



Integrative Approaches to CFS and Fibromyalgia

Guest: Dr Jacob Teitelbaum

Alex Howard: So welcome everyone to this session. I am super excited to be talking to Dr. Teitelbaum.

And we're going to be talking about mind body medicine and trauma through the lens of chronic fatigue and fibromyalgia. And I think it's a great way of bringing together a lot of the different themes and ideas that are being covered in different places in this event.

So, Dr. Teitelbaum, firstly thank you so much for joining us.

Dr. Jacob Teitelbaum: Alex, an honor to be with you and to help everybody today learn if you have the disease, this is very treatable. And for those of you treating the disease, happy to give tools that will make it much easier to get people well again, and thank you for the opportunity.

Alex Howard: Thank you. Just for anyone that doesn't know Dr. Teitelbaum let me just give your professional bio.

Dr. Jacob Teitelbaum is one of the most frequently quoted integrative medical authorities in the world. He's the author of the bestselling, *From Fatigue Fantastic Pain Free 1, 2, 3* and the popular free smartphone app *Cures A to Z*. He's the lead author of six studies on *Effective Treatment for Fibromyalgia and Chronic Fatigue Syndrome*.

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 Health.

So Dr. Teitelbaum I know your personal interest in chronic fatigue and fibromyalgia perhaps wasn't a deliberate career choice, that was partly informed by your own journey and experience. I think it would be a great place to start, just to give people a bit of a flavor of what's, I guess, brought to you on this path you've been leading now for many years.

Dr. Jacob Teitelbaum: Absolutely. It's like I mentioned before, what's a nice Jewish doctor like me doing in a field like this? I got onto it the old fashioned way, I had it. My childhood was a difficult one. I tend to be highly empathic and my mom and about half the community I grew up with were in Auschwitz and the other concentration camps. Which created a dysfunctionality and those are the easiest things in my life.

Then there are other things that came on and I've got what I call the drop dead flu, it was a nasty viral infection and I just didn't recover. Six weeks later, I was still non-functional and they knew there was a virus, but it should be gone by now. So they figured I must be depressed, they called it depressed med students syndrome.

I had to drop out of medical school. Since I was paying my own way, I found myself homeless sleeping in parks. And it was funny, it's as if the universe put a holistic homeless medical sign on my park bench.

All these different people came by energy workers, nutritionists, people who taught me about the psyche. All these people taught me bits and pieces, and sometimes they even have some pizza with them and I'd eat sitting out on a park bench. And I was able to learn enough from that to put together a program that helped me recover. And I was able to go back to medical school, and got my honors in medicine.

I really spent pretty much the last 45 year researching, learning, teaching and treating, related to the soul. So it's an area that is very much near and dear to my heart.

Alex Howard: And I think sometimes it takes going through the personal struggle of a condition like this to really understand some of the challenges and the frustrations of the patient group. Because often one of the things that they experience is going to doctor after doctor and not getting clarity, not being understood.

Sometimes being left to feel that it's their fault that they're ill or they're not even ill. And I think that personal experience, I think, gives an enormous empathy and clarity to really see that these are real conditions that cause an enormous suffering.

Dr. Jacob Teitelbaum Eighty five percent of people still do not have the correct diagnosis. And there's this abusive, nasty habit in medicine that when you go to the doctor and you have these things that don't tie together in their world view.

Many doctors have this bad habit of saying, "I don't know what's wrong with you" and therefore implying that you are crazy and that is totally unacceptable. Just like multiple sclerosis used to be called hysterical paralysis and lupus, rheumatoid arthritis, a number of illnesses used to be considered neuroses until testing was developed for them.

What these all have in common is they are illnesses of the immune system that affect predominantly women. And even though half of doctors are women, the establishment still has a viewpoint that you can get maybe if you look at the medical world hysteria, which comes from the Latin 'history or the uterus'. So if the doctor doesn't understand, the woman was crazy and that can be almost as traumatic as illness itself if not more so.

Alex Howard: So you mentioned that a lot of people don't have an accurate diagnosis. And I think that's a good place to just dive in a bit further.

What causes chronic fatigue syndrome and fibromyalgia? And how do people know they have it? So what is that diagnostic process?

Dr. Jacob Teitelbaum: It's very simple. Basically these processes and there's hundreds of things that can contribute, it's not a homogeneous thing. Represent the severe energy crisis in the body where your body is spending more energy than it's able to make. And just like if you plug in too many space heaters on a cold winter night, you'll trip a circuit breaker, you both fuse.

