Opening on Hope and Chronic Pain

So many patients think they're broken and there's nothing to do or you know this nocebo effect is so real where people say well you've got you know you've got chronic pain or you've got permanent nerve damage or you know you're going to be in a wheelchair someday.

So many patients have heard these stories and I think it's really important to empower people they can start to make a difference. And even if it's just a little bit every day, like maybe it's, hey, we're gonna work on just getting your sleep a little bit better.

You get your sleep a little bit better, you're gonna start building resilience in different body systems where the wheels don't fall off so easily. You're listening to the Lifestyle Medicine Podcast with Dr.

Ivan Rusilko, brought to you by Access Lab, where we explore new perspectives at the forefront of personalized healthcare. Well, welcome to the Lifestyle Medicine Podcast.

Podcast Introduction and Guest Welcome

My name is Dr. Ivan Rosilke, your host, and we're brought to you by Access Medical. If your doctor's not checking labs, they're not a doctor. And have I got a threesome for you today?

I got Beyonce and I got Jay-Z with us. I got Sara Sweet and Matthew Bennett. We got other authors. There are so many credentials behind the both of these two.

I think we're just going to pick through it as we go along here. But, you know, again, It's been fun. I've lectured at the A4M with them. It's been a super, super good time.

So I'm kind of very, you know, we're getting to their book, which I think is a really, really cool, cool aspect of what chronic pain is and can be. So I can't wait to get in that.

We haven't covered chronic pain on the Lifestyle Medicine podcast. So this will be a first. So I'm excited. And we got the two gurus at it. And then we're going to pivot all over the place.

It's going to be a very spirited one. I think I found two kindred spirits here when it comes to just being nonsensical, but very, very informative. So guys, thank you so much for being part of the Lifestyle Medicine podcast.

Yeah, thanks for having us. Thank you. Heck yeah, so first and foremost, how are you holding up in that cold weather up there? Yeah, well, I know you Floridians, it's kind of funny when it gets below 60, it's frigid weather for you guys.

We were at minus 25, minus 40 sometimes. Yeah, yesterday was so funny. I went somewhere. I was working on some formulations and you're not wearing a coat.

I'm like, it's a heat wave. It's 10 degrees above zero. You polar bear in it. Yeah, exactly. So it's all relative, right? Yeah. Oh, good. I'm definitely glad that you guys are surviving.

You know, it was a 30. I'm sorry. It was 38 degrees. And I think like pretty much Miami had a heart attack in general. But I think you guys should bounce back up.

We're about like 50 ish. You know, everybody's still in there being over there with their Aspen gear. But everything's working out pretty well. So I'm definitely happy you guys made it here.

You know, my friend was driving through South Carolina and she's like, I can vouch. There's one slow snow plow in South Carolina. Cause you know, they got hit with that storm, the ice and snow storm.

And I always say, God bless you. Don't get snow. Cause you guys don't have clouds, but it was funny.

How the Guests Entered Pain Medicine

She sent me a picture to say, I can vouch. There's one snow plow in South Carolina. That was funny. That's pretty good, actually, actually. Oh my goodness.

Speaking of snow and headaches, let's talk chronic pain. So first and foremost, how did you both get into this category? I'm curious. Well, my theory is I'm always a pain in the ass, but I know how to take it away at least.

There we go. Anyways, Matt, go ahead. Yeah, so I'm an orthopedic spine doc and for the last 20 plus years taking care of people with spine and I always did my own pain work and interventional work.

That was part of our training and our spine fellowship. And so I think it was very important to understand how pain actually works because, you know, everybody knows not all spine surgery works out great.

And so you have to be able to take care of the chronic pain piece of it. And in doing so, kind of stumbled on, wait a minute, chronic pain is maybe way different than we ever thought.

And that's when I kind of stumbled on Sahar and her A4M teachings about probably 18 years ago. And you know, ever since then, engaging is working though.

Yeah, that's right. That's right. She made me cooler. And so, you know, we've been kind of studying this whole other approach and utilizing it and seeing success.

Oh, that's fantastic to hear. So, you know, chronic pain is such a sensitive subject now. Actually, I deal a lot with veterans. I deal a lot with, you know, the elderly now because we're getting everybody's parents in.

I went from being the sex fitness and fatness or a fat loss doctor to like, you know, all kinds of weird stuff. And, you know, cancer and chronic pain go hand in hand.

