Introduction and Dr. Apigian's Background

Welcome back to the conversation. We have asked back Dr. Aimie Apigian. Thank you so much for being here again to talk to us about trauma. I know happy to be here and happy to always talk about trauma, Laura.

I know it's your specialty now. I know most of our audience probably knows who you are. But let me just share a little bit about you. For those of you who might be meeting Dr.

Amy for the first time, besides being a dear friend of mine, she is also a leading medical expert on how life experiences get stored in the body and how to then restore the body to its best state of health.

And you do this through Amy's signature model, her signature methodology called The Biology of Trauma. We're going to be talking about this. You're a double board certified medical physician and preventive medicine and addiction medicine.

And you really spent I mean, I know a lot about your history. You were you were going to be a surgeon and you went a completely different or a completely different avenue a path, because you really knew that where you wanted to be was helping people with trauma.

And I think that's fascinating that you almost became a surgeon. I did. I was doing surgery for three and a half years. It's so crazy to me. You're one of the most extraordinary people I know.

So let's jump into this conversation about trauma, because you cannot repair or recover cellular health, mitochondria health, gut health, energy levels solve chronic mystery health problems unless you handle the stress and trauma.

And so this is often mishandled as well. People don't do a good job of helping people solve this. And if you don't do it right, if you don't do a good job at it, you can leave people in a bigger problem than they started.

Right. This is true. We can actually unintentionally. Even having good intentions do more harm when it comes to the trauma response in the body. So it has to be really carefully handled and someone needs to be supported very carefully.

So could you share to start off, let's talk about the difference between stress and trauma, because it's not the same thing. There's stressors that occur in our life and then there's traumas that we store in our body, and it is different for people.

So let's start there so that we get some differentiation and what you're specializing in helping people's resolve. And I would love to start there. And I think that probably a lot of people in your audience have been told, probably by a provider at some point that, oh, you're under too much stress.

You need to do better stress management and that's actually not true. So most people, when they're told that are actually now dealing with a trauma response in their body, not just a stress response.

Stress vs. Trauma Physiology

And so in our body, there's there's a line. And that line, we try not to cross it because when it when we cross that line, then there is more effect on our physical health.

So we have more of that disease and health conditions that will develop. And so that line is that line between stress and trauma and anything up and to that line, oh, like this is stressful, but we're taking action.

And so we can think of a danger response and, and a danger response like, well, there is a response, and I'm going to either run toward something like a firefighter running towards a fire or I'm going to be the one running away from the fire.

I'll let them fight the fire. But either way, there's a lot of action being taken. And when we look at what's happening inside the body, it's in response to the high adrenaline levels that get released in response to danger.

Now, after the adrenaline, there's this wave of cortisol that comes through. But the adrenaline and the cortisol have really only one purpose is to move us into action, more of the adrenaline than the cortisol.

And and so we can feel that like surge of energy that happens with the stress response. And when people talk about chronic stress, they don't feel energized.

They feel the opposite. They feel exhausted. And that's because their body is now across that line and it's in the trauma physiology. And what happens is that there's two triggers for the body crossing that line and going from a stress response to a trauma response.

And those triggers would be too much, too fast. Things are just coming at us too much, too fast, whether that's in our life personally or whether that's even things inside of us, like inflammation and toxins.

And all of those forms of stress, if if everything is coming out, especially if there's multiple types of stress in our life, whether it be even exercise as is a stress, surgery is a stress.

Doing a detox is a stress. There are so many different types of stressors. And when it just is too much, too fast, our body goes into a trauma response, which is one of overwhelm.

And no longer do we feel that high energy of I'm going to run towards this danger and I'm going to fight the dragon. It's like, No, I just want to curl up and fall asleep.

I just want to go back to bed. I want to pull the covers over my head. And many people coming through my program, that's what they will say. They will say things like, I don't want to get out of bed in the morning because I'm already overwhelmed by my day and my day hasn't even started yet. So.

So real quick, I heard you say that early on in the stress response to things are going to happen. Either we're going to run towards it or we're going to run away from it.

But either way, that's a lot of energy that's needed. No matter which one you're doing, running towards that are running away from it is. All right. The stress response is high energy.

Mm hmm. Mm hmm. Okay. And then when it becomes constantly too much, that's when it becomes a trauma. So I guess what I'm trying to unpack here is trauma doesn't have to be I was molested or I was or I was abused at work or I was, you know, a I was there was there was I was a recipient of some sort of violence.

