

## Increase Your Energy Naturally With This 4-Step Process

**Rodger Murphree, DC, CNS**  
with **Evan Hirsch, MD**



### **Rodger Murphree, DC, CNS**

Hi. I'm Dr. Rodger Murphree, and I am your host for the Freedom from Fibromyalgia Summit. And I welcome you today. And I want to welcome my next interview. Dr. Evan Hirsch. Dr. Evan Hirsch, also known as the Energy M.D., is a world renowned energy expert, bestselling author and professional speaker. He is the creator of the Energy M.D. method, the science based, clinically proven four step process to increase energy naturally through his bestselling book, his podcast, and his international online help telehealth programs that can be accessed from everywhere. He's helped thousands of people around the world increase their energy and happiness. He's been featured on TV, podcasts and summits, and he's not. When he's not in the office, Evan can be found doing singing musicals, dancing hip hop and playing basketball. This family. Evan, thanks so much for being here. I really look forward to this interview.

### **Evan Hirsch, MD**

Thanks so much for having me on, Rodger. Good to see you again.

### **Rodger Murphree, DC, CNS**

Energy, M.D. Method. That sounds really interesting. So big fan of your book, Fix Your Fatigue, and you've been on a few of my podcasts. You've been on some assignments, we've interacted before we go way back. And I always admire your work. I always look forward to spending time with you. Well, tell me. We're going to talk about energy, energy trainers and fatigue and what people can do. I mean, that's a big one for fibro, I guess. You know, looking at the fibromyalgia community, number one, typically their complaint is pain, although I would say I have a lot of patients. I bet you do, too. They will tell you, you know, Dr. Murphree, if I could just have more energy, I could deal with the pain. So sometimes it's the fatigue that really gives them the most issues, right?

## **Evan Hirsch, MD**

Absolutely. And, you know, there's nothing that's going to drain your energy more than being in pain. I shouldn't say nothing. But, you know, it's a major, major cause. And a lot of that has to do with the fact that when you're in pain, it's causing, you know, the main mitigator of pain in the body are the adrenals. Adrenals are producing cortisol, which is our main anti-inflammatory. And guess what? When that gets drained, then you have more inflammation, you have more pain. And when you have more pain, you're draining your adrenals more. And consequently then you don't have that get up and go. In fact, it got up and went and so then your energy is worse and that's just contributing to the whole picture of having fatigue and low energy.

## **Rodger Murphree, DC, CNS**

Now, one of the things you mentioned in a past Summit podcast, I'm not sure I know I've heard it before and I've got it here, right here. But it says, how does someone know if you have an energy management issue? What what when you've talked about that in the past, can you talk a little bit more about that today?

## **Evan Hirsch, MD**

Absolutely. So, you know, it really is subjective. So a lot of people may think that they're getting older and that's why their energy is draining. And the reality is, yes, there's part of that. But it's also this accumulation of things that happen throughout your life. It's the accumulation of toxins that you're exposed to. It's mental, it's emotional, it's physical. And then consequently, there are deficiencies that end up showing up. So there are certain things that you're supposed to have in your body that you don't have as you get older due to the stress of life. And then there's things that you accumulate that are in your body that you're not supposed to have. And so the reality is, is that, you know, if you have an energy management issue, if your energy isn't where it's supposed to be because that's the body or where you want it to be, if you are, you know, surviving on caffeine, coffee, five hour energy, whatever it is, in order to get you through the day. And that just doesn't feel right. And the reality is that your body is crying out for help. It's saying, hey, there's a problem here. Strategies lower because you've got a bigger issue. And the reality is, is that if you don't deal with it now, you end up dealing with the later. Because all the causes that we're going to be talking about today of fatigue are also the causes of heart attacks, heart disease, strokes, Alzheimer's, cancer, autoimmunity, you know, and so you deal with it now or you deal with it later and you might as well deal with it now.

