Introduction to Valerie Sharlin

Welcome to the Parkinson's Solutions Summit. I'm your host, Dr. Ken Sharlin We have a very special guest today, Valerie Sharlin. You should recognize that name.

Valerie is my wife. She brings to Sharlin health and neurology, an outstanding level of expertise as a functional health coach and life coach, but has decades of experience working in the health care system that she's going to tell you about.

And what is particularly unique, because health coaching is a big part of this summit, is that Valerie has specific experience in coaching chronic neurological conditions, including Parkinson's disease.

And that's really unique among health coaches. Well, without further ado, Valerie Sharlin welcome to the Parkinson's Solutions Summit. Well, thank you, Dr. Sharlin, It's a pleasure to be here.

Valerie, can you tell the audience about your background? You've really got many, many years of experience which really builds your knowledge base and your, you know, how these chronic diseases affect people and how you work with them and how you came to be who you are today.

I know when you say to a woman you have decades of experience, that's not necessarily positive. Well, I'm probably in trouble later tonight. But we can focus on now, because you have worked for many years with a large health care system and really kind of sharpened your, you know, sword in terms of getting really on the ball with the concerns that affect people as they age.

One of the things I like and appreciate most about myself is that I came from a farming family and we had Alzheimer's in our family genetically, although we didn't ever view it as something was wrong.

It was a disease. It was a natural part of our life that we always just looked after.

Family Background and Early Caregiving Perspective

Auntie Marilyn, her grandma Ellen. It was just a natural part of our life that people were involved and we looked after them. They were part of the family.

So that kind of gives me a unique perspective. So I'm comfortable. And I also knew probably in kindergarten what I was going to do with my life's work.

So by choice, I have chosen to work with people with neurological illness and with the families and support them. And it's very easy for me to be in those, you know, hard conversations with people in those painful places and be empathetic and be able to sit with them through that.

And that just takes lots and lots and lots of practice with people. Well, I happen to know that another part of your experience that you brought to our clinic when you took on the role of health coach is many years of working with older adults in kind of a relationship program in which you promoted lifestyle, whether that was bicycling.

And that's ultimately what took us into triathlons or whether it was travel or whether that was putting on large dances once or twice a year in grand ballrooms where people were moving and eating and dancing the night away, which is a whole other story that we can chuckle about. But these are really important because in a sense, you know, our lives paralleled this idea that lifestyle was critical to health connection.

There's something that you've always promoted critical to health, and we were really you and I both were really

doing all that before. We sort of frame this out as functional medicine.

So one of the statistics that has always been foremost in my mind is loneliness. With 8 billion people on the planet and loneliness is one of the foremost issues and even is exacerbated when people come down with a chronic illness, they become more lonely, they disengage from their church communities and their friends and their families and get very centered on themselves with that disease.

So what I work with people on is that disease is just a thing that you manage and handle. You have a life. You have people. You have family. So let's live life.

Let's live life. So we learn to put the disease in a certain place and not necessarily be defined by it, even though we recognize. Yes, that's part of who I am.

It's part of what I am. But it doesn't take over my entire existence. And it's just working in the past hour with this woman, with Parkinson's, with her exercise program and her stress management.

And she has it takes my whole day. I don't have any time left.

Lifestyle, Loneliness, and Reframing Chronic Illness

And because I have to work with my Parkinson's, I'm like, well, every woman in the world has to find a way to take care of themselves and move their body, eat nutritious, live creatively, manage their emotions.

That's just natural part of living. They will eventually become sick because they're not taking care of themselves. But you're not doing anything just because you're sick.

This is what we do in life. Hmm. And just that reframing helps people think, Oh, yeah, okay, this is not life natural. So let's kind of really bring this into full focus.

Can you just clarify exactly what a functional medicine health coach is? One of my pet peeves is the word root cause. You know that. And that's what I love about functional medicine.

There is no root cause. There's no one magic thing that happened to you that made you sweat. It's a culmination of your genetic history. What happened before you were born?

What happened when your mother was pregnant, how you were delivered? If you nurse, did you follow in your head when you were a kid? Were you bullied in school?

Did you struggle? Did you thrive? All of that is a culmination that brings you to where you are today. Maybe there's a trigger that you went through something that caused you to go out of homeostasis.

But that's where we're always trying to get us in that homeostasis back in balance. So finding that balance in life is a huge part of dealing with this chronic disease.

Early in life. And even just in breath, I always recommend my clients read a book called Seven and a Half Lessons on the Brain, which talks a lot about homeostasis, and she uses the example of the body budget.

