The Chronic Illness Pattern No Single Doctor Can Ever See Transcript

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Introduction to Lipedema

It affects one in nine women and there's still no consensus on exactly what lipidema is. Technically, they call it a fat disorder, but it's so much more than that.

Some people say that it is more a connective tissue disorder. some people that is leaky vessels. People say it like part lymphatic disorder and then there is definitely a mast cell component and like EDS kind of component to it too.

So what happens is you gain weight in a very un-proportionate way. Your waist might be really small, your thighs are very big. or your calves are big, can also affect your arms.

It can affect you torso, but that's usually once you're a little bit farther along. And so a lot of women will be like, no matter what I do, I cannot build muscle in my arms or my legs.

I can not lose weight in arms and legs, and I'm always kind of puffy and swollen, constantly battling this water retention. Lymphatic drainage can help, compression can, help but it's not going to resolve it.

As it progresses, you can start to get even more of this un-proportion going on. If you're overwhelmed with chronic health symptoms and still don't have answers, you are not alone.

I'm Dr. Javan and on redefining wellness with Dr Javin, we'll be exploring root causes like Lyme disease, mold and parasites and I'll guide you with simple and practical steps towards real healing.

Hello, welcome back to the redefining wellness podcast. I'm your host, Dr. J. Ben Moore, and I am interviewing today, Erica Schlicht. She is the host of the Healthy Life podcast, the founder of True Health Summits, a health coach and honestly someone who's been through the grind of chronic illness.

But the unique point for her is now with her podcast she's interviewed over a hundred doctors that are experts and chronic conditions. So she has an inside track to that.

She is an expert on lipoedema as she's been through it. she gained 50 pounds and kept being written off. And no, GLP-1 would not help the situation. We're going to get into all of that and what caused this weight gain that everybody missed, but she finally was able to take care of.

Thank you for joining us today, Erica. Yeah. Thanks so much for having me. I love that I get to be on your show this time you've been on mine and it's great to, to And you got a so much better setup there for these virtual ones.

All right, so here's where I'm going to start with. We get to talk about lipidema today and weight gain and why, honestly, GLP-1s and the mainstream medical model just didn't work well for you.

But I am really curious. You've been through Lyme and mold. But now you've interviewed a hundred doctors and that has to give you some insight. What about all these interviews have you done that is truly alarming to you?

Where you're just like, what the heck? There's a miss in even not just Western medicine, but functional medicine.

Podcast Guest and Chronic Illness Background

I think one of the biggest takeaways from interviewing so many doctors that it always comes down to is mold is such a huge impact on our health. And obviously I know that from my own personal journey, but I mean, I've interviewed doctors on so different types of topics and I walk away and i'm like, wow, mold has a connection to that too.

Our environment has the connection too that and think that's a big miss, especially in Western medicine, right? Like no one's really looking at our environment.

No one is really at what's going on in the air quality that we're breathing in our home, where we are spending our time in office and schools. And I think that's just such a huge overlooked factor in so many underlying health conditions that people are dealing with today.

Yeah. So I'm going to push you a little bit. I've been on your podcast, so I am one of those doctors that you could be talking about when I ask this question.

Even with the experts, the functional medicine docs that know mold, what's alarming? What's the miss? the industry needs to do better or not naming names.

There are some docs out there that maybe they're super popular and famous, but realistically on the back end, there's not the depth needed. I mean, I think it really comes down to education too, right?

I means so many of like the good doctors and the better doctors in the functional space are more kind of root cause chronic illness. You've learned all of this on your own, whether that's from your personal journey, having dealt with some of these conditions on you own or just from like educating yourself from you patients and other doctors.

But it's just crazy to me that this day and age we have so much people walking around with like so autoimmune conditions and chronic conditions, and environmental toxicity.

And Western medicine and education and medical school has not caught up to that, right? And has started looking at those pieces of medicine, and why so many people are sick and struggling with their health today.

And when you're interviewing these doctors, I mean, you get one wants to do vegan, the next wants do carnivore, mold is the root cause, no spike protein.

I think the advice bounces all over the place, Right? Yes, it does. You've been the patient. You've also interviewed the doctors and now you're a coach and you are doing all these summits.

Where does the truth lie within all of these doctors? Because I do the same thing. I've interviewed a ton of docs, done summats, and it makes me a lot less controversial because I tend to move toward the middle.

