Why You Can't Hack Longevity Until You Heal Hidden Stored Trauma! l Dr. Aimie Apigian l Ep #421 Transcript

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Episode Introduction and Sponsor Message

Welcome back, folks. I'm Natalie Nidam, your host, and we have another fantastic episode for you today. In this episode, Dr. Amy Apigian unpacks how trauma lives in your nervous system, how chronic stress isn't what you think it is and why your body may be stuck with the emergency brake on no matter how hard you press the gas.

And most importantly, how this may be showing up in your health. We get into autoimmune disease, brain inflammation, mold exposure, attachment patterns, and how your capacity, not your willpower, ultimately determines your resilience.

This is science meets lived experience and it may help you finally understand what your body's been trying to say. Dr. Amy has a really great book out called the biology of trauma and if this podcast resonates for you you may just want to get your hands on it and you can also learn a lot more about the book about her programs either for individuals or if you're a professional in this space and want offer this to your patients.

All you have to do is go to thebiologyoftrauma.com and everything will be there for you. Now, this episode is brought to you by Manucora, Mito Pure Gummies, and Oslo Sleepbuds.

All of these with special offers just for your. See the show notes below for details and enjoy the shows.

Amy's Medical Wake-Up Call

Dr. Amy Apigun, welcome to this show. I am really so excited about this conversation. Thank you so much for taking the time. Yeah, thank you. I'm really excited to see what has shifted for you since starting to read my book.

So I am excited for this conversation. Well, I mean, awareness, realization, and holy shit. Sorry, guys. Given all that you know, Natalie, you're going to come at it through a very different lens than most people.

Yeah. And I really am curious about your thoughts. If I was going say one thing at the beginning of the podcast is its depth. It adds another dimension to what we know, right?

It builds on the body keeps the score book. Like it enhances it, it enriches it. It brings different contexts to it That was my intention for writing it.

Really? Yeah. Body keeps the score. We know that, we believe that. But how? Why? And it brings science to it, that's the thing. You're tying in the physiology and guys, were just jumping in here.

I've been reading this book and I know I had some health challenges over the last month. So I've been reading the book on the backdrop of really intense stuff and detecting patterns in my own history that tie back here.

And it makes you sit and go, Really? And I said this to you before we started recording, couldn't I just take a probiotic and fix my gut? It would be so much easier.

That's what we want. Anyway, listen, let's back up to the beginning of the podcast now, because now that we jumped into the middle of it. And can you share with us that moment when you first realized that traditional medicine just wasn't going to fully explain what you were witnessing in your own body, in you're patients, and your loved ones.

Something was just missing. For me, it was the moment sitting in my rheumatologist's office. I had just seen the lab

results. And I asked him, what can I do to not have this progress in the full-blown lupus?

And he said, there's nothing that you can do. We just wait for it to happen. What? Okay, that's not what we want to hear. That's what I wanted to here.

Nobody wants to have that and especially not anybody in the health field. I know. And but that was all I knew. So here I was a third year medical. No, I wasn't third-year general surgery resident at that point.

And so I had now been working with a lot of thousands of patients doing different surgeries, and I knew the body's capacity for healing, but I have also seen this mentality in medicine of symptom management.

Let me find the right medication that will just manage those symptoms, let you have a good enough life until you pass away. And this was coming on the backdrop of me having worked the last six years with adopted children.

I had worked with some of the toughest children who had trust and attachment issues. most of them being adopted from countries around the world where we knew that the environment and the orphanages was such that it was not promoting healthy neurodevelopment, let alone attachment.

Yeah. My uncle adopted a baby from Russia and they would tie them to potty rather than put a diaper on them. Right. Yeah, so Russia, China, Guatemala, these were the kinds of kids that I was working with after my experience of adopting my son from the foster care system and realizing that here also, we're just trying to manage symptoms.

Yeah. Oh, they have behavior issues. Let's give them an anti-psychotic. They wanted to put my sun on Seroquel at age five. rather than look at, how do we actually solve these attachment issues that are driving this behavior?

But we didn't have answers for that. That was felt to be, you had a rough childhood. There's nothing we can do about it at this point. And so it really is just symptom management.

Trauma, Attachment, and the Biology of Healing

So here I come along and for my son, I had said, hell no. I want more for him and his life. I actually want him to be happy. And so I am going to keep searching for answers until I find his healing path.

Yeah, I don't think Natalie that I would have treated myself with that same kind of persistent Hope if I hadn't have had him first. Yeah, I think that that experience of doing that for him standing up for Him then allowed me to say why wouldn't I do that?

For myself why when I'm being told this is what you can expect for the rest of your life Why wouldn't I have gone along with that? Because that was my medical training.

Yeah. And as a young woman and you're being called by… Yeah, right. Right. Wow. So that then how I got into all of what is now biology of trauma. I started to search for answers, found functional medicine, started getting trained in functional medicines, became a functional medical provider, and then I start trauma therapy.

At first, I've started seeing a therapist, things went very wrong, I started having my immune system, started to having violent explosions like yours in response to these therapy sessions that my brain was like, oh, that was amazing.

We went so deep. I cried so much. we must have released a ton of shit. And then my system was, like oh yeah, you think that's good? Let me show you. Let's me tell you what we think about that.

Exactly. This is how unsafe I felt and I'm going to let you know. And so I realized that there was this, I was obviously pushing my body into areas that did not feel safe because of the reactions that my immune system was having, as well as my energy levels.

They would just absolutely tank. And I feel like I wasn't a coma or days for three days until I could come out of it. So then I just started my own trauma training and now I'm in those rooms with the therapist and I am getting trained not because I ever expected to teach this, but because i needed to find how to get my life back and i wasn't getting those answers where i was going.

