Fibromyalgia and Hormone Deficiencies Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Guest Welcome

Hello, ladies, and welcome back to Mastering the Menopause Transition Summit. It's me. It's your host, doctor Sharon Stills. I know the background looks different, but I am filming this today while I am on vacation, so I do not have my normal set up behind me.

But it's still me and I'm still excited to be here. And we're going to have a great conversation today with my guest is doctor Roger Murphree. He's a board certified chiropractic physician and board certified nutritional specialist.

He's the author of Not One, Not two, not three, not four, but five books. That's amazing for doctors and patients, including treating and beating fibromyalgia and chronic fatigue syndrome.

And that is what we are going to be chatting about today. So welcome. It's great to have you here in the summit. Well, I'm delighted to be here. I think it's going to be a lot of fun.

I really look forward to spending some time with you and your audience. Yes, me too, because I think that fibromyalgia doesn't get enough attention. And so often in the traditional world, fibromyalgia is just thought of as this disease of it's in your head or disease.

We can't figure out what's wrong with you. And so I know that there must be many women listening who are struggling with fibromyalgia. And I wanted to bring you on so we could speak to them, give them hope, give them information to know that there there are things you can do, and it is not something you have to just live with.

Well, yeah. Exactly. So, you know, unfortunately here we are in 2022 and fibromyalgia was put on the map in 1990 by the American College of Rheumatology, although it's been around for a couple of centuries.

I mean, there's writings about fibromyalgia that go back, you know, generations. But in 1990, the American College Rheumatology actually came up with the criteria to get the diagnosis of fibromyalgia.

So we're talking 32 years ago. And yet what we see still today is there's many doctors who don't acknowledge that fibromyalgia is a real entity. And there is there's, you know, a lot of folks who don't know what fibromyalgia is.

And we'll we'll talk more about that, what it is. So there's a lot of confusion, misinformation and, and I think those who have fibromyalgia really have a lot of frustration that goes with this diagnosis.

So let's let's just let's do it. So what is fibromyalgia? How what are what are the criteria. How is it diagnosed. Well, fibromyalgia is a syndrome. So people may have heard something like irritable bowel syndrome which is syndrome is a group of symptoms that people have in common.

And then we give it a name. So in the case of Euro Vo it's it's bloating gas, stomach pain, loose vomit, it's constipation. And we call that euro bowel syndrome.

Aside from allergies, the common symptoms are diffuse, achy, sometimes disabling pain, exhaustion, poor sleep, restless leg syndrome, irritable bowel is very, very common.

Brain fog is another one. And with so many symptoms, you know, it's not unusual to see a lot of these folks who get so rundown. They have mood disorders as well, anxiety and depression.

It affects women primarily between the ages of 30 and 50.

What Fibromyalgia Is and Who It Affects

So about 95% of folks who have fibromyalgia or females, it's it's estimated that somewhere between 4 and 8% of the US population, adult population has fibromyalgia worldwide.

The estimates are somewhere between 6 and 8%. So it's a it's an illness that is everywhere, not just here in the United States. It's worldwide. And, and I believe we're going to see the those those numbers are going to grow largely due to what we're seeing with long hauler symptoms.

People are now starting to develop symptoms very similar to fibromyalgia. So do you. Well, I guess before I even ask any questions, how did you get so involved in making fibromyalgia one of your specialties?

Is there a story behind that? There's a story and and, you know, as a chiropractic, doctor, you know, I was happy, you know, I've been in practice 32 years, so it's it's every time I say that, it's crazy, you know, but, you know, for 32 years, I mean, for ten years, the first decade of my practice, you know, I was happy seeing hands on the type of patients with migraine headaches and this pain in carpal tunnel and low back pain, that kind of thing.

But I was always interested in functional medicine, even before we called it functional medicine. New, you know, nutritional medicine. And, was a Jeffrey Bland fan, kind of the, the, the father of functional medicine.

And I would just share these things with, with my patients, while I was doing hands on chiropractic care with them about, you know, you need to change your diet and, and they would, you know, start asking me questions about symptoms I had and they were looking for somebody that they go to go to other than conventional medicine, either because they were medical misfit.

Nothing was working in conventional medicine for them, or they were just looking for a more natural option. And and I started sharing with them, that yeast overgrowth and food allergies and, and that why your thyroid tests are probably not accurate because you're not getting the right test.

So we started looking do thyroid stuff and and in in, I had a patient that came to me, Sheila Jones, and she had recently been diagnosed with fiber. Imagine I didn't I never heard the term.

I didn't know what it was. And she started sharing with me all these symptoms that she had. And now this is a woman very well dressed, very well put together, 36 years old, and I'm hearing all these symptoms and everything she's describing to me that they can she's she's a hypochondriac.

