Introduction and Guest Background

Everyone. Dr. Tom Moorcroft, back here with you for this episode of The Healing from Lyme Disease Summit. And today we have this really special guest, a really great treat for you, a gentleman by the name of Alex Howard, who is someone who I've seen in the background, kind of like coming in and out of my life here and there, but I never really got a chance to get to know him all that well.

And he reached out to be part of this because a lot of what we talk about in healing from Lyme disease is how do we reset your nervous system so you can actually get to deep healing?

And he reached out and said, Hey, I want to talk about this. And I was like, Wait, I was like a title I would make for you guys to really get the most important information out there.

And Alex has done so many different things. He's a conscience life platform, a reset program that we're going to talk about in terms of how to really put all this stuff in the action.

But rather than talk about all the accolades, we started to have this conversation off camera that was just so great that we just were like, Hold on, we got to start and get going right away. So.

Alex, thanks so much for reaching out and I can't wait to have this conversation and share with our audience. Thank you so much for having me. I'm excited to get into it together.

Yeah. So one of the things that like I always like to share, I share with everyone, hey, this was my healing journey. This is why I got into this whole thing.

And I think when people talk, a lot of people come into my office and they go, Do you really know what I'm talking about? Have you have you experienced this before?

I'm like, Well, yeah, actually, I was sick for 13 years. And that same thing you have, I got over. So I always think it's important to understand where someone comes from and what their back story is so that you know why they're so passionate about the topic that we're going to talk about that resetting your nervous system for deep healing.

So maybe you can share a little bit about where you come from and like how you got to this point of doing all these amazing things in the world that are really changing people's lives.

Yeah, thank thank you so much. So sounds like with your experience, I didn't I didn't start my kind of career life out in my mid teens meeting with a career advisor going, yes, I think I'm going to become an expert in fatigue and trauma and kind of complex chronic illness.

I found myself on this path because like you, I had I had my own lived experience, which for me was any chronic fatigue syndrome from my teens to my early twenties. And like, I think a lot of people go on on these healing journeys.

Part of what was so challenging is it wasn't one thing. There were lots of different pieces to to that jigsaw. And one of the hardest things initially was just the recognition that perhaps there was something that I could do that would that would change the situation.

And just briefly speaking to that, I've been ill for a couple of years and I've been pretty much housebound and at times fairly bedbound. And the symptoms primarily of severe fatigue, muscle pains, dizziness, headache, completely crippling, exhausted the whole time, but then often unable to sleep at night.

I didn't have Lyme or co-infections, but very, very obviously similar in terms of the lived experience of symptoms. And after a couple of years of this, it wasn't that I was actively planning on on ending my life, but I really was pretty on and optimistic about continuing living and and the way that things were.

And I ended up having having a conversation with, with my uncle who was on those kind of conversations where you look back and you realize that your whole life changed in a conversation, but at the time it was just a, you know, it was another chat.

But the heart of it was that he helped me. I basically was completely desperate. I hate my life. I can't live like this. I can't go on anymore. And he help me realize that if I wanted the circumstances of my life to be different, I was going to have to do something different to change them.

And we've nothing really to fuel me.

Alex Howardu2019s Illness Journey

Apart from desperation and the naive hope of being a teenager, I ended up setting off on what was then a five year journey from that point and along the way, one of my great frustrations was, well, a couple of things.

Firstly, the the claim that what was a very real physical condition was psychological in nature. You know, it's that classic arrogance of mainstream medicine of we don't know what's wrong with you, therefore there is nothing wrong with you or we don't know we don't know how you can get better.

Therefore no one knows how you can get better. And so the conclusion is it must be in your head and it's not real. And so that was that was part it's been really hurtful and frustrating.

It also was very isolating because just the place that you want to go for emotional support are not particularly supportive because the assumption is that there's something untoward going on in terms of what's happening.

But also then the second thing that was incredibly frustrating was after a while of seeing many different practitioners, I think I saw 35 different doctors and nutritionist and naturopaths in the years that I was ill.

Then after a while I go and see someone and I be somewhat pessimistic about the likelihood of having a positive outcome to which people will go see. That's why you're not getting better, because you don't believe it's going to happen.

I feel like, well, I've invested so much hope so many times that that the devastating disappointment something doesn't work. So it's a traumatic in of itself that I kind of go in a bit more measured and a bit more kind of level headed around things, but there were things along the way.

This time we'll get into some more of this, but things that started to make a difference, it wasn't any one thing. In fact, my most recent book was called Decode Your Fatigue, because in my eyes, a diagnosis of any chronic fatigue, fibromyalgia, whatever that may be, is not a diagnosis.

It's a label for a set of symptoms. And with Lyme and co-infections, although you have more clarity of what's happening physiologically, that part of the reason why some it's like this I think are so important is there still complex jigsaws of all these different pieces that that need to be understood and that that that come together.

So there was no one answer, at least in my journey. But there were many answers. There were different pieces to the jigsaw, I'm sure, like you did someone you're hitting on, you learn to piece it together and to figure out how to map that path forward.

And then just briefly, on the other side of that, I, I ended up setting up the clinic that I wanted to exist in the years that I've been our clinic that was integrative in its nature, a clinic that put the patient at the heart of everything.

The recognition that community and support of other people on the journey is also part of that healing jigsaw. And in the nearly 20 years since then, you know, the Oxfam Health Clinic, now we've worked with with I mean, well over 10,000.

