Introduction and Guest Background

Hi. Welcome. I'm doctor Roger Murphy, and I'm your host of freedom from fibromyalgia. I have Doctor Eleanor Stein here. Doctor Stein is a, psychiatry crisis that has put together some really impressive, research and programs for those individuals associated with chronic fatigue syndrome.

Em fibromyalgia and now even long hauler, syndrome. I'm really interested in the, the topic today. We're talking about neuroplasticity. And this is an area that is finally getting the recognition that it so deserves.

And you're going to hear much more about some things we're going to talk about today and how to apply them, in your quest to feel good again. So Doctor Stein, thank you so much for being part of the summit.

You're welcome. Thank you for the opportunity. I like the title. Fibromyalgia is over comparable. Yeah. And you have your own personal story. So I know there's a psychiatrist in Canada.

You battled this? I think you told me in 1989. Yeah, and this was a tough journey for you. But through trial and error, you were able to overcome your challenge with with fibromyalgia and gravity syndrome.

And then you set out on a quest to share this success that you had with others so that they, too, can benefit from some of the the research that you found along that along your journey.

Yep. That's that's true. And I think that's where my message of hope comes from that I can because people say to me, they usually call me Ellie. So Ellie, can I really get better?

Like I've had emails just within the last few days. I run an online course and this debate has come up, you know, amongst the participants. Is it really true that we could get better?

And I, I don't want to say everyone can get better, of course. And not everyone can get better in the same way. But I think there's much more hope than I initially thought.

So when I when I got sick in 1989, you know, you're probably aware we didn't barely even know what FM was now. And that's when I started trading. Yeah, FM and early 90s. Yeah, yeah.

And we didn't even agree on a name. You know, people were still calling it fibro status. And all these other names. And so the narrative at that time that I had access to at least was uniformly, like dismal, like I'm hopeful.

And everything I read well wasn't even online yet, but like, the internet was in its infancy. But, you know, everything I read was this is it. You're going to have to live with this for the rest of your life.

So despite I felt I kind of accepted that. But nevertheless, being a physician and, you know, being curious, I thought, well, if I can get better even a little bit, I'm going to be going for that.

And so over the next 25 years, I tried everything. I studied environmental medicine, functional medicine, integrative medicine, all these things. And in addition to conventional medicine, tried so many things myself, did all the tests, all the protocols, and I think all of those kept me in the game.

Like if I hadn't done all those things, you know, who knows where I would be now?

Sleep and Circadian Rhythm

Yeah. But in the end, when I finally really turned the corner and got dramatically better, I actually wasn't doing any of those fancy things. I was really paying close attention to, self-management.

So I had been doing, you know, working on my sleep. I had done a pretty dramatic diet change, which I now, in retrospect, think was a big part of the the answer.

For me personally, I'm not sure it will be for everybody. Pacing, managing stress, you know, balancing my schedule, like all of those pretty simple things that the average person can do irrespective of finances and circumstances.

And that's what's kind of led me to, you know, be on, forums like this to try to get the message out that even people who are quite severely ill or who, like me, have been ill for a really long time, and maybe who don't have the resources to take advantage of some of the awesome treatment protocols that I'm sure you're going to hear about on this, summit.

There's still hope. Yeah, yeah. You know, I think what's happened over the years is initially this was my looking back, just kind of my journey. And I was seeing this is initially when I started working with patients with fibromyalgia, we didn't really know what we were dealing with.

Right. And I fortunately had some good, good luck. My first patient with fibromyalgia, she got well in three months. It doesn't happen, you know, but she.

But for whatever, you know, everything, the everything lined up for her and it was perfect. But what we started to hear as more and more people got the diagnosis, and then the pharmaceutical industry got involved with surveillance about, Lyrica, we thought that, okay, there was going to be a drug or a drug cocktail that would solve this thing called fibromyalgia, like something with diabetes or high blood pressure.

