Introduction to Fibromyalgia and Female Hormone Issues

All right, everyone. We're going to dive into something that we hear so much about in our clinical work in general, when it comes to female hormone issues.

You've heard us say this over and over again. That's the one area of medicine where it's just so underserved. You know, it's it's your hormones. You're supposed to have problems.

Go deal with it, right? You're supposed to have pain and suffering and a crazy menstrual cycle and menopause and infertility. It's just a part of being a woman when all of a sudden you meet people like Mr.

Murphy who are going to talk to you today that have unpacked these things a little deeper, that have gone beyond sort of the masking, the pain of symptomology and to understanding why this disease has actually happened.

And he's done this for fibromyalgia, which is really cool because it affects so many women that just sort of straggle along with, I have this thing and it's a part of my life, and it's just going to keep going until we start working on it at the functional level.

So first of all, thanks for joining us. Oh, delighted to be here. Thanks for having me. Yeah. So high level for those that haven't touched it in their family or themselves personally.

What is fibromyalgia? Well, so fibromyalgia is a syndrome. It's a group of symptoms that people have in common. And we give it this name, fibromyalgia.

But the symptoms include diffuse, achy, sometimes disabling pain, fatigue, insomnia, brain fog, low moods, restless leg syndrome, irritable bowel syndrome.

These symptom PMS are all associated with this condition called fibromyalgia, which affects anyone depending on who you listen to. But anywhere from 6 to 10% of the population worldwide, it affects females.

Probably 95% of those who have fibromyalgia are females. It does affect males, but obviously very much smaller percentage. And it's an illness that really is not really well understood.

And and unfortunately, there's still doctors today oftentimes who don't acknowledge it existence even though it's been around for, you know, 30 years, it's been around since the American College of Rheumatology gave the criteria in 1990.

So it's an illness that is incredibly frustrating, both for those who have it and for doctors who are trying to figure it out. Yeah, I think one of the challenges, like even in the way you describe it, you know, when you hear all these red flags, you're like, no, it sounds like here's another case.

But clinically, the people who are denying it exists or masking each one of those individual pain points or separate problems, they're saying, no, you have a marine behavior issue, you have an insomnia issue, you have a whatever issue.

And all of a sudden you're dealing with ten different issues as opposed to there's one root for. So how do you go from looking at all these multitude of multifactorial problems that come out of it to saying, no, this is the root where how do you even get there?

Well, Kashif, you know that that's the thing is, where do you start? There's so many symptoms.

What Fibromyalgia Is and Why Itu2019s Misunderstood

And I think that's what sometimes, lead some doctors, some health care practitioners to think that this individual is a hypochondriac because, you know, how can you have all these symptoms and still be alive?

Yeah. And unfortunately, most of the the lab work that's being done now, you're, you're companies changing that. Thank goodness that a lot of the blood work that comes back on these individuals is normal.

Right? So a lot of times doctors just say, well, it's all in your head or you're just depressed or, you need to lose weight or you need to get more rest, which is crazy because, you know, they they'd love to get more rest, but, they can barely sleep.

They may have insomnia. They'd love to get more exercise, but they can barely get out of bed. But there's some key things with fibromyalgia. If we if we look at it from a functional medicine standpoint, the way that you and I look at things, we're looking for root causes.

So again, fibromyalgia is just a name. That's it. It's a name given to describe the symptoms. But it doesn't cause the pain. It doesn't cause the low energy.

It doesn't cause the brain fog. So there's some underlying key things that contribute to that. One of the big drivers is low serotonin. So serotonin, as you well know, is a brain chemical.

It's called the happy hormone. The higher your serotonin level, usually the higher your pain threshold. So the less pain that you have, the higher your serotonin level, the happy you are.

Less anxious. Your less likely you are to have irritable bowel syndrome. You have more serotonin receptors in your intestinal tract than you do in your brain.

So when you get nervous, you tend to get, you know, butterflies in your stomach. But really, for me, 20 over 20 years, kind of, 22 years specializing in fibromyalgia.

Early on, I would, you know, I'd have these patients referred to me and I think, oh my gosh, where do I where do I start with these people? I mean, they've got so many different conditions and symptoms.

They got a brain tumor. They got you know what? Where am I going to start? But what I found early on is if I could start to get them to be able to sleep on a consistent basis through the night, that, that by doing that would be the biggest first step forward.

And really, if we can't get that to happen, then we're not going to see much improvement at all. So that really to me, if you if someone's struggling with their sleep, we know that they're they're 40% more likely that they have 40% more inflammatory chemicals than if they're, you know, sleeping consistently through the night.

Right? Obviously, if you're not getting a good night's sleep, you're going to be exhausted. I mean, you know, if you just, you know, if you never sleep, you're going to be exhausted.

You're going to have brain fog. You'd be more likely to feel anxious and depressed, more likely to be all about syndrome, start to have problems with suppressing your thyroid function because of all the stress, your immune system is compromised.