So I'm kind of curious as to how do you guys see the treatment of chronic pain? How has that evolved over the last, I'd say, let's call it decade? from the traditional way to do it back, you know, 10 years ago to where it's going now with the new interventional therapies and the new mindset.

Yeah. I mean, you know, I've been in the East meets West medicine for the past 28 years, totally aging ourselves. And that's what I mean when I met Matt, you know, 20 years ago and he came up to me and he's like, I'm going to be the coolest, you know, spine surgeon.

I'm going to be your coolest orthopedic surgeon you'll ever meet and stuff. I'm like, cool. So we really hit it off because I was always into the East meets West medicine.

I was always in high level academia and you know, it was very rigid, right? Back then really pain management was narcotic mills and block shops.

From Traditional Pain Care to Whole-Body Treatment

That's what I called it, right? you know, ice heat, Tylenol, NSAIDs, and you know, ice and heat, you know, block shops, narcotic mills. It was crazy. So I went to Europe for a lot of training.

And then, you know, when I really kind of started to see how they do the whole body medicine, you know, everything matters. And so when I came back, we really started to kind of deep dive in teaching of East, you know,

meets West medicine.

And I think through our own like clinical work, you saw It was a band-aid, so it really bothered me, because for the most part, we practice band-aid medicine, right?

And then the data started to come out on opioid-induced hyperalgesia, and I'm like, interesting. So the medicine we're using to control pain is causing more sensitive pain and worsening the pain and propagating the pain syndrome.

And then of course, you know, started learning a lot about inflammation. Neuroinflammation, you know, was coming, you know, back in the day they wanted to like basically debar me as I called it because I was like, oh my God, we have neuroinflammation, gut brain, the vagus nerve, there must be a connection.

And back then, you know, mind you, that was 28 years ago. That was the Holy grail. Nothing got it through the brain. No inflammation, you know, unless obviously you had meningitis or something.

So we really, you know, I kind of started to kind of put the pieces together and teaching like, how do we put the whole stack of inflammation, gut brain connection, vagal nerve, you know, reptile brain retraining, the HPA axis, the stress response.

You know, how is all this driving an acute pain syndrome that gets into a chronified pain syndrome? And why is it some people, you know, you'll do back surgery on, you know, a couple of weeks, three weeks, whatever, PT, you know, they heal and then some they can never get back to life, right?

What is the difference? And so I think when we look at each person differently, that's why I always tease Matt, like, you know, I made him cooler when he started to learn, you know, the other side of pain.

And we've been on this crusade to really kind of educate. There's a lot more to pain than what it hurts. Cause most of the time what it hurts is not what's propagating the pain, you know, for the most part.

No, for sure. I saw a very unique thing, the biopsychosocial aspect of pain, which I thought was very, very unique. Could you kind of expand on that? Because I think you kind of put that in kind of a whole atmosphere right there.

So I'm very curious to see what your definition of that is. Yeah. Go ahead, Matt. Yeah. So when we look at pain, we know it's I'd say there's two different kinds of pain, right?

The acute pain is pretty simple, right? You get an injury somewhere in the body, there's tissue damage and through a whole series of events, the brain becomes aware and the person becomes aware.

There's a problem. I better take my hand off the stove. And what we found out is, you know, chronic pain is not just more of that. It's just not, it's not that that lasts for a lot longer.

It's a whole total different body experience that involves really all the systems of the body. And so when we look at it, when we look at what goes wrong in the body, we know in the chronic pain state that it's a combination of the neurological system, the immune system, the endocrine system, the guts playing a role, the ability of the body to create energy is playing a role, sleep is playing a role, and all those things impact and are impacted by What's happening in the brain and what's happening socially.

And so this biopsychosocial means, Hey, this pain experience isn't about the place that just hurts. It sort of is about that, but it's about how that interacts with your whole scenario, the biological side, the psychological side and the social side.

Biopsychosocial Model of Chronic Pain

I know it's a very hard question, so now I'm curious because you guys come at this from such a unique angle. If you

had to pick one, and I know the answer is there isn't one, it's all together, but if you had to pick one thing that's the biggest contributor to chronic pain, I mean 50 million people in the United States suffer from it, what would you say is the major thing?

Sleep deprivation? Is it stress? Is it something neurological? Is it the food that we're eating? If you had to pick one of the sources that if you could sit there and just erase one thing is going to cure 20 people from chronic pain.