And that just didn't work out right. And then not so, you know, and then what happened, I think, is most physicians really got discouraged with their fibro patients.

I mean, as you know, a lot of rheumatologists wouldn't even take any new fibromyalgia patients. They become so jaded, because they know that the the prescription medicine alone is a dead end for these folks.

There's definitely time. And there's a place, you know, no doubt about it. But they've seen that their patients who are using the the common drugs to treat fibromyalgia, they don't get better.

And so they've just come to this false conclusion that you just have to learn to live with it. You and I would we would definitely beg to differ, right?

I mean, obviously you've had success in your own journey, but you've also had, a tremendous amount of success with your patients as as I have with mine.

And we've done it in different ways. You know, there's not one way. There's there's multiple ways. There's some common things that we share, but there's there's all kind of ways.

So you're offering hope, which I love to hear, you know, because I think that's in short, short supply for a lot of these folks. They don't care that that they can feel better.

And I don't tell people that I can cure them, but I tell them that I can help them get healthier. And you can't go wrong getting healthier. And as you get healthier, oftentimes you get to where you're feeling better and better and better and better.

Tell me a little bit about, one of the things you've got in your, in your, little questionnaire that we shared together was the importance of deep restorative sleep, which is the first on my list.

Tell me, why is it so important? Well, the body can't heal, right?

Understanding Neuroplasticity

Sleep is when deep, deep sleep and REM sleep, during those times, we heal different aspects of our functioning. So during deep sleep, we're consolidating declarative memory, meaning all the stuff we experienced and learned that day, totally goes out of our brain.

Unless we get deep sleep. That's when it actually goes from the hippocampus into the into the middle of, you know, the deep, cortex, where it's, like, permanently stored, like on the hard drive.

And during REM sleep is when we consolidate and remember, like, movements and, and, like, say, if you're learning a sport or an instrument or a language, things that are more a process.

So without deep sleep, we can't learn. And without learning we can't improve our health. So to me, the other thing about sleep, of course, is circadian rhythm, which is like the master switch for almost everything in the body.

So for those two reasons, both because we need good quality sleep to learn and to change, and we need, regular circadian rhythm to, I guess, what's the word like?

Have everything on schedule, right? All of our hormones and neurotransmitters and bodily functions need to be working in sync. Yeah. Yes. That bio rhythm that we need to make sure that that it's working correctly.

And and, you know, everyone who has fiber is thinking, yeah, I'd love to sleep, lady. Right, right. But I mean, right. You hear that in your practice?

I'm sure, and that was probably something you faced as well. But I feel like if you don't get that right, because it's really, you know, fibromyalgia is a puzzle or kind of like, is you got all the pieces of the puzzle thrown out on the table.

And where do you start? And for me, for the last 22 years, I've always focused on sleep because, I mean, it just makes sense. If you're not getting a good night's sleep, you're going to be tired the next day.

If you're not getting a good night's sleep for the last decade, you're going to be exhausted. Yeah, and it increases your inflammatory chemicals, increases or decreases your metabolism.

So you're saying your energy goes down and there's just multiple layers of dysfunction if you're not sleeping correctly. So definitely agree with you I think sleep is numero uno.

Yeah. But you talk a lot. You bring up about this condition called neuroplasticity. And I'd like to I'd like to pick your brain first of all for those of you who have not heard this term, neuroplasticity, can you share a little bit about that?

Doctor Stein, tell us what that means and let's talk a bit about that. So neuroplasticity neuro means neurons and plastic means ability to change. So basically it's our brain and our whole central nervous system.

In fact it's constantly changing whether we are aware of it or not. That's just how our central nervous system is built. So every time I think, feel or do anything like right now, in this moment, I'm focusing on your face and I'm kind of trying to pull in all the things I might want to say.

So those actions are firing a bunch of neurons and everything that fires together, wires together. So the more I fire certain groups of neurons in certain patterns, those neurons literally create new connections, new and stronger connections with each other, so that the next time I try to do the same thing, it's going to be a tiny bit easier.