I mean, it's it's 10,000 since we put the new computer system in place, sort of kind of ten years ago. And we've been going nearly 20 years. So patients in 50 countries, a team of 20 full time practitioners specializing in fatigue related conditions.

And I can say at this point, that's good news and bad news. The good news is that many paths to recovery. The bad news is there's many parts of recovery.

So hopefully what we can you know, we can do is start to make a better sense of some of that together. Yeah, I just think it's so inspiring to hear that there are other reasons that people have brain fog and fatigue and joint pain that aren't just tick borne infections.

And I actually got diagnosed with MSF fibromyalgia after they told me it was all in my head and it turned out to be Lyme disease and heavy metals. But the part that I love about everything that I've seen all of your work is the empowerment of the person to figure out that jigsaw puzzle for themselves, how to decode it and to understand, like, you know, like you're saying, like, I think so many people feel isolated, man.

Like, like and that's actually when we if we have a chance to talk about Polly vagal theory, one of the one of the ways to get sicker is to get more isolated.

So it's like the system is actually perpetuating your illness. But understanding that you and I and so many other people have been through this isolating piece and it's just a part of the journey.

And we can have, you know, and then we can reclaim our own strength and our own pieces. And that's what I love about everything up here. It's like everything I all your work is about really empowering the person.

And that's really what the purpose of our summit is, is to not say that everybody's code is going to be different. Like just because you say Lyme and Bartonella doesn't mean that, oh, now I'm going to slap a protocol on you.

In fact, that's a great way to not get better quickly and to get more isolated. But to compare yourself to others. So within all of this, where we're kind of going through, we're trying to not be so isolated, you know, we're trying to understand that like we're similar to other people, which is nice, but we're also unique.

How how does this whole what is the key? I mean, I hear you talk a lot about the stress response and maybe whether it's a proper stress response, that may be a little bit different.

So but like, what's the key here? Like, where do we start? Yeah. So the first thing I want to say before we come into this in more detail is that this is for some people, it's the jigsaw, like it's the piece which which changes everything.

For other people, it's a piece of the jigsaw. For other people it's the piece of the jigsaw which unlocks the other pieces in the jigsaw. And maybe for some people that got into jigsaw at all, it's amazing to do with that.

But I want to be clear that, you know, to make this accessible, we need to talk in somewhat simplified terms. I don't want for a second people to think that.

I think these are simple conditions. There's lots of different pieces in those jigsaws, and it's important to understand that. So let's put it down to this.

Ultimately, our body has to states that it can bear it can be in a state of stress or it can be in a state of healing. State of stress, we put it you mentioned Polly and Steven.

Policies work on Polly vagal theory. So we could say that our body is in a state of fight or flight. So it's in an activated state or it's in a state of freeze like a state of shutdown.

But that fight or flight has become so significant, there's like a numbing and a shutting down that then starts to happen. So why would it go into the stress response?

Well, that's that's incredibly well developed and designed system over kind of, you know, hundreds of thousands, millions of years. How long human beings have been kind of developing their nervous systems on planet Earth, that when there is danger or threats in the environment, our body responds.

That's a really good thing. It responds by releasing certain stress, hormones, adrenaline, cortisol. Our blood flow goes from our digestive system to arms and our legs, because if we need to fly to run really, really fast, we need to fight with that immediate access to that energy to respond, that that wonderful gourmet lunch that we had is really unimportant to digest because we need to survive what's happening.

And then in the next 20 seconds of the threat that's happening, like, imagine you and I are walking down the street together. We don't see the massive truck that's thundering towards us.

We need to respond really quickly, going back thousands of years, that might have been the sabertooth tiger that's chasing us, but we need to have that immediate response.

So that is a a necessary for survival, healthy stress response. There are times that we use that in a very deliberate, positive way.

Stress Response and Nervous System Basics

We go to the gym and we physically train our body. We stress our body. It then builds a response, a tolerance and a capacity to that stress. We we grow muscle, lose more muscle being ripped.

We basically rip the muscle and it repairs stronger than before. The problem is when we move from acute stress to chronic stress. So Robyn, that being a temporary trigger to our system and a healthy response, that stress response becomes maladaptive or it's a chronic ongoing threat.

Now there's lots different examples of this. One example may be that we grew up in a childhood environment where our career emotional needs were not being met.

The just take a slight tangent for a moment are three core emotional needs are boundaries. The ability to say no or to say yes. Safety, the capacity to as a child have our nervous nervous system to regulate with our caregivers and then learn to self-regulate.

I'm nervous system as we grow up and the need for love. Now, if those needs are met, that's great. If they're not mapped, then on nervous system starts to activate to try and build safety when there's the absence of those of those emotional needs.

So it may be that from a young age we learn to have an activated nervous system to try and buffer the sense of the world not being safe because those emotional needs are not being met.

Secondly, it may be in the years up to getting sick, there were constant pressures and stresses in our lives. Maybe the stress of divorce, all the stress of financial stress or relational stress, whatever it may be that we normalized to a higher level of stress than is healthy.

One of the great capacities of the human body is we can normalize to almost anything, but the more we normalize to it, the more we don't recognize that actually something is out of balance.

But particularly what I want to speak to in the context of this conversation as well is suffering from either a medically

unexplained illness or indeed a complex chronic illness where you understand that you have a tick borne infection which is having impacts in your body.

But what to do about it? How to do it? Will it work? Will you recover? Should you push through? Should you rest more? What are the implications of this treatment option?