And, you know, I want to be nice and I'm, you know, so I'm listening to her. But, you know, I tell you sharing, the more I listened to her, I realized, why would she make all this up?

I mean, I knew her from from her referral. I knew her family, and, I knew of her family, and I knew she was, you know, she was had a great job. She had a, I knew her husband from playing tennis.

And I knew she had wonderful kids. I kind of met her kids, so I knew a little bit about her before she ever came to see me. It just didn't. It just didn't add up.

So I started sharing with her some some nutritional things to do. Do some testing on her. Found that she had some different things going on. Parameters to avoid food allergies, yeast overgrowth, leaky.

Got some things that we see in our practice, and I was able to get her well in three months. Now, those of you that have fibromyalgia that are about to click off, don't because they're not always like that.

That was a rarity, and I quickly learned how naive I was, thinking that I had all the answers for fibro. I certainly did not. And and 22 years later, I still don't.

But what happened once she got well or overcame her symptoms? I just got bombarded with referrals here from from the medical community here in Birmingham, Alabama, because they didn't know what to do with these these folks that have fibromyalgia.

So I either had to sink or swim. I mean, I had to do something, I'd lay awake at night thinking, oh my gosh, Sally is coming in and she's got this, this, this and this and this symptom.

Did she have a brain tumor? You this year that. And they were so complicated. So I spent the next 2 or 3 years really just traveling around, stealing, begging, barring any kind of information from practitioners like yourself, they're kind of on the cutting edge that were working with the underlying causes of the symptoms that we saw in fibromyalgia.

And I started having some consistent success. And it one thing led to another. I had a very large, integrated medical practice with five medical doctors.

And we had patients came to us from all over the southeast. But but really, what interested me even then was fibromyalgia because because no one was really having any success.

And so, in 2003, I sold that medical practice, wrote a book Treating and Beating Fibromyalgia and Prompting syndrome, went on a book tour that took me all over North America.

You name a city. I was there over about a three year, four year period and did it, you know, this was turned into a telemedicine practice where I work with patients all over the world.

Wow, I love that. And I am smiling because I'm thinking, isn't that the case? For a lot of us, that's how I ended up treating oncology patients. It was one patient who came with pancreatic cancer and he got better.

And then everyone came and I had gone to school to be a pediatrician, and before I knew it, I was an ecologist and having an ecologist. And so it's kind of like we have ideas, but the patients come and the universe takes over and kind of guides our course for us and who were who are meant to help.

So I love that story that that's that's a great story.

How Dr. Murphree Got Into Fibromyalgia Care

So okay, so now that we we know that let's go back and start to talk about. So what are the things that you have found. What do you see. And when you talk about that age range, that 30 to 50 year old age range, that is an age range.

I know we're talking about mastering the menopause transition. So lots of you on here are probably older than 50 like myself. But I'm hoping that there are women who are on here in their 30s, their 40s that are learning about how to balance their hormones and things of that nature.

So their transition is easier. And that is the age range. You talked about. And so if you're watching and you know someone who's in that age range who isn't watching because they think this is not applicable to them, grab them, give them the link, get them in here so they can learn to be that's that.

That's the goal is to to teach and educate and give knowledge to women of all ages so that their hormone journey is beautiful at any age. So what is that?

You see, because that age, especially from 40 to 50, we see a lot of these perimenopausal symptoms that are similar to what you just described. Well, I think it's important to point out that I have, you know, I have a wide range of patients as young as ten.

Can you believe that? And is as young as 81. Oh, so you can be anywhere in that. You know, my gamut. But, primarily I see patients between probably between, 40 and 70 is probably my, you know, most of the mostly patients I see.

But obviously, the question is, you know, if it's 95% of people have this that are females, obviously there's got to be

some type of hormone issue. Right. And that's what we see in fibromyalgia.

It's a neural hormonal dysfunction. So it's a dysfunction between the nervous system and the hormones. And we see this play out in many ways. But in fibromyalgia what happens is these individuals, they get under too much stress.

And you know, I talk about, you know, type A's in the type B. So types are the doers. They do they do they do they do they do. And then one day they're just done out.

Right. And then you have the type B's. These are caregivers. So they give and they give and they give and they give and they give. And one day they're given out.

So I have a lot of patients that, you know, came from a very traumatic childhood. Maybe it's very stressful. Could be from, you know, some type of abuse, whether that's mental, physical abuse.

But it could be that they had an illness growing up as a child, or they were in a a very toxic household, or they moved around a lot, maybe even our military family.

But what we know as fibromyalgia is that oftentimes when you come up from that environment, you lose your plasticity to stress. So as you go through life, you find that stress becomes harder and harder to rebel to, you and I, we're, you know, we're tight days, we're stressed, stress oriented, and we thrive on it.

We can deal with it. But some of these folks, unfortunately, they get under too much stress for too long, or they have some something that comes along with surgery.

