Mindset, Faith, and Cancer Survival

And I think a lot of people ask me like mindset and cancer and these things that I've gone through and that many people have gone through. And I really believe that if we always have this belief in something greater than ourself and then we also believe that there is more possibility than what we see right in front of us, it does affect outcomes.

And for me, when I first got diagnosed with breast cancer, of course I was 25 and I did not know if I was going to live or die. I could have had six months or six years or who knows.

But in the beginning, I remember on the radio hearing a pastor that talked about, you know, I can't remember even the sermon that I heard. But in the end, I remember a verse and it was the sickness will not end in death, but it's for the glory of God from Luke.

And I remember just like hearing that. And for me, it was a word that I received and heard so clearly. And from that moment, I just knew in my heart that I was going to survive and that if I survived, I had to look at this as a way to how can I bring God glory in my life through this experience.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Welcome to Vitality Made Simple. This is the podcast that equips you to feel better, look better, and to enjoy better relationships.

And I've got a friend here. She's a friend of mine. I don't think she knows me, but this is Dr. Jill Carnahan, one of the smartest and absolutely nicest people that I've ever met.

Whenever she's lecturing at the American Academy of Anti-Aging Medicine, I always am on the front row because she always has new insights and quite a distinct vulnerability that a lot of practitioners don't have.

Welcome, Dr. Jill Carnahan. Thank you, Debbie. I'm excited to be here with you. Well, I appreciate it. Dr. Jill just got in from London lecturing there and was kind enough to see us today.

So, so listeners, you're in for a treat. Now, Dr. Jill, you've had, you have a wonderful book that I love called Unexpected, aptly named because you've had a lot in your life that's been unexpected.

So tell our listeners about that. Sure. You know, it's so funny because now I know I was clearly born to be a healer. And most of us in this journey, we have a story.

So I'm not unique. And I love telling my story because I think it gives permission to those out there who are like, should I write a book? Should I tell my story?

The answer is yes, because you have a story too. And I think it's just as important as mine. But unbeknownst to me, I'm going along, I grew up in a farm in Illinois, one of five children, a pretty happy, healthy childhood.

And then I went to medical school, also the first of my family to do that. My mom was a nurse and my sister was a nurse, but there was no medical doctors.

But I knew somewhere that I wanted to really learn medicine and change the way we do things. I kind of grew up with like a organic garden and we did not run to the doctors the very first thing.

So we had a lot of modeling of a more holistic lifestyle. We weren't anti-medicine at all, but I kind of went into medical school with a thought that I could learn the best reimburse system in the U. S.

at least at the time, but also start to make changes and think differently. And I'm real excited that I've been able to

kind of bring some of those things about in the world of medicine.

Dr. Jill's Background and Breast Cancer Diagnosis

However, what I didn't know was in my third year during my surgical rotation that I would find a lump on my breast at 25. You know, you don't think about cancer, but it ended up being aggressive breast cancer.

And now that's 20 years ago. But at the time, I was the youngest one diagnosed at Loyola University in Chicago, where I went to medical school. So it was quite an ordeal.

And I went through three drug chemotherapy pretty much as much as they could give me before my heart would stop beating. I got that dose. And then I had surgery, radiation.

and took nine months off of medical school to really do the treatment. I lost all my hair. It was brutal. But I also feel like the lesson that I learned there was I was faced with this life-threatening illness, and I had the data at the time.

And I knew that I would just make a decision and move forward. And never, ever in the rest of my life should I live, I second-guess that. And I think that's another important thing, because medicine is not black and white.

Everyone is often faced with these things of, what should I do? Should I take this med? Should I take a biologic? Should I treat it naturally? Or whatever it is.

And we have to kind of take that, get the best information, maybe get a couple of consults, and then make a decision and never ever have the second guessing.

Because the truth is, while it might have saved my life, I'm still dealing with immune sequelae and immunodeficiency that has lasted probably the rest of my life will last.

And it could be partially from the treatment. But I have no regrets because it also saved my life. So that was part of the story, part of the learning.

And then as you would think, I'm out of remission for breast cancer, going back to finish medical school and life would be all rosy. But within six months, I'm still kind of healing from all that toxic chemotherapy.

And I'm in the ER. I had had cyclical abdominal pain and bleeding and symptoms. But chemotherapy is so brutal to your gut that you really don't think much of it.

