



THE

FATIGUE

SUPER

CONFERENCE

**The most common causes of fatigue
and how to address them**

Guest: Dr. Evan Hirsch

Alex: So welcome to The Fatigue Super Conference and I'm excited to be joined by Dr Evan Hirsch. Hi Evan.

Dr Hirsch: Hey Alex, thank you for having me.

Alex: It's a pleasure, I'm excited to get into your story. Just to give people a bit of context about Evan, Dr Evan Hirsch suffered with fatigue for 5 years before he achieved resolution using the 'Fix your Fatigue' programme that he pioneered in his medical practice. Through his bestselling book, free Facebook group, group and one-on-one coaching he has helped thousands of people across the nation optimize their energy and is on a mission to help 1 million more.

He is board certified in family medicine and integrative medicine and when he's not at the office you can find him singing musicals, dancing and playing basketball with his family and Evan's promised that all of those will be part of the interview today. (Evan laughs).

So I think probably the best starting point would be to just start off a bit with your story, the fact that you personally suffered with fatigue and I know that also your wife had some experience with it as well. Tell us a bit about that and how that turned your path as a perhaps more traditional medic into working in this field?

Dr Hirsch: Happy to do so Alex and thanks for that introduction. So I had gone through conventional medical school, I was entering into family medicine residency, University of Washington has a programme in Olympia Washington where I was, and I got started. I met my wife about a month in, she was living and working in Olympia and we fell in love and about 3 months later she couldn't get out of bed. So it was just this really rapid decline and I felt incredibly powerless. Here I was, I was supposed to be at the top of my game learning everything that I could about family medicine and medicine in general

I would ask my attending's, every doctor that I came across, all these books that I was reading and there really wasn't much that conventional medicine had to offer about fatigue. You know there was thyroid and there was certain severe illnesses like lung disease and heart disease and hepatitis and stuff like that, all those were ruled out and here she was couldn't get out of bed.

We finally found a naturopath that was able to an adrenal stress index test and found that her cortisol levels had flat lined, but that was about it. She said, you know, I don't really have much for you, Stacy did some research on her own, bought a sauna, took some adrenals and she was fortunately able to come out of her fatigue about 3 years later.

Alex: It must have been a pretty challenging experience when you're seeing patients day after day and you're helping them and the person that you're closest to in the world feeling somewhat powerless to be able to help?

Dr Hirsch: Exactly and I was working 80 hours a week, I was trying to find the time to support her and to do this research, it filled me with a lot of shame. A lot of shame and a lot of guilt that I wasn't able to help this person that I love.

And so then I graduated residency in 2007 and then we got married and had a child and I opened my own practice and then in 2010 my energy started to tank and I developed Chronic Fatigue and that lasted for 5 years. What I found through that process, I mean first off it was horrible as you know, my brain fog was so bad that here I am sitting across from a patient and I could barely remember anything about them. I could remain focused for the appointment but then once they were gone thank goodness I had an electronic medical record because I couldn't remember their name and so that was really challenging. I could only work for a few hours a day and I had 2,500 sq ft of space and all this staff and a lot of overhead and expenses and so I had to bring on other practitioners and try to train them in my ways. I was already practicing functional medicine, I had come out of residency and that was the first training that I did in September 2007. And I was already board certified in holistic medicine and doing a lot more holistic things. And here I was stuck with fatigue and couldn't figure out a way to get out of it so that started my path and my journey on trying to find the causes and so that's just what I did in terms of reading books and in terms of going to conferences and every single time somebody would talk about fatigue I would gather it as a potential cause to examine and I would test it out on my patients. I found that with every single cause that I would resolve I would get a little bit better.

(11.59)

But it was only after I figured out all of the causes that I had and got over them that I really was able to resolve my fatigue and achieve all the energy that I have today. And I saw that same thing happen with my patients over and over again where I would get them to a certain level and then I would go off to a conference learn more and then I would come back and then I would apply that and then they would get even better and then I would go off and I would learn more.

So then the next time I had a new patient then I could apply all of that stuff that I had learnt and get them better even faster. So that was my trick.

Alex: One of the things that I really appreciated reading your book was, I'm sure it wasn't something you appreciated as the person suffering, but I appreciated the fact that it wasn't one single piece of the jigsaw and I always find it a little bit disconcerting when somebody's had a relatively simple resolution because what tends to happen is they tend to become overly passionate about that one piece of the jigsaw and in some ways because you're recovery path was quite complicated and there were different twists and turns and different pieces that helped you take the next step it sounds like it gave you a much deeper appreciation of the complexity of these conditions.