A hysterectomy is very common, by the way, that triggers fibromyalgia, but it's the straw that breaks the camel's back and they're never the same. It's a dysfunction of the hypothalamus, pituitary and the adrenals.

The heart. The hypothalamus, as you know, is just a cluster of nerves that really help regulate the different systems in the body. So it regulates our sleep wake cycle or injuring our hormones, our immune system, our digestion, our elimination.

And when it gets out of whack, which it gets under too much stress, these different systems that are supposed to to monitor and, and, make adjustments for it's it stops working.

So now we start to see problems with things like adrenal fatigue. And, as your audience probably knows from this summit, the adrenal glands, one of the things they do besides making cortisol, they also make progesterone.

And, if you go under too much stress and you, start to develop this thing called adrenal fatigue because your renal glands can't keep up with the stress, now you start to see your progesterone levels go down.

And then many of my patients develop a thing called estrogen dominance, which I know the audience, I'm sure has heard about on this, on this summit, it's very common to see, my patients had a history of, ovarian cyst and endometriosis.

Stress, Hormones, and the HPA Axis

It's very common to see them in perimenopause, struggling really to balance those hormones that are oftentimes being triggered by all the stress that preceded these hormone dysfunctions.

And I always it always goes back to stress and I always goes back to stress. So for the women listening, do you, you recommend they evaluate their adrenal glands?

Do you typically said adrenal fatigue. So do you typically see their cortisol levels are burnt out or do you see their high. And they're still excreting kind of stuck in that hyper excretion phase.

So the adrenal glands for those who have not heard that term, you're draining glands, these small little glands that sit on top of your kidneys. But they're very powerful.

They help us with inflammation, mental clarity, physical energy. They there's if there there's a balance. You got to have a balance. If you get too much you can suppress your immune system.

But you need enough to keep your immune system working like it's supposed to. It allows us to have stamina, resiliency, to stress. So we're able to, navigate stress when we come in contact with it.

And the adrenal glands release two key hormones. One is cortisol, which helps you handle long term stress. And then the other one is norepinephrine or noradrenaline.

Which is which adrenaline, which we, have released when we get under immediate stress. And as you've so, mentioned in that question, you can be, you know, you can have too much cortisol or you can have too little.

So what we see in the fibromyalgia community is oftentimes they have too much cortisol. That can create a lot of different problems, including suppressing the thyroid.

But eventually that goes away. And when that drops down now we see that they develop adrenal fatigue because they don't have enough cortisol. And if it gets bad enough now they suppress the other key adrenal hormone DHEA which then affects the sex hormones.

Yeah I see that too. And I think that's a huge misconception. At least I know it is with a lot of the patients I work in work with that they come in thinking they can only have high cortisol.

And they don't realize that at some point your body gets tired and can't produce the cortisol anymore. It can't respond. And then your cortisol levels plummet.

And then I run for point cortisol salivary samples. And you just see this slap. And they actually need some bioidentical cortisol to to rejuvenate and to help the adrenals learn how to get back on.

So it sounds like you see the the same thing. And so that's why I think it's so important for everyone listening that you get your adrenals properly evaluated.

And don't just guess because you could guess wrong. It's very easy from your symptoms to think one thing when it's another. And I think, you know, that's a real key.

You know, if you look at adrenal fatigue and of course, you know, I practice functional medicine, you as a nature pass me as a chiropractor. But we both do this, this thing called functional medicine where we're looking at root causes.

And, you know, if you, you know, the question often ask you, you know, what causes fibromyalgia, and I shear stress, and a lot of people just kind of roll their eyes.

But, you know, if if we're being candid as physicians, we would say that 95% of all illnesses out there are driven caused by stress and inflammation. And it doesn't matter what name we give to it.

With fibromyalgia, really, you know, fibromyalgia syndrome is just a name. It doesn't cause the pain. It doesn't cause the low energy. It doesn't cause the brain fog.

It hasn't cause irritable bowel or restless leg syndrome or any of the common symptoms which are just warning signs of something's off in the body. It doesn't cause any of those.

It's just a name given to describe them. And so really, for somebody who is struggling, whether you have fibromyalgia or you have chronic pain or you have fatigue or you have poor sleep, the question you should be

asking is, you know, what's causing that?

So in this summit, obviously we're talking about estrogen dominance or low estrogen or low progesterone or balancing these six hormones. But in fibromyalgia, really the key hormone that's lacking for these individuals to to start resolving is serotonin.

So the brain chemical serotonin, the happy hormone, any time we get under stress, our body's releasing this brain chemical to allow us to deal with the stress.

And, you know, stress can be real and it can be imagined. It doesn't your body doesn't know the difference between sitting in a scary movie and getting a phone call from the IRS.

They're both just as real, right? One's probably a little more more scary than the other, right? But, once you get low and see our turn in now, you start to develop the symptoms we see in fibromyalgia, low pain threshold.

