Endometriosis: Insights Into Reproductive Longevity Transcript

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Introduction to Dr. Jessica Drummond and Endometriosis

Hi. I'm the host of the Beyond Infertility Summit, Dr. Aumatma And it is my honor to introduce you guys today to Dr. Jessica Drummond. She has a tremendous amount of knowledge in women's health.

She is passionate about supporting and caring for and empowering people who struggle with women and pelvic health concerns and has been working in this field for over 24 years as a physical therapist and a clinical nutrition.

As Dr. Jessica's trademarked approach is a holistic, multipronged and comprehensive approach, which combines science and form research, functional nutrition, lifestyle, medicine, and nervous system regulation, the mind, body connection, hormonal balance, and physical and manual therapy.

What I'm really excited about is Dr. Jessica Drummond is in my mind one of the leading experts in the field of endometriosis So we're going to pick her brain today about all things and no.

And what I'm so excited is like she's just going to break down for you all of the things that you can do if you're struggling with to assess or even the the starting point of realizing like some of the symptoms that get so normalized.

Over. Your lifespan. And as a woman who like I remember being doubled over in pain and doctors say, oh, you're fine, it's normal, right? So this idea that we normalize women pain and in fact, there might be things going on under the surface and endo is one of those things that we really have to make sure to rule out.

So we're going to talk a little bit about what are some of the signs and symptoms.

What Endometriosis Is and How It Affects the Body

How do you recognize if you have endometriosis and how to advocate for yourself so that you can get the support that you need in a in a meaningful way so that you can have the child that you dream of.

All right. We'll see you there. Hi, Jessica. I'm so excited to have you here. And let's just get right into it. What is endometriosis Well, thanks so much for having me.

It's my pleasure. And yeah, let's talk about Endometriosis and fertility. So endometriosis is a genetic autoimmune inflammatory condition that we don't have 100% mapped out all of the pathophysiology for.

But increasingly over the last two decades or so, that I've been in the field, we have more understanding that it's an inflammatory condition, an immune dysregulation condition, in fact.

endo lesions, which are tissue that is similar to but not exactly the same as the tissue lining the uterus, which is called the endometrium, which is kind of how it initially got its name.

We now know that that tissue is distinct and in fairly similar percentage of fetuses that have uteruses, female fetuses have endometriosis lesions, even pre birth.

Also the same. So it's like 9% have endometriosis lesions pre birth and 10% of the female population has endometriosis lesions in their lifetime. But it's a wide ranging disease in that it can be very it can be silent.

There can be no symptoms at all until people maybe discover it if they're struggling with fertility issues, or it can be extremely painful and impacting.

90% of people with endometriosis also have digestive issues. It's it's found not uncommonly outside of the pelvic area. So by definition, endometriosis lesions, the little growths of that aberrant tissue are outside side of the uterus.

So they could be all around the ovaries, fallopian tubes on the outside of the uterus. But they're also just generally in the pelvic cavity on the bowel, soft tissue, sometimes uterine, you know, adherence to like the back wall of the pelvis or other areas, other ligaments, other musculoskeletal tissues on the bladder.

But it's also not uncommon for endometriosis to be outside of the pelvis. It's called extra pelvic endometriosis. So these lesions can also be found on the diaphragm, the lungs.

It's been found inside the nose, on joints, in musculoskeletal tissue. So it's a full system disease that's sort of been mistakenly categorized as like a female period pain disease.

And and it's really a lot more subtle system than that, although certainly it does generate painful periods, sometimes pain between periods, pain, the pain can be regular or irregular and the pain is can be very severe.

In addition to some of the other very common symptoms, like I mentioned, digestive symptoms, fatigue, headaches, anxiety, because there is a neurologic component related to the digestive challenges when when the gut microbiome, all those bacteria in the gut are being stressed by a disease like endometriosis that impacts the nervous system, which can be related to depression and anxiety and lots of other things.

So I think the most important thing I want to relay here is that endometriosis is a full body disease. It's quite common. One in ten women will experience this in their lifetime and it's presents very differently across people.

Although there there are certain very common symptoms that we do see most of the time that kind of put up those red flags for suspicion. Um, yeah, it's it to me, it's like from what you're saying, it's very complex also.

