

## **ASHOK GUPTA PRESENTATION, 16<sup>TH</sup> MAY 2009, The Circle, Sheffield.**

Twelve years ago Ashok Gupta was suffering from M.E., looking at the vibrant healthy person standing in front of the large crowd; it's hard to believe he was severely ill for almost three years. Based upon his own route to health and his subsequent investigations, Ashok Gupta came to Sheffield to share his belief in his hypothesis, which is that by Re-training the Amygdala there can be a pathway back to better health, a life with less pain and anxiety.

Ashok's presentation touched on four areas: 1. Amygdala Hypothesis; 2. Amygdala Re-training; 3. Pilot Study and 4. Future Research.

### **Amygdala Hypothesis**

Ashok became interested in Brain Neurology studies, in particular Professor Joseph Ledoux. Through these studies he realised the Amygdalas are almond shaped structures located a few inches behind the eyes. They serve a definite function and are responsible for the body's Danger/Alert Response (sometimes called the Fight or Flight Response). These responses are reactions to both physical dangers; this also includes immune and toxic dangers, as well as psychological dangers.

There are precipitating factors

- Genetic, you can be genetically more likely to suffer M.E.
- Environmental factors: lives are becoming ever more stressful with the overload of personal and working lives, extended families, change in the economy etc.
- Psychological stress- this can be linked to the environmental factors and personal relationships.
- Physical Illness – most commonly associated with viral or bacterial infection. (Ashok also stated that those suffering from Fibromyalgia were more likely to associate the onset of their illness to a physical injury / incident).

These precipitating factors cause trauma in the Amygdala, which sends messages to the outer brain, the cortex, to say "can I handle the situation?" and so a response is set underway. When the immune system is low due to stress and viral complications, the precipitating factors have a stronger affect upon the body. The thalamus becomes sensitised, magnifying all the signals into the brain. The sympathetic nervous system is triggered, i.e. becomes ALERT. The body is usually in this alert state for SHORT periods of time. The body should more commonly be in a parasympathetic mode, i.e. RELAXED, for long periods of time and only briefly interspersed with sympathetic nervous reactions when it encounters something it doesn't know how to deal with.

Ashok explained, when the immune system is low, the body can be stimulated into its sympathetic state more often and for longer periods of time. This leads to a conditioning effect, whereby the body actual finds it is difficult to switch off the stimulation. The over stimulation can lead to Latent Viruses re-surfacing and so the immune system goes into overload:

In 2005 an Italian trial group showed the immune system could be compromised by conditioning: the trial group were repeatedly given an agent (virus) dosed liquid with a particular smell and colour. When the trial group was later given the same smelling, coloured liquid, but minus the agent, their bodies' immune systems still responded as if it had been present.

Professor Garth Nicholson also ran a study comparing people with M.E and others with Autism against a standardised control group of non-sufferers. Prof. Nicholson discovered that both M.E. and Autism sufferers had increased levels of latent viruses. This suggests that over stimulation affects not just M.E. sufferers but may have links to other illnesses symptoms and maybe why diagnosing M.E. can be made difficult.

People with M.E. tend to have increased levels of sensitivities, developing allergies and reactions to situations and substances which they had previously tolerated. Some people develop food allergies whilst others become more sensitive to electrical impulses; noise or different smells.

Tests on rats have shown, if the rat's Amygdala were destroyed they were not able to learn a response to a stimulus. Everyone's Amygdala is conditioned differently by exposure to different tasks, events, situations and people. This means that a unique pattern of symptoms develops and that as a person progresses they learn more responses and so may develop sensitivity to more things.

Physical symptoms – muscles when stimulated move to a toned position, lactic acid then builds up in the tense muscles and leads to joint pain and muscle fatigue

Cognitive symptoms – sleep depravity, the Amygdala can wake you from nightmares as it still responds to danger stimuli, so it's no wonder that many M.E. sufferers find they have trouble reaching deep sleep, or even maintaining a sleep routine.

Emotional symptoms – people are emotionally vulnerable when feeling ill, most will admit to feeling more easily upset, weepy when ill. This is compounded by physical restrictions and pain, which can cause depressive thoughts – feel “life's a constant battle”.

A general observation is that the mind is busy, too busy, keeps going over things, until it has multiple layers of thoughts which then cloud judgements and become confusing – creating the impression of “Brain fog”. Also, the venous pooling of blood in the legs for the flight or fight scenario, means that blood flow is usually restricted in the top half of the body, this causes lowering of blood pressure and again increases levels of brain fog.

Another observer might compare ME to a body with an engine over revving, constantly reaching a biting point and using too much energy going no-where.