So basically, neuroplasticity is just a fancy word for learning. Say I want to learn about that form. You know, for the people out there listening to this summit and you're taking in new information and you're concentrating, neurons are firing and wiring.

So now the next time you hear that information, maybe you'll listen to hopefully several of the talks on the summit. And I'm sure there's going to be a lot of overlap in what we have to say.

So the next time you hear it, you're going to go, oh yeah, yeah, I get it. You don't have to work quite as hard. It's going to be easier for you. So there's studies that show, for example, people that are expert at something like expert musicians, they barely use any energy in their brain to do, you know, phenomenal music compared to a beginner who's like efforting and, you know, firing all parts of the brain to try to learn this new skill.

So the more we practice something we hardwire, it becomes easier and easier. Now, sorry, just one more thing. Sorry to interrupt. That can work for us or against us.

That's a really important, point because everyone's like, oh, neuroplasticity is awesome. I just have to learn it and everything's going to be good. It's a little bit more complicated because neuroplasticity, believe it or not, is the cause is the end cause of fibromyalgia.

So there's many, many triggers like stress, infection, physical trauma, many, many other, yeah, inflammation, all these kind of maybe nutritional deficiencies, toxins, all these things that you're going to hear about on the summit.

Many of them are triggers. But in the end, the thing that actually causes the chronic pain, some people would say in 100% of cases is neuroplasticity, meaning the brain has learned pain.

Pain, Danger Signals, and Rewiring

The beauty of this is that the brain can unlearn pain just in the same way that it learned it, because it's constantly plastic or able to change its so we have this habit that we get into.

So certainly if you're learning a language, this is kind of like something you learn a language learning Spanish. Yeah. And in the beginning it's incredibly intimidating.

And you're, you know, you're thinking, I can't do this, but eventually you are wired so that you can actually now read in Spanish. Yeah. Now the problem, though, can become, if you are in a Spanish club, think you're in a Spanish class and it's really French, and no one ever told you that you've learned this language, you associate it as Spanish and it's really French. Yeah.

And this is what happens in this, this chronic pain is you get in this pattern, you're locked in. You can't break out of that. It, you know, it's for all you know, Zig Ziglar used to call it, stinking thinking where you get in a certain this is the way you think, and every time you're your brain kicks in, whatever stimulates this, this thought, you can't change it.

It's become a habit. Yeah, it's become hard wired. Yeah, I would agree with that. And I would add one additional point, because now people listening might be going, oh, my gosh, are you saying it's all my fault?

I'm thinking wrong. And neuroplasticity occurs in the unconscious level. Yeah. So it is absolutely not your fault. And you're not even aware it's happening.

It's apps are 100% unconscious. Yeah. However, the beauty and the hope lies that once you understand neuroplasticity and how to utilize it to your benefit, you can make those unconscious.

You can become aware of those unconscious patterns and you can change them. So if your mindset helps determine your health, I have to ask this question because they were so somebody else was probably thinking this.

Yeah. Does that mean that it's all in their head because they're told that, right? I mean, fibromyalgia, you told me that, right? Crazy or just depressed.

You need the extra I mean, they're told all this. Yeah. Silly stuff. Right? But you're not saying or we're not saying that it's all in your mind. We're not saying that. Absolutely.

It's in your brain. It's not in your mind. So if mind by mind, you mean you're thinking wrong, you're negative, you're

giving up. It's not that directly.

It's the impact that what you think, feel and do has on the biology of your brain. So there are studies, for example, Alia Crum at Stanford has done like phenomenal, mind blowing research on mindset that if you, for example, it's called the housekeeper's study.

If if housekeepers who work in hotels believe that they're doing a lot of exercise because they have like a physical job, their health improves compared to the ones that think they they're not exercising because they're too tired after work to go to the gym.

And it changes hormone levels. So things over which we have no conscious control whatsoever are unconsciously controlled. So that's what neuroplasticity is about.

