Introduction and Guest Background

You're watching the Restore Your Mitochondrial Matrix summit. I'm your host, Laura, from Ontario, and I'm bringing you experts with fresh ideas and proven methods to help you boost your energy and fix your health so you can build the life you love.

And today, my special guest is doctor Roger Murphy. Hi, Roger. Welcome to the summit. So glad to be here. This should be a lot of fun. I know, I'm really excited to interview you.

You are incredible with the work that you've done around fibromyalgia. I want to introduce you to the audience. And then we're going to jump right in.

Now you're a board certified chiropractic physician and a board certified nutritional specialist, and you are really internationally recognized as a fibromyalgia expert.

You have something called the Murphy method. It's a combination of functional and ortho molecular medicine. And you've helped thousands of patients get healthy and feel good again.

You've authored three books about fibromyalgia, chronic fatigue syndrome, even a book about anxiety and depression and heart disease. So you are a man of many talents.

And I know our audience is going to be really excited to hear you talk about fibromyalgia. But before we get into, you know, what is fibromyalgia? Can you tell me a little bit about your journey to this?

Like why fibromyalgia? How did you get here? Why is this your specialty? Well thanks, Laura. Well, you know, we had a little bit of a conversation before we did the recording and kind of jokingly said, you know, who would choose to be a fibromyalgia specialist?

You know, most people would not. And I say that with, with the love and compassion, but, you know, it's a very challenging illness, you know, to certainly to have, you know, but also as a physician or to try to treat, you know, an illness, it's really kind of a, a medical misfit type illness.

But, you know, years ago, I was happy to just to be a chiropractor and work on, low back pain and sciatica and migraine headaches and carpal tunnel, that kind of thing.

And, and, you know, I really enjoyed that, but I had patients who would ask me, Doctor Murphy, you look so healthy, you know, what do you do? Or how do you take care of yourself?

And I'd just start sharing with him. Just the things that you and I do to stay healthy. No diet, nutrition, exercise. And, and as I started sharing more and more of these tips, I saw that they not only did their low back pain go away, but they they looked better.

They had more energy. They felt better. Got really interested in functional medicine 22 years ago. And I had a patient that that came to me that had fibromyalgia and I was known as kind of the the doctor that medical misfits went to, people who had been everywhere, kind of tried everything, or just were a little bit discouraged about conventional medicine, looking for something different.

And, Sheila came to me, back in 1990, I guess. Goodness, a long time ago now. 2000, 2000. I'm sorry. I know that couldn't be right. And she had fibromyalgia.

The doctor that had diagnosed her with it didn't really know much about it. Said, here's muscle relaxers, some anti-

inflammatories. If you get desperate or some pain medication, and I'll see you in six months.

Well, I, I heard her history. She shared, you know, this long list because fibromyalgia have a lot of different symptoms. And I first thought, Laura was.

This is a hypochondriac. Well, you know what? I want to be nice, but how am I going to break it to her that I can't? You know, I can't help you. You've got all this stuff going on.

You can't. You know, where you can have all these different symptoms and still be a lot. Well, but later, as we spent more time together in that interview, I realized just.

She is telling me the truth. She has nothing to gain by making this up. I was able to get her, well, reverse her fibromyalgia in three months and, three months.

Right now, I was going to say before those who have fibromyalgia. Go on. Yeah, right. Okay, let's go to the next interview. So I quickly learned that they weren't all going to be that simple.

Sheila did really, really well.

Roger Murphy's Fibromyalgia Journey

But as I started getting more and more referrals from the medical community here in Birmingham, Alabama, I realized I was in trouble. And so I set off on a mission to learn everything I could about functional medicine, ortho, molecular medicine, anything that I could still borrow, from other practitioners that were having success with different, portions of what was causing fibro, put into play.

And that came about developing this thing called the Murphree method. And wrote a book in 2003 on fibromyalgia. And at that time there really wasn't a whole lot being written about it, and it just kind of took off.

I got invited to speak all over the United States and then even overseas and, and, I never would have chosen it, but, it's it's very it's very, it's very rewarding, though, to be able to help these folks that, you know, really desperately need help.

