

# Ep33

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## SUMMARY KEYWORDS

fibromyalgia, emotions, word, patient, muscle, physician, carol, aches, happen, points, absolutely, put, great, microbiome, nervous system, patterning, part, gut, system, people

## SPEAKERS

Mary Louder, Carol Ritberger

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- C** Carol Ritberger 00:00  
Welcome back to our second episode on fibromyalgia. You are listening to Since You Put It That Way podcast, the segue into Cosmic Health and Wellness, with our special guest Carol Ritberger, who co-hosts this with me, because we go from the allopathic world to the osteopathic world, to the intuitive world to the cosmic world, and then we wrap it all back up again. So welcome back, Carol. It's lovely to continue this conversation on fibromyalgia.
- C** Mary Louder 00:30  
To give a quick summary for those who didn't listen to part one, first, go listen to part one because it's about 40 minutes long. You'll love it. Great time to do your exercise. Fibromyalgia, historically, it's been around for a long time, different names, we think because of the evolution of the immune system and our understanding of the neuromuscular system and our fascia. That's the summary there. It has many levers in infections, like viruses, bacteria, vectors like Lyme, emotional trauma, physical trauma, probably we could throw hormonal in there. And so, because there is many ways in, that gives us many ways to access how to care for a patient or a client, it's a widespread pain pattern and widespread pain issue with sleep problems, some mood disorders and some brain fog. Okay? Versus being It hurts my arm when I do this, because I've been doing that forever. So the first thing what we talked about was the accuracy and diagnosis. So I'm going to go a little bit deeper into that, and then we'll segue into treatment, then we'll go off into the cosmos. How's that?
- C** Mary Louder 01:45  
So, so comparison, if we look at myofascial pain syndrome versus fibromyalgia, which we maybe--Carol and I gave it a new word, fascial myalgia, we gave it that word too, with a myofascial pain syndrome, which people have a lot of, that's repetitive activity or overuse leading to the strain on a particular muscle fiber, or muscle itself, or muscle system. Like the shoulder would be considered a muscle system. It's got localized muscle pain and trigger points that cause radiating pain, not nerve pain when it radiates, but when you push on it, it radiates

out within the muscle itself, and it's got muscle stiffness associated with that. And it may be acute or chronic, chronic, we tend to say, lasts three to six months or longer. And we do a physical exam, and we find literally the difference between left and right. So if I spend all my day hammering, and then I go home and it aches down my shoulder, it aches into my bicep area, my forearm feels kind of achy. And then when I go to reach for something, it really aches. That's not fibromyalgia. That is musculoskeletal pain, and that most likely is a rotator cuff issue, because that--I just actually accurately describe what can happen to the rotator cuff.

**C** Mary Louder 03:11

The treatments for those two things--and then contrasting the fibromyalgia, let's go there. widespread pain, fatigue, difficulty, sleeping, headaches, depression, anxiety, and then the brain fog. So you, you know, we talked about in the last segment, 11 to 18 points. You have to have to qualify. And then the origins of that came from standardization for research, but then got conflated into clinical medicine. So it's not the 11 to 18 points has only been used for research, but we borrowed it, and I don't think rightfully so. And never was it differentiated, because I can, I've lost count how many lectures I said in that defined it with the 11 to 18 points, you know, and no one ever said it in the research. And then I look historically at it, and that's exactly what that was for only. And then Fibromyalgia is a long-lasting condition, so think longer than six months, and maybe worse in the morning, with certain triggers, such as changes in temperature. I would throw in there changes in humidity, and stress and hormonal changes as well. And we get that by doing--we get that understanding by doing a good history and physical examination. And the muscles in the arms should be pretty equal left to right. Muscles in the legs, equal left and right. The back pain is more symmetrical often, you might have a little ache more on one than the other, but there's no difference in strength, no difference in functionality, left to right sides.

**C** Mary Louder 04:46

The treatment for those two vary because we use specifically for the musculoskeletal pain. We use focused modalities. Ultrasound, we use myofascial release, we use trigger point injections. We use ice, we use heat, exercises, those types of things. For fibromyalgia, none of that worked, and it just doesn't work because it's that's not where the issues are. And so we tend some of the leading treatments that we see now are with some medications that treat the psychoneuroimmune system. So the SSRIs and tricyclic antidepressants, which are the old ones that bump norepinephrine and serotonin. And as we get into that discussion, we got to remember that 80% of serotonin is made and used in the gut. So is Fibromyalgia a gut issue? Yes, and we'll explain why. And so stay tuned there. And then, the myofascial pain syndrome also usually resolves by itself with some treatment options. And fibromyalgia tends to be long lasting with and it's not progressive. It doesn't change the function of the muscles. And I think that's a real big thing to understand.