You're like, I'm just healing from this chemotherapy that I had. But I ended up passing out one day and ended up in the ER with an abscess. And I woke up to the surgeon telling me you have Crohn's disease.

So that was the second of two diagnoses in medical school. But once again, I used my training and just dove deep and found that the microbiome, the diet, that all of these things, inflammation genetics have to do with inflammatory bowel disease.

And within several years, I was completely symptom free. And now 20 plus years from that as well, I consider myself cured from Crohn's and in remission from breast cancer.

The first time I heard you speak was on the microbiome and you were talking about that story. But then something else happened to you later that was a shocker and very unexpected.

You had toxic mold exposure. Tell our listeners about that. Yeah. recovered from Crohn's and cancer and finished medical school, went on to residency, started an integrative medical center in Illinois before I moved to Colorado and life was good.

And when I moved to Colorado, I was skiing and hiking and just doing things to the full and living life and very

healthy and robust. And I moved into an office in South Boulder and in 2013, there was a massive flood in Boulder and it affected my office.

And unbeknownst to me, this dachybotrys was silently growing in the basement of my office. And I knew that something wasn't quite right. I was having more brain fog, having more infections, having more just the typical stuff for mold.

And finally did some testing and figured out that I had a pretty massive mold exposure that was taking me down. And that was in 2014 and 15, and that really led me down the path.

I had to once again figure out how to heal myself. So in that process, I became the mold expert and have really dedicated my life and passion to helping other people because it's such a mysterious thing that people don't feel well.

They don't know why they don't feel well. In fact, Dale Bredesen, who does Alzheimer's, who's written so many books about it and does the recode program, has said, you know, one in three people who are younger who develop dementia have mold exposure.

Yes, Dr. Bredesen was on the podcast in episode 212, and we talked about a sneaky mold exposure and just that being part of the cognoscopy that he recommends, even starting at age 35. Well, Dr.

Jill, you know, I've learned really about mold from you, and one thing I think our listeners need to hear is that it's often the last thing anybody considers.

And you believe if you don't live in some creaky old house that it's impossible. So what other possible mold exposure modalities are there? Yeah, so this is really important because, first of all, I always ask a timeline, I'm sure you do as well, like asking the patients, when did you last feel well?

That can tell a patient a lot, even if you're listening out there and you haven't seen a functional doctor or someone in this room, you can literally do this yourself and look back and say, well, when did I last feel well?

Was it before the death of a parent?

Crohn's Disease and the Microbiome

Or was it before I moved to a different home in a different state? So there's usually life stressors and environmental changes. And as we map out our health in relation to these things, often we'll get big clues.

And me as a physician, I'm kind of a detective, because as I listen to the patient's story, I'm listening for clues and changes in their environment, changes in their health.

changes in their relationships, changes in their stress levels, and I'm trying to put together a story to retell to them and ask them if it feels true, because often I'll hear a story like, well, I was fine until eight years ago when we moved to Montana and this big old house had to be remodeled and there was a dishwasher that leaked into the floor and we cleaned it up the best we could or whatever kind of story.

So what kinds of things might be clues? Well, attics or crawl spaces, any area that's not well maintained or has water intrusion or leaks, and has a continuous airflow to your home.

Your home is like an envelope and if there's any breaches or barriers to the envelope through crawl spaces or say you have your furnace and air conditioning in a crawl space and you're pulling air from that space, well that space has to be clean.

If there's mold in it you're pulling air from it so it's not okay for that to be just an extension outside of the house. Same with attics as well and sometimes insulation gets wet or damaged, sometimes there's leaks in your roof And

then things like windows, things that have water supplies, so commonly tiles that aren't properly installed with a water barrier, bathtubs that leak, showers that leak, or showers that are brand new homes that don't have a proper vapor barrier behind the tiles so that everything leaks right through the grout into the drywall.

People don't even know it. It's a brand new home. I've heard so many stories of kitchens where they put in the cabinets and drill right through the pipe.

So someone wasn't really thinking when they were installing the kitchen cabinets. And these are, again, surprisingly the most common places, often new homes.

And that shocks people because they think, oh, it's a new home. It's fine. But if these construction errors are done or if the lumber's sitting out in the rain and you take that wood and put it in the house and then, like I said, showers, tubs, sinks that leak, a dishwasher's fridges.

