

[177: Resiliency Radio with Dr. Jill: Dr. Teitelbaum talks treatments for Fatigue, FMS & Long Covid!](#)

Dr. Jill 00:12

Welcome to another episode of Resiliency Radio with Dr. Jill. Today I have a good friend, a colleague, and someone I have respected for so many years. I'm just delighted to have Dr. Teitelbaum here. Let me introduce him and then we'll jump right in. Dr. Jacob Teitelbaum, MD, is one of the most frequently quoted post-viral, chronic fatigue syndrome, fibromyalgia, energy, and pain medical authorities in the world. He is the bestselling author of *From Fatigued to Fantastic*, *Pain-Free 1-2-3*, *The Complete Guide to Beating Sugar Addiction*, *Real Cause, Real Cure*, *The Fatigue and Fibromyalgia Solution*, *Diabetes is Optional*, and the popular free smartphone app Cures A-Z.

Dr. Jill 00:54

He is the lead author of eight studies on the effective treatment of fibromyalgia and chronic fatigue syndrome and a study on effective treatments for autism using NAET. Dr. Tidalbaum appears often as a guest on news and talk shows nationwide, including Good Morning America, The Dr. Oz Show, Oprah, CNN, Fox News Health, and more. You can go to his website and learn more at Vitality101.com and EndFatigue.com. And wherever you're listening, if you're driving, we will be putting those in the show notes. At the end, I'll repeat those, and then just stay tuned because you'll be able to find those in our notes wherever you're listening. Welcome, Dr. Teitelbaum. It is a delight to have you here.

Dr. Teitelbaum 01:30

Jill, it's great to be with you and with everybody who's watching or listening today. So many of you suffer from these conditions or treat people who do. We're going to organize all that for you today and give you a research-proven, highly effective approach to getting well. I'll also give my email at the end of the show, where you can get information, have some questions answered, and things like that. So if you're ready to get well, let's do it.

Dr. Jill 01:57

Let's do it! And thank you again for paving the way. Let's start with your journey. How did you get into medicine? Did you always want to be a doctor? Tell us your trajectory to get to where you are now.

Dr. Teitelbaum 02:08

Yes. People ask, "What's a nice doctor like you doing in a field like natural medicine, chronic fatigue syndrome, and fibromyalgia?" I got into it the old-fashioned way. I had the disease. I've been empathic for as long as I can remember. I always remember that, as a child, I was quiet and really shy. I wanted to hide behind corners and just wiggle my finger and get people who were suffering and having things well.

Dr. Teitelbaum 02:32

I grew up in an Auschwitz survivor community, so there was a lot of healing. I was an empathic kid. It was challenging. But I knew forever back that what I wanted to do was be a healer and a teacher. And to be a healer as a good Jewish boy meant to go to medical school. Everybody else was wondering what they wanted to do when they grew up. Even when I was eight, I knew what I wanted to do.

Dr. Teitelbaum 02:57

In medical school, I had been paying my way through college. My dad had died. I was working. I finished college in about two and a half years—because you pay by the year and not by the number of courses—to get half the price. In medical school, working as a nurse was easy—paying my way and doing the medical school thing.

Dr. Teitelbaum 03:19

There's some other chaos that went on that left me physically wiped. I came down with a nasty viral syndrome that I call the drop-dead flu. I couldn't work, which meant that I was homeless and sleeping in parks, and I had to drop out of medical school. I figured my life was crushed and over. But it's as if the universe put a holistic homeless medical school sign on my park bench: Herbalists, naturopaths, energy workers. I was taught how to use the chakra system.

Dr. Teitelbaum 03:47

All these different things came by and opened up this whole world that I'd never heard about in medical school. Through that, I learned how to recover myself and went back to medical school. I spent pretty much the last 47 years researching, writing, and teaching about how to get well with these conditions because they are so treatable. The problem is not a lack of effective treatment. There's just no super expensive medication, so doctors don't hear about the treatment.

Dr. Jill 04:15

It's so true. I love everything you said. And I'm so sorry you've had to go through that. But isn't it true that through our journeys and suffering and illness—I've had the same thing—it transforms us because we learn something that is not in any textbook? And especially as the receiver, I say we went from doctor to patient and then back to doctor because that gives us insight into what's going on. You dealt with that yourself. You started to realize there's a lot more than just allopathic medicine. I did the same.

Dr. Teitelbaum 04:45

What a shock, isn't it? It's like, "Oh my God!"

Dr. Jill 04:48

Start us on that journey. For someone listening out there, we'll dive into specifics, but one of the things—and you agreed before we even came on here—is that we've seen chronic infections, chronic viral syndromes, toxic exposures like mold, all these kinds of things, and now long COVID. They present very similarly. And as you and I look at the solutions and also the biochemical patterns, they're really the same. Long COVID isn't anything new. It's just more prevalent because it's hit so many millions of people—more than maybe a tick-borne infection. So take us through someone who's suffering from brain fog and fatigue. First of all, what does it look like to be in this group of chronic fatigue? What might they be experiencing? And then [please mention] some solutions.

