Healing Endometriosis, MCAS, Histamine Intolerance Transcript

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Introduction to Endometriosis and the Summit

Welcome back to this episode of the Reversing Marcel Activation and Histamine Intolerance Summit. I'm your host, Beth O'Hara of Mast Cell 360. And today we have a really special guest, doctor Jessica Drummond.

We're going to be talking about endometriosis. And this is impacting a lot of women. I find many women don't even realize they have an Dimitrios. And so if you have any type of, pain with your cycles, you might want to listen in on this, see what she has to say.

We're going to talk about the role with mast cells. This is part of my own journey. And having debilitating, pain with my cycles and some of the things we're going to talk about helped me quite a bit.

And we have really good tips for you as well. Let me tell you just a little bit about Doctor Drama, and then we'll bring her on. She's the CEO of the Integrative Women's Health Institute.

She's the author of Outsmart Endometriosis. And you can actually get a copy of that in the bonuses section. She holds licenses in physical therapy and clinical nutrition, and she's also a board certified health coach.

She has 20 years of experience working with women with chronic pelvic pain, facilitates educational programs for women's health professionals in more than 60 countries globally, and she leads virtual wellness programs so you can work with her, online through some of these programs as well.

So happy to have you here. Welcome. Thanks so much for having me on. It's my pleasure to be here. I love to start with why? What got you to specialize in endometriosis?

Can you tell us a little bit about your journey here? Yeah. So I graduated as a physical therapist back in 1999, and I was an athlete as a kid and was really interested in sports medicine and orthopedics.

And I started my practice there. But I pretty quickly began to work with sort of in physical therapy. Women's health is a lot about specialty orthopedics.

So shoulder really issues related to, breast cancer surgery or pelvic and back pain related to pregnancy, postpartum.

Jessica Drummondu2019s Path to Womenu2019s Health

And over the years that I began to specialize in that the first few years of my practice, the the challenge, the patients that came with the most challenging circumstances were people who struggled with chronic pelvic pain.

And at the time, surgeries for endometriosis were not great. The surgical techniques were not great. And it was a big focus on pain management through, you know, the hospital systems.

We now know it was a huge problem and initiated the opioid crisis. But at the time, there was a lot of opioid led pain management. So my poor clients had limited access to anything very helpful.

And most of what they had created worse situations. And then physical therapy tools are extremely valuable for managing endometriosis and chronic pelvic pain and, you know, the associated bladder symptoms and sexual pain.

But there was a limit to, you know, I had a lot of patients who sort of plateaued in their, recovery. And then I had my oldest daughter was born 18 years ago, and I struggled with some hormonal dysregulation and, HPA axis

dysregulation.

So fatigue, things like that, that I began to understand was related to that was able to be improved through lifestyle medicine, functional nutrition.

And I thought, well, if there are ways to sort of optimize hormonal balance through lifestyle, nutrition, mindfulness, sleep quality, things like that there.

Let me see if I could apply some of this to my patient population. That struggled with pelvic pain. And it was really, surprisingly to me, less so now, but at the time surprisingly effective.

And I began to dig deeper and deeper into how we could utilize integrative health strategies. I went and got a doctorate in clinical nutrition and began to integrate because the physical medicine piece is so valuable, but so are the nutrition and lifestyle medicine strategies combined with dramatically better, surgical techniques and surgeons who are really committed to whole body care for including, you know, care for the gastroenterology and into logical system, care for the nervous system, care for the immune system, that we now can bring much more comprehensive care for endometriosis.

Because I think the other thing that is surprising to a lot of people is that endometriosis is not really just a reproductive disease. It's a systemic disease.

It can impact, you know, people with endometriosis have collapsed lungs because of it. You know, like it is a full system disease. And it's usually looked at as kind of one of those like women are complaining of pain diseases.

And so it can be very much discounted. It still takes 12 years to diagnosis, which is only a few years of improvement from when I first began my career more than 20 years ago.

So that's really what has drawn me to and kept me in this field. And it was a complex, chronic illness that often overlays with other complex chronic illnesses.

And the a functional lens is really the best way to unravel it for people so they can live more fully and with less symptoms. And that's what excites me about your work, is that you can bring together the structural and the biochemical and these different angles, which is what we do as well.