Do you have one thing or, I mean, can you pinpoint the biggest contributor to chronic pain right now? Yeah, I mean, well, I think, you know, honestly, inflammation, because inflammation gets a lot of these different systems amped, which I think continue to propagate the syndrome and feed it.

You know, I just gave a lecture, I called it Inflamatology, the only medical specialty left. And really, when we really hone down to a lot of diseases and chronic diseases mostly that, you know, we're all kind of pondering with, you know, so we know if people are highly inflamed, it's going to drive their pain further, right?

You know, it's going to worsen their pain. It's going to worsen their brain because their brain is on fire. So they're not sleeping. They don't know how to calm those systems down.

So the stress level is higher. You know, their immune system is under attack, if you will. their energy system and mitochondria, the cells are not working well.

They're kind of working in a vinegar environment, as I call it, you know, they're acidic and they're not working well. So it's kind of like putting, you know, your cells in a, in a bath of vinegar, you know, Hey, it doesn't work too well.

So, so I think to me, that's probably one of the biggest drivers of a lot of chronic diseases and definitely chronic pain. So I don't know, you know, Matt, I mean, I think it's all, like you said, the whole system.

It's a hard question. I know. Yeah. That's probably the biggest driver. I don't know, Matt, if you agree. No, I would agree. I think if I had to pick one, I think inflammation's at the core of it.

But inflammation is caused by so many of these other things.

Inflammation and the Biggest Drivers of Pain

I think if I could tackle one problem in all of it and solve it, inflammation would be number one, but probably number two would be balancing the autonomic nervous system.

I think, you know, in chronic pain, so many people get stuck in the fight or flight. It's not their fault. It's just how the thing works. And if we can tap into getting that vagus nerve working better, I think vagus nerve is upstream from so many things, including inflammation.

that we could really drive change if we could really get people to fix that whole vagal nerve tone. Now, I love how we actually pivoted into the vagal nerve here.

For everybody who's listening, physicians, practitioners, or just patients in general, what's the easiest thing that somebody could do who's listening to us right now to kind of try to normalize that whole situation?

Is it just how you sleep? Is it breathing exercises? Is it stretching? Is it going out and having shenanigans on the town? What do you think is the best way that people can do this without seeing a practitioner to help kind of normalize their vagus nerve activity?

Yeah, I mean, everybody's sympathetically challenged, right? Everybody's living in a- That's some good one-liners, darling. You really do. Yeah, she does.

The Saharisms. Yeah, those are Saharisms as I call them. Yeah. So, you know, exactly. Cause everybody's like,

you know, the cyber tooth tiger is chasing everybody 24 seven, right?

You know, nobody. So we're like in a danger state all the time. And of course, chronic pain, you know, pain is not bad, right? It's the body's internal warning system and telling you, Hey buddy, something is wrong.

You better check it out. Right. But the problem is when it's chronic and it's constantly telling you like, You hurt, you hurt, you're gonna die, you're gonna die, right?

You hurt, you hurt, you hurt. The sympathetic, like that fight or flight system is just on 24-7. So I think whatever, I always tell patients like, find your happy place.

You know, breathing, like meditation for some people, they can't do it. I always tell them like my best rule is like at the stop sign when you're driving, stop means stop, right?

So stop and take a couple deep breaths, like just something simple like that. You know, the grocery store, there's a lot of tools, right? You know, box breathing or meditation.

You know, yoga, whatever the happy place. And then there's other gizmos and gadgets. I call it, right? I love the vagal nerve stimulators. If we need to zap people, you know, into like, you know, bigger, you know, there's levels, right?

Yoga, meditation, Tai Chi, cha chong, whatever your happy place is, box breathing. But, you know, vagal nerve exercises you can do actually with some eye exercises.

Singing activates the vagus nerve, right? Gargling activates the vagal nerve. So I always give patients like a menu of vagal nerve happiness exercises, as I call them, and, you know, pick, you know, we have the vagal nerve stimulators, the external ones that you can literally use and zap the vagus nerve a couple times a day to stimulate it.

dunking your face in an ice bath.

Calming the Nervous System and Vagus Nerve Tools

When people are having an anxiety attack, actually, I tell them, if you can't get yourself out of it, dunk your face in an ice bath and that will get you out of the anxiety attack in two seconds because then you become vagus nerve dominant or parasympathetic rest and digest system dominant versus that fight and flight.

