Ep32

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SPEAKERS

Carol Ritberger, Mary Louder

C Carol Ritberger 00:00

Well welcome everybody to our Since You Put It That Way podcast, with our episode with Carol Ritberger, Cosmic Health and Wellness, we're continuing down the cosmic pathway. And with that we've got, you know, our usual format. Well, first of all, Carol, welcome. How are you?

C Carol Ritberger 00:19

Thank you. Thank you. I'm well, thank you.

C Mary Louder 00:22

Good, good, I was just ready to go right into--

C Carol Ritberger 00:25

That's okay. I'm with you, Mary.

C Mary Louder 00:27

All right. Good. So recall our usual format, I call it our loose but very cosmic format, where we start kind of in the allopathic world, we meander into the osteopathic world, the functional world, the intuitive world, and then the cosmic world. And then we put the whole concept together. So today, we're going to talk about fibromyalgia, and I've titled it What Your Doctor May Not Know About Fibromyalgia, that might be a game changer for you. Yeah.

C Carol Ritberger 00:58

Good topic.

Mary Louder 00:59

Yeah. And I, you know, so what I did is I, of course, I treat patients with this all the time in my clinic. And the thing that I find that is so important is the clarity in diagnosis, yeah? And making sure and understanding that this is really a diagnosis of exclusion. We're excluding other things out and arriving at fibromyalgia.

Carol Ritberger 01:24

Correct.

Mary Louder 01:25

And the question is, you know, the question for that is why? Well, because other things that we might identify could require specific treatment, treatment options, medication, referrals, appropriateness, things like that, that really, fibromyalgia doesn't always require. So looking at a definition of what fibromyalgia means, it means you basically hurt all over. And who can get it? Anyone. So, you know, patients asked me, you know, who's going to get it, or who can have it? And I said, Well, I usually maintain patients can have, can have whatever they'd like, right? And hopefully, they'd like health and wellness, and, and, you know, gracious aging, right?

Mary Louder 02:14

So, and it tends to be more in women than men. And it's interesting, because the literature used to really go towards women of middle age. And I think that was a bias. And I think because of the cohorts of where they did some of the studies, what they found was, the studies were done in a, like a rheumatology office or a neurology office, and so the patients were already a bit selected, right, it wasn't just a general population, and they were, you know, had run the course in primary care. So then they were already there. And then because it, it took a while to get there, or just their age, there was a certain women of a certain age, that also had a women of a certain emotional makeup.

Mary Louder 03:08

And so, you know, that could be a way we could look at what would be called a bias, or, you know, pigeon holing. Or, you know, being, you know, just thinking that it's really going to be a certain type of individual that will have that selection bias, or even that implicit bias, a bias that you might not be aware of, that you bring to the table when you go in as a patient, or you approach the patient from the other side of the table. Right? And, you know, here's the unhappy news, according to the literature is that there's no cure, no, cause no problem, no hope. You know, and it was just kind of like, well, we don't know why, we don't know what to do to get better. And we've got some ideas for maybe some treatment to put things on.

C Mary Louder 04:02

And then, you know, I went away from the handful of articles that I reviewed, it was like, Okay, this is just not hopeful. But I don't see it that way. I don't see it that way at all. We see sometimes that Fibromyalgia might run in families. So what would that say, maybe a genetic component to it, certainly a familial component, and then as I say, it may run in cahoots with other diseases, things like rheumatoid arthritis, lupus, ankylosing spondylitis, osteoarthritis, depression and or anxiety, chronic back pain or irritable bowels. So it's like, okay, who doesn't have fibromyalgia might have been easier to come up with, right? Right.

C Mary Louder 04:45

So now moving into our main symptoms, chronic widespread pain, differentiating from like the musculo pain syndrome, where you have a specific muscle or specific spot or a specific movement that causes pain. In fibromyalgia, it's just across the board, you hurt everywhere, all over. And the labs are normal. The labs are, you know, maybe a little anemia. But there's no elevated sedimentation rate, there's no elevated, highly sensitive C-reactive protein, there is no elevated interleukin six, which interestingly, you know, as we will get to in the history, how the immune, our understanding of the immune system has changed regarding fibromyalgia. And then, you know, there's difficulty sleeping. Muscle and joint stiffness, and there's tenderness to touch, but it's not necessarily those 11 to 18 spots. And what's interesting is, you know, that was the thing in the 80s and 90s, early 2000s, you must have 11 to 18 spots. I'm like, Well, maybe you miscounted.

