NUTRITION FOR RELIEVING PELVIC PAIN

Fueling the Patient/Practitioner Healing Partnership
Nutrition for Relieving Pelvic Pain
Fueling The Patient / Practitioner Healing Partnership

By Dr. Jessica Drummond, DCN, CNS, PT, NBC-HWC
Founder and CEO of the Integrative Women’s Health Institute
This book is dedicated to all of my patients who know the deep struggle of pelvic pain. I am inspired by your strength. Thank you for inviting me along your healing journeys.
Endorsements

“This book is a blueprint for pelvic pain healing using nutrition and lifestyle medicine as the primary mode. It’s the missing piece that many women need to heal completely. It contains holistic and applicable information that all women should know to heal fully using food as medicine. Dr. Jessica Drummond has truly written a gem and I am so happy to see this incredible resource available to women everywhere. It’s a must for all women who suffer from pelvic pain and want to heal naturally and I am happy to recommend this to my tribe.”

Isa Herrera, MSPT, CSCS, 
Founder of PelvicPainRelief.com

“I specialize in complex pelvic health conditions including pelvic pain. When anyone asks me about nutrition and pelvic pain connection, I immediately recommend Jessica Drummond as the expert. I’m thrilled to see there’s now a resource to share from Jessica. This will help so many people.”

Tracy Sher, PT
Founder and CEO of PelvicGuru.com and SherPelvic.com

“When I think of nutrition therapy for pelvic pain, Dr. Jessica Drummond is the woman. I am thrilled that she’s finally written this book to help women and their doctors to take a more holistic and partnered approach to root cause healing of pelvic pain conditions. If you or your patients struggle with pelvic pain, get, read, and share this book.”

Dr. Jolene Brighten, ND, https://drbrighten.com/

“Jessica Drummond is the go-to authority on nutrition and lifestyle medicine for pelvic health. Her online course has personally helped me overcome persistent pelvic pain, and inspired me to support my own physiotherapy clients with nutrition and lifestyle coaching. You too have the power to overcome your pelvic pain, and Jessica will be your guide on this journey of self-discovery and self-empowerment.”

Heba Shaheed
Physiotherapist, Nutritionist & Exercise Specialist
thepelvicexpert.com
Hebashaheed.com

“Dr. Jessica Drummond is a true pioneer in the field of women's pelvic pain. It is critical that women understand the vitally important role of nutrition and lifestyle factors as they relate pelvic health, and especially pelvic pain. This wonderful book transforms the traditional approach taken to address women's pelvic pain, and gives women the knowledge and tools to address their pelvic pain from a root cause perspective. I am so pleased to be able to share it with women everywhere!”

Nicole Jardim
Certified Women's Health Coach & Creator of Fix Your Period, nicolejardim.com
About The Author

Dr. Jessica Drummond, DCN, CNS, PT, NBC-HWC Founder and CEO of the Integrative Women’s Health Institute is passionate about caring for and empowering women who struggle with women’s and pelvic health conditions. She is equally passionate about educating and supporting clinicians in confidently and safely using integrative tools to transform women’s and pelvic healthcare.

Having two decades of experience in women’s and pelvic health as a physical therapist and functional nutritionist, plus owning a private women’s health clinical nutrition and coaching practice, gives her a unique perspective on the integrative, conservative options for pelvic pain management, hormone balance, preconception and fertility support, postpartum recovery, and chronic pain and fatigue management in active and athletic women. She regularly lectures on topics such as integrative pelvic pain management, natural fertility options, optimal hormone health, female athlete health, and functional and integrative nutrition for rehabilitation, nutrition, wellness, fitness, and medical professionals.

Dr. Drummond was educated at the University of Virginia, Emory University, Duke Integrative Medicine, and Maryland University of Integrative Health.
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PART I - FUELING THE PATIENT

Chapter 1

The Contributing Factors - What You Need to Know

The purpose of this book is to address how using nutrition, lifestyle medicine and a collaborative healing partnership between each patient and practitioner are essential aspects of healing for women with chronic pelvic pain conditions. On a daily basis, women come into my practice saying, "I have seen so many doctors about my pelvic/sexual pain. Why is this so hard?"

All of the body's systems can be involved in pelvic pain. That's one of the reasons that getting to the root cause can be a challenge. Unfortunately, sometimes we're told by our healthcare team that the pain is "all in our head." That's never true, and I want to empower you with that knowledge right now. One thing that is true though, in every case, is that pain is always a decision made by the brain based on a wide range of factors.

Physical factors, emotional factors, mental factors, and spiritual factors can all contribute to the bottom-line decision being made in your brain about whether or not to send a pain signal, and the intensity of that distress signal. In any case. Whether the signal is an acute pain signal, such as immediately following a car accident, or in the case of chronic pain. The decision whether or not to send a pain signal and the intensity of the signal originates in the brain. We'll discuss this concept further throughout this book.

It always takes a team to support healing from pelvic pain. There are very few cases that I have seen, in my nearly 20 years of practice, where there is a silver bullet relief situation when it comes to pelvic pain because it's highly complex. The complexity of pelvic pain is a theme that we'll also continue to address throughout this book, as well.

Often, when women go from physician to physician, practitioner to practitioner, holistic practitioners, western medical practitioners, physical therapists, nutritionists, acupuncturists, gynecologists, surgeons, what we're looking for is someone to fix the pain. Someone who has the magic solution, who can wave the magic wand and fix this because it is so life debilitating.

While searching for a "fix," for a simple answer, from a health practitioner is a reasonable thing to do, the truth is that root cause healing from chronic pelvic pain
takes working collaboratively with a team of practitioners (lead by the patient) in the majority of cases. It takes a depth of understanding that a variety of practitioners will have, and the collaboration of their knowledge with each patient’s unique individuality and insight about her own body, health, and life.

Ultimately the power lies with you, the woman struggling with the pain, as the team leader, pulling together a wide variety of recommendations that you may be receiving from various sources, and considering whether or not something that sounds true, feels true to you and your body. When I try it, how does my body respond?

It does take some real effort to find those practitioners, to vet them, to utilize and listen to their recommendations and see how they gel with your body's needs and with your intuition. Clearly, that's difficult. It's much more difficult than if there were one practitioner with one simple solution.

But, when we step into that empowered role of owning our healing dance, our healing journey, and realize that there probably is not one magic bullet solution, but that there is a recipe, a pelvic pain relieving recipe that is unique to your body and that can be found within the constellation of recommendations from a variety of practitioners, most of whom are very skilled and very well meaning, together you and your healing team will be ready for the journey.

Sometimes you may get bad advice, and again your role is to be the leader of the team, and know that it's fine to decide not to follow any recommendations that don’t feel right in your body and mind. *(The choice not to follow any given recommendation includes the choice not to follow any of my recommendations from this book or any of my articles, blog posts, videos, or any other source.)*

**So let's get to the root cause of your particular pain by talking through all the factors involved:**

- How can you find your unique pain relieving recipe?
- If you are the leader of this team, what are the steps that you need to go through to figure out what your pain relieving recipe is?

I suggest that, if you’re anything like me, and have five to ten windows of information open at any given time on your computer, try to eliminate distractions and find some quiet time to read through this section.
Read this book carefully. It can make a huge difference in your healing and your relief from pelvic pain, even if you have been dealing with it for decades. Give yourself this time to really focus on what is offered here.

**Why is this so hard?**

The first challenge that many women are dealing with is "Why is this so hard? I've seen my gynecologist. I've seen a pelvic specialist physical therapist. I've seen a vulvodynia specialist. I've seen an endometriosis specialist," and so on.

I've had clients who have had more than a dozen surgeries, and they're still in terrible chronic pelvic pain. Unfortunately, not even surgery is an immediate pain relief solution in most cases. The reason that this is so hard is that there is no one-size-fits-all protocol for pelvic pain relief, either from a Western medicine perspective or a more integrative or holistic approach. Many diagnoses contribute to pelvic pain, and several of them often occur together.

You might have endometriosis and interstitial cystitis or pelvic painful bladder syndrome. You may have vulvodynia, or you may have cyclical pain that’s hormonally related. You may have gastrointestinal pain, such as constipation, irritable bowel syndrome (IBS), or inflammatory bowel disease (IBD.) You may have chronic vaginal infections like yeast infections, bacterial vaginosis, bladder infections or urinary tract infections. These can overlap and occur together. They can exacerbate each other.

Oftentimes women suffer with multiple pain generators - infection, pelvic floor pain, digestive system pain, bladder pain, hormonally mediated pain, vulvar pain, endometriosis-related pain - because so many systems converge in the pelvis. The gastrointestinal system, the reproductive system and organs, the bladder, the nervous system, muscles and fascia, and the immune system, and certainly an active infection or history of infection can be a important contributing factors.

Consider how many muscles converge in the pelvis - from the spine, the abdomen, the hips, and the pelvic floor - muscles that allow for sexual function, and urinary and bowel function. It’s a beautiful system to see how the many and varied muscles converge in the pelvis, and that beauty also adds complexity.

Additionally, in the pelvis, we have the colon, the rectum, the uterus, the ovaries, the urethra and bladder all in very close contact, along with the connecting fascia. In similarly close proximity, are the organs with the bony structure, blood supply, and innervation.
I believe that it's important to consider the pelvis as this anatomically central “bowl” - the physiologic location of a woman's sensation of safety. The above described physiologic systems meet with this energetic power center of security and empowerment, and there is a convergence in our pelvic bowl. Energetically, it's a source of power and calm when our pelvic organs are healthy.

For women who struggle with pelvic infections, surgeries, injuries, assaults, abuse, fear of incontinence, pain, or sexuality, or traumatic births or examinations, this energetic sense of security or safety can be disrupted. Certainly, healing can occur, and having needed surgeries - for example, in the case of endometriosis excision or emergent Cesarean sections - done with the hands of skilled, caring, and compassionate surgeons can contribute to the sense of health, empowerment, and security within the pelvis. I want to be clear that not all surgery is harmful, and that women can restore their sense of power and security within the pelvis with the caring and collaborative support of the healers on her team in even the most traumatic of situations. Every situation is unique, and there is always hope for healing.

Our monthly hormonal variations also play a role. Hormonal variations can be empowering, but also challenging if we don't understand them. And, hormonal variations and imbalances can certainly contribute to pelvic pain.

To add to the discussion, some women are more vulnerable systemically to inflammation due to factors such as eating an inflammatory diet, over-exercising, being under chronic stress, or even due to the long term sequelae of a trauma in early life. Systemic chronic inflammation can present in many ways, including migraine headaches, chronic joint pain, autoimmunity, cardiovascular disease and cancer. For some women, the chronic inflammation presents as pelvic, vaginal, and/or vulvar symptoms.

Some women have genetic variations that make it difficult to build healthy levels of neurotransmitters or to healthfully break down neurotransmitters. Brain neurotransmitters play a big part in pain health, in relieving pain, reducing pain, and generating responses to pain. One such example, is that with certain genetic variations, it is more difficult to healthfully break down estrogen. In addition, the vast majority of women are exposed to significantly higher levels of estrogenic chemicals in the modern environment, in our water supply, in plastics, in our exposure to certain skin care and make-up products, shampoos, sunscreens, cleaners, and more. The combination of difficulty with estrogen break down, combined with increased exposures, can lead to conditions that are caused, at least in part, by estrogen and
other reproductive hormones build up, such as pelvic cancers, endometriosis, and Polycystic Ovarian Syndrome (PCOS.)

Genetic variations can contribute to neurotransmitter imbalances, hormone imbalances, and even susceptibility to pain conditions, infections such as urinary tract infections, and risk of inflammation. While genetics do contribute to pelvic pain conditions, their expression can be modified to mitigate the risk.

Another common issue is digestive dysbiosis. Most women (and men!) are not eating an optimal nutrition plan. We’re under a lot of stress, and our gut microbes are under a lot of stress. Gut microbial dysbiosis and chronic stress combine contribute to chronic bacterial vaginosis or chronic yeast issues in many women.

Remember, pain is a brain decision which can be influenced by so many factors. The good news is that just as we can modify our genetic expression, many of the other factors - inflammatory diet, our relationship to stress, the health of our gut microbes, and more - are very often modifiable in a positive direction once we understand them better.

**What is your unique pelvic pain relief recipe?**

Let’s talk about how to figure out which factors need to be considered for your pain recipe, and how to modify them positively.

First, I am going to personally apologize for the healthcare system, for any practitioner who you may have worked with who ever said anything like, "This is all in your head. Just have a glass of wine and relax." All of that is complete crap, and I am sorry that anyone ever said anything like that to you. Even well regarded practitioners have been saying similar ridiculous things to my patients for decades, and know this; They are absolutely wrong.

Practitioners who are truly believe that you can just “relax” away your pain, simply do not understand pain science. They do not understand the biochemistry behind pain. They do not understand the biomechanics and physiology behind pain.

Your pain is one hundred percent not “in your head.” It is real, true pain based on biochemistry, biomechanics and many other factors influencing brain physiology. While your pain is not in your head, it is the result of a decision that was made in your brain and nervous system, based on physical, psychosocial, and spiritual and factors.
Unfortunately, pain is not necessarily an accurate signal of the seriousness, extent or even location of any particular tissue damage. This is frustrating because it makes it more difficult to identify any given person’s pain driver(s). While that’s frustrating, it’s how pain works.

Pain is a danger signal, which can be influenced by a number of factors. Some factors that promote a more intense pain experience, a more intense pain signal from the brain are:

- Having a history of trauma or sexual abuse, especially in your childhood, in your teen years, or during the perinatal period, such as while you were pregnant or during delivery.

- Lacking a feeling of safety in your body. This may come from experiences such as, internal or external body shaming, eating disorder, or history of a serious injury or illness.

- Feeling unsafe in your life. For example, you may feel financial insecurity, limited access to trusted healthcare professionals, or perhaps you were a victim of domestic abuse or assault.

- Lacking a supportive community of friends, family, neighbors or colleagues. Feelings of isolation are so common in modern society. For example, stay-at-home moms, people who move often such as military families, or teenagers may lack access to in-person supportive communities, and may not have the depth of support that they desire via social media communities.

If you don't have a physical community or even just a few people who you can rely on, that is a factor that can promote a more intense danger signal or pain experience from the brain. Consider the risks of lacking a supportive community from an evolutionary standpoint. Women, in particular, were responsible for holding down the fort, and doing it alone or without a trusted community would have been life threatening.

Women weren't independent hunters. We were gatherers. We worked together. We raised all the children together, kept the tribal home. Thousands of years ago, this interconnected support was essential for survival. And while that may not be quite as true today, isolation is just as harmful to us, physiologically, because it's baked into our physiology (literally from a hormonal standpoint) that we need strong, healthy, interpersonal connections. A feeling of interpersonal community support is vital to
hormonal balance, and thus, lack of healthy social connection can contribute to pelvic pain.

Other potential pain drivers:

- Physical inflammation caused by eating sugar, processed grains, processed fats, or other inflammatory foods
- Eating foods that you're sensitive to
- Over-exercising
- Not exercising at all
- Lack of sleep
- Abdominal fat
- Chronic stress
- Low vitamin D or other nutrient deficiencies
- Lack of antioxidants
- Not eating enough vegetables
- Not being able to digest foods and absorb nutrients well because you are struggling with digestive issues
- Digestive issues like bloating, chronic constipation, diarrhea, abdominal discomfort
- History of surgery, injury or severe illness
- Chronic infections
- Environmental toxic chemical, heavy metal or mold exposures.
- Fear
- Lack of feeling safe in your intimate relationship.
- Lack of understanding about your condition.
- Lack of strategies to address your pain and promote healing.

You can learn how to mitigate your suffering. Because sometimes, in the moment, it's helpful to feel confident that you have a toolbox of things that you can do to lessen that pain and move to the next moment. Sometimes it's a very moment to moment, hour to hour, or day by day thing to over time create long term pain relief.

Now here's the good news. That might have been a little depressing, and I'm sorry about that. It's important to understand these factors that can make your pain worse, so we can minimize each of these.

**The good news**
There are a wide variety of factors that can promote a less intense danger signal or pain experience from the brain. These are the factors that promote pain relief:

- Having a strong web of support, and it doesn't mean you have to have a full tribe of 100 women around and supporting you all the time. Two or three close supportive friends who act as a small, trusted network of people who can help you in a practical way is really all you need for this to be ideal, and the more the better.

- An anti-inflammatory diet is vital. This gets a little tricky because in pelvic pain there can be an autoimmune type picture, and certain kinds of nutrition works well for that. Some women are sensitive to some more unusual things: histamine, oxalates, or salicylates. Navigating that can be a bit tricky, but with the support of a skilled nutritionist (and by reading this book), you can figure it out!

- It’s vital to do an assessment of your nutrition if you don't know what things you're sensitive to. You might say, "I took out gluten for a little while. It didn't do anything." Well that may or may not be true. Maybe you were eating foods that were cross-contaminated with gluten, or maybe it's not just gluten. Maybe it's gluten, soy, dairy, and sugar. Or maybe you took gluten out, but you didn't add in enough beneficial nutrients. So figuring out the anti-inflammatory diet requires a step-by-step deliberate process.

- A sense of safety in your body and your life. Sometimes this involves working with a pelvic pain specialist psychotherapist who really understands the trauma that can contribute to chronic pelvic pain.

- Managing stress. Sometimes, it's day-to-day stress, or sometimes it's a spike in your stress: a new job, a move, a new baby. For many women, chronic, low level tension manifests in the pelvis and pelvic floor muscles. The good news is there are many tools, strategies, and exercises for calming and relaxing (down training) the entire nervous system and particularly the muscles in the pelvis and pelvic floor. Many women are generally walking around with this low level of bundled physical stress. In some women chronic stress presents as migraines, joint pain, excess weight, or getting every cold or flu that their kids bring home from school. For other women, chronic stress presents as pelvic pain, or several of these physical challenges.
• Feeling empowered that you can do a lot to decrease your pain, and just knowing what your pain relief recipe is will support that sense of autonomy over your pain.

