



The SHINE Protocol for overcoming fatigue

Guest: Dr. Jacob Teitelbaum

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Alex Howard - [00:00:15]

So welcome, everyone, to this interview where I'm really happy to be talking with Dr Jacob Teitelbaum. Firstly, Dr Teitelbaum, welcome and thank you for joining me.

Dr Jacob Teitelbaum

Alex, it's great to be with you and with the listeners today, because so many of you are suffering from stress and trauma, infection and other related illnesses where you're getting no help. And our goal today, if you have fatigue, brain fog, trouble sleeping, widespread pain or chronic fatigue syndrome, fibromyalgia, we are going to teach you how to make them what they are and how to make them go away.

Alex Howard

And I'm really happy you're here, Dr Teitelbaum. I remember first coming across your work probably 20, 25 years ago. And one of the things that from day one I appreciated was that, we'll come into, you had your own personal journey with fatigue. You've also got a great deal of clinical experience. But I also really appreciate the fact that you're constantly looking at how you can build the evidence base behind what you do in terms of the research. And I'm looking forward to talking later on in the interview about some of the more recent research that you've been doing.

Just to give people that aren't aware of who you are your background, Dr Jacob Teitelbaum is one of the most frequently quoted pain and fibromyalgia medical authorities in the world. He's the author of 10 books, including the best selling *From Fatigued to Fantastic* and the popular free smartphone app. He is the lead author of five studies on effective treatment for ME, CFS - and that's growing, I should say - and fibromyalgia. Dr Teitelbaum appears often as a guest on news and talk shows nationwide, including *Good Morning America*, *The Dr. Oz Show*, *Oprah and Friends*, *CNN* and *Fox News*.

So Dr. Teitelbaum, I think a good starting point would just be to share a little bit about your own story because your specialism in fatigue, I know, was born out of some of your own struggles whilst you were a medical student.

Dr Jacob Teitelbaum

It's funny, people ask me what's a nice doctor like you doing in a field like chronic fatigue syndrome or fibromyalgia? You know, it's one of those things that, those of you who have the illness have realized, most doctors simply don't do. And what you'll find is that most practitioners who specialize in this area, it's because either they had the disease or a family member did. And I remember back in 1975, I was in medical school, perhaps finished college basically in two years, two and a half years, I was paying my own way through, was rushing, rolling through med school quickly. That was one of the easiest things in my life. Working full time to pay my way through med school. I was working as a nurse in a Children's Hospital. All of that was the easiest parts of my life.

My family is an old Auschwitz family. My mom was in Auschwitz. Most of my family died in Auschwitz and they all imploded emotionally. And I made the mistake of trying to be the peacemaker. Then I got this nasty viral infection. And the context of a lot of background stress there's a nasty viral infection basically knocked me out of the game. I could not function. Even six weeks later, I was non-functional. I had to drop out of medical school. And since I couldn't work, I was homeless, sleeping in parks. It was as if the universe put a holistic homeless medical school sign on my park bench and as good Jewish boy I wanted to be healer, as far back as I can remember, I always knew what I wanted to be, which meant being a physician. I didn't know there any other pathways, but I met herbalists, I met nutritionists, I met energy workers, I met a naturopath, I didn't know there such a thing as a naturopath. I met all these people while I was homeless on my park bench and on the road, and they taught me the bits and pieces of what I needed to do to be able to fully recover.

I go back to medical school and I have been researching, writing and treating these conditions for the last 45 years, making effective treatment available for everybody, everybody, not just those with money and the rest is my goal. That's been the name of the game, mission statement, whatever you want to call it. And it's been a blast. It's a lot of fun.

Alex Howard - [00:04:17]

And I think you've provided an enormous amount of value to the world in what you've been doing. I'd love you to talk a bit about how you see what causes chronic fatigue syndrome, fibromyalgia, this sort of group of illnesses. If you were to sort of explain the heart of your understanding, how would you frame that?

Dr Jacob Teitelbaum

Basically, these illnesses represent an energy crisis, basically, you're spending more energy than you're able to make and that lands up tripping a circuit breaker. So the name of that circuit breaker is the hypothalamus, small almond sized area in the limbic system. It controls sleep, which is why you can't sleep even though you're exhausted. That's the homework. You can't sleep though you're exhausted, just like going on vacation. You trip that circuit breaker. It controls your entire hormone system. It controls autonomic function, orthostatic intolerance, things along those lines. So it's an energy crisis that trips our circuit and then the immune system circuit. So anything there's not one thing causes it. Anything, whether it's an infection, whether it's autoimmune diseases, whether it's situational stress that causes you to spend more energy than you can make. It will trip a circuit breaker and put you into the disease.

Alex Howard

Where do you sit in terms of diagnostic process? In terms of diagnosis via symptoms. Of course, we don't have any single biomarker in terms of testing. But when someone comes into your practice and they say, I'm tired all the time, I can't sleep, I have these symptoms, what's the methodology that you go through from a diagnostic point of view?

Dr Jacob Teitelbaum

Well, in terms of making the diagnosis of CFS and fibromyalgia it's very, very high tech. They come and they say I'm exhausted. I ask them, do you have trouble sleeping? Oh my God, I can't sleep. OK, do you have brain fog? Yes. Do you have widespread pain? Yes. You have fibromyalgia until proven otherwise. On my website at vitality101.com you look at step two, just a two minute free quiz and it'll tell you better than any test whether you have CFS and/or fibromyalgia. The diagnosis is simple. The rest of the three hours of the visit after the first 45 seconds is to determine what's causing the energy crisis and mismatch. What caused the illness and what's making it persist? That takes an enormous range of testing. And basically I'm very, very, very, very good at this. I treat people worldwide. It takes me three hours of my one on one time because they're literally over 100 conditions that commonly can contribute to this illness. And you just need to determine what those are in any given individual and treat them.