C Carol Ritberger 05:58

Exactly. Try again.

C Mary Louder 06:00

Exactly. You need a calculator? Are you sure you did left and right? Times two, you know, is this, you know, five times two or 12 times? So, but what's interesting is that, then, that criteria of the 11 to 18 spots was designed and developed for standardization for research. But it found its way into clinical medicine, it was conflated.

C Carol Ritberger 06:27

Interesting.

C Mary Louder 06:28

Yeah. And so the whole concept of you must have 18 spots, if you don't have that you don't have fibromyalgia, you're just depressed, is just flat out depressing, you know?

C Carol Ritberger 06:39

Exactly.

C Mary Louder 06:40

And patients, you know, really do experience that and come away bewildered, I think is a right word for that. The other thing that sometimes they have is numbness or tingling in the arms or legs, brain fog, increased sensitivity to light, noise, odors, and temperatures, and digestive issues. So again, I mean, that made me stop and pause, you know, who doesn't have this at some point. And, you know, interestingly, they talked about, you know, people can have fibromyalgia and actually recover. And those people that might go through a little of this, a little of that, may have a few months of achy, and then they get better.

C Mary Louder 07:23

So I think this, you know, the more I sat with this, as in preparing for the podcast, the more I saw so many different ways into the concept, and entry or access points for discussion, as well as understanding the patient and treatment options. And then so many ways to look at fibromyalgia, for you to hold it or be like a house, all the different windows where you would get different views inside. So what's been your experience with fibromyalgia? You know, as you work with your clients?

C Carol Ritberger 08:01

Well, the same thing. For me, and the way that I work, is that, again, the beauty of the energy system is of course, it reveals the physical body, but it also reveals, like the psychological and the energetic components as well. And the main thing that I tend to find consistently--male, female, no matter what the age is--is that the person feels trapped, they feel locked in. And they're, they're, maybe they don't know which direction to go. Maybe they're in that sitting place where they're just trying to stay with themselves, get to know themselves. I've found from a healing standpoint, as strange as it may sound, the gift of fibromyalgia is that it puts us in place to where we reflect, we go within, we look at the inner nurturing, we look at our past, we look at our patterns of behavior, the emotions that we tend to consistently fall back on.

C Carol Ritberger 08:58

And in doing that, what it does is, it's like a catharsis that's taking place. it's like peeling back the layers of an onion, that we're really looking at the different contributors. So but again, that's one I have found consistently and again, it doesn't it is not age-related at all. Yeah, and it's not male or female related at all. It's just, it's kind of that psychosomatic expression that we find with some of the attitudes or perceptions that we have. It's real in the physical body. That's important for everybody to hear that, you know, we're not going to just brush this under the rug that this is a psychological thing.

C Mary Louder 09:38

Right.

C Carol Ritberger 09:39

But it is, it does show up in the body and it shows up very, very real in the body. I've also connected people who overthink, tend to be perfectionist, high expectations of themselves, not enough, not being able to please no matter what they do, burdened by obligations. That obligatory energy. So I find that the, the psychological component of that in the brain, and the body, the way it responds, is there's just a constant low grade anxiety, like looking over your shoulder waiting for the next shoe to drop. And that holds us in place.

C Mary Louder 10:18

Yeah. And that emotion of the waiting for the other shoe to drop is called forboding joy.

C Carol Ritberger 10:23

Exactly.

C Mary Louder 10:25

And did you know where that saying came from about waiting for the other shoe to drop?

C Carol Ritberger 10:29

No.

C Mary Louder 10:30

Okay, so there you are living in the high rise apartments and tenements, you know, when all the folks came in, and immigrated into America, you know, many, many decades ago. And it was crowded and they're, you know, big families and small areas. And so you're on one of those floors, and the next floor up was a family living and the husband would get home from work and go to bed and you would hear one shoe drop, and you waited for the other.

C Carol Ritberger 11:01

I'll be darned.

C Mary Louder 11:02

Yeah. And so you just were like wait--and then when that was, then everybody could go to sleep. But isn't that fascinating?

