Summit Introduction and Guest Welcome

Hi. Welcome to the Freedom from Fibromyalgia Summit. I'm doctor Roger Murphy, your host. I'm delighted you're joining us today. I have my friend and colleague here, Doctor Johnny Whitton.

And Doctor Whitton is a chiropractic physician. Really specializes in kind of some complicated, neuromuscular conditions. And he's he's pioneer some programs.

One of them I really like and support. I've had several patients go through this is called the pain fix protocol. We'll talk more about this program. But I'm really looking forward to spending some time with Doctor Witten and talking a little bit about the black hole of fibromyalgia.

So Yanni, what a title. Great. Get great to have you back on here. The black hole. And what's the black hole, though? First off, thanks so much for having me, Roger, I appreciate it.

Yeah, the black hole is something I'm sure you're familiar with given how long you've been in practice. But I saw this so many times, you know, 17 years of practice at this point.

How many patients come through the door and they've been to see all these different health practitioners, and they have all these different diagnoses and all these test results, and none of it amounts to anything.

None of it directs them, towards a resolution. They just have all these titles and, and, and really no action steps to take.

The Fibromyalgia Black Hole and Misdiagnosis

And so you start kind of scratching your head and wondering, like, are they better off with these titles and with these test results? Because most of them seem just as confused coming out of all of that stuff as they did going in, if not more confused it.

I talked about this, the the medical mystery you know, the medical mystery diagnosis. People have kind of been everywhere are the medical misfits, you know, because they've been everywhere.

I tried everything and finally, you know, they'll get a diagnosis and but then once you get the rubber stamp placed on your forehead that says fibromyalgia.

Now what? That's exactly the point. That's it. So so that's, you know, fibromyalgia, such a debilitating condition. It just robs people of their lives in so many ways.

And it it sucks the enjoyment out of life. It's a terrible thing. But a diagnosis of fibromyalgia doesn't give a person any, any steps of what they should be doing.

But contrast that with if you have a diagnosis of a cold, if you have a diagnosis of a cold, we know that your immune system is working to combat this foreign agent that's in your body.

And we know that we need to support your immune system as much as we possibly can, and allow you to rest from exertion so that your immune system has all of the, metabolic substrates that it needs to recover from that as quickly as possible.

That's that's productive. But with fibromyalgia, you don't get any of that. Yeah. Yeah. You know, it's like high blood pressure. So people think, okay, I get high blood pressure.

You go to the doctor, you get a blood pressure medication, the blood pressure comes down and everybody's happy. The question is usually not asked, what's making you have high blood pressure?

Could it be that you're overweight? Could it be the change from your thyroid? Could it be, I mean, numerous things that can drive it up, right? You really bring up a great point there, which is it's all about the question.

Yeah. Yeah. True. Yeah. So you're so right. And that's the thing with fibro. We give it a name so we can share kind of where the common complaints are.

Our symptoms are fibromyalgia but that's all it is. It's a name. And the problem with that it's in in medicine oftentimes you get the name and that's it.

It's stuck with the name. Here's what we can give you. But that's all we got. And if you don't get better on that and good luck you just that's exactly right.

It's it's very similar to one of the things that I, that I work with all the time that I see in practice all the time, which is, you know, if you look at hospital records and you see, you know, one of the main conditions that people go in for is back pain.

But back pain is it's a symptom that you see with all of these different things. And so 90% of the diagnosis are nonspecific low back pain. So another another diagnosis that means nothing, you know, and and and we're really riddled with them because a patient is expected to get a diagnosis when they come in for a condition.

So you have lumbago, cervical cancer. None of these diagnoses provide any helpful information. So the point again, what I'd like to talk with you about today and calling it that black hole is not getting sucked into that trap.

Rather what do we do to get people out of it and what's actually going on. So when we use the example of the cold, it's like, this is what's going on.

Now I know what I need to do. Yeah, that's I think the conversation that needs to be had when it comes to fibromyalgia, this is what's going on. And these are some, some things that we can do to improve this person's situation.

You know, I get this picture of the black hole now. Now it's locked in forever. But the black hole and I can see, you know, they'd like these commercials where you see people floating, you know, in the air and they going down into the black hole.

And what's at the bottom of the black hole is Gabapentin and Lyrica Narayanan. And so they'll learn all these medications that are pulling you in and saying, hey, this is all you need to do.