Those are the tools that we try to teach in our book, in our methodologies, sleep, You know, when you're sympathetic and happier, you're going to sleep better.

You're going to make better executive choices, right? When you're always acting from, you know, when you're stressed and people don't understand that, like, well, everybody's stress is true.

But, you know, it also causes your brain, certain parts of the brain, like hippocampal shrinkage, we call it, right? Like memory. That's why when people are stressed, they can't remember things.

Their frontal lobes, the executive things are not working as well. So if we can get people into this happy zone, as I call it, you know, a lot of things, hopefully they can make better decisions.

They can execute some of the things that we try to teach in all these podcasts or the books or in our daily teaching, right? That's great. So Matt, I'm curious, you know, with your profession, my brother's a urologic reconstructive surgeon.

He's probably the most stressed out person I've ever met in my entire life going into surgeries in and out. What do you do yourself personally to kind of bring yourself down to get that biggest relaxation and a way of going?

You know, I only just learned how to breathe. And, you know, breathing is critical. but it's correct breathing. I recently had a nice retreat with our physical therapy group and I work with a big multi-site PT group.

We really wanted to dive into how do you really strengthen the core because we weren't seeing people get their core strengths really improved. The short of it is diaphragm plays a huge role and the diaphragm mobility and motion plays a huge role.

But if people have their ribs flared out, the diaphragm never gets to dome. And so when people walk around with that flared rib and the anterior pelvic tilt that goes along with that, diaphragm never domes, it hardly moves.

And so vagus nerve never triggers. And so if you can hold your core in a nice position, keep your ribs down and purposely breathe, every breath should give you just a little bit of vagus kick.

And if you do that all day long, all of a sudden it starts to add up. And so I'd say for me, that has been the most powerful lever that embarrassingly I only recently learned within the past year.

Okay. Old dog do tricks, right? Yeah. Yeah. Exactly. Isn't it sad? Like we need our watches now to tell us, hey, it's time to breathe. It's time to stand up.

It's time to, you know, like sleep. Like it's crazy, right? You know, everybody's living in such a demanding society and you really have to work at it to, you know, get these simple things like, you know, breathing is so important.

We do it automatically, but not correct breathing. We all shallow breathe, right? Cause we're like, for sure. Everybody shallow breathes. Nobody really gets their vagus nerve activated and that's the calm, happy place.

And now add on it, no sleep, stress, junk in our food, all the toxins that we breathe and swim in all day long, whether it's your professional hazards that you're exposed to all day, you know, or the home supplies, cleaning supplies, cooking food, everything, you know, we're such a dirty environment now, unfortunately.

So it just continues to fuel inflammation, you know, adverse childhood events, right? There's great data on you know, ADA, um, the ACE score, right? And how that models your immune system and how you have like a lot more inflammation just at baseline.

So, you know, it's crazy. And that's why sometimes we'll hit one lever, you know, but you really have to do this multimodal approach to really get people truly better and not just band-aid it, right?

You know, to link them to kind of like glucose. and healing, right, versus Band-Aid, which we're all trained that way, right? We would all train Band-Aid medicine, symptom drug, symptom surgery, basically.

Yeah, scary, right? It's always nice to see people such as yourselves, and that's why I love going to things like the A4M and AMG and all that kind of stuff.

You see physicians who are so credentialed through the teeth, so specialized, being like that, learning how to breathe now, learning how to sit there and walk, what exercises, what is nutrition.

It's just like, if we had just done that from the beginning, Jesus, we could have been, we'd be in a whole other society right now, you know? Well, you know, the problem is that body system has become so sub segmented in medicine, right?

You know, I tease, you know, at the U we have a left toe fungus specialist and a right toe fungus specialist. You know, I mean, now this is how sub specialized we've become, you know, and so.

And then you really have to stand back in medicine, go, well, who's putting this whole body back together again, right? Because they're not just a back pain or a heart problem or a lung problem or a brain problem.

They are a whole system that all these systems talk to each other, right?

Breathing, Stress, and the Body's Recovery Systems

When your adrenals are not working and your stress and inflammation, well, what do you think that's going to do to your pain? And everybody goes, oh, are you saying it's in my head?

Of course not. I always tease with migraine patients. A lot of times they heard that. Well, it's all in your head. I'm like, well, at least they got the right part of the body, right?

