



DR. KEESHA EWERS: Welcome to the Women's Vitality Summit: Caring For Yourself, Body and Soul. This is your host, Dr. Keesha, and I'm very excited and honored to be interviewing Dr. Joe Tatta today, who is a doctor of physical therapy.

He's a board certified nutrition specialist and a functional medicine practitioner, who specializes in treating persistent pain and lifestyle related metabolic and autoimmune health issues. His mission is to create a new paradigm around treating persistent pain, and to reverse our global pain epidemic.

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

Dr. Tatta is the author of the soon to be released book *Heal Your Pain Now*, a revolutionary program to reset your brain and body for a pain free life.

He's currently in private practice in New York City and also provides online health coaching and consulting to help people achieve their optimal level of vitality and freedom from chronic disease. His website is www.drjoetatta.com. Welcome to the Summit, Dr. Joe.

DR. JOE TATTA: Thanks Dr. Keesha, it's great to be here with you. I'm really excited to talk to you about this important topic.

DR. KEESHA: This is an important topic, and I always start the Summit conversation with each of the experts that I've been interviewing with the reminder of the word vitality which means our life force, our energy, our passion, our juice, our joy, our bounce, our sizzle, our zest.

The reason that I did this Summit and wanted to bring so many experts from mind, body, heart, and spirit to the microphone to talk about the subject of vitality is because, as you've probably noticed, a lot of women are suffering from a lack of vitality in our day and age. I always ask the experts that I'm interviewing, the first question is, what do you see as the number one thing that's draining women's vitality in our era?

DR. JOE TATTA: I think from my perspective and my specialty, it's pain. Pain can be the one thing that's really draining in your life.

I think on a much bigger avenue, as health care professionals we have to get much better at being advocates for our patients and trying to get the message out there of national and global healing for women. When I look at my practice over the course of 25 years, women have probably been about 80% of all of the patients I've seen.

It's really important that we keep our mothers, our daughters, our sisters healthy in this day and age. I really do think keeping them healthy, and teaching them the tools to stay healthy and stay vital, is really the way to turn around not only our healthcare system, but in a lot of ways some of our global and

national financial issues as well.

DR. KEESHA: I couldn't agree with you more. Pain is such a drain on vitality. If you think about the last time you had a toothache, or a joint pain, or you had a headache, there's nothing that really pulls you away from your core and your center of peace than some kind of persistent pain. As a doctor of physical therapy, you're more aware of that than most.

I would love to start our conversation with the brain chemistry, and what's going on when you do have persistent pain. What happens, and why does it drain vitality in such a dramatic and quite efficient way?

DR. JOE TATTA: The brain is really a wonderful place to start. Over the past, I'd say five decades, we've done a really good job at looking at the body as far as pain goes. That's looking at muscles, joints, cartilage, disks, and nerves. Of course, all of those are very important as far as your function on a daily basis.

However, we're talking about chronic pain, or what I like is the term persistent pain, which is anything that occurs after about three months' duration. When pain continues beyond three months, it's continuing beyond the healing time.

If you injure yourself, say you hurt your back, or if you're in a car accident and you break a bone, if you sprain an ankle, typically those tissues will heal in about three months. If it doesn't heal within three months - some people say six months, but three months is really more of the gold standard these days - then we really start looking to the brain as the cause of pain.

What happens in that case is the physiology or the matrix, the structure of your brain starts to change, both on a chemical level, as well as a structural level. Your brain actually starts to output pain. The pain is actually coming from your brain and that is the cause of pain when it comes to chronic pain.

DR. KEESHA: This is a really interesting way of thinking about it, because you and I both know that there's something called muscle memory. Our body remodels itself within anywhere from 30 days to three months depending on the part of the body that we're talking about.

I think what a lot of people don't understand is you have a whole new body in that time period in terms of cellular regeneration. Our cells are dying and new ones are being created all the time. If we are in the habit of pain, we run these tracks in our brain that the body just says this is how it is, and that really becomes persistent, right?

DR. JOE TATTA: Yeah, the muscle memory is a really interesting way to approach it actually. Let's look at it this way. In our brain, there's an actual, physical map, or a GPS of our body. Your brain is a physical representation of your leg, your hand, your arm, your head. When you injure your back, for instance, that part of your brain becomes very hypersensitive and very aware. For some people, that part of your brain can take over other areas.

