



## Healing With Endometriosis, MCAS, And Histamine Intolerance

**Beth O' Hara, FN With  
Jessica Drummond, DCN, CNS, PT, NBC-HWC**



### **Beth O' Hara, FN**

Welcome back to this episode of the reversing mast cell activation and histamine intolerance summit. I'm your host, Beth O'Hara of Mast Cell 360, and today we have a really special guest, Dr. Jessica Drummond. We're gonna be talking about endometriosis, and this is impacting a lot of women. I find many women don't even realize they have endometriosis. So if you have any type of pain with your cycles, you might wanna listen in on this, see what she has to say. We're gonna talk about the role with mast cells. This is part of my own journey and having debilitating pain with my cycles, and some of the things we're gonna talk about helped me quite a bit, and we have really good tips for you as well.

Let me tell you just a little bit about Dr. Drummond, and then we'll bring her on. She's the CEO of the Integrative Women's Health Institute. She's the author of "Outsmart Endometriosis," and you can actually get a copy of that in the bonuses section. She holds licenses in physical therapy and clinical nutrition, and she's also a board certified health coach. She has 20 years of experience working with women with chronic pelvic pain, facilitates educational programs for women's health professionals in more than 60 countries globally, and she leads virtual wellness programs, so you can work with her online through some of these programs as well. So happy to have you here, welcome.

### **Jessica Drummond, DCN, CNS, PT, NBC-HWC**

Thanks so much for having me, and it's my pleasure to be here.



**Beth O' Hara, FN**

I'd love to start with what got you to specialize in endometriosis? Can you tell us a little bit about your journey here?

**Jessica Drummond, DCN, CNS, PT, NBC-HWC**

Yeah, so I graduated as a physical therapist back in 1999, and I was an athlete as a kid, and was really interested in sports medicine and orthopedics, and I started my practice there, but I pretty quickly began to work with sort of, in physical therapy, women's health is a lot about specialty orthopedics, so shoulder issues related to breast cancer surgery, or pelvic and back pain related to pregnancy postpartum, and over the years that I began to specialize in that, the first few years of my practice, the challenge, the patients that came with the most challenging circumstances were people who struggled with chronic pelvic pain. And at the time, surgeries for endometriosis were not great. The surgical techniques were not great, and it was a big focus on pain management through, you know, the hospital systems. We now know it was a huge problem and it initiated the opioid crisis, but at the time, there was a lot of opioid-led pain management.

So my poorer clients had limited access to anything very helpful, and most of what they had created worse situations. And then physical therapy tools are extremely valuable for managing endometriosis and chronic pelvic pain and, you know, the associated bladder symptoms and sexual pain, but there was a limit to, you know, I had a lot of patients who sort of plateaued in their recovery. And then I had, my oldest daughter was born 18 years ago, and I struggled with some hormonal dysregulation, HPA axis dysregulation, so fatigue, things like that, that I began to understand was related to, that was able to be improved through lifestyle medicine, functional nutrition, and I thought, "Well, hmm, if there are ways to sort of optimize hormonal balance through lifestyle, nutrition, mindfulness, sleep quality, things like that, let me see if I could apply some of this to my patient population that struggled with pelvic pain."

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



endometriosis, because I think the other thing that is surprising to a lot of people is that endometriosis is not really just a reproductive disease. It's a systemic disease. It can impact, you know, people with endometriosis have collapsed lungs because of it, you know, like, it is a full system disease, and it's usually looked at as kind of one of those like, women are complaining of pain diseases, and so it can be very much discounted. It still takes 12 years to diagnosis, which is only a few years of improvement from when I first began my career more than 20 years ago. So that's really what has drawn me to and kept me in this field. Endo is a complex chronic illness that often overlays with other complex chronic illnesses, and a functional lens is really the best way to unravel it for people so they can live more fully and with less symptoms.