All of that becomes a constant trigger and stress too. On nervous system. And so that health, the stress response is designed for sudden acute danger and stress becomes maladaptive.

And we normally rise to being in this maladaptive stress response, this that has all kinds of impacts to our physical body, to our emotional body, to our relationships.

Just one example I'll give, because I think it's one that pulls together a few pieces we're talking about here. Dr. Robert Narvaez, work on cell danger response.

And so your mitochondria, which effectively are the powerhouses of your cells, are like the power stations of your cells. Their job is to manufacture and to make energy that they have a second function.

So in addition to making energy, they're also responsible for danger signaling. So when there's a threat, either internal or external threat, the environment, that danger needs to be communicated through your system and it's your mitochondria that ultimately do that swim under threat.

Whether it's a real threat or it's a perceived threat, by the way, it doesn't really make a difference. That's why you can wake up from a really vivid nightmare and your heart is racing and you're sweating and it's literally like you've been escaping that the threat, the whether it's real or imagined, you mitochondria are prioritizing energy production to prioritize danger signaling which means that there's a vicious circle because the more an amount of up to stress response, the less energy we're making.

But the less energy we're making, the less resilient we are to meet the events that are happening. Therefore, the more stressed they become in the first place.

And so that there are childhood factors which may mean that we've learned to normalize to a maladaptive stress response. There are life events that can happen, but even if we had none of that, even if all that happened was we got better biotech and we've developed chronic Lyme disease, even that alone is a major trigger to a dysregulated nervous system, which ultimately then means our body is in the exact opposite state to what it needs to be to be able to heal.

So yeah, that just gives a little bit of context. I'd rather. You know, I think. Alex, it's a really interesting point and one of the things I really want to highlight that you mentioned is it's almost like you get into a comfort zone, like your body gets comfortable and used to this maladaptive state because it's kind of your comfort zone.

This is where you been in. And from a primitive reptilian perspective, our ancient nervous system actually feels safe with the status quo. And so one of the things that I'm curious what you've seen, because in my patients I've seen when I ask them to change, they're all gung ho to change.

When I get them on a new protocol, they can't wait till they have the flare that signals that it's working and then it's going to get better. But then something crazy happens, like they actually get better.

And then like about a week or two in the beginning, better, more like ten days. All of a sudden it hits the fan. It's like people freak out and I kind of get this sense that it's like, almost like we've changed their nervous system from a crappy, like, not really all that safe state, but a comfortable state to a new state that's now uncomfortable because you don't even recognize what health feels like.

And it's scary. And I feel like there's this not like someone's done it purposefully, like the doctor who told them it was all in their head and they didn't want to check deeper to find the root cause.

But meaning like they're nervous system feels the shift and they go, I want to go back to comfortable, even though comfortable is not actually all that safe because who would say being having chronic Lyme is safe?

Right. But you're it's your comfort zone so when you change it. So I mean, is this something you're seeing that if people do get a big change, like their nervous system is almost preprogramed to pull them back?

And if you do, I mean, what do we do with it? Like, how do we get over that? So that can definitely be a factor. And what can happen that it's like they are effectively not sustaining the shift in, in, in, in their nervous system when it's pulling back to homeostasis.

I think there's also some other pieces here as well because the heart of this question is what causes relapse? And so one of the things that often also happens is that someone is able to they get more energy and then all the stuff they couldn't do before because they didn't have energy suddenly starts to get done.

And so it's a one of the biggest causes of relapse that I see is a boom bust pattern. And so what's behind that, going back to again, childhood trauma and the relationship with this maladaptive stress response?

It's like maybe we learn as a child that our safety was tied to helping in supporting everyone else. And maybe we learn that, ah, our love was tied to what we achieved.

Maybe we learned that if we weren't in control of ourselves and what was happening in the environment, that we weren't safe. So we live our life in a way that potentially is completely unsustainable because we're constantly trying to help everyone else ignoring our own needs.

We're constantly pushing through, trying to achieve, to win love, and we're trying to control everything that's happening around us. And so these are really unsustainable ways of living, and they can be factors in why someone's system gets depleted to the point that maybe, you know, that daily got better by take five other people got better by today, but not everyone developed chronic Lyme disease.

So why is that? When it's down to the resilience of the system? What defines a resilience? Partly, yes, it's genetics, but partly it's also all these different lifestyle factors in terms of how we're taking care of and what's happening in our body.

And so then someone crashes and no longer can they do the achieving and got the energy to do it in the first place. They've had to put all of these really rigid boundaries in place and everyone around them, they can't do the help of passive because there's not enough energy to to do anything for anyone.

And they're sort of relinquish control because they just trying to get through the day and then they do a protocol or maybe they go through a difficult time of the protocol and then it starts to work an energy starts then to come back, but now you've got a problem because those underlying patterns haven't necessarily, as you've worked on them, haven't necessarily been resolved.

The difference was before you had no energy to fuel the patterns. Now you've got the energy. You suddenly it's harder to say no to everyone else because they're like, Well, hang on.

Like you're you're going out and doing this and doing that and you're saying you can't come and help me with this thing, or it's like your boss at work says, Well, you know, you're back working.

I need you to hit this deadline. And then suddenly you feel like, you know, they'll won't care about you or love you or they or they'll fire you if you don't do that thing.

And so this is where in my eyes we have to really see the complexity of the both picture of how someone gets sick in the first place, but also the different factors in recovery.

And if you if you if you hear one piece without addressing the other piece, you can end up recreating a different

version of the same situation. And so when we see relapse or crashes or mini crashes as really important information like war, and that's really that's the kind of place in which you're asking this question.