C Carol Ritberger 11:09

Absolutely. And just so, you know, kind of predictable, the way that the mind turns things around, and how they, you know, how it just embraces these things. That's great. I did not know that.

C Mary Louder 11:22

Yeah. And so then after that other shoe drops, you can just relax and go to sleep.

C Carol Ritberger 11:26

Now, you know, what's gonna happen is tonight, when I take my slippers off, before I go to bed, it's going to boom, okay, it's kaboom, now I'm ready to go to sleep.

C Mary Louder 11:34

And then, in that brief instance, you'll have foreboding joy as your main emotion.

C Carol Ritberger 11:41

Exactly, exactly.

C Mary Louder 11:45

So, all right, so then looking at the historical perspective, because I found this quite fascinating, the term Fibromyalgia is relatively new. And this condition has been described, they say for centuries, but then they put the data on there, 1904. So I'm not sure what what century or millennium they're actually writing for. But you know.

C Mary Louder 12:09

Right.

C Mary Louder 12:10

So 1904, or as my dear grandma, Louise would say, is aught four. Because she was born in

aught six, in '06. So, so yeah, aught four. And then over the next half century, fibercitis was considered the main cause. So they were putting an inflammatory aspect in there. And then they noted the muscle tension as well as the stiffness, right. And then there was some segue into what they call like, what you already named it, psychogenic rheumatism, which I think feels kind of accurate, to be honest.

C

Carol Ritberger 12:50

It is.

C

Mary Louder 12:51

Yeah. And then the rheumatology community, as soon as they gave it that name, dismissed it. Which makes kind of sense too, because it was a patriarchal system. And you know, maybe at that time, the men were tired from going to work and they didn't go in to see their physician. The women would see their physician. So again, we get we start to get these historical biases, and treatment biases, and diagnostic biases in you know, our care. And any, you know, I just remember anybody who--and, you know, actually, they tried to label me with this. Well, I probably did have it at some point, and it was associated with a virus.

C

Carol Ritberger 13:42

Absolutely.

C

Mary Louder 13:43

And we'll get to that, too. And I remember the stigma I felt with that, because that meant, you know, I would say it meant it reinforced a belief that I held at the time that I was damaged. And it reinforced that I wasn't good enough, therefore, I was struggling. And I had viruses known Epstein Barr that really, you know, I did take some time away from graduate school before medical school because of that. But I just remember that stigma with that.

C

Carol Ritberger 14:18

Oh, absolutely. Yeah. And you know, and with, along with that stigma, what I have found is, is that, you know, when I'm working with someone, they'll say, Well, are you, do you pick up Epstein Barr Virus? Which I will. And it's like, oh my gosh, now I'm doomed. That's what it is, if that's what's causing it. I don't know how to get rid of it. I don't know how to understand it. And so that adds to that fear, because we both know those viruses get in the body and they stay there.

C

Mary Louder 14:49

They love the fascia. Yeah.

C Carol Ritberger 14:52

You know, it's just, I mean, that's what they do. And then when we have that, then the mind goes in and says, we'll get rid of it, and the reality of it is, we don't, we can't. It's actually in the body. But we can maintain it. We can prevent it from reoccurrences, or outbreaks and expression. But again, it comes back to that, oh, you've got a virus.

C Mary Louder 15:14

Well, yeah. So, you know, here's the thing about that. It's like you have a set of encyclopedias. And you're always going to have a set of encyclopedias because your immune system is like a set of encyclopedias in the IgG component, meaning, once you have it, it's all, all, always registered. Yep, you've had it. I can't tell you had it at 18, couldn't tell if you had it at 32, you might have had it at 29. I don't know. But the IgG says, Yes, you've had it. Yes, we fought it. Yes, I have a record of it. So it's basically, you know, it's it's in the archives.

C Carol Ritberger 15:50

It is.

C Mary Louder 15:51

And so, and what we have found, you know, without going way over into COVID, but COVID actually has caused so much of the Epstein Barr to be reactivated.

C Carol Ritberger 16:02

Yes.

C Mary Louder 16:03

And so we have seen as a result, part of the fibromyalgia being in the long haul COVID folks.

C Carol Ritberger 16:11

Yes.