Let's say you start with back pain, maybe you pick something up and you injure your back. That part of your brain can take over where your leg is, where your knee is, where your foot is. That's why people have this spreading sensation of pain that's not necessarily the nerve in their leg or the muscle in their leg. It's the actual physical representation of your body in your brain. That's why we start to look toward the brain as the key, or as the area, that we should focus on when we try to heal persistent or chronic pain.

DR. KEESHA: So in conventional medicine, when we're administering a pain medication for persistent pain, what does that exactly do?

DR. JOE TATTA: That's a wonderful question, because it brings us to the topic of multiple types of pain medication.

First we can talk about opioids. Opioids are a problem for our nation and globally at this point. Opioids have a unique way to dull our nervous system. They kind of quiet your nervous system down. It may be necessary in the beginning, but long term you want to focus on strategies that calm the nervous system more naturally.

The problem with opioids is that they bathe your entire brain and your entire nervous system in chemicals that not only shut down pain at times, but they also shut down things like speed and motor coordination. They interrupt hormones. They get involved with your peripheral nervous system, your autonomic nervous system. So you have to be very cautious about how often you prescribe opioids and for how long. I think the length of duration of opioids really is what we need to focus on.

DR. KEESHA: You know it's interesting timing, because just yesterday on my way home from work, I heard this NPR story.

I live in the state of Washington, and here in this state there's a task force that's looking at pain management and looking at the habits of prescribing opioids by different practitioners. They're saying you don't need a 30 day supply of Vicodin in many instances. A dentist can prescribe something for a dental procedure. But what the study that they were talking about was showing is that too many are given due to the general prescribing habit. Maybe you should just prescribe three instead of 30 or 90.

As you're shifting from that opioid need to a different need, it allows the body to do what it's built to do, which is to find balance on its own. But if we continue to sledgehammer it, it won't do it.

DR. JOE TATTA: That's correct. I think that the challenge we've had as a medical society is we have tried to medicate, surgically correct, or at times even inject things to alleviate pain. It's not to say that some people don't need that. Some people need those interventions.

However, we're learning very, very rapidly through a lot of research on this that the two big

conservative means for correcting pain are physical therapy and pain psychology. Those two should be the mainstay, or should be the primary intervention, provided to patients when they have pain. Those strategies really teach people the habits or behaviors that are necessary to reverse the entire pain experience.

If you're just giving someone an opioid, or you're just doing a surgery on them and only treating the underlying bio-mechanical issue, you're not really treating the entire pain experience.

DR. KEESHA: The entire pain experience consists of what? What does that landscape look like?

DR. JOE TATTA: Well, for me, there are a couple of different ways to look at it. For me, the pain experience looks at how we motivate people and get them to accept the behavior changes to begin to move again; helping movement and exercise. There's definitely a place for nutrition in that, because we obviously have an obesity epidemic. That obesity epidemic tends to promote types of inflammatory environments in people's bodies, so nutrition is key.

For some people, pain psychology is extremely important because of the various emotional components of the pain they're grappling with. What's important to realize about pain is that, for some people, they've never had an injury. They've never had a disease process but they still have pain, and that's really where the psychological component comes in.

That 'three-legged stool' around movement, psychology, and nutrition is really what I talk to someone about on their first visit. I may focus on one over the other as time goes on, but those three are usually pulled in at some point.

DR. KEESHA: So let's take each leg of that stool and talk about nutrition. One of the things that I appreciate learning from Dr. Tom O'Bryan is, he has this really famous quote: "There's nothing on the end of your fork that isn't either pro-inflammatory, or anti-inflammatory, and there's nothing in-between."

I love expressing that to my patients as I work with them and tell them to really think very carefully about what they're putting in their mouth. Whether it's in a cup and you're drinking it, or you're putting it on the end of your fork, it has an impact on your body's immune system and inflammatory cascade. There are no two ways around that.

You can't say "Well if I don't know, it's not going to happen." Or "If I mindlessly eat, then it won't impact me." I think that this is a really important leg of the stool to discuss. What are the typical things that you tell your patients?

DR. JOE TATTA: Nutrition is a wonderful place to start. I think most Americans absolutely need to start there. It's really interesting when we look at the pain numbers. You hear this number all the time that 100 million Americans have pain. Well, 100 million Americans also have insulin resistance, or the

start of insulin resistance.

Insulin resistance really sets off an inflammatory cascade throughout your body. It leads to non-alcoholic fatty liver disease, and that can really create that pro-inflammatory environment where these cytokines, or these inflammatory chemicals, travel around your body.