But what have you seen? I mean, I try to avoid the vegans because I feel like they can be a little dogmatic. And I personally was vegetarian for 10 years, and I think it really contributed to me being super sick.

A lot of doctors actually have talked about my podcast that they actually won't even take on vegan patients because they are so hard to get better if they won' t be open to changing their diet.

And so I recently just got a pitch for someone that was like, oh, I've been vegan for 52 years and you should interview me. And I was, like all right, well, let me just take a look at him, see what's going on.

He didn't look healthy. I don't know that I can bring you on and give you a platform to share this kind of story and myth. So I think I'm a little picky when it comes to who I have on my podcast and people that are actually kind And making a change in the world, like having success with their patients, having successful with what they preach, right?

Like practice what you preach. And so, you know, it's kind of funny because you bring up a good point, people are kind polarized, someone's like, go carnivore, that'll fix all your issues.

Or, oh, just like get out of mold and that will fix your all issues, but I think everyone is so individual, and we're all just a thumb print of what we've collected.

through our lives, whether that's through genetics, where we live, what kind of infections we've picked up along the way. There's so many layers to people's health, and I think it really takes someone looking at all those different layers and pieces to really help someone.

So if you're just focused on one specific thing or you are like, this is what I do for every patient, I don't think that is necessarily a good way to approach patients and treating people.

And going through medicine, you really have to have an open mind and look at those layers. I hope that answered your question. It does. And what was coming to mind as you were saying that, I was like, man, send that person over to me, that's the vegan.

Mold, Environment, and Functional Medicine Gaps

Should we do one together? Should just have him on and just roast him? That could be kind of fun, right? Well, roast may not be the word I thinking, but I'm like can I be Caleb Hammer of wellness trends?

Like the guy's financial audit, I think, but it's just like, come on my show. Let's have a conversation. Bring me your labs, by the way. And let's see if your magical miracle, whatever it is, actually works.

Because so many people have come into my clinic and I'm looking at their labs and they're doing the medical medium diet and like that fruititarian lean.

And I'm like, yeah, that makes people feel great for a little while. It does. I've seen it. So many people come in, they're like man, it changed everything.

Well, you're basically living on not necessarily toxic food, right? I don't think fruit's toxic. We're not in the toxic realm of eating sugar straight.

It is still quickly digestible. Doesn't feed amino acids and it doesn't give us the omegas and the fats that we need. So like short-term you get a boost.

And then over time, I watched people get to the point where like on their metabolic vulnerability index, they're actually in the, like you're the metabolic.

Vulnerability index is a small test that was, that has been studied on 30,000 plus people in a study to tell you whether or not you are likely to die in next five years.

So it's a really cool test, right? So I've had people come in and active cancers and they're in the sixties and after 63, like you're likely to die. So, I'm like, it is really sad, but it made sense.

Well, then I get people coming in that are fruititarian for a year and there in this same category and I am going, wait a minute. And that's just one small test that people argue with me on, but we can run all the things.

We're going to run an organic acid test, a hair test. You name it. And like the first few months of someone doing that, it looks clean. Inflammation goes down.

Well, yeah, when you switch from McDonald's to fruit, absolutely. I mean, that's exactly what I was going to say, right? It's like, what was your diet before you switched to these extreme, like vegan or fruititarian diets?

Like sure, if you're cutting out all this processed food and standard American diet, of course you are going cut out inflammation. You're going feel better eating actual whole foods.

But like as a long-term diet strategy, there's no way that you getting everything that your body needs to optimally run just from fruit. There's just no Yeah.

And honestly, I was anti-carnivore for a long time. Not like I wasn't mean about it. I don't think it was something you should probably use because my entire training, my life, everybody says vegan is better.

Or eat your vegetables, they grew up. Okay, you got to eat vegetables you can get up from the table. Then I started having these complex chronic illness people with all kinds of eczemas and digestive issues and mast cell come in and it stopped their symptoms.

Just like the lion diet from Michaela Peterson, like significantly changed a lot of people's health. And I'm going, well, there's got to be something to this.

What's happening? And I'm not a proponent of that all the time. And, I'll say it right now, any restrictive diet, more so than like whole food and organic and somewhat match your genetics or blood type-ish, like, um, not huge into that, but like ish, anything more than that.