So those are fibromyalgia. I have a condition called algolia, where their pain threshold is lower than the average person. And they their so their pain goes up.

It doesn't it doesn't matter where that pain is coming from. That pain is registered much, more intensely than, than it should be. And that has to do a lot with the neuro hormonal, just this disruption that, the the higher your serotonin level, the higher your pain threshold.

So the less pain you have, the higher your serotonin level, the happier your less anxious you are less likely. Have you heard about you have more serotonin receptors in your intestinal tract than you do in your brain.

And so, you know, that's why when you get nervous, you get butterflies in your stomach. Right. So serotonin controls how fast or how slow food moves through your intestinal tract, the motility and the peristaltic way.

And it's no wonder the 70% of the people who have fibromyalgia also have irritable bowel. So, you know, I mentioned our stress coping glands, the adrenal glands, those become under get under too much stress over a period time and quit working like they're supposed to.

But we're also, and I use this example, we're all born with a stress coping savings account. And in the stress coping savings account, we have chemicals that allow us to deal with stress.

One of the key ones is serotonin. But we also have other brain chemicals like dopamine and norepinephrine and Gaba. And then we have cortisol DHEA, which we mentioned, but also vitamins like pantothenic acid B5 which is the anti stress vitamin magnesium, which is a big one.

Anytime we get under stress our body is releasing these, these chemicals to allow us to be able to deal with the stress. And then hopefully we get enough rest and we make more, you know, make deposits into our stress coping savings account.

But but sharing what we see in fibromyalgia is these individuals have more, have made more withdrawals than they had deposits. And so eventually they bankrupt their stress coping savings account.

Now stress becomes magnified. Changes in the weather, bright lights, loud noises, you know, going out with friends, even thinking about making plans to go out with friends can really set them off because they've depleted these stress coping chemicals and they've also, you know, have dysfunction of adrenal glands.

So they they're deficient in cortisol, DHEA. And so it's this vicious cycle that they, that they get into. And this creates inflammation and pain. So a lot of things there.

So I want to circle back to some of them, Stress. So because you're a chiropractor and because I love chiropractic and we haven't really talked about chiropractic, yet because we think of stress as like, stress, the bills are coming.

The phone won't stop ringing. The light won't turn green, but stress can be structural. It can be chemical. It can be. Can you talk a little bit about chiropractic and the stress of not being properly aligned?

Well, essentially I just finished up a fibromyalgia summit, and, one of my guests was another chiropractor who talked all about, your posture and how your posture affects the stress that then radiates throughout your body.

And just by changing your posture, you can actually change the amount of stress and tension that you see that you're feeling inside of you. Unfortunately, you know, the thing with, with, fibromyalgia is I have this condition called Caledonia, which means low pain threshold.

As I mentioned earlier, pain is magnified. And in they have central sensitization pain syndrome. It's a mouthful, which means that their nervous system is is hyper alert.

So it's hyper. It's it's more active than it should be. And because of that, those who fibromyalgia don't hand or tactile sensation, so they don't handle a lot of hands on.

You know, they, you can't handle a lot of times they can't wear a tight blouse or have tight covers in their back. A handshake may set them off. And so hands on therapy for these individuals, whether that's chiropractic or PT or even massage, unless it's very gentle, like myofascial release massage, preferably by semi trained in the John Barnes method.

It can really set them off. And so when people ask me, oh yeah, do you, you know, do you work on your fibromyalgia patients hands on. Well now our practices our telemedicine for the last decade.

But but even even ten years ago when I was seeing foreign patients, I did do a lot of hands on. I had to be very, very careful.

Sleep, Serotonin, and Natural Support

But you mentioned stress, and I want to I want to point out that you're so right, is that stress comes in many different layers and flavors, and the body is always under stress.

Stress. We're building up cells and bones and tissue and then we're breaking it down. I mean, that's that's life. But one of the things that we see in fibromyalgia is they have less mitochondria than the average person, and the mitochondria that they have oftentimes are dysfunctional.

And the mitochondria are the power plants of the cells. So once we start to see a disruption in their performance, or we have less than we should, that creates an all sorts of stress in the body, including, oxidative stress free radical damage, which generates inflammation and pain.

So yes, you can we can talk about emotional stress, I guess, you know, trauma plays a big role for a lot of these folks, as is is, is we see in chronic illness across the board for people who have experienced trauma and, you know, earlier in their life, emotional stress, physical stress, biochemical stress, stress from foods and drugs that they're taking inside their bodies that the body is saying, help us.

So there's all kinds of stressors. And when people hear me. So fibromyalgia is largely caused by stress. A lot of times those are fiber magic. They're insulted by that.

And and they need to realize that stress has many different flavors, right? Yeah. And I think if we're alive, we have stress. And so there's nothing to be embarrassed about or ashamed about for having stress.