Alex Howard - [00:07:05]

And I think that's a really important point, because I think if I look back on... I've been sort of around this world, I guess, for 25 years or so, I had an issue of my own illness and then with sort of becoming a practitioner. And I think you were one of the, certainly first people that I came across that was talking about it in this sort of way, that we're not looking for a single pathogen or a single cause, this sort of multifactorial approach. And I think you've been quite a trailblazer in a sense, and in that way of looking at things. When you say there's potentially a hundred different sort of subgroups or potential causes, what are some of the most common ones that you see?

Dr Jacob Teitelbaum

Well, one of the very helpful diagnostic things in terms of differentiating things is to ask, did this illness begin suddenly or gradually or just when did it start? And if they say, well, it was gradual about 5, 10 years ago, I've been feeling lousy 15 years that kind of a thing. And usually you're looking at a mix of candida, autoimmune illnesses. Things along those lines are chronic situational stressors, abuse histories, things along those lines. If they started April 17th, 2010, you know, the sudden onset, you're looking at infectious injury and post pregnancy at the most common things.

So that immediately divides things. A simple \$10 test called the Sed Rate will also distinguish most people around a very low inflammation rate on the blood test. But if I see somebody with an elevation of even anything over 20, I'm going to be looking for autoimmune diseases. Most infections don't trigger the inflammation test, but I'll be looking for ones that do. So there are a couple of key things that tell you, you know, when the fork's in the road, which way to go. But then again, it boils down to, when you talk about S.H.I.N.E for treatment, that also kind of tells where we're looking at in terms of diagnostics.

Alex Howard

Well, I think another way of saying what you're saying that I think is so important is that you say the chronic fatigue or the fibromyalgia is the easy bit because, of course, it's not really a diagnosis is it. It's a label for a set of symptoms. The stage you're going after, that is really the diagnosis of what's actually causing that experience.

Dr Jacob Teitelbaum

Yes, technically it's a syndrome rather than a specific disease as a common base of symptoms. The causes are very diverse from person to person.

Alex Howard

Yeah, you mentioned the S.H.I.N.E protocol and I know that this has been many, many years in development, in fact, but I think was it around the time of the publication of the first edition of *From Fatigued to Fantastic* you had a placebo controlled trial looking at this protocol as well. So I'd love to take a bit of time just to explain to folks what are the ingredients the make up the S.H.I.N.E protocol? And Yeah, let's go from that.

Dr Jacob Teitelbaum

So if you think of this as an energy crisis, the next question is how do you put energy production and spending back in balance? And it's funny, I used to call it the S.H.I.N protocol. And then when I was on Dr. Oz, Dr. Oz is, he's actually a very good man, even though Monsanto got pissed off at him and the pharmaceutical industry got pissed off at him and slammed him...

Alex Howard

It's normally a good sign, falling out with people like that!

Dr Jacob Teitelbaum - [00:10:22]

He's a good person. I know him and his wife well. And he said, Jacob, this is all well and good, but prove it. And he sent me this Air Force lieutenant who was crippled with the illness and he said, get her well. And a month later, she was well. He said ok now you can come on the show. But I did the S.H.I.N.E protocol then, which is optimizing sleep. 'H' is hormones and hypertension, autonomic dysfunction. 'I' would be infections, 'N' is nutritional support and she said you need to add 'E' for exercise as able, not too much because you'll get post exertional fatigue and crash and burn but just a little bit to condition. So S.H.I.N became S.H.I.N.E that day. But these are the four healers.

And funny in the double-blind study. For those of you who like a little bit of statistics the P-values were less than 0.001 vs placebo for all four outcome measures. So this is a very, very, very highly effective treatment. 90 percent, 91 percent of people improved with an average of 90 percent increased quality of life where the placebo group did horribly, they did poorly. So this is something that's very proven. And we've treated countless thousands of people and they get their lives back.

So, number one 'S' is sleep, the sleep center that circuit breakers off. So you need to give whatever is needed for solid sleep. There are over thirty things natural and prescription that can get you sleeping well safely and getting your eight hours. I know most of you with this disease are saying there's no way I can get eight hours of sleep. And having treated thousands and thousands of people, I can count on my fingers. How many we've not been able to get good, solid sleep. So you can get sleep and it will leave you feeling so much better.

Alex Howard

I was going to say I think maybe just say a few words about why sleep is so important, because I think people sometimes forget, OK, yes, sleep is something that you do to sort of rest and switch off. But so much of our bodies repairing is happening while we're asleep.

Dr Jacob Teitelbaum

I used to think when I was a kid sleep was a waste of time. I'd be up till three in the morning reading, you know, hiding out under my blankets. My mom would come and put me to sleep. But it's not a waste of time. It's critical not just for making energy, for cognitive function. Sleep is when you make growth hormone, which is critical for staying young and tissue repair as well. So research shows if you take... some med students are residents actually, who are out for 48 hours. Every time they started to go into deep sleep they shake them wake them up. And after 48 hours, they would routinely have widespread pain because the little micro tears of the day that heal during sleep are not having a chance to happen. It's critical for immunity. One of the most powerful ways to immunosuppress an animal is to sleep deprive it. So there's, and for those who need more of an excuse to sleep, you will look ten years younger if you're getting proper sleep and sex because both sleep and sex and exercise is when you make growth hormone.

