Opening Analogy and Guest Introduction

If you have a house that's on fire, you're the house. You living with MS are the house that's on fire. If you have a house that's on fire and you have the fire truck there, pouring water on the fire to put it out.

The fire truck pouring water on the fire is the disease modifying therapy. And you keep throwing up gasoline into the fire. That's the unhealthy lifestyle.

Do you think the fire truck's gonna help you very much? This is Dr. Talks. Thank you for joining us for another wonderful interview with the MS in Neuroimmune Summit.

I'm here with my good friend and colleague, Megan Weigel. She has a doctor of nursing practice. She's an advanced practice nurse practitioner, and she has a special interest in training in holistic medicine, and she has a multiple sclerosis practice.

And if you look over her shoulder, it looks like she has a surfboard on the wall. So I think she's also a surfer. So, Megan, welcome. Let's talk about your training as a doctor of nurse practice.

What does that mean? Sure. So, I'm a nurse practitioner and when I graduated with my master's degree as a nurse practitioner in 2000, I I knew that I would want to advance my education.

And at some point, the powers that be in the ivory towers of nursing decided that nurse practitioners needed more of a clinical doctorate than a PhD.

Megan Weigel's Nursing Practice and Training

And so the opportunity to get a PhD was there, but for people who were in the trenches, they created the Doctor of Nursing Practice, which allowed us to really dive deep into research, but also into the business side of medicine and the administrative side of medicine, and then have additional clinical time.

And so through the DNP, which I did from 2006 to 2009, I was able to really have formal neuroscience education, which I didn't get in my family nurse practitioner program.

So coming out as a family nurse practitioner, I went right into neurology and was sort of trained almost as an apprentice, like in, you know, in the old times.

Yeah. Now, what I really like to do is to give people a lot of hope right away. So I'm going to put you on the spot and ask, do you have any really great success stories from people who've used an integrative approach as part of their wellness program that you could share with our listeners?

Oh, yeah. I'm covered in goosebumps right now because I can tell you that The best success stories I've had are from people who have really embraced major lifestyle changes with their diagnosis of MS and have had within a year of their diagnosis say MS is the best thing that ever happened to me.

Okay. So this is pretty exciting. Can you share us a little more detail about what some of the lifestyle changes were that they embraced? Yeah, so for these specific people, there was a lot of stress in their lives, whether it was coming from work or from family or from relationships, a tremendous amount of stress, little sleep, little self-care in the form of exercise or prayer, meditation, mindfulness, self-reflection, a lot of hurry and a lot of worry and really not great nutrition.

And I think the easiest thing to do, it's hard to look inward first, especially when you feel bad.

Lifestyle Changes and Early MS Success Stories

And one of the easiest things to do is to make a simple change in your diet. So for these folks that was taking out processed foods, it was adding in, you know, initiating more of a plant-based diet.

So similar to your level one of your walls protocol. And many of these people did just that. They implemented that level one of the protocol and some of them were living What I would call very traditionally clean eating, but what that meant was kind of low fat foods without much variety and perhaps, you know, not all the colors of the rainbow of vegetables and things like that.

So with some of those changes. Then their physical health started to feel better. And when their physical health felt better, they were able to work on their emotional health.

And then the stress started to reduce. They started to look at things that they may be doing that weren't necessary, weren't altogether meaningful to them, but they felt like they had to do.

and make some changes in their life. And lo and behold, in spite of the diagnosis of MS, their daily life became a much happier and more manageable deal to live with, and they were able to make good choices for their bodies.

So again, everyone who's listening, we're talking about reducing the sugar, eating more of these radical things our grandmothers knew we should eat called vegetables.

Reducing sugar and also alcohol. So let's talk about alcohol a little bit more because I don't think we're as knowledgeable, because no one else so far has mentioned the alcohol issue.

So I'll just say that, you know, I'm not going to tell you that I don't drink alcohol, right? So I like to have a glass of wine, but there's a lot of sugar in many forms of alcohol, not all of them.