Right. It could be I've had so much accumulated stress. I am now in a trauma response. Do I have that right? That's exactly right. So a trauma really is not an event at all.

It's it's a physiology state in our body. And whatever puts the body into that physiology state, then we could call, well, that was a trauma, but it has less to do with the event and it has more to do with how is the state of my nervous system?

Am I going into my day feeling well-resourced, feeling supported, feeling safe? Because then when I have a danger present itself, then I am so much more available to step up to that higher energy state and sustain that higher energy state of the stress response and not get overwhelmed by it, not feel like.

And here would be the other reason the too little for too long not feel like I've run out of my resources, not feel like

I've burned through my fuel, not feel like I am running on deficiency.

So too much, too fast. Everything just comes at me too much, too fast and I can't process all of it or too little for too long. And honestly, Laura, by the time that we're adults, most of our trauma responses happen as a combination of both of those.

So some things feel like they're too much too fast. And we're also running on deficiencies. And these can be deficiencies in inaction and touch and love and support and some of these emotional things.

But yet the deficiencies can also be in magnesium and zinc and biotin. And so it doesn't matter whether this is an an external deficiency or an internal deficiency, it's still creating the same response in our physiology of I don't think I have what it takes to get through this.

I don't know if I'm going to be okay. This is really profound. What you press that. Yeah. So let me just repeat what I think I just heard you say. So what I heard you say was it could be a deficiency in some sort of nutrient or it could be a deficiency in having relationships in your life, having somebody around you that supports you and loves you and holds you and touches you either of those things can be a problem.

Signs of Unresolved Trauma

Either of those things can be what leads our bodies to go into a trauma response and shut down metabolically. Well, and I'm assuming shutting down metabolically means at a cellular level.

Our mitochondria are not working well. Inflammation sets in and then we are down a cascade of symptoms that lead to problems, that lead to diseases that lead to death.

Yeah. So what happens is that when that trauma response comes on and it's it's communicated to the body through the vagus nerve and the vagus nerve, especially that part of the vagus nerve that runs our digestive system and those things below our diaphragm.

Now it will slow down our heart rate, it will slow down our breath, but it really has its greatest effect on our digestive system. And like you are saying, the mitochondria, because the whole intention now is to burn as few calories as possible, to use up as little ATP energy as possible.

Because our best strategy for survival in the trauma physiology is energy conservation, not energy expenditure. So I'm actually going to be communicating through my vagus nerve.

Mitochondria shut down, do as little, as little as possible. And one of the results that happens as a result of this is the buildup of oxidative stress and so literally inefficiencies are starting to happen in our mitochondrial system.

The inflammation is going up, the oxidative stress is going up. And of course, our vagus nerve has also communicated to our detox vacation system to shut down because now is not the time to be detoxifying.

Now is the time to just be doing as little as possible, to just get by. And that's how we feel emotionally. And that's actually what's happening on a cellular level as well.

Now. Okay. Is now a good time at this point to transition into the main ways to recognize unresolved stored trauma? Feel like we've set the foundation for that.

Yeah. So, so with that some people may already be like, oh, like some of this resonates with me. How would I know if my body has been living in a trauma physiology and maybe I have thought that I've been stressed?

Mm hmm. Now, trauma will create. I mean, 90% of the stress that we have and will will feel the anxiety. But we want to look at our energy level. And so we can recognize our energy level in three ways.

We can see it in our thoughts and behaviors, which really is like the top of the iceberg, the very superficial. And when the body is in the trauma physiology, it will generate specific thoughts so that if you have one of these thoughts, you can reverse engineer and just know that your body is in the trauma physiology.

The solution is not to try to change your thoughts by the way. It's just a a sign to notice that, oh, isn't this interesting? My body's in the trauma response.

So the thought would be, Oh, I can't do this anymore, or this is too much. Those are literally the thoughts of overwhelm. And so when a person has those thoughts or they see themselves doing things as a result of feeling like it's too much, and they just sit down in front of the TV for the whole evening and kind of mindlessly just like work through the channels because they notice that they have brain fog, they notice that their body just doesn't have the energy.

Are they even holding up the remote or are they like laying it in their lap? Because, again, like we go into the next thing of how you notice your body feels heavy, your body feels exhausted, you drop something on the floor and you literally look at it, be like, Do I have the energy to pick it up?

Do I really need to pick it up? Is it worth the energy to lean down and pick it up? And that is like, I know there's people listening right now who are going, That's me, and I know there's people listening who are going, That's ridiculous.

Why wouldn't you just pick it up? But it is that that much of an impact on the body. That is how much the trauma physiology will shift, how your body feels and how much energy you feel like you have.