And I find it that's so much more comprehensive. If I had had somebody, a practitioner like you, when I was dealing with a lot of this stuff, you know, 20 years ago, it would have been game changing.

I was one of the lucky people that was diagnosed quite early. I was 16 when I was diagnosed, but just debilitating menstruation. I was flat for three days.

People thought I was just weak or, you know, whiny. It's like you don't understand the level of paint tolerance that I have. I mean, I can break a bone, and it wasn't as painful as that every month that menstruation.

What Endometriosis Is and How It Presents

And then, you know, you're talking about how the you know, the treatments fortunately, are much better. But back then and it was diagnosed with, laparoscopic surgery, they only found to atypical patches they could see.

And the rest of it was grown into the tissues that they couldn't remove. So that made it a worse situation. I was offered pain meds at 16. I was put on continuous birth control, which was disastrous and, worsened my symptoms.

I felt horrible that they wanted to stop the menstrual bleeding periods. Yeah, but then, you know, I then have even worse estrogen dominance. So all of that was going on for us were just horribly people, like, cried and everything.

Not what you need when you're trying to get through your teenage years. Right. And then the other option I was

offered, Jessica, was to a surgery to sever the nerves to my uterus with the potential complications of life, lifelong incontinence.

And fortunately, I had the wherewithal to say, I don't think so. I'll take the pain. As debilitating as it was, I don't have it anymore, and I don't have those issues.

But it was a long journey of this whole wellness again. And I did, pelvic physical therapy, which was extremely helpful, and all the things that help balance those hormones, but let people start diving in for women.

So one on one just set the stage for what people are dealing with. And especially if family members are listening or friends of people that are dealing with this, to understand that the level of pain is so intense and you can bring more of the complication side in here.

But let's let's just define endometriosis for people who've probably heard that word, but they're not exactly sure what what this is and what's happening.

Yeah. So endometriosis is a systemic disease that has a genetic component, has an inflammatory component. And while this is debated in the literature, I believe also has an autoimmune component.

And what it really is, is, you know, I think of it as kind of a benign in the sense that it's not generally life threatening, but it's certainly quality of life threatening cancer.

So it's it's cells that are growing sort of apparently, you know, in the wrong place all over, mostly the abdominal and pelvic region. But it's not rare to have, extra pelvic endo, which means these lesions of tissues that are growing in the wrong place are could grow in the lung inside the nose.

A diaphragm is pretty common, and I have seen Nae reports of any endometriosis so it can grow anywhere the original. So some the biggest confusion about it is people thought that it's sort of bleeding in the wrong direction out of the uterus, retrograde bleeding, and that these are tissues that are supposed to be inside the uterus but are not.

That's actually been disproven fairly clearly in the literature, but it it is cells that are similar to the kinds of cells that line the inside of the uterus, by definition, outside of the uterus.

So it's also a pretty common myth that hysterectomy is the cure. Get rid of the uterus. You're carrying this. But again, by definition, endo is actually outside of the uterus.

Now there is a related condition called meiosis where similar lesions, grow in the muscle surround like of the uterus. In that case, unfortunately, unless you can see it on imaging, which is a little inconsistent, hysterectomy is sort of the quote unquote cure.

But most people it's certainly not sort of the first line treatment, if we can manage the symptoms otherwise. And there are actually some people doing surgeries for DNA meiosis that we'll sort of try to take out the lesions and preserve the uterus.

But you know, I think the biggest key is to understand that these are, you know, pretty extensive lesions. And they can be highly variable. So you can have just a couple of small regions maybe on very, sensitive structures, involved with a lot of nerves or involved with digestion and or on the bladder.

That can be very painful. People also can have reasonably extensive endometriosis and have no pain and may not even or not significant pain, and may not know they have endo until they struggle with infertility.

You know, some people don't really know. They have endo for years and years and years, and then they realize their digestive issues were actually related to endometriosis.

So the lesions can be anywhere. And then they there are adhesions associated with that. So your digestive tract

where things are supposed to move nice and gently along, you know, your food is digested and moves along.

The intestines can get sticky in spots. Because of both the structural lesions, but also histamine issues, as we can talk about in a moment. And so there's this complexity of how it can present.

But a hallmark sign is certainly, painful, painful periods, having painful periods in your family history, having infertility in your family history, infertility and then also digestive issues.