And I, I think a lot of people I've heard so many practitioners classify endometriosis as an estrogen issue, dominance even. And I'm like, well, I don't actually ever see that in clinical practice, so I don't know where this idea came from that endometriosis is estrogen related.

Can you shed some light on that? Well, that's a really good question. I think, yes, they're kind of historically it was seen as an astringent ribbon growth, sort of like how we have some estrogen driven breast cancers, if you will.

And I do like to think of estrogen, I mean, as end of endometriosis as a cousin of cancer. While it's not cancerous, it can predisposed to certain cancers.

And it is aberrant growths that essentially hijack the immune system for its own good.

Hormones, Estrogen, and Endometriosis

So these lesions, let's say you have a lesion on your ovary or on your bowel somewhere, the that lesion itself, one produces its own hormones. So you do have more estrogen, but it's not because the ovaries are producing more estrogen or even because the estrogen is not being processed optimally, although that often happens in general and certainly for people with endo in some in many cases.

But the the lesions produce their own estrogen and they kind of hijack the immune system to create their own blood supply and their own nervous system supply.

So we do have to intervene there on a kind of a biochemical level. But there was a study published in Belgium in 2018 that gave us a lot more insight to is are these lesions actually being said by estrogen?

Sometimes the answer is yes. So they found that there were four kinds of lesions, some where the estrogen receptors were upregulated. So more estrogen receptors on those lesions.

In some cases, it's more progesterone receptors. In other cases, it's both kind of receptors. And in other cases, it's neither one. And these for different kinds of endometriosis lesions in terms of hormone receptor upregulation can exist within the same woman.

So I don't and you won't know what kind you have until after they are removed if histology is done so that's somewhat useless information. But it does kind of make sense clinically in terms of what we see in terms of women who respond to hormone suppressive therapy.

So it's about 30% of 30% of women respond have some symptom reduction or symptom relief from taking something like hormonal birth control, which is an estrogen suppressant or Lupron or less any kind of general agonist or antagonist.

These medications that actively suppress estrogen and they can be helpful in some people in the short term. Now, it does not do anything to cure Endo, but it can be a symptom suppressing short term and in certain countries and even in the US that can be valuable when, for example, it might be a year to two years before surgery could be accessible.

Or for someone who can't afford endometriosis, excision surgery or someone who doesn't have access to it or is on a waiting list or their insurance won't cover it until they do X, Y or Z.

There are reasons why we may want to suppress symptoms temporarily and I think that's where that comes from. Sometimes that's helpful. It's not always helpful and it's not a cure, but it can be helpful in some cases.

And so similarly, it can be helpful to make sure that the body is metabolizing and processing, detoxing, if you will, any excessive estrogen or progesterone hormones in general, which are processed in two ways through the bowel or through the liver, really, both in less exposure or to xeno estrogens, which are like fizzy chemical estrogens, plastic water and plastic water bottles wearing plastic flip flops, plastic clothing.

We know that a lot of, you know, athleisure brands have a lot of microplastics that are absorbed through the skin, especially when you're sweating, avoiding those exposures to environmental toxic estrogens and then making sure that bowel function and liver function are optimized can mitigate that risk of excessive estrogen contributing to the problem.

But it's not really the cause of endo. Is that helpful? Yes, that's super helpful. I think it I think it just helps to shed light on what I think is a common misconception around enemy dresses and potentially like supporting the liver and the bowel as like a part of a strategy around how do we support women with endometriosis to to a feel better but then also they're struggling with fertility.

So let's get into the utility side what what is the from your experience what's the biggest impact of end of each process? Like why is it so negative for fertility?

Well, a couple of things. One, endometriosis itself impacts egg quality, probably because of that immune dysregulation. An inflammatory environment over the relative long term.

You know, there could be other reasons that we don't have documented yet, but egg quality can suffer in endometriosis, which sort of narrows your reproductive window, if you will, or shortens the reproductive window.

And shortens the ability of any given fertilized egg to actually become a, you know, healthy birth baby. And so we want to optimize egg quality to mitigate that and focus on that and even have a conversation early on with women, with endometriosis around egg freezing.

Endometriosis and Fertility Challenges

Also, we do know that endometriosis excision surgery lowers sort of an autoimmune response post optimal postoperatively and the research has gone for about a year.