**C** Carol Ritberger 06:08

I agree,



C Mary Louder 06:10

because if I have a tendonitis here in my rotator cuff, and I keep doing what I'm doing, which is usually abduction, external rotation, I can damage that tendon because it's hitting the bone. The tendon is pushed and pinched between two bones, a humeral head, and then the acromial arch, and that tendon can fray. That's not what fibromyalgia does. So--so what, you know, so Carol, in your experience, you know what has been your best way to separate those two? For folks, you know, focused myofascial or focused musculoskeletal issue versus the fibromyalgia? What, what pearls do you have there?

C Carol Ritberger 06:59

Well, so very straightforwardly, from my perspective, it doesn't make any difference.

C Mary Louder 07:06

Okay, fair enough.

C Carol Ritberger 07:08

Because they're linked.

C Mary Louder 07:11

Uh huh. Okay, and say more.

C Carol Ritberger 07:16

Well, so if we were to say that it's a fascia expression, that's much easier for us to be able to go in and deal with. It feels like it's compartmentalized.

C Mary Louder 07:29

Okay.


C Carol Ritberger 07:31

If we go in and we look at it, how can I say it? If we look at it as being widespread, if we look at it as not going to get any better, if we look at it as the entire body being involved in it, we don't really know where to start. So, so one of the things I found is really interesting as a medical intuitive, I'll say to people, when you're going to look at self-healing, focus on where you feel you have the greatest power to make change. If it's dealing with the fascia, what can we do with the fascia, quality of it? If it's dealing with the gut, because the gut is very much involved

in it, what does that have to do with it? If it's the psychological that's expressing itself as a form of depression--but if we can break it into something that feels bite size, that we feel like we can really become engaged in, we can put together a process that's comfortable to us, instead of turning into a regimen feeling overwhelmed. Because I find with fibromyalgia, one of the things that keeps it active is that sense of overwhelm.

 Carol Ritberger 08:41


So if we break it up into the small pieces, we break it up in small pieces, and we figure--and the beautiful part I've found as a medical intuitive is, if you want to deal with this physically, deal with it physically, and everything else will heal. If you want to go in and say, Okay, well, I'm feeling, you know, stuck, or I've had this trauma, we can go in and do that. Everything will heal if we want to look at it energetically, that it's like being--taking a a huge, vibrant, energetic being that basically, we know we can measure your aura 55 feet from you. We actually have instrumentation to do that, and then Fibromyalgia is taking that 55 feet of all that radiance and putting the wetsuit that's right close to your body.

 Mary Louder 09:28

Okay, you--

 Carol Ritberger 09:31


And locking you, and locking you down.

 Mary Louder 09:34

Oh, okay, so you, you don't want them to go into the wetsuit, but that's what it feels like. It's--

 Carol Ritberger 09:39

That's what it feels like.

 Mary Louder 09:40

Energetically, that aura shrinks because it's coming under compression.

 Carol Ritberger 09:45

Exactly.



**C** Mary Louder 09:46

Or constriction. Yeah.

**C** Carol Ritberger 09:47

So if we wanted to look at it energetically, and people say, Well, what can I do? Well, we've got chakra balancing, we've got sound therapy, tuning forks, chanting. There's a lot of things that we can do energetically. So again, excuse me for kind of ruminating on this, but I think it's important for the person to know they have options, and it's important for them to choose which option that they believe, beyond a shadow of a doubt, that if they do that, they are going to feel better. I didn't even say cured. I said, feel better. Because if you feel better than you're psychologically better. Makes sense?

**C** Mary Louder 10:26

Yeah, it does. It does. So, and I'm, you know, I think it--we cure people if we anticipate them becoming a ham. Or some kind of smoked meat, right?

**C** Carol Ritberger 10:38

Right.

**C** Mary Louder 10:39

We'll cure them that way. I don't think there is such a thing as a cure, because--

**C** Carol Ritberger 10:43

Correct. I agree.

**C** Mary Louder 10:44

100% of my patients die. Hopefully not soon, and hopefully not from something I've directly done, right? That's always my caveat. And I tell people, you know. And then we kind of chuckle, you know, you know. But the point is, you know, the human condition is, we're here, we experience, we live, and then we go, you know, to the next plane, whatever that looks like. And things like that. So that that's inevitably going to happen. Their goal would be not even anti-aging, because they're--that's just, it's an oxymoron. That just isn't even possible, because even if you slow the aging, you're not anti-aging, you're just still aging.

**C** Carol Ritberger 11:25

Exactly.