And I think that particularly with COVID and isolation, at least I've seen in my practice, the use of alcohol really skyrocket as self-medication for things and it affects your sleep.

It affects your cognition, it affects your energy level, it affects the way your body is able to operate, it affects the way your liver is able to process toxins.

And I think that many people use it as a form of help getting to sleep, but it totally ruins your sleep architecture. So that's a big thing I think that folks need to take a look at with implementing a healthier diet.

And we just had a report here in Iowa that increased alcohol consumption. Iowa apparently is now leading the nation. And this increases the risk for cancer in addition to all those other terrible things.

So what would be a healthy or an okay use of alcohol? So I think you stick with the moderate use of alcohol for a man or a woman, which is one serving for a woman, two servings for a man.

I don't know why that's… What is a serving? So let's be very precise. What is a serving? This is your grandmother's wine glass. Okay. That's beautiful.

Well, that has changed. This is what you buy at the store. So when I ask a person, I drink three glasses of wine at night. What size glass are you using?

Because if you're using this one, you're drinking over a liter of wine per night, most likely. You can probably fit 16 ounces in here. If you use this one, about eight ounces in here.

And a serving of wine is, I think is four to six ounces. Four to six ounces. So even that's still. Yeah.

Alcohol, Sleep, and Sleep Hygiene

Just think about that. And everyone, four ounces is a quarter cup. No, eight ounces is a cup. Four ounces would be a half cup. Yeah. Yeah. When we're talking about.

I think beer is like a 16 ounce, 12 or 16 ounce can of beer. I'd have to look it up to be certain. I know that alcohol is a shot, which is an ounce. So an ounce isn't even, you know, a shot glass is, I think, two ounces.

So that would be like a tablespoon. So we tend to upsell our alcohol intake. It's like super size me, right? We do the same thing with alcohol. Yeah. And so a safe amount for me would be four to six ounces of wine every day.

Yeah. So if you're, if you're using wine medicinally and predominantly red wine, because it has less sugar than white wine and there are more of the phytonutrients in it.

If you're using it medicinally, so for things like, well, maybe cardiac health or something like that, then it is one serving a day. for a man or for a woman and two servings a day for a man.

Again, I am not certain as to why there's a difference because some women weigh the same as men and those kinds of things. And I'm not sure about liver metabolism, but if you're not drinking alcohol, there's no reason to start.

No reason to start. I have people ask me that, should I start drinking for heart health? No, just eat more colorful vegetables. Everyone who's listening, I want you to know that I was enjoying wine with my meals in the evening.

And then I realized when I got my aura ring that the days I had wine, my sleep was terrible. And so I quit drinking wine. I quit drinking alcohol. I will very rarely have alcohol.

And so I'm going to ask you how, for those who do still have alcohol, how much time should you have between your consumption of alcohol and going to bed?

That's a good question. I definitely recognize particularly, and I'm sure that there are many women my age, I'm in my late 40s on perimenopausal. I definitely recognize the effects of alcohol on my heart rate and my sleep at night, which is why I've also tremendously cut back to basically nothing.

You know, I think you'd have to sort of. decide what's best for you? I mean, I would say like at least three hours before bedtime. Watch your heart rate.

I don't wear a smartwatch or anything like that, but many people do. And I think it's pretty obvious when you can see the heart rate increases after you drink caffeine or drink alcohol, or like you said, watch your sleep architecture.

And it's pretty motivating. Good sleep is so motivating. Why don't we talk about sleep and you think the role of sleep in your patients and what you do to help them sleep.

Sure. I think sleep is one of the hardest things to talk to patients about. I think it's one of the hardest things to correct. I think it's one of the easiest things to get stuck in a behavioral cycle.

And what I mean by that is. Let's just say last night I didn't sleep well. It's four o'clock here where I am. If I didn't sleep well last night, I'm already worrying about whether or not I'm going to sleep well tonight.

It only takes a night to get people messed up in their brains about sleep. The American Academy or American College of Sleep Medicine or whatever the medicine governing body of sleep is, changed their guidelines for the management of insomnia a couple of years ago to say that the gold standard for for management of insomnia is cognitive behavioral therapy.