There is a circuit called the hypothalamus part of the limbic system that controls sleep, hormone, temperature regulation, autonomic function. So the bottom line is, if you find that you are exhausted, you can have exhaustion from hundreds of things. But if you have the paradox of can't sleep even though you're exhausted, that means you've tripped a circuit breaker that controls the sleep center.

That paradox tells you that this process is in play and if you have widespread pain then you have fibromyalgia as well. If you have pain in more than four parts of your body, basically. So it's that simple. Can't sleep even though you're exhausted, widespread pain, you have fibromyalgia until proven otherwise. On my website, there's a simple quiz that people can do. It's vitality101.com step two, it's a five minute quiz.

It will tell people if they have CFS or fibromyalgia. But you don't need to do that, just exhausted and can't sleep, don't go away with a vacation. You got it.

Alex Howard: Yeah. And of course, there's many different factors that could play a role in someone ending up in that state.

Do you want to say a little bit about some of the journeys and the different pathways into chronic fatigue and fibromyalgia?

Dr. Jacob Teitelbaum: Well, a very good distinction point is asking the person did this start suddenly or gradually or when did it begin? And if they say, well, it's happened about 5, 10 years and I've been feeling lousy, that's kind of gradual onset.

If they say April 17th, 1982, for the sudden onset tends to be viral or other infections. Sometimes it isn't the infection but the antibiotic they receive for the infection will trigger it, that needs to be discriminated against postpartum or post injury.

They have about accident or some severe stress, a rape, whatever, many different things, those tend to give a sudden onset.

When you see more gradual onset you're looking at candida overgrowth, you're looking at autoimmune diseases or you're looking at hormonal problems, you're looking at sleep disorders, I mean there certainly is much more. But that gives kind of a broad idea of the most common ways that people enter into this energy crisis.

Alex Howard: And I think it's a good opportunity as well to make this point around looking at things from a mind body perspective. Just as we'll come into it, it's working with the mind, body and other aspects on the recovery journey. It's also those different loads and those different influences on the journey into someone, getting ill in the first place.

Dr. Jacob Teitelbaum: There's often not much to be done for having been raped as a child repeatedly. So we're stuck with, okay where are you right now? It's helpful to understand how they got there. But no matter what tripped a circuit breaker, you have to turn the circuit breaker back on. And these problems cause a cascade effect, that's why it's not usually one single thing.

One problem triggers the next problem, triggers a next problem, triggers the next. And that's why I know for the people I treat, and I treat people all over the world by phone often. For those of you watching who are treating people?

We have some simple free tools available that will dramatically make it easier. I have an online program at vitality101.com called the Energy Analysis Program. You click on step three, go to the energy analysis program, it's actually computerized.

I developed a computerized physician for people, I have a U.S. patent for a computerized doctor developed for people with CFS and fibromyalgia. People can go on to a free quiz, if they have lab tests that'll analyze pertinent lab tests and tell them here are the things contributing to your energy crisis. And then here's how you treat it to go ahead and optimize energy production using the research protocol that we did. F

or practitioners, my email addresses fatigue, fatiguedoc@gmail.com, ask for the free treatment tools. I'll send you a questionnaire that will collect all the information very quickly as well as the treatment protocol with over 100 things.

If it looks like they're checking off mostly thyroid, I can tell pretty quickly what's going on with the person and collect the data. So treating the physical part is complex, but also can be much simpler, we've simplified it a lot for people.

Alex Howard: Yeah, I mean, how I see part of the way that you approach this over the years is although every case is different and there's enormous complexity. There are patterns and there are maps of things that can be effective. And I know that for many years and I think it was in your book, *From Fatigue to Fantastic* that was the first place that I came across it.

Do you want to talk about your SHINE protocols? I think it's a neat way of encapsulating some of the key pieces that are important.

Dr. Jacob Teitelbaum: Yes. In a double blind, placebo controlled published study, we used the SHINE protocol versus placebo. And we saw that an average 90 percent of people improved with an average well, 91 percent with an average 90 percent increase in quality of life.

So this is very, very treatable. So SHINE means you treat sleep. I use a mix of natural or prescription therapies to get people sleeping their eight hours a night and those of you with fibromyalgia going, "nice guy but he's crazy, no way eight hours one night."

You can, we've treated thousands and thousands of people, but you need a very low dose of several things. If you use a high enough dose of any one thing, you're going to be hung over all day and the next day and have side effects.