Most of the tissues in your body are musculoskeletal tissues, so most of your body is made up of muscle and bone. Those inflammatory chemicals are going to wind up in a joint, in a muscle, in a tendon, and it's going to set off that cascade.

When you look at that timeline, if you will, of insulin resistance to pre-diabetes, to diabetes, to metabolic syndrome, to vascular disease... pain is an underlying primary symptom.

Looking at nutrition, looking at the gut first, looking at the inflammatory food in your diet. A lot of times people come to me now, because nutrition has been promoted quite well, and they ask what foods should they take out. I tell them before we get to food, let's talk about the things you really need to be aware of.

The biggest thing I always talk about first is mono-sodium glutamate. MSG is a food additive, a chemical that's added to food that typically enhances the flavor of foods. The G stands for glutamate and it's very excitable, it excites neurons in your brain and throughout your body. Sometimes it excites them so far to the point of pain, or to the point where those neurons actually die. We can look at what should come out, and that's probably the biggest thing, first and foremost. Any chemicals should come out of your foods. You should start eating a more whole foods diet.

After that my second biggest attack form, if you will, to talk about as far as nutrition goes, is fats. People say they have a problem with their weight so they don't want to eat fat, or isn't it bad for me? Fat can be very healing. It can be very anti-inflammatory, if you're eating the right fats, especially your omega-3 fats. Really point people toward where the healthy fat is in their diet. Where to find it, where to locate it, how to start to implement it more and more

DR. KEESHA: Some examples of this, and I think this is such an important point because culturally we've been taught for the last three decades that fat is bad for us, that cholesterol is bad for us.

Little did we know along the way that we were putting ourselves into hormone imbalance because cholesterol is the raw material our body uses to create hormones. It's also the part of the body that's used to coat our nervous system in a healthy way. You go low-fat, you have an increased susceptibility to pain, because your nervous system isn't padded. You're taking away your insulation.

DR. JOE TATTA: That's correct. I really try to tell people, fat is your friend. Fat is the one thing that can really start a healing environment in your body.

When we look back at the Paleolithic diet - and we have some hunter-gatherers that live on the planet that still eat a similar diet - they had upwards of 10,000 mg of omega-3 in their diet. Those usually came from things like cold water fish, free range animals, shellfish, spices, naturally occurring things in their environment.

The average American gets about 1,500 mgs of omega-3. So you're really missing that anti-inflammatory component of your diet. It really is in your fat cells. Fat is not a foe, fat is your friend. Go toward the fat, don't fear it.

DR. KEESHA: Again, we're talking about specific kinds of fat. Those hunter-gatherers, tribes, and communities that have lived traditionally off of fat have lived off of specific kinds of fat. When we're eating fried potatoes, French fries, and deep fat fried food, this isn't the kind of fat we're talking about, right?

DR. JOE TATTA: That's correct. Those are the omega-6 fats, those are things you find in corn oil, safflower oil, even canola oil, which has a little bit of the omega-3. It doesn't have the amount of omega-3 that you really need to balance out your diet.

Usually anything that's baked, most of your bread products, they all have some form of omega-6 fatty acids in it. Those are the ones that you really want to start minimizing as much as possible. You still need to have a little bit of them in your diet, but you have to minimize them and increase the omega-3 to start that healing process.

DR. KEESHA: So, really great and important information. Fatty acid ratios, we're starting to understand, are becoming more and more important as we look at the cell membrane and the health of it.

Mitochondrial function: we're able to start to finally understand that there's not a one size fits all, which there never has been, never will be. That your level of fats is going to be different from your neighbor's level of fats, and that ratio.

A good rule of thumb is to really start increasing your level of omega-3 in your diet. Of course this comes from fish oil, flax oil is another great one to start to increase a bit, pumpkin seeds, sesame seeds are another way of getting some great alpha lipoic acid. These kinds of things are really important to increase if we're going to have good nervous system health, right?

DR. JOE TATTA: That's true. Fat is really interesting when you start talking about pain, because there is some pretty good research out there around ketogenic diets. Ketogenic diets are diets that have a very high amount of fat, anywhere between 60-80% of fat.

Not everyone needs that. People who have pain that have had it for a long time, and if you relate it to the hyperinsulinemia that we've had - people sometimes had that for 10 or 20 years before diabetes

actually shows up and a lot of those people have a really difficult time regulating blood sugar - for them, pulling out all the carbs at times for a short period of time can really help them.