Relapse, Overdoing, and Recovery Patterns

I'm sure it's the same question you're asking in your own mind as you're kind of working with your patients. It's like what's actually gone on here? Because something's worked and that's great, but something else has gone out of balance. And.

And what is that? I love it because I'm always looking like I don't I almost don't like when nothing happens, but if people get better or they get worse, there's so much information in there.

And granted, there's information and not getting better, too. But I mean, I love that when you get a crack in the egg and you start to see it peek through, you know, like I just had a guy the other day, actually, I had the phone, a friend, believe him.

Not like I had put him on you know, he'd done all these things. He's done his mold treatment and slime treatment. We found that his testosterone was in the toilet and, you know, it was like super low.

But what was really interesting is we bumped that level up and the dude felt so bad, he felt so much better. And most guys, if they have low, you bump them up, they feel great.

And I was like, talk to me. I found a friend who's a urologist and specializes in this even more so than I do. And I'm like, I have a theory, but I want to know before I tell you my theory, I want to know what it is.

And he was just like, Most guys feel better. And I go, Why? What I think is he actually got it. Like you just said, he got the energy to do the other things and all.

Now all of this Lyme treatment and his mold detoxification protocol just worked so much better when he actually had the energy to do it. Well, it reminds me of a funny kind of you know, some of these case studies become like a bit mythological in the history of kind of clinical work, right?

So I remember years and years and years ago, funny enough, one of our first ever employee, but mostly in back in late 2004, I think it was was an early patient of the clinic and he he got a job.

He's using a workshop is like no one's ever going to give me a job. When I can't work full time, I'll give you a job. So it's like working for us. And he was it taught him he made some really good progress.

And then one day he was in a because he worked for me wasn't it was inappropriate to be as practitioners working one of the other people in the team and he comes in and and said how you two guys terrible I'm the worst I've been ever.

It's just horrendous. Now of course their heart sank. I'm like, oh, like, well, what's happened? So and they say, Well, what have you been up to the last few weeks?

He goes, Oh, well, you know, last weekend I climbed Snowdon, which is the highest mountain in one of the highest mountains in the UK. It's not it's not high.

My geography and it was. Yeah, yeah. I climbed there and then I went out for, you know, kind of partied afterwards and now I just feel dreadful. It's like, how could you come from, like the fact that you can't even function in day to day life, to climbing the biggest mountain and you've had, okay, you've had a crash, you've done too much.

But the fact you even thought you could do that in the first place, like let's have a look at what's happened there. But it was funny. I was I was talking to myself as you were talking because exactly what you said is so true.

The practitioners hearts say people are kind of left behind. The behind the curtain are heart sink when nothing's happening, but things get worse or things get better.

We've got information and we can understand why. It's when you work with someone and month after month you do different things and just it feels like nothing changes.

What I've come to realize, by the way, is often that some sort of trauma shut down response. So there's a kind of numbing and freeze in the system. And it's a defense against everything.

But but yeah, everything's information and sometimes the the the secret to the next big breakthrough is what was behind the crash that we're trying to understand and work through.

Right. And I think one of the things, Alex, that's so critical about what you're saying is it might not happen in the first two weeks of the first two months.

And I, I mean, people are like, oh, I see like eight other doctors. I've been waiting to see you. I'm like, All right, great. And then like three weeks later, they expect, like, I, you know, I've got some holy water that they're going to drink and they're going to be magically cured.

And I'm like, I would I'd be really happy to share that with you if I had it. But it's more like that puzzle of learning the things. And like, I'm not saying that every guy with chronic Lyme disease needs testosterone, but what I'm saying is life happens around people who have chronic illness, and some of your chronic illness leads to some of these other things.

And it's like even saying like decoding and figuring out what puzzle pieces are appropriate for a particular person, I think is really important. And one of the things I'd love to sort of riff on for a minute is because you talk so much about the science of how trauma affects your body and that maladaptive stress response.

One of the things is I feel like in our field there's some accidental and maybe sometimes purposeful medical betrayal and trauma. Just because your doctor doesn't know and they're in a system that's like you highlighted, if I don't know, it's something's wrong with the patient.

Not that I should just look deeper, but then there's this other thing, and I don't know how you've seen it in your experience, but I find that people compare themselves their protocol, their progress, their lack of progress to other people all the time.

And the thing that breaks my heart personally is there's so much social media where a lot of the progress is. People are like, Oh, I got a great day and they make it sound like they're cured.

And then they crashed the next day. But no one talks about that. And it's like, so it's either doom and gloom or you're not doing it. If you're not doing what I'm doing, you and your practitioner suck and you should change everything.

But that's not very individual. That's me comparing myself to somebody else. I mean, what's your experience been kind of in that? Do patients and how do patients get over this comparing themselves to other people?

Because I think it holds them back. You know, a good recovery is like good politics. It's boring. It's like it's just like a selfish. You go to the extremes, you've got a problem, right?

It's like the extremes of the left and the extremes of the right make for good social media headlines and they make for good debate. And the more people argue, the more things drive up and algorithms and everything else.

But the truth of a lot of political I don't wanna get in a political rabbit hole, but to pull on a political things is that really complex. And there's lots of different competing forces and pieces and almost by definition of throwing out simple solutions, it shows someone doesn't understand what's going on and a good recovery is boring because it's

gradual and it's stable and it's solid.

