Introduction and Fibromyalgia Overview

Hi. Welcome. I'm Dr. Roger Murphy, and I'm the host of the Freedom for Fibromyalgia Summit and have my friend and colleague here, Dr. Rob Downie. He's a medical practitioner, family practitioner and of all places, Alaska, one of the places that's still on my checklist.

And Rob keeps asking me to come when these days are going to do it. But Rob is one of those I really think one of the special doctors that is someone that really goes the extra mile for his patients and his community.

And I really love that about him. He's a functional medicine practitioner. He's a, you know, specializes in functional medicine. So he's in the best of both worlds, I think.

And we're going to be talking about my favorite subject, obviously, about fibromyalgia. So, Rob, thank you so much for being part of this summit. Thanks for making a space for me.

It's a real privilege and an honor to get to work with you. Well, thank you so much. And, you know, on your I was I think we met initially when I was on your seaworthy podcast, which I highly recommend for everybody to check that out.

It's you do such a wonderful job and I think I'm guilty of doing a lot of biochemistry, looking at the microbe, you know, nutrition, looking at what people should be doing to balancing the neurotransmitters and, you know, how I can fix their hormonal issues, but I think you do such a wonderful job of looking at it, the entire person, the whole the whole individual.

And that's what we're going to talk a little bit about today. But first of all, you know, I think for fibromyalgia, LA Times, they get passed from one doctor to the next and it can take years and many doctors before they finally get the diagnosis and a lot of times, you know, they get this diagnosis and they think, oh, finally, finally, somebody is telling me what I've got.

Now, what do I do? So, you know, it's it's a mixed bag, right? It's a blessing. But there's also kind of a curse to it, too, right? Yeah, absolutely. In having and I've played this a number of different ways, including thinking I was being compassionate toward my patients to ask that they not identify with the diagnosis, thinking that was a liberating an invitation to liberation, to not identify with the diagnosis, inadvertently robbing them of the clarity or or falling too much into the trap of using the diagnosis the way a lot of MDs do in a way that defines folks.

And so now I'd invite our participants to think of it as both. We need to think of that set of things we know about fibromyalgia as illuminating a light as it were, on the root causes and the predispositions, whether they're genetic or the person's very empathic or what have you.

Certain things we know are chinks in people's armor. Yeah. And then at the same time, maybe the advice I give everyone in functional medicine, you are not your diagnosis.

And I think that's the beauty of functional medicine is we're looking for the underlying causes. We want to treat the causes instead of just treating the symptoms and and not just simply by says, you know, you're you're got your foot and traditional conventional medicine as well.

I mean, thank goodness we have the the tools and the resources we do in that particular branch of medicine. But why I like functional medicine so much is partly because of specializing in fibromyalgia so many years, realizing that is just a name.

And so we want to look at, okay, what are the underlying causes of the pain fatigue, the insomnia, the that, the anxiety, the brain fog, all these things that go with it.

And that's exactly what, you know, you're sharing with us. So these people get this diagnosis and then oftentimes the practitioner, he or she says, well, you have fibromyalgia, don't really know much to do for you other than give you some of these medications and then come back and we'll see how you're doing.

So it's really it's a diagnosis of trial and elimination. And then it's once you get the diagnosis, it becomes, I think, almost even more frustrating because there's very few doctors that really understand it.

And in many, they don't even acknowledge that it exists. And one of the key things that we talk about in the summit has come up a few times is this thing called central sensitization pain syndrome.

Can you talk a little bit more about that, Robyn, and how the role that plays in fibromyalgia? I appreciate the opportunity to do it, Dr. Roger, because getting invited to do Spend This Time With You today made me think about everyone I've seen and treated since I was a medical student.

And, and I asked myself which ones got better and which ones didn't. And then, like a lot of us, if some topic comes back, we'll go back and we'll read.

Central Sensitization and Brain Safety

I went and read from the Textbook of Natural Medicine by Miriam Posner and all, and I went and read David Rockwell's take from its integrative medicine textbook.

