

Meet Tami: Your Fibromyalgia Health Coach

Rodger Murphree, DC, CNS
with **Tami Stackelhouse**



Rodger Murphree, DC, CNS

Hi, welcome. I'm Dr. Rodger Murphree. I'm your host of the Freedom from Fibromyalgia Summit. And delighted you're joining us today. I have Tami Stackelhouse here, who is a health coach and the founder of the Fibromyalgia International Women, founder of the International Fibromyalgia Coaching Institute. I knew I was going to that. Tammy, head of marketing, she's the author of two books, The Fibromyalgia Coach and Take Back Your Life and Her podcast. The Fibromyalgia Podcast. Wonderful. I would encourage everybody to check that out. Tammy, thank you so much for being here. I really look forward to having a conversation about your experience and what you see with your clients and fibromyalgia.

Tami Stackelhouse

Thank you so much. It's a pleasure to be here. And I love sharing our stories so well.

Rodger Murphree, DC, CNS

Tammy, so you got quite a story, your own personal journey to fibromyalgia, which led you then to take all of this, this goal of being able to help others with this condition. Can you share a little bit about your story, your personal story, and then how you decided to become a fibromyalgia health coach and then to train others to become available?

Tami Stackelhouse

Absolutely. Absolutely. I think, you know, the first part of my story starts, like a lot of us, you know, I was one of those kids who, you know, was always getting sick. You know, I had my tonsils taken out as a young age, developed Mononucleosis when I was in junior high. Like all the things, right. And eventually when I was older, I was diagnosed with fibromyalgia. My diagnosis came in 2007. And, you know, it was really hard because I was also a newlywed. I got married about six months before my husband and I had lived in the same town for a whole month before we got married. We had met online, and I'm sure it was like really hard for him. It was really hard for me. But like,

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you know, just getting married and then also getting this new diagnosis and you know, things got so bad that about a year later, I actually filed for social Security disability. I had this moment where I was trying to clean the house because I had company coming over the next day. And I just ended up like, you know, sitting on the stairs ball in my eyes because I was still in my pajamas, right? I hadn't had enough energy to get dressed, but yet here I am trying to clean the house and I'm thinking, I can't take care of myself. I can't take care of my house. Maybe that's what disability is for. So that was like the lowest of the low right there.

Rodger Murphree, DC, CNS

Well, I'm curious now, prior to that, were you in good health? Did you have any other health issues? We obviously had some stuff growing up as a kid that required it prior to really starting getting the fatigue and I guess the pain. Did you have any other health issues or not?

Tami Stackelhouse

Not really. I mean, I was one of those people who was basically healthy but just had these little nagging chronic things, right? Like I had chronic headaches and I had IBS and like nothing major, but just, you know, those little things that still drive us nuts, of course. But yeah. Yeah. And I had been working at a very stressful job for about nine years before I got married. I was the customer service manager for a software company, so I managed the call center, the tech support, like all of that stuff. And I'm sure that chronic stress was my trigger because right after I left, that is kind of when everything fell apart, right? You know, how we kind of hold it all together while we're doing something and as soon as it's over, like, yeah.

Rodger Murphree, DC, CNS

So you feel like that nine years of a lot of stress eventually caught up with you, maybe just when you gave that up, it was like, aha. And then you realized, oh, now I don't really I'm not. You're probably a Type A I would assume from a little bit. And you know, I share this in chiropractic school. We would have we would study for two or three nights in a row, you know, cramming for the end of the year exams and get little to no sleep, push through.

And then, sure enough, two days later, everybody on the whole campus would be sick as a dog because you just knew what you had to do. Right. And I think in the fibromyalgia community, if you're type-A or even if you're type B, you just do whatever you have to do. You feel terrible. But whatever you got to do, you just put up with it, get through it. But then I think for most people, there comes a day where you just realize you can't do it anymore. And I guess that's where you are and that's where you got to that place. Yeah.