• Stepping into the leadership role on your healing team. Feeling confident in your internal wisdom. (Don’t worry this can take some time to develop because for a long time, all women have been taught to ignore their inner wisdom.) Feeling confident in your ability to ask questions and deepen your understanding of your condition, and your therapeutic options by using the collective resources, knowledge, and wisdom of your professional healing team.

• Understanding the foods and lifestyle factors that make your particular pain better or worse. And, consistently nourishing yourself with these foods, and lifestyle medicine strategies, while avoiding pain triggers as much as possible. (Don’t worry if you stumble. This approach doesn’t require perfection. But, each experience - even if it leads to a short term pain flare - is a learning experience of how to optimize your self-care in the future.)

• Averting avoidable incidents as often as possible, such as, “I ran or I walked too far in those high heels. I thought I was going to be able to get a cab”. It’s sometimes fear inducing to experience these flare-triggering experiences when we wake up the next day and think, “Oh no, the pain is back.” But no, there is a reason that the pain is back, and now we just have to get back on track with our pain relief recipe. Reframe any flare triggers as learning experiences to enhance your knowledge that you have control and lots of tools and strategies to unwind that little hiccup in the plan. No person is perfect, and no plan is perfect. When you can see each pain flare (even if the pain flare is intense or lasts longer than you’d like) as a learning experience, then the fear will abate, and the pain flare will likely be less intense and less prolonged.

• Understanding your genetic risk factors, and how to reduce them with foods, supplements, or lifestyle strategies.

It Takes a Team and Your Willingness to Lead

Because there are so many systems involved in pelvic pain, there’s not likely to be one healthcare professional on your team who has all of the knowledge you need. And each individual's team will be different. Some issues are more problematic for some women than others.
Who might be on your clinical team?

- Pelvic specialist physical therapist
  - [https://pelvicrehab.com/](https://pelvicrehab.com/)
  - [https://pt.womenshealthapta.org/#s=1](https://pt.womenshealthapta.org/#s=1)
  - [https://pelvicguru.com/](https://pelvicguru.com/)

- Women’s Health Specialty Functional Nutritionist

- Women’s Health Specialty Health Coach

- Functional medicine practitioner
  - [https://www.ifm.org/](https://www.ifm.org/)

- Pelvic specialist occupational therapist
  - [https://pelvicguru.com/](https://pelvicguru.com/)

- Chronic pain specialist psychotherapist
  - [https://www.alexandramilspaw.com/](https://www.alexandramilspaw.com/)
  - [https://radiantlifedesign.com/](https://radiantlifedesign.com/)

- Sex Therapist
  - [https://pelvicguru.com/](https://pelvicguru.com/)

- Gynecologist
  - [https://pelvicguru.com/](https://pelvicguru.com/)

- Endocrinologist
  - Ask your team for personal referrals, or consider a functional endocrinologist: [https://www.ifm.org/](https://www.ifm.org/)

- Gynecologic surgeon who is skilled and experienced with endometriosis excision surgery (assuming that you have endometriosis)
  - [Aagl.org](https://www.aagl.org/)
  - [Nancy’s Nook](https://www.nancysonook.com/)

An important and unique team member to consult with if you have endometriosis (or think you might have endometriosis):

The only way to make a true diagnosis of endometriosis, at this time, is via laparoscopic surgery. I have worked with thousands of women with endometriosis, and it’s my belief that the only person that should be performing your diagnostic or therapeutic endometriosis surgery is someone who lives and breathes endometriosis excision surgery. There are relatively few surgeons who are very skilled at doing so in the U.S. or in any country in the world. Ideally, I strongly recommend that you find one
of them, if endometriosis is a known or potential issue for you, particularly if fertility preservation is important to you. It’s highly possible to significantly decrease or even eliminate the pain of endometriosis without surgery. But if fertility is a concern for you, having skilled excisions surgery is very important to consider.

Your Home Team

In addition to your clinical team, you need a home team. Your intimate partner or spouse, your friends, family, colleagues, boss can all be a part of helping you with practical things, such as carpooling or giving you more flexibility in your work schedule. And, consider paid help like someone to clean your home, help you with childcare, a home chef, or someone to drive you to your health appointments. Even an Uber driver can be an important part of your home team. Sometimes just knowing that you don’t have to drive yourself to an appointment, work, or school if you don’t feel great, can add to your sense of relaxation and being supported.

Every woman’s team will be unique. Consider your team. I recommend to my clients to think of their home and professional teams as a Web of Support. Each member is supportive in a small way, and together they can give you a lot of peace, emotional support, space and time to heal, and practical help with your healing.

Take some time to sit with your Web of Support, and fill in the support that you already have available to you.

CLICK HERE To get my “Web of Support” tool to fill out and use over and over.

Now consider… Who is missing? Where are the holes in your web of support? And what is your next step towards cultivating relationships that can add to your support network? Ideally, your Web will have some redundancy. It would be great to have more than one person in some of the roles, such as a back up babysitter, a few places that offer take out food that fits with your anti-inflammatory food plan, or a few trusted friends who can be available for emotional support when the healing journey hits a few bumps in the road.

Remember, you are the leader of your team.

Your doctor, physical therapist or nutritionist, none of these health care professionals, your acupuncturist, your Mayan massage person, your essential oils expert, no one in the world can “fix” your pain condition. Your endometriosis excision surgeon can skillfully remove your endometriotic lesions, but she may or may not be able to solve
your pelvic pain, and certainly not with just surgery alone. You will need to address all of the ingredients in your unique pain recipe to get to a place of root cause, sustained healing. (Knowing that every once in a while, you may still have a flare in your symptoms. But, even if that happens, remember that it’s just a learning experience to help you learn how to take even deeper care of your body, mind, and spirit. I think of these “learning experiences” as yellow warning lights to remind me that it’s time to take even better care of my own health.)

It takes addressing your unique constellation of factors. Remember even after your endometriotic lesions have been removed, or your vulvar skin has healed, or your yeast infection has resolved, your brain makes the final decision about whether there's a pain experience or not. A pain experience can occur even without tissue damage. Thus, addressing all of the factors that are contributing to your pain signaling is essential.

You have innate healing wisdom inside of you. What your team can offer is expertise, recommendations, techniques, and strategies. Your physical therapist can offer you training in how to relax, move, and stretch your pelvic floor muscles and fascia and how to exercise optimally in the way that your body needs. She can apply manual therapy techniques to all of the relevant muscles, joints, and fascia in your pelvic and surrounding regions (and even regions that seem separated from your pelvis, but may be very relevant like your diaphragm or neck.) She can teach you to use vaginal dilators, and educate you on supportive lubricants, or vaginal moisturizers. She can teach you to mobilize any post-surgical or post-birth scars, and apply visceral mobilization techniques, and much more. Your yoga instructor can teach you deep restorative breathing, modify your practice to better support your pelvic health, and help you to determine when hot power yoga or restorative yoga is the best practice for you during different time in your cycle or during pain flares. Your nutritionist can help you to personalize your nutrition and supplement plan to be sure that you’re absorbing all of the nutrients you need and optimizing your digestive function. Your gynecologist can prescribe vulvovaginal estrogen creams or hormonal replacement therapy, and help you to decide the risks and benefits of using medications to support your healing. Each professional has a skill set and knowledge base that will be helpful to you when you’re determining your best healing recipe. But, ultimately, it’s your responsibility to evaluate each practitioner’s recommendations, be sure that you get your questions answered, that you understand the potential risks and benefits of the varied options, you learn how these strategies can work together, and collaborate with your healing team to determine which recommendations are the best fit for what your body needs at the time for healing and pain relief.
Both you and your healing team will need to continue to become educated. Their experience deepens as their practice evolves, as does your experience with what strategies you have found to be supportive or not in the past. The research on pelvic pain continues to evolve, as well. I've been working with women with pelvic pain for nearly two decades, and our tools and approach to resolving pain conditions and addressing factors like digestive health, chronic vaginal infections, and autoimmunity have improved significantly over that time. We've learned a lot.

This book is designed to provide you with a depth of education, so that you can learn to make skilled decisions about your next steps, or what you will do on a day where you're struggling with some discomfort. As you develop your healing recipe over time, know that even better solutions may be available in the future, and that the best strategies to help you to deal with a pain flare up may vary depending on what caused the flare, and what your body needs at that time.

Trial and error. Trust your inner wisdom. Many of us have been taught to not trust that little voice guiding us. We are told to do things that go against our instinct, basic things like waiting to go to the bathroom until the teacher says it’s ok, or waiting to drink some water until after this shift ends, even if you’re thirsty now. It will take practice and time to hear your inner voice again, and to stop ignoring her vital wisdom. Be patient with yourself, and enjoy deepening the conversation with your inner wisdom.

To develop the best possible team, your team will evolve and change over time as well. Your needs may change. Your practitioners could move. Your inner wisdom may change her mind. Your practitioners may change how they practice. You may learn something new that you’d like to explore. Developing your healing team specifically to address your chronic pelvic pain, and then ultimately to optimize your general health for your lifetime takes continuous team building. That is what this book is about. It is an exercise in patient / practitioner relationships. Sometimes you've got a great team for a while, and then something shifts - one of your practitioners goes on maternity leave, or you no longer need hormone therapy. Maybe you haven't found the right team yet, and perhaps there are a few new people that need to be added to your team or you need to find to replace an existing team member. This is a processes, and it's ever evolving.

I’d like to suggest a mindset shift for you. If you’re like me, you were taught that health is a destination. You are either sick or injured, or you find the right healer, medication, or surgery, and then you are well. I was not taught in my original training that health is really a skill set. I now believe that health is a skill set that each of us is capable of
developing I heard something similar said recently by Tom Blue, a director at The Institute for Functional Medicine, and I agree.

Earlier I mentioned that your pelvic pain flares could be your personal yellow flag or warning light that something is not right with how you’re taking care of yourself, or how you’re being taken care of. While the warning signs are different for everyone, I believe that most of us has some physical or emotional reminder that things are off track. For me, that’s usually fatigue, anxiety, or some kind of hormonal imbalance. And, what I have learned over the years is that when low levels (or high levels) of those symptoms present themselves, I need to return to my health care skill set and take better care of myself, or seek the support of my healing team. It’s time to get my nutrition back on track, take my supplements more regularly, work less, spend more time in nature, drink more water, exercise gently and consistently, and schedule a massage therapy, acupuncture, or physical therapy appointment. Notice that these are all strategies that I may have learned from my professional colleagues or in my professional training. But for them to affect my personal health, I have to execute them in my daily life. Knowledge of how to stay healthy is not enough, we each have to take responsibility for using these skills in our daily lives. Not one of the strategies that I mentioned above is about a professionals just “fixing” my symptoms.

While the massage might be more passive, and seemingly simply relaxing to my muscles, and improving my blood and lymph flow, I have to create the time in my schedule to make it a priority, find a professional who’s technique feels in alignment with what my body needs, tell her what I need, and then drink plenty of water after the treatment. Plus, notice that the massage therapy treatment (or any other treatment for that matter) is not done in isolation to achieve it’s optimal effect. Even surgery requires pre and post-surgical physical therapy, optimal nutrition, good hydration, stress relieving strategies, good sleep, and a supportive home team to optimize its effects for the best root cause healing possible.

Additionally, I want to remind you that you have permission to stop doing things that are not helpful. While it’s not easy to change any behaviors, it’s easier with the support of others who are compassionately cheering you on and inspiring you. Surround yourself with people who want to see you feeling well, empowered and healthy.

One of the most valuable things that you can do for your health, is to re-learn to listen to your intuition. This practice is a key part of how I support my clients to heal. Re-learn to hear what your body is whispering that it needs. We've been taught over many years and in many ways to ignore that wisdom. Once you begin to hear your own voice again, you may be surprised to hear what it’s telling you.
Chapter 2

IMAGINE LIVING YOUR LIFE FREE FROM PELVIC OR SEXUAL PAIN

It is possible to have pain-free periods. Begin to imagine actually enjoying your menstrual cycle. Imagine moving your body in any position - sitting, standing, driving, or running around with your friends or your kids - without being burdened by pain.

Think about how relaxing it will be to have sex without pain. What could that mean to your health and feelings of intimacy with yourself and your intimate partners?

Let’s begin to walk through vital, key steps to relieving pelvic or sexual pain and show you how to support the natural pain-relieving systems already in your body, as well as find the professional help that you need, naturally balance your hormones, and get the personal support that you need to make important changes in your life.

This book is designed to give you all of the tools that you need, no matter what the pelvic pain diagnosis is - endometriosis, painful sex, painful periods, premenstrual syndrome (PMS), premenstrual dysphoric disorder (PMDD), interstitial cystitis (IC), vulvodynia, Polycystic Ovarian Syndrome (PCOS), pelvic floor dysfunction, painful bladder syndrome (PBS), irritable bowel syndrome (IBS), or any other pelvic or sexual pain condition.

The strategies in this book are designed to help get to the root cause of your pelvic pain. With the proper support, pain relief is available. This book is the first step to feeling well again.

I HAVE HAD THIS PAIN FOREVER; IS RELIEF POSSIBLE FOR ME?

I have had the honor of partnering with women with pelvic pain for over fifteen years as a physical therapist and clinical nutritionist. Like many of my professional colleagues have witnessed, I have seen the vast majority of my patients attempt to get help from numerous doctors, try many types of birth control pills and pain medications, and even undergo hysterectomies, often without getting any relief from their suffering.

The good news is that no matter how complicated someone’s journey has been up to this point, there is hope. I have seen women experience pain relief in a matter of weeks by following these steps, even if they have been in agony for decades.
Here are some of the **specific** results that my patients and clients have achieved with the right tools, treatments, and support. (These results are possible!)

- Avoidance of a hysterectomy and complete period pain relief just by uncovering her specific food sensitivity.
- Having comfortable sex with her husband for the first time in her married life by having manual physical therapy treatment on her pelvic floor, and learning to control, relax, stretch, and strengthen her pelvic floor muscles.
- Finally having enjoyable sex again with her husband after three difficult vaginal childbirths (even though she’s perimenopausal), by uncovering food sensitivities, naturally balancing her hormones, and finding a lubricant that is free of endocrine disrupting chemicals.
- Dramatically reducing her endometriosis pain by changing her diet, naturally balancing her hormones, and beginning a consistent movement and physical therapy program.
- Finally having normal periods even after a seventeen year PCOS diagnosis and fertility treatments.

**My clients consistently report:**

- Dramatic improvements in their pain, or even complete relief
- Improved sexual relationships and more overall relationship satisfaction (“I feel at home in my body now!” and “I am finally enjoying my sexuality again!”)
- Regular, pain-free periods
- Reduction and relief of bladder urgency and frequency symptoms
- Feeling empowered about their health and lives in general

**They also often experience unexpected “side effects,” like:**

- Weight loss (after years of weight-loss battles and dieting!)
- Clear skin
- Improved moods - more calm, less sadness and irritability
- Thicker, stronger hair and nails
• Improvements in their relationships with friends, kids, colleagues, and family members
• Reduced or eliminated heartburn, bloating, constipation, or other digestive symptoms
• Better sleep
• Better energy
• Better immunity ("I haven’t been sick at all this winter! This is amazing!")

Many patients feel like they have tried everything! Their friends and family can’t comprehend their pain. They put on a brave face most days, avoid people on the worst days, and probably feel pretty alone. I can totally understand if a woman is ready to give up. **Does any of this sound familiar?**

• I went to the doctor, and he told me to just relax or have a glass of wine before sex. He said, “You’re just anxious since having your baby.”

• I went to my OB, and she put me on birth control pills for my period pain. She told me that I might have endometriosis, but they can’t be sure without doing surgery. (I never scheduled it because I was scared of having surgery.)

• I was diagnosed with PCOS, so my doctor put me on metformin and sent me to a fertility clinic. Several intrauterine inseminations (IUI’s) later, no luck.

• After my baby was born, I had a lot of pain with sex and even with sitting. “You’re still nursing,” said my doctor. “It will go away in a few months.” (It hasn’t.)

• My periods are so painful, heavy, and irregular that I have to skip work to deal with them, and my boss is starting to pressure me.

• I rarely have a period, which used to be nice, but now I’m thinking about having a baby, and I’m worried about my fertility. I also struggle with insomnia, but no matter how much I exercise, I still can’t sleep or even relax.

• My bladder pain is so bad that I’ve had to quit my job. It’s not always there, but it’s so hard to predict what irritates it or when it will start.

• I actually had a hysterectomy, and the pain improved for briefly, but now it’s back. What else can I possibly do?

**If you get just one thing from reading this book, know that there is hope for you, no matter how hopeless your situation feels.**
TAKE IT DIRECTLY FROM SOME OF MY CLIENTS:

“Jessica is a lifesaver. At the beginning of my journey Jessica asked when was the last time I felt great, my answer “I can’t remember.” Generically, the Doctor called my issue IBS, it left me feeling stressed, with no energy, feeling bloated and constantly ill. IBS has affected every aspect of my life”.

“Jessica was able to help me pinpoint triggers and eat correctly for my body, but she doesn’t just focus on nutrition, she connects all aspects of your life that affect how you feel – mind, body and spirit.”

“Jessica is a wonder. I can now honestly say I’ve had some great days, my energy level has increased and I am able to get out and enjoy life.”