I, I think we get rid of stress when we die. And until then, when we're playing the human game of life, there's going to be stress. And it's just learning how to sit with it, how to embrace it, how to respond rather than knee jerk react to it.

And so I think when we think about illness as a gift, which sometimes sounds weird, but to me it truly is that fibromyalgia can be giving you this gift of saying, you have to take a deep breath.

You have to look at how you're going through your life and how you can reduce things to to allow more space, to allow things to flow, to allow the pain to decrease.

And when you talk about serotonin, it just makes me think about the connection with estrogen and the hormones. And so it's such a we call things. And I always tell patients I want to hear what your diagnosis is, but it doesn't really concern me.

I can treat you blindfolded without a diagnosis because we need to just see where the imbalances are on every level. And so what is your experience with fibromyalgia?

You balance the sex hormones, you decrease the stress. You're supporting the adrenals. What else are you doing? What are the other big things you see?

So for what I see, because it's the HPA axis, is that the sex hormones usually are downstream. They're usually something that the symptoms are not being driven downstream.

They're being driven upstream. And if I can fix these things then usually the estrogen, progesterone, testosterone levels balance out. Now that's not always.

And you know, and I would say that it's quite often that I, refer patients out to get on biological hormone replacement therapy if needed. But before I do that I want to focus on what are the key triggers.

And really, as I mentioned, the, you know, with these individuals, they bankrupted their stress coping chemicals. So we've got to get that savings account built back up.

And the way that we make deposits into our stress coping savings account is deep restorative sleep on a consistent basis, because that is where the body is repairing itself.

It's releasing these hormones. It's, you know, getting toxins out of the brain some time. It can do that. It's repairing damaged tissue. And every time we go into deep restorative sleep, our body's filling up our stress coping savings account with these chemicals.

So the next day when we encounter stress, we can handle it. But if you're not getting that deep, restorative sleep, you're at risk of bankrupting your stress, coping savings account and developing symptoms.

It doesn't even need to be fibromyalgia. But if you think if about any, when anybody asks me about a chronic condition, what's the first thing I would recommend they do get deep restore to sleep on a consistent basis because we know if you're not, then you increase your inflammatory chemicals by 40%.

Now that's pretty significant. But if you realize that you and I treating patients the way we have for a number of years, we know everybody has inflammation.

So, you know, as Jeffrey Bland calls in The Walking Wounded, you might not be in the emergency room today or, you know, at your clinician's office tomorrow, but most people are not very healthy, and they're carrying around a lot of inflammation.

And and you increase that by 40%. We know if you're not getting deep restore to sleep, in your low in serotonin, you're more anxious or more likely to be depressed and more likely have mental clarity issues and more likely have irritable bowel.

And obviously, if you're not sleeping well, you're going to be tired. So you're going to be tired. Going to have pain, can have problems with your digestion, problems in mental clarity, more likely have restless leg syndrome.

These are all the symptoms we see with fibromyalgia. So the first place to start, where do you have fibromyalgia? Any chronic illness? In my opinion, doing this for 22 years is reestablishing deep, restorative sleep and recognizing that no one has a sleep drug deficiency.

So, and, you know, not I mean, there's a time and there's a place, and I'm not going to step on anybody's toes. But we do know that sleep drugs increase your risk of death by five fold across the board.

It shouldn't matter what it's due to. Cancer, heart, heart disease, you name it. Sleep medications increase your risk of death. And that's not to scare you.

It's just to encourage you to start thinking about what are some natural options to help you get into that deep, restorative sleep. So I, I always say sleep is our superpower, but I'm sure there's some ladies watching saying yes, yes, I want the deep restorative sleep, but I can't sleep.

So what are some suggestions you have for the listeners who who get it, who want to sleep but just aren't able to? Well, sleep hygiene is key. So there's, you know, there's a there's we don't really have time to go into a whole bunch of that.

But sleep hygiene, making sure you're winding down before we even get into bed, you know, two hours or so before you go to bed, turning the lights down, talking the bedroom is for intimacy and relaxation.

That's it. You shouldn't be working in there. You shouldn't have a computer in there. You definitely don't need to be reading your phone. You know, picking your phone up in the middle of the night.

Check your email. Like people do. Your Wi-Fi needs to be turned off. You need to have the the room needs to be as dark as it can be, because any just a minuscule of light once it hits the retina, whether you're whether it's open or closed, it, it hits the pineal gland, which regulates our sleep hormone, melatonin.

And, you can sabotage yourself. But for fibromyalgia, the key really is serotonin. And, you need you need this high level, this rank chemical called serotonin to help you get into that deep sleep.

Now, some people, when they think of serotonin, the happy hormone, they think of Ambien, then they think of, Cymbalta and Savala and Prozac and and Intelex, you know, like, there'll be a new in next week.