Tami Stackelhouse

Yeah, exactly. Exactly. I mean, I remember many days where I was sitting in my office and I literally remember having the thought, if I could just turn off the lights and crawl under my desk like I would love a nap right now, you know, like I was just so exhausted and I would go home and of course, I would hurt. But, you know, I'm thinking this is just normal life, right? Because, like, I've had these little things wrong with me, but. But nothing big. And, you know, I was really in my twenties, so, like, 20 year olds aren't supposed to go home and hurt after a day of work sitting at a desk. But that was me. So. Yeah.

Rodger Murphree, DC, CNS

So from there, where did you go? I mean, you're 28, 20, you're early twenties. You've got you're not really sure what's going on, but obviously you're not doing well at all if you have to give up your job and go on Social Security. I mean, you have, you know, this this is a wake up call. Where did you reach out and what was your experience reaching out to, I guess, practitioners for help?

Tami Stackelhouse

Yeah. So since I had gotten married, I was on all new insurance, so I actually didn't like I had to start over finding doctors, right? I had been kind of pursuing this a little bit before I got married. Like I said, you know, sitting at my desk, being so exhausted and I even talked to a few doctors about fibromyalgia. But it wasn't I mean, this was, you know, early 2000. So there wasn't a lot out there. I remember when nurse, I had sent them a message and she actually emailed me back and said, I'm not sure what that is, but I'm like, Oh, I'm going to get a lot of help here.

Okay. So yeah. So I had to start all over finding a good doctor, fortunately. I mean, I just did all this on a website, but I just like happened to. I always say this is a god thing because I just, like, picked somebody at random that just looked and sounded good on a website. And it turned out that she had actually fibromyalgia. Yeah. Was actually one of her focus areas in med school. So she actually knew what to do with me. And I cried all the way home because I finally found somebody.

Rodger Murphree, DC, CNS

That practitioner, they were able to help you to then overcome your fibro.

Tami Stackelhouse

She helped me get started. I've had several great doctors in my life. I think what often happens for a lot of people, I definitely see this in my clients. You have a a doctor who's really great who

like gets you started, but at some point there's something that you need that they just don't have, right? Whether it's, you know, you've got other conditions going on that need to be managed or whatever. So she definitely got me started. She I remember leaving her office that first time with like a handful of prescriptions and, you know, it's just my attitude at that point was I'm not working. I don't have another job. My only job is to get better. So what do I need to do? And I started reading all the books. Hers was one of them.

As I was doing all my research, I started sort of experimenting on myself, right? Like if I do this, how do I feel if I try this? How do I feel? And kind of just going through all of that. But in spite of that, about two years in, I just like had this moment where I saw the trajectory of my life, right where I saw every medication is making me gain weight. And I saw that, yeah, I'm kind of treading water, but I'm not really getting better. And it just I could look into the future and see a future I did not want, right? And so I made an appointment to talk to my doctor. Fortunately, she had a health coach in her office. She connected me with my health coach. Six months later, my life looked completely different.

Rodger Murphree, DC, CNS

Wow.

Tami Stackelhouse

Yeah. And it's just that support of having somebody to help you actually do the thing right. I think a lot of us know what we should do. You know, eat better, get good sleep, all of those things, right. But doing it is so hard and fitting it into your real life is hard.

Rodger Murphree, DC, CNS

Yeah, I like that you shared that this became your full time job you weren't working in. You realize, okay, well this is my new job now is to get well. And I think there's a lot of folks that are watching. They're thinking, yeah, I've been hired to do that for a number of years, but I'm just kind of spinning the wheel, you know, I just can't get off the hamster wheel. And unfortunately, I think there's just not a lot of practitioners or even health coaches out there who really understand fibromyalgia.

So it does turn out to be a journey that oftentimes ends in hopelessness. And we're changing that with this summit and your podcast and your books. But it it's expected that if you've got an illness that people don't really understand and conventional medicine or even functional medicine practitioners really don't know how to get you to the next level. Do you get a little discouraged?