I've seen a lot of fridge lines that weren't properly installed for the ice maker. They go into the wall and eventually one of the most funny stories I've told is a young lady who had mushrooms growing on the floor of her kitchen by the edge of the wall because the kitchen, I'm sorry, the fridge had leaked into the wall and of course there was water.

But if you find mushrooms growing anywhere in the house, that's probably a sign that there's an issue. Oh my goodness, that is wild. Well, I just recently saw a patient referred by a functional medicine physician who had just was in a new home and did a timeline.

Mold Exposure and Hidden Environmental Triggers

And sure enough, it was mold in a brand new house. And that's just so shocking. Well, what about mold in terms of breast implant illness? Dr. Jill, I've been seeing a lot of breast implant illness.

What are you, what are you seeing? Yes, me too. And it's funny because I have no like bent either way if someone's get implants and I've even talked to patients and help them navigate those decisions.

However, there's a couple of things. First of all, there used to be a silicone implants that were actually recalled. So it's much less common now to have a fully silicone implant because many times that silicone will leak into the tissues and silicone we can see.

is an immune adjuvant, which means for many people who are sensitive that just like aluminum in a vaccine, there are these things that just trigger the immune system on purpose.

Silicon can be one of those if it leaks into the tissues and then triggers the immune system or the immune system thinks it's a dangerous stranger and starts to react.

There's also even saline implants that have a barrier that's silicone and that can also leak. So even if you have saline, you're not completely safe. And then what you mentioned is a bigger issue.

And I've seen these where patients give them taken out 10 years later and they're black with mold inside the saline reservoir of the implant. And I don't know if that's a manufacturer defect because not all of them have mold, but definitely a small percentage of them do.

So once again, if you were doing a time when I said, well, I got breast implants 15 years ago, and, you know, eight years ago or 10 years ago, I started feeling very poorly, or if you check toxic load, mold will often trash the detox system, the glutathione status, the NAD, And then so anytime you have these other exposures with which we all do parabens, phthalates, heavy metal, silicone, and you name it in our just diet plastics now and PFAOs, when you have those exposures and you also have mold, it tends to be a bigger deal because the mold has trashed your detox ability.

And because of that, those with issues with mold often have higher toxic loads because of the mold. Well, and I would think it's sort of the terrain theory that the more toxic load, the more susceptibility and vulnerability to everything else, right?

Yeah, I always think of that as the bucket capacity. You probably heard me talk about that in lectures where we all have the capacity. We're born with a bucket ability to detox, and that bucket, as we you know, into our teens and 20s, starts to fill up.

And when it starts to spill over the top, which for each human, just because of genetic differences, exposure differences, and gut microbiome differences, it may happen at a different time or it may not happen at all.

I always talk about the 95-year-old that we all know that sitting there with a gin and tonic in one hand and a cigar in the other, and he's fine. He has no toxicity or maybe no known toxicity.

He seems pretty healthy. That person was probably born with a large capacity to detox or just over a lifetime less exposures, whereas someone like me who grew up on a farm with chemicals that were endocrine disruptors ends up at 25 with her bucket overflowing, and that often leads to autoimmune disease, cancer, and neurodegenerative diseases, which are all three on the rise.

So as that toxic load increases, which could also be the breast implants in someone who's susceptible, and then that toxicity spills over the top and creates a big issue.

Well, and you talk about in your book so with such clarity about the impact of trauma on that bucket. Expand on that, please, Dr. Jill. Yes, so I love talking about this because functional medicine with the root cause of illness and I always think of it as infectious burden and toxic load, how they interplay in the immune system to create dysfunction, inflammation, etc.

One thing we haven't always talked about, although more and more it's becoming a common topic thinking, is trauma. Because trauma can also be part of that toxic load and filling up that bucket and spilling over the top.

And typically, even if we don't have big T trauma, so, you know, horrific abuse or neglect or any of those things, most of us have some sort of trauma.

And some of it might be related to chronic illness or might be related to multiple siblings and parents that were just busy. These aren't horrific events in our life, but they're things that left an imprint.

I'll just give an example for me. I had an incredible family, high achieving. And for some reason, my parents were wonderful and I know now and knew then that I was loved unconditionally.

However, somewhere along the lines as a younger child, I started to equate love with achievement. So I had this like a stamp on my brain and system that felt like, oh gosh, I have to get straight A's and graduate with honors and go on to medical school.

if I want to achieve love and success and all those things that go along with being feeling connected to people. Now again, my parents loved me regardless, but somehow that was a traumatic thing that affected my workaholism in a way, right?