You just need to take these medications and they just go further and further and further in the black hole if they buy into that because, well, that comes back to what what was the point that you brought up about about the questions that you're asking?

So yeah, if we go down that route, are we really saying that fibromyalgia is being caused because these people are deficient in these drugs? Right, right.

Yeah. Or or is it being caused by some other things? Kind of, facetious, but I mean, that's a that's a good question. I mean, does anybody really have an antidepressant deficiency.

Central Sensitization and the Pain Threshold

No they don't. And yet that's kind of what we have bought into. So if you in the fibromyalgia community, if you buy into I got the label, I got the diagnosis.

These are the only things that have been, okayed by the FDA to use these prescription medications. And if they don't work, my doctor tells me just liver and now and now I'm done.

And then we mentioned before we got on here just real briefly about about so many people, fibromyalgia just lose hope. They just give up and they just get so beat down by this whole idea that you just have to learn to live with it.

There's nothing we can do about it. And yet I've had numerous people on the summit, myself included. Jake, Todd, Bob, Neil, Nathan, Isaac, Elias, Eric Gordon, Tammy's prominent physicians, and we all say the same thing is what you're saying.

This is a very much a treatable illness. It can be overcome. You know? It can. Yeah. Yeah. I want to, I've got this little article right here, but trying to get this to go away.

You talk a lot about, the role of posture and the nervous system and your training as a chiropractor. And you, you know, your biomechanics and everything that you have studied and put together for the pain fix protocol.

But one of the things on our last conversation we had about fibromyalgia was this thing that I talked about, central sensitization syndrome. Let's talk a little bit about that and the role that plays in fibromyalgia and steps people can do to start to write that.

Yeah. I mean, and you bring up such a good point there, Roger, because I, I actually think that that would be a much more appropriate diagnosis for these people than fibromyalgia, because it actually provides actionable, action steps that you would take, having that information that's actually valuable to know, hey, you have central sensitization.

Yeah. And and it makes much more sense because it actually explains what's going on. And it removes this kind of the term that you used was mystery and removes the mystery because you can look up all the information about central sensitization.

So so what's going on with central sensitization is your body has a massive influx of what's called no C-section, which is a subconscious signal of noxious stimuli that's coming into your body.

It could be pressure, it could be generalized. Heat, it could be cold, it could be an emotional upset or something that is that is, you know, stressful in your life that's going on.

That's just, you know, putting you into fight or flight and increasing that sympathetic tone. It can be all of these massive amount of things. It could be a dietary stressor.

It could be that you didn't get enough sleep. It could be that you're vitamin D deficient. All of these things, they add up. They go into this big bucket inside of your body called the no susceptible bucket. Yeah.

The official term for this would be allopathic load, which is how much cumulative stress are you under at any given moment. It. And so what we know is if you're talking about this load, this bucket that fills up once it hits a certain point in that bucket, a line, imagine a line across the bucket.

We call that threshold. Once it hits threshold, you get enough no reception. That fills the bucket to threshold and you start getting conscious signals sent to your brain where you become emotionally, where you attach an emotion to this awareness, and that's where you get pain.

You get the awareness of pain. So it's cumulative nociceptive. And that leads to a conscious awareness of pain. If your body is sending you these pain signals, generally it's asking you to change something.

It's trying to bring your awareness to something. So the classic example from for this is, you know, your hand is getting close to a stove or you've got a rock in your shoe, and every time you take a step, it's damaging tissue.

Your body will send these pain signals. It's an intelligent mechanism. The body's sending these signals to bring your awareness to something that is harming your ability to survive.

That's what it is. Pain is a survival mechanism. Yeah. So wants to get you to change the circumstances that you're in, or change your environment or change something that's harming your ability to survive so that your odds of survival increase.

That's it. Mystery solved. Yeah. But what happens is, if you don't get that rock out of your shoe, or you don't take your hand away from that hot stove your body does, this really smart thing starts talking louder, starts bringing more attention and neon signs and jumping up and down and saying, hey, Roger, I need you to change what's going on here.

That comes in the form, neurologically speaking, of of local sensitization or peripheral sensitization is usually how it's called. That's what happens first.

And what happens on a neurologic level is your body's actually increasing the size of the neurons that transmit those signals up to your brain. And it's actually increasing the number of neurons, and it's actually increasing the connectivity of those neurons because it's saying to itself, I'm sending these signals to Roger, but he's not changing what he's doing.

