Introduction and Alex Howardu2019s background

– Welcome to this episode of the Environmental Toxicants Autoimmunity and Chronic Diseases Summit. I'm Wendie Trubow, MD, MBA. And I'll be your host of today's episode, Super Psyched.

I know I say this all the time, but I am super psyched to talk to Alex Howard today. He is the CEO of the Alex Howard group and really what he's passionate about is making physical and emotional healing accessible to everyone.

And in the last few years, his super conference series has been attended by over a million people. He's also published academic research and publications such as the British Medical Journal, Open Psychology and Health.

And he's also the author of Why Me and Decoder Fatigue. Alex. Welcome. Thanks for being here. – Wendie. Thank you for having me. – It's a pleasure. Talk to me about how you got into this.

Like why this topic? Oh, wait, I didn't tell them the topic. We're gonna talk, we're gonna talk about how emotional trauma impacts our capacity to detox and, and you guys who know me know that I'm all about detox.

So why did you get into that? How, what happened? – Well, my dream as a kid was to be a rock star and my mom's dream was to be an accountant. So in many ways, my, my life is a life as a failure. But I like a lot of people that work in these, these worlds. I had my own personal journey.

So I suffered from, From Emmy or as it's more commonly called in the states chronic fatigue syndrome from the age of 16 till my early 20s. And that was at the time, an incredibly difficult experience. But I guess in hindsight, a wonderful healing journey which these things often are.

But when we talk about them retrospectively, um and like a lot of people that go on these complex chronic illness, health journeys. I, one of the things that was so difficult was that I was very used to growing up that you have something wrong, you go and see your doctor, you get a pill and you get better and having been chronically ill for a couple of years, by the time I was, I was turning 18 and that not happening.

It wasn't that I was I wasn't fatigued. I wasn't chronically fatigued because I was depressed or anxious. But because I was chronically fatigued, I had severe muscle pain, dizziness, headaches would be completely exhausted all day and then wouldn't be able to sleep at night.

Personal chronic fatigue journey and recovery

As a normal human reaction to that, I was, I had a lot of anxiety and I became depressed and I often say to people, the difference between depression and chronic fatigue, for example, is if you have depression, all you want to do is climb into bed and hide away from the world. When you have chronic fatigue, all you want to do is get out of bed and come into the world.

And so I reached a point, a couple of years into the, my health wasn't a journey at that point. It was just my, my kind of illness situation where it wasn't that I was actively planning, ending my life, but I certainly wasn't seeing a future that I wanted to live.

And long story short, I had a conversation with my uncle who really helped me realize that if I wanted the circumstances of my life to be different, I could wait for scientists, doctors or whatever to find the miracle answer.

But, you know, that was now 20, years ago, I think I'd still be waiting. And as maybe one things we'll talk about is that there isn't one answer, there's lots of different answers that work for different people at different stages in

different ways. But in the, as a result of that conversation, I decided to make really my life's commitment, finding a way to get out of the hellish situation that I was in.

And so over the next five years, I read hundreds of books. I, at one point, I think I was taking 70 supplements a day. That's not something I'd recommend anyone does. I started practicing meditation, yoga, exploring the role of psychology and what was happening, something that I was incredibly resistant to. Because initially, to me, the idea that there was psychology involved meant that my physical illness wasn't real. And that was one of the great traumas I think for many people still is one of the great traumas of suffering from a complex chronic illness that you are kind of arrogance of pockets of mainstream medicine, which is we don't know what's wrong with you.

Therefore, there's nothing wrong with you or there's something wrong with you and we don't have the answer. Therefore, no one has the answer. So that the – Wait Alex, you've missed one, excuse me, you've missed one, which was so this is from personal experience with my mom who was Addison's, which means her adrenal glands have completely failed.

On the way from not failed to failed. She must have had depression because clearly her nausea, vomiting, dizziness and inability to get out of bed were depression and she was like, I'm not depressed. So when all else fails, you must be depressed is there's also the medical response. People get a lot I think, which is really pejorative. Actually. – It is and has lots of impacts which are problematic. But one of them is that it's incredibly isolating because those, those narratives, particularly with things like medically unexplained illnesses, they become the cultural narratives.

And so the very people that you would go to for emotional support and holding sort of holding these ideas that maybe you're not really ill and maybe you're just depressed.