It shows you, Roger. It shows me. Absolutely. Right. Right. I have to share with you, I worked in, traditional medicine for a big HMO for 20 years before I transitioned into functional medicine.

And I can remember when I see on my daily schedule a woman coming in and her one of her diagnoses is fibromyalgia. I can remember just feeling like, oh, gosh, this is going to be a long visit.

I'm not going to be able to help this person. And in looking back, it was very disempowering working in the traditional medicine model because we didn't have solutions for people.

And of course, there was that stigma that you're some you're you're you have all these somatic complaints. It's in your head. And, and a lot of times, you know, they would come with a lot of traumas that were unresolved and, relationship problems and just this whole host of things.

And I can remember feeling like I can't do I can't help this person. And so, you know, things have changed now, all these years later after I learned functional medicine, and we learned a lot more about the root cause of fibromyalgia and how to resolve it.

And thankfully, there's people like you that are helping. And so now it's not so terrible, right? But I got a fibromyalgia patient like, oh, I know how to help you or I know somebody who can.

It's not you don't feel it's this disempowerment. And I will say from a in a Western medicine model, that feeling of disempowerment is a is a really awful thing to feel when you can't help people.

Yes, it really is. So let's get into what it is and what causes it and who gets it and why. So can you give us an overview? What is fibromyalgia and yeah, the whys of it.

Yeah. So fibromyalgia is a syndrome. So a syndrome is a group of symptoms that people have in common. People probably have her irritable bowel syndrome which is a collection of symptoms of, bloating and gas, stomach pain, loose, loose bowel movements, constipation, the fibromyalgia.

The common symptoms are diffuse, achy, sometimes disabling pain, fatigue, exhaustion, brain fog, restless leg syndrome, irritable bowel, those with fibromyalgia, and the list can be rather long.

You know it can. It can be everybody's fibromyalgia is a little bit different than an ex, but fibromyalgia is just a name. You know, fibromyalgia doesn't cause the pain or the low energy of the brain fog or the low moods.

It's just a name given to describe this condition, and it affects primarily women between the ages of 30 and 70. The, the probably the, the biggest bulk of that is between 40 and 60.

But 98% of those who have fibromyalgia are women, and it's estimated somewhere between 8 and 10% of the world population has fibromyalgia. It's a it's an it's an illness.

It I believe is brought on by stress, which is, you know, nothing, nothing new. Right? I mean, we would probably both agree that, as most, health care practitioners would say that most conditions are brought on by stress and inflammation.

Those are the triggers, the fibromyalgia. It really is, a dysfunction in the mitochondria. A big part of that has to do with the body's inability to regulate itself.

So they have a dysfunction of the hypothalamus, pituitary, adrenals, the self-regulating mechanisms that help control the different systems of the body.

But when it gets under too much stress, it starts to have problems. And those problems show up for symptoms. For fibromyalgia, they're usually the first symptom is, is, poor sleep or, or pain that can go hand in hand.

But but once someone starts to experience poor sleep on a consistent basis and you know this as a practitioner, they really start to try to run the risk of having all sorts of health problems.

But the fibromyalgia is a syndrome is caused by, I really believe, stress is the catalyst for it and the people most likely to get it or Taipei's so, so right.

What you see in your practice, these are, you know, the the doers right. Their working 40 hours a week at one point. You know, a lot of these people are on disability now.

But, they, they're working 40 hours a week. Probably on the PTA board volunteer at their church. They come home, they maybe have to cook dinner or, you know, shuttling their kids around all the different functions they have.

But, you know, so they do and they do and they do and they do and they do. And then one day they're just done out and that's it. And their health starts to suffer.

And then eventually, after going to half a dozen doctors or more and over a period of, you know, 4 or 5 years, they finally get a diagnosis of fibromyalgia.

So but but there is hope. There's things that can definitely be done to reverse all that. Yeah. So talk to us a little bit about how is there anything else besides stress that causes it.

Do you have you noticed anything else that any other similarities or commonalities between, the patients that you've worked with and what they have? And can you talk a little bit about your Murphy method, maybe, or your

your jump start protocols and what do you do?

So now you've identified it. They finally got a diagnosis. Where do people go from here?