“Thank you, Jessica for helping me to remember how fun life can be!” - Annette Devereux, Houston, Tx

“I had to take an excessive amount of ibuprofen. It was awful. I would start experiencing symptoms of Pre-PMS, and just look at the calendar (thinking)... I don’t know what’s going to get accomplished...” - Rebekah Marler

“It came as a big surprise (that) I was doing so many things wrong for my body, when all along I considered myself “fit” and super “healthy.” With her knowledge and guidance, she taught me how to eat the right foods for me. My mom and I both worked with her and we love sharing recipes and food! There is so much literature and trends out there on food and diet and what is healthy, Jessica is one stop shopping! everything she teaches is backed by fact and research. Her combination of medical knowledge, healthy diet, and holistic attitude has turned my condition (PCOS and infertility) and life around!” - Laura Tilley, Houston, Tx

I share those testimonials so that you will know there is hope, and you and your team will chart your path to get there.

Click here to hear more inspiration from my patients, clients, and students.

And click here for even more!
Chapter 3

MY PERSONAL JOURNEY: AS A PROFESSIONAL AND AS A PATIENT

After the birth of my first daughter in 2003, I experienced the intense fatigue that all new mothers go through. But, five years later I was still exhausted! I nursed my daughter for over a year. She didn’t sleep through the night for more than three years. We moved five times in five years (across three states), and at one point I was also working full time in a high-stress job. My parents were helping with my daughter, and my husband traveled full time for work. At that point I experienced my personal hormonal crash!

Finally, in 2008, I was diagnosed with adrenal fatigue. By that time, multiple doctors had dismissed my symptoms or recommended naps (duh!) or antidepressants (I tried, but they didn’t work!). I was sick all of the time, had zero energy AND insomnia. I was anxious all of the time, and I had struggled with three years of infertility. Sure, I put on a brave face, took care of my daughter, and went to work for a long time. But by the time I was finally given a helpful diagnosis, my health and energy were a mess!

Fortunately there is a silver lining to this story. For my entire career, up to the point of my hormonal crash, I practiced as a specialized kind of physical therapist. I worked in women’s health, where I had the honor of helping women with pregnancy and postpartum related pain, pelvic and sexual pain, incontinence, bladder pain, period pain, breastfeeding challenges, female surgeries, and female cancers.

Now, I was the patient. My hormonal crash required that I head back to school to heal myself with nutrition, do an overhaul of my exercise program, and create a dramatic mindset and lifestyle shift.

My new knowledge of nutrition and lifestyle changes got my own hormones back in balance and gave me back my energy, a strong immune system, good sleep, libido, and calm moods. Not only that, but I was finally able to get pregnant, and I had my second healthy baby girl.

Along the way, my painful ovarian cysts, which I dealt with for years (and landed me in the hospital, twice!), were resolved simply by supporting my body’s own detoxification systems. By the time I was strong enough to return to work, I realized that everything I had learned to heal myself could help my patients. My patients with pelvic and sexual
pain often had hormonal imbalances, food sensitivities, digestive issues, problems with estrogen detoxification, and stressed-to-the-max lifestyles like I did.

My new understanding of the root causes of these issues complimented my physical therapy treatment and helped my patients get the best possible results, often without medication or surgery. And, when they did require medication or surgery, their surgical outcomes were better because their body’s overall healing systems were working so well!
Let me share a story about one of my patients, which spurred on all of my additional training and illustrates why I am so passionate about bringing this perspective to you and to the health care professionals who work with women with pelvic and sexual pain.

My patient had been seeing me for a few weeks as a physical therapy client. She was in a tremendous amount of pelvic pain; no matter what manual therapy, exercise, or muscle and nervous system relaxation treatments we did, her pain would spike just before her periods. Her pain was well controlled for most of the month with physical therapy, but just prior to and for the first few days of her period, it would return with a vengeance. At the time, I was new to understanding the benefits of nutrition, so I tentatively suggested that she look at what she was eating during that particular week every month to see if anything was different.

For months, she ignored my recommendations. I’m sure that she ignored me because I lacked confidence when I made this suggestion. At the time, I really didn’t think that what she was eating could have any impact on her pelvic pain. I had never learned anything about nutrition impacting pain in physical therapy graduate school or later in any of my continuing education classes.

But then something amazing happened. I had moved to a new state and left her in the care of one of my colleagues. She eventually decided to stop her physical therapy, do her home exercise and treatment program, and just live through each PMS week by staying in bed.

Finally, she decided to schedule a hysterectomy because she was at her wits’ end with this pain. But, just before the surgery, she got scared and didn’t want to go through with it. She remembered my suggestion to look for common foods in her diet that she might be eating just during her PMS week. Sure enough, that week was the only time each month that she would satisfy her PMS-related Mexican food craving and go on a cheese-filled Mexican food binge. The rest of the month, she rarely ate dairy foods.

She put off the surgery and skipped the cheese the following month. Amazingly, her pain was gone! She never had the surgery. She had identified the root cause of her
suffering. She had a food sensitivity to dairy that would trigger her pain each month
during her PMS-fueled Mexican food chow-down.

She found my number and called me one day as my family and I were wandering
around Brooklyn and having a quiet lunch. I was shocked. Then and there I decided
that if these kinds of simple nutritional changes could work to heal my hormonal crash
and painful ovarian cysts and her serious pelvic pain, I had to learn more and bring
this information to more patients.

That’s just what I did. Over the next few years, I became certified as a CCN (Certified
Clinical Nutritionist); I went through two coaching programs to improve my skills in
supporting women who are making these simple (but not easy!) lifestyle and nutrition
changes; and I attended multiple integrative medicine courses to sharpen my
biochemistry skills.

Then, I started my own nutrition practice where I worked with (mostly) females, from
all walks of life, with chronic health concerns and weight challenges. They had
experienced many different kinds of women’s health concerns, from infertility, to pelvic
and sexual pain, to menopause, to hormonal imbalances, to weight loss resistance, to
concerns about their bone health and even fractures.

In the meantime, I went back to graduate school. Three years later I graduated with a
doctorate in clinical nutrition, and returned to practice combining my skills in physical
therapy, nutrition, and health coaching addressing women’s health conditions for my
patients all over the world.

Plus, beginning in 2011, I have been teaching what I have learned through my
additional training and clinical experience to my colleagues around the world. I have
developed a suite of professional training programs online and teach in person all over
the world.

After practicing these skills with thousands of clients, and combining what I learned
from their results with the experience of thousands of women that I worked with as a
physical therapist, I decided that it’s now time to give you this information in a clear
step-by-step guide. I want you to have access to the same knowledge and resources
that my private clients do.
Chapter 5

But My Doctor Says What I Eat Won’t Have Any Impact On My Pain

It’s an absolute myth that what you’re eating and how you’re living your life will have no impact on your pain, and yet doctors tell this to my clients and patients all of the time.

The issue is that the vast majority of doctors and other healthcare professionals are not well trained in nutrition. Most doctors get a maximum of three hours of nutritional training in their entire four years of medical school, and they receive none during their residency training.

As a physical therapist, I wasn’t taught anything about nutrition, either, and I worked with women with pelvic pain for over a decade before I added this understanding to my practice.

It’s not that this approach doesn’t work, it’s just that your healthcare professional has probably never heard of it.
What do I need to do to start relieving my pelvic or sexual pain?

I have developed a five-step system that will help you to figure out what you need to change, in order to kick-start your body’s natural healing systems. This system includes my suggested resources for finding the best personal and professional support that you will need to get the best possible results.

STEP 1: DETOXIFICATION AND HOW TO DETOX

If you’re like most people who eat a “Standard Western Diet” (even if it’s “pretty healthy” like I thought mine was - plenty of low fat stuff, whole grain turkey sandwiches and yogurt, right?) and live on our increasingly toxic planet, it’s likely that you’re carrying around some chronic inflammation, and that your liver and other detox systems are a little sluggish. For most people, kick-starting your self-healing systems is easier if you first do some spring cleaning to lighten your toxic load. It’s easier for your liver to detox excess estrogen, for example, if your liver is not exhausted from detoxing all of the processed food you’ve been eating, polluted water you’ve been drinking, and the toxic chemicals you’ve been slathering on your skin in the form of chemical-laden makeup, shampoos, and such.

I recommend that my clients start with a detox program of one to three weeks. There’s no need to starve yourself or just drink brightly colored juices the whole time. Most people will thrive on a simple, food-based cleanse, with a smoothie or two to simplify the process.

In the research on pelvic and sexual pain, some common foods have been found to worsen pain because they can be irritants to the bladder lining or the lining of the small intestine; this is especially true if your discomfort is caused by endometriosis or has a component of a bladder pain syndrome. For women with pelvic and sexual pain, I recommend a specific elimination diet for three to four weeks to support your detox systems.

While this list may not be exhaustive, these are the most common foods that women with pelvic pain are sensitive to, based on the most common food sensitivities seen in
in scientific research, the general population at large, and those that I commonly see in my pelvic health nutrition practice:

- Gluten (sometimes all grains)
- Beef (grass-fed and organic beef is usually fine in moderate amounts)
- Eggs
- Sugar/sweeteners
- Dairy
- Nightshade vegetables (especially for pelvic or spine joint pain and bladder pain)
- Citrus fruits (especially for bladder pain)
- Vinegar (especially for bladder pain)
- Soy
- Peanuts
- Corn
- Coffee and tea
- Chocolate
- Alcohol
- Baker’s yeast
- Onions
- Nuts, Beans, and Seeds (are occasionally problematic - but usually these are fine as digestive function improves)

How to Detox

Simply leave out foods from the above list for three to four weeks. At least three weeks is best to allow time for the inflammation to calm down.

Then slowly add each food back in, one week at a time, by eating several servings of that food during the first four days of the “add back in” week, and watch for symptoms.

The symptoms of food sensitivities are highly variable. The most common are pain, weight gain, skin breakouts, nasal congestion, fatigue, and digestive problems. If you experience any of these symptoms during the week that you add the food back into your diet, then you likely are sensitive to that food. It’s best to leave that food out of your diet for at least the next six months, and then do a controlled re-challenge again.

I will reinforce this process several times throughout this book to support you AND your healing team.
Another option for finding your specific food sensitivities is to have food sensitivity testing. While food sensitivity testing has a lot of issues with reliability and specificity (meaning that there are a lot of false positives and false negatives), in the context of personalized nutrition therapy - including a full assessment of your history, symptoms, and in some cases, a physical exam - food sensitivity testing can be helpful for some. The gold standard, however, to determine your unique food sensitivities is to do the three week detox program as a test. If you would like specific food sensitivity testing, talk with your doctor or nutritionist about which test would be most useful in your specific case.

To make the detox program even more effective, it's best to also support your other detoxification organs - your colon, kidneys, lungs, and skin. To do so, be sure that you're drinking plenty of water, eating lots of fiber, doing deep breathing exercises, incorporating daily movement, skin brushing before you hop into the shower, tongue scraping when you brush your teeth, turning off all electronics by 8:00 p.m. - including the WiFi in your house (give yourself a “laptop curfew!”), and getting plenty of sleep.

Additionally, you want to be sure that your liver is metabolizing estrogen well. Estrogen can be broken down into more dangerous metabolites that can increase cancer risk, worsen painful ovarian cysts, and exacerbate endometriosis, or it can be broken down into more benign metabolites. Healthy estrogen metabolism is important for pelvic pain relief.

Here are a few tricks to help along healthy estrogen detox:

- Eat plenty of cruciferous vegetables (like broccoli, cabbage, kale, and Brussels sprouts).
- Take a supplement that contains DIM (Diindolylmethane) or SGS (Sulforaphane Glucosinolate). These are both potent supplements that are like eating concentrated broccoli in high doses.
- Take a supplement containing these active B-vitamins that support the liver detox processes essential for hormone metabolism:
  - Folate (in the active form of L-5-methyltetrahydrofolate).
  - B6 (in the active form of P5P), and
  - B12 (in the active form of methylcobalamin).
The liver also thrives on plenty of antioxidants, like glutathione, vitamin E, and vitamin C. Eating brightly colored foods like berries, leafy greens, beets, and sweet potatoes is best for healthy liver detoxification. To build up your body’s stores of glutathione, which is a very potent antioxidant, eat plenty of sulfur-rich foods like garlic and cruciferous vegetables. Supplements like n-acetyl-cysteine and alpha lipoic acid are powerful antioxidants that support the liver and contribute to healthy glutathione levels.

Eat plenty of amino acids from clean proteins like low-toxin fish, grass-fed beef, organic poultry, organic pastured eggs, or healthy protein powders. I recommend that you use pea protein, hemp protein, collagen protein, and hydroBEEF protein powders. And, it’s best to vary your proteins and protein powders to minimize your risk of developing a sensitivity, and get the widest variety of nutrients.

Beyond food toxins, there are dramatically more chemicals in our environment than ever before. Unfortunately, at this point, all of the air and water on our planet is polluted. But, because we have powerful detox systems in our bodies, we can handle some toxic load. The goal is to reduce our exposures to minimize the work that our physical detox systems must handle. Do the best you can to lower your toxic load by filtering your water, using clean cosmetics (use https://www.ewg.org/skindeep to find skincare and cosmetics options with fewer endocrine disrupting chemicals), cooking your food in stainless steel or cast iron, and storing it in stainless steel or glass containers (not plastic, even if it is BPA-free).

My personal favorite clean skincare and cosmetic brands are:
- The Spa Doctor
- AnnMarie Gianni
- Beautycounter

I love this vulvar skincare brand for moisture, gentle cooling, and arousal:
- Rosebud Woman

Also, consider the lubricants and feminine hygiene products that you use:
- Period Underwear: Check out my favorite brand, Modibodi
- Reusable pads: Glad Rags, and Luna Pads
- Diva Cup
- Yes, Yes, Yes
- Good Clean Love

There are also many ways to make low cost skin care, shampoos, and other personal care products if you’re a crafty DIY’er. I love to use plain, organic coconut oil as a
makeup remover and moisturizer for the face and vulva. My friend Katie over at Wellness Mama has some great recipes for healthy personal care products.

STEP 2: IMPROVING YOUR GUT AND BLADDER LINING INTEGRITY

Once you have figured out the foods that your body is sensitive to, and you have supported your liver, skin, lungs, colon, and kidneys with detox tools and tricks, it’s time to fortify the lining of your small intestines. This is important, because your “gut lining” is an important barrier between the outside world - and things that come from it like food, water, chemical contaminants, and bacteria - and your immune system. When the gut barrier is healthy, your immune system will be exposed to fewer things that it doesn’t recognize, such as environmental toxins, undigested food, or bacteria.

Chronic inflammation of the lining of the gut (and probably the bladder, too, if you have bladder pain) can cause the gut (or bladder) lining to become too permeable. (You might have heard some people say, “leaky gut” or “intestinal permeability.”). The intestinal lining is supposed to be semipermeable, meaning that some things are supposed to cross the barrier (it should be a little “leaky”) like nutrients from broken down food, and the molecules of hydration. But, if things that are not supposed to cross the barrier, do cross the barrier… then your immune system will leap into action to “fight” the unrecognizable things, such as undigested foods or bacteria.

It’s important to minimize the stressors that irritate the gut lining in the first place.

Some causes of increased intestinal permeability are:

- Eating foods that you’re sensitive to
- Stress
- Elevated stress hormone (cortisol) levels
- Medications (including many pain medications and antibiotics)
- Inflammatory cytokines (pesky inflammatory molecules that can hang on for far too long after they are no longer needed for healing)

We talked about how to lower your toxic load and figure out the foods you’re sensitive to; now let’s discuss how to heal the lining of your gut (and/or bladder).

Step 2 action items:
● Remove the foods you’re sensitive to, and lower your toxic load of environmental chemicals as much as possible. Check!

● Add foods that help to heal the lining of the gut and feed the healthy bacteria that live in your gut (some of them act like soldiers protecting the barrier.)

● Add supplements that help to heal the lining of the gut and feed the healthy bacteria that live in your gut.

● Wean off gut-damaging medications (under supervision by your doctor.)

● Reduce inflammation by eating a diet high in colorful vegetables and fruits, getting plenty of quality sleep, spending time (at least 1 hour total daily) in nature, and exercising consistently, but not too intensely

● Lower your stress hormone levels. (Read more about that in the sections on “Hormone Balance” and “Lifestyle Scaffolding”).

In this next section, we’re going to discuss how to add foods and supplements to your nutrition plan, which naturally heal the gut lining and calm your immune system from overreacting to common foods. Healing the gut (and potentially bladder) lining can go a long way toward reducing your food sensitivities.

**This is the good stuff! Foods TO EAT to heal:**

● Bone broth. The more the better. This is cheap, easy to make, and high in healing minerals and amino acids.

● Vegetable broth, also cheap, easy and mineral rich.

● Coconut oil and raw coconut. Contains high amounts of medium chain fatty acids that are easy to digest and healing for the digestive system.

● Fermented foods. Fermented foods are high in probiotics (healthy bacteria that you need for healthy digestion and to lower inflammation). Try plain organic yogurt, raw cheeses, or kefir. If you are sensitive to dairy, try sugar free coconut or almond yogurt or kefir. Some of my favorite fermented vegetables are sauerkraut, kimchi, and beet kvass.
• Omega-3 fats. These anti-inflammatory fats are healing and delicious. Wild salmon, walnuts, and grass-fed beef have healthy levels of omega-3 fats.

• Seeds. Speaking of omega-3 fats, seeds are another great way to lower gut inflammation. Seeds like chia and flax contain omega-3 fats and lots of fiber. Plus, two tablespoons of freshly ground flaxseeds each day are great for women with sexual pain due to low estrogen levels.

In addition to foods that are specifically healing to the gut lining, your body needs lots of vitamins, minerals, fiber, amino acids, and healthy carbohydrates for healing and energy. Be sure to eat a diverse diet containing clean proteins (like grass-fed beef, organic poultry, clean fish, and soaked beans, if tolerated), lots of vegetables, and healthy fats (like avocado, olive oil, salmon and other clean fish, nuts and seeds, and coconut oil).

