Introduction and Guest Welcome

Hi. Welcome. I'm doctor Roger Murphree, and I'm the host of freedom from Fibromyalgia Summit. And I have Doctor Christine Schaffner here. Doctor Schaffner is a naturopathy physician, and she is famous.

I can say that because she's been on numerous summits. I'm sure you've heard her name podcast. She's well known in the functional medicine space, but she is always a wonderful interview and she always ask just incredibly insightful, mindset about what's going on with fibromyalgia when we've talked about it in the past and oftentimes she does things that never come up in an interview.

So I'm really delighted to have her here and to be able to ask her some questions, that I know you're going to find beneficial. So, Christine, thank you so much for being part of the summit.

Oh, thank you so much, Roger. It's always so delightful to be with you. So thank you. Well, usually it's genuine because we've had some great conversations and some of the things that you bring up trigger things that I hadn't thought about in a decade or so.

And it's really just wonderful to bring some of this stuff up. But I want to ask you right off the bat, because I've never really asked you this. What do you think fibromyalgia is and what do you think causes fibromyalgia?

Yeah, it's a great question. And I probably every year my definition of that would evolve. And I find that, I mean, it's so great that you're giving so much awareness and so many tools because at the end of the day, it can be a label that people get you know, stuck in that category and never go deeper into the inside.

So we're going to talk about today of really what's at the root, you know, of, you know, fibromyalgia. And when I think about fibromyalgia, you know, I just go back to terrain theory, right.

And so with my training, and by a regulatory medicine and naturopathic medicine, you know, we've had a kind of a whole experiment, you know, in the world right now.

Like, is it about the germ or is it about the person's response, ability to adapt and be resilient to whatever environmental stressors you know, are, you know, more encountering?

And unfortunately, modern life is getting ever more toxic, heavier and more stressful, and the human body is really forced to adapt and evolved at a rate that it many of us can't keep up with.

With the, you know, now we're 5G. It's going to be ten years before we know it. You know, the microplastics, the atrazine, the glyphosate, all of it. Right? The stress, you know, in modern life.

So you take all of that and that really changes our response and our ability to adapt.

What Fibromyalgia Is and Root Causes

And when we get to like the micro level of what fibromyalgia is, I go back to, you know, kind of the pioneers around terrain theory. And, you know, looking at what we call the extracellular matrix, which is kind of the space between our cells.

Right. And that space between our cells is really where disease starts. And when we think about fibromyalgia being really, connective tissue, disease, a disease where there's, you know, inflammation and adhesions and tension and pain and trigger points in the connective tissue, the connective tissue and the fascia are really this fabric, that really holds us within us.

And we can get kind of quantum. I mean, I believe it's the fascia is the fabric of our quantum communication at the end of it. And that might be true out there for today, but I'll just plant the seed there.

But you know, this, you know, fascial fabric is not only this amazing structural element to the body, but it's this communication network. And the extracellular matrix and the lymphatics are all within the spatial fabric.

And the disease, fibromyalgia is where there is breakdown and, kind of this inundation of, you know, the mercury and the glyphosate and the, microplastics and the lime and co-infections and the trauma.

Right. You know, we know their spatial memory. So it's really this intersection, I believe, of toxicants, pathogens and trauma that break down this beautiful fabric of communication that doesn't only, you know, again, help with our tensegrity and our mobility and, you know, all of that.

But it really is a interconnected system that from our DNA to our skin, there's a facial connection. And this fiber optic network communicates with light and sound and electricity just as much as hormones and cytokines and what have you.

So I didn't maybe even answer your question. You, you know, fibromyalgia have to take into account this framework in this context to understand my understanding that it's not one thing.

It will never be one thing. Right? You get a chronic illness, like if someone's going to tell you, hey, you just got this, you just need this. And then, hey, you get to, you know, heal.

And at least what I've been taught and what I observe every day is not that story. You know, healing is beautiful unfolding. And this very non-linear process, non-linear world.

Right. And so when we have this framework, we can really understand, you know, some of the principles and concepts that I'm going to share more about today.

It's really interesting because I hadn't thought about the germ theory and the see the soil. Yeah, I think about that more Covid and and really taking care of yourself.

