



EPISODE #208
HEAL YOUR PAIN NOW
WITH DR. JOE TATTA

In this episode...

03:09 about Dr. Joe Tatta 2
 05:37 understanding pain 4
 08:00 Dr. Tatta's book, Heal Your Pain Now 5
 14:38 stress and pain 8
 18:06 chronic pain and the benefits of movement 10
 21:42 barriers to pain recovery 11
 25:08 pain and surgery 13
 27:03 biggest myths around pain 14
 30:55 the best diet for reducing pain 16
 35:21 pain and opiates 18
 39:50 pain and cortisone shots 20
 42:22 natural supplements for pain relief 21
 46:13 self compassion 23
 49:01 the most pressing health issue in the world today 24
 50:07 where to find Dr. Joe Tatta 25

Wendy Myers:

Hello everyone. My name is Wendy Myers. Welcome to the Live to 110 Podcast. I'm so thrilled with the podcast we have for you today with Dr. Joe Tatta. He's going to be talking about how to heal your pain now. He has a new book out. It's a number one bestseller. And he has so many answers for all of you guys that are in pain.

I suffered from pain for many, many years. And today I have it under control. But that's because I spent tens of thousands of dollars. I went to chiropractors and doctors and decompression and pain medication and yoga and all different kinds of therapies and physical therapy, pilates and electro stim and all the right kinds of things.

I ultimately healed my pain with some simple exercises and NES Health bioenergetics. That's my bioenergetic program to help release the emotional trauma that I felt. It was ultimately related to my lower back pain.

But we're going to talk about all the different solutions that Joe has to offer. We'll be talking about the emotional aspect of pain, stress, diet, nutritional supplementation, some of the con's of the traditional mainstream model that you'll find when you go to your doctor and the choices and options you'll be offered there. A lot of really interesting things, we talk about today on the

podcast.

But before we do that, I have to do the disclaimer. Please keep in mind this podcast is not intended to diagnose or treat any disease or health condition and is not a substitute for professional medical advice. Please consult your healthcare practitioner before engaging in anything that we suggest today on the show.

Please run out and grab my new book on Amazon called *Limitless Energy: How to Detox Toxic Metals to End Exhaustion and Chronic Fatigue*. I know a lot of you guys are exhausted. You're sick and tired of being sick and tired. And I know so many of you listening are seeking answers and are taking care of yourself. You're trying to eat better, and you're trying to sleep more, and you're trying to get out there and move your body and exercise, but still may not be feeling your best even though you're doing all this work.

And I found myself in the same situation many years ago where I felt like, for everything that I'm doing, I should be feeling better. And in many years of research and seeking my own answers, I discovered detoxification, and found that it helped me tremendously and it helped me to relieve a lot of my symptoms like brain fog and fatigue and emotional issues and other things that I was dealing with that I wanted to resolve.

So, a lot of answers in my book. I call it *Limitless Energy*. You can get it on Amazon. It's a number one Amazon bestseller. I'm very, very happy. It's my baby. I'd love for you to check it out and read it.

03:09 ABOUT DR. JOE TATTA

Wendy Myers:

Our guest today, Dr. Joe Tatta, is a doctor of physical therapy. He's a board certified nutrition specialist and functional medicine practitioner who specializes in treating persistent pain and lifestyle-related musculoskeletal metabolic and autoimmune health issues. His mission is to create a new paradigm around treating persistent pain and reverse our global pain epidemic.

He is the creator of the Healing Pain Online Summit and the host of the Healing Pain Podcast designed to broaden the conversation around natural strategies toward solving persistent pain.

Dr. Tara is the author of the bestselling book, *Heal Your Pain Now*, a revolutionary program to

reset your brain and body for a pain-free life by Da Capo Press. He is currently in private practice and also provides online health consulting to help people achieve a pain-free life free from chronic disease.

Joe, thank you so much for coming on the show.

Dr. Joe Tatta: Hey, Wendy. It's great to be here. Thanks for having me on.

Wendy Myers: Why don't you tell the listeners a little bit about your background and how you came to do what you're doing today?

Dr. Joe Tatta: Sure! My basic background is I'm a clinical doctor of physical therapy. I've also studied nutrition and functional medicine. But my ultimate background is I got started—or inspired, I should say—treating people with chronic pain by watching my mom go through a chronic pain episode when I was younger.

My mom was an oncology nurse, and she worked the night shift. And during the day, she'd do everything that moms do. She would take care of the house and the kids and the dog and be the supermom. And at night, she would go to the hospital, and she'd help kids who were terminal, dying of cancer.

And she did that for a couple years. And like many people in healthcare, it's a high level of burnout. She wound up with digestive issues, chronic back pain, chronic neck pain. She bounced back and forth between anxiety and depression, a lot of the same symptoms that those with chronic pain struggle with.

But the interesting thing was I watched her heal herself 100% naturally without medication, without drugs, without any kind of typical intervention that one would get through the medical system.

And from that, I think it just kind of planted a seed in me that roused someone can really heal themselves naturally.

And then, the other thing is I used to be a competitive gymnast when I was a kid. So I've had my own bumps and bruises, aches and sprains. And going into physical therapy and helping people with chronic pain was kind of a natural progression for me.

05:37 UNDERSTANDING PAIN

Wendy Myers:

And so, we're talking about pain on this show today. And it's something a lot of people suffer from. Even myself, I've spent years working with a physical therapist doing all kinds of things from a bulging disc in my S1—which I finally have under control, which I'm very thankful for. But I had a big, very, very expensive learning curve. So I'm glad that you wrote your book, *Heal Your Pain* to shorten that learning curve for so many people suffering from pain.