Tami Stackelhouse

Oh, absolutely. Absolutely. I mean, that was my moment. Right. I even had a doctor who knew what to do with fibromyalgia, but I still hit this point where I was just sort of treading water. And I think too often we think we're trying to find the magic bullet or we're trying to find the provider who will help us. And it's really it takes a team. You know, it takes a whole team of people and it takes a lot of different things, trying a lot of different things, doing a lot of different things. There's no one magic answer. And I really realized during that time that I wasn't going to find one thing that was going to make me 100% well. But I could find things that would give me 2% and 5% and I could add up all those little bits and eventually get there. So it made me more open to trying some of those things that helped a little bit because I knew I could add all those little bits together. Right?

Rodger Murphree, DC, CNS

Yeah. So people get the diagnosis and I really think once they get the diagnosis, that's really the beginning of their journey. Yeah. Prior to that it was hit and miss a bunch of tests. Too much for practitioners. No one really knows, but eventually someone says, Oh, well, we don't know what you got, so we'll just call it fibromyalgia. Now I know that sounds kind of facetious, but I mean, it is kind of like that. You finally get to the point someone gives you the diagnosis, and a lot of times the thinking process is Finally somebody knows what I have. They're going to be able to help me. I'm not crazy. But then you run into, well, you just have to learn to live with it.

Tami Stackelhouse

Right? Right. And that is not encouraging. And I think that a certain amount of that relief of, oh, thank goodness somebody knows what to do with me now I'm going to find help. Like, I think that is a totally valid right because we've been wandering around in the dark and we finally have found somebody with a flashlight, right? Yeah. But then to be told, ah, but there's, you know, we don't really have very good treatments or there's not a lot we can do about this. I think that's just like turn that flashlight right back off. You know, it's so hard. And that's why I've made it my mission. And I know you have to do like make sure people know that, you know, there's hope out there. There are things that can be done.

Rodger Murphree, DC, CNS

Yeah. I mean, I think in many of the interviews I made that we've made a point of sharing the fact that fibromyalgia is very much treatable. And I don't have all the answers. Jacob Teitelbaum don't have all the answers. Neil Nathan doesn't have all of the answers. Tammy Stackhouse doesn't have all the answers. But what we do have is a track record of working with depending

on the practitioner, in my case, thousands of patients over the years. And we have a track record of showing what are some of the common things that really do move the needle and can make a big difference. But I do agree. I think it has to be it has to be a team effort. You know, you have to be proactive because patients that I work with, they know going in that I'm going to ask things of them changing their lifestyle, changing some of their their unhealthy habits, changing their diet, things that I'm going to expect of them, that if they don't do that, if they don't show up and be a team player, we're not going to get to where we need to get.

And I mean, and I've admitted this on some of these interviews, you're so right. I run into patients and my track records pretty, pretty good. But I mean, there's patients that I get them to a certain point. I think I'm just not smart enough. I don't know, you know, I don't know what else to do with this individual. And then, you know, I feel bad about that. But I think that's just the way it is. And that's why it's really important to educate yourself, make yourself too of a priority. You know, invest in yourself, knowledge, knowledge, knowledge. Like your podcast. You know, you could you could listen to Tammy's podcast and get one thing that podcast, it told you that and I don't know what it was, but it was some ahas. Oh, yeah. That's why I'm not sleeping at night, you know, it's that kind of mentality I think we want to nurture. Absolutely. Foster that idea. Right.

Tami Stackelhouse

Right. Right. Because when we as patients go into a doctor's appointment, if we're not, well educated, then we're kind of making decisions about our health in the dark. Right? Like, okay, whatever you tell me to do, but I don't know if that's really right for me or not. It's I don't really even know how that medication is working. Like we need to be educated as patients. I mean, it's our bodies, it's our lives. We, we need to know and we need to have a say in that. And I think the most the most empowered patients are the ones who tend to improve the most because they're taking ownership of that. And I mean, it's part of why my book is called Take Back Your Life, right? Hey, we get to be in control of our lives again, but we have to have the education to be able to do that right.