Dr. Teitelbaum 05:30

Basically, this is an energy crisis that trips a circuit breaker in the brain called the hypothalamus. It controls sleep, your entire hormone system, and the ability to maintain blood pressure and pulse. All of these are on the same circuit. And you say, "How do you blow a fuse?" Well, you can blow a circuit breaker in your home in hundreds of ways. And it can be post-viral or post-infectious, which is about half of

the causes. You'll see it with Lyme, COVID, and Epstein-Barr. Dozens of different infections can trip the circuit breaker. You can get it from mold toxins. But I suspect that people, once they get this, are more susceptible to the toxins. They have mast cell activation syndrome. Any kind of severe, overwhelming stress or anything that drives the energy crisis can trip the circuit breaker.

Dr. Teitelbaum 06:20

What does it feel like? Exhausting. You can't sleep. For those of you who have long COVID, it often takes about a year for the insomnia. When I first had it, I was oversleeping for the first year. Then insomnia kicks in. About half of you with long COVID will find that the insomnia is not there yet. But [the symptoms typically are] exhaustion, insomnia, brain fog, and widespread pain because low energy causes the muscles to get stuck in a shortened position and hurt.

Dr. Jill 06:46

Yes. Whether you're a patient out there or you're a physician, I have a lot of physician listeners, you see all these patients coming in. What is your map of this and how would a patient or a practitioner approach these kinds of conditions?

Dr. Teitelbaum 07:01

Think about an energy crisis; it trips the circuit breaker. If you have too many space heaters plugged in on a winter's day and you trip the circuit breaker, if you just turn the circuit breaker back on, they're going to blow the circuits again. So you get rid of the things that are draining your energy. Unplug the excess stress—the excess space heaters—and treat the underlying infections if you have Lyme or things like that. You treat those things to turn the circuit breaker back on.

Dr. Teitelbaum 07:30

Our randomized, double-blind placebo-controlled public research has shown that the SHINE protocol treats sleep, hormones—the entire hormone system is pretty much controlled by the hypothalamic-pituitary circuit—infections, [offers] nutritional support, and [recommends] exercise as [one is] able [to]. Not too much exercise or you'll be bedridden for a couple of days and get the post-exertional malaise, but enough to prevent the conditioning. People are afraid to do any [exercise]. There's this fine line in between where you just go for a walk. If you are bedridden, that's very treatable too. And part of the 'H' is hypotension, POTS, or orthostatic intolerance. [It's where] you stand up and gravity sends all the blood to

your legs. This controls sending the blood back to your brain; that's not working.

Dr. Teitelbaum 08:21

There are free information sheets. I know they call me Rambling Jack. It was my college nickname. I know I rattle off a lot of stuff. You can email me at fatiguedoc@gmail.com. Just ask for the fibromyalgia or long COVID information sheets. They're free. If you're a practitioner, let me know, and I'll send you the one for practitioners. But for hypotension, there are two simple tests you can do at home that will tell if you have POTS. They're easy. You don't need a \$2,000 tilt table test. There's a simple questionnaire, a blood pressure screen, a pulse screen, and then how to make it go away. It's not hard. You just have to know it's there. This is all an organized approach. We'll take care of restoring energy production, turning the circuit breaker back on, and helping muscles relax so the pain goes away—even the secondary nerve pain that comes from chronic pain. It's all in there. This organized SHINE protocol will get you well.

Dr. Jill 09:20

Perfect. I love the acronym. It goes back to medical school, right? It's all about acronyms. It keeps it in memory and it's so concise. And what's interesting is that this protocol for you has been around well before COVID and long COVID. You've known how to treat this. You've taught doctors. You've taught patients. You've treated patients successfully. And like I said, it's so interesting because, yes, it's affected more people. Maybe the severity is slightly worse with long COVID. But it's really nothing new under the sun. This protocol still works for this kind of—

Dr. Teitelbaum 09:46

It's one more infection that's tripping the circuit breaker. Unfortunately, people are getting blown off. We have thought of COVID as a big-ticket item. Everybody [was like], "Oh, you have COVID." But people with long COVID are now finding the same thing. They're going to the doctors and the doctors are implying: I don't know what's wrong with you; you're crazy. That is unacceptable. That's called being abusive. If the doctor says, "I'm sorry, I don't know what's wrong with you," that's honest. If the doctor implies to you and your family, "I don't know what's wrong with you, so you're crazy," I recommend you get up, walk over to them, give them a kiss on top of the head, and say: "Thank you so much for letting me know what a complete and utter asshole you are and how abusive you are." Turn around, walk out, slam the door real hard, and say: "You should call the police. This guy is an

abusive monster!" And walk out the door, because it is totally unacceptable. They did the same thing with multiple sclerosis and lupus. They called it hysterical paralysis. Lupus was a "neurosis". It is no longer okay to do this.