## **Rodger Murphree, DC, CNS**

Well, with Fabbro, as you so well know, I mean, there's a lot of different causes to the fatigue. I mean, poor sleep is a big one for these folks. And as you mentioned, pain. I think pain is such an

energy robber. I mean, it's exhausting, right? I mean, you know that from working with your patients. But the other thing we know with fibromyalgia is genetically they don't have as many mitochondria. Sometimes they're just born with less of those power plants. And the ones that they do have oftentimes are dysfunctional. How when you're looking at you're a fibromyalgia patient, is there something that you're looking at? You're thinking, you know, I bet this is one of the main triggers or are you really kind of looking at it from a more broad perspective that, okay, whether fibromyalgia, but they can be anything?

## **Evan Hirsch, MD**

Well, I would say that I always start broad. Right. And then I narrow things in. And I'll tell you what I feel like is like the most common things that I've seen. But generally, you know, there's 38 different causes that we look at now. And everybody that we see who's got fibromyalgia, whether they got chronic fatigue, has a combination of 20 or more of those different causes. Now, the main ones that we see in people who got fibromyalgia are mold and bartonella, which is a particular infection that runs with Lyme and can cause a lot of the same symptoms. So generally, it's something that can get into the muscles that is causing the immune system to attack those muscles and cause pain and dysfunction at the site.

## **Rodger Murphree, DC, CNS**

What are some of the other telltale signs of Bartonella? Because I know we've had this conversation before, something that three years ago I was on a steep learning curve to learn about this. And you were one of the people that really helped me with that. But what are some of the telltale signs when you're interviewing somebody or looking at their new patient paperwork that kind of clues you that, oh, okay. And this is probably Bartonella.

## **Evan Hirsch, MD**

So they need to have some of the following symptoms, not all of them, but some of them, and they're pretty unique. So generally there's pain on the bottom of the feet. Now this can be burning pain or it can be just like a tenderness where you get out of bed in the morning and you just want to put your slippers on because your feet are sore, sometimes there's pain in the small joints of the hands and the feet. So sometimes there's calf, there's cramping in some of the muscles. Oftentimes in the calves, and oftentimes at night. So even if you can get rid of your calf cramps with magnesium or potassium or drinking more water, oftentimes that can also signify that bartonella is at play. Sometimes people have a hard time falling asleep or staying asleep. Sometimes they'll have anxiety or depression or both, and they can also have stretch marks, which are called Bartonella Strike. But it just looks like stretch marks where maybe you had some weight fluctuations, but you're like, you know, I didn't have that. Or You've got it in weird

spots where maybe it's in the flank or the back or maybe it's in the back of the legs on the breast. Sometimes that's common as well. And then oftentimes these people are cold and maybe even if their thyroid is optimized and at the highest dose that they can tolerate, they're still cold. Or they got cold hands, they got cold feet. Sometimes they're misdiagnosed with Raynaud's syndrome or Raynaud's features. So those are generally the symptoms that we see now.

## **Rodger Murphree, DC, CNS**

Someone's watching this and they're going to check that that. Yep, got that cold hands cold feet pit my feet hurt when I get up in the morning put my feet on the floor. I mean, it sounds like a classic fibromyalgia patient, which is so confusing both for most practitioners who are not trained as we are. You know, we're not trained in this, but especially a conventional practitioner. What are if someone is suspicious that they have are now obviously we want them to work with a functional practitioner who knows what they're doing. But what would be the tests that you would recommend that they would get?

## **Evan Hirsch, MD**

So even the CDC agrees that Bartonella and these Lyme type infections are actually should be clinical diagnoses. So it really is based off the history, based off the symptoms and not so much about the labs. And part of that has to do with the fact that if you're going to look at a serology, which is basically looking at the immune system's reaction to Bartonella, you're counting on the fact that your immune system, that you're going to get an accurate test and you're only going to get an accurate test if your immune system is functional, right? You're looking at the immune system. You want to make sure it's functional. If you have heavy metals, chemicals, molds, infections, the immune system is going to be dysfunctional. And consequently, all bets are off when you're actually looking at the immune system's reaction to a particular infection. So whether it's the Western blot test or the ELISA test or any other serology test, the other potential test is a PCR test.

