Introduction and Dr. Teitelbaumu2019s Background

Hi. Welcome back. Hi. I'm doctor Roger Murphy, and I am the host of the freedom from Fibromyalgia summit. I've got Doctor Jacob Teitelbaum. He's been on a few of my summits and podcast.

I always ask him to come on this because he's a recognized expert in fibromyalgia and really kind of put fibromyalgia on the map. Years ago. He's who I turned to when I first started learning about fibromyalgia.

And his bestselling book, From Fatigue, From Fatigue to Fantastic, was what really one of the really first books out there that really explain fibromyalgia in a way that people can have, frankly, have some hope.

And, it's a book that I highly still recommend. And then he's got another book out, Pain Free one, two, three, which is a fantastic book. And a couple other books.

One on Blood Sugar and, Doctor Timebomb is well-respected in the medical community, both in the conventional community and in the functional medicine world.

He has appeared on Oprah, Doctor Oz, and Good Morning America and numerous other popular media outlets promoting his work and fibromyalgia, which, thank goodness we we've got people like Doctor Teitelbaum that are helping get the word out about fibromyalgia.

We still got a lot of work to do. But Jacob, as always, thanks for being part of this summit. I always look forward to our conversations together. Roger. My pleasure.

And again, being on CNN and Fox and all those things, that's nice. But the main thing that qualified me to be involved in this area is back in medical school in 1975, I came down with Post-Viral chronic fatigue syndrome.

It knocked me out of medical school, left me homeless. I was sleeping in Parks and Tulsa, and when I got there, I'd wander over to Oral Roberts just to see what was going on there.

And people were sweet as could be sometimes I got fed, but homeless sleeping in parks with this disease is how I really learned about the illness and how myself, how I learned to recover from it.

My key focus for the last 45 years has been researching and writing about effective treatments, or this illness, and this is now a very, very, very treatable illness.

I published a double blind, placebo controlled study showed that 91% of people improve with a 90% increase in quality of life with the treatments we're going to talk about today.

So whether you have general fatigue, CFS and fibromyalgia or even long Covid, we are going to teach you how to get your life back today. Wonderful, fantastic.

So I got to ask because we were talking a little bit before I started recording, what's the connection between chronic fatigue, fibromyalgia now long haul?

There's a there's a thread that weaves through these three conditions. Right. Well, there's a big difference between CFS and fibromyalgia. If you go to a medical office building and you go into the infectious disease doctor's office and come out, you're going to have a diagnosis of chronic fatigue syndrome.

If you walk right next door into the metallurgists office and come out, you'll have a diagnosis of fibromyalgia. So for most people, if there is widespread pain and shakiness, it's the same thing.

Basically, these conditions represent an energy crisis where you trip a circuit breaker called the hypothalamus of

the brain. We'll talk about that as we go on.

Numerous things, numerous fungal infections, numerous other infections can trip that circuit breaker. Covid is just one more and a long line. So long Covid is simply post-viral chronic fatigue syndrome.

But it does have the kickers that you will see more specific organ damage. Sometimes hard, sometimes long, sometimes sprain, that needs to be addressed or other things.

So we'll talk today about specific things for long Covid. But then the overall sign protocol sleep hormones and functional nutrition exercise. Now we're going to talk about we have found to be very effective for long Covid as well.

Do you see now I know you're getting out of active practice. You're doing a lot of research, which I'm excited to hear about. But are you hearing from other practitioners?

Fibromyalgia, Chronic Fatigue, and Long COVID Connection

Is that long haul or, the those who are fibromyalgia are more likely to be to be vulnerable to long, long haul Covid? Well, the people who but here's the thing.

The people that I treat or have treated before I retired in November, were no more likely than anybody else. I mean, they would get it, but they would get a little bit of they got a flare.

And that's okay, because we will just give them a quick turn it up and they'd be fine. Yeah. So but I suspect that people who had it who were not being treated, which means they were just on the ropes and were more vulnerable and were more likely to get knocked out of the ring when they got the long.

But they got the Covid. Yeah. You know, I had I guess I'm kind of tainted in a way that what I'm hearing is from patients had actually been on my protocols, which are similar to yours, and they seem to do fairly well, although I do see, you know, quite, quite a number of long haulers right now.

It can we go in and talk a little bit about some of the, the protocols for long haul and then we'll get into shine because, I'd like to kind of while that's fresh on our, conversation list right here.

I don't know about you, but, I'm seeing that some of my patients who have done really well in the past, I'm getting contacted them saying, oh, Doctor Murphy, I've had this flare, I've got long hauler, and I've got, you know, I've got a few patients with kidney damage, which, you know, the cytokine, you know, attacked the storm, attacked, and they were told that, you know, you're going to have to have dialysis.

Who could we turn that around, you know, with, with the right protocols and, and they go back to the urologist after a bit of time. They've been told they're fine, but but but there is a growing list of folks who, have fibro and, as you said, get this flare.

