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

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## Introduction and guest background

Hello everyone. My name is Doctor Richard Horowitz and I'm the co-host of the Doctors Talk Healing Lyme Summit 2.0. And it is really my great pleasure to introduce to you today, Doctor Jacob Talbot.

And 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. Really appreciate it. My pleasure. Aloha, everybody. I'm Jacob Teitelbaum, I'm an M. D..

I've started internal medicine but have really focused on post-viral and other causes of chronic fatigue syndrome and fibromyalgia, including post infectious Lyme disease.

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

But 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 I'm working as a nurse in 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 med 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'd always geared to being a healer with in those days. But being a physician, that was somebody's option.

We knew about, even since I was a little eight years old. I can remember, and it's as if the universe put a holistic healing medical school sign on my park bench.

When I was sleeping in the parks and all these energy workers, chakra workers, nutritionists, natural paths, I didn't even know that once. That's the thing.

You know, for my student, all these different people came by and, you know, and I met them on my journey, through homelessness. Sometimes they had pizza with them, and 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, like the 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 that time this year, for 11, 50 years. Now that my focus has been doing research on effective treatments, I'm a science geek.

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

I've done two dozen books, one of them so of my shoulder. Fantastic. Those of you long-covid you can heal from 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, but most of you who have the fatigue aching as brain fog, can't sleep. Widespread pain, this kind of mix of symptoms, you can't get well.

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.

It's 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, you know, 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. And you, you were there, you were sick. You had a chronic fatigue, an 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 all 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 I don't encourage it. That's after all, it's kind of hateful, abusive adults, things that you can't get. Well, anybody. That's who.

While they're quack. The 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 well-meaning. These aren't nice people.

I've never met anybody out there who's not a good person. But number one, realizing, yes, this is a very real disease. You know, you look back to multiple sclerosis that used to be called hysterical paralysis.

Think of that. Yeah. Ms.. You're paraplegic. They wheeled into the doctor's office, and the doctor was telling your family. This person's hysterical. Just the stereo. 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.

## Mind-body healing and psychodynamic factors

And number three is can be all illness has a psychodynamic, for example, all heart attacks. 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, oh, let's express your feelings, but relax. I'm, you know, personal grab you by the throat with your dying breath.

Them 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 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 not. That's not an opening for a discussion. That's a no. That's a final answer. Turn around, 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. But at the end of the day, learning to be authentic, learning to say yes to things, to feel good, no to things that feel bad, including the negative thoughts that you know 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 any hyper 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 have to 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, that 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 we'll start with the biochemistry and then finish for the bottom.

But I think you probably have a more oh aware crowd. You know what I'll that much of you. So I'm I'm going to give one other thing before launching to the biochemistry, I mentioned I used to work at American Children's Hospital when I was in high school. That's how I paid my tuition or my rent.

All that kind of stuff. And I was getting ready to rotate onto the burn unit. I asked my psych professor to teach me hypnosis so I could use it with 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 like yesterday.

I'm. I'm a butterfingers. So a really good reason. I'm not a virgin. And I burned myself a lot last night. I burnt my fingertips. I can go into a quick, hypnotic state.

I know 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, directed by the mind.

It's going there thinking there's an outside invader, and then you blister. Balgus skin will turn white and fall off from the burn. But the blister is our own psyche reacting.

What I found. If I have like a big toe the need to be pulled or you know anything like that. If I go into a quick, simple, meditative, hypnotic pick whatever you want state and let my psyche know this is friendly.

Welcome to this and this is for our healing. It's good, I don't complain. They say, oh, you'll be out of work for a week now. And we 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, through throwing eight frogs in the air that are dead.

I mean, all these things that engage the psyche is that warts are a virus that hide. But if you can direct this, I can go, hey, that wart over there, that's a virus.

Please go get it. The wart 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 with that or consciously directing it now.

Quite so you bring up it. I mean, obviously I know the stories on hypnosis that in fact somebody's 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, you know, 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, you can 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 worked, but I had heard about two 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 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, the healing.

But of course, they do have underlying immune deficiencies that sometimes makes it difficult. And that's why I don't begin with what 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 these kind of things as part of the Lyme disease.