I am going, why do you have to do that? What else is wrong? Mm-hmm. Yeah, like what else is triggering you to have so much inflammation? I will say I've gone through a lot of different diets on my my own personal journey and When I do like a more animal-based diet focusing on like fruits like healthy fats like organic grass-fed meats and like animal protein I do like raw grass-fed dairy too.

Like my labs are so good and I feel so Good like once I start integrating in like a little bit more variety or maybe like You know some like white rice or some carbs here and there or like little more vegetables things like that like my Labs are still okay But like not as optimal and i've done this test like two to three times like Switching up my diet for like 30 to 45 days and doing labs And i'm like just shocked at what a difference like being more animal based makes so like I try to eat that way like 80 to 90 percent of the time like I still like eat other things and add some variety in but like for me that seems to be like the sweet spot at least right now.

I also think your diets are like always changing right like you always kind of want to check in with your body like some foods may feel nourishing and like work well for your, body at a certain time or certain season right but then like, some other times you're like hey this isn't working as well.

For me like let me switch things up a little bit so I think it's always, kind You have to have like a good feedback system with your body. Like, what's working?

Do you feel good? Like are you feeling inflamed or is it working for your and kind of just always paying attention to that? Because your diet, optimal diet could be different like this year from five years from now, right?

Oh yeah. I completely agree to that. And I am, I know I said it, like I was against carnivore, more animal based in the beginning, even though honestly I'm the type that loves that I would like to work out.

Like I could eat meat all day. Carnivores for me with like a couple of cheat meals is my happy place. Now, my fiance keeps trying to feed me asparagus and all kinds of other things, which I'll eat.

And I do like us out here and there. Don't get me wrong, but it's just funny. It's funny what we learn and how we transition and we go forward. But for me, as a doc, when someone comes in and I see their labs and our team works with them, it is based off of What's been working for you before?

Why would that be there? And then how do we move forward with it? Something that I did want to ask you, especially with all of your experience and honestly, every aspect, the journalist almost, right?

The hot podcast host. I don't know what that's called. Is that a journalist? Kind of.

Diet Extremes and Why They Fail

The coach and the patient. You talked about mold, but even more specific, what single thing have you been told as you've interviewed all these doctors where you're just like, wow, if I would have known that three, four years ago,

that would've changed the game for me.

You know, it's a good question. I feel like every time I finish an episode, I'm just like, wow, that was my favorite episode. And then the next week I interview someone else and I like feel that way too.

So I think every single speaker brings something really unique. the things that are in our water, even though like you have a water filter and like things, that don't come out with that.

Like I still have not bought a distiller, but it's always, every time I pour myself a glass of water like that sticks in my head. I'm just like, oh my God, I've drinking radiation water.

Things like I would just think kind of like. You know, crazy and eye-opening and you know I definitely have learned a lot from my, my own journey. Yeah, you're not going to say something.

And I hope it doesn't hit too hard here. Cause one of my questions is about your, your journey into the future, I kind of jokingly at one point started calling tap water, especially once I figured out it was radioactive.

And then I started figuring out that most of our filtration systems don't work. I was like, man, every time I went out to a restaurant, I'd look at the cup and my ass, infertility water.

I know, like I can't even drink like a glass of water at a restaurant like that's probably not even filtered. I was like, I always get a sparkling bottled water, which probably has a bunch of horrible things in it too.

But you know at least it feels like i'm doing something better and I get excited when it comes out in a class bottle and not plastic like it's a little things, right?

You gotta do what you can. Oh yeah. I second guess my water all the time as just such a simple thing. And here's what I'll say to people listening. It's like, it doesn't stress me out because I know that I'm doing a lot of other things to make my body work well.

But I do sit down at a restaurant. Like, huh, you know, like how do I make a better choice? Or like yeah, I don't know what's going on here. All right.

So I want to dive into this lipoedema situation because so many people that come into my clinic are feminine. They are 90% female, I think is what we have, right?

Like it's a lot. And the other 10%, it is funny on my social media, like as I've gotten over a million Instagram followers, and finally starting to get slightly less than 90 percent female.

So I When people come in, one of their top complaints is weight gain. And they've done it all. They've the GLP-1s, especially recently. GLp- 1 is like candy anymore.