And the thing that hit me is the single most useful thing I ever learned about central sensitization, which I would I'd like to. Boy, is that a sterile term.

Oh, my gosh. I mean, I see it now and I feel like I'm in a dentist's office or something with white walls and stainless steel tools. It tells me nothing on a gut or grit level about what's going on.

So maybe let's just for the rest of today's conversation, call it brain feels unsafe. Yeah. Yeah. And so I had somebody say, what's happening with these pain syndromes?

Many of them. But fibromyalgia is the most prominent one, is that if we're at a cocktail party and our our gating functions are working properly and there's 100 people there for the first 7 seconds, we enter the room, we hear all the conversations.

There's this cacophony. And then at the 7/2 mark, the filters kick in and we hear the conversation person we're talking with and we don't hear the others.

And it's automatic, not consciously. We couldn't do it. It's too sophisticated. It's got to be software and hardware running properly. And what's helped my patients the most is to think of fibromyalgia the same way they're getting information they don't need from pain pathways.

And so when I say central sensitization is brain feels unsafe syndrome, the brain is letting information in that it thinks we need because of stress distress.

There's some sort of change in the hardware or the software that it's made a decision. We need that information. And other people who are stressed or traumatized or whose systems don't feel safe or supported or bogged down have other manifestations, but fibromyalgia patients feel tortured by this data they don't need.

And I guess for the rest of today's conversation, I'd like them to just be aware of the ones I take care of who get better. They need to take care of this thing called Second Arrow, or then they get mad at themselves because they have the condition.

They're like brain, you've got to stop GS brain, you know, you suck. Yeah, yeah. And the brain's just doing its best. And so it sounds corny or cheesy, but it's so important.

We need to have the compassion to say there's a brilliant reason our system did this. Yes. So, yeah, there's there's a lot of different theories about what causes fibromyalgia.

And and for me, specializing for so many years, the one that talks about central sensitization pain syndrome, where the body's overreacting to pain, this thing called al-Adawiya, where you have a low pain threshold, is really manifested through a stressed out hypothalamus pituitary adrenal system where our body just cannot handle stress.

Stress becomes more magnified, pain becomes more magnified sensation. As you mentioned, stimulation, whether it's loud nights, bright lights, loud noise, whatever it is, this is the thing.

But, you know, there's many other people, Neil Nathan, who is going to be on here, we're going to be talking about mold and his one of his colleagues.

You know, you, Richard Shoemaker. So really kind of put mold, toxins on the map in his book. I just reread it again the other day. I said, you know, it's quite this big and kind of was reading through it again.

And he talks about fibromyalgia is nothing more than bio toxins. So there's you know, there's there's different things that can trigger fibromyalgia. But I think the common denominator is what you're sharing is this where the body becomes it feels like it's just it's overwhelmed and it can't turn itself off.

And I like this idea you mentioned where specialists who I love and make a huge difference in the eyes of my patients. But one thing happens if you look at specialists versus generalists, and I've always been a generalist as a family practice doctor, I've delivered babies, I've put in a chest tube, I've used antibiotics for pneumonia, sewed people up in the social worker on call north of the Arctic Circle.

I mean, I feel like I've done almost everything except general surgery. And so to me, when a specialist says, Oh, my area of specialty has revealed this is super significant, the only thing they don't know is that there's another specialist who it's identified the same thing about their area of specialty.

And so to me, for our participants, I'd like them to know that half the people I take care of who get better from fibromyalgia doesn't have anything to do with my familiarity with fibromyalgia at all.

It's just using the functional medicine analytical tool going through item by item. If they need whole food at it, they've got micro toxin burden. Treat it if they're.

I did realize that thyroid and adrenal always come up in my work up of fibromyalgia patients because it's part of the hypothalamic pituitary axis or the adrenals and thyroid are rising and falling together.