To get started, download the
Nourishment for Girls and Women with Endometriosis Guide

If you’re not a huge fan of the taste of fermented foods, or you don’t have the time to make bone broth, there are some supplements that can replace some of these kinds of foods. But my recommendation is always to start with whole foods. You’ll always get the most bang for your buck by eating foods in their natural form.

Some supplements that I commonly recommend for gut healing:

• L-glutamine (This is the preferred food of the cells that line the gut.) Start with 3,000 mg per day and increase up to 15 grams daily. Limit to using these for 1-3 months, and do so under the supervision of your nutritionist.

• Probiotics (the good gut bugs!). Start with 10-15 billion CFU’s and work your way up to 80-100 billion CFU’s daily for healing. For the long term, use 15-25 billion CFU’s as a maintenance dose. (See the bonus chapter at the end of this book to learn more about high quality probiotic supplement options.)

• Digestive enzymes. If your digestive tract is damaged, it can be tough to break down food enough so that it doesn’t further irritate your gut; cooking methods and aging can reduce the levels of digestive enzymes in your food and in your body. Digestive enzymes can be physically addictive. Thus, every three months or so see if you can reduce your dose as you heal.
Aloe Vera Gel (Be cautious and be sure to choose the right kind of aloe. Learn more in [this article](http://integrativewomenshealthinstitute.com/will-drinking-aloe-juice-help-my-digestion/)).

**STEP 3: HORMONE BALANCE**

Endocrinology, the science of your hormone system, is highly complex. But, when it comes to understanding how to balance your hormones to improve your pelvic or sexual pain, there is one key concept that I want you to take away from reading this book.

If your body is under stress (physical, emotional, spiritual, relational, financial, any kind of stress!), it will rob your body of available resources to make stress hormones as a priority over making sex hormones (estrogen, progesterone, and testosterone.)

The building of stress hormones is the priority, because stress hormones are necessary for survival, sex hormones are non-essential to survival. It’s that simple.

Stress hormones are healthy and necessary in the right amounts. One of your main stress hormones, cortisol, prepares your body to fight-or-flight in a stressful situation. Cortisol raises your blood sugar and blood pressure and helps you to focus. In the right amounts, cortisol helps you to wake up in the morning (without coffee). Problems arise when stress hormone levels are always high, making you always ready to run, which can translate to chronic high blood pressure, high blood sugar (eventually, diabetes or PCOS), and a chronic energy surge (that feels more like being wired, but tired).

Low cortisol is also a problem because without enough cortisol you can feel constant fatigue and shakiness. It’s a problem if your cortisol rhythm is out of whack as well. If you have low cortisol in the morning, it can be hard to wake up. If cortisol is too high at night, it can be hard to fall asleep.

Bottom line: your body will always prioritize stress over sex because stress is an issue of survival. Literally.

Here are a few things to keep in mind when you’re struggling with your pelvic or sexual pain
• If sex is painful because your vaginal tissues are dry and your estrogen levels are too low, you need to shift from stress to sex.

• If you’re in pain because your endometriosis is flaring up (or has returned after surgery), you need to focus on estrogen detox and raise your progesterone levels by shifting from stress to sex.

• If your testosterone and insulin levels are out of balance because PCOS is at the root of your pain, you need to lower your cortisol levels by shifting from stress to sex.

• If your pelvic floor muscles are weak, inflamed, or fragile, you may have low sex-hormone levels, and you also need to shift from stress to sex.

The bottom line: when there is chronic or intense stress, your body will always try to buffer that stress with cortisol and other stress hormones at the expense of healthy levels of your sex hormones, such as estrogen, progesterone, and testosterone. Leaving you with pelvic and bladder pain conditions, low sex drive, and painful sex.

The first step to natural hormone balance is to find the root cause of your stress. How to do so is simple, but not easy. It’s tough to face our challenges head on, to make peace with things we can’t change, and to make difficult decisions and take difficult actions to change the things we can change.

Let me walk you through the process I take my clients through to find the root cause of their stress. But first, you have to understand a bit of pain science.

Pain signaling can be triggered from a variety of drivers:

• From your brain in the form of thoughts, stories, or images about your pain or memories of past pain experiences

• From your immune system in the form of inflammatory chemicals called cytokines

• From other causes of stress (besides your pain, directly) that rev up your stress responses (including life stressors such as relationship or job stress)
From inflammatory chemicals that are made by your gut bacteria (another reason to eat your probiotics)

And, even from stress hormones themselves. When the system is strained by pain, stress, inflammation, illness, injury, or stressful thoughts and feelings, it becomes more sensitive to additional stress.

**Getting to the bottom of your stress in order to reduce your pain is a complex process. But, let’s look at a few steps you can start right now:**

1. Reduce the physical stress of chronic inflammation and blood sugar swings by eating a nutrient dense, anti-inflammatory diet. These are the same delicious healing foods that help to heal the gut lining, like clean proteins, healthy fats, colorful vegetables, nuts, seeds, and gluten-free grains. (Some people have difficulty tolerating any grains, but this depends on the individual.)

2. If you suspect you might have an undiagnosed infection, parasite, or structural problem in your hip, spine, or pelvis, or from an old surgery, find a good professional to help you get to the root of your physical stress. Stay tuned for the “Movement, Medicine, and Therapy” section.

3. Sit in a quiet space, with a journal and some time (at least 30-60 minutes), completely relax, and bring your attention to your breath to calm your thoughts. Then, ask yourself, what is your primary source of emotional stress? Without judgment or concern about how to “fix” that stressor, just bring some awareness to it, and write it down. The most common emotional stressors for my clients tend to be relationships, jobs, boundaries (or really lack of boundaries), or “I’m not enough” issues. For now, just write this stressor down, but don’t worry about how to change it.

4. Clear out the clutter. Again, take out your journal, and spend at least 10 full minutes brain dumping. What are you carrying around in your mind that is putting pressure on your stress system? Write down absolutely every thought, worry, distraction, etc. that you have been carrying around in your mind. Ahhh.... Don’t you feel lighter already?

5. Dramatically lighten your load. Now, take a ruthless look at your list from #4. Cross off anything that you have no control over (things like other people’s feelings, other people’s responsibilities, and things that you can’t change for
now). Now, your list should be much smaller. Finally, cross off anything that you
don’t care about and are willing to release. Ahhh.... How does that feel?

6. Again, regard your list. These few items are your “To Do’s.” Get them on your
schedule or delegate them.

   “AHHH...A CLEAR, PEACEFUL MIND. HOW DOES THAT FEEL?”

7. Now that you have lightened your mental load, let’s go back to your BIG
stressor from #3. This may be the relationship that needs support or the job you
want to quit. The pain itself might be your big stressor. Dealing with this big
stressor will require some support. Stay tuned for the “Inner Wisdom, Web of
Support, and Lifestyle Scaffolding” section.

I recommend that my clients have their hormone levels tested, so we can see how
strained particular sex and stress hormones really are, and to find out if they are too
high or too low. In most cases, I recommend DUTCH testing to get a good baseline of
information.

To balance your sex hormones, first you must shift from stress to sex by lowering your
overall stress level and bringing awareness to the major stressors in your life. Then
you need to consider if you have issues of too high or too low estrogen, progesterone,
or testosterone levels. Each hormonal imbalance can result in different impacts on
pelvic and sexual pain.

- If your estrogen levels are low, you will have dry, fragile vaginal and vulvar
tissues that can make sex painful.

- If progesterone levels are low, you will experience painful, moody, and intense
PMS symptoms.

- If testosterone levels are too low, your sex drive will suffer, and just the idea of
sex may make you run for the hills.

- If your estrogen levels are too high (especially when compared with your
progesterone levels), you can experience belly weight gain, bloating, painful
breasts, painful periods, headaches, and fibroids, cysts, or endometriosis.

- If your testosterone levels are too high, especially if you have PCOS, you may
have pain with sex.
How to get your sex hormones back in balance.

If sex is painful because your estrogen levels are too low (stress, postpartum, perimenopause, menopause, etc.), eat more organic animal protein. (Vegetarians have lower estrogen levels). Talk to your doctor about stopping the birth control pill (which can cause pain with orgasm). Eat two tablespoons per day of flaxseeds. Eat fermented, organic soy in moderation. Eat a diet that is at least 35% healthy fats. Consider supplementing with maca.

If you have pelvic pain from too much estrogen (fibroids, cysts, endometriosis, or painful periods), eat more fiber (35-45g per day is ideal), eat lots of vegetables, especially cruciferous vegetables and leafy greens, and eliminate alcohol and caffeine. Reduce your exposure to estrogenic toxins by avoiding plastics and chemical-laden cosmetics, shampoos, and skin-care products, and hormone-injected meat and dairy; drinking only filtered water; and eating mostly organic. Consider supplementing with a greens powder.

If you have pelvic pain because of low progesterone (PMS, painful periods, endometriosis, or fibroids): Be sure that your thyroid is healthy; add foods high in vitamin C (or supplement 750 mg per day); eliminate caffeine, alcohol, and sugar; get more exposure to daylight; spend quality time with your girlfriends; and consider taking a chasteberry (vitex) supplement.

If you have pain with sex because your testosterone is too high and you have PCOS, Eat a low sugar diet, use plenty of cinnamon, eat 35-45 grams of fiber, eliminate dairy and alcohol, eat more omega-3 fats like walnuts and salmon, and eat more foods that are high in zinc such as pumpkin seeds and oysters.

Finally, here’s a simple, important tip that saved the sex life of one of my clients. Every woman, especially if you have painful sex, should be using a lubricant. (Refer back to the lubricants listed above that are free of gluten and endocrine disrupting chemicals to find your favorite brand.)

STEP 4: MOVEMENT, MEDICINE, AND THERAPY

While emotions and thoughts play a big role in most cases of pelvic and sexual
pain, this type of sensation does have a foundation in the physical. Tight pelvic floor muscles; irritated nerves; pelvic muscle spasm; and hip, knee, or back injuries can often worsen pelvic pain. Vaginal tissues can be injured by vaginal delivery, and even if you delivered by C-Section, the pelvic floor muscles can still be strained by carrying the baby for nine months.

The vaginal and vulvar tissues are affected greatly by estrogen and other sex-hormone levels, and even the muscle tissues can be weakened and have difficulty healing when sex-hormone levels are out of balance. The pelvis is the home to the reproductive system, gastrointestinal system, and the urogenital system. If you have problems with your bladder, uterus, or intestines, the pain can seem to move across these systems in a complex dance of “crosstalk” mediated by the nervous system.

What if your detox system is humming along, you’ve healed your gut lining, eliminated your food sensitivities, lowered your chronic inflammation, and naturally balanced your stress and sex hormones, and yet you still have residual pain? Maybe your pain is from endometriosis that you’ve been able to improve and control, but not fully resolve because of the lack of progesterone receptors in endometriotic tissue. Or, perhaps your sex hormone levels are naturally low because of menopause and you were too late to build up your adrenal sex hormone output. Or, perhaps you have vulvar tissue scarring or irritation of your pelvic floor muscles from an undiagnosed hip labral tear. What’s the next step?

**I like my clients to consider these analogies:**

Imagine that your shoulder has been injured or you had shoulder surgery (not unlike having a birth injury that required stitches or caused a muscle or ligament injury in your pelvis or hip). You can change your diet to reduce the overall inflammation in your shoulder; you can reduce your stress levels to reduce your headaches and general pain response, but with diet and lifestyle shifts alone you probably can’t optimize the mobility of your neck, or get your shoulder, joints, ligaments, and muscles pain free and strong again. That will require physical therapy, right? It’s the same thing with pelvic injuries.

Nutrition, digestive health, and hormone balance are essential, but it’s not always enough. If there are joint, fascia, nerve, or muscle injuries of the pelvic floor, pelvis, spine, hips, or abdomen, physical therapy can improve your pain and function just like it would after a shoulder injury or surgery.
The best places to find physical therapists that have special training to treat pelvic and sexual pain is on the following directories:

- The Integrative Women’s Health Institute Provider Directory
- PelvicRehab.com
- The APTA Section on Women’s Health Provider Directory
- PelvicGuru.com

Similarly, if you have a condition such as endometriosis that in some cases requires surgery, I recommend working with a surgeon who specializes in endometriosis excision surgery. Usually the best surgeons can be found by searching patient support boards or non-profit advocacy and educational organizations such as Nancy’s Nook, or EndoWhat?

And, if you have a condition that requires bio-identical hormone replacement, I recommend working with a functional medicine gynecologist. Physicians who have been trained in functional medicine are listed by the Institute for Functional Medicine.

Finding the best practitioner for you is a very personal decision, and I strongly recommend that you learn to tap into your inner wisdom (read more on that in the next section) to find the right physician, physical therapist, nutritionist, or coach for you. To help you find the best team for you, our website features a list of professionals that have been educated at The Integrative Women’s Health Institute as a starting point in your search for the right support team.

Click here to visit our provider directory to start your search.

STEP 5: INNER WISDOM, WEB OF SUPPORT, AND LIFESTYLE SCAFFOLDING

This step is both the most difficult on your path to healing and the most essential. Many healthcare professionals disagree with me. They don’t believe that a woman “knows her body” or knows what’s wrong with it. They believe that it takes a trained professional to figure that out. Published scientific evidence sort of proves them right. It’s accurate to say that an average female who is not medically trained is only right about her diagnosis about half the time. But, I believe that a woman’s inner wisdom goes far deeper than her diagnosis.
I believe that most women who come to me in pain know what probably triggered her pain or has an idea about what it could be related to (even if that idea is just a glimmer at first), and that usually, when given informed options, she knows the right next step on her healing journey.

**So, what does that mean?**

Imagine that you’re seeing me in my practice for the first time, and I was to ask you what you think started your pain. At first you might have no idea, but on closer inspection of your lab results and symptoms, it seems that your hormones come into balance and your symptoms improve every time you head to your hometown on vacation for the summer with your kids. A number of things could be at play. Maybe your body feels best in the warmer environment of your hometown. (Let’s say that you’re from Florida, and you happen to now live in Michigan.) Or maybe your stress-hormone levels drop when you’re surrounded by old friends. Perhaps your body does better when you have to be more physically active (like chasing your kids on the beach in Florida), or maybe your symptoms resolve when you’re away from your spouse for a while because your marriage strain raises your cortisol levels.

You see, the pain triggers usually come from life stressors, and while medical treatments like surgery, medications, hormone replacements, physical therapy, and nutrition are useful tools to naturally balance your stress, it’s been my experience that building yourself a strong Web of Support™, tapping into your inner wisdom, and then making an empowered next treatment step brings you deeper healing results much faster.

**There are a few issues at play here:**

- Learning to trust your inner wisdom to guide your decision making.
- Getting informed treatment options from skilled and supportive professionals.
- Doing the challenging work of asking for and receiving help.

Taking empowered steps to make changes can improve your relationships, lessen your work stressors, and build boundaries against the giving of yourself to the point of exhaustion and pain, just to meet the expectations of others.

**Let’s Start with Learning to Trust Your Inner Wisdom**

Often pelvic pain starts with a story of disappointment or trauma. Perhaps your pain began with very painful periods when you were a young teenager, and everyone
thought you were exaggerating your menstrual cramps to get out of gym class. Maybe your pelvic pain started after a horrible, traumatic rape or other sexual assault, after which you felt more like the guilty party than the victim because of the way you were treated by those who were supposed to protect you. You may have had a birth story that was far from what you envisioned, ending with a C-Section, a lot of disappointment, and a fear of getting pregnant again. Your pain may be so big and so severe at this point it has taken on an image of its own that you have lost control over. Maybe your pain feels like a glowing, hot, red stone that you must carry with you through your days, and some days you just don’t have the strength. Or, perhaps you envision a barbed wire fence wrapping around your organs and slashing through your intimate relationships. Often women with pelvic pain feel victimized by the trauma, illness, imbalance, or injury that set off the pain, by the lack of support from loved ones and professionals, and even by the pain itself.

When you have felt like a victim for so long, it can be very difficult to trust that you have a source of empowered wisdom right inside of your own body-mind. So the best way to learn to hear your inner wisdom again is to take baby steps of self-care and to find support to feel deserving of that self-care.

For now, imagine that I am your support, and let’s take the first baby steps together…

It’s your body that will give you the messages that will move you along the right healing track. You don’t have to go back to the initial injury, infection, trauma, or even slow onset that started your pain. Let’s just start from here to learn to listen to your body’s messages.

Sit, lie down, or stand in a comfortable position, close your eyes if you’d like, and bring your mind’s attention to your breathing. Notice any thoughts that drift into your mind, and just allow them to float by. Don’t try too hard to clear or quiet your mind; just keep bringing your attention back to your breath anytime it drifts off. Relax any areas of your body that feel tight, fatigued, or in pain.

Now think about a decision you have to make in your life at this moment. Start with something small, like whether or not to attend an event this month, or what to have for dinner. Think through your different options and notice how your body feels in response to each option.

- Does your body tighten up, clench, have more pain, or do you feel more tired with one option?
Does your body relax just a bit, feel just the tiniest bit less pain, feel slightly energized, or calmer with another option?

When the body tightens up it’s a sign that our inner wisdom (intuition, or whatever you choose to call it) is saying, “No.” This means that you’re not on the right path, and that it’s time to look for other options, be open to exploration, seek help from other sources, or simply make a different decision. This is not wrong or bad. In fact, this wisdom is just as helpful as knowing you’re on the right path. It’s just a steering wheel of sorts, and it works really well.

When the body feels calmer, more comfortable, more open, these are signs that you are on the right path. That this choice is a good decision. And, that you’re on your way to feeling better and better.

As you travel along the path that feels most nourishing to you, notice if the image of your pain becomes less intense. Can you picture a healing, warm orange glow in your pelvis to replace your previous painful image? Can you envision the unraveling of it’s grip? Can you envision images of comfort surrounding your pelvis?