C Mary Louder 16:12

And I think that's a very real thing. I think it's not long haul COVID, I think it's fibromyalgia. And I think it's, you know, anything chronic, I have always maintained in my entire career, because I

heard it once in medical school was, it has multiple factors. Anything chronic. And so, you know, you can't look linearly at this and say, well, it's only because.

C

Carol Ritberger 16:38

Exactly, exactly.

C

Mary Louder 16:41

Like, you know, you mentioned the feeling of being stuck. And you know, what happens? You know, so then I, that makes me, well, I'm going to hold that, hang on, because I'm going, I'm going, already going down our paradigm from the allopath to the Osteopath to the cosmic, so I'm gonna pull back.

C

Carol Ritberger 17:01

That's a lot more fun to dance in.

C

Mary Louder 17:03

I know, it really is. It really, really is.

C

Carol Ritberger 17:06

We want medicine, but that's a lot more fun to dance in.

C

Mary Louder 17:10

It is. So I'll pull back, I'll put, you know, put my white coat back on and step back in my box here for just a minute.

C

Carol Ritberger 17:19

Good. That's important.

C

Mary Louder 17:21

Mind my manners as it were. Right? So anyway, so then, you know, around the 1970s, that changed again, and I looked at some of the patterning of that. And that also was running a little bit parallel to changes in our understanding of the immune system.

Carol Ritberger 17:38

Yes.

Mary Louder 17:39

And even things we named things in the immune system. So we had you know, things like a name called complementary DNA encoding B cell stimulatory factor two. Okay, we now know that is interleukin six. So I see you two, I raise you four, I end up at six, right? I mean, so it's kind of like how that goes.

Carol Ritberger 18:09

Exactly, exactly.

Mary Louder 18:12

And so, and so that, and because I didn't learn about interleukin six in medical school, I learned about it later. And so what I saw was the parallels of our understanding of fibromyalgia evolved as that immune system understanding evolved. And I, you know, wonder if we're still kind of scratching the surface, you know, a bit of a thimble on our immunity, because now we cook it in, you know, psycho, neural, immunological.

Carol Ritberger 18:44

Correct.

Mary Louder 18:45

And then we go out to the psychic, psychological, neural, immunological.

Carol Ritberger 18:51

Exactly.

Mary Louder 18:52

You know, and so I think that brings about an evolution, but I also see, and almost picture, like a lot of stepping stones on the outside to get in, or windows in or cracks in the wall, or something where you have access points into being able to help someone, because there's so many different levers or triggers, that, you know, maybe finding the trigger that's the most obvious for that individual at that time is where you begin.

C

Carol Ritberger 19:28

Exactly.

C

Mary Louder 19:29

Yeah. What's the most bothersome symptom right now? If it's the pain--

C

Carol Ritberger 19:32

Absolutely.

C

Mary Louder 19:33

--or the difficulty sleeping, or the brain fog, that type of thing. You know, begin to access things that way.

C

Carol Ritberger 19:42

Exactly. And what that does is it engages the patient into the process, to where they're actually becoming a part of their own healing, versus just going and saying, Well, here's what it is, and like you say, Well, you have only 11 of the 18 and so we can't help you. So I think it's shift--shifting that consciousness from that self help to self healing.

C

Mary Louder 20:05

Yeah.

C

Carol Ritberger 20:05

And I think that's a great approach because, I found it's interesting. The immune system has memory.

C

Mary Louder 20:12

Yes, it does.

C

Carol Ritberger 20:12

And of course, the very first thing--yeah. The very first thing is, is it remembers your DNA, so

any genetic propensity. The next thing is, is that it's going to remember any injury that we've had. And then it's going to remember any virus that we have, or anything that's chronic, or so forth. And then the other part that I've found is that the immune system remembers the chemistry changes associated with emotional patterns. It doesn't remember what the trigger was, it doesn't remember what pattern is, it just knows that if you experience that, it's going to approach the body in those patterns as very specific way. And I find that very, I'm gonna say predictable when it comes to fibromyalgia.