You know, there's always a new and depressed and they're all the same, you know, they're they're really basically a gasoline additive. So those medications don't make serotonin.

They only help you hang on to the serotonin that you have. But if you bankrupted your stress coping chemicals and you don't have any serotonin, it's like using a gasoline additive in an empty gasoline to get it's really not going to do much.

And then we know that 70% a time an antidepressant is no better than a sugar pill. If you look at the meta analysis of the studies. And that's not to tell anybody, stop your medications, don't do that.

And they may be helpful for you, but just realize that, over a period of time, these medications cause you to develop a thing called downregulation. And you have less and less receptors for these antidepressants to bind to.

So they really, really do quit working. Where does serotonin come from? You obviously know, serotonin comes from an amino acid, called tryptophan. And amino acids make up protein.

So any time you eat a protein, whether it's a hamburger patty or handful of cashew nuts, those proteins, have amino acid building blocks that make that particular protein, tryptophan.

We should get in our diet. We our bodies. You can't. You can't make it. So it's it called an essential amino acid. Unfortunately, there's many folks that cannot take the tryptophan that they get in their guide in the food and turn it

into the active form called via the c tryptophan.

So genetically, just the way God made them or their poor diet or other issues, that doesn't happen. So they developed a serotonin deficiencies. You can get farther drugs, you tryptophan over the counter.

You can walk in the health food store and get it. So you have FTP combined with the right B vitamins, then magnesium and vitamin C is what makes serotonin.

So rather than taking a gasoline additive, or taking a sleep drug, again, you got to have some common sense. Don't stop your medications or that working with somebody that five HTP went with the right combination that makes serotonin.

But it also increases your natural sleep hormone melatonin by 200%. So for fibromyalgia, that's where we start. For those who don't have fibromyalgia but may have low moods or find they have kind of chronic pain, achy kind of pain, or feel irritable or feel kind of anxious.

You may have a low serotonin state, and supplementing with five HTP and a good multivitamin could allow you to raise that serotonin level and to be able to get a good night's sleep.

Yeah, I am I think it's I'm glad that you brought it up because when we think of things biochemically, a lot of times we don't have the cofactors like you mentioned, the magnesium and B vitamins, vitamin C.

And so we can be taking something in our body is not utilizing it. And so it's really good. I finally found a lab that I like and trust for neurotransmitter testing.

And it's interesting to test because often I see things in the test and I'm like, wow, I don't know that I would have realized that just guessing. And, you know, whether it be a dopamine or glycine or Pah or serotonin and so forth.

And so I do think that neurotransmitters, you can do a lot of it. I think neurotransmitters you can think of, it's symptomatically also like you were mentioning, some of the signs of low serotonin.

Certainly getting outside and getting sunshine is really getting your feet on the ground. These are all things that will help support your serotonin. But I think that's that's such an important piece of just reminding us that we we need to sleep and we are not deficient in medications.

And so yeah, I mean, I never even though I can I never prescribe them. I know some patients will take them if they have an acute trauma. Someone dies and they're not sleeping and they take it for a week.

Thyroid, Nutrients, and Treatment Options

And I would prefer I if they would have asked me, I would have given them something else. But, you know, short term use. But these medications are really just developed for that short term use.

They're not developed to be on for a year, five years, ten years. And so if you are on those medications like that, doctor Roger says, don't just stop.

There can be ramifications, negative ones, but find someone who can help lean you off while looking and seeing what the, what the underlying causes so that you can be getting sleep.

And I feel like we have to talk about the thyroid. I mean, I remember being in medical school and a teacher saying fibromyalgia, you always have to look at two, three levels.

This is like early in my career, but it stuck with me. So I'd love to hear you just speak a little about about the thyroid and. Yeah, absolutely. So I've mentioned this disconnection between the to between a nervous system and the hormones and one of those is this thyroid.

So you mentioned the HPA axis. So part of that axis role that the hypothalamus is and the pituitary to regulate thyroid function. Any time you get under too much stress, you run the risk of compromising your thyroid function.

I found in my practice about 70% of people I work with, have a problem with their thyroid. It's ever never been properly diagnosed or it's not been properly treated.

And a lot of the patients have a thing called Hashimoto's thyroid on otters, which is an autoimmune disease where the body is erroneously attacking the thyroid tissue.

And oftentimes people will have all the symptoms of low thyroid fatigue, diffuse achy pain, nerve pain, tingling in their hands and feet, cold hands and feet, dry skin, brittle nails, constipation, anxious low moods, brain fog.

Losing your hair, losing the lateral third of your eyebrows. These are all symptoms that are oftentimes very common and fine. If someone has fibromyalgia and you know, then you ask her which came first, the chicken or the egg, you know, so was it, low thyroid that generated all this or was it the stress, initial stress, and then led to poor sleep and then led to pain, which led to, adrenal fatigue and not being able to handle stress, but it becomes even more magnified and you get in this vicious cycle.