**Beth O' Hara, FN**

That's what excites me about your work is that you can bring together the structural, and the biochemical, and these different angles, which is what we do as well, and I find that that's so much more comprehensive. If I had had somebody, a practitioner like you when I was dealing a lot of this stuff, you know, 20 years ago, it would've been game changing. I was one of the lucky people that was diagnosed quite early. I was 16 when I was diagnosed, but just debilitating menstruation. I was flat for three days. People thought I was just weak or, you know, whiny. It's like, you don't understand the level of pain tolerance that I have. I mean, I could break a bone, and it wasn't as painful as that every month, that menstruation. And then, you know, you're talking about how the, you know, the treatment is fortunately much better, but back then, and it was diagnosed with laparoscopic surgery. They only found two atypical patches they could see, and the rest of it was grown into the tissues that they couldn't remove, so I mean, a worse situation, I was offered pain meds at 16. I was put on continuous birth control, which was disastrous, and worsened my symptoms. I felt horrible, but they wanted to stop the menstrual bleeding.

**Jessica Drummond, DCN, CNS, PT, NBC-HWC**

Periods, yeah.

**Beth O' Hara, FN**

But then, you know, then gave me worse estrogen dominance, so all of that was going on. Breasts were just horribly painful. I cried at everything, not what you need when you're trying to get through your teenage years. And then the other option I was offered, Jessica, was to a surgery to sever the nerves to my uterus, with the potential complications of lifelong incontinence. And fortunately, I had the wherewithal to say, "I don't think so, I'll take the pain," as



debilitating as it was. I don't have it anymore, and I don't have those issues, but it was a long journey of this whole wellness again. And I did pelvic physical therapy, which was extremely helpful, and all the things that helped balance those hormones, but let's start diving in for women. So one, I wanted to just set the stage for what people are dealing with. And especially if family members are listening, or friends of people that are dealing with this, to understand that the level of pain is so intense. And then you can bring more of the complication side in here, but let's just define endometriosis for people who've probably heard that word, but they're not exactly sure what this is, and what's happening.

**Jessica Drummond, DCN, CNS, PT, NBC-HWC**

Yeah, so endometriosis is a systemic disease that has a genetic component, has an inflammatory component, and while this is debated in the literature, I believe also has an autoimmune component. And what it really is, is, you know, I think of it as kind of a benign, in the sense that it's not generally life-threatening, but it's certainly quality of life threatening, cancer. So it's cells that are growing sort of aberrantly, you know, in the wrong place, all over mostly the abdominal pelvic region, but it's not rare to have extra-pelvic endo, which means these lesions of tissues that are growing in the wrong place could grow in the lung, inside the nose, the diaphragm is pretty common. I have seen reports of knee endometriosis, so it can grow anywhere. So the biggest confusion about it is people thought that it's sort of bleeding in the wrong direction out of the uterus, retrograde bleeding, and that these are tissues that are supposed to be inside the uterus, but are not.

That's actually been disproven fairly clearly in the literature, but it is cells that are similar to the kinds of cells that line the inside of the uterus, by definition, outside of the uterus. So it's also a pretty common myth that hysterectomy is the cure. Get rid of the uterus, you're curing this, but again, by definition, endo is actually outside of the uterus. Now, there is a related condition called adenomyosis where similar lesions grow in the muscle like, of the uterus. In that case, unfortunately, unless you can see it on imaging, which is a little inconsistent, hysterectomy is sort of the "cure," but most people, it's certainly not sort of the first line treatment if we can manage the symptoms otherwise, and there are actually some people doing surgeries for adenomyosis that will sort of try to take out the lesions and preserve the uterus. But, you know, I think the biggest key is to understand that these are, you know, pretty extensive lesions, and they can be highly variable. So you can have just a couple of small lesions, maybe on very sensitive structures, involved with a lot of nerves, or involved with digestion, or on the bladder that can be very painful. People also can have reasonably extensive endometriosis and have no