Yeah. And one of the things I realized reading Mary and Pisano last night was that some folks get better with using T3 alone as a medication, even if their tests show that they have normal thyroid function.

And I realized, wow, a helpful lens for folks to look at this through is what sends a signal of safety and what sends a signal danger. Mycotoxins are dangerous signals. Yeah.

Chronic toxic burdens are danger signals. Being in a marriage with somebody that's physically abusive or verbally abusive is a dangerous signal. Thyroid hormone is a safety signal.

Whole food is a safety signal. A happy adrenal is a sign of abundance. A happy thyroid burning hot is a system that feels free to move and be vital. And so these these paradigms that break things, everything into two buckets, they have downsides. But I kind of love it that we can almost look at everything that affects fibromyalgia through that lens of what sends a signal danger and what sends a signal of safety.

You know, Sydney Baker, one of the I think one of the founders of functional medicine, certainly integrative medicine, and one of my heroes, he calls it good medicine.

He calls what we do good medicine. And again, that's not to step on anybody's toes. It's just I feel like and I'm I'm obviously biased, but I'm doing this for so many years with so many fibro patients and seeing that they fall through the cracks.

The main reason is that in conventional medicine, it's really focused on treating the symptom with here's the symptom, here's the drug. And again, there's a time and a place for that.

But I think your you know, what you're sharing, Rob, is that with functional medicine, there are certain things we look at and we know the only way to help this person is to get them healthy.

And that means different things to different people. But there's some tried and true things. If you get that right, the person is going to is going to respond and they're going to get better.

And that's what I love about functional medicine, is, you know what you do. I love the fact of, you know, how we how we treat our folks. It's all about getting them healthy and in.

And a byproduct of that is they feel good again, you know? Yeah, yeah, yeah. So tell me about this whole, you know, Eric Gordon. He's going to share the whole thing about cell danger theory and then Isaac lives.

We'll be talking about survival paradox in here, which is something, you know, if your body feels threatened, it turns on this inflammatory system.

Functional Medicine Causes and Triggers

That's kind of what it does. It's and that can create a lot of problems, right? Mm hmm. Yeah. I think that we know Substance P, which is involved in pain pathways gets ramped up, the sensitivity to it, the amount of that molecule, which again suggests to me a turned on danger pathway.

And as we segway into this question, I want to stop and express compassion to our participants and encourage them to keep going and work with folks like you, Dr.

Roger or a Natural Path or a chiropractor or an AFM certified practitioner. Because that moment where the conventional doctor says, you have fibromyalgia, we don't have much for this is code for I know the diagnosis, I just don't have the tools because the tools for fibromyalgia are so unsatisfying.

Yeah. And so I just want to really encourage them that there's light out there and it's fine for the conventional doc to make the diagnosis, but because I am dual trained, they just don't have the tool kit.

Yeah. Just keep going until you get to the folks that have the tools because it's totally unacceptable for them to be left in a sort of a wasteland. The people who suffer from fibromyalgia are to be left in a wasteland without tools.

It's unnecessary suffering. So you've got a patient that comes to you got to diagnosis of our marriage. I mean, typically about time I say they've already had the diagnosis because they've been to so many different doctors.

And it's as I said, it's a diagnosis of elimination, right. So they come to you, they've got a label. Yeah. And and they're asking, you know, what do I, Dr.

Downie, what do I need to do? Okay, I'm in all this pain. I have no energy, I can't sleep. Where do you start that individual and where does that process, where is it kind of leading to for that patient?

I think I do two things in parallel, Doctor Roger, I, I do the analysis through the Institute for Functional Medicine Matrix, which is antecedents, triggers and mediators.

And then it's the lifestyle domains either as the source of the problem or as the source of the solution. So Whole Foods, sleep movement, stress management, social connection, and then more so with fibromyalgia patients than

with others in the area of functions of the matrix.

I love it when you and I talk. You invoke these folks, Sid Baker and others who develop a functional medicine approach. And it's a guy in Oregon I'm sorry, miss his name.

