

Hidden Effects Of Trauma On Your Body

Wendie Trubow, MD, MBA, IFMCP
with Aimie Apigian, MD, MS, MPH



Wendie Trubow, MD, MBA, IFMCP

Hello and welcome back to another episode of the environmental toxicants, auto immunity and chronic diseases summit. I'm Wendie Trubow, MD, MBA, IFMCP. And my guest today is awesome. She's my new friend and colleague Dr. Aimie Apigian. She is a medical doctor and has her master of science and her MPH. And she's the leading medical expert on how life experiences get stored in your body. She's a double board certified medical physician and preventive medicine and addiction medicine and she's also functional medicine trained. You really can't get better than this. She Dr. Aimie focuses on trauma work by reverse engineering the chronic effects of trauma on your nervous system and a cellular level. So Dr. Aimie welcome. I'm so excited to have you in this conversation because I think trauma is so critical for health. Did I miss anything you want to?

Aimie Apigian, MD, MS, MPH

No no I mean that's good enough right? And this is for me a very exciting topic right? It's like people are like we're talking about trauma this isn't going to be uncomfortable and it's like no this is not going to be an uncomfortable conversation at all. There's just we've got to talk about it because it is a part of everyone's life now.

Wendie Trubow, MD, MBA, IFMCP

Especially after what everyone's gone through for the past few years.

Aimie Apigian, MD, MS, MPH

Especially yes everyone has experienced some form of trauma in the last years whatever that was for them.

Wendie Trubow, MD, MBA, IFMCP

Yeah I think what I'd love to talk about we're going to dive into the science of it. But what I think is so critical for the listeners to recognize is that trauma impacts your store stress response, Your stress response impacts your liver detox, your gut detox, your nutrient and mineral uptake and then you just circle the drain. So that's why it's important. I'm always into why. You know, I

remember in med school, I was like, where are we in the body and right when they teach you something that's always like, but why? Yes, that was so, I was so unpopular in med school. I was like, why, why? Why? And they're like, stop asking why, but I really like to know why. So it's important. So let's so today we're gonna talk about why trauma is your biology and not psychology. So, talk to me about what's the root cause, like, truly the root cause of trauma.

Aimie Apigian, MD, MS, MPH

So this is the great question and wow, like you're starting right at the center of it all. We have needed to have a new definition of trauma because so many of us have looked at trauma as an event and it's actually not an event Dr. Wendie likes it's not the event and yet that's where we've put all of our focus. And so we've looked for events in our life that have been traumatic and then we've attached meaning to those and we've attached even different symptoms or triggers to that event and we're missing the entire boat because we're missing the actual trauma response that happens in the body. And there's a huge difference between the stress response and the trauma response. So maybe we can even have some time to go into that today because that can be so helpful for people to know the difference. So trauma like trauma is anything that for any reason at that time in our life overwhelmed us and by us, I mean, overwhelmed our body's ability to process what was happening at that time. And so there's two categories of trauma, there's two categories of experiences that will trigger the trauma response and those are things that have been too much too fast.

We're literally at that time our body was like, whoa, this is all happening too fast. And you can see that in a number of ways as an adult, maybe it's things that are happening too fast in our life where, you know, there's a series of people passing away or things happening with our job and our family and our health and it's just, it's too much all at one time and that can trigger a trauma response. But yet, is it an event where you in a car accident? Like right, like it's not the event, it's the experience of everything going on in your life at that time. The other category for triggering the trauma response is too little for too long and when we are having to live for too long on too little of something that we really need then our body starts to just shut down in order to survive and it does things in order to help us physically survive. And it comes at the cost of just shutting down different parts of us that it's almost like they go into this shock of like I can I can't keep going at this pace because I've got this huge burden over here or I have this big thing over here, it's like carrying this huge heavy rock for a time. You might be able to do it Dr. Wendie right? Like we're strong women like we can do it and yes we can for a period of time. But then for how long and so many people are like the equivalent of carrying heavy boulders that represent having too little of something for too long that's causing them some type of stress and pain and how long can they carry that stress and pain before their bodies like okay and now I can't anymore. So that's what trauma is anything, anything that for any reason, any reason at that time in our life overwhelmed our ability to process and integrate everything that was happening at that time. The experience that we were having at that time. And then there's those two categories.