C Mary Louder 11:26

And then eventually there is ultimate cell death, where our entire being, you know, transitions, but stepping back to that concept of feeling constricted, because we talked about fibromyalgia, people feeling boxed in, like a wetsuit, where they can't move and shrinks down their aura, or their muscles are stiff, or their movements that they feel they're, they feel trapped. I wonder-- and one of the things I've seen is folks want to--and then you also mentioned, you know, if you treat it physically, then they'll get well. If you treat it emotionally, then they'll get well, because the body is designed to heal. One of the snags I've seen in that, though, is where people focus on the physical so much.

C Carol Ritberger 12:13

Absolutely.

C Mary Louder 12:14

And I think it becomes part of almost part of the pathology.

C Carol Ritberger 12:18

Agreed.

C Mary Louder 12:18

So rigid about three magnesiums, two multivitamins, one fish oil, three primrose you know, four garbanzo beans, five sit-ups, and it becomes so rigid.

C Carol Ritberger 12:36

Yep.

C Mary Louder 12:37

And then they go, I'm not any better. I've done everything correctly. And I'm like, well, that's kind of the whole point of it. There isn't a correctness to life.

C Carol Ritberger 12:43

Right. And it's that rigidity that you're talking about, and it's, it's a something that in the healing process we need to look at. When the body is depleted of something, whether it's

healing process we need to look at. When the body is depleted of something, whether it's acupuncture or whether I mean energy or food or whatever it is. When it's depleted and you start taking something, you're going to get results. You're going to feel something that feels better. But once the body doesn't need that, then it's time to go back and revisit, and it's like, Okay, do I need those four garbanzo of beans? Do I need those three magnesium? And so forth. And if you're not feeling better or feeling progression, then just go back, because if the body doesn't need it, it'll take it in and it just stores it. And where does it store it? It stores it in the lymph system. It stores it in the liver. It stores it in the gut. It stores it in the small intestine. It's got to store it somewhere, so I think--

**C** Mary Louder 13:41  
Or the adipose.

**C** Carol Ritberger 13:42  
Absolutely. So I think it's important that we have a protocol, as I call it, and we start, and then, I don't know, for me, it's like, Okay, start, do it for 30 days, because the body's anatomically designed pretty much on a 30 day cycle, how it's designed, take it, revisit it in 30 days. And if that means that you can't feel what you need to do, then you go to someone who can help you. You go back to your doctor and talk to your doctor about it, you know. And it isn't, you know, the doctor cares. I think that's important for people. No, they really do care. And if you go back and you say, well, listen, I've been taking, you know, this for this period of time, and it's not doing anything, and that's medication, and you go back and you revisit it.

**C** Mary Louder 14:31  
Well, and I think that brings in, coming back a little bit, circling back to the accuracy and diagnosis.

**C** Carol Ritberger 14:37  
Exactly.

**C** Mary Louder 14:38  
It's a marginalized condition. And then as soon as a person had the diagnosis years ago, they marginalized the patient. So because we're dealing with those biases, and we're dealing with diagnostic biases. I don't know--that's what I call it, where we refuse to entertain that which we don't think about. And we can only, as physicians, we can only diagnose that which we entertain.

**C** Carol Ritberger 15:05  
Absolutely. And I, and I think people need to know that.

**C** Mary Louder 15:09

Yeah. And so if a physician comes in the room and they're narrow-minded, and, you know, yeah, I'm not trying to throw anyone under the bus, but this is a common scenario. They're narrow minded, they're busy, they're staring at the electronic health record, you know, how do you how do you engage the physician? I mean, we always talk about how you engage the patient, and the physician goes, I can't get that patient to do anything. Well, what'd you do? was my question. You know, it's back to my colleagues. Well, what'd you do in that room? You know, did--and so if they're not engaging and sitting and listening to what the patient's story is, because if we listen to the patient, they're going to tell them, they're going to tell us what's wrong with them.

**C** Carol Ritberger 15:49

Yep.

**C** Mary Louder 15:50

They're going to tell us exactly what they have. They're going to tell us the diagnosis. And it's going to be in the details, and it's going to be in something that's said that's going to trigger you, if you have that deep listening, which is your intuition. Everybody has it. And we choose whether or not to listen to it, pay attention to it, etc. So then you know, and then we've got this diagnostic criteria. If I think of a vector, and think of infections, well, no, that can't happen. You can't have a--you can have a tick bite and not get Lyme. Really, where? You know--yeah, you must have the bullseye rash. Really, where? Whose idea was that? I mean arbitrary statements. Well, your test must be positive. Really, maybe that's not the right test. That's not the window of time when that test would be positive.

**C** Carol Ritberger 16:41

Exactly.

