Introduction and Alex Howardu2019s background

– Hello everyone and welcome to the Microbes and Mental Health Summit. This is Dr. Miles Nichols, your host today, together with Alex Howard. Alex. Howard is one of the world's leading integrative experts in fatigue and trauma, also anxiety and several other psychologic and mental health issues. Alex has a lot of experience in this area and I'm excited for today's talk because we're going to be able to get into some of the bidirectional relationship between nervous system dysfunction, dis regulation, gut imbalances, mental emotional and fatigue issues and how these all tied together in a cycle. So Alex, would you like to share a little bit about your story or how you got into doing what you're doing, which is quite amazing by the way. – Well first females, thank you for having me, I really appreciate it. This wasn't my plans career like life journey, like a lot of people working in these areas, I got into it because of my own health situation.

So in my early teens I suffered with quite severe I. B. S. Or irritable bowel syndrome, which then by the time I was turning 16 years old, developed into Emmy or otherwise known as chronic fatigue syndrome. And that was a very, so long and difficult journey of ultimately learning to figure out how all these different pieces fit together. And I suffered from chronic fatigue for seven years and for the first couple of years of that was really just waiting for somebody else to find the answers and you know, like lots of people do with with with with complex chronic illnesses, went around many different doctors, mainstream doctors, alternative doctors, and kept looking for the person that was going to have the treatment or the pill or the nutrition program, whatever it may be, there was going to be the answer. And and after a while, what happened was I, you know, I'm quite an optimistic person by nature, but after a while what started to happen was any time I tried something new, I was pretty pessimistic, not because I didn't want things to change, but because I was so traumatized by the the despair and the disappointment of doing something that didn't work and being told like this is going to be the thing. And reading the testimonials of people that have recovered then it wasn't the thing for me.

And after a couple of years I reached a point where it wasn't, I was actively planning how I was going to end my life, but I was losing a sense of hope that my life would ever change and be different.

And you know, I was fairly housebound at times fairly bed bound at this point in terms of severity of the fatigue, but also, you know, dizziness, muscle pains, completely exhausted all the time, wouldn't, wouldn't be able to then sleep at night.

From chronic illness to recovery mindset

And I think particularly relevant to the conversation of this summit as well, by that point, I had fairly severe depression and anxiety, but the point that I think it's really important to me was that I didn't have fatigue because I had depression anxiety, I have depression anxiety because I had fatigue and if you can't do the things that you bring you joy and you're living with constant symptoms and particularly at that point in the late nineties suffering from an illness that no one understands and everyone thinks is made up or not real, that I, you know, my state of mind was was pretty bleak and very long story short, I had a conversation that helped me realize that if I wanted the circumstances of my life to change, then if I was waiting for someone else, I could wait my whole life or I was going to have to become proactive and then spent five years doing everything I could to try and find a way to recovery. At one point I think I was taking over 70 supplements a day, that's not something that I would recommend.

I was meditating for you know, an hour or so a day, I was doing yoga every day, I got into psychology and really I guess the point that I wanted to make was that what I discovered is that there is no one answer.

And actually often the problem is trying to find the single cause that's the bad news, the good news is there are many answers and different answers. Work for different people at different stages of recovery in different ways and Really after making making a full recovery, that's been my life's work in the last 20 years of figuring helping figure

out those frameworks and those protocols for this point, many, many thousands of different people of how do you decode what's happening in someone's unique situation, using the maps and frameworks and then how do you map the pathway to recovery from that?

And yeah, so that that's how I got into doing this work and I always say, just like I discovered on my journey, um I don't have the answers for everyone else either, but I have certainly learned a few things over the years.

– That's amazing. There are so many juicy pieces in there that I'd like to touch on a little bit. The aspect of loss of hope is something that I see a lot when people are struggling people come into my clinic all the time where they've lost hope. They've tried so many different things from so many different people and they've had so much promise from the testimonials or the other people who have recommended those people or from those people themselves saying that, oh, I think we can handle this.

I think we can do well here. And then the disappointment when it hasn't worked and the next thing hasn't worked and the next thing hasn't worked. And I dealt with this myself. I also had chronic fatigue in my early twenties and I was struggling to make it through school and I was starting to question, am I going to be able to live my dream, or should I just resign too, not doing what I want to do? What my passion has me feeling like is my purpose and meaning to do, but and for a time I really felt like my purpose personally was to help other people to live their purpose. But one thing that I realized is in helping people to live their purpose, that for me and many others, and it sounds like you as well, chronic fatigue and chronic illness and mental health issues can get in the way and to your point about the mental health issues, the depression, the anxiety in your case, being tied to the fatigue and the quality of life issues that you are a current that that you had and were experiencing at that time.

I see the spectrum of trauma, not just the diagnosable pTSD and severe emotional trauma, but I see these subtle trauma arise a lot in people who are struggling with chronic disease, they aren't being recognized often by the conventional medical establishment, they're being dismissed. When I went to the doctor, I was told there's nothing wrong with your blood, maybe you're depressed and that was dismissive to my experience because I knew something was physically wrong and I was being told that it was in my head and that maybe I'm just depressed and I thought, well, kind of, but not really like my depression that I was experiencing at that time was circumstantial to the fatigue and the quality of life, like you're talking about in your experience that your depression and anxiety was the circumstantial. And I ask people this when they come in, is your depression, your anxiety circumstantial because of your quality of life at the moment, or is it independent things could be going well in your life and you're feeling good and you're still feeling it. And a lot of people are in that camp where the mental health symptoms that they're struggling with are tied to an experience of dealing with chronic illness in a way that's disruptive to life experience and the ability to live the kind of life that people want in a struggle to get through the day.