So you think about your body as a checking account, and if you keep making withdrawals and withdrawals and withdrawals, you don't eat right. You work too much, you're not creative, you're not getting enough sleep, you don't drink water, you have caustic relationships.

Those are constant withdrawals out of your checking account of your body. And so by the time they come to see us, that's it's like I'm an accountant looking at this overdrawn account, and then we start helping people.

Let's identify what the deposits are and start putting deposits back in nearby. First of all, let's learn debris, right? So

every inhale that you take goes to the sympathetic side of your nervous system.

Every exhale initiates vagal nerve and oxytocin. So just breathing can bring you back into homeostasis. That's why when you're stressed or you can't remember something, stock, take five deep breaths and then the brain reengage.

It's so simple. Drink water. Drink water in the Brain tune up program that we have in the office. Patients CO one sort of this round robin where they come in, they're going to spend a couple hours with me.

We're going to go through their medical history, their tests, physical exam, their functional medicine timeline. They'll have lab tests done, but then they're going to see you and they're going to spend an hour initially with you cause they're subsequent visits.

But can you kind of take me through that? How do you coach patients with a chronic neurological disease? Can you kind of take it from the beginning? If I if I came to see what does that look like?

Functional Medicine Coaching and Homeostasis

I think one of the most important parts is the time that they spend with you, because you said and you will listen to the patient narrative, you will see them and you will hear them and you'll let them completely share with you that narrative in their story, in their head, because they have had experiences now of happy medicine, where they were not heard, they were not seen, people are rude to them, or they'll just say, Oh, you have Parkinson's and there's not much we can do, you know, get ready for disability.

And so that becomes the story in their head and their brain is going to take that data, that new story, and then just start creating just the story that they're not comfortable with.

And then that story leads to all these emotions that just start draining their energy capacity and their battery. Right? So I always just read your notes and their story and then allow them to share that story, making sure that they feel seen.

And then I actually hear what they're say and nothing can happen before that happens. Okay. So that is step one, right? So almost 100% of the time you put in your notes that there's a limbic system stress response.

And 100% of the times I'll ask what the major complaint is. And it's like I have no energy. I want to be back to normal. So then I have my toolbox, right?

So you have your toolbox. Nutrition has there's fitness. So my toolbox is a lot of really great work helping people manage their emotions, their thoughts, and get control of the way that they view the words stress and identify how much of the time they're spending in these really low emotional state of, well, they might be really angry that they have the disease.

There might be shame assessing it with it. Sadness, grief. This is not what I signed up for. Right. Right. So when you live in those emotions, then you're not even willing to name them or talk about them.

Is is just drains your capacity, your battery. Just experience those emotions. And as Midwesterners, we see a lot of Midwesterners, we are only taught three emotions, you know, glad mad and sad.

And we're always told from the very beginning, suck it up. Now Arizonans begin six months. Now it's time to move on. So we never really given our chance ourselves the chance to process these emotions so that we can move over on to the more positive side.

So one of the tools I use is a very scientifically researched product called Heart mass. And so this is biofeedback where I can see their stress response and now they're able to see their stress response by using their smartphone.

So it's a matter of teaching people to breathe in, go into homeostasis, balance, emotion with these more positive

emotions of gratitude and peace and love, and just a higher vibrational positive emotion.

The more that you practice the breathing and practice bringing that emotion off is like playing piano scales. The more you do it, the better you get at it.

And then it starts becoming subconscious. So then you start creating wiring from neurons and dendrites that it's so much easier for you to get over to this positive state.

Now they use heart rate variability as the science. So the heart is an electric motor that produces an energy field around your body. Nobody would, you know, deny that you can see this energy on a spectrograms.

And so there are using EKGs to monitor the way that the heart beats and the timing. So every single heartbeat has a different timing. This is never the same because we respond to you movement or you respond to emotion or you respond to language.

So our heart is the emotional center that's always responding. So what they noticed on the on the EKG is if you're living in these lower states of emotions, even if you're not naming them, you get this very erratic, incoherent pattern on on the EKG.

So that shows up in red or blue when you start reading your bill to invoke up these emotions, you start raising your battery levels and you all go into the green and you get this very beautiful, loopy, cohesive pattern.

And then just teaching people to bring themselves in to that place. So when your heart sends a message up to your brain with those blue or green or negative signals, it goes straight up to the amygdala.

And the amygdala says, we're going to die. And we start pumping cortisol out, shut down the vagal, our gut, all the vital organs so that we can run and save our lives.

So people just sort of spin. They're in that cycle with that cortisol going merely because they're experiencing these emotions, they might not be aware.