pain, and may not even, or not significant pain, and may not know they have endo until they struggle with infertility. You know, some people don't really know they have endo for years and years and years, and then they realize their digestive issues were actually related to endometriosis, so the lesions can be anywhere, and then there are adhesions associated with that, so your digestive tract where things are supposed to move nice and gently along, you know, your food is digested and moves along the intestines, can get sticky in spots because of both the structural lesions, but also histamine issues, as we can talk about in a moment. And so there's this complexity of how it can present, but a hallmark sign is certainly painful, painful periods, having painful periods in your family history, having infertility in your family history, infertility, and then also digestive issues.

If you kind of look at a classic timeline, someone who's like, between eight and 12 presents with like, a nervous stomach or IBS, which is tricky, 'cause sometimes in middle school, people do have nervous stomachs and IBS, right? But it's a digestive issue often around puberty first, and then it can also co present with things like fatigue. It can be exacerbated by any underlying chronic viruses like Epstein-Barr or, and I also see a lot of co-presentation with things like Ehlers-Danlos, so a hyper-mobility syndrome, so another classic sign would be what's called endo belly, which is a lot of bloating, really, in the digestive system, bladder pain, painful sex, and infertility along with the menstrual pain. And initially, the menstrual pain is not always so cyclical, because of course, the cycles are not really established yet, so it can be pelvic pain that seems more random, which is more common in teenagers, but it certainly can happen later too. Some women aren't really aware they have endo until perimenopause or even post-menopause, because no like, transition. Getting pregnant is not a cure for endo, menopause is not a cure for endo, but all of these myths persist.

### **Beth O' Hara, FN**

I'm so glad that you're you're busting those myths, 'cause I was actually told, "You should get pregnant. You should have children." I'm like, "I can barely take care of myself. I'm so sick, I don't think so," and then I love that you brought in this Ehlers-Danlos component, and a lot of women are offered hysterectomies, which sometimes does make sense, but Ehlers-Danlos is really common in this population of people with mast cell activation, and works in that triad of conditions that we tend to see, and I've seen problems where women have gotten hysterectomies, and the ligaments and the structures that we're holding things in place anymore, you take that out, well, most of the ligaments are lax in some way or another, so that includes the ones that hold the organs, so that's a whole nother level of complication. I just



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

**Jessica Drummond, DCN, CNS, PT, NBC-HWC**

Yeah, well, and I think that's a really important point, because things like the dispensary bladder ligaments can be disrupted, and then you end up having incontinence or prolapse on top of bladder pain, and urgency, and frequency, so really if you're, I think one of the most important things I want people to understand is if you're going to have surgery for your endometriosis, which in many cases is a very good idea. It's fertility preserving. It can help reverse that some of the autoimmune markers. It can be, symptom wise, it can make a huge difference, but not really an isolation, because we need the nervous system to be calmer before you go into surgery. We need to have digestive function as optimized as possible and a plan for after.

You know, if you think about it, if an athlete like, tears a rotator cuff, they're gonna have like, weeks of rehabilitation before they go into surgery, and they're gonna have months to a year of recovery. We have to start thinking the same way. You know, if you're having a major abdominal surgery, even if it is laparoscopic or pelvic surgery, it still is a systemic impact, and you know, we have to be thinking more like six to 24 months of care before and after. A lot of the best surgeons are thinking that way now, but it's still relatively quite uncommon. So what I would say is while surgery is a big part of the experience for many women, skilled excision surgery done only by people who pretty much do this kind of surgery all day, every day, they don't sort of like deliver babies half the time, and like, this is their specialty, because it has to be, it's as delicate as surgery as cancer surgery, so you want people who are practiced and skilled in this minimally invasive technique.

**Beth O' Hara, FN**

And we're talking about to remove the lesions?