Hey, folks, I just wanted to throw a little message in here for those of you who are sending me all these incredible questions on social media or through YouTube or even on Spotify, wherever you're listening to the podcast.

I wish I could get back to each one of your personally, but unfortunately, And because I cannot, I created, about a couple of years ago now, a membership community where I get to hang out with people just like you.

I do live weekly Q&As, almost weekly anyway. We also do have podcast guests come in to answer everybody's questions and do presentations, you get to interact live with those podcast guests.

We will sometimes do challenges with some of the partners. Like in 2026, we have a mitochondrial enhancement challenge coming up where we're going to be testing mitochondria function.

we are going be to testing people's deuterium levels. If you haven't heard about deutereum, We've got podcasts coming down the pipes on that. And then people will be invited to follow a personalized protocol and then retest their mitochondria on the other side.

We offer that in the membership community and we do it at incredible discounts that you just can't find anywhere else. So if you're interested in hanging out with me and other like-minded people, which actually happen to include some pretty awesome practitioners and even some previous podcast guests who've come and joined the community, then I invite you to check it out on my website natnidam.com slash the dash longevity dash community, or just go to natnim.

com and look for the longevity community tab at the top of the page. Click on that and see if this is right for you. I would love to see you there. and we could make 2026 our best year ever together.

So once again, that's natnidam.com. Just look for the Longevity Community tab at the top of the page. Now let's get back to the show. And it's really the power of your intellect trying to overcome the fundamental reality of biology, right?

And in medicine, there's no, what's that? This is what we've been taught. I know, but that's what I'm saying. Medicine keeps those two things in a silo, in two different silos as if they don't, I mean, conventional medicine typically keeps us to things and two silos because there's, and it's fascinating that there is so little acknowledgement of the influence of one over the other.

And yet there yet so much evidence that the mind, the thoughts, and the beliefs have everything to do with what gets expressed in the body. It's just mind-blowing.

I want to talk about trauma, because your explanations of trauma—the five stages, where the draws the line. And again, this is emotion translated into physiology.

So what I would encourage the listeners to listen for here is those connections, because we're not disconnecting the mind from the body. If anything, what we are going to help you guys to do is connect the dots between your emotions and what you experience physically.

Right? So people talk about trauma intellectually. So when did that insight about the biological connection to it, like about to kill that theory and start to really figure this out, really put it together?

How did come together for you? Was there a moment or was it a process? I mean, maybe I'm putting you on the spot. No, what happened was that when I started my own trauma therapy, I realized that my biology was creating a ceiling effect.

And I would bump up into that ceiling and be like, but I want to do more.

Mold, Brain Fog, and Nervous System State Shifts

But I won't this resolve, that I wanted to release this. I went to process that story. And it was happening enough times that my immune system was having these reactions.

Natalie, it would wipe me out. Did you have lupus at this point or you just had autoimmune? You were waiting for lubus to come along. I think still just autoimmune because I don't remember ever clearly having the butterfly rash.

That is what the lupus is. And at this point, I was already doing some functional medicine to the best of my ability, knowing that what I do now with functional medicines is very different than what was taught since what, it all starts in the gut.

No, it doesn't. It starts in the nervous system. And there's a lot of nervous systems in that, to be fair. Exactly. Yes, yes. So the moment for me was when I was in a somatic experiencing training.

Again, I'm signing up now for these trainings to learn this stuff directly myself. I am in this training, San Diego, and I did not know that I had this mold reactivity.

And it was in this building that's right on the water. And so a ton of mold, but not realizing this, I would walk in and within five minutes I wouldn't have such brain fog that I wasn't able to actually focus and learn and process.

Then I'm becoming super sensitive and just crying or super reactive. and realizing that I'm not this way when I walked into this room. But somehow I walk into the room and I become this different person who has all of these trauma responses realizing this is your biology.

You didn't change, Amy. something changed in your biology that created a different state in you nervous system. And that's what you need to focus on. Figure out why these state shifts are happening in our nervous systems based on what we eat, based what breathe, and based where you go.

Then we can focus if I'm going to be the best version of myself, what does that mean for what I eat? Drink? breathe, how I sleep, yeah, why run my internal biology, given what I'm noticing is that is directly contributing to either signals of danger or signals a safety to my nervous system.

And from there, it just continued to unfold. And so that was where I started. what's called priming events. And so, yes, this brain inflammation is a big aspect of what I was now calling my biology of trauma.

Then the year after that, I got into a car accident and I noticed that I wasn't bouncing back. I even was falling back into the fatigue and the depression and developing chronic pain.

What I notice was that… Wait a second. Something is happening, something is blocking my healing. What is it? So that's when I discovered these biochemical imbalances.

And so there's just been so many layers now that it didn't come all at one big download. It was one layer at a time and noticing I've been able to get up to this level of.

internal self-regulation and capacity and resilience. And I want to be up here. But there's this, this block and every single time there has been a block.

It's on one of the three levels, mind, somatic or body or the biology. So like an immune flare or whatever the case may be. Exactly. Yeah. Which is, which is so, It's nuts, right?

Because this is where you go to the doctor and they tell you it's all in your head. Yes. Right. There's no reason why you should be feeling this way. You there's, no, reason, why, you, should have no energy, there, is no.

Reason why. you. Should be in pain all the time. I can't, There,'s nothing in your laps. there. Is nothing. In your this and right. And, and we call it being gaslit and ultimately it is being.