We change the biology of our brain. We change the hormones that are being produced, the neurotransmitters, the peptides. We can literally change those things on purpose if we have the tools to do it.

So the first thing is just being aware that this is an option, right? So this me. Yeah. And then becoming comfortable with that and realizing that you can change the way you think, the way you think changes the way your body performs this, this autonomic nervous system, the the self-regulation systems in the body are definitely under our control, whether we are thinking about it or not, whether we're conscious of it or not.

Yeah. Can you share? And I was going to say when you, when you were describing this thinking, you know, this is an example of the placebo, right? Absolutely.

Because you think about, you know, the Sibo in 70% of the cases with an antidepressant, a placebo sugar pill is as good as a, as an antidepressant. And I'm not not talking about to stop there. Yeah. Yeah.

But I'm just saying that there's this incredible power, this innate healing ability that we have inside of us. And if we can tap into it, it it is mind blowing in it, but it's incredibly powerful.

So just to take that a step beyond, that was a great idea about the placebo, because that's exactly right. And if we take it even beyond the antidepressant to something that people think is super bio biomedical, like knee surgery, they've done similar studies where they give a sham knee surgery.

They literally cut a hole in the person's knee. They put the scope in, they tell the person that they've cleaned up their knee or repaired a, ligament or something like that.

And those people report less pain and it's lasting. It's not just like for the next week. It's like for the next year. Those people have good outcomes, but the people aren't aware, again, just to take it.

I worry when we talk about neuroplasticity, people are going to blame others so it can be, used by practitioners to blame patients for not getting better.

Like, oh, you're just not thinking, well, it's a really fairly, it's simple but difficult. Like it. The process is simple. Neuroplasticity is very straightforward, but it takes a lot of effort and determination and over time to implement it effectively.

But I have people, you know, using the strategies that I teach who are 100% better, who have no pain whatsoever. They've had migraines, they've had arthritis, they've had them, they had TMJ, like all different kinds of what we now call no plastic pain.

So the, International Association for the Study of Pain in 2016 came out with this new kind of terminology for pain types, and the new category called no see plastic pain is where fibromyalgia fits in and it means no see means noxious.

It hurts, and plastic means the pain is caused by the brain. Yeah. So we you know, a lot of these individuals have had a very traumatic childhood and that can be dysfunctional household.

Or it could be they had an illness, a surgery, abuse, you know, for this physical or mental abuse. And they get under this stress and as they go through life, they've kind of lost that plasticity, that ability to rebound from stress.

They manage, they do okay. But maybe something comes along this the straw that breaks the camel's back, the surgery or trauma or divorce or loss of a loved one, and that's it.

Then they started developing these symptoms that we would associate with fibromyalgia. And, you know, there's no drug that gets you over that. I mean, it's a that's why I like your approach, where we have to realize that not only do you have to do some, some of the things that other people have talked about changing your diet, maybe taking some nutraceuticals and fixing different hormonal issues.

But also we need to retrain the brain. Yeah. And, I like what you said about it gets stuck, the brain gets stuck. So in psychiatry, we kind of have this, very, you know, it's been shown very clearly that resilience equals flexibility.

So whenever the brain gets stuck, you know, say you're an athlete and you're hitting the ball wrong and you've got that habit and you've been doing it for ten years, and now your coach is trying to teach you the new way to hit the ball.

It's it's a challenge, but it's possible, right? You have to unlearn and then relearn. That's neuroplasticity.

Diet and Autoimmune Paleo Approach

So for people whose brain has gotten stuck in pain again, I just have to emphasize, through no fault of their own, it is possible to rewire it. And one of the key messages, one of the leading groups in the world on this is, David Butler and Lorimer Mosley.

They're from, Australia. They are hilarious. So if you see some YouTube videos by them, you're going to learn about neuroplasticity and you're going to enjoy it.