What Fibromyalgia Is and Who It Affects

So one of the common denominators for these folks is that they have less mitochondria than the average person. Just genetically the way God made them, for whatever reason, they don't have as many mitochondria.

They also have, a lot of dysfunction. So a lot of their mitochondria dysfunction are not working like they're supposed to. Now that, you know, that's brought on by stress, some of that's brought on by stress, oxidative damage, poor diet center lifestyle, nutritional deficiencies, which are common in most chronic illnesses, but in particular with fibromyalgia.

One of the big common denominators is, is, you know, I mentioned stress, but we could we could substitute stress for another name trauma. So these individuals oftentimes came from a very traumatic household, very a lot of stress.

So it could be, you know, it could be abuse. Unfortunately. It can be verbal or, you know, physical abuse. But it could be a very toxic household that they grew up in that was just, you know, a very stressful environment to be in.

Or it could be that they, or in a military family and they moved a lot in just, you know, those teenage years were really stressful because of that. But but they lose their plasticity, their ability to rebound, you know, to bounce back from stress.

And so as they go from, you know, a very toxic childhood, oftentimes, then they get into maybe their college years or first years of marriage or our first years of their work, you know, their career.

And it's just this additional stress that most of us are able to navigate for these individuals. The stress comes on and it's the, you know, they may be able to navigate that for a while, but then maybe they have a hysterectomy or maybe they, have loss of a loved one or maybe have a special needs child that they're taking care of, but eventually there's a straw that breaks the camel's back, and that's it for them.

And, you know, once they fall apart, there's no drug that can put them back together, unfortunately. So it's a process of looking at where they're broken down and fixing those things so that the body can then do what it's supposed to be to do, which is to self-regulate itself.

Yeah. So how do you even start figuring out what's broken down? What do you do? You know, you're doing are you doing functional labs or you're doing a lifestyle and health history intake?

Are you, doing physical exam? What is it? That kind of helps you figure and pinpoint this? Well, my practices are telehealth at this point. Like, a lot of us are moved to telemedicine, but, a lot of functional testing because, you know, you can guess, you know, there's you can you can try to guess and try to figure it out.

But with a complex illness like fibromyalgia, most of these individuals have tried all sorts of different, you know, different diets and supplements and of course, medications.

Oftentimes when I start working with a patient, they're on half a dozen or dozen drugs, which don't work. But, you know, what I have found are there's some key denominators that if you can get these right, it will set them up to be able to have success, even though, it's kind of like an onion.

You got to peel these different layers, you know, so you have these layers of dysfunction that you have to peel away. And it may take a while. But in the jumpstart protocols that I developed years ago, the first step is deep restorative sleep.

And that sounds us. Well, I mean, who needs sleep? I'm, you know, I'm a type A, you know, a, pride myself on that. Needing a lot of sleep. Well, you can do that for a while.

But now, when you develop a chronic illness, I don't care whether it's fibromyalgia or rheumatoid or shoguns or whatever it is that's, you know, giving you trouble if you're not getting deep delta y sleep, this deep restorative sleep, you're going to be at risk of developing all the symptoms that we would see in fibromyalgia, because we know if you're not getting deep restorative sleep, you increase your inflammatory chemicals by 40%.

Now that's dramatic. But if you realize, as you and I know that everybody, just about everybody is walking around with some type of inflammation already, if you're carrying around extra weight, you got, you know, you got inflammatory chemicals are being generated in those fat cells.

But but if you're not getting deep, restorative sleep, what we see is that your pain threshold goes down. So now pain is magnified. It's more intense.

And it should be, if you're not getting deep, restorative sleep on a consistent basis, obviously eventually you're going to be exhausted. So that's what we see in fibromyalgia.

You're going to have mental clarity issues. So we see fibro fog. If you're exhausted you're going to be irritable probably probably going to be anxious.

You got this nervous stress that just takes over. Probably going have a low mood. You're at risk for getting irritable bowel syndrome. And, I use this analogy that we're all born with a stress coping savings account and as we go through life, are using these chemicals all day long to be able to deal with the stress that we're under.

So in that account, we have things like, well, like serotonin, the brain chemical that is the happy hormone. It reduces anxiety. You know, it's helps with depression, but it also, that your serotonin level helps to raise your, your pain threshold.

