From Fatigue to Full Energy: Dr. Teitelbaum’s Proven SHINE Protocol Transcript

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Introductions and shared focus

Hello everyone. My name is Doctor Richard Horowitz and I'm the co-host of the Doctor's Talk Healing Lyme Summit. And it is really my great pleasure to introduce to you today, Doctor Jacob Battleborn.

I've known about Jacob's work. Jacob. I think it's been probably almost 40 years I've known about your work, and this is actually the first time that you and I are getting together on a zoom call to talk about the overlaps of chronic fatigue syndrome and fibromyalgia and chronic Lyme and long Covid.

These chronic fatigue musculoskeletal neuropsychiatric illnesses, and kind of how you've approached it and gotten people better. And I know you have a book that just came out recently that you can heal from long Covid.

So so let's talk about that. Tell people who you are, how you got into this, and, and then we'll just dive right in and thank you for doing this today.

I really had my pleasure. Aloha, everybody. I'm Jacob Teitelbaum, I'm an MD. I've started internal medicine but have really focused on post-viral and other causes of chronic fatigue syndrome, fibromyalgia, including post infectious Lyme disease.

I got on Twitter the old fashioned way. I was in medical school in 1975, got this nasty, viral infection. You can see the infection and the test, but you couldn't identify it.

Six weeks later, when I was still non functioning, the doc, the professor said, well, you know, the virus should be gone and we don't see anything else on the test.

You must be a depressed med student. Well, I was paying my own way for medical. My dad was dead. So I make my own way and work as a nurse and children's hospital, blah blah blah blah blah blah blah.

I couldn't work, I couldn't go to school. I basically had to drop out of school and was homeless, sleeping in parks. So that's how I got on the other side of the white coat where you are now.

And it's funny, you know, my life was crushed. Everything I've always geared to being a healer with in those days. But being a physician, I was not the option we knew about, even since I was a little eight year old.

Like my brother.

Jacob Teitelbaum's illness and recovery story

And it's as if the universe put a holistic healing medical call sign on my park bench. When I was sleeping in the parks and all these energy workers, shocker workers, nutritionists, natural paths, I think people know that once that's a thing, you know, was my student.

All these different people came by and it's, you know, and I met them on my journey, through homelessness. Sometimes they had pizza with them. I even ate, back then I kept kosher.

So it's more like the hard boiled eggs kind of thing. But it was kind of a white experience. But I was able to take bits and pieces. What they each taught me, put it together, formed an approach that kept me better.

I was able to get myself better. I went back to medical school. This next year. It'll be 50 years my time this year for

1150 years, that my focus has been doing research on effective treatments, on the science.

I will go to literally tens of thousands of studies and I know how to tear them apart, see what they say. And you know what my focus is doing the research, writing.

I've done a dozen books, one of them. So off my shoulder. Fantastic. Those of you long Covid, you can heal long Covid. It's very simple. It's a point book.

My focus is on teaching you how to recover. I can tell you right now, with most of you who have the fatigue ache and his brain fog, can't sleep. Widespread pain in this kind of mix of symptoms, you can't get long.

And we will teach you today how to do that. That's great. You know, giving hope to patients. It's so interesting. You said that because I find with patients, I think it's one of the reasons I also get along with patients so well is because I have this.

I've also wanted to be a healer, by the way, since I was very young. Same exact thing. Even thinking of energy healing, doing that. Of course in med school they don't really teach you that.

But of course, then in the spiritual journey that I've had over time, you learn some of these other techniques and and a lot of it is intention, isn't it?

It's about having compassion and putting yourself in people's shoes. You you were there, you were sick, you had a chronic fatigue illness, and you had to find your way out of that.

So what did you find in yourself that made the biggest difference? And what are you finding in your patients, for example, that allows them to heal from these illnesses?

Because a lot of people are suffering from this. Number one, knowing, you know, when when you've had people with white coats, I'll come up to you and you know something's wrong with you and they're going to you and your family.

You're crazy. There's nothing wrong with and kind of this kind of need for abuse of mental things that you can't get well, anybody got to while they're quack there kind of I mean, there's all this messaging to drag people down and make sure they don't get better.

I mean, it's one meaning these aren't nice people. I've never met anybody out there who is not a good person. But number one, realizing, yes, this is very real disease.

You know, you look back, multiple sclerosis that used to be called hysterical paralysis. I think of that. Yeah. Ms.. You're paraplegic. They will be into the doctor's office, and the doctor was telling your family this person's hysterical or just hysteria.

Same thing that's going on. Now to one hope. As we say. Number two, knowledge. Knowledge is power. Once you understand what's going on, it's not a single magic bullet, but it's a mix of things.

It's a cascade that happened from the infection. You can put things back together and your body can take off and be well again. And number three is me.

All illness has a psychodynamic, for example, a heart attack. If you have repressed, if you have hostility from repressed anger, there's much higher risk of getting a heart attack.

You wouldn't dream of somebody coming into the emergency room with a concussion, chest pain and say, let's express your feelings. But relax. And, you know, personal grab me by the throat.

Underlying problems squeeze as they should. But you want to treat the underlying thing in this condition, the

psychodynamic. As we tend to be people pleasers, we're afraid of conflict.

We have trouble saying no to learning authenticity, learning to say no to things, to feel bad, needing no justification. Besides, that doesn't feel good to me. No.

