The Gupta Brain Retraining Program Transcript

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Introduction to the Gupta Program

Hi. Welcome. I'm doctor Roger Murphy, and I'm the host of the Freedom from Fibromyalgia summit. And I want to welcome ash IK Gupta here. He's going to be sharing some information about the Gupta program, which I find extremely fascinating and quite frankly, very refreshing.

You've heard other speakers on the summit that have talked about cell danger theory and survival paradox, and Ashok is going to really kind of pull it together for.

So I'm really excited to hear about your journey, which is quite fascinating to hear what you had to overcome to even get to where you are these days.

A lot of people could have just kind of given up, but but thank you so much for being part of this summit. So delighted to spend some time with you, Roger.

It's, a delight to be here with you. And thank you for inviting me. Well, so I want you a little bit about, ash got. He's a, filmmaker. He is, a, a researcher.

And he's spent the last 20 years close to 20 years. Right. Really, formulating this program that he's put together to help thousands of people around the world.

And he's going to be sharing the some of the research that he has found with fibromyalgia that I think, again, I think it's just fascinating as to start to pull this stuff together.

But before we do that, tell us about your background. How did all this even start? Yeah. So like many of us in this field, we've been through our own personal challenges or someone close to us.

And so I actually suffered from any or chronic fatigue syndrome, as is often known when I was studying as an undergrad at Cambridge University and I remember that time where I'm a young man.

You know, I picked up some kind of viral infection. I thought nothing of it, but suddenly I went back to university and I would open up a book and couldn't even read the words on the page.

Ashok Guptau2019s Personal Recovery Journey

And I concentration went down to zero. Mean people with fibromyalgia can, you know, empathize with that. And I just suddenly found myself feeling really weak all the time, or the exhausted all the time.

And to the point at which I just at my worst point, I had to crawl to the bathroom. That's how debilitating it was. And I did have pain in my muscle and joints as well.

So you know, there was lots of symptoms that crossover with fibromyalgia that I was experiencing. And I went from doctor to doctor trying to understand what was going on, and they couldn't give me a diagnosis.

And eventually they said, I think we think you've got this thing called any or chronic fatigue syndrome. We don't know what causes it. We don't have any treatments for it.

There's nothing we can do for it for you. And you may have this for the rest of your life. I mean, you know, almost like a, a death sentence for your life.

It's like, well, that's it, that's there's nothing that we can do for you. And that's, you know, and I on that journey, I

met so many people who were experiencing something very similar and going through that suffering, and I really wanted to try to understand what was going on.

I was going to take no for an answer. And so I made it almost like a contract with the universe. And I said, if I can figure out what's happening here, if I can get myself better, I will dedicate the rest of my life to relieving the suffering that thousands of people experience.

Millions of people experience. And so I started researching brain neurology and physiology, and I came across the work of Professor Joseph Ledoux in the 90s.

So we're talking this is the mid 90s, mid to late 90s, when actually these conditions were even less recognized, you know, than they are now. And I picked up some fascinating research on two parts of the brain, the amygdala and the insular parts of the brain.

And I then put together a hypothesis and in a very ad hoc way, started retraining my brain. I'm going to be very careful here. This wasn't psychological in the traditional sense of psychological techniques, but brain retrained brain rewiring techniques and managed to get myself 100% better.

And then I published my medical hypothesis, in the late late 90s online and then in a medical journal in 2002, and then set up a clinic to treat other people.

So then we refined and refined and refined the techniques. And in 2007, we were the first company to publish a brain retraining program as a DVD program in the good old days of DVD.

Then we've done further research since then, which we'll talk about. And now our program is, is online. And yeah, that's been my journey. And it's been a really rewarding journey because just like yourself, when you see people who are in such a debilitated state and then you can support them and help them help you to get their lives back, there's nothing better, a better feeling than that in life.

No, there's not. And, and I'm and people are hearing your story and thinking, oh, yeah, that was me or that is me right now. You know, I've heard that, you know, in fibromyalgia, they tell you to have to learn to live with it.