I'm sorry. So you have less pain. You have more serotonin receptors in your intestinal tract than you do in your brain. So when you get nervous, you get butterflies in your in your stomach, not your not your head.

So once we can get someone going in a deep, restorative sleep, they start to make deposits into their stress coping savings account. So. So we see that a lot of symptoms with fibromyalgia are dramatically improved.

If they're getting a good night's sleep, they're going to have higher pain threshold. Less pain doesn't matter where that pain's coming from, whether it's coming from osteoarthritis, osteoporosis, scar tissue, whatever.

Raising that pain threshold is going to lower. It's going to lower that pain. They're going to have more energy. Obviously, they're getting a good night's sleep. They're going to think better.

So the fibro fog is going to improve. Irritable bowel starts to improve. So the first step and I think you got to get that right. If you don't you're really fighting an uphill battle.

But it's deep restore to sleep. Let's talk about that deep restorative sleep for a minute. Because I know even in my own practice with my own clients, kind of like it's sometimes really hard to get people to prioritize sleep.

It's the simplest thing. Yeah, it's the hardest thing for people. They just don't stick to a routine of slowing down at night, thinking about getting ready for bed.

Root Causes: Stress, Trauma, and Mitochondria

You know, getting in bed by nine, 930 and giving them a really long, spacious, beautiful sleep. They're pushing, pushing, pushing, finally dropping in bed at midnight no matter what.

And then there's the people who say, okay, doc, but I try to go to sleep and I lay there awake and I'm not going to sleep, or I wake up all night long.

So sometimes deep restorative sleep is easier said than done and people give up. So what do you do? Kind of help people troubleshoot some of those things?

Because if that is the biggest answer to fibromyalgia, I know you've got to spend a lot of time troubleshooting this with people. Well, this is the biggest first step, without a doubt, because, you know, work with practitioners all over who ask, you know, ask me, what do I do with these people?

And I tell them, if you don't get this right, I don't care what you do, you're not going to have success. And the reason why is, is because, you know, as I mentioned, if you're not getting that sleep, you continued to bankrupt these chemicals that you need to work correctly.

You're you're so correct. You know, these are the, these are the hardcore insomniacs. So if you wonder, you know, people wonder, do I have fibromyalgia?

Because, you know, it takes tottenhams half a dozen years and a half a dozen doctors for you ever get to diagnosis? If you are able to fall asleep and sleep the night, you don't have fibromyalgia.

But if you're someone who really struggles to fall asleep or you're someone that wakes up the middle of night and you can't go back to sleep, you're. If that continues, you're at risk of developing fibromyalgia.

I really believe that, where do I start for sleep? So, you know, a lot of people will look at melatonin, the sleep hormone melatonin, but you bypass, I think, most of the most important thing for getting fibromyalgia under control, and that is raising that pain threshold because they have this is, you know, a condition called out of denier low pain threshold and hyper Alger where their nervous system is overactive and pain's magnified.

I start people with five hydroxy tryptophan, so five HTP, it's an over-the-counter supplement. It's an amino acid that you should be getting in your diet when you eat a protein.

Food is made up of these amino acids. And these amino acids. When they're combined with B vitamins, magnesium and vitamin C, they turn into different hormones and different chemicals.

In the case of serotonin, this brain chemical five HTP, when it's combined with these B vitamins and magnesium and vitamin C, that's what makes serotonin.

No one has a Prozac, you know, deficiency. You might have a five star deficiency. And we know that genetically, a lot of times that just the way again, we God makes these individuals, they can't take this tryptophan that's in the protein food.

They turn it into five of drugs to tryptophan which turns into serotonin. They have a they have a, a glitch that and allow that to happen. But I start them off of HTP 30 minutes before bed, 100mg of five, 30 minutes before bed with just a little bit of grape juice, about an ounce of grape juice mixed with water that helps set the, you know, insulin release.

And it helps to get that far past the blood brain barrier. But five HTP increases your melatonin, your sleep hormone, by 200%. And if you're making this serotonin now, you're making deposits of serotonin into your stress coping savings account.