The location's right. That's what I mean, but that's the hard part for people. They take it so personally, but it is all these different levers and pulleys propagate the problem or propagate the pain or the lack of sleep.

It's a double-edged sword, right? Pain patients are not sleeping because of the pain. But then the no sleep and poor quality sleep is driving the pain because they're not resting and repairing and regenerating, which occurs during sleep.

So sometimes with chronic pain patients, they end up in these double-edged swords that keep taking them, unfortunately, to the next level. If they're on opioid, we know opioid-induced worsening pain, it's called hyperalgesia, but also we see a lot of endocrine dysfunction, meaning hormones get shifted.

or they stop making as much hormones. So like men make less testosterone when they're on opioids or if they're using marijuana or CBD for pain, right?

There's definitely associations. But what do hormones do? They're anti-inflammatory in most patients. You know, when they do that. So it's like, that's why people go like, well, you know, just do this or just do that.

But that's why the whole system, we have to look at their hormonal system, their energy system, their stress system, their physical system, their sleep system, their nutrition and diet systems, because they all like really drive each other.

No, the biggest thing I do at my practice here is diagnostic testing, obviously, part of the Access Medical Podcast. But the biggest part of it, I sit there and see when somebody comes in with things such as IGF, cortisol, and DHEA, you can already tell, number one, they're not sleeping correctly.

And number two, they're either adrenaline fatigue or adrenaline stress, which is going to lead to inflammation regardless of whether it's up or down, left or right.

And it's always kind of unique to see because they always have some type of achy pain somewhere. It could be in their foot, it could be in their knee, it could be in their back, it could be in their hip, whatever it could be.

And it's just funny, like you said, it is a huge snowball effect. When you guys do diagnostic testing, there's specific hormones you actually look for that can sit there without even talking to the patient and be like, I'm going to go ahead and bet that this person has something going on when it comes to a chronic pain or at least like an adrenal overload.

Yeah. Go ahead, Matt. I mean, they always, their cortisol curves are always off. Massive, right? I mean, it's crazy. Always. Yeah, it's always off. And then, you know, with people on chronic opioids, you almost always have testosterone and DHEA concerns.

So, I mean, those are, those are easy to predict and spot. Okay. Yeah. And like you said, you know, I mean, all the hormones, like we know testosterone is anti-inflammatory in men, you know, estrogen, progesterone, you know, progesterone, especially in women and men is very immune modulating, right?

So it's really important to look, you know, I always say test and not guess, right? It is important to look at the whole

picture of the hormones because they all have a different effect, you know, in what they're doing.

You know, before, before we had the non-steroidals, like the ibuprofen and motrons of the world, We had a drug called Pracetone, which was DHEA, which is the adrenal hormone that your body makes, which is your anti-inflammatory hormone.

And that was literally the drug in the days before that. So it's like your body has its own pharmaceuticals, if you will, if you give it the right help, if you will, you know, to kind of heal itself and do its thing.

But the problem, everybody's so stressed and wiped out, you know, we get these DHEAs of seven. Like, it's not detectable. Or cortisol of like, you know, 50 nowadays, I mean, and they're not cushionoid, right?

Like, you know, and you're like, whoa, you're not stressed at all. And so, you know, it just all keeps driving each other. You know, diet is very important, but We can't come in like the guy that's working out, lifting every day, eating 150 grams of protein and they only do this, and then you get a fibro patient.

Testing Hormones and Inflammation in Pain Patients

Sometimes they'll go to functional medicine or whatever like, well, I want you to exercise five days a week. I want you to eat three meals a day, all paleo, organ, and then they're looking at you like, I can't even get off the couch, right?

It's something that we have to graduate them into and address the root causes, slowly lower their inflammation. Give them one supplement. You know, like probably that will do the most help for them would be like a magnesium glycinate if they don't have can.

So like, and then I go, go to the water pool, warm water pool and don't move. I go, don't even move. Like you don't want me to exercise. I said, nope, I just want you to sit in the water because even just the water pressure, we're good.

The lactic acid, you know, and then I go, I don't care what you want to just add a color of food to your diet. Like. you know, if it's all white, I don't care, pick red, green, veggie, anything like, you know, and then slowly they're like, oh God, you know, I feel better.