In my experience in my practice, we can extend that window. I published a study. The case study was using Vulvodynia as the model, but it's the same kind of issue pathway physiologically that we were able to extend that window for 22 months.

So in all cases, it's not to say that the window shuts at like a year or two years post-surgery or post immune regulation. It's just that at some point you have to publish the paper, right?

So he's following the case, but immediately post excision. There's an impact to in autoimmune antibody levels. And so essentially this is a reproductive immunol edgy problem, not so much in reproductive endocrinology problem, if that makes sense.

And so what we need to do with endometriosis is do everything we can to regulate the immune system so it's not essentially attacking the fetus, which happens somewhat normally with pregnancy.

It helps to kind of shift the immune system to be less autoimmune in many cases. But the more we can do to optimize gut microbiome, health, lower inflammation, regulate the immune system, make the immune system less irritated to anything.

So by doing things like gut lining, healing, nervous system regulation, because when the brain is is activated, is stressed in any way from emotional stress to too much sugar to too much chemicals, whatever, that gets the immune system on high alert.

So those couple of things we can really jigger, we want to optimize air quality with particular antioxidant nutrients, things like Cocu ten and acetyl cysteine.

And there was a great paper that just came out, well, first version of it a few years ago and the kind of second version of it the last few months showing that Aniceto 16 taken at a dose of 600 milligrams three times a day, just three days a week because of that pulse dosage was found to be more effective for three months.

Although, again, I don't know why you would necessarily stop at three months, except you have to publish the paper at some point. And so to support both egg quality and to stop endometriosis lesion growth and proliferation, or at least try to slow down that process.

And there are a few other nutrients that support that as well, such as pick notional, which is older data. But I use that a lot clinically. So basically what you want to do is both regulate the immune system and support egg quality, DNA quality and ovarian function, which in our practice we're also starting these peptide bio regulators which has have has less data and is still sort of in an early stage of using for this purpose.

But I think it's something that we're going to use more and more on the horizon. Yeah, tell me more about what are peptide bio regulators? So basically these are just tiny protein or not even proteins or peptides.

Peptides are just smaller chains of amino acids. So amino acids are like if you think of a protein is like us a line of Lego blocks or amino acids are the Lego blocks.

They're the little molecules that come together and form a protein. Those are about 50 ish amino acids. If you have tinier ones that are like five, ten amino acids, those are called peptides.

And these are peptides from essentially you would get them in the diet, ideally from organ meats. But I don't know about you, but I don't eat a lot of organ meat and you know, most of us don't anymore.

And so this is a strategy for getting organ support in almost a natural, classic way, sort of that like for like or homeopathic way that like for like support.

So utilizing peptide bio regulators for the ovaries in particular, but also the pineal gland. Because one of the problems with endometriosis and fertility challenges in general is that circadian rhythm and the menstrual rhythm

can become out of alignment due to stress to the nervous system.

So we also want to take strategies to calm neuroinflammation. We have a lot of well evidenced strategies for that, such as things like turmeric or curcumin, fish oil, which is also really valuable for pelvic pain and then helping kind of re nourish, if you will, using small peptides, the various organs is related to reproduction, everything from the hypothalamic pituitary adrenal access to the hypothalamic pituitary ovarian axis thyroid function.

And even as I was talking about before, liver processing of the hormones as well. So the different peptides are related into to supporting nourishment of these different organs.

And the other thing that can be helpful that we do see used in about 12% of patients with endometriosis when you look at survey data.

Staging, Diagnosis, and Common Red Flags

So we don't have clinical trials, but women are just finding this on their own and reporting it to be successful and we're using it clinically in our practice too.

Post-op from excision surgery or if people choose not to have surgery, which is also fine in many cases, but there is a strong role for at least considering excision surgery, especially when we're talking about protecting fertility.

It's a conversation that I like to have as early as possible with clients and see if that makes sense and have them explore their surgical options because we have strong data that that's valuable.

But either way, enzymatic support. So for endometriosis in particular using SARA peptides is what 12 or so percent of women with endometriosis report as being helpful for pain management.

But what that's really doing is kind of breaking down scar tissue inflammation related to scar tissue because those lesions are messy, they're like little fires and so they leave sticky tracks.

