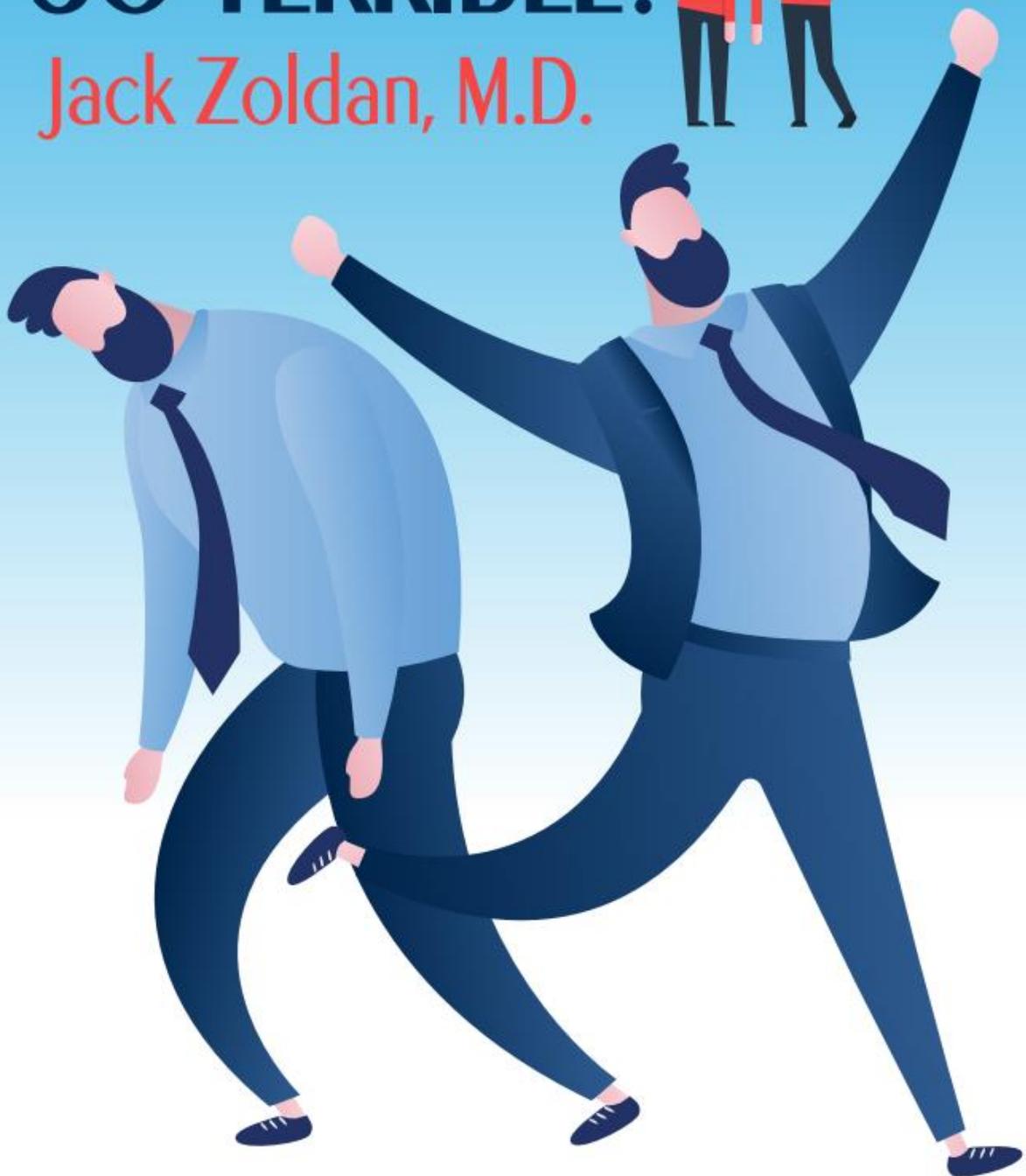


# IF EVERYONE SAYS I LOOK SO GOOD, THEN WHY DO I FEEL SO TERRIBLE?

Jack Zoldan, M.D.



If Everyone Says I Look So Good,  
Then Why Do I Feel So Terrible

Book 2

Jack Zoldan, M.D.

With

Sheldon Reis

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## Table of Contents

Note: this is a continuation of *If everyone says I look so good, then why do I feel so terrible?*  
The preceding chapters may be downloaded here: [www.drjackzoldan.com](http://www.drjackzoldan.com)

### Introduction

[Chapter 10](#) Sleep Well to Maintain Health and Fight Illness

[Chapter 11](#) Exercise to Cure Fatigue

[Chapter 12](#) Releasing Constipation

[Chapter 13](#) Massage Sandals

[Chapter 14](#) Oxygenation

[Chapter 15](#) Attack the Attacker

[Chapter 16](#) Reducing Toxic Buildup

[Chapter 17](#) Magnesium

[Chapter 18](#) Fungus in Illness and SOCS

[Chapter 19](#) Enzyme Supplements

[Chapter 20](#) Food Intolerance and SOCS

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*If everyone says I look so good,*

*then why do I feel so terrible?*

Treat Your Chronic Fatigue

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

### **Introduction**

There is a hidden, often ignored, disease affecting thousands of people. The most common symptoms of this syndrome are overwhelming fatigue, debilitating cognitive impairment, and intractable pain. Other systems in the body are often affected.

Characteristically, physical exams and laboratory tests show only normal results. This is frustrating for patients and caregivers. Finding treatment for their suffering is usually an unrewarding endeavor. The illness is often referred to as Chronic Fatigue Syndrome, although there are other designations.

Shortly after I began my practice as an Internal Medicine physician, I started seeing patients who complained of fatigue. In most cases, they had seen other medical doctors, specialists, and alternative health care providers. None were able to provide any treatments that alleviated their symptoms.

I realized that each of these patients was deficient in maintaining some aspects of their health. It also appeared that something was attacking them. I found that they could get real improvement when I prescribed a novel combination of lifestyle changes and medical therapies.

Word-of-mouth referrals and, ultimately, the internet brought many more of these patients to my office. With patient input from their own experiences, I expanded and refined my therapeutic approach to this difficult illness.

While treating thousands of patients over 41 years, I gained new insights into the nature of health and illness. I incorporated a broad spectrum of recommendations into my treatment of patients who rightfully asked the question:

***“If everyone says I look so good,  
then why do I feel so terrible?”***

I am writing this book for patients and their medical providers. Detailed descriptions guide the path to improvement and recovery, giving these patients direction in their lives. The goal is to relieve suffering and improve health and well-being.

My treatment regimen addresses many aspects of patients' lives:

1. Dietary additions and restrictions
2. High-dose nutritional supplements
3. Movement, strengthening, and stretching exercises
4. Enhanced oxygen uptake and utilization
5. Improving intestinal function
6. Proper sleep hygiene
7. Prescription medicines that treat and resolve many symptoms

### **Don't Give Up**

If you are not feeling well for an extended period, and your doctors do not know what is wrong with you, or how to treat you, do not give up! That is not the end of the road.

The ideas and plans described in this book will instill a renewed sense of hope after extended disappointment. This applies to anyone suffering from a syndrome of chronic debilitating symptoms that defy explanation, such as Fibromyalgia, Chronic Lyme Disease, and Long COVID.

Much of the recommended advice in this book is applicable to everyone. All people can feel better than they do now. The healthy lifestyle I prescribe in this book will strengthen a person's body and increase their resistance to disease.

Other sections describe how physician-prescribed medicines build upon these newly instituted lifestyle improvements.

This book begins with insights into the nature of health and illness that you probably have not heard before. This will help introduce you to concepts that can help you be healthier. Armed with this new perspective, you can start applying the specific recommendations that follow.

**Ready to get started educating yourself and changing your life?**

## Chapter 10

### Sleep Well to Maintain Health and Fight Illness

You know you are sleeping well when you feel good. You wake up rested and alert.

If you don't feel well when you wake up in the morning, poor sleep may be a part of the problem. Almost every health malady can be aggravated by poor sleep. But a medical evaluation is required to be sure that there are no other underlying issues.

#### **Common symptoms associated with inadequate sleep are:**

- daytime fatigue or tiredness;
- difficulty thinking;
- impaired memory;
- reduced attention span;
- trouble making decisions;
- mood disorders like depression, anxiety, or irritability.

#### **Poor sleep exacerbates medical problems. It:**

- increases blood pressure;
- causes weight gain;
- worsens diabetes;
- affects the heart functions;
- impairs balance;

- reduces sex drive.

**For many, having a good nightly sleep experience is an elusive goal.**

Let's start by addressing things that can inhibit getting a good night's sleep.

1. **Caffeine.** Caffeine is a serious disrupter of sleep. This highly addictive drug inhibits falling asleep, causes nighttime awakenings, shortens the length of sleep, and impairs the quality of sleep. Even after this chemical is out of the system, metabolic and physiological alterations can persist. It may take up to 3 months of *zero* caffeine before restive sleep is restored. **See Chapter 5: Eliminate Caffeine**
2. **Drug withdrawal syndrome.** Alcohol and short-acting sedative drugs help initiate sleep. But as they are metabolized out of the body, reflex awakening can occur. It can then be difficult to get back to sleep.
3. **Acid reflux (GERD).** Having food in the stomach while you are lying down can cause nocturnal acid reflux. You may not feel symptoms, but the discomfort may disrupt or interrupt sleep. Limit or avoid eating for 4 hours before going to bed, if medically acceptable. Elevate the head of your bed about 6 inches. If your sleep is improved after a few days of this new regimen, you probably have GERD. Continue with this practice. Consult with your physician whether you should have a medical evaluation.
4. **Video screen stimulation.** The screens on televisions, computers, portable phones, and video games can affect length and quality of sleep. Do not indulge with these devices for 2 hours before going to bed. The video content itself may also be stimulating.