Hearing your body’s wisdom is a practice because most of us are really good at ignoring our body’s messages. We put off even getting a drink or going to the bathroom because we’re busy working or don’t want to interrupt anyone. Thus, it can take some time to reconnect with these messages and trust them. Be patient with yourself and start by practicing with small decisions, or by just setting an alarm on your phone to remind you to check in and listen a few times each day.

I believe that while you may not know your diagnosis, if you are presented with a number of educated, informed, healing options, your body will guide you along a path to healing. In some cases, my clients still have pain for a while, but once they can hear their inner wisdom again, and they begin to follow it in an empowered way, they begin to feel better, more confident, and happier faster, in spite of any lingering physical distress.

Next, It’s Essential to Get a Variety of Opinions on Pelvic Pain Treatment Options

Surgeons will be the most knowledgeable about surgical options; functional medicine physicians will be most knowledgeable about bioidentical hormone therapies; physical and occupational therapists will be most knowledgeable about manual, movement,
and functional therapies; health coaches and nutrition professionals (especially those trained by us) will be most knowledgeable about using food as medicine, supplement therapies, and implementing healthy lifestyle strategies to reduce or eliminate your pelvic pain.

In complex pelvic pain conditions, it's important to be your own advocate, seek opinions and second opinions, and then choose your professional support team based on following your inner wisdom. Do you feel comfortable with this provider? Do they seem both skillful and compassionate? Your body’s messages hold the answers to finding the right professionals for your team.

**Asking for and Receiving Help**

I have created a tool for my clients called the Web of Support™. It’s simply a graphic, allowing you to create a personal and professional team of people who can help to take care of you as you journey toward healing and as you journey through life.

Healing a complex illness takes a village. You need a team of wise, skilled, and compassionate professionals. And, you need a home team of family, friends and skilled help to support you in reaching your healing goals and your life goals.

Imagine that your healing goals are to have pain-free sex and a loving, mature relationship, be a present mother, and to work part-time as a writer. Those are four awesome goals that you will need support to achieve. Most of the women that I see in my practice have big goals like this. They want to be good mothers, daughters, and friends. They want amazing, loving, and sexual relationships, and they want to excel at work. Plus, some of them want to volunteer and have social lives too.

This is more work than any one person can do well and healthfully alone. I want you to reach any objectives that you set for yourself (though I recommend that you prioritize just three to five at a time). As you build the life and health of your dreams, I want you to buttress that building with scaffolding. I call this the principle of Lifestyle Scaffolding.

To build strong enough scaffolding for the skyscraper of goals and dreams that you deserve (yes, you deserve it!), you need to learn to ask for and receive help. Right under your nose, there are capable people who are available to help you carpool your kids, clean your house, or help you with that challenge you’re facing at work. There are skilled professionals who can help you with your pain, support you through your relationship challenges, and help you to find a new job. Sometimes these services are expensive, but very often the things you need most—a shoulder to cry on, a friend to
laugh with, someone to watch your kids for a few hours—are right in front of you and don’t cost anything. The challenge is that as young girls and women, we were taught to take care of everyone else, and we were taught that it is a sign of weakness to need and receive help.

Again, start with baby steps. This work is essential to your deep healing, and it’s just as important as eating the right diet, doing the right exercise program, or taking the right medication. This week, ask for help at least three times from three different people. And if any help is offered to you, simply take it. Don’t worry about reciprocating. You can do that later or in another way. This is just for practice. One week. Ask for help at least three times from three different people. And simply receive any help that’s offered to you without apology or reciprocating.

This will feel strange at first, but heed my experience and don’t find yourself in a state of complete burnout before you’re willing to accept help. It’s a much more challenging place to heal from. Finally, it’s time to rewrite your pain story and step from the victim of the story to the heroine.

Your pain may have been triggered by a terrible experience. You can, from today until the day that you die, justly be angry, upset, fearful, and feel victimized. This has nothing to do with justice. The goal of this step is to give you the freedom to take back your power.
Chapter 7

GETTING SUPPORT

As I said, most women who come to me with pelvic pain have painful emotional stories that are very real. You may need skilled sex therapy, psychotherapy, or relationship or career coaching. But, it is my experience that when you feel terrible physically, getting to the emotional roots of pelvic pain is nearly impossible. The discomfort does have at least some foundation in the physical, and the stronger and more energized, calmer and more rested you feel, the more strength you will have to rewrite your pain story and step into the role of heroine with psychosocial, therapy, and coaching support.

Once you’re feeling physically stronger, it’s time to explore your emotional resources. At the same time that I added nutritional skills to my toolbox, I went back to school to learn coaching skills. A skilled coach can be an invaluable member of your team. Coaches take a stand for your goals, help you to bring awareness to your desires and your vast pools of strength and resourcefulness, and help you to make changes as you move into the future that you desire. Look for a coach who specializes in your key stressor and who has done a lot of her own coaching work. The best coaches have coaches themselves and understand the journey.

For coaches trained to support you through the challenges of dealing with pelvic or sexual pain, visit the Integrative Pelvic Health Institute Provider Directory.

Where to begin?

I realize that I have given you a lot of information and resources in this guide. I hope you will use it as a roadmap on your journey to pain relief and to reach your health and life goals. I am honored to share my journey, experience, and wisdom with you.

Now you’re probably asking yourself, with all of these options and resources, where should I begin?

I recommend that you start by empowering yourself with self-healing strategies. Start with supporting your own pain-relief systems of detoxification, optimal digestion, and natural hormone balance by implementing some of the suggestions in this book.

If you prefer a more personalized, individualized approach to your healing, complete with specific testing and hands-on therapy, find one of our highly skilled practitioners in your area to partner with. We offer several professional training programs each
year. Our provider list is rapidly growing internationally, so don't worry if there is not yet a professional listed in your area.

If you want to work with a professional but don’t see one in your specific area, know that many professionals work with clients all over the globe via telemedicine or video conferencing and coaching.

If you’d like to have a direct consult with me, you can click here to learn more.

And use this book WITH your healthcare practitioner and team. There is an entire section devoted to supporting them with the strategies I teach and have implemented with my own clients and patients again and again.

I wish you all of the best on your healing journey. I have full confidence that no matter how difficult your journey has been up to this point, there is hope for you, and it is my honor to share my journey and my work with you.
PART II - PARTNERING WITH YOUR PRACTITIONER
(A conversation with, and for your practitioners.)

Earlier in my career as a clinician, I was an excellent educator, I was good at taking information and making recommendations, but now I have turned that entire model upside down in my practice. My role as a professional, has shifted from telling my clients what they should do based on a clinical assessment and scientific research to collaborating with my clients to optimize their whole health - digestive health, hormonal health, emotional health, brain health, stress, nourishment, etc. - every system and tool that are involved in healing from chronic pain.

Coaching expects, coaching shows up with the belief that my client already has a lot of resources and good ideas. I may be making a recommendation. For example, my recommendation based on my skilled assessment is that you should be eating an anti-inflammatory diet, or you need to do this set of home exercises three times each week, or you need to begin a walking program, or I recommend that you start sleeping eight hours at night, going to bed by 9:30 PM, whatever it is. Then, the how of it is where coaching skills become extremely valuable in that together we will consider which option or next healing strategy feels the best to you and your intuition. Plus, we'll collaborate on mapping out a plan for exactly how and when you will implement the recommendations in your life.

Coaching skills are simply highly specialized and practiced professional communication skills which support our clients to dig deep into their resources to connect with their deeper why. A client’s “Why” is literally why they want to make healthy behavior changes. Because really, any time we as clinicians make a recommendation, we are suggesting to a patient that they take our skilled advice and make a behavior change. The only way a patient will consistently make that behavior change is if she understands why it will benefit her, she agrees with it, she knows how to do it, and has the resources (including time) to implement the behavior change action.

For example, if I were physician, and I were to recommend that someone take a medication, I can't go home and take that medication for her, right? She has to make a conscious behavior change, and every day, she needs to swallow that pill. Or if I'm a physical therapist, and I'm making a skilled movement, exercise, or body mechanics recommendation, I don't go home with that client and get out of bed a different way, or move my body a different way, or do my home exercise program for her. As a functional nutritionist, when I make skilled recommendations about what foods to eat
and what supplements to take, my clients must eat the food and take the supplements, right?

My patients don’t passively receive my recommendations, I must challenge myself to be sure that they are true partners in that decision making. If I'm a physician and my client is vehemently opposed to taking medication, I can recommend medication till I'm blue in the face, and that individual is not going to take it. If my patient feels embarrassed about going to an exercise class, it's going to take some work, even if that's an appropriate skilled recommendation for that client to show up at that exercise class. If my client knows that they need to eat an anti-inflammatory diet, but they don't know how to cook, they don't feel like they have access to foods that are anti-inflammatory, they really just are overwhelmed by the whole situation, they will not implement that skilled recommendation.

Two important things have to happen for our clients to make the behavior changes that are ultimately what in the long term are going to support a transformation from living in a chronic state of disease to living healthy and vibrant lives. What has to happen is day in and day out behavior change (that is executed by the client, herself.)

So, number one, she has to agree with the skilled recommendations. In fact, she, in a sense, comes up with those recommendations. We can offer some skilled education and recommendation, but as I mentioned before, she will then take those recommendations and consider them and how each option (and any additional options she can research or come up with on her own) feels in her body-mind. There are a number of ways to skin a cat, so they say, right? If someone has a specific health goal, often there is more than one way to achieve that health goal. And if I work collaboratively with my client or patient such that she is ultimately not just following my recommendations, but choosing which recommendation really resonates with her, it might be my skilled recommendation, it may be one of my colleague’s skilled recommendations, it may be something she just knows deep down in her own healing wisdom, it may be a combination of those things. When she makes an empowered choice about her next step healing action, she is far more likely to consistently take that action.

Many of our chronic pelvic pain clients need a multitude of lifestyle behavior changes, medication, movement therapies, physical therapies, manual therapies, nutrition therapies, mindfulness therapies, psychotherapy. Any given patient may need a multitude of therapies or just one that she needs to really focus on, and it may be a multitude, but one at a time. Every case is very different.
Step one in leading as a health coach, and honestly, even if I were to go back to work in a very traditional Western medicine model at a clinic or a hospital, I would lead with my health coaching skills because using these skills is how our patients truly take ownership of their healing journey and feel empowered. It is no longer our job to "fix" that sufferer. Our client is the leader in her healing journey, and our wisdom, our skilled expertise, or knowledge, or education, or experience is a resource for her. It's not the director of... I'm not the driver of the train.

So, number one is collaborative or patient-led decision making when it comes to the specific recommendation that needs to be implemented.

Number two is digging into the how and the why of implementing that recommendation. So my client says, "Yes, I absolutely believe and know and feel deep down, and agree with you on an intellectual level that I need to implement this specific anti-inflammatory diet to support the healing of my pelvic health condition. I get that the research supports it. Your skilled recommendations supports it. It makes sense in my specific clinical case. And that's what I want to do. But I live in a very small town with very little access to grocery stores. I don't know how to cook. The four restaurants in my town all serve fast food. So, how am I going to implement that?"

We'll work with her resources to overcome those barriers. Maybe she needs to order food and have it delivered from a grocery store that's further away, maybe she needs to make friends with a local farmer and pick up a CSA box each week, or purchase half a cow every season to have access to anti-inflammatory foods. But those ideas are often going to come from the client. We can brainstorm with her, but those ideas will often come from her, her doing more exploratory research about resource options that she may not know about at first, and considering what she is willing to do.

Then, the third thing that is a part of the implementation is not just the practical how, but the why. This is going to be hard work. If all of her friends are eating fast food four times a week and cooking kind of a catch-as-catch-can the other meals, she may feel like she's swimming upstream. Why is that worth it to her? We have to figure that out together. And she's the only one who really knows why that is worth it to her. I can never know that as well as she can.

The definition of health coaching is the bridge between a patient knowing what she needs to do - she’s gathered information from experts, she has her intuitive understanding of what she thinks she needs to do - and the the actual doing of it, the practical aspects and the deeper why that will keep her motivated to do things that are often challenging. Fortunately, according to the International Coaching Federation,
a professional organization of coaches, their data shows that 98% of coaching clients report that working with a coach was a positive decision and worth the expense. That data is important because in almost every case, coaching is paid for as an out of pocket expense. It’s not covered by insurance.

**The definition of coaching**

Let’s discuss some definitions of coaching as the profession of coaching has evolved. As I said, the International Coach Federation (ICF), which came out with this definition in 2007, is an international professional organization for coaches of all kinds. Their definition of coaching is that professional coaches provide an ongoing partnership designed to help clients produce fulfilling results in their personal and professional lives.

Coaches help people improve their performance and enhance the quality of their lives. Coaches are trained to listen, observe and customize their approach to individual client needs. Coaches seek to elicit solutions and strategies from the client, so the process is always client-led, and coaches believe that the client is naturally creative and resourceful. As coaches we have to be brave, empowering, and trust our clients and patients.

It's much more in my comfort zone as a clinician, and, gosh, as a mom, as a big sister, as a human… to just tell you what to do. (I mean, seriously, the world would be so great if everyone just did what I told them to do, right?!) Obviously, that’s not effective in the long term - to essentially steal my client’s autonomy by expecting her to just “do what I say.” Instead as a coach-clinician, I bravely trust that my client is naturally creative and resourceful, and she can figure it out. My job is to provide support to enhance the skills, resources and creativity that the client already has. It’s likely that I have some useful ideas, maybe I've seen some things in my experience that have worked for other people, I know the scientific literature, I've been trained in a variety of health disciplines. So, I have a lot of good ideas. But in every individual client case, her consideration of all of her available ideas allows for the best, most comprehensive consideration of the healing options. My ideas are a part of this, but the ultimate decision-making leadership comes from the client or patient.

Tim Gallwey was one of the earliest true coaches in the sense of the word that I'm speaking of in this module. He was a tennis coach, and he realized that even in athletic coaching, where, you might think, “just tell them what to do and how to do it to get the best results.” He understood instead that "Coaching is unlocking a person’s potential to maximize their own performance. It's helping them to learn rather than
teaching them." This is a tricky distinction to understand until you really put it into practice, and this is why we have programs that offer practice sessions on a very regular basis. I found, when I began to educate my colleagues in coaching, even some of our smartest, most skilled, most experienced students, that the communication skill of coaching is difficult to learn without consistent practice, with feedback from a mentor coach.

We offer programs here at the Integrative Women's Health Institute, including a Women's Health Coaching Certification program which includes a lot of practice. The IWHI Women’s Health Coach Certification is approved by the ICHWC, and is the only approved program in the world that has a specialty focus in women's health. The program includes professional mentorship and many hours of professional coaching practice. This is a skill that takes practice in real life. You can't just learn it intellectually.

Other organizations have also come up with important and useful definitions of health coaching, although as you look across these definitions of coaching in general and health coaching in particular, notice that there are a lot of similarities and a few interesting variations.

At Duke Integrative Medicine, integrative health coaching is described as where a coach creates a dynamic partnership with her client toward satisfying a healthy lifestyle for the client. Integrative health coaches use both innovative and practical strategies to help clients clarify an optimal vision, explore options and steps for realizing that vision, enhance personal accountability and take action to achieve and sustain her goal. In this definition, we see exploration, creativity, accountability, action taking, and goal setting. Health coaches facilitate behavior change in a structured supportive partnership with clients. They invite insights and clarity through inquiry and personal discovery. By focusing on the mind, body, spirit, and community, Integrative health coaches help clients make changes that support their values and vision of their optimal health.

At the Integrative Women's Health Institute, I took time to consider the variety of definitions of coaching, the core of what coaching is about and came up with this statement:

Coaching is unlocking a woman's potential to live a healthy, vibrant, and purposeful life as a whole feminine human being by her definition. Coaching is supporting each client to transform with a full suite of resources and skills, rather than “fixing” her. The important things to consider when really letting this definition of coaching sink in for
you is that the women that we serve, come to us with a depth of healing wisdom, of resources, of experiences, of ideas, and of creativity.

Before we spout out our recommendations, which might be extremely useful, we need to be very open to considering what she has to contribute, what her ideas are about this health journey. We want her, from the very beginning, to be empowered to own her own health journey. There is a place for us to offer our skilled recommendations, particularly if we are a licensed or certified health or wellness provider. We have valuable education, understanding of the scientific research literature in our field, and the experience of working with other patients and clients. We have a lot to offer, but it's important not to underestimate the insights, understanding, and resources that the client comes to us already possessing. Once we respect what she brings to the table, we can be a better resource, guide, and support for her. Shifting our mindset about patient care in this way is both empowering to each of our patients and recognizes that the role we play in her healing journey is important, but accessory. Ultimately it is simply not your ability to “fix” anyone’s health problem. The vast majority of the healing work is done by the patient in nearly all cases, especially in patients with chronic conditions.

The Intersection between Health Coaching and Healthcare

When we think about applying the fundamentals of health coaching to healthcare, I like to point out some of the key parts of the ICF definition which apply very directly in healthcare situations. We support our clients as health coaches to elicit solutions and strategies by initially pulling those from the client. We believe, and it takes a lot of fearlessness, it takes a lot of bravery to be a good coach, we believe that the client is naturally creative and resourceful. We don't have to tell her what she should be doing, she may know already what her next step is when she is given the opportunity to explore, and given a safe space and permission to explore. Her resourcefulness, empowerment, and creativity in combination with our skilled recommendations and support are a powerful formula for healing.

