Podcast Session #95

Neuroplasticity Brain Retraining Improves Chronic Conditions

With Ashok Gupta

For more about Ashok, visit: www.theguptaprogram.com
Dr. Christine Schaffner: Welcome to the Spectrum of Health podcast. I'm Dr. Christine Schaffner, and today I'm talking with Ashok Gupta. We're going to be talking about neuroplasticity and brain retraining for chronic conditions. Ashok Gupta is an internationally renowned speaker, filmmaker, and health practitioner who has dedicated his life to supporting people through chronic illness and helping them achieve their potential. Ashok suffered from ME or chronic fatigue syndrome around 25 years ago when he was studying at Cambridge University. Through neurological research that he conducted, he managed to get himself 100% better. He then set up a clinic to treat others and then published the well-known recovery program, known as the Gupta Program, in 2007. He has published several medical papers and is continually researching these conditions. In 2017, Ashok published a popular 4.7 star-rated app called the Meaning Of Life Experiment, a 30-day program of videos and meditations to discover more happiness, meaning, and uncover your life purpose. I really hope you enjoy my conversation today with Ashok Gupta.

0:01:06.5 CS: I'm thrilled and honored to have Ashok Gupta today talking about neuroplasticity and brain retraining for chronic conditions. This has been such an important part of my work with patients who are struggling with chronic illness, and I've just seen wonderful results when patients have gone through the Gupta Program, so we're going to be picking Ashok's brain today and learning so much about how we can change our brain. Welcome on the podcast.

0:01:30.8 Ashok Gupta: Thank you, Christine, for inviting me. Lovely to be here.
0:01:33.4 CS: Many people that I interview often had a personal journey or personal story that helps them to be so passionate about the work that they share today. So like those pioneers and thought leaders, you have your own personal journey with chronic fatigue syndrome, or what we call also ME, about 20 years ago. Can you tell us how this journey began for you and how you recovered?

0:01:54.4 AG: Yes, I'd love to share. I actually suffered from ME, sometimes called chronic fatigue syndrome, when I was studying at university, and I had it a moderate to severe level for a number of years. I remember, that very moment, we've all been through those journeys where suddenly you think, "What on earth is going on here? I have to do something about this." Everybody's telling me there's no cure, there's no way through, and as a young person, having this brick wall, to say, "You cannot move forward, that's it. You may have this for decades." I said to myself, "This is such a horrible feeling. If I can get myself well, I will spend the rest of my life trying to help other people getting well."

0:02:33.2 AG: I decided to embark on a journey of self-discovery, also studying brain neurology, physiology, the literature around chronic fatigue at that time, and managed to put together a hypothesis as to what I felt caused the condition. I wrote the medical paper, which got published, and then set up a clinic to treat others. As I was writing the paper, I managed to, in an ad hoc way, retrain my brain and get myself back to health. That was my kind of journey and how it all started.

0:03:05.5 CS: Ashok, you talk about the brain and how we can retrain the brain, and many people who are listening have different understandings of
what our brain can do and the potential that it holds. Can you, before we even dive into what limbic retraining means, share what do we even talk about when we talk about neuroplasticity? That's still a new understanding for many people. We sometimes think the brain is not as dynamic, it's really stuck in patterns, it's hard to change, neurons don't regrow when you have a condition, and that's what you have to deal with. Can you share the overarching terminology of what we're talking about when we say neuroplasticity, this idea and understanding?

0:03:47.6 AG: Yes, I'd love to share that. It always reminds me of this joke where people say, "Do people change or do they not change?" Sometimes we say to ourselves, after someone gets married, "Oh, they've really changed," or they get married and they say, "This person will never change." So, are we changeable beings or are we not changeable beings? Right?

0:04:06.0 CS: Right.

0:04:09.3 AG: What's really fascinating is that, in the '70s and '80s, we had this idea that the brain was fixed. So based on your genetic inheritance and your upbringing, that pretty much was it for the rest of your life, your personality was fixed, your bodily reactions, your physiology was fixed based on the nervous system and the brain. And in the '90s we started realizing that actually the brain is constantly rewiring, we are not a fixed entity. And so, yes, we do keep changing throughout life. And that can be something which is accidental or it can be deliberate and intentional.
AG: That spurred on this idea that, when we get stuck in certain patterns, and this happens to us at a psychological level but also at a physiological level, the brain then is neuroplastic. Neuro obviously refers to the neurons and the nervous system, plastic means it's malleable, it's changeable. This is now really relevant for many modern conditions that I suppose traditional medicine finds it very difficult to treat, because I believe these conditions are not hardware problems, they are software problems. They're problems of the brain and the nervous system. That's where neuroplasticity fits in.