**Jessica Drummond, DCN, CNS, PT, NBC-HWC**

Correct, yes, and then in that case, very often, hysterectomy is not needed unless someone has adenomyosis, and we've done everything else, and they're just so symptomatic, then it's worth considering, but you know, just to haphazardly have a hysterectomy for endometriosis, first of all, is probably not even gonna improve the pain, because that's not where endo is, and second, you're gonna set up all these secondary complications, hormonal disruption even if you leave the





ovaries, lack of structural support. You haven't fixed the digestive issues at all. The bladder pain could still be there, so it's just not a solution.

**Beth O' Hara, FN**

And it's not dealing with those root causes, which we're gonna get into. But first I wanna talk about the link with mast cells. I see a lot of endometriosis in our practice, and we know that there is a link with the mast cells and the immune system. You talked about there's a potential that it's autoimmune, and the mast cells are kind of this interface with like, a doorway into autoimmune. If you have mast cell activation syndrome, doesn't mean you are gonna develop auto immunity, but the likelihood is much higher to have autoimmunity. So find it interesting that there's this a question about endometriosis, is this an autoimmune condition? And we know there's a link with histamines and some of these other mediators. So can you share with us more about that? Help us understand those links.

**Jessica Drummond, DCN, CNS, PT, NBC-HWC**

Yeah, well, I think the biggest thing to understand that I see is such a clinical challenge is that most people with endometriosis struggle with digestion, so bloating, endo belly, if you will, is a very common symptom, and then a kind of this alternation between diarrhea, constipation, diarrhea, constipation, and that slow motility is usually an issue related to excess histamine, whether it's mast cell activation or histamine intolerance, where someone is not processing their histamine. And so as you said, histamine is a complex mediator, because it has some benefits too when we talk about things like exercise, but it's the issue of it being too much. And I also have people who present with very obvious lack of tolerance of histamine with their endo in that they may have hives and pain at the same time, or that redness, that pain is actually histamine mediated. And then when we talked briefly earlier, and we can get into the details of this in a moment, but endometriosis is also a hormonally driven, not entirely hormonally driven, and not as clearly as we used to think.

So we used to think endometriosis was always related to estrogen dominance, but back in 2018, a paper was published that showed that the lesions can have upregulated estrogen receptors, upregulated progesterone receptors, both, or neither, and all of these different kinds of lesions could be in the same woman, and we wouldn't know until we did histology taking them out. So some women don't respond well at all, even to progesterone. Some women respond well to some, you know, estrogen suppression. Some women don't at all, so only about 30% of 30% sort of respond well to estrogen suppression, and so none of that is a cure. So when we think about



histamine and estrogen, estrogen can attach to mast cells, which can then activate a more, I would say, sensitive response, right? So someone's pain is more intense, it's more sensitive. They're very sensitive to a lot of foods. They're very sensitive to intercourse. They might be sensitive to their partner's sperm, you know, or just things like that. So that elevation of sensitivity often has to do with the intersection between hormonal imbalance and activation of the mast cells, that sort of interface with the immune system. So what we do clinically is take a big step back, and remember that all of these systems, pain, your experience of pain, your immune response, your triggering of inflammation by the immune response are ultimately driven by the brain. Now, that doesn't mean that the pain is all in your head. This is a very real experience of severely intense pain for many women.

**Beth O' Hara, FN**

You're talking about neurology, not psychological.

**Jessica Drummond, DCN, CNS, PT, NBC-HWC**

Not psychology, if you will. Yes, but the more we can keep the nervous system modulated and shifted, so we have several different sort of places on the dial, but two are most important right now, fight or flight, sympathetic up-regulation, or parasympathetic, which is like the rest, digest, recover. So if we can use the nervous system more in the rest, digest, recover state switch of the nervous system, and we do that by tracking. All of our clients get a watch that tracks their heart rate variability, and they begin to see particular individualized day to day stressors that shift them into that sympathetic upregulation. Once we can relax that, kind of get some control over that, then the nervous system becomes less, I mean, the immune system becomes less reactive, and it trickles down from there in that the hormones can stay steadier. The digestive system functions better. So, you know, I think you and I agree that all of these systems have to be dealt with, but the sort of supercomputer, if you will, is the nervous system.