So, what exactly is pain? And why is not what we think it is or represents?

Dr. Joe Tatta:

Yeah, it's a great place to start when we talk about chronic pain. So, ultimately, pain is about protection. It's your body's way—or more specifically, it's your brain's way—of alerting you to a danger.

Now, with acute pain, we understand that, and it makes perfect sense. So acute pain is when you fall and you scrape your knee or you sprain your ankle. You fall, and you break your wrist, that's acute pain. There's actual tissue that's been damaged, tissue that's been broken or torn or ripped or whatever the type of injury you have.

There's a natural healing process that happens with acute pain. And it's called the inflammatory process. The inflammation is actually good. It helps you heal and repair tissue.

The inflammatory process is predictable. It takes usually between anywhere between two weeks to three months. And when that is healed, your pain should go away.

Chronic pain is pain that continues beyond the normal time of tissue healing. So if you have that broken arm or that sprained ankle, and your pain persists beyond that three-month period of time, it becomes chronic.

The other really interesting thing about chronic pain is that chronic pain can happen from an injury that happened a long time ago, or it could happen with no injury at all. So there could be no injury associated, let's say, with your back or your neck or your shoulder, but for some reason, your brain is creating this harm alarm. It's creating this signal to alert you about a danger that's actually either real or potential.

So, there's a lot of information in that kind of introduction there. We can piece through that in the podcast. But the take-home message is there's a distinct difference between acute pain and chronic pain.

Wendy Myers: And they obviously will have different approaches that you talk about in your book.

08:00 DR. TATTA'S BOOK, *HEAL YOUR PAIN NOW*

Wendy Myers: So, you wrote a book called *Heal Your Pain*. Can you talk about that?

Dr. Joe Tatta: Sure! My book is called *Heal Your Pain Now*. And it talks about integrative, natural approaches to heal your pain.

So, over the past 50 to 100 years, we've created a very strong biomedical model around pain. So what that biomedical model means is when it comes to pain, we treat it with medications, surgery or injections first and foremost. And when you have acute pain, those things can be really important.

With chronic pain, we know that those interventions don't work because, really, chronic pain is more about the brain and nervous system and less about the actual tissue. That's why when we look at, for instance, the amount of spinal surgery we do in this country, we do about 800,000 spinal surgeries in the US every year. And within one to five years, most people have a reoccurrence of their pain.

When we look at the amount of epidural injections that we give for, let's say, things like herniated discs or pinched nerves—these are all diagnoses that are given to people—oftentimes, it doesn't work.

Wendy Myers: And aren't you more vulnerable to injuring it? I mean you can't feel it, you get an epidural.

I actually had one of those. I had an epidural. But I was really concerned about further injuring it because I can't feel it.

Wendy Myers: Well, it's an interesting point. So pain really serves a function. It's there to serve a function. It's there to let you know there is something wrong basically.

Now, what the wrong is is what clinicians like me try to figure out. So, as we move away from that biomedical, and we move toward what's called a biopsychosocial model, within that biopsychosocial model, in the bio, there could be something wrong let's say with the joint or with the tissue. But oftentimes, there are also confounding psychosocial variables that contribute to your pain response.

So, let's say you have the MRI, and it shows you have a disc herniation. You may have the disc herniation, it actually exists. But what is your psychological and what are the social ramifications that happened from your injury?

So, your specific psychology may be that, "Okay, I appraise that herniation as a major, major threat to my life." And when you appraise it as a threat, or you gave it that kind of sticker, that there's a big threat in my back, it causes your pain to get worse as far as the intensity as well as duration.

And what's interesting about that is we looked at MRI studies from hundreds of thousands of people. Most people have things like disc herniations in their back, but they actually have no pain.

So, why does one person have pain and the other person not have pain? It really goes back to their psychology because pain ultimately is about psychology.

Wendy Myers:

Yeah, that's really interesting that you said that. I went through a period of time (like a lot of people in chronic pain), "Why is this happening to me? I hate that this happened. I can't work out. I can't live the life that I want. I can't lose weight." We just get this horrible tape loop going in our head.

And then, I decided to shift that and say, "This is just temporary. I love myself." I would visualize sending healing messages to that area. And I don't have pain anymore.

But I did a bioenergetic program that helps release emotional trauma also. So I think that had a lot to do with it also. But there was definitely an emotional component to my pain.

Wendy Myers:

Yes. So, pain, the definition of pain, is that it's both a sensory and an emotional experience.

So, the sensory is what you're feeling in your body. It's the tight tissue. It's the tension you have. It's the swelling that you may have there. That's all sensory.

The emotional component is how you appraise what happens in your life because of pain. And the emotional part is really interesting. People usually wind up with fear from pain or they wind up with little bit of anxiety from pain or they wind up with depression from pain. So, those three emotions can actually make your pain worse.

So, it's almost impossible to heal chronic pain without actually talking about or helping people to kind of re-appraise their emotions and what's going on in their life.

Wendy Myers:

You know what I have? When I feel pain, I go into a rage. I don't know why. I get really mad. I'm just not a fan of pain. It makes me very angry.

Dr. Joe Tatta:

Yeah, it's totally normal. I mean, no one's really a fan of pain—maybe a physical therapist, they like to kind of figure pain out. But no one's a fan of pain.