Wendie Trubow, MD, MBA, IFMCP

Brilliant Dr. Aimie and here's why because one this is very easy to digest, right? So it's not some complicated mumbo jumbo that you're like wait did I get the point no, this is really clear. And the other thing that's so brilliant is the space and compassion that you have for that you can't walk a mile in anyone else's shoes. And so it's what was traumatic to one person would be a walk in the park to another. But that's not what this is about. This is about your experience and what it did in your body subsequent.

Aimie Apigian, MD, MS, MPH

Absolutely. And this is where from my 21 day journey that I lead people through now, that's how I start Dr. Wendie. Like every single day I remind them guess what you guys, this is a journey into your nervous system because we actually can't become experts on another person's nervous system. We can become experts in our own nervous system and know our system. And what is that line of stress versus overwhelming our system. But yet you are exactly right. We cannot assume that what is overwhelming for me is overwhelming for another person or that what's overwhelming for them would be overwhelming for me. We each have like there's so many factors that go into creating the experience that we are having at the moment. So many different things. Our biology, our genetics are epigenetic SAR toxins, our diet, our resources, our social environment. Like there are so many factors that go into creating the experience that we're having in the moment and that's why trauma is anything.

Wendie Trubow, MD, MBA, IFMCP

Got it. So I have sent people to that 21 day program by the way, I'm like you need to go to that program. That's awesome because you have trauma, let's untangle this. But you're referring to the responses people have, What are the responses people are having to the trauma? Like what? So you have a trauma too much or too little for too long and then your body has some physiological response. What's that response?

Aimie Apigian, MD, MS, MPH

Okay, I would love to back it up and even explain to people how they get into that trauma response and it's a very predictable path. So our system, like our system meaning our body is so well designed that it's so predictable and it has a response to stress and survival. That's the same. No matter what the actual event is and this is why Dr. Wendie, like you can literally take any type of trauma and just use the same formula for getting ourselves out of it. Because the trauma responses, the trauma response, like there aren't multiple versions of the trauma response. The trauma response is the trauma response, but how you get into the trauma response is through the stress response. And so the first thing that happens in a person's body and they will probably recognize this when we are presented with anything that might be danger might, we're not, we're not sure yet. We're not sure yet, but our body or our mind, whatever it is since is something that's like, oh like it, it activates us.

There's a little bit of a high energy there? That's the startle response and it brings in energy to the system. And it literally forces you cannot control this forces you to tune all of your senses into that. One thing to figure out what it is. What is this threat? Is it a threat? How big is the threat? How fast is it coming at me? You cannot look away from a threat once you've been startled. Now I will say that some people have such a strong trauma response in them that they emit immediately go from startle to trauma. Like it feels like it goes that fast and so they may like they may experience like no I actually don't tune into the threat. I just automatically avoid it look away and it's overwhelmed me but still when we, if we were to you know take a trip into their body we would see that for everyone's system. It's going into that startle response first. And that's like for the people who might be familiar with the sympathetic response , this is getting you into that sympathetic response. Like it's, it's an insertion of energy. But then what happens next?

Wendie Trubow, MD, MBA, IFMCP

I have a question. I have a question.

Aimie Apigian, MD, MS, MPH

You have a question but why right here

Wendie Trubow, MD, MBA, IFMCP

I know it sounds like though that there are people who are hyper responders. Like either they're primed to respond or they just turn their responses jacked up compared to others. Is that because of previous trauma, is that because that's just how they are is because they sit and fight flight or freeze all the time. Like what's the basis for that?

Aimie Apigian, MD, MS, MPH

Yeah. So the basis for that is their baseline. And so what happens is that we have a resting baseline kind of like our metabolism, right? Like we have a resting baseline of our nervous system and where it sits and many people are sitting at a high level like they're always hyper vigilant, they're always in that hyper startle because of the accumulation over time of stress and trauma that has never been resolved. My goal when I first meet with someone is actually to help them stop accumulating more trauma, we'll come back and deal with what's already there. But for now let's just stop accumulating more kind of like toxins, right?