It's not it's not the germ. It's the soil. You know. Is that soil healthy is the it's not the seed. It's is it if you're soil, if your body is unhealthy, then that can then take root and give you trouble.

But if it's if you've got this really healthy, dynamic, homeostatic innate healing dynamo system that we have, you know, that we're born with if it's at optimal levels, you know, you can you can handle all this.

And now you've made me kind of think of it a little bit differently, because with fibromyalgia, it really is. It is these potential triggers that just build up.

But those are all toxins or one line, disease, you know, or environmental pollution, whatever it is to in nutrition deficiency. But these toxins and triggers, they build up and eventually though if you're not careful, you get run down.

And now they start to raise their ugly head and give you symptoms, warning signs that something's wrong and we can call it, you know, we call it whatever it is.

If it's enough symptoms that mirror fibromyalgia, the syndrome, fibromyalgia, fibromyalgia, if it's enough symptoms that mirror on an autoimmune disease like premature arthritis, we called rheumatoid arthritis.

So it's very interesting. You know, I really had put those two together. That's a great Basha. Yeah. Now I'm going to I'm going to tell my age because it's you know and it but but in anatomy lab we used to look at fashion.

That's what we would cut away from the organs and the bones and everything that we cut all that way. And when

we're dissecting and you know, you throw it in the garbage because when thinking, think about it now, as we've learned, fashion which wraps itself around every tissue in the body, it's like Saran wrap and it's wrapped in this beautiful, protective, material that also is communicating, as you said, and as long as it's, un traumatized, it's able to do its job.

But just like a thing, a Saran wrap. If you take that Saran wrap and you start to just wind it up and it gets more and more tension, tension, tension, tension, and this is starts to manifest itself as pain and inflammation as well.

And, and this communication within the body. Yeah. So fascia is a big thing for fibromyalgia. And so let's talk a bit more about fashion. Yeah I think I think it's something that is is pretty much ignored in the, in the.

Yeah. Well you know I had that same experience with you too. You know, like in cadaver lab. We would, you know, cut open the fascia, you know, just oh, it's a Saran wrap.

It's the, you know, the thing that holds the muscles and our structure together and that, you know, saliva, that's what it is. And, you know, really, you know, my patients have taught me I do like a lot of neural therapy and spa therapy.

And I knew, you know, the the power of the fashion from early in my career because of that. And then, you know, we've all probably potentially seen the work of doctor Jean Claude Boom Berto.

He is a French hand surgeon, and he really kind of changed our viewpoint on fascia. And you can find his, information in his videos on YouTube. You can you can check him out.

But what he did, I think in the early 20 tens, maybe he had the ability to, tourniquet it and restrict blood flow during hand surgeries. But the right, visualization and microscopy equipment to look at the living fascia and that's, you know, that's the thing about science, right?

You know, the more that we get the capacity to observe a living body, the more that we learn about the living body, because when we study the dead body a lot, or we study when the tissues outside of the, the body and under the microscope were kind of, you know, preserved.

We don't always, you know, learn about life within the living system for all the reasons, you know, we just shared. And so what Doctor Zhang said, compared to found out, he found out that this is a beautiful, amazing I mean, he has a whole book called The Architecture of, Human Living fascia.

And I actually had to take some time off last year, and I read that book and that day I had a presentation that really inspired my whole presentation and what it, you know, shared.

It was this, you know, he has the same definition as Doctor James Ashman, who is, you know, kind of a powerhouse in energy medicine and sharing, you know, all of that.

And doctor Jean-Claude Goomba Cho calls it the tissue continuum. And Doctor James Ashman calls it the Living Matrix. But it's this idea that we are this highly interconnected fabric of really plasma, the structured water that, you know, fascia really is, made of and delivery.

And it's this, you know, communication network in the body that, touches from our skin through the connective tissues, who, hooks over the cell membrane into the side of the skeleton of the cell, into the nuclear, kind of over the nuclear membrane, into the, you know, nucleus and touches our DNA.

So we can really affect our epigenetic expression through fascia. Right. And when the fascia is traumatized, as we mentioned, right. When the life of gets entangled in the glycine, you know, because it's a glycine analog into the collagen matrix for Lyme and co-infections like to literally digest and thrive and eat, you know, the collagen matrix where, you know, heavy metals get lodged because they're charge into the, you know, proteome glycans and all of that into, in this, you know, matrix.

