



**THE FIBRO GUY™**

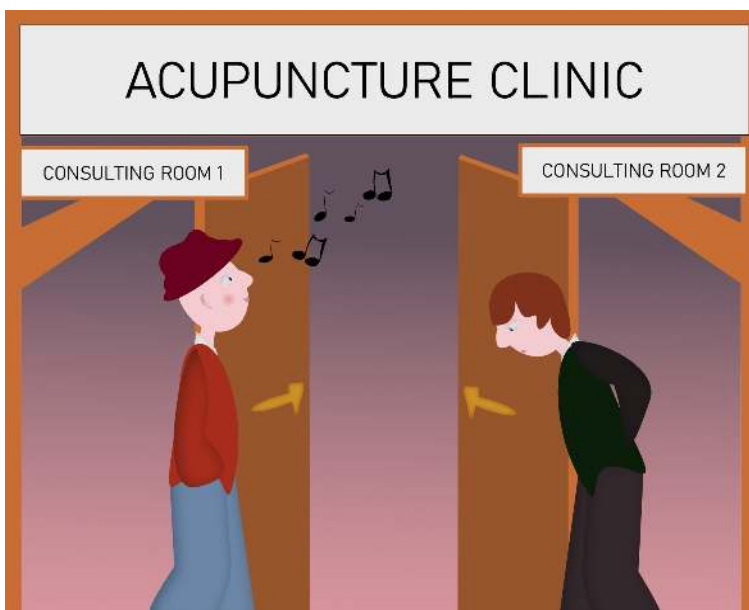
# WHY DO TREATMENTS NOT WORK FOR EVERYONE?



Hello reader!

Let me guess, despite trying every modality under the sun, taking every pill, every potion, and let's not forget trying all of the crazy alternative therapies out there ... You are still in pain.

- Have you ever wondered why this is the case?
- Have you ever wondered why some things work for some people and not for others?
- Do you want to know why this happens?



It is likely the most frustrating part of all this, is the fact that you will likely know or have even witnessed other people try the things you have already tried in the past, without success, but they recover from pain using it!

After a few years of this, the frustration can certainly start to set in! I myself witnessed this multiple times and each and every time, I became increasingly more frustrated as to why these people could get help from a

chiropractic or physio, yet I would at best get zero pain relief and at worst, end up in more pain than before I tried a new modality.

Just like me, you will have likely been inundated with recommendations to try Turmeric, Yoga, acupuncture, physio, chiropractic, or any of the limitless modalities out there that seem to get results for people ... Just not you.

After a while of trying different things, you can easily get upset that none of them actually work for you, yet 'Helen' down the street is pushing her juice shakes on everyone she sees because she got pain free from using them and is now the biggest advocate going!

And the worst part: sometimes they work for people, just not you.

Now, the question here is a big one: Is Helen out of pain?

The answer is 'yes'.

The question we should be asking though, is it the shakes that got her pain free?

The answer to that is no, not really, they just acted as a catalyst to push her towards recovery and this is something we are going to cover in a moment, as it's something you really do need to understand.

But right now, just understand that people who have recovered from chronic pain, have done so using one of two ways to do it, and unfortunately, people always pick the hardest way!

There two ways you can recover from chronic pain:

1. You can spend thousands of pounds trying loads of different catalysts,
2. You can do what we do and rig the variables in your favour to make sure that you do recover.