Rodger Murphree, DC, CNS

I totally agree. I find my patients, the more they understand what's going on with them and what we're trying to do, the better they do because they're able to be a participant in this whole process. That's why I like health coaching and especially your health coaching, which focuses on fibromyalgia, specifically the people that you train that are your students that are trying to do this. So I think it's great. Do you find working with I know you work with hundreds of clients and you've got students that you work with that are training. Do you find that stress, whether it's

acute stress or chronic stress, is really the straw that breaks the camel's back? That's the trigger that kind of brings all this on.

Tami Stackelhouse

And they can yes and no. So it depends on what you mean by stress, right? Like chronic stress like me at my job. For some people, that's the thing. And I and I kind of think that really for anybody, if it goes on long enough, it's the thing. But sometimes that stressor is a car accident or, you know, having a baby, it should be something good positive. But because of all the stress and not enough sleep and everything else, boom, fibromyalgia. Right. So I do think that there is always some kind of trauma slash stress, trigger and stress.

Rodger Murphree, DC, CNS

Yeah. Even overstimulated, right? I mean, look at stress for some people.

Tami Stackelhouse

Exactly. And I do think that managing our stress, calming down our overactive fighter flight is one of the keys to, you know, feeling your best. I definitely notice, you know, when my life gets a little bit more crazy, I get a little bit more tired. And that's like my early warning sign. You better get that back under control if you want to stay feeling good. You know.

Rodger Murphree, DC, CNS

So do you find that there's one key thing and you just mentioned bouncing that they they the nervous system, the fight or flight, the parasympathetic and sympathetic. But do you find there's one key thing that as a health coach, you really have to focus on because it's something that most people don't realize is important in fibromyalgia.

Tami Stackelhouse

Yeah. So there's actually a few things. I mean, I think it's super important that you look at your sleep and your thyroid and your adrenals and you look at those neurotransmitters and your nutrition and all of those things. But underneath all of that, and the answer that nobody wants to hear, I guarantee as you're listening to this, you're going to not like what I say. It's our self-care, it's our self-management. And that's that self-management, that's self care, caring for yourself. That is the motivation behind everything. Right? I discovered that I kind of treated my body like it was, you know, that printer that didn't work. And I kind of would cuss at it and, like, smack it around and, like, force it to do what I wanted it to.

Rodger Murphree, DC, CNS

I didn't know who, like, I was. Another one that broken into before my time.

Tami Stackelhouse

But I treated by fibro body that way. Right? Because it wasn't doing what I wanted it to do and it wasn't responding the way I wanted it to respond. And so I would push through things instead of resting when my body was clearly telling me I need rest right. But also just that motivation of why we do what we do. Why are you taking your supplements every day like you should? Why are you going to bed earlier than maybe you want to? Why are you choosing that food instead of this food? Right. And it all has to come from this place of looking towards our healing. I'm not talking about I can't do that because of fiber. What I'm talking about is I am choosing to do this so that I can feel better and focusing ahead on our health and on our healing and really making those choices that lead us to that future instead of to the other future that we don't want.

Rodger Murphree, DC, CNS

I think self-care is crucial and I and I've shared this on an interview her too, that I'm kind of guilty because I'm really focused on the biochemistry and the physiology. I love all that. So it's about nutraceuticals and very judicious use of prescription medication if needed. But also I do realize the importance and more so today than ever before, over the last couple of years, everything we've been through, just the importance of making time to nurture yourself. And if you if you don't do that, I think that you saboteur has your your trajectory where you is where you can get you're only going to get so far because if you're locked in that stinking thinking or that woe is me and and again, that's not to step on anybody's status because I'm the worst patient in the world. I don't get sick very often, but when I do, my wife will tell you I'm the biggest baby.

So I totally understand. I could not want to be where you were a point and where the viewers are right now. Some of you. I totally understand. But we have to accept where we're at and then decide, okay, what do I need to do? And then do it? And one of those challenges, I think, just change in changing your diet and people really kind of you know, and I understand it's hard, it's not easy. But if you have an illness like fibromyalgia, you've really got to be vigilant about what you do and what you don't do. And it's got to be in the around, you know, based on the parameter of what's going to get me closer and closer and closer to getting my life back.