You know, that we see, you know, these effects that have a trickle down, into our epigenetic expression and can perpetuate disease. Right? So why when the body keeps on, you know, healing itself all the time, do we stay in these states and, and, you know, the signaling at the end of the day.

Right? So, so that's really the, you know, the, inspiration that I speak from these two men who really, you know, really share this interconnection, that there is no separation in the body.

You know, a lot of times when we study anatomy, right, we study the cardiovascular system, the nervous system, you know, all the things. But it's really one through line of connection and communication.

And that's why the, things like light and sound and homoeopathy and, hands on healing can have a profound systemic effect.

Fascia, Connective Tissue, and the Living Matrix

Right? Because it's not waiting for, you know, a hormone signaling or a biochemical signaling that's working on, signaling pathways that are more in those, biophysical realm, which are faster.

Right? And and that's what we want, right? At the end of the day, why even care about any of this is if it, can help me to understand how I can accelerate my patients healing.

You know, I'm I'm into. Right. I'm I'm really excited about. You know, if there's a shaman somewhere that's having success with fibromyalgia, I'm going to go find out.

Yeah, yeah. Go, go. You know, we got what, you know, whatever works. Right? But but I warned everybody. I told you we would get off on some kind of tangent and you'd be like, oh, wow, where are we going with this? Yeah.

So my take on the fascia was getting exposed to, John Brahms. I don't know if you know John Barnes. That really myofascial release. Yeah, I think it's you fraud. Maybe.

But you can look John Barnes up. But I was really intrigued by his work and study with him early on. And there's a chapter in my book, the treating beating, fibromyalgia book all about massage release in the fashion.

Now for disclosure. You're not going to get anything, in that chapter that you just got from Doctor Shaffer because she went really deep. But I think the important thing I want you to know about that if it went over your head and it certainly could have a lot of neuro talk, you know, we apologize, but it's important to realize about this system and the role it plays in our health.

It's very much something that you want to know more about. I want to switch gears because I want to make sure we don't run out of time. I think this we did an interview together 2 or 3 years ago, and we talked about the importance of sleep, something we both really agree on.

Yeah. You know, for me, when I'm working with my patients, the first thing I ask them on every concert, even I'm working with him in a six month or a year program, whatever I'm doing with them every time. And I know they get sick of it.

But I ask them every time, how's your sleep? So you've got it here. I want to know, you having trouble falling asleep or staying asleep? And then if someone shares with me, even though I'm out at a cocktail party or whatever they said, they found out.

Oh, you're a functional medicine doctor. I'm having trouble with pain, or I'm having. I'm just have no energy or I'm depressed. Or have you heard about I have type two diabetes.

Whatever. My first question is always, how's your sleep? Because we we know that deep, restorative sleep is the key to health. I mean, it's that it's the first big step in the right direction.

You can't to me, if you're not sleeping well, you're going to be tired. You're going to have brain fog, you're going to be depressed. You're going to have IBS, you're going to have weight gain.

You're going to have pain. So let's talk about the importance of deep sleep. Yeah, yeah. Right. And I'm so glad that's always been in the top of mind.

And when people have chronic illness, it can be, frustrating because so many of the reasons why, people can't sleep, you know, are the reasons have the underlying causes of why they have fibromyalgia.

But still, there are many tools and things that we can, you know, start unwinding this process. And so when we think about sleep, there are, you know, phases of sleep.

We have, essentially non-REM sleep and REM sleep. And in the non-REM we have stage one, stage two, and we have stage three sleep. And stage three is all about deep sleep.

But Doctor Murphy just talked about and deep sleep is, delta waves sleep. It's when the brain gets really slow, brain waves and a lot of healing happens during this time.

And that is really impactful for our immune system and our endocrine system. And, it's, you know, a really rich time of, brain consolidation and, you know, memory consolidation as well.

And then we have REM sleep. Most of us have heard of REM sleep. REM sleep is really interesting. It's a time when our body is paralyzed. But we have very high metabolic activity.

So we have high heart rate. We our blood pressure goes up. You know, we actually have more blood flow in the brain at that time. And, you know, what's significant about that is many times when I've talked about sleep and why I became so fascinated by sleep is that sleep is, you know, really important for the system.