And the rest showed up a simple thing called a shine protocol that's says for sleep now to get them sleeping because that's critical for immunity, age, hormonal and hypertension for the autonomic dysfunction.

And a part for all of that and all the hormone issues, all that needs to be addressed. Number eight, I would be infections, inflammation, immunity.

## Energy crisis, immune dysfunction, and the SHINE protocol

All of that can be addressed biochemically and as nutritional, including herbs and nutrients and is exercise is able

to eat a little bit not just have a stupid basic thing the classic 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 up immune subsets of the average seed?

Again, once before deficiencies lutely not. There are cases that I will underline because there's a small subset that actually need to be with globulin 2%.

Maybe. We actually did one study using recovery factor that's not available in the United States. So I'll address the world at recovery factors like com dramatic improvement and post infectious, chronic fatigue syndrome, fibromyalgia.

But I did a subset of people who had 80 total in 1981 to for antibody deficiencies. And we saw a dramatic increase in antibody. And these antibody levels.

So there's a lot that you can do. But let me give you what 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, viral infections like Covid, you can look at Epstein-Barr virus, you look at the Lyme spirit kit. They don't have mitochondria, they don't have their own energy furnaces.

They can't effectively make energy. You know, 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 bodies, energy systems, our mitochondria and the body to really know how to fight it. It shuts down energy production. And that's why after when you get a flu, you feel like going to bad because your energy production shut down.

But if you didn't have the little pieces of the spirit heat 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, so your immune system keeps acting and fighting and fighting and your mitochondria, your energy system, stays 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 was a too low IQ, one for the immune deficiency, what came first and then the disease.

Now I had people where they actually, for God knows what reason. I had these tests before the illness happened. Her kids have mothers. These antibody levels were fine until after the one.

So there's a certain genetic group that they're born with this deficiency. But I think the body, not knowing that the infection is gone and chronically attacking it, exhausting me.

I just. You know, in in Lyme disease, 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 Daptone 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 Daptone protocol and it's interesting, of course, I came to the model similar to where your shame protocol is 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, sort of. Me it's it's everything you were talking about. They need to exercise, but because they're deconditioned.

But some of these patients that do all of these things, I'm wondering whether the cell danger response that Bob Layne 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 some women 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 just kind of wondering if you're seeing similar things where the mitochondria are 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 illness, it's not a good name that you have for them, as basically an energy crisis.

And then the low energy level. So 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, 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, you know, and then the I again, there's so many names.

So there's some danger response and there's all different names, but it's the same, same thing with different names, that 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, all the cells have enough energy.

Then, I think, to finish the mop up operation. And then for some reason, the mitochondria come back out because in our study, two years out, we were able to wean off most of the treatments.

And most people, and they stayed okay. They stayed well or continue to get better and better actually. So it it's like a crutch. So it seems that you're able to turn off the sole danger response by restoring energy production.

And also we go in, in the eye in the chain protocol infections. There's a whole bunch of infections. I will look for the Candida as a major one. The antibiotic sensitive infections like Lyme, the co-infections, the Epstein-Barr and other viral reactivation, not everybody has all of these.

But I will look based on prominent symptoms. Right. And I don't find the testing as reliable as I like. And the gut infection. So I'm happy to go with the symptoms.

I will tweet, see how they respond, and usually they respond really well. We you know, we do find in our population that the minute I always have them on I stat and low carb diets when they're doing the adaptation 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, you know, vaginal discharge symptoms of candida? And many of these patients, if you get them fluconazole and clear that they actually do say they feel a lot better.

There is a subset though, I'm needing like nine factors CoQ10, the content of my ribose. I'd like things to get the mitochondria kind of going again. Do 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 both infectious 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 RG 80A red ginseng.

And they have capital Hill tablets. Get the chewable tablets. It's a quarter. The cost one half to one of those tablets today 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. There's a natural product called gamma cycle. Backstrom.

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 to take handfuls of days, all of those 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. Well, that's why not capsules to be associated, but that chewable tablets won't have one a day.