Dr Hirsch: Absolutely, you know, it's that curiosity for when you've got somebody sitting in front of you you can't help to be like 'OK what am I missing' and it was that same thing with myself and yeah time and time again and I keep on adding more and more causes to kind of understanding this complex web. You know you learned very early on, from my understanding, about the emotional component and for me I came to it later, in part because that was a lot of the work that Stacey my wife had done. But I've only gotten into it more recently and really noticed a big uptake in my energy and my fulfillment in my life as I started really getting more into mindfulness and into mindset.

Alex: Very interesting and very cool. I guess for people that are watching or listening which are, assuming they are here either because they themselves or clients they're working with or one of their loved ones is affected by fatigue, but I think it would be helpful just to explore a bit, how does someone know they have fatigue?

Dr Hirsch: So I see fatigue as a spectrum, you know we talk a lot about Chronic Fatigue Syndrome but I'm just going to kind of start off with the definition of basic fatigue is 'tiredness that's not relieved by rest'. So if you are sleeping 8 hours a night and you are still tired or you need coffee to get through your day or you need a 5 hour energy drink then there's something else going on that the body is saying hey you need to pay attention. And that's

kind of what I see fatigue as, it's a flag that's being waved that's saying pay attention.

And then it's that spectrum that can go all the way to the CDC and the Institute of Medicine or whatever kind of diagnosis of Chronic Fatigue Syndrome or ME that you want.

Alex: Because there may be people that are watching or listening that don't meet the diagnostic criteria for Chronic Fatigue or ME for example but they kind of normalize to a level of deficiency of energy, which actually isn't normal. It often surprises me when you see people that have got so used to having to kind of crash at weekends and go to bed 2/3 hours earlier than they otherwise would, are no longer doing sport and are not going out in the evenings. It's like their life has kind of got smaller and smaller but because they're perhaps not meeting diagnostic criteria they're thinking that what's happening is normal. It's helpful the way you lay it out as spectrum that someone might not have Chronic Fatigue/ME or they might have but they may still well qualify as, not that someone wants to qualify, but to be appropriate for finding solutions and finding ways to get back to a normal level of function.

(16.04)

Dr Hirsch: Absolutely and the diagnosis really should be based off of these causes instead of these symptoms. You know if you have a certain number of symptoms for a certain amount of time then we're going to classify you into this diagnosis but we really can't help you with it. You know so it's really doing people a disservice, though having a label can be very helpful to people, but I think having a label of a cause or causes would be even more helpful. To say 'hey I've got fatigue because I've got mold, Lyme and adrenal dysfunction'. You know I think that would be a lot more supportive and help people understand that there is a problem and that if they're not crazy rather than you know getting this label from the conventional establishment that doesn't really mean anything or help out at all.

Alex: And of course it's such a kind of unhelpful label, it's a little bit like someone going in and, in fact I remember when I was diagnosed and I was effectively saying I'm exhausted all of the time I can't function and then you get a diagnosis of Chronic Fatigue and it's like 'I know that's what I told you but what's wrong with me'. Something that I liked in your book as well is that you said that finding the causes is more important than the treatment and often what people will tend to do is they're of course so focused on getting out of the situation in and often practitioners, even if they're working from a conventional point of view and they're perhaps limited with their understanding, they still want to help the patient. So there tends to be this strong focus on immediately trying to find something to do without taking that time to fully understand what the causes are.

So maybe it would be helpful just to open up a little bit, and it may be that it's evolved since some of your work that I was reading, but I think you defined 15 different potential causes. So yeah tell us a little bit about that piece.

Dr Hirsch: Absolutely. So these 15 causes can really be grouped into deficiencies and toxicities and the deficiencies are deficiencies in hormones, like adrenals, thyroid, sex hormone, deficiencies in nutrients, vitamins and minerals, antioxidants. It can be deficiencies in some of the lifestyle stuff like deficiencies in water, dehydration, deficiencies in exercise, though a lot of our folks can't exercise but sometimes a lack of exercise can also be a cause of fatigue. You can have deficiencies in good food of course, you know not getting the nutrients that you need but also the energy of the food.

Then there's the toxicities so we're talking about heavy metals, chemicals, molds, infections, allergies, negative emotions, electro magnetic frequencies, basically all the crap that we're exposed to that we come in to this life and get flooded at us. That we need to get rid of out of our body and a lot of us have this combination of a toxicity that we've received, causes a deficiency and then our genes are not allowing us to get rid of that toxicity. There's some people who get big hits of mercury and their able to get rid of it and they don't get fatigue or they get less fatigue, than somebody over here who gets a big hit who can't detoxify and then maybe they get another hit of mold or another hit of something else and then all of a sudden they have fatigue. So that makes it so much more complicated.