I'll pop into my brain, I think. But one of the docs there maybe this story is true. Maybe it's not. I think it is. I think he wrote the AFM Matrix first draft on a napkin.

Wow, that's impressive. You know, or a piece of paper like, hey, everybody, what do you think about this as an analytical tool? And right at the center is mental, emotional, spiritual.

So if we look at the revolution that's happening right now around trauma, yeah, that that pre agricultural people had close calls with wild animals and rockslides and famines.

But if we look at the native design trigger, cultural people were built to be in a state of abundance and safety. Yeah. And, and the animal model for this is that zebras don't get ulcers and presumably they don't get fibromyalgia either.

So they live on the Serengeti. There's lions in the grass, but they procreate, they eat, they sleep. We're built the same way. And so then if we say, well, if we misunderstood being teased as a kid, or if we had a parent who was stern and we perceived that as not being loved, the the sort of pre adult operating system in the brain basically tells us we have to connect even more to circumstances that feel unsafe for us to get our needs met and that we lack value.

That's a compensatory mechanism to explain the mystery of why things are hard or weird, and those consequences spill over that into the hardware and software being corrupted.

And so I talk to people about about what does it take to feel safe? And some of them resonate with this and some of them look at me like, I'm not coming back, man, this is too weird.

This is too deep. This is not why I came in here. I came in here for the supplements and I mean, so I'm talking to them about whole food and movement and B vitamins and magnesium and vitamin C and adrenal and thyroid workups.

But I'm really talking to them about the riddle of a brain that doesn't feel safe and how do they need to feel safe. And thankfully, about half of them it does.

Apparently, I'm not the messenger for some of these folks. I wish I was a brilliant enough messenger that it resonated with everybody. But half the folks I talk to say, Oh, well, maybe, maybe I'm either going to have to get into marital therapy or I'm going to have to set some boundaries that I can't be shouted at and hit anymore.

It's just not acceptable. And another person says, Well, McDonald's twice a day, five days a week and video games till one in the morning and soulless job six days a week.

Yeah. Is why my brain feels unsafe. And so I think I think many of the most powerful truths are so in front of us that we bounce off them. They become a cartoon of themselves or a cliche, and we think we've got it.

But when I challenge folks, do you feel safe even? Are you doing what you wanted? Are you are you fulfilling your mission? Do you have a sense of something greater than yourself?

Spirituality is our connection with something greater than ourselves, a source of meaning and solace. It turns out a lot of these folks, upon further reflection, don't.

And that's an invitation. Hopefully this is a safe place to say, wow, okay. I've been thinking about that. Yeah, yeah. You know, I'm guilty of really focusing again on the biochemistry, but the natural people who ask me, Well, what do you do for fibromyalgia?

Me How, how can you be successful with fibromyalgia? And a big part of that is balancing or getting the biochemistry to work properly. But the other part of it that oftentimes is neglected, not talk about which which plays a substantial role in fibromyalgia in every illness, but particularly in fibromyalgia, because we know there is a history of trauma for a lot of these folks.

A lot of them came from an abusive household. You know, they had maybe maybe they were just had a stressful household where they were a military family.

They moved a lot or they were sick as a child or they had a parent that was sick, but they come from a stressful household and they lose their plasticity to stress.

So as they go through life, they find that they they find that they can't rebound like most of us. And and then this these symptoms starts to show up.

And the other part of that, I feel like I need to share this. I think it's so important to take time and really think about what's going on inside you.

I think so many people and I'm guilty this show up every day and just whatever happens, happens. I never take the time, that quiet time, which I call the hour power, really, to just kind of, you know, what's going on inside of me.

Why do I feel this way? What's happening? And because they don't do that. They're reacting all day long to whatever monkey mind it comes in their brain.

They can't control it. So if they focus on the pain, that's all they focus on. And and the pain is real, no doubt about it. But there's got to be ways that you can acknowledge these symptoms or acknowledge this this uncomfortableness that you feel and then move past it, right?