I'm not as achy. I'm sleeping a little better. And then you graduate them to the next level. So I think we have to be cognizant like of those kinds of things that, you know, because I think we're all a kind of program.

We want to help people really quickly and like shift them quickly. Like with pain people, you can't do that. You know, these people hurt. They're rigid.

Their backs are stuck. Their knees are not moving. Their bodies are achy. Migraines, like I just had a patient earlier, like, I get eight migraines a month and, you know, four days of a migraine cycle.

I'm like, well, you're constantly in migraines then, right? So, you know, you kind of graduate them slowly into the University of Health, I call it. No, for sure.

And then that's where they start to build up. And again, in your book, you mentioned a lot about resilience, but you kind of expand about how, you know, patients can start to build up as this resilience, you know, one good day turns into two good day, turns into four day, then turns into a week.

So how can a patient start to build resilience towards, you know, chronic pain and actually getting better? Yeah we wanted to frame it in a way because so many patients think they're broken and there's nothing to do or you know this nocebo effect is so real where people say well you've got you know you've got chronic pain or you've got permanent nerve damage or you know you're going to be in a wheelchair someday like so many patients have heard these stories And I think it's really important to empower people that they can start to make a difference.

And even if it's just a little bit every day, like maybe it's, hey, we're gonna work on just getting your sleep a little bit better. You get your sleep a little bit better, you're gonna start building resilience in different body systems where the wheels don't fall off so easily with the littlest thing.

Like you can just build a little resilience. And the more resilience you get, As that compounds over time, ultimately you can end up with a system that's really on the way to healing or healed.

That's just, that's the approach that we need to be looking at is it's little by little in this stuff does compound and each system, each ripple in one system will typically impact the other system.

Like just how one system will bring another system down. You start building resilience in one system. Some of the other systems start to improve. Like if you fix a little bit of sleep, so many things will get fixed.

And I think it's important to empower them. I think sometimes, you know, because, you know, we're healers, and I think our words are so powerful to patients, like when they go, well, there's nothing to do, I have stage four cancer, I'm just going to die, right?

But it's like, I think if we give them just, you know, hopes, not false hopes, of course, but like, hey, this is all we can offer right now. But you know, research and studies come out on a daily basis.

Something could come up, you know. So, like, for pain, you know, for anything, like, I think the worst thing that we can do to these people is just take their hope away, you know what I mean?

Like, you're gonna be in a wheelchair, like, just go, hey, we're gonna keep working on this and empowering you. There's data every day, medicine morphs every day.

We learn something new every day. And then also teach them, like, this habit stacking, like, you're not gonna run a marathon right now after seven back surgeries that failed or whatever, but, You know, hey, a little water, a little change in the diet, you know, go to sleep a little bit, a little bit of magnesium, a little magnesium bath.

So it's like, I call it habit stacking, right? You're not going to take them to the marathon right away, but just to teach them just slowly, simple tools that they can continue.

And then when they feel empowered, they're like, oh, wow, I did this. You know, then they build more resilience. Like, okay, if you can just walk, exercise for one minute today for a week, next week, do two minutes, right?

You know, kind of like James Cleary's book. I love his stuff, right? Habit stacking. Or, you know, like we do even in longevity in medicine, right? Like, sit in the red light therapy, slap your brain tap on, and the hydrogen is in your nose, you know, the hydrogen generator.

Like, you know, just like, what can we do to kind of help them with these simple little things they can implement every day? They just, I think empowering patients is so powerful when they've heard like, You're just going to live with this pain the rest of your life.

There's not much that we can do or else or offer. When it's really the levers and pulleys in the body has just become really shifted and we just need to hopefully nudge them in the right direction.

Building Resilience with Small Habit Changes

We may absolutely not take the pain away, but I think it's important to teach them better ways to live with it. Function, isolation is the worst thing that happens to chronic pain patients, right?

And it was interesting because, you know, the the social media posts that we put out, that one actually exploded and went viral between all the posts that we've done.

And it really even jolted us in a way like I was like, wow, this is what's important to these people. This is what's happening is their world gets smaller and smaller and smaller because they're not able to do a lot of the typical, you know, daily living stuff.

And if we can just kind of give them back slowly to do the things that they love, you've hit a home run. You may not need to take their pain away, but if you teach them how to just simple tools to help them re-engage in life and society, you know.

It's a huge win. It really is. And again, it's like baby steps. I think we've lost that mentality in medicine. It's either all or nothing. And you know, I treat a lot of end stage issues.