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

5. **Night-time urination.** Waking at night can reduce the quality of sleep and increase fatigue. This is a common medical problem in men over 50, but it can affect anyone. This symptom mandates a medical evaluation. Fluid intake before bed increases urination, interfering with sleep continuity. If medically allowed, drink no fluids for 4 hours before going to bed. Natural diuretics, like caffeine, alcohol, and vitamin B-6 should not be taken within 4 hours of going to bed.
6. **Musculoskeletal problems.** Another common complaint that lessens the quality and quantity of sleep is musculoskeletal discomfort. The joints, ligaments and tendons tighten up when immobilized. This achiness may interrupt sleep or reduce the depth of sleep. Even if you are not feeling joint or soft tissue pain during the day, it could be impacting you at night. Loosening joints and soft tissues lessens this discomfort. Stretch every morning and every evening to relieve and prevent musculoskeletal pain.

### **Review Chapter 6: Stretching.**

7. **Restless Leg Syndrome (RLS).** RLS is characterized by a discomfort in your legs (it can be in the arms, too) that provokes you to move your extremities. This can occur day or night. All aspects of sleep may be affected, leading to chronic fatigue and other problems.

Anemia, pregnancy, certain drugs - including alcohol, caffeine, or nicotine - may aggravate this condition. Usually, no etiologic diagnosis is made. The diagnosis of Restless Legs Syndrome is frequently missed during overnight sleep studies. Treating this suspected condition with prescription medications like ropinirole, pramipexole, or gabapentin is often rewarded with better sleep and improvement of SOCS symptoms.

If you are having problems with fatigue, suspect RLS and consult with your doctor about trying one of these medicines empirically.

8. **Allergic Reactions.** Sneezing, coughing, sinus congestion and drainage, and headache are signs of allergy. Any of these symptoms can affect your sleep. You may not actually wake up at night, but you will feel less rested in the morning. For allergic symptoms, make your bedroom as allergen free, dust free, and dust mite free as possible. **See Chapter 7, Surviving the Bedroom.**
  
9. **Waking and unable to get back to sleep.** Many people wake at night and are unable to get back to sleep. There are often obvious reasons for this problem. A common observation that people express is, “I am thinking too much and can’t shut it off.” Any of life’s problems can become active and amplified in the middle of the night. It is important to recognize that what is agitating your mind is not going away. Then you can take action to regain control. See below for a number of suggestions that you can use, in particular: stretching, getting out of bed, meditation, and reading.
  
10. **Aerobic and Strengthening Exercises** within a few hours of retiring may inhibit sleep. Such activities promote the production of norepinephrine (also known as adrenaline). This is a “fight-or-flight” hormone that acts as a stimulant. Avoid these activities for 2-3 hours before going to bed.

**Actions you can take to induce, maintain, and resume sleep:**

1. **Stretch** before sleep. This will help to reduce muscle cramping and control Restless Legs Syndrome. Stretching before going to bed works best if it is done consistently over time. It is a lifestyle improvement that the body adjusts to when done every night.

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

2. **Sleep position** improves the quality of slumber. Research on this problem has identified an optimal posture. Lie on your side. Then lean back on a body pillow so that your body is lying at a 45-degree angle. Place a pillow crosswise between your knees. Hug another pillow. These help to prevent you from turning. Raise your head up with pillows so that your neck is straight and not bent. If one side is more comfortable, always lie that way. You may want to arrange the pillows so you can easily shift to the other side.
3. **Epsom salt bath.** An Epsom salt bath before bed helps this and other sleep problems for many people. It reduces muscle cramps, joint pains, stiffness of tendons and ligaments, and is overall relaxing. The usual recommendation is 2 cups of Magnesium Sulfate (Epsom salts) in enough bath water to immerse yourself up to the neck. You will surely need to buy in bulk. But there is nothing wrong with experimenting and finding out if a lower amount works just as well. You should feel the relief from Epsom salt baths within a few days of using them nightly.
4. **Lifestyle changes**, such as regular sleep habits, relaxation techniques, and moderate exercise earlier in the day may help.
5. **Magnesium.** An oral magnesium supplement at bedtime helps. Magnesium is a common intracellular mineral deficiency. Some salts of magnesium are better absorbed than others. Magnesium glycinate and oxide are assimilated more effectively than the carbonate form.
6. **Get out of bed.** If you wake and are unable to go back to sleep, get out of bed and out of the bedroom. Go to a place where you can sit with low lighting and no other stimuli. The next step is to clear your mind of the thoughts that are keeping you awake. You can spend some time pursuing another activity that is distracting to your

mind. This could be anything that is not too stimulating. Reading, writing, and other quiet activities will focus your thoughts. After about 10-15 minutes, you may be ready to return to bed.

7. **Meditation** is all about clearing the mind. To be effective at 3 A.M., you should have previous experience with it. Practicing meditation allows you to easily introduce this exercise when you need it. People who meditate most days sleep better and are less likely to wake at night. If you do wake at night, it is a readily available technique that can be called upon. There are books, videos, and classes to help learn and practice meditation. Ideally, it should be done 30 minutes daily.
8. **Limit the bedroom to bed activities.** Performing waking activities in the bedroom makes your mind associate that room with being awake. Many people sleep better when the subconscious recognizes the bedroom as a place only for sleep and sex. Avoid exercise, watching TV, doing paperwork like balancing the checkbook, or any other waking activities in the bedroom.
9. **A regular sleeping schedule** is important for good health and renewal. This helps set normal biorhythms, which are important for good overall health. Make it a practice to go to sleep at the same time every night.
10. **Reading to relax.** Read something funny before going to bed. Having a hearty laugh reduces stress hormone levels anytime. Although laughter may seem stimulating, it is actually relaxing. It helps to remove the fears, angers, and cares from the day. Avoid reading something exciting or stress-inducing. Read an actual book. Reading from a computer or similar screen may hinder sleep. Reading things like the dictionary is sleep-promoting for most people (unless you find this material to be overly

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

stimulating). I always found that reading a neuroanatomy textbook did the trick. Of course, I am not a neurosurgeon.

11. **Rotate different sleep aids.** Try the sleep aids listed below, to find those that work for you without causing morning drowsiness. Rotating 2 or 3 of them gives the best results.

### **Many over-the-counter (OTC) options are available:**

- melatonin (3 to 12 mg. at bedtime)
- 5-HTP (5 hydroxytryptophan). This is the amino acid in turkey that makes you sleepy. It is available in capsules. Check the label for recommended dosage.
- Chamomile tea
- Valerian root tea
- Lavender tea
- Dimenhydrinate, found in motion sickness medicines.
- Antihistamines cause drowsiness and can be used for sleep.

## Chapter 11

### Exercise to Cure Fatigue

A standard therapy for The Chronic Fatigue Syndrome is to begin a mild exercise program which gradually increases to aerobic levels. This approach is recommended in medical textbooks. It deserves mention here because of its effectiveness.

Using energy creates energy. The work of exercising interrupts the inertia of immobility associated with fatigue. It stimulates normal metabolism, which serves to increase energy production.

Start with stretching. This gets your body primed for exercise. It reduces the stiffness that impairs activity. Review **Chapter 6, Stretching** for a detailed discussion and recommendations.

Next, begin your exercise at a low level. A gradually increasing program of using the muscles builds them up, increases circulation, and enhances respiratory function. These newly awakening abilities overcome fatigue and SOCS.

To create your exercise routine, determine what you can comfortably do. Then do less than that. Wherever you start, make sure it does not cause you to crash. If it does, you are doing too much.

- If you can only walk 10 feet, do that several times a day. Give yourself enough rest so you are ready to repeat. When this becomes easy, increase to 15 feet, then 25 feet, and so on.
- Lift a ½ pound weight 2-3 times in a row. When ready, increase to 1 pound, several times a day.

### **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

- Sit in a chair and lift one leg up, bending at the knee. Do 4-5 lifts for each leg.

Again, gradually increase the regimen.

These are some simple starting points. Maybe too much to begin with? You need to find your own level. Don't fret about doing too little. People with SOCS should start an exercise program guaranteed not to overwhelm. It is easier to increase the effort than to recover from overexertion.

You should feel good while you are increasing your exercise level. You should not relapse the next day. The adage, "No pain, no gain," does not apply. You are recovering from an illness, not in a competition.

Until you know your body well and its capabilities, you should initially take a day off after exercise to be sure it was not too much.

Eventually, you will work up to walking a mile quickly, lifting 10 pounds 20 times, and doing 30 stomach crunches. You may be doing more or less than these random goals. You can always expand your program if you are feeling good.

It is difficult but important to know your own body and watch for signals that tell you that you are progressing too rapidly. Red flags can be pain, anxiety, dizziness, or weariness. Any symptoms the same or next day of an exercise program should be a warning that you are overdoing it.

#### **Let me illustrate this program with a patient history:**

*When I met G. R., a 34 year old husband and father of 2 small children, his life had been restricted by fatigue and joint pain for almost 2 years. His illness kept him lying down most of the time. Extensive lab test results and physical exams by his doctors were normal. He had*

*tried several antidepressant medications, all of which caused uncomfortable side effects without helping his symptoms.*

*My initial suggestions included dietary changes, nutritional supplements, stretching, and reduction of allergens in his home. At the next visit, we decided to begin an exercise program.*

*He began strolling about 1/8 mile 2 times a day, every other day. He felt that there was no challenge after 1 week and increased to 1/4 mile 3 times a day, alternate days. After 10 days of this, he started moving a little more briskly and going a little further.*

*He noticed that he was starting to feel more pain and fatigue on the days off from walking and cut back the pace a little, which resolved that problem. Two weeks later, he increased the pace again without difficulty. He maintained this program for another 2 weeks before increasing the distance to 1 mile a day, on alternate days, at a slightly faster rate.*

*He tolerated this well, and began jogging the mile instead of walking. We discussed his progress and agreed to stay at that level for about 2 months. When I saw him again, he was jogging quickly, 1-1/2 miles, 3 days a week, and feeling good.*

G.R.'s experience illustrates that there is no set recipe for how to adjust an exercise program, especially for someone who is recovering from SOCS. A patient must pay close attention to his body's response and compensate appropriately. It is better to under-exercise than to wear yourself out and risk exacerbating your fatigue.