Gaslit, but it's unfortunately for, for most physicians. It's it, what they've been taught. it. What they know. Yeah. and I think these comments, this book is so important and this information is, so, important to share.

to just help people to. At least get rid of that trauma. You know, at least, you know what I mean? It's medical trauma when you, like, in every cell of your body that something is not right and yet you can't see where you're going to find help or a solution or validation that every time you…

I don't know. I, I… You have such a great example at the beginning of the book. of that guy, Alex, when he goes into work one day and they announced that they're restructuring the company and four other, he's one of five people in the room.

Four people are like, oh, OK, well, I guess we're whatever. I mean, don't know if I'm going to be gone or if this guy you may as well have had a grizzly bear sicked on him.

Like he completely shuts down. He can barely hear voices. And it turns out that he lived out of a car, a station wagon for like what months when was a little kid.

This means holy meat. Like me and my kids and wife, we're going to be homeless. We're gonna be living in the car. But it expressed itself in him physically.

I just thought that was so cool. This brings us to biological capacity. Let's talk about biological and what it is and means.

Chronic Stress, Overwhelm, and the Vagus Nerve

This word capacity really holds the secret to our resilience, if you want to use that word. But really it is the possibilities ahead of us. And what defines how much is possible for you?

It's determined by your capacity. Well, what is our capacity? Our capacity, really, is capacity to hold hard things. And if you have had the experiences where everything overwhelms you, you had a very small capacity just because your perception of your abilities is low.

Right. But we can also have a capacity that has been lowered because we have toxins, because have mitochondrial damage. And so when we talk about capacity, we're really talking about that activation or the stress physiology And how much can we rev the engine and still be okay?

Right. How much? Can we ride that edge of, wow, this is a lot that I'm going through, but I want to overwhelm. Yeah. Well, you talk about the line in the book.

I do. And how the line is different. Not only is it different for different people, but one person can have a different line for one type of stress versus a difference type stress.

Like different things. It's really about pushing your buttons based on your life experience, like your foundations. Well, even with your experience right now, you have different capacity in the morning versus the different capacities in Yes.

Which requires people around me to have different capacities as well. Exactly. It requires a response by other people to know your capacity if they don't want you to cross your line.

Yeah. Well, you know, fortunately I'm a good communicator. So many people are unknowingly living in a chronic survival state. Like they didn't realize it, but all they're doing is surviving, right?

How does that reshape the nervous system over decades? Like what's the impact on your nervous when you're constantly pushing like just living in that I'm not going to die, but I am going die kind of scenario.

Yes. Now chronic stress is one of the biggest misnomers that has hurt us in the medical field. Yeah. We've labeled things as stress and stress as bad.

we need to reduce stress, we to manage stress. And then there's chronic and that's really bad, that totally going kill you. The chronic stress has taken you out.

Exactly. When we come to the physiology, Natalie, we see that there's not that distinction in the body. Okay. Well, there is not this chronic-stress state.

Now that actually comes from a stress researcher. His name was Dr. Hans Selye, and he gave us the model of chronic stress, but what he was actually describing without having the words to describe it was that shift between stress physiology and then overwhelm.

Okay. So let's make that distinction because I think where people are going to push back on this and they're going say, yeah, but you know, when you're chronically stressed, your cortisol is elevated.

You're in a catabolic state. Your blood sugar is going be high. These are the definitions we've put around chronic stress. Let's peel that apart a little bit.

Absolutely. What he noticed was that people could be in this acute response state acute response state runs on adrenaline. Adrenaline, its job is to help all your cells in your body make more energy and then use up that energy for self-defense or expansion, growth, whatever it is.

And then he noticed that a line would be crossed. He noticed what happened in their physiology was what he labeled exhaustion phase. The body is exhausted.

And no longer is it able to do what it did in the acute response phase. Now, because it's exhausted, it starts to fall apart. So now we have this inflammation.

And the Acute Stress Response, we don't have that kind of inflammation, We have an acute-response inflammatory state, but it doesn't look anything like the exhaustion phase inflammation, right?

So even that is very different. And what he just didn't realize was that that exhaustion phase was not just chronic stress. It's, it's different than stress, and he acknowledged that he didn t have any other words to use for it.

So it got labeled as this is stress and this chronic, but actually what's happening is that the body is reaching an overwhelmed state when it crosses that line.

And when it crosses that line, it does not matter how much adrenaline you have. It does no matter. How much cortisol you. Because what's shifting is your nervous system state.

So it's like shifting from driving your car in sixth gear because you're racing somewhere to throwing on the emergency brake. You can still have your foot on the gas pedal.

It kind of doesn't matter because you have the emergency brake on. And that is often why we see high cortisol, not because cortisol is actually causing all of these problems, but because the Emergency brake is on and so the body's like, Hey, we're trying to create a different response.

So we are giving you all this. Cortisol is supposed to be there to help buffer us from adrenaline. Cortisol isn't bad. But again, what we've identified as, but high cortisol means this, that's only because high cortisol is still there in these conditions.

High cortisol is not necessarily causing that. What's causing is this vagus nerve system shift. Right. And so that's where the focus needs to be is how are we helping our vagus nerve take off the emergency brake so our body can come out of this chronic exhaustion phase and move towards healing.

But see, Natalie, most people don't even know that. Most people do not know the vagal nerve can also communicate overwhelm and trauma. They've only heard the vagus nerve is great.

You want to activate your vagis nerve. you want To stimulate your vegas nerve and we've got all these devices and breathing techniques and humming cold plunges and biohacking because Vegas nerve Is only good.

No, the Vegas Nerve is just the train tracks. Yeah, it's a nerve nerve, is Just train Tracks. What is the train that's running down those train tracks?