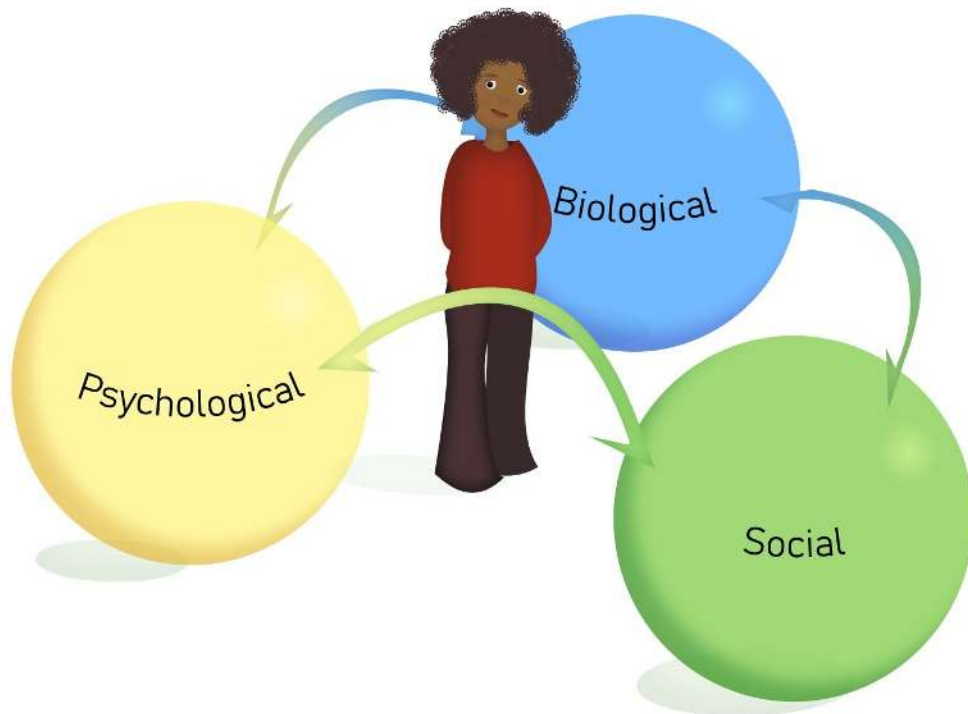
Are you confused yet? Good, it means we are on the right path!

# CATALYSTS AND YOUR BUBBLES

The best way to understand what a catalyst is, is to think of it as something that gets you from point A to point B. If I live in the UK and I want to get to Spain, then I'm going to need something to get me from point A to point B: a catalyst.

I could use my bike as a catalyst and it definitely could get me there, however, there are many variables at play as to whether or not this catalyst would let me achieve my goal. .

These variables can be grouped into three main categories or what we call in the studio: these are your bubbles.



**The Biological Bubble:** This contains factors that are biological in nature such as: tissue health, tissue laxity, nerve sensitivity, disease, age, inflammation, your age, joint mechanics, medication, genetics and even your immune system. Think of this bubble as the hardware of a computer, the circuit board, the screen, all the tangible components.

**The Psychological Bubble:** This contains factors that are psychological in nature such as: beliefs, past experiences, trauma, coping skills, your temperament, and even your expectations. Think of this bubble as the software of a computer, it can only exist inside of the computer, you cannot just smash your computer apart and expect to pull out a Microsoft paint from the circuit board, yet it still exists inside of the computer.

**The Social Bubble:** This contains factors that are social, all the things outside of your body such as: your job, money, friends, family, support systems, global pandemics, co-workers, and even social hierarchies. Think of this bubble as everything outside of your computer that can affect it such as: electricity, water damage, or perhaps a small child with chocolate covered fingers (I speak from experience with the last one).

Your bubbles contain the various factors that influence and mediate how you feel, what you perceive, and even how you experience the world around you.

One slight change in any one of your bubbles will affect all the other bubbles. If you suddenly lose your job (social), then you will start to worry (psychological) about how you are going to pay your bills.

If money is already tight you may start to think about losing your house, and such a dramatic shift in the psychological bubble will start to influence the biological bubble.

You may find that you are unable to get to sleep (biological) due to worrying about the future and soon enough with lack of sleep you will find your other bubbles start to change. You may become irritable or snap at your partner, you may become tired all the time and unable to think clearly.

Like I said before, your bubbles influence your entire life and they are ever changing.

# BUBBLES MAKE OR BREAK A CATALYST

If you use a catalyst to attain your goals, be that recovery from chronic pain or in this example trying to get from the UK to Spain, then your bubbles need to be set up in a specific way for the catalyst to work. Take me trying to get from the UK to Spain, and let's say I choose a push bike as my catalyst.



Let us look at my bubbles to see if this catalyst will work for me.

**Biological** - Currently, as a fat "post lockdown" Adam, the 5 days of intensive cycling required to get me from the UK to Spain, and a currently unprepared body would likely result in the journey killing me or result in me giving up. Biologically, at this moment in time, I just do not have the cardiovascular health to use a bike as a catalyst.