If you kind of look at a classic timeline, someone who's like between 8 and 12 presents with like a nervous stomach or IBS, which is tricky because sometimes in medical and middle school people do have nervous stomachs and IBS, right?

But it's a digestive issue, often around puberty first and then it can also co-present with things like fatigue. It can be exacerbated by any underlying chronic viruses like Epstein-Barr or.

And I also see a lot of co presentation with things like Ehlers Danlos. So a hypermobility syndrome. So classic. Another classic sign would be what's called endo belly which is a lot of bloating really in the digestive system, bladder pain, painful sex and infertility along with the menstrual pain.

And initially the menstrual pain is not always so cyclical because of course the cycles are not really established yet, so it can be pelvic pain that seems more random, which is more common in teenagers, but it certainly can happen later too.

Some women aren't really aware they have endo until, perimenopause or even post menopause because none of no like transition. Getting pregnant is not a cure for endo.

Menopause is not a cure for. And but all of these myths, persist. So glad that you're you're busting those nest because I was actually told you should get pregnant.

You should have children, like, I can barely take care of myself. I'm so sick. I don't think so. And then, I love that you brought in this earlier stainless component.

Mast Cells, Histamine, and Nervous System Links

And a lot of women are offered hysterectomy, which sometimes does make sense. But in earlier sand, loss is really common in this population of people with mast cell activation.

And it works in that the triad of conditions that we tend to see. And I've seen problems where women have gotten hysterectomy and the ligaments and the structures that were holding things in place anymore.

You take that out well, most of the ligaments are lax in some way or another. So that includes the ones that hold the organs. So that's a whole nother level of complication.

And I just wonder how many unnecessary hysterectomies have happened that haven't really helped. And I was offered that too. And there was just something intuitively that said, and as much as I hate this pain, you know, I don't I don't know.

Yeah. Well, and I think that's a really important point because things like this dispensary bladder ligaments can be disrupted. And then you end up having incontinence or prolapse, in on top of bladder pain and urgency and frequency.

So really, if you're I think one of the most important things I want people to understand is if you're going to have surgery for your endometriosis, which in many cases is a very good idea, it's fertility preserve.

It can help reverse that. Some of the autoimmune markers, it can be symptom related. Symptom wise. It can make

a huge difference, but not really in isolation because we need the nervous system to be calmer.

Before you go into surgery, we need to have digestive function as optimized as possible in a proper and a plan for after. You know, if you think about it, if an athlete like tears a rotator cuff, they're going to have like weeks of rehabilitation before they go into surgery and they're going to have months to a year of recovery, we have to start thinking the same way.

You know, if you're having a major abdominal surgery, even if it is laparoscopic or pelvic surgery, it still is a systemic impact. And, you know, we have to be thinking more like 6 to 24 months of care before and after.

A lot of the best surgeons are thinking that way now, but it's still relative. Quite uncommon. So what I would say is, while surgery is a big part of the experience for many women, skilled excision surgery done only by people who pretty much do this kind of surgery all day, every day, they don't sort of like deliver babies half the time.

And like, this is their specialty because it has to be it's a it's as delicate a surgery as cancer surgery. So you want people who are practiced and skilled in this minimally invasive, technique.

And we're talking about to remove the lesions. Correct? Yes. And then in that case, very often hysterectomy is not needed. Unless someone has done a meiosis and we've done everything else and they're just so symptomatic, then it's worth considering.

But you know, just to haphazardly have a hysterectomy for endometriosis, first of all, is probably not even going to improve the pain because that's not where endo is.

And second, you're going to set up all these secondary complications, hormonal disruption, even if you leave the ovaries, lack of structural support, you haven't fixed the digestive issues at all.

The bladder pain will could still be there. So it's just not a solution. And it's not dealing with those root causes which we're going to get into. But first I want to talk about the link with mast cells.

I see a lot of endometriosis in our practice, and we know that there is, a link with the mast cells, the immune system you talked about. There's a potential it's autoimmune, and the mast cells are kind of this interface with, like a doorway into autoimmunity.

If you have mast cell activation syndrome, doesn't mean you are going to develop autoimmunity, but the likelihood is much higher to have our community.

So I find it interesting that there's this question about endometriosis. Is this an autoimmune condition? And we know there's a link with histamines and other mediators.

So can you tell share with us more about that, help us understand those links? Yeah. Well I think the the biggest thing to understand that I see as such a clinical challenge is that most people with endometriosis struggle with digestion.