And the combat system is not just about sleep. It's about, do you have enough deep and also REM sleep and especially REM sleep because of all this blood, you know, flow that's entering the brain at this time.

And, you know, that actually drives the lymphatic flow. And the Glenn matic system is also like a newly discovered, you know, system body in the mid to late, probably 2012, 2015 that was discovered and so that's a very important time.

It's a time when we dream, as well, we dream in other stages, but we have most, dreams happen in REM. I read Matthew Walker's been he said, he taught us that the brain is completely devoid of noradrenaline during REM sleep.

So it's like this reset time. And the hard part is if people have PTSD or if they have a lot of sympathetic overdrive or they're really high in noradrenaline, they might not have the capacity to really enter deep, you know, from deep to REM as easily.

That's why we use, in my world, we use a lot of Gaba to help help them. And they the people who have PTSD really need REM sleep, because that actually helps, consolidate and to, you know, have more of a measured response in the amygdala, you know, the limbic brain, heals during REM sleep.

So sleep is fascinating, right? It's like wild and fascinating. And, there's so many things that are up against sleep disorders, sleep hygiene between, you know, the MF and the junk lighting and certain allergy issues we all have.

So there's a lot to educate people into, get good sleep hygiene and then, you know, being curious and going deeper. And, you know, now that people have so many more sleep trackers than we've ever had, we know so much more about sleep than I've ever known.

You know, it's usually more clinical insight in history rather than like, hey, I got 30 minutes of deep sleep last night,

you know, it's it helps us to understand more.

So that's kind of, my overview of sleep at this point, when someone says that they, they think they may have fibromyalgia, my first question is, how's your sleep?

So I just, you know, said that. But if if they don't have any trouble with their sleep, they don't have fibromyalgia. So I mean, to me, that is the question that separates right off the bat.

Do you truly have fibromyalgia? Some of you are watching this and saying, I've been diagnosed with fibromyalgia without having trouble my sleep. Well, are you taking any sleep aids?

You know, whether that's over-the-counter or prescription? Number one. But number two, typically this is would be a real rarity for May 22nd years, specializing in fibro to find somebody who's able to just fall asleep, sleep through the night and feel rested and then get diagnosed with fibromyalgia.

It just doesn't happen. And really, I really put so much emphasis on this deep, restorative sleep where the body's repairing itself that Doctor Shaffner just talked about.

To me, that's the you've got to get that right. If you get that right and a lot of symptoms improve, let's talk about let's spend a little time here because I think it's so important.

And then I'm going to I don't want to I don't want to give away what at this, this little tip that you share with me a couple of years ago yet. But it blew me away and it's been really helpful.

But let's talk about sleep hygiene. So this is something that I, that I really, share with my patients. But let's talk a little bit about what what are some things you should do to get ready to wind down?

Yeah, to get ready for bed. Yeah. Great question. You know, most of us, in American culture or wherever you're listening to this, you know, have stressful days, right?

Even if you have a chronic illness and are maybe not, you know, as active as you used to be. You know, there's just like a lot of stress, stress of having that.

Yeah. This, you know, this you get in this funk or you just via stinking thinking, you know, you can't help it. You get, you just get so down. Yeah, totally.

You know, so you know all of that, you know, can really, you know, get our nervous systems in the sympathetic state. And it can be, you know, by the time we go to bed, it's hard to wind down.

So I think that there's a huge opportunity, you know, as you wind down, you know, for bed, like a two hour window really, you know, not engaging in, you know, the news, right?

Not listening to, you know, things that can be upsetting, you know, not really, you know, really being mindful of the information that you're, allowing your brain to, to, you know, engage with it is really important, actually, you know, and this is a peaceful time.

So are there, peaceful strategies and therapies, you know, for you, journaling and reading a book? I'm taking a detox bath and, you know, relaxes your body, you know, Epsom salt, that kind of thing.

And then light is so important. And I'm sure that, you know, you share this all the time, too. Roger. How you know the you know, how our brains and how our bodies are wired, is beautifully connected to nature and our circadian rhythm.

We have an organ clock that works throughout our day that we have optimal kind of, you know, function of certain organs throughout the day, that matches the circadian, you know, biology of our, the, you know, of our, 24 hour

day.