Yeah. Yeah. And by the way, all that brilliant stuff you do, you're sending your approach focusing on the pathophysiology and the biochemistry is sending signals of safety.

And so I would cite this as an example of the body knows the way, and this is why it's so humbling what you and I do, because one person gets better with yoga and another with broccoli and another with alcohol like rock acid.

Yeah, right. And another with. Yeah. Sort of finally hearing the counsel of their pastor. Yeah.

Mental, Emotional, and Spiritual Factors

And so if we the, the, the core bankruptcy of conventional medicine, I don't hesitate to pick on conventional medicine because our patients need to know what's happening.

And so the core bankruptcy of the conventional medicine approach is that it's all really focused on disease. Yeah. And so then the doctors start to believe that people are inherently broken.

Yeah. If the doctor believes people are inherently broken, you just got to keep piling the drugs on. I mean, I saw that and yeah, now government I learned from new emerging trauma luminary.

I learned this from my friend Joe yesterday. You know, a saying reason conventional docs are sort of uninterested in this stuff is because every single one of them is traumatized by residency.

So we traumatized the healers and then so the the nice thing is that a really elegant plan based on optimizing the physical energy. It makes so much sense to me that we are sending this we're drenching the system in signals of safety now.

So that's bound to work. Great for for a ton of, you know, a ton of folks. And and I think this is good news for people to know that all kinds of approaches work.

The Mark David changed my life also when he said for people to lose weight they they want to maybe you and I have talked about this before but it's probably worth reiterating they think they're going to check out of the compartment of the body.

And when it's at the weight they want, then they're going to come back. So they don't think they need to be home because they don't like their body. They want it when it's leaner and it looks more like Hollywood body, then they'll come back.

But they're going to disdain it. And this tendency then that we have that we don't want to be home while we heal. That's why I focus so much on compassion.

When for the self and compassion for the body. Yeah. When? When the first thing we do is lean into our pain and say, thank you pain, I'm there for you.

And then the second message is, we've got this. This is hard. This is hard. Just having this thing free spooling. This is hard. Having this process feed itself.

Thank you for this information. We've got this. We're going to we're going to turn down this sensor knob. We're going to do you know, there's I hope folks think about the brilliant things that are happening with trauma processing.

Now, I'm a little dated. I had post-traumatic stress disorder from a car crash. I survived. A teenager was fighting with her stereo and hit me and my wife head on, coming the other way 15 years ago.

And, you know, so like a boxer slipping a punch, I turn the truck a little. I ended up in the ditch with after the airbags deployed. So we survived 130 mile an hour impact. Wow.

And five months later, I was talking to a friend of mine that does eye movement desensitization and retraining EMDR trauma processing technique that takes a stored trauma from the right brain, which is the heart brain isn't really built to store it and puts it in the left brain.

And but I didn't know I had PTSD, but I had a foreshortened since the future and I didn't want to put my kids in the truck and drive to Missoula, Montana.

And my friend said, Well, you've got PTSD, let's do EMDR. And he turned me on to Bessel van der Kolk and the body knows the way. And now you and I were talking at the point of a revolution in the understanding of trauma.

Trauma doesn't mean people are weak or wimpy. It just means we live in a hard world and a bunch of us get our hardware and software hacked. And so I hope our participants think about state of the art approaches to process this and be be more at peace because it's probably one of the big keys aside from, you know, moving as play and E vitamins, magnesium, vitamin C, get your thyroid and drain all checked out and optimize, you know, people who know how to do that stuff.

I think state of the art trauma processing is probably going to turn out to be part of the revolution. And in shifting this epidemic of fibromyalgia. Yeah, I think what you're sharing with us is I think there's a revolution that's happening.

Certainly it's happening for me because I'm guilty of really being in, as I've mentioned multiple times, is the biochemistry, which is what I love. But it's so much more than that.