You know, I've become a doctor of last hope. I mean, people fly and all of this for these weird things. And you know, you'll sit there and see just the desperation and then the sadness in it.

And if you can sit there and like, my kind of motto is, you know, I got cancer to finally get healthy again. So you take something that has happened to you and you try to parlay it through baby steps to feel better and say, listen, yeah, you might not cure this, you might not have this, but at least you're making progress and you're able to live your daily activities, which is one of the most important things, which is what I think you're kind of saying there, which is super, super unique.

So I'm curious, I always like to ask the questions to everybody who's on this, and I'm going to ask you one question each differently, okay? So the first thing is, Matthew, I'm going to go with you on this one.

If you're a patient who's stuck in the traditional cycle of traditional medicine to where I go there, it's pain medications, this, creams and all that kind of stuff, and you're looking to get into more of the wellness space, the regenerative functional anti-aging space, whichever you want to call it these days, What's the best advice you could actually give to a patient who's been trapped in this whole traditional medicine cyclone and be like, yo, this is what I should look for when it comes to the whole wellness market?

from what I've seen for most chronic pain patients, it's the first thing is unlearning what you think chronic pain is, because it's not what you think it is.

And when you start realizing chronic pain is caused and maintained by so many of the things that impact general health, if we start going after big picture health, I think you get a lot of wins.

I live and practice day to day in a general health model. I do injections for people, but we try to add the other piece to them. We try to do the pain reprocessing, the brain pieces, the overall wellness, decreasing inflammation, these sorts of things.

I think somebody who looks at it from a big picture is the way to go. First of all, just realizing there is a way out. Oh, that's true. Again, like I think the whole 33,000 foot view versus the, you know, this close view, I think is probably the most important part.

I think the actual definition of what wellness medicine is. So I think you're 100% right. Pain is not, you know, unidirectional. It's so multifaceted.

And it's crazy how a lot of physicians still think it's just pain is one thing and then move on. So I completely agree with you. And then for you, I'm curious, if you're a physician in this industry, who's been treating everything, you're treating sexual health, you're treating this, that, and the other, and a patient comes to you with chronic pain, it's one of their biggest things, you as a practitioner that's been, I mean, you are credentialed, by the way, all over the place, which I love, what would you sit there and say that if you're looking at a patient who's coming in from a healthcare perspective, what is something that you could give advice to other physicians to sit there and say, maybe focus on a couple other things instead of just looking at traditional pain medications?

Yeah, I mean, I think, you know, inflammation, inflammation, inflammation, I think that's the biggest message. I

always say, so simple, you know, with pain patients, just get a CRP and ANA and a sed rate just to see.

And that's only one part of the immune system, right? You know, I teach them how to read like platelets, like mean platelet volume. If it's elevated, that tells you inflammation.

Ferritin, you know, they're normal labs, right? We teach them how to read the CBC with diff now. You know, that tells me if there's gut inflammation. When your gut's on fire, your brain is on fire.

And then if you have pain, you know, your pain's going to be on fire, right? So even just these simple things, that's why I love gabbing and teaching because they can go and touch hundreds and thousands of lives and hopefully change the trajectory for them a little bit.

I mean, how many patients have you seen they come into us with, you know, their vitamin D is seven. I can't believe I live in Florida. It's the worst thing in the world.

I'm like, what do you guys, do you guys live here? I mean, what the hell's going on? I'm like, just check a vitamin D and optimize that. That will do so much for pain and well, general health, right?

But you know, just these simple tools that I think we were like taught, you know, like, oh, at CBC, you just look at if somebody has an infection or not, or if they're anemic and see, yeah, you know, it's so much more that we can gleam from them.

So I do think like, you know just talk to them and you know and god bless them they don't have time you know they got that's 2.3 minutes of care with each patient right so that's you know but like i just try to do like primary care 101 like you know functional primary care 101 i call it you know just these simple tools that we can teach them and it just gives them like oh Inflammation, like, okay, what's, what's nature's steroids, right?

Your A, your sed rate is high. Your CRP is high. Okay. Eat cleaner, sleep, stress less, but God, like fish oil, right? Fish and fish oil. That's like God's nature's steroid, right?

Like it's anti-inflammatory, you know? So I'm like, here, just recommend that or tell them to eat more sardines.