And then that's not an opening for a discussion. That's a no. That's a final answer, and I'll walk away. Otherwise you're going to drain your energy and you'll find another way to get sick.

So we will teach you the physical aspects between optimizing energy production and the problem caused by low energy today.

Mind-body healing and psychodynamic factors

But at the end of the day, learning to be authentic and say yes to things, to feel good, no to things to feel bad, including the negative thoughts that are nonsensical for our heads.

You just want to let go of those and shift your attention elsewhere, or whatever form one wants to take to do that. These are all part of the healing process.

You know, I tell people you're it's interesting you bring up the psychodynamic, process early on because when I, when I tell patients about this and I do tell them, by the way, exactly the same thing, that they have to have hope, they have to have belief in themselves.

And a lot of my patients, unfortunately, there's been a lot of abuse. There's been physical abuse, emotional abuse, sexual abuse, a lot of these patients have to do limbic retraining.

I send them for the hopper dynamic neural retraining or the gut, amygdala, insula retraining or primal trust. Apollo neurofeedback. But you're right. I mean, I find the mind body connection.

If you have been taught early on there's something wrong with you, you don't deserve to be. Well, that immune system will not respond properly. And I have had patients, after going through a real healing crisis where they discovered the abuse that they had, like hidden down below.

It's interesting that some of these difficult infections. In one case, I'm thinking Bartonella specifically, she could not get over it. And once it came to the surface and she realized, oh my God, I'd been hiding this down below.

And she got through it. The treatments I was giving then all of a sudden were effective. So yeah, I think this is a really important point for people to realize that that's psychodynamic is very, very important.

Yeah. Let me give a because usually I also will to the biochemistry and then finish. But I think you probably have a more oh aware crowd. You know that much of you.

So I'm I'm going to give one other thing before I listen to the biochemistry. I mentioned these talks of American Children's Hospital when I was in math class.

I paid my tuition and my rent and all that kind of stuff. I was getting ready to rotate on to the burn unit, so I asked my psych professor to teach me hypnosis so I could use it to the children to do the dressing changes without it being that painful, despite these really badly burned children.

And while he was teaching me this, he taught me this interesting thing that suckled me. He said, if you go into a quick, hypnotic state, like when you've been burnt, you won't blister.

I guess what I'm I'm a Butterfinger. So the really good reason I'm not a virgin and I burned myself out last night, burned my fingertips. I can go into a quick, hypnotic state that my psyche.

No, don't worry. This no injury. Okay? But he said that the blister is not caused by the burn. It's caused by your immune system, rejected by the mind, and going there thinking just an outside invader.

And then you blister. Now the skin will turn white and fall off and burn. But the blister is their own psyche reacting. What I found was if I have like a big toe, still need to be pulled or anything like that, if I go into a quick, simple, meditative hypnotic like whatever you want state and look my psych, you know, this is friendly, welcome.

This. And this is where our healing gets good. I don't complain, they said, oh, you'll be out of work for a week now. A week, an hour later, I'm back to work with no pain, no swelling.

By the same token, the reason you get all these stories about how to get rid of warts in the full moon now destroying eight frogs in the air that are dead.

I mean, all these things that engage the psyche is that warts are a virus to hide. For if you can direct this, I can go. Hey, that's what? Over there.

That's some virus. Please go get it. The war will go away because you can direct your immune system to either stand down or to go after certain areas that it's have trouble knowing what to do without consciously directing it.

Now. Quite so you bring up it. I mean, obviously I know the stories on hypnosis that in fact, somebody under hypnosis, you can take what they think is a cigaret that's being burned and they will get a blister.

If it was a pencil. Right? I mean, I know the stories on it. The question I would have, though, in the days of now of long Covid in Lyme, in long Covid, was seeing a lot of T-cell exhaustion where they don't have enough natural killer cells.

The T cells are exhausted. In Lyme disease. We see these patients with immune deficiency, chronic variable immune deficiency, subclass deficiencies. Are you checking for these type of things or are you finding, in fact, the way you're working with patients, that even if these things are there, the mind is actually so powerful that you can still make a difference and get them better?

And it's interesting you bring up warts because I had them years ago when I was young, and none of the classical things work. But I had heard about Tudur, a homeopathic, and I'm not normally a doctor who uses a lot of homeopathic, but I had heard about it from a friend.

I believed my friend Bill about it because he's been using it, and lo and behold, whether it was the power of my mind or not or whatever it was, it did go away and never came back.

So I'm kind of curious, do you find, like, is it certain types of people that will respond to this type of suggestion? Because obviously, I think a lot of our patients do want to get well, and it's good to focus on the healing.

But of course, they do have underlying immune deficiencies that sometimes makes it difficult. And that's why I don't began Robert. We just talked about today.

I begin with so far I begin to the biochemistry. I begin with what I call the shine protocol. Our double blind, randomized, double blind, placebo controlled research looking at people with CFS and fibromyalgia, including both infectious post Lyme, all of these kind of things as part of the Lyme disease.

And Russ showed up a simple thing called a shine protocol that says for sleep, how to get up and sleeping is up critical for immunity h hormonal and hypertension looking all anomalous functional parts all up and all the hormonal shift.

All that needs to be addressed. At eight I would be infections, inflammation, immunity.