And of course, you know, you hear that enough times, you start to believe that that's your only option. And, you know, hopefully here on the summit, you're learning all sorts of resources and things that you can do to change that, that paradigm of of the idea that you just have to learn to live with it.

So I want to talk about neuroplasticity. So know this is a fascinating, theory about, you know, with fibromyalgia, the studies show that oftentimes these individuals have had a very challenging childhood.

So it can be it could be an illness that they had as a childhood. It could be that they travel. They were in a military family. So they moved a lot. It could be it from a dysfunctional household, a lot of, you know, a lot of trauma going on in the house between the parents and siblings.

Abuse, unfortunately, runs in the fiber magic community, but they get under all this stress at a young age, and they lose their plasticity, their ability to rebound as stress.

So something comes along as they get older, could be going off to college, could be their first child. It could be, they get a divorce, whatever it is.

Some, some type of a stressor is the straw that breaks the camel's back, and they never can rebound. And then they start to develop the symptoms that we associated with fibrinogen. And eventually they get they get the diagnosis.

But it all probably started in childhood losing that ability to be able to to handle stress. And in your work, you talk a lot about neuroplasticity. Can you share some some information about that?

Yes. Wow. There's so many things that you've picked up on there. So I'll, I'll talk you through a kind of step by step process of how we look at this condition.

So first of all, the idea of neuroplasticity is that, you know, 20 to 30 years ago, we used to believe the brain was fixed, so it was neuro plastic. When we were children, well before my personality and our habits and our likes, dislikes and our physiology.

And then pretty much from our late teen years, especially our 20s, that that is pretty much the brain is fixed. Yeah, but it can't be changed.

Neuroplasticity and the Fibromyalgia Model

And then in the last 20 years or so, we've realized the brain is constantly changing, constantly rewiring itself. Yeah. Which is very empowering because it means that whatever we thought we were or things that we'd like to change are changeable.

If we can find the right key, the right lock to unlock mental, physical, emotional health. And let's take that first bit so our brains are rewire. A system is repairable.

And the second thing that the second principle is we are survival machines. So let's take our evolutionary biology. So we started off as you know, we've got millions of years of evolution that are programed into our genes.

So we started off with plant life. Then single celled organisms and invertebrates, vertebrates, reptiles, mammals, human beings. And what I find fascinating, they say that 40 to 50% of our DNA is the same as a banana, which is really interesting.

So we got all of that. Disgusting. Yeah. Yeah it is. So we have all of that, evolutionary adaptation stored in our programing, which means that we can adapt to our environment, survive and pass on our genes to the next generation.

So this nervous system in this brain prioritizes survival over wellness. And this is a clue to fibromyalgia. Survival is more important than wellness.

So that's our second principle. Now let's come to our third principle. You've talked about the the past childhood trauma or our inability to handle stress and bounce back, our lack of resilience, they often call it.

Now, what happens is we know that there's a brain structure called the amygdala, which sits behind the eyes, which is essentially is two of them. There are danger responses.

And so we know that if somebody has been through a traumatic childhood in whatever shape or form or a lot of stress, the factory setting of that make sure they get disrupted and they become the brain becomes more reactive in general to fearful stimuli.

And once they stay for stimuli, I've been triggered in the brain. The brain is it takes it longer for it to calm down and come back to baseline. Yeah. So that's what we call that the lack of resilience.

So difficult challenges and circumstances happen. The brain gets stimulated and then takes a longer time than most people to come back to its normal state.

Yeah. And we know that, childhood experiences, even experiences in the womb, even the experience of childbirth can all impact on that factory setting, of the amygdala.

Now, let's say then somebody has some kind of physical injury or some kind of localized pain in the body. Might be back pain, might be wrist pain, some kind of pain in the body.

The brain is designed to take in those incoming stimuli. There's pain signals process those pain signals. And there are two systems. There's a stimulating system and an inhibitory system.