**C** Mary Louder 16:42

Yep. And so we need to look at, then, a concept of vector differently. That might be playing in. We need to listen to the patient and ask them to go back into their memory of when did this begin? When did they see a change? What triggers can they see? What keys can they--and levers can we push on to see if we can get a more accurate diagnosis into that fascial system? And then we've got like functional tests. So that could be micronutrients, could be toxins. Could be environmental toxins. Could be a gut test to look how permeable the gut is, which you don't want it too permeable, and you, you might have imbalances with the bacteria. Which, you know, is the the aspect of the microbiome, and then you've got the inflammatory tests, right? That can look at, you know, are we looking at like a polymyalgia rheumatica? That's one thing that didn't make it the literature, which I thought was fascinating.



C Carol Ritberger 17:42  
Exactly.

C Mary Louder 17:43  
That you ache all over, but it's more at the, where the limbs attach to the body. We call that proximal. That's a word we use there. And then in the hands or in the feet, that would be distal. It's distance away from the trunk. Proximal is in proximity. And so there you have weakness in the proximal areas and achiness all throughout your whole body. So it has very distinct characteristics to it. And your sedimentation rate is off the chart, usually about 40, 50, 60, huge, huge amounts. So that would take you down a different diagnostic criteria. Could you also have fibromyalgia? Well, you could, yeah, you're--yeah, you could hurt all over. But you also have this other thing that's been clearly put in a defined box, that can have a treatment option that's very direct for it, yeah? And that even, you know, I wouldn't underestimate a physician or a patient using their intuition towards that. Because the intuition, when we talk about medical intuition, and when someone does a reading, I'm doing air quotes, or a medical intuitive works with you, whether they're, you know, trained as a physician, or they're non-trained as a physician, but are, are, are gifted and skilled in that area. They're listening to your wisdom. They aren't pulling--

C Carol Ritberger 19:13  
Absolutely.

C Mary Louder 19:14  
They aren't pulling it out of a squirrel's nest somewhere or the, or--

C Carol Ritberger 19:19  
Absolutely. They're taught--their energy, their information, is talking to us all the time.

C Mary Louder 19:25  
Exactly. We're listening to you at a different level. It's not--

C Carol Ritberger 19:28  
Exactly.

**C** Mary Louder 19:29

We're not down the the toad hole with a--we have a little toad that lives in our backyard, in our drain pipe, and he comes up every--his name is Todd. I've named him. And he comes up, and I see him in the morning when I'm out there watering. He just kind of checks things out and then goes back down. And so I imagine him having little chairs in there and a lamp and other, I don't know. I mean, it just seems kinda fun. And but, you know, he just comes out and checks it out. I'm not going down into Todd's house to figure out what's going on with you. We're listening to you as the patient. And you will tell us what's wrong with you, yeah?

**C** Carol Ritberger 20:03

Absolutely.

**C** Mary Louder 20:04

So, sorry about the segue with the little--

**C** Carol Ritberger 20:07

Oh, no, no, actually, actually, it's perfect, because one of the things that I also have found with fibromyalgia is that it's an opportunity for us to speak up. It's an opportunity and it's an opportunity for the doctor to ask questions, and it's opportunity for us to speak up. And, you know, I talked to people, I said, if you can go talk to your doctor, start putting together a list of all the things that you feel. Is it better in the morning? Is it better easier in the evening? Do you have cycles to it, do you have triggers to it? And write it all down, because once you sit in front of the doctor, you're probably going to forget mostly everything.

**C** Carol Ritberger 20:47

Yeah, and then the doctor can take this and listen and then respond accordingly, and then come to their own conclusions based on what you're sharing with them. So it's a funny story with that. When my husband had to mention we were going to the doctor, I would make all these lists of everything, and then I would go in, and he'd go, okay, Carol, do you have your piece of paper with all the things on it? I said, I do. I brought the whole thing. And he goes, Oh my god, this is two pages. I said, Yes, it is, isn't it great? And he goes, I don't know about that. And I said, Well, I'll email you prior to the to the visit if you want me to. We laughed. It's like, No, I guess I'm supposed to just listen and ask questions. I said, Yes, you are.

**C** Mary Louder 21:33

Yeah. And that's really, that is really our job. And that job has been usurped by a variety of ways and in a variety of reasons, for, you know, for all the wrong reasons and all the wrong ways. And, you know, and that's why, honestly, I changed the nature of my practice to only work with patients and be outside of all the systems, because that's when I did my best--do,

that is when I do my best work, yeah. And as you know, and that's why I became a physician. Because I know intuitive, I know I'm a healer. You know, I hear the story, and I just happen to have tools and other skills I've learned, but at the end of the day, it's really that interaction with the, with the patient. So, you know, and then tell us, we'll go a little bit into what fibromyalgia also does, is that it's a central pain processing issue. So I'm going to go into a little bit of a neural anatomy.

**C** Carol Ritberger 22:32  
Yep.

**C** Mary Louder 22:34  
Because we, just because we haven't been there yet, you know.

**C** Carol Ritberger 22:37  
Right. And I think, and I think it's important for people to understand that it's also that.