So there's a lot there and I'd love for you to say a little more about how to, because there's a way of you said empowerment, you said, bringing into like you took ownership and that makes me think of locus of control, externalized onto the condition, the chronic fatigue versus bringing that back internal locus of control and saying actually it's me who needs to be responsible for figuring this out and I can seek help, I can do practices, I can do meditation, other things, can you speak to that dynamic a little bit.

How did that shift for you? – Yeah, yeah, well actually Friday that I want to just back up something you said as well, which is that you go and see a medical professional and they say your blood work is normal, therefore you must be depressed.

And if you think about it, it's actually really the highest level of arrogance to say, I can't find what's wrong with you. Therefore there is nothing physical that's wrong with you. Like you really think about that statement, that's unbelievably arrogant, you know? And another example is we know something is wrong with you, but we don't know the path to get for you.

Don't you don't know the the the intervention that's going to work, therefore you can't get better. Again, the arrogance of the statement is, we know everything there is to know and because we don't know it, therefore that it doesn't exist. And so I think one of the challenges that people have when they're dealing with either complex chronic illnesses or medically unexplained illnesses. So, a lot of the digestive conditions are you get a label, but the

labels not really a diagnosis, like, you know, for example, I mentioned, I had irritable bowel syndrome.

Well, irritable bowel syndrome is a diagnosis like chronic fatigue syndrome, it's not actually a diagnosis that's a label for symptoms, it doesn't tell you why you have those symptoms in the first place, therefore doesn't open up any pathway to effective intervention.

So it's just understanding that also those beliefs of of certain pockets of mainstream medicine and things are changing things are better than they were 10 years ago, 20 years ago.

but those beliefs also influence the cultural attitudes and beliefs that people have as well, and so the very places that people go for emotional holding and support are impacted because the people you go to start, well maybe you're just depressed by the way, Just depressed is pretty derogatory to the millions of people that suffer from depression by the way, is also a very, very real and very difficult experiences that someone to deal with going back to your point about, about locus of control.

So it's, You know, my experience of it was in many ways the the gift of the naivety of being 18 years old and desperate and going and I grew up loving sort of stories of people going on great adventures and and learning things along the way, you know, things like Star Wars and I particularly love the karate kid for some reason about it's kind of like you get a mentor and then you kind of, you fight your adversary and you figure out the pathway to do something And my adversary was my physical illness and mainstream medicine for many years, I mean what few of the 1st 10 years of my career was just being angry at doctors and it wasn't a very, very helpful place to come from and that that did ultimately change and evolve, but so for me, the locus of control shift was really desperation in some ways naivety and but in time the thing that really helped the thing that I've noticed in working with with our patients over the years has made a big difference was I was looking at the kind of data that I was putting in front of myself.

Hope, locus of control, and validation

And so if you are, if you're the only person that you know that has for example a certain condition and all, you know, is all the negative narrative and story that that you are hearing day to day, that becomes your belief structure about the condition that that you have fairly quickly. I was helped to realize that I needed to have more positive stories and role models. And this being the late 19 nineties, they just weren't, you know, this was pretty massive use of the internet.

So this was back in the day of going to libraries and borrowing books and you know, going to order books on kind of health and well being 18 years old as a, as a boy at the local library was in of itself quite embarrassing.

But it I couldn't find stories of chronic fatigue recovery, but I could find stories of people that had overcome things like cancer or people that had had very difficult life changing injuries and hadn't necessarily recovered from the injury.

But they had found a way to change their relationship to it. And 11 of the ones I remember particularly was Christopher reeve who played superman, who had become paralyzed and he wrote a very powerful book called Still Me many years ago.

So it was feeding my mind with those stories of possibility that these days are so much easier because people can go online and they can find, you know, bit via our website or you know, many other websites and Youtube channels or you know, some it's like this here from people that have been on challenging health journeys and found ways to turn it around. And that was the thing that for me, ultimately made the difference and it's something we do a lot of with our own patients is share other patient recovery stories, not because everyone's journey is the same.

Often the journeys, the details of the journey are different, but the principle is often the same one has to be proactive, one has to become, we we talk about being captain of the ship of your own recovery, one has to be disciplined in following the right advice and the right protocol and has to listen to their own in a compass and their own inner guidance along the way.

– Yeah, so that is really important. I was, it reminds me I was talking to someone who the Joe Dispenza. He does these big meditation retreats and and he was saying that once, you know, in a week long retreat, once one person has a breakthrough with a certain condition or issue or problem, often everyone else with that same issue or conditioner problem has a breakthrough shortly thereafter, it's this sense of being inspired by what's possible when you see it with your own eyes so that the stories of transformation are really important and I do think that they play a role. I developed this talk for doctors and practitioners about placebo effect and and no cibo effect.

And I was arguing that it's a shame that we're not intentionally and consciously utilizing the studies and research on things like open label placebo that had cap took out of Harvard is done where they're looking at this irritable bowel syndrome and these digestive issues and they're seeing that people who take a pill that has, it says it's a placebo on the pill get much better results than people who aren't doing anything. And that's really fascinating that there's these active placebos and there are these things that people can do and stories of transformation are plus people get this bad rap. But it's if it leads to change and transformation and one of the things is inspired by other people's transformation and then you mentioned locus of control and and this gets tricky because I know some people think oh well if I take responsibility and my then going to overlook or passively resigned to my circumstances, am I going to overlook an external cause because for example, if we're thinking, okay, well in the summit, we've talked a lot about gut microbiome dis regulation causes. We've talked a lot about microbial causes and infection and chronic infectious causes of auto immunity against brain tissue and how that can lead to neurotransmitter dis regulation and that can lead to mental health concerns.