I tell people there's like 15 nails in the bottom of your foot and we can get rid of the gluten nail, and we can get rid of the Candida nail but you're not going to see big shifts until you also get rid of the mold and the Lyme nail. So you get this mass effect when you get rid of a number of the 15 and most of the people I see, and you probably see too, have all 15.

Alex: Yes, yeah. I've found myself saying to patients sometimes that if there wasn't so much human suffering involved it would be the most fascinating jigsaw puzzle you could put together. Which of course it is a fascinating jigsaw puzzle but one has to be considerate that can land in a bit of a strange way to the patient whose like 'I'm suffering, I don't want to be suffering anymore'.

Before we come into a bit more detail some of those pieces that you mentioned and I know you have a 4 step process in terms of how you kind of work through that in sequence. I think a lot of patients or people suffering from fatigue have been to a number of different practitioners or physicians and have not got as far as they would like and I think they can feel like they're the

most difficult patients in the world without ever wishing or intending to be difficult. (20.41)

From your perspective why do you think fatigue can be so tricky to practitioners to work with?

Dr Hirsch: So the reason why that is, is because everybody has multiple causes of fatigue, right, it's never just the one. You know it's not Occam's razor where you know one cause is causing all of the person's symptoms. So it's multiple causes and then everybody has different multiple causes, so there's 15 causes and this person over here might have causes 2, 7, 9, 10 and 11 and this person over here might have 1, 5, 13 whatever you know. And they might show up with very similar looking symptoms and so that's the challenge.

So then this person says so and so over here took this, this and this and they got better and I took those things and it didn't work and it makes it that much more confusing because once again they focused on the treatment, which is very much a conventional medicine sort of thing. That you look at the research and this treatment helps this condition and based off of the research instead of actually looking at what's under that symptom, what's under that condition and what is the actual cause and really dovetailing down into those causes, finding those causes and then removing them.

Alex: How important do you find in your work that the sequence of approaching those causes is? Because it seems that one can approach the right pieces in the wrong order and it not be as effective and I'm just curious as to is that something you observe and how you approach the sequencing of what order you do things in?

Dr Hirsch: Absolutely, yeah. It's very important and sometimes it does change a little bit, and I'll talk about that in a second, and it's a perfect dovetail into the 4 step process is that all right if I jump in there?

Alex: Yeah, yeah please do.

Dr Hirsch: So the 4 step process that I found to be most effective is to first assess. So that's determining all of those causes, you know, leaving no stone unturned because you don't want to look back 6-12 months from now and say 'oh I wish we got a mold test, a mycotoxin test to determine if you've got mold in your body or in your home'. Ok so that's the first step, to assess.

The next step is to make the person as strong as possible with where they're at so that's where the replace comes in, replacing the deficiencies. So that's adrenals, thyroid, sex hormones, nutrients, figuring out what causes are there and boosting the person up because that's going to help with detoxification,

that's going to help with their energy, their mood, their ability to then step into doing things like modify their diet. Being able to work and not having the additional stress of being overwhelmed and coming home and crashing on the couch. So that's step two is replace.

Then step three is to set us up for step four. Step three is to open up the detoxification pathways. So most of the time when we have the toxicities they're clogging up our detox pathways, so liver, kidney, lymph, neuro lymph for basically the lymph in the brain, you know all of those things are going to be clogged up and you're not gonna be able to get rid of your toxins; which is step four removing the toxins, which is the heavy metals, chemicals, mold, infections, allergies, negative emotions and EMF's. Emotions definitely go throughout the whole entire process but that's what I've found to be most effective.

Now there are some variations, so if somebody is chemically sensitive and they can't tolerate a lot of the stuff in terms of replacing we may have to look at how to decrease their total body burden, basically all the crap that they've been exposed to that's causing their immune system to react to everything, in order for them to be able to tolerate anything that I give them. So that's one of the modifications that we look at but I find that that process to be incredibly supportive across the board.

(24.30)

Alex: So going back to break these down in a bit more detail. So the first one being to assess, so to assess the causes. What's the process that you go through with patients and how much of that is kind of clinical observation experience and how much of that is functional medicine testing that you're using.