So tiny doses of several different things can get you eight hours sleep a night. The eight should be hormonal, thyroid, adrenal, your productive and other hormones that control under the hypothalamus, controls all of that. So it controlled sleep and hormones so that's off-line.

The blood tests are, I'll avoid cursing here, meaningless. They're really, a normal range just means you're not in the lowest two and a half percent of the population, cull two standard deviations. It has nothing to do with what's optimal.

So the normal range for shoe sizes would be an American size is size 5 to 13. I have a size 12 shoe, if I walked into the doctor's office with a size 7 shoe, the doctor would say the test is normal, it's between 5 and 13. So you have to understand the tests are not very reliable here.

So thyroid, how do you know if you need thyroid? Achy, weight gain, cold intolerant. That sounds like you? Adrenal that's the stress handler gland. Very simple. I have this high tech approach you can tell. Do you get irritable when hungry? It's called hangry. That means you have low adrenal cause adrenal maintains blood sugar during stress.

There's a very nice product called Adrenoplex that you can find outline that will tend to smooth that out. Increasing salt, water, avoiding sugar, all of these things can help the adrenal. And we will use tiny doses of bioidentical adrenal hormones in severe cases. Now reproductive hormones in women. Now your fibromyalgia, not PMS but fibro symptoms worse a week before your menses. If yes, then low estrogen and progesterone and often even testosterone are contributing.

In men, we see 70 percent of people are in the lowest 30th percentile. And there are simple ways to raise testosterone, Clomiphene, nice medication for that. So you address the hormones, so sleep, H is hormone. I would have infections that could be another perfectly good eight hour talk. But the most important is candida, nasal congestion, post nasal drip or irritable bowel syndrome, gas, bloating, diarrhea, constipation. Those suggest candida and that needs to be treated. There are viral infections, parasites, Lyme, I mean, there's literally over 100 infections implicated.

Nutritional support, two of our studies showed that a simple nutrient called SHINE Ribose, RIBOSE increases energy an average of 61 percent. There's a vitamin powder I recommend that replaces 35 pills so that can be done fairly simply. The E is exercise as able, these things of "just exercise more" it's like kill, you know. When you try to walk to the mailbox and you're in bed for three days.

You need to exercise, you start with a walking program even if it's only 20 steps a day, whatever you can do comfortably but don't push beyond that. And then after about eight to ten weeks on the rest of the protocol, you'll find that, then you're going to make more energy, you can start to condition instead of crashing.

So in this study, both groups got the exercise and the exercises had modest effect, but using the rest, sleep, hormone, infection, nutrition. That's when the active group, again 90 percent of people got better, generally dramatically better and the placebo group, very, very few. And for those who like statistical analysis, the P was less than point zero, zero, zero one for all four outcome measures versus placebo.

Alex Howard: And how do you sequence the interventions? Do you do it all in one go or do you introduce things one thing at a time based upon the sensitivity of the person?

Dr. Jacob Teitelbaum: It depends on the person. There are many people with this illness who have a lot of sensitivities. Their immune system is really over reactive to everything and we'll talk about that.

You had the honor of speaking with Dr. Porges and with Peter Levine and the rest. So he talks about the need to feel safe and we'll talk about that in a moment, because the immune system is directed by the psyche, and that's a really important concept we'll get to in a bit. So people who are very sensitive, we just go slowly, add one thing at a time, go at the speed that feels comfortable.

Other people want to jump in with both feet and we'll start a number of things at once and then stage it that way. It's very individualized.

Alex Howard: Yeah, I think it's also in a sense I like the fact that there's a structure to it where there's these certain key building blocks to it. Because as you said earlier on, one of the key qualities of chronic fatigue, particularly at certain stages of the illness is that people just don't sleep. And if they're not sleeping, the whole body's ability to repair and self-regenerate is simply not working. And I suppose one of the ways to look at it is that, it's not just what's causing someone to get sick. It's what stopping the body from healing and not sleeping is a major, major factor in that.

Dr. Jacob Teitelbaum: Absolutely. So we usually begin with the energy revitalization system vitamin powder and the ribose for nutritional support, you have one drink a day and you're suddenly optimizing energy. There's gonna be a new product called Smart Energy System that would be d-ribose, two pills a day, that'll be out in mid-May. So that simple maneuver really makes nutritional support easy and then we go to sleep. You're good at this, you've obviously done this before.

Alex Howard: Chronic fatigue is my background you could say, so. Yeah.