But going back to what you said before, you mentioned some statements. And those statements were more negative. And we know that when you have negative thoughts, they obviously lead to more negative thoughts.

It's a psychological term called "pain catastrophizing." It basically means that I'm thinking of the worst case scenario. Oftentimes, people ruminate, or they constantly think about the worst case scenario, or they magnify the worst case scenario meaning that "this pain is going to destroy my entire life," when, in fact, you might have pain, and obviously it's significant, but it's not going to destroy every single thing in your life. It may just obviously slow you down today from let's say going to the gym or maybe even going to work today.

But what you mentioned before, so key. Changing those negative thoughts to ones that are more positive or more adaptive can decrease your pain. And sometimes, you can actually just get rid of your pain altogether.

Wendy Myers:

Yeah, I really resonate with that. I really think that's what happened to me. And while I know I still have it, the S1 bulging disc—it's still there, and I feel it sometimes—I'm not limited by it. I don't allow myself to be limited by it.

Dr. Joe Tatta:

That's right. What's interesting is when people come to me and they say, "Oh, you're a physical therapist?" and I say yes, at some point, there are exercises as part of the program, but a lot of times, in the beginning, it's talking about what are the automatic thoughts that you're having that

you may not realize are happening, and how are those automatic thoughts link to your emotions, and how do those emotions affect your physical body.

Every emotion that you have, there's a physical response to it. Just like when you get embarrassed, your cheeks turn red, or you get nervous and you sweat, when you have emotions like rage—you've mentioned anger before—muscles naturally tense and tighten. There are changes in the sympathetic nervous system which cause blood pulse to change and cause nerves to fire differently and cause digestion to slow down.

So, we look at people that have digestive issues, they also have pain problems. Oftentimes, they're in that sympathetic state. And really, it's looking at the entire person, both their body as well as their brain and their mind and their thoughts, to try to ease their pain.

14:38 STRESS AND PAIN

Wendy Myers:

And so, let's talk about stress. Stress is a big part of a lot of people's life today. People are overcommitted and not taking enough time for themselves. So what's the connection between stress and pain?

Dr. Joe Tatta:

Stress and pain are intimately connected. They're pretty much one and the same. And ultimately, all of us are going to have stress in our life. And at some point, we're probably going to have pain in our life too because there's no guarantee that we're going to live this anesthetized life. The truth is there are pain points that come up in your life. Some of those pains are physical; some are emotional. Oftentimes, they're interconnected and they interweave.

But ultimately, it's how you appraise that stressful situation. I use the mnemonic TLC. It doesn't stand for "tender loving care." It stands for, when you have a stressful situation, do you see it as a threat? Do you see it as a loss? Or do you see it as a challenge? So, that's the TLC, threat, loss or challenge.

So, the threat, let's say if you have pain or stress—they're really one and the same—the thread is, okay, this knee pain is going to prevent me from exercising, and I'm going to put weight back on. So that's a threat let's say.

The loss could be, well, if I have pain, I'm going to lose my relationships with my friends since all of

my activities revolve around going out to dinner and shows and being physical, let's say. So that's the lost component to it.

And then, the challenge component to it is really what we want people to do, to look at things as a challenge, and say, okay, I have pain right now, I have the stressor in my life. What are the tools that I have inside of me that I naturally have to help me overcome those stressors, or what can I lean on externally (friends, family, colleagues, professionals) to help me get through this.

And all of us go through those naturally. We all see things as threat, loss, and challenges, but just in different degrees. And if you see things more as a challenge, it really reframes how you look at stress, and then you can kind of approach stress or you can tackle stress in a very different way.

Now, with the stress response, many of the things that happen in your body are the same with pain. You get muscle tension and tightness. There are blood pressure changes. There are changes in hormones (meaning your stress hormones like cortisol and epinephrine increase). There are changes that happen in the brain and nervous system, both the central nervous system (obviously, your brain) as well as the nerves in your arms and legs. There are immune cell changes that happens. Your immune system weakens when you have stress and pain.

So, stress and pain are kind of like twisted sisters. They occur together often. And talking about one, you oftentimes treat the other.

Wendy Myers:

Another stressor people can have is where they just don't want to move. That's a big stress reliever for a lot of people.

I had definitely been in that state when I injured my lower back. I couldn't work on my upper body or my lower body. And so I kind of became immobile for a little while. And then I made myself do whatever I can do, if it's just lifting some weights or walking for 10 minutes. I've got to keep moving.

A lot of people becomes sedentary. And then it can worsen their condition ultimately because they become more weakened.

18:06 CHRONIC PAIN AND THE BENEFITS OF MOVEMENT

Wendy Myers: So, why is it especially important for those with chronic or persistent pain to keep moving?

Dr. Joe Tatta: Yeah, it's a great point. One of the really interesting psychological facts about pain is that it causes fear. And one of the things that causes it is fear of movement. We call them "fear avoidance behavior." I don't move because I'm scared I'm going to hurt myself.

And one of the first principles we teach people with chronic pain is that hurt doesn't equal harm, that you can actually have a little bit of soreness and still be safe. And the reason why that is is because when you start to realize that pain isn't coming from your joints (so the pain isn't actually coming from your back, the pain isn't actually coming from your knee), but it's actually produced in your brain, when you really understand that, and it really changes your beliefs about pain, then you say, okay, then I can probably have a little bit of soreness. I'm not worried that I'm hurting myself.