His hand is still close to the stove. He must not be hearing me. I'm going to do all of these things. I'm going to neurologically rewire myself in the hopes of getting him to listen, if that is not enough to change what a person's doing, then some really interesting things start to happen, like the pain threshold actually decrease ceases.

So it takes less nociceptive to get a bigger pain stimulus. Your body's desperately trying to get you to listen, and it's constructing even more freeways to try and neurological pathways to get those signals up to your brain.

He's really trying to heighten that signal. And once you get enough sensitivity along the spinal cord in those conscious regions of the brain, that's called central sensitization.

And that's where everything hurts. Yeah. And that's what really describes neurologically what's going on with fibromyalgia. Beautiful description. I mean very, very well done.

And this is you know, we see the fibromyalgia. Rob, Rob Downing gave this analogy about, no ception and this overwhelmed nervous system that these folks have.

Yes. Where the, the, the sympathetic nervous system is on overload. It's over the alert and things are magnified. And he gave this example of you go into this crowded room, this big ball room, and you got all these conversation.

There's hundreds of people in there when you walk in, you're hearing all these different conversations, but we have a system that can filter that. So then we go into a little bitty little crowd, you know, maybe 5 or 6 others.

And now we're just hearing the people right around. We block all of this out, but those are fibromyalgia. They can't block that out. Yes, they they may go into a little bitty group, but they're still hearing everything and their own overload. Yes.

Movement, Kinetic Flow, and Exercise Benefits

And that overwhelms their body's ability to function like it should. And then, as you mentioned, because they become overwhelmed, the nervous systems are overwhelmed.

Their pain threshold, those like so they developed hyper Allegheny a low pain threshold. Now pain is magnified and it doesn't matter where it's coming from.

Osteoarthritis, osteoporosis. It is scar tissue an emotional upset. Any kind of stressor. Right? Yeah. That's it. You

get a flat tire by the road. For a person with fibromyalgia, that is a much different scenario than for somebody who doesn't have fibromyalgia.

So in your pain fix protocol, you share techniques and things that people can do to start to lower the the sympathetic nervous system and raise up the calming part of the nervous system called the parasympathetic.

Yes. So let's talk about some of these things that people can do and and how that can help them to defeat pain. But just by doing that. That's exactly right.

So so now we've established that what's going on with a fiber, person who suffers with fibromyalgia is the central sensitization. And we know that what's going on with central sensitization is a lower pain threshold and an abundance of nociceptors and or those voices is in the crowd.

So how do we quiet those voices? Yeah. Well, there was this amazing discovery made in 1993 by a neuroscientist and neurosurgeon named Doctor Who. Sheng who? Schmidt.

And I'll never forget his name or the year because I love his name. But he basically discovered that gnosis ception. And what I call kinetic flow exist on opposite ends of a teeter totter.

A really interesting relationship and really profound for anybody suffering with chronic pain or fibromyalgia. Kinetic flow is essentially movement stimulus to the brain.

So what he discovered is when movement stimulus to the brain goes down, no suspicion goes up. And because it exists on a teeter totter, the inverse is also true.

When movement stimulus to the brain goes up, nossa ception goes down. And with that, it was when I read his work, there was this huge light bulb that went off over my head because I went, that is the neurological weapon for fighting chronic pain.

And then I started searching for data to back it up. And you see studies like one done, with people with, fibromyalgia on whole body vibration. Yeah. And the reason that I said it specifically is movement stimulus to the brain is because the brain gets the perception that it's moving.

That's how it works. So you take these bunch of people who have fibromyalgia and you split them up into two groups. Both groups do the same series of exercises which provide movement stimulus to the brain.

Both of them, because they're both exercising. One group does it on the vibration platform while it's turned off. The other one does it well. It's turned on and vibrating.

They evaluate these people one month into the program. By the way, the program only goes on for a month. They evaluate them three months later and then six months later.

So five months after they finished the program, these researchers did an evaluation of the subjects, and they found that the group that had done their exercises on the platform while it was vibrating had way less pain, way less anxiety and depression.

They had an easier time performing their activities of daily living. They slept better at night. They wanted to spend more time with their friends and family and everything.

Getting up out of a chair, going up and down stairs. Their lives were easier as a result of doing the exact same exercises but on a vibration platform.

So what's the difference? One group had a massive increase in kinetic flow that the other group didn't have, and the coolest thing about it was that they stored up that kinetic flow in their bodies for five months after the program finished, and they still had measurable positive effects as a result of going through that program.