CS: It's such an exciting field, to know that we can change our brain and can rewire our brain is such an empowering model to look at, not only for our bodies just day in and day out, but also when you're struggling with a chronic illness, you can really get stuck in, "It's going to take time to change. This is hard to change. I have to deal with these symptoms forever."

If you go into the conventional world, a lot of my patients will start in the conventional world and then find their way to practitioners like myself or my colleagues, and we have such a different understanding of how we can heal and reverse these seemingly chronic or life-long conditions. I love the empowering viewpoint that this provides for us.

CS: And your program, Ashok, is really based on this understanding of what we call the limbic system and how the limbic system can be wired or stuck in this pattern, and we have to look at the limbic system and retrain it in order to recover from these chronic patterns. We can talk about PTSD, to Mast cell, to any chronic symptom. And so, again, sharing with our audience, what are we talking about when we say limbic retraining?
Sure. It's interesting because this phrase "limbic retraining" has entered the Zeitgeist, as it were, but, in fact, we believe it's not quite accurate. We think it is limbic retraining, the sense that the hypothalamus, the amygdala, the thalamus itself and also the hippocampus, they are based in the limbic system. The limbic system is our mammalian brain, so all mammals have a limbic system. Above that is the cortex or the neocortex, which is associated more with Homo sapiens, of course, human beings. And this limbic system, its role is to protect us, essentially. It's traditionally been associated with psychological responses, so hence PTSD and things like that. But modern neurology is helping us understand that this limbic system area is heavily involved in physiological responses or in defensive responses. Another structure that we've identified is the insula, which actually isn't formally part of the limbic system, but sits between the limbic system and the cortex. We believe that brain structure also is very, very important for these types of conditions.

If I give you an overall feel of the hypothesis, that will help us dig deeper. When I start this, I like to ask that biggest question of all, "Why are we here?" Not from the philosophical perspective, if we can spend hours talking about the philosophy of it, but actually from the scientific perspective, that we are here because over millions of years of evolution, this nervous system, this immune system has developed through different animals and different plants to get to where we are now, as human beings. We are survival machines, so every little aspect of us is designed to help us survive so we can pass on our genes to the next generation. That means that the body's primary objective is to ensure survival, not necessarily feeling healthy. That gives us a clue to what is happening here.
AG: Let's look at the logic of this. When we go through a severe condition, let's take the example of COVID-19, which is obviously very important for people right now, and we're seeing a lot of people who get long-haul COVID. COVID-19 comes along, and if somebody is feeling stressed or anxious or their immune system is weakened, we know that, from psychoneuroimmunology, the more stressed we are, the lower the effectiveness of our immune system. So it takes us longer to fight off flu, or longer to fight off COVID-19. And so, what happens is the brain understands the limbic system, the insula understands that that particular virus is potentially life-threatening. Many people are passing away from COVID-19, so that's even more reinforced in the brain. And we know that many people pass away from cytokine storms when the body overreacts.

AG: The brain tries to fight off COVID-19, but if it finds that difficult, or there are any challenges, or something else may happen, the brain may go into this overdrive mode, where it may say, "Let's throw everything at it," which is obviously the cytokine storm as well. But, let's throw everything at it because survival is our number one priority. And sometimes what happens is, even once the virus has finally been fought off, it's left a legacy in the brain, just like a kind of traumatic response, that even though that virus has disappeared, or we think we've fought it off, we need to err on the side of caution. So anything that might remind us that the virus is still here needs to then trigger that defensive response, an overreactive nervous system, an overreactive immune system, because once again, survival is the number one priority.

AG: We believe the brain starts taking incoming data from the body, and any symptoms that we experience in the body become what we call a condition trigger or condition stimuli, which then triggers the brain to
think, "Well, maybe the virus is still here, maybe we're still in danger. Right, let's trigger the nervous system and immune system to make sure we're fighting it off just in case." It then triggers the defensive response, and triggers the symptoms in the body, because most of the symptoms we experience in our bodies after infection tend to be our own immune system working hard. That creates the symptoms in the body. Those symptoms are looped back to a hypersensitive, hypervigilant brain that believes we're in danger, triggering the very symptoms that it was responding to, creating this vicious cycle.

