Holistic Lifestyle Changes For Parkinson's Disease Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to the Summit and Cu0101llie Maggard

Welcome to the Parkinson's Solutions Summit. I'm your host, Dr. Ken Sharlin And today I have a friend and colleague, C?llie Maggard. C?llie has her, bachelor's degree in health administration, and she is a certified health coach.

But more importantly, Kaylee is the chief operations officer here in Sharlin health in neurology. And she is the functional medicine coordinator, or which basically means that, among other things, she, meets with individuals who are interested in the work that we do and who are considering participating in one of our brain tumor programs.

And that's a really important ascent, if you will. I know that many of you watching this today wonder how you can connect with a neurologist or other physician who does does the kind of work that we do here at Sharlin Health in Neurology.

And unfortunately, there are very few of us out there. There's not none, unfortunately. but having some and some information. Right. That's what everyone's looking for, having some information and advance so you can kind of have your ducks in a row, know what to expect, know what the experience is like.

Know that. Yes. these types of approaches, unfortunately, are not typically covered by health insurance. But rest assured that there's tremendous value for you.

I thought it would be, a huge asset to have Kaylee come on and just have a brief conversation with folks so they feel a little more prepared and a little more knowledgeable and sort of more forward thinking about all of this.

So welcome, C?llie Maggard, to the Parkinson's Solution Summit.

How Functional Medicine at Sharlin Health Has Evolved

Thank you. Happy to be here. Well, C?llie, you and I started. Really? We hung a shingle together. we were, in our physical space in Ozark, Missouri, when there were still two inches of dust on the floor.

And, you know, there's a lot of work to do to get things ready to open for business. Back in 2015. And it's been a real evolution in how we have evolved functional medicine here in Sharlin, health and neurology to serve people with chronic neurological conditions, including Parkinson's.

What are, you know, share with me kind of what what your observations, are and what you've seen sort of evolve over the years. Yeah. So I, I will say that I think the mission is still the same, though, is when we first opened, which was giving people options.

Right? And helping them truly understand what's out there for their their health and their care and well-being. And I have seen that a lot is changed, I think, in the Parkinson's rooms specifically, I think a lot more has come to light.

Thank goodness that people do have options and this isn't the same diagnosis or disease that you saw your father or grandfather have before, and that there really are things that you can do to change that trajectory for yourself or for a loved one, if that is your diagnosis.

You know, I just saw in the news this morning that, there was, paper published by Dean Ornish, who's sort of one of the patriarchs of lifestyle medicine, had done some of that very early studies looking at reversal of cardiovascular disease.

And Ornish is now reporting on reversal of Alzheimer's disease. And a group that he studied did an actual larger

study. And that was sort of on the heels of Richard Isaacson.

Ornish is in California, is it's in South Florida. Dr. Isaacson has was also the, head of the, Cornell while, program for Alzheimer's prevention until he moved to South Florida and he is, did a beautiful, kind of just in a, just a case report where he clearly documented, based on biomarkers, that Alzheimer's disease was reversed in a patient.

many people know about Doctor Terri Walls, our dear friend, and follow her work and multiple sclerosis. So I guess the message that I. I'm trying to get out, and I think you're very much on board with that, is that.

Well, you know, Parkinson's disease is really no different because for the most part, we're not so much directly treating the disease so much as we're treating those common root causes of chronic diseases that affect the brain.

What's been your experience in helping people ship their thinking from sort of that doctor, treat me for my disease approach to help me understand how I, as a human being got here and and what kind of work needs to be done to change that trajectory in Parkinson's disease.

Sure.

Parkinson's Root Causes, Symptoms, and Patient Hope

So a lot of the people that I talk to, so I have calls all week long with with people who are interested in possibly working with us. It's, I think, important to make sure that we're the right fit for them and that they're the right fit for us, because not not every practice is the right fit for each person.

There's so many options out there. And so really making sure that what we have to offer aligns with what their goals are is crucial. But I think part of that relationship starts with understanding just what their options are.

And a lot of the people that I talk to with Parkinson's disease are really afraid of symptom management with medications. And there's I think a lot that people just don't understand about managing, the symptoms so that they can do the lifestyle things.

Right. So talking about dopamine and what low levels of dopamine even means to them and how it affects quality of life, I think is so important. I mean, I have a picture of a dopamine molecule behind me here.

because that motivation driven pursuit is so crucial. And if they don't have enough of that to even go and do this stuff right, to make them feel better from a root cause perspective, I think that understanding first and foremost, and then knowing that from that lifestyle perspective, even doing things like cold water exposure has made people feel so much better and really help them control some of those symptoms from a quality of life standpoint and then helping change that trajectory of disease.

