Rewire Your Brain To Manage Chronic Pain Transcript

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Introduction to the Pain Interview

Welcome back to the conquering Chronic Inflammation Summit. I'm your host, Dr. David Jockers. And today I'm interviewing Dr. Yoni Whitten. We're talking all about chronic pain, neurological rewiring and proprioceptive movement patterns.

This is a really powerful interview. We talk about the main root causes of chronic pain, why most pain management approaches. Most conventional pain management approaches don't actually work.

We're going to talk about the neurology of pain and this this powerful nutrient that comes from movement. It's called proprioception or vitamin P. And so we're going to talk about how that unique nutrient that we get from moving our body with the right movement patterns has a very powerful effect on our neurology and can reduce pain significantly.

We're gonna talk about simple movement patterns to retrain your neurology to heal. You guys are really in for a treat. You can reach out doctor Yoni Whitten the Pain fix protocol.

And so he is a expert when it comes to using movement patterns to help reduce pain. He's a chiropractor and again the pain fix protocol. So look that up Dr. Yoni Whitten.

And you'll be able to connect with him. And he is doing great work helping people all around the world to reduce pain naturally, to optimize joint function and overall health.

You guys are in for a treat. So let's go into the interview. Well hey everybody, today we are talking about pain. So many of you guys are out there. You're suffering with chronic inflammation and chronic joint pain.

And you've tried a lot of different things and haven't seen results. And so I've got a great expert. We're going to talk about chronic pain. We're going to talk about things.

What Pain Is and Why It Happens

You could be doing at home to help provide solutions for you, things that you should be looking out for, and really just giving you a better understanding of what chronic pain is.

And what's happening in your body, and again, really offering you solutions and hope. And so we've got Dr. Yoni Whitten. He's an expert in the art and science of permanent pain resolution.

In addition to his hands on work with patients over the last 15 years, Dr. Whitten has spent years researching and studying with experts in manual medicine, functional neurology and rehabilitation.

Through his practice, he has developed a revolutionary approach to chronic pain. Now, the system that Dr. Whitten developed has been codified and is available to chronic pain sufferers around the world.

The Pain Fix protocol blends the latest scientific research with essential concepts from the fields of natural movement, evolutionary health, nutrition, structural hygiene, self-care and human performance.

So he has got the Pain Fix protocol that you guys will be able to check out. Dr. Yoni, welcome to the summit here. Thank you so much for having me. Dr. Jockers Absolutely.

Well, let's talk about chronic pain, you know, what is it and why? It's why is it such a huge problem in our society today? I think I would start with what pain is, just because it's important for people to have a, have a grasp of that

before we move on to anything else.

And pain is just a it's a warning signal from the body, just like the check engine light when you're in your car, when when you're driving and that light pops on, it's a sign that something's wrong.

And so, neurologically speaking, for that signal to pop up and, and enter your conscious mind, it means that signaling of something called gnosis ception, which is noxious stimuli and it can come from any number of different things, has reached a threshold level where the body can no longer deal with it.

on a subconscious level. And it needs to recruit your conscious mind to, to deal with the problem and figure out what it is, and then and then resolve it.

So most issues are resolved on the subconscious level without us ever being aware of them. So once it becomes pain, it's the conscious awareness of those signals.

So we can all have, you know, certain stimuli or, you know, something rubbing against us or whatever it is, even, you know, bacteria that are breaking down part of our, you know, our scanners, part of our tissue and not feel it because it hasn't hit that threshold.

Right. And meanwhile, our body kind of mitigates it takes care of it. Our natural immune defenses, start to take care of those things and keep them at bay.

And we don't feel them. But when it hits that threshold, that's when we feel it. And for a lot of people, they have it like a lowered threshold for pain, you know, as opposed to somebody else. Right.

Because pain can be again, it's it can be more of a perception or an alteration in nervous system as well. Can it? Yeah. So, so, you touched on a few things there and, and I'll just unpack that a little bit.

So it's important to understand that pain is an intelligent signal. It's put there for a reason. It's not random. and and like you said, most of it is handled subconsciously so that we can deal with, you know, feeding ourselves and interpersonal relationships and higher, higher order stuff.

So the classic example here would be, touching a hot stove. So that reflex arc happens way before the sensation of pain even hits the brain. And you know this.

You're shaking your head because it's a loop that hits the spinal cord and comes back and triggers the reaction. Your body's like, oh, I got this. Don't worry, I'm going to save you from doing the stupid thing that you're about to do.

Whether you're knowingly or unknowingly. The issue with what you said there when it when it when it starts to become that awareness level is a lot of times nowadays where we're not recognize what's causing the noxious input because it can be actual noxious input or it can be, hey, maybe this is going to hurt your your brain can be interpreting like an anticipation of a problem.

So it can even be visual. Like if you see something scary coming at you that your body's going to have an an alarm type reaction to that it can be a food sensitivity.

It can be the exposure to the tons of chemicals that are in our environment, that our body has no natural defenses against. I saw an interesting study on, morning sickness in pregnant women that said that it was all exposure to noxious chemicals.