**Beth O' Hara, FN**

And that just makes so much sense. It's interesting. I didn't know that about the upregulated progesterone receptors as well in endometriosis, so that's fascinating. And mast cells have estrogen receptors. They have progesterone receptors. They have receptors for our various different types of steroidal hormones, and so depending on the state of imbalance, that's gonna affect these mast cells. Those mast cells are also gonna release mediators that are involved in pain, things like they release substance P. That's one of their mediators. They release prostaglandins and cytokines, all kinds of things. And then they're the interface between the





nervous system and the rest of the body, and then one of our major interfaces with even our endocrine system. So what you're saying makes a lot of sense, and I love that we have this way of entering in. In addition to the biochemistry, we can enter in from this neurological standpoint of settling things down. One of the earliest things that I did for the extreme pain, 'cause I was literally flat for three days every month, and it was hard to work, it was hard to finish school. You know, would miss days, I couldn't drive. I mean, I remember missing doctor's appointments because I was in tears, I mean, just wishing that I could just knock myself out, and just sleep through it, but I couldn't even sleep, you know? But I learned a form of deep hypnosis.

**Jessica Drummond, DCN, CNS, PT, NBC-HWC**

Yeah.

**Beth O' Hara, FN**

And I could transfer from my hand being low in pain and being really relaxed and in that relaxed state, and then I could transfer that to my abdomen, and learned how to work with that. It was one of my first entry points. It was very helpful for the pain. Didn't all go away, but it just took it down about 50% to where it wasn't in so much misery.

**Jessica Drummond, DCN, CNS, PT, NBC-HWC**

Yeah, and those kinds of tools, breath work, vagus nerve toning, mindfulness practices, hypnotherapy practices, acupuncture, nervous system down training, combined with pelvic floor physical therapy so that, you know, a lot of times people with pelvic pain are also really gripping at the jaw and at the neck, and so like, craniosacral techniques, anything we can do to feed that sense of structural safety and just nervous system safety, like a sense of safety, and just bring that pain down a little, just dial it down, helps us for all the other tools to be better. Because one of the big tools, you know, as a clinical nutritionist, one of the big tools I use, of course, is nutrition. But what I've learned over the years is that we actually have to be careful of restricting too much, because it actually will trigger kind of a fear around food.

So instead, we really first talk a lot about the environment, you know, how are you eating? Who are you eating with? How are you chewing? You know, what's the music, what's the sounds? How relaxed is your pelvis, where are you sitting? And then starting with foods that are just easier to digest and soothing, so blended soups, blended stews, you know, some of these things will have, I don't always eliminate, you know, high histamine foods if you will. The highest of the high, yes, but I think more in training the nervous system around adding an antihistamine



perspective so, you know, maybe it might be an onion soup that has a lot of, you know, rosemary, or a oregano, or thyme, you know, things that are more antihistamine, and also help us to balance the gut microbiome, because so many of our clients have yeast overgrowth, or colon dysbiosis, or problems structurally with the ileocecal valve, the valve between the small and large intestines, so they'll have SIBO, but if we start with like, adding, okay, here's a whole lot of really delicious soups. You can eat them, breakfast, lunch, and dinner. They're very soothing. They're very easily digestible. The nervous system starts to feel comfortable, and then we can expand from there rather than getting super attached to things that are triggering pain from a food perspective, because that's a little bit of a bottomless pit. Then anytime somebody like, takes a supplement, or eats a blueberry, it's like, oh no, that caused the pain. Sort of, but a lot of times what actually caused the pain was the nervous system response to the potential of that. So like, as soon as someone had a blueberry, it was like, "Oh my God, is that gonna cause that severe pain?" And then that triggers a pain cycle, rather than the blueberry actually doing anything from a biochemical standpoint.