When we look at regulating blood sugar, when we look at dropping A1c levels, when you look at turning around that kind of pre-diabetic environment, fat could be the one thing for certain people that really does it. Not everyone needs to be on a ketogenic diet. Some people may only need it for about three weeks or so, but it can be very positive for helping to decrease not only the blood sugar levels, but help lower the sensitivity in your nervous system, as well as drop weight very fast.

DR. KEESHA: I want to interpret a couple of things that you just said so far for our listeners who don't know what an A1c is.

This is a hemoglobin A1c. It's a three month snapshot of how you're doing with your carbohydrate metabolism. I actually like to see my patient's less than 5 on that. If you get up to 5.6 or 5.7 you're in the pre-diabetic region. Once you're over 6, some people say over 7, but I say 6, then I pretty much say you're diabetic. You really want to pull down your A1c. It's a great way of looking at an overall snapshot of how you're doing with metabolizing your carbohydrates.

Of course, we're not talking about eliminating carbohydrates that come in vegetable form. Broccoli and cauliflower have carbohydrates in them. A great source of carbohydrate for people is to increase their vegetable intake, clean protein, and fats, and eliminate the grains, the sugars, and processed foods that a lot of Americans are kind of prone to, right?

DR. JOE TATTA: That's correct. Like I said, some people do really well by eliminating grains.

One category of patient, or client if you will, that does not do very well by eliminating carbohydrates to a very low level would be those with adrenal fatigue. Those people tend to really need some carbs in their diet. So it's important if you have adrenal fatigue, or if you've been under a lot of stress, especially women with thyroid issues, a lot of times you need a little bit of carbohydrates.

For the other group, we are really talking more about the pre-diabetes metabolic syndrome group, a lot of people do very well by dropping their carbohydrates. Like you said, not carbohydrates that are found in things like broccoli, cabbage and Brussels sprouts, but the grains, the white starches, and the potatoes. Those things can really make a difference.

DR. KEESHA: Also corn. I still see people categorizing corn as a vegetable.

DR. JOE TATTA: Corn is a grain.

DR. KEESHA: That's right. Alright, really great information. What I've noticed is a lot of women come into my practice with a diagnosis of fibromyalgia which, of course, is very pain-centered. The diagnostic criteria includes pain and these 11 different points. I would love for you to address this

because of all the autoimmune diseases, 80% of them that are diagnosed are diagnosed in women.

That's a really interesting conversation in and of itself that I've talked about with some of the other speakers on the Summit. Having had autoimmune disease 20 years ago myself, I definitely know about this and fibromyalgia is one that's given a lot.

I would love for you to talk a little bit about that, because I think there's a lot of misinformation out there in how to handle fibromyalgia, how to think about it, and what a diagnosis like that does inside of a woman's mind.

DR. JOE TATTA: To start off with where you left off, what it does to someone's mind, I think we have to be very mindful of clinicians before we give someone a diagnosis. A diagnosis of fibromyalgia means you're really telling someone that they're going to have pain for the rest of their life. It's important enough, before we give someone a diagnosis like that, that we obviously are mindful about explaining to someone what it means. We have to be very clear that they do have a diagnosis like that.

Fibromyalgia in and of itself is really a brain-based pain perception problem. Your brain is having a problem perceiving pain or processing pain, and that happens for a variety of reasons. It's obviously much higher, women's fibromyalgia, and it's usually associated with women who've had some kind of trauma in their past; whether it's coming out of a home environment, whether it's sexual abuse, whether it's verbal abuse. There are some really good studies now coming out about bullying and things like that, how it may lead to fibromyalgia, and typically they see that in men, which is very interesting.

When the brain is affected, a lot of other parts of your body are affected. You see things happening. You see obviously wide spread pain, and that pain can be in almost any joint throughout your body. It tends to cluster itself more around the spine but not necessarily. It could also be in hips, knees, ankles, hands, feet, elbows.

You see changes in digestion. You see change in respiration, blood pressure, heart rate, muscle tightness. Things like muscle imbalance starts happening and those things happen not because you're not active, but those are brain-based changes. The changes in your brain and the physiological levels, the hormone levels start to change. All those things affect how your whole body is reacting.

Fibromyalgia is very interesting. At one time we thought it was an autoimmune condition. We now know it's not an autoimmune condition, although sometimes it can present like one.