So the sleep restorative sleep is really the first step in starting to to dramatically improve the symptoms associated with Farmer Mountain. So the thing you said about serotonin is really interesting because we've we've spoken of it a few times during this, you know, our all these conversations and interviews, and we keep talking about it in the context of moving in behavior.

Right. It's a neurochemical, as you said, it's produced in the gut when you're sleeping. When you talk about serotonin, are you saying that it's a cause or it's more that the awareness is higher, meaning that somebody, because of the inability to deal with pain or mood, that maybe something that feels like 4 or 10 feels like six out of

10 or 8 or ten to them. Is that what's happening?

You know, which comes first, the chicken or the egg? Right? Right. So so we know with a lot of folks, whether it's with mood disorders or in particular fibromyalgia, they have a genetic glitch where they can't convert the amino acid tryptophan into five hydroxy tryptophan.

So amino acids are the building blocks of every protein. And we we normally get those through our diet. There's essential amino acids like tryptophan that you have to get in your diet and your body can't make it.

But for some individuals, when they eat turkey or people probably associate, tryptophan with turkey and being sleepy after Thanksgiving meal. But when they eat that protein for some individuals, they can't convert that tryptophan into five hydroxy tryptophan, which then turns into serotonin.

Right. And so it's the question is, is is it the fact that for whatever reason they become deficient in serotonin, that that is really the the driver, the impetus that brings on fibromyalgia or is it the stress?

So could it be a genetic link that's, you know, good question for you. Or is it just the stress because I, you know, I use this, kind of an example that we're all born with a stress coping savings account.

And in that stress coping savings account, we have certain chemicals that allows us to deal with stress. So we have hormones like cortisol and DHEA. And we have a serotonin dopamine norepinephrine.

And then we have vitamin S like pantothenic acid and minerals like magnesium that anytime we're under stress, real or imagined, our body's releasing these chemicals to allow us to deal with the stress, physical stress, mental stress, again, environmental stressors, things that we get in our diet that are stressful.

If you're not careful, you can bankrupt your stress coping savings account. So if you get under too much stress and you're making more withdrawals, then you are depositing, you bankrupt that account.

Sleep, Serotonin, and the Stress Coping Account

And one of the main ways that we make deposits into our stress coping savings account is getting that deep restorative sleep. Yeah. And that's when the body is, you know, it's supposed to be repairing itself.

But if that's not happening, then you continue to stay under the stress and that stress becomes more magnified and you further deplete those chemicals.

So every day you're waking up and you don't have any, you know, you open up the toolbox, you know, you get under stress and then you there's nothing there.

Right? So it's a it's a vicious cycle. I think the way you put it makes it so easy to understand and contextual. Is it because as often people don't think of it that way, that you have the load and then you have the release and or the relief?

And it's up to you, you know, on both ends, you're turning these dials, you know, in intake, whatever it is you got to deal with every day. But sleep is when you restore, recover.

It could be supplementation, it could be food that supports these things. But if you're not doing that, then you're starting the next day in the negative, right? You're you've already breaking.

You're bringing the burden of the previous day with you. How many days can you do that before the body gives up in something like fibromyalgia, pokes its nose through and says, it's time I'm here, right?

Yeah. You know, on the serotonin issue, you you sort of provoked a thought, which is we did some work with a researcher, so we run some of our genetic testing out of McGill University in Montreal, and they have a lab there

that does some awesome research.

We partner with them there. There was a researcher there that was working on, the gut microbiome, but very specific, pathways within the gut. He wasn't trying to do a big data dump in sequence and learn anything about it, obviously.

There's areas where I see red flags. I'm gonna focus on those. Right. And one of the things we found is that, in the gut that there's certain strains that when they flourish, their excrement is highly toxic.

Right. And they're flourishing because we're eating the wrong foods, in that ends up directly correlating to women complaining about fibromyalgia or being diagnosed with fibromyalgia.

And to me, it points to exactly what you said, that the Serato levels being off means you didn't take the time in your sleep to produce what you need to do, which means maybe earlier.

Before that, we're talking about a gut health issue, right? When gut health is off, then yes, serotonin is off, hormone production is off, detoxes off, recovery is off.

And you're getting this inflammatory in. So why was the gut detox or sorry the gut issue there to begin with. Or maybe because the wrong Flores version flourishing causing that inflammatory state.

So I don't we've seen anything like that. Well there's, there's research going on, but Doctor Pridgen in Tuscaloosa, Alabama, which is about an hour, west of here.

And he's this has been going on almost a decade now, quite a long time where, he's a gastroenterologist. And what he saw in his fibromyalgia patients with GI disorders, which that's very common.

70% of people with fibromyalgia have irritable syndrome. It's both of those conditions, as you probably know, are associated with, central sensitization.

That's a mouthful. Central sensitization pain syndrome or pain is more magnified. There's an imbalance and miscommunication between the the nervous system and the hormonal system.