Tami Stackelhouse

And focusing on like choosing health. You know, I remember sitting at one point and just like I had a headache, I didn't feel good and, you know, trying to decide, okay, what am I having for

dinner? And this thought went through my head of, well, what do you want to feed? Do you want to feed the sickness? Right, or do you want to feed the health? And do I want to choose things that are going to move me towards health or am I going to choose the things that maybe are. Now, just just to be clear, there is totally a place for Netflix binging and eating a pint of ice cream just to say. But you can't do that every day. Right. And we've got to make the choices that move us closer to health. And I think this is one of the things that I love so much about working with clients as a coach is that, you know, you hear things like this, you've probably heard several people talk in this summit about making changes like this. But at the end of the day, you go home and you say, but how? How do I do this? And that's where we really help people as coaches. We can dig into your life and say, okay, so what if you did this and this and this, you know, give you ideas and actually make it really practical so that you can make those changes.

Rodger Murphree, DC, CNS

Now, have you seen that there's a particular issue, hormone issue that you think is common across the board? The thought I'm thinking of one or right now, actually three, I guess three is here. So is there some commonalities with fibromyalgia that you look at hormonal deficiencies and fibromyalgia and.

Tami Stackelhouse

100% thyroid is one of the absolute first things I talk to clients about in my training programs. I actually spent a whole module going through, you know, your thyroid, what it does, how to read the labs, all of the things. And it's so funny because I could really honestly count on one hand the number of students I've had who did not have a thyroid issue. Now, most of them did not know they had one right. And probably about half of my students have ended up being diagnosed with Hashimoto's, which is autoimmune thyroid. So for me and that's part of my story too, I have Hashimoto's, but that is like the key thing that I find that people aren't looking at. They're not running deep enough labs, they're just running it's age and thinking that's enough and it's not. So that's, that's, that's that's the first big. But, you know, all of these things do play a factor, right? Like all of our hormones, all of our nutritional deficiencies, like all of those things play a factor. Yeah.

Rodger Murphree, DC, CNS

So I found about 70% of my patients have a problem with their thyroid either that's not been properly diagnosed, maybe the beginning of Hashimoto's or not. It's this autoimmune disease or they're on the wrong medication. And in the summer now I did my one of the days I do a specific deep dive to I think it's 20 minute video all about thyroid and then I interview some people about thyroid issues as well. I think it's so important that we share that information that most

people are not getting the proper testing because as you know, if that's the case and we can get them on the right protocol for their thyroid issue, it can be a real game changer for for a lot of people.

Tami Stackelhouse

Absolutely. And, you know, you've got to realize that fibromyalgia fibro is an amplifier. So it takes anything else that you have and cranks the volume up. So whether that's, you know, you've got a bad neck, right, and you have neck pain, it cranks that up. But also something like thyroid disease, like all of those symptoms are very similar to fibromyalgia. Right. Joint pain, muscle pain, fatigue, all of these brain fog. Right. I'm not talking about fibro symptoms as I list those. I'm talking about thyroid symptoms. So if you have that thyroid issue and you have fibromyalgia, that's amplifying it. Right. And we treat part of it. It can bring that amplification down. Right. So if we can take the thyroid piece out of the equation, then there's less there for fibromyalgia to amplify. Brings your pain down, brings your fatigue down.

Rodger Murphree, DC, CNS

So yeah, so this over amplification, that's a common theme in a lot of the interviews. What, you know, as what we see in fibromyalgia, they're revved up. So part of their nervous system is on high alert. The sympathetic, the calming part of the nervous system is the parasympathetic is pretty much dormant. And so for me, typically the first thing I look at is bouncing their neurotransmitter and or their brain. Chemicals or neurotransmitters are all over your body, but looking at serotonin in particular. But if they're really have some anxiety issues and a lot of those with fibromyalgia do because of this over application of the nervous system. Fine. I got to settle that down first, because if I try to give them some energy which they all want, it backfires.