And so if this is all around the bowel or the ovaries, I like to use various enzymes and SARA peptides is the most evidence based, but it also can help with things like bowel motility and ovarian function, fertility things like that.

Yeah. Yeah. Awesome. So to summarize guys, in terms of the conventional options, excision surgery is kind of the common recommended approach. And you feel like it actually does have enough evidence to be supportive to fertility that it's worth at least considering or looking into with each person and of course every person, right?

And every person needs different things. But in general, it could be very useful. Yeah. And I think one key thing to think about with excision surgery is make sure you kind of shop around for a surgeon who has done a lot of this, like it's a it's a it's a surgery that requires real robotic skill.

It requires the ability to observe the disease. So the more experience they have, the better. And there are more and more for the surgeons that really specialize in this.

They also have advanced techniques for trying to mitigate, like post-op adhesions that makes it less necessary to have more surgeries in the lifetime we want.

The fewer, the more effective surgeries, the better. Yeah, yeah. I want to get into maybe a little bit of thing around staging because I think that's another big area that people are like, well, I don't have any pain, you know, like, yes, but that doesn't correlate.

So can we talk a little bit about what is at the meeting? Is the staging and how does that happens? Well, endometriosis staging is by how extensive the disease spread and severity is on observation.

But you're exactly right. It doesn't necessarily correlate with symptoms. So someone can have stage one

endometriosis, which might be just one or two lesions and one or two areas, and have significant pain because it depends on like where those lesions are and what structures they're irritating.

You know, if you have endo on a nerve or on your lung, even if it's just one lesion, that could be a huge problem. And then you could have stage four and so which is I know all over the place and, you know, larger endometriosis lesions and more cysts and things of that.

So zero. So 1 to 4 are the stages off the top of my head. I can't remember the like decision points, but that's essentially what they're looking for. Like what?

How extensive live is the endometriosis when it's visualized by the surgeon? Because unfortunately at this time, that's the only real way to diagnose endometriosis.

It can be seen on imaging, in some cases MRI's or ultrasound. And if it's there, it's there like. But you can't rule it out by just imaging. The only way to truly rule it in if they can't see it on imaging is to do an excision or laparoscopic surgery.

So the surgeon's skill becomes important in identifying and finding hidden, you know. ENDO And so you could have extensive stage four endometriosis in multiple locations, you know, multiple kinds of lesions and have no symptoms.

You know, that's rare. And a lot of times people will have less classic symptoms like maybe they'll only have bowels and symptoms that they didn't really know were endometriosis.

They didn't have period pain, if you will, or they didn't have sexual pain or they didn't have pain with bowel movements. You know, if you have pain with bowel movements, period, pain, pain with intercourse, those are the more classic symptoms of endo, but they're not the always symptoms.

A lot of times the first symptoms, especially for younger girls, eight, nine, ten, the other the other kind of point about estrogen is that often symptom does begin to present once girls are in puberty or pre puberty, so roughly ages 8 to 12, which is another reason why it's like, oh, estrogen is involved, but it's more because of how estrogen feeds the flames of inflammation and gut microbiome dysregulation.

So that's the reason why the staging has not much to do with the symptoms, because sometimes the symptoms are just hard to recognize. They're vague. And endometriosis co presents with things like dis autonomy and muscle activation syndrome.

So if you have blood pressure regulation issues or heat sensitivity or rashes, hives, slow digestive motility, you don't immediately think, oh, of enemy hosts in most cases, especially if you don't have period pain.

So that's why it can be hard to relate staging to symptoms. Yeah. Yeah. And with enemy chests in particular, I've heard anywhere from like three years to nine years to actually like have someone figure out that this woman has enemy chest.

Are there any, any like, like clinical pearls or any tools that you have that you're like in the back of your mind when someone comes to sit with you and you're like, oh, I think she has.

I know. Like, is there anything that triggers that for you? Yes. Now, first of all, the data shows it's 12 years even now to diagnosis, which is a little better.

When I started doing this in 2000 ish, it was 15 years. So it's a long time. Here are some of the like chronological red flags. So one is early digestive issues that someone's been to all the GI doctors and they can't really chalk it up to anything except maybe SIBO because that CO presents with that.