Wendie Trubow, MD, MBA, IFMCP

Exactly. Don't feel your pump up, right?

Aimie Apigian, MD, MS, MPH

And then we can work on actually detoxing. But first let's just stop the inflow of more toxin, stress and trauma. So that's so depending on how much they have stored that's accumulated is going to determine their baseline and whether they are a hyper responder or a hype responder. So after a person feels that startle then your body if we're going to go all the way into a trauma

response, then it goes deeper into that stress response into the sympathetic response and this is where you know, like if you were a deer for example, right? Like your head comes up, your ears come up when you hear a rustle in the grass. That or you get a whiff of a smell of like hey there might be a predator near but you're not running yet. You've just been startled.

Wendie Trubow, MD, MBA, IFMCP

You're primed. You're ready,

Aimie Apigian, MD, MS, MPH

You're primed. Yes. And so once you confirm that no, there is a predator there. Then you go full blown into that sympathetic stress response. This is stress. This is not trauma. The stress response is the highest energy state that we have, which is why people who have problems with mitochondria and energy, they actually cannot maintain their stress response and they go into the trauma response sooner because it overwhelms them right? You know I mean I remember residency just being completely burned out.

Wendie Trubow, MD, MBA, IFMCP

You wiped out and burned out exhausted. And so that makes sense. Being that hyper vigilant all the time. And I did OB. And there were always traumas happen always.

Aimie Apigian, MD, MS, MPH

Always startles happening.

Wendie Trubow, MD, MBA, IFMCP

Always. My God. Yeah. That emergency bell was awful. Okay, so okay, so you have the starter response then you go into fight flight or freeze and then you burn it out.

Aimie Apigian, MD, MS, MPH

This is what I want People to understand like this is stress if you are anxious. If your thoughts are the hamster on the wheel, if you feel a surge of energy, that is not a trauma response. You are full blown in the stress response and the stress response needs to be supported very differently than the trauma response because what happens next in the stress response the moment that your body and I do mean your body not your mind when your body decides this threat is too big. I don't know if I'm going to make it, it immediately switches from the high high energy state to the lowest energy state literally in a matter of seconds it switches and if your people know anything about the poly vagal theory, like your actually switching from the sympathetic stress response to the dorsal vagal response.

Wendie Trubow, MD, MBA, IFMCP

So you have two issues now. You have, you're still jacked up from your fight, flight or freeze, still got all that adrenaline that's going and your body is done. So you actually have two distinct problems at this point now because one is the stress and the other is the trauma.

Aimie Apigian, MD, MS, MPH

Yes. Yes. So the trauma response overwhelms the stress response because.

Wendie Trubow, MD, MBA, IFMCP

It sounds like a hungry, tired toddler. I just have to say like not a good combination.

Aimie Apigian, MD, MS, MPH

Not a good combination. They just need a nap. They need a really long nap. Try getting them down for the nap. Right? So the trauma response is actually our mechanism for surviving something when we don't know if we're going to make it, the trauma response is what comes in to help us make it through. It just comes at a cost. But our body, our nervous system, our autonomic nervous system not our mind. Our autonomic nervous system is what decides you know what our best chance of survival is Just to conserve energy. Honey conserve energy. And so immediately you'll notice that your thoughts shift as well. So there are thoughts that you have that tell you that you're in the stress response which are like, oh my goodness, what's going on? What's going on? What am I going to do about this? What am I going to do about this? Right? It's the high energy thoughts.