Alex Howard

I remember a while ago we had a problem with the burglar alarm in our house where it kept randomly going off in the night. And we had this one particular night where I think it went off probably every 15 minutes right through the night. And it was like torture. I remember the next day it was like just my whole nervous system. In the end, I think my wife had to sleep next to the alarm so she could just press the button to turn it off. I think I even tried disconnecting the battery and it wouldn't even work. It was the whole kind of will it won't it. But it was just such an interesting experience in what not getting deep sleep for a whole night actually does to not just your energy, but your nervous system, your body. And. Yeah, so I just, obviously it's enormously important and as you say, many people... Sorry go on.

Dr Jacob Teitelbaum

If you need one more excuse. Research shows that if you're not getting your sleep, you will gain an

average six and a half pounds and a 30 percent higher risk of obesity. So question is well how much is a normal night's sleep? It varies from person to person. It's like, what's a normal shoe size? It can be anywhere from 6 to 13. And but so it varies. And it's what leaves you feeling the best. But to give some perspective until light bulbs were invented 140 years ago. The average night's sleep in the United States was nine hours a night.

Alex Howard - [00:15:00]

Is that right? Wow. There you go. There you go. So let's then come to the second part of the S.H.I.N.E protocol hormones. Say a bit about about why that's important and how you work with that.

Dr Jacob Teitelbaum

Hormones are our bodies and communication system. It's how one part of the body communicates with the other and tells them what to do. Otherwise, everything goes on just low maintenance and low ebb. So we talk about the hypothalamic pituitary axis, that little circuit breaker being ticked off that controls the hormones, it controls thyroid. But let's take a look at testing. Most of you have gone to the doctor say I'm exhausted that I must have low thyroid. The doctor checks a blood test and the thyroid normal range is 0.9 to 1.7 and you're 0.91. So the doctor says you are normal. You know, you're right over here on the range because the test is normal. And you said that can't be. So it's good to understand normal range. What that means. Normal means you take 100 people. You apply statistically to standard deviations in English. That means the 95 in the middle are normal. So normal range for shoe sizes would be size 5 to 13.

As you mentioned earlier, that would be the normal range. So I wear a size 12. If I walked into the doctor with a size 6 the doctor would say it's in the normal range, you're fine. There's nothing wrong with your shoe. And it's maddening. I know you feel like strangling the guy is like, oh. So that the test is normal means nothing. It's you look at the symptoms and if your test is in the top 10 percent, that's probably not an issue. Maybe high, too high. If it's in the lowest 30 percent and you have symptoms, you deserve a trial of hormone regardless of a factor, regardless of what the test shows you.

So let's look at each hormone and how to tell if you need it and how to approach it. Number one, thyroid, almost everybody with CFS and fibromyalgia deserves a trial of thyroid hormone. What are the symptoms that tell you? Tired, achy weight gain, cold, intolerant. If you have one or two of those, you deserve a trial of thyroid hormone. And how many of you listening who have CFS and fibro don't have at least two of those with the pain and fatigue, let alone the others not just tingling fingers, a whole host of symptoms. So I will give the desiccated thyroid things along those lines. Some people do best with the Synthroid, although that's a small minority. A lot of people need the pure T3 hormone and this is getting more technical.

The bottom line is that there are numerous ways to treat thyroid. How much dose, the form that's used, how to time it during the day varies considerably from person to person. There is no test that will tell you. You have the symptoms, you try the hormone, you see how it feels, you adjust it, not the TSH. TSH how would I describe it. One of the most God awful, horrible, deadly tests ever created in human history. And to be subtle about it. In this disease, the TSH is totally dependent on hypothalamic function being healthy. In this disease, I asked the world's leading researcher, I was lucky to be at the world annual conference in Italy, along with Professor Nic and I asked him, is TSH reliable in fibromyalgia? He said, no, not at all. It's just not. You can't use that test to guide you in this disease or you'll be undertreated. So you adjust to what feels best, if you feel like you had too much caffeine, the dose is too high, lower it.

Onto the next hormone, adrenal. Again, very high tech, complicated to diagnose. How do you tell? Do you get irritable when hungry, so-called hangry, that feed me now or I will kill you. You need adrenal support. Certainly low blood pressure, recurrent sore throat, swollen glands in the neck, all of these also suggest low adrenal. But that irritability when hungry. And if you're not sure, ask your significant other. If you are in marriage counseling or divorce court there is a very, very high probability you have adrenal fatigue that's causing it because you get these moods and anybody gets between you and a twinkie or the candy bars that's getting between a mama bear and the cubs. So irritability, when I'm

hungry, I will use things like adrenal plaques, very good adrenal supplemental will smooth that out of most people very quickly. In people who need more I will use the bioidentical cortisol. Again that's very dangerous and high doses are usually used by physicians, extraordinarily safe in the very, very tiny doses needed for CFS and fibromyalgia.

Alex Howard - [00:19:37]

And you'll work with cortisol or you'll also use DHA or pregnenolone or other...