They develop long hauler and, but there's some, you know, as you as you know all too well you teach don't teach this. There's there's protocols that work very well for this condition.

So let's take a look at the long haulers is the crappiest diagnostic label in the history. Pretty close because basically it says any any symptom represents more than 2 to 3 months after the disease, whether it's loss of smell or whether you're bedbound with fatigue syndrome or whether you have kidney failure, it's all the same disease.

No, it's not okay. You have to treat each part separately. To number one, those who were shortness of breath, it's usually not dangerous unless you had track long or cardiomyopathy from a heart attack or something like that.

Easiest thing is email me my write down. My email address is fatigue. Fatigue. You see doc like doctor fatigue. Doc, it's you. Malcolm asked for the shortness of breath information sheet.

We take an hour to talk about that. It'll talk about what to do, how to tell all of that so you won't be sitting there scared witless. You'll know what to do.

The cyclone again. The general thing is I want to do one. I'm going to turn off the inflammation. I'm going to use something called Caromed, which is a highly absorbed curcumin.

Yeah. Shut down the cycle oxygen. I'm going to use Boswell here to shut down the lock's, inflammation system. So I'll even a combination called cure. I mean, I have both together.

Regular cooking means not absorbed enough. I will turn off the app. I oxidant, of the oxidative cascade with the antioxidant clinical glue to file. So I'm going to shut down the two key arms that are driving it.

There's a coagulation arm to it. That's a little long for the talk today. But we'll address that in more severe cases. I'm going to go with those two for about three months.

That makes a nice big difference. I will go with low dose naltrexone by prescription from a compounding pharmacy for the brain fog. If that's present for my quick little activation.

So that's a general thing for those of you who really had heart disease. Most chest pain in this disease is not cardiac or long. It's from the tight muscles, trigger points, and tight muscles in the chest.

All through push over the ribbon. We produce a pain. It's muscle pain. That's myofascial pain. But the if for those with real cardiac injury, I'm going to go ahead to get my cures A to Z phone app.

It's a free app to a two up guy. But for the heart disease, all the information from the free app. Look up heart disease. It'll go through a recipe that dramatically improve cardiac function.

So if you have the heart failure healthy grafts, you know, whether it's through ribose contact and B vitamins, magnesium on all these things that dramatically improve cardiac function.

Easy to do six weeks, most people will be feeling a lot better. So for those components, I would go with that. But what I'd love to hear. Roger, what do you do for kidney failure?

Well, so what it turns out is a combination. This patient had lupus years ago along with her fibro, and I had I'd had helped her get over that. She'd been she'd been in remission for seven years.

Long COVID Treatment Approaches

And it turns out she moved into, a moldy house a year ago. And it was just the combination of the mold, toxins and and the, and the Covid that that was the storm, you know, was the straw that broke the camel's back.

So I got her on to I don't know if you're familiar with, Isaac Alliance, if she he wrote a book called The Paradox. The, the paradox dilemma. The paradox dilemma.

But it's all about, the cell danger theory, basically really kind of what it is. But his research shows that one of the things that happens is we have this chemical called galectin three, which is turned on any time the body feels threatened.

So it's a positive thing. I mean, it's it. I've got a broken wrist, right? Yeah. So it's part, you know, when you got inflammation, it's good and bad.

But for some folks, especially with Covid, it never turns off. So it was a combination of the mobile toxins and the Covid. And it started to, you know, affect your kidney cells.

But this practice all that in helping her with the, activated charcoal and binders and liposomal Bluetooth on Doctor

Shoemaker's mold protocol turned around and in a month.

So I was shocked. She was shocked. And then I had a second patient, very similar. Hers, it turns out. It wasn't mold. She'd had an accident and that center in the flare.

And then she had this thing. But same thing. Put her on the practice, all modified citrus pectin, and it totally turned around. I something I can figure out that helped to get the the kidney failure because I not I don't have a lot for so.

Well thank you. Yeah. Keep in mind it was amazing. I mean I told her, you know, we're gonna do everything we can. I'm going to, you know, but, we got her on that, and, and, both of their urologist, when they went back, said, I don't know what you're doing, but keep it up. So, they were telling you, you're going to be, you know, you're going to have a, and dialysis and all this stuff.

That's where you're heading in the next year or two and scared them. Death. So the modified citrus pectin, I think that was the key that in both of them, one of them had the mold, I think was a big part of it too.

The other was just the drama. Yeah. So for those of you listening, we're not going to talk too much about mold today. Like that's a whole nother show.

And, you know, if we had Richie or Neil Nathan on or any of those. But for those who are worried about one do suspect mold if you have severe anxiety, I mean, it's kind of unnatural anxiety and severe sensitivities.

Yeah. The things in the environment think mold. There's a book called toxic by Doctor Neil Nathan, which is awesome. My books not for Teeth Fantastic has a large section on some of the everything.