And then before you know it, now your thyroid is compromised. So who knows? But that's a great question. Thyroid is a very common problem for for fibromyalgia.

Absolutely. And, and, so many people, are getting this really basic testing done. And because of that, they're being missed. They're not getting diagnosed correctly.

Yeah. Yeah. So it sounds like for those listening who have either been told you have fibromyalgia or just can relate to the symptoms that you need to really get evaluated for stress, for your adrenals, for your thyroid, for your sex hormones.

Because chicken or egg and what's going on with you? It's all a big symphony, and you don't want to just look at one thing and not look at the others.

Like if you treat the thyroid but you don't support the adrenals, you stress the adrenals and drive them. You know, I always look at it like the seesaw by right goes up.

Adrenals can go down if you're not supporting them. And so you have to really be looking at it holistically, which is what we recommend. Oh yes. Absolutely.

I also love I do a lot of like magnesium B6, intravenously. For those of you listening, who you just need some quick relief. It could be really effective to just flood your body, and especially if you have, like doctor Roger said, you're having irritable bowel problems and your gut is compromised.

Sometimes when you're taking things orally, you might not absorb them as well. So just another thing to be thinking about and asking your physicians for when you're on your search for relief.

Yeah. So years ago when I had that medical practice, we did intravenous, therapy, did Maia's cocktail, which back then we did. No one even knew what that was, you know, because this was in 2000, 2000.

So, I mean, that's what, 12 years ago. And what we found is that people got these high doses of vitamins and minerals that they had less pain, they had more energy, they slept better, their moods were better. They just felt better.

The problem was, is that we had patients coming from all over the south East, and so they may drive two, three, four hours to see us or some would fly into.

But, you know, was just impractical to have them come every week and get hooked up to an RV. And so, years

ago, I developed a formula that, that really kind of brought it all together, which with very high doses of vitamins, minerals, amino acids and essential fatty acids, that combination is really what saturates the cells and allows the hormones to be able to even have the raw ingredients that they need to work correctly.

So many people. And that's another thing. To replenish your stress coping savings account, you really need to have, you know, these these high doses and these doses may be a thousand times stronger or 5000 times stronger than what you would find in a Centrum silver or one a day.

You know, some of these things that you get at Walmart, you know, those are based on the recommended dietary allowance, which is probably, what, 67, 80, you know, years out of date.

I call it the recommended disease allowance. Because it just keeps you from getting beriberi or scurvy and that's it. But it's not going to make a difference.

So, you know, one of the challenges that I had early on, and one of the main reasons I wrote the book, it's now in the fifth edition, sixth edition of out this year, was that when I would start talking about vitamins and minerals could actually help and reverse fibromyalgia symptoms?

People wouldn't believe it because, you know, they they had been in on the medical merry go round in the conventional medical system to where it was all about whatever symptom they had.

The goal was to suppress the symptom. The problem, though, with fibromyalgia is there's so many dadgum symptoms, you know, I mean, if you're not careful, you can be on half a dozen drugs before you know it.

And that's how most of my patients are. I mean, they're on a drug to put them asleep on a drug to wake them up, you know, drug to speed them up. Their a drug to slow them down.

And and every prescription drug has potential side effects. And what we know in the case of fibromyalgia is that long term use of the common drugs used in fibromyalgia, whether that's Lyrica guerrillas, neurons, savala, Cymbalta, it doesn't matter.

Ambien, Klonopin added in doc sippin. So the list can be rather long, but they long term don't yield long term positive results. In fact, they create more problems.

And that's not to step on anybody's toes or to make me feel bad. If you're taking those medications or the bad mouth of your physician, they're really trying to help you.

They just really don't know what to do with you. Yeah, I think that. Good. I'm glad you brought that up, because a good exercise, if you are on medications, often they're depleting the nutrients that you need that we're talking about the magnesium, the B vitamins.

And you can you can go to Doctor Google and just put in what, you know, what nutrients does Cymbalta deplete. And you can see. And so then it's good to go work with someone and get your levels tested appropriately in the right way and see what you need.

And then whether getting off that med is a possibility for you. I think that's really important. And, that's great that you made something orally for people who nowadays I because, I mean, we've been doing IVs also as long as you.

And nowadays you need an IV because I work with patients all over and it's like, okay, we can just call the IV drip center on your corner because they're everywhere.

And you can, you know, I'm always talking to them and telling them what I want them to give my patients and stuff. So it's definitely good to have options.

And as we, as we go along on this journey in the alternative field of medicine, there's always more and more

options and things just keep going in a positive direction as far as knowledge.

And that's one of the reason I'm doing this summit, to give hope. So this has been fantastic. Any other, last minute tips or tidbits about fibro for the for the listeners?