Mary Louder 21:00

Yeah, I would agree with that. And the literature actually following the string through the literature is beginning to suggest that. So, which is not unique to you and I, when we look at literature, that oh, that's where our intuition took us, but what, you know, now what they're saying--because, so then, you know, is the, are the tender points reproducible? Not necessarily. That's, that's going to be more myofascial pain syndrome, very distinct, movement-oriented, you know, limited to nerves and muscles. So that--but, but these, these spots and the widespread pain patterning, then seems to have this link into being able to be more obtuse. But yet, kind of once it's there, that pattern persists.

Carol Ritberger 21:56

Correct.

Mary Louder 21:58

And it is not in the conscious level.

Carol Ritberger 22:00

No.

Mary Louder 22:01

It's not. And so, you know, looking at--you mentioned, you know, infections and viruses, you know, there's also bacteria that can be involved with this. I think strep is a big driver of this. I think the strep comes from the gut area, to be honest. And then looking at genomics, epigenetics, the influence of the environment on the genes, and the genes on the environment, I count at least 10 different genes, specifically, that they're looking at in relationship to fibromyalgia itself. Then if I look at some of those genes, like the one that really sticks out in about three different articles I saw, was COMT, which has to do with catechol-O-methyltransferase. So we're back to a methylation issue.

Carol Ritberger 22:55

Exactly.

Exactly.

C Mary Louder 22:56

And then there's patterning with this. And that patterning, interestingly, tends to be driven more by women. When--if women have that transposition, and that gene or the SNP, and then their COMT gene is less efficient, than we do see where they can have a tendency towards more widespread pain. Yeah. And so it just kept getting--though, it wasn't a web, but it kept like, spiraling down different places--

C Carol Ritberger 23:31

Absolutely.

C Mary Louder 23:32

You know? And then having different aspects of it. And then I just wondered, you know, and I kind of was cheeky, and even like, when I started I was a little cheeky today, saying, Well, you know, who doesn't have this? That would be easier to say. But it kind of reminds me it's like the hugest, maybe it's just the human condition.

C Carol Ritberger 23:53

Actually, I agree with you totally. Is that, you know, if we look at the body's response to viruses, we look at the response psychologically distress, we look at those patterns, attitudes, that's one of the things that I have really found specifically with fibromyalgia is that it's the attitude that someone has. That that pattern of all those things coming together. So it's like, somebody will say, Oh, it's sunny today. And the other one will say, Oh, but that's terrible. It's really hot. Or the other one goes, Well, I think I'm gonna go swimming. So I think that we have those patterns that we respond to.

C Carol Ritberger 24:27

But it leaks like a funnel. It's very interesting because we took that funnel, and we looked at it and we started dropping in all of the research. We started dropping in everything that you and I know as intuitives and empaths, and so forth, and we start doing it. Then, in that spiraling, it's like putting it in a tumbler. I think that if we do it enough, it's going to sort everything out that's all the minutia, and then I think it's going to drop down into the funnel, drop down, where we can look at the individual versus looking at a stereotypical approach.

C Mary Louder 24:27

Yeah.

Mary Louder 25:01

Yeah, kind of like a salad spinner.

Carol Ritberger 25:06

And I, you know, and I do, Mary, think that and I think that all human beings that have neuromuscular pain, whether it's from virus or it's an hyperextension of the body for any length of time or muscle or anything, I do believe that we all have some level of fibromyalgia.

Mary Louder 25:26

Yeah. Yeah. And, you know, looking at the patterns for clearing, so then, you know, fibro, what is--maybe it's a fascial myalgia. Instead of fibro.

Carol Ritberger 25:39

I would, I would agree with you 100%. I do believe that is the truth.

Mary Louder 25:44

Yeah. Because, you know, the faschia, when we've talked about faschia before, and, you know, and I have another episode with a physical therapist, and we giggled about being fascists. And so, if our right arm hurt, we have a right wing fascist. If our left arm hurt, we're--so we, we have a little bit of fun with that one, but--

Carol Ritberger 26:09

True.

Mary Louder 26:11

But, you know, looking at how the fascia is really, what--literally what moves us. And the fascia happens to use the muscles to move us, but it's really the framework, and then the skeleton is, is just to stand me up. You know, that's really what that is. And the skeleton is really an endocrine organ at the end of the day. And the fascia is really an endocrine organ at the day. So we really end up being one big endocrine organ that, you know, communicates outwardly, when we expand. And then when we contract, which we do, then, you know, we're always communicating with ourselves and with those around us, and mostly at a subconscious level.