Amazing. And they they teach that 100% of chronic pain is due to the brain and not due to tissue damage. So this is a really tough like I for sure thought there was something wrong with my tissues when every day I had this excruciating, exhausting pain.

You know, mostly in the large muscle groups, like most people with FM. And if you had tried to explain to me back then, before the research was there to support it, that it might there was nothing wrong with my tissues.

I would think you were crazy. You obviously didn't understand my situation, but the research is really, really strong that the pain itself is caused by the brain assessing that you're in danger and creating pain to warn you.

So pain, believe it or not, is actually something useful. People that don't have the ability to feel pain actually die young because they do stupid things, because they don't realize they're dangerous.

Okay, so one of the interviews that I had on here is all about the cell danger theory. Yeah. And I think it just fits so well. I mean, you just see this this, thread that kind of runs through all these different talks, and this is one that certainly should resonate with anybody who is familiar with the cell danger theory.

Do you think that, Well, let's talk a little bit more about your approach. Can we talk a bit more about that. And then I want to then I want to ask you a few other questions about some of the other things that you recommend, a, diet.

And we'll talk a bit about died here. Okay. So basic that at its very essence, to use neuroplasticity based approaches to rewire the brain, you have to become aware of what you think, feel and do, and notice which of those experiences might be interpreted by your brain.

Is danger. For example, you're scheduled for surgery that might make your brain think something serious is going on. Say, every time you go to see your doctor, your doctor tells you have bone on bone arthritis and you know you're going to end up in a wheelchair, you're going to need a joint replacement.

These are danger messages that your brain is understandably going to interpret, like, okay, we've got a big problem here and there's nothing that we can do.

So it's going to keep firing out pain signals to keep getting your attention. So the first step is to become aware the pain is caused by the brain. This is chronic.

Well all pain is caused by the brain. But of course acute pain. You need that. You need to pay attention to that. You need to take your hand off the hot stove. Right.

So we're talking here chronic pain. The first step is to become aware that chronic pain is not an accurate reflection of what's going on in your body, and that you can get rid of the pain by rewiring your brain.

Now, that already is a big ask of most people and takes some time and takes, you know, looking at some of the research to kind of become like, for me, it took a while.

Yeah. Are you kidding me? You know, it took me a couple of years of reading, reading tons of research before I went, oh, this this is really true. Yeah, yeah.

You know, but I think that this model really explains what some of the times what we're missing in lab work in that oftentimes we're looking for inflammation.

We don't see it. Yeah. So we're see that there C-reactive protein levels as is negative said rates fine. And I don't see an autoimmune disease. We don't see the inflammation in a lab test.

So oftentimes doctors have you know they just think well it's all in your head, which, you know, maybe it is a little bit in your brain. But but they're we're looking for the smoking gun.

We keep looking. We keep looking. You know, some of these theories are now coming together, the research and the theories to really paint, a better picture.

Really. What's going on with a fibromyalgia patient? And it really explains why, like you said earlier, the drugs, they're they're useful band aids. I've prescribed many.

You know, I'm a physician. I prescribe lots of drugs in my day. They're a useful band aid, but they don't solve solve the underlying problem. Right. So, surgery might be very useful.

I've had some of myself. It really helped, but it didn't. Of course, there's no surgery for fibromyalgia, which is, like, throughout the entire body. So the next step, after you become aware that when you experience pain, it's not an indicator of tissue damage, the next step is to use every incident of pain as an opportunity to rewire your brain to go, oh, pain.

Okay, what are my choices? And the choices are to do, think or feel something in that moment that will help you, that will elevate your mood and help you feel safe.

Because when the brain feels safe, it turns down pain. It's just that simple. There's literally thousands of research studies showing this to be the case.

So if I phone a friend who's funny and sympathetic, if I do some creative, you know, maybe I'm a painter and I can get really lost in the process of my painting.

Maybe I go for a walk in nature. Maybe I just look at the bird feeder outside my back window. Say, for people that

are less mobile, I could use my imagination.