Dr. Jill 10:45

I couldn't agree more. It's affecting more people. And part of the trauma is when you are suffering, you know something's wrong, and you go to your doctor and they invalidate all the things that you're feeling. In that way, we're also even losing touch with our intuition and our sense of self, which tell us something's not right here. Let's move to POTS dysautonomia. There's much more awareness around it because, with long COVID, we've seen it, even though you and I have seen this for decades. Talk specifically about POTS dysautonomia because that's, I think, such a core of unexplained fatigue. There are many things. Our hydraulic pump getting pressure to the brain is such a key; talk just a little bit about that.

Dr. Teitelbaum 11:26

Well, think about it. To be an upright species, we had to develop the ability. We're a big bag of water. Gravity is going to send it from the top of our body down to our ankles. Think about that. It's just normal. To become an upright species, we had to develop what's called the autonomic nervous system. That sends up blood back to the brain, heart, and the rest of the system. It's so critical that it's part of that key circuit breaker called the hypothalamus. It controls blood pressure and blood flow. That circuit is turned off by this disease. It goes into hibernation mode. You stand up, the blood goes through your legs and you may get a little dizzy in the beginning. But more commonly, after 5, 10, 15 minutes of being up, maybe even 45 minutes, you get brain foggy, you get exhausted and you see the effects of not enough blood flow. That triggers pain and the rest.

Dr. Teitelbaum 12:22

Traditionally, doctors are taught to do a tilt table test, as I mentioned earlier. 1) It makes people feel horrible. 2) It's not especially reliable. 3) It's 2,000 bucks, which your insurance will give you grief paying for. Mayo Clinic Journal had a very nice study comparing a simple questionnaire that takes two minutes to the tilt table test and what's called sensitivity and specificity, [showing] that it was as reliable. There's another 10-minute pulse test. Again, if you just email me at fatiguedoc@gmail.com, ask for the information [regarding] the POTS and whatever. Both of those tests are [about] how to do them at home or in their practice. Easy, easy, easy.

Dr. Teitelbaum 13:05

Then there's a list of how you treat it. One [way is with] compression stockings. It's not rocket science. You get 20- to 30-millimeter or medium-pressure compression stockings. The higher they go, the better. You'll see a big difference. Increase your salt and water intake. If you salt restrict somebody with this disease, they will crash and burn. They need a lot of salt. And then there are countless other simple things you can do, [such as] medications and natural things. It's all listed out.

Dr. Jill 13:30

Perfect. That's great. That's really practical because I think more and more people are aware of mast cells and POTS dysautonomia, whereas it wasn't in the conversation before. So take us through the SHINE protocol. You've given us an overview. But what does it look like in practice?

Dr. Teitelbaum 13:42

Since you mentioned mast cell activation, for those of you who have a lot of sensitivities, if you email me, ask for the sensitivity information sheet or the MCAS sheet, and I'll throw that in as one of the attachments.

Dr. Teitelbaum 13:42

For those of you who have severe anxiety and hypersensitivities to everything, certainly when all else fails, you want to look at the mold issues. The SHINE protocol, number one, is sleep. 'S' is for sleep. The circuit breaker that controls sleep isn't working, so you have trouble falling or staying asleep. You have that two o'clock wake-up call that wakes you all up. You have trouble going and staying in deep sleep—what's called N3 deep sleep—so you stay in light sleep. You need treatments to sleep.

Dr. Teitelbaum 14:29

Melatonin—there's a wonderful EP120 10-milligram sustained-release melatonin. I take that myself each night, along with an herbal mix called Revitalizing Sleep Formula. It's a mix of six herbs. You can get them on my website but [they're available] anywhere. Amazon will have these. They're commonly available. I don't private label much stuff. I want people to be able to get it anywhere. Anything you buy on Amazon, besides the Smart Energy System and Ribose, I don't make a penny on. So if you think: "Well, he's just selling stuff so I'm going to buy all the stuff on

Amazon and he won't make a penny," yes, yes. Just use it. Get yourself better. Don't worry about it. If you want to support me, you can go to the EndFatigue.com website. But the Revitalizing Sleep Formula is a mix of six herbs. It's a wonderful place to start.

Dr. Teitelbaum 15:14

For medications and falling asleep—this is distinguished from staying asleep—Ambien. It's one of the best. "Oh my God, Ambien! You sleep, drive, and rest." Anything can affect anybody in different ways. And if you don't tolerate it, you don't tolerate it. But it can be very, very helpful—taking a little bit at bedtime and sometimes a little nip under the tongue in the middle of the night. You can crush it with your front teeth. It's 6 milligrams, but just two milligrams will put you back to sleep. Trazodone, flexeril, gabapentin, low-dose. There are countless different herbs. There's a mix of essential oils called Terrific Zzzz. There are many, many natural over-the-counter and prescription items that can get you sleeping like a kitten.

Dr. Jill 16:02

So that's the 'S'. Let's go to 'H'.