But Pridgen has been doing this research, and what he's found in his research is there's definitely a disruption in the microbiome. I see that as well.

His research points to herpes virus, is being one of the drivers of fibromyalgia. I've not seen that in my testing. And of course, I haven't been I haven't been testing that for years.

Early on, I didn't see that. I'm curious to see what's going to come out of that, of this ten year study. But there's there's no doubt that there is a problem, with the microbiome, there's something that's come along and, and compromised its and its ability to be, functioning in an optimal way.

And we know that it's all connected. You can't support it. You know, we have a thing called, and there's a link between chemo, small intestinal bacterial overgrowth and fibromyalgia.

That's, you know, some studies are coming out and showing that, there's a link between leaky gut, who and, of course, who doesn't have leaky gut. Where, where the gut is leaking this food stuff that's normally contained and leaking it across this one layer, thin layer of, cells and allows that food to leak into the body.

The body thinks it's being invaded and starts releasing all these inflammatory chemicals. So it wouldn't surprise me if we start to see particular strains as we dive deeper and deeper down and start to understand the microbiome.

So I think what I'm hearing from you is what I have experienced also, is that we believe that there's going to be answers from the gut, but the science is a little premature.

Like we don't have the right tools yet, you know. And that's what I would say about epigenetics. It's great. You know, it's there, it's, you know, you know, we look around and we see, you know, what, fibromyalgia definitely runs in families.

So we see that and we can we can explain it. Those who of us who are experts have been dealing with fiber match for over 20 years. We see it just in the in the history of these individuals.

So many of them come from a very toxic environment. So they're they're raised in a, you know, kind of an abusive household, but it could be just, you know, maybe they had an illness when they were younger.

It was a very stressful environment to grow up. And and these individuals lose their plasticity to stress. So as they get older, something comes along, right?

Whether that's college or first marriage or a first child, an illness, whatever it is, a surgery, something, the straw that breaks the camel's back safe, that it just sets them off and, and they develop to start developing these symptoms.

Is there something genetically that is preceding this? I certainly suspect that there is. Right. Yeah, I think so. Too often these conversations get to the same place where, regardless of the condition, there's kind of this threshold you get to.

It's this inflammatory insult threshold where the cells just give up. Which condition? There's some co-factors that can point to which condition you might get in.

Some people it is fibromyalgia, but the story, it's the same story over and over again. You know, it's it's the environmental toxin factors. It's the internal antioxidant factors is all.

And to, you know, to look at the genetics of it and why it would do so many women. Why are the percentages much higher in women than there are men? Well, there's a whole other load of toxicity women have to deal with.

The men don't, which is their estrogen toxicity. Not that men don't have estrogen toxicity. Many do. But even then, the levels are so low that it's a drop in the bucket versus what women have to deal with.

And this is where to, you know, look at what you said. It runs in families. What's genetic genetic about it. Well, it's very easy to look at the hormone cascade genetically and to know what you need out, what what bucket you feel are you estrogen dominant androgen.

And what do you turn those estrogens into? Are they clean or are they highly toxic? And we can we can discover that again without ever speaking to a woman.

Then you can look at the epigenetic factors like what do you eat? What are your environmental exposures? What chemicals do you use in your home? You know, that may, cause some redundancy or exponential, you know, value to that estrogen toxicity because you're overloading it.

So it sounds like, again, it's that teetering on that threshold, we start to get these symptoms and then you cross the threshold also on your ill. And clinically we're treating the illness which is only ever trying to suppress you back beyond the threshold.

And on the other hand, like you said, the bank account isn't being, you know, treated properly. And what got you there in the first place? Yeah. You know, and you have you discovered all these things by dealing with these women.

So is that the the treatment protocol? Does it start with a pill or does it start more with like an audit of what they're doing wrong and removing stuff from from their lifestyle?

It's a good question. You know, unfortunately, many of these individuals have been to numerous doctors. They've

been to Mayo, they've been Cleveland Clinic, they've been all over.

And oftentimes they're kind of eventually just told they just have to learn to live with it. Right. And, you know, that's a terrible thing to hear when you're in your 30s or 40s or even 50s and you hear that you're going to have to live with chronic pain and fatigue, exhaustion, poor sleep, brain fog, all the things that we associate with fibromyalgia.

You just got to learn to live with it. Yeah. Diet is really the only way to overcome fibromyalgia. This sounds so simplistic, but it's it's so true. Doing this for 22 years, the only way to overcome fibromyalgia.

And you can you can overcome it is you got to get healthy. Right. Then to answer your question, where do you start? Right. And obviously I think, you know, people associated associate being healthy with eating healthy and and it's true.

Gut Health, Microbiome, and Inflammation

I mean, you are what you eat eventually that, you know, the foods that you eat turn into your hormones. And you know what you look like, you know, do you look at that?

Your skin, your nails, your hair. But that's the long game. That's the long game, right? So what we look at is really there's a disruption in the body's ability to regulate itself.