I have friends that are a married couple. One has neck pain, and the other has knee pain. I was on a hike with them this weekend. And she's walking on our hike, and she's like, "Oh, my knees are a little bit sore. Maybe I should stop." And he said, "Just keep going a little bit further. You'll be okay. Maybe it'll go away in about another half a mile." She's like, "I don't know, I don't know." And she said, "What about your pain?" He's like, "Yeah, I have it here. But I'm not really paying attention to it."

There's a lesson in that story on, number one, how those two people, they both have pain, but one doesn't see it as a threat, and the other one sees it as something that's really, really scary. And it's normal. Pain is a scary thing. But when you realize that chronic pain doesn't mean that you're damaging yourself, doesn't mean you're damaging your disc further, doesn't mean you're damaging the joint further, then you say, okay, let me start a little bit of exercise and see how I feel.

And what you want to do as far as exercise is concerned is do an activity that could be anything really. It could be a walking program. It could be a gentle yoga class. It could be strength training.

We really don't have a lot of good evidence on the benefit of one exercise over the other. It's really what are you going to do probably a couple times a week, let's say three to four times a week, that you can do that's challenging, but doesn't actually flare your pain up.

I tell people you can have a little bit of soreness. You can flirt with that pain a little bit. You can kind of like brush up against the pain as you're moving. And you don't have to be concerned about

it. But you shouldn't exercise, and then when you're done, just feel like, "Oh, my God! My pain is now a 10 out of 10," and it stays there for the next 48 hours. That's obviously too much.

Wendy Myers:

And I think a lot of people can be limited, say, if they were used to doing really high impact exercise before, and now they're more limited. You cannot just change their thinking and do the low impact exercise. It might not be like the HIIT training or this super effective body toning kind of exercise you might have been used to, but you should just do what you can. Work around your injury and just get that workout in however you can, so you can retain your fitness.

Wendy Myers:

That's right! One of the challenge is people think they have to be 100% pain-free. And then, once their pain is gone, they go right back to the, let's say, high intensity interval training they were doing before, when in reality, the right way to do it is to start exercising again with just a little, tiny, tiny, tiny little bit of soreness or pain. Start on a low level, and slowly, every two to three days, you build that up.

And I always say slow and steady wins the race. So week after week—or month after month, depending on how bad your pain is—you'll work back up to that level where you have no pain again.

21:42 BARRIERS TO PAIN RECOVERY

Wendy Myers:

And what are some of the major barriers people have when recovering from their chronic pain. I know a lot of people can—I suffered this myself. I've had a lot of setbacks where I re-injure myself. I do a lot of stuff where it was very frustrating. My recovery went very long. So, what are some of the barriers that people can have when recovering?

Dr. Joe Tatta:

I think the biggest barrier is really finding someone who really understands the latest science around pain. And I talk about that in my book, *Heal Your Pain Now*. And once you really understand what's going on both in the brain as well as the body, then you can create a program for someone.

Oftentimes, people with chronic pain, there are many, many different factors going on. There nutritional factors. There are factors related to movement or sedentary behaviors. And then there are the psychological factors we spoke about before.

So, finding the right practitioner that really can evaluate you and treat you on all those levels is

probably the biggest barrier.

The second barrier, I would say, is really finding someone that you trust and that you can develop what's called a therapeutic relationship or therapeutic rapport because you're going to have to work with that person closely probably for a couple weeks or a couple of months.

So, finding someone who you really like and trust who can take you through that process, and last, but not least, pain is this invisible disease. You can't see pain. Still, oftentimes, personal relationships become difficult, and it becomes a struggle because someone can't feel what you're feeling. They can't see your pain, so they don't believe you or they push you when you shouldn't be pushed, or even times, there are people that enable you when, really, they need to encourage you to do activities or do other changes like diet and nutrition.

So, those are probably the biggest barriers that exist for those with pain.

I think, ultimately, we can't talk about this topic without talking about, if you have chronic pain, you're probably going to wind up in a physician's office. And physicians first treat people with prescription medication.

We now have an opioid epidemic in our country where we have about two to three million people who take an opioid. We lose about 20,000 to 30,000 people each year from opioid-related deaths.

So, realize that you have an option. You have an option to say, "No, thank you. I don't want the prescription medication. Can you please refer me to a practitioner who can help with natural ways to heal pain?"

The icing on the cake for me is really the last one because so many times people wind up seeing anywhere between 5 to 10 different types of physicians before they can find somebody who can help them with natural solutions.

Wendy Myers:

Yes. And I think, for me, I went right to the physical therapist when I had pain. But I know a lot of people just go to their doctor. I think people have to realize the physician is not going to address the underlying root causes of the pain. It's just out of their scope of practice, and they'll give you a pill.

Dr. Joe Tatta: Yeah, it's true. And I did research for my book. I discovered a really wonderful research article that said that the average physician only received nine hours of pain science education in their university training. So, what that means is most of the training that they have revolves around what medication to prescribe or what surgery to do.

Wendy Myers: Yeah.

25:08 PAIN AND SURGERY

Wendy Myers: And then, surgery to me seems like a last resort. And it seems like it'll be an easy fix—you know, you get the surgery, then you're all good—but I think the reality is a lot of people find that it can be worse if the doctor cuts a nerve or creates some sort of permanent damage in that joint or what-have-you (and a lot of the back surgeries are not successful).

So, I really beg people to think of surgery as a very, very, very last resort. But if you go to an orthopedic surgeon, that's what they do. They do surgery. So they're going to tell you to do surgery.

Dr. Joe Tatta: It's true. And let's not forget that surgery is a planned trauma. So even though you elect to do it, and even though it's planned, it's still a trauma to the body. So you have a trauma on top of already existing trauma.

