Introduction and Guest Background

Welcome back to the reverse Autoimmune Disease Summit series everyone. This is of course 4.0 or the Autoimmune Detox. I'm really delighted to bring in front of yo, new friend and collaborator, doctor Roger Murphree, who is a chiropractic physician and board certified nutritional specialist.

He's an internationally recognized fibromyalgia expert. His Murphree method is a combination of functional and or molecular medicine, and has helped thousands of patients get healthy and feel good again.

He's the author of three books for patients and doctors, including Treating and Beating Fibromyalgia and Chronic Fatigue Syndrome, Treating and Beating Anxiety and Depression with Awesome Molecular Medicine and Heart Disease.

What Your Doctor Won't Tell you. Welcome to this series, Doctor Murphy. Oh so delighted to be here. This I know this is going to be a lot of fun. I've heard so many wonderful things about you and your work, and, what a great opportunity just to get, you know, a message that needs to be heard desperately.

It really does. And, you know, in this particular, I always tell people this isn't a straight line, this road to healing. It's very tangled, you know, and interconnections and connecting dots and really individualizing to you.

But there are some very solid colors that we can look at. And I would love to first just start with, how did you get interested in this for me? Medicine.

I haven't met one person, including myself, who doesn't have a personal story and I would love to hear yours. Well, you know, you know, 30 years ago now, I mean, I can't believe it.

I guess the gray hairs can cure you. It's been a while, but, you know, 30 years ago, when I got out of, chiropractic school and started practicing, I was content just to to work on low back pain, herniated disc, migraine headaches.

The things that a normal chiropractor would work on that. But what I found is, is that my lifestyle started to bleed over into my practice, and my patients would ask me, well, you know, doc, how do you work all week and do triathlons on the weekend?

You know, you look so healthy. What do you do to stay healthy? And I just started sharing that information about diet and supplements and things that was working for me and my family.

And I found that I really enjoyed that as much, if not more so, than the hands on part of the practice. And a little by little, my practice started to evolve more nutritionally too.

I got interested in in functional medicine. Now this was probably 25 years ago. Before that name, functional medicine was ever a name when there were only 25 people in the room.

And that Abby, me and Doctor Bland and you're right, maybe they were here. Oh, goodness. And I would, you know, hung on every word, you know, still do still do.

You know, it's brilliant. And the more I learned about, all the things that go on through chiropractic school and premed that I thought I'll never use, I realized, wow, this biochemistry stuff is fascinating.

And I just started using that, that the testing and the nutritional supplements, with my patients and, nutritional, protocols. And I found that I was getting these great results in all sorts of things.

And, then, then one day, now, this was 20 years ago, so about five years went by and, I got to be known kind of as the doctor for medical misfits. And in my community here in Birmingham, Alabama, I had done research work for the University of Alabama, Birmingham, neurosurgery, our neurosurgery department for a number of years.

And, people would be referred to me who either just kind of it wasn't a good fit. Traditional medicine was a good fit for them. Or they had tried traditional medicine and it didn't work.

But, but one day, had a patient that come came to see me with fibromyalgia. Now, this was 20 years ago. Okay. So a lot has changed in 20 years. A lot has not changed. But unfortunately.

But 20 years ago, really, I, you know, really had never even heard the term.

From Chiropractic to Functional Medicine

And so when Sheila Jones came to my practice and she shared with me this, this list, this laundry list of, you know, 30 different symptoms, my initial thought was, she's a hypochondriac, you know, what am I what am I going to tell her?

But the more I got to know her and realized that she was she was telling the truth. I mean, why would she make this stuff up? And I set out using the functional medicine that we both had, and, you know, both of us have learned and I and I got great results with her.

Her fibromyalgia went away in three months. I want to kind of now, wait a minute. Let me back up because people know I want to pass, because the part about your initial projection onto her like, oh, she's a hypochondriac.

I kind of want people that are our viewers. You know, I have this huge autoimmune community, you know, and it really treated thousands of people with auto immune disease through the years who have had that experience on the other side.

Right. And I remember doing that when I was a 19 year old nurse in the emergency department. The older nurses taught me this term, frequent flier, you know.

Right. Patients that would come through with migraine headaches and they would call them drug seekers. Right. Like, what kind of it just makes me so sad, right?

When I think about being a perpetrator of that kind of, like assumptions about people who are having these experiences, and we now know that they are the sensitive ones.

They're the frogs in boiling water, right? The canary in the coal mine. And and everyone else is kind of like, what's wrong with, you know, and they can't find anyone to listen to them.

And I just want to acknowledge all of you that are listening that have had this experience that, you know, Doctor Murphree and myself have both been on the other side of and had those assumptions and then, woops, you know.

Yeah. No, this is, this is a thing. And well, it's, it's still too all too common, you know that. You hear that, this person is hypochondriac, you know, and especially in fibromyalgia community where unfortunately, we still have doctors that don't even believe in fibromyalgia.