So there's a disruption between the hypothalamus, which are a cluster of nerves that are in the brain. So the hypothalamus and then the pituitary that sits underneath that and the adrenals this is the HPA axis.

But this, this coordinated system helps to interpret any kind of information that's coming into the body and any kind of information that needs to go out.

It regulates all the different systems in the body. We don't have to think about taking 12 rest for a minute. We don't have to think about pumping blood.

This 60 miles of arteries and veins of capillaries, you know, every minute our body through the autonomic nervous system is able to regulate this. But when the hypothalamus in particular gets under too much stress, for whatever reason, then it starts to become, dysfunctional.

And then because it can't function, it can't provide that the communication to these different systems like it's supposed to. And, and we know that really, stress and inflammation are the two drivers of virtually every unwanted health condition out there.

But but to answer your question, yeah, there's some key things that if you start to get that right, you can start to reverse fibromyalgia. And the first one is restoring deep restorative sleep and building up that serotonin level.

Right. That's that's the key. And, you know, a lot of people with fibromyalgia, are on antidepressants and, and, you know, there's a time and a place for that.

But if you look at antidepressants, we know that, number one, no one has a Prozac deficiency. You know, not to be facetious, but no one has a drug deficiency.

And these medications, 70% of the time, are no better than a placebo. That means that you could take a sugar pill, and 70% of the time, you're going to get the same results as you would from an antidepressant.

We also know that antidepressants have all sorts of potential side effects, including, ironically, anxiety and depression. If you seek pain, they can deplete your natural sleep hormone, melatonin, so they can interfere with your sleep, right?

An antidepressant doesn't make serotonin. Serotonin comes from an amino acid we mentioned earlier. Tryptophan,

when combined with B vitamins B1, B2, B3, B6 in particular.

Paradox of phosphate and magnesium. That's what makes serotonin. So rather than taking, a serotonin reuptake inhibitor when you don't even have any serotonin reuptake, you can take an over-the-counter supplement.

Five HTP, combined with a good multiple element and that combination. Now you can start filling up your brain with serotonin. That's the place to start.

That's interesting because all of what you just mentioned in the B vitamins are exactly what's required for optimal methylation. Yeah, right. So though that's what methylation is.

It's a utilization of all these B vitamins. So we can get deep into it. But you know that's what's required. So do you find that's also a problem for typically for women that are suffering or even when I do I see it, I see that there is a methylation issue, you know, not 100%, but there's certainly a fair amount of individuals that I, that I treat it. I've seen that in testing.

Or we can just see it clinically, usually try to get it tested to see what's going on with that methylation issue. But so many of them, have a problem not only with folic acid, but they have a big problem with with pure dioxane breaking production down to, P5 pure dose of five phosphate.

See that in ink? And, anxiety and depression. Patients with pollo, pollo urea condition where you can't make that conversion. And we definitely, definitely see that in fibromyalgia.

And, oftentimes getting them just on the right type of B vitamins can make a difference, at least initially, in, in their, mental clarity and their sleep and their moods.

That's incredible. Because the cool factor that's I mean, we all we already know how incredible this body is and how resilient it is. And there's just gaps and holes and certain biochemical processes that need to be filled.

And if you don't, the reality we now live in that we're not designed for can make you sick. Right. And it's a simple tweak sometimes in that one thing, like you said, can solve so many issues.

You know, methylation, serotonin, who knows what else you know. Do you find that in the men? I don't know how the work you do. Is it mostly is it all women or is there any men as well?

You see, most mostly women. I'd say that it's 99% females. Now, I do have some impatience. And obviously over the last, you know, a couple decades, but majority of them are female.

Okay. That actually points to what I was going to ask you that in the men, are they unaware? Do they go undiagnosed or because it's believed to be a female condition, which, you know, we know that the the numbers speaks to that.

But there are men out there. Do the is there a awareness or is there even is it just ignore it's not possible. You're not a woman. You know, I think there's the awareness is out there.

But for whatever reason it's not broadcast is. And I don't know if that's because men that get the illness, like you said, associated with with it being in a female condition and are reluctant to share that they have this condition, but, I mean, there's definitely men that have it.

The difference that I see oftentimes the men that have it and the and females is that men oftentimes have a chronic fatigue syndrome. Right. You know, along with the that's.

Paired up with the syndrome. And there's some other there's a lot of similarities between those two. There's also some big differences. Very interesting.

So how I know you've been doing this work for some time and you've helped a lot. How have people been. Fine. You because typically you go to your primary care practitioner and you're told you need some kind of pill.

And so where does it get to the point where they actually believe that there's that they can possibly reverse this. So there's more to know. Well, as I mentioned earlier, the sad fact is, is that most, most people are told that they just have to learn to live with it.

So they give up.

Genetics, Epigenetics, and Why Women Are More Affected

And, oftentimes they will try numerous different therapies and diets and all sorts of things and medications. Drug therapy alone is a dead end, for sure.