And by practicing coming to the more positive side then you then you're able to teach yourself and walk to the place where you have more energy capacity.

And so they had the biofeedback. It's an actual teaching method.

Biofeedback, Emotions, and Resilience

And so you find that because you had mentioned and certainly I see this as a clinician as well, one of the most common complaints we see in chronic neurological diseases, whether it's Alzheimer's, Parkinson's, M. S., is fatigue or lack of energy.

And we begin to address that deep within that energy you describe very holistically, but has certainly it manifests in different ways. It manifests as electrical fields and so on and so forth, and thoughts that the energy levels improve.

So I like to call it resilience. So if your cell phone is not plugged in, has a lot of apps open, it's just spinning and running. The battery gets really low.

You can go out in 100 degree heat and have a flat tire. It's an emergency. If you can't get somebody on your phone, you die. But if you shut down those apps and plug it in and it has full battery capacity, then it's not a big deal.

You can get help. So that's a high resilience factor. So we try to get people to have that energy capacity and that resilience so they can respond to regular life.

And so that's the way I kind of knew people when they come in. They're just they're batteries are dead, they're checking accounts overdrawn. So let's start putting the energy back in the deposits back into it.

And it's not a one and done. You don't come in and take a pill and you're fixed and you can go back and live the life just the way you had it. Every single day.

It's learning to take care of yourself, put those deposits in and bring yourself into homeostasis, and then being able to learn on how your body feels when you're in that homeostasis place and you have that energy that you wake up in the morning with zest that you're excited about the day that it's an adventure.

So that's really helpful. I also use some positive psychology that Dr. Martin Seligman developed the whole field of positive psychology. He has his 20 strength assessment, which has been used millions of times.

It's very strong science at science, but people will have strengths that they use. Like, you know, it's you and I. My top strength is spirituality, gratitude, all that airy fairy emotional things.

Your strength is honesty. You cannot tell a lie. You are straight and honest. Right? Well, my nose would grow a lot, right? So. But that is. I know where you live on those strengths.

And so I help people identify what their strengths are and their lesser strengths, which is not necessarily a weakness. It's just haven't lifted that weight for a while.

One of the things I immediately identify with many people is leadership is low and when people come into health care, they view the doctor and the health care people as the authority and they just become very submissive and do what they're told.

And functional medicine they're paying me. I work for them. And you, Dr. Sharlin, you work for them. And just explaining that we have tools that you're paying us to share with you, but you're actually the leader of the team.

If you don't choose to use those tools, nothing happens. As the patient. Right? And so that's kind of a aha moment for them. Right? Well, you know, I would even say this that because this is definitely a discussion we have a lot that the only thing that conventional medicine asks you to do is sort of take the pill, as you said.

That's very disempowering or the alternative is that there's sort of this ego barrier and you go home and you Google it or whatever, and then you don't do it right?

So it's like I'm either all in or I'm all out. And then in my situation as the doctor, I'll see you back for a three month follow up or a six month follow up.

And you know, I'm interested in what was accomplished. Now, by the way, we see people more often in functional medicine. I'm talking about a conventional neurology visit.

But my point is, you know, six months passes and I see the patient and they're like, well, I took that for two weeks and decided I didn't like it. And here we are six months later, and nothing has been accomplished, right?

Not that everything gets accomplished with a drug. But my point is that we're talking about a completely different type of medicine where health care, where the it is patient centered, the patient is not only they're engaged in the process, but they're in the driver's seat and they're actually the creator, aren't they, of their own process, in their own journey.

So it would be almost counterintuitive for them to go home and just abandon it because it was their idea to begin with. And so think one of your gifts is that you're an amazing explainer.

You thoroughly understand what's going on, and you have an amazing way of just really explaining the processes, the choices. And people spend hours on the Internet getting information that may not be true, that's negative.

And so all of the staff here, we're able to be able to actually explain exactly what's going on, to the point that when we talk about it so much here, we think everybody knows it.

But we have to kind of go back to the beginning and ask the patient, how is it that you understand this? And then helping them really understand what health a robust health looks like and how to get there when it is not a one and done that your emotional state is every bit as important as the food that you take or the movement that you do.

And dopamine for Parkinson's is the very neurotransmitter that causes you to want to do things. It gives you that desire.

Patient-Centered Coaching and Purpose

So that lack of energy, those low dopamine stages, feel like they don't have the desire to move or do anything. And that's very scary to them, very frustrating and will remind if you had a bathtub full of dopamine, you're with these low negative emotions and all this stress is like acid eating into that bathtub, further draining the precious dopamine that you have.