And, you know, those that those that do don't really understand it and all is to tell their patients to learn to live with it. But, you know, nobody antidepressant. Yeah.

Oh yeah. You got an antidepressant deficiency. You know, 1 in 10 females in the United States is, on a on a, antidepressant. And, usually that is the.

That's the visit, right? You go is a female. That's your doctor. And they tell you at the end of deployment where we

just need to put you on and press our another antidepressant because oftentimes they're already on one.

Or are they tell you that you're just overweight or maybe, you know, you just need, you know, you need to, get more sleep or maybe need to exercise the things that, you know, are ridiculous.

Because if you've got an autoimmune disease, or something like fibromyalgia where you're just exhausted all the time, you you can't exercise, but you can barely get out of bed, right?

Right. Yeah. Right. And that's what that's still like. I was diagnosed with rheumatoid arthritis and things 30 and 55 right now. So 25 years ago I was given a prescription right off the bat for methotrexate.

And another for a non-steroidal anti-inflammatory drug. And I was told, come back when you're worse. Yeah. That was my dive into the other world, right?

It was. Yeah. There has to be a different answer to this than this, right. And I never did post medication, but it was, you know, when your words will add to your medications, right?

Right. There's no discussion about like, why is this happening? I mean, my grandfather had it and my doctor, she said, well, this is obviously genetic.

So and of story. Right. There's no searching. And that's that's still what's happening today. Well you know the medical model, the traditional medical model is really based on treating symptoms.

And you know there's certainly a place for that. I mean you're got a raging bulging disc. You sewn your back out or thank goodness for steroids right.

Or a terrible a heart attack. Thank goodness for the emergency room. That's right. Absolutely. For a clot, a stroke. Yeah. There's definitely a place for care like that.

But we're talking about acute care. Yeah. So when we were talking about chronic illness, which I think, you know, we would both agree, I'm sure that traditional medicine, that's where they're, that they their weak link is because the chronic illnesses, don't respond to medication like an acute illness would.

And unfortunately, it's all about reducing the symptoms so the individual can live with it. Or the blood test looks normal. It's not about fixing the cause.

The underlying cause of the problem. And we're also talking about prevention and preventative medicine. And our paradigm mammograms are called preventative medicine.

That's not a prevention. That's a screening. Right. Right right. Yeah. Yeah I find it comical when I'm talking to, to, my patients and they tell me that they're going to, preventative medical doctor and when I find out, that means is they're getting screenings, basically cholesterol screening, mammogram, you know, these things that, you know, they can, you know, they can be helpful, no doubt, no doubt.

But, you know, preventative medicine is being proactive and taking charge of your own life, either getting the information you need or using the information that you that you've gather to, to live a life that really fosters vitality and optimal health.

And what is one of the best preventative medicine measures out there? I think a good night's sleep, you know, you know, I tell you what, because and I get asked this all the time, you know, for, for, you know, people know me as someone that deals with a lot of chronic cases, in particular fibromyalgia, which are really difficult.

And they ask me, what's the number one thing that they can do to to feel better, to reduce their symptoms? And the number one thing, doesn't matter what your illness is, if you're struggling with your sleep, either to get, you know, fall asleep or to stay asleep or, or you're not rested the next day, you're not getting enough sleep.

If you focus on that, I guarantee you you're going to see that whatever the condition is, whatever the autoimmune condition, a migraine, headaches, weight gain, type two diabetes, whatever it is, it's going to improve.

That's how important deep restorative sleep is. So let's talk about deep restorative sleep. I had Lloyd Burrell on, in an interview, and we were talking about, emfs. Right.

He's thinking about it from the lens of EMF as an exposure of of a toxin that we are so unaware of and not maybe feeling directly, but how it's impacting us.

And, I pointed out that, you know, the rings and the watches that are people are going to bed with these days I'm a little alarmed about. It's like, why that's not giving your body enough time to restore itself and not have that exposure, right?

Yeah. So what's the purpose of sleep? Like, why do we talk about sleep? It seems like it's such a, like yawn. They're going to talk about sleep again or hydration or nutrition.

I hear this all the time, but this is an important subject. You know, I put it right there sometimes with with diet because, you know, hear people, they'll say, oh, you need to change your diet, which I mean, you you really can't be healthy unless you eat healthy.

I mean, eventually it catches up with you may take 30 years, 40 years, whatever it is. So it's it's definitely a cornerstone of being healthy is eating healthy.

But that's the long game. The short game though are things like if you're exhausted but you get a good night's sleep the next day, you're going to feel better.

It's it's that quick. And we know that, you know, when you're getting that deep, restorative sleep, this delta sleep, that's when the body is repairing itself.

So the cells are being repaired. Muscles, tendons, ligaments. Your brain is detoxifying toxins. That's one of the only ways it can do that is when you go and lay down and and actually rest.