We know that from the surveys, tracking people over a 15 year period, we see that the longer they're on their on these medication, the, you know, the worse they get.

And that's not to that's not to, step on anybody's toes is not to belittle, traditional medicine. I mean, there's a time and a place. It's just that you can't drug your way out of fibromyalgia, right?

You can't just try to just treat number one. There's too many symptoms, right? I mean, I mean, if you're not careful, if you're on a drug for every symptom, I mean, you're on a drug to put you to sleep, a drug to wake you up.

I tried to speed you up, a drug to slow you down. And you get on this medical merry go round, which then, you know, you have all these side effects that start to show up.

So I think that, you know, the what's happened over the last decade is that in conventional medicine, doctors initially thought, yeah, we'll find a drug or a combination of drugs that are really going to help these people.

And their intent was, you know, it was it was, it was real. I mean, it was empathetic. They wanted to help. Right. But what they saw was after trying people on gorillas and Lyrica neurons and Cymbalta, the drugs that have been approved for fibromyalgia and even the ones that are commonly accepted as potential helpful for fibromyalgia, they've seen that their patients don't get any better, so they come back every 3 to 6 months or no better.

And usually they're worse. And that that doctor, he or she comes to the conclusion that, well, there's just nothing we can do for these people. So yes, I think unfortunately, a lot of folks just give up and, you know, in my case, how they found out about me is some it's like this, my books and lecturing for a number of years when I first started out, lectured all over North America.

And that kind of, you know, 20 years ago and that kind of got my name out there internationally. But it's it's tough. It's tough for those individuals because they really don't know that there are some options.

And fortunately, people like yourself and, and others in functional medicine, space work where we're giving them some hope. I hope we're giving in some hope.

I'm sure you must have faced some resistance, because what you're talking about is this thing that people that clinically we believe you have to live with, and you're saying, no, let's let's work on reversing it.

So did you find that there was some reluctance from your peers to accept your work? You know, I think my peers really don't understand fibromyalgia and and, and one of my favorite now just so mean I had, several fibromyalgia experts on there.

One of them was Jennifer Lipton. She's a bestselling author of, I think two fibromyalgia books now, but she's recognized internationally because she goes and speaks it quite a bit.

And we had this conversation about what a doctors even think about fibromyalgia. Right. And she was like me, you know, when we get around them, they really don't understand it.

A lot of them just, you know, dismiss it as being a real illness, partly because they feel so, helpless. They don't know what to do. And they have that feeling.

Other doctors that I talked to would say, well, you know, when I would see them on my schedule, it would it would ruin my day. It wasn't that the patient was a bad person.

It's just I didn't know what to do with them, you know? And I felt helpless. Jennifer Lipton, Doctor Lipton, you know, I asked her point blank. I said, how many doctors?

Do you think are out there today that really understand fibromyalgia and are having success or fibromyalgia patients now, Kashif, I thought it was going to be you know what, what would you think?

A couple of hundred thousand. And you know, there's how many thousands of doctors are there around the world? So I'm thinking, yeah, you know, a couple thousand doctors, but there's still just a minuscule amount.

Right? She said, I think probably six counting. You mentioned. And I was flattered. You know, I really was flattered, but I'm not sharing it because I'm sure because it was so it was so, disheartening globally that there's only a handful of doctors.

This is someone that speaks all over the world to other doctors, that there's only a handful of us that really understand how to help those with fibromyalgia.

When I talk to my friends, you know, colleagues that are in traditional medicine have a lot of those friends that are still on the other side. And we'll have conversations and I'm and they'll ask me kind of, you know, and we first, meet each other, you know, what do you do?

And I share with them about fibromyalgia and, and you have to kind of educate them about that. And I share with them that functional medicine. They're very intrigued.

They're very interested. It's not that they're not interested in they want to know more, but they have a very busy practice and they're doing what they know to do.

And that's really about all of all they can do. They, you know, like, for me, I'm not I know very little about genetics. I'm having to learn it because I see the benefit of knowing more and being able to share that, if nothing else, with my patients in the my community so that they can get tested and we can drill down and find these little things that we're missing that are probably holding us back.

But I've got a very busy practice, and it's very easy sometimes to have the blinders on. Yeah. And not open up and go, oh yeah, well that may I need to learn more about that.

And yeah. And so to their defense they want to know they just don't have time. And it's it's true. It's it's the model is designed around that efficiency that you have to think of it from the other perspective.

What does that doctor try to achieve and not only help you but helping their practice survive so that you're they're available for you. And a lot of it has to do with efficiency. What can they do in a minute?

What a lot of times they can see everybody because of the volume. Yeah. And then the toolkit is limited. You can't offer a solution that doesn't exist in your toolkit.

If there's no hammer, you're not hitting a nail. Right? So if if that's what you've ever been trained taught on it. So and it takes people like yourself solving to put that into perspective.

I mean, there's, there's about 35,000 functional medicine doctors from what I understand, there's about 450,000 primary care doctors in the I'm talking about the United States.