Dr Jacob Teitelbaum

All of the above, pregnenolone is routinely low in about 70 percent of the cases, they're in the lowest two percent, three percent of the population. The DHEA, again, people tend to run on the low side. ACTH tends to run on the low side. You see a cortisol level of 14 in the morning and ACTH of 16, it's confirms to me with the symptoms that we're dealing with a hypothalamic issue. So, and then you treat and if you get better then your body wanted it. And if you don't feel any better with it, your body doesn't want it.

Alex Howard

Yeah and I said... I'm sorry. I'll let you finish and then I'll respond.

Dr Jacob Teitelbaum

And then the other key hormone would be the reproductive hormones. 70 percent of males with this disease are in the lowest 30 percentile for testosterone. And that can be treated just by stimulating the body's own production of clomiphene. Most women are also low on estrogen, progesterone and testosterone. Research by Professor Hilary White at Dartmouth showed a very tiny dose of testosterone in fibromyalgia women will help pain even if the blood test was normal. How do you tell if you need the estrogen and progesterone? If your fibromyalgia symptoms, not PMS, but fatigue, pain, headache, poor sleep are worse throughout your menses. You need thyroid chemical hormone replacement.

Alex Howard

What I think is really interesting about the way that you're working with hormones is you're really placing a high value on listening to the body. And I think that one of the dangers can be with these things, that people can go in and they'll take massive doses of stuff and get, like you said, the caffeine response. They'll get totally wired and go, oh, that's not working for me. I'm not going to do that. And often these things, the same is true also of course, of many supplements, particularly adrenal supplements, that the dosing and the timing can be everything.

Dr Jacob Teitelbaum

Well, here's the thing, people with fibromyalgia are often, a medical technical term, it's called being a cheap date. It's as if you had like two sips of beer and you're like, you know. The medications can work very well and the supplements, too. But many people with this illness, it takes tiny amounts to get the full effect. And if they take the regular dose, it's going to knock them on the behind. So always reasonable, if you find that's been your experience. I tell people start low and slow. So many of you have had, are so afraid of taking anything because it knocks you on your bum that you get what I call the uh-oh response. It's a pavlov conditioned response. You put a pill and you're going to put in your mouth, you're going, what's this going to do? Uh-oh. And I could put a placebo in your hand and it would cause a whole group of symptoms if you're coming in from that way. So just carry it around in your pocket for a few days. It's going to sound silly, but let your body get used to it. It is very, very critical in this disease that you learn to feel safe in terms of your whole, what's called the dorsal vagal system, blah, blah, blah.

Feeling safe is a critical part of healing this illness, and so just carry it in your pocket for a few days

when you feel totally safe lick the pill and give it a couple of days just lick it once a day until you feel almost to the point where you feel silly. But, you know, if you feel that's safe, then just nibble a bit off the edge and just go up and listen to your body. You don't have to look too closely. Your body will tell you. You don't have to be looking over your shoulder. Just see how it feels. See what feels the best to you. And if a half a pill does to you what four pills does for somebody else. Good. Take the half a pill and use money.

Alex Howard - [00:23:26]

To take your dating analogy. It's sort of like that, right? It's like just hold hands on the first date you don't have to go the whole way, right.

Dr Jacob Teitelbaum

There you go.

Alex Howard

We should probably move on. Moving on to the 'I' Infection.

Dr Jacob Teitelbaum

Infection. So there are dozens of infections. I call this the infection of the month club. It suggests that there's not a single infection that is the main cause of CFS and fibromyalgia, but rather that numerous common infections can go ahead and trip a fuse. Now, one of the most common ones we all have heard about Lyme disease and call infections, and that can be a very significant trigger. Unfortunately, there's no reliable testing.

Standard testing tends to say that nobody, you could have a six foot spirochetes looking over your shoulder and we'll say the test is negative. As a British medical journal said, you may as well just flip a coin in terms of the unreliability of most standard lab tests. And many of the holistic tests seem to be positive on everybody. So I find the testing to be unhelpful. What I will do instead is if the history is suggestive, I will consider a course of treatment with antibiotics. Well, there's doxycycline, if the person has scalp scabs I'm going to go with Zithromax. Some people I'll go with cipro it varies. And if the person clinically feels better with the treatment, then I presume they have an antibiotic sensitive infection, especially if people come in with a history of, well I took this antibiotic for dental work and my CFS and fibromyalgia went away for a week.

Alex Howard

That's fascinating right. We've had a number of those patients over the years and it's a really fascinating thing. It's like, why do I always feel better when I get put on antibiotics? It's like, it's a clue.

Dr Jacob Teitelbaum

Yeah, they go to the doctor who is like, we can't do that. It's like, yes you can.

Alex Howard

Start making up illnesses right just so you can get antibiotics!

Dr Jacob Teitelbaum

Yeah, again, going to most doctors for fibromyalgia is like coming to me and saying, I want a heart bypass surgery. And they say, I don't know how to do heart bypass surgery. And you say, well, here's a book from *Bypass the Fantastic and the Scalpel*. It's like, I don't do that. And they don't do CFS and fibro. I will note, if you walk into somebody's office and you're with your family member and they imply to you and to your family member that you're crazy. Please stand up, walk over to them, look at

them, tell them thank you, give them a big hug and say thank you for letting me know right off what a complete and utter idiot you are, we won't waste our time with you. Turn around and walk out the door. And it's OK to say in the waiting room, this guy is a fool, no reason to see him and just walk out the door.