So bloating and no belly, if you will, is a very common symptom. And then a kind of this alternation between diarrhea, constipation, diarrhea, constipation, and that slow motility is it is usually an issue related to excess histamine, whether it's nasal activation or histamine intolerance where someone is not processing their histamine.

And so as you said, histamine is a complex mediator because it has some benefits too. When we talk about things like exercise. But it's the issue of it being too much.

And I also have people who present with very obvious, lack of tolerance of histamine with their endo in that they may have hives and pain at the same time, or that redness, that pain is actually histamine mediated.

So and then when we talked briefly earlier and we can get into the details of this in a moment. But and Demetrius is

is also a hormonally driven, not entirely hormonally driven but and not as clearly as we used to think.

So we used to think endometriosis is always related to estrogen dominance. But back in 2018, a paper was published that showed that the lesions can have upregulated estrogen receptors, upregulated progesterone receptors, both or neither.

And all of these different kinds of lesions could be in the same woman. And we wouldn't know until we did histology taking them out. So some women don't respond well at all, even to progesterone.

Some women respond well to some, you know, estrogen suppression. Some women don't at all. So only about the 30% of 30% sort of respond well to estrogen suppression.

And so none of that is a cure. So when we think about histamine and estrogen, estrogen can attach to mast cells, which can then activate a more I would say sensitive response.

Right. So someone's pain is more intense. It's more sensitive. They're very sensitive to a lot of foods. They're very sensitive to intercourse. They may be sensitive to their partner's sperm, you know, or just things like that.

So that elevation of sensitive activity often has to do with the intersection between hormonal imbalance and, activation of the mast cells that sort of interface with the immune system.

So what we do clinically is take a big step back and remember that all of these systems pain your experience of pain, your immune response, your your triggering of inflammation, and by the immune response are ultimately driven by the brain.

Now, that doesn't mean that the pain is on your head. This is a very real experience of severely intense pain for many women. To my neurology, not not my psychology, if you will.

Yeah, so. But the more we can keep the nervous system modulated and and shifted. So if you have we have several different sort of places on the dial. But if two were most important right now fight or flight sympathetic upregulation or parasympathetic which is like the rest digest recover.

So if we can use the nervous system more in the rest digest recover state switch of the nervous system. And we do that by tracking and all of our clients get a watch that tracks their heart rate variability, and they begin to see particular individualized day to day stressors that shift them into that sympathetic upregulation.

Once we can relax, kind of get some control over that, then the nervous system becomes less I mean, the immune system becomes less reactive and it trickles down from there in that the hormones can stay steadier, the digestive system functions better.

So, you know, I think you and I agree that all of these systems have to be dealt with. But this sort of supercomputer, if you will, is the nervous system.

And that just makes so much sense. It's interesting I didn't know that about the upregulated progesterone receptors as well in endometriosis. That's fascinating.

And mast cells have estrogen receptors. They have progesterone receptors. They have receptors for our various different types of steroidal hormones.

Calming the Body: Nutrition, Supplements, and Self-Regulation

And so depending on the state of imbalance that's going to affect these cells. This mass cells are also going to release mediators that are involved in pain.

Things like they release substance P. That's one of their mediators. They release prostaglandins and cytokines, all

kinds of things. And then the the interface between the nervous system and the rest of the body.

And then whenever major interfaces with even our endocrine system. So what you're saying makes a lot of sense. And I love that we have this way of entering in in addition to the biochemistry we can enter.

And from this neurological standpoint of settling things down, one of the earliest things that I did for the extreme pain I was, I was literally flat for three days every month, and it was hard to work.

It was hard to finish school. I would miss days, I couldn't drive. I mean, I remember missing doctor's appointments because I was in tears. I mean, just wishing that I could just knock myself out and just sleep through it.

But I couldn't even sleep, you know? But I learned a form of deep analysis. Yeah. And and I could transfer a, from my hand being low in pain and being really relaxed and in that relaxed state.

And then I could transfer that to my abdomen. And I learned how to work with that. I was one of my first entry points. It was it was very helpful for the pain.

Didn't didn't all go away, but it just took it down about 50% to where it wasn't so much misery. Yeah. And those kinds of tools breathwork, vagus nerve toning, mindfulness practices, hypnotherapy practices, acupuncture, nervous system down training combined with pelvic floor physical therapy.