I'll talk about cell activation, food sensitivities and mold toxins. It's all laid out in there, so I don't want to go too far into that because that's yeah, that's not easy.

Yeah. We could talk an our Neil and actually Neil not Nathan is going to be on the summit at all. His book is dynamite. Yeah. But and yeah. So but but so, so now one thing you mentioned earlier before we started recording is some of the prescription things you'd also recommend.

And one of those is ivermectin. Yes. And, and I think we need to put that out there and let people know that we're both in agreement that there's a time and place for that medication, whether people come in with long Covid or even post, post, vaccine Covid.

And again, I'm not anti-vaccine. I'm just for vaccines being used wisely, which we don't always do. Yeah. And I do see people coming post Covid vaccine with long Covid.

It makes no sense that the ivermectin would work, but it works brilliantly. 27mg a day, usually a little less of a person is up, you know, weighs under 120 pounds, for five days.

Repeat as needed. I can't explain why it would work. I just have found that it does work really well. So one of my mentors was Doctor Janet Travels. She was white House physician for president kind of chain kind of thing about the trigger point manual and see what his first see what is.

Don't try to explain it to see what's happening that you can try to explain it. Because if you only see what you understand and miss most of what's happening here.

So my politics on either right or left, I think a healthy society as 40% of people are poor first ability or conservative, a 40% like changed their liberal and like a tree with roots and growing edges, a healthy tree is about 40% of each, with 20% of the bottle is independents.

Kind of in the independent range. Yeah. So I don't have a political ax to guide the research, contrary to the misinformation that's been staggering out there.

The average meaning does work. I mean, I had Covid, I took it, I used it for people Covid. It seems to shorten the disease and improve outcomes. The research shows that as to the just, the studies are underpowered or mis designed, the ones that are designed properly, show that it works.

Yeah, well, so put you on the spot. We even talked about this and, and all that. What do you think about Paxlovid? Do you think that that is, I think an elderly people with high risk factors who don't mind the risk of the coming back later?

Yeah, I think it's a reasonable medication. The other medication by the other company was that creates mutations is utter insanity. I'm happy to see. I don't want to name names because I don't work in a libel suit, but I'm happy to see that that medication was dying.

Paxlovid is a reasonable medication, but I didn't take it when I had Covid. I, you know, it's very nice for a benign course. I took the ivermectin, I took Pepcid, I stayed hydrated, had, my Kindle, and it was very enjoyable for days.

Now, you mentioned Pepcid, which is interesting because, for years and I don't even know where I got this protocol, for shingles, where you take tagamet.

So you take tagamet, which blocks the replication of the virus. Is that the same thing with Pepcid, Pepcid. And talk about, and the Zantac was still on the market.

How powerful immune modulating effects. Which is why it's very good for Epstein-Barr virus and for the Covid virus. It helps your immune system to kick the viruses out.

So again, I, when I, I think 20mg, of 40mg twice a day during the symptoms, and people will and the book will talk about how to treat Epstein-Barr virus is more found via Celebrex.

Combined with the overall side protocol that let's go ahead and move into. But the Pepcid can be helpful with that as well. Yeah. So let's talk about our favorite subject, which is fibromyalgia.

And so years had, you know, 45 years, I think you should 50 years, I don't know, you don't look like, you know, when do you start practicing? When you're six. I'm sorry. I'm 31.

There you go.

The SHINE Protocol for Fibromyalgia

So, so you've you have pioneered a lot of the protocols that people have put into place. Unfortunately, we don't still don't have enough physicians that really understand fibromyalgia.

Don't we don't have enough of them. But let's talk about your sign protocol. Let's talk a little bit about that. So what is that? Is I going to start with sleep.

Yeah. So let's go ahead I mean because for those who would like good research driven protocol. So Shine protocol was studied on a randomized, double blind, placebo controlled study.

The, P-value was less than 0.0001 for the primary outcome measures and for all four outcome measures. The degree of effect was that 91% of people improved with an average 90% increase in quality of life using shine.

Shine stands for sleep hormones, immunity, and vaccines nutritional support for the age. It's also hypertension was like pots and things like that. Then small is exercise disabled able not this big heavy exercise craziness.

So it's going to trigger positive effects on malaise. But that wasn't study that both treatment group and placebo group got to some walking maintained conditioning.

So the rest of the protocol was highly effective. So proving not only is this very treatable, but it also treat a proves that's a very real disease. Saber Group did not do well. Yeah.

So sleep is where I start. Everybody I really believe if you don't get that right you just can't get any traction whatsoever. But. And it only makes sense if you're not sleeping through the night, you're going to be tired.

You're going to have brain, you know, fibro fog you're going at you increase your inflammatory chemicals by 40% is what the research shows low moods, weight gain. I mean, it just the list goes on.

And now you've got to get that right, right. Absolutely. And your immune system will suffer for lack of sleep. One of the most powerful ways to immune suppressing animals sleep deprived.