## Chapter 12

### Releasing Constipation

The length of the colon (large intestine) is about 6 feet in adults. One of the main functions of this organ is to transport waste material out of the body. Moving the contents at an appropriate rate is part of good health. When intestinal transit time is too fast or too slow, discomfort and illness result.

Difficult, infrequent, or seemingly inadequate defecation is known as constipation. A constipated colon drains energy from the rest of the body. This aggravates fatigue. Many SOCS patients report feeling energized just by treating this problem.

A precise definition of constipation is not possible because of the wide range of normal bowel habits. People should have at least one bowel evacuation daily. Several are more desirable. Pushing or straining is abnormal. Healthy stool is neither hard nor watery. Painful movements are also detrimental. The process should be regular, routine, and without discomfort.

Chronic constipation is associated with abdominal pain, excess bloating and gas, rectal bleeding, and heartburn. Hard stool and slow intestinal transit time are etiological factors in the formation of diverticulosis and hemorrhoids, contribute to the symptoms of irritable bowel syndrome, and increase the risk of cancer.

**A change of bowel habits, the appearance of blood in your stool, or other abdominal symptoms should prompt a medical evaluation by your doctor.**

The keys to proper intestinal function and efficiency are:

- Hydration

- Fiber
- Healthy intestinal flora.

### Hydration

The first mandate in treatment and prevention of constipation is adequate hydration. Most people do not drink enough fluids. If you are constipated, adding extra water daily is a worthwhile first step. Although no general recommendation can be made, a common one is to drink at least four 12-ounce glasses of water a day. If you already are, then increase to more.

### Fiber

The next step is adding fiber. Any type of fiber can solve the problem. Different people respond to varying forms, doses, and combinations of fiber. Both soluble and insoluble fiber can be effective. What is important is what works for you.

Let's first review fiber options, which consist of high fiber diets and fiber supplements.

Whichever option you choose, begin with a dose of about 5 grams of fiber a day. You can find charts online that give the fiber content of foods. Depending on your need and response, you can increase the amount every 7-10 days until your stools are soft and easy. It can take several days to observe benefits or side effects. The most common negative reactions are increased gas, bloating, and abdominal cramps.

- Try using a bran cereal. There are many in the grocery store. Check the nutrition label for the amount of fiber per serving. You can also use raw oat or wheat bran, which come in some cereals and can be bought separately and added to cereal or

### **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

other foods. Bran is a powdery, flaky material. You can mix 1 to 3 or more teaspoons into cereal, yogurt, or any other vehicle to make it palatable.

- Many fruits are a good source of fiber. The highest contents are in prunes, figs, and dates.
- Hard raw vegetables also provide fiber. These include carrots, celery, broccoli, jicama, cauliflower, and peppers. Lettuce, tomato, cucumber, cabbage, and zucchini do not contribute much.
- Barley has the highest fiber of all grains. There are 6 grams of fiber in a cup of cooked barley.
- Chia seeds are another source of dietary fiber. Hydrating Chia seeds overnight in coconut milk is a welcome approach to constipation for many people. You can add flavoring, such as cinnamon or vanilla.
- Avoid constipating foods, including bananas, white rice, applesauce, and dry toast. This is the BRAT diet used by mothers everywhere to treat their children when they have diarrhea. Many people discover other specific foods that constipate them.

If the dietary cures are inadequate or too difficult to maintain, using an Over-The-Counter (OTC) fiber supplement is a reasonable option. The two approaches complement each other.

Some examples of OTC fiber supplements are:

- Methylcellulose fiber (Citrucel)

- Wheat dextrin (Benefiber)
- Polyethylene glycol (Miralax)
- Psyllium Fiber (Metamucil)
- Aloe vera juice
- Flaxseed

Generic alternatives work fine and are less expensive.

All of these products - in fact all fiber supplements - require adequate intake of water.

Without enough water, fiber can worsen constipation. If you are not experiencing satisfactory results from your fiber, try increasing your water consumption for a few days to see if that solves the problem.

Many people need more than one type of fiber. It is common that several types of fiber in low doses are more successful than high doses of one type of fiber. This also minimizes the chances of experiencing uncomfortable reactions, like increased gas.

The dose will have to be adjusted according to the success. When you start a fiber regimen, give it one week to judge its efficacy. If you are not happy with the results, revise the program. This process needs to be done slowly to avoid diarrhea.

When you find a fiber program that works for you, repeat it at the same dose *every* day. To obtain regular results, you need regular input.

Over time, as your body changes, you will likely need to revise your fiber program.

## If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?

### Intestinal Flora

Probiotic supplements are a blessing for improving bowel problems, including constipation.

Many find that these substances single-handedly resolve the issue. Sometimes high doses are necessary. As long as there are no side effects, there are no limits to the quantity or variety of these supplements that may be taken safely. Lactobacillus Acidophilus and L. Bifidus are the most prominent in this category. The fungal probiotic, Saccharomyces, helps many people with this condition. As discussed in **Chapter 9, Probiotics**, these substances have a wide range of health benefits. They are important contributors in the treatment of SOCS.

### Other options.

There are other therapies and tools that will help relieve and prevent constipation.

- Supplemental digestive enzymes support the functioning of the intestinal flora. They also independently improve bowel movements. **Refer to the section on Enzymes in Book 1 Chapter 8, Nutritional Supplements.**
- Stool softeners are beneficial for many. They are easy to take and work predictably once you figure out your own response. Docusate (colace) is a common stool softener that comes in pill or liquid form. Magnesium (which is sold as pills, Milk-of-Magnesia, epsom salts, Magnesium Citrate, and others), when taken in low doses of under 350 mg. a day is another safe approach. Mineral oil has been another effective long term solution to constipation.
- Aerobic exercise in general helps many people have regular bowel movements. Increasing the heart rate by engaging in a strenuous workout at least 4 days a week will significantly improve all of the bowels functions. This regimen must be consistent.

- Massage sandals are a good tool for overcoming constipation. These sandals have small nodules in the footbed that stimulate the bottom of the foot. They give an energy boost, bowel stimulation, and relieve foot pain. There are several online sellers. My favorite is Kenkoh. See **Chapter 4, Massage Sandals**.
- Shiatsu Abdominal Massage can be useful for inducing a bowel movement. This technique involves massaging each corner of the large intestine, which circles the abdomen.

The corners are:

1. above the right pelvic bone
2. below the right ribs
3. below the left ribs
4. above the left pelvic bone

Press on each area and massage with a clockwise rotation for 10 seconds. Move to the next site around the abdomen in order, as above. Go through this sequence 3 times. Then get up and walk around for about 10 minutes.

- Stimulant laxatives, like senna and bisacodyl (dulcolax), are best for temporary use only. These drugs are a viable, albeit less natural, approach to stimulating bowel function. Laxatives induce bowel dependency. I prefer the solutions listed above for safety and optimal health reasons.

**Many paths to success.**

Apply the technique of trial and error with these ideas to keep your bowels moving well. You may try a combination of multiple methods (raw bran + citrucel + massage sandals, for example). Low doses of several sources of fiber is often best because of reduced or absent side effects. Whatever method you find that works, it may have to be adjusted as time goes on.

With so many options, you should find success in overcoming chronic constipation. Finding your own best solution is more effective than following a one-size-fits-all formula. If you have questions about treating constipation, always consult with your doctor.

## Chapter 13

### Massage Sandals

Massage sandals have little rounded nubbins sticking up from the sandal. The stimulation of the feet increases energy, reduces morning drowsiness, and enhances mental clarity. After walking around on these sandals for about 10 minutes, many with constipation problems feel the urge to defecate. Foot discomfort may also be relieved.

Like a healthy diet and exercise program, I believe that using massage sandals for many years will contribute to overall health.

Each person will discover the optimal use of this tool for themselves. Stepping into massage sandals first thing in the morning is a good way to start the day. There are also thin massage inserts that fit inside the shoes. Some people wear them all the time.

Initially, donning this footwear may feel uncomfortable. Using thin stockings is a method to acclimate your feet. After a week or so, most people find they can discard this protection and reap the full reward.

There are several makers of massage sandals and inserts. There may be different characteristics of these products. Most of my patients easily found a brand that worked well for them. Information is readily available online or at stores that sell sandals.

One nice feature of this treatment is that it is entirely external. It does not involve ingestion of anything. One pair of sandals can last for years. Many of my SOCS patients' symptoms improved significantly while using massage sandals.

## Chapter 14 Oxygenation

We all know that oxygen is essential to life, and that we get our oxygen by breathing through our lungs. Oxygen is the primary source of cellular energy. It is the fuel needed to metabolize the food that has been delivered to the cells.

Breathing is the most natural activity we do. An automatic and unconscious activity, we just assume it is proper and adequate.

But, like everything else related to health, we have to work to maintain optimal breathing.

There are several important barriers that need attention to achieve maximal oxygenation:

1. *We do not naturally breathe optimally.*
2. *We lose lung volume from aging, exposures to inhaled pollutants, and smoke.*
3. *Lung cells become less efficient as intracellular micronutrients deplete without being fully replaced.*
4. *Blood circulation becomes impaired in many ways, reducing the amount of oxygen delivered to the tissues.*
5. *Cells need some help to use the oxygen once it reaches the organs.*

Typical chest breathing uses only two-thirds to three-quarters of your lungs. But, with practice, you can increase to 100% of your lung capacity.