You might as well just put it in vending machines because people get it there. I still put in our water with everything else. Yeah, you know, we'll keep obesity down.

We'll put that in there, put some statins in the water. That's actually been proposed, by the way, putting statin in water, which is a cholesterol drug that causes all kinds of problems for those listening.

GLP-1s don't work. You can't lift weights out of lipidema. So can you explain to people what lipedema is, just so they can understand it, and maybe what to look for?

Because weight loss, even for my mast cell, chronic, Lyme, parasite mold people, is still usually in the top five concerns. Absolutely, yeah. Lipidema is a really crazy condition, so it affects one in nine women.

I just hosted the Lipedema Summit and I interviewed over 40 different experts on it, and there's still no consensus

on exactly what lipidemia is. Technically, they call it a fat disorder, but it's so much more than that.

Some people say that it is more a connective tissue disorder. Some people say that it's leaky vessels. Some say people, say it is like part lymphatic disorder.

And then there's definitely a mast cell component and like EDS kind of component to it too. So like hypermobility. It's kind all of these things combined.

What happens is you gain weight in a very unproportionate way. Your waist might be really small, but your thighs are very big or your calves are big. Can also affect your arms.

They can affect you torso. But that's usually once you're a little bit farther along. And so a lot of women will be like, no matter what I do, I cannot build muscle in my arms or my legs.

I can not lose weight in. My arms are legs I'm always kind of puffy and swollen. Like constantly battling this like water retention, you know, lymphatic drainage can help compression can but it's not going to resolve it.

And as it progresses, You can start to get even more kind Of this un-proportioned going on. Usually like stage one, it is mild. You cant really tell too much, but you have that puffiness.

you bruise easily. You have that un-proportionate, you can't really have defined kneecaps. Stage two, it starts to get a little bit more pronounced and you might even start to have some cuffing.

So for me, for example, on my wrist, I couldn't even see my wrists bones. I started to kind of have this strange cuffing of this puffiness that was in my arms.

And that can happen at the ankles too, so it usually spares your hands and feet. And then stage three and four, it starts to get even more pronounced.

And that's where you really start to see women that are overweight, un-proportioned, their legs are very dimply. It gets kind of like this dimple-y texture.

it can look like cellulite, but it's not celluite. Once you get to stage four you can also have a core morbidity with lymphedema, which is where, you have so much of this fibrotic fat that has kind-of grown in your legs.

that is impairing your lymphatic system and triggering lymphedema as well. And so, you know, it's crazy because it was discovered in 1940. It hasn't really been taught in medical school.

Doctors don't know to look for it. So there's so many women struggling and walking around, going to their doctors that are told to eat less, work out more, and the lipidema fat is resistant to diet and exercise.

No matter how much you work, how you diet, is not going affect the fat. So it's this fibrotic fat that kind of forms in your interstitial space, your fascia, and it got a lot of inflammation to it.

And so it just continues to progress until you kind figure out what's going on. One of the best ways to treat it is to do 360 liposuction. So that's a surgery that takes a look at the whole circumference of the legs and removes that diseased tissue.

And so that's the surgical way to treat it, obviously dealing with inflammation. So even though it is diet resistant, you still want to be managing inflammation as much as possible.

fueling the fire, so to speak, right? And then also kind of addressing some of those underlying things, like do you have mast cell activation going on that's triggering it and making those vessels even more leaky?

You can wear compression, you can do manual lymphatic drainage, but it's a lot of management once you who

have a name for it, and once figure out that you actually have it.

Understanding Lipedema Symptoms and Stages

And so for me, my story was crazy, after having Lyme, I was like, oh, You know, it took me forever to find out that I had Lyme disease. And I was like, if anything ever happens to me again, I have so many great doctors.

I'm going to be able to figure out any health issues right away. and then I, you know started dealing with lipedema eight years to. Figure out. That I.

Had lip edema and it was kind of an accident that. Even found out about it. So you may have alluded to some of this, but I don't hear how do you diagnose this thing?

Yeah, so there's no tests, there is no blood test, you go into your doctor and you're like, hey, can you check to see if I have it? It's a clinical diagnosis.

You basically have to be lucky enough to find a practitioner that understands it. 90% of women find out about it through social media. And then that was a common theme when I hosted the summit.