So you're going to raise your pain threshold. So pain goes down mentally. You have more mental clarity, less anxiety, less depressed. As I mentioned earlier. Yeah.

More serotonin receptors in your intestinal tract. So serotonin controls the, the movement motility that motility your, your bowel movements. And once you start to raise that serotonin, oftentimes you see error bars markedly

improve.

So my protocol is valve FTP with a good multivitamin, with the five HTP 100mg 30 minutes for bed. If you don't fall asleep within 30 minutes, next night you got a 200mg.

If you don't fall asleep next night you go to 300mg. If you still that fall asleep. Now you start adding sublingual melatonin to that equation. But I try to do it all naturally because, as you know, sleep medications have all sorts of side effects.

And, and not to scare anybody, but we know from research out of Wake Forest and other places that taking sleep medication, increases your risk of death by all causes by 500%.

Again, not to scare anybody. I mean, you know, there's a time and a place, but, you know, now, if that's you and you're on a sleep medication now, now you should start looking for some natural options, right?

Right. I really appreciate you being so transparent about what you do to help people. This people are coming here looking for answers and support and this is really, really helpful.

And look, you've you've already helped somebody sleep without a prescription medication. That's incredible. Yeah I mean, you know I see people just getting them sleeping through the night is a total game changer.

Life changer for these individuals. You know it's it's criminal that that Western medicine isn't recommending this. But the truth of the matter is there's no money in five HP.

It's not something that a pharmaceutical can patent and, market as a sleeping medication. It's just a natural amino acid.

Jumpstart Protocol: Sleep and Adrenals

I mean, it's and so since there's no money in it, it's not used in the Western medicine world. Right. Really sad. Unfortunate but true. Yeah. Yeah. Well, okay. So sleep.

What's your next part of your jumpstart protocol? Oh, once you know. So this happens really all at once. But what I learned early on, Laura was okay, if I get them, because it just makes sense, right?

You really think about, I mean, when you have an illness, really? Ideally you want to think about, well, why do I have pain? Well, I don't have low energy, you know, why do I can't use the bathroom?

I mean, but most people don't think that way. They think, oh, I need to go to the doctor and get the drug or whatever it is. But if you think about it, makes sense, right?

I mean, you can get a good night's sleep. A lot of those symptoms are going through well, what I found, though early on, and I just was focused on that, these individuals who had slept in a decade, you know, not well, they started sleeping through the night.

They felt better than they felt in years. And then they would go do things that they hadn't been able to do in years. So they'd go shopping for the first time in a decade.

They would try to go meet friends out for lunch or dinner or socialize, whatever it is, you know, because they finally felt decent and then they crash.

They would crash for three or 4 or 5 days. They have a thing called the fibro flare. And what I realized was not only did they have, you know, problems with insomnia that were really sabotaging them, but they and then they bankrupted their stress coping savings account for him.

They had bankrupted their stress coping glands, the adrenal glands. And so what happens with these individuals is because they have no stress coping chemicals, at least initially.

You start to build those up a little bit, but they have lost their stamina and resilience to stress. So stress becomes magnified. Little things that we would take for granted, like changes in the weather, bright lights, loud noises, being in a car or, you know, traveling in a car.

You know, this things that we don't even thinking thing about for these individuals they this is magnified, you know, a thousand fold. So what I realized is, okay, well, we got to fix the adrenal soon.

So we get them on adrenal fatigue protocols where they can start to repair those adrenal glands. Then now they have more stamina. They, you know, they can get to where they can do more and not crash.

So that, you know, that's that's part two of the jumpstart protocols. Part three. This is something that you're you really do so well. And that's focusing on GI conditions.

Because you know, we're all told you are what you eat. And we get jaded to that. But but but the truth is we are what we eat. I mean we the way we look, the way we look healthy is our skin healthy.

And, you know, our hair, you know, but, you know, eating healthy long term creates health. And it is it's a fact. But what we miss oftentimes is it's not only eating healthy, but it's being able to absorb those foods and utilize the nutrients that are in those foods.