And that is very much driven by our light, you know, the kind of our light exposure is, you know, where, you know, our culture has gone as we, you know, our in screens all the day, all the time.

And they overexpose us to blue light, which is not bad in the morning. You know, even these blue lights in the morning in Seattle, during the, you know, seasonal affective disorder, time to kind of wake up and people stimulated and to break down melatonin and increase serotonin.

So you can kind of go out through your day, you know, but we are getting that blue light a lot. And if you have LEDs, that are the light bulbs that, you know, save energy, they actually have a lot of, you know, blue light exposure.

So, you know, in nature, you know, we get a lot of light from the sun and we have the full spectrum, right? So we get from UV to infrared and everything in between with, you know, sun exposure and our indoor environment very much, doesn't have all of that.

Right. So even in, you know, even no matter how sick you are, if you can get yourself out outside, you know, 1 to 2, you know, even three times a day during different times a day and out in the sun, even on a cloudy day like it's cloudy in Seattle, you get infrared still, you know, that really allows your, you know, eyes and your skin, you know, to kind of really connect with the daily rhythm.

And then before night, what I do is I have a light bulb, through dark, you know, Davis Bridge Company. Yeah. And that is light during the day. And then when I need to do work at night, I have red light around me.

So the red amber light is really calming to the brain. You can also use blue blocker glasses. You know, that can be helpful. But, when once you start doing this, like, almost like hurts, you just see, like regular lighting at night, you know, you kind of get all, you know, aggravated and, you realize how sensitive we are and that, of course, that signaling is going to be very important, you know, for melatonin production.

And you know, telling your body it's time to go to bed. And then when we get to the bedroom, you know, you want to have, you know, a peaceful bedroom, you know, try not to bring your phone into the bedroom.

Why Sleep Matters in Fibromyalgia

Some of our patients are very electromagnetically, sensitive, which I think we all are. But, you know, some people feel it so sensitive to MPs and that kind of thing.

And so we'll have people some people don't even have, Wi-Fi in their home. Some people at least turn it off at night. That was the tip. Yeah. That was the tip that you shared with me 2 or 3 years ago.

I hate to interrupt you, but yeah. No, please. For fam, it's been profound for some of my patients. Yeah. I'm a recovering insomniac. Yeah. And I fixed it.

I fixed I had to I had to learn how to fix it. But my patients, you know, over the years. But, you shared that and and I'm electromagnetic sensitive. I'm on these people that drive down the road, and the lights on the freeway will flicker and go off.

I'm one of those people. Yeah, yeah. Electronic stuff will just go dead for no reason when I'm around it. Sometimes. Yeah. And I started turning off my Wi-Fi and I noticed, hey, you know, as already sleep in fairly good.

It did by this time, but I'm sleeping. Eating better now. My son, my 18 year old son, has inherited his dad insomnia. Is that that sleeping out? But turning off the Wi-Fi not just on two things.

One is preventing him from getting on his, you know, his electronics at night, in bed at 1 a.m. or whatever. Yeah,

awesome. I really believe he's sleeping better.

And I see that across the board. And I work with with with some of the most hardcore insomniacs. Yeah, I'm about it. Yeah. And this has been a tip. I can just tell you, Kristen, that this has been such a beneficial tip for so many people just to tell them when you get ready to go to bed, just unplug the Wi-Fi, turn it, you know, you know, get rid of the Wi-Fi.

Turn that off. Voice and share with him to get all the electronics out of your bedroom. No TVs, no computers. Get off the Kindle. Yeah, use blue blocking apps or blue blocking glasses.

Yeah, but I had never put the emfs together. I never put connect the dots there. Yeah. So thank you for that. And I hope everyone I hope everyone will try this.

If you and if you have fibro you struggle with your sleep. Yeah, right. Try it for a couple weeks. I'd be really curious to see if you will find that you sleep better with the Wi-Fi.

With with everything disconnected. Yeah. Awesome. No, I'm so glad that I help you. And, you know, you you know, again, my patients have taught me, you know, you learn these things and you read about them or learn them from somebody else, and then you apply them and then you start seeing like, wow, I mean, this really helps.

And, you know, there's like one step further for some people who are really, like, sensitive, you can have the electrician, actually install in your house the killswitch or demand switch where you.