So being able to manage those emotions and to in a more positive state actually protects the dopamine that you have. Okay. Okay. Without naming names or giving such details, that would actually violate someone's personal health privacy, do you want to just share some recent conversations or encounters you've had with some of your patients or clients in the sense of what did you see?

What did you observe? You know, I met so-and-so and the first thing I noticed was this, you know, and what we did was this. And you know what? What's been the outcomes that you've seen?

So I'm actually have like, we'll see them in functional medicine and then they'll come and they'll do packages for me just to coach you. So one of the topics is I want this purpose in life, right?

And I find myself with this client disease and yet I still want to be a functioning person, that I have purpose and I give back to society. So several clients doing that right now with Parkinson's and I really don't try to take them from the big picture.

I start from the basic building blocks and go, Tell me what you like to do in a day. What time do you get up? You know, what are your meditation practices, What are your movement practices?

Until we own it down into the actual hours that they're willing to give up. And then what brings them joy in those hours? You know, maybe they just want to feel well enough to be with their grandchildren, or maybe they want to travel, or maybe they want to do started creating business, or maybe they want to volunteer somewhere.

So we work it to the very detail point of how are we going in accomplish that? What is it you want, what hours you're willing to give to it, and refocus this whole mindset of illness over to.

I'm I'm an amazing human being and I have things to share and this is how I'm going to do it. And I can take care of myself. I can manage this in a day and I have time to give back.

And that is a big shift in people don't want to spend their whole day thinking about themselves. I remember a patient that we worked with very early on together.

She actually does not have Parkinson's. She was had a family history, has some family history of Lou Gehrig's disease and was very worried about getting Lou Gehrig's disease and just came to us to say, what can I do to really, you know, maximize my odds of remaining healthy and not succumbing to this disorder.

And your role in her life was really to make a very major shift in from a professional career perspective, wasn't it? So I've gotten over the years more and more comfortable with walking the experience with someone with ALS, like just, you know, Parkinson's has devastated ALS and horrible story in a horrible story.

So the shift there is you've developed this story that health care told you of this horrible thing that's going to happen, but yet you're sitting with me right here, alive and breathing and healthy right now.

Why don't we just live right now? You have any guarantee to what's going on? Why are you living in that story, wasting all your energy? You're just eating all your energy.

And with this fear of this story, let's be here right now. How can you be with who can you talk to? What relationships can you develop? I mean, I've been in a lot of end of life deathbeds and no one's ever said to me, I wish I would have worked more.

The always say, I wish I would have had a better relationship with my daughter or I wish I would have been in love. I wish I would have been able to give back.

That's what's valuable to people. So how can people articulate that and put that into motion so that they are fulfilled in their lives, you know, and then maybe that's even helping them develop community.

Many people have a wonderful church community, but I can't tell you how many times I'll ask somebody who's your best friend? You have a best friend now, your best friend now community.

They're really just doing this experience on their own. So helping people make those connections and develop a community and even having your best friend is life changing.

And thinking about a fairly recent patient of ours, a husband and wife. They have a business that they co-own. They developed. They're actually not from the United States.

And we have people that come from all over the world to see us. She played a very active role in this business. Her Parkinson's started to limit her. This is something they feel very passionate about.

It's a good it's a very earth friendly sort of business. And I'm just wondering how you've worked with her to sort of navigate her disease. But at the same time remain involved in a business she feels very passionate about.

Supporting Parkinson's Patients and Caregivers

So we look at the parts of the business that she finds joy in that she likes to in and I literally just have people write down on a piece of paper with a kind of assistance that I have to do, and this is the stuff I like to do.

This is the stuff I can delegate and really I could let this go, right? And I really just even set people down with a paper calendar or their electronic calendar and I go, Let's go.

In all of this self-care first, the stuff that gives you joy. Do you like to meditate in the morning? Let's put that in there. You like to go to the nature center and walk so that gets scheduled.

I like to have a conversation with a friend, but can feel that in or spend time with my daughter. And then you go in and what's left. Then you schedule in other things to do.

But the priority is I have to nourish myself. I have to put money in my body budget and take care of myself first before I can give anything else away.

And just like breaking it down and showing people like we give them an exercise program and they're like, Oh, I never have time to do this. Well, then we talk about habit stacking, so you don't have to just take an hour and go exercise.

Maybe we stack these with things that you're already doing in your house, like we joke about the bills, buy the dog food, right? If you're going to feed the dog, I'll pick the kettlebells up and do a farmer's carry through the house and send it back down with deal.