So what happens with fibromyalgia is that you blew you had an energy crisis where you trip the circuit breaker called the hypothalamus, an almond sized area right below this area.

It controlled sleep hormones and autonomic function. The last one on and on, because when we stand up, a big bag of water, gravity sensor blood down to our legs, the autonomic system is what stands for back up to our heart, brain and lungs.

So the it's all three of those areas are not working. So sleep number one, how do you get sleep under sleep. Something's not working. There's certainly you want to use good hygiene, but this is not a sleep hygiene issue.

I will give melatonin. I'll give our EP 120. Sustained release, ten milligram melatonin. That's what I take myself at bedtime. And I will also use some mix of herbs called the Revitalizing Sleep formula.

As another, mix of essential oils called tree affixes. All of these can be taken together, and a book goes through dozens literally of things for the medications.

I will use Traz around 25 to 50mg, gabapentin 100. Just, you know, some of you are saying, well, I tried that. It made me feel like crap that don't do that got a whole bunch of others of you will.

I've tried it and find that it works. Flex fuel. These are three very at low dose. These are good things. Begin with Ambien for initiating sleep can be helpful.

Thousand sessions, I know, but it can be helpful. So what? The key thing is that if you try want to get one thing to get you sleep all night, you have to get such a high dose, it will knock it out of your body to late afternoon and you'll be hung over all day.

Or if you use a tiny dose of five, six, seven things, it's just a very low dose. Each of them is out of the body by morning and they can't go up to get this sleeping during the night, but they're cleared out the next morning, so you're not hangover.

That's what works best for people. With this. All of us. Yeah. So I'm more of the more natural approach. But there's definitely a time and a place, no doubt about it.

When push comes to shove, my patients say, well, Doctor Murphy, I don't want to take anything that's a prescription. But you know what? If you're not sleeping, you're going to be miserable.

So there isn't a time and a place, you know? So. All right, so we talked a bit about the importance of sleep, and then the next one is hormones. So let's talk about those okay.

So first of all the blood tests on somatic ward suck people. Most doctors have no idea what the normal range for blood tests comes from. What that means. Yeah.

They think that while the rest of the normal range, there is an organization of wise, older big white beards down to

hear the South look through all the research and said, well, you know, if this test falls to this range, there's no problem, but the person is fine.

Yeah, that's the impression we're giving. A med school is never overtly set up. And finally, after about ten, 20 years medicine, I said, where the hell did they come up with these things?

And I looked it up. And the national labs now do. So what they do is they take 100 healthy people, they do the test, and it's two standard deviations.

The 95 in the middle are defined as normal and then the highest and lowest. What happens under abnormal to put that in easier to understand terms, if I wanted to make a medical normal range for shoe sizes, it would be size 5 to 13.

If I wanted a normal range for income, an income of $8,100 a year would be normal poverty 16,000. So that something is normal doesn't mean it's okay. And your doctor says normal range.

Give them a size six shoe. Tell them this isn't the normal range. Please wear this alone. Explicitly understand how I feel about this, but that's kind of the same thing.

Yeah it's normal. Range is helpful to know the test. You know where out of 100 people the person is. But the guy to go by symptoms thyroid TSH is the most worst deadly piece of crap test that I've ever seen in 50 years of medicine.

When you have hypothalamic dysfunction, it is a useless test. Yeah, simply. And this is from the key researcher in fibromyalgia and thyroid. I have some point blank we were lecturing together is TSH lab on fibromyalgia and professor I got and he said absolutely not and he's right.

So how do I treat how do I diagnose thyroid thyroid IQ, waking cold intolerant, unexplained infertility, miscarriages, constipation, any two of those?

I'm going to give a trial of thyroid and fibromyalgia and I'll try different forms. I will adjusted what feels best. I will not adjusted based on the TSH, I will adjust it.

And as long as a free T4 test of the hormone is not in the upper 20% of the normal range, I'm fine adjusting at 12 feels as that will keep it safe. I don't care if the T4 is low.

Yeah, adrenal. So stress handler, how do I diagnose that? Well, I do the blood test. Of course. I'm doing the, proc panel for all these things. Yeah, but the way I diagnose low adrenal is do you get hangry?

Irritable one hungry? Yeah. Get this. Feed me now or I'll kill your moments. If you're not sure, after your growls, do I get your bowl 100? Yeah. And it's all gone.

And you're fired when you get start getting hungry. They're all hiding in the closet. Yeah. So adrenal plex. Nice. Simple mix up. What optimizer? Renal function.

I will use very low dose cortisol, which is quite safe. Up to 20mg a day. Higher dose is a problem. And estrogen, progesterone. If your symptoms are fair, about 40 years old and your symptoms are fibro symptoms are worse around your menses.

I will consider bioidentical hormones regardless of the types. Yeah, I think it's great that you bring that up about the testing, because I think that a lot of people, that's one of the one of the things that I hear is, all my tests came back normal.