I've seen many people with chronic pain have traumas from early childhood. And those traumas are related to physical or they're related to sexual and emotional abuse or it's a more recent trauma.

I'm working with someone right now—I just worked at her today—who found out that her husband was having an affair. And it's been a major trauma and a major blow to her. And from that, she has developed chronic pain from it. She didn't have an actual physical injury, but she had a major threat in her life. It was a major emotional trauma that has manifested itself as pain in her body.

And if she went the typical orthopedic route, they would definitely find something on an x-ray. They would definitely find something on an MRI. But that's not the root cause of her pain. The root cause of her pain is the emotional link that her and I are working through. And as she works through it, her pain starts to release and her stress level goes down.

Wendy Myers: Yeah. Yeah, I absolutely believe that. I work with a lot of clients too that have pain. I have my various tricks in my tool bag that I use to help them release those emotional traumas. And it helps tremendously with relieving their pain.

Dr. Joe Tatta: Yeah, it does.

27:03 BIGGEST MYTHS AROUND PAIN

Wendy Myers: And so, let's talk about some of the biggest myths about pain that we've been led to believe.

Dr. Joe Tatta: The biggest myth is you need medication to cure pain. And whether it's prescription medication like an opioid or over-the-counter medications such as non-steroidal anti-inflammatory drugs—obviously we know that opioids have a number of dangerous to them. They're obviously addictive. They cause dependency. And they also cause other changes in your body like hormonal issues and problems in your gut. Same thing with the non-steroidal anti-inflammatories.

There was a big study that just came out recently on how, within eight days, after taking a non-steroidal anti-inflammatory drug, they're linking it to heart attacks and strokes.

And we saw this 10 or 15 years ago with the prescription medication called Vioxx which is a very strong prescription (non-steroidal and anti-inflammatory), but now we're seeing this same information with the medications that are just prescribed—or sold, I should say. They're not prescribed. You can buy them in any over-the-counter drug store.

So, one is the medication, you don't need medication to heal from pain. Two, imaging studies, that an imaging study will tell me the cause of my pain.

We know that imaging studies are very poorly correlated with pain, especially when we look at spinal pain. You can have an MRI with a herniated disc and have absolutely no pain at all.

And then last, but not least, is that chronic pain is not curable. It something that has to be managed. And just that thought in the patient's brain that "I'm going to have to manage this thing for the rest of my life" is enough to cause fear and anxiety and depression. I always tell people that you can live a life that's pain-free, you just have to start implementing a couple of simple, easy strategies to turn it around.

Wendy Myers: Yeah, like you can't eat an inflammatory diet and expect some miracle to happen with their inflammation which causes pain.

Dr. Joe Tatta: It's so true. I mean, I have people come to me. They hear me talk on podcasts like this, and they go, "Okay, it must be related to my stress."

So we work on their stress and emotions. We get through that part.

And then, I say, "Okay, how are you feeling now?"

They say, "Well, it went down a little bit, but it's still there."

And I say, "That's because now we need to work on inflammation."

Now, with chronic pain, there's a neurogenic inflammation that happens in the nervous system. But if you're overweight or obese, if you have metabolic syndrome, if you have an autoimmune disease, there is still an underlying inflammatory process that is going on at the same time these other changes are happening. So it's very important to talk about nutrition.

Wendy Myers: Yeah, I mean if you're drinking alcohol every night which turns into sugar in your body, or you're eating lots of refined grains which turn into sugar in your body, or industrial seed oils like canola and corn and grapeseed oils and soybean oil and things like that, guess what, you're pouring fuel on the fire and causing yourself more pain whether you want to admit that to yourself or are aware of it or not. You can't eat sugar all day and alcohol and refined grains and expect to get out of pain.

Dr. Joe Tatta: No, it's true, especially, when you just talk about sugar. I mean, look at the diseases of blood sugar dysregulation—obviously, pre-diabetes and diabetes—the diabetic population has higher incidences of joint pain, of autoimmune disease, of diabetic neuropathy (which is obviously inflammation of your nervous system), of things like plantar fasciitis and dupuytren contractures which are things that happen in your hand. And obviously, let's not forget about the biggest inflammation, which is cardiovascular disease.

So, sugar is directly related to inflammation in your body. And by taking sugar out of your diet, you can decrease that inflammation, and you can decrease your pain.

30:55 THE BEST DIET FOR REDUCING PAIN

Wendy Myers: So, let's also talk about what's the best diet to reduce pain. I'm assuming it's an anti-inflammatory type diet?

Dr. Joe Tatta: Yeah. If a patient comes to me and they have not tried any type of nutritional intervention, then I first try to obviously meet them where they are and try to get them on a 100% whole foods diet, a whole food Mediterranean-based diet. Obviously, there's no chemicals. There's no additives. There's nothing that's preserved. There's nothing that's been ripped of its natural vitamins, minerals, phytonutrients.

Wendy Myers: Oh, so no fast food?

Dr. Joe Tatta: If you can cook it fast when you're at home, that may be okay, but not something that you drive through a window.

Wendy Myers: That's not inflammatory at all.

Dr. Joe Tatta: It's extremely inflammatory.

A lot of people do really well with a whole foods diet. They'll see changes in a lot of their inflammatory markers. They'll see weight loss. They'll start to see a decrease in pain.