And I really starting out years ago, 30 years ago in chiropractic, where we have this this philosophy, this mentality of this innate inborn healing system or this energy that we have, we all have this higher force, whatever you want to call that, it's there.

How do you tap into that? And quite candidly, you know, I got away from that for because I got more into the

biochemistry and but several people like yourself and pull me back over the last few years and I'm going back and reading books, The Body Electric and Gerber's vibration of.

Well, I mean, these these books. Deepak Chopra, I mean, these are things that I fell in love with and kind of fell out of partly, I think, because there was a blowback from the healthcare community.

Oh, that's, you know, that's fufu. Now what we're seeing is, is not so so the science is there. I mean, there's the studies show definitively that and what I realize is just what you shared is that if I look back over, you know, 30 years in practice, 20 to specializing fibromyalgia, the difficult patients that we work with and I look back and I think, you know, who are the people that have made the most progress?

Who are the ones that are and particularly I know right away this is the person I'm to really be able to help is someone that's willing to put in that me time, that that spiritual time, too, where they look at what's going on and try to try to learn something from it and move on past it.

This was brought home recently. I don't know if you know Eric Stutz. He wrote the book, The Tools. If you not read that book, I highly recommend it. But one of the things he talks about is people get stuck in the maze where they perceive some type of wrong that has been done to them, whether it's from a parent, you know, someone that you know on the freeway, whatever it is, and they get locked in that maze and they they rationalize it.

Everything that's going on with them, from their poor health to their to their dysfunctional household, has to do with their parents or something that happened to them.

And they they can't get past that. They're stuck in that. And what they don't realize is that is what's compromising them from really moving on and tapping into this higher force that's there.

Well, you know, we just. We got to make time to do it, though. Mm hmm. I think that's so beautiful. I was hoping this would be the vein we speak in today, because I want to make sure if somebody takes the time to attend my session on a summit, they hear something.

Maybe that it's been talked about before, but it's talked about in a different way that's going to resonate with them. And I feel when I had a bunch of these problems, you know, blaming my low self-esteem on my dad just to be over, right?

I mean, he was affected by the Depression. He didn't throw away a napkin in his household because he had a victory garden as a kid during the end of World War Two.

As a little kid. So that Depression era mentality made him feel like being tough and strong was a good model. And and then my self-esteem didn't end up on good footing.

And I absolutely blamed him. And then I realized he was human and came back full circle. But we can do that with our job, our boss, our society, environmental toxicity, climate change, you name it.

We can say, that's why I'm sick. That's why I don't feel well. And so that one, the stress folks again, have done brilliant work from my perspective with this phrase locus of control.

So I just always talk about the neighbor's dog barking. It feels like either I'm going insane, the neighbor's dog is barking, I cannot sleep. This is not fixable.

But the trap there is that all of it that's under the umbrella of the neighbor's dog isn't. The problem means that we don't even look at the problem in a productive way because we inherently say This is impossible, it's outside of me.

I can't do anything about it. When we say, okay, the problem here is that when the neighbor's dog barks, my response is Fill in the blank. Right? I can't sleep.

Then we start to say, Oh, I forgot, I've got some earplugs from hunting season. Actually, I know that my neighbor is receptive to very sort of straightforward conversations about, Hey, Ralph, Fido was torturing me again last night.

Like, Yeah, good, Joe, please. Now, we've had neighbors that have done that to us. Yeah. And so locus of control is actually scary. And again, it was scary for me to say, as long as I say, you know, my dad's stoicism was a problem, I have no power.

Yeah. When I say this was my response to it, then it feels like, Oh, dang, I don't get to blame him anymore. I just lost a convenient straw man for my problems.

And so these are the types of it's why mental, emotional, spiritual is at the center of the matrix because you can't supplement your way out of a lifestyle deficit and you can't lifestyle your way out of a mental, emotional, spiritual hole.