I find the CoQ10 very helpful, but I'm going to get the chewable CoQ10 from a company called Terri. Naturally, that has a gamma cycle detection 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 acetal 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. Ribose to the back I have two studies now showing a dramatically increased energy take.

I thought I'd take each morning myself out of the vitamin powder. I take one scoop of 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.

Everything from phase one to phase three. Not Amazonian, 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 affecting the whole body.

That's why it was so popular in Asian medicine until it got farmed out. And you couldn't get the active stuff just to sort of basically. So, you know, there's a for the adrenal, what you find is I will use the code, I 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 it, 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 about the kids or how did. 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 Edwina Plex, which is a mix of the adrenal glands. Release melatonin against Lucas. All this stuff, it's cheap, simple. One day it will smooth out. Right out.

Way cheaper than a divorce lawyer or a marriage counseling. Okay, energy? Quite a bit. So hangry. Especially if you tend to have low blood pressure. You get to see when you stand up, you get recurrent respiratory 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 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 it that it's and feel better. Quick question about the virus is though, we are finding a lot of Epstein-Barr reactivation and HHV six reactivation in our Covid patients.

I was, you know, the the FAM Viera and the usual drugs were using of, you know, fam cycle Bolivia valacyclovir. They're usually not enough. I saw an article recently on diaper 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, HHV 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 parts, 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 used to in Covid, one of the earlier 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 Rica and, you know, up 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. If it's Covid, I'm, yeah, I there's some things that are controversial, and they got caught up in the politics.

I don't want to go there. But the for those who had other viral infections or where they, they feel flu like I will go to fam is nice or the Valtrex is ground 2 to 4 times a day of the Valtrex or 553 times a day in the same year that I don't know by themselves.

The Celebrex arthritis medicine Donnybrook 200mg twice the day dramatically increase that the antiviral products. And this is a nice study done by Pridgen.

And we're finding in our own patient population. Yeah. You're talking Celebrex, the Cox two inhibitor that we use for pain. That I tell people is poison and not used for arthritis.

But we got all the natural things for Titus. But it's a 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. But 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 being. Cimetidine is why I think think anything. Okay. Hahahahahahaha. No. Interesting. Because we use cimetidine now regularly in our protocols.

But I'm doing it because it actually lowers meth hemoglobin levels when I'm giving capstone, 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.

## Mitochondrial support, adrenal issues, and viral reactivation

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

It's not useful. Yeah. It's unfortunately the ones that are IDM positive, which is about 1% of the population, don't respond to the antivirals. Really strange.

The PCR, I've never seen anybody turn positive on so, you know, it's okay if you do the PCR thinking I would go with it and, and treat it up for months to start feeling better, six months to the length of treatment.

But yes, you'll see. Well, 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 a bunch of other viruses, that they trigger a jailbreak. So the immune system's overwhelmed because that way, the infection that does that can survive better.

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

And that's why. Well, I don't want to go to the politics of it. They work very well. There would be a whole nother discussion, by the way, the politics of medicine.

We don't. And by the way. Out of these days. The when Covid first came out, by the way, I published the first article in the medical literature on glutathione.

It was in April in 2020, and I didn't know at the time. I didn't realize that I was using glutathione for works 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 to replicate. And we I didn't lose one patients to Covid in the last four years using higher dose glutathione.

And and I realized then the NAC was stopping the micro clots because it was stopping von Willebrand factor. And at the time that 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. Creating long Covid and even acute Covid clinical groupthink.

So on, on that reduced and daubed, a highly absorbed Akira mat because again, we talked about things to increase absorption so they you can add the curcumin oil, called turn round, increase the production 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 anti-inflammatory.

So you've knocked out the two main forms of damage that the Covid virus does in the short and long time. Yeah. But the cheap and, I don't know, the I'm going to mention the ivermectin.

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.

Please tell me this doesn't work. I can keep my mouth shut, not look like an idiot. So I will tell you. 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 viruses have flavor, and they're chronic, persistent Zika virus. They're 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. You know, I just I don't want to get distracted on that.

We we were in agreement. So I'm going to let it go. So. But how can you get a lot of you're sitting there. You have 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 and it keep going up higher and higher. You should be.