So this is looking at the DNA of the particular infection in this case, Bartonella. It's a better test, but once again you have to make sure you have to get a good sample. And so that means that you have to actually get a sample from the body where the infection is. So if the infection is in the muscles, let's say, and you're checking it in the blood, you may not find anything. If you're checking in the urine, you may not find anything. So with this test and so I prefer if I am going to use a test for Bartonella, which I haven't used in years, but I would use a urinary PCR test and people can get that through DNA connections and connections with an X. And that test is quite expensive. It's like \$650 last I looked. But if you do, if you provoke it by either getting a lymph massage or exercising, which a lot of our folks can't do for, you know, 20, 30 minutes, that can

actually push the infection into the bloodstream and then you can collect it in the urine. Now, there is some crossover where maybe you're not actually collecting that bug, maybe it's a different bug. But in reality, if you think that it is a particular infection based off of the history and symptoms, and then you take something for that infection that's pretty specific. And you have you feel better or you feel worse. You know, you're on the right path because you're actually targeting you're actually getting rid of or you're affecting one of the infections that you're that you're targeting. And we do have a Bartonella quiz on our website if anybody wants to check that out.

## **Rodger Murphree, DC, CNS**

Yeah, go ahead. Mention your website. Let's make sure we don't miss that. I want to make sure that they heard that. I think that's important because I've kind of given up on the PCR test as well. It's expensive and it's oftentimes you get it back, it's a false negative and you're left thinking that that's not the case. And then you do a challenge test, which you're talking about with some type of over-the-counter preparation that they take in the challenge. And if they have a reaction, like a Turkheimer reaction and you know, oh, okay, maybe we're on to something. So, but what's your website? So they can see that survey.

## **Evan Hirsch, MD**

So it's [energyMDmethod.com](http://energyMDmethod.com).

## **Rodger Murphree, DC, CNS**

Okay. And we'll mention that again. Okay. So one of the questions I wrote down because I was just thinking about our conversation was why is it that it's so hard for most doctors really to track down the cause of low energy? Now, in the conventional medicine, it's really probably not even it's more treat the symptom, the symptom, the warning sign. Hey, you're tired as you said, you're getting older. You know, maybe you're just depressed or maybe we give you some Adderall or whatever to perk up. But but in functional medicine, where we're really trained of trying to find the underlying causes, I think a lot of times the intentions are good, but it kind of ends with, well, if it's not thyroid, if it's not adrenal, I'm not really sure what it is, you know. So why is it you think that some of our colleagues really kind of get, you know, goofed up trying to try to go to the next level and figure this thing out or the individual, because it could be hard for the individual, right?

## **Evan Hirsch, MD**

Absolutely. So I think the challenge is there's a couple of things. One is that there's a lot of different causes. So it's exhaustive and it's a lot to do. And not everybody's trained in a number of these different things. So in order to address heavy metals, chemicals, molds, Lyme parasites,



negative emotional patterns like you just need a ton of additional training. And when you're practicing functional medicine, you can get 90% of the people better who walk through your door. Okay. I didn't want to, you know, work help people with chronic fatigue like it chose me because I got fatigue and it lasted for five years and I had to learn all this stuff in order to get myself out of it because I couldn't find the help that I needed from a bunch of functional medicine doctors. So that's the issue. And so you've gone through that training. I've gone through additional training, like when you figure out all these different causes, that's actually when you can be more successful, because there's actually two reasons why people I find people aren't successful. They don't find all of their causes and they don't realize that they've got like 20 or more of these causes and that everybody has a different 20 plus causes and then they don't have a mentor with the accessibility that they need to hold their hand through that process and to help them with any bumps that pop up, because there's always bumps in the road.

## **Rodger Murphree, DC, CNS**

I want to go back because I don't want to miss this. You mentioned mold. So you bartonella and mold, the two ones you kind of see are classic for fibromyalgia. It's really interesting because again, three years ago, I mean, Mo was not even on the radar for me. I mean, I just didn't really think I mean, every once in a while I would it was pretty obvious. If you do a good questionnaire, good interview, you go, okay, well, I guess you had to move out of your house because you have more, I guess maybe a better check for mold. But now it seems like I'm inclined to check everybody for mold toxicity issues because it just seems like it's just across the board. So many people are now having issues with mold.