So that a person who's in this state, that's what they do all day long. They find themselves calculating how much energy will this take to call this person?

How much energy will that take? Do I have the energy to do that and to do everything else that I need to do today? So everything becomes this calculation of energy.

That sounds exhausting in itself, just to calculate what you can and can't do, sort of to just be present and just get done what you need to get done, right?

This sounds like a whole exhausting experience in itself. It feels exhausting. And and and that's the challenge with being in a trauma physiology is that you can't just snap yourself out of it.

You can't just criticize things and beat yourself up and be like, Come on, pull yourself together, what's wrong with you? And immediately be able to be like, Okay, well, I'm out of it and here we go.

And I'm going to just go through my day. This is something that is our operating system at that time. And so it it feels very exhausting and you feel like you have to do different I want to call them coping mechanisms in order to pull yourself out.

So that's why people will start to drink more caffeine, maybe. Or maybe they'll start to go to emotional eating because and especially foods that they have sensitivities to, because even that immune response to foods that they are sensitive to, it gives them energy.

Now, granted, it's temporary energy and they will experience the crash later on. But in the short term, it gives them the energy that they need to get their work done for the day, which is why most of them then find themselves crashing in the afternoons, crashing in the evenings after a long day, a day that feels long to them.

And yet I guarantee you that if their body had all of the support and all of the resources emotionally and nutritionally that it needed, it wouldn't have felt that that was a long day.

It would have still been energized by look at all the things that I got done today, and I can hardly wait until tomorrow

and get everything done tomorrow.

Yeah. So it's it's interesting to see just how much impact that operating system will have. Okay. Third Way is looking at your physical health. So your symptoms, your conditions even down to your diagnoses.

So we have identified that there are conditions that are clearly associated with the trauma response more than the stress response. And this would be autoimmunity, chronic pain, IBS, chronic fatigue, fibromyalgia, eczema or skin conditions.

And these conditions are especially associated with those people who have a nervous system that goes back and forth between stress and then overwhelm.

So stress and the trauma response sometimes all in the course of a single day. So that, again, many of the women coming through my program, they start the 21 day journey.

And what they describe is that they're starting the day not wanting to get out of bed, but then they have to stress themselves out. So they may procrastinate and get up as late as possible, and now they're super late.

So now they have to really rush.

What Supports Trauma Healing

And just in that rush, just in the stress of, oh, I may be late or I may be late getting the kids out the door or whatever it is, by creating stress for themselves, they actually give themselves energy to pull them out of that overwhelm and get stuff done.

You just defined an adrenaline junkie. One junkie. Yeah. And that's exactly what it is, because they have to they have to find ways to stimulate adrenaline in order to have that adrenaline, give them the energy, the pull out of the the freeze or the trauma response.

And that can only last for so long because then they need more adrenaline and then they need more adrenaline. And so what happens is that they start to go back and forth between the stress of the adrenaline and then the overwhelming exhaustion.

When that wears off, oh, I need more adrenaline and they'll do something else, right? Like create a new problem. To create a new problem. Yeah. Yeah. These are also your drama, you know, junkies.

Yeah. There's all kinds of ways to stress ourselves out and. And it's that back and forth that really causes havoc on our body, on our mitochondria, on our immune system, and really is what generates the kind of is the true root cause for most of these conditions.

You know, what's coming up for me now also is this also creates a lot of stress on your loved ones and the people in your life who want to support you.

So get this handled. If this is you because people will give up on you, they will just stop. They can't do it anymore. Which is actually one of the biggest fears of these people.

Right. Is is to not have the support of others, to be all alone, to be alone and lost in the world. And that's often how they already feel inside. And yet, like you're saying, they almost recreate that experience for themselves because of the stress that they put on those around them.

Yeah. Yeah. It's really it's really sad. It really is sad. But there's help. That's the thing that there is support and there's help for this. And we're going to talk about what needs to happen for trauma healing.

But before we go into that, could you just re recap just real quick the three ways to recognize unresolved start

trauma now that we've gone through it, what are those three things? Again.

The three ways are your thoughts. The second way is your body sensations. How does your body feel? Does your body feel energized or does it feel heavy?

And then your physical health, are you experiencing flare ups in your chronic pain and autoimmunity and your fatigue? Are you experiencing the flare ups of that in new conditions, perhaps?

Or are you are you continuing to remove the obstacles to healing and you're experiencing more and more levels of health in your life? Okay. So now that we've unpacked all of this and people watching this right now are thinking, oh, no, this is me, what am I going to do?