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

And that's optimizing sleep. I think. I know I'm repeating myself, but at the. By the way, for these type of talks, repeating yourself is actually excellent because people get a lot better.

And by the way, the Shane protocol is the message. It's 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 the EMRs 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 chaotic. Where to begin. It begin with the end for nutrition a sugar increase. The most of you have that a high protein diet.

You're going to need more salt not less for most of you not salty strict unless you have heart failure. And you go with these things, I will I will use a good multivitamin of high and B vitamins from magnesium.

Not so critical. You want people ask which nutrient do I need? And the answer is all of them. So I will use the energy revitalization drink mix. One drink a day replaces 2530 pills.

It's good coverage. I will put people on the HRT 80 red ginseng. There's something called smart energy system, which ribose ashwagandha, Rhodiola green tea extract, licorice.

That's optional to those three will double most people's energy. And, and probably more than that in 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 will find it was about close to 20%. Their magnesium levels will. No, not in the serum, but red blood cell. They were low in copper, so they didn't have enough for, superoxide dismutase.

They were low in zinc. You need zinc for immune function. We also we're finding this and do a lot of nutritional replacement 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 the perfect one half milligram of copper because copper is oxidative.

But in native pathology. So instead of looking at x 30 things and doing $5,000 and test the tests, I will do the nutrients. There's two of them. I will check for B12 levels, because if the B12 is under 540, they say it's normal over 210 and same under 540.

I'm going to give B12 shots. But the thing is, the energy revitalization drink mix has 500 B12 in it anyway, so it's going to cover all of that, but it doesn't cover because it doesn't have iron.

If people I will check a ferritin 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 day.

I will give, I will check for 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 react.

And 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 checked the iron percent saturation otherwise. Otherwise I wouldn't bother here. 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 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 virus. It's just 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 this illness, you're going to think the universe must hate me.

I'm crushed. It's horrible. Yes, I know it feel, though. I felt that way, too. I felt like everything I'd worked for my whole life was gone, and I was, like, messed up.

And Devon back there got 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 freefall when I realized, I don't want to die.

Okay, pulled parachute. So anyway. But this illness will turn out to be a real gift and blessing for you, even if you know you want to race. And Spider-Man got hit by Red rocks Spider.

At least he got all these Spidey or UN senses. What's the superpower we got? Oh, I think we went through its authenticity. As we mentioned 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, that might not work for you.

I'll always be somebody else there. How about heroin? Oh, hey. And how's that working out again? Not so well. There you go. Okay. So 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 now quick question, the people that don't respond like you must have your non-responders, right, just like everyone does.

What do you find are the most common things in those people that are the non-responders? Richard, what I'd like to do first is go through how they can respond, because I got 91% of you more actually now, which is you have your research and up.

We'll get better with the shine protocol. So let's go through shine and then what? I'll 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 and I'll send you the free. All the stuff will be kind of an a summary and a free information sheets that 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 MCAs information sheet. If you have, you know, the immune dysfunction, you want information on a little snail truck so that that information, 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. We want all of them.

Get my book that's in there. 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. That's 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 and staying asleep. To fall asleep again, start with the natural things.

I will use mixes of herbs is one called the 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.

## Treating infections, inflammation, and pain

Get a loose tea that's buds, the camomile buds and step up it. Actually, you'll find it can help. But again, most people get the tea bags. It's dust. It's not.

It's not going to work. The medication low doses. The down next roll. Gabapentin. If I hold Benadryl at low doses, you are a cheap date. Your system is not clearing things out quickly.

You take a standard dose or something you're going to be on, go over. It'll be the next day. So 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 right. We we and we like we use the valerian root. We use Gabel Theanine. There's a lot of other herbs. A lot of these are also very useful.

Everything we just mentioned in the Revitalizing Sleep formula already. Hahaha. So again, what I'm going to say is that there's simple things you can get for eight hours sleep at night and by the alcohol by 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.

Each hormones tired. If you think of 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. Oh, tell me what you really think. Jacob, don't. Don't hold back here.

