Introduction to Female Hormone Issues

So today we're going to talk about something that is near and dear to us. You know, in some of the interviews you've been watching, you've heard us saying that of all the problems we deal with, the areas that seem to need the most work are all in the female hormonal space, because that that experience right now, when a woman goes to the doctor with fertility issues, with fibromyalgia, with endometriosis, and we're going to talk about today, it's kind of taken for granted.

Like you're supposed to have these problems with your hormones, right? It's it's this gray area of medicine where the outcome is so underwhelming and so disappointing for most women.

Meanwhile, there's people like Jessica out there that are trailblazing and putting the research together and saying, you know, there's more to this than just you're supposed to have this problem.

And this is just all of the various options you have. Here's yours. Right. You could actually be doing a lot more. And so, first of all, awesome to have you here today, Jessica.

Thanks so much for having me. So we're going to dive into a very specific area of female hormone issues, endometriosis. And we're going to look at it differently.

Obviously we'll we'll dive into general terms. And you know, how people see it and what they experience. But there's so much more going on in terms of being able to truly help people.

And we'll get into that with you. But just for those that aren't familiar, break it down. Like, what is it individual says? What does it feel like? What are the symptoms?

What does it do to. Yeah. So endometrium says is a disease process that's about 50% genetic. And it's also inflammatory and likely autoimmune I would say definitely autoimmune.

But I'm a little aggressive when it comes to looking at the literature. And the way it presents is because there is this underlying genetic component.

What endometriosis is, is the growth of tissue that is similar to, but not exactly the same as, the tissue that lines the inside of the uterus, also known as the and yttrium.

So and this endometriosis this endometriosis lesion tissues endometrium cis endometrial mas which are like tumors. It's kind of like cancer but it's not cancerous.

What Endometriosis Is and Common Symptoms

So it doesn't sort of spread in the same way. But it is it is an issue that those lesions of these endometrium process tissue can be inflammatory in and of themselves.

They create inflammation. They also create their own hormone environment. So it usually looks like this process of symptoms showing up sometime around pre puberty.

Although it can be much later that people recognize they have the symptoms of endometrium CIS. And it's still an average of 12 years before diagnosis.

But if you look at like who has it, 10% of all people with uteruses. And when they did studies on female fetuses, 9% had endometriosis lesions already.

So it's kind of at birth, if you will, but then the symptoms will show up normally around 8 to 12 just around pre puberty. But it looks more like anxiety and stomach issues and maybe IBS fatigue which is tricky because of course it could be any and all of those things too.

But some of the red flags you want to look for is is there any family history of known endometriosis, or lots of women in the family having really painful periods?

You know, painful periods have become normalized in the family. That's a red flag. It's not normal, actually, to have pain at all with your menstrual cycles beyond just very light cramping.

Maybe one day a month, you know, it should not be a part of someone's lived experience to be at home once a month for more than you know at all, for a day for their period.

But the problem is, in the ages of 8 to 12, the cycle is not yet regular, or so the symptoms look more like stomach aches or, you know, fatigue. Or there's also disordered know me associated with it.

So like passing out or kind of vasovagal kinds of like, oh, I'm feeling hot or dizzy. And then people start to get used to the pain. The pain gets normalized.

And either they'll be given one of two things by kind of a traditional gynecologist. Oh, it's just normal. You know, people have some period pain and, you know, maybe if they're 20s or 30s, hey, have a glass of wine before sex and just relax.

You'll be fine. Or some sort of completely dismissed. Or they're saying, okay, try some hormonal birth control, which for about 10 to 30% of women can be helpful to reduce the symptoms.

So there is a valuable place for hormonal birth control, but it also masks the symptoms. So if someone's given that for quality of life without addressing the underlying issue of what's going on from an immune standpoint, then and hormonal standpoint, then the disease can progress and that can actually risk their fertility later on.

You know, and the I guess one of the challenges there is that all the stuff you're describing symptomatically an experimentally feels like the things you're describing, meaning that I have anxiety, I have pain, I have that and that.

That's usually enough of an answer for somebody. No need to dig further because it feels like pain. It smells like pain. It tastes like pain is probably pain, right?

I didn't eat something right or whatever. And then it goes on and you hear how many young women just kind of live with these things and think it's a part of them, right?

And they're just kind of meant to happen. So where does that point where you start to dig deeper and say that, no, here's like a big is it just really at the beginning where you everyone should be careful and say that any of the stuff you're describing, you might as well check.