Biochemistry, energy production, and the SHINE protocol

All of that can be addressed biochemically and as nutritional, including herbs and nutrients, and is exercises able to for a little bit not just having a stupid pacing thing.

The class of people, but enough to prevent the conditioning 91% improve with an average 90% increase in quality of life. So how do I address? Do I do natural killer cell levels and the immune subsets of the average seed a and one for for deficiencies?

Certainly not. There are cases that I will down the line because there's a small subset of actually media to began with globulin percent. Maybe we actually did one study using recovery factor not available in the United States.

I guess the world that recovery factors.com dramatic improvement and post infectious chronic fatigue syndrome, fibromyalgia. But I did a subset of people who have IgG total and aggregate.

You want to for antibody deficiencies. And we saw a dramatic increase in antibody. And these antibody level. So there's a lot that you can do. But let me give you but I want to give the viewers is a step back and understanding why what what's happening with the immune system.

So most many of these infections, if you look at a viral infections like Covid, you look at Epstein-Barr virus, you look at the Lyme spirited, they don't have mitochondria, they don't have their own energy furnaces.

They can't effectively make energy. Now the spirit kids have to basically do fermentation if they want to get energy or anaerobic kind of things that are very, very inefficient.

They hijack our body's energy systems, our mitochondria and the body to really know how to fight it. It shuts down energy production. And that's why when you get a flu, you feel like on a bad because your energy is shut down.

But if you have a little pieces of the barricade or the virus or the spike protein or whatever that is still left after your body is filled up, those can last for years.

The body doesn't know the infection goes away through your immune system, heaps of things and fighting and fighting and you're by the kind you have your energy system stage turned off.

You have no energy. What you get is an overactive immune system that depletes. And I actually had somebody I was wondering whether what was primary it was a low igg1 or death as an immune deficiency.

What came first and then the disease. Now I had two people where they actually had this test before the illness happened or kids had mothers. These antibody levels were fine until after the owner.

So there's a certain genetic group that they're born with, the sufficiency. But I think the body, not knowing that the infection is gone and chronically attacking it, exhausting human, you know, in in Lyme, this is what I found because I've been doing research on it now for close to 40 years.

We found Hopkins researchers found about ten years ago or so that it was a persistent biofilm bacteria similar to tuberculosis or leprosy. And the the Dobson protocol that I came up with is really just based on the on those facts.

And right now I've got it down to about a nine week oral generic protocol with two week pulses for Bartonella. It is true that the ones that I have difficulty with, it's interesting when you talk about the mitochondria.

I'm curious if you're talking about also the cell danger response, because I do think with the Dobson protocol. And it's interesting, of course, I came to the message model similar to where you're saying protocols coming from, because if you don't sleep, you get high levels of il6.

Right? My my patients, the adrenals are off, the testosterone is off. They have pots to sort of nami. It's it's everything you were talking about. They need to exercise, but because they're deconditioned some of these patients that do all of these things, I'm wondering whether the cell danger response that Bob Leyland is talking

about in some cases, where the mitochondria gets stuck in the cell cycles and they can't move, and they talk about needing extracellular ATP.

And in the autistic population, he was talking about using sermon and things like that. I know from Hopkins they've used sulforaphane, glucosinolates.

It's the closest they could find. What do you do for these people? You're talking about the mitochondria shutting down. And clearly the mitochondrial dysfunction is an issue.

Do you think the cell danger response is playing a role in most of these chronic fatigue, fibro long Covid cases? I mean, they're showing the virus seems to persist in some of the long Covid cases.

Now, whether it's in the gut, they're getting inflammatory bowel or it's pieces of the virus in fibrin clots. I'm I'm just kind of wondering if you're seeing similar things where the mitochondria just kind of stuck the body.

Obviously the virus may still be there or it may be gone and it's pieces of the virus. How do you how do you reset the mitochondria? Well, here's the thing. There's many things.

If you view this whole process, this chronic fatigue, and go to the good name that you have for them, as basically an energy crisis and then the low energy levels, it's a circuit breaker in the brain called the hypothalamus.

A little almond sized thing here. It uses more energy for its size than any other area in the body. So an energy level drops out, circuit breaker goes off.

It's a protective mechanism. It controls sleep, an entire hormone system, a blood pressure pulse parts, that whole kind of a thing. Temperature regulation.

All of this is on that circuit. So you see this cascade, what we find is and then the again, there's so many names. So there's cell danger response and there's all different names.

But it's the same thing with different names. The we're talking about, what I find is when you restore energy production and you can get the circuit breaker working again or bypass the functions with the same protocol, the cells have enough energy that I think it needs to mop up operation.

And then for some reason, the mitochondria turn back on because in our study, two years out, we were able to wean off most of the treatments and both people and they stayed okay.

They stayed well or continue to get better and better actually. So it was like a crutch. So it seems that you're able to turn off the cell danger response by restoring energy production.

And also we go in and that high in the chain protocol infections. There's a whole bunch of infections I would look for the Candida the major one the antibiotics instead of infections like Lyme, the co-infections, the Epstein-Barr and other viral reactivation.

But everybody has all of these. But I will look based on probably on symptoms. I don't find the testing gets reliable. So like I'm and a couple infections I'm happy to go with the symptoms I will treat, see how they respond.