0:10:54.0 AG: That's the case in terms of ME/CFS and infection. It's the case in fibromyalgia where the brain is responding to pain signals, but by doing so magnifies the pain networks and sends inflammation to the body and the brain, creating the very pain that it then reacts to. In the case of mold illness, chemical sensitivities, slightly different, the trigger is external. The brain may have been exposed to mold at a certain point, which could have felt dangerous, but then even 10% of that exposure can now trigger a mold response or an allergic response, because the brain is erring on the side of caution to ensure survival. That is the hypothesis in a nutshell.

0:11:39.7 CS: Thank you for sharing that. That's a wonderful description and a really elegant way to look at this. I've seen a lot of the post-COVID or long-haulers myself. I think the silver lining of this is this understanding of what's happening, what we've also understood within our Lyme patients and mold illness patients, that we can maybe even open up the dialogue and connect the two, that we can have this dialogue with medicine about post-infectious syndromes. We have to look at the infection piece, the microbial piece, the pathogenic piece, but we have to also look at our body's response. I've only been
practicing about 10 years, and this is heightened, as it's not just about the environmental threat, but it's our body's response to that threat, and how we can really empower ourselves no matter what we come in contact with. We feel empowered on how to train our body or un-train our body to respond to these threats, because in modern life, there are so many threats that we're up against. We could get really bummed out and depressed all day long in thinking that all the things that we come in contact with could potentially threaten our bodies.

0:12:52.8 CS: It is super fascinating, super interesting. I definitely want to talk more about long-haulers and what you've learned, and for people who are listening out there who are struggling, how this can be a solution. You have treated a ton of people with Lyme as well as mold illness, can you share a little bit about your journey with these patients and what you're seeing as far as this model of how to retrain their body's response to the threat that might be gone at this time?

0:13:25.9 AG: Of course, yes. We can sometimes feel it's a linear process, which is, if my immune system is triggered, then it means that I'm going to be better at dealing with all these opportunistic infections. And once my immune system gets turned to the 'off' position, then maybe I'm more vulnerable. But I want people to think of it in a different way, which is, after a Lyme exposure, a Lyme disease infection or a mold exposure, what happens is the brain goes into this altered state and starts then triggering the nervous system and immune system unnecessarily, which ironically makes us more prone to opportunistic infections thriving in the body.
And we know, with patients with ME/CFS, they have more of these opportunistic infections like HHV-6 and those that we know are very common in the population. Because when the immune system is triggered unnecessarily, all the other things in the body get overlooked, and that can include the Lyme infection as well. The chronic Lyme infection, which keeps getting tested and recurring, is because the immune system is not in its dynamic, optimal state to be able to deal with opportunistic infections.

I always give the analogy of a castle. I know many people love Games of Thrones, so this is an analogy that many people can relate to. Imagine the castle is your body, and you are the king or queen of the castle, so you're the head of the castle, and you have an army and a navy. The army is the nervous system, the navy is the immune system. Another invader comes over the hill. So, our defensive structure, the army and navy are fighting off that particular invader, so they fight it off. But imagine if there is a harvest problem, and so there's not enough supplies in the castle. Now, everything is very weak. The castle is weak. The navy is weak. The army are weak. Now, they think, "Anything which comes over that hill, we'll have to defend." So even a child walking over that hill, they think, "But it could be an army. It could be a setup."

And they all get galvanized, and they all go and try to fight, and use up all the energy of the castle and of the body. That means that they're so focused on that hill, that they forget to go and defend against that hill over there on the left hand side. So, opportunistic invaders get close to the castle, and only at the last minute are they fought off. The castle is now being invaded by more invaders, because there's an over-hypervigilance on one particular aspect or one particular hill. I hope that analogy makes sense,
but that is the nature of trauma. We aren't talking about psychological trauma. We're talking about a deep physiological defensive response. Because those systems we already know operate in PTSD, there's no reason why those systems can't also appear in some of these chronic illnesses as well.