Alex Howard - [00:26:16]

I mean, it is the highest level of arrogance to say, I don't know what's wrong with you, therefore, there's nothing wrong with you or I don't know how to treat you therefore, no one else can treat you. It's just an unbelievable arrogance, isn't it?

Dr Jacob Teitelbaum

Yes. Welcome to western medicine. The only thing most doctors know about pain management is ibuprofen and Tylenol, and don't let them fool you in to giving you narcotics. And anybody who says they can get you pain free, like chiropractors and the rest, are all quacks. That's the sum total of most doctor's medical training on pain management. And for fibromyalgia it's worse than that. So the bottom line is, if they say, I don't know what's wrong with you, you're crazy, that's just abusive. Multiple sclerosis used to be called hysterical paralysis. And, you know, lupus used to be considered neurosis. And this is now going through that process. But it's no longer acceptable for doctors to do that and let them know so. And it's OK to turn around, it's OK to go online and to note that this doctor said, I don't know what's wrong with you, so you are crazy and maybe you don't want to go to them if you have anything complex.

But other infections, candida, major, major, major. If you have nasal congestion, if you have gas, bloating, diarrhea, constipation, I will treat with six weeks of fluconazole. I'll give a good probiotic. I will cut down the sugar intake for people. Viral infections. If you had onset with a post viral, which is very common, we're seeing about 10 to 15 percent of people who are getting covid are coming down with post viral CFS, which Dr. Fauci has noted that this is what the long haul is, post viral, chronic fatigue syndrome. But about half of people with CFS or Fibro I will be treating if I suspect.

Well, there's a number of viruses and there's a number of antiviral famvir plus Celebrex would be the main one. I go with valcyte in a very small percent of cases. Equilibrant in people who have predominantly gut symptoms and I'm concerned about enterovirus. So the book goes through each... *From Fatigued, to Fantastic*, we'll go through each kind of infection. How to determine from the symptoms because the blood testing is unfortunately, I don't want to say useless, but not very reliable for any of these infections. Testing is done by clinical symptoms. You determine, you give the treatment if they get better than they had it.

Alex Howard

So coming on to the 'N' of S.H.I.N.E which stands for nutrition.

Dr Jacob Teitelbaum

So nutritional support is critical for energy production. It's that simple. People ask which vitamin or mineral and nutrients do I need? And by definition, all of them, you know. And the needs go up in the illness because of poor gut function. The absorption goes down. The western diet. Let's see it's abbreviated, S.A.D. standard American diet for good reason.

Over half of the vitamins and minerals present in the food are lost in food processing, you look at 18 percent of calories come from sugar, 18 percent from white flour. You look at the rest of processing, the 50 percent. It's probably an underestimate. This is the first time in human history people are being both obese and malnourished at the same time. Never seen before because the nutrients are being stripped out of the food.

So everybody, I think, needs a good multivitamin. I like the vitamin protocol, the energy revitalization system. Another, if you prefer pills to powder, clinical essentials. And then but again, you walk around

high in B vitamins, high in magnesium, high and zinc. And those are the two main ones that I use. Many of them out there are just woefully inadequate. Ribose we've published two studies showing that a nutrient called ribose, it's the key energy molecule in the body, so it's what your body uses to make the energy molecules like ATP adenosine triphosphate, which is ribose plus phosphate basically, and before. So ribose in the two studies, increased energy, an average of 61 percent. I give a one 5g scoop three times today. We actually have a S.H.I.N.E ribose, but any of them made by bioenergy and there'll be a number of brands. But it was getting expensive and it didn't have to be so we cut the price in half and just put it out there for people.

But any form that you like, 5g morning and noon is the main thing. And some people add a third dose at lunchtime. Coenzyme Q10, I will use a chewable naturally because that delivers the equivalent of seven times the dose because it has what's called cyclodextrin. I will use acetyl L-carnitine 500mg four times a day for a few months, just four months. Then I stop it. We just finished the study, we'll talk about this other one in a little bit, called *Recovery Factors* that just got published. It just went online.

Alex Howard - [00:31:25]

I'm looking forward to getting to that but we're going to park that for a moment.

Dr Jacob Teitelbaum

Yes, we'll do that after. In terms of diet cut down the sugar, cut it out. You can have fruit, but not fruit juices. Even orange you get two spoons of sugar, you drink 16 ounces of orange juice you get 12 spoons of sugar. You want to sit and eat 6 oranges we will sit there and watch and laugh at you. You can eat the whole fruit, leave the juices.

Increase your salt intake, salt is your friend. Be strict with this disease because the autonomic dysfunction and the low blood pressure issues, you will crash and burn. Your body wants more salt, give it and then more water and you're saying I got to drink like a fish? Yes, you do. But because the hormone that holds on to water called anti-diuretic hormone is low, you're also peeing like a racehorse. Drink more water, your mouth is dry, you drink.

Outside of that most people feel better with a high protein diet, but everybody is different. See what feels best to you and use common sense from what you eat.

Alex Howard

You just handed out a lot of really good information there. And again I'm mindful of time, but just briefly for the 'E' exercise as your body's able. And I think that's the important point, isn't it?