That's when the body goes to work. Really? We think you're just laying there like a knocked out zombie. But if you look at brain scans, you'll see that the brain is incredibly active during the night.

And a big part of that is because it's getting all this junk, all this junk out of the brain and, healing the body. And if it doesn't have the opportunity to do that, what we see is that poor health is, is is, you know, hitched to that.

I mean, it's yeah, if you're not getting good, consistent, deep, restorative sleep here, inflammatory chemicals go up by 40%. If you're not getting deep restorative sleep, you increase risk of heart attack, stroke, weight gain.

Problems with your thyroid anxiety, depression era, our restless leg syndrome. And then obviously, if you're not getting a good night's sleep, you're going to be tired the next day. And if you do this night after night, week after week, month after month, year after year, eventually you're just burned out and exhausted in the body.

You know it's going to be sick. There's no way around it. I know that I was one of those very I still am, but it's not as good. But I was one of those very fortunate people.

Our, I would be asleep before my head with the pillow, you know, it was like I put the intention to sleep at night, and I would go out and then wake up the next day at 5:00 in the morning and go start training for the next marathon, you know, just go for a run.

I had so much energy. And then I got RA, and then I was able to reverse it within six months, and then I was able

to do that same thing again. Then I went through menopause last year.

And so that, you know, really I have to be very careful now about nurturing everything. So I sleep well, you know, it made it a little bit more tenuous.

And so what are some of those root causes that you run into for people getting that deep restorative sleep? I think, in the fibromyalgia community, what happens is it's just, you know, it's stress.

And if you if you were to poll most health care professionals, they would tell you that stress is the catalyst for probably 90% of all illnesses. And it certainly is for fibromyalgia.

It's it's it it can be, it can be a short term stressor or something that happens like a surgery that they don't recover from. It can be, the loss of a loved one.

But but typically it's chronic stress that eventually catches up with them. And, and in the fibromyalgia community, which I think also we see this in autoimmunity, conditions as well, is that oftentimes, they have a difficult childhood and that could be sexual abuse, verbal abuse, it could be an illness.

It could be just, you know, a difficult, you know, difficult time that they go through as a, as a, an adolescent or a youngster and they lose their plasticity to stress so that when they become a young adult, something comes along that's the straw that breaks the camel's back.

And they don't they're not able to rebound from it. And that can be years of being in a toxic marriage or toxic work environment. It could be they're a caregiver of an elderly parent or maybe, disabled child, you know, a special needs child.

And that individual, maybe you know, passes on and then, you know, now they're just that's it. They're done. And and the first thing, the first thing, if you ask most people, if they think back what, what really started their illness, you'll hear this time and time again, they started to really struggle with their sleep.

That could be because they were in pain. That could be because they had stress that can turn their mind off whatever it is. But you see that oftentimes it's it's that their sleep becomes compromised.

And when that happens, if they don't fix that, then they're susceptible to all these other problems. And a big part of that is, and I use this analogy, you'll bear with me, people get a visual this.

But, we're all born with a stress coping savings account. And in this stress coping savings account, we have certain chemicals, hormones, vitamins, that we need to allow us to be able to deal with stress anytime from under stress.

We would make withdrawals of these stress coping chemicals, and we use them to to counter traffic jams, loud noises, bright light, you know, all these things that happen to us that are stressful, but we can deal with it.

But once you start to make more withdrawals than you do deposits, now, you start to see the ill effects of not getting enough sleep because you make deposits into your stress coping savings account when you go into deep restorative sleep.

And one of the key stress coping chemicals that I see in my patients, that they deplete is the brain chemical serotonin. And serotonin is, as you know, is the happy hormone.

And so when that that hormone becomes deficient because you're not getting enough sleep, like getting enough rest now, what you see is, your pain threshold goes down.

The lower your serotonin level, the lower your pain threshold, so pain becomes more magnified. Fibromyalgia. The lower your serotonin level, the more likely you are to be anxious to be depressed, to have mental clarity issues.

And the more likely you are to have problems with a little while because you have more serotonin receptors in your intestinal tract than you do in your brain, you know?

So when you get nervous, you get butterflies in your stomach. But once that serotonin level is depleted, once you've depleted it and oftentimes bankrupted your stress coping chemicals, you don't have these chemicals and hormones to be able to deal with stress.

So now stress becomes more magnified. So it's a vicious cycle you've got you don't have the chemicals to deal with the stress, so you feel more stressed out, which creates more stress, which creates more stress.

And it's this vicious cycle that people get in that they can't get out of. And there's there's no medication that can solve that. Well, this is why serotonin reuptake can happen, right?

Why Sleep Is the Foundation of Healing

Antidepressants are prescribed to that community by Western medicine is because they took, you know, always. And science, the way that we do it in, in the West is we take that one operating chemical.