Or is there. Well, yes and no. It's a little tricky, because the only way to truly diagnose endometriosis is via laparoscopic surgery, and so not everyone immediately needs surgery.

Now there is some imaging that can be done. There are no really like biomarkers yet, although there are some autoantibodies that show up more commonly with endometriosis.

There are some genetic snips that tend to be more common with endometriosis, but even that's a little tricky because in that case, it's like people in Greece have different genetic snips than people in Sardinia.

So like, which are still very close Mediterranean neighbors. Right. So we don't have that elucidated so well yet. So there's no quick blood test to say whether or not you have endometriosis.

It has to be surgically diagnosed. So first the best thing to do is just assume that there is an underlying issue that is causing some of these things.

So in my practice, my theme song, if you will, is don't chase symptoms.

Diagnosis Challenges and Early Red Flags

Right. Optimize systems. So let's look at how is the nervous system functioning. We start every single one of our endometriosis clients with a fitness tracker to track heart rate variability.

Are they living in fight or flight, which may be driven by a biochemical inflammation? It's not necessarily an emotional stressor, although often there are layers of these things.

But it could also be, you know, environmental toxins, chronic viruses, the enemy is a self triggering inflammation. So we start by lowering stress. Then we can layer on things like looking at digestive function.

So or is someone mindfully eating. But then are they having regular bowel movements. How is their intestinal lining or are they absorbing nutrients. How are the inflammatory markers.

So you can start with quote unquote treating endometriosis, even if you don't really know if that's 100% sure. The issue, I think the big thing that raises my red flags, if you will, that we really want to scope out endometriosis, is that familial component.

So if there's any family history or family lore of painful periods of infertility, you know, if, if if a girl or a mom kind of finds herself on the floor in a middle school bathroom, there's a big red flag for you.

Like, yeah, there's a nonprofit organization called Endo White that is starting to distribute training to school nurses. And I think really being in this field for more than 20 years, there's a story, right?

There's my aunt had infertility, my great. And maybe I had an early hysterectomy. Mom had painful periods, but she would just, like, stay in a room for two days a month and take, take a lot of Tylenol and get through it, you know, or there's there's family history and then there is this.

Usually at some point there's some pretty intense pain. But if that's not the case, because it's not always painful, sometimes it isn't. There's there's very often digestive issues that are sort of unexplained.

And we see it we see it usually as something like Sibo. Bloating is the key symptom. I know that you've done, a lot of work in terms of research around genetics and trying to unpack that, and we're going to get into that because I think that's really cool that you've been able to do that.

One question for you before that is you mentioned that, there's this phenomenon, sort of localized hormone imbalance, meaning that because of where the issue is happening, that it is this, this belief that we have that hormones or hormones, right?

Whatever's going on up here is also way up here, and you're here, but you're saying that because of this condition, you could have a zone in your body that's operating differently hormonally.

Yeah. Kind of in the sense that the I mean, obviously we can't take anything out of the body. Right. It will all be sort of circulating in some and some level.

But it used to be thought that endometriosis was an estrogen dominant condition. If we just suppress the estrogen with with drugs basically, then this will get better.

Now symptoms matically that helps some of the time, you know, in the neighborhood of 10 to 30% of the time and can be valuable because, you know, quality of life is important as people are navigating this recovery.

But there was a study published in 2018, in Belgium that showed us that that thinking was oversimplified. There. On the endometriosis lesions themselves, the estrogen receptors can be upregulated or the progesterone receptors can be upregulated.

So suppressing estrogen could actually be making things worse. Or both or neither. And you could have these four different kinds of lesions in the same woman.

And there's no way to know that until after you do histology on the lesions post-surgery when it doesn't matter anymore. So just going out, like I always think of this recovery is kind of a shaking tower of blocks, right?

You can't just plop testosterone or estrogen and progesterone at the very top of the shaky tower and expect it to, like, stabilize the tower. You've got to look at what's their stress response.

How often are they living in a nervous system of fight or flight or freeze versus rest, digest, heal? What's their nutrient intake?

Hormones, Lesions, and the Full-Body Approach

Is it being absorbed, or are they able to, process and metabolize foods and, you know, toxins and substances and have good bowel movements and lower inflammation and, you know, process toxins via the liver and kidneys?