We can also enhance lung capacity with additional exercises and lifestyle changes.

Finally, we can improve the journey of oxygen molecules from the lungs, through the bloodstream, to the tissues of the body.

## **1. Breathe optimally**

### **a. Learn to use 100% of your lung capacity**

In chest breathing, when we inhale, we lift the chest wall, expanding the lungs. This draws air in. If you put your hand on your chest and take a deep breath, you will feel your anterior ribs move up and outward. As this occurs, air is brought into the upper 2/3 of your lungs.

In order to further expand your lungs, you need to employ abdominal breathing along with the chest breathing. To accomplish this, you must push your strong abdominal muscles outward, enlarging the abdominal cavity. This action effectively enlists the diaphragm muscles, which move downward into the abdomen. The downward movement of the diaphragm further increases the amount of air pulled into the lungs.

### **b. Abdominal, or diaphragmatic, breathing**

The task is to move your abdominal muscles out when you breathe in. This seems to be counterintuitive. Think of it like this: when you push your abdominal muscles out, you are making more space within the abdominal cavity for the lungs to expand downward.

Begin practicing this exercise by lying on your back. Push your abdomen up and watch it rise. Then relax those muscles in and observe it falling. Now place your hand on your abdomen, over your belly button, and repeat this process. Use your stomach muscles to push your hand up and then relax those muscles to allow your

### **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

hand to fall. This is a skill quickly learned. Do not push with your hand. The work is done by the stomach muscles. Train yourself to perform this method of moving your abdominal muscles in and out daily until it becomes second nature.

Once you are comfortable moving your stomach muscles in and out, practice coordinating this motion with your breathing. When you push these muscles out, breathe in. When you relax the muscles, breathe out. It will not take you long to synchronize these activities.

Spend a few minutes every day practicing this skill while you are standing, walking, or sitting. Abdominal breathing will become mostly automatic. Reinforce this habit by practicing for a few minutes most days.

#### **c. Strengthening the abdominal muscles**

Abdominal breathing is more effective when you strengthen your stomach muscles. This is accomplished by doing an exercise called “crunches,” which are partial sit-ups.

Lie on your back with your feet on the floor and your knees raised or straight. Put your hands behind your head. Using your stomach muscles, roll your shoulders up, off the floor, no more than 2-3 inches. Do this by moving up your head to look at your feet. Try to avoid pulling your head up with your hands. As you roll your head up, THINK STOMACH. Do not think about your hands under your head.

The process of strengthening these muscles will cause discomfort. When the discomfort becomes a pain, you have done enough of these. “Enough” may be 10 or it may be 100 or more.

Discover the correct number for yourself. As long as you feel the tension and the muscle ache, you are probably being effective. Perform this exercise 5 days a week.

- Remember to **not** pull your head up with your hands. The hands are only supposed to support the head, not lift it up.
- When you do this exercise, your scapulae - the large bones that stick out on either side in the upper back - do not leave the floor. Only your shoulders roll up a little.

Strong stomach muscles provide other benefits in addition to more effective abdominal breathing.

- They support the back, preventing and easing back pain;
- They massage the intestines, helping to maintain good bowel function;
- They increase the capacity and efficiency of your core blood vessels, which enhances blood circulation in general.

Thus, strong abdominal muscles increase **OVERALL** health and well-being.

## **2. Beyond abdominal breathing: greater lung expansion**

Avoidance of airborne particles, including primary and secondary cigarette smoke, involves restricting your exposure whenever possible. That may include staying away from smokers, certain indoor businesses, and some activities. People who live in areas with poor air quality have been wearing protective face masks long before COVID made it fashionable. Full lung protection requires a really good mask.

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

Once you have mastered abdominal breathing, you are ready to further expand your lungs using an **Incentive Spirometer**.

This is a plastic hand-held device that is typically used after surgery to help recovering patients expand their lungs. But anyone can use it to increase their lung volume, improve lung function, and enhance exercise tolerance. You can buy this at medical supply stores, many drug stores, or online.

The device has a mouthpiece for inhaling and usually a cylinder or 3 balls that move up when you inhale. Follow the enclosed instructions for use. The instructions should guide you to very gradually increase your inhaling strength. You should not advance too quickly in using the machine.

INHALE such that you raise the cylinder or the balls. Try to hold this position for up to 10 seconds. Take the mouthpiece *out of your mouth* when you exhale.

**IMPORTANT:** Do not blow or breathe into the device at any time. Blowing into the device could introduce bacteria from the mouth into it.

- Perform 10 inhalations in a row, every day.
- Do this very slowly with a 10 to 20 second rest period between inhalations so you do not get dizzy.
- Take 4-5 regular breaths between inhalations.
- It also helps if you cough once between inhalations.

### **3. Strengthened lung cells are more capable of doing their work**

A good multivitamin and multimineral supplement, as described in Chapter 8, will help prevent cellular senescence and the accompanying loss of vigor and resistance.

### **4. Get the oxygen molecules to the tissues**

Now that you are doing such a good job of breathing, you have to get the absorbed oxygen to your tissues. This is a matter of circulation. Any type of regular exercise will improve blood flow.

Aerobic exercise, which increases the heart rate and respiration, is the best way to improve circulation. Running, fast walking, biking, jumping rope, and swimming are some examples. But even slow-walking improves the cardiovascular system. Try to do this type of exercise up to five days a week. Seek to increase the duration and the intensity as you become more fit.

Strengthening exercises also improve circulation. You are already doing this with your stomach muscles. Make your arms and legs stronger by lifting weights. Light weights build strength without increasing mass. Any way you increase strength will improve circulation.

### **5. A nutritional supplement to improve oxygen transport and uptake**

Once the oxygen reaches the tissues, it must be extracted from the red blood cells. This process is enhanced by an amino acid supplement called “L-arginine.” L-arginine is produced by the body and is found in protein-rich foods like meats, nuts, and beans.

Many people find that using an L-arginine supplement increases their energy.

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

There is no standard dosage recommendation for L-Arginine supplements. Start with taking 700 mg. in the morning, preferably before 10 AM. You may increase the dose every 10-14 days or slower. The main side effect of increasing too quickly or taking too high a dose is interference with sleep. If you notice that you are having difficulty sleeping, you should reduce your dose of arginine. People often describe this as a “wired” feeling. A typical dosage is 4-8 capsules, though some can tolerate 10-12.

This supplement increases nitric oxide in the blood vessels. Nitric oxide is a desirable mineral which dilates blood vessels, increases circulation, and lowers blood pressure. Another bonus for SOCS patients, l-arginine helps with memory, cognitive functioning, energy, and strength.

### **One more thing: Address respiratory allergy problems**

Reducing allergic exposure in the bedroom, discussed in Chapter 7, helps with nighttime oxygenation. Controlling respiratory allergy problems, including asthma, is also necessary for bringing more oxygen to the system. If you have a medical condition that affects your breathing, consult your doctor.

### **Improved Oxygen Improved Health**

*A. N. is a 34-year-old former smoker with chronic fatigue. He smoked an average of 1-1/2 packs of cigarettes from his 16th until his 25th year. About 10 months before I saw him in my office, he began experiencing fatigue.*

*Fatigue and vague pains began and progressed over a 3-month period. It worsened to the point that he found it difficult to concentrate on his job as a finance manager. He had to curtail his 2 mile a day jogging routine. He was taking many days off to cope with his declining health.*

*He had seen several physicians of differing specialties. None had made a diagnosis or offered treatment. He presented a half inch folder of testing. There were many repeats. All showed normal results. My physical exam confirmed the absence of abnormal findings.*

*During our conversation at his first visit, he attested that his pre-illness exercise routine had not been impacted by any breathing problems. He gave a history of having taken lots of antibiotics for ear infections during childhood. At one point, the ear doctor had placed a tube in his left ear. He denied having an inordinate number of respiratory illnesses since then.*

*My initial advice consisted of a list of nutritional supplements. I also recommended that he reduce his intake of carbohydrates. I asked him to cut out refined sugar as much as possible. This did not include fresh fruit.*

*Even though he denied having breathing problems, and his respiratory function tests were normal, I believed that his cigarette exposure contributed to his fatigue problem. I prescribed a technique for optimal breathing, lung expansion exercises, and gradually increasing aerobic exercise. Strengthening abdominal muscles is part of the program. Using an incentive spirometer was advised.*

*Another recommendation was to use pillows to be sure he always slept on his side. Furthermore, he would rid his bedroom, as much as possible, of dust and dust mites.*

*I saw him 4 weeks later. He reported an increase in energy and an improved overall sense of well-being. It was a significant change, though he still had a way to go. He was surprised that this was happening. From his perspective,*

**If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

*he was convinced that the breathing routines were the main factor. I agreed that the supplements would more likely take a few months to show benefit.*

*I asked him if he felt he was ready to return to work. After an affirmative reply, I advised him not to move too quickly to increase his activity. Four months later, he was back to his pre-illness routine, including full time work and daily jogging. I congratulated him on his success and emphasized that he should never stop the new regimen he was following.*

## Chapter 15

### Attack the Attacker

Treating SOCS is complicated because there are many possible causes, and the specific causes vary widely among patients. By definition, all the test results for the patient are normal. Therefore, objective evidence of the precise cause is lacking.

Anyone who does not practice a lifestyle of prevention is susceptible to SOCS. This vulnerability is due to an underlying cellular deficiency of vitamins and minerals. Retention of these nutrients declines naturally as we age and is accelerated by stress. These depletions rob the cells of their youthful vigor, which reduces the body's resistance to disease.