Well, I would just say if you have fibro, you've been told just learn to live with it, because that's kind of where we're at. Traditional medicine has given up on fibro and they've, they've, they've done so because they see that these prescription medications that and there's only been three that have been, approved by the FDA for fibro Lyrica surveillance and whatnot.

But there's a whole plethora that, you know, drugs, common drugs used to help manage these symptoms. But what doctors have seen is that their patients continue to come back every three, six months, whatever it is, and they're no better.

And actually they're worse. So the false conclusion is that you just have to learn to live with it. Now, I don't know, about you, but if someone, if I had fibromyalgia and I could barely get out of bed every day, and I had the most intense pain, that you can imagine day in and day out.

Couldn't sleep and never felt rested. Could make any plans with anybody. Because you never know if this is going to be a good day or bad day. Had IBS and restless leg syndrome, and they're anxious and felt depressed and felt hopeless.

Someone told me to learn to live with that. I would be furious. But that's really kind of the accepted idea. Now, unfortunately, that that that negative, minyan or whatever, was that where he gets in your brain, you can't get it out.

It's taken hold in the fibromyalgia community. I want to share with you, if you do have fibromyalgia, you don't have to learn to live with it. You can learn to overcome it.

And I've helped thousands of patients over the last, 22 years, and I don't have all the answers. I don't, and but but I just want to. And this is not to brag about me.

It's just to give you hope, to realize. Don't settle for that. Don't settle to learn to live with it. To me, that's not learning to live, that's existing.

And no one deserves that. Amen to that. Yeah I will just, I will just echo that for sure. That you know it's what we're talking about here with aging.

You, you know I always call B. S. like you don't have to. Just because you're getting older doesn't mean you're getting fatter or eight year or crankier that these are just things that are happening because you're not looking at the underlying causes, you're not supporting your body.

And the same goes for fibromyalgia or any disease. And I, I, I never say never to a patient.

Hope, Resources, and Where to Learn More

And if even if you've been to someone who's holistic and you didn't get the results, go see someone else. Because we all do different things, we all practice differently.

And maybe they just didn't get the connection for you. There is always hope, there is always hope. There is always hope, whether it's cancer or allergies or fibromyalgia or autoimmune disease or menopause or whatever it is.

There are always other answers outside of what your primary care physician, who I love what you said because yes, they went to school to become doctors.

They want to help. It's not to say to to be mad at them. I get patients all the time. They're angry. Why didn't my

doctor tell me what you told me and help me?

And why do I feel better now? A month later and I've been seeing them and it's like, you just have to remember, we are all only trained to see what we can see, what we know about what's in our toolbox, what's in our in our line of vision.

And so a traditional doctor doesn't think the way we think around here and the discussions we're having, they really are trained in diagnosis and medication, diagnosis, medication.

And and they're they're seeing patients one after another and in an insurance model. And there's a lot of things that I know I see a lot of physicians personally as my patients are is they're they're burnt out and they're not.

Yeah. So it's so it's it's a global problem. So, but thank you. Thank you for being here and reminding everyone to have hope and that fibro is just a sign that something is out of balance.

And it's a good time to go look, go swimming upstream and see what's going on so you can rebalance and enjoy your life. So thank you so much for all the work you do and and all the books that just very impressive.

And getting all this good information, helping so many patients. So I appreciate you being here. Thank you for sharing with the audience. And thank you everyone for being here.

I hope the visual was good, I hope, but I think I might have it on the wrong zoom settings. So I hope you can see us. Okay, I was squinting because I'm at the beach and the sun is like starting to shine in.

I don't want to put on my sunglasses, but I want it to be here. So important for me to get this knowledge out to you. So this is like a special edition summit coming to you from the beach where you can grow serotonin.

I don't live at the beach. Normally. I live in the desert. So I'm here refilling my stress account. Right. It's it's what you take. It's how you sleep.

And it's what you do in your life. And learning that about yourself, knowing what you need to fill up your cup. So cheers to you all. So blessed for you to be here.

I hope you enjoyed this. There were so many good nuggets that you can take on your journey with you. Where can, the ladies find you if they want to learn more?

So to learn more about topics that, you know, what we talked about, is, go to your fibro doctor spelled out your five or doctor.com is free resources, blogs, podcasts, videos, all sorts of stuff on there.

All kind of free reports of a bunch of fun stuff. There's a brain function questionnaire if you want to know. You mentioned about testing, which I think that's great.

But over the years, I've developed a brain function questionnaire that you can take that will tell you, are you low in serotonin, dopamine, norepinephrine, gamma, butyric acid, opioids.

And then how to how to build those brain chemicals back up by using natural over-the-counter amino acids and B vitamins? Some, wonderful. Well, go check that out and we'll be back with another interview and be well, everyone, I.