Tami Stackelhouse

Mm hmm. Yeah. Serotonin was a big thing for me. I was on at 1.3 or four different things that affected serotonin, you know, a couple of antidepressants, tramadol, which does a little, you know, SSRI, and then and I still was low. So, you know, you've got to and since then I've done some genetic testing and I know my body just doesn't make serotonin. Well. So that's a huge piece of it. But for me, the other neurotransmitter that was a massive game changer was norepinephrine, because norepinephrine is the part that actually makes me want to do the things I need to do. Yeah, right. That's that motivation piece. And so for me, I can always tell when I need to, like, get better about taking my supplements or maybe make an adjustment when I just kind of don't feel like doing the things that I know I need to do. My norepinephrine is off.

Rodger Murphree, DC, CNS

You know, and of course there's not a really go to test for fibromyalgia the FMA test I think you know some debate about that. I personally think that it's a test that can be beneficial. But you know, there's still some some debate about it. But what we do see is across the board is that those of fibromyalgia tend to be low in serotonin and in, as you mentioned, the other neurotransmitter norepinephrine are adrenaline. And serotonin is a very calming, relaxing hormone. And it's your happy hormone that helps raise your pain threshold. Needed the help you get in that deep restorative sleep.

Norepinephrine, on the other hand, is that neurotransmitter that gives you drive ambition. Go to it too. Has some pain blocking abilities as well. But what I have found is we don't get that serotonin level up first. Calm everything down. If we try to get the norepinephrine level up too quick, it backfires. It's just too much. So I usually start people on five HTP and some other key things synergistically that go with that. The thing I've developed called carbon fiber for me. But eventually then I'll look at okay, can we get them on alkene allowing our acidity something in Sammy which are stimulating but only after we've calm everything down. And then. Then and only then would we try that.

Tami Stackelhouse

Yep. Yeah. And that's exactly the pattern of my journey. You know, first we discovered that serotonin started on five HTP. That's one supplement. I never let myself run out of and then moved on to the others. Absolutely. Because we are so revved up, you know, we are stuck in that fight or flight. I'm sure every person listening, you know, if I talk about laying in your bed at night with your mind all of a sudden thinking of the million things you need to do. All right.

Like we all can relate to that. And so I think part of that, too, is and, you know, you're asking about what hormones cortisol is another huge one there because we end up with our cortisol at the wrong times and in the wrong amounts. And so getting that straightened out was a big piece for me as well.

Rodger Murphree, DC, CNS

Yeah. Now you mentioned self-care, so we talked about nurturing yourself and self-care. What can you give us some examples of things that people could do on their own that would benefit them day in and day out with this condition?

Tami Stackelhouse

Absolutely. So there's two two things I would recommend that are super easy that you could start right now. So the first one is to start tracking your steps. You might already be doing this. Maybe you're wearing an Apple Watch, have a Fitbit, you know, keep your phone on you, whatever. But I want you to think about those steps differently. What I want you to do is think about what number of steps, where do you feel good. Right? So if you're feeling exhausted, look at your number of steps. That's too many, right? But in that sweet spot where you feel good, how many steps is that? And start using that as your maximum and start thinking about budgeting your steps. Right? So early on when I was really sick, first diagnosed, my maximum was honestly about 2000 steps.

That's the number two and three zero is not 22. And I figured out that, you know, going to Costco was like 500 to 1000 steps. So, you know, in the afternoon after work, if my husband says, hey, let's go to Costco, I could look at my pedometer and know whether I should say yes or no because I could look and see, do I have the budget for this? Right. And of course, you know, your steps will change over time as you get better, you'll naturally add more steps. But as a way of budgeting your energy it's not perfect, right? You can spend lots of energy like us sitting here doing this under the bright lights that uses a lot of energy.

But I have no steps, so it's not perfect, but it's still a better way than just blindly guessing where that line is of when I've done too much. So that's my first suggestion is to start watching your steps, start thinking about budgeting, using your steps. And then the second thing is, I have an exercise in my book called The Joy List. There's even a podcast episode where I go through this but start writing down the things that bring you joy. Write down things that are things you can do, things you can't do, like if you love gardening, but you can't do it right now, still put it on your list because we can start figuring out how to add aspects of that back to your life.