#### **Beth O' Hara, FN**

Yeah, we have that, it's such a trap, and it's a trap I fell into also trying to figure out my triggers before I learned what mast cell activation syndrome was and realized, oh, the mast cells can react to all kinds of things. They may not be reacting to anything I'm putting in my mouth. It may be the level of mold toxins that I'm processing and dumping that day. It may be that stressful phone call I just had, and then I'm attributing it to this food. And when we have a talk also just on this kind of food fear, and moving out of that food fear into food love, and looking at nourishing ourselves. But the other things that we can do, so we've talked about the nervous system. There's some really interesting studies that have come out on using mast cell supporting supplements to help reduce pain in endometriosis and mast cell medications. PA was one of them that was identified, which I found really interesting. What are some of your other big things that are just your entry level? And then why don't we talk about root triggers, how do we really get out of this? 'Cause I wanted people to know that they can. Maybe it doesn't happen for everyone, but there is this possibility of healing this.

#### **Jessica Drummond, DCN, CNS, PT, NBC-HWC**

Oh, for sure, and I think there's, you know, it's funny, I myself for the last 17 months have been living with long COVID, and it's been a really interesting experience of what, you know, what it means to be "cured." And I think anyone who has an experience of chronic illness, you start to realize that there's sort of this thin veil of having a chronic illness, being cured, managing it really



well, and living. And so I think endometriosis is a very good example of this. Do we have a documented, you know, evidence base that someone is cured ever of endo? Not really, because who knows? There could be some aberrant cells somewhere. It could grow back, but we don't see that so much anymore, because the surgeries are so much better, and if we take this wide range approach, what we're doing is optimizing every system to its highest and best level at any given time. Now, because we don't live in a, you know, well, I wouldn't even say sterile environment. That wouldn't be ideal, but like, because we don't live in a toxin-free environment, we have stress, I think it's really important for people to feel like they're fully living, even if their journey isn't over, whatever that might look like. And so there's kind of this thin veil between what is well and what is sick. It's more of a continuum.

And so I think anyone with endometriosis is at any point, even if you have pretty severe pain right now today, you can begin seeing yourself as an alive, contributing, well person, because there are probably things you can do, maybe only a couple hours a day, maybe only 60% of the month, where you can still connect, you can still enjoy a delicious meal, you can still have a funny phone call. And I think we all have to be a little more intentional about taking care of ourselves, so this is where this sort of opportunity is to have an almost, or even fully complete resolution of your symptoms with or without surgery. That's not always required. That's sort of a decision that you would make with your surgeon, because not everyone is a candidate for surgery. Not everyone needs surgery. Not everyone decides to have surgery, and that's fine, but surgery or not, that's just a piece of the healing process. So while we don't really have evidence that endometriosis lesions can shrink, if you will, from doing all of the other nutritional and supplemental support, we do have a little bit of evidence to that effect. So things like Pycnogenol can improve endometriosis lesions to the same level as Lupron, which is a really intense estrogen-suppressing drug, which has horrible side effects, quite frankly. And so Pycnogenol is an anti-inflammatory polyphenol. You know, we're just giving it in therapeutic doses. It's a little bit-

**Beth O' Hara, FN**

A mast cell stabilizer.

**Jessica Drummond, DCN, CNS, PT, NBC-HWC**

Yeah, so a little bit of your food amplified, right? So mast cell stabilizers, other ones in that category that can be really helpful, quercetin, also a mast cell stabilizer. So I like to layer the culinary utilization of tools like this, so like I said, cooking with thyme, and cooking with onions



with therapeutic doses of Pycnogenol, curcumin, fish oil. Fish oil actually has some pretty good evidence as well. So both the kind of actual experience of the disease in terms of like, inflammatory cytokines, the biochemistry of the disease can be improved by therapeutic supplementation use, but so can the experience, because there's so much autonomy in that, versus someone looking for like, the healer, you know? Like, "I'm gonna go to someone, they're gonna fix this. They're gonna take out the lesion, or take out my uterus, or it's gonna be fixed." No, you can actually dial up and dial down the use of nutrition, and supplementation, and noticing what your stress triggers are so that you can become more and more well on really a daily basis.