0:16:32.2 CS: I love the castle analogy. I think that when you are sitting with a patient, and like myself and my colleagues, we can hear this long list of things that we know the patient is struggling with, that we have to treat and solve. I think looking at it from this perspective, it's "How do we look at this from the perspective it's a side effect rather than the cause of the chronic pathology?" And so I think, again, starting with this or having this at the forefront of a treatment plan, rather than thinking, "Okay, you've got to take this antiviral, and take this thing, and then this thing, and detox and..." Well, that's part of the process, and we do see that as instrumental and part of plans that work, but I think that we are missing an opportunity if we're not doing something like this, or educating our patient with something like this, so we can shorten that recovery time with these tools and techniques.

0:17:27.6 AG: Absolutely. I'd just like to add to that definitely these things can work in parallel. We always give the analogy, imagine you're standing on a bridge, and there are people drowning. You're jumping into the river, rescuing them, and then jumping in again, and there's more people coming down. Nobody's asking the question of who's throwing these people into the river in the first place. So you have to go upstream. Of course, we have to rescue the people, so that is the antivirals, and the supplements, and all of those things from a medical perspective. But also saying, "Let's go upstream and stop the source of this. Why is the body going into this imbalanced state? Why is it becoming chronic?"
Generally, we find that when people do a combination of both, that can be very powerful, and it speaks to that idea of holistic health, genuinely holistic health. Because otherwise, many of us, as complementary practitioners, we may fall into the same trap as mainstream medicine of it becoming very reductionist, that "Ah, you have this particular enzyme which is low. That's the cause of your condition, therefore we must boost that enzyme," or do this or do that. That's an important part of it. But who's asking the question, "But why is the enzyme low?" Or "Why is the body in this altered state? Does the body randomly just go wrong?" Generally, we know that actually the stress, mental, physical, emotional stress, or ongoing defensive responses unnecessarily can begin to take the body out of homeostasis. Our aim, from a holistic perspective, is to bring people back to that homeostasis.

I love that. I'm trained as a naturopathic physician, where we're always trained to ask why, and to seek the root cause. Some people can think "Oh, the root cause is Lyme," but as you're sharing other root causes, this genetic snip or whatever, but going even deeper like, well, what's underneath that, right? I love that perspective and I agree. I could ask a lot of different questions here. One piece that I want to integrate is that you already started mentioning trauma, so the trauma of being sick. The trauma of trying to understand what's wrong with you, the trauma of being in these recurrent symptom patterns. There's also potentially a trauma that's happened in the past that makes you more vulnerable to getting sick.

How do you see those trauma patterns within the patients that you've supported and who have gone through the program? Is there a pattern
that stands out that most people with a chronic illness have maybe a childhood trauma or a traumatic pattern that made them vulnerable? Or do you see this is a little bit more dynamic? I'm super curious about what you see.

**0:20:12.2 AG:** I think we would definitely say that not everybody, but majority of patients we treat have had what they call an ACE, adverse childhood experiences. And remember this can be pre-verbal as well, it can be in the womb, it can be during child birth that can be very stressful for an infant, it can be in the first five to ten years of life in terms of upbringing experiences or even exposures etcetera and that can determine what we call the factory setting of the amygdala, we even know that can be affected by womb experiences which essentially means how reactive is our emotional mind to emotional triggers, that can be fear, anger, guilt, shame, sadness. We all have different sensitivities, what that means is when we become an adult and then we are exposed to a particular pathogen, our brain may be more primed to over respond rather than respond appropriately because it's more in that defensive state.

**0:21:17.0 AG:** This is the really interesting part of it, mainstream medicine splits the different aspects of the branches of science, this is the Psychology Department, this is the Immunology Department, this is the Physiology Department, but the body is one living organism that is constantly interacting, all these different systems are interacting, and therefore when we talk about those psychological experiences or what seem psychological, actually they are defensive responses. An emotional defensive response can get tied together with a physiological defensive response, and an example of this is depression where now we're finding that fifty percent of depression cases are actually cases of massive over inflammation in the body which then impacts
the gut which then impacts our moods and emotions. That's a fascinating understanding, it's showing that we can't treat these things in isolation at all and therefore these defensive responses are similar, and analogous to trauma but they aren't the same as trauma, they are a different set of processes, and therefore long answer to short question. Essentially yes, I believe that our upbringing can increase the chances of us developing these chronic conditions and that's not to blame our past it's actually to say these illnesses can be a wake up call towards understanding more about who we are, where we came from and who we choose to be.