And usually they respond really well. We you know, we do find in our population at the minute, I always have a month. I start in a low carb diets when they're doing the DAP zone, and I keep these antibiotic protocol short.

But you're right. I mean, probably about 10% of my patients, when they finish the protocols, I ask them the symptoms of looking for a white tongue. Do you have gas and bloating with carbohydrates?

Have women had vaginal discharge symptoms of Candida and many of these patients, if you give them fluconazole and clear that they actually do say they feel a lot better.

There is a subset though. I need like anti factors CoQ10 nicotinamide right beside like things to get the mitochondria kind of going again. Use some of those mitochondrial protocols for some of these patients.

Well what I found we did a recent study of 188 people with chronic fatigue syndrome. Half of them were post-infection US and fibromyalgia. What we found was that using a special form of ginseng motion, things no longer have the active components and optimal levels, but it was called h r g a red ginseng.

And they have capsules, a tool to help us get the chewable tablets. It's a quarter of the cost. One half to one of those tablets a day was enough to increase energy over 60%, increased stamina over 70%.

So quite remarkable. There are things that you can use to increase the absorption, plus a natural product called gamma cycle duction. It's just a natural compound, an increasing absorption of many of these nutrients eightfold.

And I say this because so many of you are used to having pick and pull for days. All of course, all day. And it's kind of crazy. So I'm starting here.

There are ways you can keep the pill count down and make it more effective. Oh, that's why not capital elevator theory. But that chewable tablets one out.

One of that I find the CoQ10 very helpful. But I'm going to get a chewable CoQ10 from a company called Terri. Naturally, that has a gamma cycle duction and a 100mg a day.

That's instead of 700 of others. I'm going to go with a good multivitamin. My favorite by tablets, Eris, will be a powder called the Energy Revitalization Drink Mix, where one drink replaces 2530 pills and I have all the key nutrients.

So the way that I'm doing this is by optimizing energy levels. I will sometimes use a single l-carnitine, but at 24,000mg a day, unless they have neuropathic pain, other things are more efficient.

The anti factors can be helpful, but personally I just find the other things to be more efficient. Ribose I go to the back of to two studies now showing a dramatically increased energy check.

Once I take each morning myself in the light of power, I take one scoop. My energy is like yeah, we use the research nutritionals D ribose, and we do use that mitochondrial protocols and do find that it helps the ginseng you were talking about though this is mostly fruit because we're finding like literally close to 100% of our patients.

Their adrenals are just shot every one from phase one to phase three. Not at a Sony. And but I mean really low the ginseng. You're talking about. And so instead of using have to use rhodiola and pantothenic acid and B vitamins, you're finding this one form of ginseng is enough.

It's basically kind of revitalizing the adrenals or it's working on other mechanisms. It's an adaptogen for adrenal and multiple other mechanisms. Ginseng is affects the whole body.

That's why it's so popular in Asian medicine. Until it I found out you couldn't get the actor stuff just to sort of basically, you know, there's the adrenal.

What you find is I will use the code at will do cortisol testing in the morning, fasting morning cortisol. And I will also do a glycosylated hemoglobin if those tend to be low, if the cortisol under 14 or the glycosylated hemoglobin is under 5.2, I'll suspect that.

But I will happily jettison both those tests for one simple question do you get irritable when hungry or people who get hangry? And if you're not sure, if you do, ask your significant other, spouse, the kids, or how did you know that about my wife?

That is absolutely incredible. Yeah, exactly. You have adrenal fatigue. It's so common these days with the stress of

modern life, so irritable when hungry.

I am going to go with adrenal plex, which is a mix of the adrenal glands, marathon, monotonic gas, liquors, all this stuff. It's cheap, simple. One day it will smooth out, dried out.

Way cheaper than a divorce lawyer or a marriage counseling.

Mitochondria, infections, and immune dysfunction

See energy quite a bit. So hangry. Especially if you tend to have a blood pressure. You get this when you stand up and you get rid of the hospital infections that take forever to go away and everything comes by, you get it.

These are all symptoms of adrenal fatigue. But again, number one, hangry. Now that it's a great event. And in fact I find that in over 50% of my patients actually I've had hypoglycemia since I'm young.

I have to be on a, you know, a good diet and I take a nap. It's in feel better. Quick question about the viruses though. We are finding a lot of Epstein-Barr reactivation in HBV six reactivation in our Covid patients.

I was, you know, the the fam beer and the usual drugs were using of, you know, fam cycle of er valacyclovir. They're usually not enough. I saw an article recently on die per day more presenting getting to the places where EBV is hiding.

And I was curious because you were talking early on about, you know, the viruses. And we are seeing at this point in my patient population, it's bacteria with Lyme and Bart and it's parasitic with the BSA and it's viruses with EBV six.

And it's it's a mix of these infections. But the viruses do seem to pop up from time to time. You were saying earlier with the showing protocol, doing these things like sleep, exercise, adrenal pots, etc., they do get better.

Is it still enough to stop these viruses from reactivating because we are still seeing them all the time. But here's the thing in about 20% do they are going to reactivate.

You see then Covid, one of the earliest studies, they actually documented EBV viral reactivation, again, not by the blood test, where 95% of healthy adults have elevated upstream by antibody.

