46 - Chronic Fatigue And Fibromyalgia
BioBalance Podcast — Dr. Kathy Maupin and Brett Newcomb
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Dr. Kathy Maupin: This is episode 46 of the BioBalance Healthcast. I am Dr. Kathy Maupin.

Brett Newcomb: And I am Brett Newcomb. Today we are talking about some issues that clients have contacted us about and said "please talk about these issues." And we're talking specifically about chronic fatigue and fibromyalgia. As an intro to that, I want to talk about the way your practice is distinct from other practices where people hear about hormone replacement therapies. Because you want to make the case that hormone replacement therapies do impact the disorders of chronic fatigue and fibromyalgia and some others as well. But in order to make that case I think first we need a little more information about why is your practice different than others?

KM: My practice was built on the basis of listening to my patients, and asking them what they wanted. They told me they wanted to pay for what they get. They didn't want to have a large, thousands of dollars up front, like a retainer, like some of the practices have today that are doing bio-identical hormones. They also did not want to be in my office every month. They're busy and once they're better they have a lot of catching up to do so they only want to come in a few times a year. After we get them organized with a maintenance dose, the first couple of visits are about getting all of the doses proper and all the dietary issues taken care of. And after that everybody comes in just three times a year to get their tank filled up. And it's bio-idenitical estrodial and testosterone. I'm not a fan of giving progesterone to men, I'm not a fan of giving progesterone if you don't have a uterus. I believe that those who say that you should have that haven't worked with progesterone their whole lives like I have. I just don't think it's necessary for everyone. I have set up my practice so that it as patient friendly, as much as a medical practice can be, with short waits, hopefully. My nurse practitioners are the ones that do insertions of the pellets after I have figured out the dose. They also have been working with me for 9 years, all of them, all three of them. So these women are very astute at understanding hormones. In fact they understand them much better than doctors.

BN: So your practice is patient friendly and cost friendly. I mean in reality there are other practices that focus on hormone treatments as well. And your general obstetrics and gynecology practice was a traditional one for 25 years. You have now evolved into a specialty focus on the focus of HRT, hormone replacement therapy.

KM: With bio-identical hormones only and, in general pellets.

BN: With bio-identical hormones only. So people come in and see you, you interview them, find out what their needs are, determine a dosage, and then they don't have to come in every month, they don't have to see you every month, they come in once every three months. The cost factors for that are reduced for them and that's good because it's not covered by insurance for women as we talked about in our last podcast. So it's efficient for them, it's cost effective for them, the competition, as it were, requires an annual retainer, a monthly visit and a monthly set of lab tests.

KM: And monthly insertions where you get stuck every month. Which I can't imagine.

BN: You should put a zipper in or Velcro.

KM: I know really, it does kind of seem like that. Our incisions are tiny and I've actually retooled our instruments because women didn't like to have a scar, even if it was a tiny little scar on their hip. No scar. So I made the instruments very small. And because of that that's different than elsewhere, I listen to my patients.

BN: So specifically then, about the topics we've been asked about, can you talk a little bit about the distinction between, or the connection between, fibromyalgia and chronic fatigue. What are those and how are they different from one another how are they connected to one another?

KM: Many times they are confused in the world of diagnosis and both of them create a great fatigue. A tiredness that is bone tired. Not like 'oh I'm tired because I stayed up all night' or 'my hormones are just off'. It's more tired than even hormones being absent cause. Fibromyalgia though, is an auto immune disorder. That means that your own immune system has attacked a tissue in your body. Generally both start with a virus and that virus looks similar to your bones and joints.

BN: And are they both painful?

KM: Chronic fatigue is not physically painful; it's just emotionally and spiritually painful. And that's a difference. People with fibromyalgia have traveling pain. They have pain here one day and all over their body, 5 or 7 spots of pain, every day. But the areas of pain change. This is your own body attacking your muscles and nerves. In that way it's different than chronic fatigue which is a virus attacking you and then you can't get over the virus. Your immune system has been compromised somehow and generally it's compromised by loss of testosterone. When your testosterone drops, your immune system doesn't work right. We talk about T cells with AIDS. Well T cells drop with loss of testosterone as well. Not like with AIDS, but it is a drop of your immune system. You can't kill viruses. Chronic fatigue is a chronic virus that just won't go away.

BN: So testosterone is like the dam that holds back a lot of these things that are waiting to break down the system. Like osteoporosis, or dementia, Alzheimer's.

KM: That's long term. That usually is happening later and we can prevent those things by giving estrogen and testosterone during the first 10 years and thereafter. So if we hit that sweet spot ten years after andropause, or testosterone deprivation, which is around 40, and 10 years for estrodial being given after menopause then we can prevent most of these illnesses.