Really? So that morning sickness was, in an evolutionary, from an evolutionary standpoint, is completely unnatural. And women didn't used to have to deal with it when we didn't have those types of toxins in our environment, which makes sense, you know, because you have, I know you have children and, and and I have I've got my second on the way right now.

And my wife, you know, any pregnant woman will tell you like certain food flavors or certain smells of, like, products. It can drive them absolutely mad when they're pregnant.

How Chronic Pain Rewires the Nervous System

And I think it's it's that heightened sensitivity when they're more vulnerable during the pregnancy and essentially there to protect us and ensure our survival, which is exactly what pain is.

Therefore, it's it's a survival mechanism. It's it's to keep us alive and make sure we survive long enough to reproduce and raise children. Yeah. So that's a great message to summarize that chronic pain is really a life saving signal in our body.

And it's actually, like you said, a form of intelligence. I really like that terminology. I would put hand should be yeah yeah yeah. Yeah. Chronic pain not right. Yeah. Not chronic pain.

But pain itself is actually an intelligence. Now how about when pain gets chronic. And why is chronic pain such a big issue in our society. Yeah. So I'm glad we went back.

And we made that differentiation between pain being that essential survival mechanism. And chronic pain is still intelligent. And this is important to note.

It's basically so you're familiar with the said principle. I'm sure that specific adaptation to impose demand. Yeah we usually talk about it in terms of athletic performance.

So weightlifting is the classic example. You start out lifting 5 pounds and it's very difficult to get 5 or 10 repetitions. And then eventually you work your way up to 10 or 12 pounds.

The muscles grow larger. The neuromuscular, the neural system becomes more efficient at firing those muscles, so you become more adapted to performing that activity.

That's essentially what's happening with chronic pain. And it's really interesting. So the body's applying this training effect where you're having this repeated input of noxious stimuli.

Your brain is understanding that the stimuli keeps coming in. So your your conscious brain is not getting the message that it needs to, that it needs to be getting.

So what your brain does is it changes the architecture of your neurological system. So it'll actually lay down thicker fibers to transmit more signals to the conscious centers of your brain.

It'll increase what's called synaptic agenesis. So connectivity of the fibers, it's like, if you had a lot of traffic in a, in a, in a city and you were trying to get people from A to B and have less congestion and more efficiency with those, with that passing through of that traffic, you would make more connections of different roads so that people had more options to get from point A to point B, and then it'll actually reduce, which is what you mentioned earlier on, reduced the threshold so that the signals don't have to go as far in order to get up to that conscious level.

So all of these adaptations are, intelligent. If you take the stance that we're trying to get this message up to your conscious brain so that you understand what your body is telling you.

So I always say to my patients when I'm explaining it, I don't go through all the neurology of it. But I'll say eventually pain starts out as a whisper, hey, doctor Jockers, I need you to.

I need you to change something that you're doing. And then they'll start speaking at at regular volume, and then they'll start elevating their volume.

Hey, I really need you to change what you're doing here. And then they'll start yelling, and then they'll start

screaming at the top of their lungs. And that's what chronic pain is.

It's still intelligent. It's still trying to get you to make that change. And it's working like crazy. You know, the body's it's all about efficiency.

It never wants to spend any more energy than it absolutely has to. So if it's spending all that energy to change the architecture of your neurological system, and it's using resources to build all that out, it's for a very good reason.

And our job as, as clinicians is to help direct patients and the patient's job or the person who's suffering with pain. Their job is to figure out what those signals, what their body is trying to tell them.

Yeah, really, really interesting. These, neuro plastic changes that are taking place in the nervous system and how the nervous system rewires itself like that.

Now, what are some of the biggest mistakes that you're seeing people with chronic pain making? I would say the biggest mistake is what we just touched on there, which is rushing to cover up the problem without taking the time to understand what those signals are trying to tell you.

So it's really it's it's really, really strange. And we're marketed to death in this country to do this, you know, you have a headache. Take this pill.

Don't bother figuring out what led to the headache. You have back pain. Take this pill. But it's look at what the dental profession has done. Because if anybody goes in to see their medical doctor and they're like, oh, I have I have a headache.

Oh, I have back pain. they're just give them a pill. I just had a patient come in yesterday. Excruciating, completely and totally bent sideways. Couldn't stand up straight.

He's been like that for three weeks when he went into urgent care. Doctor doctors, they didn't even do an exam. Really? They gave him drugs without any examination.

Oh, wow. I mean, it. It a lot of the drugs that they're giving are things like opioids, right. They didn't really addictive. They didn't go away. They didn't go to opioids right off the bat with this particular patient.

I have seen it before. In his case. You know, they do the standard the non-steroidal anti-inflammatory muscle relaxants route. but it didn't touch this guy's situation.

But but that's really the mistake is rush in to to block the signal in some way without bothering to even understand what's causing the signal. And if you and if you juxtapose that with what the dental profession has, has accomplished, they know if somebody goes in with tooth pain or jaw pain and they go in to see a dentist, no person in their right mind would ever accept coming out of that dental office with a prescription for painkillers.

Right? And they're like, oh, you don't need to know what's causing the pain. Just just take these pills to cover it up. It's like, no, that's not gonna cut it.

Everybody who goes to the dentist automatically understands that.