And some of these mental, emotional, spiritual growths have to do with I've got to take my power back. Yeah, yeah. I think it's important. You know, there's so many people on the summit that we're talking about low thyroid and muscle toxins and adrenal fatigue and five hydroxy tryptophan to make serotonin mean.

We have all that. But what oftentimes I think is missing in the patient's repertoire to really and in as needed to go to that next step to really get healthy and feel good again is exactly what we're talking about and it's it's not talked about enough.

So what are some of the tools that people can use that would help them to, you know, to get them to where they're able to realize to be more in tune with what's going on inside of them mentally, physically, spiritually, that will then help them get to that next level that they're trying to get to to to feel good. Again.

Thanks for the question.

Hope, Healing Practices, and Closing

I think there are two things, both in my training and my observations and I think they're related but different. And thankfully, one is really simple.

So during that hour of power that you described where people slow down and say, who am I? How do I feel? What do I believe? Just be in their body is a good time to do things like look at the bird feeder, sit by the river, watch the clouds change.

Maybe when my wife recovered from a stroke, which she did recover fully from, she watched a thing called the owl cam where a mother owl and some chicks were hanging out.

And boy, was the pace of that right for recovering from a stroke because they did very little. Yeah. So if people slow down, sometimes the answer is right there.

But it involves a new job or taking a walk or setting boundaries or dusting off the elliptical. It's just whatever the voice has been there, it's just not been convenient to listen to the voice of truth inside about what they really want and need.

So I would just encourage people to know that that that little voice isn't such a little voice. It's often a manifestation of our higher self, part of our self that is connected to something greater saying, hey, hey, if you just good things will happen.

The other is trickier. The other is where the hardware and software really are corrupted by the maze is built by the brain and the psyche saying you're trapped, this will never end, your suffering will never end.

Those folks, I think either need a really well-trained trauma person or some really good ones now. So some folks,

you know, our Institute for Functional Medicine reviewed psychedelics last year.

Some folks are opening doors of consciousness in a monitored setting to get a peek behind the veil of something which again, is controversial. But the data is there that for some folks that's revolutionary.

And then in the domain of meditation, it turns out mindfulness isn't enough, meaning mindfulness is that first step of slowing down and being at peace next to the eight lane highway of our mind.

And these mindfulness apps like Headspace are a great start, but actually finding somebody that one trusts to take those next steps and thankfully these these are you know, there are restorative practice traditions in Christianity, right?

There are meditation instructors who talk about loving kindness and abundance and compassion and actually make that part of the meditative practice. And so even though it's a long road meditation or restorative spirituality with the person listening to their heart, who do I trust to take this journey with?

And then starting the devoted practice and visualizing that healing is transformative? Yeah. So really the first place to start, number one, is to have hope is not to give up.

Absolutely. Absolutely. Because the people want that. When you when you lose that hope, if I have a patient there that I can't even instill a sense of hopefulness, I don't have a chance for them because I know their body, their spirit is more powerful than any drug or anything I can ever do to help this person.

It's really the success. Our success together as a team is dictated on how much hope they have that they can get well and then turn that hope into action steps that allow them to get healthy.

One of my mentors is no longer with us. Now that Wayne Dyer, I love this, he says. You know, when you squeeze an orange, you get the same thing. Every time you get orange juice, you know what you're going to get?

What do people get when you get squeezed now? And the reason why I share that, I think is so people so many people are at the mercy of what is happening around them.

It's just a reaction. It's not a well thought out react. I mean, no one wants to scream at their teenager, right? I mean, you don't use a profanity with you love, but it's this reaction.

And what we are was saying is you have to put the time in to have that inside of you that comes out what you want to come out. And maybe that's it's a process.

It takes, you know, it's like developing, you know, bicep muscles or whatever it's a habit. It's it's a training that you have to do. And it starts to me with this quiet time thinking about what's important to you, how do you want to react?

Projecting yourself into a future situation you know is coming up may seem stressful. These are things that if you do that, you find that you can navigate the stress that comes into your life in a way that doesn't just sink you physiologically with more pain and more fatigue and more depression and more brain fog, which is the aftermath of these these reactions that we have.