So what's the matter with me? You know, and it comes back normal. What? But what's normal? I mean, you just share with us here. It's really it's it's it's different for everybody.

So William Rogers, I think. And May missed his first name, who worked with. Sure. Ask and doctors were asking here at University of Alabama and did a lot of research on nutrition and individual nutrients that are needed.

It was different on the inside as we're on the outside. And so because of that, one person needs, 800mg of magnesium, which is a natural muscle relaxant, relaxes the colon to have a bomb, and another person can take 100mg and they can't get out of the bathroom.

So there's a difference there that has to be. And that's part of what we we do. We figure out what's optimal for that individual and the testing can really kind of clown that sometimes the testing doesn't tell you.

I can give you a shoe size of nine. It's in the normal range, but it tells me nothing. Yeah. If as an absolute guide, without looking at the person measuring their foot, you know, if a person is a size nine and they're five foot tall, 110 pounds, and they say, my shoe feels big.

Yeah. No, I think it's big. If they're a six foot eight tuckson, that 220 pound me and they say my foot, my shoe feels tight. That same size nine shoe I'm going to presume is small.

Yeah, yeah. But I find about 70% of the patients that, that I work with have something wrong with your thyroid. Either they're on the wrong medication or they're not properly diagnosed.

They have Hashimoto's. That's never been properly diagnosed, not being properly treated. So I think it's a big issue for fibro.

Sleep, Hormones, and Autonomic Dysfunction

And I'm trying to think of that. You probably know I just can't. I'm having a, a memory loss blank moment here. Doctor Lao, who passed several years ago, we wrote a big textbook that I got three years ago from John John, and he did a lot of research on how to put a lot of that together.

And that really kind of early on, like, it was helpful for me to see that and start using thyroid with my patients and get some good results. He was right on a mark that a lot of people have followed receptor resistance to have a very high dose of T3.

Like I say, we could do a whole pot, show on thyroid. The book goes through each of the different kinds of thyroid treatment and protocols, and we'll walk everybody walk people through it.

Yeah, yeah. So we did we did ask for sleep. We did for hormones, which is cerebral. We just went to hypertension, for the second page of especially long Covid.

That autonomic dysfunction is a major player. What happens is, like I say, stand up, blood goes to your legs, it stays there. This is your last two units of blood.

So most doctors don't even think of it. The testing, once you've had the disease for five years, the testing is not reliable. But there are. There's a mayo Clinic Journal quiz you can do at home at a simple, pulse test you can do at home.

That's very easy. That is an excellent screening for orthostatic intolerance parts and a major prick name. If you email me at fatigue doc fatigue, doc itching.

Malcolm, ask for the low blood pressure sheet. I will send you that in the article on long Covid and CFS and fibro. It'll have the two tests. It'll also tell you how to take care of that.

So like I said that's a whole hour. But it's just on the form. Do you if you do, you find that goes hand in hand with adrenal fatigue. I mean, that's kind of one of the ways I screen is a, orthostatic pressure test lying down and standing up and then also, looking in, a mirror shot, you know, cover when I shine a light.

Yeah, that's a little trick, too. I mean, I do. I'm like you. I did the blood work. I did the saliva test. But those are nice little tests just to see how people are doing and absolutely kind of get an idea of where they're at.

All right. So now we're on to infections. Yeah. So yeah. So again there's dozens of infections. And again Covid we talked about about most common infections would be one, candida overgrowth.

There's no test I would give a nickel for for that. How do I tell nasal congestion post nasal drip chronic sinusitis or irritable bowel syndrome? Gas bloating, diarrhea, constipation.

That's tells me the person who has Candida, I will give them a natural antifungal like berberine Maddocks. I'll put them on a good probiotic. I like the pearls I lead.

But there's many good ones. And I will put them on different counter medication, 200mg a day for 6 to 10 weeks. Yeah, I at least three day courses and then I can do anything.

Yeah, right. Okay. And you'll see that at about week five, this whole thing starts clearing. God is clearing. Symptoms improve. I don't have to go slow because people will flare when you kill off infections.

So the Candida is a number is one of the major infections, post Lyme. There's no real test that's reliable for chronic Lyme. I will go based on symptoms.

And instead of giving the diagnosis of chronic Lyme, which can be helpful, I'm going to go. Are they to do they have antibiotic sensitive or they're likely to improve with antibiotics.

And instead of doing the tests that aren't reliable, what I will look at is are they allergic to three or more different unrelated antibiotic and nothing else?

Or almost nothing else that's not allergy. That's, about the die off reaction. Do they have low grade fever or do they have chronic lung congestion? Do they get scalp scabs?

That's a marker. For some reason they improve it just for Max. Did they have a history of taking an antibiotic like after dental work or something? And the chronic fatigue syndrome on away blows my mind.