Dr Jacob Teitelbaum

Yes because if you, some doctors just say exercise more in this case you'll crash and burn and be bedridden for two days. That doesn't help. You're only making enough energy to condition to a certain point. And if you go beyond that point instead of conditioning, you crash and burn. And that's not doing any permanent harm, but it's really unpleasant. Why do you want to spend three days bedridden because you did that. But if you do no exercise because you're afraid that, oh, my God where's that line going to be, then you deconditioned and that's a problem. For walking see how much you can comfortably walk where you feel good, tired after and better the next day. Keep it at that level, even if it's just to the mailbox for the 8 to 10 weeks. After 10 weeks on S.H.I.N.E protocol, your energy production will be skyrocketing and then you can start increasing by 50 steps a day every two to three days. And then you can condition instead of crashing.

I would note that for the 'H' we should talk about hypertension or low blood pressure, autonomic dysfunction, POTS, animates all kinds of... Bottom line is we are a big bag water, we stand up, gravity is going to do what to that water, to the blood? It will send it all down to our legs. As an upright species, we needed to develop the ability called the autonomic nervous system to send that blood back up to our brain and muscles and the rest of our body.

So if you tend to get lightheaded when you stand or you tend to find brain fog or you just feel worse after you're up for 10/20 minutes then you probably have POTS. And there's a very simple test. For those who would like you can email me my email address is fatiguedoc@gmail.com and I'll send you an orthostatic intolerance information sheet. It will give you two quick tests you can do that instead of the \$2000 tilt table test that'll make you sick as a dog. That will tell you right away if you have POTS. That's a very simple diagnostic. You can check your pulse and, you know, and sit and standing after ten minutes and it's all laid out. Or there's a simple quiz you can do that'll tell you if you have it from the Mayo Clinic Journal. And then it's very, very treatable. And the information sheet will just lay it out. Here are the treatments.

Alex Howard - [00:35:00]

I'm mindful that we should just touch briefly on the role of the mind body side. I know this is something that is a sort of personal interest of yours. And you've been developing four levels of a way of thinking about this. So just touch on that, please.

Dr Jacob Teitelbaum

Well, again, all illnesses might mix the mind and body. You look at multiple sclerosis it is associated with repressed anger. You look at ovarian cancer, people tend to have a helpless, hopeless personality. The research has shown with heart attacks threefold increased risk if there's hostility, you know, and things along those lines. So all illnesses have a mind body. We talked about tripping the circuit breaker in the brain called the hypothalamus in the limbic system. What we're doing is biochemically we've talked about how to restore energy, which will often turn a circuit breaker back on, but sometimes it will restore function. So you feel fine, but you need to keep taking stuff. It's kind of a crutch.

But if you want to be able to get rid of the pills, there's a process called dynamic neural retraining system by Annie Hopper. But there's a number of different techniques. And in my book, I talk about each of these and I'll tell you what to do and how to do it. And it was like a proper and dynamic neural retraining system. It'll take about two months and an hour, a day of doing mental exercises. But people are, about 70 percent of people improve quite dramatically. I've seen people go from a 2 which is you're bedridden to a 9 which is normal and healthy with it. So turning on the circuit breaker is step one.

Step two is to release the energy of old traumas. Many of you have gone through abusive, through some things that were very, very difficult. You'll find ways to hold up in our muscles. And a very simple way to release, self developed by Dr. Peter Levine is called the trembling technique. Most animals, mammals, anyway, if they've gone through a trauma like they almost got killed by a lion, they got away. They have to release the energy of that trauma and they do it through trembling. You may find there's times that things come up when you're sitting by yourself, and you feel like shaking. It's where the expression shake it off comes from. But being human, we feel stupid trembling, so we suppress it.

Alex Howard

We interrupt a natural process.

Dr Jacob Teitelbaum

Yes. And so give yourself permission when you're by yourself, that you feel kind of trembly or shaky, let it happen, it's a good thing, it's how your body is releasing layer after layer of old trauma. Nice simple book called *Waking the Tiger* by Dr. Peter Levine. Ten bucks easy read. It'll make you an expert in it. Don't have to pay anybody to help you with it. Emotional freedom technique for the emotional trauma energy and techniques for feeling safe. The dorsal vagal work that's out there and stuff. And other's work, Peter Levine's work too. In terms of the importance of feeling safe and healing from this illness, the *From Fatigued, to Fantastic* book. And I'm going to plug that shamelessly and get the green cover edition, because it will guide you it will make you an expert, whether you are a physician,

whether you have the illness, it's all laid out, organized, how to tell, what to do, how to make the problems go away. This is a complex condition, but very, very treatable. And that's why part of the fun of making it available for everybody is getting the information out there to make it accessible for people and I will make 80 a book. It will give you the information you need.

Alex Howard - [00:38:34]

Every book sold changes your life. So, I want to spend a little bit of time. I know we're pushing on time, but I really want to spend a bit of time on the research paper that you sent me recently on the new study you've done on serum polypeptides in CFS. That was really interesting and it sounds like it's a very simple way of potentially having quite an impact. So tell us about that.

Dr Jacob Teitelbaum

Quite dramatic. I pretty much start everybody now with most chronic illnesses on a polypeptide mix. It's a serum based and it's in tablet form. It comes from Europe. It's called recovery factors. And what, it's funny a colleague of mine who was a naturopath who I've known for decades, very solid kind of guy, was saying, and he works in a complex disease illness unit at his hospital. He had been giving it to people and finding that they were getting better. Their fibro was going away, their other chronic illnesses are improving. And I said, well, let me try it on a couple folks. And the effects were dramatic. And so he and I decided we need to do a study on this. And this had been used for over a decade in treating malnutrition in Africa and such.