I had a couple patients do that. Yeah. You should you should turn off all the electricity in their house at night. Just like you can't be, right, you know?

And, you know, that really is wildly effective for people who are really struggling. So how do your patients deal with it? That happened. Yeah. Great.

You know, I thought it was weird. Yeah. You know, but they were at the point we just tried so many things. Yeah. And including they've been on every prescription, sleep medication out there which know, you know, the thing about the sleep medications is that they increase your risk of death by five fold. And that's a study out of Wake Forest.

You know, it's been repeated, not to scare anybody, but now that you know that you want to be looking for, you know, don't stop your medications, but you want to be looking for natural options.

So everything that we're sharing with you, sleep hygiene is super important. And then there's some over-the-counter things that you can do to run things you that also are really picked up was that you're using these high doses and melatonin.

I know you use Gaba and I do too. Yeah. Yeah. So you were using you know when melatonin came out, it was you could get it at, like point five milligrams.

That's where it started. And then if you really, you know, really aggressive, you could get it at 1mg or 3mg. So now we're seeing it come in ten milligram.

Yeah. So, even better sublingual I like, you know, but you were sharing with me that you were putting people on 20 or 30mg or maybe even more, I can't remember.

Yeah. At that time, I was using maybe five and thinking I shouldn't go any higher. And after that interview, I just started really researching all about.

Yeah, it's an incredibly important hormone for health, but in particular for fibromyalgia has so many things. It's a potent antioxidant. It helps reduce inflammation and pain.

We see that in fibromyalgia studies. And you hear people say, well, you shouldn't stay on melatonin, you know, because it can has potential side effects.

And I'm thinking if you want to know about your side effects, read what the potential side effects of Ambien are. And can you tell me, would you rather be taking melatonin if it works and it didn't work for everybody, or would you rather be taking Ambien?

Yeah, yeah, but melatonin is incredibly important. Hormone. Yeah. Many layers to it right. Yeah. And some of these drugs you know they you know they knock you out and get you to sleep which in in crisis I understand.

Yeah. But you don't get optimal levels and don't go in that delta way to sleep. So it knocks you out. You wake up. You still tired the next day. Yeah. Yeah, yeah.

So, and that's a melatonin. You know how I kind of have made sense of it. And then the research shows, you know, it's like we're living in a really melatonin deficient time.

It's like there's so many things, you know, really affecting our melatonin. And you know, we not only have melatonin that the pineal gland produces, but our mitochondria produce, our gut, you know, our gut.

Yeah. You know, and so we have all this melatonin in our gut, in ourselves, in our brain. And there's a lot of forces, you know, affecting that. And so, you know, so we use it as, you know, a circadian rhythm tool, but we use it as, as you mentioned, neuroprotective, antioxidant. Yes.

Fortunately, by the brain and the systematic system in getting all the things that we talked about in the beginning out of the central nervous system, which is the hardest place to get them out of frame.

Once we get toxicants into our brain and into that living tissue, it's it's harder to get them out, let's just say. But melatonin is a tool. So we use, I'll use liposomal melatonin from Bio Pure.

They have a like a four milligram in one pump. And most of my patients are doing like a few pumps of that. The melatonin, is in a suppository. That bio pure makes that 50mg.

And then that pill makes 204 hundred.

Sleep Hygiene, EMFs, and Melatonin

You can also get them through, you know, you can get them, at a compounding pharmacy, but I will definitely work with a proof practitioner. Yeah. And people hearing that and thinking, oh my gosh, I was right.

This is the melatonin. The research is, you know, is showing this neuroprotective. So I don't deal with Alzheimer's or Parkinson's. But I do have patients, spouses who have that.

And they ask me, you know, what are some of the things that, you know, I can do for my husband or for my wife? Yeah. Without a doubt. My first thing is just get him out, get them on a high dose of melatonin.

Because of the neuroprotective effect, the studies are pretty clear on that. And then cancer cancer's the other thing, right? Yeah. A ton of research around that.

And what happens to, you know, in the then compound compound cream, you know, that would be usually in almost 250mg transdermal. So I've had a lot of experience with the all forms over the years.

And, you know, it's wildly well tolerated. You want to make sure you're not on any drugs that would push serotonin syndrome or anything like that. But again, even with all of this knowledge, it's surprisingly well tolerated, in my opinion.