Because in order to be loved, I had to achieve. And I've really done a lot of work on that so that now I can rest. Now I can not be working all the time.

But those are the kind of things that really affect us. And if we don't address them, it can be a big issue because our immune system is on alert. So I always say, for example, mast cell activation is becoming more and more common.

This is where these primordial cells that are called mast cells start to react and throughout their prostaglandins and

histamine and create rashes or gut permeability or heartburn or brain fog or fatigue or any number of symptoms.

And those mast cells by nature are on the alert trying to sense the environment. And one of the pieces of everyone with mast cell activation disorder is trauma because the trauma sets those alarms and puts them in a state of fight or flight.

And even if I do take out the toxic load, treat the infections that are contributing, I still have to make sure they're working on their trauma because that's a piece of the puzzle as well.

Yes, I've heard you talk about in the sequence of working on things that dealing with the limbic system, dealing with the stress is the first thing, right?

Yeah, I always say, gosh, that has to be. And again, 20 years ago, you wouldn't have heard me talk about that because in time I've developed, wow, this is really important.

And thank goodness many doctors are talking more about it, but it really is kind of that first line. And just to be clear, I'm not a behavioral therapist, I'm not a cognitive, I don't have the skill set, but I know enough to recognize in the patient and then give them referrals to the people who are experts.

So it's not that I'm doing all the work. And nowadays there's online programs, there's binaural beats, there's medical hypnosis, there's neuro-linguistic programming, there's EMDR, there's so many resources, even vagal nerve stimulators can be a part of that.

Breast Implant Illness and Toxic Load

So patients can often do the work online or start doing the work online, get a therapist, get someone professional to work with, and there's so many ways that they can start to calm their system and deal with that trauma.

There's something, I may misquote this, but in your book you said, the body whispers before it screams. I might look it off. Yes, this is true. So our body would always, it's so interesting, see me with me.

So I grew up on a farm and the farm, I think there was hard work, don't complain, buck up. I had brothers all around me. So it was a very mentality and it gave me strength and resilience.

So don't get me wrong, it was a lot of good stuff. But the downside of that was it was hard for me to rest. It was hard for me to give myself a break, and it was hard for me to pull back from feeling like I had to overachieve and overwork.

So because of that, I really had to relearn. And part of that was being kind and careful with myself and allowing myself to rest and dealing with those trauma pieces that kept me on that hamster wheel.

And I think there's so many women and men out there who are in that world that can really, really relate to that. And all that, again, when you deal with the trauma, you can actually live in a different way that doesn't put the pressure on yourself.

I think, Dr. Jill, that's so common among medical professionals like you and me that really want to help people that really care about people. We take it all in ourselves that we have to do everything, can't say no.

Those are basically false belief systems. So people have to evaluate whatever false beliefs they have. Yeah it is and you alluded to this whisper before it shouts and I didn't really address that directly but the truth is back in medical school I you know graduated went right to undergrad then medical school and during undergraduate I got married I adopted three stepchildren in the marriage you know and started helping raise them and in med school and so I look back to that and I think In hindsight, I was a super highly sensitive person who needed rest and needed space and all these things.

And I just suppressed all of that in order to show up for my husband at the time, for my stepchildren, for the medical school, and back to that. And because of that, I really think that a piece of the psychological puzzle of me getting breast cancer and Crohn's was my body literally tapping and saying, hello, we need you to slow down.

And if you don't slow down, we will make you slow down. No, it's so true. I just finished reading Gabor Mate's book when the body says no, his older book.

I just received his newer book, but it is shocking. And I could so relate to that too, because I mean, even if you were just doing medical school, that is going to be a full bucket.

alone. Yes. Not even counting, you know, three stepchildren in a marriage and everything else. Right. And just to be very, it was lovely. I love my stepchildren.

I was so grateful to be a part of their life and to raise them so that there was nothing bad about it. I wasn't like complaining. I wasn't like unhappy, but I was pushing myself way beyond limits.

And you mentioned medical training because I think anyone out there who is a medical professional listening, can relate to this as well. Our medical training is so dysfunctional, it creates even more dysfunction along.

If you think about it, like as a surgical resident, you're taught to not pee, not eat, not drink, not sleep, like all of our basic necessities. We are taught how do we deny our needs to the nth degree so that we can show up for patients, which is altruistically wonderful.