Having the skills to empower, support, educate, elicit her resources and energy, and hold each client accountable, empowers each client, and is freeing for the coach/clinician. Our professional students constantly tell me how their practice changes, their burnout reduces, and their energy increases, the moment that they begin to understand and apply the wisdom that it’s not up to her (the clinician/coach) to “fix” and know everything. In fact, it’s not even possible for her to “fix” anyone’s health. It is up to us to develop our skills, to develop of knowledge, to develop our networks, to develop our resources. But first, before we pull any of that in to a specific client
relationship, we must learn to deeply trust that the client has a lot to offer - even if her condition or symptoms are complex or especially challenging. The only time that this really doesn't come into play is literally when she's unconscious, or she's had an acute trauma. There are times in healthcare where this is not applicable, but those times are really quite rare.

We believe that the client is naturally creative and resourceful. This is a shift in core belief from it being the health professional's job to “fix” the client, to the health professional to have the confidence that the client has innate healing wisdom, and our job becomes offering resources, support and accountability. Providing support to enhance the skills, resources, and creativity that the client has is what we do, and is why we must maintain our training, and our continuing education, and our clinical practice. We detail clinical options using our skills, our training, our experience to each client. And then, once the clinical option that we're going to work with in the current moment has been decided by and decided on, primarily by the client, we powerfully take a stand for our client to achieve the transformation that she's seeking. This integration is how health consultation, skilled healthcare recommendations, and health coaching collide. Along the way, we elicit solutions and strategies from the client, including what have they done in the past to be successful, and skillfully use powerful questions, reflection, and tools like motivational interviewing to support the progress of each client's healing process.

Because health coaching is a professional skill set and a profession within healthcare that's evolving, coaching has a code of ethics. There's a professional coaching relationship that is established which includes a business agreement or a contract. This is distinct from healthcare. You can use health coaching skills as a part of your healthcare practice. In that case, you're not going to have a professional coaching agreement. Or, you can create a coaching relationship with each client, including a legal agreement clearly defining the relationship. In this case, you will collaborate with an attorney who's skilled and experienced in creating these agreements in the context of where you live and any professional licenses that you hold.

Ultimately your collaboration with your client will extend to the other members of her professional team. Your client is the leader of her healing team, and has the skills to thoughtfully evaluate and decide who she wants on her team. This is true holistic care, and for clients with pelvic pain that team often includes a gynecologist, endometriosis excision surgeon, a pelvic health physical or occupational therapist, a nutritionist, a health coach, and can include many other professionals in each case - including acupuncturists, massage therapists, yoga instructors, fitness professionals, energy workers, mental health professionals, and more.
No one healing technology will be most effective in isolation. For example, you can be eating a really nutritious diet, but if you're never sleeping, and you're over stressed, and you hate your job, and you're in an abusive relationship, these factors will can negatively affect your health - despite your highly nutritious and delicious anti-inflammatory diet.

It's also important to have clearly defined goals through the coaching engagement. It's impossible to establish whether or not your client is moving in the direction that she wants to go if she doesn't have clear, specific, time-based, detailed goals. Coaching includes supporting our clients to continue to improve over time and meet the goals that are most important to her.

**Client Expectations of The Healing Process and The Health Coaching-Led Process**

Now, here's the thing. When your client hires you as a health coach or as a clinician, they expect to walk in and get the answer to their challenge, and be fixed. Because of the nature of our current healthcare model, this is generally what clients and patients expect. Thus, there will be some education involved when you shift to using this approach with your patients and clients. But, I have seen hundreds of cases now of a much more empowered healing journey for the client and coach/clinician alike.

Each client will gain personal responsibility and the satisfaction that comes from taking ownership in their ability to adopt lifestyles to prevent and ameliorate disease, despite our skill level as nutritionists, physicians, nurses, physical therapists, fitness professionals, etc. we cannot do the work for our clients. They have to take ownership. The current systems are simply not working for providing patients with the information and support that they need to make major lifestyle shifts. Healthcare professionals don't have the time to deliver this information in our current healthcare delivery model.

The main work of coaching is supporting habit change. Habit change is challenging work. We need to hold space to mindfully listen to our client's stories, and be present with each woman. Then, collaboratively the coach supports the client to detail her ultimate vision of health (at least for now.)

Visioning is about defining where we are now compared with where we want to be. Sometimes we have to take some time to just let possibilities flow. Visioning is a creative process. What would this individual be doing, feeling, living, if she had all the
resources and ability to do so? If she had her health and stronger resilience, how would she be using it in her life?

Initially, the coach and client will transcend being realistic, and explore all possibilities. Then, together we’ll bring the vision into reality and begin to take realistic action steps as a place to start. There may be parts of this vision that your client may or may not be able to achieve for some time, but let's assume that most of the time our clients have, or can develop, or can figure out the resources that they need to reach any vision that they can imagine.

As we work through both the goals setting and coaching for behavior change processes, it’s important to tune in for values conflicts, and look for change readiness.

Is this client ready take the action that you’re agreeing together is the next action step towards the next goal? Is she ready to consistently take that action, take that chance? This is her work. It's not ours. How ready is she for it? Literally ask her on a 0-10 scale and look for language cues that she is ready to make the change. Is she saying, “Maybe... or “I am ALL IN!” What is her energy around this change? How long will she be able to sustain that energy with her current resources and support network? Listen for change talk, and for what the client is focusing on in the session. Is she focusing on stressors, new or acute stressors, shifts in her relationships, or a new awareness of a chronic stressor or trauma? When these arise, it may be necessary to slow the action to give her space to work through the emotions that will flow from the stressors and possibly even get mental healthcare support before pushing through to take more action.

As we hone our listening skills, we will be more and more able to see the stresses and challenges that are limiting her progress. Then, as the awareness grows for your client, she will slowly be able to make a plan to get more emotional support help, balance her stress better, and or change or remove herself from the stressful situation - such as a soul crushing job or an abusive or depleting relationship.

Because these deep emotional stressors are often a key factor in the recovery, the recovery process often takes months or even years. (Plus, there can be some hidden physical stressors as well, such as environmental toxin overload, chronic infection, or heavy metal toxicity.) It’s important to set the expectation that this is a long term, sustainable healing process. Not a quick fix. It will take time, and sustained effort and support.
Begin with simple, actionable steps to promote empowered healing.

I often start with simply shifting a client’s breakfast routine, bedtime routine, a daily walk - ideally in nature, or a daily mindfulness practice. I start with the physical. In my experience, as women feel more physically resilient and strong, their pain is more manageable which is an important boost to her energy and feelings of hope for a more full recovery.

There are times when very detailed elimination diets and the other more complex recommendations - such as specific supplement protocols, for example - are appropriate. But, in most cases, starting very simply builds the momentum for the client to own her healing journey and feel more and more well. Simply add more good (a walk, a healthy breakfast) to take the place of the less good (over-exercise or no exercise, or donuts and coffee) we can support these simple shifts in all of the domains of health.

- Relationships - spend a bit more time with people who fill her up emotionally with laughter, support, or joy, and spend less time with people who drain her energy.
- Nutrition - eat more easily digestible vegetables, more healthy fats, more clean proteins, and less processed grains, sweeteners, and trans fats.
- Hydration - more clean water, and less alcohol, sugary drinks, and caffeine.
- Pleasure - more nature, art, and funny movies, less scrolling through social media, reading stressful news, and doing all of the household chores.

There is a continuum of support that clients need depending on where they are in their journey. Clients often come to us highly motivated, particularly those who are in chronic pain. They're ready! “Get me out of this pain. I'll do anything you want.” But, according to research on heart attack victims, that spark of motivation based on fear or pain will only last 60-90 days.

Motivation is a great spark, but it's very difficult to sustain. Inspiration, on the other hand, is sustainable. When clients are inspired by someone, they believe they can emulate, by their own successes (however small), or their personal vision for success, then their motivation can morph into sustained inspiration. “I believe that I can achieve this vision. I want to heal for the sake of myself, for the sake of my family, for the sake of my children. I am excited to be able to (do something specific) when I feel well.”
Motivation is the match. Inspiration is the slow burn of a bonfire that can heat her for years if well tended.

Ultimately, however, a shift from even the maintenance of the fire has to occur. Eventually, the client will create a healthy self-identity. Her self identity shifts from seeing herself as someone who is sick to seeing herself as someone who is well, even if that someone sometimes has pain, discomfort, or another symptom. That's an important distinction.

“Sistering” is essential in Women’s Health Coaching.

“A joist is a special, strong beam that supports a greater structure. Sometimes a joist has to carry such a heavy load that is starts to weaken. When that happens, the carpenter connects another board to the left of the weakening board. If that doesn’t strengthen it enough, she connects another board to the right. With that extra support, the joist is strong enough to carry almost anything. Guess what this process of joist strengthening is called? SISTERING.” - Glennon Doyle

I think that the concept of sistering is especially relevant when we approach women with pelvic pain as coaches. First, we provide the “sistering” support. And, through the coaching process, we support her to build her Web of Support to give her sustained support over the long term that has depth and flexibility. Eventually, our clients gain the pride of having enough of their own strength and resilience to sister and support other women (and men, and children.)

Thus, it’s important to inspire your clients as a living breathing model of “walking your talk.”

It’s not essential that you’re perfect. You may still eat sugar sometimes and stay up too late. You might overwork for awhile, or over exercise in the quest to test your limits. You might get sick, injured, or experience a trauma. You are human, and you can inspire at the same time.

You inspire, when you learn from how you live and how you take care of your own health. Take time regularly to revisit your nutrition, your support network, your exercise routine, your sense of contribution, your attitude, your connection to pleasure and stress. Does your support network need a bit of strengthening, or your sleep schedule need some tweaking? Have you become addicted to your phone? Take stock every quarter or so, and work on how you can be even more inspiring to your clients and
Partnership

Ideally, our role with any patient or client is in partnership, whether we’re primarily wearing a clinical hat or if we’re primarily wearing a coaching hat. Each patient deserves our trust that she has the ability to make the best decisions for herself (and it’s okay if she has to fail forward in the process of figuring those decisions out.) Is your practice in a partnership model, or does your work lead with recommendations? Do you need to build your muscle of trust that each client comes with a deep well of ideas, resources, and strengths that it’s your job to elicit vs. dictate?

Your education, knowledge, and experience are valuable.

While each patient can be trusted to make the best decision for her, she still needs your skill and experience in order to understand her options with as fully informed consent as possible. This is where our skill, our training, our knowledge, our experience becomes extremely valuable to our clients. Ideally we share our skilled perspective, and then step back, and know that sometimes they’re going to disagree with our assessment of what they should do. Then, they have the options of pursuing more learning, making a different decision (maybe following the recommendation of another practitioner or someone else), simply following their intuition, or doing nothing.

Patients know that something is wrong. In my experience, they’re very good at choosing among treatment options (when they are presented as completely as possible to allow for fully informed consent), especially when they deeply understand how to hear their intuition, which we talk a lot about in our health coach certification. Our role is to give them as much evidence based information as possible, then 100% trust in their choice for what treatment path, which next steps, what healing path they’ve decided to embark on. And when it changes (that can happen, too), we support them fully as things shift. The continuous long term transformational support of our patient is essential. Now, there may be times when we simply disagree with a patients’ path to the point that it becomes incompatible with our practice from a legal or ethical standpoint. At that point, clearly and compassionately explain your position, and support her to release you from her healing team in favor of other supportive people. This is challenging, and essential for your client’s well being and sense of self-trust.
We can nourish our clients in many ways. Nourishing her spirit, belief in her ability to heal, support for her to ask for and receive more help, forgiveness, gratitude, trust, celebration...

How many times do you start your visits with your chronic pain patients saying, “Okay, what's your pain level today?” If we stay focused on her pain, so with our patients. She’s thinking immediately of her pain. Even if she wasn’t in pain when she arrived, her attention is not on her pain. That attention can even intensify her pain.

No one in healthcare, especially for women that are experiencing long term, chronic pain, has their patient walk in and say to her, “Tell me what you have to celebrate today. Tell me what we’re going to celebrate about what happened in your healing journey over the last two weeks since I saw you. What happened since our last visit that's worth celebrating today?” Always start with a celebration. There’s always a celebration. If you're here, there is a celebration. This simple shift in how you meet your patients each session, powerfully shifts her perspective. Now, she will begin to look for the improvements vs. keeping a vigilant watch on her symptoms.

In the feminine model of healthcare, women can be trusted to make good decisions- even women who are in pain. She can be trusted, and she may be carrying some limited beliefs. Limiting beliefs in her ability to heal and to make empowered decisions about her healing are often what is holding her back from committing to her treatment, and thus keep her from consistently doing her home exercise program, or from consistently getting to bed early, or other health related behavioral changes. The more that limiting beliefs keep her repeating an internal story with her playing the role of the victim in the story - and, by the way, she very well may have been victimized, and there could be very good, safe reasons for her maintaining this perspective - but, until her perspective regarding the story of her illness or injury shifts, it will be very challenging, maybe impossible, for her to heal.

If we create supportive groups for women with pelvic pain, we must keep this in mind. It’s important that your clients and patients not feel the need to define themselves by the illness, injury or symptoms that they are experiencing. The group must have a message of support and inclusion for those still struggling and for those who want to maintain the social support of the group, and are moving forward in their healing journey. Designing a safe space for patients to feel stronger, healthier, more well, flared up, struggling - all of the day-to-day experiences of having a chronic pain condition - can be very challenging. Thus, learning the communication skills of coaching is essential for any health or wellness professional who wants to work with groups of women who are healing from chronic pain conditions. The healing can be a
long and windy process, and each woman in the group will be in a different place in her journey.

**Self-management and bravery for coaches and clinicians who care for women with pelvic pain.**

Remember, this journey is about her. It's not about you. Every once in a while, your specific story can be specifically inspiring very, very rarely, to certain patients. The vast majority of the time, your story is not particularly helpful. Your experience is not helpful. It's different from your patient's experience. You bring distinct resources, challenges, support networks, and perspectives to the healing journey, even if the symptom were very similar.

Our role is to be deeply committed understanding her story, her perspective, and curious about it in a relaxed, non-judgemental way. To do this, we have to become very comfortable with silence, and develop our capacity to mindfully listen. In most cases, this requires developing our own mindfulness practice.

As you give your patients the space to hear their own thoughts, confidently take the steps that they deem best for their healing, and learn from their own successes and failures, you will often witness them becoming more brave. You will observe that they will take risks, try new things, and step outside of their comfort zones. Shifting from a fixed into a growth mindset takes courage - for both you and your patient.

When patients are afraid, uncertain, or faced with the bubbling up of their limiting beliefs in the face of a question, they will often say, “I don’t know.” Simply wait. Give them some time and space to see if they want to change the reflexive answer (“I don’t know.”) by remaining silent and calm. And, if that’s not enough encouragement to venture an idea from her, ask, "What if you did know?"

**Women need Webs of Support - both to give and receive support.**

We are in an unprecedented time in women's history. Women have never before been stripped of their village, of their tribe, and this is biologically important. We explore this more in our coaching modules. I don't want to overly glorify historical support models where women didn't work and they stayed at home perhaps in a neighborhood of other mothers as a geographically supportive tribe, where they had much less power. But we need to be mindfully asking ourselves and our clients, what's working for you about this new model that you're living in? (Every client’s support network is unique. Some modern women have wonderfully supportive tribes, others feel very isolated at
work, at home with new babies, after a move, once their children leave home, and at other times.)

The good news is that we have a lot of power as individual women to change what is not working for us in terms of support. But, we first have to recognize if we have a problem with asking for or receiving help or support, and then considering our options for what to do about it.

The more that each patient takes ownership of defining what ‘doing it all’ means to her, then she has a wider range of options to choose from regarding how, when, and in what parts of her life, she would like more support.

Each patient should be encouraged to ask herself...

- What does “doing it all” mean to her?
- What does she actually want to be doing with her valuable time and energy?
- When she’s in the middle of doing it, when you’re right here cooking the dinner or giving the lecture, or writing the report, or chairing the meeting, or giving the speech, are you willing and able to give your full presence and energy attention to this thing that you’ve chosen to have on your plate at this moment?

Or, did someone tell you that this is what you’re good at or what you’re supposed to do. And, you woke up one day, and this is not what you want to be doing (and really you knew all along), or you’re ready for a change.

It’s possible that your 11th grade teacher said, “You’d make a good lawyer.” You then, became a lawyer. Now, you woke up at 37 with pain, fatigue, and in a constant state of overwhelm, and you looked around and said, “Oh, crap, I'm a lawyer. I hate this job.” This realization can feel paralyzing. But, as you build physical health, and you build resilience, the physical strengthening can expand each woman’s choices about what next steps are available to her along her life’s journey.

**Support Networks**

Our patients’ support networks are really important because anyone dealing with chronic pain or chronic fatigue needs significant support, not just from you as her coach or clinician. How many people are enough for a support network to be sustainable and strong? Dunbar's number is the evidence based number of how many
people you can have within your brain’s social circle at any point in time. This includes your groups of friends, family, extended family, and those you work or interact with regularly. Generally, Dunbar’s number is about 100 to 200, an average of 150 people. Thus, while many of us have thousands of Facebook friends, each person can only really know approximately 100-200 people.

When it comes to needed support for healing, it’s not necessary to have anywhere near 100 friends or family for support. But, sadly, our interpersonal and supportive connections are beginning to fray. Unfortunately, beginning in the early 2000s and continuing to the present, the number of people saying that there’s no one with whom they can discuss important matters has nearly tripled. Your patient needs at least two supportive people, and she may have to develop them. Having two close people for support requires that your patient has a close relationship, feels comfortable being vulnerable in their presence, sharing vulnerable feelings and information, and being supportive in return. The friendship should feel like and be a safe space for both people. It’s very difficult for people to heal, unless they have a safe, secure and supportive network of at least two friends or family members.