That's normal. And even if you're looking at the ebb in the VCA and, you know, with the nuclear antigen, it's I don't consider the testing reliable. But if somebody is telling me, look, I started this with a viral infection, not Covid with Covid, I'm, yeah, I there's some things that are controversial, and they got caught up in the politics that is friend of mine.

I go there, the those who have other viral infections or where they feel flu like I will go to is nice or the Valtrex Instagram 2 to 4 times a day of the rule to extra 553 times a day in the same year that I do not.

My result, the Celebrex arthritis medicine 100mg twice a day dramatically increases the antiviral protease. And this is a nice study done by Pridgen. And we are finding in our own patient population you're talking Celebrex, the Cox two inhibitor that we use for pain that I tell people is poison and not you for arthritis.

I give all the natural things for a virus. It's antiviral. Properties are potent. And you know what else upset. Not the PPI as a blocker. So skill over, I think over 30,000 Americans a year.

Those are poison. Pepcid over-the-counter. Pepcid dramatically balances immunity in ways that fight the Epstein-Barr now. No, I saw it. Used to see it on cimetidine.

I hadn't seen it on think being cimetidine is right. Same thing, same thing. Now, interesting because we use cimetidine now regularly in our protocols.

But I'm doing it because it actually lowers Mapp hemoglobin levels when I'm giving gaps on. I didn't realize and I knew it had antiviral properties, but I didn't realize you're finding the Celebrex in these things so effective because, you know, I'm always looking for these tricks.

And by the way, beyond, when we do the viral reactivation, I'm only doing it by PCR. We are it's PCR in the blood. I'm not relying on the early antigens and the rest it's not useful.

Yeah, it's unfortunately the the ones that are IDM positive, which is about 1% of the population don't respond to the antiviral. Really strange. The PCR, I've never seen anybody turn positive.

So, you know, it's okay if you do the PCR. Certainly I would go with it and treat it up for months and start feeling better. Six months is the length of treatment.

But yes, you'll see what the post line, we'll see whether really any of these infectious things the they trigger a jailbreak. And I think it's not just Epstein-Barr.

I think the bunch of other viruses are that they trigger a jailbreak. So the immune system's overwhelmed because that way the infection, the Tulsa can survive better.

But yeah, I will go with those things. And adding in the Pepcid is a good idea. Even 20 by 20, twice a day, 20 milligram over-the-counter, cheap. These things are all cheap now.

And that's why I don't want to go to the politics of it. They work very well. That would be a whole nother discussion, by the way. The politics of medicine. We don't know the way out of these days.

Covid first came out, by the way. I published the first article in the medical literature on glutathione, and it was in April in 2020, and I didn't know at the time, I didn't realize that I was using glutathione for hearses to keep down inflammatory cytokines by blocking NF kappa B, I was using it to detox chemicals and mold.

I had forgotten that the viruses, many of the viruses need to lower glutathione on to replicate. And we. I didn't lose one patients to Covid in the last four years using higher dose glutathione.

And I realized then the NAC was stopping the micro clots because it was stopping von Willebrand factor. And at the time when I was giving it, I didn't know why it was working in the full amount.

But I now realize with what's coming out in the literature that all of these things have antiviral properties, are creating long Covid and even acute Covid clinical.

I don't want that reduced and or daubed a highly absorbed Karam ad because again, we talked about things to increase absorption there. You can add the curcumin oil called Tamera, increase the absorption of curcumin 693%.

Suddenly one pill replaced the seven. So I will use a cure amount. And you don't get the damage to the system because it's antioxidant. It's applying powertoys to knock out the two main forms of damage that the Covid virus does, and the short and long term.

Yeah, but the cheap and, I don't know, they I'm going to mention the agrochemical. I hate saying it. I wish the studies showed that it didn't work because I know I sound like an utter idiot with all the propaganda about about it.

I was I kept looking at a study. Go. Please tell me this doesn't work. I can keep my mouth shut, not look like an idiot. So I will tell you what. I'll tell you where I saw the discrepancies.

I was looking at Pierre Corey's work early on and early on before Paxlovid was available. I was using ivermectin. We're finding a lot of our patients have flavivirus infections.

They're getting overlaps now between West Nile and dengue fever. The Powassan virus. A lot of these virus have

flavor, and they're chronic, persistent Zika virus, the chronic persistent flaviviruses.

Interestingly enough, ivermectin has effects on these flights been published in the literature very well. And I looked at Corey's work. There were clearly effects I saw from the ivermectin in culture.

And the rest, I think, where people got confused and we don't have to discuss this, you know, all today. But I think what they got confused. The New England Journal, when they published the study early on, when they were doing it for 5 or 6 days and didn't find any difference.

I never used it alone. I've always been using it with glutathione. Right. Many other ways of kind of supporting the immune system. So, you know, for me, it wasn't a one shot.

They always do in these studies. They're using one drug at a time. It's I'm using a lot of antiviral support at the same point. I just I don't want to get just jacket on that. No.

We're in agreement now. I'm going to let it go. So but if a lot of you're sitting there, you've had the Lyme disease, you've done the antibiotics. Maybe you felt better, maybe you didn't, but then you felt better.

But it wasn't enough. It came back. Need to keep going up higher and higher. You should be concerned.

Viruses, antivirals, and long COVID treatments

Please consider that you have post infectious chronic fatigue, psycho social danger response, hypothalamic dysfunction. You triggered this cascade. You can turn off the cascade and restore health with shine.