And maybe we're motivating people to get ready to do something about it as soon as they get done watching this interview. So what are the the key things?

So there are some things that need to be present for trauma healing to be successful. If you want to call them ingredients to trauma healing. What are those things?

Yeah, and maybe I just want to start with saying like, what not to do. So what not to do is to do modalities that keep you in the story. Focus on an event that happened because as we've already gone over, it's not as much about the event as it was about your nervous system and how your nervous system has gotten stuck since then.

So that we really want to just work in the present moment, not going back into the past until we've built our skills to be able to what we call regulate our nervous system, stabilize our nervous system, and then we can even go and we can process old stuff, but do it in a way that we're staying in our window of tolerance.

We're staying where we can feel like we're we're managing our responses and not losing emotional control all over again. So funny. Real quick, I've worked with many of your clients.

We've a lot of crossover in our communities. I send people to you, you send people to me, we go back and forth. And I worked with people that you have helped to who start to tell me a story, and then they stop themselves.

They go, Wait, wait, wait. I'm supposed to not be in the story of that. Amy taught me not to do that. So let me, like, refocus here and let's start over.

Hopefully that's been helpful. Do Yes. Well, you know, we could waste all our time just talking about your story that you want to rehash or we could be in the present moment and actually solve some problems.

Yeah. So you choose how do you want to use your time? Do you want to rehash or do you want to move forward? Right. Yeah. In my 21 day Journey program, which is where I start, everyone there, we don't we don't tell stories.

It's very clear on that. And it's it's shocking for many going through that because that's all they've known how to do. Yes. That's what they think therapy is.

They think therapy is going to talk to someone and telling them about their childhood, about this, about that. And here I come and I say, no, we're not going to do that at all.

Not right now. Not right. Now. Yeah. Unpack it later. So. Right. But yet what I find is that in the process of just working with what's coming up today and building those skills to stabilize our system and create started to create moments of safety.

Where and what I mean by safety is not just you telling yourself that you feel safe because again, the thoughts are just the most superficial level. The thoughts aren't going to change what's happening on the trauma response on a slightly slider level.

So when we can change that, it changes everything up, including your body sensations and including your thoughts. So what we need to do is we need to actually create a physiology of safety, not a physiology of trauma or stress.

And so the way that we do that is we are going to work with opening up the mind body connection and doing some what we call somatic exercises. Now, this is where we start people, because it stabilizes their ability to get out of the story, get out of their head, which is creating a lot of the problem and ongoing stress and be able to use their minds attention to just focus in on an area of their body.

What's going on in my body right there? How can I support it? What do I what does it need in order to just feel a little more safe right now and what starts to happen is that they create moments of safety.

Now, it's so fascinating that just in these 21 days, just with these 21 different exercises, they already experience changes in their physiology and by that, their physical health symptoms.

And we still have two other components that we haven't even addressed yet. And I do want to mention those. So in the 21 days, they're experiencing a 26% decrease in their daily physical pain, 28% decrease in their GI symptoms, 28% decrease in sleep issues, 30% decrease in depression, 30% decrease in anxiety.

And all we've done is just stayed in the present moment. Be like, All right, what's going on in your body right now? And what can we do to shift that?

To change that and using using the different work with the somatic work. But even with that, it already is creating changes in their physiology. And so then we can bring in the other two elements.

Now that we're a little more stable, we've got a little more kind of more grounding underneath us now. We have a little more capacity to do some other stuff.

And it's two other things that we have to bring in for someone who experienced the greatest potential in their healing journey, wherever that will take them.

And one is that we do need to look at the beliefs that they have had about themselves. And we call this parts work or internal family systems. Many people may be familiar with that and it is looking at the different experiences of life that we've had has created different parts of us, and so we can have a part of us that feels scared around finances.

As an example, we can have a part of us that loves the sugary foods and the comfort foods, and we can have a part of us that really wants us to eat healthy and to follow a diet so we can have these different parts of us.

And each one of them has a story. Each one of them has a belief system that can create a lot of internal conflict. Because this part, once this and this part once this and they're in conflict and we can feel like we don't know what to do.

And you mean the part that wants to eat bad food and the part that wants to be healthy don't make sense. Yeah. They want different things. I know trying to go grocery shopping with those two parts at the same time.

I guess I just want to say to everybody listening, none of us are perfect in the health practitioner world. I have my moments where I don't do everything perfect.