### **Amygdala Re-Training**

Re-training does not need surgery nor drugs, it's based upon retraining the brain's responses to the body. It is very different to CBT (Cognitive Behavioural Therapy) which aims to change thinking to merely help cope with an illness and not erase it.

General population actually probably only function at approximate 85-95% level of their bodies ability/capability, this can be due to lack of activity; poor diet; stressful lives and work etc. Very few people are at 100% level because of these surrounding inhibiting factors. So we when we state we want to get 100% fit, perhaps this is expecting too much.

### **Pilot Study**

Within the pilot study group the average age was 37.8yrs and there were 33 participants. There wasn't, however, much difference between recovery rates and the ages, as might be expected. The difference was actually correlated to the number of years suffered with the illness, i.e. those with long term M.E. actually recovered more slowly. **92%** of people in the pilot study significantly improved as a result of the programme, **66%** went on to make a full recovery (that's in terms of 85-100% better). Some did not achieve full recovery within the year due to other complicating factors, such as rehabilitating muscle development. His confidence in the programme's ability is such that he offers a money back guarantee!

Question and Answer session was very informative:

*Q1. Is there a time commitment to using the programme?*

A: It would be best to aim for half an hour meditation, those not able to commit more should practice this first before learning the tools bit by bit and then integrating them into their lifestyles. Focus on sections 4 and 6 first to help support your progress through the programme.

*Q2. If training the Amygdala, do you need to be able to see yourself well?*

A: It helps to be able to remember or picture yourself well and healthy. Work on imaginary situations, write down your feelings. When you next re-visualise the situation re-read your notes on your feelings, and add to them on each visualisation if need be. Don't worry; repeated training on these visualisations helps your Amygdala calm down.

Q3: *What about co-existing depression?*

A: Those with severe and clinical depression should continue to work with their practitioner. I do not recommend they use the programme on their own. Those actually using medications such as Prozac might try using CBT first.

Q4: *What about serious illnesses left with after M.E.? such as reactions to anaesthetics, poor diagnosis and lack of treatment has left me angry.*

A: Anger can also cause the Amygdala to react in a manner similar to stress and compromises the immune system too. There is the need to support the body to be in an optimal healing state and by addressing the anger may help increase the body's ability to handle other illnesses.

Q5: *Do you see antiviral drugs as complementary to the programme?*

A: Drugs can often be used to treat the secondary viral level; those interested can investigate the work of Jonathan Kerr. Pursue all avenues if it helps you.

Q6: *How does the programme affect older people that suffer with M.E.?*

A: Although, the complications arise when illnesses affect the body which are often associated with aging such as arthritis and osteoporosis. Amygdala re-training can help to some degree in areas such as pain thresholds.

Q7: *How does the system work if you need to go towards the symptoms and signals?*

A: The programme helps in two ways: it helps you re-train the signals and it allows the brain to tune into the source of the signal. By recognising the source of the signal the re-training enables the Amygdala to switch off the response quicker.

8: One member of the assembly was able to state that although they had tried Reverse Therapy and found it was helpful, it worked to some extent she always thought something was missing. At this stage now, where she was four months into the Gupta programme and she believes this feels right, she feels transformed.

A: Our bodies have the innate ability to return to a good state, its' cells are replaced within 6 months. Need to take the knowledge of the GP, get all the tests for M.E. completed before start the programme. As said before, there is a commitment required but need to work with the lessons of illness and that is both physical and mental rest is required. Ironically, those bed bound may find the opportunity to use some of the tools and practise meditating regularly. This programme integrates with pacing to increase energy, with energy comes the ability to use the tools and progress further towards recovery. I have known a bed-bound gentleman return to a more active and mobile life, starting with short meditation, using the programme daily to being able to get out of his house using a wheelchair.

Q9: *I have partied well for a large part of my life; will this mean I'll take longer to recover?*

A: Healthy living, rather than bad living will aid recovery, and you may find it difficult mentally as you will look back and think why me?, I used to be able to do.....  
Yes, it might be a slower response but with effort I don't see any reason why you should not be able to gain progress, it is relative to the commitment and effort you put in.