But with fibromyalgia we get so focused on what we can't do and we start feeling like our whole lives are like this massive taking away of things, right? So we've got to be a lot more proactive about adding in the joy of life. And you know that right at the very top of my list is rubbing the belly of happiness and joy, which is putting my cat's big fuzzy belly. You know, I mean, it doesn't have to be expensive. It doesn't have to take a lot of time. But really recognizing what are those things that bring you joy, and how can you add more of that in? Because life isn't about like waking up, suffering through the day, going to sleep and doing it all over again. Right. Like we've got to add that joy back in and that helps us then increase our capacity for okay, now that I'm

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feeling a little bit of joy, it makes me want to go out and maybe do some of those things. There maybe are a little bit harder.

Rodger Murphree, DC, CNS

I love that. And Eleanor Stein, I know if you don't know of Eleanor Stein, Dr. Stein, she mentioned at her interview Dr. Doege and his research about the neurotransmitters that are wired to gather fire together. And we set up this pattern that is creating this pain that really is, is, is, is hyper, you know, it's produced in an accentuated way. It should not be that way. And we have the means just by our thinking, things that we can do. We can change how those nerve signals are being released over a period of time. It's fascinating research, and I'm just about halfway through his book and it's really a great book. I'm so happy that she recommended it.

But it goes along with what I've said and how you say as well is you've got to change this conversation in your mind. That's where you, first of all, just recognize that and then start taking those steps. And I think that's beautiful that you've you I talk about the hour power or finding that gratitude. Is that where you're grateful? You know, yeah, it's a bad day. You don't feel good. But you know what? The sun's out. You know, whatever it is, just finding something to be grateful for and going with that. And over a period of time, just that energy alone can start to make permanent changes in how you experience, you know, pain or any of the symptoms of fibro.

Tami Stackelhouse

Absolutely. Absolutely. And, you know, the more we focus on something, the more that's what we see. Right. Like you start seeing red cars, you start seeing red cars everywhere. Right. So if we start being grateful for, you know, my cat sitting on my lap and purring, right, then we start seeing more things that we can be grateful for. And I think so often with any type of illness, particularly a chronic illness, we get stuck in this loop where we start what's missing, right? What's being taken away, what we can't do.

And the more you focus on those, the more that that's what you see. So we have to kind of purposely shift that back. And in the process, we also are often changing our thinking from more of an almost a victim mentality where something is happening to me, right? Fibromyalgia happened to me and you know, these things with my doctors happened to me and I had no control to more of an empowered mindset where we're actually making choices for our lives and we have more control over ways I might not be able to have control over when I have my next flare. But I do have control over what I how I choose to think about that, what I choose to do

around that. Right. How empowered I am with my doctors, with my family. There's a lot of choices we can make.

Rodger Murphree, DC, CNS

Yeah. So speaking of choices, as we wrap things up, I want to ask you, what have you found to be probably the most important or five or six things, whatever it is, half a dozen things in changing the diet, other particular things that you encourage your clients to steer clear of, or are there some things that are just their absolute no knows what? What are some of the potential game changers in people changing their diet?

Tami Stackelhouse

Yeah, definitely. So when I approach diet with my clients, there's really two only two goals. Number one, avoid the triggers. Don't eat things that make you feel bad and that can be different for each of us. Right. Like there's some common ones I'll talk about in a second, but we all have our own things, too, right? And then the second thing is making sure you've got the building blocks right. If you really want your body to heal, you've got to make sure it's got the tools to do that right. Like if you want to build a house, you've got to have the lumber, right? So if our body is going to heal, you've got to make sure you're eating enough protein. You've got to make sure you've got all the right nutrients.

So avoiding triggers and, having the building blocks you need. And in terms of like some specifics there, the main specific for building blocks is protein. We need more protein than the average bear and most of us don't get it enough at all. So if you can do one thing in your diet, start focusing on how much protein are you eating and how can you add more in. That might mean having a protein shake or, you know, maybe use sprinkle nuts and seeds and cheese and I don't know what on everything that you eat right? Like just find little ways to add more as far as what not to eat. There are a couple biggies that are no nos for everybody.