Common Mistakes in Pain Management

But if they go in to see a medical doctor for most chronic pain problems, and they come out with a drug to cover up those signals, they feel like that doctor has done their job and nothing could be further from the truth.

Absolutely. So the biggest mistake is people are settling for this idea that just getting a pill right, or something like that, just getting something to cover up the symptoms is actually fixing the problem, but it's giving them, in some cases giving them temporary relief, which which has value, but it's not actually getting to the root cause in that

depending on what the root causes, the root cause can actually get worse and worse over time and cause even more serious issues down the road.

Is that correct? So what you're saying there is exactly one of the drivers of Chronicity that we were just talking about. Yeah. So remember, if that noxious stimuli is coming in, the body will lay down more architecture to get that signal up to your chronic brain, to your conscious brain, so that you get the message if you're just covering up the signals that noxious stimuli finds a way in.

There was a study in, 2016 out of the University of Colorado at Boulder that found that taking opioids for five days led to an increase in pain. And this is exactly what's happening.

You're trying to block those signals, and the body's like, no, no, no, no, no, I need you to get this message. It'll find a way to get it in. Which leads to people taking more opioids.

Right. So that's by far the biggest problem is I mean, you wouldn't settle going to to the mechanic and you're like, hey, check engine lights on. A guy goes back there with the black tape and puts it over the check engine light.

Hey, problem solved. You ready to go? Take it out for a spin? You know, I mean, it's it's unacceptable. You know, you're going to end up broken down on the side of the road in the case of the car, in the case of of of pain, you're gonna end up chronic if you don't figure out what's driving those signals and then take steps to mitigate it.

So how does somebody go about trying to find the root cause. Right. And actually get that addressed. So that's that's really the magic and that's the difficult, part about creating a general program for chronic pain, because there's quite a variety.

So here we have to draw on the numbers. And, and of course some people are going to get hung out, of these, of these generalizations because the chronic pain condition that they're dealing with is much less common than, say, the heavy hitters.

So the heavy hitters, you got 1.5 billion people in the world that are currently suffering with chronic pain, which is massive. I mean, you're talking roughly 20% of the world's population. Wow.

One third of it is back pain. 500 million people. Okay. Then you get into headaches and neck pain. That's pretty much tied for number two. And then you get into your joint pains.

And of course, the biggies, they're going to be your shoulders and your knees and your hands and your feet in this kind of stuff. Yeah. But those are essentially the heavy hitters.

And that's what my program is designed to work with. So I have people reach out to me and they have these unfortunately very exotic conditions that it's it would be extraordinarily difficult to create a generalized online program to deal with those types of issues.

Now, there are certain things and you would know this as a functional medicine practitioner, that you can do for everybody to improve their overall health status, and that will improve the nature of that person's condition.

but making specific recommendations for very exotic forms of, of chronic pain is challenging, to say the least for sure. Now, you said that you're you're addressing the heavy hitters there, which are your back pain, right?

You said one third or dealing with back pain. Yes. you've got neck pain and headaches, right? And then you've got the joint pain. Yeah. So what are you doing with your protocol to help rewire the brain?

Help obviously address the root cause and create more, more stability there in those, injured areas. Yeah. So, we're going to go back to the definition of pain, which is nociceptors and hitting threshold levels.

So the way to deal with this is twofold. Obviously we want to reduce nauseous action. So we want to identify

contributors to to nociceptive input. And again here we go back to the data to find our way in the dark.

You know in in the clinic if I'm working with somebody one on one, when I'm trying to find my way with them, I'm always looking to functionality. How do they move?

How do they perform? Where's the limitation? You know this this is what gives absolute clarity because pain signals are extremely difficult to track. Subjective.

You know, you can't tell a person what their pain level is and and pain levels can change rapidly from day to day or from minute to minute even. Yeah.

So functionality is always the thing that is the constant. That's your North star as a as a practitioner working with chronic pain because it always tells you the truth.

Finding Root Causes and the Role of Sedentary Living

One of the things that I always said is that, you know, I sometimes envy veterinarians because they never get lost in the words. Yeah, yeah, they can just look and see the objective findings.

So, to get back to your question, so we're looking for the data and what we know about chronic pain. And we have the most data available on back pain because it's the most prevalent condition in the world.

And the the incidence rate among Western populations is enormous. It's something like 85 to 90% of people will experience it at some point in their lives.

And then we have we have credible research that shows that the, the rate of relapse from these types of problems is over 80%. so it's it's massive. Now, here's the other thing that we know that can really start to guide us as far as creating a general protocol that can address a lot of these problems, is that the incidence of back pain in Western society, cities or first world countries, is as much as four times greater than undeveloped countries.

And so yeah, massive. So now you start saying, okay, we've got a rate that's 400%. What are we doing differently in Western society than, than they're doing in in undeveloped countries?

And we're. Probably sitting a lot more I. Of this year. That's exactly right. That's that's one of the things as. I'm here on my stand up desk doing this interview.

Right. So I'm in my kneeling chair. Oh, there you go. Yeah I'm rocking forward here. So, Yeah. Yeah. so yes, you're right, we're sitting more, which means we're moving less.