Advice for Patients and Clinicians

I don't care, you know, sleep better, you know, those kinds of things that I think that we try to just help, you know, teach the patient and teach the clinicians, you know, just these simple tools and they don't have to be, you know, I mean, I can tell you, like, sometimes we get these patients, like you said, you know, like I just had this one patient and like the doctor is talking like, Sahar, I'm stuck.

And I'm like, they've done everything, stem cells, exosomes, you know, blood, right, this, that, And they went to Mars and got red dirt while they're at it too.

And, you know, and I looked at the patient's urine pH and it was five. And I'm like, well, I think if you correct that pH of five, I bet you everything will improve.

And I said, you know, by the way, that $25,000, you know, stem cell treatments times four that you just did a hundred thousand, you just put it in a bath of vinegar.

So you know what happens to cells and vinegar. You know, so just sometimes like simple things like that, that will make a huge difference. You know, they don't have heart disease, you know, sodium bicarbonate, alka salts are like, you know, eat green and lean.

And it's like, oh my God, their pH went to six, it's six and a half. And they're pain dramatically improved. Well, I'm like, well, yeah, cause they were bathing in vinegar all day.

You know, I said, you went to Mars and got red dirt first before correcting basic stuff like vitamin D of seven. So sometimes, you know, we also don't want to shoot for the moon.

There's so much just daily stuff they all can do clinicians and patients. I truly agree with you on that one. So guys, I'm curious too, in closing here, please tell me about your book.

I mean, like I've been looking at it, I'm going to nerd out it, I'm going to get it, The Advanced Therapeutics in Pain Medicine. What brought this meeting of the minds together and kind of what's the focus of the book and what can people who are listening expect to read when they actually, you know, sit down on a cold Miami Beach night and actually read it here?

Yeah, on the beat. Well, I'll start and then I'll have, you know, Matt fill it. So the advanced therapeutics in pain medicine, that was our original work five years ago, because that was our work for humanity, as we called it.

Because, you know, that's when the opioids came in like, oh my God, opioids are bad. We have a crisis. Don't use them. And I'm like, we've had a crisis for 25 years.

I don't know where you people been. Welcome to the party. You know, but whatever. So we wrote that book, actually co-authored and edited, you know, me and Matt, and a bunch of clinicians from around the world, amazing clinicians.

So we put this work together as Humanity for the Clinicians, like, hey, look at these other tools that you can use, like low-dose naltrexone and, and ketamine.

and many others, but I think, you know, that worked really well for the clinicians, but it was kind of, you know, more difficult language and it was more medical, which really we always felt the need that there was a need for a patient level book, you know, a consumer and patient level to take what we kind of do on a daily basis and translate it for the clinician and that was master in chronic pain that was released on September 4th.

So the master in chronic pain is the patient model and book. So that's kind of the distinction between those two. Yeah, I mean, the patient book is just so evident that there's so much that the patients could benefit from that's not direct medical care and really takes hours and hours to explain.

And so we wanted to put it in a book so people could have a chance to get to it in their own time. You know, sometimes when you're in chronic pain, The brain can be a little foggy, a little cloudy, and sometimes you need to visit and revisit to really get things to stick.

And we just felt like so many people didn't have the basics that we thought they needed. And so this is, you know, a book that doesn't replace their medical care.

Books, Resources, and Closing Remarks

It just kind of sits alongside their medical care and can give them, you know, some things that they can learn and do on their own to augment what they're already doing.

Oh, I love that. And it's always good to have, you know, one for the doctors, one for the patients, because I think, you know, that's super important.

And a form patient is probably the best patient for a good doctor or a scary patient for a bad doctor. So it's definitely a good doctor. Well, guys, thank you so much.

This has been so fantastic. I hope everything warms up up there for you. It's kind of warming up down here in Miami Beach. But I want to thank you so much for stopping by.

Again, this is the Lifestyle Medicine podcast powered by Access Medical. Uh, and guys, thank you so much. Check

out their books. Uh, I'm going to, I'm gonna probably jump on it.

It's on Amazon and everything, right? Yes. Yes. It's on Amazon and then also on our website, noceviva.com. N-O-C-E-V-I-V-A. Like not to get into it, noceception pain, you know, noceviva.

Okay. All right. Noceceva. I love that. Well guys, it's been an absolute honor. Thank you so much. And I definitely look forward to getting it out to everybody to hear.

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