**Psychological** - There are a few things in this category that would also stop me using a bike as a catalyst, namely my belief system. I can say without a shadow of a doubt there is no way I could do that trip. I do have some good coping skills, however, from my younger years spent in the armed forces and being subjected to the most torturous exercises I've ever been subjected to. So, perhaps using those coping skills I learned in the army for pushing through extreme physical exercises, I may be able to push through and use a bike as a catalyst to get to Spain, even though biologically, I'm not very fit at the moment.

**Social** - There is also a pretty big social factor that's going to stop this catalyst from working for me: my family. I am a family man, I have responsibilities at home, as well as to my clients, I just couldn't get the time away to do such a feat.

So, from the outset and just looking at my bubbles, this catalyst just isn't going to be the one I could use to get to Spain. But this does not mean that just because it doesn't work for me, it's not going to work for someone else.

A professional cyclist, hell, even an amateur cyclist would be able to use this catalyst and it would work for them. This is because they have bubbles that allow the catalyst to work for them.

- **Biologically** - their bodies are far healthier than mine, they can handle such a punishing task, and they are far more efficient at physically demanding tasks.
- **Psychologically** - they may already have past experiences and know the easiest route to take, as they may have already done this trip. To a professional cyclist, their belief may be that the UK to Spain may not even be that much of a big deal.
- **Socially** - they may be part of a cycling group and will have access to knowledge that will help them complete the trip far easier than me. Just like using a bike as a catalyst, it is these variables that decide if something will work for you as a method of treatment.

Pretty much all of the modalities out there, don't actually work for the reasons they state, because if they did, then they would work for everyone! Now, this doesn't mean I can't get to Spain, it just means that using a bike as a catalyst isn't going to work for me at this moment in time. I need another catalyst, one that aligns with my bubbles.

A car would be another catalyst for me and would only take around 23 hours to get me to Spain, so that is a lot less than if I were cycling. With the physical aspect of the journey removed, then this means this catalyst is looking more promising.

However, there are again, just like there always is, different mediating factors involved as to whether this catalyst would work for me. It looks promising biologically and psychologically as there is no physical exhaustion required and I have the cognitive ability to drive a car and have done many long journeys in my lifetime. However, social there is still a problem: I can't get the time away to do it.

So, as you can see, one tiny factor in any of the categories can stop a catalyst working for you. Even the tiniest of changes in your circumstances can affect it.

Even if I could get the time away to do the drive, I may be a new driver and may never even try this catalyst because of the very demanding drive involved that I wouldn't feel comfortable doing, as it is way above my current driving ability!

Likewise, If I am a nervous driver, then I may find that I get overwhelmed when I get to the ferry port and never actually complete my journey.

For me though, flying would be the best catalyst to get me to Spain. The journey is quick, and the hassle is level is relatively low, so biologically it works. I have good past experiences with flying, and I do not have a fear of flying, so psychologically it works. Socially, the time away from home would be minimised, so this makes the catalyst work for me because my categories allow it to.

Again, one small change and it would not work anymore. If I were to lose my job, then my social bubble would mean that I could not afford the plane ticket and this catalyst would not work for me anymore.

Regardless of whether you need to get to Spain or you are trying to get out of pain, the above still



applies to everyone.

Most people use a catalyst to try and recover, they just don't realise it. I hope you can see from the above just how hard it is for something to work as a catalyst due to your bubbles. So, when we really think about it, is it that strange that all of the things you have tried for pain relief or recovery haven't worked?

No, it's not, there is a lot going on behind the scenes that you are only just starting to realise!



## CATALYSTS PEOPLE USE

People try all sort of things to recover from chronic pain. People have used exercise, acupuncture, diet, meditation, medication, herbs, and honest to god there was one woman who drank her own urine and recovered from chronic pain (seriously, I'm not even joking).

The list of things people that have tried and used to successfully recover is nearly as long as the list that people have tried, and it had not work for them.

As I've said before, there is no shortage of people who will literally scream into your face that Yoga cured their pain and that you should start doing it too. The only problem with your screaming Yoga bunny friend, is that although it worked for them, they had vastly different bubbles to you.

What you really need to take away at this point though, is that what modalities say they do and what they actually do, is worlds apart. If you go and have any treatment done to you (or what we call passive treatment) then it is not doing what it says on the tin, if it did, then it would work for all people in pain, not just some.