I, I just saw research that shows that Americans are sitting ten plus hours a day on average now, and we've got 25% of our population. Brand new research from the CDC, showing that, 25% of the population is completely sedentary.

They engage in zero physical activity in the United States. Wow. Zero. I mean, that's it's shocking. It's shocking. So the as we've become progressively more modernized, a few things have happened.

Like you said, we sit more, we move less. We're at a stage now. We just we just, are coming through, what has been a very, topsy turvy couple of years.

People have been going out even less moving around, even less getting food deliveries, not wanting to go out for whatever reasons. We don't have to talk about that part of it.

But but we've gone even more in that direction. so less and less away from normal physical activity. So when I say normal, we would say an evolutionary, view of things humans used to move, walk 5 to 9 miles every day, rain or shine, just to get our basic needs met.

And there's an amazing article from the Journal of Applied Physiology that that documented that if we just went back to that, just that with nothing else, that I forgot the health care savings, but I believe it was in the trillions.

Wow. Yeah. You're not surprised. Yeah. Yeah. So and that walking that proprioception or the joint movement information up into the brain actually is like an essential nutrient for your brain.

You can also read and, you know, going back to pain, how people that are dealing with chronic pain, their brain actually ages faster. Yes. Yeah. Yeah.

You see that. And you also see, actual atrophy of the brain. Right? Yeah. Atrophy. They're much higher risk of dementia. Alzheimer's. Yes. Right. And then along the way, you know, when you're in chronic pain, people that are in pain know this.

You're more irritable. Your relationships suffer obviously, because of it. you're less present with people and, obviously you're less physically active.

Yeah. So it's a vicious cycle. So here's the thing that I want to do for you now is I want to bridge the link between the two things that you just said.

So in 1993, there's a medical doctor named who? Shanghai Hirschman. He's a, neurosurgeon. based in Florida. He publishes a book on chronic pain called reflex reflex sympathetic dystrophy.

And his findings were that joint restriction, limited motion at your joints leads to decreased firing of mechanoreceptors in the body. So you're getting less kinetic, what I call kinetic flow, less proprioceptive input from your joints, which directly leads to increased nociceptive input.

yeah. So that's the bridge between the two. And that's how it becomes possible to make some general recommendations for the majority of chronic pain sufferers, where we've got a society that's mostly sedentary, we've got a society that has extremely high rates of chronic pain, and we've got studies at of, journals like The Lancet, like some of the most well-respected medical journals in the world that are predicting increases in chronic pain around the world as undeveloped countries adopt a more Western lifestyle.

So we're moving away from what has been the norm throughout the existence of our species, where we're talking, walking 5 to 9 miles a day, having to move our bodies to get our basic needs met to this new model that we're living in now, where we're moving less than ever and we're still able to get all of our needs met.

And it just might be that those intelligent pain signals are telling us to move more. We've got great research that shows that, as you were saying a minute ago, just taking a ten minute walk can dramatically reduce back pain levels.

Yeah, really, just a ten minute walk. Just a ten minute walk. You've got Doctor Stuart McGill who's the foremost expert in the world on on back pain advising his patients to take multiple 5 to 10 minute walks throughout the day.

He said it's the best thing that you can do for back pain. Yeah. And neurologically speaking, what are you doing? You're driving appropriate exception.

And by doing that, you're dropping nociceptive. Yeah. So thank you Doctor Who. Shankman the guy the guy was amazing. Yeah. Absolutely. Yeah. And to go back to that point, no perception and McKenna reception.

So McKenna reception is basically, joint sending signals to your brain to tell your brain where they're at in space and how they should be moving, and that's really critical.

So you don't fall trip, right? Things like that. You need this constant information flow as you're moving. And that's competing with this no perception, which is again, these pain signals getting up to the brain.

So the more your brain's hearing the McKenna reception, the less information's coming from or the less, the quieter the no perception is. Yes. Therefore you're not noticing, you know, that that signal of pain and you're not getting that change in the neurological architecture to wire your brain to be more predisposed to feeling pain on a chronic basis?

Proprioception, Movement, and Brain Rewiring

That's exactly right. And patients, anybody who's had chronic pain would know that model very easily. Just look at it how it tends unit works right. Attends unit causes a low level proprioceptive or mechanical receptive stimulation that quiets, as you said, such a good word that quiets those neurological, the nociceptive signals. Yeah.

So so proprioception, Meccano reception is actually quite a complicated subject. You have joint movement that contributes to it. We have also pressure sensors throughout our body that contribute to it.

We have vibration sensors that contribute to it. We have, you know, touch and and all these different receptors throughout the body. We also have receptors that are like GPS spread throughout our body that are tracking position sense constantly and relaying that signal up to the brain.

I mean, you're getting like 3 to 5 per second when you're not in motion. so it's like this constant ping that's creating a three dimensional map inside of your brain that you essentially use to orient yourself for any, movement oriented tasks.

So, you know, if you go into, like a shopping mall and there's a map and it says, you are here. Yeah. And then you're trying to get somewhere else, what the first step is to know where you are.

And so that's what all those receptors throughout your body are. They're like little GPS is and they're sending you are here. You are here. So if I want to go pick up a pen, I first need to know where I'm starting from.