Dr. Jacob Teitelbaum: So those are the two places we begin with and some people, again, we'll add on a few more things and my staff will then take people through one step at a time. How are you doing with this, and then the next? But staging that is critical.

Alex Howard: Yeah. I think you might have just touched on it a moment ago, but you've done some recent research on recovery factors and you mentioned ribose as part of that. Maybe just say it a bit more about that piece.

Dr. Jacob Teitelbaum: Well, there's a study. I just got the data set a few days ago and we're seeing that a new product, which is a porcine serum extract it's basically a polypeptide formula. We're seeing that about two thirds of people felt, where can I get this? They got that much improvement, on average, about a 50 percent increase in quality of life.

So that's a very different product than d-ribose but that's an incredibly promising one, it'll probably be available, we're hoping, in about a month. But people can go on RecoveryFactors.com and they can be notified, they put their email address when it's available. So I'm just getting ready to write up a research study for that one, so that's another fun treatment that's very promising for people.

Alex Howard: Yeah. And we touched on it, but I think let's open it up more now. Say a bit more about the minds and emotions and the relationship with the immune system. Because you were saying that hyper reactivity which can be in the immune system, it can be in the digestive system, it can be kind of almost system-wide. That people seem to react to the very things that should be the things that can help them on the recovery path.

So say a bit about some of the mechanism and some of the process that's happening with that.

Dr. Jacob Teitelbaum: Well, let me give you an example. When I was working through medical school, one of the ways that I paid my way through medical school was working as a nurse in the children's hospital. And when I was being rotated to the burn unit, my psych professor taught me hypnosis so I could do the dressing changes comfortably on the children without them being in pain. And one of the things I learned about, that if you get a burn, you go into a quick hypnotic state. Which you can go in three seconds once you've done it, and you just go heal quickly, no injury, you won't blister.

And there's a good reason I'm not a surgeon, I'm a Butterfinger and it was not uncommon for me to burn myself. Now once I learned up, no burns. The nasty thing was the skin would turn white and hard and fall off because the skin was dead, but it wouldn't blister. And it was kind of a first introduction to me how the psyche is directing the immune system, not the conscious mind as much as the unconscious mind.

Recently I had to have a tooth pulled because it cracked and usually people's faces are swollen for days after the whole thing. And I just put myself in a state of mind that there's no injury, these are just routine maintenance, these are all friends they are just here to repair things, it's okay, relax. I was back at work an hour later treating people. No pain, no swelling. So you'll see that this goes on, so look at what happens.

Children growing up that have an alcoholic parent or an abusive, sexually abusive parent. And they never know when it's coming, so they're constantly feeling unsafe. They're on a hyper alert, hyper vigilant, kind of a mode which gets the sympathetic adrenal nervous system constantly churning. You've got your immune system feeling like there's an attack from everywhere because they're unsafe and they don't know from where it's coming. And try to figure out why an alcoholic parent is going in a rage that moments, it's random and it's on constant overdrive. So the adrelin system exhausts itself.

So you get everybody still on overdrive. So you get a little bit building, you're exhausted, exhausted, builds up a little bit and the system exhausts, anxious, exhausted. And you'll see the immune system goes on overdrive so you get all the sensitivities and that exhausts.

In my upcoming book, *The Update of Fatigue Fantastic*, which is outstanding and it's going to be out in September there's a chapter Sensitive to Everything. Where I go through a lot of this is for people who can't do anything even though things, as you noted, that they need.

So remembering that the immune system is guided by the psyche and its perceived level of safety is a critical part in helping these people. And also recognizing that there are many circuit breakers, so to speak, within the brain that have been clicked off for safety as a self-

protective mode. Dr. Levine and Dr. Porges probably talk about the plague possum, how the deep posterior vagal or dorsal vagal stimulation where they go.

So there's these different mechanisms that you need to, as it gives the thing, too many space heaters you trip a circuit breaker. You need to unplug those space heaters, those energy drains. But then you need to turn the circuitry back up and there are many tools for that that are incredibly effective.

Alex Howard: One of the, of course, challenges when people are suffering with fatigue or fibromyalgia and there's the fluctuating nature of symptoms. And one doesn't know how they are going to feel the next day, or if I do this, will it be too much? Will I crash? That also creates a significant state of anxiety and lack of safety, that there's not a predictability in one's day to day life that also often has an impact, doesn't it?

That it almost perpetuates this whole cycle.