At least all these people have. Come on. I took a little bit of a box to fill in after my dental work. My kind of key is have one went away for a week.

I said, well, did they put you back? I don't know why. Yeah. Oh yeah. Yeah, yeah. So that kind of a history I'm going to go with the antibiotics six months even whatever's needed.

Viral. Do they have an answer to the viral illness, to their chronic flu like symptoms? I'm going to be going. And those you're going to see, especially the orthostatic hypotension in that group.

Blood pressure drops when they stand. And I was going with a fever Celebrex protocol this is all in the book was kind of laid out in the information sheet.

But get good bit of it and I'll be something out. So these are all things you have to look at the different infections and treat them parasites. If you have a lot of gas, you can follow weather balloon, but not much of a small usually.

Candido, if you have a lot of gas and remember the silent pit Dudley's in grade school. That's sulfur. Rotten egg smell. Yeah, that's bacterial or parasitic.

Small intestinal bacterial overgrowth. Yeah. Which at the end of the day, very often comes from your thyroid. Oddly enough, a triggering decreased flow in the intestines, the pulls, it doesn't wash all the bacteria downstream until the large intestine builds up in the small intestine.

And that's why those who keep getting Sibo coming back need your thyroid optimized. Yeah. You know, do you? So I see I test everybody for for yeast and I'm with you.

I'm not sure that's always accurate. It's not, tested two ways. One with a stool test so they can culture it and then the other with a food allergy test just to see if they have a reaction to it. But push comes to shove, it's all about taking a good history and and listening and and having the intuitive, wherewithal to know, okay, this is what's going out.

But I find that most of my patients have a problem with yeast. Now, the other thing I see is, a lot of times is a history of Epstein-Barr. Bad case of mono as an adolescent, and that can rear its ugly head as they get older.

And they never felt quite the same after. Yeah, they're able to work, but they they weren't in the sports. So much health care as it's never, never quite recovered.

Yeah. Yeah. So with these folks that you that have these conditions you're trying to use some natural, you try to go more natural. Then I start a natural cycle of your Valtrex or some of these other.

I mean, there's a time and place for those, but I go natural. But then I will also basically I a couple what I call comprehensive medicine. I use the best of both.

And again you have the biochemical, which is natural for main arms of healing. Bio includes biochemical which is herbals, nutrients and medications. It includes the structural which will include things like surgery, chiropractic, other forms of manipulation, myofascial release.

You've got the biophysics which is like acupuncture, and frequency specific microcurrent. And then you've got the mind body components, and you need to address all four of those.

And I'm going to use as many in that toolkit as I can. And you may have more of the structural training to go along with the biochemical training.

Infections, Mold, and Immune Triggers

I have some of the biophysics and everybody has their own mix of what they bring to it. Yeah. And for everybody to bring the best mix that they have, that's when people get better.

Don't you think that has a lot to do to adjust with help? I mean, you know, relief has no hope. Yes. You know, I'm, I'm, I'm dead in the water, right?

I mean, so they got you, they got to have hope. And part of that is being able to share with them that you understand what they're going through, right?

Yeah. Once they get I mean, I just described I had chronic fatigue syndrome, knocked me out of med school, left me homeless. People ask, how do I know what pain?

How do I understand? The brain fog is difficult to word finding words, substitution and short term memory because I have that. How do I understand it?

It feels like on the deck of a ship with the disequilibrium and the businesses, cause I had it. How do I understand? So, you know, once they get that, they're understood and heard.

But here's the next thing. Can you imagine if you went to an old voodoo celebration, had somebody in robes came in and the fire is going, you will not get better.

You are hopelessly they will be dead forever. You will never. That's called putting a curse on somebody. I don't care if the person has shaman robes, you know, in a voodoo ceremony or has a white coat in a voodoo academic

ceremony, when the person says there is nothing anybody can do for you, tell them, thank you for letting me know.

There's nothing you can do for me. I got to go find somebody who can help me. Yeah. I'm. Goodbye. And if you go to Doctor Who implies I don't know what's wrong with you.

So you must be crazy and apply that to the family. And you. I recommend you get up very nicely, walk over to them, towering over them, kiss them on the top of the head and say thank you very loudly so they can hear in the waiting room, letting me know right away what an abusive idiot you are.

So I don't waste my time with you. Walk out, take your family with you, Slam the door. Look at I've been waiting room and say that doctor is an abusive quack.

I would leave now and go. There's no excuse for somebody saying or implying. I don't know what's wrong with you. You're crazy. It is totally not acceptable.

It is abuse of no. Yeah, it always blows me away that folks will stick with a doctor for a decade. And when I ask him, okay, what is he or she done for you over the last decade?

Nothing. I mean, it's one drug after the next with no really results. And then they hear about your work or my work or Jennifer Lipton, somebody that's really in this field, you know, working with fibromyalgia.