Right. And that's what gives you that coordination to be able to actually go down and pick it up. Your brain is constantly seeing and refining that motion.

And so now you can add a whole nother layer to that from, this amazing work that's been done on, like amputees and people that were suffering from phantom limb pain because they found that you can stimulate that area of the brain just using your visual system.

Wow. Yeah. So you can now stimulate proprioception. McKenna. Reception. Visually, it's an extremely complex it's absolutely fascinating that we're using this visual stimulation technique and mirror therapy with like 70 to 80% success rates in chronic pain patients, not just amputees.

Amazing stuff. Wow. That's really interesting. And so for those of you guys that may have just missed what you said. So phantom limb pain is kind of like when somebody as an amputee, let's say they don't have their left arm, but they still feel like their brain is still perceiving that there's pain in their left arm, but clearly they don't even have their left arm, but they're feeling it because part of their brain that's associated with that area is is still lighting up, right?

It's still lighting up. And so they're experiencing that. Now, those individuals you're saying did some sort of visual activity thinking that they were, you know, moving their left arm even though I didn't have a left arm.

So here's how they do it. Yeah. If they're we'll use your example. They're missing their left arm. Yeah. I would set up a mirror here and have them move their right arm and look in the mirror.

So they look it looks like they're moving their left arm. So for those of you guys that aren't watching on video, he said a mirror like right next to your left eye and then moving your right arm.

So you're seeing as he's he can look into the mirror and see himself moving his right arm, but he's perceiving it like

it's his left arm. That and the results.

Doctor. Doctor. Amazing. I mean, you're talking real time results. Like it? It happens in seconds. Wow. So now somebody now let's take somebody that, you know, has chronic low back pain or something like that, or, you know, shoulder pain or whatever it is.

And they, they still have their limb, but they're noticing this sort of chronic pain and let's say it's associated, you know, at some level it's associated with a lack of proper movement in that joint.

They can actually, on top of moving themselves. And there are some people that are in so much pain that it just hurts for them to move so they can start with a visual ization practice.

That's exactly right. Yeah. We have we have apps on, on smartphones now that can be used where you're just looking at somebody else's limb for somebody who's in too much pain and they can't do it at all themselves.

They can just look at an app and still stimulate the mechanic reception in their own brain. Absolutely amazing. You can do the mirror therapy where say you have pain that's really bad on one side, but you can still move the other side.

So there's lots of options. And that's what I really wanted to do with the pain fix protocol is give people options. So no matter where they are on that spectrum, they can start somewhere, start making some progress, and then build upon that.

Right? Absolutely. Yeah. That makes a lot of sense. So we know movement is really key, but some people don't don't know how to move their joints in the proper way.

So how do you guys start to address that. So there's over 70 instructional videos included in the Pain Fix protocol. And we guide people and there's regressions and progressions so that you can start somebody very easily with, you know, say one of the easiest ways to get somebody who has difficulty moving to move is to remove the load.

So get them in a non weight bearing position, allow them to achieve some success there, and then gradually increase the load as time goes on. Again, no different than what we were talking about earlier with, with a resistance training model right. Yeah.

So you're starting to take you're starting to take gravity out of it. I know, like when people are recovering from, let's say, rotator cuff surgery, one of the things I'll do is kind of put their hand on the wall.

Yeah. Like the wall is taking some of their weight off of it. That's right. And then they're just kind of like gradually like moving their arm on the wall.

Yeah. Right. Yeah. if to again take it out of gravity. Right. And kind of help support it. Yeah. Yeah. Or, or say with, a whiplash patient who, you know, the muscles and the ligaments have been damaged.

I'll start reintroducing motion into the neck when they're lying on their back, and they don't have to use their muscles because the table can be fully supporting them.

And we can teach those joints. Hey, it's safe to move from this position. Basically, you're just trying to teach that person that, hey, this is safe. You're not going to hurt yourself.

No need to fire off all that neural architecture and reinforce that pain pathway. We can start creating a new pathway that doesn't have an association with pain with it.

So essentially you're I always think of it like there's a, there's a, a state park by our house. And every once in a while they will close a walking trail for reforestation.

They don't want anybody walking on it so that it can go back to its natural state. That's essentially what we want to do with the pain pathways in the body.

And the more you can teach that person how to move and not fire off those pain pathways, the more you can allow those bushes and branches to grow over that old pathway, and you can create a new pathway that's pain free and that's that's neuroplasticity used for the benefit of that person's quality of life and, and enjoyment.

Yeah. That's so good to know, because a lot of people, I think, were intimidated when you said, okay, if we could just go back to walking 5 to 9 miles a day, right?

We get rid of a lot of these problems and you're right in theory about that. But again, so many people are are starting in a place where, you know, the even the idea of walking to their mailbox is, is extremely painful.

So there is a place to start for each of these individuals. Well, I love how you said that. And and really the 5 to 9 miles, it's it's an ideal. It's like running an ultramarathon or an Ironman race.

Like nobody starts out in life in a point where they're ready to do those kinds of things. You it's it's a long term goal and you take a step towards it.

You know, there's there's this amazing principle that came out of feudal Japan. It's called kaizen. Americans are obsessed with the end result. I think it's it's wired into our DNA.