And you have two different trains that can run down the vagus nerve. You can have the ventral vagal, parasympathetic, rest and digest. I call it calm and yet alive.

you can't have that train run your vagous nerve and that is when everyone, no matter what health conditions they have had, will be in their best health and their self.

But then you could have this other train. And this is the train that runs down the vagus nerve when we reach a point where the life threat that we feel is in front of us is so big, we think we might die.

It's that moment of feeling trapped, powerless. and yet my life is in danger, or it feels that it's in dangerous. By the time we reach adulthood, Natalie, honestly, the most times that we are going into this overwhelmed response is an interpersonal relationships.

Yeah. And yet interpersonal relationship is where we feel like it is a life threat. I'm going to die if you abandon me. It's not the bear. It is not a lion.

For us, especially as adults, it goes all the way back to our early life and attachment issues. But most of the life threats that we perceive are interpersonal.

Yeah. And it's about getting kicked out of The Tribe. Right. Like it is ultimately because we are not solitary. creatures never intended to be solitary.

Capacity, Survival Mode, and Trauma Loops

No. And as a little child, if you learn that anger means is bad and makes you bad, and therefore you will be excised. You carry that through your life.

Yes. So now when you feel angry, you are going to not only stuff it inside because there's no way that you can express your anger, but you're going say this is a life threat to feel this way.

And so much of auto-immunity is I am the problem, I cannot feel this way. I need to shut this down. I needto shut myself down." Interesting. All of the auto immunity has attachment patterns behind it.

It's fascinating. That is fascinating, it's crazy actually. And then, and so when people stay in that chronic survival state that you've described, Does that have like, what is the impact on that on the nervous system over their lifespan if they don't address it?

You know what I mean? Like how does the nerve system, does it just get exhausted? Is it tapped out, loses capacity? What's the, impact the on nervous?

It is very predictable and consistent. And so what happens is that when we've had an experience of overwhelm that's feeling powerless, trapped, overwhelmed, If we don't have the full recovery, if we have that full reset to

safety, our body stays thinking we're still in danger.

Now what most people think is that I stay always hypervigilant. I stayed always stressed out. But actually what happens is the body enters into this loop and it's looping between those last two steps of the stress and trauma response.

So sometimes it is in stress. and we're waiting for the next shoe to drop. We're super sensitive. Our nervous system is on edge. But sometimes our nervous systems says, I'm exhausted.

I can't keep up with this. And it's falling into that overwhelm. It's crossing the line and it does that, Natalie, to get some relief. So it shutting down, like you're exhausted, you can deal.

You can cope. This is when you're also going to start emotionally eating, eating those things that you don't want to be eating. But yet your nervous system has to find relief from the constant sense of danger and bracing.

To do that, since truly feeling safe is not an option, the next best strategy is just to numb it. Right. Right, right. And so we avoid, we distract, and there are all kinds of coping mechanisms that humans come up with to do those three, numb, avoid and distract.

Yeah. So that's the body trauma loop that the bodies get stuck into when we talk about it being a chronic survival state. It's always either in stress mode or overwhelm mode and it just loops between those two.

And what happens over time then the effect of that on the nervous system is that the Nervous System loses its capacity little by little and is no longer is able to be in that stress response as much as long and its reaching its line of overwhelms sooner.

Right. Until a person like you and me perhaps at some points in our life have found ourselves just completely down. Yeah. My body can't even go into stress.

It can even generate the energy. And that's where I landed. And I would have kept trying to push through and be stuck in this loop. If it hadn't just finally said, I completely give up and I'm not even going to let you get out of bed today.

Jesus. I was like, Oh shit. things to do, places to go, people to see. Yeah. I'm not quite there yet, but wow, that's a wall to hit, though. It's wall hit.

And for me, I had never known any other way to live life. other than going or stopping. To just push through. I didn't know that other people didn t feel this way.

It's a bit of a badge of honor, right? It s true, especially in medicine. You're a doctor, people who become doctors aren't generally people sitting around eating bonbons all day.

These are people that are very driven. Productivity is rewarded. Yeah. And not to mention the fact that as a medical professional, you'd be like, dude, get out of bed.

Right? It's all in your head. Wait, these are the things that I used to tell my patients. Oh no, I became that patient. Because the universe decided you needed firsthand experience.

It really did. Yeah. And so I feel that this work called me in a sense. I didn't choose it. It called. Me. Can you tell us a little bit about what actually shifts in the body when someone moves from survival biology into repair and restoration?

Let's start looking a bit into the light. Yeah. Yes. Now what's important for people to know is that how the body goes into a trauma response is the same way that it then comes out.

Okay. And I say that because most people think, I just want to go do that ketamine journey. I want do the ayahuasca and not realizing that that belongs in a certain phase, but that's not phase one.

So there are three phases of this healing journey because we have to walk our body from where it's at to where we want it to be. And it not a shortcut.

There is no way to make that jump without going through the anxiety and the grief and panic that are all stored in our bodies because didn't ever resolve it at that time.

Okay. Cause you do talk about, and just at this juncture, you talk some types of therapy, just re-traumatize the person. So how do you avoid, like what's the difference in approach between what you're talking about versus just relieving the freaking trauma and being just as traumatized as you were before and going, great, now I know I've seen it, I have lived it again.

Now what? I don't feel any better. So if we really come back to our definition of trauma and say trauma is our body going into a trauma response. Then if that's what I'm trying to avoid, I am trying avoid overwhelm.

Right. I trying avoiding overwhelming my mitochondria. Overwhelming my immune system, overwhelming actual cells. That's why I try to avoiding overwhelming.

And as we were talking before, it doesn't always give us the memo ahead of time. It really sucks. Life would be so much easier if we got a heads up. Which means that we often need to go slower than what we think we need, just to make sure that, we don't overwhelm our body systems that aren't going to give us that message ahead of time.