And if you are just depressed by that, that also requires its own help and support, or maybe it's, it's like you think about phantom limb pain where someone loses a limb and they still have pain where there's no limb.

And an instance like that, that is a psychosomatic experience that the brain is creating something that isn't actually real in the instance of complex chronic illnesses and autoimmune conditions and you know, toxic overload and so on, there are real physical things that are happening.

But the lack of understanding from that from mainstream medical elements of mainstream medicine is incredibly isolating traumatizing actually in, in its own way.

But nonetheless, psychology was one of the things that I that I looked at and it perturbed me at the time that it became one of my great passions and one of my great loves and to cut a long story short, the there's bad news and there's good news.

The bad news is there was I didn't find the single answer. I really tried. What I did find is that there were different pieces of a jigsaw that need to be put together in different ways.

And that's why. And I wrote a book in 2003 about my personal recovery journey. It then took until last year to write a book about other people about how to recover my book, decode your fatigue.

Because after my own recovery, it took almost another two decades to feel like having worked with thousands of patients myself. The optimal health clinic we've worked with over 10,000 people with fatigue related conditions to have a map and a framework that puts together things like different subtypes, different stages of recovery, the importance of different sequencing of intervention.

But the good news is there are, I don't think I wouldn't be as arrogant to say we have all the answers or anyone has all the answers because all the time, new things have been discovered. But there are answers.

And you know, for me and my journey, I think anyone that's been on one of these sort of health journeys, they think, well, if I could do that, Then I would know that I had recovered. And for me that was being able to physically

exercise and not just due to exercise but not have the delayed fatigue response where I would do something. And then two or three days later, I didn't realize at the time, but my mitochondria if actually were crashing and then it would take weeks to recover from it. And so that was for me back in 2002, I think it was. And so for the last 20 years, really, my mission has been a lot of it. Has been working around fatigue and and complex chronic illnesses, but also a lot working with emotional trauma and really the recognition that healing as possible.

And it's not always a simple journey. It's not always an easy journey, but there are answers that can be found.

How trauma and stress set the stage for illness

– I have a whole bunch of questions for you from what you've just shared. So when you looked back on your individual journey, I always feel like there's either no inciting event or a million inciting events.

Were you able to look back and say, oh yeah, that really sent me off the cliff when X happened when I was 15 and three quarters because when I was 16.5, I really went. Are you able to pinpoint those things?

– Yeah. Well, it's interesting. So the way that you frame it, so we talk a lot in fatigue rated conditions about gradual onset and sudden onset. So gradual onset being there isn't a kind of obvious moment, but there's a great and I talk a lot about loads on a boat.

So if your body is a boat, it can handle a certain amount of loads. So if we take your asking in terms of my situation, so those loads would have been things like having quite a lot of childhood trauma.

I didn't know what it was at the time. But things like my father leaving soon after I was born, my sister had very severe mental health issues there was a certain amount of alcoholism in the family. There was an absence of emotional holding and there were a lot of lessons around your self worth is defined by what you do and what you achieve not kind of inherently for who you are.

So that was a set of loads on my boat. There's then I, I had a lot of ear infections as a kid, a lot of antibiotics. And then in my early teens suffered from irritable bowel syndrome.

So I had various digestive issues that were part of it. I then had particularly around the time I actually crashed, was doing what's called GCSES here in the UK. So instead of exams that you do at 16 years old, so that was another load on the boat.

I may well have had a viral, possibly it wasn't shown in blood test, but it may have been something like Epstein Barr happening at the time as well. So a series of loads – And puberty, puberty, – And puberty. Yeah, exactly.

And also quite possibly low production testosterone part, partly because of digestive issues, lots of pieces of the jigsaw or to mix my metaphors, loads on a boat.

But it seemed relatively sudden in the sense that I was seemingly okay. And then one night I went out with some friends, I was drinking a lot about, I thought I was hungover the next morning.

And then basically it was a seven year hangover. Like I just, I didn't then recover from that. But, but as you point out in your question, it wasn't what happened that night. It was what was happening for my, my entire life leading up until, until that moment.

– Right. It's like that alcohol was that alcohol and whatever sleeplessness or stress was the last straw. You, I mean, it could have been that you got a bad grade on the GS CS.