So many people in the field of neuroplasticity feel that imaginary activity is very powerful, especially because it's available to everybody at all times.

So if you wake up in the middle of the night, maybe you can't go for a walk. Maybe none of your friends are awake, but you can always do something in your imagination.

And you know, some people use things like meditations and, visualizing. And in general, you want to pick something that's going to elevate your mood and make you feel good.

So you might imagine yourself doing the activity that you maybe have given up because of the form and you want to get back to. So in the moment of pain, making a decision not to worsen the habit by repeating the typical.

So the typical things people with FM do is they stop what they're doing when they experience the pain, they retreat, they put heat on. So heat. I've got some slides, you know, in my course about what are the how do you know if your pain is no c plastic, right.

This brain brain caused pain and there's a whole bunch of indicators. And one of them is if heat makes your pain feel better, which is universal. And FM, that's not an inflammatory pain because inflammation feels better when you make it cold.

Yeah. You know, and something that feels better when you make it hot. That is a clue right there that probably this brain approach might work for you.

Yeah. So really the first step is, number one, realizing that this is a different paradigm and having some acceptance or some curiosity of to step forward to kind of learn more about this.

And then the second one is to acknowledge what you're feeling at the time when you're having the pain. What is your thought process? Yeah. From there now you can start to have some options.

That's totally right. Yeah, yeah, yeah. Well I want to before that it's so your, your program that you've put together also incorporates some other things.

And one of those is diet which I think is very, very important. And you like the paleo intense autoimmune diet. Now Zen from doctor was protocol or is that something you've created?

I'm just curious that terminology. Yeah I know the paleo autoimmune. I first, learned about actually from one of my physician, my own physicians, who's, integrative doctor, and I, I saw him one day and he said, you know, check this out.

So the book I read is by Karen Ballantine.

Practical Results and Where to Learn More

It's called The Paleo Approach. Yeah, it's very dense. You know, it's a big book not to be taken lightly. Right. But I read the whole thing from cover to cover because she's a scientist and she, you know, I like research.

I want to know that what I'm reading is true and not just someone's opinion. And I started it right away. So it's basically to, avoid eating things that activate the immune system.

You know, if many people are probably familiar with Doctor Gundry, lectin hypothesis. So that many plants, although they're healthy for us, in some ways they may activate our immune system.

And even though in my own, reading of the literature, it's not clear to me that FM is an autoimmune disease. I know

some people believe it. Perhaps even some of the speakers on the summit, and it's possible, but I don't know that, you know, the evidence is overwhelming.

Nevertheless, for some people. And I'm thankfully one of them, this paleo autoimmune approach really seems to make a difference. And every time I go off it, because it's not the most fun diet in the world, it's pretty restrictive.

So every time I think, you know, I'm good. I've been healthy for years now. I could probably eat a few more things. Unfortunately, symptoms come back.

So in brief, the paleo autoimmune is you can eat tons of vegetables of all types, all the animal proteins, the flesh, animal proteins and all fruit. Except, you know, maybe some people have trouble with seeds, like in Doctor Gundy's work, but you have to avoid everything else.

And everything else means dairy, eggs, all grains, you know. So in North American diet, that's like some people just start crying at that point and say they can't do it.

Seeds and nuts and legumes. So it's basically a diet of mostly vegetables, enough meat to get your your enough fat. And then, you know, not a ton of fruit, but enough to get all of your, phytonutrients.

And I've never pushed it very much in my practice because it's so difficult. And a lot of people just tell me it's just not an option for them. But I would just say for me, when I stick to the diet, I feel almost perfect.

I have excellent energy, good sleep, no pain. I can do whatever I want and to me that's worth it. But I know everyone has to make their own choices and I there's, you know, I haven't had thousands of people try it, so I can't say for sure it's going to work for everyone with AFM, but from my own experience, I'm going to say it's worth a try.