So we don't look at it as a synergistic, all right, say, oh, here's the here's the thing that's actually happening. So let's give that right. And of course then over time that messes everything up because serotonin and dopamine share the same synaptic surplus.

Right. And then of course libido goes away. And then a woman will show up in the office and say, well, now I need more depressed. I don't know my libido.

My marriage is being affected, you know. So what's the solution to that? Well, you know, first of all, no one has a Prozac deficiency, right? So it's not that you have a, an antidepressant deficiency.

And we need to keep in mind that if you look at a meta analysis, which is, if you look at all the studies or a number of studies, hundreds of studies that are out there about antidepressants, if you look at those studies, 70% of the time, a sugar pill, a placebo is just as effective as the antidepressant.

And then we also need to realize, too, that I tell you my story. So when you come to me and you've given me a prescription, you care. Oh, it must work.

Yeah, yeah, yeah, yeah. And you know, the thing about these medications is they don't make serotonin, you know, a selective serotonin reuptake inhibitor is supposed to help your brain help the cells to re uptake serotonin so you can get more, mileage out of it, you know, and so it's kind of like, it's kind of like using a gasoline additive in a gasoline tank.

It helps the gasoline be more effective. The problem is, Keesha, if you've had years and years of stress and you're run down, you're not sleeping. You're just exhausted.

You don't have any serotonin to re uptake. There's nothing there. It's kind of like using a a gasoline additive and an empty gasoline tank. And this is why people will get on and depressant and maybe initially could be a year, could be 18 months.

Whatever it is. Maybe they do tell a difference. They feel better, but eventually it quits working. And so then they switch to another antidepressant and another.

So it's not that you have an antidepressant deficiency, but you could have a, an amino acid carved tryptophan or five hydroxy tryptophan deficiency. Or you could and probably do, because most people do have some type of vitamin deficiency, one or sometimes often more than one of the key synergistic vitamins needed to combine with this amino acid to make serotonin.

So, you know, if you're not getting enough B6, maybe genetically you can't convert pure dioxin, which you get in your diet into P5P, so you never get enough B6.

Or maybe you're not getting enough, B12 because you're taking a proton pump inhibitor or something to, to squash your stomach acid because it feels like acid, when really you don't have enough.

So, you know, you eat, you know, quickly can become depleted in these synergistic vitamins. And then before you know it, yeah, you do. You have a serotonin deficiency, and you're depressed. Yeah.

Yeah. And then you take the antidepressant and you have no libido. Well, ironically, if you look at the potential side effects of the antidepressants, ironically, one one of those is depression, the other one is anxiety.

And then antidepressants, including the older, antidepressants, tricyclic antidepressants like, trazodone and Pamela or some of these others, as well as the newer ones, Cymbalta, Effexor, Celexa.

These, they actually deplete your, your natural sleep hormone, melatonin. So they start to compromise your sleep. And again, going back to what I shared earlier, if you're not getting that deep restorative sleep, that to me is the quickest way to deplete serotonin.

You just because the body can't keep up with the demands of the stress and the decreased melatonin affects your immune system. Yeah, I think, you know, I, I, I'm, you know, I'm a big fan of melatonin.

I think it's a, you know, it can be very, very helpful. It's a potent antioxidant. It's one of the few things that you know, you can take and get past the blood brain barrier.

So it's incredible, detox for for the brain. You know, it really can be helpful. Helps your immune system. But for my patients, I find that they not so much have, although they they certainly can have a melatonin deficiency, but they have the serotonin deficiency, and, you know, five hydroxy tryptophan, which you can buy over the counter, that amino acid that increases your natural sleep hormone melatonin by 200% and at the same time, if needed, if you need this, it's it's, you know, increasing your serotonin is giving you the serotonin that your body needs to reduce pain and help with anxiety and depression and all the other things that we talked about earlier.

And I do want to say the part that you said in there about if you need this, you know, I always teach my health coach students test, don't guess, you know, and I'm going to say that to our viewers, two people will read an interesting article, a blog, and there's a talk like this.

Okay. Oh, I should go try that. You know, it really is if you need it. Because we're talking about neurotransmitters in the brain that very finite amounts will affect a bunch of others.

You know, they're all these feedback loops that are dependent and interrelated. And so it's really good to know what you as an individual, require instead of, oh, this is a super hormone.

I need to take it, you know. Right. Yeah, yeah, yeah. And yet and, so on my website, I've developed this little simple little survey that people can, can take that they it's called the brain function Questionnaire.

And you'll tell them it's pretty accurate. Used it for about 20 years. I developed it when I wrote a book on anxiety and depression and did the research on that.

But it'll tell you if you're deficient in certain amino acids. And certainly though you can there's there's testing that you can whether it's a blood test or saliva, I'm sorry, or a urine test that will show you if you're deficient in these amino acids and or these neurotransmitters.