Most doctors said that they would ask patients when they came in, how did you hear about, it how do you know to come see me? And they're social-media.

I saw a picture of someone that had legs like mine. And I was like, that's me. I must have this. And then they seeked out doctors that specialize in it.

So you're saying one in nine women have a condition where they can't lose weight. They're inflamed. Their body doesn't work. There's no test for it and almost no one knows about it?

Yep. Pretty much. Worse than lime, huh? Almost worse than Lime. So like 12-13% of the population, sorry about your bad luck, is basically what it goes down to there.

So, okay, because I'll be honest, I'm not an expert on lipoedema either. And that's why I am asking the questions of like, what exactly is going on here?

I understand the physiology as you just explained it, but if there's no test for it and it's purely clinical diagnosis, And maybe not everybody can either afford liposuction and, or want to do that.

Cause from talking to acupuncturists and fascial people and lymphatic people, and chiropractic people. I mean, I could just go down a list of all the different professions that don't love.

When somebody is taking and doing liposection, which is basically just like shoving a I mean, I don't know what you would even say like a cannula. I need to pull this out, which causes tons of fibrotic scars that is not awesome for the body itself.

What do you do for that? I mean, that's where conservative measures come in. So I think one thing that a lot of the doctors that I spoke to on the summit are advocating for is an earlier diagnosis.

There's definitely a hormonal component to lipidema, and a lots of women start to present with some subtle symptoms around puberty. The thing is, no one's really paying attention to that, right?

You think you're just going through puberty, you are gaining a little bit of weight. That's when your legs might start feeling a bit better, but you don't think too much of it.

Where it really starts to kind of progress in advance is once you get a litte bit older, so whether you were going thru pregnancy, like for treatments and especially once you start getting into perimenopause and menopaus, and that

can be a time where it really starts to, you know, explode a little bit more.

So it comes through these different phases and through life. And so a lot of times by the time women discover they have it, they're in their 30s, 40s.

They've had it for a while. They have a lot of progression, right? And so, you know, the things that you can do then are more conservative care. So you could wear compression.

You can use pneumatic pumps and you do work on your fascia. you Can manage your inflammation. GLP ones are not, they're great at helping with the inflammation, They're not going to get rid of your lipidema fat, but they will help with inflammation and some of the swelling.

so they can be supportive in that. And so it's really about conservative measures, but you're not going to reverse the growth you have. The only thing that can actually kind of reset you is a liposuction.

I mean, honestly, surgery sucks, right? No one wants to ever have surgery, and especially when you work from a more holistic kind doing surgery seems like a really aggressive treatment to do it.

But I had four lipidema surgeries in 2024 and it truly changed my life. It was the only thing that stopped the disease progression for me. Was the one thing I got all that inflammation, all the inflammatory fat that was just causing such a cascade of inflammation in my body out.

And it really gave me a reset and now I feel like my inflammation markers are so much better. I manage by micro-dosing a GLP-1 and I do conservative measures like the compression and get lymphatic drainage.

use a pump, but now those things are much more effective because I've gotten so much of that inflammatory fat out. And so it really gives you a reset with the disease.

Like it's not a cure, it is not going to stop the process, and it truly was life changing for me. As much as I didn't want to have surgeries, no one does.

It really was a thing that kind of gave me a new set of life. Wow. So you said this can begin as early as puberty and can be associated to hormones and there's no consensus right now.

But if you were to be able to say you have a daughter and this daughter is showing signs at 12, 12 years old and you jump in immediately with everything, you know, is it just management?

Is it something that you can reverse if got it early? You can't reverse it. I mean, once the fibrosis starts growing, there's not really anything that can reverse, but you can manage it, so it is genetic too, right?

So if a mother has it chances are your daughters are going to have it so there is a genetic component to it and so if you are a mom and you're diagnosed or you know you have a daughter, you can start looking out for some of those signs and get them in those conservative measures, right?

So maybe teaching them to wear compression, at least maybe sleep in their compression to help with some the swelling that can happen. You can support them with lymphatic drainage or using a pump and things like that.

Maybe once they're a little bit older, maybe using the microdose of a GLP-1 to manage that inflammation. And the idea is to kind of slow that progression, like when you aren't using any of these conservative The progression can happen fairly quickly.