When you try something new or a therapist does something to you, at its very basic level, it is nothing more than information traveling through your nervous system to your brain, where the brain then decides what it wants to do with the information and does whatever it wants to do.

Its information in, the brain decides what to do (unless we are taking things like reflex arcs) and then it takes action. That is what all therapy is, no more, no less.

A good place to go from here is to look at what comprises different catalysts that people try and why they work for the person and not others.

If we focus more on what the brain does with the information when it combines it with all the BPS factors, then you will start to see the bigger picture and why one thing does not work for everyone.

Let us break a catalyst down that people often use; let us use Chiropractic as a good example! Defined by the NHS:

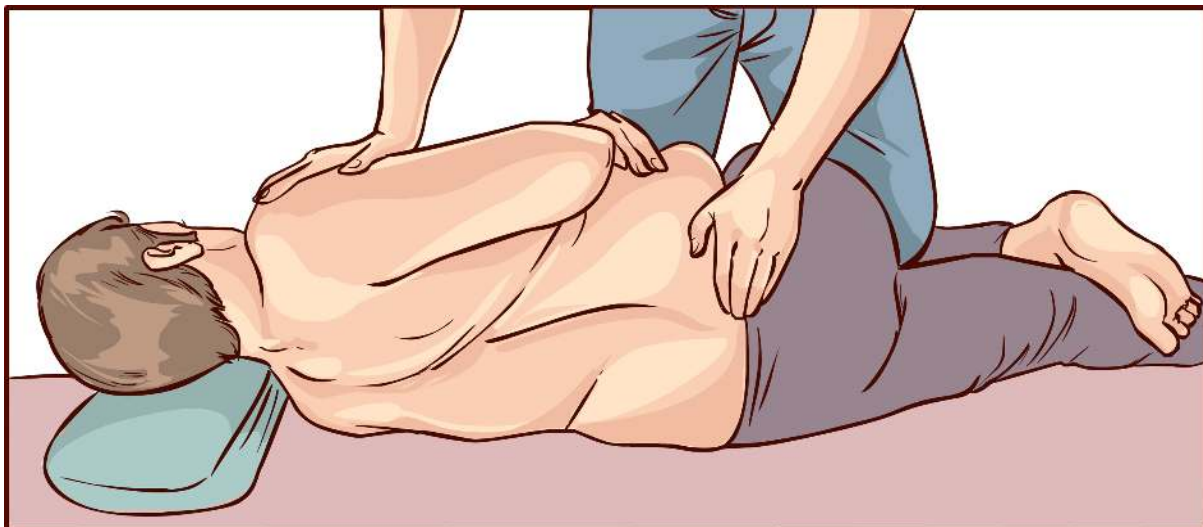
**Chiropractic is a treatment where a practitioner, called a Chiropractor, uses their hands to help relieve problems with the bones, muscles, and joints.**

Chiropractic has long carried the theory that most disease, pain, and symptoms stem from the misalignments of the spine, often referred to as "subluxations". The only problem, however, is that this has long been debunked, even by the governing body for Chiropractic.

We know that there is a small subgroup of the population, those who suffer from very high levels of connective tissue laxity, who can have subluxations of the spine, however, for the average Joe/Jane doe, this is not the case, evident in the abundance of research collected over the last few decades. So why then can some people get pain relief from Chiropractic, whilst others get no relief?

Well, as you probably have already figured, it comes down to those three little categories and what a brain does with the information of a Chiropractic adjustment. Below I am going to give you examples of two people: Sandy and Steve.

We are going to look at the factors behind why Chiropractic did not work for Sandy, yet Steve felt great! Before we get into Sandy's story though, let us look at what the input of Chiropractic is: a noxious stimulus.



# WE DON'T HAVE PAIN RECEPTORS, WE GOT IT VERY WRONG

You have high threshold nerves in your body that detect noxious stimulus, this means they lookout for anything that might be dangerous, things in the form of extreme pressure, temperature, chemicals, vibration, and stretch.