Right. All of those kinds of things are what stabilized the tower. Then you might have an endometriosis lesion that's like kind of shaking the tower somewhere along the base.

But if everything else is pretty solid, you can have endometriosis, Excel excision surgery done by a skilled, surgeon, and then and then everything else can heal so much more beautifully.

Also, with physical therapy, you know, myofascial, the, the, you know, in that area, you have a lot of muscles and ligaments and nerves and circulation.

So if someone has been in pain for 12 years before anyone even took them seriously, that whole pelvis is going to be kind of like ten. And so we have to do all of those things, not just for hormones on the fire. As.

Right. So it's kind of you're getting it from both fronts. Like you got to feel better. Here's a symptom that you're complaining about. But there's something underlying that, you know, let me deal with that.

Also. And that's kind of how you approach it to make them better. So genetically you're saying that this sort of concept of estrogen dominance, androgen dominance is kind of where we start, but there's because there's so much more knowledge, when it comes to the genes, are there specific snips or genes or insertions, deletions, you look at that go beyond just hormone dominance.

Yeah. So one of the most interesting genes that we look at is, the histamine intolerance related genes, if you will. So Dao and HMT and HLT that help us process histamines.

A lot of people with endometriosis often have this swelling in their abdomen, which is called endo belly bloating monthly. And a lot of it has to do with their the slowing down of peristalsis in the intestines.

So histamine can often contribute to that, as can those. And those localized lesions growing on the bowel. You know, being inflamed cannot, you know, there's a lot of sticky lesions and adhesions wherever the, lesions are.

So there can be little parts of the, digestive tract that aren't, you know, moving normally in normal peristalsis, any inflammatory genes, any genes that are related to estrogen.

Metab holism. So, you know, breaking down of estrogen and progesterone, is important. So what I do instead of kind of just looking for any one gene, is we utilize a system called opus 23 that just takes kind of a larger picture of

the system in a more of a networked way.

So are there any sticky points where when you're thinking of the whole picture of estrogen metabolism, you know, methylation com t, things like that? Are is the body able to process hormones and to assemble a hormone cascade from beginning to end, including, like you said, it's kind of like here's your dominance.

That's just step one. Then here's your call it toxicity or metabolite level. Like here's what you actually make with it. And then here's how well you clear that stuff, you know, is it it's just sitting around or do you get rid of it.

And then between these three combinations or combinations that can be made from these three, it can be a lot more precise in terms of why things are happening.

Yeah. And just, you know, things like people will tend to need more nutrient support if they have more inflammation and they're unable to clear it themselves, they may need more antioxidants.

For example, you know, things like curcumin are really valuable for endometriosis. Just because they're so powerfully anti-inflammatory. So I think we have to look at the layers of the hormones is one piece of the puzzle, but the immune system, is maybe even more important and then even more important than that is the nervous system.

So looking at, genes that we might originally think of as related to mental health, also have some physical health components, like is someone able to create and, you know, we talked about creating and processing and breaking down not just the hormones but also brain neurotransmitters.

Gaba in particular is a really common one. People that have anxiety that's also created, co-presenting with like muscle tension we talked about in the pelvis more so than serotonin deficiency, although we see that too.

But low Gaba is, I would say, one of the most common things that my patients with endometriosis struggle with. So that's a lot why things like CBD can be so helpful.

It actually helps to modulate, you know, Gaba release. So that's why we really want to take this like full body approach and not think of this as just a like a women's reproductive disease.

So when you're getting into so it sounds like a lot of the intervention has to do with nutrition. And when you're doing that are you looking at nutrition in terms of is this a genetic expression.

Is it more about you kind of know you've done enough of this or you know what's needed and what's going on? Or is it more on an individual level? Here's your genome.

Here's where you're not doing so well, and here's where we sort of need to turn the dials on the expression of your genes. It's something like that. Well, I would say with most patients we don't get that granular anymore.

I don't feel that it's necessary to what we're going to do clinically. But I certainly can, you know, I mean, I do work kind of privately, one on one with people as they need it.

And so the, so I think that if we think about this more like globally, like what if most people need if I'm not going to look at your genetics, by and large, the two key things that people need are really learning the process for how to shift their heart rate variability and be in that calm state while they're eating and then eating in a way that's pleasurable.

Genetics, Histamine, and Nervous System Support

Most people with endometriosis are so afraid of eating because they've had so much digestive and, you know, dominant pelvic pain that they actually drift into eating disorder behavior.