The human body begins its march toward senescence from the moment of birth. Organs and tissues, if not properly cared for, exhibit steady decline. Poor cardiovascular conditioning, lost elasticity, and gastrointestinal disorders are some examples. These malfunctions increase the vulnerability to developing SOCS.

When a new affliction attacks the susceptible patient's health, it triggers the onset of SOCS. There are many potential initiators of SOCS. This syndrome is seen after major surgery, strong emotional trauma, a bad injury, stroke, heart attack, or a disease exacerbation like a flareup of Crohn's Disease. It also follows during the recovery from acute infectious diseases, like Lyme Disease and COVID-19. Less severe diseases, like a sinus infection, can also trigger SOCS.

An appropriately descriptive term for this condition is the "After-Illness." SOCS is an After-Illness, even when its precedent may not be readily identifiable.

The After-Illness has several causative components:

- an instigator

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

- activation of the immune and inflammatory systems
- imbalance and insufficiency of the protective Microflora Organ
- cellular micronutrient deficiency
- other factors that reduce resistance.

Many patients with SOCS have been told their problem is primarily psychological. But, that is a secondary effect. Living with a debilitating illness for which there seems to be no treatment can make *anybody* depressed.

When patients come to me with SOCS, my initial treatment suggestions are lifestyle changes that strengthen the body, increase resistance to attackers, and promote healing.

When someone has been suffering from SOCS for months or years, when they have been told there is nothing wrong with them, and when they have been asked to accept that there is no viable treatment available, they find it difficult to believe that simple solutions can improve and even resolve their illness. Although these interventions may seem simple, they are quite powerful. And they are effective. They require commitment and the mindful application of healthy practices. Many SOCS patients are healed solely by instituting the self-help programs described in this book.

When SOCS is resistant to the above strategies, more dramatic intervention is required. It is time to go on the offensive against the attacker. What is this attacker? Infectious microorganisms! Pathogenic agents creep into the picture of our lives without our even knowing it. Laboratory markers and clinical signs of infection are not necessarily evident.

The human body has two main mechanisms for fighting an invading infection: the immune system and the inflammatory system. Unfortunately, these systems can also become part of the problem when they turn around to contribute to the morbidity and pathology of SOCS.

Our immune system is designed to repel invading infections by disrupting their growth and proliferation. Our inflammatory system fights infections by destruction of these foreign agents.

Typically, after the infection is resolved, the immune cells and antibodies will naturally die off. But sometimes they are reactivated and attack our human cells. This attack is known as an autoimmune disease.

Everyone eventually experiences the consequences of the inflammatory system turning on us. Irritation, trauma and elevated LDL Cholesterol are some of the initiators of local inflammation in the human body. Every illness that ends with the suffix “-itis,” like arthritis and gastroenteritis, is an example of our body’s defenses attacking us. Inflammation causes tissue harm wherever in the body it is active.

Thus, these protective responses are actually a double-edged sword. What begins as an ally to safeguard the survival of our species can become an enemy that assaults us individually. These mechanisms extend an acute disease into a prolonged After-Illness. The resultant complication can be SOCS.

In my practice, I have found that when instituting healthy lifestyle practices does not provide sufficient relief for SOCS, antimicrobial medicines have been an amazing tool for symptom control and cure.

Why do these drugs work so effectively? I cannot be sure at the current level of knowledge. It may be that they inhibit inflammatory and autoimmune attack, kill off residual microbes from the initiating infection, and rebalance the damaged Microflora Organ.

With this prologue, I ask you to read the chapter, “**Antibiotics Treat SOCS.**”

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

Many people are rightfully skeptical of this therapy, having heard that antimicrobial medicines are overused. Yet this is a successful intervention for people who have not found any other therapy for their disabling symptoms.

*My experience is exemplified by the story of H.G., a 37-year-old woman who experienced 3 years of debilitating fatigue and cognitive impairment. She improved significantly when she started taking antibiotics, which I had prescribed. About 4 months after starting her antibiotic regimen, she reported her sense of being cured to her primary care Internist. He called me to angrily berate me for my use of these medicines. I told him that he could use whatever therapy he wanted to prescribe. He admitted that nothing he or other referral physicians tried had helped her. So I asked him if she is not deserving to feel better even though the cure was not in the medical literature? He disconnected the phone without comment.*

When standard “proven” therapies have been lacking or unsuccessful for treating SOCS, it becomes the responsibility of the health care provider to overcome the failure of imagination that rejects unproven treatments. Using antibacterial agents, antiparasitic drugs, antifungal medicines, or antiviral therapies are important additions to the armamentarium against SOCS. These drugs attack the attacker.

The use of these medicines to combat, alleviate, and heal SOCS is described in detail in chapters 26-30.

## Chapter 16

### Reducing Toxin Buildup

Toxins are the byproducts of living. We create and ingest them daily. Our bodies also have multiple mechanisms for eliminating these toxins. But this process is inefficient and incomplete.

Toxins in the environment, food, and our homes aggravate SOCS and make this illness more difficult to treat. Free radical toxins, which are natural byproducts of our metabolism, contribute to the severity and persistence of SOCS and other diseases. Other harmful substances can be introduced into our bodies from pollution, tobacco smoke, industrial chemicals, and X-rays.

Reducing the burden of toxins in the body is part of treating SOCS. Lessening their presence strengthens the body as it struggles to overcome the disabilities of this disease. Symptoms improve when the toxin levels are lowered.

Minimize these exposures in practical ways:

- Keep your home clean
- Keep your bedroom free of dust and dust-mites.
- Aerate your home periodically.
- Assure there is no gas leak in your home.
- Look for evidence of fungus in your walls.
- Choose foods with fewer chemicals and less processing.
- Eat more vegetables and fruits and fewer animal products.
- Avoid fried foods and others prepared at high temperatures.
- Do not smoke. Steer clear of second-hand tobacco smoke.

**If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

- Find out about workplace pollutants. If present, report them to management and help to reduce the exposures.
- Prevent sun damage that creates free radicals by wearing UV blocking clothing and sunscreen.

Antioxidants are substances that remove these damaging oxidizing agents from the body:

- Eat more antioxidant foods. These are the deeply colored fruits and vegetables. Suggestions are strawberries, blueberries, other berries, broccoli, carrots, tomatoes, pomegranates, and others.
- Coffee is antioxidant rich. But I advise against coffee because of the ever-present caffeine. Caffeine is unhealthy.
- Ingest antioxidant nutritional supplements. They will go further to rid your body of these harmful free radicals. The following is a good list with approximate daily doses:
  - Vitamin C – 1,000 mg.
  - Bioflavonoids – 1,000 mg.
  - Vitamin E – 200 units
  - Lutein – 20 mg.
  - Omega 3 fatty acids – 1,000 mg.
  - Selenium – 200 mcg.
  - Coenzyme Q-10 – 250 mg.
  - S-AMe – 400 mg.
  - L-glutathione – 100 mg.
  - N-acetylcysteine – 300 mg.

### **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

- Ayur-Curcumin (from Turmeric) – 300 mg.
- Primrose Oil – 500 mg.

Aerobic exercise both creates and excretes toxins. By far the balance is in favor of excretion. Therefore, this is another important reason to begin and continue an aerobic exercise program.

### **Cleansing Methods**

Another strategy to reduce toxin buildup and free radical activity in the body is called “Dietary Cleansing.” Many protocols are touted for this purpose. The following are safe ones that have helped SOCS patients to feel better.

Regularly scheduled fasting for short periods is one that has worked. I recommend an 8-12 hour food fast, which allows water. Stop the fast if you feel sick in any way. It is not for everyone.

A Macrobiotic diet is cleansing for some, You can find the details online.

Another approach is called the MACROBIOTIC CLEANSE. This consists of 10 days of only brown rice and boiled greens. You should observe a general feeling of improvement, which some have found to be dramatic.

After the 10 days, add a new food every 2 to 3 days and note any problems. It should be a simple food, like corn or milk, not a complex food like pizza or stew. If you have a reaction to a food, you may have identified a food sensitivity. Eating these foods causes toxin buildup.

Review the section on **FOOD INTOLERANCE** in **Chapter 4, Diet Changes You Can Make on Your Own.**

Cholestyramine is a prescription medicine that promotes excretion of toxins. Before the statin drugs were invented, this powder was the most effective treatment for high cholesterol. I recommend 1 scoop per day in 3-4 divided doses. Many patients noted symptom improvement taking this drug. Some increased the dose and felt even better. Discuss this with your doctor.

When the above strategies improve your SOCS symptoms, then you know to continue. Even if the benefit is subtle, persistence is still worthwhile. Many therapies for SOCS take time to become effective.

## **Chapter 17**

### **Magnesium**

Magnesium is an extraordinary micronutrient. It increases energy, bestows strength, contributes to mental clarity, and relieves pain. In the bowel, it provides laxative function. In the circulation, it lowers elevated blood pressure. With its supporting cast of all the other vitamins, cofactors, and minerals, magnesium heals patients with SOCS like no other single nutrient.

Most of the body's magnesium is in the nerves and muscles. Low levels of magnesium in these tissues contributes to a wide variety of symptoms often seen in SOCS patients: weakness, fatigue, pain, cognitive problems, dizziness, numbness, tingling, intestinal malfunction, muscle spasms, neuropathies, facial and other tics, twitching, cramping, and loss of balance, to name a few.

Magnesium is also present in the blood (serum) where it is critical to survival. Decreased serum magnesium levels can cause kidney damage leading to renal failure. Inadequate serum levels are associated with cardiac irregularities, epilepsy, and Gastro-Esophageal Reflux Disease (GERD).

We can easily measure the level of magnesium in the blood, but it is difficult to directly measure the magnesium level in the muscle and nerve tissues. This determination requires biopsy, with its attendant risk of complications. For survival, our bodies have evolved to maintain the correct blood level of magnesium at the expense of the tissue concentrations. This means that a blood test can indicate a normal serum level of magnesium, while the tissues are deficient.