It could, you know, it could have been even just taken. There's so many things that it could have been, but you can clearly sort of plot out the stage was set. – Yeah. Well, I also think to just take the metaphor a step further as well that there's all the loads that causes the boat to sink.

But then having a complex chronic illness is a whole new load because you've got the anxiety of what's wrong with me, why it's wrong with me? No one seems to have the answers. My symptoms seem to change day to day.

Should I do this thing? Should I rest? Am I ever going to get better? I can't do the things that bring me joy. I'm now more trapped at home in a toxic environment.

And so it's almost like a boat that's got the loads and then it starts to take on water. But in other waters, the new loads and so suddenly the original loads aren't even the biggest problem. Now it's all the water that makes and then there's a point where the boat can sink actually quite quickly.

But it's because of the history that's meant that it's been too overloaded that now that the, the stress and the anxiety and the overload of dealing with, with being ill then is what really takes it a level deeper.

– You know, I talked to a lot of my patients about even having a single thought can send your adrenals off, off, off into a spiral that you don't want to be in.

And I'll share about, there was about five years ago. We were on our way from one part of California to another part we were driving and they had these massive barriers on the left and we were in the left lane.

So you couldn't, there was nowhere to go and there was a car in front of us and out of the corner of my eye, my husband was driving. I see 22 lanes over the car in front of the car next to us, start swerving. And I think, oh my God.

So they're gonna swerve into the lane next to us. The car in front of us is gonna swerve into us. And I, and we can't go anywhere because there's this big barrier.

And I said to my husband, break, break, break, break break because they're coming for us. So he breaks the car next to us, swerves in front of us. Nothing happens, nothing happens. Nobody got in an accident.

Nobody hit anyone for two days. I was like, oh my, what happened? Just that thought we're going to get into a massive accident. Nothing happened. So it's so powerful what your brain can do in terms of supporting or tanking.

It doesn't, you know, it doesn't much matter, training your brain is one of the most critical things I talk to my patients about. – Yeah. Well, I think also when do you make a really important point in there, which is that there's a difference between a situation like that, which is an acute sudden stress. And although it lasted a couple of days in a couple of days, like the safety cues would have re kicked in, in your system then re normalized.

And that's the kind of stress that our nervous system is designed to respond to. And so the equipment of that thousands of years ago may have been that you and your husband were out walking, then suddenly a sabertooth tiger gets, that gets the center of you and then you've got to respond to that.

So you get this big hit of adrenaline and cortisol and your blood pumps away from your digestion and towards your limbs so that you can, you can either fight or you can flight or you can run really fast or you can freeze and hope that you don't get, you don't get seen the real challenge when you've got, you know, a complex chronic illness or you're suffering from, you know, auto immunity or you've got a toxic overload situation is that that threat in front of you on the motorway, is there all of the time?

And so a stress response which is designed to have a big hit of adrenaline cortisol and to respond and then reset itself doesn't get that safety cue that you've survived the situation a couple of days have passed and everything is ultimately okay.

And so this results in what I call a maladaptive stress response. So a stress response which is designed to respond like we wanted to respond. Because in that, in that situation, if you hadn't seen that danger and said break, break, break to your husband, it may have taken a split second longer and then the whole outcome may have been different. So every, every bit of every moment in a physical danger is really, really important.

But when we don't, when the event doesn't pass, because the event is in our body, it's in our symptoms, it's in the day to day life that we are struggling more and more to manage.

Maladaptive stress response and impaired detox

Because also my analogy around water coming onto the boat is also things that in the past may not have been stressful, like paying a bill online or telling a friend that, that we were not going to make an event at the weekend or whatever though, because we got less resourced to deal with those things because we're more depleted, those things become bigger and bigger stresses for us as well. And so the impact is that our physical body and our emotional body go into the exact opposite ST to what they need to be, to be able to heal. So if you imagine, you know, you break a bone or you, in fact breaking your bones a good example, you break a bone and medicine doesn't do anything to heal the bone.

I mean, you know, more than I do, you got the medical background, what it does is it sets the bone and keeps it set and manages the pain, then the bone heals itself. Same with a cut.

You might stitch the skin together, you want to stop it getting infected. But our physical body has a natural capacity towards healing. The question is often not what's caused someone to be sick in the first place.