And so then we layer on kind of a functional medicine, an aggressive, elimination diet, which makes that worse. So instead we want to think about how can we start nourishing the system with delicious food.

So I start really simply with bone broth or vegetarian and broth based soups that are high in vegetables that are cooked and blended, easy to digest, you know, slow cooked proteins, animal proteins, sometimes plant proteins that depends a little bit on what they better tolerate.

And just keeping the food at first easy to digest and just full of those nutrients that turn on those supportive genes and the genes that help with detoxification, things like rosemary, oregano, olive oil, some nuts and seeds, like almonds, for example, for magnesium.

So if we think about adding anti-inflammatory and easily digestible nutrition in an environment where someone has activated their ventral vagus nerve and their parasympathetic, so they're in that calm rest, I just stay in there and really enjoying the experience.

The body can absorb better and it's not so inflammatory. So nutrition, but also kind of that practice shifting into that calm state, getting comfortable with the varying discomforts that come along with these symptoms and not being so, kind of anxiety triggered by them, which will then sort of exacerbate the cycle again.

Right. So sometimes with each client we have to see what, what kicks off the cycle. So one example is I had a client who had endometriosis. She had higher stress scores on the day she had to commute to work versus work from home.

So that was step one that we noticed. Then it was worse on the days where she felt just a little bit of nausea first thing in the morning, that would kick off her kind of pain cycle.

Okay, so now we know that. So instead of powering through that nausea, which a lot of people have had chronic pain for 12 to 15 years, are super good at powering through intense discomforts.

Right. Let's slow it down a little and be like, oh, this nausea is my like little red flag, my little yellow flag. Okay, let's step outside. Let's do a mindfulness practice.

Let's have some camomile tea. Let's slow my breathing. Let's get the nervous system back down to a calm rest and digest level. And quiet the nausea before I even eat breakfast and get dressed and head off to work.

Then that changes my entire day, because I haven't been trying to power through that stress and inflammation, and instead I've kind of gotten everything under control, had some nutrients that my body could absorb to help with supporting me that day, you know, change the environment of the car, listen to different music, feel more comfortable, and then as we change each of those little patterns.

So this isn't about like mega dosing of one nutrient supplement. It's about like over a period of 6 to 24 months, changing all of these little behavioral patterns that have developed for people to survive this illness, if you will, and kind of get through their day.

But have become maladaptive, or change them all in a way that makes a day less and less and less uncomfortable. So, I mean, as I'm listening to you, it's it's very clear in terms of why this problem happened and what to do about it.

I think that when you took it, take the average woman who's maybe doesn't even know that that's what the problem is. She's thinking about this pain and I have a bad problem.

I have how do you take them from, you know, this very disease centric, sort of isolated view of the problem. So here's all the stuff we need to do to get to this pinpointed.

You know, I have pain here, but we got to start with your diet and your stress and your brain and your how do you

stretch someone from this far down, like, just get rid of my pain?

There's a lot more going on. Well, I have very slow conversations. So every time I meet with someone, we. I always meet with people for the first time for an hour.

Okay, I have a conversation. I've also written a book called Smart endometriosis is my book. You can get it for free at Outsmart End Dotcom, and it really kind of walks through the step by step.

But the first thing we do is we really listen to their their unique story, because every circumstance of endometriosis, almost every case that I've ever encountered, because it's so difficult to diagnose and it's hardly taught at all in medical schools, has a lot of experiences of being dismissed.

People thinking or malingering, you know, trying to get out of a test or whatever. And so I think it's really important that as practitioners that are trying to evolve how we deal with illness from a, I have an issue, I need the cure to I have a vulnerability or a disease process going on or an injury.

And I want to over time, get more and more and more healed and functional because literally everyone does. Right? Like if you look at every human right now, each of us has some vulnerability.

We probably have some environmental toxin load. We might have some symptoms, some days. Right. It's just that's part of being a human. And so if we think about let's change this conversation from how do I fix this or how will you fix this?

Because I don't really have the power to fix anything. I'm not really a mechanic. Okay. Here to how do we like first, we have to really acknowledge and listen to people's stories of their experience and not dismiss those.

And then we show them the path.

Nutrition, Stress, and Daily Habit Changes

Look this you can live healthier, you can feel better most days. You can have symptom resolution almost all of the time. You may still have some anger and endometrial growth.