I mean, I can't tell you how many people, you know, come in with symptoms, with gut issues. And we now know that Parkinson's really does start in the gut.

And so that building that relationship around education and around understanding this as a whole, I think it's so important for helping people make decisions on what the best next step is for them.

What do you find people are most often looking for? If they kind of distilled it down into a few words, what is it that they want? They want to be heard.

they really want somebody to listen to them, and then they want hope. They want to know that they're this isn't. This doesn't define them. Right. And a lot of times I feel like because Parkinson's has such outward symptoms, typically, that there is a lot of embarrassment around the symptoms.

And so if they can manage that better, they feel like they've come so far. If they can go out and if they have a stressful conversation or event that they people don't notice if they have a tremor, that's really important to them.

But they really want to know that there are options out there. They're being listened to. They have a partner in their health care where they can bring questions to and not feel like they're dismissed. But, and that's what I really feel like our team brings to the table when we work with patients is love.

I think you need a great doctor like you, doctor Sherilyn, to really lead this ship. But it's not just one person who sees them in our team. They have a true team approach when they work.

When they work with us. And so sometimes you forget to say stuff. When you're in with the doctor, you have another option because you see our other team members at the same time.

And that's not clinic nutrition, health coaching, neuro fitness, your assistant coordinators as well as yourself touching base with folks throughout their journey, having many, many touch points is so critical because, you know, too often I know there's a very stereotyped comment, but to, you know, stereotypes often have those those veins of truth in them that the office visit, you know, is five minutes and the doctor didn't ask for my questions.

I actually had a patient tell me recently that when you go see this and I won't name the doctor, you get one question. You know what? What is that? You get one question.

and then, well, that's a Parkinson's disease. I'll send it a prescription. I'll see you in six months. And the person, the human being, with this incredible narrative that is there alive, is sitting in the room saying, what?

What just happened right? What do. I mean? I think we all we do this and I, everyone in our office is kind of nerdy, and we love the science and we love helping people and the story and how people get to us and then how we can help them in the future, I think is just so important and why people love working with us.

Personalized Brain TuneUp Programs and Expectations

I really see that them understanding the big picture of why they're doing the things they're doing them, you know, why they're doing them, why they're making these changes is what ultimately helps them stick to these changes.

When change is so difficult for all of us in all the different parts of our life. But if we can understand the big picture and the why we're doing it, people I think, tend to be a lot more compliant with change.

To change seems to be really at the center of the narrative, were this integrative neurology approach that we take in our brain to not program? Yes, I think so.

But at the same time, it's personalized to each individual, right? It's not, I always tell people when we work with people in our brain TuneUp program, the program itself is like a skeleton.

Like, all of us have the same bones. They're all put together the same way, but both of us on this call, this interview, right, are unique and different.

And that's what the appointments in the program are like. It's not a one size fits all diet plan and not a one size fits all movement plan, because each person is so different, and what's actually going to work for them in their life needs to be tailored to them.

And that's what we do now. There are certain things that we track and we measure because we want to show people outcomes over time. And so by tracking these things and seeing, you know, in 11 months after working with us and at scale improved by 67%.

So symptoms were significantly reduced and MSK reduced by 5,056%. Right. Symptoms were down. Like that's things that when you're in it every day you can't see.

And I even had a call with, a patient this week and it was a little frustrating. She was like, I just don't know what kind of results I should be expecting.

And I said, well, let me take a look at what you've at these forms you filled out right? And I'm like, you had a 20% improvement in your symptom tracker in one month.

That's pretty huge. And she's like, you're right, that is. And I'm sleeping better. And it's like, yeah, so you've made a lot. You're doing the things and they're working.

And so that's really I think encouraging. And what all of us love doing this and working with our patients because there's so much hope and change that we get to see.

You know, I didn't make this term up that I haven't heard it recently. they sometimes call it slow medicine, right? Because we take a pill in general.

And I've said over and over in the summit, we are not against medicine. In fact, in Parkinson's, I always say that if we don't use leave a dopa, ultimately it's like, you know, you own this magnificent.

Maybe you're a car aficionado and you own some magnificent, beautiful, expensive. You know, luxury car or Porsche or something like that, but you don't put any gas in the engine.