So what we see with fibromyalgia is that notoriously, they have, problems with digesting and assimilating these nutrients. So they have Gerd and reflux and they have, small intestinal bacterial overgrowth is a big leaky gut, something I know you talk quite a bit about, food allergies is a common you know, everyone has food allergies of some sort, but but they have these these digestive and elimination problems that are preventing them from hanging on and utilizing the nutrients, that they need to really make the hormones and to make the chemicals that the body needs to be healthy.

So we want to look at finding and fixing any of these underlying GI disorders. And the place I just start is a digestive enzyme. It's simple. It's you know, it's inexpensive.

A lot of times just doing that can make a big difference. Now it's not going to get rid of leaky gut, but it can make a dramatic difference in the bloating and the gas and the problems that these individuals experience.

So so that's three and this okay. In I'm rambling here. No it's perfect. So let's just recap. You've got fix the sleep, fix the adrenals, which I'm assuming that these people can't even launch a cortisol.

Their cortisol are just flatline probably when they usually are. So if you do, you know, functional medicine tests like I do, and I'm sure you do, you know, you can do a, you can do a, fasting early morning cortisol test, but that's inconvenient.

But a saliva test where you see a four sample, you see normally you'll see, you know, that it's bottomed out in the morning and then kind of flatlines, you know.

Yeah. But and I'm sure you see this too in your practice, a lot of times you'll see first thing in the morning it's really hot. Yeah. That's because you're not sleeping.

The stress of not sleeping and the anxiety, this anxiety they have. But then it's high. But then it just crashes. And that's a problem. Or it's low in the morning.

And then about 8:00, 9:00, they get that second wind. And these are the nine hours, right? You know, and it goes up. And then that caught that spike in cortisol sabotages your melatonin level.

So you can't sleep. So there's different patterns to this. But but adrenal fatigue is I would say that I would say 95% of the people that I work with over the last 22 years have adrenal fatigue.

I'm glad we talked about this, because I think it's really important for people to know fixing your adrenals isn't something that you just go look on Google and figure out.

You really got to test and see. Are you the type that doesn't launch cortisol at all, any time of day? Is it high in the morning? Low the rest of the day.

Is it low in the morning? High in the evening? I mean, there's so many different variations of this. So it's really important to work with somebody like Roger or myself to, you know, figure out what's happening to your adrenal.

So first asleep, second adrenals. Third thing is gut health. So that's where we're at so far. Right. Fix number one. And number four is I really believe this.

I learned this, I used to have a integrative medical practice on the campus of Brooklyn Hospital here in Birmingham, Alabama, and we did intravenous I. V.

therapy. So Myers cocktail before ever became a thing. This is back in 2002, 2003, whenever. And, we would give people these high doses of vitamins and minerals and vitamin C and sometimes glutathione.

And by doing that, we could see dramatic improvement in fibromyalgia symptoms. But it was, you know, it wasn't practical. We had people come in from all over the southeast.

They can drive in and are fine, maybe have flu too, but we can have people traveling to see us every week to get an RV. And it was inconvenient. It was it was a costly.

It was, you know, you had to sit there for three hours and get this thing. So I learned, through testing and in, Spector sales and other things, testing about these common deficiencies.

And I found out the only way, really, to shore that up was for these individuals to take high doses. And that's sort of molecular medicine, high doses of vitamins, minerals, amino acids and essential fatty acids to overcome their cellular resistance.

You know what they need because, you know, people look at the, you know, the RDA. What is the you know, the RDA there already is the recommended dietary allowance.

I call it the recommended disease allowance. You know, if you go if you go by the RDA Centrum silver one a day, these kind of things, it's, you know, it's, enough to keep you from getting beriberi or scurry, but it isn't going to reverse, you know, a complicated illness, biochemical illness like fibromyalgia.

So by using these high doses, safe doses. But, you know, this is, you know, what I call the optimal daily allowance law, which is, like the that I recommend that you can, you know, 200mg of beet of, assignment, which I think the RDA is 3.2mg.

Gut Health, Nutrients, and Mitochondrial Support

So you can see it's a big difference. But we are is it different on the inside as we are on the outside. And for what one person can take, you know, I recommend typically about 670mg of magnesium, which is a natural muscle relaxer for these individuals.