We used to call these nerves "pain receptors", back when Rene Descartes coined the Cartesian model of pain back in 1664. However, it's important to remember that we were still burning witches at the stake at this time, and whilst Rene did a lot of good for the scientific community, he did however conflate pain, with nociception, a mistake that people with chronic pain are still paying for to this day.

This all means that for an exceptionally long time we thought of pain as an input to the body, rather than an output of the brain like it is. Pain is not nociception, pain is pain. Nociception is when a nociceptor nerve starts an extraordinarily complex set of steps to inform the spinal cord and brain that something might be wrong. Your brain can use nociception to decide if pain is warranted, or if it can just outright ignore it. In fact, you do not even need nociception to produce pain.

In summary, you can have:

- **Nociception followed by pain (like when you stand on those annoying little spikey hair clips that your wife can never find, but your foot locates 50,000 times everyday)**
- **Pain without nociception (like the Australian builder who shot a nail gun into his foot by accident and was given fentanyl to ease his extreme pain, only to find when they removed his boot that it hadn't actually gone through his foot, but rather the space between his toes)**
- **Nociception followed by no pain (like when you go for a run and have 5x your bodyweight goes through your knee joints, but your brain isn't bothered about it).**

This is what an adjustment at the Chiropractor is. It is a high force adjustment that creates nociception.

When a Chiropractor adjusts your spine, they are providing your nervous system with a nociceptive input. What your brain decides to do with this input depends on what is in those three bubbles we talked about earlier: Biological, Psychological, and Social,

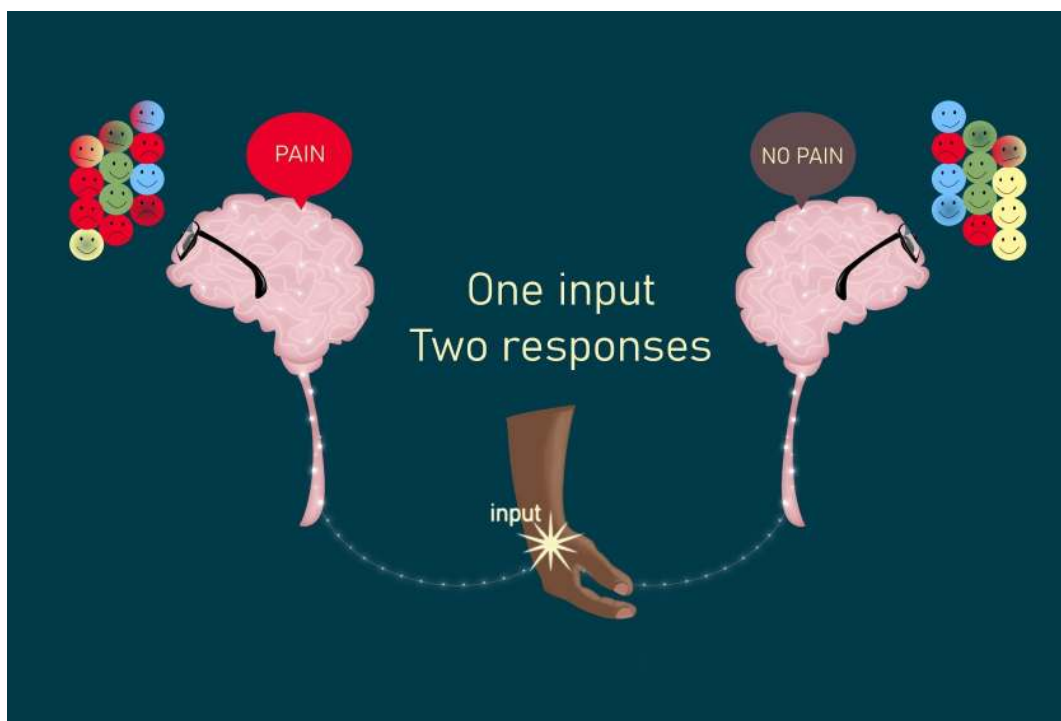
## TWO PEOPLE, ONE INPUT

Now that we have that out of the way, lets focus on Sandy and Steve. Let's say Sandy goes to see a Chiropractor, gets an adjustment and it doesn't help with the pain. In fact, it makes it worse. After all, this has happened to a lot of people.

And let's say a month later, 200 miles away, Steve, also goes to see the Chiropractor due to back pain, but he leaves with pain relief and a big smile on his face.