The question is what's stopping the body from healing? And when we're in this maladaptive stress response, when our whole nervous system is heightened for the danger, the very mechanisms that we need for hell for healing are then inhibited. And there's, there's just endless research that shows the impact of a maladaptive stress response on physical healing and like just 11 study that I like because I think it really represents the healing pieces that there was a study done with women who were caregivers and a control group that weren't. So the caregivers had – Where they find women like that. – It beats me.

Well, these particular women were caregivers of people who had dementia or Alzheimer's. So an extra level up in terms of the day to day stress that they were dealing with versus A control group, which will probably just caregivers like normal kind of day to day stuff.

And they gave a punch biopsy, a 3.5 millimeter muscle biopsy of the control group. And the women that were caregivers, those that were caring for people that had dementia or Alzheimer's took 24% longer for that wound to heal. And it's just one example of when our system is having to fuel a stress response, those resources then are not available for healing.

And so a big part of my work over the years has been helping people to recognize and identify that stress response and then having ways to effectively reset the system towards healing because ultimately for our body to heal, it has to be in a healing state. – Yeah, absolutely.

So can you walk us through then? Because we're talking about auto immunity and chronic diseases and in the, in the setting of environmental toxicants, how does having a maladaptive stress response impact the body's ability to detox?

What can you draw the line there? What happens? – Yeah, there's a lot of different ways of looking at it. I think one of the most interesting ways is Dr. Robert Naviaux work on cell danger response, which so our mitochondria, which are effectively the powerhouses of ourselves, many people will be familiar with the mitochondria, having the, the responsibility for making energy, but they have a second purpose and that second purpose is danger signaling. And so when there is a physiological or a psycho emotional or some kind of danger or threat to our system, our mitochondria, rather than making energy like the raw ingredients of what our body needs to heal, to detox the function to do all the things that we need to do day to day, that energy production becomes deep prioritized. So our body can focus on the danger signaling.

I to be able to spread the message of the maladaptive stress response within them and between ourselves. And so, not only does this have a big impact in terms of physical energy? And it's one of the things we see a lot with fatigue related conditions that when we're in a maladaptive stress response, the body's ability to make energy is

impacted, but also then all of the kind of downstream things that happen from making energy.

So for example, when we're sequencing intervention, for example, with fatigue conditions, so let's say that someone has a mycotoxins issue and we want to do a protocol which is going to help support the body in terms of detox IQ to be able to do that. The system has to be strong enough in the first place. And so we often will have patients that come to us that will say I've tried doing protocols and I can't do them every time that I start a protocol like this, I feel so incredibly unwell and it's not like I just need to ride the feeling unwell and then I start to feel better. I just feel horrendous until I stop the intervention. And I feel no benefit from having been through weeks or months of feeling horrendous. And so in that instance, we're looking at a couple of things, one do, we need to build more capacity and more resilience in the body to be able to do the protocol in the first place.

The second thing that, that we're often looking at going back to your to your question also around the maladaptive stress response that one way to think about it is that if you imagine So back in, I think it was 2007, there were some bombings on the London underground.

And prior to that, people would often, people would leave like their, their gym bag on the, on the London underground and people got someone left their gym bag or whatever. And then there was a massively heightened awareness of the risk of a bomb. And so someone would leave a completely intentionally leave a bag on the underground and the whole network would shut down and this happened many, many times that there was a very heightened danger response to threats because of what had happened, our immune system responds in the same way, it becomes hypersensitive. So when our nervous system is significantly, jacked up or put it in the term, we're using a maladaptive stress response, we start to react to things as being a threat or things as being a danger when they're not.

And that can be things like chemicals, foods and environmental things and so on. But it can also be the very interventions that we're using to support healing because our system is seeing them as a threat when they may not actually be. And so this is where we often find by working to regulate the system and to calm down that maladaptive stress response, not only is the body's capacity for self healing improved, but also people's tolerance of intervention goes up significantly as well.

– So can we talk about how you do that with people? What I'm hearing is you want to shut down the danger response that people have so that they can go into a more functional response? But how do you get from A to Z?

– Yeah. Yeah. So the first thing is you've got to recognize what's happening. And I think one of the things that's tricky is that we, we tend to normalize to whatever becomes our normal, right? And so many many times over the years, I remember sitting with patients and their nervous system was so wired that I was having to work hard to regulate my own system in their presence because they were so active, you know, they'd be sort of swinging in the chair so activated.