Dr. Jacob Teitelbaum: Absolutely, because how can you socialize if you can't make any plans? And your friends don't want to be hearing every day about my fibromyalgia or whether you're poorly today. That's a good way people appropriately start to withdraw from that.

That's good for people who have that, save that for your counselor, save it for your psychologist. Seriously. You can mention it, note it and it's okay to say, I don't know if I can make it, I can't say for sure, I don't know what my fibro is going to flare. But people don't want a play by play, minute by minute thing, it's just not healthy for them to stay in that. So they disappear, it doesn't mean they're not your friends as you get better.

It's OK to realize that those who disappeared needed to do so and consider letting them back in as you recover.

Alex Howard: Yeah. And I suppose to take a side step for a minute I think, just reflecting back on what you were sharing about your own story and how challenging that sounds like it was. And it sounds like there was a real sense that you had to do it on your own because there wasn't financial support, there wasn't practical support. And often going through these sorts of recovery journeys it requires people to find an inner strength, and an inner determination that they sometimes don't even know they've got.

That going through these recovery journeys can cause an enormous amount of people required to develop capacities, let's say, of determination and courage, and commitment to find a way out that can be very difficult. I wonder what you see helps people do that.

Dr. Jacob Teitelbaum: Well, two things.

Number one, it's okay to recognize that it will scare the living crap out of you. Once you've been disabled for 10 years and you've been out of life as you get well, it's okay to realize. Number one, I don't know if I feel safe going back out into the work world, back out into the social world, doing all of that. And give yourself permission that you don't have to do anything. You're getting well so you can feel better and that does not require you to go back

to what made you sick in the first place. For many people, the idea of, okay I got out of a job that was poison and now I'm being able to be here with my kids. And I want to note for you moms out there who feel like, oh, my God, I'm not there for my children.

I've treated thousands and thousands of people and you know what I hear from the kids? Mom was always there with me, mom's are out working and the rest. Mom was always there or in bed, having popcorn or watching TV. They may occasionally be frustrated, say "why can't you do this?" But 99 percent of the time they think, oh, god, mom's here. I'm so loved. Just know that. So I lost my line of thought: where are we going with that?

Alex Howard: No. It was my fault because I took on a slight sidestep, that was my fault. So let's come back a bit more to the role. We were touching on the over activated nervous system and the effect that has on the immune system. We mentioned a bit about Steven Porges's work and Peter Levine's work. Let's just talk a bit about how, for example, Peter Levine's work as a way of calming and settling that trauma response.

Dr. Jacob Teitelbaum: Yes. So we talked about the second thing I was going to mention was it's okay to say no. When you start going back into the real world, you have to remember people with chronic fatigue syndrome it's like a big red sign for energy loan sharks saying, emotional toxic waste dump open, it will draw every one of them around. And everybody else has the sense to run away and cross the street when they see them coming.

But people with CFS it's like a deer in the headlights, you know, they can't move. So as you get better, give yourself permission whenever anybody asks, if there's anything that, whether it's going to work or not, simply see how that feels? Leave your brain out of it because your brain has no idea who you are authentically. But see how it feels, if something feels bad, the answer is no, and period. And 'no' is a complete sentence, very versatile. And then make a list, see what feels good and then move in that direction, you don't have to go back to the job or relationship that made you sick in the first place. And you will know, not by your thoughts, you know by how it feels. If it feels good, okay that's good. Feels bad, no. And that's part of being safe, which is a core of Dr. Porges and to some degree, Dr. Levine's work.

So Dr. Porges has talked about the whole Polyvagal Theory and he'll go into that in depth. But some people, instead of being in chronic adrenal overdrive, they're in possum mode and they're shut down and he'll go through all that with you. But there's also, we store memories in many ways one of them is in the muscles.

Think about when your child is near pre-verbal and there's memories, you don't have words in your mouth to do it. Just like with an animal, you'll see they put it in their muscles and they store the muscle memory that way. That's why many of you when you get body work you find you release a muscle and this memory from 40 years ago pops out.

So Dr. Levine early on of his work was somatic, and talks about a simple technique called trembling. So you hold the muscle and that's the possum state, but it's also the muscle memory. And by when you feel like tumbling, let it happen, normally humans feel stupid tumbling, we suppress it but when you feel like it and you're by yourself or with a spouse should explain this is okay, it's good when this happens.