And we choose to use a mix of prescription and naturals, and they're down on that because they're not up on it. But they want to they want to ask their doctor, is it okay to take derivatives or, you know, to take something over-the-counter because they're concerned it may not.

And their doctor says, well, I don't think that you shouldn't take it. This is the same doctor that hasn't helped him or the other thing, it drives me crazy is people will say, well, you know that test the doctor tie to mom?

Wanted me to get her doctor Murphree wanted me to get in their book. I went to my doctor and asked for. He won't do it. Get another doctor. I mean, get it.

You you got to be your own advocate. Because if you're not, you're just going to be left behind. You've got to be your own advocate. You got to be proactive.

And there's nothing wrong with your doctor saying, I'm sorry. I don't know what's wrong with you. I just don't understand somebody who does. If you come to me for a heart bypass surgery and you say, I want you to do that, doctor, who can I say?

I don't know how to do that. Right? And you say, but here's a book from Bypass the Fantastic and a scalpel. I'm still going to say, I don't know how to do that.

Doesn't make me a better doctor. Right? But if I'm saying there's no such thing as a human heart, nobody's nobody's ever shown me a human heart. It doesn't exist. It's like, no, I don't. Yeah.

So anyway, let's take a look at nutrition and, just like this. So let's look at, I guess, you know, nutrition can be micro or macro can be, both. Right. Absolutely.

So for the diet, the main thing is increased salt intake. If you salt restrict with this disease you will crash burn even those with high blood pressure.

I will usually increase or salt heart failure. No. But high blood pressure is not a hypertensive problem. If you salt restrict horribly with high blood pressure all you do is drop your blood pressure one millimeter if you're Caucasian and three millimeters if you're black. It's negligible.

Low potassium causes high blood pressure, low magnesium cholesterol. But also it's not a high salt issue. You do

not. I do not recommend people. Salt is checked with this disease.

They need to eat as much salt. Your body wants more water. Avoid sugar. Stevia is fine. And then more. Most people do better with a high protein, low carb diet.

But go with what feels best to you and use common sense. Put food in your body instead of junk. Yeah. So on a macro level. On a micro level, beyond that, see what feels best to you?

As I've mentioned on a micro level, people ask what nutrient you need, and the answer is vitamin, mineral, all of them by definition. There's a multivitamin called Clinical Essentials, like how people take two of those a day, plus one Vira Pro.

Those three tablets together give amazing overall nutritional support. I will use something called Smart Energy System, which in our recent study that we're getting ready for publication now increase down below an average of 80%.

Wow. That's fantastic. That was amazing. And then another herb called HR, G80 Red ginseng has to be the answer G80 used to chewables. It'll cost a quarter as much as one one half to one tablet.

Day's planning and just as needed. Even, that increased energy about 60 some percent. And a study that we've already had published happened to send a link study these studies if you want.

Yeah, that'd be great. There's a physician. You might know him. He's a he's a PhD, but, again, my brain just being tired from all these interviews today.

He's here at UAB. He's pretty well known. I cannot, I just I'm drawing a blank. I'm just. But he he did he did research on, ginseng as well. Now, I don't know how far the advanced.

You're obviously very advanced. And you're, you know where you are in your research, results. But I think there was something they were talking about a couple of years ago.

I don't know how far they got. Yeah. Yeah, it was a dramatic, not it.

Nutrition, Supplements, and Mind-Body Healing

If I mean, if you look at my desk here, the one thing that I keep out of is my 880 red ginseng chewable tablets. So if I'm having a busy day, I just switch over to like half a tablet and it tastes good. My inner child goes, give me, you know, I want them.

So there's simple things I have people saying, well, what do you start with all this? I would start with the clinical essentials, the associated red ginseng and the smart energy system.

You can find that at the end for Wkyc.com. I think you found all of these on Amazon. They're they're putting readily available, and it's just, you know, give it six weeks.

And seeing the improvement that'll start even just for those, can help motivate people to do the rest. But I want to finish up with one more thing, especially those of you.

Well, two more things that have a PTSD kind of thing. Or severe stress, because you'll find so many of you have lives that are so trustful, they could make a movie that be a drama about everything you've gone through.

You know, if I gave you my life story, it would be like, no wonder you blew a fuze. You know, part of healing. We talked about the four components biochemistry, biophysics, structural, and the mind body.

Well, turning on the autonomic system through the mind body component. There are several techniques. My

favorite would be things like AMF Rewire by Dan New for there would be dynamic neuro with 20 system.

By Addie Hopper. That's a Gupta protocol. Whichever one look at all three, see what's on the language. Feels more of a fit for you. But again, it will take two months of regularly doing it.

But the effect can be dramatic. It's funny. In fact, I have a patient who I tweeted who was so sad she couldn't take anything and I put her on the DNR.

SNC well, she went from a two which is their housebound to a nine, which is a healthy person just without in fact a it's ironic she's flying into town.

She and her husband and I are going out to dinner tonight, so I get to ingest, It's great. It's it's a it's so DNR is, and and S3. Why are these things.