You got it done because you are already doing something else. Okay, so setting up your environment where you stack it with other things that you're already doing and then it doesn't become such a huge task, it becomes organic and natural.

So the biggest part of I think coaching is just listening to people being very curious and asking questions. They will sort of figure it out. They already have the answers.

We don't really have the magic answers they do, but helping them clarify and articulating what those answers are sometimes is very difficult for people.

What are you sensing as outcomes as a result of all this energy? Mm hmm. I would say energy is that's what they're after. And I think symptom management, helping them learn how to manage their symptoms.

Sometimes it takes medication, sometimes they're able to have less medication. But finding ways to manage those symptoms, like with Parkinson's, just helping people understand that the bicycling is so important for them.

That's a good way to get their heart rate up. And, you know, well, Arabic exercise, plus it's very good with the brain brain plasticity. They can be on that bike when they get off.

All of a sudden they're walking steady. It's really quite magic. Right? Right. Finding those ways to help you feel safe in your environment at is critical.

So the outcome I think mostly is engaging with the world and having energy to do it. Feeling more connected. MM Foundational lifestyle factors of sleep, nutrition, movement, stress, resilience.

I like to call it stress, resilience and connection. And through coaching we may get some help navigating the first, but the real strengths of that coaching where it shines through is in developing that stress, resilience, that connection may have been navigating the narrative in such a way that as the shift happens, I was going along and then I wasn't expecting this thing that is Parkinson's, and maybe that's suddenly like hitting a wall.

Whoa. You know, this is totally, you know, changed where I thought things were going, where I planned for things going. And so you just hit that wall.

You know, how to move forward, right? So through coaching, we can work through that and really shine a light, help that patient shine light and show them that there is life for them beyond that diagnosis.

So we have a lot of tools and positive psychology. One of them is just reframing the word stress because there is is an amazing research study with 3000 people where they ask them how they viewed stress.

Some people viewed it is very dangerous that was going to break down their bodies. It was to be avoided. And the other half of group said, well, I've got a purpose in my life.

And that stress sort of motivates me forward. So I see it as a positive thing. And at the end of 20 years, when they went back and looked at it, who was thriving?

It was just the way they looked at the world. So help people reframe what they're experiencing helps a lot going back into that story to stories can change.

It's just a story in your head, your memories and stories. And if you have ever had brothers and sisters and you talk about a memory, everybody has a completely different view of that memory.

Or like seeing a car accident, there's five different opinions and reframe what happened so that your emotional response is not so triggered. You can also look forward into your story by projecting those positive emotions that you are going to have robust health and energy and interaction with people and purpose in your life.

And when you have those positive emotions about the future, then that's what the brain locks on to and said, okay, we'll do that. But imagine if you just live in this fear, the brain gets a hold of that and it will give you that to.

So helping people understand how important that you're. Brene Brown has a book called The Atlas of Emotions. And she says People think that we're very intellectual.

We just think through things and we just push. We don't have any emotions. Be patient that she said. In fact, we're 100% emotional beings and we have a rational thought every once in a while.

And this help people use these emotions because all actions that we ever do in life are the result of an emotion. We have the passion to go forward or we have the fear to be stuck.

Yeah. That is really life changing for people to just be comfortable with learning how to manage those emotions. Well or. Valerie, Absolutely well. Valerie Sharlin Functional Medicine Health Coach Life Coach Brain Tune up Program Coach.

You see people from all over the world. We see them in person, we see them via Zoom. Some people come to work with the entire team, but you also see clients of your own as well.

And again, that can be done remotely. So if people want to learn more about you, find out how they can work with you. We're going to send them to our website, FunctionalMedicine. Doctor where they can sign up for a consultation.

They can actually reach out directly to you. You have a page on our website, so anything you'd like to share about for people who might want to work with you?

I only work with patients that have Parkinson's, but I work a lot with spouses, children, so people that are caring for people in this situation that can be extremely draining and emotional and very stressful where they spend so much energy taking care of their spouse and they're not caring for themselves.

So I have groups that all bring caregivers together or work with them one on one so that the whole family structure gets comfortable because there's just one person is, Oh, it's like throwing a stone, it affects everybody around you.

So it works for years and years and years with caregivers. Excellent. Well, thank you so much for joining us today on the Parkinson's Solutions Summit.

I hope you found all of this tremendous information valuable to you. Can we're here to help. Valerie is here to help. If you'd like to reach. Out to her check out the website FunctionalMedicine. Doctor.

Until we see each other for the next interview. It's been my great pleasure. Thank you again, Valerie. You're so welcome. Thank you.