0:22:49.9 CS: I see that in my own practice as well, I think that part of the healing journey, not to get too esoteric, but ultimately our bodies are a physical barometer, I believe, of our emotional or spiritual consciousness in a way for us to get in tune with that. So we can have that understanding from a very physiological level of how these things can impact us, it can be an empowering way to heal these pieces of ourselves and to really recover and not be in this, oh I get better, I get worse, I get better, I get worse, that incomplete resolution. We can get that resolution when we look at these really deep reasons why we might be struggling. Ashok, I know that you're seeing this too, we've talked about the post-covid long haulers, whatever we're calling it, Lyme, and we've talked about mold.

0:23:42.6 CS: I see a tremendous amount, again I've only been practicing ten years, but in the last five years I've seen an increase in what we would call mast cell activation syndrome or some spectrum of that, some variation of these over-reactions, like the patient that has to start with one drop of a tincture or they might have this full blown reaction or these histamine responses where people have rashes to brain inflammation to gut inflammation. Have
you seen an increase in mast cell activation and that these patients again because they are so sensitive, it can be really hard to lay out a treatment plan that they'll tolerate. I find that in these cases it is even more important to put the work that you're doing at the forefront of that type of protocol to help their bodies recover.

0:24:28.3 AG: Yes, definitely. I think we've had an upsurge in interest in the idea of mast cell activation syndrome, I think it's always existed it's just that testing is obviously more prolific now and once again we believe that this is a mediating response, so what we'll ask is, why are the mast cells being activated? It's because the brain is believing that because we're in danger, let's throw the kitchen sink at it. Is that an American phrase by the way or is it a UK phrase...

0:24:58.4 CS: Yes, yes. It is.

0:25:00.4 AG: Let's create all kind of TH1 responses and TH2 responses, let's create that inflammation, let's make sure that whatever is attacking the body we can get rid if it. But in doing so it's creating a lack of homeostasis and balance in the body and creating severe symptoms throughout the body and the inflammation, so the mast cells are getting the instructions to behave the way they are as well as getting one aspect of that overall defensive response, and I do believe that because of the, I suppose the more chemically induced environment we live in with more pollution and more artificial chemicals that we ingest, that primes those mast cells to become even more reactive. Ultimately in the population we might have a case of mild activation of those mast cells but when it becomes a chronic condition it's because the brain itself has now become chronically sensitized.
That makes sense, and seeing that this work really helped those patients who are in this hyper-vigilant or hyper-sensitized state. Ashok we've been talking a lot about the science behind this and your journey, but what is your program? For the people who go through your program, how have you found to help to retrain the brain and get people out of this chronic states?

We published our program first in 2007, we were the first kind of neuroplasticity program and experimenting with that, our program now has all been revamped, it's all online and essentially it's fifteen interactive video sessions and about twenty audio exercises which take people on a journey of how we can retrain our brain to get back to that balance. And if it was an overnight thing and we all could do it really quickly, we would just do it like that. But the key about the brain is, it responds to repetition. Now, imagine when we're learning to drive a car. If we just relied on our psychology or we just relied on, you know, changing thinking patterns, that's not going to help us drive or learn to drive, we have to take 10, 20, 30 lessons to train our nervous system to automate processes, and so it is with brain retraining, that we have to recognize where the brain is going down a particular pathway, interrupt that signaling, and bring the brain to a different pathway, and do that repeatedly again and again and again.

We are re-training a survival response, so it's like saying, if you put your hand on a hot plate, you're training your brain to say, "Although it feels hot, that isn't a hot plate, you don't need to lift your hand off it," that's what we're doing. So, it's perfectly possible, it just requires commitment and repetition to get the brain into understanding that, that we are no longer in
danger, that pathogen or that stimuli isn't dangerous, it's not life-threatening to us, you see? And many people might say, "Well, hang on, Ashok, mold is dangerous, or these chemicals are dangerous," and what we say is, sure, we want to lead a detoxified life as much as possible, as much as practically as possible, but our responses or people with these conditions, these responses are over-responses.

**0:28:18.5 AG:** So one day in your life you may have responded to 100% trigger, but now you're responding to just 10% of that trigger, so that is the brain's over-response. So, yes, lead a practically detoxified life, but retrain your brain at the same time, those two different things. Our brain retraining program, as I said, is online, and these webinars, and these weekly webinars, people get. We've trained 20 or 30 coaches around the world so people can get that one-on-one support, and we have a beautiful loving community of people who support each other through this process, because social learning is very important now. That's how the Gupta Program works. And, as you know, we've had several studies published, but until we have that large scale phase three, randomized control trial, we offer a one-year money-back guarantee on our program, no questions asked, so people can try it, see if it works for them, if it doesn't, get their money back and they can use that money on another treatment, so we think we'd love for people to experience the benefits of this.