But the truth is, if we get that disconnected from our basic needs to urinate or to eat food or to sleep, That's really not good for our bodies because we're subconsciously telling our bodies we are not worthy of care.

There's like basic, basic things. And it's going to screen back. I remember being a third year dental student and they had had the The faculty had had people come in and get pictures of their smiles.

So they had me come in and get, you know, a picture of my smile. Well, a few weeks later, we were having finals week. We had like, you know, eight major exams and 13 quizzes or something.

And they called me to come up for pictures. And I was like, I'm looking really bad. I don't want to have any pictures made. But it was because I had a giant fever blister on my lip that was so big, I could see it.

And it was totally exhaustion. me, my body was just saying, take a break, but there, there was no way to take a break.

Trauma, the Limbic System, and the Body's Warning Signs

And I remember thinking, this is the most horrible modeling experience anybody could ever have is to be known as the fever blister model. And so. You know, but that's exactly, I mean, yours was much bigger.

I do not want to equate to what you went through, but our bodies do scream and you do such a beautiful job at unexpected telling people to listen, pay attention, make your own timeline and don't ignore these needs or you're going to be down for the count.

So you also just have a gift for simplifying things. So you talk about. clean air, clean water, clean food. And then you've added to those, is it clean thoughts and…

Clean body, yes. Yeah, clean mind and clean body. So, you know, give us the rundown on those, Dr. Jill. So that came about because when I talk about environmental toxicity, I don't even go back to my mentor.

So when I moved to Boulder, I used the same office space as Bob Roundree, who has been a, like you call him, he's been around forever, just a great, and a great teacher and just a great mentor.

And so he allowed me to come into his office and share the space with your medical partners for several years. And I remember, you know, when he would talk about environmental toxic load and get these lectures.

I mean, it was kind of depressing and he's a funny, great, like one of my favorite speakers, but it was still overwhelming toxic load and like, okay, what do we do?

We're all swimming in toxic soup that I realized, oh, this is very depressing. And he would give things to do. But I realized when I started taking on that.

cloak of I'm an expert on environmental toxicity and I talk a lot about it, that just talking about it gives people more fear and creates more angst. So I knew that I needed to create some very practical things, especially for the average patient listening of what to do.

And that's where it came about because not everybody can afford to go to a functional doctor or get the lab testing to test toxic load. And you don't even need to know all the things in your bucket in order to start.

So when I talked about clean air, clean water, clean food, it was just this way where people asked, did you hear that? You're like, oh wait, I can do that.

It gives us empowerment around a topic that could be very disempowering. So clean air, 80% of the environmental toxic load is through the air that we breathe.

That always shocked me, which means simple things like getting an air filter in your bedroom. You want not only a HEPA filter, but a VOC filter for the volatile organic compounds.

that are 2.5 microns and below that'd be like formaldehyde or smoke or microtoxins even. Make sure your furnace filters change regularly. I get the highest move rating that I can fit into my furnace and then I change it every three months.

I put an alarm on my watch or my clock, my phone, and then I can just know to change it. And then just making sure when it's nice outside and there's not smoke or fires or other pollens, opening your windows and getting airflow into your home is a good idea.

If there is, say, wildfires, you want to close those windows and make sure you create a safe space with lots of filtration running. When we had the wildfires here in Colorado, which has been many times I've tested, I have a handheld meter and it was like 10 times the amount of particulate outside versus inside on the worst days.

So it really, really doesn't matter. And then clean water is just, we want to avoid plastic water bottles, plastics of all types, if at all possible. Ideally a whole house reverse osmosis filtration system.

And if you can, at least like a fridge filter or a countertop filter, I never drink tap water. And I've tested enough patients who do to show the toxic levels of things like perchlorite, which is a contaminant in city water sometimes and other things, and then clean food.

And this is a whole nother avenue, but really just whole foods as much as possible. I like to get local organic farmers market kinds of things whenever possible and avoiding things like farmed fish that often have parabens and toxic metals and things in them.

So just try and eat as clean as possible and those things. And then clean mind is really the thoughts that we think, the mindset that we have, the ability to deal with our trauma and to own that.

And then just to show up the best that we can and clean body is all of these things and the kinds of things we put on our skin, the chemicals that we use in our household and making sure we don't have toxic mold and all of these things that affect our body.