And that's optimizing sleep well and I'm repeating myself. But it's by the way for these type of talks, repeating yourself is actually excellent because people get a lot more it.

And by the way, the Shane protocol, it's part of the since model that I talk about. So please, please go right ahead. Yes. Yeah. It's the same. You know, your body, our bodies don't care what acronyms we use.

Not when I look at them says model, except for toxicity, which I was thinking of calling a defense protocol because that is one component. They overlap.

So what can you do? Here you are. You feel kind of cruddy. Where to begin? It begin with the end for nutrition on sugar increase the most of your find a high protein diet.

You're going to need more salt, not less. Most of that salt restrict unless you have heart failure and you go with these things. I will use a good multivitamin as high and B vitamins and magnesium.

All critical people ask which nutrient do I need? And the answer all of them. Well, I will use the energy revitalization drink mix. One drink a day replaces 2530 pulled good coverage.

I will put people on the HRT 80 red ginseng. There's something called smart energy system which drive both output down the road or goal or green tea extract.

Licorice. That's optional too. Those three will double most people's energy. And, and probably more than that. And the average person. So simple places to begin.

And by the way, when we test, I know you said you weren't testing as much. You we find it was about close that 20% there magnesium levels. Well no not in the serum but red blood cell.

They were low in copper so they didn't have enough for a superoxide dismutase. They were low in zinc. You need zinc for immune function. We also were finding this and do a lot of nutritional replacement.

And in the same way. Yes. But here's the thing. The energy revitalization system will have the 200mg of a highly absorbed magnesium. It's going to have 15, I think it's going to have a perfect one half milligram of copper because copper is oxidative, putting negative parathyroid.

So instead of looking at he sees 30 things and doing $5,000 and tests. The tests I will do for nutrients are two of them. I will check for B12 levels because of the B12 is under 540.

They say it's normal over 210 the thing under 540 I'm going to give B12 shots. But the thing of the energy revitalization drink mix has 500 B12 in it anyway, so kind of cover all that, but it doesn't cover because it doesn't have iron.

If people I will check a ferret and level for iron and an iron percent saturation. Ignore the normal range of the ferritin is under 60. I will give iron.

If iron percent saturation is under 22, I will give iron and because the iron is low, your thyroid is going to be low. With normal testing and all the rest of your energy systems are going to be struggling.

So the only test really, if I had to pick one nutrient to test for, I'm going to supplement all the rest of them because it's easy with a single drink or slow a day, I will give, I will check the iron.

The only and I know you know this, but for the people listening, the only issue with ferritin, though, you have to be careful, is it's an acute phase reactant.

If there's a lot of inflammation, the ferritin can be falsely elevated. And in fact, they have flare up ptosis they find in Covid. Right. It's one of the things that actually gets activated in some of these people.

And that's why I check the iron percent saturation. Otherwise I was I wouldn't bother. Exactly. So but you know, you're one of the few doctors who knows that Richard Ross is really, really cool.

You and I both been doing this. I mean, you're doing it even longer than I have. I'm. I got out of med school, and my residency. Med school is 84. I finished residency in 87, and came to upstate New York, Dutchess County, and moved into the largest Lyme endemic area in the United States.

It wasn't something I was looking for. It just kind of found me just like. Right. You got a pirate. It's that, you know, it's it's almost like God, the universe, whatever word you use, it's like they put you in a position where you have to find the answers, and then you go and you say, okay, I'm going to now help other people.

Just, like, ended up helping myself, right? Yeah. And it's kind of really cool in retrospect, you know, for for those of you out there with the soulless, you're going to think the universe must hate me.

I'm crushed. It's horrible. Yes, I know, it feels like I felt that way, too. I pulled everything I had worked for. My whole life was gone, and I was like, mess up and dead back there at that point.

Like, I went skydiving once because I wanted to see if I wanted to die or not. I mean, it was that, you know, I was about one tenth of a second out of the airplane of pre-fall when I realized, I don't want to buy that parachute.

So anyway, but this illness will come out to be a real gift and blessing for you. Even, you know, you wonder if Spider-Man got bit by little Rock spider.

At least you got all these Spidey power and senses. What's the superpower we got? Oh, I think we went through its authenticity. As we mentioned at the beginning, it's the ability to say no to things that feel bad.

Leave your mind out of it. Say no to things that don't feel good to you and say yes to those things are true and at the end, and what not work for you will always be somebody up there.

How about heroin? Oh, hey. And how's that working out for? Not so well. There you go. Okay. And resilience, by the way. Because the other thing I find that patients develop from this long healing journey in some people is they develop tremendous resilience.

Right over time and, and even compassion, for other people who are sick. I mean, if you start to put yourself in other people's shoes, you realize, like, you can have more compassion and more resilience. So you're right.

There are gifts. But a lot of these people have to get to the the other side of it. But you're right. Whether they use the M6 model or the the shine protocol, the way you're describing it, we do find that it does work for for a lot.

No quick question. Those people that don't respond like you must have your non-responders it just like everyone does. What do you find? Do the most common things in those people that are the non-responders?

Richard. What I like to do first is go through how they can respond, because I got 91% of them more. Actually, now we have new research comes up. We'll get better with the sample of let's go through shine and then we're out and let me make an offer.