And I know people have a lot of trouble with. Wait a minute. This is supposed to be holistic medicine. You're prescribing drugs. But we have to remind folks and leave a dope is simple simply the amino acid precursor to dopamine.

And if you can't fuel your car, then it makes it very hard to do all the other things that need to be done. But at the same time, those drugs do very often give a very quick outcome.

And, you know, I as you, I know you. You're aware I've been working on a, on a, on a presentation for, a meeting that will take place by the time the summit, is shown.

It will be past, but it's coming this October. And, one of the things we do in functional medicine is we take this very detailed history that's different from the typical medical history, where we really listen to the narrative of that person's life, and we go from their family history and their birth history to their childhood, to their teen years and their young adulthood.

And we're really identifying all of the triggers and then ultimately, all the mediators that are keeping them on that Parkinson's trajectory. But my point is, you know, if you're 60 years old, just taking a number out of the hat and you've developed Parkinson's, it didn't develop yesterday, right?

It didn't. It actually developed probably potentially over 20 years, starting with subtle changes maybe in your microbiome and, you know, some exposures that genetic early, you know, in your unique biochemical makeup, your body really was not able to absorb those exposures without, disrupting, say, mitochondrial function.

So in other words, there's all of this excitement when folks get involved with the kind of work we do, but we sometimes have to temper that excitement a little bit.

We still want it to be passionate. We still want them to be excited. But we have to also set expectations that if this evolved over a long period of time, the improvements may be gradual, but they're still measurable and they're still trackable.

Yes, I see a lot of times energy improves. You know, first and foremost when we work with people. I also think that I had another patient this week and they said to me that they feel like now taking care of this disease is just all, all consuming.

And I said, well, you know, my eight year old this week said, mom, if I if I don't have to worry about doing all this stuff unless I get sick, right? And I said, well, Gage, we do this stuff now.

I said, so we don't get sick later. And so I talked to our patient and they said, you know, all these things that you're doing now are things that if you'd been doing them before, maybe this wouldn't have happened.

And so now we have to look at this and say, this is what I'm doing to take care of me so things don't get worse and I can actually improve and get a lot better.

And they were like, yes, okay, I see that now. It doesn't feel like a job to do these things. And so I think when we're working with people and doing that and understanding the medication and the lifestyle stuff, people do see improvements.

I'd say within the first 2 to 3 months, whether that's energy or sleep or symptom reduction, but understanding that it takes the best of both worlds, right?

It's not just medication or not just supplements. And at what point if you're taking so many supplements, are that are they then not now you're expecting them to be your medication, right?

Again, you get a reaction. I think, but when they work with us, they understand that it's the whole picture. It's all the pieces that come together. And we create a kind of a community.

Because when people feel connected to community, they're much more motivated. They stay on track. They do that literal sense of I feel connected, to to that purpose.

I'm not alone. So important. well, we we do have, kind of a menu at Shoreline Health in Neurology and our brain tuna program, but for the most part, when people initiate, program with us for their Parkinson's, it it's more similar than different in terms of what they can expect when they come in.

First Visit, Team-Based Care, and Follow-Up

So I wonder, you know, if I'm a pretend patient, so to speak, and you're inviting me and I'm say, okay, I'm all in, I'm doing this. What are you going to tell me to expect?

So I think when I first talk to somebody, I'll always do an initial intake with them. I kind of see what they've done from a traditional neurology standpoint.

After working with you for so long, I have a whole list of things that get asked, and then I see what they're doing from a lifestyle perspective. So, that's nutrition and movement and sleep and hormones and stress and connection with others and their support system.

And then kind of look at their motivation. Right. Where are they at, how much support are they going to need? Are they somebody who if they just have a plan, they're able to execute that plan very easily?

Or are they somebody who they need a lot of follow up and they need a lot of support. If that's the case, then, you know, we have different options there for them.

But typically we have our intensive brain unit program or our complete brain tuneup program. So one's kind of shorter. I say it's like getting your roadmap, getting your plan.

And then you can execute from there. Or have all a cart with, you know, certain team members versus our complete which is really over a longer period of time.

It's where we do see the best results, because again, we're tracking more. There's a lot more follow up, a lot more touchpoints in that. And so those patients do tend to do quite a bit better.

but usually once we do that we go through what their options are. And so after discussing with them and seeing where they are and maybe their eating is really great, like maybe they're on point there and it looks really well.

And so just getting that information on what's going on with their labs to kind of tweak that and tailor that those of all of that plays a role in what suggested.