Just let yourself tremble. It'll come off, wave after wave after wave may go on for years, 30 seconds here or there. And that helps muscles release so you have the muscle tightness and memory. You've got the emotional energy of the trauma and for the emotional things, there's things like EMDR emotional freedom technique. That it's funny when I first heard about it I said "that can't possibly work." And somebody did the emotional freedom technique, just some tapping of key acupressure points. And while holding the feeling of an old trauma, that energy just like it's washed right out of my toes and disappeared and it was just minutes, it's like, where'd that go? You know, this thing I got my whole lifetime.

So you can't talk therapy to people beyond a certain point, you can take them up to a certain point. But then releasing the energy with either of those two techniques, releasing the muscles. And then there's a third technique for resetting the limbic system, circuit breakers. This is a very powerful technique in fibromyalgia. I don't know that you have her on your show, but Annie Hopper developed a technique.

Alex Howard: Yeah, I know her work.

Dr. Jacob Teitelbaum: So the dynamic neural retraining system, if I had to pick one thing to begin with, I'd start to tremble because it cost ten bucks for the book and then they can do it on their own and it's simple. But the dynamic neural retraining system, once people do an hour a day of the practice for two months to ten weeks, the circuits go back on and we see dramatic changes in people.

So you're doing talk therapy, you're having people get understanding, discernment, using their feelings as guidance, releasing the muscles, releasing the energy and resetting the circuit breakers in the brain. And suddenly you've got this whole thing here where you're treating not just biochemistry you with the SHINE.

But you're also now resetting the circuitry, releasing the old traumas. And although it may be beyond the scope of this talk, some of the practitioners may be familiar with use of ketamine or MDMA. There's research now by a colleague of mine whose psychiatrist, it was a government approved study using both ketamine and MDMA, which is commonly known as ecstasy for PTSD. And in cases where these other things are not helping. He's seeing dramatic effect, is this appropriate for the talk?

Alex Howard: Totally. In fact, we've had a session with a guy called Jason Prall where we were talking about MDMA, Ayahuasca, some of these different plant medicines and psychedelics as ways of processing trauma.

So it's actually, not only is it appropriate it's a great way, again, of putting another piece of the jigsaw in a real life setting.

Dr. Jacob Teitelbaum: So for those with severe PTSD, the MDMA is harder because it's harder to get legally, which is absurd it should be available for therapeutic use. The ketamine, a number of studies now are showing that the low dose ketamine is very helpful for refractory depression.

Studies show that the ketamine, about 0.9 milligram per kilogram intravenously, is very helpful for fibromyalgia pain. And Dr. Shannon's study is showing that for PTSD they are getting marked benefits. Now, the problem is that, one, it is a prescription so you have to have a therapist that can be with you or with the person while they're getting it. Because I can't just say, okay go pick this up at the pharmacy and that could be very scary for people.

So I'm comfortable working with therapists and people that I'm treating myself because I'm a prescribing physician so I can prescribe it. And the ketamine can just be as in nose spray, people can do a nose spray and sublingual not go to absorption, taking it by mouth does nothing. And the drug companies, of course, have jumped on this and instead of just using the nasal ketamine, which is maybe three dollars a treatment.

They've made S-ketamine, which is like nine hundred dollars. God bless them. But here's the good news. Or you go to the I.V. infusion centers it's going to be a thousand dollars plus per I.V. treatment, which is just not sustainable for people, there's no insurance to cover it. But compounding pharmacies can make the intranasal and then sublingual ketamine in the same nose spray and it's about three to five dollars per dose, instead of the 900. And psychologists that I work with, I'm comfortable prescribing it to people that I am treating.

The person can use it if they're in the office with a psychologist monitoring them and guiding them through the process, so it becomes a very powerful treatment for people. For the MDMA, that's one that all Dr. Shannon does, there's no talk therapy going on with that, they just have a little mask and a quiet room with maybe some calming music. And he just sits there and lets a person process that internally, they can do so quite dramatically. And, a number of people have talked about the ayahuasca and some of the psychedelics. So there's a lot in there and it saddens me that the government has lumped those kinds of things and with heroin, which is just an insanity.

Alex Howard: Yeah. What really strikes me as you're talking Dr. Teitelbaum is, I can imagine the journey you've been on over many years of your career of discovering new things along the way. And I'm hearing some of the things that you're talking about today at the growing edge, let's say, of new thinking, both in the wider community, but also in your clinic clinical practice. And for practitioners that are watching this that I imagine will be very inspired by that sort of approach of discovery and trying different things.