Carol Ritberger 26:59

Exactly. And as a medical intuitive, I know that emotions are held in muscles. And then

Exactly. And as a medical intuitive, I know that emotions are held in muscles. And then thoughts and beliefs are held in the skeletal structure. But the interesting thing is, if you start finite-ing it as we're doing, is that the emotions are held in the fascia. And the fascia determines whether the muscle has movement or not, therefore, can feel stuck.

Mary Louder 27:23

Yes.

Carol Ritberger 27:23

And that can be those, you know, again, they can be physical responses to something happening with the immune system, or the gut, or the stress level, whatever it may be. But that's what I have found. And so we are literally emotionally bound by those patterns, and by the subconscious.

Mary Louder 27:43

So let's give our readers a tip. You know, I just hear them saying, Yeah, great, thanks, but what are you going to do about it? Exactly. So here's a tip, give yourself permission to move. Give yourself permission to change. Give yourself permission to not have to have that pain. Thank the pain for being there. Be objective, be non judgmental about it. And just say, thanks, I don't need you anymore.

Carol Ritberger 28:12

Yeah.

Mary Louder 28:12

I don't need you to remind me of where that came from anymore.

Carol Ritberger 28:16

Well, interesting, yeah. And to remember that pain is the body's way of expressing where we're lacking movement, or whether something's going on. So if we look at the pain, rather than, Oh, my gosh, this is going to hurt, I'm gonna do something wrong, and I'm not going to do anything. Well, part of the thing with fibromyalgia is it locks you down to where you don't want to do anything, because everything hurts. But you know, there's that other part, if you don't move, you won't move. And that is the very best thing. I mean, even if it's walking from the bed, to the bathroom, to the toilet, we've got to have that muscle contraction to, I'm gonna say liquefy, the fascia to get the movement that is needed. So then the lymph system, and the body's design to rid toxin, can work.

C Mary Louder 29:07

Yeah.

C Carol Ritberger 29:07

And so it's a great tip.

C Mary Louder 29:09

Yeah. And I think too, especially if, you know, I just keep thinking if people feel misunderstood about this, all right. Start your journey by connecting to yourself. It's safe for you to move. It's safe for you to know that this is what it is. And it's safe for you to begin to find the help that you need. Even if you haven't found it yet, don't give up. Absolutely. And keep looking. And you know, we're going to make ourselves available, because we're going to have a commercial break here in not too long, and feel free to share how people can get ahold of us. But I think that's just the most important thing is know that it's a signal. It's part of the human condition. And it's something that has a lot of contributing factors. I mean, the viruses I think of even like viruses that cause hepatitis C, looking at parvo virus, certainly, you know Coronavirus was in on that, Epstein Barr, you know, we don't really know about the, the viruses that are are self-limiting if you have a tendency towards, because you've already got that patterning. Does that flare like a Coxsackievirus, or an adenovirus or something like that as well?

C Carol Ritberger 30:29

Yeah. Something I'd like to add also is, is that it's the importance--and we hear all the time, but one of the things that I've found that's a contributing factor to fibromyalgia is people feel dry. And so it's like, well, let's--simple. Let's drink some water. And people will say to me, Well, I don't like water. It's like, okay, we'll put some ginger in it, or float some blueberries in it, or do something or put some lemon or cucumbers or whatever, find something that you can do that you will feel like, I am helping myself.

C Mary Louder 31:04

Yeah.

C Carol Ritberger 31:05

And that right there releases them.

C Mary Louder 31:08

Yeah. Yeah.

C

Carol Ritberger 31:10

So those, they're simple things. One of the things I found also as a medical intuitive: the human body, as complex as it is, is very simple. It needs food, it needs water, it needs sleep, it needs movement, and it needs something to look forward to.

C

Mary Louder 31:27

Yeah. Yeah.

C

Carol Ritberger 31:30

And when we're feeling and we're hurting, it's hard to have something to look forward to. So again, let's, you go back, let's measure on the small gains. It's like, Woohoo, I did that.

C

Mary Louder 31:42

So all these different levers that we've got, you know, whether it's infection, whether it's, you know, emotional trauma, physical trauma, you know, because that can set in after, you know, say like an automobile accident, or bicycle accident, or fall from a ladder, you know, because you could have chronic back pain. But that, in effect, really hits the fascia. And then that puts you in, immediately back into that fight or flight a little bit sooner.