And so I liken it to a swimming pool where yes, I can say where we want to be is we wanna be swimming and splashing and playing in the deep end of the pool.

That's where everybody has the most fun. And that's we're the Most alive. So I'm gonna throw you into the Deep End of The pool because that where you want To be.

That would create overwhelm. Yes, that is where we want to be. However, where need to start to prevent overwhelming our body is we need start in the shallow end of the pool.

And then we even need get our bodies to say, oh, water isn't dangerous because it's had that experience that water is dangerous. Then I teach you how to swim.

And I teach you how to swim in the area of the pool where you could just stand up at any point to stay out of overwhelm. And then we get to the deep end of pool.

But again, many people not knowing this, this is what I did. I didn't know better. Like, I need to process my stories in my past apparently.

How Healing Actually Begins

Let's jump in and get this done. I've got no time. Yeah, let's- I don't have time writing that. See, you get me, Natalie. You get, me. I am you. So I jump into the deep end of the pool and I'm drowning in my own emotions.

Mm-hmm. And I know how to feel this anger, I didn't know know to how this grief, and so I back to my usual coping mechanisms of laying on my couch, watching a movie, hugging a tub of ice cream.

Because I'm numbing. I have to numb these feelings because I don't know how to swim yet. And yet in the process of trying to heal my trauma, I am actually reinforcing those very same responses that I try to change.

And you know, with neuroplasticity, whatever you reinforce gets wired in even deeper. And so that's why these methods that are going to overwhelm us are not helpful.

We have got to even learn that doing it gentle is part of the rewiring. Treating ourselves with kindness is part of the reprogramming that has to happen because that is actually part our trauma patterns is pushing ourselves.

Yeah, and beating ourselves up. And there was one exercise I read about in the book. I mean, I haven't finished it yet. So, but there's one the exercise you described, which is You know, it's art therapy, right?

But what really struck me about it, where you encourage people to draw out these scenarios, It's separating your today from your person from before. Right?

Speaking about yourself in the third person. Third person, Right. So creating, so somatically by drawing it I guess, and emotionally by speaking it and all the different strategies that you use is really to to separate that traumatized person or that person that's being traumatised from the person you are today, which I found so…

I just found that so powerful, right? Because I think any of us, or many people, if there have been a couple of fairly traumatic events in my life, and if I go back and talk about them, my heart rate will go up.

I'll get flushed. I go, and I'm like, dude, like this was decade, get over it. You're fine. It's you got through it and yet my physiologically, I feel it if I am telling the story.

So I guess I haven't separated myself from it yet. But, but it is, it's, you know, as I reading the book, Wow. Really? No. But tell me this, does the body decide what system, how does it decide?

For me, I've decided, and I guess, for you, the immune system is where it lives, your trauma, right? And that's the system therefore that expresses the overwhelm, then the lack of capacity when you over push.

Is it always theimmune system or can it be different systems in the There tends to be a predominant system for each person. But Natalie, chapter five of the book shows that every single system is affected.

Okay. So it could be cardiac, maybe the heart, it can be whatever. Yeah. Exactly. You and I both know people that when it comes time for their family reunion, they're breaking out in the skin rash, right?

But for other people, it's their digestive system, right? That's been a big one for me. So for my primary has been both my digestive and my immune system.

I've got my system… I mean, just as I say that, I can think of many examples just this year where, no, reached a critical line of anxiety, panic, and now overwhelmed.

And there was my new system getting sick. What starts to shift in the body when you do this work, right? And you start to move your biology from this constant survival state into repair and restoration.

Do we feel that? Or is it just that we start have more capacity? You start notice that things don't affect you as much. You don' get sick as often. you don have immune flares.

Is it literally that direct? It literally is that direct. The first things that people experience when they work with me, in the first three weeks, they have improved sleep scores.

They have an improved digestive system. They have less digestive issues when we go to eat. they less anxiety, less depression, more sense of community and joy, and a 60% increase in a felt sense And that's just in the first 21 days.

That's amazing. You take that and now you extrapolate that for the next three months. If you feel 60% more safe in your body, well, what else is going to change?

If feel more 60 percent more safer in you body that you're not needing to go binge on that tub of ice cream, isn't that also going to change your health?

And so it's just this- Cascade. Ripple effect that starts to shift everything towards health, not just because that's your internal state now, but because, that leads to different thoughts, behaviors, coping mechanisms that you don't need to use anymore.

But regardless of that, The digestive system, the immune system. They are so closely connected with the nervous system you cannot separate them. Yeah, they are instantaneously co-activated.

And thus, when you shift your nervous, you will experience shifts in your digestive systems, in you immune systems. So I encourage people to do a somatic practice that will shift their nervous systems towards safer every time they go to eat.

Why wouldn't you want to improve your digestion and absorption when you're eating? For sure, for sure. And then being able to see that over time, what people will notice is that they can go through harder life experiences and not have their digestive system flare up like it did before.

Not have the immune system flair up, like used to before, and that's where they realized just how much they had been tiptoeing around afraid of stepping on eggshells of their own biology.

And they're thinking, wow, well, then if I don't have to stay small to say safe like I used to, what do I want to do? Yeah. Where do i want go? What do want experience?

Because now I have the hope that I can. For people who are wanting something tangible today, right? Yep. And some people are listening to this and they are like, okay, this is really good.

I got to get the book. Maybe I've got get into your course, whatever. But if there's something I can do today, how can someone start tracking their nervous system state through a normal day to try and understand, am I experiencing normal?