## **Evan Hirsch, MD**

Yeah, it's a huge problem. I mean, unfortunately, the numbers I keep hearing that they keep increasing. It used to be that 50% of all buildings in first world countries have mold or water damage, and most of that is mold. And now I've heard like 60 and 75% sometimes. So it's really hard to avoid living in a moldy environment. And the goal is to really do the best you can. And if your place, how bad is your place and can it be remediated either with air filters and figures and other things or or actual physical remediation? Can you live in that space? And it's really a two step process where you have to clean up your environment and then you have to clean up your body. So, yeah, it's really pervasive and a huge issue that we see as well. We check everybody for sure.

## **Rodger Murphree, DC, CNS**

And I think that's one of the kind of interesting things I see. People have remediated their house or they've moved out. The five years later you test of this, they still got all these toxins inside

them. They never thought, Oh, I need to, you know, clean this out of me. I clean my house. I want to ask you, what is the four step energy M.D. method? So let's get into that. Let's talk a bit about that process.

## **Evan Hirsch, MD**

Yeah. So the first step in that process is to figure out the causes that somebody has. So to assess now, fortunately, we've found that of those 38 different causes, 75% of those can be determined by symptoms in history alone. So when people join our program, we have a workbook, they work through step one just by checking off the symptoms that they have. And at the end of that, about an hour or so, they're going to know 75% of their causes. And that's just incredibly powerful because the rest of the time it's just matching up the treatment with the particular cause. Now there's five labs that we recommend that people get. That's the other 25%. And then that flushes out the number of causes that they have. So that's what we need to figure out. I had also mentioned before that everybody who has fatigue and fibromyalgia has 20 plus of these causes. So everybody's causes are going to be different. You know, Joe Schmo and Sally Sue are going to have very different causes.

## **Rodger Murphree, DC, CNS**

Yeah, it's kind of like peeling away the layers of the onion. I mean, you just it seems like there's one layer of dysfunction after the next. After the next. And if you don't do that, you're left with these potential triggers that can be aggravated in times of stress. And then they set off. You think you've cleaned everything up and then they get under stress and then they have the fibro flare. Do you mind sharing with those five labs or that you like to look at? Yeah.

## **Evan Hirsch, MD**

Absolutely. So heavy metals. Yeah. Chemicals and so toxic metals from doctors data is the heavy metals. Chemicals is GPL tox from Great Plains Labs. Yeah molds is GPL. The micro tox tests also from Great Plains Labs. Um, I like the PSI Rex or Ray 12, so that's actually a serology test. But it looks for a whole bunch of different things. Oftentimes, it can catch some things that haven't been tested for before. Um, let's see. And a stool test to the GI map tests.

## **Rodger Murphree, DC, CNS**

So looking at when you're looking at these tests and they come back and they're all negative, what does that tell you there? Because that's just that's a common thing. You see people come back, they get all the testing, and then they're kind of made to believe that it's all in their head. But you can have negative tests and still have a bunch of things that you just had test for you and found them. Yeah.

## **Evan Hirsch, MD**

Absolutely. Or it could be one of these other causes. So it could be that your drainage pathways are clogged, you know? So for all the people we see, fatigue, fibromyalgia, whomever they are going to have clogged pathways by virtue of just having an issue. And so consequently that's, you know, clogged lymph and liver and kidney and lymph in the brain and intestines and gallbladder. So that's what we do in step three whenever we get back to the four step process is that we open up those drainage pathways so we can remove these toxins. But in the lab tests, sometimes you're not going to see stuff in the urine if all those pathways are clogged and you can't get the stuff out of the body. So you have to open those pathways first and then you can repeat the lab test later. The other reason could be because they have a different cause. So maybe they have an infection, maybe they got parasites plus Lyme infection, and then the negative emotional patterns or trauma, you know, maybe that's the trifecta for them.

## **Rodger Murphree, DC, CNS**

Do you ever use the organic acid test from Great Plains use to their tests, but use the organic acid test.