DR. KEESHA: It's an interesting point that you just brought up. I see it with autoimmune disease too, that there's frequently a history of trauma. People will think about trauma as being sexually abused, and that's not necessarily true.

A researcher by the name of Peter Mall actually did a study and looked at PET scans, brain scans, of a cohort of men and women that were diagnosed with different kinds of disease processes. He was

looking for what the brain does when there's post-traumatic stress disorder. What he started finding was that the same parts of the brain that light up when there's PTSD actually light up when there's just chronic daily stress.

People will often say "I wasn't abused, so I don't know what you're talking about." But that chronic daily stress, persistent daily stress, will do the same thing to the brain that one big trauma does. I find that fascinating because this is the life of a lot of people these days, is this chronic persistent stress.

DR. JOE TATTA: That's correct. If you walk into any physical therapy practice, 100% of the patients have pain. If you do a survey and you start to look at their stress level, you'll find that a lot of people in the physical therapy clinic, or any kind of pain clinic, have high, high levels of stress in their life, whether it's a current stress that actually exists, or it's the stress that they're putting on themselves.

Pain stress can also be perceived, so it can be something that is not actually there, but you're creating it, or you're processing it differently. So yes, we have to look at past events, past stress. We also have to look at your daily stress on a daily basis. What's your work schedule like? Are you getting to restore the care that you really need in your life? Are you sleeping enough? Do you have pleasure in your life?

A lot of people just don't have pleasure in their life. They don't have an outlet or a weekly plan, if you will, of where the pleasure is going to be in their life. I always tell people that pleasure is the one thing that mutes pain more effectively than any medication, any procedure, any exercise. Pleasure brings pleasure into your life. It's so important when it comes to pain.

I tell people "Find the pleasure, build support groups, find the activity you love, find the hobby that really keeps you engaged, whether it's music, painting, drawing, or exercise." There's always something that will mute that pain experience and help your nervous system and your brain and that stress level, quiet that down.

DR. KEESHA: Oh my gosh, I can't tell you how much I love what you just said. Of course, you just addressed the 'caring for yourself, body and soul' part of the Summit, but my doctoral work was on the impact of held-onto hurt on women and the impact that has on their sexual desire.

It doesn't take a rocket scientist to know that if they're holding onto old emotional hurt, and that gets triggered again in present time, which I found through my research does, over and over again, then they're not going to be in the mood for sex with the partner that they're perceiving just hurt them. There's a cascade that happens from the brain's messaging system down to the adrenal glands. It tells them they're in danger, and it can be from something that was initially wired when they were four years old.

This perception of your stress becomes essential to examine. That's really, really important. I find that a lot of women get really resentful when I say that: "Are you telling me it's all in my head?" I say "Absolutely not, but I'm saying that your head and your body are linked. We've got to get them back in

community together, to be collaborative with one another. Not have your brain dragging you around like a bully, right?"

DR. JOE TATTA: That's right. When you look at this from a functional medicine perspective, you look at cortisol outlet. When you have stress or pain, and they're actually very similar experiences, you get high outputs of cortisol. Over time, that cortisol level jumps very, very, very low. When you have very low levels of cortisol, that tends to make memories of pain and stress more intense.

If you have pain in your back, or if you have a little bit of arthritis in your knee, if you have very low cortisol levels, it often finds that pain it left. From a functional perspective, you can treat that with nutrition by addressing the gut. We can give supplements that support your adrenals but ultimately there's still the mind part of it that is in some ways the responsibility of the person to figure out.

People say "So I can help myself through nutrition, through exercise, through movement. How do I help my thoughts on daily, weekly, monthly and yearly basis? What can I do to quiet my thoughts, to calm myself, to create a less stressful environment in my life? What will keep my adrenaline levels a little quieter, that will help my pain, that will help my tension, my muscle tightness?" Those things are so important to talk about. A lot of times we talk about the brain or mind aspect of it in functional medicine, but we don't actually give people the tools they need to really address that in their life.

DR. KEESHA: Well, one of the things that I have promised our listeners on the Summit that I would give away for the Summit is a recording that I did that's called autogenic training. You're probably familiar with that term.

It's really allowing your body and your mind to come into that collaborative team with one another, and relaxing everything in your body systemically, progressively, intentionally, and strategically every single day. This is toning up what we call the parasympathetic nervous system, the other side of your fight-or-flight. That's the part that gets largely ignored in our society, and why I think really, we are so drained all the time.