So, I can imagine the person who's thinking, well, if I were to bring locus of control inside, if I were to take responsibility for this health issue, am I then am I then going to miss that? There's an infection or there's a chronic dis regulation in the gut bacteria or some other cause that's external to me.

Can you speak a little to that piece? – Yeah, so from my perspective, it's not an either or it's both end. And so the way that we work in the optimum health clinic is we have a team of functional medicine, inform nutritional therapists and we have a team of mind body focused therapeutic coaches and we're working from both of those perspectives at the same time. It's interesting to talk about placebo because one of the things that often I think about is what is the mechanism behind placebo.

And one of the pieces that, from my perspective, all our our experience working here at the Oxford health Clinic, is that one of the things that placebo does or when someone takes an an intervention that they may not know is is placebo is that it changes their attitude and their relationship to their condition because they believe that they're doing something positive that's going to impact it. And so that to back that up a little bit more.

One of the things that often happens with, particularly with medically unexplained illnesses, complex chronic, complex chronic illnesses, fatigue related conditions, digestive conditions is that when we suffer from an illness where we don't know what's wrong, we don't know why it's wrong, we don't know what to do about it.

We don't know if we're going to ever recover. We don't know should we just ignore it and push through? Should we do this intervention? That intervention? Is it always going to be this way?

Is that Our nervous system goes into the exact opposite state to what it needs to be for us to be able to heal? And this is something that around 16, 17 years ago I started to refer to as a maladaptive stress response.

And so I'm sure many people watching this or listening to this will be aware of all of the kind of people talking about, you know, thousands of years ago were walking along out jumps a saber tooth tiger and in that moment we've got one of three choices.

You're gonna fight it, you're gonna flight, Are you going to run away or you're gonna freeze and hope that the tiger hasn't hasn't seen you. And that is a healthy response to an acute short term stress, it's healthy because it's what allows us to survive.

We don't want to waste energy digesting the wooly mammoth that we had for lunch sending blood flow to our digestive system is not helpful and not important in that moment.

What also often happens is that everything will tense so were immediately able to respond. So if there is that wooly mammoth sat there in our digestive system, our system is going to clamp up and maybe it's going to get constipated or in the clamping up, maybe we're gonna get diarrhea and it's just going to shoot it all out.

So we've got all of the energy available to respond to the threat but in that situation were either eaten by the saber toothed tiger. In which point metaphor is pointless or we survive, but if we survive, we now know that at some point that we're safe.

Maybe because we kill the saber toothed tiger, maybe because we see it walk off in the distance, maybe we get back to our cave where we're safe or whatever.

But our nervous system can then return to a normal state of functioning because the threat has now passed in in modern life. That might be you and I are walking down the street in London, they've they've recently started putting out more electric busses rather than diesel busses, they're super quiet, you don't hear them.

So maybe we're walking down the street, we don't hear the massive big red London bus thundering towards us because they ain't thundering anymore because it's electric And in that moment we suddenly turn around, we see it and it's like the saber toothed tiger.

We need a big hit of adrenaline and cortisol. We need to be immediately available to jump to the to the to the to the sidewalk or to to run to get away from it, whatever it may be.

So again, digestion function shuts down. Blood flow goes to our arms, to our legs to allow us to respond to the threat. Then we know we've survived system Rebalances.

When we have a complex chronic illness, we have a digestive chronic illness, we have a medically unexplained illness. The saber toothed tiger or the bus is not stopping chasing us in each moment. We don't know how we're going to feel in the next moment. We don't know if we're doing the right treatment, We don't know if we should be resting, pushing through doing this, doing that. And for some people part of their journey into their to their their condition is that they had heightened anxiety and that was depleting and drain into the system. It's not true for everyone, there are people that come in, maybe there are other factors in their life that have been contributing, but the very nature of suffering from the condition changes one's nervous system, It may further ramp up and already this regulated system or it may dis regulate a system that was relatively well regulated previously.

Stress response, nervous system, and healing

And the impact of this is we are then in the exact opposite state to what we need to be to be able to heal. That stress response is designed for a short term acute stress that then passes when it becomes chronic, when it becomes ongoing.

It means that all of our energy and our resource is going into fueling the stress response. It's then not available for day to day life, but it's also not available for healing. You know, our both our emotional body and our physical body have a natural instinct capacity towards healing. Like you get a cut and as long as you stitch it together, but long as you keep it clean, the skin will heal, you break a bone, the same thing will happen. There's no there's no drug that you take that makes the skin heal or makes the bone hill. That was part of the reason why the human species has been around for so many, how many 100 thousands of years that we have a capacity towards healing and regeneration.

And so the challenge though is if you break a bone and you don't set the bone properly, it's gonna end up healing in a kind of irregular way. Or if you keep on walking on it when it's trying to heal, maybe it's not going to hell or maybe the cut gets infected because you don't keep it clean.

And so the same thing is true on a more fundamental level, healing from a complex chronic illness that if our body is not in a healing state, its capacity to heal is then not available.

And there's there's enormous amounts of research that demonstrate this point. But a couple of things that I'll just say quickly, there's a great study that was done, looking at the body's ability to heal from physical injury and what is the impact of stress on that. And so they took a cohort of people who were caring for relatives with alzheimer's or dementia.