Alex Howard

I thought that was really interesting as well, that that was the origin that a drug that's being used for people that effectively as you say have malnutrition, which is turning around. It sort of makes sense that in the fibromyalgia fatigue population, there's an energy deficiency and something that's correcting malnutrition is going to have an impact. It's a logical step, but a very interesting one.

Dr Jacob Teitelbaum

Exactly. And it helps the body shift from being catabolic, which is where your body is tearing it down in a desperate attempt to get energy to being anabolic or gets to rebuild. So we did the study. We've done two studies now. The first one was just published and it showed that 60 percent of people approved with an average 69 percent increase in both energy and quality of life. That helped mood, less anxiety. It helped gut function. It helped cognitive function, 55 percent sleep improved. And most people saw the effect within two weeks. So I invite people to just get a bottle or two. It's available now in the U.S. I'll ship it from Europe. Again, recovery factors that come. And I'll get one bottle or even two just because it takes a while to ship. A lot of people they've finished one bottle they go oh, my God, I feel great. And then it takes three weeks to get it from Europe and they're without. So two bottles will tell you, one will even tell you.

We just finished another study that I'm actually, the statistician has completed her assessment. I'm just finishing up that paper today of 100 people with CFS and fibromyalgia. And that study we looked at post viral, what we wanted to see, because the first study was done pre covid. We wanted to see whether this helps for post viral chronic fatigue syndrome. So we, about half of the people in the study had post viral chronic fatigue syndrome and it was equally effective for them. So the suspicion is that for whatever the causes, but we'll use it to find somebody with an autoimmune illness, any chronic illness I'm going ahead and trying it for people because the effects have been miraculous for many people, about 60 percent of people. It's a game changer for them.

Alex Howard

And I think again the mechanism is interesting because, as you say, you're taking people from that catabolic state, where their system is in a sort of breakdown mode to put it into a repair mode. And it makes sense that that's having an impact in that way. You mentioned Dr. Teitelbaum before we started recording some of the other research you're working on at the moment. Just say a little bit. I'm always

curious, what's at the sort of evolving edge of someone's work. So just as touch on that briefly as well.

Dr Jacob Teitelbaum - [00:42:12]

Well we just, ginseng was the most popular herb China for millennia, but it got so popular, it needed to be the wild ginseng of at least almost two decades old, because they've built the factors and the ginsenosides in them that really is what made it so powerfully beneficial for people. Went up to about a thousand dollars a pound. And in a country where for many people, ten dollars was annual income, you know, so if they can find... You can imagine it disappeared because if anybody saw any other root it got grabbed and gone. So for the last 10, 15 years it has pretty much been unavailable.

They developed a new technique using hydroponics. And it's funny, they'll have the sound of the usual predators munching and the plants will develop the protective chemicals for that. Then they'll adjust the temperature. So what they've done is the tests show that it has the same levels of the active ginsenosides the active components of ginseng as the old thousand dollar a pound wild ginseng. And I was like, that's interesting. I mean, there's 500 things a year that people say, well, so. I tried it. I could feel it myself. You know, I took one right before.

I've had several calls already this morning and it's coming out. It's early here in Hawaii for me. You'll feel it, often you'll feel it very quickly. So it's called HRG80 Red Ginseng. You can find it on Amazon, but that's the only Ginseng, I guess. The other ones are Ginseng powder that mostly have nothing left in them. And it's funny, I put up my newsletter, I have a website people can sign up for free newsletter, because we wanted to enroll 100 people in the study. 100 people with fibro to see what it did. So I put it on there and my staffer was going to check it two times today. And we figure after a week we'd have 100 people and shut it down so we wouldn't get any new people. She checked it. Three hours later, we have 274 people signed up. So that's how many people are in the study now. In eight weeks, they should have it in their hand within about a week.

So in about eight weeks, we'll have the data back. But from what we're seeing clinically and again, it has to be the HRG80 Red Ginseng. These things you can find on my website secure.endfatigue.com but you can find it on Amazon. Most of you find it easier, I know it's easier to go to Amazon. And you'll know one bottle will tell you. We don't know if the tablets or the capsules work, but there's a big difference between them. So in the study, half of people will be getting each, about half. And so in eight weeks, I'll know which one works.

Alex Howard

Don't you just have to be agile in that sort of research, it's like I wonder, well, let's just try out a bunch of people. I love that way of answering questions. I think it's really cool.

Dr Jacob Teitelbaum

I want to know, you know, so do it. It's funny. The nice thing about not being a big bureaucracy a lot of people think, oh, there must be this building, the Teitelbaum building, and all the information comes out like, you know, with 100 staffers that are doing all these things. And I answer my own, you know people ask questions on Facebook, on the website, and I answer them.

Alex Howard

I couldn't believe you gave out your own email earlier. It's actually his email.

Dr Jacob Teitelbaum

People need somebody who knows that they can go to and ask. They don't have any place to get that. So I do that, I enjoy doing that. So I'm able to turn on a dime, it's me and my four staffers and we decide to do something and we can do that.