Dr. Teitelbaum 16:04

'H,' again, would be hormones. Most of you are going to find you get irritable when hungry—which is low blood sugar, which is low adrenal—even though the tests are normal. Let me talk for a moment about testing. You know how you go to the doctor and the doctor says, "The tests are normal"? Ask the doctor: "What does normal mean? I guess that means there's no problem, right?" Most doctors would rather you stay home and just send the test and they don't have to listen to you go: Blah, blah, blah. They just want to look at the test.

Dr. Teitelbaum 16:37

I wondered where the normal range came from. First of all, when I was in my second year of medicine in 1980, I opened my own practice. I would get a general chemistry and a cholesterol panel—back when I thought cholesterol was important—for each new patient. What I found is that in both panels—done at the same lab, two National Laboratories—the cholesterol levels routinely were 20 to 80 points different under two panels. The same tube of blood, the same person. So I took the next 20 people and noted that to the lab. And this was the National

Laboratories, so it wasn't just one local lab, because people were coming to me from all over the world. I said, "You've got this problem," and they fixed it immediately. You know how? From that day on, they suppressed one of the two cholesterol results from the two panels.

Dr. Teitelbaum 17:29

We'd like things in black and white, but what does normal mean? Normal is called two standard deviations... Blah, blah, blah. It means you take 100 people, and the 95 in the middle are in the normal range. And the highest and lowest 2.5% are abnormal. If you put it that way, it's easy to understand. If you have shoe sizes, the normal range for shoe sizes is sizes 5 to 13. If I put you in my size 12 shoe and I put on a size 8, they're both in the normal range. The doctor will say, "There is nothing wrong with your shoe." This is nonsense. Hormones—testing gives a little idea of where you stand relative to the average person. But being normal is no more likely to be proper than your doctor having a size six shoe on that will fit them.

Dr. Teitelbaum 18:15

How do you tell if you need adrenal support? If you're irritable when hungry, you get hangry. Increase salt, increase water, and cut back on sugar. Your sugar cravings will go away with this protocol. There's a nice product called Adrenaplex—it's wonderful. One or two each morning. It smooths that right out. And I will consider a very, very low dose of hydrocortisone. It's not enough to be toxic, and in my research, it did not suppress the adrenal at that dose. We looked at that. That was one of the things. A small percentage will need that. But those who need it, they need it. So for adrenal, we have that.

Dr. Teitelbaum 18:53

There are other adrenal hormones, but that's the main thing. Thyroid—tired, achy, weight gain, cold, intolerant. I don't care what your tests show. If your free T4 is not high, this is not going to be... The TSH is the worst piece of caca test—almost. I can pick a couple of others. With the hypothalamus not working, that test is meaningless—utterly meaningless. I would give thyroid hormone. The type, dose, and form all vary from case to case, whether you need desiccated thyroid or Synthroid T3, or whether you need a tiny dose or a high dose. You've got to see what feels best to you. And as long as the free T4 is not elevated, that's okay. It could be low. If you give desiccated thyroid, it'll drive it low. Tired, achy, weight

gain, cold, intolerant. Try thyroid.

Dr. Teitelbaum 19:48

That's what I do in my practice. And then testosterone, estrogen, and progesterone. In a woman, especially in her mid-40s, the blood test will not show the onset of perimenopause or estrogen-progesterone deficiency until it's been low for 5–12 years. So, how do you tell? You have fibromyalgia symptoms—not PMS, but fibromyalgia symptoms—[such as] brain fog, headache, or insomnia, and if the fatigue is worse around your menses. Why would it be worse around the menses? Because estrogen and progesterone plummet around the menses and ovulation for a day or two. If you have that timing, you know that you need some of the bioidentical hormone and testosterone. In men and women. Professor Hillary White at Dartmouth showed that even with normal testosterone levels, if you give women low-dose testosterone—a milligram or two, it doesn't take much of the cream—their pain lessens.

Dr. Jill (pre-recording) 20:45

Hey, everybody. I just stopped by to let you know that my new book, *Unexpected: Finding Resilience through Functional Medicine, Science, and Faith*, is now available for order wherever you purchase books. In this book, I share my own journey of overcoming a life-threatening illness and the tools, tips, tricks, hope, and resilience I found along the way. This book includes practical advice for things like cancer and Crohn's disease and other autoimmune conditions, infections like Lyme or Epstein-Barr, and mold- and biotoxin-related illnesses. What I really hope is that as you read this book, you find transformational wisdom for health and healing. If you want to get your own copy, stop by ReadUnexpected.com. There, you can also collect your free bonuses. So grab your copy today and begin your own transformational journey through functional medicine and finding resilience.

Dr. Jill 20:45

It's also anti-inflammatory. That's why women have autoimmune disease four or five times as much as men because testosterone is anti-inflammatory for autoimmunity as well.

Dr. Teitelbaum 21:55

Yes. And there are a lot of reasons. It's funny that with most of these immune illnesses, 75% are women. That's why these illnesses are considered "crazy people"

or "hysterical people diseases." These are women's diseases. You look at the word 'hysteria', which is a medical word, to give you an idea of how doctors think—even though half of the doctors are now women, the institution is male—and it comes from 'hystero', which is Latin for uterus.