But if you are using some of these conservative measures, you're not going to stop it, but you can slow it. And then that way, once they're older, they can make the decision for themselves if surgery is the right option for them or if they want to just manage it conservatively if it's not progressing too much.

So interesting as a condition with… It's a crazy disease. No way to stop it. I'm just like, what is triggering this to turn on and get going? That's just how my brain operates.

And maybe you have to catch it early on, but it's, as you said, with phase one and two of it, I mean, you're describing what's happening, like the cuff.

My son is three and I go, well, we call him Chunk for a reason. So I think about it like extra fluff that he's got on him that that is, you know, a baby version, but if this starts happening to someone by the time that you notice it, your already phases in.

And then, so is there any type of bodily scan or way that would have your daughter go get checked at puberty? Some doctors do use like an ultrasound to take a look at the tissue.

That can be an effective tool, but again, it's still like the primary is more of like a clinical diagnosis, and you can use that tool to kind of just, you know, support your findings a little bit more.

And I did want to mention, because you mentioned your son, so there's an equal amount of men walking around with the genetics for lipidema as there are women, Like there are men that have presented and have had liposuction surgery and had to remove it, but it's interesting.

So it really shows that there's something different in the female body, whether that's the hormones or like whatever it is, that is really contributing to it and really kind of fueling the fire.

It's it interesting that it has to be something within women's bodies that are different from men, and that really fuels it. Is there a stat, I just love stats, is there stat of like men to women that you know?

Not offhand, but I actually am going to be interviewing one of my co-hosts tomorrow for the Women's Summit. So I can actually ask him. He's actually the one that did the session on men with Lipidema.

I'll ask if he's got any stats or links he can pass my way. I'm like, well, what would AI tell me is immediately what my brain goes to for data points, right?

It's got crap when it comes to actual solution because it's all bought and paid for studies. And now, I mean, we've already figured out that a lot of the studies need to be repealed and they've admitted it at.

Journal of Medicine in so many different places, but okay. So one in nine women, just as many men carry the genetics, don't show it. There's really no test.

It's clinical. You might ultrasound and see the problem. Surgery is really the only true stop point, and the lifestyle can help you to manage it when you have it under control.

Diagnosis, Treatment, and Surgery

I feel like we got a good gist of what's going on here, but for somebody listening right now, that's like, I've got weight and I can't get it off and GLP-1 diet exercise isn't getting it done for me.

Where do they go? Who do the talk to so that they can get more information? Yeah, absolutely. That's a great question. So the Lipid Demon Foundation is definitely an amazing resource.

They actually have a link on their website to find a provider in your area. And they list out the different types of providers, whether you're looking someone for diagnosis, for surgery, or, you know, conservative care, like a lymphatic drainage therapist.

I would say that's the best resource Generally, the types of doctors that are capable of diagnosing is, first of all, you want to find one that actually is familiar with lipidema and already knows what it is.

You can go to vascular doctors, doctors at work with them. And you can look at lipadema, lipodema surgeons, maybe even a lymphedema doctor. So here in Santa Monica, I was diagnosed by a doctor that specializes in lipedima and lymphodima.

Then I also saw two other surgeons just to like confirm and be like, okay, I'm going to get a couple of opinions because this is crazy. And like they're just looking at me and telling me I have this, but they all said the exact same thing.

So those are kind of the three types of doctors that you want to see in order to And you mentioned having Lyme before, thinking you had good doctors, and I'm sure they were good.

They're great for Lymes. Yeah, with more than all these other things. So as a doctor myself, that I work with people in a clinic where we see so many individuals with complex chronic conditions, we're probably not going to be managing every single individual little thing that they've got going on because sometimes they need a chiropractor, an acupuncturist, a Lepidema doctor, for instance.

If you have chronic mold or Lyme, do you, have to get rid of that first? Do you get to deal with these complex, more acute situations or are you going and getting liposuction while, because if you're doing Lymen mold, I'm assuming diet, exercise, anti-inflammatory measures should be being taken.

Can you do them together or should we be one in the air? You know, that's a good question. So I was in remission by the time I found out I had lipidema.

For me, it was kind of like an easy, easy next step, right? And again, I have like a lot of, It's funny because like in those eight years, didn't know I hadn't lipedema, but I already doing so many of the conservative measures.