The last thing you want is your recovery to be like a cryptocurrency, which is shooting up one day and crashing the next day. You want it to be like a really boring old stock that just gradually goes up, but in a way that has substance and is solid.

It's I genuinely get nervous when people's recoveries go too fast. And I know that there are people, people in our industry that as soon as they've got miracle recoveries, they grab a testimonial, throw it out on the Internet and pretend that's what's happening for everyone.

And I think it's really problematic for the reason that that you spoke to, which is that everyone then starts comparing themselves and they feel like they're failing and it's their fault that they're not like that person.

That's this kind of poster child of of the miracle recovery. But what you want is a recovery which is built on genuine diagnostic and understanding of what's happening, genuine, effective pathway to intervention.

And you can see how that recovery is happening and you're being methodical and you're working with those different pieces along the way because then you don't have to live this cult of anxiety of being ill or crashing or feel like your recovery is built on quicksand.

Suddenly you're going to fall apart, that you've genuinely dealt with what's going on. And it's like, you know, I liken it to, you know, I sort of joke that I'm a sort of therapist by day and and jobbing entrepreneur by night in the sense that building an effective business around the work that we do is just a lot of slog and patience and hard work and doing things properly and doing things thoroughly and not trying to do things too quickly in ways where you're cutting corners.

But I also want to get back to something that you said a minute ago. I think it's a really good way to try to make an informed point here, which is that these different pieces of the jigsaw are also all interconnected.

So so you made the point around low testosterone that, you know, I find myself a man of a certain age where these things are requires an investigation and it's like low testosterone in in in men is is really interesting because it's some of the research that we've been looking at recently around that and I'm going to slightly butcher the details here.

But the fundamentals of the point of allied that some really interesting research around the relationship between testosterone and for example digestive issues that so the research seems to show something along the lines of that women have almost double the incidence of air school syndrome than men.

And some of the thinking around this may be that male sex hormones have a buffering impact against things like small intestinal bacterial overgrowth and IBS and and so on.

So it's a bit of a chicken neck situations. Is it that people have digestive issues, which means they've got poor absorption, which means they're not taking the raw ingredients to make hormones?

Or is it that low hormones is impacting upon digestion, which is then becomes one of these vicious circles? And so you can have someone, for example, that has has Lyme and may be the pathway goes like this.

They have Lyme, they're doing an anti anti bacterial protocol, which is really effective. It may be for that person in terms of the Lyme pathway, but it's trashing their digestive system.

And because it's trashing their digestive system now, the hormones are going out of balance. And so, like understanding how all of these different pieces are interconnected is also really important.

And you can have one, one person can do a particular thing and it's like the miracle for them. But someone else, the thing that help them is the problem, or it may be the breakthrough.

One stage, the thing that really helps us go assassins stab becomes the limitation at the next stage. So a big focus of of my clinical work in more recent years has has been yes of course understanding these different pieces, but also the sequencing of how you do intervention and the recognition that sometimes the order which you do things is almost more important than the actual things that you're doing in the first place. Yeah.

So it's crazy. Like I just it is. So when I learned that, you know, it's not just knowing what to do but what order to do it in. And that protocols are things that allow us to have a better understanding of what the possibilities are.

But then we apply them to a unique human being and create their plan that includes like changing a protocol based upon how the body responds.

Comparing Recoveries and Clinical Honesty

So I just think is so critical to understand and, and like this, I love the way you just summarize kind of like not compare, you know, when you compare your protocol to other people, it's problematic.

And so or it can be and usually is. Those two things. Trump I didn't try. Trump You talk about one more point about that as well, which is that I also think we have a responsibility as clinicians around the stories that we put out there, right?

Like, I don't want to get overly hard about it, but I please do. I'm, I'm on the exact same page as you. Yeah. I just think that. We have to have a greater responsibility of feeling professionals to stop talking bullshit because our patients know it, people know it.

And you're preying on people who are suffering and are are vulnerable because they want to heal. Stop. There is enough suffering. There's enough patients to go around.

There's enough people that we could treat them like a wonderful, unique human being and please treat them the way you would treat your own family. And if you want to sell snake oil to your own family, maybe you want to think about that again.

So feel free to dove right in. I mean, you said. That one of my pet peeves. It's just like. Yeah, it's like, you know, we put out recovery stories for many years.

We we had a back in the days you conference call. We started in 2007 and every other week I'd interview someone that had had a fatigue related condition and either fully recovered or made some meaningful steps along that pathway.

And, you know, I was very deliberate to party pick the complex stories because the quick stories don't last 45 minutes in terms of an interview. It's like I did this thing and it was a kind of happily ever after.

But people would sometimes say to me, we still put them out on the health care YouTube channel. And these days as well say, Oh, well, you know, I went to this, I saw this other clinic and I said, Everyone's getting better doing this one thing.

And you're talking about people taking sometimes two, three years and the, you know, not everyone gets better with your approach. And I'm like, well, that's that's the truth of the reality.

But I think it's it's for the very reason that you raised it. It's like putting out the miracle stories that we all get is a little bit like putting on, you know, the Instagram ification of someone's life, which is a perfect photo in a perfect moment, which often has a whole other story in reality that's behind it.

And I'm always the first to say I don't have all the answers. Everyone that we work with somehow doesn't make a full recovery. There's a small minority that don't make much progress we learn the most from them as much as that is, that can be frustrating.

But the other truth is that lots of people make meaningful progress and it takes time and it takes patience in in in that process. And that in a sense, you go back to one of things I said and you asked me about about about my own story that my perceived negativity towards trying new treatments was an intelligent, self-protective response to protect me from that sense of disappointment.

