromas that just exude from the kitchen and how different and exciting that is.

Yeah. By the way, spices are powerful things. They're flavonoids. One of the first steps of muscle detoxes, the bio flavonoids. So 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 we make it about intimacy? How many you know, how many times can food lead to intimacy? And it's 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, I can't.

Right, right. This, you know, I think it's really important. So you, you know, going back to cancer, you had cancer. We've 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 coach that works in our practice. but she talks about, the word fighting.

Yes. Fighting cancer, fighting Parkinson's. what what's your perspective on using words like fighting when we talk about chronic illness? I love that you ask this because I have a story in my book about.

So first of all, the truth was 25. I bought cancer 26, I bought Crohn's. Now I won and battles over or whatever. But I had that mentality and I had that like, oh, I'm going to beat this kind of thing.

Like I grew up in a farm with brothers surrounding me. So I was a tough girl, right. and I, and I took on that mantle of toughness and don't complain and don't 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, 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 it's okay to cry. And I frame that because that was my first battle. And then mold came along. I was in an office in Boulder that got flooded and pretty significant mold damage.

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 had 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 that 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, mycotoxins to circulate in the system and then trigger the innate immune system.

So even though we're taught in medical school, mold and allergen, it is that adaptive immunity, this is actually an innate immune system that gets triggered.

And we learned about this during Covid because we talked on the news. We heard about cytokines. So if you're listening out there and heard about cytokines that's innate immune 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 cytokine.

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 damage.

So that's when I was and when I understood that image and I started to think about, I'm going to fight mold it immediately. You can imagine my immune system was fighting.

It was fighting so hard it was harming my tissues, my body, my immune system completely, my brain, my joints. And when I understood, oh, wait, fighting is very, very bad.

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

And he said, well, how many white blood cells do you need? And 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 ten times the amount that we normally do from patients for your transplant.

And we talked about the meditation and said they heard this. We all know the power of the mind, but it's like, duh, why don't 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, and they were escorting the mold out with kindness and love and compassion. No fight. Just like, hey, I'll show you the way out of my body.

And 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 changed my thinking. And I do believe that was a huge, turning point in my healing from mold to take away that fight and to to say, I don't want to fight anymore.

I don't want my immune system to fight anymore because that's what killing me and that paradigm and start to think. And I in my office right now, on the bottom shelf next to my desk, is a minion that's about this big.

And I will tell the patients that story. We're talking about this because I know that they, too can be empowered to start to create. And you can create your own visual.

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

It's great. One of the things I share a lot with patients, we're talking about the limbic system. And you know, that part of our brain that sort of protects us.

But it also it doesn't just protect us from danger and trigger that immune response, but it also looks out for us in the sense that it invites really it it tells us when it's okay to invite relationships and things like that into our lives.

And so often see in this, it's not necessarily about Parkinson, but, individuals who come in as, you know, with tremendous hormone disruption. And we I talk about, you know, you can't be, you know, running from the saber tooth tiger, defending yourself from the saber tooth 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, you know, hey, good luck in. And, you know, because if you stop and pay attention, that other individual, that's it.

Tiger's got you, you know, so I we try to you know, that's still a story about healing, right.

Faith, Compassion, and Healing Relationships

It's still a story about you if you're in fight mode, if you're fighting your Parkinson's, you can't be in healing mode at the same time. It just can't.

Absolutely right. 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 to the end with something I know 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, I am Jewish, I am Muslim, but this is really about faith and belief and spirituality.

And how does that that's not usually a conversation in the doctor's office, but it's very important in the healing process. Yes. And, you know, it's funny because even the science backs us up, because once again, with Dan Buettner 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 your apps are agnostic, you can still have a greater.

I have a 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's 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 do we actually interact with our world or with our neighbors, with our patients, with our friends, our family, our spouses, our children, our 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 been told their symptoms don't matter. They've been maybe said, oh, I can't be anything wrong with you. I don't know this. Maybe it's all in your head.

And those kinds of thoughts start to create us a sense of insecurity or unsafe ness 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 know they will be heard no matter what, knowing they will be loved and not judge.

No matter what their beliefs, their background, their preferences of any sort that they're going to come into my office. I'm going to accept them just as they are, and I'm gonna come alongside them and hopefully help them to find those deeper meanings 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 is 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 Monty's work on autoimmunity, and he talked about the metaphor of autoimmune as attack of self.

And everyone has auto immunity, has some level of subconscious attack of self 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 parts we're like, oh, I remember going to therapist after my divorce around 40 and telling the therapist I don't get angry.

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

I had to relearn that and express a healthy anger, because as 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 to extend that to the world around them and how to find deeper meaning and purpose in that.

To me, that's my faith. That is my manifestation of it. And 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's.

One is anxiety. Yes, anxiety may precede the onset of motor symptoms, or it may be such a huge part of their non-motor non tremor. You know, Parkinson's itself like it doesn't just precede but it continues in, it magnifies and hand in hand with that is when I ask I always ask.

I'm sure you do about relationships, about social circles, about who is your tribe hopefully, or 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't want them to see me like this and that. These other I'm talking about very concrete things.

This really gets into. What you were just saying is, if we can turn that around and realize that our friends are not judging us. Yes, you know, our friends love us. Yeah.

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

That will make a difference. Yeah, absolutely. Well, Dr. Jill Carnahan, 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's or those who know people with Parkinson's watching this interview understand these things that we have shared.

Closing Reflections and How to Connect

These are truths they don't necessarily, have to do exclusively with Parkinson's, though we've touched on some common features of Parkinson's, some common aspects.

But I hope the information that we've 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's 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, I invite you to ask, what do I need to know and what do I need to do next and take the next best step?

And it could be something simple or profound. But all you have to do right now is what do I need to know? Find the people who can help you. What do I need to do? And start with simple.

And then just keep adding to that. Find your guru. Find your inspiration. You know, I just saw that news within the last week or so. That article about Michael J.

Fox, who's up on stage, I think it was in England somewhere called. Playing. Guitar with Coldplay. I mean, you know, does that start? And yeah, this is not about because he's so rich, folks.

Right? This is about the spirit of the person. Yes. Right. I love that. And he's what is he done with his Parkinson's. He's turned it around. He's kind of made it part of his narrative.

Shared a message to people. And he keeps going. It keeps going so. Well, Jill, if folks would like to connect with you, with your information, with your healing, how should they best do that?

Yeah. So my website is just my name, jillcarnahan.com You can find the book, you can find blogs for the last two decades, podcast, all of that there. And, if you do want to really go dive deep into my story, my movie documentaries out there for the public, it's called Doctor/Patient.

And that can be found at DoctorPatientmovie.com Excellent. Dr. Jill Carnahan, you're a Functional Medicine Expert and Owner and Physician at Flatiron Functional Medicine in Boulder, Colorado, in 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.