Dr Hirsch: Both. So I talk a lot about what we can gain from subjective experience and what we can gain from objective data. We just need to gather all the data possible so that's combining the symptoms, the history of what's happened to you, your response to certain treatments and then looking at objective data. So, you know a bloody nose, that's actually objective as somebody else can see it, that's a sign as opposed to a symptom, and then also looking at the laboratory test.

So there are certain things that you can do subjectively, so in the first visit with folks I can do a lot of replacing because I can do a lot of that subjectively. I can determine based off of their symptoms and their history, adrenals, thyroid, sex hormones, mitochondrial dysfunction, those are kind of the big ones. But then for the objective stuff, the lab data helps with that and

confirms that but it's really needed also with the heavy metals, chemicals, molds, they can all look exactly alike.

Infections can be done symptomatically, I recently did a masterclass on this because I just find it so interesting, but even the centres for disease control will say that certain tests for Lyme like the Western blot are meant for epidemiologic studies not for diagnosis but that a lot of these infections are clinical diagnoses based off of symptoms. And so for example, you know you look at an infection like Bartonella and if somebody's got pain on the bottom of the feet with muscle cramps, headaches, neck pain, problems sleeping, anxiety, depression, thyroid and they have three or four of those and it's very likely they've got Bartonella. Borellia, Lyme, basically that you cannot have borrelia if you don't have either muscle pain, joint pain or nerve pain that moves around the body and comes and goes.

So you know those things you can subjectively based off of the symptoms but it's really a combination of those that's really helpful and really powerful.

Alex: I guess that's also, I often think about that as almost being the art that goes alongside the science of diagnosis. That it's like when you've sat in front of hundred or thousands of patients that it's almost a little bit like you start seeing the matrix, right? You kind of start going oh that bit and that bit, I remember that bit there and that links there and it's kind of, that's the piece where people can do a lot to help themselves but a really skilled clinician such as yourself can start to kind of map it partly through all that data but also through the ability to kind of join the dots and kind of connect the pieces to build the picture and make sense of that data.

Dr Hirsch: Absolutely.

Alex: So it's interesting that stage two in your 4 step process is replacing deficiencies and starting to build up the system and I'm interested in that partly from a sequencing point of view that one of the things that I've observed over the years is that practitioners can sometimes, or at least it appears to me in my opinion, to be quite quick to go in and work on detoxing the system or start going after things like mold or Lyme or whatever and the systems already so depleted that it doesn't have the resilience or the capacity to work with that.

So I was really interested to see that you place the building up as it were before the throwing in the atomic bombs in terms of taking on those things. So maybe say a bit a bit what's informed that part of your approach.

(28.28)

Dr Hirsch: You're exactly right. I'm glad that you brought that up because when you go after those toxicities it's stressful on the body. It's stressful to remove them and so you have to have some sort of stress mitigation process and that is really making sure that you're as strong as you are, making sure that you can handle the stress because the stress is going to happen, the stressor is going to happen and that's going to create this whole cascade of increasing cortisol and other adrenal hormones. Thyroid is going to try to help out, mitochondria, you know and if they're not well supported then the person just crashed and you know I call this picking up the pieces.

Where somebody comes to me from a practitioner who was a Lyme specialist or a mold specialist and that's all they do so they definitely mean well and they're doing the best they can but then the person, they may say 'oh yeah you're Lyme has completely gone' but the person still can't get off the couch, in fact sometimes they're worse. It's because the stress of the treatment was harder than the actual disease that they were having so super important to build them up and the reason why I found this out was because, you know, I had tried that before, I had found that as people were getting worse I was like 'OK well let's build this stuff up and let's try to create this balance' and then I was like what am I doing, let's just build them up so that we can deal with it.

There's still going to be this replacing that you have to deal with as you try to get rid of the crap and the stress that it's putting on the body and how you have to then adjust the thyroid and adrenals and stuff like that too. So I tell people yes the replacing is a band aid and we always want to get at the route cause but right now in order to get at the route cause and remove that crap that caused this deficiency we have to boost you up and make this stronger with this band aid.

Alex: It's interesting the point you make as well if you go to a Lyme specialist they're going to see Lyme and they're going to treat Lyme. I remember one of my first teachers saying to me 'you know Alex if you go to a butchers and you say what shall I have for dinner tonight what are they going to tell you to have for dinner'. I don't know but it's going to have meat in it, if you go to a fishmongers it's going to have fish in it and if you go to the organic food store it's probably not going to have meat or fish in it. It's that kind of lens through which people look and that's why also I appreciate the way that you're kind of coming at this that there's different pieces of the jigsaw in different people and it's somewhat dangerous to get overly fixated on one piece because if you look for it you can see it whether it's there or not in a sense.