And then as you start to mobilize metals and all sorts of things out of the brain, sometimes you need to have like the catcher's mitt, like the DMZ or the EDTA or the binders there.

So if you wake up feeling really groggy, that's not usually a reaction to the melatonin. It's a sign that your body is moving through, you know, moving through toxins that you have to, you know, do a better job capturing, you know, as you like doing them together.

So I had people do those things together at night and they film, you know, and I've seen, wow. So yeah. And Gaba are usually, you know, my go tos to get people to sleep with everything else.

There can be like, inflammation, of course. You know, the brain can be pretty inflamed. You know, when we're dealing with all of this and, you know, sometimes it's viral inflammation or Lyme and co-infection inflammation, mycotoxins.

And that has to be addressed as well. Yeah. Do you so with with with the Gaba gamma amino acid, we both use a lot of that. I like to use it. You know, with fibromyalgia you mentioned this over sensitization.

The sympathetic nervous system is over compensating. And the the calming part of the nervous system, parasympathetic is usually pretty dormant. Yeah. And oftentimes they catch their second wind at bedtime patients too.

So they're tired or just, you know, exhausted all day. And then about 9 or 10 they get a little bit of energy. And because they hadn't been able to do anything all day.

Yeah. Now they now they, they get a little energy. So they, you know, maybe if they're still working a lot or but maybe they catch up on some work or maybe they're helping their kids wind down and help them with their homework or whatever it is, clean the kitchen, whatever.

But then they sabotage their their melatonin levels by doing that and just shut those down. Yeah. So Gaba is very calming, very relaxing. And it works really quickly to help to to to squelch that that overstimulation down.

And can it can be very effective. Yes. Yeah. I love Gabba Gabba can come like in a like this and allows injure and it also we use a transdermal as well and.

Yeah. And wonderful tool and gabba helps REM sleep as well. Yeah. And I like to use it if someone wakes up in the middle like this was a save me waking up 3:00.

Here I am again. Yeah, I did that for years. I became just, you know, it was terrible. And I, you know, so I can really identify, excuse my patients who are struggling with insomnia.

It is miserable. But the beauty about God is you can take it in the middle of night to 2 or 3:00 in the morning, and in 2 or 3 hours you can wake up, and it won't cause you if you're hung over dopey or you know, it doesn't have a hangover effect.

Unlike using some medication or trying to take melatonin in the middle of night or some of these other things. Yeah, absolutely. Yeah. I'm so glad you didn't have anywhere.

Yeah. Oh, it was terrible. You know, I really identify with people have insomnia, which is everybody with fibromyalgia because as it, as the as the bed time gets closer, you get more and more anxious, you know, because you think, oh God, I'm not going to sleep again.

And that anxiety just feeds itself, right? And with fibromyalgia, they already have depleted the chemicals they need to deal with stress. So now stress really becomes magnified and they get in this vicious cycle.

So anything we can do to break that cycle to me is the is the first step, really big step. And getting them heading in

the right direction. Yeah absolutely.

And so what are some. And so let's let's finish up with sleep. There's I had about 20 other questions I was going to ask you but but we've run out of time because but it's always so fun to talk to you.

So, we've talked a couple of things that I think people have probably not heard about. Is this this thing with emfs and electromagnetic being electromagnetic sensitive probably have not even heard that.

They've probably heard about bright lights and that kind of thing. What are some of the other things that people need to be on the lookout that may be sabotaging their sleep?

That is a is something that is a pretty readily, you know, fixable. Yeah. So my checklist, you know, is, you know, what's your, you know, light hygiene, right.

Yeah. What's your energy hygiene. Right. What's your energetic system looking like. We talked about melatonin. We talked about Abo. You know, there's of course, you know, basic you know, you mentioned like this kind of cortisol spike that can happen at night, you know, for people, often I use adaptogens as well.

I love Doctor Elias's on up here. That works. Really on the keel. The magnolia balm, for people, for women, you know, bioidentical hormones have gotten such a bad rap in our country, and I think they finally, like, you know, it's going to take forever to get into people's brains.

But I think they finally discredited or kind of come down to a combated back the, Women's Health Initiative study that said, like, oh, hormones are bad for women.