Tissue. All this urgency. Occasionally it can come back or it can move or, you know, it can proliferate again. But if you don't, if you don't think of it that way, if you think of it as let me get healthier and healthier and healthier and healthier in the body in which I currently have.

And I'm willing to commit at least six months to a year or two to do that. My life can be completely changed from really restricted to defining what I define as health, which might be for them.

Like, I have a client who thought she could only ever be a freelance writer. She could not go get a job. And like a magazine or a newspaper or something, because the requirements would that be?

She would have to be there, right? And she was like, oh, you mean I don't have to restrict my career to just this? Nope. Right. To do that. You know, you know, you can be a lawyer, you can be a journalist, you can do whatever you want.

But we have to understand how to put that into context. Does that make sense in in in that healing journey, because of the way you're approaching, things are unique.

You're truly supporting the system. Then healing the body in full, not just, you know, masking this symptom experientially. Is it kind of like this gradual decline of pain points, or is it kind of like you got to pass this threshold and then a switch turns off and people just feel better?

That's an interesting question. I think a little of both. I think the digestive issues can be a point where it just starts to

function better, and they just stop having so much bloating and stuff like that.

I think the pain, same thing. I think we can get to a level where pain is not a normal part of their day. There can be pain flares usually related to like something changing like, oh, I went home for a holiday dinner and eight totally different things and was under different stress and drink alcohol.

And then I had a flare. But even that would be maybe shorter lasting. If you will. So I think it's a combination of both. I think there's some gradual decline, but there's also, over time, having just less and less experiences of flare days or bad days.

Yeah. In general here I guess you're bringing their inflammatory load down so they're not sitting at that tipping point anymore ready to for something to trigger.

You mentioned chemicals and sort of hormone disruptors. We know that that's a major problem, like a hugely impactful problem. How much is it in people's awareness when you start to talk to them about, like, endocrine disruptors and what's going on in the frying pans in the water?

And are they even aware, and how do you sort of implement when sort of everything around you could potentially be a problem? Yeah. So that's why we start with the nervous system, because I think that we have a saying in, in my clinic called Death by Functional Medicine.

And I, you know, could be a living example of that. So I have long Covid and I've been recovering from that for the past year or so. And I can see how having this experience of chronic illness, how it can be very tempting to still look for the thing.

Right? Right. There are hundreds of lab tests you can do. I'm gonna be exposed to stuff like. So I did a number of toxin lab tests on myself with a practitioner, another colleague of mine who's great and, you know, sensitive to this, this environmental toxin builds up.

And one of the things he said to me was, oh, do you ever drive your car with your windows down? Because one of the things was had to do with, like, car exhaust.

And I was like, of course I'm 48 years old. I've had, you know, at some point in my life I've driven a car with the windows down. You know, you cannot be afraid of living on the planet because that then triggers this issue where your heart rate, you know, your stress, your heart rate variability is off all the time because there is really no way to live.

There's no, like, pristine place on Planet Earth. All of our water is polluted. All of our air is polluted. We are exposed to mold. We are exposed to stuff. Right? We we're exposed to viruses.

I mean, we're living in a world where I if you go to the grocery store today, with or without a mask on, you could get Covid, right? It's just the the truth.

You could be exposed to it. Anyway, I live in Connecticut. I could be exposed to Lyme. I may have been exposed to Lyme at some point in my life. I don't know that I'm not aware of it necessarily, but.

So I think it's really important that we accept that there will be some level of body burden and not start, and not even. I think testing for it can be helpful in some cases to maybe guide exactly how to reduce that body burden, because obviously there are different ways to do that depending on what the body burden is primarily consisting of.

But I also think we have to just think of it as that, a body burden that we want to reduce, that we cannot get to zero because people with endometriosis, and I think a lot of autoimmune diseases have an underlying Type-A personality, very.

And so it's almost a competition of like how I want to get my immune markers perfectly and my mold toxicity to

zero. And my I never have any, whatever car exhaust exposure.

Right. This is impossible. So instead of chasing that, which I think is just as bad as chasing a cure. Are you like this doctor to do that? What medicine? What pharmaceutical?

We have to think of this as all of those things put pressure on our systems that help us create healthy hormones. So we know that plastics, for example, is a really big one.

So what I like the big needle movers, plastics. Let's lower the load. Drinking water. Let's use a filter like let's start layering on the these stressors or toxin lowers in the same way that we used to layer on the stressors.