And we're saying that they're six. What are you we're blessed to have you here today. You know, there's six that actually get it. But that's what it takes.

It takes pioneering something, you know, and having the arrows on your back, the all the naysayers, because you're doing something differently. And that's where it starts, right?

Then eventually when the efficacy gets so high, it's hard to deny this. This was anecdotal in nature. All of a sudden becomes sort of scaled and in volume, and those anecdotes become big numbers of anecdotes, and you can deny it.

And it takes, again the work of people like yourself. So thank you for doing that work. First of all, it's it's a blessing that you, you and Doctor Lipton are doing this.

And I'm sure a lot of women are sort of relieved once they meet you and get to experience it. One thing I should ask you, because I heard this over and over again, there's these all these cool factors, all this stuff you're working on.

It sounds like to me that the longer you let it go, the more rapid the progression may be, because there's so many cofactors and because the cofactors aren't, straightforward.

They're all sort of inflammatory in nature. So estrogen toxicity, environmental health, gut. So to all this stuff. Right. That's happening. And then they compound on each other and as you age as so much more of them.

So is that what you're seeing that.

Treatment Approach: Sleep, Adrenals, Nutrients, and Digestion

And maybe that's why the medication isn't working because it can't keep up with the root cause. That inflammatory load. That's that's a really good question.

Good observation. Yeah. I mean, it's like anybody has a chronic illness. The longer it goes on, the harder it is to reverse that. And a big part of that is we're just so toxic.

I mean, we're just incredibly toxic. Most of us don't have. And this is not, step anybody's toes or, anybody. Yeah, but, I mean, most people don't eat healthy.

They have no idea what they're. They're eating margarine. And I can't believe it's butter and things that they, you know, they never got the memo about trans fatty acids.

Yeah. Inflammation, increased risk of heart attack and stroke. So they you know they're eating sugar that drives inflammation. They they've got genetic disorders that they don't even know about that have already kind of set them behind.

You know, they're that's their weak link. And even though that they can can get around that if they change what they're doing. But they, they, they're in an environment that's incredibly toxic.

And yeah. So to answer your question, I see that the longer that folks have fibromyalgia and are not taking steps to clean up their lifestyle on their diet and really to look for alternatives to prescription medications, because the medications oftentimes create so many more problems that then we put underneath the banner of fibromyalgia.

It's not even the fibromyalgia, it's the medications. And I'm not saying there's not a time and a place there is, but there's just so many potential side effects of the common drugs used for fibromyalgia and many of those drugs.

If you look at the potential side effects, there are mirror of what we see of the symptoms of fibromyalgia, poor sleep, brain fog, anxiety, depression, era bowel, chronic pain, pain medication, you know, and I'm not anti pain medication.

Meaning if you need pain me blow your this man and you know, hook me up to a drip. Whatever. You know, get me some steroids and some pain meds. But what we do know, the longer you're on pain medication, the more likely are to create more pain.

You build up a tolerance to the medication, but also the pain receptor sites become more pronounced. Yeah. And and and, you know. What's, crazy. Here's somebody in their 20s that are taking, you know, they have drugs that we're that, you know, are taking fentanyl for pain with fibromyalgia.

Where is this 20 year old going to be when they're 40? What's going to be left? They're going to be giving them an end stage medication, something that you would use for cancer.

And again I understand we want want to be helpful. We want to get people out of pain. But there's there's so many other things that can be done if you just take the time to look for some other options and assure the patient that, you know, we need to try some other things first.

Yeah. You remind me of, something I heard there's a clinician in Alberta who, he's actually on the, regulatory board that deals with these sort of. It's, you know, I'm in Canada, so we have health care, that's, in government, delivered right, to single payers per province.

And the province of Alberta or Calgary or Edmonton are has their own independent health care system. And so he's on some of the regulatory boards helping them with policy and, you know, that type of thing.

And he said something to me. He's actually a pain specialist. So he's dealt with a lot of fibromyalgia. We had a discussion about our genetic insights and how we can find root cause.

And, you know, and then his clinical insights, which we didn't have because he's seen so many patients. And as we were talking, he had this light bulb go off.

And he said, I just realized that pain, the way he was seeing it isn't the disease. Pain is my body signaling me that I need to go on a discovery mission, that there's something wrong.

And if I treat the pain, which is what he had been doing, I haven't even figure it out yet. I haven't even done step one of what's the problem, right?

Pain is my body. And when you. Fibromyalgia often gets bucketed into a chronic pain disease, right. There's some people call it a hormone condition, some people call it a mood and behavior condition.

So people call it a chronic pain condition. Depends on which condition you talk to and what they're good at. Right. So he's a bad guy. So he saw fibromyalgia as a pain condition.

And this is what he said, which everything you've been saying adds up to this. Right. Is that the pain that I was treating wasn't even the disease. The pain was the body screaming, here is the red flag.

Go find the problem. Yeah, right. So it sounds like again, going back to all that stuff you said, that's just where we need to start. That's just the the red light. The switch has been turned on.