**C** Mary Louder 22:43  
Yeah. It's in the neurology. It's in the brain. It's in the central part. So central being brain, your frontal cortex, your upper higher centers, your midbrain, your brain stem back here, and the spinal cord--not out in the periphery, not out there.

**C** Carol Ritberger 22:59  
Exactly.

**C** Mary Louder 23:00  
And there is some discussion with fibromyalgia that people have differencing in their patterning that floods up the system, which would be receptors. So would--could you see this more in people who are empathic?

**C** Carol Ritberger 23:15  
Yep, exactly.

**C** Mary Louder 23:18  
I would agree with you. And how we access our Empath channels, or highways, are going to be

one of the main ways, our chakras, right? It's the super highways. We know the chakras, when we look at those embryologically, come from the different what we call germ, G-E-R-M layers, or layers within our embryological development that are driven, ready? By the nervous system. And then driven by that first and second cell that divided and came together, and, and, and, which has its roots--here we go, ready for the cosmic? Into the soul, which--and the subconscious, which is in and without, within and without.

**C** Carol Ritberger 24:04  
Exactly.

**C** Mary Louder 24:05  
All around, right? Most likely part of that aura that you talked about, most likely part of our internals as well, like the microbiome and the guts, and most likely that connection, or what I've come to call that as the biofield that we live in.

**C** Carol Ritberger 24:23  
Absolutely, and that's a perfect word for it.

**C** Mary Louder 24:26  
Yeah. Yeah. And then when a physician or a healer, an intuitive joins your biofield, there's that interaction. There's an implied permission, there's often an asked permission.

**C** Carol Ritberger 24:42  
Absolutely.

**C** Mary Louder 24:43  
And, and with that permission, then you engage that person at multiple layers and multiple levels. And often you don't know exactly, because you're, some of that's in the subconscious. You know, and so that would be, then, why Carol would say to a person, I'm going to put some words in your mouth for a minute--I have never done that, but I'm going to do it today, you know, Have you thought of, you know, or have you considered? Right?

**C** Carol Ritberger 25:16  
Exactly.

C Mary Louder 25:18

Or me as a physician, saying, Well, have you considered this? Or have you thought of perhaps this, you know, for reframing, or maybe this could be a consideration. And none of those things are ever meant to be contrary for a patient, or confrontive for a patient, or challenging for a patient, they're meant to be, mmm, reframing. They're meant to be points of consideration, curiosity.

C Carol Ritberger 25:53

Absolutely.

C Mary Louder 25:55

And then the other thing I want to mention before I'm going to toss this over to you, because I just hear you've got lots of stuff coming, is the overwhelm of the immune system. So overwhelm, if we look at that word as an emotion, your immune system shuts down.

C Carol Ritberger 26:11

Absolutely.

C Mary Louder 26:12

So the difference between being stressed--your immune system's activated and you're going and you're moving and you're doing your thing--overwhelm is crashed. It's just crashed.

C Carol Ritberger 26:22

Yeah, well, and, you know, it's interesting, because our body is anatomically designed for stress. It is not anatomically designed for overwhelm.

C Mary Louder 26:35

It--yes, right. Yes. I agree, because the bones apply, the bones are formed based upon the stresses placed upon it.

C Carol Ritberger 26:46

Exactly.

—

- C** Mary Louder 26:49  
Our cardiovascular system, we train aerobically by the stress we place on our system.
- C** Carol Ritberger 26:56  
Exactly.
- C** Mary Louder 26:58  
And so we get better from stress. Now, I love that Kelly Clarkson song, what doesn't kill you makes you stronger right now, unfortunately, what's going around our culture is what doesn't kill you makes you weaker. And we coddle and we say, Oh, that's okay. You don't have to. I say that's okay, and you have to.
- C** Carol Ritberger 27:24  
Well, and the interesting thing with the human body is, because it is an expression of where we are physically and psychologically, is that we can't we can choose to not deal with it psychologically right then and there, but it's going to circle around.
- C** Mary Louder 27:38  
Right.
- C** Carol Ritberger 27:40  
And it's going to continue to circle around until we say there's more to it than meets the eye, and I need to look at it differently.
- C** Mary Louder 27:47  
Yes, and so I think that speaks to the point that you that I wanted to circle back around to, no pun intended about, you know, if you access physically, the body will heal. I think those could be, I see those--some emotions that sit kind of in the way as maybe a linchpin or a hinge or something like that, that doesn't allow us to fully heal until we look at those and deal with those,
- C** Carol Ritberger 28:14  
Right, and I think we have to also look at what is the importance--and again, this isn't a judgment. Look at the importance of what that emotion gives us.

C Mary Louder 28:24  
Yes.