Does that make sense? That makes a lot of sense. Yeah. You just sort of sort of slowly unpeel that when you really get to this nice core, those protectors in the middle, hopefully, if you can find it.

And it's funny how you talk about mood and behavior, because we've noticed the same thing where in order for someone to be of the mindset where they're going to find you right where it's not, I'm a victim of this disease.

I go to the doctor and I take a pill, and that's just who I am versus I want to get rid of this thing, and I think I can. Yeah. And it requires a certain girl wiring certain genetics that drive those neurochemicals.

And then you end up with this sort of kind of high functioning anxiety, you know, of, like, I got to get it done.

Healing Mindset and Trauma-Informed Care

I got to get it done, I got to get it done. And then every little thing matters and that sense of reward. And so you often can create, like you said, like functional medicine, you know, where there's a burnout because you're trying to do too much, which then affects compliance because all of a sudden it's not possible.

Right. And you try to bring that into the world you have to live in with your kids and your family and your everything. So, it's even just that awareness of understanding the fact that I'm even talking to you or I'm even reading a book or listening to a podcast, I'm already doing so much more.

And it took a certain personality to get me there. And so just to be aware of, you know, how I handle the world around me and kind of tone things down and it comes down to, you know, so B. J.

Fogg wrote the book Tiny Habits, right? You can just break it down. The small stuff that you can implement don't try and like they said, boil the ocean.

Like, what are these 2 or 3 things I can do this week? And then how do I scale those things and carry them into work and carry them into my family and slowly get towards a changed identity.

Right. And that's that's key, I think, is to do it slowly and driving habits. Yeah. Do you find that as you're working with people that there's ever a sense of loss of hope, you know, or like this is a working or or do people generally find success when they start to get down the right path?

Yeah, I, I really feel like they do. We, we very rarely have people just sort of give up. Now, what we do see sometimes is people get to a point where they realize that their trauma is blocking their progress.

And, you know, people with endometriosis and pelvic pain in general have very high rates of history of sexual abuse and sexual assault. I mean, 80% of female physical therapists have been sexually assaulted at work or assaulted at work.

And, so it's super common to be female and have had some kind of trauma. You layer on a women's health disease, if you will. That likelihood amplifies because you've probably also then had medical trauma and medical gaslighting.

So sometimes when we as we're on peeling the layers, that piece of it has to be dealt with before we can move through it. And we do that concurrently in a way like where it's very trauma informed coaching and nutrition recommendations and physical therapy recommendations.

But sometimes we do need more direct trauma resources. So things like eMDR or mental health therapy is a good option or things like that. So I think that's key.

I think the other thing that that can frustrate people is just if I don't sort of set it up well and really explain in the beginning this, this whole process that we talked about it a minute ago, you know, it's it's going to be months to years of small habits, you know, atomic Habits by Jane Clear's very similar.

What you're talking about, like the little tiny habits, day to day habits. It's not really I'm never going to give you like one supplement that suddenly is going to like, relieve all your symptoms.

So we have to really think about how you're living and practice boundary work and practice rest and prioritizing rest. And again, your personality that you brought me here, as you said, might be part of the problem.

And hey, like, I certainly get that, you know, I'm working. You know, I'm a working mom. I run a business like, I, I, I feel you and we have to see that about ourselves and start to unwind it.

But I see it in my clients all the time. Look, probably 100% of my clients forget 100% better off for three months and maybe one scaled. Really good. And those surgeon if needed or six months we could go to like an island and someone was watching our kids and like feeding us all the food that we're supposed to eat.

And we were doing meditation and breathwork and yoga every day and just sitting outside like everyone would heal, right? But then you would go home and you'd have the same problem.

So we have to learn how to do this in our lives. And that's where occasionally people bump up against a thing. It's not usually that they can't or it doesn't work, it's that they either aren't resourced to do it.

You know, financially they don't have the support or they don't have the family support, or there's trauma mixed in with financial support that they're receiving.

Or, you know, it comes down to sort of life and relationship issues that make it difficult to implement a healthy lifestyle plan in a capitalist, productive world.

It's. Yeah, and that's where we have challenges. But, you know, people are resourceful and very often we can work through that. Yeah, we see the same where.

So it's kind of like these three pillars. So like you have your genetics in the middle. And then there's environment nutrition lifestyle. Here's these three problems that can pull you in different directions in the environment piece nutrition you can understand you know, food supplements water lifestyle.