Yeah. And for me, it took over a year until I saw the benefits. So you have to try it for a pretty extended period. What's really interesting is now many people are coming to this same diet, maybe under different terminology in different fields.

So like you said, Teri Walz, who basically is promoting this kind of diet for people with Ms.. There's other research out there for people with other autoimmune diseases thyroid disease, Crohn's disease, ulcerative colitis.

And then there's, doctor Dale Bredesen, who's using basically that same diet for people with Alzheimer's. So it seems like it's actually the real anti-inflammatory diet.

And doesn't matter what the cause of the inflammation is, that diet could be helpful. I think, again, it's another thread that weaves it all together.

I've had a tremendous amount of success in my practice. Initially, I would use an anti-inflammatory weight loss practice, which I still use, but not everybody with fiber manages over weight.

It used to be when I would look at a new patient questionnaire, I go, oh, they're 40 pounds overweight. I'll they're going to do great. Because I just so much faith in this diet.

I knew if I could get them losing weight. Yeah. You know that's where you store inflammatory chemicals and toxins and it just, you know, just the success them having a success which they might not have had for a while, they were going to do great.

They had less pain, more energy. But you know, but then I had patients that may need to gain weight. Right. So over the years I've kind of changed this around, but I really feel like the paleo diet, which my dad's very similar to that.

There's some things that I've changed and some some nutraceuticals that I've used to help with it. But, it's the long game, you know, as you said, it took a year, but it's something you can't the only way to get over fibromyalgia, my

opinion, is to get healthy.

And that's a it's a whole, whole body process in your mind, your brain, your, you know, everything. Your biochemistry and diet. You can't be healthy without a healthy diet.

But and that and that means different things to different people. But that's the long game that takes some time to show the positive. You know, the positive effects, what you're sharing with this mind body connection and some of the exercises that you teach, as well as some of the nutraceuticals that you recommend and I recommend, there could be days that could be, you know, pretty quick, much quicker than changes to your diet.

Yeah. I'll just share, one experience I had personally. So in 2014, I wanted to go to Africa. I had severe multiple chemical sensitivity. That was part of my big picture, you know, with the fatigue and the pain and I thought, I'm.

I'm going to die, you know, how am I going to make it to Africa with all the people in the smells and the planes and the hotels and everything? So I started myself on a neuroplasticity program, and within the first week my chemical sensitivity went away.

And it's never come back. And so what I've learned over the years of all the different kind of symptoms, pain and sensitivities, because really pain is a sensitivity.

It's like we're more sensitive to the signals coming from our body than we should be. So anything where the brain is overreacting will respond really well to this approach.

Yeah. Well, I want to share where to find out more about this because for some people the listening is going, oh, either it's over my head and it's but it's fascinating.

And this is where we're heading. We're heading this way. And this is an incredible opportunity for the the viewers to get some more information and see if this is something, you know, if it resonates with you, then, you know, it's another option.

You know, another option to put the puzzle together. So where where's the best website to go to learn more about your micro pages, Eleanor Stein, MD, aka CA is for Canada, right?

So I'm not a.com. And then pain is everything. I've got like videos on there that answer some of the frequently asked questions and kind of give a bit of background to what neuroplasticity is and how the program works.

So I would say that that, on my landing page, of course, there's a link to that page, but you can go straight there by just doing Eleanor Stein, MD, forward slash pain.

Well, this has been fascinating. I mean, we had a few minutes to speak before we started recording, and I was sharing with you that this is something I've talked about, but not enough.

I mean, I have a chapter, I have two chapters on some of this material, but I think that we're we're getting into another dimension and that we really are putting more importance on this because we're we're open minded to it.

But the research is overwhelming. Yeah, it's not invalidating this. And if we can just have an open mind and put it into play, if you're a similar fiber match or your physician watching this, being open minded to learn more about this, or you can start sharing it with your patients.

Yeah, thanks for the opportunity. Thank you so much. Thank you for being part of the summit. You're welcome.