Dr. Jill 22:28

Wow, that's crazy.

Dr. Teitelbaum 22:29

That gives you an idea.

Dr. Jill 22:31

I also want to add a little funny comment on your blood sugar and adrenals. Absolutely. For several years since my adrenals hadn't been functioning, I would always say: "If I get cranky, I'm like a two-year-old. Either give me a snack or a nap." And that's typical adrenals, right?

Dr. Teitelbaum 22:48

Write up a little card for your honey, your boyfriend or lover, or whatever, and say: "If I'm irritable, don't console me. Don't try to hug me, or I'll claw your eyes out. Just feed me!"

Dr. Jill 23:01

So hormones—I love that. Very simple and yet so critical. The 'I' [for] infections.

Dr. Teitelbaum 23:06

We talked about hypotension and POTS. Infections—the immune system. It varies from case to case, but what tends to happen is that it goes on overdrive. There are parts of the innate immune system inside the cells that will detect if there's evidence of an infection—a DNA from the infection. It attacks this foreign DNA, chops it up, signals the rest of the immune system, and puts on this major attack. The immune system starts going, and that works well for a week, three days, or 10 days if you need to. But what happens when that can't shut off and the alarm bells are going off month after month after month? Your immune system goes on overdrive and then it exhausts. And as it exhausts, you'll find that many other infections, like Epstein-Barr, which we never totally get rid of... The body likes to take a couple of them and put them in jails, like the shingles or chickenpox virus. It

puts them in jail. I suspect it's so that it can continue to train the immune system so it doesn't get weakened against it over time. But these viruses do a jailbreak when the immune system goes down. We have seen long COVID. The research showed the reactivation of the Epstein-Barr virus.

Dr. Teitelbaum 24:27

The number one infection is Candida or fungal overgrowth. I'm not talking about the toxicity; I'm talking about direct infection. There are no tests that I would give a nickel for. There are plenty of tests, but you don't need them. Do you have severe chronic nasal congestion or sinusitis or do you get irritable bowel syndrome, gas, bloating, diarrhea, or constipation? If I see either of those in somebody with these conditions, I will treat them for Candida. I will give them a good probiotic. I will give them a mix of natural antifungals. I will go with the Diflucan medication, 200 milligrams a day for six weeks or longer if needed. There's a prescription compound of sinusitis nose spray; it takes aggressive treatment, but it really can knock out Candida. The mold toxin is a secondary thing if it persists. That's a whole other area that needs to be treated in some cases, too. So [treating] Candida is number one.

Dr. Teitelbaum 25:27

Most of the doctors listening know about the post-Lyme. I do not consider the testing out there reliable for Lyme disease. With standard lab testing, everybody is negative, even if they have Lyme. And in the holistic labs, I think I saw two people negative over 25 years in that entire infection panel. So I'm going to treat based on symptoms. Was the onset after a viral-like infection? I'm going to go with the antivirals Famvir and [inaudible], which is an antiviral, oddly enough. That combination can be very helpful. There are different viral infections. Antibiotics. If I suspect Lyme disease and the person has chronic lung congestion, or if they have scalp sores for some reason that seem to reflect sensitivity, [then I recommend] Zithromax.

Dr. Teitelbaum 26:18

Someone comes in and says: "I've been near bedbound for 25 years. I had dental work once and the doctor gave me this antibiotic, and it went away for two weeks." I say: "Wow! What happened when they kept you on it?" And they say, "They wouldn't." I said, "What?!" "I can't give you long-term antibiotics." But if you had said, "I'm a teenager and I have zits," "Here's two years of doxycycline; no problem." It just

boggles the mind. So if you got better with antibiotics, you should be on them. That was an overview. And certainly, there are parasites and the whole thing. But the testing is not reliable, in my opinion, for the infections. My book will go through: If these symptoms [are present], treat for viral; if these symptoms [are present], treat for bacterial infections. It doesn't have to be hard. It's common sense when you look at it. Then see how they respond.

Dr. Jill 27:09

Gosh, what a great overview! And one reason why long COVID is now bringing these things up is because there's a pattern of low cortisol, which is that whole HPA-axis that's chronic fatigue related. There are elevated B cells, which is more autoimmune inflammation—like you said, the sentinels in the immune system—and the T cells get exhausted. So I love it when the research points to COVID as an immune deficiency syndrome. Right after COVID, for six months or so, a lot of people are experiencing a severe depletion of the T cells. Often, it's not just COVID; it's all of these things you just got done saying in your 'I' of the SHINE protocol that are popping their heads up. I think it's like whack-a-mole, where they're just popping themselves up because the immune system is not robust.

Dr. Teitelbaum 27:53

Yes. We used to call it post-COVID and CFS—whack-a-mole disease. The problem is like a series of chain reactions. It's a cascade effect. That's what makes it so hard for doctors. We're used to one system going off. When you have cascade failure, you trip the circuit breaker, your adrenals go down, your thyroid goes down, and your sleep goes down. That triggers pain and immune activation. They say: "You have more than four symptoms. That doesn't make sense to me. You must be crazy."