So that, you know, a lot of times people with pelvic pain are also really gripping at the jaw and at the neck. And so like cranio sacral techniques, anything we can do to feed that sense of structural safety, and just nervous system safety, like a sense of safety and just bring that pain down a little, dial it down helps us for all the other tools to be better, because one of the big tools, you know, as a clinical nutritionist, one of the big tools I use, of course, is nutrition.

But what I've learned over the years is that I, we actually have to be careful of restricting too much because it actually will trigger kind of a fear around food.

So instead we really first talk a lot about the environment, you know, how are you eating? Who are you eating with? How are you chewing? You know, what's the music?

What's the sound? How's your how relaxed is your pelvis? Where are you sitting? And then starting with foods that are just easier to digest and soothing.

So blended soups, blended stews, you know, some of these things will have I don't always eliminate, you know, high histamine foods, if you will, the highest of the high. Yes.

But I think more in training the nervous system around and adding an antihistamine perspective. So, you know, maybe a it might be an onion soup. That has a lot of, you know, rosemary or oregano or time, you know, things that are more antihistamine and also help us to balance the gut microbiome because so many of our clients have yeast overgrowth or colon dysbiosis or problems structurally with the, local valve, the valve between the small and large intestine.

So they'll have Sibo. But if we start with like adding, okay, here's a whole lot of really delicious soups you can eat them breakfast, lunch and dinner.

They're very soothing. They're very easily digestible. The nervous system starts to feel comfortable and then we can expand from there rather than, getting super attached to things that are triggering pain from a food perspective, because that's a little bit of a bottomless pit.

Then any time somebody like takes a supplement or eats a blueberry, it's like, oh no, that caused the pain, sort of. But a lot of times what actually caused the pain was the nervous system response to the potential of that.

So like as soon as someone had a blueberry, it was like, oh my God, is that going to cause that severe pain? And then that triggers a pain cycle rather than the blueberry actually doing anything from a biochemical standpoint?

You know, we have that. It's such a trap and I it's a trap. I fell into also trying to figure out my triggers before I learned what mast cell activation syndrome was, and realized, oh, the mast cells can react to all kinds of things.

They may not be reacting to anything I'm putting in my mouth. It may be the level of muscle toxins that I'm processing and dumping that day. It may be that stressful phone call I just have.

And and then I'm attributing it to this food. And that's when we have a talk also just on this kind of food fear and moving out of that food fear into, food love and looking at nourishing ourselves.

But the other things that we can do so we've talked about the nervous system. There's some really interesting studies that have come out on using nasal supporting supplements to help reduce pain and endometriosis and nasal medications.

PCA was one of them that was identified, which I found really interesting. What are some of your other big things that are just your entry level? And then why don't we talk about root triggers and what.

Yeah, how do we really get out of this? Because I wanted people to know that they can maybe, maybe doesn't have for everyone. But there is this possibility of healing this.

Oh for sure. And I think I think there's a you know, it's funny. I myself for the last 17 months have been living with long Covid. It's been a really interesting experience of what, you know, what it means to be quote unquote, cured.

And I think anyone who has an experience of chronic illness, you start to realize that there's sort of this thin veil of having a chronic illness being cured, managing it really well and living.

And so I think endometriosis is a very good example of this. Do we have a documented, you know, evidence base that someone is cured ever of? No, not really, because who knows.

There could be some aberrant cells somewhere. It could grow back. But we don't see that so much anymore because the surgeries are so much better. And if we take this wide range approach, we're on why?

What we're doing is optimizing every system to its highest and best level at any given time. Now, because we don't live in a, you know, well, I wouldn't even say sterile environment that wouldn't be ideal.

But like because we don't we don't live in a toxin free environment. We have stress. I think it's really important for people to feel like they're fully living, even if they're not.

Their journey isn't over, whatever that might look like. And so there's kind of this thin veil between what is well and what is sick. It's more of a continuum.

And so I think anyone with endometriosis at any point, even if you have pretty severe pain, right now, today, you can begin seeing yourself as an alive, contributing, well person because they're probably things you can do maybe only a couple hours a day, maybe only 60% of the months where you can still connect.

You can still enjoy a delicious meal. You can still have a a funny phone call. And I think we all have to be a little more intentional about taking care of ourselves.