But the moment that your body switches to the trauma response, guess what? Those thoughts change too. This is too much. I don't know if I can do this. I don't know. I don't know if I can do this. I don't have the energy to care anymore. Do you care? Hell yes, you care. But guess what? You don't have the energy to care anymore. And so it's almost like underneath you have still all of that adrenaline that did not get discharged because you didn't run all the way from the predator. So that got stamped down like that got shoved down and you're like, no, we need to come in and we need to conserve energy. So we're not going to even use enough energy to care. And it's like do whatever you want, Make a mess in the house. I don't care anymore, right? And what we notice is that throughout our day we can be going in and out of stress response and the trauma response,

Wendie Trubow, MD, MBA, IFMCP

I would have called the trauma response. Like the burnout response actually.

Aimie Apigian, MD, MS, MPH

Burnout is trauma is the trauma response?

Wendie Trubow, MD, MBA, IFMCP

Yes. You refer to the poly vagal theory. What is that?

Aimie Apigian, MD, MS, MPH

The poly vagal So we have the vagus nerve. This is a cranial nerve. 10 that comes out of our brain stem, the midbrain area of our brain stem and it controls vital functions of our body to keep us alive. For example, the vagus nerve is what gets our keeps our heart beating and keeps our lungs breathing. So this is the nerve that is responsible for keeping you alive. And it has basically two parts to it. Same nerve, just two lanes if you wanna call it that one lane is the ventral vagal, ventral is the fancy latin word for in front of. So this is the part of the nerve that's just in front and the dorsal is the one in back. Right? Like why do we need to be complicated because we like to sound smart? So the eventual vehicle, ventral vagal is what controls actually your facial muscles and other features that help you socially connect with other people in a non verbal way. So the ventral vagal is communicating safety and connection with people. And it's also communicating to your whole digestive system that all is well digest be well. So for some people, they may know this as your rest and digest state. That's your ventral vagal now because the vagus nerve is responsible for keeping us alive. It has sensors in your body. And when it senses that I don't have enough energy to maintain the stress response or our blood pressure is getting too high in response to the stress or whatever it is.

It's actually sensing it's not this emotional woohoo. Like it's actually sensing your physiology and deciding you know what we got to shut this stress response down. Because if we continued in this stress response like we might actually die. We would run out of nutrients, we would have a heart attack. We would like it is it is concerned that we would actually die. So it changes then and now communication goes down the back side of the vagus nerve which literally is like pulling the emergency brake on in your car from going you know, 90 MPH. Or if you drive faster than faster than that but it's going full speed with the stress response. And then your vagus nerve is like whoa we're in danger. We are at danger in our physiology hole on that emergency brake, your body comes to a screeching halt and shuts down and protection. It's very protective and that's why you know in the work that I do. Like I teach people how to befriend that trauma response. Not hate it because it's so uncomfortable Dr. Wendie like this is one of the most uncomfortable things that we can feel, which is why we then bring on different coping mechanisms like overeating like binge watching movies or social media or whatever it is because it's so uncomfortable to feel this low energy and I'm going to try to just get out of the sun a little bit.

Wendie Trubow, MD, MBA, IFMCP

So you're becoming haloed.

Aimie Apigian, MD, MS, MPH

I love, this is my dream, right? Like an earth angel. So we, we get to feel the collapse because it does feel like a collapse of energy to go from the stress response to, oh my goodness to, oh my goodness, I can't believe that just happened. We feel the not in our stuff, the trauma responses when we want to feel like we just want to double over, we want to maybe even curl up in a ball, we maybe even want to pull the sheets over our head, we may even just want to go back to bed that all of that is actually when, how you can know that you are in the trauma response in that moment in time.

Wendie Trubow, MD, MBA, IFMCP

Any type of avoidance or withdraw.

Aimie Apigian, MD, MS, MPH

Exactly yeah. And what's so fascinating and this is, I mean this is I learned this stuff through years of experimenting on myself because I didn't know what my body was doing but and I certainly didn't learn this in medical school. So what I noticed was that in the trauma response because there was a time in my life where I was waking up already overwhelmed. I didn't want to be waking up. I didn't want to start my day. I was already overwhelmed by what I needed to get done that day and I already knew that I didn't have enough energy to get through the day. So I was waking up in the trauma response. Many people do and one way that they can know that they do that is what do you do, What do you have to do in order to get your day started? If you're waking up in the trauma response, you actually have to create adrenaline for yourself to give you the energy to get up, get going, get you know, out to your meetings or get the kids to school or whatever it is.