So if people are watching this, which are skeptical and suspicious of new pathways, good light, protect yourself. Don't let it become crippling to the point that you don't try anything new or that your cynicism gets in the way of of taking positive action.

But do that due diligence and be willing to ask those challenging questions. And that is that's your intelligence being there. That's not that's not having a bad attitude and not wanting to get better.

So well said. And I mean, I think it's like I just remember like in my journey, my back was against the wall. It had been six years. Every medicine, I listened to everybody.

It didn't work. None of it worked. And so I was standing there staring at the wall, which is kind of funny because when I first got sick, my boss found me staring at a computer screen, drooling on myself.

So we kind of figured something was wrong, but, you know, Alex, it was interesting. I just I remember thinking, like, I can keep going down this path and I know what I'm going to get because I've had that for six years.

But I had this other vision of what I wanted my life to look like. And the second I gave myself permission to open that and bring that into my life, somebody handed me a yoga DVD, which for me happened to be the piece of the puzzle I needed next.

But I did this like a beast literally. And in the beginning a beast was not much. I mean, it was kind of more like a chinchilla or a small, you know, Chihuahua, although and then I progressively got more and more in tune with all this, but it took at least six months before I notice anything.

And then I did this stuff in intensive dietary change, listening to my body, because the yoga was kind of making me not like crappy food. And I was listening to my body, but it took two years and I was like, But I was 70%, 75% better.

But what's crazy is I was doing and people think I'm nuts, but I was doing once I got through the initial phases, I was doing an hour and a half of yoga once a day, six days a week, taking off the new moon and the full moon, because those are the rules.

So that you respected the the, the, you know, the, the pulls of gravity on the water in your body. You got a little more in tune and you took a day off.

So you weren't attached to the protocol. And what was really interesting was I learned so much, but it wasn't all easy. And then I still needed another four and a half years of medical treatment.

After I got 70% better to be 100% better for over 12 years now. And I just think what you the way you summarize is so critical for people to understand.

You don't necessarily it's a it's a journey. And your journey may be super fast or super slow. So one of the things that I like to highlight and I just, I, I just like to kind of sometimes put a big highlight or an exclamation point around these points that are so critical.

The other part, though, is I want to get into how we reset our nervous system, because I think that this is the empowerment part. And in Lyme disease, one of the reasons that people with Lyme disease have a hard time getting better.

I know in the beginning we talked about, hey, maybe you're just comfortable there and that's your nervous system

trying to protect you and doing a great job.

But the other part is the areas of your brain that allow you to recognize safety are also areas of the brain that we know Lyme disease negatively impacts.

But I like to tell people that, hey, just because Lyme is negatively impacting this, you have another avenue in to changing those areas of your brain so that there's less negative effect of Lyme.

So in your system, like how do we actually go about sort of resetting the nervous system so we get not only the, the physical healing that we're looking for, but that emotional healing that actually allows all this to gel and become our new reality.

Yeah, great question. And so in the in the reset program, which is my my online coaching program, we use the acronym reset. So really look at the five key stages of that process.

So the first part of what we've been talking about in this conversation is we've got to recognize what's happening there. If you can see it, you don't have to bear if we can recognize that our nervous system is disregulated.

And then maybe there's this folks that are watching this that suddenly starting to make some sense of that. They they have they realize their nervous system is is in this activated state and that maybe that is impacting on the healing capacity like we all have.

You know, if we if we cross ourselves and we have to stitch the skin together and keep it clean, but the skin will hear if we break a bone and we sat the bone, we might take painkillers to manage the pain, but that bone will heal.

We have a natural capacity to heal. The problem is when we're right now, maladaptive stress response on natural capacity to healing is not available because we're trying to just sustain the stress response rate.

So if we can recognize that, that's what's happening, we then need to examine which is the the first day of reset to examine, well, what are these triggers, what's actually happening?

What are the thought patterns, what are the ingredients of this maladaptive stress response? We then come to the ask of reset, which we've got to stop.

The other part of this is we've got to self regulate. We've got to say if we if we don't get healthy co regulation as a child, which many of us did, then we've got to learn how to self-regulate a nervous system as an adult that's stopping these patterns.

And part of the amazing signs of neuroplasticity is that our brain can be rewired. And just because we've learned to think, to believe and to feel things in such a ways, that's just what we learn to do.

It doesn't mean that we can't ultimately change that. So we recognize, we examine, we stop, we self-regulate, we reset our system. Then the interesting bit comes in because you asked about emotions that part of the speeding up of our nervous system is that moving away from all of the emotions, the second of reset, all of the emotions we've not been feeling.

So those impacts of childhood trauma which are held in our body, we start to calm the system and then we start to feel that stuff. So we need to have tools to be able to metabolize and to process and to move through those those emotions.

And then the T of reset is that we have to learn to go back to these core emotional needs, the need of love. If we didn't get those needs met, we have to learn to transform our relationship with our self.

That often involves working on our inner critic.

Reset Framework for Nervous System Healing

It involves working on these underlying patterns of the achiever, the helper, the control of the perfectionist, all these patterns of how we're trying to learn to serve, to meet our needs.

So how to recognize what's happening is to examine the ingredients. Underneath that we just stop and to self-regulate what is do our emotional healing work.

And then we need to transform our relationship with ourselves. And a bit like we were talking about with functional medicine interventions, how we sequence those pieces is important.