I eating anti-inflammatory, lifting weights. I was using a pneumatic pump at home for like lymphatic support and getting weekly lymphotic drainage. So I already doing a lot of the things just because of my own experience and knowledge and feeling like those were helpful for me.

I will say for mean mold is a huge trigger of lipidema and this was especially not as much since I've had surgery. It is still a trigger. Like I don't get growth from it, but I get swelling.

And so I remember I would like travel and I'd stay in a hotel that obviously had mold because I can tell right away. I would just swell like five to seven pounds of just crazy water weight like instantly like that's one of the biggest symptoms I get from mold exposure and I it would Just turn into like fat and i would say like I'm like, I feel like i have water retention That's turning to fat in my body and that kind of when you dumb down lipoedema that almost kind Of what it is.

Um, and so for me mold is a really big trigger so I Would say if you are on a lipaedemia path I, would definitely address mold because we actually had quite a few sessions of this on the summit as well of how Environmental toxins can be a really big trigger for it and just causing additional inflammation and swelling.

Lime, I would say be careful, right? Because lime is just such a tricky thing. If you're not strong enough and healthy enough to go through liposuction surgeries, they are not easy.

Anyone that says getting lipo is the easy way out is so far from the truth, and it is a year-long healing process. First of all, the surgery itself is traumatic.

And I did it awake, so it was really traumatic. Like the recovery, like for two weeks, you're just like, what have I done? Like, why did I do this to myself?

And then something shifts that like two week you start to feel a lot better, but you are still managing a lots of swelling, a a of inflammation. It's about a year long process to like.

kind of even that out and like feel like you finally are like at a decent place after that. So it's definitely a big undertaking on your body. And obviously like with Lyme, we know like any sort of stressor in life, whether that's surgery or a life stresser or car accident or anything that can be traumatic to the body can really flare Lyme and co-infections, right?

So you want to make sure that you're in a good place, I think, Lymo-wise and inflammation- wise before you go into this. And I would definitely say address mold as much as you can before.

You go. Especially if you feel like mold is a trigger that can cause a lot of inflammation. So mold isn't accelerant or potentially an epigenetic trigger.

That turns on if he weren't already having the problem, so compounding it, but not necessarily a cause. And there's definitely like a genetic component too, right?

I mean, they haven't figured out what genes are involved with lipidemia. They just know that there are genetic components and like, so Dr. Karen Herbst is one of our speakers and she's done an extensive amount of work looking at women's like genetics and I think I might've found it.

Like this one had this and it causes these things. And then she'll go look at a bunch of other patients and like, they don't have that gene. So she's like I've never been able to overlap certain genes that for sure, like every woman with Libidema has these genes.

There's definitely a genetic component because it's hereditary. Mostly women like white European ancestry tend to have it and so there's, and mothers pass it to daughters and grandmothers have, mothers have and daughters have.

It's a definitely genetic components. We just don' know which genes are impacting it yet. I would almost feel like the HLA gene might be involved somehow, right?

Because it's like, the hladr would mold, like 29% of the population has that. And I know the stats are a little different from the lipidema numbers, but I feel there's an overlap with that and just your body's ability to clear inflammation and be exposed to toxins like mold and things like that that can just really set off a cascade of inflammation that doesn't shut off.

So I'm curious to see what they keep researching and find in that department. I think honestly, and I'm probably going to be the guy that people don't like for this statement that I keep making, which is AI has a lot of problems, but AI can aggregate data like nothing else.

And if you give it clean data, it gives you good information. I don' think we're ever going understand this genetic situation until AI. Has more good data.

Interview Taylor Pansner, who's a pharmacology PhD that got into the genetic panels. And my mind was just blown with a couple of the statistics. There are 600 million gene snips, potentially.

Wow. There's no way to put that kind of information together. And the test that he runs has 800,000, which is still a ton. Nothing. Yeah. Not even chipping away at it.

Like we don't have a clue where all these genetics go. So when somebody is like, well, it is or is not with the one gene HLADR or the SNP MTHFR or this that I'm like.

Genetics to me tell you that you need to go look other places. They tell what's possible, but not what is. And it's just interesting because I'm as you were explaining that I was so intrigued I did what I like to do now Which is I've trained up my AI to have a frame of reference From basically just like go get research differently.

Don't just give me plainly what's on some Database that the CDC recommends but go out and look for what

emerging that's not 30 years old because a lot of the information you go to the cdc or you Go to NIH you.