And we know we don't want to have them, right? Mm hmm. Right. And thankfully, people who have the courage and the willingness to undertake a practice.

Yeah. Will be like me. They will be pleasantly surprised. I It was part of my DNA, that kind of stoicism. Tough guy parenting, by the way, my dad's a great guy.

Yeah, that's a great guy. So he didn't deserve me being hard on him. Right. But and we had a great relationship before he passed away. So thankfully, I did remedy that situation. But I was quick to criticize and quick to be, oh, I

don't know.

My kids would say I was fun to do jobs with when they were little. Now they're college age. And so I undertook these practices. For me, it was love and compassion and mindfulness practices and a meditation tradition.

That's the flavor I picked. It's not the only flavor. Yeah. And about five years into that, I remember my my son got sideways in a situation that would it has been so predictable for me.

And he had told me he was afraid of my anger. Now, just the just the emotional intensity of it. And so we got in this sideways situation and I just looked at him and I just said, I love you.

And if you need proof that you're safe from me from here onward, this is proof because this is clearly the circumstance that would have previously triggered me right.

And he looked at me anyway. Yeah, it is. Yeah. And so we undertake the practice and then the software in the hardware changes. That's neuroplasticity, that's resilience, that's personal plasticity and it is there.

And just to ever so briefly geek out Candice Pert who discovered the opiate receptor and wrote the book Molecules of Emotion, she said, If we pin up a Polaroid on the pinup board of our consciousness of ourselves, well, these four and five amino acid signaling molecules called PIP peptides, cell to cell tissue to tissue starts sending the signal, the change is coming and so we literally drenched the body in healing signals.

If we go to a Polaroid once a day on the pinup board of our consciousness of us. Well, so the hope I could not it's hope as a policy, not an analytical response to the state of the world then.

Yeah, yeah. Well, I'm at such an advantage going through chiropractic schooling. I was raised in a very medical oriented family. All my family members were in conventional medicine.

One form or another. But in chiropractic school, we really, as I mentioned, we were taught this whole thing about innate inborn healing that we have. So the body that made I mean, the power that made the body can heal the body.

We know that. I mean, that's we hear about miracles all the time, people overcoming cancer and things that happen, a surgery that went wrong and all of a sudden the person is pronounced dead.

And 30 seconds later, a minute later, now they're come back to life. I mean, we hear about people who get these these diagnosis or prognosis that they have, you know, few months to live.

Norman Cousins and people we you know that have put this on the map so we know we have this in us and and I guess and wrapping up I just want to hope this this time that you and I spend together motivates the audience to to start to take action to to to find people that motivate you to go deeper inside and that can be weighing down our that could be Joyce Myers.

It could be Joel Osteen. It can be Zig Ziglar. I mean, there's so many wonderful people out there, so many wonderful resources that you could take advantage of.

But, you know, you got to be open to it, number one. The number two, you got to start doing it right. You got to put that into your daily practice where you're spending time nurturing yourself.

Yeah, absolutely. I think that's such a I think that's such a great summary. Rob is always I love I love your your compassion. I love hanging out with you.

And I mentioned earlier that I want to make sure I am kind of making sure that I said this right, that it's seaworthy podcast corrects. To it's yeah it's called field notes an exploration of functional medicine.

So on platforms people use to access notes. Your practice is seaworthy medicine in Alaska then. Yeah, seaworthy. MEDCOM And now we've got a class in functional medicine and an immune resilience audio course on health accelerator ethics med dot com.

Yes, I would encourage you to check out the website Seaworthy Indeed.com and you can see all the resources that Dr. Downey has on there for you. Some of the some things that we talked about today.

He's got some resources there for you to check out. So, Rob, thank you so much. This is I always enjoy hanging out with you. Thank you so much. Likewise. Absolutely.

Really appreciate the it's a privilege.