The challenge becomes, I think, when we start to talk about the autoimmune crowd which is probably about out of the 100 million Americans that struggle with chronic pain, probably about half of them have a diagnosed or an underlying autoimmune condition. And with those patients, you need to go deeper into the nutritional strategies. The whole foods diet is just not going to fix that. You're going to have to take out certain foods that are inflammatory, and of course, put in foods that are anti-inflammatory to decrease the inflammation.

Wendy Myers: And so, what are some of your nutritional strategies for healing pain and inflammation? Do you do food sensitivities testing? As we know, that can cause inflammation in people.

Dr. Joe Tatta: Yeah, I mean the three top foods that I recommend people take out are gluten, dairy, and sugar. And if you just start with those three foods, I'm really, really happy.

So, gluten, dairy and sugar for 30 to 60 days, sometimes people see a dramatic effect within a

week; sometimes, they need that 30 to 60 day period to really decrease that inflammation their body and to heal their gut.

But those are the first three foods—gluten, dairy, and sugar.

After that, then I would move them towards a basic Paleo diet. And then eventually, if they need, toward a Paleo autoimmune...

Wendy Myers:

I know some people are like, "Whoa, whoa, whoa... that's all I eat, gluten, dairy, and sugar." But Rome wasn't built a day. So it can be good to just maybe start with one thing.

I think once people see the results with doing that, it seems overwhelming at first because you have to radically change your diet, and God forbid, eat more vegetables, but they start seeing radical changes in how they feel, you start getting addicted to how much better you feel.

For me, I eventually associated that with pleasure rather than that pain in my stomach hurting and feeling nauseated and brain fogged. When you start making those connections, then it's not as difficult to start moving towards a healthier diet and making those better changes or choices for yourself.

Dr. Joe Tatta:

Yeah, it's so true. I think the pleasure-pain connection is so important. And food oftentimes can be very soothing to us, especially food that has certain things in it like sugar or processed foods.

I have a patient who texted me a couple days ago. She said, "You know, I've been on your diet for a month now, and I've been feeling great. I made my kids pancakes over the weekend, and I had a couple pancakes with them, and now I feel like crap."

And I said, "Oh, what do you feel?"

"I'm bloated. I have pain in my fingers and my knees. And I feel like I need a nap two hours later."

So, I said, "Okay. So what do you think of all that?"

She said, "Well, I don't want to go near this ever again. I had no idea."

Sometimes, it takes a while for people to become present with their own symptoms and to relate it to the foods they eat. But once you realize that there are foods that harm you and then foods that help you, then you start to change your habits really fast.

Wendy Myers: Yeah. And you're not going to know that until you remove the foods for 30 to 60 days. And when you try them again, your immune system flips out when you eat gluten or dairy again. You have a much stronger reaction than you did initially because, like a garbage disposal, you're just kind of like used to all these garbage in your body. It gets kind of used to dealing with that all the time that you don't feel it so much.

Dr. Joe Tatta: And if you have to, don't make your kids pancakes. Make your kids gluten-free pancakes, and you'll be fine.

Wendy Myers: Yeah, get them started early eating healthy—easier said than done.

35:21 PAIN AND OPIATES

Wendy Myers: So, let's talk about opiates again because the easy go-to for so many people and what they're given when they go to the doctor is opiates. I want to talk a little bit about that because there's a lot of people listening that are in pain are taking opioid pain medication.

And it's getting harder and harder to get that. A lot of doctors, even after you have a surgery, can be very, very strict with giving opioid pain medications. And I think a lot of people don't realize one of the big problems with them is that they use up all the glutathione in your liver, so you're not able to detox as well.

And then, taking those medications, your body builds up more and more and more toxins, and it's not able to process those, which in and of itself, makes you sicker and sicker in the long-run (like if you've been taking them for years). I think it's really important to take glutathione if you are taking those to try to protect your liver.

But can you talk a little bit about liver issues with taking medications?

Dr. Joe Tatta: What people don't realize is that opioids can be addictive after just one dose. And the reason why that is is because there are different SNP's, single nucleotide polymorphisms, that we all have, and if you have a certain SNP for the way that drug is processed or detoxified, it's lacking, then that drug stays in your system and it becomes very addictive basically. The body doesn't get rid of it. That's the biggest thing that really surprised me.

Now, I'm not anti-opioid at all. Obviously, if you've had a major surgery or you've had a major trauma or you're trying to get through this painful period, and you have the other integrated strategies in your life that are supporting you, then you can start with the lowest dose for the shortest period of time, and then you can eventually wean off it.

The challenge is, for some people, it becomes very difficult to wean off them once they're on them because there are genetic differences. And especially women, some women have this genetic difference in their ability to process a drug. And your liver is what processes the drug.

The other thing is that opioids also affect your gut. They decrease your gut motility, meaning the food doesn't move through digestive track as fast. And when that happens, you get a change in the microbiome. And that, in and of itself, can cause another type of inflammatory response in your body.

And then, going back to the liver, opioids affect your ability to produce bile in the gallbladder. Now the bile in the gallbladder is what gets injected into your intestine to break down fat. When you don't break down fat—obviously, some of the fats are very, very important for inflammation like the omega-3 fatty acids—then you're not getting the healthy fats into your body, into your gut to balance out that omega-3 and omega-6 ratio.

And then, there's the addiction part which we know is there. We still have yet to really give this to people and say, "Look, take this for just a short period time because it can be very addictive."

So, those are the major points that I talk to patients about. I talk about it when I'm speaking in public or my own podcast about opioids.