## **Evan Hirsch, MD**

I don't anymore. And the reason why is because I found that every time I got the organic acid test, I ended up getting one of these other ones because the organic acid test is an indirect look at, you know, heavy metals and chemicals and molds and mitochondria. And so it's a great test if you're just looking at a lot of different things and you just want to get kind of like a snapshot, but I wouldn't necessarily treat on it. I want to use it to kind of track things. So I found, okay, I'm seeing these things, I'm going to get these tests. And then it was just like, Alright, well let's save 300 bucks and just get these.

## **Rodger Murphree, DC, CNS**

Yeah, I think it's a good, you know, gives you that overview and then you know, once you get over, you kind of get an idea here's the, you know, one mile view down where you can see everything, then you really have to laser in for sure. All right. Well, let's go back as a through your curve. Just go back and do the four steps. So tell me those four steps and that process.

## **Evan Hirsch, MD**

Sure. So first step is assessing the causes. And then once we got those, then the second step is to replace the deficiencies. So I should say then when we're looking at all these different causes, we want to divide them up into deficiencies. These are things that are not in the body that are



supposed to be there and toxicities. These are things that are in the body that aren't supposed to be there. And deficiencies are things like hormones and mitochondria and vitamins and minerals and lifestyle habits and neurotransmitters. So in step two, we're boosting those things up. Now, the reality is of this process. If you have engaged it already in the target with the toxicities, that those are the most important things the heavy metals, the chemicals, the molds, the infections, the allergies, the negative emotional patterns, the electromagnetic fields, those will cause 80% of these deficiencies. So people will say, well, then why don't we do that in step two? And the reality is, is that step two and step three are actually setting you up for success with step four because. Right.

How many people have we heard their stories where they're like, I tried to go after heavy metals or chemicals or molds or infections and I felt worse. And I went back six months and, you know, not seeing that doctor again. And so we want to set you up for success by making you as resilient as possible, by boosting your adrenals and your mitochondria and your thyroid, etc.. We call those the big three to significantly give you a little bit of a boost in energy and make you more resilient so that when we do remove the toxins in step four, you're going to be more successful. And then in step three, we're opening those drainage pathways like I talked about. You know, if you're trying to grab heavy metals and chemicals and molds in the tissues and put them into the bloodstream and get them out of the body or the lymph and get them out of the body, guess what? You're not going anywhere unless you've already opened up those drainage pathways. And step three.

### **Rodger Murphree, DC, CNS**

So what are the supplements that you recommend to help with the drainage?

### **Evan Hirsch, MD**

So I'm a fan of the cell core products and the bar and weight formulas. Those are really the main lines that I like to use, at least for drainage pathways. It's really great also for people who are more sensitive and people who've got cell activation and etc. with the bar and weight formulas, we can use them topically and people will get an absorbed about 25% absorption rate, but they they're not triggered in the way that they would be because they're not putting it orally.

### **Rodger Murphree, DC, CNS**

You know, I think they're really in and it depends on who you're working with and what you're comfortable with doing. My protocol has some similarities with yours that obviously has some differences. You've been incredibly successful. I've been incredibly successful over the years. I think it's a big part of that is just being in the trenches with so many people that you know what

needs to be done and how to do it. And someone falls outside of that. Then you know how to address that. It drives me crazy to hear my fibro patients go and someone tell them, Oh yeah, you just sweetest thing to get you on hormone replacement therapy or we just you just need to Keeley greatest need to do ozone therapy or whatever it are you need to get all your amalgams taken out. That is the worst thing that you could do initially because you can't handle it is just too much. It's too stressful, there's too much blowback. And then most of these individuals just are pretty brittle. By the time they, you know, come to see us. They've tried a lot of things. I've been sick for a while, and I really think the worst thing you can do is be overly aggressive and certainly trying to do things like, you know, detox them without prepping them to be able to handle that.

**Evan Hirsch, MD**

I couldn't agree more.

**Rodger Murphree, DC, CNS**

Well, tell me. So in your practice, do you have a diet that you think is best for helping these individuals? Is there one particular diet that you like more than others?

**Evan Hirsch, MD**

So I think that the ketogenic diet is probably the best diet out there. However, it's really hard to do. And so and and to do it sustainably for a long period of time, I don't think is necessarily the best thing for the body. So it really we try to get close to that, but it's more of a paleo diet that we're recommending meat and vegetables low, low to no sugars, no grains, obviously, no gluten, no dairy and low on fruit as well. And then people who are have massive activation syndrome. We're doing low histamine and that seems to work well for them.