I know we're going through a lot of stuff. Let me give my email address. So I write this down because you can email me. I'll send you the free. All the stuff will be kind of an a summary and a free information sheet.

So you can have it's fatigue, fatigue. You doc the LC our gmail.com. You can email me and say please send the free post time or long Covid or whatever information sheets.

If you have sensitivities, ask for the mix information sheet. If you have the immune dysfunction of want information on a low dose naltrexone, ask that information sheet.

If you have parts, ask for that information sheet. If you have neuropathic pain, ask for that information sheet. All these different things you can just give them the list and don't say all of them.

Go on. All of them get my book. Sander. But, you know, I'm happy to send you these information sheets, and they will walk you through the, you know, short course version.

And this is all free, as my goal is how to make effective treatment for everybody available. Give it away. So it's there and go ahead and it will get you.

Well so sleep it got to be sleeping and the sleep center and the circuit breaker is not working. So people have trouble falling. Is staying asleep to fall asleep again.

Start with the natural things I will use mixes of herbs is one called a revitalizing sleep formula, which is six herbs melatonin. I like sustained release melatonin like an EP 120 I'm on my LP.

I'm not talking about the dust in the tea bags. Cat aloof tea that's pods, the camomile buds and stipple it. Actually, you'll find it can help, but again, most people get the tea bag.

It's dust. It's not kind of work. The medication low doses trash the down next roll. Gabapentin. If I hold Benadryl at low doses, you are a cheap take.

Your system is not doing things. I'll quickly you take a standard dose or something. You're going to be hungover. It'll be the next day. By the way, everything you're mentioning is exactly what we're using in our protocols on a on a regular basis.

Yes, it's it's very weak. And we like we use valerian root, we use Gabor L-theanine. There's a lot of other herbs. Passionflower a lot of these are also very useful.

Everything we just mentioned simply revitalizing sleep already. So again what I'm going to say is that there's simple

things you can get to eight hours sleep at night and by the hour trouble falling asleep, staying asleep, restless leg syndrome.

The book will go through both books. We'll go through how to address each of these. But sleep is critical for pain and energy and immunity. Which hormones? Tired. Achy.

Fog. Waking. Cold. Intolerant. You deserve thyroid hormone. I don't care what your natural unless your T4 shows that you're hypothyroid. A TSH is the most useless, damaging piece of crap test that I've ever seen in my life.

Oh, tell me what you really think. Jacob, don't. Don't hold back here.

Practical treatment tips and thyroid, hormones, and pain

Oh, well. Alrighty then. You know, it's by the way, in the lion population, one thing I will tell you about Tia Sage that makes this fun. I spoke to a doctor friend of mine a day ago about this.

The inflammation affects the HPA axis, the hypothalamic pituitary. So a lot of times the TSH is falsely low. That looks like you're hypothyroid. But the T3, T3 on the low side and people get fooled and the doctor says, well, I'm not understanding.

Like it looks like you're hypothyroid, but you've gained weight, you have constipation, there's cold intolerance. And then understanding they need the thyroid is in the upper range of normal.

That's because the TSA is an utter piece of crap tests. So and I was lecturing at the World Congress on fibromyalgia. Now 2000, in Italy, I think it was and one of the other speakers Professor Company had was the world's leading expert on the effect of these infections until face levels and hypothalamic function.

I asked him a professor knee is a reliable test. Needs to see so lutely not you know, because it goes down by 50% on average, not because the thyroid, okay, but because the hypothalamic dysfunction let me just let me just say differently.

It's an utter piece of crap. Test result. Use it. In most cases you can use a pretty fork. And if it's normal, you know what it means. With normal. It means you're not in the lower 2% of the population called two standard deviations.

The normal range for shoe sizes medically would be size five and a half to 13. You give me a size seven shoe, the doctor would say it's in the normal range, right?

Yeah. I got a size 12ft. You're you're in the thyroid. You need to be in the general upper range of normal with the, for example, the free T3 free. I'm saying you gotta listen to the person pilot argue weight gain, cold intolerant.

And I got 2 or 3, you know, symptoms, unexplained infertility, recurrent miscarriages, constipation. With chronic fatigue. I'm going to give a trial of thyroid hormone.

I'm going to start with desiccated thyroid. I'll consider of that doesn't work well the T4 and I will consider high dose T3. And this is more complex here.

But we need to treat the person and not the blood test. You need to adjust it. What is optimal? As long as a free T4 is not in the upper 10% or higher?

Actually, let me just ask you to adjust them. But I don't adjusted based on the test. I just add what feels the best. Then I check the test for safety and you're ready.

No other hormones. Adrenal. We talk about testosterone in men and women. Estrogen, progesterone. All the hormones are on the control system. They're all down. Just like normal testing.

Got it. By the way, the trick I use for testosterone, because a lot of men come in with low tea in their 20s because of the inflammation from the axis.

We found the Clomid, a half a pill of Clomid three times a week with the women. You know, you know this trick. It basically kicks up there, just not it all.

You've got this trick already. Yes. And if you have trouble finding the Clomid now, popping pharmacies can make it for you. Yeah, they turn to drugs below five minutes a day.