It's very difficult to transform our relationship with our self when on nervous system is still disregulated. We can't really do the emotional healing work until we build enough in a safety to be able to actually hold those emotions.

The way we build that inner safety is by learning to self-regulate, learning to calm and to settle the system. And so what what we found over the last 20 years of developing this program and this there's ways of working and having now had over 5000 people go through this program in the last few years.

And in its latest iteration is that the sequencing is important. They also it's not just understanding the theories and the ideas because you can understand it all intellectually, but it's actually what we do that's different in a nervous system and how we relate to ourselves, which actually creates the change.

And so the application of our self to those to doing daily practices and those tools and strategies is incredibly important as well. I love it, man. It's like, it's so good. It's nice and simple.

You got the nice acronym just dialing it in and like I find it, it's so critical whether you're talking about trauma work or emotional work or everything works, especially in line and more like recovery really does have a lot to do with doing it in the right order as well as doing the right things.

And I think there's so many people out there like, Oh, you got to treat the cast before you treat the mold, before you treat the bartonella, before you treat the Lyme.

And I'm like, maybe, maybe it's a little different for you. And that's where I think that getting people in front of providers who have successfully done this for themselves and or other people is the other thing like so many people are feeling, I mean, just going to another person who put the plaque up that said Lyme or mold on it, like what have they had it?

Have they gotten better? Do they treat a lot of people that get better and are they honest? Like you've just done and said, Hey, I don't get everybody better, but I get a lot of people better and when I don't get a better, I'm looking even deeper to find out what I can learn.

So also, if I just just want to just jump in on that point, if you don't mind as well. That line is a really interesting one for me because ten years ago, nearly ten years ago, my wife's sister and my sister law crashed with what we thought was chronic fatigue syndrome.

And we kind of joke that she got the deluxe protocol by. She moved into our house, we cared for her. And initially at that point, I would say the Oxfam health clinics understanding of Lyme and co-infections was was pretty basic.

And we did all the obvious stuff that we do with MSF and fatigue patients. And she did make some initial progress and she kind of stabilized and so on, but she was nowhere near where she needs to be in terms of her actual recovery.

And so it was then in time one of working on our nutrition team that recognized that in the end figured out that line was at the core of what was happening.

And when she at that point, she'd been living in my house, my wife's in my house for, I think, eight months. I was like, I'm think we might need to do some research into life.

And that was getting on for the ten years ago. Now, that was a real catalyst for digging much deeper. And as you say, as we've really had these personal experiences, it's very easy to oversimplify things.

It's very easy to think that we understand things when actually we've just got pieces that you say that she once made of. We got shares about to have a baby.

And, you know, it's doing amazingly well. But it was another reminder to me along the way that we're always learning. And, you know, one of things I think is exciting in recent years is that as much as it's a sad way for it to happen, the the massive sort of explosion of long COVID patients has meant that there's now more research money, there's more interest that's coming in, and that's also helping bring more awareness and more science to sometimes it's things that we've known have worked for years, but we haven't always had the science of why they work, that it's exciting to sort of fill in the detail around, around even those areas as well.

Yeah, you know, I mean, it's really interesting. It's like we we're all specializing in certain things, but we always have to keep our blinders open because it might be something else coming in.

And I agree, like the pandemic sucks, right? But in one sense. But it's like my illness. It sucked when I had it. But now we're actually putting like me, CFS, Lyme disease, other chronic hyper reactive immune system illnesses that are really similar to COVID.

They've been around a lot longer potentially, and we've known a lot more, but we know how to address COVID more because we know how to address these other things.

But we're also starting to see front and center the effects of trauma, the effects of the emotional experience of this pandemic and how it affects the symptoms, and maybe that'll help us be a little bit more open when we talk about Lyme and mold and all these or even chronic fatigue for other reasons, because that's really the truth.

I mean, it's this multifactorial thing where we take these illnesses that are coming at our action requiring us to come back to a place where we actually reintegrate into being a full human body, mind, spirit, and however else you like to define it.

But it's not. We're just a body that's missing a pill. It's that we have to take care of that emotional side, the energy side, and figure out what we need uniquely as a person.

So I really appreciate the way you kind of frame all of this. Alex And so I'm sure after this whole conversation, there's going to be a boatload of people who want to learn more about what you're doing, how to sort of, you know, potentially even reset their nervous system through your system.

So how do people reach out and get in touch with you if they're interested in learning more about what you're doing? Yeah, well, thank you. The best place to go is my website, which is just my name.

Alex Howard dot com. And there you'll find you can sign up for a free three part video series that goes into the reset framework. Much more detail. It goes into our danger response in more detail, a poly vagal theory and so on.

And so that's a great place to go. Deeper into what we've been talking about, you'll also find signposts to the option health credit that Smile Practitioner team, also to our therapeutic coaching practitioner training program.

Also something I'll highlight. My passion project is really trying to bring more awareness to all of this. And so I have a YouTube series where we filmed people's therapeutic journeys with me, and then we release an episode each week and we follow someone for kind of 6 to 10 sessions, and you can just go to YouTube and just search in therapy with Alex Howard and that's a great way to see is not so much about the kind of the science as we've been talking about, but actually in a real therapeutic relationship.

On working this way, how does that work? And so it's a good way to to get an insight into that. Awesome. I love it because it's like allowing people to see the reality of healing.

It's the ability to see how you interact. And it's and it's not necessarily all the studio production stuff where we have the right thing, but it's just like this, just a conversation.