Wendy Myers:

Yeah, I agree. They totally have their place. If you're having severe pain, you can just be a nervous wreck. I had periods where I was just shaking. I just couldn't handle it. I had to take opioid pain medication.

But even Tylenol, even these over-the-counter medications are even not available in other countries because thousands of people—I think it's like 17,000 people die every year from taking acetaminophen which is Tylenol. So I don't want people to think those are safe either. They all have their price.

Dr. Joe Tatta:

It's true. When you look at the bottle, and you see the dose, I really tell people to cut that in half.

If you have to take something, look at the dose first and cut it in half.

The other thing is if you're overweight, a lot of times, these drugs get stuck in your fat cells, in your adipose tissue, and they stay in there for a long period of time. And most of the patients who are chronic pain patients have a problem with weight. And again, these drugs are in their system, and they're not being detoxified properly. They're definitely not put on any kind of therapeutic detoxification program to help accelerate detoxification. So it becomes a real challenge for them.

39:50 PAIN AND CORTISONE SHOTS

Wendy Myers:

Let's also talk about cortisone shots. That's something a lot of people get. And I wanted to make people think twice maybe about getting those.

I mean, I've had them before. They're great. They just snap you out of the pain or you can heal really quickly supposedly. So, what are some of the problems with getting cortisone shots that they're getting from their doctors?

Dr. Joe Tatta:

If you have to have a cortisone shot, you shouldn't really have any more than two in a one-year period of time. Obviously, you're injecting glucocorticoids or cortisone into your system on top of the already natural cortisone or cortisol you have that your adrenal gland produces (so it could throw your adrenals off).

The other thing is that when you inject it into a joint, it can degenerate some of the cartilage and/or the tendon or ligament that's in that joint basically.

You see this in athletes. There will be athletes or professional dancers that have had these multiple times in their career. And often times, where the joint or the area where they had it has early arthritis because that cortisone basically wore down the tissue.

In the proper amount, cortisol or cortisone can be very anti-inflammatory. But if you have too much, it can actually be very pro-inflammatory. It can cause problems.

The other thing is that, with so many of these interventions, whether it's a cortisone injection or a surgery, you just have a practitioner who's relying on that scan, and they're not looking at the

whole person.

So, to be honest with you, a lot of the studies that look at cortisone, one of the reasons why it works is because the person believes in it, and it's a placebo effect, which for me look at everything in the whole pain science space, in the pain science realm. The reason why most things work is because the patient really believes in it.

Wendy Myers: Yeah, exactly. A lot of things are quite placebo.

Dr. Joe Tatta: It's the power of the mind. It's the power of belief. So, I say, if you know that and you're a patient, that's wonderful. You should know that. Empower yourself with that. And then say, "Okay, let me apply that to the natural strategies. Let me believe in, let's say, the diet. Let me believe in the stress reduction principles. Let me believe in healthy movement, that if I move a little bit more, I'll have less pain."

And when that happens, it's a wonderful combination of you being able to leverage your own natural healing through your mind along with obviously natural methods.

42:22 NATURAL SUPPLEMENTS FOR PAIN RELIEF

Wendy Myers: And so what are some natural supplements that people can use to relieve pain because a lot of natural things and supplements and herbs and things that nature has provided for us can be just as effective as prescriptions and prescription pain medications? Can you talk about those?

Dr. Joe Tatta: Yeah, there are a lot of options. First and foremost, I would look toward the omega-3 fatty acids. And somewhere between 2000 to 5000 milligrams a day is what can help decrease the inflammation in your body. The more inflammation you have, probably the higher dose you need probably for the longer period of time.

When we look at a paleolithic diet, the average caveman, if you will, probably had upwards of 10,000 mg. of omega-3 fatty acids in their diet. The average American probably has about 1500 if they're lucky. So shifting that omega-3 fatty acid in your body can help decrease inflammation. That will be the first thing.

The second thing would be vitamin D. There are tons and tons of good studies on vitamin D with

migraine headaches, with spinal pain, low back pain, neck pain, with joint pain, with autoimmune disease. I recommend anywhere between 2000 to 5000 IUs of vitamin D and see how it affects your levels.

Proteolytic enzymes, which are enzymes that kind of chew up the inflammation in your bloodstream. So when you have that carbohydrate molecule and that protein molecule that comes together, that glycation, proteolytic enzymes will break that up.

So, those are the four major ones.

GABA, gamma-aminobutyric acid, is also another great intervention. And that's very calming to the nervous system. For those that have chronic pain, oftentimes, they have an imbalance in glutamates. They have too much glutamate in their central nervous system and not enough GABA. So, taking some GABA can offset that or rebalance it. That's another one.

The other thing which is really fascinating is valerian root. People look at valerian as, "Oh, it's going to put me to sleep," but if you take it in a really small dose, it's very calming to the nervous system. And when you calm your nervous system, oftentimes, things like tension and tightness and pain will start to dissipate.

Wendy Myers:

Yeah, that's really interesting where you talked about GABA. I think that's something that a lot of people use up during the day with stress. And I think a lot of people are deficient in GABA. And that's something I recommend a lot to my clients as well. I take it every day (at least to just conk out at the end of the day and go to sleep). But I know if people have really high glutamate levels, that they're nervous system can be over-firing—firing, firing—and then that can cause the perception of pain. And GABA is an off-switch that turns off these stimulating neurotransmitters and can stop that process.

Dr. Joe Tatta:

That's right, that's 100% right. And a lot of the neurotransmitters that we look at with pain, there's a link to [00:45:16] with them. So GABA is one, and the other one is serotonin.