For some practitioners that can be a very scary thing to do, to be trying things that are unproven, which are at the edge. And I wonder what you would say to those people who are still feeling quite narrow and obviously by definition of watching an event like this, they obviously have some curiosity. But perhaps that hasn't yet come into influencing what they're doing clinically.

Dr. Jacob Teitelbaum: Well, if you look at the SHINE protocol, this was a randomized double blind, placebo controlled intent to treat analysis study. This is a gold standard study. The significance was highly significant to P less than point zero, zero, zero one versus placebo, so this is proven. The issue is not proven in western medicine, the issue is profitability.

To go through the FDA approval process requires paying minimum usually 400 million dollars per treatment. This is why virtually no generic drugs have been approved for new indications unless they could find a way to patent the delivery system or something along those lines. Despite the research being robust that these things are effective. And that's why pretty much, and there are virtually no natural remedies or rare exceptions have been FDA approved. Not for lack of research, but because they're not patentable and profitable. And therefore they can't make it through the regulatory system.

So if we know there's research that's reasonable and there's experienced hand research showing it to be safe. Then when you do a cost benefit or risk benefit analysis, the degree of research if we're giving a new medication of unknown safety, known toxicity that costs \$10,000 a pop. It takes a different level of research for me to be comfortable using it. But if I'm giving something that's a nutrient that's been proven safe the CRAS center is recognized as safe even by the FDA, there's research showing it, no downside and it's dirt cheap. To me, it just makes sense that it takes less research to have a big research proven.

So what we confuse is economics and scientific sanity. They are not the same thing and the medical system in the US is based predominantly on economics. We have a catechism that's evidence based medicine. If you look at the research, the research shows a placebo control affects the study's accuracy by 30 percent, that's validity, randomization about another 30 percent. And who pays for the study affected by 2,400 percent.

Alex Howard: Wow.

Dr. Jacob Teitelbaum: It's a 900 pound elephant in the room. And when you asked the journal editors, well, you wouldn't publish a non-randomized placebo controlled study. Why would you publish something paid for by the drug company when we know it's not valid? They just say because we'd have nothing to publish otherwise. Common sense, common sense and science together.

Alex Howard: And I think there's also something about having a hypothesis and testing it in one's own clinical experience. So what I'm also hearing here is these different pieces from the different trauma work to things like EFT, to working with bio-identical hormones, to working with digestive issues.

That in a sense it's when you work with many, many people, it's trying this, does that work with some people? That seems to work. Let's do more of that. That didn't seem to work. And I think that approach also takes a certain level of courage in a practitioner to do that.

Dr. Jacob Teitelbaum: It takes a certain level of open mindedness. It helps to understand where the mores of the medical culture come from. And it's funny, I grew up in a Hasidic Jewish community as I mentioned there's a concentration camp transplant community, but at the same time in modern America. So I grew up in two realities at the same time they're quite different. And most people the first thing we hear is reality. We just presume it is.

First thing we heard and I remember and I was a little kid, we'd had these Russian immigrants come in and they would say, we talk about light bulbs and Edison and the little Russian kid go, "yes, Thomas Edisonavich the great Russian inventor." This was the

propaganda they got. And I said, "ha, ha, silly. How about don't they recognize propaganda?" And then I recognized, how do I know? And most of what I've been taught has also been propaganda. But at least having two viewpoints, it makes it easier to actually look at things and it makes it easier for me when looking at medicine because I'm a science geek. I mean, for me to get a date, good luck.

But, I know that God loves me because the most beautiful girl in the world was attracted to science geeks and she married. But they called me the ghost in medical school because 2:00, 3:00 I'd be in the medical library going through the stats.

So I've learned to go straight to the science, see what the science shows, dissect it, look at what the competing interests are, look at the actual data. Basically the conclusion of a study tells me who paid for it. The data tells me what the study actually shows and the data that's missing that they don't put in also is telling.

So it takes having an open mind and it makes all the difference because this way you're going to be able to help people who have been totally failed by our health care system. And they're good people in the health care system but they don't recognize propaganda from science and truth. And that's our job.

Alex Howard: Yeah. And I think also there's often people which will be in this mindset of I'm just going to work on the physical piece because I don't believe in that mind stuff. And other people coming from the point of view of saying, I can see I've got these mental things or these emotions, I've just got to fix that. And also what I'm hearing you say, which I think is also really important and I think it's a great unifying point for a lot of other things that we're touching in this conference is that.