So the stimulating system says that localized pain is dangerous. So it's trying to ramp up pain signaling so that we do something about it. Then there's an inhibitory system that pulls back on that pain signaling to say actually we want to moderate that to the level of threat that it represents.

And this is the secret in the neurology, if we've had childhoods where our brains are more defensive and more likely to react when that incoming pain signaling comes into the brain, the amygdala, the insula, which is another brain structure I'll talk about, but let's just call it the brain for the moment.

Those incoming signals get magnified and then they get processed in the brain. But the brain is less likely to ratchet down defense systems because of childhood experiences.

So the brain errs on the side of caution because it prioritizes survival. Survival is more important than your well-being. Then what happens in the brain circuitry?

We're having these pain signals, and the brain thinks there's something wrong. Let me just send out inflammation into the body, which is normally what happens when you have pain.

So we know that if you let's say you have a cut on your arm or a cut on your leg, what happens is the brain detects that and there is signaling to say, we need to send inflammation and defensive systems and trigger the immune system around that localized space.

But imagine if the brain now had there's something that goes wrong in the wiring, which is an overreaction. So the brain starts sending globalized inflammation around the body.

And that that causes that a lot of pain around the body, that those signals in the peripheral areas all get ramped up. They come back to a brain that then magnifies those signals in the Perry aqueduct, or gray in the base of the the brain.

Those signals go into the brain. The brain says, I knew it. I knew we were in danger. Something bad is happening. Let's on the side of caution and once again send out tightness.

So tightening of the muscles, stimulating the nervous system around the body. But also let's trigger the immune system as well. Sending globalized immune reactions throughout the body causing globalized inflammation.

Oh but now the signals come back to our hyper defensive brain and we get caught in the what we call the vicious cycle of chronic illness, where the inputs and outputs of the system have now got linked, like short circuiting a battery.

And that's what then goes on to causing chronic illness. And if I can give you an analogy that I think people find really useful here, let's imagine. Roger that you are King Roger of your kingdom.

Okay. Now, Roger, are you a Game of Thrones fan by any chance? Have you ever not never watched it? I've never watched. Okay. That's good. I don't know, but it's violence and nudity, so it's probably not a probably a good idea, basically.

Let's take a fairy tale, for instance. So you are King Roger of your king of your castle. And let's say the army is your nervous system, and the Navy is your immune system.

Okay? Designed to defend the kingdom and defend the castle. Now, let's imagine there's a drought in that kingdom. So the whole kingdom is a little weaker than it would be normally because of the drought.

Then an incoming army comes over the hill. That's something that has caused the injury or the pain. An incoming

army comes over the hill. The army and Navy now defend valiantly your kingdom and they defend it.

But they only just managed to defend the kingdom. And they fight off the incoming invader, which is whatever caused that, inflammation. They come to you, King Roger, and they say, Roger, they say King Roger, we need all of the resources of the kingdom. Now.

We need the wheat, the grain, the metals. Because the kingdom nearly fell. So you say rightly. Yes. Have all the resources. So now the Army and Navy are on hyper defense alert.

They're constantly sending the arrows out, even at the smallest hint of anything coming over the hill. So the child walks over the hill. Quick, shoot your arrows.

Shoot your war machine to defend the kingdom at all costs. So now what's happening is yes, your body is hyper defended, the kingdom is hyper defended, but it's using up all of the resources the mental, physical, emotional resources to stay in that hyper defensive state, triggering a hyper, the the inflammation response around the body, but also tightening the muscles, the cell danger response that you've talked about all of these things now getting fired off.

And that makes us hypersensitive to anything else, which is why people with fibromyalgia often then develop chemical sensitivities or mold sensitivities or sensitivity to light and sound, because the whole system is now centralized and sensitive.

And that's what then the vicious cycle is and brain retraining is you, King Roger, bringing in your generals, saying, I know that we experienced a real danger when the original army came, but the danger is over now.

You can step down, you know, down to Defcon five or Defcon one. Whichever way, whichever way round it is. We've seen the films ratchet down the defense response.