Dr. Jill 28:20

Right. We have to think outside the box.

Dr. Teitelbaum 28:23

Yes. But once you recognize it, you're tired, achy, have brain fog, and can't sleep. It's like, 'Oh!' If you are exhausted and can't sleep, you've got this process, even if you have autoimmune or other diseases. That triggered secondary fibromyalgia.

Dr. Jill 28:36

And we know that most of the time, toxin infections are driving those things.

Dr. Teitelbaum 28:41

It's a big part of it. It's a big part of it. It's one of the many things that can. The fun thing is that no matter where you come into this whole process from, whether you're going from eliminating the toxins, eliminating the infections, helping the sleep, or giving nutritional support, you don't have to get rid of all the things. If you give your body enough, it can restore its own balance, take care of the rest of the issues on its own, and you can get well.

Dr. Jill 29:08

I love that you say that. Whether it's a physician listening or a patient who's suffering, when you think about the toxic load and all the thousands and thousands of chemicals and infections, it can be so overwhelming that you want to just give up. And just like you've said, it's so critical, whether you're a practitioner or patient, to know that you don't have to get every last drop out of the toxic load bucket or the infectious load bucket. You just have to diminish it enough so that you create margin, because once you have margin back, the body does what it's supposed to do. And you said that so well.

Dr. Teitelbaum 29:38

Your body is built to handle toxins. It's just that when the rain barrel affects you and spills over, you get toxic. But if you give your body the nutrients it needs, it will detox.

Dr. Jill 29:51

Yes. So let's talk about the 'N' in SHINE. What are the core things that people need to think about with nutrition?

Dr. Teitelbaum 29:56

For one, people ask what nutrients you need. The answer is all of them. But you don't need to take handfuls of pills to get them. There's a nice multivitamin called Clinical Essentials. It's what I use. It's two tablets a day. [It provides] really good, broad support. There's a powder one, but it went out of production for a while. That'll be back in about six months. Clinical Essentials tablets, two a day. It's a very good multivitamin.

Dr. Teitelbaum 30:22

We published a recent study [showing] that most ginseng doesn't work anymore because they've been doing the farmed ginseng and it just doesn't have the active components. But there's one called HRG80 red ginseng. It's amazing. I gave up on ginseng about 25 years ago when it started losing potency. "But try it." I was like, "Uh, whatever." I'm pretty energy-sensitive. I could feel it very quickly. In fact, before the show, if you're wondering, [I used]: HRG80 Red Ginseng. I take half a chewable tablet. Get the chewables, because sometimes you don't need very much. Just half a tablet is what I do. The study was one-half to two tablets a day. My energy increased by 60-70%. It went up considerably.

Dr. Teitelbaum 31:14

There's another supplement I recommend for people. People say, "Where do I start?" Start with nutrition and the sleep herbals for nutrition. Clinical Essentials for the multivitamin. That covers most of it in a simple thing. The HRG80 Red Ginseng, and then there's something called the Smart Energy System. It's a mix of ribose. We have two studies that show dramatic improvements in energy with the Smart Energy System. We haven't published that study yet. But it increased stamina by almost 80% on average. It's quite dramatic. It's a simple one: Drink two capsules each morning and a scoop of ribose powder.

Dr. Teitelbaum 31:53

Start with Clinical Essentials, HRG80 Red Ginseng, and the Smart Energy System. That's one that I make. I'll give disclosure: That's the one I make. Everything else, I don't. You do those three, and most people will find that within six weeks, your energy is going to be skyrocketing. And you adjust to what feels best to you. And then increase salt and water. I know you're ready to drink like a fish, but you're peeing like a racehorse. The hormone that holds onto water is low. There's the other hormone; that one goes down too. And cut back on sugar. My book, *The Complete Guide to Beating Sugar Addiction—From Fatigue is Fantastic* [since] it'll tell you how to get rid of the sugar cravings too—will make a big difference in the healing. Chocolate is a health food. You can get sugar-free chocolates at Lily's—the good chocolates. There's a bunch of ones that taste good.

Dr. Teitelbaum 32:52

Here's a funny thing I want to mention, Jill. The United States was colonized by England. They sent the Puritans out of the country. They sent the criminals to

Australia, so the interesting people went there. The people who said, "Everything that feels good, God will curse you to hell"—the Puritans. They said [to them]: "You're so annoying. Get on these freaking boats and leave or I'll shoot you." They said: "But the earth's flat; we're going to fall over the edge." And they said, "Boat or die." So they went on the boats and son of a gun, they found the Americas, and they discovered them, they think. There were a lot of people living here at the time, but "we discovered them." I don't know why the English like to think, "We discovered Hawaii." People were living here.