So this is where this sort of opportunity is to have an almost or even fully complete resolution of your symptoms with or without surgery. That's not always required.

That's sort of a decision that you would make with your surgeon, because not everyone is a candidate for surgery. Not everyone needs surgery. Not everyone decides to have surgery, and that's fine.

But surgery or not, that's just a piece of the healing process. So while we don't really have evidence that endometriosis lesions can shrink, if you will, from doing all of the other nutritional and supplemental support, we do have a little bit of evidence to that effect.

So things like pick notional can improve endometriosis lesions to the same level as Lupron, which is a really intense, estrogen suppressing drug which has horrible side effects, quite frankly.

And so notional is an anti-inflammatory polyphenol. You know, we're just giving it in therapeutic doses. It's a little stabilizer. Yeah. So a little bit of your food amplified. Right.

So nasal stabilizers other ones in that category that can be really helpful. Quercetin. Also a marcel stabilizer. So I like to layer the culinary utilization of tools like this.

So like I said, cooking with time and cooking with onions with, therapeutic doses of notional curcumin, fish oil, fish oil actually has some pretty good evidence as well.

So both the kind of actual experience of the disease in terms of like inflammatory cytokines and biochemistry of the disease can be improved by therapeutic, supplement supplementation use.

Root Triggers, Trauma, and Building a Care Team

But so can the experience because there's so much autonomy in that versus someone looking for like the healer, you know, like I'm going to go to someone, they're going to fix this, they're going to take out the lesion or take out my uterus, or it's going to be fixed.

No, you can actually dial up and dial down the use of nutrition and supplementation. And noticing what your stress triggers are so that you can become more and more well on really a daily basis.

And then if you get knocked around a little bit because, you know, you get an Epstein-Barr virus or you have a you go through a stressful experience or you uncover the fact that you might have Ehlers-Danlos or other, you know, hypermobility syndrome.

We just learn how to incorporate more and more strategies to improve that. And I think when we take that approach, we realize that we have a lot of opportunity to take care of ourselves on a day to day basis.

So there are those few days where you're just flat on the floor and then, okay, what are my important go to tools in that moment? But first I'm going to every day, even the days I'm not feeling so badly.

Practice my nervous system regulation. Take my mast cell stabilizing supplements. Use things like castor oil packs really consistently, especially to the liver, but also to the pelvis.

We have so many tools that I think are is very empowering. It is. And I like the shifting the paradigm from being cured, which is okay, but our bodies are always shifting and changing.

And now you have long Covid and you know what comes at that point? To it's really about wellness, optimizing our health and wellness. And that's kind of where I see my journey going from being bad ridden and horribly ill to I, I do a lot of health maintenance.

Yeah. So so it's like you can't just stop. That's the thing. I mean, yeah, that was my point, really. It's like you get really so much better than when you were like in bed, but you still, you know, your day to day routine probably spends a bit of time on taking care of you.

I take really good care of myself, and it allows me to do all the things that I do, and I am fine on eight hours of sleep. I don't need 12 and 14 like I did ten years ago, but I, I so I think some people have this image of will be cured and I won't have to take care of my health anymore.

And that's not what we're going for. We're going for how do we optimize our well-being or quality of life, our functioning. And one of the game changers that I see repeatedly for people is finding these root triggers and all these chronic expressions.

The way I love to think about them is the model of the cell danger response. And that oh or body has these various presentations mass activation, endometriosis, asthma, neurodegeneration, cancer, these things we've thought about as a separate silos that that model.

And we have a whole talks just on that in the summit. But that model is bringing it down to it's really something is gone wrong in the body. These overwhelming toxins, pathogens, stressors, injuries, traumas.

And we're in this kind of lockdown survival mode. And then our job is to unwind that. And the way we get out of that is that we have to remove what's keeping us in that state.

What do you find is some of the biggest root triggers in endometriosis? Well, I think for some of those. So I think a little bit of a distinction with endometriosis is this genetic component from some others that are very similar.

But yes, in terms of its expression, one of the biggest things is actually medical trauma, because as as you've experienced yourself, you know, dealing this with this, when you're a young teenager and no one believes you, it becomes real.

You know, people really respond by doing the best they can to show up, despite being in really intense pain. And that can happen for decades before they're acknowledged.