That's so great, and that is so doable for every single person listening. Now, in your book, I really appreciated how you shared your personal faith, your Christian faith.

Tell us how that was part of your healing, Dr. Jill. Yeah, thank you for asking, because I love it when I can start with the link. I want to hear everything about it.

Our listeners want to hear everything. Yeah, so I grew up in a very Christian home that was very close-knit and loving and I always remember, you know, I just had this deep faith that God was always with me and that was a very great comfort from like probably four or five years old as early as I can remember.

And I think a lot of people ask me like mindset and cancer and these things that I've gone through and that many people have gone through. And I really believe that if we always have this belief in something greater than ourself and then we also believe that there is more possibility than what we see right in front of us, it does affect outcomes.

And for me, when I first got diagnosed with breast cancer, of course I was 25 and I did not know if I was going to live or die. I could have had six months or six years or who knows.

But in the beginning, I remember on the radio hearing a pastor that talked about, you know, I can't remember even the sermon that I heard. But in the end, I remember a verse and it was the sickness will not end in death, but it's for the glory of God from Luke.

And I remember just like hearing that. And for me, it was a word that I received and heard so clearly. And from that moment, I just knew in my heart that I was going to survive and that if I survived, I had to look at this as a way to how can I bring God glory in my life through this experience.

Clean Air, Water, Food, Mind, and Body

And what it was, was God gently and lovingly teaching me that every single trauma, every single struggle, everything that's difficult in our life, if we look and search for the goodness and the lesson in it, and I am not saying that suffering is good.

I'm not saying that, you know, people who are suffering shouldn't, you know, deal with the tears and the sadness and the loss. But I am saying that no matter what, I always think of Viktor Frankl who had such a more horrific experience and wrote about it in Man's Search for Meaning through the Holocaust.

Like who can compare? My suffering certainly does not compare to him and many people who have suffered far greater. But what he talks about is this mindset, the ability that no matter what man does to us or what illness does to us or what suffering, financial loss or loss of loved ones, None of that can compare to the internal compass of our, I think of it like a grounded anchor and belief that we're going to be okay, that we always have resources and that we always choose how we show up in the world.

And that framed everything and then everything since. And now at this point, Debbie, I really believe that, gosh, I don't want to suffer. I hope that I don't have to suffer.

But if I do, I can't think of anything, including death, that could come. that would scare me so bad that I would lose that anchor. It's so strong. It is the strongest thing in my life.

And from that, I really developed, like at the core of my clinic, it's a kind of secret, but it's really not. I know my purpose here, and it's not to teach functional medicine.

It is to glorify God and love people. And if when I teach in the lectures or write a book or talk to someone on a podcast, if I can try my very best just to glorify this higher power that has been so good to me and love the people that I get to come in contact with, that's the most powerful healer in the world.

No, you make that very clear and I appreciated that about your book because I don't think we talk about this

enough. I think it's essential to have a biblical eternal perspective and not be afraid to die in order to fully live.

So many patients I've seen Jill that are just, you know, they're just so afraid they're going to die. Well, I want to say you are going to die. Yeah. It might not, hopefully it's going to be a long time and you get to enjoy your life, but like that is not something to be stressed out about because it's going to happen.

And so, so thank you for, for being bold about this. And oh, I always say, Victor Frankl is one of my favorite dead guys because he, he had logo therapy for our listeners.

And he said, you know, three things got him through out switch. He was, he said, you have to have a purpose beyond yourself, an eternal perspective and a few good friends that love you unconditionally.

Just a few, you don't need a thousand, 10,000 followers on Facebook to really just be happy. You just need a few people that really have your back. And I think that's so key to healing.

Yes, and you know, more than ever, as the age of AI and things change so rapidly, the data still shows that we again, it's so easy to feel like, oh, so many followers are all these people, we just really need a few close connections in order to be happy and live well.

It's not about the money. It's not about all these things, which make life easier, but really something like you said, the higher purpose. So having a meaning of purpose in your life.

having this perspective that's way bigger than us, and then having those close connections. And I think, Debbie, more and more in this age of AI, that is going to be the thing people are seeking, these connections, human connections.

I do, too. And I think it's such a huge part of healing, this whole mindset and just faith. You talk so boldly about your faith. In fact, the subtitle of Dr.

Jill's book, folks, is Finding Resilience Through Functional Medicine, Science, and Faith. And, you know, that, most people leave that out. And it's really the most important thing.