You kind of get exercise. You know, what do I do with my family also. But this environment piece often people don't realize how much more there is to it than just literally like chemical environment or toxic.

That's where I work. And the people, the shift, the mental shift. It's how I am with my kids. It's where I am with my kids, right when I move to, say, grandma's house for Christmas break, the changes that happen, you know, so that controlling your environment extends beyond yourself.

If you if the people around you are participating in you're kind of healing and understanding what you need. Very hard to deal with the environmental factors.

Simple thing of like Christmas break, we're going, you're the families getting together. You're not going to control what you eat for the ten days. It's very difficult unless you have had an open discussion with everybody and say,

this is part of my therapy and I need to support it and be part of it.

Maybe you can eat a little differently with me two for a week. It's not going to be bad for you in that environment. Right? Right. So yeah, and that environmental shift that, you know, kind of out of people's control, it can be they just don't think of it.

We're not there's no cognition around, you know, this type of thing. You just take have I have to do that. It's family and friends. It's work. It's you know, you can you can actually manage this stuff if you push a little harder.

So in the work that people do with you, how are they finding you. Like where does it all the women that are out there suffering, the lucky ones that actually, you know, found you and ended up working with you?

What? How does this happen? This is like a clinic or what? What what does it look like? Yeah, we have a virtual health coaching practice where I work one on one with people, but we also have a group program that enrolls periodically.

We, they're sent to me by their physical therapist, their surgeons. I speak at a lot of conferences, and published a book and hundreds of interviews and videos and stuff like that.

Environmental Toxins and Body Burden

So it's it's through searching and networking primarily and then experientially, it's kind of like you're not here to put a Band-Aid or that you're going to put them through several months of coaching to heal, truly heal.

Yes. For sure. We at minimum of six months. Right. And I'm guessing in that journey, there's probably other things, other spokes of this central hub of a problem that kind of go away that people weren't even anticipating.

Because if you're dealing with system support, then all these other whether it's eczema or migraines or whatever, I'm sure you have experience with all these other things and dropping off.

Yes, absolutely. Headaches, commonly sleep issues. Anxiety is a big one. Fatigue. Absolutely. Because as you said, the root issue was the same, just showing up in a multiple of different ways symptomatically.

And how much, overlap is there with other female hormonal condition like the big the big common ones? Well, we do see overlap with PCOS. So if people have issues and they have pelvic pain and sexual pain, it's very likely that they don't just have PCOS.

They're much more likely to also have endometriosis if they have pain. Infertility. Absolutely. It's one of the number one causes of infertility. Any menstrual health issues are, we know, very overlapping things, but they irregular cycles, long cycles have any causes that and it was cured by hysterectomy which it's not actually hysterectomy doesn't do anything random process because by definition endometrium this is outside of the uterus.

But a meiosis which is similar to endometriosis but inside the kind of muscle of the uterus, often people will have endometriosis. And they can also have a general meiosis that in that case hysterectomy as occasionally or not even occasionally.

That could be a reasonable treatment option. What else PCOS, PMS, you know, so any mood symptoms related to and related to menstrual cycles can be related to end of oh and the other mythology is that menopause cures endo.

But again, and it is not really a hormonally driven disease. So menopause does not cure endo. And so that is another myth that, you know, we often have to unwind and then, you know, it's challenging.

It can be challenging to support people through perimenopause and menopause. Because the hormone replacement therapy conversation has to make sure that that whole tower blocks is as stable as possible before someone even goes down that route.

Right. And one more thought, just because you brought it up a couple times. But, I mean, most people that are in it know that there's this risk around fertility, infertility issues.

Right. And and so and so is, is this like, the damage has been done or is it more like if you heal the endo, you're also creating a better environment for fertility?

Or is it kind of like you've you've caused yourself a problem? Oh, no. Absolutely. The earlier and it was spotted and dealt with sort of holistically.

You're going to lower your kind of optimize and maintain your fertility. Also, early appropriate endometriosis excision surgery with a skilled physician is key.

I have clients who we can completely eliminate their symptoms with everything we do nutrition, supplements, lifestyle, medicine, all of that. But I still have them consult with an endometriosis excision specialist because without symptoms, the disease could still progress.

And that may impact their later fertility. So especially if fertility is a goal for them. And they're quite young right. I want them to start that relationship with a surgeon.