And then if you get knocked around a little bit, because, you know, you get an Epstein-Barr virus, or you have a, you go through a stressful experience, or you uncover the fact that you might have Ehlers-Danlos, or other, you know, hypermobility syndrome. We just learn how to incorporate more and more strategies to improve that. And I think when we take that approach, we realize that we have a lot of opportunity to take care of ourselves on a day to day basis. So there are those few days where you're just flat on the floor and then, "Okay, what are my important go-to tools in that moment?" But first I'm gonna, every day, even the days I'm not feeling so badly, practice my nervous system regulation, take my mast cell stabilizing supplements, use things like castor oil packs really consistently, especially to the liver, but also to the pelvis. We have so many tools that I think it's very empowering.

### **Beth O' Hara, FN**

It is, and I like that you're shifting the paradigm from being cured, which is okay, but our bodies are always shifting and changing, and now you have long COVID, and you know, what comes at that point, to it's really about wellness, optimizing our health and wellness. And that's kind of where I see my journey going from being bedridden and horribly ill to I do a lot of health maintenance.

### **Jessica Drummond, DCN, CNS, PT, NBC-HWC**

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

### **Beth O' Hara, FN**

I take really good care of myself, and it allows me to do all the things that I do. And I'm fine on eight hours of sleep. I don't need 12 and 14 like I did 10 years ago. So I think some people have this



image of, "Well, I'll be cured, and I won't have to take care of my health anymore," and that's not what we're going for. We're going for how do we optimize our wellbeing or quality of life, our functioning? And one of the game changers that I see repeatedly for people is finding these root triggers in all these chronic expressions. The way I love to think about them is the model of the cell danger response, and that our body has these various presentations, mast cell activation, endometriosis, asthma, neurodegeneration, cancer. These things we've thought about as these separate silos, but that model, and we have whole talks just on that in the summit, but that model is bringing it down to it's really something has gone wrong in the body, these overwhelming toxins, pathogens, stressors, injuries, traumas, and we're in this kind of lockdown survival mode. And then our job is to unwind that, and the way we get out of that is that we have to remove what's keeping us in that state. What do you find is some of the biggest root triggers in endometriosis?

**Jessica Drummond, DCN, CNS, PT, NBC-HWC**

Well, I think for some of those, so I think a little bit of a distinction with endometriosis is this genetic component from some others that are very similar, but yes, in terms of its expression, one of the biggest things is actually medical trauma, because as you've experienced yourself, you know, dealing this with this when you're a young teenager, and no one believes you, it becomes real, you know, people really respond by doing the best they can to show up despite being in really intense pain, and that can happen for decades before they're acknowledged. So I think that trauma is very common. Sexual trauma is also very common in all pelvic pain conditions. And then I think, you know, things that are also just generally very common now are mold toxicity.

My daughter's leaving for college in a few months, and I saw a post this morning in like, the parents group, and it was like, "Oh, this dorm, we're gonna be so sad to see it go, even though everyone's always sick there because of the mold," and I was just like, "Eh, I don't think I'm so sad to see that go," But you know, the chronic sneezing, right? So mold toxicity, but also underlying pathogens. And I think we're gonna, one of the things that's interesting having this long COVID lens is that I'm seeing just more and more overlap between, 'cause COVID also reactivates other viruses. We see in the literature, and the ones they've been able to, you know, kind of discern so far, Epstein-Barr, which is extremely common, cytomegalovirus, herpes viruses, a few others, and so underlying chronic viruses, things like Lyme disease. So when you have those kinds of pressures on the system, it's even more difficult, because then you have mitochondrial dysfunction, right? You lose the ability of every cell to create the energy it needs to heal. So I