There are very few therapists that- Hang on. Tell people what cognitive behavioral therapy is. What's that? Cognitive behavioral therapy. Yeah. Yeah. So it's a type of therapy that you do with a counselor or psychologist who's trained specifically in CBT, cognitive behavioral therapy.

And it uses tools, behavioral management to help you get through a problem that you have. So let's say, for example, that it's insomnia. Well, what happens?

What are you doing up until the moment that you go to sleep? Let's change that routine. Let's change that thought process. If you go to bed just fine, and then you wake up in the middle of the night, then what's happening?

Let's change that thought process. So it's almost like giving you little stepping stones to make it across the bridge to get to sleep. I use the bridge analogy because I've had so many patients over the years have fear of driving over bridges and cognitive behavioral therapy is very helpful for that.

So I use that analogy like to get to the bridge of sleep. The issue with it is that it's hard to see a therapist these days and not many of them are trained in sleep medicine.

And so I tend to focus on sleep hygiene, like what are we eating and drinking before bed? The bedroom is for sleep and sex. It's not for TV. It's not for checking Facebook for an hour before you go to bed.

You know, it's not for watching scary movies and reading scary books. I talk about temperature. I talk about comfort. What's the right temperature? Well, so with MS, right, most people want to be cool.

So I've had many patients recommend using like the cooling, getting a cooling mattress or cooling sheets, which they make now, making sure that there's a fan on or that the temperature is a little bit lower at night.

And those are for people who struggle with that. I think the best temperature for sleep is somewhere between 68 and 72 degrees. But I think many people would argue with me about a personal preference.

And then you can be too cold as well. And then I also talk to patients a lot about mindfulness. Picking a mindfulness practice that becomes a routine.

Maybe it's a mantra. Maybe it's a type of breathing. Maybe it's even using songs that are relaxing or rhythms that are relaxing that you can, I hate to have people use their devices while they're trying to fall asleep, but sometimes you need those for How do you use the device?

So if you were, say, going to listen to sleep music or a meditation, then I would recommend that you just, you know, put the device on speaker rather than have headphones in, just because it's easier to just fall asleep.

And I believe that you can set the device like on a timer, so it just turns off after a period of time. Excellent, excellent. So some patients have been prescribed benzodiazepines to help them sleep.

What are your thoughts about that? really feel, I don't have lovely opinions about most sleep medicines. I think the newer class, the Dora's or the dual erexin receptor antagonists, I think they seem to have, rather than putting you to sleep, they decrease your wake mechanism.

So things like Ambien put you to sleep. They're hypnotics. These newer medicines, and I can name them if you want. I'm not sure. Is that okay if I name them?

Yeah, if you want, because people may have had some of these prescribed. Cubivic, Balsamra. Oh gosh, I forget the third, but it'll come to me. They decrease your wake drive instead of turning up your sleep drive.

But they are associated with the same sorts of side effects. You need to have a certain amount of time to be asleep. There could be odd sleep-related behaviors.

It sounds like you still have the point of view that the cognitive behavioral therapies and sleep hygiene is a superior way to go. It's superior, however, and this is what I say about antidepressants as well.

You know, God gave us medicine, and this is my personal belief, and there's medicine for a reason. There are

people who can't get to cognitive behavioral therapy for sleep.

They can't use it until they start sleeping for a little bit of time. So I think that the medicines, you know, the medicines should be a temporary fix.

and that the work that you put in should be the long-term fix. But I think that we all sometimes need some symptom management to be able to accept the fact that we have to do some work.

Yeah, of course, of course. Yeah. Again, thank you so much for joining us today. Yeah, thanks for having me. I hope you found the conversation insightful, engaging.

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Get ready to reclaim your health. Now, if you're watching this, thank you for being a valuable member of our community. Let's dive right in. So let's talk about disease modifying treatments.

Can you put that in context? Because we've been talking about an integrative holistic approach.