And then the work that you've been doing. So I guess I guess a is it the bigger number of people that come to this as a pain condition? They, they're coming to you with their pain meds or is it more like they're coming with as a hormone condition that I have a female hormone problem.

Probably more pain meds, although, you know, and the, environment today, over the last 4 or 5 years, seeing less

patients on pain medication, just, the, the, you know, the pullback from everything that happened with the abuse of pain medications that, you know, definitely a time and place.

Thank goodness we have them. But to be on those at an early age, you know, just to start out and you know atomic bomb of of pain medicine rather than starting with non-steroidal anti-inflammatory, you know, work your way up, although most people do it that way.

But, yeah, you're so right. So, you know, this is the question is where does the pain come from? So we know the fibromyalgia. They as I mentioned earlier, they have central sensitization pain syndrome or pain is magnified.

There's a disconnect between the nervous system and the hormonal system that's creating this, this, what's called Caledonia, which is a low pain threshold. Right.

So for those of fibromyalgia, men and women, their pain threshold is much lower than it should be. And we know that they have, more of a hormone called substance pain that's in their spinal canal.

And as substance P hormone goes up, pain threshold goes down, pain goes up. Now what blocked substance P CRH. So as we get that serotonin level to go up, we see that their pain threshold goes up.

The beauty of that and this is this is something I learned early on was it didn't it didn't matter where that pain was coming from. So yeah thinking like a detective.

Where's the pain coming from. Right. It could be coming from osteoarthritis, wear and tear, arthritis, osteoporosis, bone loss, scar tissue and autoimmune disease.

Like rheumatoid or beginnings of lupus. It's not showing up in bloodwork. You know, it really doesn't matter where that pain is coming from. If we can raise that pain threshold, right, we'll see that pain no matter where it's coming from, goes long.

And that's the key. For me, that's in my protocols. That's really what it's all about. That is awesome because we're not talking about it's not a cancer.

We need to get it out of your body. Right? It's not a cholesterol buildup where it's going to cause your heart to stop ticking. It's it's an inflammatory issue leading to pain.

So really, the pain is what you don't want. And it's a unique condition where if you get rid of the pain, you're okay still having this thing, right? I, you know, again, based on all of what you said, and sort of what drives this and why you get there, do you think, are you seeing a trend where the sort of onset age is getting earlier?

I'm just thinking, because of all the environmental factors and everything that's going on, if this is the root, I'm just figuring the new reality getting worse and worse and figuring that younger women maybe, you know, getting this earlier, you know, that's a great, great question.

And my first thought would be, yes. And I have patients, you know, that are, that are 12 years old to 81 years old. So it is a whole gamut, right? I think there was a time there where you were seeing more adolescents and young adults getting the diagnosis than you are now.

And partly because fibromyalgia really is is a it's a diagnosis of elimination. So we have to eliminate any kind of autoimmune disease that's out there first, whether that's rheumatoid lupus, Mars, whatever that that, you know, can have some symptoms like fibromyalgia.

But once all that's ruled out, what do you left with. Right. Not much. So they they, you know, they put the rubber stamp on your forehead. This is fibromyalgia.

Now you can you know what I. I tell my patients I don't treat the diagnosis. I treat the person. It really doesn't

matter. You know, what I want to know is what's driving the symptoms.

But I would say you know that. Yes. I mean, there's a lot more younger patients that seem to have fibromyalgia that oftentimes run in families. You know, that I didn't see even ten years ago.

It seems like, oh, well, you know, my mom's got it. My grandma got it. You know, my, you know, even my daughter, I mean, you know, you get to see it. The generations.

But these people that have this condition. Right, which points to, you know, this genetic, you know, this genetic connection. So that to me, anyone listening should be paying really close attention to what you just said.

Because what we're saying is, you may be genetically predisposed to something, you know, but why is it that we tell you you got a 80% chance of fibromyalgia based energetics?

Not 100%, because you have to make the wrong epigenetic choices for it to get to that level of threshold where it causes you problem. And this is why you're seeing women younger and younger, probably even men, you know, stepping up to the plate a little earlier, saying there's something wrong.

Yeah. The women haven't changed, the genes haven't changed. What you passed on hasn't change. It's what they're exposed to and the choices that they have to make.

What's what. That's what's changed. So, major, major thing that sticks out is all of it. We've talked about it. All these various talks and conversations comes back to your cellular health, right? What problem you're going to get.

We can dive clinically into why this problem versus another problem. But just the fact that you're saying that younger and younger women are seeing it.

Yeah. You got what you're you got the stack of cards or a deck of cards that your mom had and your grandma had the reason it happened to you earlier, because there's so much more.

You got to fight, right? So understand that's the problem. That's your. And so I'm working with somebody like you that can identify what are those things that you may be not aware of or, you know, need some coaching on.

Do that as opposed to asking what people you need to take because that pill isn't a solution. The pill is a mask to the pain point that you're complaining about.