We are safe. And that is what brain retraining is doing, is training the Army. In the Navy, your nervous system, any immune system, you're no longer in danger.

And switching off both peripheral and sensitized and central pain sensitization. So you just described fibromyalgia, because you're talking about the central sensitization pain syndrome.

Basically is, you know, it's it's the thread that we've still a lot of different conditions to where the body cannot turn off the sympathetic nervous system that is overreact.

And what we see in the fibromyalgia community is little things that normally would not bother you. Loud noises, bright lights, the sun, little things that you would take for granted, you and I take for granted for these individuals because they're on such a hyper alert response mode, it doesn't take much to really set them off.

And they stay in this pattern and I call it wired in tired. Yes, they're totally wired and they're just exhausted. And they may have one of these days where they're have a little bit of energy all day.

And they go out and they, they overdo it. And that's, that puts them in bed for 2 or 3 days or are they exhausted all day? And then they catch their second wind towards bedtime and they can't.

You know, they can't they can't go to sleep because they now, like, finally got an hour or so, a window of opportunity to do something, you know, activity wise.

But but this what you've just shared is, you know, with the Game of Thrones or the Navy and the army and the kingdom is fibromyalgia. It just the body is gets stuck in a pattern that you talk about in one of your, podcasts.

I think, maybe a YouTube video where the cells that are wired together fire together and this, this idea that when we're under, maybe it's a connection between a stressful event and pain.

And now those two things come together. And that's the response going forward, is anytime you get real or imagined stress. Where you feel danger, now you're triggering the pain response as well.

Exactly.

Brain Retraining, NLP, and Phantom Limb Pain

So it's those neurons that fire together, wire together and so that can be generalized or specific. So some people just whatever stress happens it starts triggering the nervous system and the immune system for others we treat it in our clinic.

They don't get triggered by daily life. But the moment they sit in front of their laptop and open a spreadsheet, the brain says, I remember last time you did this, you put your body in danger, right?

This is now a dangerous, experience. Let's trigger those defensive reactions again so it can be specific or very general to what gets wired together. Yeah, absolutely.

And I think what's really fascinating about the brain neurology of it is in the last 20 or 30 years we've really progressed with brain scans. So before the brain was a black box.

So medicine was all about what we can measure in the body, but we have no idea what's going on in this 9 pound gray gray matter in the in the skull. Now we're opening up and saying, oh, we can see roughly what's going on.

And now we from our research, we've put a lot of jigsaw pieces together, the key faculties that we believe are causing fibromyalgia here are the insula and the amygdala.

So it makes it we always talk about it. Our emotional danger response. But the insula, it sits between the cortex and the limbic system. And it essentially takes in the incoming data from the body, interprets it and creates appropriate nervous system and immune reactions.

And, a bit of research. Roger that. I'd love to share with you. I think your listeners will find really fascinating. We've talked about the insula being the base of this for the last 20 years or so, but recent research just last year by doctor scrolls from Israel, what they did was they took a group of mice and they created a trigger that triggered inflammatory bowel disease in these mice.

So there was a triggering of the immune system. They then measured the electrical signature in the insula part of the brain. Then these rats went back to baseline.

They had no longer had IBD, irritable bowel. Then they triggered that same electrical signature in the insula. And by doing that, they triggered inflammatory bowel disease without any external trigger.

And that's the first time in modern medicine that we've proven that. Certainly in rats, the insula is where all of our immune reactivity gets stored ready for the next time.

We believe that in fibromyalgia, the insula is getting so overwhelmed with pain signals, it can no longer fulfill its role as moderating pain signaling and processing it and creating the appropriate autonomic and immune response.

It's giving up. It now is happy, trigger happy. It's firing off the immune system and nervous system continuously, which is causing all of the downstream symptoms.

And that, in a nutshell, is what we believe is happening in fibromyalgia. You know, so when I when I am working with a patient, the first thing I look at is there any underlying anxiety?