No very commonly for obvious reasons because right. If Ando's growing on the bowel, there's little areas where

pathogenic or dis biotic bacteria could certainly proliferate because there's just slow.

So like a little area in the tunnel where there's food and slow movement. So that's where microbes like to thrive. So SIBO, when that's when the symptoms kind of begin in middle school, high school with the periods, that's a good sign, especially if it's digestive.

If it comes with things like anxiety, fatigue, people with endometriosis will often have experienced some moments sitting in a school bathroom with kind of their head on the toilet trying to cool off.

Healing Strategies and Root-Cause Support

That's like a common experience he sensitivity because there's such a relationship to mass cell activation. A lot of times I find people who are quite high achieving B are able to sort of mask it by.

It's like they have to take a day off here. They're but they begin to be really tolerant of pain in general. So it's not that they don't experience it, it's that they experience so much that they learn how to kind of power through.

And then so they get a lot of adrenal dysregulation. They sort of hit a crash at some point when they're not able to keep showing up. And in my experience, that is looked like things like, you know, when they're trying to prepare for law school, they just can't show up for that test no matter how much they want to or, you know, they're in high school and they're trying to make a softball team in college or something, and they're just really struggling to show up for the practices.

So there's this like overlay of being able to push through very difficult, uncomfortable physical sensations and then at some point just not being able to overcome that.

So they were able to do it for ten years and then they just hit a wall. But I think that's kind of the general constellation, some kind of menstrual pain, sexual pain, bladder pain, pelvic pain, even if it's not cyclical.

And it tends to be not cyclical in the younger years because of course, the menstrual cycle is not so established and then exacerbated with things like stress, a high sugar diet, especially in someone who is also someone who started restricting kind of subconsciously their nutrition plan.

They're like, Oh, I can't eat this, I can't eat this because they have sort of some intuitive knowledge that some of those things are irritating to them, which is not always accurate in terms of exactly which foods, but they know something is bothering their pain related to their digestion.

And like I said, it often in the teen years presents more as digestive issues than as period pain, because the period is not established. So it's not consistent.

And sometimes the pain is masked by birth control for a long time, which again has its place. But it can delay diagnosis. Yeah. Yeah. Well, thank you so much that I think that helps because a lot of women are going to hear this would be like, oh my God, that's me.

So yeah, I'm hoping that the women out there that have been suffering for a long time like actually hear this and are like, oh, finally it like so and so, you know, yeah.

Yeah. There's so much we can do. So I think sometimes bringing awareness to it feels overwhelming. I've had a lot of clients be like they go through a real emotion, whole period of mourning when given this diagnosis.

It's kind of like if you get any diagnosis that you feel scared of badly about, you know, like it's just hard to you have to give yourself the emotional mental health support to take that in.

So it's one one. On the one hand, it's good news to have discovered it because then we have a series of tools to really help people live very fully, very healthily.

Normal, healthy lifespan, healthy fertility that can be challenging depending on when it's discovered. You know, if someone doesn't discover this until their forties, it can be more difficult than if it's in their twenties.

But it still helps us to mitigate and optimize health related quality of life for decades. But it's an overwhelming diagnosis and in fact she's spoken about this public is I feel like it's fine to share but my colleague Dr. Iris Orbach, who is one of the leading endometriosis excision surgeons in the world, just discovered herself.

She had endometriosis and she's 48 ish. Wow. 47, 48. She didn't know she had it. Well. And so it's it's challenging. So don't beat yourself up if you're like, Oh, I can't believe I did that.

And she didn't really figure it out until she figured out her daughter had it. And it is because of that genetic component. And her daughter has also written pieces that you can Google and look up about her experience.

But I think that takes the pressure off women. Look, you didn't do anything wrong. Like literally one of the person, one of the people who knows this disease inside now had it herself her whole life and didn't figure it out until her late forties.

Yeah, that's incredible. Who or what you mention. There are so many things that we could do, so let's break down some of the strategies that people can use if if they have it or they think they have it.

And I'm with you. I feel like knowing for sure really helps us make sure that we're creating a plan or a strategy that actually incorporates dealing with all the different layers of enemy process because it's not really one thing.

Right. You started this talk from the beginning with like this is a multifaceted disease that affecting so many different systems in the body. So we really have to address all of them.