Absolutely. Yeah. So what are if so now, now we have some root causes including trauma. Right. And that's that's one of the things that I find is a missing piece in the puzzle for most people with autoimmunity.

It's not necessarily I mean, I have sexual abuse in my past. And when I was reversing my own right, I, I learned to meditate and I went backwards to say like, why?

If I have autoimmune, that means I'm killing myself. Why? Yeah. When did I have to start that? You know, and I went backwards in my memory and went, oh, that ten year old girl, she did want to die.

And that probably informed that cellular function of the 30 year old version. You know, and we do know, science tells us it takes anywhere from 10 to 30 years to develop a full blown autoimmune disease.

Yeah. So when you say, you know, stress and trauma patterns, you know, it really I just I'm so happy you said that because it's a big thing that I'm always teaching, you know, people.

Stress, Trauma, and Serotonin Depletion

Yeah, a lot of people have gone to a lot of functional medicine providers, spent thousands of dollars on supplements and dietary protocols and lab testing.

But at the end of the day, they haven't gotten underneath the way that their nervous system responds, experiences they're having in their lives. And and then that, of course, impacts sleep.

Well, ultimately health comes from within. So you certainly can get some help. But, you know, our, our our healing comes from within. And there's just, you know, different factions of that.

But, you know, we're all born with it as self-healing dynamos. It's innate healing ability that, that God of the universe is giving us. And, part, a part of the challenge for, for many people is, you know, as you just mentioned, about autism, autoimmune is there's a own worst enemies because they keep things so bottled in from past events.

They never acknowledge that. And, and I think that's kind of how society it's taught us to be that way is not to get to know yourself. It's all about everything that's outside.

It's not about what's inside. And fortunately, we're learning. It's, you know, it's been there. So people are getting a little more open minded to it that one of the most powerful things you can do to to be healthy mentally, physically, spiritually, you know, just in life is get to know yourself.

And the only way to get to do that is to quiet everything down and spend some time alone with yourself and, and get to know what what are these emotions?

What's driving these emotions? Where are they coming from? Acknowledging, you know, knowledge in them and then hopefully letting them go. Just let them let them go. Yeah.

You know, it's probably in your practice. You have primarily women with fibromyalgia. So fibromyalgia is is and probably should have clarified this. Fibromyalgia is an illness that affects women primarily, 98% of them are women between the age of 40 and say 67.

And it affects about 8 to 10% of the world population. And it's made up of a group of symptoms diffuse, achy, sometimes disabling pain, low energy, incredibly low energy, fatigue, irritable bowel, poor sleep obviously is a big one.

Low moods, restless leg syndrome is a group of symptoms. And we call these these common symptoms that people have. We give it a name called fibromyalgia.

But, you know, fibromyalgia is just a name. It doesn't cause the pain. Like rheumatoid is just a name to describe that your body's attacking the joints.

But rheumatoid doesn't cause it, you know? So, with autoimmune, as you mentioned, you know, we're looking at

what are we should be asking? Why is the body attacking itself, you know.

Right. Yeah. And or why is that. Yeah. Where I was going with this is 80% of autoimmune diseases are also diagnosed in women. Yeah. And you know the this piece around around the trauma component affecting everything.

I sat with that years ago and thought I 80% of autoimmune disease in women. And there there is some research that says, well, we have more estrogen receptors.

You know, there's definitely those pieces. But I started noticing a pattern in my own clients, you know, of people pleasing, people pleasing women and perfectionists, you know, of which I was both of those.

And then women that have been holding on to the poison of past pain. And I started thinking about that, like, why we we are more Velcro in our minds when you say, just let it go.

I'm like, yeah, females have a harder time with that. And I wondered about that a long time ago, and I realized, well, we're the ones in the tribal time that we're, you know, we're grinding the corn where tanning the hides, we're exchanging information through storytelling, and we're trying to keep the toddlers out of the fire pit, you know, so that they don't get burned.

And so we're multitaskers. We have a different corpus callosum, you know, we have the. Oh, so we actually have to remember the berries that are poisonous where the saber toothed tiger came out of the forest, you know, so that we're we're keeping our people safe in the way that we do it, in that nurturing way and holding the wisdom.

Yeah. And I thought, yeah. So when we're hurt, we hold on to that. Like, that was painful. We don't want to forget that. And that can be beneficial for the reasons I just mentioned.

But then it can also cause disease if you can't do what you were just talking about, where, you know, and what I learned really early in my process was about your Vedic medicine.

I went and I did some research and I thought, there's gotta be a different way of doing this. And methotrexate and lo and behold, I are Vedic medicine 10,000 years ago said autoimmune disease is undigested anger.

Interesting. Yeah. Fascinating. Wow. Interesting because I didn't consider myself an angry person. And then when I sat with that, I thought, yeah, maybe that's a problem.