I always want to see that because there are neurotransmitters, you know, from your research with fibromyalgia, they're low in serotonin, which is have calming the happy hormone.

They're also typically low in dopamine, norepinephrine sometimes gamma amino butyric acid. Some of these neurotransmitters. But but when I first start working on a patient, the first thing I want to do is calm everything down because of this. Over, over.

Vigilant response of the nervous system, sympathetic nervous system. And so I'll use nutraceuticals like L-Theanine Gaba, some of these things that are out there that can, five HPA to which turns into serotonin and that can be incredibly helpful.

But what I've learned, I've learned this the hard way, over the last 22 years, specializing fibromyalgia is if you don't give them some tools to help them mentally be able to process this information, to have, exercises, to calm everything down, whether it's meditation or, you know, or certain stretches or breathing, you know, breathing exercises.

If you don't do that, they're always vulnerable, always vulnerable, because all it takes is one stressor and it turns everything back on. And then they're right back to where they were.

So it's got to be a combination. For me, nutraceuticals, balancing those nutritional deficiencies as hormones and then also the mind body connection, getting that right.

I mean, if you get those two things lining up now, you stand the best chance of helping this person overcome this thing called fibromyalgia. Yes, I agree, and the way that we look at this is imagine you're standing on a bridge and there's a river below you, and you look down in the river and there's people drowning in the river.

So you jump in, you save that person, then there's another person. So you jump in and you save that person, and you keep doing that. And then you set up a rescue center next to the bridge and you think, wow, this is so good with saving all of these people.

And that's really positive and it's the right thing to do. But nobody's asking the question, who's throwing these people into the water upstream. Right, right.

And so it's a combination of both. We then go upstream and say, let's look at the root cause of this, because if we don't, then whatever we do downstream is always going to be reactive.

It's not going to the root cause of what is. Why is the nervous system creating this response? Why is the pain, networks, hypervigilant and magnifying pain signaling?

Why is that happening? It's happening for a perfectly logical reason, which is the brain prioritizes survival. It's gone through a difficult challenge sensitizing event.

And now that's left a trauma in the brain, which is I must overreact to anything that reminds me of the original event, which was life threatening as far as the brain is concerned.

And so if we can train the brain to say we are no longer in danger, these symptoms in your body, these signals that you're magnifying, do not represent danger.

Yeah. And the more the brain gets that message and it won't get it overnight, it requires repetition. Like learning to drive a car. You know, you don't do it in one lesson.

The theory is fine. You have to repeat again and again and again and again until the brain says, okay, I get it. We're safe. And then it sees the results of that, and then everything calms down pretty quickly.

So that's what we're doing in fibromyalgia. In our brain, retraining is training the brain that we are safe and that these pain signals do not represent ongoing external, threats.

Essentially, Ashok, with this training, is it using neural linguistic programing in NLP? Is that part of this training that

you use? We use a unique seven step process which has been derived from a number of different areas of therapy and coaching.

So certainly there's a bit of NLP in there. It's definitely a breathing technique. There's mindful movements, there's physical movement in there. There's self coaching.

There's imagination and visualization. When the self-talk parts work, there's a whole plethora of different tools and techniques that have been brought together.

So certainly NLP and we reference that as well. Some of that is in there as well. But even NLP and these techniques, there are description of human change.

So although they've put them under the banner of NLP, they're essentially a description of how people change and how things rewire in the brain. Yeah.

Program Results, Research, and Where to Learn More

One of the examples you use in one of your, YouTube videos is the fact about, phantom limb pain. So someone goes, you know, unfortunate. They have to have an amputation, maybe from the from the knee down and, to take care of that, that, that problem.

But then they start complaining to their physician. Yeah, you cut my leg off, but I still have pain. I can feel that pain. Well, there's no leg. That really is an example of, of the power of this, this neuroplasticity of the brain not being able to turn itself off.

Exactly. And this is a great example you've brought up about how we want to be very clear that these aren't, it's not purely, it's not a psychological set of techniques, because you wouldn't go to someone who's got phantom limb and say, oh, it's just psychological.