And so we procrastinate, we wait in bed for as long as possible and we're like, oh shoot now, I really have to go and boom, there's your startle response, there's your adrenaline and it pulls you enough out of that trauma response to get things done. So you create a state of fight flight or freeze for yourself in order to the freeze. I'm going to pull that out the freezes the trauma sympathetic response to. Exactly exactly. It's completely fascinating. And when I started seeing this in my own body. Then at the time I was a general surgery resident and I was like, oh, like I'm seeing this in all of my patients. I'm seeing that their bodies are coming out of surgery in a trauma response state. Well of course that makes sense. We've just operated on them, right? And it takes it's time for the body to wake up out of a trauma response naturally. And so I just started seeing all of these patterns and all of these coping mechanisms if you want to call that that that we have adopted that actually help us get through life while chronically living in a trauma response state.

Wendie Trubow, MD, MBA, IFMCP

So I'm always always curious about what's the action item here. I know you run these programs to untangle this, so maybe we can't do it in this conversation, but can you give a high level

overview what what you do about like what's the practical tips someone can walk away with? Because to me it's like well one breathe out longer than in so that you activate parasympathetic rest relaxation. That's why I'm like, if you can't meditate, breathe. But what would you recommend?

Aimie Apigian, MD, MS, MPH

Yeah and I hope that I won't offend people, but if I do hopefully they'll be open to some new information. How's that? So when we are working with the trauma response that's so different than working with the stress response. So when we're working with the trauma response and we're now noticing that our system is going into the trauma response every day at some point in our day, we are feeling that collapse, that overwhelmed and low energy, the place to start has to be a felt sense of safety. So the trauma response has to have a felt sense of safety And has to have time and energy to come out of that trauma response.

Wendie Trubow, MD, MBA, IFMCP

So how do you create that when you're in the midst of what I'll call 52 pick up, you know, the kids, the job that this is that

Aimie Apigian, MD, MS, MPH

We have to learn tools we have to learn. I teach somatic exercises because that's what allows me to do that. Where with somatic exercises and learning how to provide that felt sense of safety for myself. I can do it all the time all day long, everything from the clothes that I wear to the shoes that I wear to how I have my desk set up to how I have my car set up. I have analyzed every aspect of my life and just been like, hey, how can I do things either take away some things or bringing some things in that actually create a felt sense of safety in my body. And this is where again, I think a guided program is essential for this because how do you even know what's feels like.

Wendie Trubow, MD, MBA, IFMCP

I mean this is what you don't know you don't know, no you don't know that you don't know how to create it,

Aimie Apigian, MD, MS, MPH

Right? I realized that I had never felt safe in my own body, but my mind would tell me, oh, you're safe right now. And I realized that the mind is not what is needed in these moments. It doesn't matter what the mind is telling us. We can say affirmations and mantras and whatever meditation we can do whatever we want. But until the body actually has a felt sense of safety, we're still missing the mark and keeping ourselves either in the stress response or the trauma response. Now the stress response needs something different. I'll talk about that in a minute. The trauma response though has to have a felt sense of safety. So that's where we always start. And this is what most people get wrong when they go into therapy because they're going to therapy

in order to achieve a sense of safety in some area of their life where they feel lost and broken and confused and don't feel safe. They're going to therapy. And that's why the therapy doesn't work because they actually need to feel safe going into therapy. Otherwise their body is going to be resistant to it. And it's going to just be all mind work, but not the bodywork.

Wendie Trubow, MD, MBA, IFMCP

This makes sense, right? Because if you listen to any of Simon's next work that you know that there's parts of the brain that don't have language and those are the ones that your your intuitive places. And so this makes this resonates and sounds feels like ways in which we don't you can't talk yourself into or out of upset when when it's a felt sense you can talk yourself in or out of being pissed off at somebody but not feeling unsafe because that's a feeling. It's very different experience.