Because we don't directly measure the level of magnesium in the tissues, it's also difficult to study magnesium metabolism over time and in different circumstances. However, we can learn about these mechanisms by studying another mineral, calcium.

Calcium is the model for the pattern of vitamin and mineral retention and loss. Calcium metabolism has been studied extensively in order to treat the disease osteoporosis, which is caused by calcium deficiency in the bones. Calcium concentrations in the tissue are readily measured using an imaging technique called a bone density scan.

Several very important points are revealed from these investigations. Keep in mind that that these concepts are a model for how all the vitamins and minerals function in blood and tissue.

- Bone calcium levels tend to decline over time.
- There is no innate mechanism to maintain a normal tissue level or density.
- By contrast, the serum calcium level is kept within a narrow range according to the body's needs.
- As with magnesium, if the serum level of calcium gets too high or too low, the health consequences can be dire.
- It has been confirmed that a normal blood level of calcium can coexist with bone depletion, causing severe osteoporosis.

For all new SOCS patients, I prescribe a high dose vitamin and mineral supplement at the first visit. This contains about 500 mg. of magnesium. An additional oral magnesium supplement is often beneficial for most patients. When taken at bedtime it helps provide a good night's sleep. My preference is magnesium glycinate or magnesium oxide, 500 mg.

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

SOCS patients usually have intracellular magnesium deficiency. Fatigue, pain, and cognitive problems are indicative of the need for this mineral. Other factors that suggest magnesium insufficiency include:

- Muscular symptoms such as twitches, spasms, or cramping.
- Muscle weakness or pain
- Chronic diarrhea
- Chronic use of alcohol, caffeine, or nicotine
- High sugar intake

I use a diagnostic trial to identify magnesium deficiency. The test consists of injecting one gram of magnesium sulfate (MgSO<sub>4</sub>) into the gluteus muscle, which usually gives a quick and definitive response. (This should only be done by a medically licensed professional under a doctor's supervision.) The result is often dramatic. If relevant symptoms improve within one week, the diagnosis of magnesium deficiency is confirmed. We cannot use oral magnesium for this test because it is slowly and poorly absorbed, making it difficult to assess any response.

The benefit usually fades within 1-4 weeks. The patient will then receive the shot every 1-4 weeks, based upon this history.

Elimination of alcohol, caffeine, and nicotine is strongly encouraged, as these worsen the magnesium problem. Firm restriction of refined sugar is also important. Oral magnesium glycinate or magnesium oxide is continued; increased if tolerated. (If diarrhea develops, then the oral dose is too high). When the patient notices that his symptoms do not recur between

shots, we begin to reduce the frequency of shots. When the interval has expanded to every two months, we can stop giving the shots.

Nutritional support is instrumental in the tapering process. The following patient story provides a good example of how this can work.

*C.M., a 47-year-old woman, owned and ran a clothing design company.*

*About 18 months before consulting with me, she began having difficulty with memory, loss of mental clarity, and decision-making abilities. She visited several doctors, including specialists. Her exams and tests were all normal. No diagnosis was made, and no therapy offered. She had no other medical complaints or significant medical history.*

*She was upset and fearful of losing her business, as well as her mind.*

*My initial advice was to eliminate her ingestion of refined sugar and alcohol. If she had been a caffeine or nicotine user, I would have restricted these substances, also. I outlined a regimen of nutritional supplements, including probiotics, comprehensive and high doses of vitamins and minerals, antioxidants, and digestive enzymes. We also discussed a program of stretching and exercise.*

*At her return visit 4 weeks later, she felt that she was responding positively to the therapy, but still burdened by her cognitive difficulties. I discussed magnesium with her. I explained that we could accelerate the recovery process with intramuscular magnesium injections, noting that this works best with a foundation of taking the other supplements I had prescribed. She agreed to the shot.*

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

*Four days later, she called to tell me that she felt practically normal for the first time in many months. I advised her to come into the office weekly for a magnesium injection given by my nurse.*

*After 5 weeks, she tearfully told me that she felt “more alive than even before her problem began.” Her alertness, ability to focus, and mental clarity were amazing.*

*I added increased oral magnesium, n-acetyl cysteine, and l-glutathione supplements. These latter two substances help the body to retain magnesium to begin weaning off the shots. We reduced her frequency of injections to every 2 weeks.*

*After six weeks, we reduced the frequency of injections to monthly. She agreed to continue all the supplements, exercises, and dietary restrictions.*

*When I next saw her 4 months later, she continued to have no cognitive or other problems. I suggested we discontinue the injections but to maintain the remainder of her program indefinitely, including oral magnesium and the other supplements.*

*I saw her again, as her primary care physician, about 8 months later because of foot pain, which I helped her to overcome. Her cognitive difficulties remained a thing of the past. She had incorporated my supplement and other recommendations into her daily lifestyle.*

Magnesium is a crucial mineral. Its level in the nerves and muscles decreases from many of the influences of life. Cellular aging, emotional or physical trauma, intercurrent or chronic illness, and surgery all reduce stores of magnesium. Diarrhea contains large amounts of this mineral, and can lower the tissue levels. Caffeine, nicotine, refined sugar, and alcohol deplete magnesium from the cells. Removing these substances from the diet is part of the strategy to transition from shots to pills.

On the other hand, the antioxidants l-glutathione (100 mg. twice a day) and n-acetyl-cysteine (500 mg. once a day) help prevent loss of magnesium in the bile. They protect the liver, help clear the blood of harmful products of oxidation, and contribute to maintaining healthy cellular magnesium levels.

Intramuscular magnesium shots dramatically increase intracellular levels of this mineral. The resultant improvement in function conditions the body to better absorb this substance when taken by mouth. The body responds to healthy initiatives by taking the flag and running with it.

Over many years of treating people who suffer the limitations of SOCS, magnesium replenishment has been a gratifyingly successful part of their recovery.

## Chapter 18

### Fungus in Illness and SOCS

#### Introduction

I first learned of the concept of yeast organisms causing subtle illness when I read Dr. William G. Crook's book: *The Yeast Connection* (1983). Although the content was not presented in a rigorously scientific manner, it made a lot of intuitive sense to me. Reading about this subject helped me to develop further tools to treat SOCS and other medical problems.

Fungal organisms are pervasive in our bodies and the environment. Yeast and mold are different types of fungus. These organisms grow extensively in the ground, and they appear on clothing, buildings, materials, and foods.

Following the publication of Dr. Crook's book on yeast, there was an explosion of materials discussing this subject. Patients suffering from chronic illnesses, especially SOCS, discovered websites devoted to promoting yeast as a cause of their symptoms. The disease has been variously termed "The Yeast Syndrome," "The Candida Syndrome," and "Candida."

*Candida Albicans* is one of the fungal components of the microflora organ. Optimally and typically, it lives in peaceful co-existence with us, its host.

Traditional medicine recognizes that if *Candida* or another yeast proliferates, they cause localized infections in the skin, the nails, the sinuses, the gastrointestinal tract, and the vagina. Yeast can also cause systemic illness, accompanied by fever and malaise.

Scientifically confirmed diagnostic techniques for fungal infection include expert observation

or culture results. When diagnosed, these pathogens are treated with localized or systemic antifungal medications.

How does yeast contribute to the development of SOCS? Overactivity of yeast can be part of the cause of symptoms without showing positive findings. It is pathogenic, but testing is negative.

Now let's examine yeast as a factor in the etiology of SOCS.

SOCS causes disability while physical examination and lab testing are normal. Patient complaints include fatigue, pain, cognitive impairment, neurological dysfunction, gastrointestinal disorders, and muscle weakness. Many people initially describe themselves by saying: "I just feel lousy!"

Before seeing me, many had already consulted with a wide variety of specialists in their quest to overcome long-term disability. Because the usual treatments did not help them, these patients sought me out.

Often, my patient interviews reveal a possible yeast connection. A medical history that includes multiple courses of antibiotics, surgery, gastrointestinal disorders, or chronic vaginitis suggests a fungal contribution to their illness. This diagnosis is also indicated by a history of trauma, hospitalization, dermatitis, or thrush.

These conditions prompt me to treat them with antifungal medicine. When prescribed, patients usually benefit from this class of antimicrobial medicines. I also found that *any* patient with SOCS who is not improving on my initial therapies deserved a trial of one or two drugs used to treat fungus. The high rate at which SOCS patients improved from this therapy validates The Yeast Syndrome as an important etiological factor in the after-illness.

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

The concept of an after-illness is discussed in **Chapter 15: Attack the Attacker**. The idea of an after-illness explains common factors in multiple chronic diseases, including SOCS, Long Haul COVID-19, Lyme Disease Syndrome, and others. The chronic nature of after-illnesses further drains a body's energy and lowers resistance to disease. Consequently, opportunistic fungal organisms become more active, adding to the severity of SOCS and other after-illnesses.

These fungal infections are subclinical. They do exhibit typical findings of a systemic disease, with fever and an elevated white blood cell count. But they are important causes of the symptoms of SOCS. Significantly, these symptoms improve and are eliminated when treated appropriately.

The nature of this treatment is covered in the remainder of this chapter. Dietary, supplement, and lifestyle changes are described in the section “**Non—Pharmaceutical Treatments of Fungal Infections in Illness and SOCS.**” These self-help recommendations are often rewarding and satisfying.

When this approach is inadequate, antifungal medications are prescribed. With the help of a sympathetic physician, these drugs kill the attacking yeast organisms. In “**Pharmaceutical Treatments of Fungal Infections in Illness and SOCS,**” safe and effective methods for using these medicines are discussed. The result is a much healthier you.