One member of her “home healing team” can be her spouse, and additionally she needs at least one friend, sibling, or other family member. Having more trusted and supportive friends is better. The deeper her network, the more help your patient will have along her healing journey. I like to support my clients to develop deep and wide networks of home support because different people are helpful with different things along the healing journey. Some supportive friends provide great shoulders to cry on, others are key to helping your patient keep her spirits up! Other friends or family members are good with practical support, like driving her to appointments or cooking for her and her family. Still others are good advocates and can help her navigate the healthcare and insurance systems. With a wide and deep support network, your patient will have more people to pitch in bit-by-bit to support her healing.

With Support in Place a Wider Vision of Healing is Possible

While it’s important to support clients to think, ultimately, of a very wide, exciting, open book vision of how they can feel and live when they feel well (by their definition), it’s easier for them to start by sitting with them (sistering them) considering their vision from where they are now, and then supporting them to move towards that vision of health at their pace. Our clients cannot live outside of their current reality without the support network and resources to do so. Then, once your client has made her decision about what her healing vision is, has her support network in place, and has
decided on her first few steps to get there, then our role is to powerfully support her to take action.

When our clients make consistent changes in their health behaviors - what they eat, their home exercise program, their sleep patterns, their stress balancing activities, etc., their lives change. Consider this… if you (or she) want to do something very different in your life, you need to learn new things, take new actions (consistently), and even surround yourself with different people. The strategy is the same with changing health behaviors.

As an example that most of us can relate to… the feeling of fatigue and exhaustion from overwhelm. If you're exhausted now, you will stay exhausted until you consistently change your behavior. Change your networks of support. Change what you're eating. Change how you're sleeping. Change how you're moving. Change your work. Change your relationship to your work and your stress. And more.

Each of us has the ability to change behaviors that have a direct impact on our health. But, making those changes requires a level of determination, support, and resources that has to be in place first. Then, all of us - women in severe pain, included - can take consistent actions that will, over time, improve her health symptoms and other outcomes.

**Following her Intuition.**

Once our client makes a decision that she is ready to pursue an action step, she must learn to tune into her body's messages to see if that action step is helpful.

The easiest way to tell if you're on the right track. If you're eating food that is nourishing for you... If you're exercising in a way that's nourishing for you... If you're doing the work that's nourishing for you... is to intuitively notice how your body feels as you take these action steps. I mean this quite literally. Notice your physical sensations as you take the healing action step, just after, and the next day. Does your body feel nourished or depleted?

When your patient has a variety of skilled recommendations to consider, and then puts them into action - with adequate support and resources - and she learns to trust her body’s physical responses to the actions, she will have the capacity to lead her healing with confidence and empowerment.
It may take some time for her to develop that sense of confidence in her intuition because we have all been taught, from an early age, to ignore our physical messages. From kindergarten, you (and she) was likely told, “You can’t go to the bathroom now. Now is not the time to go to the bathroom.” She may be thinking, "My body has to go to the bathroom." But, when the teacher doesn’t allow that. She suppresses the physical information.

Imagine a young girl who’s intuition is telling her not to kiss a family member, such as her uncle... "I know this person seems a little awkward but just kiss him. Be polite. He’s your uncle." We have taught her to ignore (and even distrust) her intuition. For adult women to regain being able to hear and trust their own intuition is a process. But, it’s a worthwhile pursuit because improving our ability to hear our body’s own messages can helpfully guide each individual woman’s healing process.

**Readiness for Change**

Being patient with our each woman’s change readiness and her need to self-pace her healing is essential. When you’re talking with her, look for change talk, assess for values conflicts, and consider where she may be under resourced or under supported.

As your patient continues to heal, our role is to elicit and remind her of her strengths by helping her to see the strengths that she comes to this experience with, and to bring her awareness to the learning she gains throughout the healing process.

Evidence supports the coaching process as being effective for improving chronic illnesses including diabetes, chronic stress, and other chronic health concerns. And, an effective coaching process includes a accountability. Make sure that each client voices her preference for how she likes to be held accountable, and be sure that you are holding her accountable along the way. Celebration along the way is key. And, don’t forget that every healer, coach, and clinician needs support as well. We must model receiving support in our own lives as this work is difficult.

One of the keys to healing pelvic pain is to support women to utilize nutritional therapy as a pain relieving and healing modality.

But, it’s important not to focus just on the nuts and bolts of nutrition recommendations. Nourishment, especially for women, is social, comforting, and connected to her culture and family history. Personalize her nutrition recommendations not just to include grams of protein, and milligrams of vitamins, but also smells, flavors, cooking
processes, and the social, emotional, and pleasurable aspects of food as a part of connecting with others.

Consider the quality of your recommendations, personalize your recommendations, and collaborate with her with regards to how she enjoys food as nourishment, connection to others, and pleasure.

Dining on life is part of overcoming pain. Be the inspiration for each one of your clients by dining on your own life as a source of nourishment far beyond food.
Functional Nutrition and Pelvic Health

Functional nutrition is focused on nourishing the body with the macronutrients and micronutrients it needs to carry out important biochemical activities. Clinically, the use of functional nutrition can have important implications in treating pelvic pain and urological disorders, such as urinary incontinence and painful bladder symptoms (PBS). This focus is about helping to discover the root cause(s) of these types of issues with the hope that by changing their nutritional (and other) behaviors, those who are dealing with pelvic health issues can reduce their pain and have more agency over their health overall.

This bonus chapter specifically addresses nutrition that can be effective in treating the underlying issues around pelvic pain conditions.

Does your patient have chronic painful bladder symptoms (PBS), pelvic pain, fecal and/or urinary incontinence? Do they suffer from low libido or sexual pain?

The sad news is that the western approach, to take a pill, may only serve to mask the symptoms - and often completely ignores the underlying cause.

A common-sense approach to treating pain and functional impairment, focused on nutrition as a tool to find the root cause - or contributions to that root cause - makes sense. But it is not always easy. Many symptoms and conditions can show up from a single root cause, and the opposite - different root causes - can lead to the same clinical symptoms. It can be a puzzle, but one that’s worth unraveling.

A helpful example of an underlying condition that leads to a variety of clinical manifestations is celiac disease.¹

Almost half of those navigating celiac disease will have symptoms that are not related to standard gastrointestinal issues, such as chronic fatigue, fibromyalgia-like complaints, joint pain and inflammation, weight gain, headaches, delayed puberty and early menopause.

On the other hand, someone with gastrointestinal symptoms may not have celiac disease. She could have root causes including, ovarian cysts, pelvic floor muscle dysfunction, endometriosis, or uterine fibroids, for example³

Nutrition can impact many pelvic organ (reproductive, gastrointestinal, and urogenital) impairments, and it’s important to be aware that many symptoms can occur based on a variety of organ systems involved.
The pelvis is home to multiple physiologic systems. Someone with pelvic pain could have a combination of different drivers, such as pelvic floor muscle spasm, ovarian cysts, a history of sexual abuse, and/or consuming a diet high in inflammatory foods. Thus, reviewing each system is vital, as well as considering how each system could drive a variety of pelvic pain or other pelvic symptoms.

It’s also important to recognize that pain is a complex phenomenon made up of many inputs to the brain that will combine to trigger the brain to send a danger/pain signal. Biochemical and psychosocial messages to the brain combine and then the brain determines, based on all of that information, whether or not to send a pain signal.4

Some of the varied messages that the brain considers when sending a pain signal (and determining its intensity) are:

- Hypothalamic pituitary-adrenal (HPA) axis activity
- Nociceptive inputs from the periphery
- Inflammation
- Psychosocial factors such as a history of an adverse childhood experience (ACE)
- Cultural factors
- Emotional disposition
- Cognition
- Functional and subjective disability
- System-of-care and healthcare access issues4

Discerning which foods will contribute to inflammation, impacts on the HPA axis, or other pain modulating factors in each person takes a systemic and individualized approach.

When it comes to pelvic pain conditions, such as endometriosis, vulvodynia, and PBS, we have to keep in mind the complex relationship between the brain, the digestive, endocrine, neurologic, and immune systems, and the coordination of the release of inflammatory cytokines, on both pain perception and intensity. We see in animal models that inflammatory cytokines influence and stimulate the HPA axis and also effect serotonin and dopamine pathways.5

Women appear to be disproportionately influenced by several factors that worsen chronic inflammation, including depression, somatic symptomatology, childhood adversity and trauma (ACE score), obesity, and having sedentary lifestyle.6

**What can we do to reduce inflammation in the pelvic region, specifically through nutritional strategies?**
Enzyme reactions which cause inflammation can be modulated by foods and herbs, including: turmeric, green tea, ginger, white willow bark, omega-3 fatty acids, and boswellia.\(^9\)

Spices, such as cinnamon, cloves, and oregano, have also been shown to modulate inflammation.\(^{12}\) Other foods which include anti-inflammatory properties, include: English breakfast tea, honey-brown mushrooms, button and oyster mushrooms, onion, sweet potato, shiitake and enoki mushrooms.

It has been demonstrated that thymus vulgaris essential oil, (2%) as well as supplementing with omega-3 fatty acids helps relieve painful symptoms in women with painful periods or menstrual cramps.\(^{10,11}\)

Vitamin C is another powerful antioxidant, shown in mouse studies to significantly reduce the volume and weight of endometriotic cysts.\(^{17}\) In fact, the mice who received the highest doses of vitamin C had the lowest cyst volume.

Another factor to consider is hydration, which affects inflammatory signaling at the genetic level of epidermal wound healing. Hydration is essential for the healing of the intestinal mucosal barrier. Healthy intestinal barrier function is important for the immune health of women with pelvic pain, and since many pelvic pain conditions have an autoimmune factors, barrier function is essential to optimize.

Both the epithelium and the intestinal epithelium serve as protective semipermeable barrier layers. Stress, non-steroid anti-inflammatory drugs, and even intense exercise with restricted fluid intake contribute to the breakdown of healthy intestinal barrier function. In 2012, Dr. Fasano published an important paper linking the loss of healthy intestinal barrier function to a protein in gluten containing foods.\(^{18}\)

Once the barrier function is compromised, common foods can trigger an inflammatory response from the immune system. Determining which foods have this effect can be determined by a systematic elimination diet protocol for the patient.

Nutrition and inflammation responses are unique down to the individual body, however, and a varying list of culprits can be to blame. In one group, high levels of soy, once removed, resulted in dramatic improvements in symptoms and even the normalization of fertility.

Based on an in-depth review of the pelvic pain, infertility and nutrition literature, the Integrative Women’s Health Institute has created a specific elimination diet protocol for determining possible food triggers for pain, fatigue, and low libido in patients with pelvic health conditions.\(^{22}\)
Chapter 9

The IWHI Elimination Protocol

For a consistent 3-4 weeks, all forms of gluten, eggs, sugar, artificial sweeteners, dairy, beef, nightshade vegetables, soy, citrus fruits, peanuts, corn, coffee/caffeine, baker’s yeast, and onions are eliminated from the patient’s diet. (If bloating or joint pain are also involved, all legumes and grains are also temporarily eliminated.)

Clinically, because nutrition IS so personal, this approach is superior to simply removing foods that are found to most commonly trigger urologic pelvic pain, such as, spicy foods, coffee, tea and other caffeine sources, citrus fruits, vinegar, and alcoholic beverages. However, for patients with urologic complaints, such as bladder pain or urinary urgency or frequency, adding these common irritants to the more comprehensive elimination protocol is recommended.

In addition to removing the above foods, the goal is to focus on adding (and enjoying deliciously prepared) anti-inflammatory foods, including organic poultry, wild fish, wild game, bone and vegetarian broths, non-nightshade vegetables (especially leafy greens, cruciferous vegetables, mushrooms) and root vegetables, nuts and seeds, olive oil, coconut oil, as well as avocado as it is known that a diet high in vegetables and omega-3 fats reduces the risk of endometriosis, in addition to being anti-inflammatory generally.23

Reintroducing Foods.

After the three week period, if there is an improvement in symptoms, add each food back in to the diet for four days, 2–3 servings per day, noting any symptoms: pain, congestion, breakouts, itching, digestive issues, headaches, menstrual changes, mood changes, sleep difficulty, brain fog, heart rate or rhythm changes, or weight gain. (If no symptoms are noted, the food is safe to add back into the diet.) If symptoms do occur, the food is eliminated for six months before challenging again in the future if desired.

When the symptoms resolve, the next food re-challenge is initiated. This is repeated systemically with careful notations and observations.
Chapter 10

Absorption - The Hidden Key to Nutrition

Once food enters the stomach, adequate acidity must exist to support the absorption of vitamin B12 and the activation of pepsin for effective breakdown of proteins.\(^{24}\)

Later on in the process, in the duodenum (where the pH begins to rise) bile salts mix with triglycerides and pancreatic enzymes are released, allowing absorption of iron, magnesium, selenium, calcium and other minerals and vitamins.

Other nutrients are absorbed in the jejunum, including calcium, folate, zinc, free fatty acids, fat soluble vitamins A, D, E and K, many B vitamins and vitamin B12, and some water and sodium.

Bile acids are recycled in the ileum, and vitamins C, D, K B12 and folate, magnesium and other minerals, water, and sodium are absorbed.

Electrolytes are absorbed along with water, vitamin K, biotin, and short chain fatty acids in the colon (many of which are produced by the gut microbes).

And finally, consistent, healthy waste elimination is an essential completion to the entire process.

Optimal functioning of the digestive system is essential to allow for the absorption of a nutrient dense diet and to maintain a healthy immune response. Gut microbiota health is also essential to digestive function for the production of nutrients and for reducing the risk of bacterial and yeast infections.
Chapter 11

Specific Foods that Support Pain Reduction

Omega-3 fatty acids and restoring the balance of the omega-6: omega-3 fatty acid ratio may also have positive effects on urogenital inflammation.

Mineral deficiencies play a role in pelvic health concerns. Men with low or excessive selenium levels may have sperm abnormalities, low sperm motility, and reduced fertility. Low selenium levels can also affect male libido. Foods rich in selenium include Brazil nuts, oysters, liver, tuna, shrimp, sardines, and salmon. Saw palmetto supplementation with the addition of selenium and the antioxidant lycopene performed better to reduce NIH-CPSI scores, pain, PSA levels, and white blood cell counts in male subjects with IIIa chronic prostatitis/chronic pelvic pain syndrome (IIIa CP/CPPS). Dietary therapy including vitamin and mineral supplementation, probiotic foods, and fish oil supports improvements in pain and quality of life after surgery for endometriosis stages III and IV.

For women with PCOS, symptoms can include loss of libido, pelvic pain, and dyspareunia (difficult or painful sexual intercourse.) In this syndrome, we can see a number of mechanisms contributing to symptoms, including insulin resistance, mineral deficiencies (especially in chromium, which can impact insulin resistance) and an elevated omega-6:omega-3 fatty acid ratio. Dietary recommendations to impact the pain, libido, and fertility symptoms in some women with PCOS are focused on limiting the consumption of sugar and refined carbohydrates, preferring those with lower glycemic index.

Additionally, increasing the intake of fish to 12–16 ounces in approximately four servings per week or taking omega-3 fatty acid supplements can be beneficial. Plus, if serum levels are low, taking Vitamin D and chromium supplementation can positively impact symptoms and their underlying causes.


The health of the endocrine and detoxification systems are as important to pelvic health as the health of the digestive, neurologic, and immune systems as discussed above. Endometriosis, ovarian cysts, fibroids, dysmenorrhea, and low libido are all influenced by estrogen dominance. While studies have not been done on using estrogen detoxification strategies on pelvic pain conditions, a model for using nutrients and dietary recommendations to normalize estrogen levels and estrogen to progesterone ratios comes from available literature in breast cancer. In
premenopausal women, higher amounts of cruciferous vegetable intake demonstrated a statistically significant association with a decreased risk of breast cancer.

Supplemental use of some active components of cruciferous vegetables, 3,3′-diindolylmethane (DIM) and 1-benzyl-indole-3-carbinol are more controversial in the literature, but commonly used in practice to support optimal estrogen metabolism.

From a nutrition perspective, using whole cruciferous vegetables is preferable to supplements because in addition to the estrogen metabolizing compounds found within the vegetables are other essential nutrients including minerals, vitamins, and polyphenols. Fermented cruciferous vegetables, such as sauerkraut and kimchi, add supportive probiotics as well.

Low estrogen levels can also be a challenge for women with dyspareunia due to vulvodynia, or thinning, dry, and fragile vulvar tissues. Drinking more caffeinated coffee has been associated with higher sex hormone-binding globulin (SHBG) in postmenopausal women newly diagnosed with diabetes, and with lower estrogen levels in premenopausal women. A recent placebo controlled study on using pomegranate oil to alleviate menopause symptoms did not show the increase in estrogen levels of earlier, less rigorous data.

But, there was some improvement in symptoms that was non-significantly better than placebo. Flaxseeds have been found to be helpful to enhance immune molecules in breast cancer that are negatively correlated with estrogen levels, but dietary flax does not enhance the effect of estrogen therapy in animal data. Thus, while the data is limited for women with low estrogen, there may be some benefit to adding pomegranate and other foods high in polyphenols, and phytoestrogenic foods high in fiber and omega-3 fatty acids such as flaxseeds.
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E271–272.e277.


BONUS DISCUSSIONS

Probiotics and Pelvic Pain

The best probiotic for women can be challenging to choose from among the many options. For women with pelvic pain, the choice can be even more challenging. As health and wellness professionals who support women with pelvic pain, we have to educate ourselves about the research on the best strains, and their mechanisms of action to better support our clients and patients.

The Best Probiotic for Women with Pelvic Pain: Strains

When we consider the best probiotic for women with pelvic pain, it’s important to remember that there is significant interaction between pelvic pain and mood disorders in women. In women with pelvic pain, common mental health comorbidities found in one study were depressive episodes (42%), dysthymia (54%), social phobia (36.5%), agoraphobia (8.5%) and panic disorder (7.3%) (Castro, et al., 2009.)