Yeah. Especially for those who can't tolerate anything out of the one time fee. And I'm just not. I'm going things that allows me to wean off of many of most of the treatments.

Big difference. If you have PTSD, read my book. It'll go through how to clear the PTSD, too. Yeah, but here's the main thing I want to leave people with today.

Rather, if you use the information that I'm giving you, the doctor's giving you that all of us are giving you to help you get well so you can go back to what made you sick in the first place.

Your body is going to find another way to take you out of the game. Your boss. I think so many people's. I felt so much about identity, I felt great. Now, what happened when I went back to the crappy job I hated and I got hit by a truck.

Literally. I'm not kidding. And now I'm out of the game again. So use the energies. You feel better to do, things that you love, things that are authentic to you, things that feel good not to be gone.

Well, I should do this, I should do that. But good human being should do this. That's called shooting on yourself. I'm going to invite you to let that stuff go.

All those bags of paperwork you haven't done if you've not been arrested or homeless for not doing those, consider throwing them away. Use the energy for what feels good for your body loves.

Then your psyche will trust you to free up more and more energy safely. Yeah. That's beautiful. And you know, a game changer for me. Last year was learning in depth about the sale danger theory and the paradox dilemma, paradox dilemma, where the body, when it feels threatened, you know, it goes it goes overboard.

And it's creating a lot of the symptoms. Just as, as a defensive mechanism. So anything you can do to nurture yourself and I talk about our power, or half an hour or even a quarter hour power meditation and pausing and journaling and reading, you know, whether that scripture or Wayne Dyer or Zig Ziglar, whatever that feeds your soul to allow your, you know, to give yourself that nurturing that you so need and deserve, I think that's a big part of the equation.

Play our putting the puzzle back together. And and it's oftentimes neglected, never even talked about. And as I get older and in this longer I see that people that I can get only so far, the way that I get them to the next level is exactly what you're talking about is, focusing on the mind body.

And and that's a big part of the, the equation not to do the whole thing. I don't care if it's cancer, multiple sclerosis, a lupus, or chronic fatigue syndrome.

You've got to treat the whole being. So give yourself permission to go with what feels best to you. If it feels better to do one versus the other, start with that.

Feel better with the multivitamin and the things that feel better with the mind body stuff. You feel better combining the to trust your own instincts.

See what fuels us. You see what works for you and you'll know. Yeah. So you've mentioned so many clinical pearls and and things that you've talked about.

What if they, you know, and what's the best website. They should just go to your website and they can access a lot of this material. Right. I'll give you two sites. Yeah.

Three actually vitality 101.com will take you through a three step process that will walk you through that. There'll be articles, there'll be a quick quiz to confirming how CFS and fibromyalgia.

But then there's also an online quiz. It's a free, questionnaire. It can analyze your lab tests, the pertinent lab tests if you have those available. But you don't need lab test because sometimes the labs point to the same thing.

And it'll tell you in your case, these, like, ones that I have that you need to price thyroid nutrition. I'll tell you what is causing your energy crisis and how to optimize your energy production.

You can also go straight to the energy analysis program.com and find the quiz. And then for supplements by end fatigue.com m e I'm sorry e and like Nancy D like David fatigue fatigue.

You welcome. These are the supplements from companies all over the world that I found to be most helpful. And the people I treat. So I carry them. But I think pretty much everything there is readily available everywhere.

So, you know, go where it feels comfortable to you.

Resources, Advocacy, and Final Encouragement

But again, brand matters for different things. So what I noticed notice specific product like CoQ10. I'm going to use your pharma chewables because 100mg a lot is like 700mg for both Coke.

You tell us, we are ginseng. I'm only going to use HRT 80 acetal kind of thing. I don't much care which brand I'm going to use. Like, you're sort of a good company is cheapest.

Yeah. So. Yeah. Yeah. Well, as always, it's been great. I wish we had more time to dive in as well. We'll have to. I have to get you on my podcast too.

So I have to do that. Is there anything that, you that we talked briefly before we got on here? And I'm just trying to give you anything else that you want to share as we wrap up our just as we wrap it up here. Yes.

All pain is optional. I've almost everybody with chronic pain can be pain free unless they go to an MD. And because our training in pain management is nothing.

I go to chiropractor. You have a much better chance. But the book, the from fatigue fantastic has a large part on it, on how to go through each kind of pain and how to use the best of natural prescription options to get pain free.

It'll explain to you why you're in pain and how to make the pain go away. Yeah. Great. Fantastic. Wonderful. Yeah. No pun intended, but, fantastic. Thanks, Jacob.

This has been great. As always. Thank you so much for what you've done for the fibromyalgia community. You've been really a beacon of light and, and, and a a world of darkness for so many people.

So thank you so much. My honor and pleasure. Roger. Everybody you can get. Well, this is really, really, really treatable. Time to get your life back.