You have to work on many levels and you often have to work on many levels simultaneously. And that takes a lot of patience and I think a lot of responsibility for the patient to notice what's working, and to follow their own inner guidance and their own truth within all of those maps and those pieces.

Dr. Jacob Teitelbaum: And it also takes time. I mean, I've been doing this for 45 years, so don't expect yourself to know everything right away. You're going to find something that grabs your interest, hormonal issues or the mind body things with the Porges approach or whatever it happens to be. It's okay to take that and really immerse yourself in it and then it'll distill down to something really usable and simple. And then the next thing will come in and it really takes time.

I remember my old psyche teacher and I said, "how do you hone in?" We'd sit in counseling in groups and I'd be picking off the edges as a resident and he'd go right to the center. How do you do that? He said "I've been doing this 45 years."

So give yourself permission, you don't have to be able to do it all. But you realize that it's all important. Know what you know, know what you're expert in, know what you feel good doing. Treat those, but don't invalidate everything else because it's not your religion or what you're doing.

If you're a practitioner look for others, like say, I'm happy to work with the psychologists. I got people all over the world by phone seeing me and I'm happy to work with the other people doing different pieces of the puzzle.

When you start creating that new community, invite them out, the other practitioners out to dinner, until the Covid passes. Go ahead and enjoy the time, get to know each other, set up cross referral patterns. Suddenly that's going to feed your business.

So you can focus on taking care of people instead of having to go find people and patients. So work with others, find people you trust who do all of these different pieces. And maybe even one who's the orchestra conductor that has a broad enough perspective to integrate them all. And then you can serve your people who can serve those who come to you.

Alex Howard: And I think it's often also the case for patients or those suffering from these conditions that they need to recognize that perhaps building a team, and rather than looking for that one person.

What they're doing is they're finding the right people to help with the right pieces.

Dr. Jacob Teitelbaum: Yes. And I'm going to tell you right now, for those who have the disease, where do I begin? Ask around friends, ask colleagues, ask practitioners. And at the end of the day, your intuition will tell you when you go and talk to that person.

If you feel like running out the door now, you're in counseling, that you have a good counselor, it may be the hardest thing you've ever done, and it will feel sometimes like where's the helicopter to get me out of here? But it will still feel better to stay than to leave. But on the other hand, if your gut feeling is going like, no, this is not for me. Run, bring that up to the counselor, discuss it and if it's still going rotten, run.

Alex Howard: Yeah, that's a great point. For people that want to find out more about you and your work and how to work with you Dr. Teitelbaum. What would be the best way for them to do that?

Dr. Jacob Teitelbaum: Oh, can I take just a moment to talk about pain?

Alex Howard: Please do.

Dr. Jacob Teitelbaum: Because pain is a big piece. Now there's seven main kinds of pain, all of them are present in fibromyalgia.

You're going to hear about brain pain or central sensitization because that's where the expensive medicines focused, but it's not the key cause of pain.

Key cause of pain is tight muscles and low energy. When you don't have enough energy in the muscles they go tight, that's why you have to work out your muscles aren't loose and limp. So things that restore energy like SHINE help a lot of the pain go away.

There's an herbal mix called curamin, takes about six weeks, amazing for pain. There are numerous medications that can be helpful without narcotics. The hemp oil, the cannabinoids are very helpful for pain.

Kratom also when used properly, is helpful for pain.

But the hemp oil, the only one that I use if it's not a dispensary, would be a hemp slack because quality control varies considerably. The stuff's become very popular and a lot of companies are spending all their money on advertising and labels and there's nothing in the bottle. So find a good brand, find a dispensary.

Marijuana can be good.

The endoca seems better for these people than the sativa, if it's legal for them to smoke it because they don't get paranoid and off the wall. But it helps the pain, helps sleep. Low dose Naltrexone, very good for the central sensitization options. So you can go ahead also and for those who would like an appointment with me.

Once again a three hour consultation, my appointments manage email:
appointments@endfatigue.com

My website for information and it's basically a three step program. This is how you start. Takes you through how to get well is vitality101.com. And for products, I do have the products available at endfatigue.com. And so but again the products I talk about most of them are readily available anywhere.

Alex Howard: Fantastic, Dr. Teitelbaum thank you so much for not just your sharing today, but also being such a shining light for many years in this field. It's really appreciated. Thank you.

Dr. Jacob Teitelbaum Alex, there's nothing more fun in the world to me, this is a labor of love. And, you know, it's fun watching people get their lives back.

Alex Howard: Yeah. Fantastic. Thank you.