So we have another study that will be launching in about three months of something called *Smart*

Energy System. It's a mix of ribose, ashwagandha, schisandra, licorice, green tea extract and rhodiola. As I mentioned earlier, just my ribose studies showed an average 61 percent increase in energy. My suspicion is that in this study, people will on average come pretty close to doubling their energy. And again, it's called *Smart Energy System*. That's also available on my website. But on Amazon, you can find it, too. But for those of you, you're under 60 and your energy, if you rate your overall well-being with your fibromyalgia on a 0 to 10 scale, 0 dead, 10 healthy. You have to rate yourself five or less to be in the study. But if you'd like to be in the study, you can email me at fatiguedoc@gmail.com this is smart energy system. You can't be in the study if you have high blood pressure, diabetes. Sometimes licorice can increase blood pressure a little bit so it needs to be monitored.

So these are the next two studies we have planned and it's just fun. A simple goal, how to make effective treatment available for everybody. We're not the NIH or the... What's funny, with the covid fibromyalgia budget for research at the NIH is twelve million dollars last year, which in terms of the number of people and severity of the illness, is one of the lowest amounts that they allocate. It's one 40th the normal and appropriate amount of research dollars. But last week they allocated 1.15 billion dollars.

Alex Howard - [00:47:42]

Oh, they did wow.

Dr Jacob Teitelbaum

Because it's covid. Post covid, throw money at it. So suddenly the Cinderella stepchild illness is now getting all of this research funding, which is thank you covid, you know.

Alex Howard

Covid had to be good for something didn't it? So in fact just speak of it, we're pretty much out of time but I'd love to just again touch briefly on how you're seeing the S.H.I.N.E protocol in your approach working with those affected by long-covid.

Dr Jacob Teitelbaum

It's very treatable, you know, and fortunately, most people with fibro do fine if they get the disease. And people ask should I take the vaccine? If you're over 65, I would clearly take the vaccine. I would wait two months until people are getting it for two, three months, and then I would just go ahead and get it. And beyond that, it's a personal preference. You know, I can make arguments both ways and I'm going to be getting it myself in about two months.

Alex Howard

And the waiting for two months is just to see enough people go through it and see what the impacts are?

Dr Jacob Teitelbaum

I want to have thirty million guinea pigs go before me.

Alex Howard

That's fair enough.

Dr Jacob Teitelbaum

I will note for those of you who do come down with the covid, there's so many things you can do that the research shows is very effective. Zinc, vitamin C, melatonin, Pepcid, aspirin, quercetin. All of these things can be both, well, you can do on your own. Ivermectin has been shown to decrease mortality

83 percent. The psychiatric drug for OCD Luvox has been associated with a complete blocking in two studies. Now none of the people in the control group developed the worst disease and the treatment group had to go to the hospital as opposed to 12 percent having to be hospitalized in the untreated group, 8 to 12 percent in two studies now.

Problems with these things that they are dirt cheap. So if you have post covid or fatigue and persistent symptoms, what we mentioned here for the S.H.I.N.E protocol applies. Our study with recovery factors of placebos that it applies, but also for the specific organs you want to increase antioxidants for the lung and heart damage. N.A.C, glutathione are two very good ones. I would use recovery factors and smart energy system. For the brain fog, microglia activation. I will give low dose naltrexone, I will give colchicine to settle and I will use CuraMed which is a specific type of turmeric to bring down the overall inflammation for cardiac function.

If you're having shortness of breath and your pulse ox is under 95, if your pulse ox is 98, your heart and lungs are fine, it's anxiety so get the little \$25 clip for your fingers. But if you look at my cure's A to Z it's C U R E S capital A - Z look up heart disease. You'll see a recipe of nutrients that will dramatically increase cardiac function and can help if there was significant cardiac damage in over 80 percent of cases. So long haulers syndrome, post covid, CFS whatever name you want to give it. You have persistent symptoms this protocol can be very helpful in your recovery.

Alex Howard - [00:50:56]

That's awesome, and there's so many more things I'd love to ask you. I'm sure we'll do more interviews in the future, but Dr. Teitelbaum people that want to find out more about you and your work, you've mentioned a few resources as we've gone along. What will be the best sort of central resource for people to go to?

Dr Jacob Teitelbaum

Get the *From Fatigued, to Fantastic* book it will make you your own expert. Go to the website vitality101.com There's a four step program that'll guide you on how to get well. If you don't have money for anything. If you look at step 4 all the way at the bottom and click on articles. At the bottom there's an article, how to get well if you have very little money, because I know, I was homeless and people say, oh, all these things. I ate two days ago, you know, somebody who sat on my park bench gave me a slice of pizza then so I ate, you know.

So there's an article, *How to get well if you don't have money*. This is for everybody to get well. If you want supplements, some of what I mentioned, I sell supplements from different websites and secure.endfatigue.com And again, you can email me at fatiguedoc@gmail.com and I can send you the orthostatic information sheet. I can also, there's a questionnaire we give for practitioners. For those of you who are practitioners, it will dramatically simplify the care. There'll be a questionnaire for intake that will get all the symptoms and collected quickly.

There will be a treatment thing where instead of writing the same thing out to get the thyroid, you just check off the armour thyroid and you know this, you got adrenal and cortef so you can ask for the treatment tools file. All of this is free and make sure the intolerance one, you can ask me for the article on how to get polyphenol and how much money. So you can email me with these things. So if you want to be in the next study, this modern energy system study, you can email, I'll put your name on the list because it's going to fill quick!

Alex Howard

Dr. Teitelbaum thank you so much for your time. I really appreciate it.

Dr Jacob Teitelbaum

Alex, always a pleasure. And again, you can get well. If your doctor doesn't know they're not bad people. They just don't know. Find somebody who does. And know that this is a very, very, very

treatable condition.