**0:29:18.9 CS:** I've seen it being very valuable and transformative to my patients, so I know that you're doing great work. And with people such as the average patient that I see, the Lyme, mold, mast cell type patient, or even now the post-COVID patient, what is a reasonable amount of time that you've
seen, I know everyone's individual, of course, but how long have you seen people need to really commit to this work to see results in their own life?

**0:29:46.3 AG:** Yes. I mean, I'd say, our program is a minimum six-month program, and most people get better within weeks and months, but we say minimum six months because we don't want people to become complacent, that is the key thing, is many people just want to get better and then go back into their crazy world again. But we say, no, these illnesses come along because they are teaching us about self-love and self-care and pacing, so we want people to get well and stay well. I'll give you an example of this. We had a couple of long-haul patients who are actually a father and son, who both got COVID at similar time, and both got long COVID, which was really unfortunate.

**0:30:23.3 AG:** This guy was 56 years old, his son was in early 20s. He was 56 years old, and he was a marathon runner, he cycled 100 miles a week, and suddenly was floored by long COVID and couldn't get off his sofa for months, and he started using our program. With most long-haul patients we're seeing results within days or weeks, but for him, it took many, many weeks before he noticed any benefit, and he was really glad that he stuck to it because after about month two, suddenly the improvements came and then there was a rapid improvement in month three, and now he's back to 100%, he's once again training for a half-marathon, cycling 100 miles a week once again. So, it shows you that this is really a process of letting go of our skepticism and our barriers and just saying, "Let me just surrender to this, let me really put this into practice, and I will see the results." And obviously, we say six months because that's a minimum commitment, but generally within
weeks and months, people see the benefits. So, most of our long-haul patients get to about between a 90% to 100% recovery within three months, and that's obviously anecdotal evidence, and we are looking to do clinical trials to prove that.

0:31:43.5 CS: That's wonderful news. Some people I know might be thinking, after that six months and after I'm better, is there a maintenance program or a maintenance kind of lifestyle practice that you recommend when people are recovered?

0:31:58.8 AG: Yes, for sure. So, in our final session, we say, "Right, how to stay well," so we go in-depth in terms of our personality styles, our stress and anxiety, maintenance, how do we maintain the health in terms of practical things we do day-to-day, as well as self-awareness, so all of that is incredibly important. So, yes, we say it's not that you do the Gupta Program for the rest of your life, but you maintain that self-care, because this illness is showing us that we do have a sensitive nervous system, and you've talked about sensitivity, therefore, we have to work with that rather than ignore it.

0:32:33.6 CS: I love that. As we wrap up, I want to talk about the awesome studies that you've demonstrated, how and why this works, I just want to touch on one thing you mentioned, this idea of self-love, and really getting people in the state of compassion and gratitude as they go through this process. I'm just curious about your own experience or understanding. I'm taking that dive into studying heart-brain coherence. In thinking about how to also heal and re-train our brain, we have to connect to that heart energy through the work of HeartMath, and Joe Dispenza, and how our nervous system has
a direct line to our heart. I was just curious about any insights you have about that connection.

0:33:21.4 AG: Yes, of course. So there's many different branches of complementary alternative medicine that talk about the heart and obviously the traditions you've mentioned but also the eastern traditions talked about what they call chakras or energy centers. The heart's absolutely central and important to love and also fear. So this is the key part of it. When we are in defensive states, whether they be emotional but also physiological as we've talked about, there is a disconnect here. And so the nervous system and immune system are over-responding and over-defending. That is what I believe, there's a tightness here. So many of our patients have a tightness there and negative energy that pushes down to the stomach. There's butterflies in the stomach as well.