Dr. Teitelbaum 33:38

But anyway, the way we are taught in this country is that everything that feels good is bad for you. And I have no idea what kind of insane evolution or deity would create [the idea] that everything that feels good is bad for you. No, no, no, no, no, no, no. Most things that feel good, unless they're processed foods, were made for the body. They're good for you. Sugar is one thing, though. It's okay in small amounts. But it becomes an addiction. But listen to your body. What leaves you feeling better? Not just right after, but three or four days later and overall. There's no one diet for everybody. See what works best for you, and listen to your body.

Dr. Teitelbaum 34:19

Turn off the news. By the way, for your adrenal support, the news media... When I was your age, the advertising mantra was "Sex sells." If you wanted to sell something, you had a handsome guy or pretty lady next to the car or the beer as they advertised. Now it's: "Fear and divisiveness sell." They're trying to scare you to death and make you hate everybody else because that keeps you watching. It also makes it easier to control people. Turn it off. It's fiction on both sides. I don't know why they still quote me. The media likes me. But turn it off.

Dr. Jill 34:53

Yes. It's so stressful. Speaking of stress, let's just bump into that real quickly because that's such a big thing. What are some key things? Stress is just ubiquitous and it's only getting worse. What are some of the core things that people can do for stress [relief]?

Dr. Teitelbaum 35:08

Look out the window instead of the TV screen, Facebook, or these other places. I'm going to repeat myself here. As soon as what you're watching leaves you feeling bad,

there's this Tai Chi move: Breathe, center, reach for the remote control, and click off—because most of what we stress about is not real. We worry we're not going to be able to pay the rent. I've been there and done that. I was homeless. I made it. Most of you with the disease are not going to be homeless and you'll have enough resources to get your basic needs met. But 99% of what we worry about never happens. And the 1% of the time it does happen, we manage. We do it.

Dr. Teitelbaum 35:54

As soon as you're thinking about something that feels bad, shift your thoughts to something that feels good. Two seconds later, when you find yourself worrying again, shift your thoughts to something that feels good. Have something [to focus your attention on], whether it's grandkids or if you like sports. I'm a geek. I'm not into sports. But whatever it is that you enjoy, have a couple of things you can constantly shift your thoughts to that feel good. Don't have this mix of energies. You'll find it's a habit that as you do that, whether it's music... The research shows that listening to music is as effective for pain relief as most medications. Anything that distracts you from this worry allows you to heal. If you feel bad about something, you have a false belief around it.

Dr. Teitelbaum 36:39

I'm going to give you this challenging thing that I found: My belief was that being homeless and having to drop out of medical school was bad. It was an amazing blessing. Everything I found in my life has come back [to me] in retrospect. If you told me when I was homeless, sleeping on a park bench, "God is blessing you, son!" "Yeah right. Get out of my face, crazy person." But 70 years later, what I'm finding in my life is that it all turns out to be a gift. Just keep shifting your thoughts to what feels good and start to disconnect from those things that don't. And you're going to find it really healing.

Dr. Jill 37:22

Yes. And you mentioned grandkids. And pets, love, gratitude, and all those things—the science shows that they shift our hearts, minds, and bodies into a coherent state. So if you have any wonder about what that might be, think about what you're grateful for and who you love. And those are good places to start. The last part of your SHINE [acronym] is 'E.' Give us the tail end of this here on the 'E' part.

Dr. Teitelbaum 37:43

Here's the thing: We're afraid to exercise because people get post-exertional malaise. Normally, if you exercise, your body says: We need to put more energy stores, called glycogen, in the muscles and build them up because they're using more. But with this disease, it's an energy crisis. You can only make so much energy. So when you get above that energy budget that you have, instead of conditioning, you crash. That's called post-exertional malaise. You find yourself in bed.

Dr. Jill 38:10

[inaudible], right?

Dr. Teitelbaum 38:16

People get afraid to do anything and then they decondition, which really makes the POTS bad. So you want to do enough to maintain the conditioning. See how many steps a day you can walk—five minutes. See what's comfortable and work your way up to that, and then leave it there. After about 10 to 12 weeks on this protocol, energy levels will skyrocket. Then you can start to comfortably increase your exercise more and more. For those of you with severe POTS, [see] the POTS information sheet. Just like I said, ask me for those. If you have fibromyalgia or long COVID, just say that, and I'll automatically send you those, including the POTS. It will have [information on] how you can exercise very comfortably on a bicycle where you don't get the standing-up POTS problem with exercise. You can recondition. There are all kinds of things to do with that. Just start with mild walking and then work your way up. See what feels good to you. Again, if you feel good and tired after and better the next day... If you feel bedridden the next day, too much; cut back.

Dr. Jill 39:19

Yes. Great advice. Especially as a woman in my 40s, I remember when, all of a sudden, I realized that my high intensity with where my adrenals were was not a good idea. It was driving things in the wrong direction. I always joke that when I stopped classical exercising, I got in better shape and felt better than I did before. When I was in my 20s, it was fine, but it wasn't okay in my 40s with my different hormones and adrenals. So it is important to see the stage of life and how you feel. And there's no one size fits all, which is what you're saying as well.