Yeah, right. Not mentioning myself because I'm such a people pleaser and I'm a perfectionist and I want to do everything right. So there's not a space in there for even witnessing and having permission to have that emotion, let alone letting it go.

Right? Yeah. Yeah. So I, I was thinking, you probably see this with your client base too. Well, so in the fibromyalgia community, I really see the type A's and the type B.

So the type S of the doers, right. And these are the soccer moms. And they love, you know, full time. Maybe they work 40 60 hours a week, but they do everything for the family.

And they maybe volunteer for the, you know, PTA. And I always say that bomb the doers. They're bringing home the bacon, they're fried pan, and they're trying to look hot at the same time.

It's that way, right? You know, but for these individuals, you know, they do and they do and they do and they do and they do and they do. But then one day, Keisha, they're just done.

That's it. They're not they're done out. Right. And then the other the Type B's or the caregiver. So I have a lot of nurses. I mean, a lot of nurses and doctors and doctors as well over the years, but a lot of nurses, a lot of health care.

But you don't have to be a professional caregiver to be the one that everybody maybe in your family turns to. But these individuals, they give and they give and they give and they give and they given, they give.

And then one day they're just given out. That's it. They're just they've they've bankrupted their stress coping chemicals and that's it. They're done. You know.

And so we can call it you know, we can call it Sariah, you know, so psoriatic arthritis, you know, an autoimmune disease or fibromyalgia whatever it is.

But what's happened is they've just given or done everything they could and that's it. They've they've depleted everything they've got. And and then they start to see that this disease symptoms start to show up.

And oftentimes the trauma and their background and the meaning they attach to it and the adaptive behavior from that trauma are what put them on the path to being a doer and a giver.

Yeah, right. And that, that. So I always say this is that this isn't about willpower. You know, it's not about changing your mind up in the prefrontal cortex of the adult brain.

It's about really healing this little one back there. That said, I have to actually care for everyone else in order to be worthwhile and deserving for any kind of love to come my way.

Sure. You know, and and I'm not going to put myself at the top of the to do list, because I have to get all the stuff done in order to feel worthy and deserving of a breath of life itself, you know.

And that that is that little kid is the one that made that decision, for whatever reason. Right? With and who did it have a prefrontal cortex yet? Yeah, right.

That little kid was operating out of a child brain, which is the same thing as our little primal right brain that's looking around to say, how do I become an adult?

You know, how do I fit in, how do I right? And so that hypervigilance is the thing that can keep you awake at night. If you are strategy of caring for everyone or doing everything is starting to fall apart and believe you me, eventually it will not a tenable way of living life, is it?

Yeah, you're absolutely so correct. I mean, and of course, you know women. Are you know, they're the health care, givers. I mean, they they're the ones that make all the health care decisions in a family typically.

Right. And, you know, that's just kind of a role that we just expect of women, whether that's right or not or, you know, by nature, I'm not really sure genetically, but, you know, this is kind of a given that that's how it is.

And there's probably some major problems with that. Yeah. Well, we're the nurturers, you know, we're endowed with those extra estrogen receptors. Yeah. Right. Absolutely.

And so it's it's you know, it's really important to start to turn that nurturing toward here because like they say in the airplane, if you don't have enough oxygen for yourself, you're not going to have any to give to another person.

So I love that you mentioned that when I said, so what's the root cause for not sleeping well? And you said trauma, right?

Women, Caregiving, and Autoimmune Patterns

And it's this kind of stuff that keeps that hamster on the wheel and makes it so that you can't go to sleep and healing. That's so important. So of work. Yeah.

Yeah. I think you use the analogy earlier about the the frog in the boiling water. I think that's so, and so, you know,

such a, in a visual that you can get that, you know, most people kind of just go through life and they get to make sense from paints and maybe they start having some digestive, and, and yeah, they just put up with it.

And, you know, pretty soon a decade goes by now they, you know, they can't exercise anymore. They can't do a lot of things that they used to be able to do, because now their health has become so compromised.

And then when they finally wake up and try to do something about it, you know, they're oftentimes middle age. They don't take responsibility. Hey, you know, I'm helping everybody else.

I need to take care of myself. And, you know, with a frog, if you were to put a dump them in a boiling, pan of water, they're going to hop out quickly.

But if you put them in tepid water and you slowly turn it up over a period of time, they'll boil. It'll kill them, you know, because they don't know any better.

And I think that's kind of what I see in my practice. Is that the women that I work with, they are so busy trying to take care of their family and everybody else but themselves that they they just put up with it and it becomes the norm that if they go to their son's ballgame, you know, then they're in bed for two days or just things that you and I would never think of as that's the norm.

People get so conditioned that that that's just the way it is. That's how it is for me. It doesn't have to be that way. No it doesn't. And I think this is a really important conversation to have because actually and I'm speaking to the women who this resonates with, you trained everyone around you to expect what they expect from you at this point.