DMTs and Integrative MS Care

How does that fit in with the disease modifying treatments? Yeah, absolutely. I think that they complement each other very well. So I like to use analogies because I don't know, I think they work well.

So if you have a house that's on fire, you're the house. You living with MS are the house that's on fire. If you have a house that's on fire and you have the fire truck there, pouring water on the fire to put it out and the fire truck pouring water on the fire is the disease modifying therapy.

And you keep growing up gasoline into the fire. That's the unhealthy lifestyle. Do you think the fire truck's going to help you very much? So the answer is the fire truck doesn't really have a chance to help if someone's in the house just spewing gasoline everywhere onto the fire.

But if you have the person that your body is the house on fire, if you have, and I'll take it just back to the person at this point, if you have a person who is doing the best they can within the things that they have to deal with on a daily basis to eat healthier foods, to reduce their stress level, to move their body, whatever that looks like for them, to get good good sleep, to stay active within a social environment, to give love, to feel love, then that fire hose has a better chance at putting out the fire.

Because all these other things that we're exposed to on a daily basis that cause our immune system to run amok have a better chance at calming down when we're giving our body a better environment.

You have somebody coming in, active disease, lots of, several relapses, several lesions on your head. You've started them on a highly effective DMT and they have embraced your idea of addressing health behaviors.

How quickly might they begin to notice that they feel differently? I would say that I would say it's an individual, definitely an individual answer. I think there's the placebo effect, even with lifestyle medicine, because when you start to do things, and let's say it's hard, right?

It's hard to make healthy lifestyle changes. But you've done it, you start to feel empowered, and then that just makes you feel better. Feeling empowered makes a person feel better.

So anywhere from two weeks to six months, you know, some people are shorter on hope and empowerment than other people. Some people are less resilient than other people, and they just require a little bit more cheerleading.

Keep on going, you'll get there. Um, and no, no one ends up perfect, not me, not you, you know, no one ends up

perfect. And so there is some level of acceptance with the disease process that I think we also have to talk about.

And then also, okay, well, if you're doing X, Y, and Z, and you're not get, you're not meeting your goals, what else do we need to look at? Are there other things that we need to look at?

Are there other things in the way? How about other medical conditions? How about? the environment that you're living in, how about your relationships and kind of.

getting underneath the very obvious that might be right in front of your face to what else might be holding you back from living to your fullest potential, even with a diagnosis like multiple sclerosis.

I think that's where the importance of letting a person tell their story comes in because many people don't feel like they've ever been fully listened to, you know, their whole story.

You know, not just what happened in the year before you had MS, but how is your upbringing? Why are you the way you are? And what's holding you back from being the way you want to be?

Even if you, you know, still have a challenge with walking at the end of the day. So we talked about diet, stress, exercise. You'd mentioned that you also do some work with energy medicine.

Can you talk a little bit about, well, what is energy medicine? Yeah, so it kind of gets to this what else is in the way. Energy medicine, I'll just name the types of energy medicine that people might be aware of.

So I would say that breath work is a form of energy medicine. Meditation and mindfulness can be a form of energy medicine. Even massage can be a form of energy medicine.

And then some of the, I would say, I call them woo woo, the more woo woo things are things like reiki, therapeutic touch, healing touch, sound healing, yoga therapy, acupressure, acupuncture.

What happens with these? What happens with these? I think our listeners are like, I have no idea what's really going on. Or else they're going, yeah, yeah.

So, and I'll add biofeedback to this too, because many people are familiar with biofeedback, which is using message that your own body gives to help you make a change to reduce stress or improve wellbeing.

Usually it's heart rate.

Energy Medicine and Mindfulness Practices

So as we have become more aware of the human body and physics, we start to understand how the human body is related to quantum physics and how our energy as a human body is actually like related to the person next to me, my neighbor, you and I sitting here together, like on zoom, we're both, we're actually energy back and forth.

We're in sync. Yeah, we're in sync right now because we are both passionate about this subject and we're in tune. And that's something that can be actually measured.

Like if we sat here and we wore a little heart math biofeedback thing, our heart rates as we talk, our heart rate variability would start to entrain. And that's scientifically measured.