And then I started searching for other evidence of this. And you see that the beneficial effects of exercise programs, provided they are of appropriate intensity, which is an crucial thing to to to get that point across to people with fibromyalgia, because if you overdo it, you're going to increase your pain and you can't get out of pain by causing more pain, which is something that we should definitely hit on at some point.

But, appropriate exercise has been shown to be super beneficial for people with fibromyalgia. Yeah, yeah. And but you know, they hear that, you know, they hear that.

They hear, you know, you just need to exercise. And we do see those studies. I mean, I said, you know, I see those studies like you do that the patients see those studies or hear about their studies or hear their doctors saying that they're thinking, I can't even get out of bed.

You want me to go do aerobics? They don't really understand. You know, we're talking about exercise means different things, you know, depending on what you're sharing.

But they already have told themselves they didn't that in a good. Because every time I try to be active, I have a fibro flare. But there's things that you can do with your posture that, that you teach them that can do the same thing.

They can generate this kinetic flow. You don't have to go run around the block. You don't have to do StairMaster for 30 minutes. There's things that you can do that will not set you off into a fibro flare.

And yet we'll get that kinetic flow going. Yeah. So you brought up two really good points there. And number one, you have to allay the fears of people with fibromyalgia because like you said exercise means different things to different people.

Yeah we are after is stimulating more movement. What we're after is getting more movement stimulus to the brain. Yeah, it has to be in a way that does not cause pain.

That is a critical asterisk. So maybe that person is so centrally sensitized that all they can do is sit up out of their bed and stand up for a few minutes, you know, maybe do some wrist rolls or finger rolls or something very, very mild.

You're stimulating kinetic flow and doing those things. You stimulate kinetic flow just by chewing or talking. Your jaw is moving. And so there's all these different ways of doing it.

Now you brought a posture.

Posture, Forward Head Position, and Neck Mechanics

And, one of the most interesting things came out at the International Fibromyalgia conference several years back. One of the lead researchers brought up a point that, among his patients that were suffering from, fibromyalgia and chronic fatigue and immunodeficiency syndrome, the thing that was responsible for the majority of their pain was their head and neck posture of the sufferer.

And so we and we come back to what we talked about earlier, which is this abundance of no deception leading to peripheral sensitization, which then leads to central sensitization.

So how can we calm this thing down? Cushing, who taught us how to do it? We need to influence that teeter totter relationship by upping movement stimulus to the brain.

Well, one of the biggest drags and producers of nociceptive and is faulty posture. We know that for every inch that the head goes forward in front of the posture line, it increases the work load of the muscles that support the head ten times.

So you get these people with this excruciating neck pain, excruciating shoulder pain and upper back pain never goes away. The only time that it calms down is when they're lying on their back.

Yeah, the reason that it goes away when they're lying on their back is because those muscles finally get a break from supporting all that extra weight of the head being in that position.

So you want to talk about something that's just filling up that nociceptive bucket all day long, every day. And that's those people that you mentioned.

Oh God, I can't exercise. I can't even get out of bed because getting in bed feels the best to them. Yeah. So these people actually need to improve their posture to the point where being upright and the ability to hold their own body up against the pull of gravity is easier for them.

And no longer creates a nociceptive signal. And then it's like kind of draining that bucket and desensitizing the system. You're decreasing one of the inputs that's going in, you know, all hours a day that you're not lying on your back.

Yeah. And so there's some very simple ways to do that. But the most important thing that a person can do to influence that goes back to that fibromyalgia conference, which is if you want to improve posture, you got to change head position.

Head position really dictates what's going on with the rest of the body. If you want to see this in action, watch any sporting event where they move three dimensionally through space or watch dancing.

Watch dancers who do, a spinning move and you'll see the dancers head come around first, watch little kids do gymnastics, and they'll tuck their head in between their feet and their feet, or flop over.

So where the head leads, the body follows and the same thing with posture. If you want to positively influence posture, positively influence head position.

And I think that poor posture creates fatigue 100%. You know, and part of that is the pain. I mean, you ask people fibromyalgia, you know, what's your number one symptoms?

I mean, normally it's pain, but a lot of times it's just the fatigue. And they'll tell me, you know, if I had more energy, I could deal with the pain.

But what you're mentioning about posture when want to get it. And I think we've shared this with you before, years ago when I do telemedicine now, functional medicine, when I had a clinic and I did hands on chiropractic, which I love, I did chiropractic biophysics, which we worked on people's posture and worked on the response to get those to line up.