It may not ever be appropriate for them to have surgery, but I want them to at least understand that relationship with their fertility, to optimize the preserving of that fertility is as long as they want it.

I'm guessing that this sort of fertility stage is a common place where people uncover their endometriosis, like this thing that they didn't realize was going on.

So what is the common response from that? Whether it's your primary care or fertility specialist? Like why are they giving people the right advice generally? No.

Absolutely not. They're, you know, they're using pharmaceuticals. Now, sometimes this is when surgery is done by someone maybe, who doesn't have the skill that this isn't their full time life.

Right? They're not really doing endometriosis surgery as a full time thing. They might, you know, because you can there are sort of like, okay, endometriosis surgeries, they can just sort of burn it off.

You know, there's sort of like that perspective of go in and sort of clean it up for the sake of the fertility. It's a really bad idea because you're not really looking at the extent of the disease.

The person may end up having to have another surgery anyway. There's complications from that surgery. They either can be adhesions. So who who does your endometriosis surgery and the fact that they're really understanding of the whole process of endometriosis.

So this is really one of their specialties makes a big difference to the outcomes. I've been working with patients with anime dresses for over 20 years, and the first half you know, or so of my practice, it was very common to see patients with 16 surgeries, a surgery every year.

Fertility, Surgery, and Finding the Right Specialist

You know, that people would just go in and like, burn stuff off and it would grow back or spread. They had no good tools. It was surgery and opioids, you know, or Lupron, which is a medication that puts you into chemical menopause.

I can't tell you how many of my clients call it like the Lupron years, like I was a teenager. I was had a huge mental health challenges. I felt terrible all the time.

Like it's just not normal to put a 16 to 28 year old, like into menopause with no plan, or go in once a year and just

burn stuff off like that is just malpractice.

And so and then I'd seen people with like, stimulators tons of opioid addiction. So if endometriosis is uncovered as a key contributor to someone's, infertility, take that information and find a skilled excision surgeon.

There are a few listed in my book as places to start. You know, have a conversation with me and we can talk about people that are in your area. There are there are more and more available.

You know, they've been there's more and more training available, but it's not as simple, some specialty. You want to choose your endometriosis surgeon exactly in the same way as you would choose a cancer surgeon.

They they should be really good. Yeah. Okay. And the options are there. And it's you know, people often don't realize that that choice can even be made.

Yeah. It's, you know, it just what they told me. Their surgeon, I figure they know what they're doing, you know? So I mean, well, there's experience to everything, especially when you're dealing with something that specialized in focus that doesn't happen that often.

And for the most part. So yeah, great advice for some people that just sort of trot that around a little bit. But you've made it easy because you put it in the work for people because pick it up.

So, before we, go away, this is fascinating with you. What, all the, what are sort of someone just getting started? Someone that just hearing this for the first time.

That. Oh, there's another way. What are the sort of top 2 or 3 things that they should do, like today? Like, let's just get started and here's the top habits for you.

Yeah. I think first tiny habit, if you will, would be to start to notice any like triggers that kick off your pain flare cycles or your digestive cycles and stop looking at food.

Getting Started and Where to Learn More

Look at like sleep stressors. Start with sleep and stressors because we get over so sensitized to food and we don't pay attention as much to our environmental stressors.

And then second would be just if you can take one of those toxins stressors off the body burden, you know, one of the simplest is plastic. I have a client one time in the Middle East who had she was wearing, plastic flip flops, like she had gotten rid of the water bottles and a lot of other, you know, storing her food in plastic.

We realized in the heat she was wearing plastic flip flops every day. So less plastic exposure directly to your body. And then the most common ones are drinking out of plastic water bottles or drinking like coffee out of a plastic top cup, or storing your food in plastic.

So lower start just little gently, lowering the body burden and start to bring awareness to some of the stressors that may be triggering your pain cycles.

That's also advice and so easy to do. You know, these have to be sort of aware and then start. So this was amazing. If people want to work with you, where do they find you?

The best place to go is Outsmart and Dotcom. They can also download a free copy of the book there and schedule a strategy session directly with me if we want to discuss their particular case.

Also, you can follow us on Instagram at Outsmart Ando or at Integrative Women's Health. Amazing! This was enlightening. I'm sure anyone that needed answers got them.

I would urge anyone that's, you know, having issues to go ahead with your work with you. Thank you again. This was great. To.