Of course not. There's real wiring that is creating that response is real as far as the brain is concerned. And it's the same, you know, for instance, as we talked about, even strokes, stroke victims.

Right. There's something that shifted. And the brain needs to relearn and create new connections to have movement in your arm or your leg. So in a similar way, in Phantom limb pain, they use all little tricks of the trade and little mirrors.

They put somewhere to train the brain that this limb no longer exists, etc., etc. so eventually the brain is wired to say that part of the body no longer exists.

I have the neurons for it, but it doesn't exist physically downstream. I don't need to take in that incoming signaling anymore and process it. And that is the beauty of neuroplasticity, is that, the brain will acknowledge it if it is taught in the right way.

And that's what we're just at the cusp of learning how we do that. So fascinating. So people want to know more about your program, which I would encourage you to the audience to do, because I think this is this is a paradigm shift.

Or for a lot of people, this is, I think, a big piece of the puzzle that people have been missing. Can't get the pieces to all come together to put the puzzle together for me.

The last couple of years, learning about self danger, survival paradox, neuroplasticity, all these things that I have been kind of talking about in a different, little bit different way.

All the research is coming together and and validating the things that we, we knew, you know, intuitively kind of knew this, this. But now it's there and you've got a program that can really bring it all together.

Where do they go to learn more about you and your work? Yeah. So they can come to our website, which is Gupta program.com. So that's G to program.com.

And that there's lots of free video. So you can sign up for a free trial. You know there's no credit card required. Watch lots of videos. There's even some meditations there as well.

And find out about neuroplasticity and how our program can help and support. And also what's important for us is that there is science behind this. So you'll see the clinical trials that we've done and the most exciting one is the recent one we did in 2020 on fibromyalgia.

And that particular study was our program and then an equivalent program focusing on relaxation. And what we found after eight weeks that this wasn't even a long intervention.

After eight weeks, in the control group, there was a zero impact on efficacy scores. So that's a fibromyalgia questionnaire. But in the active group, there was a 40% drop in, in the scores.

There was a halving of depression, halving of anxiety, halving of pain and a doubling of functional capacity, which is incredible and very, very low responses in the control group.

And we want to expand on that. That was our old program. So now a new program is much better. And so we're looking to do more and more clinical studies to support the effectiveness of this approach. And our program is actually a six month program because we believe that people need longer to really get that final 10 or 20% of improvement.

And we're getting people with fibromyalgia better within, sometimes 8 to 12 weeks, sometimes 3 to 6 months. It takes a little longer, but they're definitely getting up to that 7018, 90% recovery.

And the final 10 or 20% is rehabilitating yourself back into normal life, which is kind of interesting as well. And this is really exciting, for us. And we're doing studies on chronic fatigue syndrome, fibromyalgia, and also long Covid.

So we see the similar pathways happening not only in pain syndromes and pain conditions, but also in viral conditions and bacterial conditions where the brain can learn to over respond.

And obviously in Covid 19, that's what we think is happening in long Covid. Similar neurological process. And so there are so many previously incurable conditions that we're beginning to have impact on.

So even Alzheimer's people are using it now for Alzheimer's. And Ms.. So, yeah. So if people want to find out more, they can come to our website, watch lots of free videos and see if this is the right approach for them.

Thank you so much. This has been really interesting. I learned a few, a few things today, and I really think that this science is where we're heading.

You know, I really think this is, you know, a medicine that you've been doing this for 20 something years, and oftentimes it takes a while before the hundredth monkey or before you finally get to that point where finally people will acknowledge this thing is real.

I mean, typically, a medicine may take 20 years, before the science becomes mainstream, but but your work and others, that are here on the summit, is making that gap, close a lot quicker.

And I really believe this, you know, this is where we're heading. So, fascinating research. We encourage everybody check out your website. And thank you so much for being part of this summit.

This is very refreshing. Very enlightening. Thank you so much. It's been a pleasure.