Even though the Chiropractor has given the same input into both Sandy and Steve's nervous system, it has not worked for Sandy, but it has for Steve.

Now, for my favourite part, let's look at the contributing factors as to why it may not have worked for Sandy!



## SANDY

Sandy is 64 years old. She likes spending time with her grandkids, she lives alone, and she regularly goes to an art class, however, this is becoming more difficult as her back pain means sitting down to pain has become almost unbearable. Socially, however, the ladies at art class help Sandra with setting up and packing up after class.

Now, because of Sandy's biological age (64) and the social culture that she grew up in, she holds her doctor in very high esteem, as she has had the same doctor for decades and even her own children have seen this doctor.

Keep in mind she's also 64 and even if she didn't have back pain, there's still a 69% chance that she will have multiple bulging disks, they are after all, a very normal part of being a human and bulging disks don't correlate to pain very well.

Because of factors in her biological bubble (age) and factors in her social and psychological bubbles (the medical culture she grew up in) most likely she will go and see her doctor for his advice on her bad back. When she sees her doctor, he is likely going to send her for imaging, which most likely is going to come back showing bulging disks.

Statistically she has had these bulging disks long before her back started hurting.

Sandy eventually gets an Xray and it comes back showing that she has 3 bulging disks. Now what do you think is going to happen in her psychological bubble when she learns that she has a bulging disk? She is going to worry about it.



What happens to us biologically when we worry about a potential injury even if the last few decades show us that bulging disks aren't really a big contributor to back pain? We tense up, we guard, and nociceptors may become a little bit more active than they once were.

Sandy goes to the Chiropractor and he tells her that her spine is all out of alignment (adding more stress to her psychological bubble) and not to worry about it, as he is going to adjust her spine. The Chiropractor does the adjustment, he puts a significant amount of force into Sandys spine, nociceptors do their job and tell the brain that there is a lot of force going through the spine and the brain gets to decide what it wants to do.

If you were a brain and your job was to protect yourself, what do you think you would do with a high amount of force coming into your spine from a stranger, in a unfamiliar location, when you know you have multiple bulging disks and believe they are a cause for pain?

You are going to do what brains do and produce pain as a protection response!

If the last few decades of extensive research into pain have taught us anything, it's that damage and pain aren't mutually exclusive and that pain is a protection response, and what your brain deems as dangerous is entirely subjective.

# STEVE

Steve is 23 years old; he is an avid football player and an all-round sporty kind of guy. Steve has also been struggling with back pain for the last few months and this has affected him playing football.

Steve has quite different bubbles to Sandy and because of this he will process information that comes into his nervous system very differently. Due to Steve's biological sex and the friends he keeps, in the culture he keeps them, Steve doesn't show he is in pain. In fact, he doesn't even mention his back pain to his friends in fear of being ridiculed.

You can see right from the outset, that because of Steve's biological and social bubbles, his sex and the social stigma of being a man in pain, his psychological bubble is going to be badly affected.



Due to Steve's age and culture, he is very unlikely to go and see a doctor, after all Steve's belief is that he is a "man's man" and that men are supposed to just suffer and get on with things. Ultimately though, this means he is unlikely to go to the doctor and most likely get tests performed.

Even though Steve is only 23yrs old, he still has a 30% chance of having a bulging disk, even if he didn't have any back pain. So, the chances of Steve adding the nocebo of a bulging disk to his psychological bubble is pretty slim. Due to his bubbles, Steve pushes through the pain and his back starts to get worse, he becomes more sensitive and simple things like his T-shirt rubbing on his back starts to make it hurt much more now.

Steve adopts a guarded posture to try and keep out of the excruciating pain and as a result he feels stiffer and stiffer. Weeks go by and Steve has been in a protective posture for a long time, he feels incredibly stiff and its really getting him down. Steve eventually decides to go and see a Chiropractor and the Chiropractor informs him that his spine misaligned (even though this isn't really a thing).

Steve's psychological bubble is updated, in the way that his belief systems are updated to now know what's causing his pain, even though it isn't true, and then the Chiropractor adjusts him on the bench. A high amount of force is put into Steve's spine which activates nociception, that then informs his brain something dangerous might be happening to his spine.