Cause you know, your nervous systems going to go up and down during the day. That's normal based on what's happening. Are there strategies or ways that you can give people that can help them to understand if they're spending maybe a little bit too much time in an elevated nervous assistance state.

And it's going different, different from person to person, right? Like that ceiling. This is exactly what I would want people to do. Actually start tracking your nervous system state.

People will be surprised at how much they live in survival mode. And so that's why I created a journal for myself. I needed to track my own nervous systems.

Then that is how I discovered, wait a second, I'm always either in stress or I am in overwhelm. That's all that I live in. But until you start tracking, you don't know.

We can often fool ourselves. And so it's not until we start track. So I would encourage people to track, You can download my journal, that's fine. I've got it on my website, got into my reference there in my book.

Retraining the Body vs Managing Symptoms

Feel free to use mine. You could create your own, do whatever you need to do, but start the nervous system state. What's your level of background fear of anxiety?

What your energy level? If you've got high, high energy levels, you're in sympathetic. Again, that's not bad. All of this is just, it is information. If your in low energy, if you are exhausted, and if your finding yourself having to push through and drink a little more coffee just to get through your day, your an overwhelm.

And I would want you to know how much you're actually in overwhelm and you just haven't known it. Yeah. Because the overwhelms is ultimately what leads to the breakdown.

That's exactly it, right? Because as long as you can sustain the sympathetic state, you could fool yourself into thinking, You're fine. I got this. Yes.

Right. All right. So we're going to go back to therapy a little bit. Um, so so many people, I mean, because that's what people know, right? People get told you need to go to therapy, you to meditate, to do breath work, and they're still stuck.

So what's the biological piece that is missing out of those approaches? So medicine tends to forget the somatic level and these associations that even you mentioned where your mind knows that you're fine and your body is having a reaction.

So, medicine misses the Somatic Level and therapy misses The Biology Level. And The biology level is this idea that therapy is stress. Going to the gym is stress.

We call that good stress, right? We're gonna work out our muscles or stress our muscle. And that's how we're going to get bigger muscles. So yeah. That's right.

It's the same idea with therapy. we are stretching, we building, We are stressing our nervous system muscles and in order to do that, you need capacity.

And if you don't have that capacity, if your immune system, your digestive system. If your metabolism is in such a disarray that it can't even help you be present during your therapy sessions.

It can help integrate what you've learned, what have you done. Well, then you might as well just take your money, put it in the toilet and flush. Because you're not getting the results from those therapy sessions that you could if your biology were at the level that it could support that growth.

Okay. Then it ends up just being information, but information doesn't change us. Information doesn' change our neural pathways. information Doesn't create new neuroplasticity.

Experience does. But if your biology says, I'm so exhausted. I am so out of balance that I can't be fully present. You're not getting the experience that you need to become a different person.

Well, it's almost like you're only doing half the work, right? Like you are taking yourself through the misery and you almost no further ahead than when it first happened.

Because you can't break through to the other side to resolve or I mean, I don't know if you're resolving things or accepting things, or moving past things are moving through, you know, except like all of those things depending on what those are, it's like you are not finishing and you just kind of keep banging your head against the wall.

You're just stirring the pot. Yeah, which means that you're re-experiencing all of those emotions without actually being able to create a different experience with those.

Yeah. So tell me this because sometimes the person, I mean, you talk about this about yourself in the book as well. You're like, okay, we're all in. All of me.

And your biology is like no, No, we're not. Actually, no. And you're like, No. But wait, my mind is the boss of you and we are doing this. Right. The physiology is like no, actually we aren't.

That was the biggest shock to me, Natalie. When I say shock, I really do mean shock. I believe you. Not just in medicine, but in my religion growing up.

In my culture, society teaches us the mind, is a master. Master your mind. Boss of your life. Change your biology or change your thoughts and change her biology and To realize that that is a lie.

It's a total lie It was a shock to me to realize. Nope. Actually my body is the boss. Yeah My body is the boss. And if my body's in a good place, and by body I mean biology, well then my mind can do its thing.

But if body and biology are not in good places, they are going to go into survival mode and my is going be dragged along. I realized that this overwhelm response is the emergency brake that is more powerful than the gas pedal.

And I had always thought that my mind was the stronger of the two. And it's simply not true. Well, so interesting you say that, right? Because that takes us back to, you're not going to think your way out of this, guys.

You still have to take care. Like you have mind your mitochondria, You've got to watch your nutrition, like you've gotta fix the physical pieces so that you'll have the machinery to interact with the mind so they can work together again.

There's almost like a disassociation, right? There is. And that dissociation is the first trauma pattern. So as long as we are still disconnected, that is still not healing.

And so it really does, because so many people, we think that all I need to do is I needs to connect with my body. Okay, I'm going to use my mind and I am going connect my with body, i'm gonna go to yoga, go do Qiong, do a massage, and connect to my my.

That is not actually what we are talking about when we talk about the mind body connection that's going lead to healing. The true connection is this relationship where I am hearing a message from my body and I'm responding, just like when we are talking, I hear what you say and then I respond.

Somehow we've gotten to this idea that all I need to do is I just need connect. I don't want to listen. Mm-hmm. Just need the connect and send you love and that will be fine.

And then you'll be find, right? And you will shut up, No. The more disconnection that we have, the more that want our body to just fall in line, more tension our bodies hold.

Yeah. More damage actually happens in our biology because of that disconnect of we're not listening to what it's saying and then being able to respond with what is needs.

Wow. So let's distinguish between retraining the body versus managing systems, because I think we could mix those up, right? Because the bodies going to express whatever, and now we're going reach for whatever toolkit is at our disposal to make that expression go away.