And you make it clear, Jill, and I appreciate that God didn't cause your problems. but your faith in God got you through your problems. Yeah I actually love that you say that because that's kind of where I'm at as far as I don't think that God causes suffering and people out there who are listening are suffering and like well you know if they might be angry at God or any of those things but when we take what happens to us or for us we can say we can actually shift that instead of saying it happened to us It's happening for our greater good and start to find what I realized in every single difficult circumstance I've gone through.

There's been a massive teaching and blessing through it. I would never have the platform and ability to teach as a physician or to see patients without the breast cancer and Crohn's because it gave me such a deeper understanding of medicine.

as the patient. I would never be able to write the story in the book or all of those things and I didn't realize it at the time but now looking back it might have been some of the very greatest gifts in my life.

Jill, I remember the first time I saw you, I mean, I was going through the fellowship at A4M and, you know, kind of, you know, you're kind of looking at the schedule.

And then you were like, and at 25, I had breast cancer. And, you know, like, yes, immediately you're like, what this beautiful young woman had breast cancer.

I mean, you know, medical school, dental school is pure torture for, but you don't have any time.

Faith, Purpose, and Healing Perspective

The joke is you don't have time to go in the bathroom without a book. And, you know, you don't have any time. And so, like, I was just mesmerized by your story of courage and your vulnerability, your authenticity.

I mean, cancer is one thing, breast cancer is something else. Yeah you know it's funny because now I've been through it enough to you know be okay talking publicly but I remember even when I moved to Boulder I had not that was 2015 so 10 years ago no I'm sorry 2010 15 years ago and I knew that I had to start to get a practice in a new place and so one of the first things I did was go public online with my story and it was terrifying Debbie because back then now I just tell it very frequently and it's been part of what God's given me to share with people and encourage people But I'll never forget in the beginning that to be that vulnerable and like share so personal about something like that, it was so scary because I'm actually quite a private person.

But what I realized and this is where your listeners who have a story we all do, it's so important because people are all people and people all have suffering and people have experiences and we start to share It gives other people permission to be in it just like we were and to struggle just like we did and to overcome just like we did.

And unless we start to share on that level, we're almost holding back, almost like wearing a mask. So I think it's really important that we share on those levels just because it validates other people's experiences.

It does. And when you show people that you don't have to live in fear, then that's so big. You know, there's so many good studies about just how fear hijacks that limbic system.

That whole stress response keeps people in high cortisol and that fills the bucket up so rapidly. So you've already emptied that part of the fear bucket.

And, you know, we just, we don't have to fear death. And that's huge. for health. It really, really is. And I do things like I climbed a mountain with my first time rock climbing.

I do some kind of crazy things sometimes, but there's a piece of that that's like, you know what? I'll be okay. Somehow I'll be okay. And so it gives life a little bit of flavor and adventure as well.

Oh yeah. I mean, I, for my 65th birthday, I was going to skydive. I haven't done it yet. I'm 66 now, but hey, Calabunga, you know, it's going to be fine.

But like, Oh, what if you die? What if you die? And I'm like, you know, I'm not going to be smiling, but yeah, I'm not going to be stupid about it, but yet it does.

I think faith just is so free. And so often as Christians, we, we portray that it's the opposite of them. And so I appreciate that you're sharing your face so openly Jill, because people need to hear it and it's so much the part of the healing message.

I want to touch on one thing that I heard you talk about for clarification. I do GI maps on people. I do oral DNA and GI maps. And so I help people with their gut health.

And you know, I see high anti-gliadin IgA a lot. So for any of you, the listeners that know me, I talk about anti-gliadin IgA a lot. but I'll see it often high on a patient who actually has been gluten-free.

I don't have everybody be gluten-free, but if anti-gluten IgA is high, of course we think, okay, cut out gluten. But from what I'm learning from you is that that could be a sign of mold exposure.

Is that correct? Well again sometimes I pull in clinical experience where I don't have a randomized controlled trial or even maybe the test company that says this is for sure what it is but I've seen hundreds of cases where what happens with mold is mold can increase mast cells that we talked about and it can also massively affect the permeability of the gut so often mold will by its nature of toxicity create more permeable gut and then you have all these antigens like lipopolysaccharides or codeins of bacteria or yeast or even if there's mold colonization that leak into the bloodstream and start to create immune reactions.