Oh, well. Alrighty then. You know, it's. But by the way, in the lion population, one thing I will tell you about TSH that makes this fun. And 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, T4, T3, T3 are 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 not understanding they need. The thyroid is in the upper range of normal.

That's because the TSX is an utter piece of crap tests. So and I was lecturing at the World Congress on fibromyalgia on about 2000. In Italy, I think it was and one of the other speakers, Professor Gunther Nick had, was the world's leading expert on the effect of these infections.

Until, they say, levels and hypothalamic function. I asked them, and Professor Knee, is TSH a reliable test needs to see so in Italy not you know, because it goes down by 50% on average, not because the thyroid okay.

But because the hypothalamic dysfunction. So let me just but let me just say definitely it's an utter piece of crap test. Don't use it in this disease.

You can use a pretty for. And if it's normal, you know what it means. If it's normal, it means you're not in a lower 2% of the population. Called two standard deviations.

So normal range for shoe sizes medically would be size five and a half to 13. You give me a size seven shoe that I will say it's in the normal range right.

Yeah I got a size 12ft. You're you're fighting the thyroid. You need to be in the general upper range of normal with the, for example, the free T3, free T4.

I'm saying you gotta listen to the person tired, argue weight gain, cold intolerant. And I got 2 or 3 of those symptoms. Unexplained infertility, recurrent miscarriages, you know, constipation.

With chronic fatigue. I'm going to give a trial a thyroid hormone. I'm going to start the desiccated thyroid. I'll consider all 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 to what is optimal. As long as a free T4 is not in the upper 10% or higher, but you can't let me just I have to adjust it.

But I don't adjusted based on the test. I just add what feels the best. Then I check the test for safety. Okay? And you already know what other hormones are.

Adrenal. We talked about testosterone in men and women. Estrogen, progesterone. All the hormones are under the control system. They're all boundaries. By normal testing.

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

You know this trick already? Yes. And if you have trouble finding the Clomid, compounding pharmacies can make it for you. Yeah, they they jerk to drugs below $0.05 a day.

And I was like 20 or something in the and hard to get. So yes. This is great. So we only have a couple more minutes. So is there any other 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 it all these illnesses or it's basically again, 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 irritable bowel syndrome, adult nasal congestion symptom, I will treat for Candida. If you have chronic flu like I'm going to give the fam beer Celebrex protocol.

If you have there's a host of symptoms who have gone over these that 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'll start 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 I know for Covid there's been some studies on it. What is the brand you like? It's it's one by very naturally it's called healthy inflammatory response.

It has the gamma cycle reduction and you get the increased information. But it looks like it's the missing link between mast between sensitivities. You know mast cell activation and and the 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 in. 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.

Ask for the information sheets templates numbers to help. Just say for fibromyalgia post-Covid post Lyme whatever. Number two pain. Pain is optional. You can get your pain.

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

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

Most of this is the brain pain from 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.

The said rate will distinguish. Most people have a low inflammation test, the study rates and inflammation test. Most people this disease are under seven or under five.

Normal is 20, but I see a 30 or higher. I am looking for inflammatory triggers. I call them, you know, illnesses, a whole array of them. And to me, that one simple test tells me what direction be looking for triggers.

Yeah. 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, and after the Daptone protocol, she was down below 20 for the first time.

It's interesting. DAP zone 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 persistence 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 from microglial activation. It's actually part of the protocols. We use it, you know, without you and I ever having met.

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. It's it's funny, you know, I they used to call me the Phantom Christie. In the morning, they'd see me in the hospital and the medical library just pulling the studies out of 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 a data set. I have to try to.

And she married me anyway. So I we all get taken care of. This is what the shows 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 the folks I see, but here's study.

And I said, I don't need to look at that stuff. This is pseudoscience. 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. Then 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 conferences, we're looking at what the science actually shows.

And when you do that, come to the same conclusions. And then people get better. Like you. Yeah. 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 title. Bam. He's been in medicine even longer than I have, doing chronic fatigue and illness.

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. Great. So again, thank you Greg.

Thank you again today. Mahalo to you too. And thank you everyone for joining us again. My name is Doctor Richard Horowitz. I'm the co-host for The Doctors Talk Healing Life Summit 2.0.

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