So they hear 5 to 9 miles and they're like, oh, I got to do it today. I'm going to gut it out. And, and and I love that, about our country. And it's also, it takes a toll on us because we don't we don't understand the process that goes into it so much, you know?

Yeah. And so, you know, Warren Buffett didn't start out where he's ended up. It was a process of many years of consistent, consistently learning at this thing and learning about it and getting better at it.

Practical Movement Strategies for Pain Relief

And so this, this topic, the the idea came out of feudal Japan. It's called kaizen. And what it means is constant and never ending improvement. So no matter where you are, you're always striving to get better.

There is no finish line essentially. So the even the 5 to 9 miles is not a finish line. If, like you said, the person has difficulty going to the mailbox, that's where you start.

Yeah. With a pain patient, you don't even go to the mailbox because you don't want to push them all the way to their limit. I want them to go halfway to their mailbox, come back to the house, still feel good, pat themselves on the back for a great job, and then try it again tomorrow.

again. Halfway. Build up that confidence, be able to perform it without any pain or discomfort, and then slowly build themselves up over time. Yeah, yeah. Makes sense.

Now let's take somebody that, you know, can go out and walk a mile or so. Let's talk about prevention. Right. Like what are some of the best movements that people can be doing on a regular basis.

Yeah. So well you mentioned one of them already that you're doing as we speak here, which is, working at a standing desk, sitting less, I'm, I'm working at a, a kneeling chair.

Which one of them is actually right? I have one right there. Yeah. so, yeah. It's really good for maintaining neutral, head position and, spinal curves.

So those are easy things that can be coupled into what you're doing already. Like, we're having a conversation and both of us are doing those things right now.

It's not taking any additional time. So that's what I like to do. Now we earlier we were talking about what the heavy hitters in chronic pain are. And so when we talk about preventative strategies, what we want to do is again, go back to those heavy hitters.

So when we're talking about driving proprioception, driving, mechanic reception, we want to understand that the biggest drivers of that joint motion, yes, but specifically spinal motion, so the spine has more appropriate receptors because it's the foundation for the rest of our body, and because it's an extra complicated network of joints that that have to be stable and mobile at the same, same time, it doesn't get enough credit for the amazing job that it does.

but the higher we go in the spine, the more of those mechanoreceptors we stimulate. So my favorite way to stimulate mechanic reception is with a very simple neck mobility exercise.

Not a stretch. It's a mobility exercise because movement drives the signals that we're after. Yeah. So I just have people sit up or stand up really tall.

Imagine a dot on the tip of the chin and another on the top of the collarbone, and then you're going to slowly try and connect those dots. So you'll remember from, biomechanics class in school, the alignment of the facet joints in the cervical spine.

Yeah. They're angled like this. And so when they rotate, they laterally flex over each other to the same side. So when most people turn their necks, they keep their chin up.

And what that does is it actually creates some jamming and stress on the joint capsule. And in those joints and the little facet joints for the listeners that aren't aware of the joints that actually guide motion in the spine.

It's not. It's not the disc that everybody talks about. It's yeah, little joints on the back. and so by going in line with that, you're doing two things.

Number one, you're getting a more complete range of motion. More range of motion directly translates to more proprioception. Right. If we have no motion on one end of the spectrum, we're at zero.

And if we have complete range of motion on the other end where we're at, or I guess if you wanted to go far enough, you would go to hypermobility and instability and where you're getting way too much and now you're dangerous on the other end.

Yeah. The body has this funny way of operating where, you know, we like to be in the middle. We call it homeostasis. You go too high, you got a fever, you go too low, you got hypothermia.

Either one of those extremes will kill you. So kind of the same with mobility. So we're aiming for normal mobility and in in the case of cervical rotation you're talking 85 to 90 degrees over each shoulder.

So your nose should be directly in line with your shoulder when you finish this. Anything. Wow. So so the way that I should be moving my neck because I've just been kind of doing this right here, like you're talking about moving, you know, at a 90 degree angle, but I should actually be angling down, like so.

Watching you now, doctor Jockers. I saw that you just went ten degrees further when you dropped your chin. Really? Yeah, I can feel that. Yeah, yeah. So you're you're actually standing over your shoulders.

Got excellent mobility. Good to know. Good to know. Yeah. I mean, now can you do the same to both sides. So a little bit more restricted to the right a little bit more.

Yeah. Yeah. Now now try dropping your chin and see how you do to that. right side. So. Yeah. So they should happen simultaneously. Yeah. Just like that.

So you could like there you gain about 5 or 10 degrees when you drop that. Yeah. Yeah. And so all you're doing

there is lining up the facet joints. So you're getting.

Fascinating. Yeah. Yeah I mean you're talking 10 or 15% more. Yeah. Proprioception. Just by getting 10 or 15% more motion, it's more comfortable, less likely to fire off that leg.

That is pain pathways. And you're creating that new pathway that we're talking about with a super simple modification. Now you compound the effect by how many repetitions you perform.

So a lot of times I'll take chronic pain patients who like that patient you were describing earlier that much pain that they can't do anything. And I'll have them just do that 5 or 10 times to each side every waking hour of the day, just to drive.