The first one is glutamate. So like MSG, monosodium glutamate, they did a study at OHSU in Oregon where they were looking at the effects of glutamate on fibromyalgia patients and the people who got plain water were fine. Every single one that got the glutamate had a fibro flare, some more severe than others. One person even ended up in the E.R., I believe. But glutamate 100% for sure is going to make your symptoms worse. The other biggie is artificial sweeteners. You're better off having actual sugar, although you shouldn't have too much of that either. But it is a better choice than like NutraSweet, Splenda, those kinds of things. Those will definitely make your symptoms worse. So there's there's one do and two don'ts to start with. But when I'm working with my clients, we really talk about, like their situation and their diet, right? Because if

you have somebody who's already, you know, maybe they're eating meat and potatoes. All right. I talk to them a whole lot less about how to add protein. They're already doing that. But if I'm talking to somebody who mostly eats, you know, bread, pasta, you know, then we're going to have a different conversation. Right. So those are some things there to kind of get you started.

Rodger Murphree, DC, CNS

I think it's important to highlight what you said about the protein, because that is so important, because that's where the amino acids, the building blocks of protein. Yeah, these amino acid sequences, chains of amino acids are what make the neurotransmitters what make some of the hormones, including thyroid, by the way, as well as serotonin, dopamine, norepinephrine, gamma aminobutyric, acid glutamate ion. I mean, you have to have these amino acids and if you're in if you're deficient in them. And one of the things we see in fiber messages across the board there, deficient in tryptophan, which would turn into serotonin, our phenylalanine, which turns into norepinephrine, some of the branch chain amino acids, also leucine, leucine, a few others that are really important for for, as you said, a like the building blocks to be able to make these hormones and make the body work like it's supposed to work so it can repair itself.

And that was something that I learned kind of the kind of the very beginning of really working the fiber manager, just the importance of amino acids. And that's why I'm a big believer, not only Amano amino therapy, single immunotherapy, like a like a a natural drug, even though it's just a supplement. And then also combinations of amino acids, which are in my fibro formula, because without that you don't you just you it's hard to get enough of that. Those amino acids, you just it's almost impossible. So I think it's been a really important part of my practice, but no one, no one's really brought that up. So thanks for sharing that. I think that's.

Tami Stackelhouse

Absolutely it was a huge key for me and I can look at several points in my journey where it was like a bigger step forward than others and discovering this piece was one of those for me. Absolutely.

Rodger Murphree, DC, CNS

Tammy, this has been great. We'll have to do it again. I'm going to get you to come on my podcast. Speaking of podcast, Tammy, where can I go to find out more about you and in particular that that your books in the podcast?

Tami Stackelhouse

Absolutely. So the podcast, it's got a super hard name. It's the fibromyalgia podcast. So if you just go to wherever you like to listen to podcasts and type that in, you'll find it for sure. But we also can be found at Fibromyalgia podcast, wsj.com. We do post, you can listen online there. So if you're like podcast, what's that? Just go to fibromyalgia podcasts dot com. You can listen to the audio there and we always post behind the scenes videos from our interviews on there as well as show notes and all of that. On that same website. You can also get copies of my books for free, both the fibromyalgia coach and Take Back Your Life. You can just go to books in the menu and you can get a free download of either of those books there. And pretty much anything you need from me, you'll be able to find it fibromyalgia podcast dot com.

Rodger Murphree, DC, CNS

Great. And one of the bonus is another you are generous to supply. I was a wanted one of your books so that's part of the summit. So for those of you that are attending this, make sure you're downloading all those free bonuses that they're there for you to take advantage of and benefit. There's some great free bonuses that we're offering. So thank you for that. Hey, thanks so much. This has been great. I really enjoyed spending some time with you.

Tami Stackelhouse

Thanks so much for having me. It's been a blast.