And we had some amazing results doing that. But one of the things I used to explain that was the whole bowling ball, example where, you know, if you take a 10 pound bowling ball, don't matter what size you are, you're walking around the bowling alley and you've got that bowling ball like this over your center for gravity.

No big deal. You can do that for quite, quite a long time. You take that same 10 pounds. This is what the head weighs. And you do this all day long and you take that bowling ball out here.

What's going to happen? You know, within a few minutes you're going to see all the tendons and muscles start to twitch and get overwhelmed and start developing pain.

You're going to pain the next day, you know, from that same thing. This is what you're saying is that posture, as you said, drives your overall health in many ways because it's affecting the nerve receptors.

That's exactly right. And and you make a really good point there. But the thing that really needs to be driven home

is the compounding effect. It's doing that 16 hours a day, every day for years on end.

Yeah. I mean, just like we talked about in that in that fibromyalgia study with whole body vibration, those effects of what they the intervention in that study, they carried over for five months.

But that works in a negative direction as well. Roger. And when you when these factors are in place for that amount of time, you know, 16 hours a day for months or years on end, you are driving yourself further and further into that central sensitization, and your body is just desperately trying to survive and sending you these panic signals to try to get you to change what you're doing.

Yeah. So you teach some of the things that you share and you're teaching, exercises, techniques, things that you can do others. A couple of things you could show us today that would be helpful for the audience.

Yeah. So the first thing that I want to that I want to start off with is you cannot get out of pain by inflicting more pain. I touched on it a little bit briefly earlier, but it's it's critically important that you choose a movement stimulus, which I think we should use that term instead of exercise, because it doesn't conjure an image in somebody's mind, that they're going to be averse to.

So you need to choose a movement stimulus that's enjoyable for you. Critically important, choose something that's enjoyable for you. Do it every day. Second thing I want to bring up is that awareness precedes change.

So first thing we talked about was this black hole idea and the abundance of nociceptive signaling. We know that poor posture causes nociceptive signaling, and it causes it all day long because you're, as you said, you're supporting that bowling ball.

If you have a forward head position, if you're one inch in front of the gravity line, you don't have to have a massive hump on your upper back to have postural dysfunction one inch in front of the gravity line.

And we have six studies since 2018 showing that 70% of the population fits into that category. Yeah, yeah. So 70% of the modern day population falls into that category.

Awareness procedure change. Do I have a forward head position? What's the easiest way to tell? Well aches and pains come on fairly early, but the easiest way to tell is if you have restricted range of motion.

So first thing I would do for your audience is let's up our IQ about our posture. If you don't have full range of motion in your neck, it is a very reliable indicator that you have postural dysfunction.

So watch full range of motion 85 to 90 degrees of rotation. You should be able to completely rotate in line with the shoulder when looking at it from the side.

Yeah propane. Yeah. Lateral flexion. Now do that. Do that again because I want to point out you're not moving. As you can see Giannis not moving his body.

Just his neck just not neck directly over the shoulder to both sides. One of the things that you'll find and you would know this from practice Roger is is people will often turn much better to one side than they do to the other side.

So it's critically important that you test both sides. Right. And then you would do lateral flexion. So 40 to 45 degrees in both directions. If either one of those is difficult for you or painful, you very likely have a forward head position.

Another classic way to tell would be what's called cervical kyphosis, upper trapezius sign or trap sign for sure. If you have really hyper developed muscles here at the base of your neck, and they're extremely tender to the touch, like you poke on them.

And this hurts, which will very likely be the case for anybody with fibrosis. Yeah, yeah, yeah. But if those muscles are knotted up and if they're really filled in.

So you can see here. See the shadow there. Yeah. There's supposed to be a gap and you should be able to see the clavicle. Yeah. If that clavicle is hidden and there's swelling in there and that area is filled in like a balloon, instead of having that nice hollow spot in there that has been shown in studies to be a reliable indicator that there is a cervical kyphosis present.

And, for your audience, that means that the normal curve in the neck, which is a lordosis that shaped like the lower back, if I'm facing this way, it actually has a curve like that in it, just like the lower back curve that everybody's familiar with.

If that muscle's really filled in, it means your neck curve is actually bent the wrong direction. Yeah. So reduced range of motion and upper traps on two classic signs of a forward head position.