So stressful day to day life of living with and caring for that person. They had a control group that weren't and then it gave them a 3.5 millimeter muscle biopsy which is like effectively deliberately creating a small injury.

And those that were caring for the relatives that had dementia took 24% longer for that injury to heal. Let's think about that in the context of digestive function.

Let's say that there is, let's say to physical injury in the digestive system. Well, firstly, just by being in a state of stress, it's taking longer for that to be able to heal. But of course, most digestive issues are not so much physical injuries there, things like inflammation and our capacity to heal and work with that inflammation that is a natural inbuilt ability.

But the more we're in that maladaptive stress response, the less able we then are to do that. And then just one other point I'll make around it is a whole rabbit hole. But to put it very, very briefly Dr. Robert Naviaux done some amazing work on what he calls cell danger response. And so our mitochondria, which is like the cellular energy powerhouses that are making our energy on a cellular level, they have two functions. One is making energy, but the second is danger signaling. So when there's a threat in the environment to spread that threat throughout ourselves, in our body, our mitochondria have the role of doing that. So when we're in a maladaptive stress response, our mitochondria have a choice are they going to spread the threat which is maybe a survival level threat. They don't necessarily know the difference or we're going to make energy? Well, the research is that they will focus, they will prioritize danger signaling, not energy and production.

This is one of the reasons why working with fatigue patients when we teach them how to reset their nervous system and to calm the maladaptive stress response.

There is often a significant impact on their energy. And so for our body to heal, we have to be in a healing state. But often suffering from these types of conditions puts us in exactly the opposite state to what we need to be in.

– Yeah, it absolutely doesn't. I love that maladaptive stress response because of course, as you mentioned, there are these healthful stress responses.

There are for medic stress responses. You lift weights and stress the muscle and the muscle grows bigger as a result that is net beneficial. But then there are these maladies that can become chronic and the research you mentioned is fantastic. And there are some other studies as well.

There a study on Secretary I. G. A. Which is a protein and immune protein in the secretion of the gut lining that helps defend the body against infections coming in through the gut. That the same stress input to two groups who perceive that stress differently actually impacts that immune response differently.

It decreases it in those that perceive that stress of negative versus those who don't have that negative perception about that stress. It actually doesn't decrease that immune protein.

And then there's a study about stress response in mice related to certain bacteria in the gut that create an improved stress response due to gabba formation in the brains.

They're also gut brain signaling via the vagus nerve that tells the brain to make certain neurotransmitters that regulate the stress response. So there are many mechanisms by which this is occurring between the gut and the brain and the nervous system and the vagus nerve that connected to.

And we know also the heart rate variability and the heart brain connection. Heart coherence has a lot to do with chronic disease and fatigue. And there's research associating those two. So when people can get out of this

maladaptive stress response. Then a lot of healing can occur from a variety of different mechanisms. And so we know that impacts the gut, we know that impacts perception of energy and anxiety and depression and things along those lines. So what are some of the triggers the causes?

Because I imagine that and I see this sometimes that sometimes the diagnostic label in and of itself actually becomes a stress trigger that is chronic.

And so this diagnostic label actually is something that uh that I and my clinic work with the relationship to that diagnostic label that can disrupt this locus of control.

And then also that sometimes there's the physiologic sense of I'm fatigued, I'm tired, I don't want to deny that I'm tired and positively think that I'm not tired when I am tired, That's not serving. But how do we take that internal locus of control from the place in which we relate to fatigue?

How do we make that not worsen it? By getting down on ourselves? Critical having internal dialogue that's worsening and creating and perpetuating that chronic fatigue cycle. So what are some of these these within chronic illness that say someone has fatigue or anxiety or depression of one of these things?

How can either diagnostic label or the way that they're relating to the physiologic side of things be disruptive or perpetuate that chronic stress response that maladaptive stress response.

– I mean the way that a diagnosis is given is massively impactful and because as you say, if you have a diagnosis, that it comes with the sentiment that there's nothing you can do about that that then leaves you hopeless and leaves leaves you disempowered.

But at the other end of that spectrum, I think you also kind of pointing towards one of the my attitude towards the towards positive towards disproportionate or unsustainable positive thinking um has been pretty well eroded through working with with chronic fatigue patients for many, many years, because the amount of times that I've seen patients be overly optimistic, right? I've got my protocol.

I know what I'm gonna do, I'm gonna be better in this amount of time. And then they try and think their way to being able to do more. But the reality of their body is what is going to determine what they can and can't do.

It's just like, you know, somebody investing in a stock in the stock market or investing in Cryptocurrency and and just believing that it's going to go up, believing things are gonna go up, doesn't make them go up market forces, make them go up or make them go down. And so there is a physical reality to where somebody is on their recovery journey and of course, over time, hopefully their capacity is continually growing as as as the interventions are being effective.

But someone to try to think themselves beyond the stage of where they are nearly always just makes things worse, not better. And that's one of the real challenges of navigating one's own recovery journey of how do you find it a bit like politics?

The most boring but generally most sensible place to be, is to be in the middle and like how do you manage, sort of not going into a hopelessness and giving up, but also not going into an unsustainable positive of I'm just going to push through and I've just got to think myself recovery, that ultimately we have to decode what's going on.