So I think that trauma is very common. Sexual trauma is also very common in all pelvic pain conditions. And then I think, you know, things that are also just generally very common now are mold toxicity.

My daughter's leaving for college in a few months, and I saw a post this morning and like the, the parents group and it was like, oh, this storm, we're going to be so sad to see it go, even though everyone's always sick there because of the models.

And I was just like, I don't think I'm so sad to see that go, you know, the chronic sneezing, right? So mold toxicity, but also, underlying pathogens.

And I think we're going to one of the things that's interesting having this long Covid lens is that I'm seeing just more and more overlap between because Covid also reactivates other viruses.

We we see in the literature and the ones they've been able to, you know, kind of discern so far. Epstein-Barr, which is extremely common, cytomegalovirus, herpes viruses, few others.

And so underlying chronic viruses, things like Lyme disease. So when you have those kinds of pressures on the system, it's even more difficult because then you have mitochondrial dysfunction, right?

You lose the ability of every cell to create the energy it needs to heal. So I think when we look at it, though, with this level of patients and day to day things that people can do, what's nice is a lot of the same things help, right?

So getting digestive functioning, working well, or at least a little better so we can absorb these mast cell stabilizers, then we can absorb B vitamins and other precursors to help the mitochondria, CoQ10, you know, nicotinamide things like that.

You know, amino acids getting protein in is hard to do when you're on, acid suppressing medication for a really long time. So the nice thing is, is as you both kind of just generally support the system, even if some of the underlying issues still exist, you can be very functional and then the more functional you get, you have the capacity to address the underlying traumas and the eMDR therapy or other.

There's lots of forms of therapy, therapeutic interventions that can help with that. You know, maybe remediate mold in your home, have more resilience in your immune system to viruses and so forth.

So it's it's an I've, I think it was Jonathan Redditor whoever wrote the book cured describes this as like an upward spiral. So as things get better, they get better and they get better and they get better.

And you also learn these communication skills to ask for the support that you need. Because no one can really do this in isolation. It's a lot of, you know, it definitely is work and it really helps to have a community.

And when I was going through all of this, it was before mass activation syndrome and we had a name. It was a theoretical state. When I learned about mass starvation syndrome, it was still in the theoretical state.

It wasn't really accepted, but I knew like, that's it. But there weren't people who I could connect with. I was the sickest person I knew. It was a sick first thing, and it was the most sensitive person.

I was in the most chronic pain every day. And, now we have these communities, which is beautiful. And I like that what you create with your work. And we create community, and it's important to just be able to sometimes be with people who get it.

And to know that you're not the only one, that there's unfortunately hundreds of thousands of people dealing with this staff mass activation syndrome is between 10 to 17% of the general population.

That's a lot of people. So they're out there. They just don't know that they're dealing with this. And we have a similar approach. Sounds like it's just we have to settle the system, stabilize things, and then as we get more stable than we can handle moving into detox, we can handle addressing these kinds of infections.

We can move into mitochondrial support. But if I in a lot of times it backfires when people skip these steps and they go like, oh, let me take a ton of methylation supports.

But he's not there yet. We're not there. So this kind of order of operations is one of the real themes of of the summit. Any last tips or anything we haven't touched on that's important?

I think the only thing I would say, and I don't know that I've mentioned this too much in this conversation, is, a really valuable thing to take with you if you have endometriosis or you think you have an image crisis is is building that team and building a community both at home and and clinically.

And one of the members of those that team in almost every case should be a pelvic floor physical therapist, a pelvic expert, physical therapist. I have been I have done that.

I don't really play that role much any more. But I do collaborate with many, many pelvic physical therapists, and they're very they're extremely well educated on this and are really used to implementing strategies for pain management.

On all levels and have been trained in things like visceral mobilization and cranial sacral tools and very gentle manual tools that can make a huge difference to symptoms.

So it's a really key person to have on your team. Yeah, I love that you mentioned that. I, I did that kind of work for two years and it was really helpful.

Thank you so much for sharing generously of your time and your clinical experience and your wisdom here. How can people find you? So the best place is to go to outsmart and dotcom.

And you can get a free copy of my book Outsmart Endometriosis there. And we also have group and individual programs to support people with endometriosis there.

And you'll find more information about that. Thank you so much. Thank you for being with us. Thanks so much for having me.