RESET framework for nervous system regulation

And I would talk about what we've just been talking about and they would make sense theoretically, but that's not true for me because they were so normalized to being in the state they were in, they weren't even recognizing that it was happening.

And so in some ways, just having the awareness, like if you can see it, you don't have to be it. Like the very awareness that hang on, I can see that my system is wired and, and over activated that and of itself gives a moment of choice of, well, maybe I then need to do something different.

– So bringing distinction to even the state someone is in. – Yeah. So, to be able to recognize that the system is dysregulated that in of itself is the first step to being able to do something to change it because otherwise, what are we changing? So that the framework that I use is, is the acronym reset. So the first is to recognize like a case and we do exercises around that. For example, getting people to identify the difference between being in a stress state in a healing state.

How do they feel different at different points in the day? Where is their system, one of the triggers, what's their, what's their baseline? In a sense, what's the home static balance of their nervous system? Like, what's the homeostasis that it, that it settled at? And by definition, that being a maladaptive stress response that homeostasis has moved to an unhealthy place.

So then the second part, the e of reset is to examine how and why is this happening? So what are the triggers? And that may be historical, emotional trauma.

It may be what's happening right now. Often it can be sometimes people come in with, with pre predisposition towards anxiety for other people. The biggest source of their anxiety is their symptoms and their body and what's happening and the kind of medically unexplained nature of it, it can also be that we've got, we've learned patterns around defining ourselves by, but like I talked about my story, what we do, what we achieve that we're only valuable if we're helping and giving to others or that our safety in the world comes from controlling ourselves and controlling the environment or if we don't do things perfectly right, then will be rejected. There's all kinds of patterns that um that can be there. So we need to recognize we're in a dis regulated state. We need to be able to examine like what are the ingredients of that, what's happening, which is driving that we then need to stop, which is, which is the S of reset. We need to break the cycle of the patterns that we're in. And for me, there are two primary ingredients in doing this. The first is meditation, mindfulness, yoga, Qigong Tai chi practices that will help us actively learn to self regulate our nervous system.

And for some people, those practices are very helpful very quickly for other people. They can be really tricky and there can be sometimes trauma elements that need to be addressed to them, make those practices easier.

And other times we've just really got to put the work into, but there's a lot of momentum towards being dysregulated. It can take a fair bit of work to start to train the system into a different place.

But the second piece, which is particularly important is meditation practices will help calm things down. But as soon as we start practicing, they start to reactivate again.

So we need to have tools and strategies to be able to catch those patterns, to be able to stop them and to actively retrain the habits and the behaviors in our nervous system. And so there are various ways of doing that and we certainly have have ways that we find very helpful.

And then the fourth step or the second e of reset is we have to deal with are the emotions. And one of the primary reasons why we can become maladaptive in our stress response in the first place is there's just like there can be a physical overload. We talked about loads on the bow, there can be an emotional overload and that can be single events, that can be multiple events, that can be big events, it can be small events.

But in a sense, we have a whole load of unprocessed emotional history. It's almost like a big black sack of stuff that we're kind of lugging around that ever so often it kind of explodes out.

And because that's overloading in our body, we escape into our minds to get away from those feelings. So one of the things that's often fueling the overthinking and the dis regulated nature of a maladaptive stress response is a way of moving away from those emotions and feelings that haven't been processed.

And so learning to metabolize the process, to digest, to heal that underlying trauma is often very important in terms of getting a lasting change in the nervous system.

Otherwise, we're constantly having to work to rebalance it. But when we do that deeper work, what we find is that there's a new, a new homeostasis that effectively then takes form.

And then the final step is we have to transform our relationship with ourselves and our relationship with the world. And often part of the glue that holds together all of these, these old patterns is a kind of in a critic, constant judging, beating up of ourselves. And so as we become more in contact with our feelings often were a little bit more vulnerable and sensitive in a good.

And so we need to make sure that we get space from that, but also to learn to meet our own kind of core emotional needs for ourselves. So there's a kind of sequencing ultimately of awareness, having strategies to break the cognitive elements, working with the emotional elements and then figuring out what it means to live our life from that new place.

– This is fascinating Alex because if you think about it, most of what you're talking about it, some level is accessible to everyone which I believe goes back to your passion about making it accessible to everyone because you can do this work without thousands of dollars of therapy. And you can get Tai Chi online and you can get Chi Gong and there's really, you can do almost all of this pretty easily.