We have to have real clarity on what's happening. To go back to your earlier question around how do you avoid not dealing with the physical side? You got to deal with the physical side. And so I we always say to chronic fatigue patient, chronic fatigue syndrome is not a diagnosis, we need to actually figure out what's going on here. And it could be many, many different things, it could be small intestinal bacterial overgrowth, it could be parasites, it could be um uh it could be candid because the whole bunch things that could be happening in the gut, but it could also be a bunch of mean things, some of which you touched on earlier, it could be lime could be co infections, that could be micro toxins. It could be more Epstein barr basis. So many different pieces of the jigsaw of what, you know, there's a whole, again, a whole other area around hormones.

Having a hormone significantly out of balance can have an enormous impact on someone's physical energy and capacity. Sometimes the biggest impact on someone's digestive function is bringing one of their hormones back into balance.

So there's so many different pieces that it's not. Oh Alex is talking about maladaptive response though, that's the thing. It may be, it may be the thing for a few people, but for most people it's a thing.

But you also have to figure out what are these other pieces, why are they out of balance and what's the effective roadmap to bring them back into balance? But then going back to your point around locus of control. If we don't believe we can impact our health outcomes, we're not going to follow the protocol, we're not going to go and find the practitioner that's gonna most help us. We're not going to do all the pieces that ultimately are going to be the many different potential ingredients of a of a recovery journey. – Yeah, that's important.

And so then to reconcile this one of the ways that I think might be helpful for people to understand is that we can have this ability to recognize that a diagnostic label may be helpful, but it can also be harmful and how one relates to that diagnostic label may perpetuate or worse in the stress response or may lessen and be some hope because there's an appropriate diagnostic that could help to have some small intestinal bacterial overgrowth may be a cause of irritable bowel syndrome.

May is treatable is something that may lead to improved mental health outcomes because of the gut brain connection and the microbial relationship. And so that can provide hope and becoming overly optimistic about the time frames and how difficult or easy that might be to treat.

Or just to think positively maybe dysfunctional as well and lead to disappointment when those unrealistic expectations are not met. And so there's this, it seems as if there's this sense of that that if I'm fatigued, I'm fatigued and I can accept and embrace and relate to that as a place that look, I'm like, this is what is and I accept and embrace that.

And I don't necessarily, my locus of control. My responsibility isn't to change what is as it is because that's a futile battle that just doesn't work.

But but where my responsibility is is how do I relate to that fatigue? How do I relate to the gut problems? How do I relate to the experience that I'm labeling is depression or anxiety? And I say that very consciously the experience that I am labeling is depression or anxiety rather than my depression, my anxiety. There's this subtle nuance in the linguistics of the identification with a diagnostic label versus the loosening a little bit.

Diagnosis, root causes, and comprehensive assessment

So would would you say that's the that you're speaking to the way of relating to while accepting what is as it is and relating to being the place to take responsibility and the locus of control being how one relates to their experience.

– Yeah, I think you have to surrender to the experience that that's happening, It doesn't mean you give in, but it means that there is a level of acceptance and surrender to what's there, but there's also a commitment to doing the work to healing.

And there's a way of being in surrender what's happening whilst being very proactive in taking the steps to move forward. And ultimately, one is in a relationship with their physical body and they're in a relationship with with whatever condition they're working with doesn't mean it's a good relationship or it's a healthy relationship, but it's not in a relationship, it's a bit like members of one's family, you might not have chosen to be in a relationship with them, but you don't get to change who your mother is, your father is, your siblings are, you might want to try and distance yourself or write them off, whatever, but they're still forever going to going to be those people in your life?

And so part of it is how do you find a healthy way of being in a relationship with this thing that may be very, very challenging, and, you know, for some people, that relationship is relatively simple, like, you know, you mentioned cibo, there are cases of cibo where somebody gets a diagnosis and this maybe someone that has had I. B. S. For

decades, they finally get a diagnosis of cibo. They do one round of vaccine which is an antibiotic which is often used for cibo. And they have a dramatic transformation of symptoms and it's it's long lasting and it completely changes their life.

That I would say, despite what some of the research might suggest that isn't the majority of cases, I would say the majority of cases, there are other pieces to that jigsaw.

There are gonna be dietary changes that might need to be multiple rounds of reflects them in. There might need to be antimicrobial pieces, maybe probiotic pieces and there may well often also be this need to calm the system overall for the body to be able to be in that healing state. And so that relationship that one has with their physical body and the symptoms they have is a relationship that also is unfolding and changing over time. And it sometimes we can finally find a sense of peace in that relationship. And then something comes in that shakes the whole thing up. Like we perhaps, you know, someone's someone's breakthrough has been that they've had these symptoms for years and they finally found some peace and some acceptance with those symptoms and then they do and if they find an intervention that suddenly maybe take an example, I just gave they do an intervention that dramatically improves things and they sort of recalibrate and re figure out where am I now in relationship.

And one of the ways I often talk about it is that the breakthrough at one stage becomes the limitation at the next stage. And so classic example of that with chronic fatigue is that someone has constantly been booming and busting.

They've constantly pushed through their constantly crashing and they've learned to really micro listen to their body to stabilize their energy levels.

And that's the breakthrough because that's what brings the foundation and stability. But over time they've now got a new quite intense anxiety pattern about never going beyond their limits because of the fear of crashing.

And so the breakthrough of micro pacing is now the limitation that's driving the anxiety and as the body gets more physically well actually they need to calm the anxiety and loosen some of those edges. And so it's a constantly evolving thing which you can describe in two contradictory ways, you can say it's incredibly fascinating or a complete pain in the past, but that is the reality of most people's healing journeys.