Proprioception. Yeah. If they can't do a weight bearing, I'll have them lie on their back and do it. Yeah. So they're getting the repetition in getting more and more.

McKenna reception up into that brain. Yeah. And quieting down that nose perception. Yeah. So it's got to be a pain free range of motion. So we're talking now and that if you're talking practicality, 85 to 90 degrees is normal.

You're actually going slightly beyond that. Yeah. Over your left shoulder. but But you don't want somebody forcing it through pain. Absolutely not. Because then you're firing off that pain pathway.

So you want that equation 100% working in our favor, which means if you can only go 20 degrees, then you're going to probably go 17, because I want you to stop way before your brain even starts to go, oh, no, here we go.

I don't even want you to get to that point. I want you to go like, oh, wow, this is easy. This feels like nothing. I could do this all day. That's what I want my pain patients to say to me.

Like, oh, this feels like nothing. Are you sure this is doing anything? Yes, I'm 100% sure it's doing anything. And if you're saying that to me, it means we're on the right track because you couldn't walk ten minutes ago.

Yeah. Everybody's going to get. Obviously your nervous system is going to now start to adapt and it's going to become, more resilient. Right? It's going to start to break through kind of those plateaus and have improved range of motion just by doing that.

That's exactly right. That's exactly right. As soon as you start to feel safe, remember your body's all about efficiency. It doesn't want to spend energy that it doesn't have to. So one of the things that that chronic pain patients suffer from is muscle spasms.

You want to talk about something exhausting. How about carrying around a 20 pound dumbbell in front of you like this? How biceps going to get your body does not want to have muscle, not muscle spasms.

It is incredibly metabolically taxing. Your body does not like spending that energy. It will only do it if it has to do it to protect you. Right? So when you start working with your body, instead of working against your body, then you kind of get this positive side effects.

The spin off where oh my God, everything's so much more relaxed. Yeah. It's because you're working with your body now. Yeah. That's so good to know. How about lower back pain?

That's obviously a major issue. So what are some movements people can do preventatively to help protect against that. Yeah.

Lifestyle Factors: Hydration, Sleep, and Daily Movement

So one of the things that I would stress right off the bat is that, the, the chin to shoulder technique that I just showed you, I will use where regardless of where the pain is in the body.

Because really? Yeah. Because upper cervical is the highest concentration of mechanoreceptors. So I want to fire those off even if the person is having hand pain, foot pain, back lower back pain I will still use chin to shoulder because.

That is a really key nugget. I want the listeners to make sure they get that no matter where your pain is. Doctor Whitten says working on turning your neck just neck rotations alone because of the amount of input, proprioceptive input coming from the upper cervical or the upper neck region into the brain, that's so powerful that that can actually help improve pain in all different parts of the body.

And you're you're right, you know, big toe. Right? That's right. You see improvement just by learning how to turn your neck right and doing repetitions with that.

Well, so the improvement is really coming from driving proprioception and making sure. And that's the main thing. So remember what we were talking about earlier with the phantom limb pain.

Look you're having pain. You want to talk about pain that's coming from decreased joint mobility. How about if the joint is not even there for you to move it.

Right. So now you have to figure out a way. And these guys are getting results with this mirror therapy. just getting input to the brain without ever touching the lit, the limb that's hurting.

Right. So so the driver, the most important thing in all of this is that proprioception getting into your brain, even if it's coming in visually and you're not moving at all, it's still accomplishing what we need it to accomplish.

Wow, that is a powerful take away right there. So good. Now I know you have the pain fix protocol. Actually, before we get into that, what are some other just general lifestyle things that you, you know, feel like would just help all of our listeners when it comes to dealing with chronic pain, like outside of movement.

you know, should they drink more water? What what are some just general lifestyle stuff too, that they. Can actually, you just knocked it out of the park on that one.

Doctor doctor's water intake has a. Yeah, an amazing link with, with chronic pain. sleep has a, here in the. I'll just touch on this as well. We've got like 85% of our population according to a mayo clinic study that, is dehydrated chronically.

They're actually in, a fluid deficit where they're excreting more than they're taking in each day. Yeah. So you could tell. I mean, there's. A percentage of people are drinking more coffee than water.

Right now. Now, that's that's an interesting thing. Depending on where they are on the spectrum of how long they've been drinking coffee, that may or may not be a problem, because the water that comes in with coffee does contribute to your hydration. Yeah.

Although obviously you're getting some diuretic effect from the caffeine. Not to mention, it's questionable whether you want to be stimulating the neurological system in that way for a person who's got chronic pain.

And, I would certainly take issue with that. So, yeah, I mean, you're again, you start getting into the weeds on that and the answer becomes less clear.

but, but I agree with you in general that caffeine is, is is probably not an optimal thing to be taking in every day. but the net fluid loss is a big deal.

you're, it's it's like a person who's spending more money than they make every single day. It's like you're you're just you're just a matter of time before you go broke.

dehydration leads to decreased performance in athletics. decreased ability, decreased strength, increased fatigue

ability. interesting studies on on dehydration.

One of them, multiple studies have shown, pain catastrophizing in conjunction with dehydration. So pain problems seeming worse, more painful, seeming bigger, seeming more out of control.