I'm curious if you have some like guidance around like reproductive longevity strategies or things that people can do to start kind of healing from this condition?

Yeah. So in my institution, the Integrative Women's Health Institute, our motto is don't chase symptoms, optimized systems. And I think this is so important in endometriosis because it is a multi symptom, multi system, highly diverse presenting experience.

So the first thing I do with a client is really sit down and talk through her health experience in her life up to this point. And very often we'll see things like little times when something was triggered, like maybe they got mono as a teenager or more recently I have people who have COVID post-COVID where things are back and exacerbated, or maybe when they were eight or nine they started having digestive issues and they were on a lot of like acid suppressing medications or fibers or like constipation medications or the this issue got worse when they started having sex or when they started having sex with a different partner, which can change the microbiome of that, not just the gut, but of the Vulvovaginal region, the urogenital region.

So there are usually these little like triggers where symptoms get exacerbated or where the symptoms get bad enough because it's still a bit of a myth.

That period are still sort of a bit of a common assumption that some period pain is normal and so. We say that again, indeed is normal. It's like I feel like we couldn't say this enough.

You hormonal right get rid of it is not normal. And you know, it's tricky because mild cramping occasionally is okay. But it's pain like any pain where a person has to miss school or work for even one day every quarter is a red flag.

Yeah. Or take medication to get through the day to. Get through it. Right. Like and we're not talking about like one morning Advil. We're talking about like all day.

You're kind of like you went to work, but your brain wasn't there because it was very distracted by your body. Right. And you were taking medication every 4 hours, you know.

So, yes, that is something that people just don't know isn't normal because it's so common and it's not always endometriosis. But I think that identification of this story is an important place to start.

So I listen to the story because the presentations are different and for some people the digestive part is really a driver. For other people, anxiety, fatigue, depression, kind of a neuro insulin motion or neuro gut dysbiosis.

Communication is the bigger driver. So we have to start with the nervous system. In most cases, we're starting nervous immune digestive from a system based system approach, which seems funny because you think, Oh, this is a reproductive disease.

Like we should be talking about hormones, like we're the hormones. But because most of the women that I see with endometriosis are under 50, if we get neuro immune digestion and then also musculoskeletal system, because if you have a growth of an abnormal tissue somewhere on your bowel or your bladder or your ovary or anywhere, even your diaphragm, your lung, your body is going to like liquefy the growth of something like in my neck.

I would start doing this and you see how much pain that could cause. If I did that all the time, my jaw would be irritated. My shoulder or my my upper spine and then my hip, you know, like it's all connected.

So there's a lot of myofascial pain that also needs to be addressed related to enemy. So those are like the four key systems. And then when you get those aligned, usually the hormone piece regulates itself.

Or if it's a long time and someone's trying to expand that reproductive window, then that's when we think about things like peptides or even low dose immunotherapy, which some of my natural traffic and colleagues will do to kind of support health healthful.

It's essentially a homeopathic strategy to support healthy hormone levels. And this is really in women who have endometriosis, who are now perimenopausal or menopausal, because sometimes adding hormonal replacement therapy to endometriosis is challenging.

So if you have those hot flashes and endometriosis, estrogen replacement therapy is not always your best bet because it's a little bit it can be adding fuel to the fire in certain cases.

And that's where it's also a little tricky even to do the peptide bio regulators, because sometimes turning up and strengthening that system can bring back some of the symptoms if the immune system and nervous system are not optimized.

So what are then the SO one nervous system regulation, which basically is a lot of stress awareness, what are the stressors? So we have all of our endo patients wear a HIV tracking watch.

How is their sleep quality? What are their routines? The the bowel and the hormones and the brain loves routine. So what's the morning routine? What's the sunlight exposure routine?

How are we in darkness? So getting up in the morning and having some exposure, turning off blue light and anything we can do to improve heart rate variability, which is a objective measure of stress, basically, because stress is not just emotional stress, it's also biochemical stress.

So lowering toxins, slow breathwork, like looking at exercise, is it more nourishing or is it too depleting or are we doing recovery strategy, use mindfulness practices as on a regular basis, not just when the symptoms are most problematic and even connection like there's a lot of I do a lot of work with my clients around safe having the nervous system feel really safe in general.