Um, and sometimes you need to do that, right? Like, you know, I will eventually come out and talk about what, what's been going on with me. But in my example, have an immune system that went completely off the rails.

We had to shut it down to stop the spiral, but now we're going to have to take it away and it's going have come back online. So, so that. How do we get into this space where we're distinguishing between retraining versus managing symptoms?

Because that's where chronic autoimmune issues come in, right? Basically, we've given up on the immune system. You can't do it, so we'll take it over for you.

100%. I see it exactly as you say it. Stabilization first.

Longevity, Capacity, and Cellular Damage

These are principles of the body, Natalie. This isn't unique to trauma healing. Like, oh, everything else operates by these physical natural laws, but trauma is something else.

No, it's not. Trauma is also part of body and so follows these natural law where the very first step, whether you're

coming into the emergency room, or whether I'm preparing you for surgery, you've just had your heart shattered and your trust broken.

Stabilization, stabilize the system. Yeah. And sometimes that requires a heavy hitter. Something like we've got to use a device. We've gotta use the medication.

You've gonna use something that we would not normally want to reach for. However, we have got stabilize. The system and stop the spiraling. But here's where many people go wrong.

Natalie is then they're just like, okay, well I'm fine here. We're good. I I find they are so afraid of it going wrong again when that support is taken away.

Yeah. That they would rather just stay right there even though it's restricting them because at least I am not falling apart like that anymore. Yep. And so we stay small to stay safe.

Yeah, and that's what I see a lot of people do who are trying to go through life avoiding their triggers. Oh, I can't see that person. I Can't talk to my family anymore.

Yeah. No, no, they trigger me or they're not safe for me. They don't respect my boundaries. This is about you. This isn't about them. It's about. You and how you're showing up.

Yeah. But if all we say is, I know I just want to stay right here. Then that becomes staying small to. Stay safe or this. I'm just managing symptoms. But there's so much more, and the so-much-more involves the slow removal of those elements that allowed for the stabilization so that we can become independent, we become flexible, adaptable, and now be able to start building our capacity beyond what we've ever had before.

But we can't build our capacities as long as we are still trying to avoid our triggers and stay small. Because here's where I'm safe. Well, it's Yeah, I mean, we shrink our world down, right?

We shrink Our world out and you see that in people's diet. You see that in people's social environment. It's a shrinkage, not an expansion. Yeah. Interesting.

Feeling is moving in the expansive direction. I want to circle us back to this, you know, the podcast name is Longevity, right? And so I'm going to bring us to back this whole space of aging and longevity, which sometimes I think, longevity Nat, your so freaking shallow, but the thing is that It's all of this has got to be the underpinning of true longevity.

Because when you talk to centenarians, who frankly, none of them are Brian Johnson, and none are spending $2 million a year trying to become a centenary, not a single one of those meant to get there.

They've survived wars. Some of them have survived Holocaust. These are people who have lived life. Like they did not get their through sunshine and rainbows, but there's something inside them that there is something in them, that allowed them to weather all those crazy storms.

and thrive in spite of them, right? And yet they still went through trauma and we can talk about trauma as a biological injury. So what distinguishes them from the next person?

I guess it's capacity, but maybe you want to enhance that a little bit. It does come down to capacity, but then we want to look at, again, what is making that capacity?

It's going to be a mental level of capacity. What does the mental-level capacity look like? it means that when something hard happens, What's your default thought?

What the thought that you allow to stay, whereas the other thought you're like, thank you, But you can go along now. For those people, the thought that they allow to stay is, this is a lot.

The person who ends up allowing that to just become overwhelming to them is going to use the words, This is too much for me. And there's a big difference in just the energy between those words.

Right. And so I even noticed that when I will have the thought like, Oh, this is too much. I'm like Amy, This is a lot. Like I've trained myself to catch those thoughts, redirect those in the moment to still acknowledge, yes, this is hard.

I'm not going to be the positive psychology person to me. Like, right? No, because that's not helpful to my body. And my bodies like, dude, like do you not see what we're going through?

So, so the, the lie is not. Helpful, but also reframing that to this is a lot and let me then be in that space where I can do hard things and I stay in the arena even when it gets hard.

Yeah. That's great. And then we look at the somatic level. So how would a person like this use their body in order to go through hard thing? Well, what is our posture?

If we allow ourselves to just kind of curl up into the shame, like most of us are hunched over looking at our computers all day, we're in an overwhelmed posture that is contributing to our lower capacity.

intentionally sit up straight, bring my shoulders back and I bring in any kind of support that helps my body be in this posture and be comfortable. Well, then that allows even my, my buddy, nervous system to be like, yeah, this is hard, but we got this.

Yeah. It's that whole thing, right? Exactly. My nervous is not going to have that response. If I'm like all this, it's so hard. So, even our posture can be used to help us get through hard experiences.

And then we look at our biology. It is very common when stress hits that we go for the carbs, that go the fast sugars. That's what our body is screaming for because it wants to be able to make fast energy for us.

When we then start to tip into overwhelm, it will reach for those foods that help us numb feelings better. Foods that are more dense, foods, that our fatty foods.

That are dairy and gluten because they bind our opiate receptors. And so by intentionally saying, I know that this is where my body's at. How can I fuel it?

better to stay in this stress response and to not reach that end in its capacity. I know that I'm going to make different food choices, then if I don't have this stress, I am going be eating foods that my body can process easier than something that is more complex and harder for it to just process and digest.

I may be moving into even ketosis. What if? What If I could support my nervous system with ketoses and allow it to have a larger biological capacity because I'm supporting it in this way.