Uneasy might not be the right word, but it's accessible. And so that's what's really striking to me. And then the other part to this is nowhere in this are you reliant upon a diagnosis? Which is very interesting to me because you can do this in the absence of a Lyme diagnosis, figuring out your toxins, you also haven't mentioned toxic relationships. And I'm wondering where that fits in that reset model. – Yeah. Well, firstly, to your to your first point, absolutely, the in a sense to do effective physical physiological intervention around things like lime co infections molds, autoimmune conditions and so on.

You've got to get real clarity on what's going on. And that's why my second book was called Decode Your Fatigue because particularly with fatigue until you really name the problem, you can't have effective intervention.

And as you know, for some people, the issue is that they have, they have an issue with lyme or co infections. Someone else, it could be mycotoxins, someone else, it could be sea boat, somebody else. It could be parasites.

So many different factors, you've got to get the clarity before you can have effective intervention. But with working on the on the nervous system, that's true for most people and for some people, it's, it's the kind of golden ticket. It's the most important piece for other people.

It's a piece of the jigsaw, maybe not be the only piece. It may not be the most important piece, but often it's a piece that if it's not in place, the other elements then won't shift. And therefore in terms of sequin seeing a lot of the patients that we work with. This is a key foundational piece, even if it's not that the, as long as you can do this piece and then other things start to become more effective. And then people go well, that was my miracle answer was that, that, that taking refraction and that Sibo Protocol that they did, but not realizing they couldn't tolerate some of that stuff until they had that shift in the nervous system first. In terms of your, your point around toxic relationships. Yes, that's definitely for many people is a key piece and it's a big big topic, but a point that I'll make is that when we've experienced our own, childhood trauma, we haven't talked so much about trauma. There's lots we can say about that as well.

Toxic relationships and emotional healing

But I think the headline, I'll say there is that many people think about trauma in the terms in terms of PTSD trauma, like big single traumatic events, like physical abuse, sexual abuse being in a war zone, particularly the kind of the classic adverse childhood experiences or the aces that people hear about. But many of the traumas that really shape us and impact us are more subtle and this and they're not necessarily smaller but they're more covert and they're less obvious – Death by 1000 cuts traumas.

– Right. Exactly. Like, you know, things like I spoke out in class as a small child. And then what we, what I noticed was that I was laughed at. And so I learned that I'm never going to put my voice out there or, you know, we have an experience where, you know, we come home from school one day and both our parents are really consumed in, in their own work projects and we really need love and attention.

We don't get it. And then at bedtime they say to us. Oh, you're so wonderful how independent and grown up you are. And then we learned that our feelings and emotions are less important than what other people people need. So trauma can happen in many, many different ways. But what we experience in childhood, we normalize too and we build maps and we build models of the world of how we think relationships should be. Who we think we are in relationship, how valuable or not valuable we think we are in relationship in contrast to other people. And so one of

the things that sometimes concerns me with some of the literature around toxic relationships is a lot of the focus becomes on the perpetrator upon and rightly so and of course, there should be appropriate and justice and boundaries and so on.

But we also have to recognize that if we have a pattern and it's not true for everyone, but something may have a pattern of being in a series of toxic relationships that we are the common denominator in those relationships. And often part of the reason why is what became, and I talked about home ecstatic balances in the nervous system, what became our homeostasis in relationship, what we effectively normalized to.

So if we grew up in a place where we weren't given, we weren't allowed to have boundaries. When we put a boundary in place, it was stamped on as an adult, we may find ourselves in lots of relationships that are not boundaries enough and when their boundaries put up there, not being respected.

But whereas one person may be so horribly offended. The first time I had the experience of just leave a relationship, we don't because we are normalized. And so as part of the, of the reset kind of framework and resetting our nervous system that some of those activations and, and those defenses are to protect ourselves from the danger of the threat of these kind of relationships that we've been in.

And so it's a bit of a chicken and egg if you, if we calm down our system, are we more vulnerable? But then are we going to be able to leave those relationships until we get more resourceful and calming the system down?

And so it's sometimes a process of both together like, yes, we're working on calming ourselves, but maybe that's then revealing some things about our relationships and we then also need to work on those.