However, Steve's brain really isn't bothered because he already knows what the Chiropractor is doing (even though he isn't) and his brain decides he doesn't need to protect himself. Now, instead of producing pain from the nociception, his brain can instead relax. His brain induces a descending modulatory effect in which his brain can turn down or shut off pain, which often happens if you give someone in pain noxious input.

The adjustment has also just released a build-up of gas from his joints and Steve gets the ensuing endorphin release that makes him feel "looser" as well as being placing his spine into a position he was previously afraid to move into due to pain.



When we move out of a position we have been holding for some time, such as a guarded posture, it feels amazing! Just think about how great it is to get out of a car after a long drive and finally be able to stretch out.

Steve is now more relaxed when he gets up to walk about, instead of being mechanically coupled (where the thorax and hips lock together to protect the spin), he can counter rotate when he walks, and he feels looser, and walking feels far easier.

There are many different mediating factors that will determine if something will work for you as a treatment, and hopefully you are starting to see how much of a lottery recovery is if you use catalysts to try and recover!

There are many things that could have easily made it so that Chiropractic did not work for Steve. He may have had friends who had previously been to a Chiropractor and had left the clinic worse than when they entered.

The Chiropractor may have had problems at home and seemed distracted or even rude. After all the therapeutic alliance between a patient and their practitioner is a big decider on how much pain relief someone will get.

Steve may have also had bone spurs which he was unaware of that would of stopped Chiropractic from working from him. The list of possible bubble combinations is limitless.

## THE ODDS ARE NOT IN YOUR FAVOUR

The above example is just one of thousands we could talk about. For a treatment to work for you as means to recover from pain, then your bubbles need to be able to work the catalyst in your favour. As your bubbles are constantly changing, it turns the recovery game into a lottery.

There is an abundance of people who have tried treatments and they haven't worked, only for them to work a few years later when they tried them again.

It is from my own experience of trying treatment after failing treatment, as to why The Fibro Guy even exists. I learned a long time ago that when we look into different treatments, they don't work how they say they do, and that anyone that claims a certain technique will do such and such to you is painfully misinformed.

What we do know though, is that whatever treatment you try, say Bowen therapy, it may or may not work for you and this is because it is information into a nervous system, and what your nervous system does with the information is unique to you.

Bowen therapy helps a lot of people year on year, with its claims of releasing fascia, but as the current evidence shows us that we cannot release fascial, well short of going at it with a scalpel, we know it's not helping based on its claims.

When I was in pain, I hit the point where nothing was working for me and instead of trying more and more catalysts, I decided I would focus on the important part of the process, the one that no one actually focuses on ... What we do with the information coming into the nervous system.

I changed my bubbles to give myself the best shot at undoing the years of noceboes I had obtained from various health care providers and I started to give myself new inputs, specific inputs, inputs that changed the way I processed the inputs that were causing me to produce pain.

Back then I could hardly climb stairs without experience sharp stabbing pain in my neck, yet to look at me now you would never think I had experienced pain.

In the last decade I have refined our process, becoming quicker and more adapt at figuring out what inputs people need to achieve the same results. And in that time, I have trained former clients of mine to do the same thing for their clients in their own studios. This means that no programme will ever be the same for two people, the inputs people need are different for every client.

Our hypermobile clients will require more focus on inputs such as tactile cue work to help update their cortical maps and stabilise their joints, where as some people may need a lot of inputs based around fear dismantling, or even a lot of education or movement. But, your unique brain and your bubbles, is ultimately the reason one treatment doesn't work for everyone.

So, if you are in pain, you have two choices:

Keep trying different catalysts in the hopes that your bubbles match up with them or you can focus on the part that's actually important ... What your brain does with that information and focus on providing it with inputs that change how the brain processes information..

I honestly believe that everyone, regardless of whether they are in pain or not, should overhaul their bubbles to finally see the areas of their lives that are causing issues. As without a strong foundation, how do you expect to build a recovery.

For those of you who want to know more about BPS bubbles, I have attached a bonus 1 hour long video and workbook below :-)

Take it easy friends,

Adam

A handwritten signature in black ink, appearing to read 'A. Ferris'.



[CLICK HERE TO DOWNLOAD THE WORKBOOK](#)



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