C Carol Ritberger 28:25  
What is important--and it isn't that it's trying to enable us to stay there, but what can we learn from it? How can we experience it differently?

C Mary Louder 28:34  
Yes.

C Carol Ritberger 28:35  
And I think that that's, I think that's really important when it comes to the healing, is to just literally say, Okay, well, my for example, my emotion of choice that I always seem to go to is sadness, and it doesn't take much for me to feel sad. Well, I found, as a medical intuitive, that qualities of fibromyalgia is chronic sadness. And so every time we feel sad, then the immune system is going to respond chemically, the body's going to respond in a certain way, and we're just going to-- our energy is going to just, zip, fall down around us. And then so it's like even going in and saying, okay, my emotion of choice is sadness, and so what can I do to be able to change it?

C Mary Louder 29:22  
Yeah, gratitude comes to mind.

C Carol Ritberger 29:26  
That, that is the first thing, because of the importance of the healing of all qualities of who we are. The key word is gratitude, gratitude attitude. I'm not the one that quoted that, but that is the best medicine from my standpoint as a medical intuitive.

C Mary Louder 29:41  
Okay. That's good to know. I'm, I'm grateful that I knew that.

C Carol Ritberger 29:48  
I'm grateful for you for bringing it forward so I could share such things, Mary. Gratitude is playful, by the way.

C Mary Louder 29:57  
Yes, it is.

C Carol Ritberger 30:00  
Not. It's not the mental thing, like, I'm grateful for this biscuit in front of me. I am--it's like, I'm just grateful. I'm just a happy, grateful person. It's very enlightening. It's very enlightening.

C Mary Louder 30:14  
It is, it is. And so I think looking at the healing of the whole person, we would want to see that. Understanding, you know, looking at, you know, the pain, the patterning that goes up, because, you know, the thing they're now leaning towards in in fibromyalgia, is, is pattern recognition. What's happening is patterning. And you know, when we look at genomics, it's pattern recognition. When we look at the microbiome, what is it? Pattern recognition. When we look at the emotions, there's a pattern recognition to emotions. There's the four B's that BrenÅ© Brown teaches that I have adopted, you know, just firmly in my care is, you've got the emotion, then you've got the biology, the backstory, the behavior, and the--biology, backstory, behavior and biography.

C Carol Ritberger 31:07  
Exactly.

C Mary Louder 31:07  
She explains those in her book, The Atlas of the Heart, which I actually use as a textbook for my patients.

C Carol Ritberger 31:14  
Yep.

C Mary Louder 31:15  
And if I'm dealing with some deep emotional things that are that's linked with their fibromyalgia, I have them explore this book, because there's 87 emotions in the book.

C Carol Ritberger 31:27



Exactly.

- C** Mary Louder 31:28  
She defines them according to emotional research. And so what we tend to do as humans, and she found this to be true when she surveyed them, they came up with three emotions: happy, sad and pissed off. And so if I give you those three words and a fully paid vacation to Walt Disney World, Carol, and say, Great, come on back, but you can only use those three words--
- C** Carol Ritberger 31:59  
Right.
- C** Mary Louder 32:00  
Your limit, the limit of your experience is huge, yep, and the limit of your ability to tell the other person anything about it is super restricted.
- C** Carol Ritberger 32:14  
Exactly.
- C** Mary Louder 32:15  
So the more we have words to understand and nail and identify different emotions or feelings, the richer is our experience.
- C** Carol Ritberger 32:25  
Well, emotions are our best friend, because they're an instant read of where we are in our thinking. And where we are in our thinking is exactly where our body can be or will be.
- C** Mary Louder 32:38  
What if--I'm curious about this--the more emotions we have, the less Fibromyalgia we have, because we don't have we aren't patterning.
- C** Carol Ritberger 32:51  
Absolutely.

C Mary Louder 32:52  
So you we would be, you know, more random emotions.

C Carol Ritberger 32:56  
Exactly. And we would stop putting the stigma and the victim on--and the behavior associated with just those few emotions. I mean, we're designed, in the head and heart anatomy of who we are, to be just a myriad of emotions. And those emotions can be happy and sad in split seconds.

C Mary Louder 33:21  
Right. Yes. That's that laughing-crying emoji on your phone.

C Carol Ritberger 33:26  
Exactly, exactly, exactly. So again, if we can see, I have a friend who is a psychologist, who says to me over and over again, tell your cust--clients that emotions trump logic.

C Mary Louder 33:40  
Yeah, they do because they're--yeah.

C Carol Ritberger 33:42  
And then have them just embrace all the emotions.

C Mary Louder 33:46  
Yeah. And I think--so, being able to do that in a non-judgmental way, because then that gets into your backstory. Where did, where was it not acceptable for you to have--

C Carol Ritberger 33:55  
Exactly.