C

Carol Ritberger 32:09

Exactly.

C

Mary Louder 32:11

And some people with their genomic SNPs, the single nucleotide polymorphisms, or things that respond to the environment, tend into inflammation, tend into the chronicity, sooner than others. And looking at my genes of, you know, four of the major ones, I have three. It only takes one, I have three. So you know, a little push, I go right over the cliff, into this stuff, you know, and so that is something that I have had to learn, as--and I have been to a number of physicians where they just go well, you know, good luck, go with dog, this is what you've got, you know, and you're just like--

C

Mary Louder 32:55

So, I understand from both sides, when patients are frustrated with this. And I think the other thing, too, is there isn't a really, really quick fix to this. Because I think we would lose our life lessons if there was a quick fix. And I don't know if anybody really wants to hear that, but I do

think that there's a truth there. That's where we're meant to learn some of the things from our experiences. And as you call it, the gift of having that. I'm not quite sure I'd put a bow on it myself, but I understand why a person could do so and look at the life lessons as something that would be helpful for them to gain insight and connection. You know, we're hardwired for that connection to ourselves and to others.

C

Carol Ritberger 33:16

Exactly. I think that if we, you know, I don't know where our break is, but I think that something that is important to also add is to encourage people to remember that their body is always healing. It knows how to heal. And the issue consistently is, is that the mind jumps in and starts fixing and fixing and fixating on fixing, and then we lose that ability to remember that the body can heal. The other thing is, is that--and I'm going to get the kind of to the next part, I'm sure--but the soul itself does not see experiences as good or bad. Or that we're damaged or that we're flawed or that we need to prove anything. The soul sees an experience for just that. And actually, the soul doesn't even say, Well you need to learn from this experience so it doesn't come back. It just says, This is an experience. How do you want to view it? What can we, what can we learn from this? How can we grow, how can we connect deeper with ourselves? And that's really the soul's purpose on this, in our human body is to protect us like the immune system and hold us in a place of love so we can figure this out.

C

Mary Louder 35:16

Yeah. And I'm going to come back to that as we go to when we get into that next part, because I have a couple of words written down around that with the soul that I have lots of good questions for you about. So what we know so far is that our understanding, multifactorial, genomically, environmentally, a long history of diagnostic biases, dismissals, and it can really be across the board. So it's a more broader definition. And because it's broader definition and multiple levers into it, that also gives us multiple access points to begin to help people heal.

C

Carol Ritberger 35:59

Yes.

C

Mary Louder 36:00

Okay.

C

Carol Ritberger 36:01

Most important.

C

Mary Louder 36:02

Okay, so that is great news. And that brings great hope and the conclusion of our first part of the fibromyalgia podcasts on the Cosmic Health and Wellness, and Since You Put It That Way, so, and since I put it that way, let's go to a commercial break. So, Carol, because you, you treat clients with this, and I treat clients with this, how can people get ahold of you after listening to this podcast? What can they--

C Carol Ritberger 36:31

Oh, thank you, thank you for bringing that up. They can go to www.ritberger.com. And they can click on the link that says readings, and then they can learn all about me. And if they would like to spend time with me, they can book a session with me. And again, we cover everything.

C Mary Louder 36:52

Great. Okay. Great. And we'll put that, we make sure, I'll make sure that that gets posted with the podcast as well.

C Carol Ritberger 36:58

Thank you. I appreciate that.

C Mary Louder 37:00

So that will be in our resource page. And then for myself, my office is in Holland, Michigan, drmarylouder.com online. You access me online and then you set up your appointment to be seen either downtown, Holland, Michigan or by telemedicine or telecoaching, I offer those services as well too, if you're outside of either Michigan or Colorado, so that, that works. So, but we're here for you because we understand fibromyalgia, we understand the origins, the history, the diagnostics, what it is and what it isn't. And in part two, we're going to get more specific about what it is and what it isn't. And then we're going to get deeper into treatment and deeper into some of those cosmic connections. So stay with us for part two coming up next on the next podcast of Since You Put It That Way, Cosmic Health and Wellness.