Dr. Teitelbaum 39:52

Listen to your body. See what feels good and what works. Those two are great navigation systems. The news media and experts, not so much.

Dr. Jill 40:04

Right, exactly. Stay away from them. So last little bit here, I want to make sure that you can repeat your email and tell people where they can find you. But before we do, what one bit of advice would you give to that person out there who's listening to the podcast and they're in bed or they've just been sick and they're maybe feeling a little hopeless or feeling a little discouraged? What last bit would you give?

Dr. Teitelbaum 40:25

This is treatable. Our research showed that 91% of people improved. I don't care if they've been bedridden for 20 years. A circuit breaker's been clicked off for 20 years in a house and eight electricians, not knowing that there is a circuit breaker, come in and say: "Everything's fine; the light switches are all okay." If an electrician who knows about circuit breakers comes into the house 20 years later and turns that circuit breaker back on, the lights all work just fine, and everything goes on. In my studies, it did not matter how long you had the illness in terms of being able to recover. You can get well. But one message I want to leave you with is that if you get well and go back to what made you sick in the first place, your body will find another way to take you out of the game. As you get well, you've learned from the illness all these things that you don't have to do that you thought you had to do. But the police haven't arrested you and you haven't been thrown into the streets for not doing them yet. Let them go when you get better. Use your energy for things that feel good; follow your bliss and your body will support your health.

Dr. Jill 41:21

Oh, I love that last bit. I look back and I had cancer at 25 and Crohn's at 26 and lots of illnesses in medical school. I was an energetic, sensitive person like you. And what was happening was that I was pushing and overriding my body. My body was saying: Jill, this is too much. The pace that you're going at, the rigor, the lack of sleep—all the things we just talked about—are too much. And guess what? I ignored it. So my body was like: Hello! We're going to give you cancer. And metaphorically, that was a wake-up call. Now I look back and [it was] a gift like your gift on the park bench. But I just want to encourage you [who are] listening as well: If you are struggling with your health, your body is usually trying to give you a message. And

it feels really difficult to listen, but there's a beauty in that, like you said, Dr. Teitelbaum. There's this piece here that's saying: Let's live in a more simple way. Let's live in a way that brings us joy, not stress and pressure. And often those things are catalysts and later on you can see how they've transformed your life. But when you're in the middle of it, it's not fun.

Dr. Jill [42:22](#)

Thank you for all your decades of work, how you've taken your own journey and turned it from fatigued to fantastic, and how you've transformed the lives of so many and continue to teach. We are all so grateful for you, for your knowledge, for your kindness, for your empathy, and your wisdom. Give us your email and website again so that people can find you or reach out to get your resources.

Dr. Teitelbaum [42:45](#)

Oh, thank you. And I'm going to say there's been no sacrifice in what I'm doing. This is all a labor of love. So many of you have said, "When I get better, I'm going to go out and teach everybody." No. Most of you, get on with your life and forget you ever had the disease because you're going to get trolls out there: "If you got better, then you weren't really sick." Just get better and get on with your life. For those of you who really have a passion, like I did, go and help.

Dr. Teitelbaum [43:13](#)

For those who want more information, if you want to write down my email address, it's fatiguedoc@gmail.com. Just ask for the fibromyalgia information sheets, CFS, long COVID, or whatever. If you want the mast cell activation sheets, you can ask for them too. But let me know if you have the disease or if you're a practitioner, because there's different information geared toward both so I can send you either one. My website for supplements to optimize energy would be EndFatigue.com.

Dr. Teitelbaum [43:51](#)

Everything I mentioned except the Smart Energy System is available on Amazon. Also, there's another website, Vitality101.com. There's a computerized doctor-type program. I hold a patent for a computerized physician in the United States that we developed for people with fibromyalgia because not everybody can afford to see a doctor. It's called EnergyAnalysisProgram.com. We used to charge for it, but people all over said: "I have Medicaid. I'm devastated." So my wife and I just made it free for

everybody. It will analyze the symptoms per the lab test and tell you what's draining your energy and how to optimize energy production.

Dr. Teitelbaum 44:34

This is like a game. Picture this: You're homeless, you have this disease, and you get better. Now you figure, "Let me help everybody else get better," and you're in a system that does not support that unless it's an expensive medicine. If my research had been on an expensive, patentable medication, I could buy an island in Hawaii and all the doctors would know about it. But if it's cheap, the system heavily discourages anything that's not patentable and expensive. So the game is, how do you get the information out to everybody? And that's my passion; it's my fun. You can get well. Use your energy to follow your bliss as you do. You can be fine; you really can. Just find doctors who know how to help, the book, and other things. If you can't afford a doctor, it'll show you. It'll tell you how to go through it and get well. Have fun with that!

Dr. Jill 45:29

Yes, and thank you. Thank you for your work. Thank you for pouring your generosity and wisdom into the world. And I know everybody listening today is grateful. Thanks again for coming on!

Dr. Teitelbaum 45:36

You're going to make me blush. You're welcome. Aloha, guys.