So it's actually not new. It's thousands of years old. It dates back to the original science of acupuncture, the original science of Ayurvedic medicine back 5,000, 3,000 to 5,000 years ago, if not longer.

And what those brilliant people with little to no technology discovered is that our energy runs along burdens, it runs along chakras. And when we get sick, it's because our energy is blocked in one of these meridians or one of these chakras.

They're associated with organ systems, but not organ systems as you and I know them conventionally. So when we talk about the liver meridian in Chinese medicine or the wood meridian and the liver as an organ, we're not talking about you having liver disease.

We're talking about the emotions that are associated with the liver meridian and actually things are related, just think of the liver. I'll go back to alcohol for a second.

In alcoholism, there tends to be a lot of anger. Anger is associated with the liver. So if you can move energy through these meridians and get things flowing again, then the disease associated with that meridian or with that chakra is helped to move along.

There's also something called epigenetics. Epigenetics is what's in our DNA from the emotions and experiences of our ancestors. It's why a child who's born to a mother who was abused but is adopted into a beautiful family may still have issues related to the mother's personality or even a surrogate, that sort of thing.

And so energy techniques can help with just some of these things that won't go away. So that person who says, I'm doing all the right things. I'm up to level three on the walls protocol.

I'm doing my, my MS exercise every day. I'm getting good sleep. I feel like I'm doing better with my relationships and managing my stress, but I just can't get past X.

That's when I would say, why don't we try some acupuncture? Maybe some reiki, maybe some acupressure, maybe there's something stuck. Maybe it's not even yours.

Maybe it's your mom's and it's the behavior that you inherited from her. And that's just the way of being that you know. So that's how I use energy medicine.

Yes. And I want to reiterate that there is scientific evidence for these energy fields and that these techniques are super helpful and there are a variety of ways of accessing this energy medicine.

So Megan, you run through the list so the listeners could know what to look for in their community. Sure. So first of all, I would encourage people to always look for certified or licensed professionals.

So depending on the state you're in, for example, in the state of Florida, a Reiki practitioner who touches you with hands has to be licensed to touch, which means they're a massage therapist or a nurse or a physician or a PT or an OT.

Anyone can get a Reiki, can do a Reiki training, but they can't touch you. unless they're licensed to touch. Similarly, an acupuncturist should be a certified acupuncture physician.

So just make sure that your massage therapist should be certified and licensed by the state. So make sure that you are dealing with a person who's licensed.

Acupuncture, acupressure, reiki, healing touch, therapeutic touch, biofeedback, massage therapy, sound healing. I would say yoga therapy. Yoga studios outside of the scope of licensing often do chakra healings and sound healings that are group-based.

They do breath work that's group-based. I strongly encourage people to try those things if they haven't. And from these are offshoots of other things.

So if something appeals to you, I would say that unless there's a psychosis, It can't hurt you unless there's a psychotic diagnosis or a very uncontrolled depression or anxiety, or it's just really expensive.

Book, Social Media, and Closing Remarks

It's worth a try. This has been wonderful. This has been just such a wonderful conversation. Thank you so much. You have a book and an Instagram site.

Why don't you tell people briefly about your book and how to find you in your social media channels? I'd love to, thank you. So I wrote a book about two years ago called Monday Mantras with Megan, and it's a very approachable guide to meditation.

It gives you a mantra every week. So instead of asking you to do something hard and complicated every day, it's just something that you focus on each week.

And within each week, there's another practice. It might be art, it might be a yoga pose, it might be an essential oil that you can use that focuses on the emotion of that week.

And my theory with mindfulness practice is that, you know, when your cup is full, using mindfulness is just one way to help empty your cup of. Sometimes we can't control all the things that go in.

So it's Monday Mantras with Megan. It's available on Amazon, Booksamillion, Barnes and Noble, the online retailers. And the Instagram handle is at Monday Mantras with Megan.

Okay. This has been wonderful. And again, thank you so much and go have a wonderful surf. Thank you. Thank you for tuning into Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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