And so once I do that, then I make those recommendations and we take a look at the schedule and kind of see when we can get them started to work with us.

So typically they're going to come in, we're in southwest Missouri. It's actually a very beautiful place in the foothills, the Ozark Mountains. And, you know, I always say rivers, lakes, streams, you know, the whole nine yards.

but at any rate, they often come in on a Sunday unless they happen to be local. But we have people from all over the world, so they're flying in. And, then the first day of their experience, what?

Walk us through that. So typically they're two half day appointments when they start. We do require that patients come at least one time per year in person to continue to be a patient and depending on what meds or medications are being managed, of course, that matters as well.

However, they come in on a Monday and they always start with you, so they'll typically do an initial neurological evaluation and then they'll do their first functional medicine visit, which their people are typically in office anywhere from two and a half to three hours on that first day.

And then the next day they see our team. So dietitian, health coach, neuro fitness, they meet with Jessie, our coordinator, and when they're doing this, they also have their fasting lab draw done.

But when they're doing all of these things, it's really about getting to know you, getting a plan. And then our team actually meet prior to patients coming in to discuss each person's case.

So we're all on the same page, which I think you just don't see a lot in other places compared to our office, where our whole team meets and discusses each person's case prior to seeing them.

And that's what happens every time when patients are seen in office, is that they meet with you on Mondays, our phone on Mondays, and then the rest of the team on Tuesdays.

Occasionally they're Tuesday Wednesdays appointments, but mostly Monday, Tuesdays, and then just depending on what option they choose, it's depending on how many visits they have over time.

And it's I had people say, well, do I have to come in multiple times in the month? And I say, no, your appointments are spaced out anywhere from 5 to 8 weeks, just depending on how much time is needed in between.

Some people need closer touch points and appointment sooner, closer together than others. You just need time to implement that changes. But in between the appointments, people are put into our transformative wellness program or.

And on those calls we're on calls our teams on calls every day of the week almost. So I speak on Wednesdays. Rachel and Corey are, I speak on Mondays, Rachel and Corey are on Wednesdays.

And Valerie, our health coach, is on Thursdays. And so there's always access to our team. We're always there to answer questions for you. And if it's not something that we're presenting on or people are discussing on our calls, and we'll take it to the other team members to get certain things answered for you.

So there's always access to us. And people are, you know, one of the things that attracts folks and this is sort of sort of human nature is we love the tests, you know, we love the labs, the imaging, the other modalities, skin punch, biopsy.

If you're talking about Parkinson's, and I don't want to hit somewhere. Frustration. Exactly. But what I want to say is that, you know, you come in, you're all excited, you have your labs drawn, but in reality, we're not even going to go

over those labs for an entire month.

But right by, there's so much to do over that next month. There is and there's a lot of things I think, just getting prepared for. Right. Even. What is it that you say, Dr. Sharlin, that a lot of when it comes to neurology is really understanding and going over a good evaluation and exam, and I feel like that's what our team does first to get to know you so we can make those custom changes for you.

You know, the first visit, I would say helps people have a deeper understanding of what their journeys been, how they got there.

Measuring Progress and the Value of Functional Medicine

Let's kind of what's potentially keeping them on that trajectory if they particularly don't make any of the changes that need to be made and what's truly exciting, and I know you've touched on it already, is that even with our lab results, when people go home and they're working on implementing the things that are personalized to them, within a month, there are dramatic improvements. Yes.

And I think it's that there's hope in just taking action. Right. Even when people schedule a call with me that's just the first step. Right. People are brave enough to ask questions and say yes, I want to see what more I can do.

Yes. Well, Kailey Maggard, thanks so much for hopping on this interview and shedding some light on what it's like to work with a functional medicine urologist and their team and in particular here, Charlene, health and neurology and our world class brain to nut program.

I think this will help people understand better, will hopefully motivate them to reach out to, if not us, someone who can. We're a team that can offer them the kind of services that we offer here.

Because, you know, I'm going to quote doctor Mark Hyman that functional medicine is medicine. That just makes sense when you step back and think about it.

We really shouldn't even be calling it functional medicine. It really should be the kind of health care that we expect when we go to the doctor. Any doctor anywhere on this planet where we're dealing with a chronic condition, as opposed to say, hey, I have a, you know, a cat myself and I need a few stitches, right.

this is, you know, it's more than disease management. It's the injection of true health care and the care of the patient. So. Well. Wonderful. Thank you so much, Dr. Sharlin See you soon. Thank.