If that's the case, which it very likely will be for many fibromyalgia sufferers, then what you need to start working on is normalizing head position.

And I think one of the best ways to do this is with an exercise where you try and bring the back of your head and your middle back up against the wall at the same time, while keeping the head in neutral. Yeah.

So I'm not talking about a chin tuck, which most many people are going to be familiar with. What I'm talking about is can you just go flat up against the wall?

Or sometimes I'll even do an even easier version, which is the flat lying test, and have people try and go flat against the floor. Now the reason it's easier is because in that position, gravity's helping you.

Simple Corrective Exercises and Nervous System Rebalancing

Yeah. Can you get the back of your head and your middle back to lie flat on the ground with your forehead and your chin parallel to each other? Yeah. Because what's going to happen with somebody who has a forward head position is the head is going to tilt and go into hyperextension.

So those are would be three signs of a strong indicators of a forward head position. And then if you wanted to change that diagnostic into something that was then constructive, what you could do is take one inch books and place them underneath the back of your head here and see how many of those it takes for your chin to drop into a neutral position, where the forehead and the chin are in line with one another.

That would give you a reliable indication of how many inches forward your head is in front of the gravity line. So if it takes you two books, it means you have a two inch forward head position.

It means that your neck muscles are having to work 20 times harder than they normally would, just to hold you up. Yeah. So what you would start off doing simple exercise.

Take yourself lie flat on the ground on your back, put those two inch books underneath your head so that your chin and your forehead can be in line with one another, and then draw your chin back like so, pressing the back of your head into the books and retract for, say, for a fibromyalgia sufferer, I might start off with five seconds.

Yeah. Then release. Take the pressure off and then try again. So you would do three rounds of that and you would slowly build up at the time. So as the days go on, what you would be working to do is reduce the amount of books underneath the head to the point where you're actually training the body to be in line with itself.

So this in this way, you can actually have measurable feedback from your body letting you know that, hey, I used to be it used to take me to one inch books to get my chin to flat.

Now I can get my chin to flat with just one one inch book. It means that you may have effectively reduced your forward head position by one inch, simply by strengthening the anterior flexion chain.

Yeah. So that's that's one thing that people can and should be doing because it gives them unlike the diagnosis of fibromyalgia, it gives them an productive diagnostic of a two inch forward head position that for 100% with 100% certainty, is contributing to the pain that they experience with fibromyalgia.

Great stuff and very practical. Now I want to also get you to point out how can we start to rebalance this so Overreactive sympathetic nervous system and this underactive calming person make their nervous system because you shared a lot of wonderful things on one of our recent podcast or so, and I get confused.

We always have great conversations, but that was a great, example, what you showed how quickly you can change the internal dynamics of your nervous system by just changing your posture and doing some of these exercises.

Yeah. So another thing that you can do is taking Doctor Who Shane Hutchison's research and just introduce movement stimulus. That does not hurt. If that means going for a walk do that.

If that means just doing some wrist rolls, do that. If that means doing some gentle rotations of the neck, that's a great way to do it. In fact, spinal motion is going to be the biggest stimulator of kinetic flow, which is very valuable information for your audience.

So wrist rolls would be more mild, finger rolls would be more mild than that. But for people who can tolerate it, a little bit of circles at the hips or a little bit of side to side at the lower back, or even better, moving up the chain, because the higher we go in the spine, the more appropriate receptors or movement receptors we have.

And so when you get all the way up to the top and you're working on rotation at that, Atlanta exit, axial joint, then you're getting massive amounts of kinetic flows running to the brain.

So if a person can tolerate really gentle rotations, the important note here, remember we're going back to that asterisk. Do not inflict pain. If a person says it's too painful for me to rotate my head, my question would be, well, how far do you have to rotate before you start feeling pain?

We have normal rotation is 85 or 90 degrees like we already talked about, but they can rotate 30 or 40 degrees in each direction and not have any pain.

Then that's how they do it. That's how we set them up for success because it's a win on two levels. Number one, we're not going so far that we stimulate no reception.

So we're staying out of the kitchen, so to speak. And number two, we're stimulating lots of productive kinetic flow at the exact same time. Those are exactly the kind of two way swings that get people out of fibromyalgia and give them their life back.

Take away the painful stimulus, introduced stimulus that does not cause pain and moves them in a positive direction. Now these exercises and more are in your pain fix protocol.

I mean, you go into depth about this. You explain what you did that a wonderful job, explain the science. But in your program you go into I mean really go down the rabbit hole showing this.