We're so tuned into that fight-or-flight. We go there so automatically and have a super highway built in our brain with no speed limit on it, you know? That fight-or-flight, it goes there instantly and quickly. We've got to spend some time toning up that parasympathetic nervous system, and so, this gift that I am providing for our listeners is for that. Of course, it's used in the pain world, right? This is one of the tools for reducing pain.

DR. JOE TATTA: Yeah, it's a really effective tool. It's interesting because, when I talk to people about their fight-or-flight response, they say "Okay, I kind of get it, but how does that relate to my pain?" I say "Well, when you're in fight-or-flight, typically your body is shunting blood, shunting oxygen, shunting energy toward the large muscles, those are your arms and your legs. It's leaving the smaller muscles along your spine, at the base of your skull where you get headaches, those muscles are not getting any blood flow to them. They're not getting any oxygen to them."

When you look at the rates of, let's say, back pain and neck pain, they're so high because our stress level is so high. There's a solid, as you say, physiological reason for that. That shows up through our fight-or-flight response.

Doing things like meditation, deep-breathing exercises, progressive relaxation, progressive muscle relaxation, visualization, all those things you really key into your body. Relaxation responses are really, really key to preventing stress and preventing pain. It even helps with digestion.

DR. KEESHA: Guess what else it helps with? Sex drive, ladies!

DR. JOE TATTA: Men too. Let's not forget the boys.

DR. KEESHA: Yes, well, 31% of men have low libido too. It's not talked about. It's always a female problem in the research, right? It's reported that 31% of men have low libido, which means it's much higher than that, because men don't generally report low libido. It's just not a guy thing to do, is it?

DR. JOE TATTA: No, it's true. It's interesting, because when you start working with people who are in persistent pain, a lot of times they come to you and they say "You know, not only is my pain better, but now my intimacy has improved. My relationship with my partner has improved. My work relationships, my family, my friends." All those relationships start to improve when you start to improve pain. The pain/libido link is really, really important and very, very intimately connected.

DR. KEESHA: No pun intended – intimately! Let's talk a little bit about something that I love that you teach, Dr. Joe, and that's sedentary syndrome.

DR. JOE TATTA: Sedentary syndrome is something that I started to talk about because there's been so much talk about metabolic... and that's really important, that's wonderful, of course, we need to look at lab values. They're really important.

Sedentary syndrome is the kind of thing that you can see in someone. We look at people that are obviously sedentary. The first thing you see in someone is poor posture. That poor posture leads to problems with alignment, problems with your physical function. When you have poor posture, you're actually compressing your heart and your lungs. You're not getting as much oxygen and blood around your body.

DR. KEESHA: I'm sitting up straighter as you're talking to me, by the way.

DR. JOE TATTA: Yes, that's very important. Closely linked to that is something called sarcopenia, that's the loss of muscle mass. After the age of 30, you lose about 1-3% of your muscle mass, whether you're exercising or not.

You want to make sure you are exercising. You want to focus on strength training so you can build your muscle mass, not too early ...for your insulin resistance. It's important for bone density. It's important for heart health.

As we continue looking at the body, we look at what's called central obesity. That's the belly fat that sits around your midsection, around your belly button. That type of fat can be inflammatory. We want to keep that down as much as possible.

Being a physical therapist, I'm always looking at what's called joint value, so when you have a joint that's not working so well - that could be a shoulder or a knee problem - you want to address that while you have time. You don't want to wait years to go to a doctor or a physical therapist. Address it as soon as you can, because if you don't, it leads to the final thing I talk about which is called functional decline.

That often begins in the fifth decade of life, where you're having problems walking, going up and down stairs, you can no longer squat and lift up packages or the laundry.

Looking at those five key things: sarcopenia, poor posture, central obesity, joint failure, and the eventual functional decline I think are things that the average physician may see, because they're looking at the bad results. But a lot of times physically, right in front of them, are signs and symptoms that they can address in their patient right away.

DR. KEESHA: So, speaking of what you can address in your patient right away, insurance companies like us to spend six minutes with our patients in the office. Six minutes doesn't get you very much in terms of really listening carefully to a story, making connections between lifestyle patterns and what's going on in the body at this moment, what's going on in the mind.

It's about enough time to write out a prescription, order some imaging, and to refer out for surgery, which is what insurance pays for. They pay for opioids. They pay for imaging. They pay for surgical procedures. I would love for you to address that, because this is sort of the mainstay of pain management in our country as we know it, isn't it?