It also is probably a good idea that if you're experiencing a lot of stress over here, that you want less physical stress. Don't go on the long runs or the longer bike rides or don't do the physiological stress of the cold plunges and because your body can only hold so much stress and that might take up stress that you would want to use for the other situation in your life.

So it just helps us navigate life differently knowing this lens of our capacity and where I choose to allow my stress response to be spent. It's so interesting you say that because definitely You know, as I've gone through my challenges lately, I have allowed myself a bit more carbs.

Like I'm typically a very low carb person, but I allowed a little bit of carbs just because I felt like it just feels better. There you go. Right? But without going as far as saying I am just going to dive into a pint of ice cream.

Right? Right. So I've brought in, I don't know, let's say the other night I made millet and I cooked it in bone broth. Like, like you just like I feel like, you kind of to your point.

Microbiome, Repair, and Final Takeaways

And I'm not and i didn't exercise for a long time. But now it's like i'm getting on the bike for 20 or 30 minutes just to You know, just to bring the movement back without overstressing.

So I feel like whether ketosis is the answer for you, which it can be for some people, but it is about navigating these new parameters even temporarily to say, my system's under more pressure.

Exactly. How can I support it without… Yes. And it goes back to what you said earlier. It's a little bit more kindness. your towards yourself as opposed to a kick in the pants, right?

Just saying, get your button gear and get over it. Right. Which is a tendency. So in longevity, we talk about mitochondria, telomere, stem cells. Do you want to talk a little bit about how trauma biology intersects with those systems?

I'm pulling us right out here because. Yeah, no, this has been one of the most fascinating areas of research in the last 10, 20 years where really the fastest way to die is to have unresolved trauma stored in your body.

And now we're understanding that it's because of oxidative damage to the DNA the telomeres and the mitochondria. Interesting. Which interestingly enough, then that damage to the DNA can become epigenetic damage.

And that's how generational trauma is passed on. which for me brings a lot of hope because all of a sudden, if I know this major mechanism of generational trauma, I have a new repair tool, antioxidants.

It's not that there's nothing I can do about it. There's a whole lot that I could do to reverse the damage on my DNA from my past now that that damage has happened.

So the effect inside of our cells, even at the DNA level, is one of the repair tools that we will wanna use. Let's talk about the gut microbiome for a second, just for sec.

And how does the, and because we don't talk this, right? Like the intersection of, or the interaction of gut micro biome and stored trauma from a biological and again, which is gonna affect, like everything's gonna effect your longevity, guys.

I'm gonna stop saying it. Amy, it's implied. So where do you see that intersection, that interaction happening between, between the stored trauma and the microbiome?

It's a two way street. as is so much in our body. Like everything. Yeah. Everything. And sometimes it's a chicken and an egg effect, which came first.

Did you have an emergency C-section when you were born? And so you had an imbalanced microbiome and that gave information to your nervous system that ended up being overwhelming responses because your nervous system is getting that, hey, we're in trouble here.

We're out of balance and the imbalance in inflammation and neurotransmitters and everything that happens when we have a microbiome that's out In fact, I feel ridiculous to even use that word because they're one and the same.

You have so many nerves in your enteric nervous system that it is your second brain, if not your first brain. So the idea that everything that affects your microbiome to either bring that to balance or out of balance is going to be messages sent to your nervous system about your capacity.

And whatever's happening in your system is to impact your digestive system, your motility, you absorption capacity, which is gonna disrupt your microbiome.

So it's so closely connected that it, again, brings a lot of hope then, because whether you're dealing with digestive issues or nervous system issues, the result is that you use repair tools for both, and you are going to see the difference in both.

You can change it. I mean, this is the thing, right? Like, you know what, guys? This is this the crux of the matter here is, that all of this can is under your power to influence.

It's not easy and it's Probiotic, unfortunately, but it might involve a probiotic at some point. But if you don't address that other piece, this piece that we're talking about, that is, yes, more difficult, But I would imagine the rewards are just like off the charts.

Okay, I'm going to the end. I am skipping whole chunks. We're going have to have a part two. So I want to ask you a couple of rapid fire questions before we finish off.

If trauma biology had one core mechanism, what would it be? Oxidative stress. How do you define capacity in the context of longevity and resilience across the lifespan?

Capacity is our resilience, capacity determines your resilience. Love it. What misconception about trauma would you like most to retire? What do want?

what misconception but trauma just needs to die right here, right now? That trauma is the event that happened to you. Thank you. What frontier in trauma biology are you currently most curious or excited about?

I am very curious and excited, about some of the newer tools for mitochondrial biogenesis and how that will increase our capacity even for trauma healing.

Nice. And how has this work changed the way you experience relationships and safety? This has changed everything. Even the ability to feel safe and know that there's an even deeper layer for myself ahead Amy this has been such a fabulous conversation I want to keep talking to you all day.

We need to do that sometime, Natalie. I feel like we're skimming the surface. But anyway, you guys, I hope you enjoyed this even half as much as I did.

And if there's an offer from Amy to our audience, we've got the link in the show notes. It's a seven day somatic healing for stored emotions, which I, you know, just reading this book and connecting with you, Amy, I think nobody would be left unchanged.

And also they offer 21 day journey, right? A daily live session program that helps participants understand how much trauma their body may be holding. to really move the needle, whether it's on your health or anything.

And also you're giving tools to address it in real time. So those links are in the show notes, but Dr. Amy, please share the name of your book, where people can buy it, your website, All the things, yeah.

So, Biology of Trauma is the book, and you can find it on Amazon, Barnes & Noble. And then I have resources that I mentioned, like that Art Narrative Exercise, the Nervous System Journal, Love it.

Thank you so much. thank you for the work that you do, the book that You've written and sharing your gifts with the world. Huge thanks.