So you knew from replacing deficiencies, and actually before we move in to that, perhaps particularly for practitioners that are listening what are some of

the ways that you like to work with that? So in terms of working with adrenals and thyroid and sex hormones, for example, is that through supplementation such as glandulars, is it bioidentical hormones, what are some of the ways that you find helpful there?

Dr Hirsch: A lot of glandulars and herbs. So it's a 95% natural protocol, the only things that I will prescribe from time to time is going to be thyroid and then bioidentical hormones but I do try to do it as natural as possible for folks.

So like for adrenals I'm a big fan of eleuthero root, hawthorn, you know I'll use some combination of adaptogens but I like something that's strong and stimulating that's going to get things moving. I like to use things that are strong so we can really shift the needle but not so strong that we're going to have negative effects. That's kind of what I've spent my career looking for, so I do ramp up on each of these things that I kind of talk about in the book. You know it's really subjective ramp up where often times the body's going to give us clues about how high to go. So, for example, with thyroid you know we can test free T4 and free T3 but if somebody has low thyroid and you want to give them a glandular that has both or also some 1 and 2 and you just start ramping them up by like a capsule every two weeks or so they're going to let you know when they get hyperthyroid. You give them the clues and say look for these things but once they get hyperthyroid then you come back to that previous dose and that's pretty close to where they need to be. Now you know you always have to take into account that there's a ratio that exists between the adrenals and the thyroid and then an internal and the sex hormones and then an internal ratio within the thyroid for the different T3/T4 sort of thing. (32.56)

So that gets in to more of the complexity but you can ramp up on these things gradually over time, and as long as you're doing them in isolation that you can get the data that you need and the reaction to it, it can be incredibly supportive. So that's kind of what I'll use for a lot of these.

Alex: I really like that approach to dosing as well. I always get nervous when people just start kind of going 'this is the dose I have to be on' without the listening and certainly we find with a lot of the more sensitive patients that you have to go sometimes fractions of a capsule. People kind of breaking things up or getting capsules apart and poring a few grains of powder in some water or whatever to just gradually build up the capacity and tolerance.

Dr Hirsch: Well and I find too that with the chemically sensitive folks that topical works really well. 80% of the immune system is in the gut, anything you throw down the gullet has a potential for a reaction. So topical can be really helpful as well as of course the lifestyle stuff like, you know, if you're

going to detox maybe a coffee enema, sauna, is going to be best for you rather than taking something orally.

Alex: Yeah, very cool. Then coming on to opening up the detox pathways, say a bit more about some of the ways that you do that and perhaps a bit more also why that's, you touched on it earlier, but why that's important before then coming into stage 4 of the process.

Dr Hirsch: So the way that I like to think about it is kind of from the toes up. You know you have to be pooping regularly, you have to peeing regularly and making sure that the kidney pathways are open. You have to make sure that liver pathways are open, then into the lymph, which dumps into the liver, right, and then neuro lymph, which dumps into the lymph. So it's kind of the order that I think about it.

You know there will be certain things that I use. I'll use magnesium to bowel tolerance, I'll use cascara sagrada and some other formulas to make sure that people are stooling appropriately. And then moving into the liver and kidneys there's milk thistle and there's skull cap and a number of other things. I like certain formulas, there's a great formula by Byron White and there's a great formula by Cellcore that I really like, kidney liver detox.

So I kind of start adding these things in, you know, slowly and incrementally and then moving into the lymph, you know once again these products by these different companies, Byron White formula has a BTB detox and the lymphatic detox by Cellcore products, and I don't remember all the components that's why I'm giving the names so you can go look them up. Then the neuro lymph also there's an anti detox product by Byron White that I really like. So a number of these herbs are really good for working at different levels, for opening up these pathways and I ramp them up, you know I really like the tinctures as opposed to the capsules because you have more control, you can do them topically if you need to but that's the process that gets started.

If somebody is able to move, so whether that's jumping jacks, whether that's some sort of exercise, that's going to be great for opening up the lymph, you know rebounding, doing some yoga even if it's really gentle yoga. Bringing the knees to the chest to straighten out the intestines and wind relieving pose.

So there's a lot of really good things that you can do, castor oil packs to really start to get these processes moving but once again I like stuff that's strong so we can make movement and continue to move the needle.

Alex: It's really interesting what you're saying about the lymph because one of the challenges of course is that when people are at the more severe end of the fatigue spectrum is that they're not able to move the body and people often think that exercise is about weight loss and fitness and they don't realise that actually just movement can be around supporting detoxification and it could be, as you described, as simple as just very gentle movement that just helps to facilitate that process.