And I think so many people get intimidated by exercise or by stretches or things that they're asked to do, and you make it really simple, and it doesn't have to be complicated to see results.

Now, it's not going to be overnight. But patients that have used these, these, these techniques, it's take some time, but you can start to see some results within a fair amount of time.

And it's not complicated. So you you brought up a really good point there. And you mentioned it a couple times which is awesome. And I and I couldn't agree with you more, which is it doesn't have to be complicated.

The best stuff in the world is simple, and it works 100% of the time. Yeah, if you apply it properly, if you apply the principles properly, you will move your body in a positive direction.

There's no two ways about it, but you have to apply, apply it properly. And then like you mentioned, there also, which is an extremely good point that is skipped over.

If you've been driving yourself towards central sensitization for years, is it reasonable to expect that it might take a little while to work yourself back out of that situation?

Yeah, yeah. No. My family and I go for hikes. And, you know, there's a big mountain here, close by, and we'll go hike up that mountain. And getting to the top takes a long time.

It's faster getting back to where we came because it's all downhill, which is what it should be. Working your way out of fibromyalgia. But it still takes time.

Yeah. If it takes us two hours to get to the top, it might still take us an hour to get back down, but it still takes a good hour and you have to be careful coming down that you don't misstep.

But getting out of fibromyalgia is just like coming back from that hike. It should be downhill. It shouldn't be painful. You should be finding things that are not painful.

And so that's the downhill part of it. At the same time, you have to increase your awareness and figure out what things are contributing to your pain.

We mentioned one thing forward head position. You know, postural dysfunction, which affects, like I said, over 70% of the population. And that's the population at large among fibromyalgia sufferers, no doubt it's much, much higher.

Yeah. But you have to become aware of other types of triggers. Do you have dietary triggers? Most fibromyalgia patients that I've worked with do. How's your sleep?

With most of my fibromyalgia patients, their sleep could definitely be improved. And there's some simple steps. I'm sure you're having people on to talk about sleep that people can and should be taking to improve their sleep status, diet, supplementation.

These things are huge. Sun exposure. How much of our population is vitamin D deficient? Yeah. You know, I mean, under the best circumstances, you're talking 70 to 90% of the modern day population is vitamin D deficient.

Vitamin D deficiency has been shown to directly increase pain signals in the body and increase some of the most common chronic pain conditions. How simple is it to go and get a test for vitamin D deficiency?

Because unlike fibromyalgia, that gives you a diagnosis hyper vitamin Osis.

Practical Takeaways and Pain Fix Protocol Resources

Yeah, a hyper vitamin Osis. You are deficient. Now you have a clear action step that you can take to resolve that very clear problem that is contributing to your nociceptive input.

Yeah. So this is what I really want to get through to, to your audience is take these steps that have been shown to be effective, apply them appropriately for your situation.

Because no two fibromyalgia sufferers are exactly the same and and the exact same implementation doesn't work for all of them, which is something that we consider in the Pain Fix protocol.

You know, the strategy is laid out, but there's room to modify it for what works for the individual. And that's what needs to be done for fibromyalgia sufferers as well.

So there's all kind of pieces to the puzzle. But anything you can do to help the central sensitization syndrome, what you've got going on, anything you can do to lessen that, to raise your pain threshold, to tone down this overreactive nervous system is is going to be helpful.

And this I like this mechanical approach is different than a lot of the biochemistry that we talk about. But it goes back to, to my roots. And it's something that anybody can do.

And you make it very, very practical. And it's simple, but it works. And so I encourage people to check out now, Yadi, where do they go? What's the best website for for their name to go to learn more about you in this pain text protocol.

Sure. They just go to, pain fix protocol.com. Okay. And then I've also got a YouTube channel with tons of free information, put out free videos every week.

Fabulous. Yeah. Check out the YouTube channel. Yeah. I mean, search on YouTube for Pain fix protocol. Doctor Yoni Witten got tons of videos we were up to like over 130 videos at this point.

Lots of different topics that can help people with fibromyalgia and chronic pain and central sensitization. Lots of different strategies. So if one strategy doesn't resonate with you always got a new video coming with different strategies and we can find something that works.

Yanni is always, really interesting. This takes me back, you know, a decade or more hearing about, posture and mechanics of the spine and no scepters.

And it's great stuff. Thank you so much for being part of the summit. Such a pleasure being on with you, Roger.