C Mary Louder 33:56  
The biology is your family. What's that DNA? What did you inherit that goes along with that emotion, what came down that lineage? And the behavior part then is, you know, what, what do you do when you have that emotion?

do you do when you have that emotion?

**C** Carol Ritberger 34:11  
Exactly.

**C** Mary Louder 34:12  
Yeah, um, yeah. So those things become really important to understand, and that's one way I teach my my patients about, you know, go home, your homework for the week is identify two emotions every day, so seven days, 14, and, and then write the four B's about them.

**C** Carol Ritberger 34:35  
Yep.

**C** Mary Louder 34:35  
Biology, the backstory, the behavior, and the biology. And then when you do that--or, biography--and when you do that, then you're going to begin to understand about that. I said, don't write paragraphs, just bullet point it, you know, because--and then I want to know, want to know where you feel that in your body.

**C** Carol Ritberger 34:55  
Yeah, well, and for me, as a medical intuitive, that takes what has been pent up inside, or buried, or whatever thing, again, no judgment with that. And it gets it out to the light of day. It's on a piece of paper. You can look at it, therefore it becomes a word. And then if it becomes a word, then you can look at the word in a way that, oh, it's just a word, instead of having all that attachment and the entanglement that goes with it. So, you know, it's, again, you don't have to write pages in a journal. You just have a lot of times when I work with clients, it'll, I say, go out and buy the most beautiful journal that you just absolutely have to have your hands on. Color, bling, whatever it is, find the pen that you just absolutely have to touch, and every time you feel an emotion, write it down. No judgment, just write it down. And then what you can do is you can go back and you can look at patterns in those emotions, and you can feel what that--because the body responds to it. You can feel what that emotion is doing. Is it locking you down? Is it opening you up? Are you feeling like you can't move? Whatever it may be. And then just say, oh, okay, well, it's just a word.

**C** Carol Ritberger 36:09  
Yeah. And, and again, what is the back story that goes with it? But you don't have to dwell on that.

C Mary Louder 36:17

No, and there's ways to actually process it through the nervous system.

C Carol Ritberger 36:22

Oh, absolutely.

C Mary Louder 36:23

You know, because the nervous system is meant to heal, and because nervous system is based on pathways and patterns.

C Carol Ritberger 36:30

Yep, exactly.

C Mary Louder 36:32

And cellular response that usually goes-primarily goes both ways, mostly.

C Carol Ritberger 36:37

Right.

C Mary Louder 36:37

You know, really at the end of the day. And, you know, our, you know, lower brain, which is our breathing, and our basal stuff, keeping our heart rate, breathing. And then you've got the midbrain, which is, you know, kind of still the reptilian brain, where, you know, the emotions get stuck. So that loops. And then the frontal cortex, which is supposed to drive everything. There's our logic. Can we get to the logic, please? You know, after we, you know, and we could only get to the logic after all that flooding up goes away, right? Because that's cut off coming down, because so much is going up.

C Carol Ritberger 37:12

Exactly.

C Mary Louder 37:13

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So--

**C** Carol Ritberger 37:14

Exactly.

**C** Mary Louder 37:14

You know, we can repattern those pathways. And the body knows how to do it, because it's designed that way. We don't have to teach the body, we just have to, like, open up the gates for rewiring. And it's like, it really is kind of like Simon Says, or, you know, open sesame, you're getting just--

**C** Carol Ritberger 37:36

Absolutely.

**C** Mary Louder 37:37

Words.

**C** Carol Ritberger 37:38

Exactly.

**C** Mary Louder 37:39

And I put it like, well, if you're chewing gum and you're going to go somewhere, put on your vest and look down to start the zipper, but zip up, because you don't want to run into something. But immune system--or the nervous system, just like that, will know how to, you know, if you, you know, start the zipper correctly, the rest will happen.

**C** Carol Ritberger 37:57

Yeah, and I think that that is that neural component, that neuromuscular component of fibromyalgia.

**C** Mary Louder 38:04

Mm-hmm, yeah.

**C** Carol Ritberger 38:05

Exactly right there. Because we know the nervous system isn't get involved in it, and that's exactly what it is. It's just that flooding that's coming up. The nervous system reacts accordingly. The immune system reacts accordingly, and everything just goes into protection. And it's trying to help you. Yeah. It's not trying to ruin your life. And then when you recognize that that's going to be the response, then it's like, oh, here it comes, here it comes. Oh, there it goes. There it goes. And--

**C** Mary Louder 38:35

Yeah. And even, you know, bring that into the con--your consciousness by giving yourself permission to let it come and go.