So signals of safety. I like to think of it as one of my colleagues and I used to call it cashmere blanket therapy. Like what a lot of people need is just someone to help out with their day to day responsibilities for a little time.

That sensation of being swaddled in a cashmere blanket and eating like a grounding, nourishing soup, things like

mushrooms, roasted vegetables, anti-inflammatory herbs and spices, or if it's summer, maybe a smoothie bowl or something like that.

Right. And then that that grounded, nervous system sensation. And that's we've play with it. There's lots of different things that can do that. There's a hundred different ways you can make your nervous system feel safer.

And some people do need trauma, trauma, release exercises, somatic work, things like that in the hands of a skilled trauma therapist. And all people who work with with endometriosis need to be trauma informed because there is a lot of medical trauma, gaslighting, birth trauma, even when women with endo get pregnant.

And so that has to be integrated. So nervous system regulation, which in and of itself will start calming the in system. So sometimes that helps the pain without doing anything.

And then the second level is eating for immune system nourishment, which is it's highly variable, but basically anti-inflammatory diet, which can be anything from raw vegan to kind of Mediterranean to paleo in some cases a short term carnivore diet.

I don't really think that's sustainable, but you could think of it as like a steroid shot for a few months and a supporting with the micro nutrients, the polyphenols, you know, things like magnesium for good bowel function enzymes, as I talked about for both digestion, absorption of nutrients.

Sometimes we need to do temporary either I. V. nutrients, although I find actually pressed fresh pressed fruit and vegetable juices are really well absorbed and blended soups.

Soups are really well observed for people who struggle with bloating endo belly, which is basically SIBO or SIFO I don't really do even short term low-fodmap diet because in my experience that food fear almost orthorexia is very problematic in endo.

So we do a lot of work to help expand the nutrition plan by making foods easier to digest. Obviously, our whole Foods as much as possible, you know, eliminating processed and less sugar, dairy, gluten.

There is an interesting thing in Endo. There's an older study that talks about how more dairy over time has lower presentation with endo. But my thought on that is probably people without endo just eat dairy and tolerate it better because they don't have the digestive issues.

I don't really feel like eating dairy prevents endo is kind of the wrong conclusion for that study. So dairy because it's inflammatory and many people are taking a break from that can be helpful.

But by and large, I don't like a lot of limitation. So, you know, for some people, you know, dairy, gluten, sugar is kind of the only thing that I eliminate relatively long term.

And then we kind of do this on a case by case basis and thinking about how well people break down and absorb nutrients. And then we do utilize supplemental support for stabilizing lesions, things like N-acetylcysteine and pycnogenol We talked about pain management and everything from curcumin to fish oil to aspirin mediators, pelvic floor physical therapy is essential or occupational therapy for myofascial and also people not just going to tears and like getting treatment, but learning about how their pelvic floor muscles have the capacity to relax, have the capacity to hold tension, how they relate to the hips, how we can move.

Where to Find Dr. Drummond and Closing Remarks

I like people to have a lot of autonomy about calming their nervous system by relaxation, relaxation strategies for their musculoskeletal system that they can certainly do in a clinic and have the power to do at home any time they need it.

Like right before sex or right after sex or in the morning that they wake up stressed. So when we take that

systematic physiologic systems approach, then I really find we can unwind to the root cause.

It's amazing. That's such a great like overview of where people can think about starting, because I think it is, it's, it's overwhelming when you realize like, Oh my God, I might have this.

So love it. Thank you so much for sharing. If people wanted to work with you, where would they find you? So the website for our institute is integrativewomenshealthinstitute.com We're also on Instagram @integrativewomenshealth and they can certainly send me a message there or just email our support team support@integrativewomenshealthinstitute.com And we have professional level training through our endometriosis certificate program and we have you which is actually open to people with endometriosis as well because very often they are more knowledgeable than their physicians in a lot of cases.

So that's available. But I also do work one on one with clients with endometriosis as my schedule allows. So sending a note to that support email is your best bet for getting that scheduled. Awesome.

Thank you so much for being with us today. Jessica. This is super informative and I'm very grateful that you're able to spend time with me today. Yeah.

So great to be here with you and thanks so much.