0:34:06.7 AG: So when we start understanding self-compassion, self-love, that is the flip side of fear. That is a primary kind of spectrum that we talk about. As a part of healing, this idea of joy, of self-care, of self-love, self-compassion, they are an important part of healing that has been ignored very much in the mainstream medicine. We know that people heal faster when they have supportive communities and groups around them, and so we need to leverage that, for sure. When we talk about the heart connection, there's both an energetic piece, and there's also a neurological piece if we talk about science. So at the scientific level, there's a huge amount of neuronal activity here and also in the gut as well, which is all interconnected. So in summary, addressing that heart aspect is an important part of the healing.
CS: Thank you for sharing that. I think that is such a big part of this work and this medicine. It's always important to inspire people around these ideas I think, especially right now when we may feel disconnected, and fearful, and alone. There's lots of tools to support us there. So Ashok, what is the most fun part of your work - seeing not only people recover but then also having the science to support what you're sharing, and how you've been doing research and studies on this methodology, and seeing really awesome statistics. I'd love for you to share what you've learned through your research projects.

AG: Yes. We conducted a one-year study which was a clinical audit, so there's no control in that. But we found after one year of patients with ME/CFS, two-thirds of patients reached an 80-100% recovery within a year and 90% of patients made some kind of improvement.

AG: Then very recently, we're very excited that we published a randomized control trial. This is an independently conducted trial on fibromyalgia patients, and it was just an eight-week intervention. Now, I would say six months interventions, so eight weeks is very short. But it found that in the control group, there was no change in fibromyalgia scores. But in the active Gupta Program group, there was close to 40% reduction in fibro scores, which is fantastic. There was a halving of pain, a 50% increase in functional capacity, a halving of anxiety and depression, and very small side effects in the control group. So this is the first randomized control study ever published on a neuroplasticity program, and it's very, very exciting. We're now moving on to Phase Three trials and larger trials to finally prove the effectiveness of this program. So now, it's for people to realize when we have that skepticism, or we don't commit to something like this, that's one thing. But now, we have
the science to back it up or certainly initial promising studies, that can spur us on to really want to make this work for ourselves.

0:37:00.9 CS: Congratulations, that's really exciting. Those statistics are huge. To get reg approved, you're usually above 30%, so to see this type of change and transformation with people who've been really struggling probably for up to decades is rewarding. This is really exciting, and I'm excited to see where your research and your work continues to go. I want to thank you, from my patients and my community. I know that your work has been so impactful for so many people. We're just getting started in some ways, right?

0:37:29.8 AG: Yes. There's thousands of sufferers. Hundreds of thousands of people right now are suffering from all kinds of chronic conditions, where their doctor does what they can, but can't really understand it because it's a software problem, not a hardware problem. It's people like yourselves, and other functional and integrative doctors as well, and naturopaths who are really beginning to see that this holistic approach is the way forward. We're on the cusp of what I call bio-electrical medicine and a whole new branch of medicine, which is really getting to the root cause of 70-80% of conditions which present themselves in a doctor's surgery.

0:38:06.2 CS: You're speaking my language, and I agree. I think through this crisis, it can be so challenging to see what people are suffering through in their chronic conditions and now also with COVID, and so forth. I think as you said, we're on the brink of this paradigm shift, entering into what I call the future of medicine, that we can really not have this be offshoots or in the alternative world, but that it can be at the forefront of how we look at our bodies and how we really recover our bodies. So it's an exciting time and thank you
for being part of that paradigm shift and for all the work that you're doing. Ashok, we're going to have information about your program in the show notes, and you've been so generous to offer my community a discount. Can you share for anyone who's interested in learning more about your work, where can they go?

0:39:00.2 AG: Of course, yes. So they can visit guptaprogram.com and they can sign up for a 28-day free trial. You don't even have to put your credit card in, and you'll get lots of videos and lots of information about what might be causing your condition and the underlying causes. If you choose to then upgrade to actually have the program longer term then obviously, we'd love for you to try it. And once again, you have no risk, one year money back guarantee. I don't think there's anything out there that gives you your money back for up to a year, no questions asked. So we'd love for people to try it and really see the benefits of it. I really hope that people commit to it. That's the key thing, to just trust in it, let go, suspend your skepticism and see this. This makes logical sense, and it has the scientific backing behind it.

0:39:43.4 CS: Thank you so much. That's really wonderful. This isn't a stressful thing to commit to, you have no risk. Again we'll have all this information in the show notes. I'm so excited that I got to connect with you today, and I hope this is the beginning of many other conversations, so thank you.

0:40:02.7 AG: Thank you, Christine. Thank you for having me.

0:40:04.1 CS: Thank you for listening to the Spectrum of Health Podcast. I hope you enjoyed my conversation today with Ashok Gupta. Please check out his website, and please check in the show notes for the discount code
that he generously gave our community, for you to explore this exciting work for your brain and your body to recover.