And that may just be, we can really establish proper boundaries and people respect those other times as soon as we put those boundaries in place. What happens is that the person pushes more and then that needs to be worked with and that can be challenging. – I know you have programs in place where you work with people on this. How long do the programs typically take for people to see meaningful, meaningful shift in their ability to regulate the system?

Quiet it down and then start the healing journey or continue the healing journey. – Yeah. So my kind of most best known program, the reset program is a 12 week program. And for some people in those 12 weeks, they will have a dramatic shift in terms of it, almost be night and day from beginning to end of their experience of their nervous system. For other people, it will be subtle and gradual and they'll notice some changes.

And then at the end of the program, they'll still be work to do and they'll have lifetime access to the program. They'll have the tools and it will be an ongoing process of having an increased impact in terms of what's happening.

Sometimes. Also, there are people where they do the program, they don't feel like so much has shifted in the program. But then they noticed suddenly things that weren't moving, start to move, like going back to the example around tolerance of protocols.

Someone's like, I didn't really feel anything was different, but suddenly I'm now able to do this protocol and I just, my food sensitivities are calmer. And I noticed that normally when I, when I go to the airport and walk through the ridiculous line of perfumes, I'd have a horrible reaction and it didn't happen last time.

And so there is no, there is no one answer. And part of what I love about the reset program, there's lots of different pieces and different pieces are important for different people and there's no one set. This is how long.

And I'll always be very nervous. Anyone that says you do these three things and that's the guaranteed result. But with the vast majority of people, there is a noticeable shift within that three month process.

– So essentially what you're putting energy and focus into will shift, you will see transformation. I mean, I think that goes for almost everything in life. When you put your attention into it, it's going to shift. So – I would say so for most people, sometimes we put our attention into the wrong thing and grow the wrong thing that happens.

But yes, I would say in the vast majority of instances and are these daily practices, I think, yes. And my feeling is that often we spent decades setting things up a certain way and doesn't have to take decades to change it.

But we can't just, and it's, you know, it's interesting when I, when I first launched the reset program as a, as a kind of structured program that people will be able to kind of buy in and go through. I had um several of my own long term, one on one session clients by the program.

And I spent like, why would they buy the program? They've been working with me for the last, you know, two or three years and, you know, and so on. As I'm curious, let's see, what happened. And then, and then in each instance, after a while they were like, oh my God, this program has completely changed. My life is the most amazing thing I ever did.

And I was like, my program is better than working the 1 to 1. Like, no, it's not that, but it's the fact they could rewatch things and they would have recorded practices. So, rather than me teach them something that they have to go away and to remember how to do it, they would have this very supported process where they could revisit, they could rewatch. And rather than me trying to explain something in five minutes in a session, they could have a much more thorough way of understanding, which would then would mean that things would, would land a lot deeper.

But ultimately, people, they need to be daily practice. But if those practices are not having an impact, we're going to give up. And so we need to have practices that are effective and work.

When to address emotional work in healing

And the program is designed to have some relatively early wins, which then gives us the motivation to do some of the more tricky work. – So I have a question. I know a lot of people listening have either very large exposure to toxins or Autoimmunity or chronic diseases.

So if you already have, if you already have a chronic disease or an autoimmune disease, then it sounds like the perfect time to do this work. Is now because if you have it, then this is a key part to recovery.

But if people are just recognizing that they're ill and just recognizing where, where do you slot in the emotional work? Do you? Is it the resort of last, is it the treatment of last resort?

It feels like it shouldn't be. But how do people know when is the right time to put that in? – It's a great question. And it's a question that we have to answer multiple times every day because we have prospective patients coming into the clinic. Do they start with psychology?

Do they start with nutrition? Do they start with both? I think the answer is different for different people. So I don't think it's a, it's a one size fits all answer.

What I would say is that I think it's really important to have going back to what you said a little bit earlier to have clarity on what's happening physically. And, you know, for example, a diagnosis of chronic fatigue is not a diagnosis. It's a label for a set of a symptoms.

– It's a waste basket. – Right. Exactly. – Don't know what's wrong with you. So you've got that. – Exactly that. So saying with chronic pain, saying with, you know, at least a diagnosis of Lyme Disease, for example, that there's a clarity to that diagnosis. Now this is a rabbit hole, we probably got time to get down. But in my experience, Lyme Disease often still has other complexities around it.