(37.06)

Out of interest and this is probably a hard question to answer because I'm guessing the answer is that it's different for everyone but in terms of the amount of time that a patient might spend in the replacing deficiencies and the kind of building up phase, the amount of time they might spend in the opening up the detox pathways and then as we'll come to in a moment kind of removing toxicities. Is there roughly a kind of amount of time you might spend at different stages of the protocol?

Dr Hirsch: So my goal is pretty much three months per stage and we've got a resolution by 12 months. So, you know, the first three months we're talking about replacing deficiencies and we're assessing so we're kind of doing both of those at the same time. Then once we've assessed, we've found all the causes, you know then all of a sudden all the roads are ahead of us and then we can start removing a lot of the cap and opening up the pathways. Opening up the pathways for another three months so then we're sitting at six months and then it's removing the crap for the next six months.

Now depending on the number of causes that someone has, each one of those processes could be six – twelve months in lengths in terms of removing heavy metals, removing chemicals, removing molds. Now often times you can layer them on top of each other so it takes six – 12 months for all of them but if somebody is not able to tolerate treatment and you have to go slower, or whatever, that's when it starts to take more time, that's when it starts to take longer than a year, you know two years, three years, whatever.

Alex: And often in those cases it's people that have been ill for 20 years and so actually as much as people might be hearing this that have just started to show signs of fatigue then their more likely to be the quicker cases I would guess. Although I don't know about you but there's an interesting thing that I've noticed over the years, which sometimes those that have been ill the longest can also be the easiest to work with because they're just like 'just tell me what to do', they've done so many challenging treatment protocols already that they're kind of a bit like military personal, which are just used to being in a war zone and kind of arrive and chuck their bags down and go and play a video game. Right let's get on with it sort of thing, it's a kind of attitude of

getting on with it whereas if someone's a bit earlier in the process it takes a bit more coaching and a bit more time to make some of the more basic changes because they feel more radical.

I don't know if that's something that you see?

Dr Hirsch: A little bit. I mean there's also, kind of, do you have the energy to take the protocol, I mean that becomes a challenge as well. So you know the people who are so motivated who still have the energy to be able to take the protocol where it's just been the last couple of years that they've been sick, those are the people I see who make the biggest shifts. Those people who have been sickest the longest often times there's a huge emotional component that either they're not willing to look at or they haven't found the right practitioner or they haven't found the right technique and so you know working with somebody who's knowledgeable in NARM, you know for trauma, or in EMDR or NLP or Hypnotherapy Whatever it is to try to make those shifts tends to be really helpful. I find that the emotional trauma is really the thing that ends up taking the longest to resolve.

Alex: Yeah. One of the things that I also think can be true with people that have been ill a long time is there can be, what can appear to be a negativity is actually a self protective mechanism as a fear of optimism because of the continual disappointment. There's almost an unwillingness to invest hope in something in a self-protective capacity.

Dr Hirsch: Absolutely yeah. I just had a conversation with somebody the other day and it wasn't going well and that's what I figured out. It was a self-protective and they weren't going to let themselves hope because they've been disappointed too many times.

Alex: Yeah, yeah. So coming a bit more into some of the ways that you work with removing toxicities and I guess this is also a place to bring in a bit more around chronic infections and kind of Lyme and Bartonella. Some of the other pieces that you mentioned.

So perhaps let's break down a bit more of those pieces, than just to pre-empt my next question, I'm curious as to how you decide the sequence of working with those pieces if you know that there's more than one that's going on? Maybe just to slow it down a bit, say a bit more about, so you mentioned earlier mold, heavy metals, Lyme, so yeah just explore that a bit.

(41.55)

Dr Hirsch: So I'm a big fan of binders and I've especially gotten into some of the newer binders, the bioactive carbons, which is really exciting because you don't have to take them away from food and supplements because of the size of the molecules which is really exciting. We're talking about humic and fulvic acids, which not only will bind but they will also re-mineralise. So they're not going to be binding to minerals. They're multi faceted and can really be supported and often times depending on the different components can bind up radiation, heavy metals, chemicals and molds. So you can get a lot done by utilizing these binders in resolving numerous causes. You know you want to make sure that somebodies not being exposed to these things any longer, that they don't have the mercury fillings in their teeth, that they are not eating tuna fish all the time like I did growing up, which gave me all the mercury that I had. That they're not being exposed to one of the 84,000 chemicals in the US anyway that haven't been properly examined by the FDA, that they're not living in a moldy home.