think when we look at it though, with this level of patience, and day to day things that people can do, what's nice is a lot of the same things help, right? So getting digestive functioning working well, or at least a little better, so we can absorb these mast cell stabilizers, then we can absorb B vitamins, and other precursors to help the mitochondria, CoQ10, you know, nicotinamide, things like that, you know, amino acids, getting protein in is hard to do when you're on acids-suppressing medication for a really long time. So the nice thing is as you both kind of just generally support the system, even if some of the underlying issues still exist, you can be very functional. And then the more functional you get, you have the capacity to address the underlying traumas in the EMDR therapy, or there's lots of forms of therapeutic interventions that can help with that. You know, maybe remediate mold in your home, have more resilience in your immune system to viruses, and so forth, so I think it was Jonathan Rediger, whoever wrote the book "Cured" describes this as like, an upward spiral, so as things get better, and they get better, and they get better, and they get better. And you also learn these communication skills to ask for the support that you need, because no one can really do this in isolation. It's a lot of-

### **Beth O' Hara, FN**

Yeah, it definitely is work, and it really helps to have a community. And when I was going through all of this, it was before mast cell activation syndrome had a name. It was a theoretical state. When I learned about mass activation syndrome, it was still in the theoretical state. It wasn't really accepted, but I knew like, that's it, but there weren't people who I could connect with. I was the sickest person I knew. I was the sickest person. I was the most sensitive person. I was in the most chronic pain every day. And now we have these communities, which is beautiful, and I like that what you create with your work, and we create community, and it's important to just be able to sometimes be with people who get it, and to know that you're not the only one, that there's unfortunately, hundreds of thousands of people dealing with this stuff.

Mast cell activation syndrome is between 10 to 70% of the general population. That's a lot of people, so they're out there. They just don't know that they're dealing with this. And we have a similar approach, sounds like. We have to settle the system, stabilize things, and then as we get more stable, then we can handle moving into detox. We can handle them addressing these kinds of infections. We can move into mitochondrial supports, but I find a lot of times it backfires when people skip these steps and they go like, "Oh, let me take a ton of methylation supports." Body's not there yet, we're not there, so this kind of order of operations is one of the real themes of this summit. Any last tips, or anything we haven't touched on that's important?





**Jessica Drummond, DCN, CNS, PT, NBC-HWC**

I think the only thing I would say, and I don't know that I've mentioned this too much in this conversation is a really valuable thing to take with you if you have endometriosis, or you think you have endometriosis is building that team and building a community, both at home and clinically, and one of the members of that team in almost every case should be a pelvic floor physical therapist, a pelvic expert physical therapist. I have done that. I don't really play that role much anymore, but I do collaborate with many, many pelvic physical therapists, and they're very, they're extremely well-educated on this, and are really used to implementing strategies for pain management on all levels, and have been trained in things like visceral mobilization, and craniosacral tools, and very gentle manual tools that can make a huge difference to symptoms, so it's a really key person to have on your team.

**Beth O' Hara, FN**

Yeah, I love that you mentioned that. I did that kind of work for two years, and it was really helpful. Thank you so much for sharing generously of your time, and your clinical experience, and your wisdom here. How can people find you?

**Jessica Drummond, DCN, CNS, PT, NBC-HWC**

So the best place is to go to [outsmartendo.com](https://outsmartendo.com), and you can get a free copy of my book, "Outsmart Endometriosis" there. And we also have group and individual programs to support people with endometriosis there, and you'll find more information about that.

**Beth O' Hara, FN**

Thank you so much. Thank you for being with us.

**Jessica Drummond, DCN, CNS, PT, NBC-HWC**

Thanks a lot for having me.