And helps to the mitochondria a big part of mitochondria. But some people can do that and they're fine. Other people, they take 100mg of magnesium, they're in the bathroom all day. Yeah.

So there's a you know, we're different. We're different. And the way, you get around that is by looking at optimal

daily allowances, which are much higher doses to really change that biochemistry.

So the physiology can be, can have the, the chemicals that it needs to work correctly. Yeah. Something really important, a really important concept that you're sharing here that I just want to say.

And another way for people so they really get it is, you know, we all here let food be thy medicine. But in this type of situation, when you have a chronic syndrome or a chronic disease, you're not going to eat your way out of it.

You need higher levels of nutrients to kind of get over that hump, over that mountain, reduce the inflammation, heal up the gut microbiome, fix the mitochondria functioning, and then, you know, simmer down this syndrome or whatever chronic disease you have.

And then once you get to that point, let food be like medicine for the rest of your life, right? Yeah. Yeah. You know, I, you know, I really believe you can't eat so fiber, can you overcome it? Absolutely.

The only way to do it is you got to get healthy. And that sounds so simplistic. I know, but it's not, because where do you start? So many things are broken down.

That's why I know doctors get kind of given up, as you mentioned. You know, most rheumatologists won't even take fibromyalgia patients anymore. And, you know, when I talk to colleagues who in functional medicine, integrative medicine, whatever, or even in conventional medicine, they'll tell me, oh, Roger, when I see this, like when I see them on my schedule, I'm already just thinking this is going to be a bad day.

And it's not that they're not empathic. It's not that they're don't care. They do. It's just that they don't know what to do with them now. So they feel helpless. Which, as you said, is a terrible feeling.

As as a health care professional, you know, you feel so lost. But, but the only way to overcome this thing is to get healthy. And and you can't get healthy unless you eat healthy.

But diet is the long game. That's the long game. You can't turn this thing around in 3 to 6 months. Just changing your diet. But you have to change your diet, to be able to, to keep those results long term, even using the, you know, the jumpstart protocols in the Murphy method diet be part of that.

Oh yeah. Foundationally, it must be done. And you want to take the slow road or do you want the fast pass? So the fast pastas change your diet and take these nutrients to optimize.

Right? I mean, you know, something that's coming up for me as we talk about this is Western medicine, rheumatology, primary care, internal medicine. They are never going to have a solution because there is no big money for medicine in helping people sleep, eat healthy and fix their gut.

I mean, we're talking supplements. We're talking food. We're talking we're not prescribing drugs for this. And so I think you know, people just really can't look to their, Western medicine practitioners to support this.

I mean, do you know of any successful fibromyalgia clinics that are funded by insurance that actually work? No. And and you know what has happened? It's a very, tainted environment now because what's happened is, physicians and conventional medicine, they were told, well, we're going to, you know, we got, neurons and then we got, gabapentin and Lyrica and surveillance involved.

And these things have been approved for fibromyalgia. They've, you know, they want to be helpful. So they're recommending these different things. They're treating the symptoms.

That's what you know. And there's a time and a place for that. But with fibromyalgia there's so many symptoms that you know, if you're not careful you own a drug to put your sleep drug to wake you up, you know, drug to speed you up, drug to slow you down.

I mean, you're on half a dozen to a dozen drugs. And what these practitioners have seen over time is that these medication gains don't reduce fibromyalgia symptoms.

Maybe short term and long term they create more problems. So now what you hear is you just have to learn to live with it. Yeah. You know, which is a terrible thing to hear if you're thinking that I'm going to have to live in chronic pain, have no energy, I've lost my livelihood.

I maybe have lost my marriage. No one understands what I'm going through. I have no friends. I can't do anything. And they tell you just to learn to live with it.

Well, that's, you know, that's not living, that's just existing. That's a terrible state to be in. It is it is. Well, thankfully there's people like, you know, who are creating these programs.

So, anything else on the Jumpstart protocol? Before we talk a little bit more about mitochondria and how someone reduces or eliminates their fibromyalgia symptoms further?

Well, so the Jumpstart protocol, those four key things is or, you know, like the legs of a table, you know, if you move, if you don't, if you don't get one planted, then that table's unstable.