### **Non-Pharmaceutical Treatments of Fungal Infections in Illness and SOCS**

Although yeast organisms are part of the normal microflora, they are also a cause of problems recognized in the medical textbooks and can contribute to the symptoms of SOCS. This section will describe the lifestyle and dietary changes that a SOCS patient can make to counteract the negative effects of the Yeast Syndrome.

Yeast organisms invade everything on our planet. Soil, plants, the walls of our homes, and our bodies are all potential hosts for them. Among the diseases they cause in human beings, yeast also contributes to SOCS.

Yeast involvement in SOCS patients must be *suspected* because laboratory confirmation of its insidious involvement does not exist. Yeast lives symbiotically with our bodies, which makes them difficult to detect when active.

Dietary restrictions are a core treatment against The Yeast Syndrome (also known as the Candida Syndrome) in patients with SOCS. The principal offenders are refined sugar, alcohol, nicotine, and caffeine, each of which promotes the growth and harmful activity of yeast. It is easy to see that this advice is not received enthusiastically. People *love* these substances. Pleasure is increased from each of them. But, they are all harmful. They alter the body's patterns in an unhealthy manner. They are physically and psychologically addictive. Patients invariably feel better when they stop using them.

Alcohol, nicotine, and caffeine can and should be completely stopped. Each of these substances usually need to be gradually weaned from the diet. Too rapid a discontinuation can result in unpleasant and even dangerous withdrawal symptoms. (The fact that they are addicting should be enough to convince and maybe even motivate the person to eliminate them. Unfortunately, it is still a struggle to free oneself from these chemicals.)

Refined sugar includes high fructose corn syrup and similar products. It's not usually necessary to totally remove this substance from the diet. Just try to keep the intake very low and infrequent. It does have a withdrawal syndrome, which is often characterized as psychological. Nevertheless, it is real.

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

Supporting the microflora is an integral aspect of fighting the Yeast Syndrome. The thrust of this therapy is comprised of **probiotics, digestive enzymes, and dietary changes.**

### **Probiotics for yeast syndrome.**

I use a wide spectrum of Lactobacillus probiotics as the foundation for this treatment. Lactobacillus Acidophilus and L. Bifidus subspecies are important components of the probiotic supplement. There are other subspecies of this probiotic that should also be considered.

The fungal probiotic – Saccharomyces Boulardii – is a critical probiotic supplement. Very important. Often overlooked. Add it to the regimen.

For further discussion of the microflora, probiotics and their use in treating SOCS, see **Chapter 9, Probiotics.**

### **Digestive enzymes support the health of the intestinal flora.**

Bromelain, papain, amylase, lipase, and protease are the most common and therapeutically useful of these substances. (See **Chapter 8, Nutritional Supplements** for dosages and administration).

### **Dietary changes to overcome the Yeast Syndrome.**

Many patients discover that a low carbohydrate diet makes them feel better. It is an experiment that may be tried by each individual. If it helps, then it is good. Someone who responded to yeast therapy may reach a plateau of progress. When this happens, consider further dietary restriction. Each person has to find their own unique food intolerances.

Diagnosing sensitivity to a food is accomplished by stopping and then restarting it.

Monitoring symptoms is critical to recognize an offender. The most common are dairy, wheat, corn, eggs, nuts, peanuts, shellfish, and citrus fruits. But any food can be a culprit.

Sometimes the answer is found after a short period on a cleansing diet. Numerous regimens have been described. Some are extreme and may be harmful. As always when consulting the internet, be wary. After following the restricted diet, foods are reintroduced. A reaction may point to a likely food sensitivity.

Review the section on **FOOD INTOLERANCE** in **Chapter 4, Diet Changes You Can Make on Your Own.**

Other food supplements that have been effective in treating Yeast Syndrome are:

- Pau d'arco tea, 1 cup 3 times a day;
- Apple cider vinegar. Mix 9 tablespoons in 1 liter of water and sip throughout the day;
- Caprylic acid supplements, about 1,000 mg. three times a day

Responses are usually seen within 4 weeks.

**Mold in your home**, especially in the bedroom, can aggravate SOCS symptoms. (See **Chapter 7, SURVIVING THE BEDROOM.**)

## Pharmaceutical Treatments of Fungal Infections in Illness and SOCS

When non-pharmaceutical measures are not sufficient, many SOCS patients eventually require prescription antifungal medicines. Yeast should be suspected in any patient resistant to other therapy. Use of these pharmaceuticals does not prove the diagnosis, but it does improve outcomes. These medicines are generally safe. They should only be taken with the guidance of a licensed physician.

The medicines I use are:

- Nystatin (500,000 unit pills: 3 pills, twice a day)
- fluconazole (100 mg. once or twice a day)
- ketoconazole (200 mg. once a day)
- terbinafine (250 mg. once or twice a day)
- itraconazole (200 mg. once a day)

Different regimens have to be tried to see what works best for each patient. A positive response is improvement of any symptoms: reduction of fatigue, pain, or cognitive impairment. At the same time, we monitor for adverse reactions, which are discussed below.

I initially use just one drug, most often nystatin, because it has a good track record of success and has the lowest risk of adverse reactions. If we get an initial positive response, continue the medicine until all symptoms resolve. Continue for an additional three months; then taper off the medicine over a two week period.

If symptoms recur at some point, restart treatment with a different antifungal agent, usually fluconazole, and follow the same pattern. Another option is to restart the nystatin and double the dose after 1 week. You may also elect to add fluconazole to this regimen after 2 weeks of the greater amount of nystatin. With symptom control, taper all the medicines slowly and stop them sequentially.

If an initial positive response wanes or plateaus, there is the option to add or change to another drug. My typical second drug is fluconazole. If the symptoms worsen or plateau on this medicine, then the next step is to prescribe one of the other antifungal drugs. Once I observe a significant improvement on one antifungal medicine, I will use others alone or in combination. In this manner, I may have a patient taking three antifungal drugs following various protocols for administration, as explained below.

Eventually, all of these agents may be tried, alone or in various combinations of two or three antifungal drugs. I may treat using all together, or rotate them, or treat with two and pulse the third for 1 week every 4 weeks. Rotating two or more every 1 to 4 weeks has sometimes proven optimal. Sometimes, every other day therapy works fine. Drug holidays, consisting of a four-week period off the medicine, often help to regain effectiveness when benefit is lost.

Adverse reactions include new symptoms or newly developed abnormalities of liver or kidney function. I monitor blood tests once a week for 2 weeks, then every 2 weeks for 4 weeks, then monthly. These lab abnormalities are fully reversible and return to normal quickly with discontinuation of the presumed offending drug.

If a positive response wanes or plateaus, there is the option to add or change to another drug. Trying different regimens of administering the medicine will reveal the optimal for a given patient.

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

Using the lowest doses of 2 or even 3 of these drugs is usually very effective, with less chance of adverse drug reactions. In some cases, people had a favorable response, but felt they could do better taking higher doses. For those patients, I increased the dosages up to 3 times the starting amount. Most of the time, this yielded excellent results.

Favorable responses are seen within 10 days of initiating one of these medicines. Always begin with low doses and increase if the beneficial reaction subsides.

Choosing which specific pharmaceutical or combination to use, devising a schedule for taking the drug(s), and making alterations in the regimen all depend upon your clinical response and side effects. It is crucial that you partner with your physician, reporting all changes in your symptoms. Your doctor can then use this information to work with you in modifying the therapy as indicated.

My specific advice of how to use these medicines may seem vague, but is actually the method frequently used by physicians treating high blood pressure and infectious diseases. Doctors commonly make “educated guesses” in deciding how to treat a wide variety of illnesses.

For example, when treating high blood pressure, doctors will start with the drug with which they are most familiar. They will then switch to or add another medicine depending upon blood pressure response, side effects, or abnormal blood testing. Patients often can be taking 3 different blood pressure medications to control the problem.

Similarly, physicians who treat hospitalized patients with Fever of Unknown Origin (FUO) are experienced with this approach. An Infectious Disease specialist will begin empiric therapy, intending to cover a wide range of possible targets, before culture results are known. If a patient is not responding to the therapy, adjustments are often made despite positive

culture results. In FUO, it is not unusual for cultures to be negative, giving no direction for specific treatment. Clinical response is key. This “shotgun” technique is often needed when treating a sick person.

Whether treating high blood pressure in the office, an FUO patient in an acute care hospital setting, or a SOCS patient at home, the decision-making process is an art. There are multiple pathways to treat these patients. Juggling different therapeutic agents and administration schedules is not unusual. It is a complex process. The doctor may have to respond using best judgment. For a patient with SOCS, when all tests are normal and the etiology is unknown, it is good to have a treatment plan like the one I describe in this book.

Continue your program for at least 3 months before stopping it.

If symptoms recur, you may have to restart and treat longer.

This therapy is, by necessity, out of the box. Therefore, I am more careful to monitor lab tests when using these medicines in this manner. Blood tests of liver and kidney functions are some of the parameters your doctor should monitor. These lab tests are performed every week for 3 weeks when a treatment is begun or altered. When therapy has stabilized, blood testing monthly is adequate. Any blood abnormality mandates discontinuation of the drug. It is true that this is a lot of testing, but in rare cases these drugs can cause injury. Better to be vigilant than sorry.

Any new symptom or new abnormality of a blood test from baseline is an unwanted side effect. Stop the medicine if even a minor reaction occurs. It is prudent to have a low tolerance for the drug causing problems. Taking chances in the face of new complaints or lab aberrations is unwise. If the medicine has been beneficial, it can be restarted later using a lower dose or less frequent dosing. Usually, the medicine is tolerated just fine when restarted.

### **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

Successful treatment is defined by you feeling better and the absence of side effects. Since there were no lab abnormalities that diagnosed the Yeast Syndrome as a cause of SOCS, there are no lab tests to indicate improvement.