– Yeah, constant dynamic micro change and shift in the relationship in order to be in a dance in a a sense of the dynamic flow together with the circumstances, with the way that things are and healthy relating to one stage of illness may be different than the way that is healthy to relate to a different stage. That's really important Now, I also know that you have been involved in some academic research related to fatigue and and and I'm curious to understand some of the I know we're talking a little bit about actionable things. People can work on the way they're relating to the disease process. We've talked about the maladaptive stress response. I think people might be curious where do I start? How do I get involved in something that would be helpful to my unique circumstance? – I think the first thing that I would always say is that although there may not be one answer for everyone, there are answers that are out there. And, you know, I wrote a book in 2003, which was the book called Why Me, which was the kind of, my story of my recovery journey and the natural follow up book was a book not on my story, but a book on how other people can can can recover from from chronic fatigue. And there was an 18 year gap between the first book and the second book, because that's how long it took me to really feel like I I found a model and a framework that respected the complexity, but presented it in a way that had a simplicity. And the title of that book was decoded your fatigue because ultimately, you can't as you and I have been saying, chronic fatigue syndrome is not a diagnosis, irritable bowel syndrome is not a diagnosis.

Back pain is not a diagnosis, that chronic pain is not a diagnosis, that these are labels for sets of symptoms and to be able to map the path to recovery to figure out effective intervention.

We've got to have a real clarity on diagnosing what's wrong in the first place. And so in our research over the years, one of the real real challenges that we've had is that the way that mainstream academic research is set up is you have a single hypothesis and you have a single intervention to, to test that hypothesis And the way that I'm sure the miles you work in in your clinic and the way that we work in our clinic and the way that I'm sure all the excellent

people you'll be interviewing as part of this summit work is there is one single thing. So how do you research that?

And so the back but it took us five years to get ethics approval to do a randomized controlled trial with National Health Service, NHS patients here in the UK on our approach to chronic fatigue because we had to basically go through lots and lots of bits of ethics, all the different bits of the protocol to be able to do what we do in clinic, which is the firstly figure out what's going on and then create intervention based upon that. And so whether someone watching this is coming into, you know, my clinic, your clinic, someone else's clinic on here or someone that's not, not on the summit isn't isn't the point that's important to this, What's important is that you've got to get a proper diagnosis, you've got to get clarity of what is actually going on in your body, you know, knowing that you've got irritable bowel syndrome when you already knew that, because you went to the doctor and you got, you got a sore tummy, um getting, you know, is it, cibo, is it, is it parasites?

Is it candida? Is it actually a hormonal imbalance which is then causing some issues in your guy, is, you know, if you've got brain fog, is that brain fall caused by anxiety? Is it caused by imbalances in neurotransmitters?

Is it caused by things that are going on in your gut? So, there are so many pieces to this that you can't just diagnosed by symptoms, because that's one of the other things which which used to drive me crazy on, on my own recovery journey, is that most of these conditions have all the same symptoms.

And so if you're gonna use symptoms to diagnose, you're not gonna get anywhere, you've got to make that deeper dive. And so whoever you're doing that with.

And there's a lot of people can do for themselves if they have an interesting in going deeper into the learning, but however you do it, you've got to get as close as you can to that clarity and then you you map your path recovery from there. The, you know, here at the awesome health kind of the the majority of patients that we work with have already seen many different practitioners and they will often come in and say, you know, I'm a I'm a lost cause or I'm a hopeless case because I've done all of these different things that haven't worked. But I've heard that you guys have got a reputation for for being able to help sometimes in these cases and how we look at it is they just presented us a bit like the the famous quote and I'm going to butcher the details this, but the famous quote about Thomas Edison and the electric light bulb.

And someone saying to him, you know, you've just found, you know, you've you've failed 1000 times to invent the electric light bulb and he says, I've just found 1000 ways not to invent the electric light bulb.

And for us it's that you've done all these things that are all pieces of a jigsaw like this intervention made this bit better and this bit worse. I wonder why that happened. And then you did this thing that didn't work.

But then it did work a year later, what shifted what changed in that time. And so all of that data becomes incredibly helpful in really getting more clarity and often that really figuring out what's going on. Sometimes it's obvious in in blood work.

Other times it's it's more obvious doing more sophisticated and more personalized functional testing and other times it is good old fashioned clinical now some trial and error and figuring that out along the journey. But that is really at the heart of them being able to find effective intervention.

– Yeah, it's so important because so many people want the smoking gun, they want the one thing and, and, and like you, I get people who have tried a lot of things and not had success. And so I tell people it's not, we're probably not going to find the one smoking gun, but we're going to create a constellation and and and pay attention to the patterns and start to put together a picture of the various elements and so many times collections of symptoms, it could be chronic infections, it could be toxin accumulation, it could be gut dysfunction, it could be and usually it could be cellular dysfunction, ventilation issues and it usually often has to do with several of them playing together. And that case history as you mentioned, is so important to know what worked and didn't win because it, it might work now even though it didn't work then.

And, and, and I tell people, hey, we might be trying some things that you've tried before, but we'll be doing it in a

sequence based on an assessment that's a little more comprehensive in the way that it's done. And so I really like that approach.

So there's this sense, it sounds like a comprehensive assessment process in order to understand the multi variable causes that might be going on. And then what happens next? How do people then, once there's this sense for Okay, here are some of the elements.

How does the process gets sequenced out for people to, because there might be if there are four or five things going on, there might be a lot to do in order to make all those happen.