So we have to make sure that we remove the offending agent, right. And then doing the binding, if they don't have access to the bioactive carbon binders then activated charcoal can be great, it just has to be taken 90 minutes away from all food and supplements. Byron White formulas also has a great product called 'Detox 2', which I really like that's an hour away from food and supplements.

So that's how I start with those. Sometimes there's also, depending on the kind of success we're having as we repeat testing for heavy metals, oh and I should say that, you talked about starting low and going slow, and that's kind of my whole motto. We want to be taking baby steps as long as we're moving in a forward progress we're going to get there. So we just want to take baby steps and we want to make sure that this process, which really is like a two steps forward, one step back sort of process, does not become a one step forward and two steps back.

So slow and steady detoxification is really advised and so then as we start to bind and as we start to pull these things out we can increase a lot of the things that are opening the pathway, we can start binding to some of these things more, maybe some chelating agent, cilantro, chlorella. Some of those things if we need to shift things a little bit more. I used to use DMSA pharmaceutical to pull out heavy metals but I saw that too much was being re-circulated so now my process is really a much slower detoxification. But I find that by doing this process with those binders that I can get really good success with heavy metals, chemicals and molds.

The other thing that's important to remember is that as you remove those, a lot of those clogs that have been plugging up the detoxification pathways, are

removed and the body is naturally going to start removing those pathways on its own.

Alex: When you're looking at a patient which clearly has chronic infections and an overload that's going on do you use, in terms of deciding if it's mold, if it's Lyme, and actually I really liked what you were saying earlier in the interview that there are certain pictures of symptoms that will kind of be clues around that. But what's your process that you go through to identify which of these pieces are going on for someone because it can appear quite similar in terms of the symptom picture?

Dr Hirsch: So you mean in terms of the testing?

Alex: Yeah in terms of the testing and in terms of also then, it sounds like sometimes what you're doing is you're using binders that have a fairly generic impact so regardless of whether it's toxic mold or it's Lyme you're going to have benefit. But if you've got all those going on if there are different protocols how are you deciding which to work with first?

(46.00)

Dr Hirsch: So, you know, I always like to go after the low hanging fruit. So it's what's going to be easiest to remove that's going to be best tolerated, because if we can pull that nail out it just gets us closer to our goal, right. So that's one of the things that I look at and then in terms of the labs I look at, for heavy metals I'm looking at a provoked urine test. So utilizing the DMSA, well basically they wake up in the morning, they urinate into a box or into a cup and put it in the box and then that's a baseline, then they take DMSA like certain amount based off of their weight and then they collect their urine for the next 6 hours and it's that comparison from the before and after that can be incredibly helpful. If it's 10 x normal it can be significant so that you're really individualizing it for the person, because it's important to remember that the heavy metals are really going to be contained in the tissues and so you need to use that DMSA to chelate, pull it out, in order to be able to test. So that's the test that I like for heavy metals.

For chemical I like a urine chemical test through Great Plains Labs, that's a great one, and then a heavy metal test like Doctor's Data test. The urine mycotoxin test by Great Plains Lab as well is a wonderful test and for the chemical and the mycotoxin test I do recommend a week long provocation with liposamol glutathione. It's usually 500mg twice a day for seven days and then doing these other tests.

And then the test I like best for Lyme and it's co-infections is the dnaconnections.com test, which is a urine PCR test. So that's looking at DNA

of the bug in the urine, now the provocation for that test is basically a lymph provocation, which some patients cannot tolerate, but it's basically exercising hard for 30 minutes so that you can expel things out of the lymph or getting a lymph massage and then doing the test right afterwards because you're basically trying to push bugs out of the lymph system into the blood stream and then collect them into the urine. So that's great for Lyme and Lyme type infections in order to corroborate the symptoms that we're seeing.

But then for some of the other infections like viruses you do need to look at serology. So this is looking at the immune systems reactivity to the bug and that's really dependent though unfortunately on the intact nature of the immune system. So if the immune system is distracted by heavy metals, chemicals and molds it probably isn't going to be accurate when you're looking at how it's reacting to some of these infections. Some of that has to be based on symptoms alone.