And so just because we have something that's very clear, physical cause and physical impact doesn't mean that those psycho emotional aspects of healing aren't important, sometimes they're really important.

Other times are important just to be able to manage going through protocols and doing the work that needs to be done. But having that, having a real diagnosis, not just a kind of label for symptoms, I think is really important and

I'm sure that there'll be many speakers talking very eloquently to the different aspects and areas here.

And I think that's a really good way of people getting some, some different frameworks and perspectives. The vast majority of people in my experience will need to do some element of the psycho emotional as part of their healing journey.

Does that mean that it has to happen? At the same time? Not necessarily, although certainly our going back to my comment around in our clinic, our observation is that we make by far the biggest, biggest impact when people are working on the physical aspects and the psycho emotional aspects of at the same time.

And sometimes there needs to be a little bit of care given that if we're doing some deeper emotional healing work, we probably don't want to be doing that at the same time as doing a heavy detox protocol. And so it doesn't mean that we should be doing everything full throttle all of the time.

I often find with the psycho emotional piece is that there are people where there's a really strong resonance, like someone might be watching our conversation and go.

This really is me like I really see myself in this. That's probably going to be a good clue that it's going to be an important piece to address somebody else to watch it and go. I really get it.

Hopefully it makes sense. But actually, I can really see the thing that I need to do most right now is I need to this other thing. And so we somewhat, I very strongly believe that people should be captain of the ship of their own healing journey. And so people having their own sort of sense of what they need. And then there are other cases and I would have been an example of this where people are hyper defensive of the idea of psycho emotional healing. But actually, it's a really, it's almost like the more defensive we are about it, the more there is a clue that there's something possibly been looked at – That makes sense. I mean, in our practice, we call it five journeys because you have five unique ways.

We say that you get to health and one is your physical body, your physical, is your bones, your ligaments, your muscles, your posture, then there's your chemistry, which is typically what the functional medicine providers are looking at which is your gut, your hormones, your minerals, nutrients, absorption, then there's your emotional health.

What's your relationship to yourself? Your social health, your relationship to others and then your spiritual health. Why are you here? What is your legacy?

What are you here to do in this earth? And typically if you want to get well, you need to work on three out of the five. So you tip the scales to health.

So it sounds like we're on the same page. You work in a couple of fronts. So I think at the end of this conversation where we are now, people are gonna be saying, how do they find you?

What do you want to tell them? How do they find you? What can they participate in with you? – Yeah, thank you. So, the best place to go is my website Alexhoward.com and it's a bit of a signpost towards the Oxford Health Clinic, towards the conferences that we do.

But two things particularly I mentioned at the top of the main page and Alexhoward.

Where to find Alex Howard and his resources

com, you'll find a link to a free three part video series which takes actually what, what we've been talking about in this conversation in a fair bit more detail, gives more of the science behind it. So it's, it's really the best way of understanding how a maladaptive stress response impacts upon our capacity to heal. So that's a free video series that had a lot of wonderful feedback from that over recent years.

The other thing is my, one of my great passion projects is my in Therapy youtube series. You can just go to youtube. It's actually also on a podcast on Apple podcasts and Spotify. And I think other places you can listen to podcast. And each week we release a filmed therapy session with me working with real clients. And we follow in the more recent incarnation, incarnation of the series, we follow a participant for about eight sessions. So some of what we're talking about here more than it just being sort of ideas and principles you see that coming to life in actual real, real therapeutic work. And I hear a lot from people saying you read a lot in the comments below the videos that people almost feel like they're going through the therapeutic journey by watching other people because of course, so much of what we work with has similarities. And so that, that's a great way of accessing some of the going back to, to your point, Wendie accessing these things for no cost.

And yeah, and if you find it helpful comment, I'm always really curious to hear how people are impacted by it. – That sounds fantastic because you think about, we learn from each other and it's almost less threatening watching someone else go through it. But mapping onto ourselves.

How does this apply to me where you're not in the hot seat though, which is wonderful. So it sounds great. Okay, Alex. Thank you so much and thank you to the listeners for joining us for another episode of this summit, which is the Environmental Toxicants Autoimmunity and Chronic Diseases Summit.

Our guest today is Alex Howard. I'm Wendie Trubow, your host and thanks for listening. – Thank you for having me.