Aimie Apigian, MD, MS, MPH

Not feeling exactly very different experience. And that's exactly like you hit the nail on the head. Dr. Wendie. So we developed a stress well we developed the trauma response like the stress response is already in us but that trauma response and the what I call it, the strong pull towards the trauma response where were in it every day that we developed that out of life experiences that continue to overwhelm us. The only way out of that is to create different experiences for ourselves. Which is why the mind is very useful in the sense that we use it to create a different experience for the body. But we can't tell the body what it should feel that's not going to work. This is where breath work can be dangerous for some people with a strong trauma response. Because breath our breath ah there's so much that happens with our breath and the stress response. Our breath becomes shallow but fast. Right? Just like if you were running it becomes shallow and fast because you've got you've got more your metabolism is running so high that you've got more co two that you need to breathe off. But in the trauma response, our breath goes shallow and very slow for some people, it feels like for a moment in time their breath stops and if people have ever been told like, hey, take a breath for me. Like breathe, are you are you even breathing?

That was your trauma response? And the body is doing the breath the type of breath that it needs to in that state just like whatever state we are in whether parasympathetic stress or the trauma response, it will generate those thoughts that go with that state and changing our thoughts is not going to undo or change our state. We have to change the state and then our thoughts change. Same thing with our breath. The state of which we are in in our nervous system determines what type of breathing we have in that moment and if and so the breath is the downstream effect and it in the trauma response, it does not feel safe to take a deeper breath. It does not feel safe to breathe into these areas that are painful, that hurt that feel like it just experienced a shock a blow. It does not feel safe to breathe into that at all. So we actually use the breath more as just a measure of what What state is your body in right now and then, knowing that state. Okay let's come in and bring a felt sense of safety and this is where again,

like the somatic exercises, I've put together seven in the 21 day journey just for creating a felt sense of safety. But when we can bring in this felt sense of safety, guess what happens to the breath? Mm It naturally expands because now it feels safe to expand into a larger breath. So I have seen a lot of people and myself included actually be triggered into a trauma response by breath work because we're using the breath and expanding it into places that actually don't feel safe to expand into yet. Same thing with meditation. So some forms of meditation are actually dangerous for those people with a strong trauma response because it disconnects them further from their body when they're doing mind. Thought visualization, meditations, the types of meditations that we want to be doing our guided meditations into the body. And that's what we do with the somatic work and the programs that I offer, that's the safe place to start.

Wendie Trubow, MD, MBA, IFMCP

These sound fantastic. I definitely have sent people to them. So talk to me about. Are there people who are more likely to be predisposed to trauma or experiencing trauma versus others?

Aimie Apigian, MD, MS, MPH

Yes. And I'm not sure that that people want to again hear that

Wendie Trubow, MD, MBA, IFMCP

It can't be worse than my saying don't drink any alcohol that really gets people upset.

Aimie Apigian, MD, MS, MPH

Well, I'm going to join you on that one, especially if you have a trauma response, the alcohol actually puts you in that trauma response. And so I'm going to be right there supporting you on that one. Then when we look at trauma again, kind of going back to that definition of trauma where it's not an event, then everything that is influencing our experience of life in that moment is going to contribute to stress trauma, parasympathetic state, whatever it is. And so people can have biology that promotes feeling grounded, promotes feeling calm, promotes feeling secure where stressors come and they're like, it's okay. I know that everything will work out. I don't have all the answers, but I just know that everything is going to be okay and they don't experience the trauma response. But there are some forms of biology and this can include everything from our genetics or epigenetic six toxins, certain biochemical imbalances, certain nutrient deficiencies, certain nutrient excesses, food sensitivities, inflammation, brain concussions or not even concussions, but just head injuries that cause priming of micro all of these are factors that actually create a higher baseline for that activation. So that when a stress comes, your body has less ability to cope with that stress and it goes into the trauma response much faster than other people's systems do.

Wendie Trubow, MD, MBA, IFMCP

This makes a lot of sense to me honestly. Like you're ready to go.