And that might be overwhelming. So is there a step by step process for how to begin to do work with those issues? – Yeah, we I in my mind it's it's kind of like nested protocols in a sense that there's there's protocols, but then there's the protocol of what protocols come before.

What, which protocols and that. I mean, that's part of the body of work of, you know, having a clinic that's been doing this for nearly 20 years with a large team of practitioners working with with many, many thousands of people.

That's a constant refinement. But it's also sometimes people come in because that's our reputation and then they're a little disappointed at the start because they go well, but you're starting with really fundamental basic things. And it's like, yeah, we're gonna get the fundamentals in place because sometimes that can take you the whole way other times that can take you 70% of the way or maybe it just takes you 30% of the way, but it's what gives you the foundation to be able to do those other things.

Like generally not a good thing to do is if, let's say someone gets a diagnosis of Lyme disease or co infections is to start to go in with really aggressive protocols when the system is not resilient enough to be able to tolerate those protocols.

And so, working on building up the system first and then allows one to be able to to take that. What is quite a big load sometimes in in terms of that, it's also for the vast majority, pretty much all of the people we work with there is sometimes it's the peace other times it's a piece.

But what we talked about earlier in terms of getting the body into a healing state and working with the various tools and strategies that we've developed to cultivate that healing state is what then allows those other things to be more effective.

And it's just like one quick example of that, If we're in a maladaptive stress response, what often will happen is our immune system becomes hyper activated.

And so this is where you often see that people have a lot of food intolerances or chemical intolerances, it's like their systems reacting to everything like like it's a threat and the analogy that I use, it's a little bit like in London back in 2007, I think it was when the London bombings in 2005 London bombings happened and there were a series of bombs on busses and the London underground and prior to that people would leave, you know like their gym bag on the London underground and no one, someone left their bag out, whatever.

Sequencing treatment and calming the system

But after the bombings happened it was like the whole network would shut down because this is a massive, dangerous, it's almost definitely going to be a bomb. The whole thing would would would shut down.

It was a disproportionate response to the threat because the system was was was was dis regulated and same thing happens in our immune system. So we suddenly the very interventions that the most likely to help us, like let's say for example, we're going to do we talk about cibo earlier, we're gonna antimicrobial protocol for cibo, but every time we take antimicrobials we have a reaction to them. Well, it's because the system is dis regulated and so working to reset the nervous system to calm the system down often there means people's tolerance for intervention goes up significantly and also the effectiveness of intervention goes up significantly. And so in terms of that

sequencing we will we will nearly always do some sort of psychology work early on in that process.

Some people come in having already done some of that, but if they haven't, that's a really important piece. And and then for other people doing some of the deeper emotional healing is really important.

We haven't had time to go into today, but often underneath that maladaptive stress response, there's also emotional trauma and that also needs to be addressed and to be worked with.

But again, just like my example with a line protocol, we wouldn't go straight into doing emotional trauma healing work without working to do to calm the system, build some foundations what we do, what we call psychological scaffolding, to be able to build up a certain amount of capacity and in a safety to then be able to go to those places. And so, you know, my one of my big reflections over recent years has been the getting the sequencing right with intervention is as not if not more important than having the right interventions – That's so important.

And I find similar that oftentimes that especially as you're mentioning, lime co infection, that people do come in, they're not tolerating taking hardly anything.

There's this enormous response to foods. I have people who come and eating three foods and not able to take any supplements and they're dealing with this infection.

And people are giving them huge protocols of antibiotics or antimicrobials when they're reactive to food. You know, three everything but three foods and it's brain retraining the looking at the limbic dis regulation and the vagus nerve and how the this maladaptive stress response is keeping a person's system on overdrive so that it starts to overreact and and and to become like life almost like metaphorically on the consciousness. Corollary to this reactivity to foods and environment is the sense of that. Life is a threat.

That environment is a threat, that there's non safety, that non safety of the default and that when non safety is the d default, anything that comes in is perceived in that light potentially.

And or very few things are allowed in. It's like that closed heart for the person who's been hurt so much that they're not going to let hardly anyone in, it's gonna take a lot to get in and to be okay and to be accepted and embraced.

You have to build that trust. And so I'd like to use that metaphor to take us towards the end here where if someone is in that non safe place internally, if they're feeling like the environment is a threat, food is a threat supplementation is a threat. They're having a hard time.

They're not knowing where to begin. And they obviously like if we can get into a clinic and do comprehensive assessments and do a step by step, that's great. But for the person who wants a starting point right now, having watched this discussion, they feel like they're in this non safe internal space where they're feeling like threats all around and they're feeling a little bit hopeless and a little bit towards that sense of I've tried so many things, I'm not sure what's going to work. I seem to react to almost everything and I'm at wits end, I'm getting close to where I'm able to even feel like I want to keep trying then where would you, is there is there something to to loosen that is their practice?

Is there a perspective? Is there something that you would offer for these people to begin a process? – Wow, there's a lot of places we can go there. I think one um point I'll make which is a whole rabbit hole, but make the point that I'll come another perspective.

It's just that safety is something that as small Children, we ideally get from our our caregivers and we get that through co regulation. So the people around us are in a state of safety and their nervous system and our nervous system learns safety from their nervous system through that effective co regulation.

We then learn self regulation and so we then learn as we become separate from our caregivers and we develop our own sense capacity identity. We learn really through osmosis by what they're doing, how to self regulate our own nervous system.