Amy's witness may not do everything perfect before, but yeah, it's like it happens, right? So perfectionism isn't perfectionism is impossible. I just want to say.

But when you have this tug of war of the parts of you that needs help. Yes. It does. It really does. And so that would be one piece that we have to bring in at some point.

And then we have to bring in the biology piece. So is there and I want to say, not only is there, but how much

oxidative stress do we have? How much inflammation do we have?

How much of brain inflammation and brain fog is that causing? Because that by itself will now keep us in a trauma physiology. You will be able to shift it in the moment with these somatic exercises that I teach in the 21 day journey.

But your physiology will slip back into the trauma physiology just if you have inflammation going around, because inflammation is a sign of inescapable life threat that's inside of you.

Hope, Resources, and Closing Remarks

So we need to look at these biology aspects that not only are a result of how long we've lived in the trauma response, but now are keeping us in that trauma physiology.

And so we have to bring that in. If we're going to really resolve this and be able to move forward to being our best selves and in our best health. So good, so good. Okay, so this is such a good this is such a good compliment to everything that our audience is listening to on the summit.

Because Ari and I brought in, you know, some of the biggest PhD researchers in the mitochondria space, people who've spent their entire lives looking at a microscope.

Right. And writing papers and studying mitochondria. And that information is important to understand. It's important to hear that information so that we create a foundation of why this work is so important.

There's a scientific foundation here. And also it's really important that these interviews with people like Amy, where you are actually showing the tools of how to solve all the different problems.

Right. The researchers are telling us this is how the mitochondria works. What you're sharing with us is this is one of the big impacts on mitochondria function and you got to fix this piece.

You got to fix this piece. So there's a lot of actionable steps here. So in terms of I want people to know where to get a hold of you, how to find you, where to find your programs.

We've talked about the 21 day journey for my audience who is familiar with me. Amy's work is always available from my website as well. If you go to Laura for Intercom, go to Trusted Partners, you will find a link to Amy's work.

I believe in it so much that I try to send my clients their my specialty is not how many people with trauma. That's Amy's specialty. So I send everyone in my community to you who needs that support.

So where can they find you? Where's your own website? And and then I want to talk about some pearls of wisdom that people can walk away from. Okay. Yeah.

On my website, trauma, healing, accelerated dot com. They can find a guide there on the steps to identify and heal trauma. That might be the most useful because probably a lot of people still are unclear.

Is this really me? And so that guide would help you the steps to identify and heal trauma so trauma healing accelerated dot com is my website where they can find all sorts of resources including that guide.

Okay perfect. Now some. And also you should follow her on Instagram because she posts her life there and she shows her dog who we love. Yeah. So lots of lots of good information coming through on social media, too, but some pearls of wisdom to give people to walk away with today.

What would you say? I hope so. Actually, like the whole reason how I discovered this was when I had my own health experience and I didn't know if it was possible to rewire the roots of trauma as an adult.

I had never seen it happen. All I knew was the signs of how trauma and childhood stress causes disease. But I had

never learned if there was even a way to reverse that.

Or am I stuck with my health problems for the rest of my life? And I just have to make do with the best that I can. So there's there's so much hope. I don't care how old you are.

Like, I have people going to my programs in their eighties and nineties. Love it doesn't matter because as soon as you start creating moments of safety in your day and that's all it will be at first is just a moment, a moment in time.

But you start to make those moments a little bit longer, a little bit longer. You will be amazed at how quickly your body can still heal itself when we give it the safety physiology.

So there is so much hope. Oh, so good. And I know, you know, you're 21 day, Jeremy. Anybody can do something for three weeks. How often is your journey launching?

Because I know when it's not live, you probably have a waiting list or something so people can get into it, right? Yeah. So this year I have a 21 day journey happening in September and November, so we have several coming up still.

Okay, good. Excellent. So go get that information. And Doctor Amy, it's you know, it's always a pleasure to collaborate with you. It's always a pleasure to see you.

It's always a pleasure to hang out with Hamada, your our favorite dog. And I just want to acknowledge you and thank you for your work in the world, because you could have chosen to stay in that operating room and not give your gifts to the world.

You could have chosen that route and you didn't. In my opinion, you went the harder route. This is this is that the higher road, the heart, the higher, harder route.

Because working with people when they're awake is a lot more work than working with people when they're asleep under anesthesia. So thank you for your contribution in this space and always being just a guiding light in this area.

You give so much hope to everyone who feels like they're in a spin and can't seem to get out of it. So thank you. Thank you, Lord. I thank you for the work that you do.

You take good care. Now, I.