Aimie Apigian, MD, MS, MPH

Yeah, exactly. Like it when you are, I think of it, like, you know carrying all of these rocks and if you've got this rock over here of this toxin. If you've got a mercury rock, if you've got a food sensitivity rock and you're carrying all of these rocks, it doesn't take much to overwhelm you. Right? We call that the straw that broke the camel's back. Well, in this case, it's just you've already got all of these things that is taking up energy from your body. Anything that takes up more energy from your body is going to set you up, predispose you for going into a trauma response in response to any stress that comes into your life.

Wendie Trubow, MD, MBA, IFMCP

And actually the thing that is so interesting about what you're saying is that I would argue that the minute you, if you've already had a trauma response and then you get the toxic exposure, you're less able to deal with the toxic exposure because your body is in a state of shutdown. You're in burnout mode. You're not dealing with anything. So if the trauma response comes first and then you get exposed, you're screwed. And then if the toxins come first and then you have the trauma response, you're still not in better shape really like either way.

Aimie Apigian, MD, MS, MPH

Yeah. So when I started my trauma therapy trainings and as a physician, I'm going and sitting with all these therapists and getting trained in things like somatic experiencing and very, very wonderful experience just very different, right? It's a very different group than medical school and what I noticed was that wait a second, there are people coming to therapy and many therapists who of course go into this field just like positions or other healers, they go into it because they have their own wounded story and they're now wanting to help other people who have had somewhat of a similar experience. But when there is unresolved, um when there's, when there are biology factors, it actually inhibits them, it actually holds them back from going as far in therapy as they could, from going as fast in therapy as they could. And so what I started to discover is that when I can come in and I can support a person's biology and find out like what is the lowest hanging fruit that's holding them back in therapy.

I come in and support that, guess what their trauma work just, it starts to flow and I'm like, wait a second, like, we see people going to therapy for years for years for things and I asked myself a me like, how long do you think a person should need to be in therapy for, something that happened in their life. And I started to realize it doesn't need to be as long as most people are in therapy for because they're going to therapy, not realizing that so much of it is their biology that not only put them in the trauma response in that experience in their life, but now keeps them stuck in that trauma response and I have to, if we're going to accelerate their healing journey so that they're not in therapy for years or getting stuck or even going slower than what they need to, I have to come in and be able to identify which pieces of the biology of trauma are holding them back.

Wendie Trubow, MD, MBA, IFMCP

So you do, I mean the work you're doing is just fantastic with people. Do you have a success story that you can share? How much time do you have? How much time do you have? Whatever, whatever works for you? So, I mean, just one person who really sticks out in your brain, like yeah, the worse the better, right? Like such a terrible situation and then the transformation.

Aimie Apigian, MD, MS, MPH

Yeah, I mean, besides my own story, you could share your own story, this is my experience and I don't teach anything that I haven't lived through myself. Like for me, this is not book knowledge, this is not oh, let me go collect a bunch of information and then tell you what to do. This is stuff that I had to figure out because I had a huge physical health crash and burn out and realizing that trauma my trauma response was at the root of that was part of that and that the biology was part of the trauma response and having to then figure out as an adult, what do I what do I do? Is this even possible to rewire childhood trauma as an adult? I didn't know at that time. So everything that I do is very much a learned experience, but I'll tell you the story of Marissa and Marissa is actually one who's now one of my she actually came through my advanced professional training because I offer a certification course now for professionals. She went through all of that, it wasn't enough for her.

And so she went through the advanced provided training and is now part of helping me train those in the certification course. She is a naturopathic physician up in Canada and yes, she had a difficult childhood, her a score is relatively high, it's around seven but what she and that was partly why she chose to go into you know medicine to help people and what she was finding was that she would get so tired after patients. She would be so tired by the end of the day and then there would be some patients that just, she wouldn't understand it, but they would drain her energy more than others. And she would, the brain fog became so bad that every day she didn't know how much she could get through in her day because her body was just in such a collapse. It was in burn out. She was having to drink caffeine, she was having to do all this stuff just to try to push through her day and then there would be this big collapse at the end of the day only to repeat it again and again and again each day and she was afraid she was afraid for her career because she noticed that wait a second, like I can't be a doctor if I can't be thinking clearly and yet this brain fog is clearly affecting my energy level and my ability to provide the best care for my patients.