And so going back to our examples, London bus thundering towards us, big threats, survive it self regulate system then comes and settles if we didn't get good co regulation or we didn't learn self regulation or the traumas we experienced in childhood was so overwhelming that we were never able to come back to a consistent place of self regulation. Then we don't have a capacity, they don't have an effective capacity to self regulate our system in life as an adult.

Therefore we have to learn that skill and just like we learned that skill, we would ideally learn that skill from caregivers through their nervous systems, We have to learn how to self regulate our nervous system.

There are lots of different practices that can help that particularly meditation. Mindfulness practices, mindful movement practices like yoga tai chi qigong.

Sometimes we have to a certain amount of emotional processing and trauma healing to be able to then find that place of safety but finding that place of safety is is really important and it's one of the key ingredients of what we've been talking about within the context of this maladaptive stress response and in terms of of having hope, I would really encourage people going back to what we said earlier to find stories of people that have been on similar journeys and found them through some, it's like this are a great example. I'm sure there are other speakers sharing their own stories also. I'm sure sharing stories of people they've worked with um I have a Youtube channel where we have over 100 films therapy sessions on there. You just search in therapy with Alex Howard and that's a great way to see other people doing therapeutic work and seeing the the not the kind of hyped inflated kind of one in 1000 case study example, but like what actually happens in in in a real therapeutic encounter um Also if people want to go deeper into this and understand more of not just some of the science behind it, but also what do you, what are the steps you can go through to reset the nervous system?

Um I have a free three part video series which is that reset alexhoward.com. Um And that's a great way to yeah, dig into all of this in in in in a lot more detail, but ultimately what I would always say is healing as possible and sometimes it can feel like when we've been on that journey a long time, it can feel like we're never going to get there because we've tried everything, the good news is you haven't, everything because running running a large clinic, we're still learning new things every single day and some of the things that are most effective now, we didn't know five or 10 years ago, which presupposes that some of the things that are most effective in 5 to 10 years time, we don't know now.

And so even if you have tried everything, the good news is there is constantly more coming available and being discovered which and sometimes you just need to find, you've got all the right pieces in the right way, but there's just that one piece that unlocks it, that doesn't mean everything else you've done wasn't important.

Finding safety, hope, and next steps

It may just be like you've got a code and you've got a 10 digit code and you've got nine numbers and you just got to find the last one or you've got the 10 numbers, but just two are in the wrong order. And so sometimes it can feel really hopeless but you're way nearer than you realize two things being very different, – That's important and it's reflected in success. People think, oh the overnight success story, someone got on Oprah or they had a viral video or something like that. Well there's a huge foundation and base that led to that event occurring that tipped it over the edge.

And the same is true for for healing it that there are high leverage points. There isn't a smoking gun necessary really for most people that there are, there are levers and you pull a lever and maybe it does very little you pull another lever, Maybe it does nothing. Maybe you pull a lever and it seems to take you backwards and you pull another lever and it seems to change everything for the better.

And there are those levers there there is, as Alex is mentioning hope here, there is hope and there are comprehensive there you haven't tried everything, there are so many things that people can try and do and and and it's not that everything you tried up until this point is useless. Even if you don't feel like you've recovered or that you're getting better. It maybe you have eight out of 10 in place and that it is just two more that are really important for your system to lower.

I think about this, sometimes the threshold or an Alice static load, there's this Alice static load of how much we can handle in terms of stress before the nervous system dis regulates and we may be close to going beneath that and the nervous system can regulate, the healing processes can begin to initiate again, and the inflammatory burden can reduce and globally settle and there can be this amazing sense. So if you find those stories, a transformation as Alex is mentioning here, that those stories of transformation can be an inspiration to help you to have the hope to continue to dedicate yourself to doing the things that you think might be helpful, even if you're not sure now, because they may be part of the puzzle and then to also continue to find new things. And if the things aren't out there, the innovation and the potential is growing all the time.

So, I think that's a fantastic frame for people to have hear anything, any last words or summary or thing you like to share with people and and I know you mentioned somewhere where people can find your some of your material, but a website, a book, anything else that you'd like to mention for people.

– Yeah, I would say really go back to where we started that it's better to be doing something than nothing. And sometimes that's something isn't the right answer, but it takes you a step towards clarity to the right answer. And so if you're just in a holding pattern of just waiting or doing nothing, that's going to be less effective than taking steps and experimenting and trying things, because at least then you start to build some momentum.

And in terms of my work, I mentioned the free three part video series that really set dot alexhoward.com. My main website alexhoward.com and that connects links to health clinic and our therapeutic coaching practitioner training program. And also I mentioned my Youtube series is linked to that on there as well. So probably the easiest place to find everything is at the alexhoward.com. – Fantastic. And I'll say I've I've watched some of the Youtube therapy sessions, they're amazing, and it's very inspiring and I highly encourage people to take a look at that free content. It's available, and it can be a way to take another perspective, especially for those who have been trying some of the physiologic interventions and the functional medicine, but who maybe aren't doing as much on the mind body, on the mental, emotional spiritual side.

I find that side to be so important. I have a mindset coach in my clinic too and I know you're you have that strong psychologic side in your clinic and I really find that people sometimes in this space will dial in the diet, they'll dial in the some of the the exercise, the movement, the many of these things, but like they still won't be meditating every day, they still won't be doing some of these these the the inner work that can be so beneficial side, highly encourage people to make sure you're addressing that inner side, no matter what the outer side is. Be sure to address that on our side and do check out Alex's work. Thank you so much for being on the microbes and mental health summit. This is Dr. Miles.

It's been a pleasure. – Thanks appreciate it.