So I just want to say thank you so much for reaching out to be a part of this because this is the core concept in my but this is why we created the summit is to have these conversations.

And what I think people are going to really notice is there are a lot more conversations about what's the right order to do things and how to be a unique individual and receive the healing that you deserve to receive and not worry about the other person.

And to look at these adverse childhood effects events, looking at trauma, really, and I love that you bring up real or perceived. I just that is so critical because whether or not your doctor actually slighted you, if your body and your nervous system felt they did, it is real here regardless of what they thought.

I just I haven't talked about this, the whole summit and I was about to close. But there's this really cool MRI study that I want to share. And I and if you have anything to say, Alex, before we close, I would love to.

But just so you guys understand, there was a functional MRI study, right? And they had three people in different rooms and they were playing a remote video game where they're throwing a ball to each other, three people back and forth.

So, you know, Alex and I are throwing the ball back and forth and then we've got my wife, Jill over here. We're throwing the ball to her virtually. And at one point in this study, the researchers said, Hey, Alex and Jill, don't throw the ball to Tom.

So they stop throwing the ball. And so Alex and Jill are throwing the ball back and forth, but I'm left out. So they do this for a couple of minutes and then they whisk everybody off to the functional MRI scanner.

And what they found is that the areas of the brain, including anterior cingulate gyrus and the amygdala lit up and the person who was out. So Tom's brain was all like, oh my God, I was left out.

And I was having a core emotional anger like left out, you know, sort of betrayed from the group experience that they could see in my brain. And what was really cool about that was Alex and Jill never existed.

They were a computer program. So me playing a computer program, if I thought I was slighted, I had the biochemical changes in my brain as if two people dissed me.

So it's just such a powerful recognition in the scientific research community of what our personal experience is.

Resources, Final Reflections, and Closing

So stop freaking comparing yourself to other people. Start having that really experience of yourself. And I just think that because if you think other people are talking to shit about you, they did, even if they never did.

But to stop shitting on yourself there. Is a whole rabbit hole open off at the end. But I decided to cut couple of things very quickly. So. So firstly we might have to just cut to a bonus section here, but this is the key stuff of healing.

So how about like. Say also it has a really interesting conversations internally recently around particularly the rise of awareness around neuro diversity and which I think is a really important conversation, is a big path of people getting adult diagnoses of autism, ADHD and so on, and I think that's really it's great and it impacts my in my own close family as well I think is really helpful.

And then what can happen is people have this recognition that they've struggled to kind of integrate or they struggle to feel connected in the world for years.

And so they now have some vocabulary and some language around that. And we were we were having a conversation with a student on our practitioner training.

He was saying, you know, you don't understand what it's like when you don't you feel this way and you feel ostracized and this and that. And I said, you know, I think I don't understand your experience because your experience is your experience, but it's how you are growing up in your teen years, second half of your teens, your early twenties with a chronic illness where you can't do sport and you love sport.

And the currency is as a as a guy in your teenage years is often sport. You can't drink alcohol. And that's the kind of currency of popularity, particularly in England.

Like if you want to if you want to fit in, you get drunk. Basically you teenage years in England like it's like you know you kind having to go and have a nap each afternoon having to eat different foods for everyone.

All of these things and that experience you described of being the the person that's left out is the lived experience of many people with a chronic illness that they feel left out of society.

They feel like this things happening over here, but they're not part of it because they can't participate, because they haven't got the energy to do it.

So the point that you made around that, activating the amygdala and activating the stress sensors in the nervous system, that alone is a perfect example of simply the cultural misunderstandings around chronic illness and the sense of not being able to participate in society in of itself, triggering the maladaptive stress response that that we were talking about.

And so if there's nothing else that's happened, there's no childhood trauma, there's no life stressors, there's not even anxiety about about about symptoms day to day.

Just that experience in of itself is having an impact on the nervous system. So true. What a great way to summarize all these things that we're experiencing.

And that's the thing with the cultural changes that are going on race relations, COVID, it's just coming at us from every single direction. So I'm really I feel so honored, Alex, to be to have this conversation, to bring shed some light on this, to help people understand that they do have the power to reset their nervous system.

They do have the personal power to take back physical and emotional healing to some degree. And for some people, maybe five or 10%, other people like me, it might be closer to 75 or 100%.

But all of these things, I would just suggest if you got everyone listening, take all of this information that Alex Howard has just shared with you and start to see where a little bit of it can be integrated into your life so you can start to see it.

You know, like we talked, if you're if you want to get new results, you're going to have to change what you're doing in your day. If you love the results you're currently getting, then keep doing that.

But most of us here are here because we want to help you be open to new possibilities for healing. And most people who are watching are here, hey, I myself or a loved one really is ready to heal.

And so this information we just talked about today to me is some of the most empowering stuff if it really resonates with you. You know, on our summit resource page, we're going to have all the links to Alex Howard's website and everything so that you can go directly there because it's such a great, great thing.

So Alex Howard, thank you so much for joining us. I, I know we could do this forever because this is a great conversation, but I just want to say thank you from the bottom of my heart and for all our listeners.

So much gratitude for you being here. Thank you so much. I appreciate it. I really enjoyed our conversation. Thank you for having me. And this is a great event.

I'm happy to be part of it. Thank you and everyone, thank you for joining us for this conversation. This is Alex Howard with Dr. Tom Moorcroft, and I really appreciate you joining us for this episode of The Healing from Lyme Disease Summit and look forward to seeing you in the next one.