By the time you reach middle age, you train your spouse, you train your children, you train your friends, you train your coworkers to expect you to be that doer or giver you know, at the level that you're at, and there's resentment that will come up about that and frustration.

How come people are always doing this to me that actually train them to be like that, you know, and it's you can retrain them. They don't like it. Okay.

I remember when I had do but no one liked it. But then then you get a new normal or you're you're included in the caregiving in the family rather than in charge of it.

Yeah. I wife still training me. Yeah. I don't think there's any hope. No. No there is. You see, the really have the good. No, no, that's not going to work for me anymore.

You know, let's talk about a different way of doing things, right? Yeah, absolutely. It's you and they may. Great. But they'll, you know, when you really hold a strong enough boundary.

This is making me sick. I cannot do this. So this is what I'm proposing. How about if we do it this way and try it, you know, and that's that's kind of how I did it, where we just kept adjusting at the testing.

And then finally I had the life that I needed to have to get better. And. Yeah. Oh, I think that's important to, for people to understand that they're actually the ones that created the monsters around them.

Yeah, I know, yeah, I totally would agree with that. And we've got we've got a couple of monsters run around the house today, too. So what's going on?

So yeah. Yeah. When I have a mom sitting in front of me that says, my kids are so entitled, I say it was interesting when I woke up to that, you know, with my own and went, oh, yeah, but that only came from here, right?

So we can change that. Right? And there will be some resistance along the way, but you can take that. So it's important to do so. What are some strategies that you our viewers you know can utilize for making sure they have

deep restorative sleep?

Well, you know, so it's important to point out that this is one component of a multifaceted approach that I use for fibromyalgia. And autoimmune disease.

But I do put such a heavy emphasis on sleep. I really believe if you don't get that right, everything else is going to be a struggle. And for fibromyalgia, it's really a struggle.

Literally being in quicksand and not being able to get out. So, but fiber, with, with deep restorative sleep, I think the, the keys are and you mentioned them earlier.

A big part of that is sleep hygiene. So I think it's important to put the emphasis, you know, put the importance that you really do need to get that rest.

So I see a lot of my patients, a lot of my clients, they have gotten to where they kind of catch their second wind at bedtime, so they may be tired all day and then they catch their second wind because, you know, 9 p.m.

that's when the kids go to bed. So now they've got some time to themselves, and then they start to do things around the house that maybe they hadn't got done during the day.

And before you know it, they've missed that window of opportunity between, say, excuse me, 10 p.m. and midnight when they should be getting in bed and falling asleep.

If you missed that window, your cortisol level spikes up, squashes your sleep hormone melatonin. So one of the most important things you can do is to prepare.

And that is, you know, 2 or 3 hours before bed, make sure that you're taking the steps needed to wind down. And that's dimming the lights. Good gracious.

You know, get off, you know, don't watch the news. That's the most toxic thing you can do. Don't do. The worst thing you can do is watch the nightly news before you go to bed.

Or even worse than that, lying in bed on your iPad looking at the news. That is a recipe for insomnia. If ever there was one, are going back and forth in the news and answering your emails and getting going on tomorrow's work right now.

And you know the bedroom is for intimacy and for relaxation, to read, to rest. No TVs. You shouldn't have your office in there. You shouldn't have your computers in there.

Your phone should not be there in your bedroom. Get, you know, if you have to have an alarm clock, get an alarm clock, but get your phone out of there, turn your Wi-Fi off at night.

Some individuals are really sensitive to, Wi-Fi, you know, to to, electromagnetic fields. So anything that's giving off an electromagnetic field, a type of, even AC currents, electric blankets, even some people are really susceptible.

But but really paying attention to what you can do to wind down an hour or two before bed. And then when you get into bed, it's really again for intimacy if you want to read.

I don't really like my patients to use a tablet. If they do use a tablet, there's apps they can put on there to block the light, so I recommend they do that.

The, the, the, blue light blinds that you. Yeah. Thank you that you put on. You know, I think they look silly. I know they do. But you, you can block out that light because it doesn't take, 30W is some small number, 20 watches.

It's, you know, it's like a very small amount that if you're exposed to that light at night light, even when that hits your

eyes, you know, hits your pupil or, it goes to the pineal gland, it just squashes your melatonin level.

So blackout blinds, you know, totally, dark darkened bedroom. And then the temperature should be somewhere around, you know, 68 degrees. It should be cool.

We know that that temperature is ideal for the body being able to just kind of relax and wind down and be able to get into that first phase of sleep that that, alpha phase where you just really kind of get in those, those beta waves and halfway it's going that really can, allow you to wind down and relax and then get on into the deeper delta wave sleep.

I'll tell you, ever since last year with hormonal changes, I think my bedroom, it was 33 here in Seattle yesterday, and my windows are still thrown open, just like, the the colder the better of my bedroom.