Most of the serotonin is made in your gut. And if you don't have enough serotonin, then oftentimes, you're going to have problems with pain perception or pain sensitivity.

So, cleaning up the diet, healing your gut is another good way to affect that.

Wendy Myers: I know myself, I feel like, genetically, I don't make very many endorphins. And so those people can probably be more susceptible to pain or pain sensations because they just don't make enough endorphins which turn off pain signals.

Dr. Joe Tatta: Yeah. And I've had some success with patients as far as using some 5-HTP with them. The only thing you have to be cautious with there is that if you're on any type of SSRI medication, you could run the risk of obviously overdosing yourself. So come off the SSRI first, and then try the 5-HTP. That would be my recommendation.

46:13 SELF COMPASSION

Wendy Myers: Is there anything else we haven't discussed that you want to talk about that's in your book, *Heal Your Pain Now*?

Dr. Joe Tatta: We discussed a lot. I think the one thing we haven't really talked about, which I'd like to leave people with, is just the notion of compassion. And that compassion is, one, for yourself. When you have chronic pain, treat yourself as you would as if your best friend is struggling. Chronic pain can oftentimes take a while to heal, and it needs a number of different strategies. So, have compassion for yourself and have compassion for the process.

And then, also, if you're a practitioner, realize that people with chronic pain have struggled for oftentimes years, and they've been through many practitioners. So being patient with them as well.

And oftentimes, it takes a couple of different things to really help them even if you know that "Well, my last fibromyalgic patient really was cured through a gut healing protocol. What's wrong with this one? She must be faking it or she must be making it up or she must be really overly sensitive?"

And the truth is that's not true. It's that we're all very different. Your pain is unique to you. Pain is like a puzzle. And it's just a matter of finding someone to help you put the right pieces in place to heal your pain.

Wendy Myers: Yeah. And if you have a practitioner that says, "It's all in your head, run! Run for the hills." I mean, unless you're talking about the emotional aspect of it.

But there are people that go to practitioners and they're like, "Oh, there's something wrong with you. There's something on the MRI" or what-have-you. And so there's no one practitioner I think that's going to have the answers for everyone.

Is there any kind of rule of thumb, like if you're not getting better in x amount of time, maybe you should look for someone using some alternative methods?

Dr. Joe Tatta:

That's a great question that you ask. When I see a patient, I can usually help a patient in some way feel better within about a week to two weeks. I may not take their pain from a nine to a one, but I can definitely bump it down two to three points where they say, "Oh, okay. I see there's something happening here."

And oftentimes, the first intervention or the first education piece—oftentimes, it's education we're talking about—is to get someone in that relaxed parasympathetic state. And you can do that really easily with just teaching them some deep breathing exercises, some belly breathing or some diaphragmatic breathing.

If you would just do that with every single one of your chronic pain patients, do that and have them do it three times a day for one to two weeks, I can guarantee you, they would notice some type of change, whether it's pain, whether it's their stress is less, whether it's they feel more calm, sleep better. Digestion actually increases and gets better because things move when you're more relaxed.

So, just that one intervention can be really incredible.

49:01 THE MOST PRESSING HEALTH ISSUE IN THE WORLD TODAY

Wendy Myers:

What do you think is the most pressing health issue in the world today? I don't mean to put you on the spot but I like to ask everyone that question.

Dr. Joe Tatta:

It's chronic pain. Chronic pain outnumbers cancer, diabetes, heart disease and HIV. So, all of those diseases combined does not outnumber the amount of chronic pain we have. It exists in every single country. And every single country has a struggle with it on some level, whether it's diagnosing them, whether it's treating them with the proper treatment, or whether it's obviously over-medicating them. But it really is chronic pain.

To go beyond that, I think along with the chronic pain problem is we also have a mental health problem. We don't take people's problems seriously. And we don't get people the psychological support they need to overcome these chronic diseases.

That doesn't mean that someone necessarily has to go see a psychologist. It just means that we need to start treating people as people and to show them that compassion, show them that kindness, sometimes to show them love that they may be missing in their life, that you can kind of start for them. And that's really part of the healing process.

50:07 WHERE TO FIND DR. JOE TATTA

Wendy Myers: Can you tell the listeners a little bit more about where they can find you and learn about your work and your book or even work with you?

Dr. Joe Tatta: Sure! You can find me on my website at www.DrJoeTatta.com.

I have a great pain quiz. They can take my pain quiz. It's called thePainQuiz.com. You can find out the root cause of your pain, whether it's about nutrition, movement, or psychology.

And then, I also have an online program called Heal Your Pain, Heal Your Life, which you can find on my website.

Wendy Myers: Great! Fantastic. Well, thank you so much for coming on the show. This is a really important topic because I know so many of us, especially the old lady over here myself, deal with pain. And it's just really been a big focus for the last five years of my life, getting out of pain.

It can be a very long road, very expensive, and very frustrating. So I really urge people to get Joe's book, Heal Your Pain Now to help shorten that learning curve and really start getting to the root cause of why you have pain so you can resolve it quicker.

Dr. Joe Tatta: Great! It's been great being with you, Wendy. I really appreciate this opportunity to talk about how we can heal chronic pain naturally.

Wendy Myers: Yes! And everyone, if you want to learn more about me, you can go to Liveto110.com. You can check out my detox and healing program, MineralPower.com.



Thank you so much for listening to the Live to 110 Podcast.



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HEAL YOUR PAIN NOW