**Rodger Murphree, DC, CNS**

Yeah. Did you find a lot of your patients have a problem with gluten?

**Evan Hirsch, MD**

Absolutely. And a lot of them don't realize that they do and a lot of them don't notice a difference. But I tell them, okay, you get you got 20 plus different causes and it's like 20 got 20 nails in the bottom of your foot and gluten is one of them. You're not going to notice that gluten is an issue until we get half or more of those nails out, unless we're until we're addressing a whole bunch of things. But the reality is, is that you're going to get there faster when you do, in fact, remove that gluten now.

## **Rodger Murphree, DC, CNS**

Yes. So it's a combination of things for sure. You know, I mean I mean, it is the diet is you know, I tell my patients fibromyalgia. The only way to overcome fibromyalgia is to get healthy. And that sounds incredibly simplistic, but it's not. As you've already mentioned, there's 38 causes of fatigue alone. So where do you where do you start? But you can't get healthy without changing your diet to become healthy. I mean, you're not you have to have a healthy diet. Eventually, you just you can't get around that. However, that's kind of a long game, right? The short game is to really use nutraceuticals things over the counter when it's appropriate, you know, very judicious use of prescription medications. And I agree with you about the keto diet. I think can be a game changer for these folks, but it's very hard to stay on that diet. And so most of my patients will then transition to the paleo diet.

And then you know, the research is pretty I think it's pretty blatantly clear that those with fibromyalgia accounting syndrome in particular really just don't do well on carbohydrates. A lot of carbohydrates, especially simple carbohydrates. Right. I don't know about you may have a lot of patients that have yeast overgrowth. That's kind of in the background that we kind of pick up as we're going through these all these different things. Well, here's a question I want to ask you. I missed some of the other interview, I guess. Why do you think someone's goes along through life? And I know the answer. We've talked about this before. What is someone go through? They're doing great. You're going to formulate aches and pains. They're starting to get a little run down a load early in their forties. Then all of a sudden they just start, they're down and and previously they never had a food allergy, never had seasonal allergies, never had problems. And now but it just seems like somebody opened Pandora's box for this person and they've got everything. Why is that? What's what happens to these poor people?

## **Evan Hirsch, MD**

Yeah. So people generally think like you're saying is that, oh, it was this thing or I was fine until this date. And the reality is, is that you've been building up toxins your entire life. You know, my story was I came out of the womb and most people do already having a whole bunch of toxins. And then I ate gluten and dairy and I was constipated where I pooped once a week for the first 25 years of my life, didn't know any different. Used to walk around with a plunger because I clogged so many toilets. It was not pretty was pretty much information for our audience. But then I grew up in New Jersey, got bitten by ticks, got Epstein-Barr virus from kissing somebody lived in a place that had mold. I had mercury fillings. I ate tuna fish tons when I was growing up. So I got even more mercury, got formaldehyde poisoning from gross anatomy lab when I was in medical school, you know? So the hits just kept coming. And then I was, you know, I was stressed. I went through residency, didn't sleep. You know, met my wife. We swapped bugs. She

got chronic fatigue. I was okay for a couple of years, but then I got chronic fatigue. And that's super common for couples to go through that sort of experience where they get together and then over time they end up getting sick because they're swapping bugs sometimes. And I had a lot of international travel. I got parasites that way. She went to Costa Rica, got a parasite, I went to India, got a parasite, you know. So it just accumulates until all of a sudden there's a stressful event where you're like, Oh my gosh, that was the event. And the reality was that was the straw that broke the camel's back.