BN: So the evolutionary structure was good until about 40 to 50 and most people never lived that long so that was enough. But now that we are living longer the time frame for that is so telescoped that the evolutionary structure has not changed.

KM: Right. We are still the same human being physiology and anatomy. We are healthier, but as the cavemen we still have the same equipment and it works the same ways. So we were built for a shorter life span but we're smart and we've learned how to live longer but we have not learned how to live better. This is how to live better.

BN: In part because the testosterone replacement which is the bio-identical hormone tablet pellet that you insert, that protects the immune system it restores those testosterone levels to what you had when you were 20 or 30. And that acts as a filter that holds back those destructive changes.

KM: It's what kept us healthy in our youth. And everyone wants to have their youth back, at least most of us do. That's because we were healthy, we didn't sit around and think about our bodily functions every day because we were well. You never think about illness when you're well. So we get to 40 and then all of sudden, symptoms everywhere, and there's no answer to it except, the answer that I've found for myself and for my patients which is bio-identical testosterone pellets. Now at menopause we add estrodial which is young woman's estrogen. That then replaces that missing hormone. The whole idea is replace what's missing.

BN: Right which are natural substances that we naturally had and we naturally lost but now we're intervening to restore that.

KM: That's absolutely correct. And we can do away with many meds. Often times people are concerned about the fact that it might cost $400 every 4 months, three times a year, so $1,200 a year. But we're able to get rid of co-pays for all kinds of medicines. Because you don't have medicines for the symptoms of something you don't have any more. So that's big, especially in something like chronic fatigue or fibromyalgia. There are many meds that are given just for pain in fibromyalgia and for energy and sleep in chronic fatigue. Those two things, we wipe our maybe 4 of 5 medicines and that pays for the pellets.

BN: So you were saying that chronic fatigue is a result of a viral infection.

KM: They're both from viral infections. But the virus does something different in each.

BN: Okay. So the infections that cause the chronic fatigue impact negatively the immune system. They compromise the immune system.

KM: Actually, for you to get chronic fatigue, your immune system is already compromised.

BN: Already compromised.

KM: And then when you get that, usually because you've turned 40 or 38 or 50 and your testosterone dropped to a critical level and then you can't fight that virus. You can never really get completely over it. It just lives in your body and your body uses up all of its energy trying to get rid of that virus, and it can't. When I treat patients with testosterone, I have about a 50% cure rate. And then the other 50% are very difficult, we have to try all kinds of other things to actually get that virus to go away. And some of those are anti-virals. Because it's viruses that cause chronic fatigue.

BN: So it's like a crack in the damn, because your testosterone has dropped. Then your body is available to be attacked by these parasitic viruses.

KM: Your body is also available to make cancers, you just may not see if for years after that. It just doesn't have the immune system that it needs to kill things off.

BN: So in about half of your patients that suffer from these issues, there is a cure.

KM: Yes. They are dramatically better.

BN: The replacement of the testosterone seals the damn and they are healthy and the chronic fatigue goes away.

KM: Because their immune system increases.

BN: Has regenerated, has improved. And the other half it's still helpful but you have to add supplementary interventions which are still less costly and less stressful than not treating it with the testosterone.

KM: That's true, that's true. It's just a very hard illness for anyone to treat. And I have a better success rate there than other people do by using multiple drugs. Fibromyalgia however generally goes away when I treat with testosterone and their fatigue goes away. That is something all autoimmune diseases are much better, I love it, are much better after testosterone. Rheumatoid arthritis, lupus, testosterone suppresses the autoimmune response.

BN: The avoidance of eventual things like osteoporosis, dementia, Alzheimer's, there's an improvement there as well that you can document.

KM: That's right. There are many studies that show the benefit of testosterone replacement in women and in men that show their life after 70 is much more

independent and productive and enjoyable because you don't have to be in a walker, you have your muscles. You don't have to be in a wheel chair and be dependent on other people. Which I think most of us who are old enough to actually think about that, or have had to take care of our parents, know that that's really upsetting and we don't want our children to have to do that. To be healthy is to love your children and to prevent them from having to take care of you until you die. It may not give you one more day of life, (I think it will), but it will give you a quality of life as long as you live, as long as you keep taking the hormones. I have an 87 years old and an 85 year old taking these hormones.

BN: That's great. So we have specifically focused this conversation today on questions and comments we have received from patients. If you have questions or comments that you would like us to address, you can get that information to us so we can talk about it, by contacting us at

KM: BioBalanceHealth.com and you can also call our office at 314.993.0963.

BN: Or you can read my blog at brettnewcomb.com. Thank you for listening.