Sleep Hygiene and Practical Recovery Strategies

And my husband's over there with, like, four blankets on it, but I sleep really well now. Yeah, yeah. So that that's that's another thing that certainly can compromise your sleep is perimenopause menopausal issues for sure.

Yeah. Yeah. So making sure you're getting your adrenals and your hormones tested and your metabolites and you know, really making sure that your liver's doing a good job in the middle of the night when it's dumping, it's not having any barriers in your lymphatic system.

You know, all of those things so important. So yeah. And you know, there's there's a lot to it. And so people are going to watch your summit and they're going to love it I know.

And, and there's just so much information. Yeah. There's so much information when you attend the summit. First of all, for those of you watching this, I applaud you for being proactive.

But the second thing I would say, I'll be the next minute get my advice, but I would say, you know, take it in chunks. Don't let it be overwhelming. You know, there's just simple things that you can take from this summit or other summit, and you can take that and apply it.

Don't let it be overwhelming. A lot of this stuff will probably come in and go over your head, and you know, won't resonate with you. And that's one reason why I always, every time I appear, I always tell, I always encourage the, the, the viewers to purchase the summit, not to sell the summit.

You know, you know, but it's because you're going to want to come back and watch it over and over again. It's like reading, a complex book. I know for me, I can go back and, read a book by Wayne Dyer, one of my mentors, or Deepak or, Earl Nightingale, I mean, so these people and I can go back a year or two later and I can revisit that material.

And there it is. I've been searching for that answer for 2 or 3 years, and there it is. I've read that book 2 or 3 times and it's there it is. There's the answer, you know, so don't be overwhelmed.

Know that you can take little steps. They can make, you know, have a big impact in your health and sleep. You know, sleep is, I call overwhelmed the gateway drug, the perfectionism.

So overwhelm, you know, that it's because you're in that perfectionistic space or you're not going to get better, you know, in that space. And so taking turns like you just said or, saying, okay, well, for this next month, I'm going to work on sleep and increasing my sleep hygiene and doing these different things and trying it out, getting some glasses, maybe some blackout curtains, you know, each week, like one little thing, you know. Yeah.

And I'll do the and and I'll do what Lloyd said and I'll, you know, just take it a chunk at a time. Otherwise when you do get into that overwhelm space, what do you do in your nervous system?

Right. I can you say right, right, right. Well, I just really appreciate you, Doctor Murphy, for coming on. Is there anything that we haven't talked about that we should, that you want people to know?

Well, I think, anytime I talk about autoimmune disease, I always kind of want to make sure that this comes up. And it did earlier, but I just want to put some emphasis on this.

With autoimmune disease, the body is erroneously attacking itself. Yeah. And, you know, if you if you think about that, then the question has to be why?

Right. So what I want to encourage everyone to do is to take this information that you think is being shared here today and then in the summer, and think about some of the things that have come up with some of the presentations and think about what, what what could be some of the causes, the underlying causes that are generating your symptoms.

So pain is just a symptom. That's all it is. You know, if you've broken out psoriasis, that's a symptom. That's not the disease itself. It's a symptom that something is wrong either.

You know, either you're getting too much of a toxin, you know, you know, you're taking in toxins, too many toxins. You're eating something that's not agreeing with you, or maybe you're not getting enough nutrients, but something is causing the body not to work like it's supposed to.

And I would encourage you to think about it that way, rather than I need a drug to treat the symptom right. And there's a place for that, no doubt. I mean, there's definitely places, you know, there's a time, there's a place, but start thinking like a detective.

What is it that could be causing this underlying symptom? And then, you know, people like Doctor Keesha here and other functional medicine practitioners, they can help you in that quest to find what are the underlying causes and not just treat the symptoms.

That's really, really beautiful advice. And it's definitely what helped me reverse my own was was realizing like, oh, I'm doing this for me, so why not?

How do I get out of my suffering? How came later after the way was discovered.

Final Advice and Summit Resources

Yeah. You know and I think that's really important that order. So thank you for highlighting that. I know that you have a gift for our viewers the importance of deep restorative sleep and autoimmune disease. Yes.

Yeah. So so happy to, to, supply that. So you should have you should have that. And that's a sleep training program. So it will help you to go through the natural protocols and the sleep hygiene and the supplements and everything.

That's so not everything we've talked about, but much more in there. But so hopefully you'll take advantage of that and, learn what you can do to make sure you're optimizing your sleep every night.

And we'll have, Doctor Murphy's connecting information to with his talk. So once again, thank you so much for spending the time with this community and and sharing your wisdom.

Well, yeah. You're a delight. And so, so happy to get an opportunity to spend some time with you and your audience and look forward to our paths crossing again and excited to be a part of what I really believe is something this desperately needed.

There's just such a void, a wasteland out there for individuals with autoimmune disease. And, this is going to definitely fill that void. So I'm so excited to be a part of it.

Thank you. All right, everybody, until next time, be well.