## **Rodger Murphree, DC, CNS**

Yeah, and that's what I say about fibromyalgia. There's a stressor that comes along. That's the straw that breaks the camel's back. But it's been there. It's been building years of a toxic relationship, toxic work environment, heavy metal toxicity, environmental toxins, pollutants, poor diet, central lifestyle, too much stress eventually catches up with it's there. The inflammation, the smoldering of dysfunctional poor health is there. It just hasn't raised its ugly head yet. But when it does, it's not as simple as and that's what's so challenging about Barbara was, you know, you can't just take a pill, you can't take Lyric and you're down with it. I mean, it's really a complicated process to figure out what are the underlying triggers of these different symptoms. And there's different triggers that are creating different symptoms. So something like low serotonin can be having a low pain threshold. So you have more pain, low norepinephrine, another brain chemical could be causing the low energy. So it's a multitude of things have got to really be unwound, so to speak, before you can finally get them to, you know, to solve these things. And they're stable. But that can take quite a bit of effort to do that.

## **Evan Hirsch, MD**

Absolutely. You know, we recently changed the length of all of our programs from six months to 12 months, because that's what we were seeing, is that yeah, we had people who, you know, felt better at six months. But if you want, you know, complete resolution or near complete resolution, we were finding that it took longer than that. Now there are some people where they need 24, 36 months, you know, like so it really is a journey and people need to realize that it's a marathon, it's not a sprint. And what you're looking for is you're looking for a mentor who will walk this path with you.

## **Rodger Murphree, DC, CNS**

Well, I think you look for mentors. You're looking for somebody that really has had some experience in this specialized field. I think fibromyalgia is such a unique illness that if you're working with just a general functional practitioner who may be the greatest functional medicine practitioner out there, he or she, if they haven't really worked with a lot of fibro folks like like you

have, like I have, you know, I think you're you're probably not going to be as success, probably not going to be as successful as you could be. And that raises a bit of a challenge, too, because there's just not a lot of folks that really specialize in fibro acquired syndrome, you know, energy deficits like you and I do. Do you feel like we're going to have an explosion of new cases of chronic fatigue and fibromyalgia based on what we're seeing with the long hauler numbers, the percentages.

**Evan Hirsch, MD**

Yeah, unfortunately, they are the numbers are just astronomical, you know, upwards of 30% for everybody who ends up getting COVID mild. COVID, right. If you've had more than five symptoms, then it's very likely you're going to get persistent symptoms. You know, and for people who went into the hospital, the numbers are more like 75% of those people end up with persistent symptoms. So unfortunately and then also, you know, vaccine injuries we're seeing as well. So spike protein illness. Yeah, it's unfortunate, but we're seeing we're seeing a lot more of that.

**Rodger Murphree, DC, CNS**

Well, I would like to dove a lot more deeper, but we don't have time. So I want to make sure that you mention your Web site. I want them to take that the survey you mentioned, I think that with the questionnaire. And then I really want to encourage everybody to get Dr. Evans book, Fix Your Fatigue. It's a great book. It's written in a way that you can understand it, but it's a lot of meat and potatoes in there, too. So I think it's well done. But what tell me the website.

**Evan Hirsch, MD**

Again it is [energyMDmethod.com](http://energyMDmethod.com) and so that's M.D. as an M as in medical D as in doctor.

**Rodger Murphree, DC, CNS**

And then they're looking for what now they're looking at.

**Evan Hirsch, MD**

Yes, go to the bottom and you'll see it, says Barton Eliquis. Do you have these symptoms? And you can go ahead and take it.

**Rodger Murphree, DC, CNS**

All right. Well, thank you so much. So this we heard a little bit about what are the causes for fatigue. We heard about why it's so hard to find them. 38 different ones. You said 75% of them. I think you said you can kind of figure it out on a questionnaire. You've been doing this for so long



and that's kind of how I feel like with a fibro I know within seconds of looking the questionnaire do you don't have it and then you went into detail about the testing which I thought was very helpful for people to hear that that was really great. I think people really go off on a tangent. You know, they get all this testing done that may or may not be useful. You know, they spent a lot of money. And I think we can really hone in on what you share with us. I think that was really very helpful. And then you shared with us a little bit about kind of about what your practice in the diet. So I think, you know, there's a lot of clinical pearls here today. I think I think there's some information people can take and run with it. But I would encourage you check out Evan's website and the questionnaire and definitely get his book. Evan, thank you so much for being part of the summit.

**Evan Hirsch, MD**

Thanks so much for having me on. Good to see you.