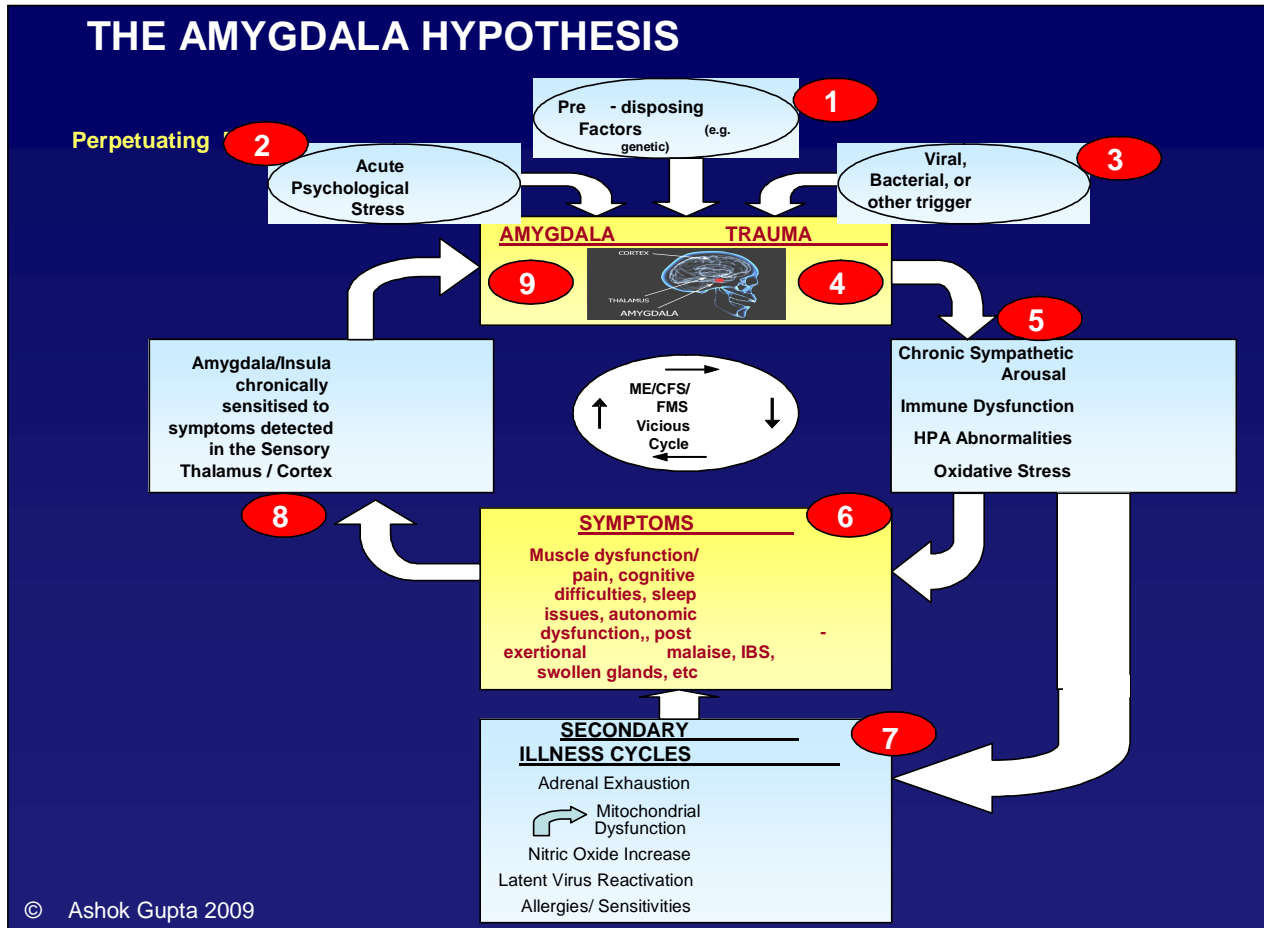
Q10: *What future developments are there and is there any signs of links with NHS?*

A: Have completed the pilot study here in the UK and am currently looking to do further trials and a study in the USA. Obviously, it is a matter of funding but I feel confident that more clinical based trials will show the benefit of the programme. Ultimately, it is my ideal to be

able to use the positive results to get the system onto the NHS to make it more freely available for all.

Q11: Are there any local practitioners?

A: It is impractical to travel to London but you can have telephone consultations with practitioners at my clinic. I believe the programme works best with my own trained practitioners, however, at the moment there are none trained locally. I am looking at developing a face to face web support site but it's not currently available.



If you are interested in experiencing this treatment, you can find out more details at [www.guptaprogramme.com](http://www.guptaprogramme.com), or Email any queries to : [info@guptaprogramme.com](mailto:info@guptaprogramme.com)  
Tel: 0845 475 1475

On behalf of the Sheffield M.E. Group we would like to thank Ashok for making the long journey up to Sheffield to deliver his very interesting and informative presentation. We also truly appreciate his generous gesture of donating a copy of The Advanced CFS/ME Recovery Programme to our library. (For details see library section of the Summer 09 Newsletter).

We would also like to thank all those who attended (78 visitors) and especially those who travelled from far and wide (Dronfield & Chesterfield, Worksop, Derby, Rotherham, Doncaster, Wakefield, Chester, Leicester, Barnsley, Bradford, Frodsham and London!).