So I was puzzled the first time. The patients swore they didn't eat gluten, and they looked at hidden things. And I really believed them. They were someone who was just absolutely devout in their gluten-free diet.

And they had this very high SIGA for gliadin. And I was very puzzled. But then as we realized the mold expression, I thought, well, I wonder if that massive toxic effect creating a more permeable gut is creating a response.

And we also know that things like candida can mimic gluten and create a response. So someone who is born with the celiac genetics and then over their lifetime maybe gets at some point a candida overgrowth will start to develop kind of a celiac picture in their 20s, 30s, 40s later on because that candida antigen stimulated that anti-gliadin and then all of a sudden they were reacting to gluten.

And my thought was that maybe this person with mold was actually getting such a permeable gut. They were creating these antibodies even despite not having a gluten exposure.

And there's also, we know from like some of the Cyrix testing, things like oats or tapioca or potato, which are all gluten-free, can cross-react and create a gluten response in those who are sensitive.

So as I put that all together and then I started seeing more and more and pretty much 100% of those that I saw that claimed they were not eating gluten had pretty significant mold exposures.

So I've come to think again in my clinical experience now that those are likely related to mold exposures. Fascinating. So for our listeners, those of you who are thinking, oh my goodness, do I have a mold problem in my home?

Dr. Jill, tell people how they can do some simple dosing to get some answers. Yeah, so once again, I don't like to make this very complicated or expensive, so here's the layered approach.

Number one is history, timeline. Do yourself a timeline because that alone is probably my biggest clinical indicator is when I listen to the story and it fits with an environmental change like a home or a water damage incident that was never properly remediated and then them getting sick, especially autoimmune disease, fatigue, pain syndromes, and a cognitive decline.

Those are all real common things. Second would be visual contrast test you can do online for free.

Mold Testing, Gut Markers, and Practical Next Steps

I do it in my office and this is a test that checks for visual acuity and like black and white lines in your ability to differentiate. And it was developed in the 1940s as a biological warfare test for those who are in the armed services.

So it's a legit test. It's not specific for mold, but it can detect a toxic exposure like mold. So if you fail that test, One more clue. So those two things are free.

And then what you're mentioning, Debbie, is I always have patients do a dust sample, which is QPCR, qualitative PCR. There's several companies out there, I think, in microbiotics, and the dust test is one where you can just purchase a dust, like a cloth, get dust from your home, and then it checks it for DNA.

And then I frequently also test urinary mycotoxins in the patient to see if they're excreting mycotoxins. Those can have false positives or false negatives, depending on if you're not excreting very well or if you've had a ton of food with mold in it.

But generally, if they correlate with the dust sample, I've got a case that's likely mold. And then we look at remediation. There are also innate immune system markers that I still test.

And physicians are kind of controversy on this. This does require a lab and insurance to cover it, things like MMP9,

TGF beta. MSH, ADH, and osmolality, C4A, C3A, and there's a few others, but those can also be tested.

So when I'm testing, I look at all of that, but it can be as simple as a dust test or a urinary mycotoxin test to see if you might have exposure. So, listeners, if you think you might have exposure, read Dr.

Jill's book, but also follow her on all of her social media outlets because she's going to be giving great information and you're so generous with free information.

You really empower people to figure it out because I think a lot of times people go to the doctor and I'm tired and they're just going to get antidepressants or you know, maybe get blown off rather than be listened to like you do and really try to get to the root of this.

Yeah, if you're not feeling well, keep seeking. There's a lot you can do on your own and then find a doctor who will listen and maybe do some further testing because it's sad that there's so many that really don't know the deeper causes like mold or other environmental factors.

And if the basic blood work looks okay, they're going to be like, okay, you're fine. Yes, and you know you're not fine. So listen to yourself, trust yourself.

I feel like part of what the Holy Spirit does is just tells you not to give up. So thank you, Dr. Jill Carnahan. It's been a joy to have you today. I know you've got a really tight schedule with your international return.

And I want to honor that. And listeners, thank you for joining me. I think we're now in about 144 countries, almost 6,000 cities. And that's because you're sharing this.

I'm trying to be better at social media. So join me on Instagram. Join Dr. Jill Carnahan on Instagram. And she has a robust website that she can find all kinds of great courses, great things to learn.

And just tell your friends, we want to live with vitality. We want to age fearlessly and not fear death. Blessings until next time. Thank you for tuning into Dr.

Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices, but empower your wellbeing.

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