Go. To these these large entities, they're 30 years behind because what's actually been working clinically or with that latest study is just not, it's not to the point where it can make it to those sites.

So when I looked up on this, 400 million women is the estimation that are dealing with a disease that doesn't allow you to lose weight and diet, exercise, and GLP ones don't solve it.

400 millions. Crazy, right? It's estimated, different studies have different estimates, anywhere from five to 15% of the population of women are dealing with this.

That is not a small amount. And that is way more than at least what's accepted with almost any condition. MS, I mean, almost, any autoimmune condition, that's more almost than any of them in prevalence.

So this is more prevalent than whatever your favorite auto immune condition is. for everyone listening, like this, that's crazy. And it's weight related, which is obviously a topic that gets even more notice than so many of the others.

Like not to make it all about weight, but it just like blows my mind because it is related to a.

Triggers, Genetics, and Final Takeaways

Is a multi-trillion dollar industry, and then the comorbidities are crazy It is 74% related to an eating disorder. So if someone's listening right now and they've ever had an Eating Disorder, it's not because they're necessarily causal.

It's because your whole life you've been told it is an EATING PROBLEM and has nothing to do with food. I did the HCG diet 10 times and like definitely was like borderline eating disorder.

I do so many prolon fasts because I was just so desperate to see if something would work and something with like reset it. Cause I would just tormented by it, like it's just like, no matter what you do, not matter how well you eat, how much you work out, you're just, I just keep getting bigger and puffier and I'm like what is happening to my body?

It's so crazy. It's like, here's my Instagram reel. You're overweight and you keep getting told that it's you. Whereas 94% of the people with this condition, it is family related.

So someone else in your family is dealing with it. 74% have an eating disorder at some point. 50% hypermobility of some kind of issue. And 71% has some sort of pressure problem, meaning easily bruising, or pain upon pushing on their body.

Like if you're listening, there you go. Do you have any of those? And there's a whole long list of other things. This should be able to be something that can get out because there is such a massive population to deal with it.

Not that there are doctors to fix it because I guarantee if this went off on Instagram that all of your doctors that you refer to would be full for the next 10 years.

It's crazy. It is a crazy, crazy disease. Wow. And then the onset of the triggers, like I'm learning from you and I am researching this. 55% of cases that are known, which is tiny amount, start at puberty and the rest basically, the windows are commonly Anytime your hormones change massively pregnancy menopause or some sort of major stress event where your Hormones get all jacked up.

So whether that be surgical traumatic or otherwise So, oh wow, I'm just learning so much today. This is interesting for me. It's fun. Good I always love teaching people about something that they didn't know about So what else can we know because we are coming close to the end here.

What what other? Ending statement do we did I miss that I did not pull up? It's like a question about lipidema specifically or just about anything. Let's just go with anything as your final statement today.

I would say, I mean, we can keep it about lipoedema. I'd say if you're struggling with any of those things, it's not your fault. So much of this gets blamed on the person and the women, and it just like you are told to do more of these things that clearly aren't working.

And I think there needs to be a lot more investigation into our environmental factors and how that's affecting this condition too. That's something that just gets overlooked in any condition.

And I think that that has a really big impact on lipidema, and I'd like to see there be more research and people investigating that and seeing how much of an impact that had on it.

Okay, there it is. Well said. And based on what I'm reading, just even from the AI, it's absolutely not the person's fault because they can't control it, I mean, that's one of those things where even someone with all your resources, knowledge and experience There wasn't an easy way out.

Like it wasn' here's your new diet. Go vegan. Do this, do that. Well, I truly appreciate you jumping on here and educating me on this topic, much less the community that we're getting this information out to.

And how can people find out more about this and you because obviously you have an expertise here. Yeah, absolutely. So you can find me at thetrailedahealth.com and that's my handle on social media as well.

And if you're interested in learning more about Lipidema, you could check out thelipidemasummit. com. We have replays available for the 2026 summit that we just hosted in June.

we had over 60 sessions with amazing experts from all over the world. so it's a great place to deep dive and learn more. about it. and we're going to be bringing it back next year as.

well, so follow along, we are Lipedema.summitt on Instagram as Well, for everyone listening, thank you for joining us. Hopefully this was educational.

See you next time.