But as we said, why it happened, you haven't even got to that yet, right? Right. So yeah, it's a blessing that the six of you exist. You know? Out there doing good work.

And I'm sure that will spill into a lot more as it all expanded. So, so top three things. You know, if somebody feels like this with them. I know you said sleep is one like what's the quick and dirty sort of easy stuff we should be doing right away. You said sleep.

What what are the other two things you think people should do first? So Kashi, four things. This is called the the, the, based on the Murphy method. Not very original name, but it's finding and fixing the underlying causes of fibromyalgia.

And there's some key causes. And then once you once you address those, then it can be anything. It's kind of like a puzzle, you know, you have a thousand piece puzzle.

You throw it out on the ground. Where do you start? Yeah, well, we know if you've ever been a puzzle person, you get the corners right. Once you get the corners, it starts to come together.

But if you don't get those corners together right, you could be sifting through this forever treating for days. So top is to fill up that stress coping savings account or deep restorative sleep, and then making sure that you're getting

serotonin supplemented with five hydroxy tryptophan.

And then a multivitamin that's got the key synergistic ingredients in there. Method B vitamins. Appropriate. P5P. So doc so far phosphate methyl cabal amine.

I'm leaving one out when I leave that, five, folic acid. Right. And then along with that magnesium and then there's also other that other things that help to build that synergistic cohesion there.

But five HTP with these synergistic supplements. And then second thing is adrenal fatigue.

Patient Hope, Telemedicine, and Where to Learn More

So what I talked about earlier about there's a disruption in the hypothalamus pituitary or adrenals. So not only have they bankrupted their stress coping savings account, they've bankrupted their stress coping gland, the adrenal gland, from releasing hormones like cortisol and DHEA that they need.

So that needs to be repaired. Because if you don't do that they had these thing called fibro flares because stress has become more magnified right on little things that you and I would never think anything about.

The bright lights, loud noises, crossword puzzle, going, even thinking about going and meeting friends for dinner. I mean, these these little stressors that you and I, for them, it could just send them into a flare where they're bedridden for days.

Right. We have to build up that stamina and resilience to stress by fixing the adrenals. And then last certainly not least. Of the nutrients that they're eating.

It is, as I mentioned earlier, 70% of the fibromyalgia and irritable bowel syndrome bloating gain the first step and create, you know, correcting that.

It's just taking it over the counter digestive enzyme. You start there because yet you are what you eat. But just as important, you are what you absorb, right?

You could be eating a healthy diet, but if you have malabsorption syndrome or you heard about these things that are going on, you're not going to benefit of that healthy food.

So there's really four things. There's the deep restorative sleep saturating your cells with high doses. But the right answers of diamonds, minerals, amino acids in the essential fatty acids, the building blocks that allow the body to work like it's supposed to.

And this is sometimes a thousand times stronger than the RDA, which the RDA, you know, the recommended that your allowance, which is about 80 years out of date, recommended disease allowance.

Right. Because it's just enough to keep you from getting scurvy or beriberi. Yeah. But instead of 1.5mg of B6, I mean, you're going to need easily 50mg to make a difference to saturated cells.

Yeah. So to sleep in the in the serotonin and the saturating the cells with the vitamins, minerals, fixing the adrenal glands. And then last, fixing this GI issue, starting with digestion, to make sure you're not developing further problems like Sibo and yeast overgrowth and leaky gut and food allergies and all these things that can create inflammation and trigger pain.

You know, I've talked to a lot of people about fibromyalgia and there's been a lot of interesting information, but I don't think anyone has nailed it.

Like your Murphy method. Method. You got to trademark that pretty soon, right? Yeah. That's that's it's awesome. It's actually truly, if I look at all the pieces of the puzzle, like you said, that I've been hearing for different people, you

just package it up into really the key component to what people need to do.

So, you know, before we go, if anybody wants to work with you, do you work with patients or as a coaching or how do you how do you do that? So I'll practice like a lot of people.

Now, of course, my practice has been this way. I telemedicine for probably the last decade. This is something just kind of grew out organically going around lecturing throughout North America and overseas.

And in my books people would contact me. But so I work with patients all over the world by telemedicine or zoom, you know, zoom consults. There's a quite a bit of free information on my website, your fibro doctor.com, all sorts of free videos and blogs.

If any of this resonated with you, if you want to know, do you have fibromyalgia or if you do have fibromyalgia, I want to know information. There's quite a bit of free, free information and resources at that website.

That's awesome. Thank you for the work you're doing. People like yourself, Doctor Lipton being the first link, being the pioneers. Right. Because we need that.

It's something that's so misunderstood. And this is why people deal with it for so long, because nobody's telling them what to do. And the fact that you've been reversing it over and over and over and over again, I believe that eventually that will become standard of practice.

People just need the exposure. So thank you again. Thank you for joining us today. Thank you. So enjoy that. This is great. Thank you. Awesome.