**C** Carol Ritberger 38:43

Absolutely, because we are anatomically designed to be human and spiritual at the same time. Simultaneously. There is no--contrary to what we believe, the left hemisphere may be this and the right hemisphere may be that, well, that corpus callosum in the center is the pathway. It's the gateway. Everything's always happening at once, and that's exactly what--how the body heals, right there.

**C** Mary Louder 39:09

So, fibromyalgia, malaligned, misdiagnosed, mistreated, probably over treated, undertreated.

**C** Carol Ritberger 39:18


Yes.


**C** Mary Louder 39:19


All those things. Not male or female, not old or young. Has a lot of contributing factors: infections, trauma, hormones, toxins, environment, stress, genome, microbiome, all those levers we have access to. Start where you either want to start because you have a curiosity, start where you're perhaps you're more frustrated, or perhaps you see a greater win. Depends on how you're wired. But know that the fibromyalgia has been keeping you in a box, in a tight wet suit, rigid, not able to move. And your life is actually waiting for you to be fluid about. Your life is waiting for you to be in resonance with, in connection with yourself and with others. And then the patterning of the emotions, the patterning of the subconscious, the beliefs that hold all that, that allow those to come to the surface--it's safe. Because those will come to the surface when it's safe.


**C** Carol Ritberger 40:26


 Carol Ritberger 40:26  
Yes.


 Mary Louder 40:27  
It will.


 Carol Ritberger 40:27  
Absolutely.


 Mary Louder 40:28  
And learn about those, learn from those, learn--and when you, when you name an emotion or a feeling or an event, it doesn't have power over you, you all of a sudden have power with it or over it. It doesn't--you, it's, they, it no longer holds you.

 Carol Ritberger 40:48  
Exactly.

 Mary Louder 40:50  
And, and we aren't even talking about, you know, other aspects of our--do you have to forgive, or do you have to--we aren't even going there.

 Carol Ritberger 40:58  
No.

 Mary Louder 40:58  
We just live with the concept of the things that you're experiencing that you can allow to come to the surface, to be cleared, so that your, you know, your fascial system, your myofascial system, your fibromyalgic system, can actually move and groove and have a great time.

 Carol Ritberger 41:21  
Yeah. It's one of the things that I, we were talking about, what can we offer someone to do? And one of the things I consistently hear with people with fibromyalgia is they can't stand to be touched. They just don't want to be touched and everything. So I'll say to them, I said, Okay, so

here's the best medicine for me, every day, at least three times a day, I want you to give yourself a hug. And they go, Well, why would I do that? And I said, because you love yourself. Your body is, you love what you're doing. You love who you are. You're embracing who you are. You hug and you go to your heart and you touch your heart and everything. And they say, Oh, well, that's just--that's not gonna do anything. I said, Oh, you don't understand the muscle structure. If you go to give yourself a hug, you're using the trapezius. You're using all these muscles that you don't do when you don't want to be touched, and pretty soon you not only like the hugs, but all of a sudden, the right arm comes over, and then all the left side comes over. Now the hips start to move and everything. So for me, just love yourself, give yourself a hug three times a day. Why three times a day? Because we have three qualities, physical, energetic and soul.

**C** Mary Louder 42:42  
There you go.

**C** Carol Ritberger 42:44  
And if you give yourself a hug three times a day, one of those hugs are going to go to one of them or to all of them.

**C** Mary Louder 42:51  
Wonderful, beautiful. Well, Carol, this has been another great episode of Cosmic Health and Wellness, out to the cosmos and back. That was a fun trip.

**C** Carol Ritberger 43:03  
We feel like, do you feel like Buzz Lightyear, To the beyond and back?

**C** Mary Louder 43:07  
I actually do. And I think of Disney World rides when I speak with you, so yes, it's exactly, exactly it. So remind folks how they can get a hold of you, because they want to connect, they want to know more, they want to have a session with you. How can they best reach out to you?

**C** Carol Ritberger 43:28  
[www.ritberger.com](http://www.ritberger.com), R, I, T, B, E R, G, E, R.com, that's my website. They can learn all about me, my backstory, and then they can book a reading with me, if that's something they're interested in.

**C** Mary Louder 43:42



Great. And then, as our illustrious co-host to you, I am Dr. Mary Louder, here in Holland, Michigan, downtown Holland, right at the corner of River and Eighth Street, which is the heart of it all in Holland, it's a great place. And so you can see me in person there, you can book an appointment going to [drmarylouder.com](http://drmarylouder.com), M, A, R, Y, L, O, U, D, E, R.com, and we thank you for joining us on Since You Put It That Way, Cosmic Health and Wellness, fibromyalgia, part deux. What do you do when you've got it, and there's lots to do because you're, you're meant to move, you're meant to groove. You're meant to live a just very fulfilled life, and we're happy to help you do that. So thank you for listening today, and we'll see you next time.