And when she was coming through the biology of trauma courses and the 21 day journey definitely was the first starting place for her because she actually could identify when she was in the stress response when she was in the trauma response and know what to do for each one of those and how to support her body throughout the day. So that it started to slow her down from going into that trauma response because she was able to support her body through the somatic work all throughout the day. And then she started to apply the biology of trauma protocols and

for her, the most important one was the brain inflammation piece. So as part of the trauma response it causes brain inflammation and brain inflammation will cause the trauma response.

Wendie Trubow, MD, MBA, IFMCP

So you're going to circle the drain?

Aimie Apigian, MD, MS, MPH

You are just going to keep cycling and circling that drain. So bring in the specific support that I that I share on hey, how do we actually reduce the inflammation all this, you know microglia stuff, All this stuff we need, we need to, we have to be informed about and be able to tell when we are in active brain inflammation and when we're just we're in a good place and we're wanting to maintain a good healthy state of our microglia. And so she started taking the brain information protocol that I have and the effects were amazing. She brought in everything else. So she started doing the power naps that I teach. And then there's the ocular cardiac reflex and so there's some somatic work that specific with the eyes that really helps with the brain information and so with all of these tools that she's applying, she she's now been able to completely stop, stop that trauma response in her daily life and you should see her now.

Like she's all smiles, she's all bubbly, she's got all this energy and that's why she's working for me now in because she has seen the power of this in her own life and really wants to share that. Like this is not what it has to be, don't don't settle and know the combination of the trauma response and the biology and they have to go together for you to have the fastest results. So she's yeah loving, loving, loving the change in her career because she is now out of what she was doing and now really just focusing on this biology of trauma for her patients. And it's it's beautiful for me to see her like life, her personal life because she was also cutting out her family because she didn't have energy for them by the end of her day, it was just like, no, go away from me, leave me alone and she would be very irritable and snappy and angry and it's like, I don't I don't have the energy and so to be able to see all those changes in her life, it's truly very, very meaningful for me to know that I had a part of that.

Wendie Trubow, MD, MBA, IFMCP

Yeah, I mean it's really transformative for her and I would say for you to recognize that you made that impact for someone.

Aimie Apigian, MD, MS, MPH

Very much so. Yeah, and this is why for me, like leading a group through the 21 day journey for example, and starting to see even after a few days, the incredible changes that they start to have in their life, it still blows me away, right? That this work can be that Powerful and and work this quickly when some people have been in therapy for years and they tell me that, right, like they've done all this other stuff. They've gone, they've been in therapy for 2030 years and then they come in, they start doing this work and it's like, oh my goodness, where has this been my whole life?

Like I'm sleeping better, I'm digesting better, my body's you know, coming out of this, What I what I feel is this chronic frozen state that feels like this chronic shock state that I've been living in and now I feel alive and now I actually feel joy and now I actually want to do things because my body is coming out of the trauma response. It's so meaningful for me.

Wendie Trubow, MD, MBA, IFMCP

Yeah, I mean it is meaningful and it's not a processional behavior, it's a transformational behavior. So thin therapy, you will process something and in this work you're going to transform something. It's very just a very different approach and I think that's probably a good place to leave it Dr. Aimie because we're up against the time limit. So I'd let I know that people are going to want to find you. What are the best ways for people to find you after listening to this and saying, oh my goodness, I need that for myself.

Aimie Apigian, MD, MS, MPH

Yeah and I love for those people who are just curious about it, right? And just leaning into, hey, let me, let me just even learn more about this. So the best places over at my website which is traumahealingaccelerated.com or they can search for Dr. Aimie biology of trauma and that will be able to find me as well.

Wendie Trubow, MD, MBA, IFMCP

Awesome. Thank you. Thank you Dr. Aimie Apigian for joining us for this episode of the environmental toxicants, auto immunity and chronic diseases Summit. This was an episode that people do not want to miss.