To help long-suffering patients with SOCS, who have lived with their disabilities for years and consulted multiple specialists, stepping outside the traditional diagnostic/therapeutic box is imperative. A physician need not accept or believe in the yeast diagnosis. But it is important to recognize that antifungal medicines are beneficial in relieving symptoms. When faced with a seemingly insurmountable problem like SOCS, the patient and the doctor should discuss treating yeast.

## Chapter 19

# Enzyme Supplements

Enzymes are proteins used by the body to enable and accelerate chemical reactions.

They are necessary for many of our biological processes. For example: enzymes aid in breaking down food in the stomach and intestines to allow absorption. Other enzymes are involved in the oxygen carrying capacity of the blood.

These valuable substances help to break down harmful chemicals, reduce inflammation, and promote effective metabolism. They heal intestinal malfunctions and increase disease resistance. The result of the actions of enzymes is, essentially, a tuned up body.

Where do we get enzymes? Our organs synthesize these proteins, and we also ingest them in foods. The problem is that we do not produce and ingest enough enzymes to maintain optimal health.

The stresses of life increase the need for enzymes while reducing their availability. The body handles stress by releasing chemicals like adrenaline and cortisol, which are later broken down by enzymes. As the body expends energy to fight the assault of the stress, it has reduced capacity to synthesize enzymes. This results in a deficit of necessary enzymes, which inhibits healing and promotes inflammation.

In order to correct this enzyme deficit, we need to take supplements.

In my practice, I have seen enzyme supplements improve a wide variety of symptoms.

Diarrhea, constipation, abdominal cramps, nausea, and other common complaints associated with Irritable Bowel Syndrome are frequently alleviated. Musculoskeletal pain, fatigue, and cognitive difficulties also respond to therapy with these substances. I have also observed

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

improvement in some chronic skin disorders. Moreover, enzymes work with probiotics to enhance resistance to disease.

Because of these benefits, enzyme supplements play an integral role in resolving SOCS.

*When I first began treating SOCS, I met D. V., a 49-year-old woman who complained about fatigue, joint pain, and frequent loose stools associated with cramping. She previously had a thorough gastrointestinal evaluation. Results were normal. Her physician suggested a therapy of antispasmodic drugs, which worsened her abdominal complaints.*

*I advised new dietary restrictions, stretching, and recommended nutritional supplements, including plant-derived enzymes (see below).*

*Four weeks later, she reported that her bowel frequency had decreased 75% and the stools were consistently much less watery. She went on to explain that the enzymes were also improving her joint pains. On her own initiative, she increased her dose. As she did that, her joint pains continued to improve.*

*I thought her decision to increase the enzyme dosages was appropriate, safe, and reasonable. I decided to suggest this therapy to others.*

Over time, I observed that very high doses of these proteins reduced the pains of arthritis, tendonitis, bursitis, fasciitis, and other inflamed areas in SOCS patients. With less pain, it becomes easier to treat and improve other complaints of the Syndrome. As long as no adverse effects were noted, the supplements could be continued. Some people did experience side effects at higher doses, causing them to limit their use.

**Let's discuss the specifics of taking enzymes:**

Start with bromelain and papain, derived from pineapple and papaya, respectively. These two supplements are often available in a single pill. I recommend 500 mg. of each supplement, 3 times a day, or 750 mg, twice a day. They should be taken with food. Some people increase the dosage, because it helps with pain. They have taken up to 1500 mg. of each, 4 times a day. In order to prevent side effects, any increase in dosage should be done slowly.

People also find benefit by adding a broader spectrum of enzymes to their daily regimens. These include the following: pancreatin 100 mg.; amylase 12,500 units; lipase 1,000 units; protease 12,500 units; chymotrypsin 100 units; and trypsin 75 mg. These enzymes can also be found in a single supplement pill. As long as you are not experiencing side effects, you may gradually increase the dose. It may take up to 3 weeks to discern the positive impact.

Whenever a patient observes an improvement of their pain using this modality, I encourage them to continue for 3-6 months. I then propose they try to gradually reduce the dosage by one pill or capsule every 2 weeks, seeking to reach a level consistent with my initial recommendation.

Maintaining the improvement often does not require as high a dosage as attaining the original goal. If the discomfort recurs, the amount should be increased to the level that controls symptoms. When someone finds what works best for herself, she should stabilize there, indefinitely. Some patients choose to stay at the highest dose. This is an individual decision. If there are no side effects, I support patients' choices to follow their instincts.

**If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

In my practice, enzyme supplements have proven to be a valuable tool for treating SOCS.

They improve symptoms and contribute to healing.

## Chapter 20

### Food Intolerance and SOCS

Intolerance or sensitivity to foods is a common problem. Symptoms include abdominal pain, diarrhea, and bloating. Mouth sores, skin rashes, and joint aches may also occur. Some suffer from systemic reactions of pain, fatigue, and cognitive disorders. The average person often ignores these symptoms if they are mild.

If the maladies are severe enough to cause disruptions in a patient's life, they should be evaluated by their doctor. The physician will order lab and imaging testing to rule out possible known diseases that cause the symptoms, such as peptic ulcer, abnormal gallbladder, inflammatory bowel disease, and others. In some cases, the tests are all negative, despite the persistence of symptoms.

SOCS patients who suffer from any of the above symptoms, may associate those symptoms with intolerance or “allergy” to specific foods. In these situations, I make it a priority to evaluate and treat this problem as part of my initial therapy.

Identifying, treating, and overcoming food sensitivity is a prolonged process. If a patient has not recognized a food reaction problem, I recommend the other lifestyle changes and therapies described in this book, first. They have a greater likelihood of producing a successful response.

When symptoms persist after other treatments, investigation of food reactivity may provide a viable intervention. This option can be activated at any time in an evolving therapeutic program for SOCS.

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

The mechanisms of food reactivity range from a systemic autoimmune activation to allergic reactions to simple sensitivity. The symptoms of these different reactions may be similar, most often being gastrointestinal complaints. But the treatments are very different.

For example, Celiac disease is an autoimmune reaction triggered by gluten, which is found in wheat, rye, oats, and barley. The treatment is total avoidance of every food containing gluten. Food allergy is a condition where specific foods stimulate an immune reaction. The treatment is desensitization of the offending food. These conditions are diagnosed using objective lab testing.

Most people who claim to have a food allergy actually have food sensitivity. There are no tests that prove food sensitivity. When suspected, this intolerance is diagnosed through trials as described below. Any food can produce sensitivity and lead to symptoms. The most frequent offenders are dairy, wheat, gluten, nuts, peanuts, eggs, citrus fruits, shellfish, and corn. These substances can be additives in many prepared foods, so you must read package labels carefully to identify and avoid them. Some SOCS patients are unable to ingest an even wider variety of foods.

### **Food sensitivity contributes to the suffering of SOCS.**

Many people are sensitive to some degree to one or more foods. Following up on this presumption can be complicated. Since there are no objective criteria for food sensitivity, dealing with it begins with a person's intuition combined with a health provider's guidance.

The best way to identify a food sensitivity is to eliminate that food for about one week and then reintroduce it into the diet. This is called a "food challenge." If symptoms improve and then recur, repeat the exercise to confirm the result. Keep track of your reaction to a food, how long it took for symptoms to appear, and how long for them to resolve. Creating a chart

on a 8” by 11” paper tracking the date, foods, and symptoms allows easy evaluation of the data. Diagnostic certainty increases by repeating food challenges.

If there are many suspected food sensitivities, then it is better to use a *comprehensive elimination diet* which begins with a restricted meal plan that is then extended.

One such approach is to eat nothing but brown rice and boiled greens for 10 days (assuming these are not suspected foods). After this period, add a new food every 5 days. If there is a reaction, eliminate that food and proceed on to the next. Record foods, reactions, and timing to properly judge results.

Alternatively, eat all the foods you are comfortable with, and experiment with suspected offenders. Carefully chart as much data as can be useful.

Once you have identified foods that bother you, consider four day rotation diets. Start with a single food and find a small dose that is tolerable. Eat that amount of the food every four days. If you are able to tolerate the small amount through several cycles, slowly increase the amount or the frequency of the food. At some point you can work on another food in the same way. There are many permutations of this approach. Speed of adding foods, increasing dosage of a given food, how many to work with, eventually shortening the delay between repeating a food are just some of the ways to alter the process as your body acclimates.

Many SOCS patients gradually increase the amount and frequency of one food at a time. This can be done while other regimens (like taking probiotics) are pursued, but careful record keeping is needed to identify successes. Though the process may last for years, incremental improvements make it worthwhile.

## **If Everyone Says I Look So Good, Then Why Do I Feel So Terrible?**

Sometimes the amount of the sensitive food has to be kept at a very low level for many months before you are able to increase it.

Consider other food sensitivity therapies:

- Treating intestinal function is part of the healing. Probiotics and digestive enzymes prime the G-I tract to accept foods previously rejected. **(See Chapter 9 – Probiotics, and Chapter 19 – Enzyme Supplements)**
- Intestinal tissue supplements are another self treatment strategy. These are made from desiccated porcine duodenal tissue (i.e., dried out pig intestines). They should be given a trial of up to two months to gauge efficacy.
- Apple cider vinegar has helped many people overcome food sensitivity. Mix nine tablespoons of the vinegar in one quart of water and sip on this solution throughout the day.
- Many people find that the best results come from combining two or more of these therapies.

You may find that some foods will always cause negative symptoms, no matter what strategy you use. The SOCS patient must avoid those foods completely in order to treat the disease.

Healthy lifestyles and nutritional supplements will continue to heal your body over time.

You should periodically try eating small doses of the offending food. You may discover that you are able to eat this food again.

I hope these first 2 sections of my book have been of value to you. The third and final section will be available soon. Please monitor your email for this new material. After that is completed, I intend to make this available as a printed book for anyone interested. Thank you.

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