You know, you might be able to do it with three and you feel like, you know, you're doing okay. Get down to two, you're in trouble. One is not even, you know, but, that lays the foundation, as you mentioned earlier.

But I find there's much there's more to that. You can dramatically reduce your symptoms just with those four things. But 70% of the patients I work with have a problem.

Their thyroid never been diagnosed or is not being treated properly. You'll see a lot of those folks. I see a lot of a lot of my patients have problems with, food allergies.

We know that's a common driver of inflammation for a lot of these folks. So there's different things, you know, again, peeling away the onion that have to happen.

As far as the mitochondria, which is this whole obviously this whole summit is about because they have less mitochondria and because they're Monte Condrey are dysfunctional.

Many of them are. We need to provide them with key nutraceuticals that will help that, like malic acid, CoQ10, you know, just be vitamins, antioxidants, you know, to help to reduce that oxidative stress, which is creating free radical damage and generate all this inflammation that we see in these individuals, changes to their diet, just eating foods that will help, boost glutathione on production.

These, these things that we know are crucial to helping the mitochondria and helping the body work like it's supposed to. Oh, yeah. Your jumpstart protocol is a mitochondria protocol, too. Yeah.

I mean, it's literally the same things that we do to support mitochondrial health. And it's just, you know, another testament to we are interconnected.

Every system in our body is interconnected. And it comes back to that really microscopic cellular level work. And once you give your body what it needs, it can do miraculous things.

Yeah, yeah, I think that's what saved me, by the way. So my background, you know, being a, chiropractor, we we have a background. It's very holistic. You know, it's all about, you know, the, the, the power that made the body can heal the body.

You know, it if it gives gives us the right environment in the right things. And, coming from it, from that paradigm, I think we we saved me because even when I had these patients that were flooding that now I was flooded when, when the word got out that I was helping these people, fibromyalgia because no one knew what to do with them.

And so I was flooded with them. And what saved me, Laura was realizing, you know, if I can just get some key things working, this innate, inborn healing system, you know, that we have in us can do its job.

You know, we don't have to think about taking 12 breaths per minute. We don't have to think about digesting our food or mending broken bones or any things that the body's so capable of doing, but sometimes it needs some help.

Unfortunately, you know, I was able to to realize that, okay, if I can just understand that and buy into that philosophy, that helped me not be so intimidated by so many complicated patients.

Yeah. And those chipping away at those things and people start to get better, better, better, better. Well, anything else? You know, before we wrap up today, this has been so good.

And I know you've given so many people hope, with your strategies that have worked over and over and over again, anything else you want to share with people on tips?

Hope, Recovery, and How to Connect

And then I want you to tell people where they can find you, how they can get Ahold of you, how how can they work with your protocols. Well, I would say this in wrapping up, I would say if you've been told you have fibromyalgia and that you just need to learn to live with it, don't buy into that.

So if you're willing to be proactive because there is some work involved, like it, like any chronic illness, there's some work involved to overcome that.

But you can get your life back whether you go into full remission as as many of my patients do or you increase your your vitality, your in reduce your symptoms by 70% on average, you know that's a success.

Don't let anybody tell you that. You just have to learn with fibromyalgia because it's not true. Yes, unfortunately, there's not a lot of us out there that, you know, really understand fibromyalgia and have any success.

But there are those of us, and you just need to find somebody that you can work with that you like and, don't give up, you know, just don't lose hope.

Yeah. That's such a such a message of hope to, How can we get Ahold of you? How can I thank you? Thank you. So there's there's all sorts of free resources, podcasts, blogs, videos at your fibro doctor.com.

Amazing, amazing. Thank you so much, Roger. This has been so inspiring and incredible. And I'm so glad for the work that you do. And giving people hope with fibromyalgia.

Certainly. It would have been nice to have it when I was in the traditional medicine world all those years. And it's really a relief to know that there is hope that people can heal.

Well. Well, thank you so much for allowing me to to be on here. I just, you know, I just love, the opportunity to spend time with you and share this message with, with the summit.

And I look forward to all the interviews, too, because, I know some of the people that you've got on here, it's going to be a fabulous summit. It is, it is.

Thank you so much, Roger. You take good care now. Bye.