DR. JOE TATTA: I think one of the biggest travesties we've had over the last year was, even though the statement from the NIH - the national seat of health, from the CDC - about using opioids less is important and one we should follow, the problem is we're taking drugs away from people when we're not offering them alternatives.

When we look at things like physical therapy, psychology, acupuncture, typically they're not well covered under insurance. Maybe the average physical therapist may get nine visits from a patient, so that's about a month's worth of care. When you look at chronic pain or persistent pain, it really takes much longer than that.

If we're going to take something away, like we're taking medication away, we're basically saying "Look,

we have other ways to heal. Here they are." That's great, but we also have to provide the services for them. We have to give patients the visits. Sometimes we have to give them enough time, or we have to give them the financial means to pay for those visits. A lot of times those visits have high co-pays, or they have deductibles, that are upwards of \$5,000. We have to give patients access.

With 100 million people in pain, we have to be very cautious about what we say works. When we say physical therapy works, that's great. Then we have to make it available to them. I think that's a really important topic to talk about, and thanks for bringing it up.

DR. KEESHA: So, who is the best advocate for their own health?

DR. JOE TATTA: Obviously a patient is the best advocate for their health, but they have to be informed patients. I think that's why for some your blog, your podcast, my podcast, they're really important because they empower people with the right message.

Now, when we have pain, if you wind up in your physician's office and he says "Okay, here's an opioid for 30 days" now you have the education to say "Well, I'd like to take the opioid for maybe three days. At the same time, can you write me a prescription for physical therapy, or some pain psychology intervention, or for some acupuncture, or for some other alternative that are out there?"

DR. KEESHA: Make sure you download the autogenic training program I'm giving you, and do that every night. That right there, you can get buried under the research that shows that this works. Since 1930 we have known that this works. It's interesting that it's gotten filtered out of interventions.

Of course, there's no pharmaceutical company to be making money off of something like that. The way that our platform is for medical care is very strongly influenced by the magic pill theory. I think this comes up more in the pain world than almost anywhere else.

DR. JOE TATTA: It does, it's true. Pain relief does not come in pills, basically. There are things like NSAIDS and opioids that may work for a very short period of time, but to get substantial relief, for a prolonged period of time, for the rest of your life, things like movement, like autogenic training, things like the mind/body therapies. They don't come in pills. You have to learn how to implement that into your life.

Physical therapists can teach you it, yoga people can teach you it, there are many different types of practitioners who are now latching onto these integrative strategies, and they're starting to incorporate them with some of the more traditional things that are out there.

DR. KEESHA: Right. I just want the people who are listening to us to release the expectation that you are going to find that in your doctor's office. It's not their fault they don't have time to teach you this. If you're using your insurance, they don't have time to teach you this in a primary care office setting.

I think really starting to release the expectation that your primary care physician is going to be the end all, do all for you. It's changing the paradigm, the way we think about our medical care, and really moving more toward these people that can spend an hour or more with you to really teach you the psychological components and all of these different elements, like the acupuncturists. Then listening to your healing pain podcast; you've got all these amazing people on there that are giving information.

Becoming the most well-informed consumer I think is, as you said, the first step and very, very important. You are your own advocate. The more information you have, the better.

DR. JOE TATTA: That's right. The primary care really was not designed for long term pain treatment. I think the place where they sit and the way they see people is really to steer them in the right direction. On some level, they have a responsibility to do that, and that'll change as people like you and I spread this message. Ultimately, my platform and my passion has always been let's get to the consumer, let's get to the people who really need it. Give them the information they really need to get better.

DR. KEESHA: Well, you're doing a really good job of it Dr. Joe. I appreciate you taking this time to share just a fraction of the wisdom that you have with our listeners for this Summit, and giving them different tools that they can access for persistent pain. Thank you so much.

DR. JOE TATTA: Thank you, it's been great being here. I really am going to promote your Summit, because I think it's a really great message for women.

DR. KEESHA: Thank you. For our listeners, on Dr. Joe's speaker's page, you'll see the free bonus that he's providing, and you'll see his website, how you can hook into the podcast, and his Summit, which is very, very important, for a wide variety of experts that are coming to the microphone to talk about all of these different subjects in more depth that we've covered in such a short period of time.

You'll have access to all of that on the Women's Vitality Summit Website. Thank you again. Remember to live, love, laugh, keep learning, and be the most fantastic version of yourself, until next time, everybody.