Seem you seeming more powerless against them. So now if you reverse that and you say just by being hydrated, less pain, less of a problem does not feel as big or daunting a task to deal with.

I mean, drinking water as far as bang for the buck is, is a huge thing that you can do. like Doctor Stuart McGill says, taking multiple very short walks throughout the day.

Yeah. And again, forget the 5 to 9 miles thing. That was just what that study said. And it's to say a way of saving trillions of dollars in health care costs each year.

Just by getting people to, to dedicate some time to themselves each day. Yeah. It's not a lot to ask. We we need to be caring for for what we've been given because we only get one shot at it.

so, multiple multiple walks a day. Dr. Stuart McGill specifically says that a short walk stopping before pain and fatigue sets in. You want to get home? Like I said, you want to be feeling great.

You want to pat yourself on the back and you want to say, look at that. I did it. And, and and it felt so good that I want to do it again tomorrow. another thing that's huge and direct links to to chronic pain is sleep.

And there's a whole bonus section in the pain fix protocol on optimizing sleep. And there's it's like water. There's so many easy things that you can be doing to optimize sleep, and it translates directly to less pain.

You're talking one night of bad sleep increases perceived pain levels dramatically, right? One night. But the cool thing is, as as we've been saying with all of this is the reverse is also true.

It means if you get one night of good sleep, pain seems less. And you could have done nothing else. Just slept well. Yeah. Which is going to benefit you in all sorts of other ways.

Yeah. So powerful stuff, so hydrating. Well, making sure you're taking short, short breaks for movement. And even if it, you know, it's, it's let's say it's raining outside or something like that, just kind of walking around your house or even getting on like a little rebounder.

Are you a fan of those, like just a little small trampoline that you can kind of bounce on a little bit? Sure. So all you're talking about there is what I call the kinetic flow continuum.

Vibration Therapy and the Pain Fix Protocol

How much proprioception, Meccano reception can you drive? So one of the pieces of, health care equipment that I've invested in for my clinic and for my home is, vibration platform.

Yeah, vibration. When I talk about ramping up proprioception like crazy amazing studies with, using whole body vibration on fibromyalgia sufferers, where the study lasts like four weeks and they're having two groups of people do a series of exercises, one group does it on an exercise platform, the other, both groups do it on a vibration platform.

One group, the platform's turned off, the other group, the platform is turned on. They do a reevaluation. Five months after the intervention. And the fibromyalgia, patients who were doing it on the vibration platform that was turned on had way lower pain levels, less anxiety, less depression.

There were better able to perform their activities of daily living, able to spend more time with friends and family, just like life was better. And you're talking about five months after they finish four weeks of exercising on a vibration

platform.

So five months after, because it was so much proprioception, it changed the neurological architecture in the brain. So it works. So, high wired for pain.

So it's it's super cool because essentially what it means is you have basically like an account inside of your body and you can build up credits in that account and it will carry you over, which is like what we do in so many other areas of life.

Like we do it with food, right? Yeah. we would build up food and stored on our body during leaner times when, you know, the food wasn't abundant. And that's so it's nice when you start seeing these rules that are that are applied broadly across the body.

You're not seeing things that work this way just here. It's it's the way that it works across the, across the spectrum in the body. Wow. This has been a great interview, Doctor Whitten.

And if you could, tell us about your pain fix protocol. What, what that consists of how people can get get access to that. Because you've given us so many nuggets here.

And I know there's a lot of people that are listening that really want to take the next step and, and follow your program. Sure. Well, they can go to pain Fix protocol.com, and, there's a laid out there.

A lot of the information that we've gone over here, some of this stuff is, is brand new. And we're talking about it for the for the first time. but, the Pain fix protocol is self-guided.

so you go through a class that will educate you on what's what pain is, why it happened, some of the stuff that we've covered here. But we'll go into a lot of detail.

I like digging into the science. Yeah. so that people can have agency, in, in changing their situation, I want to really show people that they're in charge of what's, what's happening.

They have some say in it, and they can influence the outcome. And and that's really what the pain protocol is about. So you go through a master class on pain, and then there is eight separate sections depending on whether you have neck pain, shoulder pain, mid-back, a couple of different low back pain sections because it's the most common pain syndrome in the world that got hip, knees, hands and wrists and feet and ankles.

And what I did with this program is I take people step by step through a self assessment, and I have them find the functional indicators that are contributing the most nociceptive signals to their particular pain condition, and then that will guide them which of the eight protocols that they can follow.

And then I have programing laid out week by week for an eight week program. They can assess themselves as they go through. They've got access to all 70 of the how to videos, where I walk them through each of the steps and go through progressions and regressions, and it's all laid out for.

Well, that's great. You know, I just want to acknowledge all the great work you've done on that. Obviously, you know, this is an area that you're passionate about.

You've been helping people, for, you know, probably almost two decades now with, with, with these kinds of issues. You put so much thought and study into this.

And so, guys, if you're in pain, you want help the pain fix protocol. Check it out. check out Dr. Yoni Whitten and all the great work that he is doing.

And so thanks again so much for being a part of this. And guys, we'll see you on a future podcast. Be blessed everybody.