Amounts like a Monday or something in the phone app. Hard to get so yeah. So this is great. So we only have a couple more minutes. So is there any of the parts of the shine protocol things you want to go through specifically that that you think would be useful and by the way, when we're talking about chronic fatigue syndrome, right.

And fibromyalgia and long-covid and chronic Lyme, the symptoms obviously all overlap. The difference I find with Lyme is it's good and bad days with migratory pain, migratory neuralgia being one of the hallmarks of chronic Lyme.

Do you differentiate in all these illnesses? Or it's basically when you're a clinician like I am, do you differentiate at all whether it happened from a virus or because we're seeing a multiplicity of infections causing this?

No, except to the degree that it's going to affect my treatment, I'm just going to go based on the symptoms and adjust to and based on the complex of things. Right.

So if you have nasal congestion, postnatal GIP, irritable bowel syndrome, adult nasal congestion symptoms I will treat for Candida. If you have chronic through like I'm going to give the form beer celebrex protocol.

If you have there's a host of symptoms who have gone over these I suggest antibiotic sensitive infections. I will go with the antibiotics and then I will go with a low dose naltrexone.

Interestingly, PR it back to me in two months. We started about 100 people, the EPA, because they have a high absorption one now called healthy inflammatory response.

I'm sorry, what, because we use PA sometimes for mast cell and they know for Covid there's been some studies on it. What is the brand you like? It's one by very naturally it's called healthy inflammatory response.

It has the gamma cycle reduction. And that's where you get the increase the proportion that it looks like it's the missing link between mast between sensitivities, you know, mast cell activation and microglial activation.

Both of those are triggered by inadequate PR production. The body's not able to keep up with the PR production. So I'm thinking that's going to be a missing link.

Get back up. Let's talk again later. Yeah. Give me a call or email to talk story with a great. So there's a lot you can do nine if you know email me at fatigue doc gmail.com.

After the inflammation she's temporary send those to you. I just checked the fibromyalgia post-Covid post Lyme whatever. Number two pain. Pain is optional.

You can get your pain. For those of you needing narcotics for pain. And that's the pain is more toxic than the narcotics. But most of you can get pain free without the narcotic.

My goal is not to get you off narcotics. My goal is to get you pain free. My book Numb fatigue. Fantastic. We'll go through each kind of pain. The arthritis pain, the muscle pain, shock.

Most of this is the brain pain by Quigley activation. The secondary small fiber neuropathy. This is all part of the cascade one triggers and next triggers the next triggers the next.

But the book will go through each of them. And how to make that pain go away. And you know, then you know the subject one blood tests a subject will distinguish.

Most people have a low inflammation test the study rates and formation test. Most people this disease are under seven or under five anomalous 20. But I see a 30 or higher.

I am looking for inflammatory triggers like, you know, illnesses, a whole array of them. And to me, that one simple test tells me what direction be looking for triggers.

Yeah. We find we don't find the said rate very high in most of our Lyme patients, but we do find it on occasion, in fact, that a patient with a set rate of between 80 and 90 after the Daptone protocol, she was down below 20 for the first time.

It's interesting that sound is an anti-inflammatory agent. It gets great penetration into the brain. It lowers inflammation, it hits malarial organisms.

It's good for autoimmunity. It hits biofilm persistent for I mean, I've had some very good results with it even, by the way, low dose 25mg a day using it for inflammation.

And by the way, I use LDN all the time in our patients. Very very common for microglial activation. It's actually part of the protocols. We use it, you know, without you and I ever having that, I'm not surprised by the way, our protocols are very similar because we you end up coming to the same conclusions after a while when you've been in medicine for, you know, for as long as we have.

This is what the research shows. And I'm a science geek. And so it's funny, you know, they used to call me the Phantom Christie in the morning. They'd seen me in the hospital and lab, medical library, just pulling the study after that, going through them because I am, you know, I know universal like me because the most beautiful girl in the world have a thing for science geeks.

And she married me. I couldn't get it. They said has to try it on and she married me anyway. So I we all get taken care of. This is what to eat her chocolate and I, you know, I go to professors and I say, but here's the study.

And they'd say, there's no research showing that this works. I said, but here, study. I said, I don't need to look at that clock. This is pseudo science.

So so how do you know you haven't seen it? Because I would have heard about it if it wasn't. And then they can honestly say they've seen no research showing that it works, that you meet other people like you and me.

And, you know, Allen gave me and I used to have a, a study group. There are five doctors in Maryland. And so we get together and each of us would present what they're finding, you know, and it was all saying, we you can always oh, my God, we're not crazy.

We all are coming to the same conclusion because instead of looking at what they're being spoon fed us by the pharmaceutical industry for our med school professors and Parkinson's, we're looking at what the science actually shows.

And when you do that, the same conclusions and then people get better. Like you, Jacob, this was a fascinating talk with you. Thank you so much for taking the time with me today to do this.

Was this was really fascinating. For everyone who has been tuning in, this is Doctor Jacob Teitelbaum. He's been in medicine even longer than I have doing chronic fatigue and yellowness.

Jacob, thank you so much for taking the time today again. So again, the email to get in touch with you is fatigue doc at gmail.com. So again thank you Red.

Thank you again today. Mahalo to you too. Thank you everyone for joining us again. My name is Doctor Richard Horowitz. I'm the co-host for the Doctors Talk Healing Lyme Summit.

We'll see you again soon. Thank you for joining us.