They're, you know, yada yada, they're going to cause cancer. However, you know, they they found that to be wrong. And, well, there was synthetic hormones too there.

Right? I mean, it was using horses, hormones. Yeah. You know. Yeah. All all of that. And so, you know, with, you know, women, you know, usually, you know, after, you know, perimenopause, menopause, estrogen and progesterone go down and progesterone is really needed, for sleep, you know, sleep inequality, is very protective.

The brain if you've ever had a head injury, you know, you probably need progesterone. And a lot of, you know, when you're, making a lot of excess cortisol, you're lowering your progesterone.

So I give women a lot of progesterone at night. In a bioidentical version, I often give them a capsule rather than a cream form. Progesterone, because it has more of a like.

It works like apple. So I use that sometimes for use also like neurotransmitter support. Right. We talked about Gaba and melatonin. So hormone. But you know, sometimes serotonin support can be helped.

Oh yeah five FTP is my go to for everybody Barbara. Yeah for sure. Exactly. Lithium orange you know can be sometimes or that can be very calming. And you know support also enough sensitivity.

And then I mentioned, like if you have chronic infections, and are not treating them, you know, I've seen, you know, viruses keep the brain inflamed. I've seen, you know, Lyman co-infections keep the brain inflamed.

And you can't sleep, you know, I mean, you know, like, a lot of gut infections in the fact, you know, upstream how that can, you know, all the inflammation and cytokines.

So sometimes taking, like, a skullcap or, resveratrol kind of supplement or, you know, curcumin that works. You know, that can be helpful.

Additional Sleep Disruptors and Resources

I'm like down the rabbit hole with histamine in myself. The mast cells are in our fashion, our connective tissue, and they're the first line of defense.

And, they're often, you know, triggered by all the life in history inventory for the brain. Yeah. So, you know, just natural antihistamine sometimes even, you know, compounded medications when they, when they need it.

But that can really quiet the brain and calm things down. And then, you know, trauma. Right. Like, if you got trauma from being sick or a trauma from, you know, just life, you know, which most people have, like, how do you, you know, are you tending to it?

Right? Are you seeing a, a therapist, somatic therapist or an eMDR person or somebody who can really get to those kind of unconscious parts of you because, you know, there are lots of theories about what dreams are.

Of course, they're kind of maybe a discharge for the brain, but they're also there can be a spiritual aspect to them, you know, and sleep can be a spiritual issue, you know, at the end of the day to, you know, what?

If something's waking you up or keeping you up, there's some thoughts around that. So, you know, just make sure you're attending to that part of your body as much as the physical part.

And I guess just the last thing I would say, maybe on like the sleep piece is if you keep waking up at a certain time, like your time was 3:00, 3:00, or, you know, look at the Chinese working clock and, you know, the liver is quite active at night as well as the lungs.

And sometimes, you know, giving people like, castor oil packs at bedtime can help get through that time. So that's like my brain dump on sleep with. Yeah. Okay.

Or for that, so, if you can tell that a little bit this head, cause my brain is not working, like, I would like for it to work, and I'm drawing a blank.

Your your podcast. Yeah. Tell me what's in it. And just drawing a blank and it's wonderful. Podcast. Yeah. It's called the Spectrum of health. Thank you. Yeah.

So the spectrum of health. I want to. Yeah. Courage. You're right. Check out your podcast is you. It's more of this, you know, it's more of this just really stuff that you're probably not going to hear from other practitioners.

It's really cutting edge. Very insightful. Material that really makes you think and hopefully causes you to do more research, do your, you know, be proactive and learn about some of the things we talked about and then tell them, what is the best website?

I want people to check everything out on your website. Your website's great. Thank you, thank you. Roger. So, we have, two websites. Doctor Christine schaffner.com.

You can find the podcast and just, you know, more about me. And then I also have my clinic in Seattle, Eminence Healthcare, about our practitioners. And all the things that we do, and we do telemedicine as well.

So thank you, Christine. This has been great. I've always loved, hanging out with you and picking your brain. It's really a lot of fun, and I really appreciate you taking time out of your busy schedule to be here.

Well, thank you so much, Roger, and thank you for all the work that you're doing, out there in the world. And I hope, our conversation helps all those who are listening.

I'm sure it will.