Then to determine exactly how you go after these is, you know, I'll do the binding I'll look at just that order that I looked at like heavy metals, chemicals and molds. Well actually I'll do molds, chemicals, heavy metals and then infections but it really also depends on how patient a patient is and how obvious their symptoms are. So if somebody is kind of through the first three steps and, you know, we know that infections seem to be the number one things, like you know they're screaming Bartonella or Babesia, which is like sweating all the time, really hard time sleeping, really bad depression and anxiety and a cough or some sort of lunch issue. That I'll say 'OK well let's do this and we can do low dose of that and see how you respond' and as long as those pathways are open enough then we can definitely make some shifts on that.

So, you know, it's also this process of meeting them where they're at and engendering trust so that they can see you know what you're doing and that once they start to feel better they're going to trust you a lot more and they're going to be a lot more willing to go through the process with you.

Alex: How often do you have contact with patients in this part of the process and particularly I guess those which are highly sensitive and it becomes quite tricky and each thing that try they react to. How do you coach and support people through that process?
(50.25)

Dr Hirsch: So I have several different programmes. I've got a programme that's face-to-face for an hour every month, I've got a programme that's twice a month and then as people graduate they can move on to every six weeks or every three months but I'm always available by secure messaging. And I get

back to people within two business days. So they also can have access to me with any sort of questions they have along the way and I tell them I always want to hear from you if you're not doing well because I don't want a month to go by and for me to say 'how you're doing' and you say the same or you know this happened and then I stopped it, or whatever. I want us to continue to make progress so you have to communicate.

Alex: I'm curious as to, given the experience you've had with both your own personal and you're wife's journey and the number of people that you support and work with, how do you know if you can help someone? How do you assess how well people are going to do with your programme and the way that you work?

Dr Hirsch: So it's really about the causes, you know, if I haven't talked about anything today hopefully people are walking away like 'OK what are my causes of fatigue' and that's what I should be thinking about when I'm looking at a patient. You know what are the causes of this person.

So if somebody had evaluated and treated all of the causes and they still have fatigue I probably can't help them. You know, I'm happy to help them try to figure out what the other potential cause might be that is no even on my radar yet. So that's the things that I always look at so and if they haven't, and nine times out of ten they haven't looked and they haven't found all of those causes and so how can you possibly expect to be done and resolved your fatigue if you don't know what all the causes are because you haven't even treated them?

Alex: (laughs) Makes sense. Before we come to how people can find out more about you and your work I'm always curious when you have a patient in front of you, and you alluded to a patient like this earlier, where they kind of feel like they've tried everything, even when you can recognise they haven't tried everything. And there's a certain level of disillusionment or a lack of trust of medics because they've been through such a tough kind of journey, what do you tend to say in those situations? What do you find helps break through some of that fear and some of that resistance people can have?

Dr Hirsch: It comes down to the causes, it comes down to asking the questions, it's not about what I tell them it's what I ask them, right. So I say OK, well have you found this cause, have you done this test and the no's just start building up and then I just say hopefully you can see that you haven't found all of the causes.

Humans really understand root cause, they understand that there's a cause to everything and that if you find the cause that you can reverse it. You know it

just kinds of makes sense logically and so I just point out that very fact and then the no's start piling up and I say 'well hopefully you see that there's work that still needs to be done'.

Alex: Yeah that's smart, I like that. Firstly this has been fascinating and I can really see the experience you've got with patients in the way that you're approaching it. I like sensitivity to understanding the complexity of this group so I really appreciate the work that you do Evan, thank you.

For people that want to find out more about your work say a bit about, obviously mention your website, but also some of the resources and some of the ways that people can work with you.

Dr Hirsch: So my website is fixyourfatigue.org and so on the website I've got a lot of information about me. There's videos that you can watch of a lot of the different interviews of webinars and summits that I've been on. I also have information about all of the labs that I recommend, the supplements that I recommend, so that people can get some information that way. They can apply to get on a call with me to see if we're a good fit to work together and I am in the process of creating a group coaching and membership community so that I can fulfill my mission because, you know, I'm on this mission to help a million people resolve fatigue, there's no way that I can do that one on one's and so I'm going through and I'm creating videos and I'm trying to automate this as much as possible so that people can get the help wherever they are financially and wherever they are on the course of this whole fatigue pathway so that they can really their potential in their lives.

That's kind of what I feel like I have been put here to do is to help people get over fatigue so that they can live their mission and achieve their potential in their lives so thank you for having me on so that I can continue to do this.

Alex: No that's awesome and also just to mention your book 'Fix your Fatigue' is great as well so that's another good place for people to dive in and find out more.

Dr Evan Hirsch thank you so much for your time I really appreciate it, its been a real pleasure to understand more about you and the way you work. Thank you.

Dr Hirsch: Thank you Alex I appreciate you having me on.