A variety of probiotic strains have been studied for the improvement of visceral pain. In animal models with chronic stress, the strains *Lactobacillus helveticus* R0052 and *Bifidobacterium longum* R0175 have been found to attenuate the Hypothalamic-Pituitary-Adrenal (HPA) axis stress response (Ait-Belgnaoui, et al., 2018) This calming of the HPA axis stress response can help with mood disorders in both rats and humans (Messaoudi, et al., 2011.)

The same combination of strains – *L. helveticus* and *B. longum* – have been found to be effective in animal models to regulate glucocorticoid negative feedback on the HPA axis, and by that mechanism, reducing stress-induced visceral pain (Ait-Belgnaoui, et al., 2018.) Using a single probiotic strain (either *B. longum* or *L. helveticus*) was found to be less effective in reducing visceral pain in the stressed mice.

Other strains have also been found to be useful for attenuating depressive symptoms in humans, and these may also be useful for reducing pelvic visceral pain. These strains include, *L. acidophilus, L. casei, B. bifidum,* and *B. longum* (Wallace & Milev, 2017.)

In many of these studies, combinations of probiotic strains are more effective than individual strains. For example, VSL #3, a combination of *L. acidophilus, S. thermophilus L. plantarum, B. longum* (reclassified as *B. lactis*), *L. paracasei, B. breve, L. delbrueckii subsp. Bulgaricus* (reclassified as *L. helveticus*), has been found to reduce National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI)
scores in men with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) plus diarrhoea-predominant irritable bowel syndrome (D-IBS) (Vicari, et al., 2017.)

The combination of probiotic strains in VSL#3, has been shown to have protective effects against development of visceral hypersensitivity in the neonatal maternal separation animal model of stress-induced pain. In one study, a gene expression modulation mechanism is proposed because TPH1, tryptophan hydroxylase 1, the gene for the enzyme responsible for synthesizing serotonin, a key neurotransmitter involved in IBS treatment, was found to be markedly up-regulated by the neonatal maternal separation imposed on the animal models, and this effect was reversed by the VSL#3 intervention (Distrutti et al., 2013).

*Bifidobacterium infantis* and *B. lactis* have both been found to reduce visceral pain and hypersensitivity in animal models (Agostini, et al., 2012, Johnson, et al., 2011, McKernan, et al., 2010.) *Lactobacillus* species, including *L. reuteri*, *L. acidophilus*, and *L. paracasei*, have also been found to attenuate visceral pain via a variety of mechanisms in animal models, including by inducing opioid and cannabinoid receptors, modulating the stress response and improving intestinal permeability (Eutamene, et al., 2007, Kamiya, et al., 2006, Rousseaux, et al., 2007.)

**The Best Probiotic for Women with Pelvic Pain: Adverse Effects**

The great news is that there are very rarely found to be any significant adverse effects with the use of any of these well-tested probiotic strains. Occasionally mild digestive complaints occur, and are easily reduced or eliminated by reducing the probiotic dose, or changing to use a different strain or combination of strains.

**The Best Probiotic for Women with Pelvic Pain: Recommended Products**

In my practice, I commonly use a few specific probiotic combination products for women with chronic pelvic pain conditions. Most of these women also have comorbid mood and/or gastrointestinal symptoms, which I consider when choosing which product to recommend.

**The Gut Institute BIFIDO|MAXIMUS**

Clinically, I find that this supplement can sometimes increase constipation. Start with ¼ – ½ of the full dose, and then increase slowly. Also, useful for clients struggling with chronic diarrhea in addition to pelvic pain and/ or fecal incontinence.

**Seeking Health ProBiota 12**

This is a high quality probiotic that includes many of the strains that are well studied to improve pelvic visceral pain, vulvovaginal dysbiosis, and related GI and mood
symptoms via a variety of mechanisms – *Lactobacillus rhamnosus, Bifidobacterium bifidum, Lactobacillus acidophilus, Lactobacillus casei, Lactobacillus plantarum, Lactobacillus salivarius, Bifidobacterium longum, Streptococcus thermophiles, Lactobacillus bulgaricus, Lactobacillus paracasei, Bifidobacterium lactis, Bifidobacterium breve*

**Seeking Health ProBiota Sensitive**

I like this product for those with very sensitive stomachs. It is similar to ProBiota 12, but has a few distinct strains that are less irritating to those with sensitive digestive systems, or significant food sensitivities.

**Seeking Health ProBiota Bifido**

This is my choice for clients who have excessive Lactobacillus strains on stool or organic acids testing. This can sometimes happen for clients who have been using commercial yogurts or single strain lactobacillus supplements in high doses over time. This formula contains *Bifidobacterium bifidum, B. longum, B. lactis, B. breve*

**Seeking Health ProBiota Woman**

This is a great option for women with pelvic pain, especially if combined with vulvovaginal issues like chronic yeast, chronic BV, or vulvar pain.

This product contains more lactobacillus strains to optimize the vulvovaginal environment. Strains in this product: *Lactobacillus acidophilus, Lactobacillus brevis, Lactobacillus rhamnosus, Lactobacillus gasseri, Lactobacillus casei, Lactobacillus salivarius, Lactobacillus plantarum, Bifidobacterium bifidum, Bifidobacterium breve, Bifidobacterium longum*

**Seeking Health ProBiota Immune**

This is a prebiotic fiber to support the growth and thriving of Lactobacillus and Bifidobacterium species.


A POWERFUL CASE STUDY

So let's talk through a case study that is representative of patients who I commonly collaborate with in my clinical practice. This woman was 35 years old. She had been struggling with painful sex and severe menstrual cramping since her teen years. She's the mother of a two year old and she works part time. Her pain plateaued and improved a little bit in physical therapy. Still she was struggling with painful sex most of the time. Thankfully it's less severe than it was before she started physical therapy and her cyclical pain again is less severe.

She still struggles with pelvic floor muscle tightness and she's uncomfortable using dilators as a home form of pelvic floor muscle relaxation. She feels better in general on vacation with regards to some of her other general health concerns, but she didn't feel that she was improving at all regarding her painful sex even if she was on vacation.

She reported severe cramping and irregular periods beginning at age 15 when she first got her period. She did have laparoscopic surgery which confirmed endometriosis eight years ago. She then had endometriosis excision surgery, and was subsequently able to get pregnant. Her original endometriosis diagnosis was in her teens. She started birth control pills at that time but she didn't tolerate them. She said that they caused her to gain a lot of weight and so she stopped taking oral contraceptives after a year. She had chronic yeast issues since she was a teen. She had regular massage therapy which she found helpful. But, just like going on vacation it didn't really solve her sexual pain issue. She also reported feeling tired even when she first woke up in the morning with increasing fatigue throughout the day. She reported a history of migraines but she gave up sugar completely for a while, which completely resolved her migraines. She resumed eating some sugar eventually, but it was in small amounts. So, the headaches triggered by the sugar more recently are less intense.

I referred her to a pelvic pain specialist psychotherapist for support with her marriage and sexual relationship issues, which are common among my clients with pelvic and sexual pain. We did a lot of pain science education to help her better understand the impacts on her pain of her common pain triggers and reducers. I recommended that she read some excellent pain science resources, *Explain Pain* and *The Protectometer* by Butler and Moseley.

With regards to her nutrition therapy, we did an assessment using a three day food journal. She was significantly calorie restricting, had significant reliance on reduced calorie processed foods, even organic processed foods, such as bars and shakes.
She was always dieting and she said she never really felt like she lost the weight from having her children.

Thus, I recommended we begin with the pelvic pain elimination diet as discussed above as a 3-4 week assessment. Again, the goal of this assessment tool is to determine food sensitivities and restore nutrients, anti-inflammatory nutrition, quality sources of protein and fatty acids.

Remember that keeping the focus on adding delicious nutrients (vs. feeling the deprivation of an “elimination diet.”) is important for the patient to experience the nutrition shifts hormone balancing, pleasurable, and socially positive.

She followed this food plan for three weeks. Remember that it must be implemented consistently for at least 3-4s week to quiet the immune response to any foods that she’s sensitive to. And, it's important that this program be comprehensive. Patients often tell me that they gave up gluten (or some other trigger food), but it didn’t help. I’m not surprised when that happens because the elimination diet is an assessment tool that must be utilized in a systematic way to be most helpful.

For this patient, I also recommended some higher quality protein powders and homemade versions of the more processed food snacks she was relying on with a few things that she could just grab because she didn't love to cook.

She reported slow digestion and three out of 10 abdominal pain after eating with intermittent constipation. On her organic acids testing we saw significant signs of intestinal dysbiosis but no yeast overgrowth at the time and there was no stool testing or other testing available.

Thus, I provided her with education about how to optimize her digestive function. I educated her to eat slowly and mindfully, chewing at least 20 to 40 times per bite. She also started a digestive support supplement plan of: digestive enzymes, glutamine, demulcent herbs, and zinc. These supplements help improve digestive function to improve nutrient absorption, which is the key to healing. Bone broth and high mineral vegetable broth, and blended vegetable soups also support nutrient absorption. Additionally, because she was showing signs of dysbiosis, I recommended an antimicrobial herb and probiotic supplement plan as well.

I recommended that she return to pelvic floor physical therapy during our work together to see if the collaboration would support some breakthroughs in her plateau and progress. It was helpful. When you combine nutritional support with skilled pelvic
physical therapy, the results for pelvic pain relief can be extraordinary. Visceral physical therapy combined with her nutrition and supplement plan, improved her bowel transit time and toilet positioning, relieving her moderate constipation. With the physical therapy we added home manual therapy without a dilator (which she did not like), getting her comfortable with doing pelvic floor muscle relaxation exercises on her own and with her partner. Her physical therapist also helped her to develop a language of safety and intimacy to allow her a communication bridge back to healthy sexuality. I find that working with couples collaboratively, once the patient is ready, allows for a more compassionate and secure transition back to sexual intimacy for patients with pelvic pain.

This patient also presented with reduced fat absorption on her organic acids testing, in addition to increased mitochondrial oxidative stress. Thus, I recommended adding CoQ10 and L-carnitine supplements, adding more vegetables (slowly increasing to 8 servings per day, mostly cooked at first), and restorative (and later more vigorous) yoga, 4-7-8 breathing, and a mindfulness meditation practice to support her mitochondrial health and nervous system down training.

She presented with low stress hormone during the day with a spike at night, which represents the opposite of an ideal daily cortisol rhythm. Ideally, she would have a small spike of cortisol in the morning to support her to get out of bed with energy. Then, cortisol levels should steadily drop through the day, being lowest in the evening before bed.

When women are struggling with low cortisol in the morning and high cortisol at night, they often self medicate with caffeine in the morning (for energy) and alcohol at night (for sedation.) To optimize this patient’s cortisol rhythm, she increased her daylight exposure to 60 minutes without sunglasses daily and she had a bedtime routine beginning at 8:30pm when she finished putting her kids to bed with no screen exposure. She also used a calming epsom salt bath and herbal tea to make it easier for her to fall asleep.

To support healthy progesterone levels, she added 1000 milligrams daily of vitamin C and a chaste tree vitex supplement. She eliminated caffeine and significantly reduced her alcohol intake. Using a collaborative health coaching therapeutic relationship, I supported her to build her intuitive skills for decision making.

After six months of consistent action, this patient’s pain was fully resolved other than occasional and mild pain flares if her work or marriage stress levels increased. Because of all of the supportive healing tools that she now had in her repertoire -
stress balance, nutrition, nervous system calming, sleep quality, pelvic floor home manual therapy, etc. - she was generally able to return to being pain free within a week or two of any mild pain flares using her personal pain relieving strategies.

CARRYING THE MESSAGE AROUND THE WORLD

To spread the word further, globally, I officially opened the Integrative Women’s Health Institute in 2011 to educate my colleagues with a focus on women’s and pelvic healthcare.

The Institute offers a variety of women's health training programs from an integrative perspective, all grounded in functional nutrition. We offer the only Women's Health Coach Certification that's internationally approved by the ICHWC.

To learn more about our Women’s Health Coach Certification, click here. http://integrativewomenshealthinstitute.com/opt/3-steps-webinar/

An Interview With Dr. Terry Wahls On Autoimmunity And Chronic Pelvic Pain

Jessica: Hi! It's Jessica Drummond here from the Integrative Women's Health Institute, and I am thrilled to be here today with my guest, Dr. Terry Wahls. Dr. Wahls is a clinical professor of medicine at the University of Iowa, where she conducts clinical trials. She's also a patient with secondary progressive multiple sclerosis, which confined her to a tilt-recline wheelchair for four years.

Dr. Wahls restored her health using a diet and lifestyle program she designed specifically for brain health, and now pedals her bike to work each day. I love that. She is the author of the Wahls Protocol: How I Beat Progressive MS Using Paleo Principles and Functional Medicine, The Wahls Protocol: A Radical New Way to Treat All Chronic Autoimmune Conditions Using Paleo Principles, it's now in paperback, and her new book, which we'll talk about some today, The Wahls Protocol: Cooking for Life, The Revolutionary Modern Paleo Plan to Treat All Chronic Autoimmune Conditions, and you can learn more about her work at TerryWahls.com.

Hi, Dr. Wahls!
**Dr. Wahls:** Hey!

**Jessica:** It's my pleasure ... Yeah, how are you?

**Dr. Wahls:** Thank you for having me.

**Jessica:** Thank you! Our practitioners primarily focus on women's health conditions. We look at fertility. We look at chronic pelvic pain and chronic pain, in general. What I'm seeing in the research we're doing with vulvodynia, and the clinical work that I'm doing with things like endometriosis, and interstitial cystitis, is there definitely seems to be an autoimmune component that we can impact using Paleo, autoimmune Paleo kinds of perspective from a nutrition standpoint. Do you have any experience, research, you know, what do you think about that?

**Dr. Wahls:** Well, you know for many years I worked in the Veterans Association (VA) here in Iowa City with therapy and we certainly saw that the number one reason for people coming to see us was chronic pain. That could be from a variety of sources. So we had poly neuropathies, traumatic injury from war injury, surgeries, and then we had autoimmune types of pain. In a tribe of thousands and thousands and thousands of followers, I've observed that we had many many women who had issues with fertility, issues with painful intercourse, low libido, pelvic pain and vulvar pain. So, people report tremendous success at reducing pain, improving function, improving quality of life as they move along in embracing more and more of the concepts that I teach.

**Jessica:** So, before we kinda get into that detail, can you tell me and tell our audience in a bit of specificity, what is your protocol and how you do it?

**Dr. Wahls:** Sure. So I basically started out at first replicating what I did for myself, which was a structured Paleo diet, targeted vitamins, stress reduction in the form of meditation, self-massage, exercise, electro-stimulation of muscles, and an exercise program designed by a physical therapist, and that's what we did at our clinical trials.

When I began to teach these concepts to the public, and clinically, I had more of a public health perspective and really created the step-wise progress to go from the standard American diet, which is generally high in sugar, high in grains, very inflammatory. The Wahls diet, level one diet - The Wahls diet, level two diet - The Wahls Paleo. I had a ketogenic version of the diet - Wahls Paleo Plus, and then I had basically the Wahls Elimination diet which was more restrictive in a different way.
So, and by taking that approach, we could bring people along at a pace that they were willing to come. So given the circumstance, for example if I had someone with rheumatoid arthritis, I would put them straight onto the elimination version of my diet: nut and seed free, legume free, and nightshade free. That's a very tough diet but the vast majority of folks would start with level one which is gluten-free, dairy-free and might also remove eggs. Ramp up the vegetables and depending on if they were vegetarian or vegan, we would give them a vegetarian/vegan program or we would give them the meat-eater's version of that. Then I would move them along according to their clinical response.

Jessica: So, do you find that, people with rheumatoid arthritis, their experiencing pretty acute pain most of the time so they are more motivated to go more quickly to that higher level diet?

Dr. Wahls: Correct, they were motivated. In my experience, people having an autoimmune problem involving their joints are more likely to have a lot of sensitivity to the lectins in nightshades so you really need to remove the nightshades. They might tolerate the occasional legume, but, we get the nightshades off, I ask them to get rid of the legumes and the grains as well. Then after they're feeling great, we can talk about what is it that they would like to test to see if they could reintroduce on a sporadic basis.

Jessica: Yeah, that's interesting you would say that. I was actually working with a patient just this morning who has vulvodynia and we essentially started with a gentle elimination diet. Probably closer to your phase one or two. Gluten but not all grains. In the first two weeks of her menstrual cycle she felt great, she was ready to start coming off her medications, but then as estrogen dropped prior to her cycle, she was noticing mild, less intense but still there flares. So, I was thinking as we were talking about just before, and I would love to talk about this a little more with your research brain on, you know, I was looking at the research room looking at with pregnancy is a TH1 to TH2 autoimmune shift. Supporting that TH2 or reducing that TH2 on dominance, I'm beginning to think more lectin reduction for patients with pelvic pain.

Dr. Wahls: Yeah, a couple of things that I would be thinking about. Because of the symptom, reducing the lectin, reducing the nightshades, if they are open to it I would do that more aggressively. Also think about Estradiol that might be a very interesting thing to add. You can get some Estradiol creams so might that be helpful? Some of the phytoestrogens, essential oils might be very helpful. As they are ramping up their vegetable, you might see could they tolerate more flax seed puddings, chia seed puddings. Now, for some folks, the seeds will be disagreeable so that might work
because of the phytoestrogen product or if the lichen product might make it a bigger problem so you'll just have to be mindful as you introduce that. That is one reason to think about some of the phytoestrogen essential oils. That might be a better way around that.

Jessica: That's very interesting. I'm not really an expert in essential oils, but I am starting to see that there is a little place for them in a lot of different things. I was just literally an hour ago looking at a clinical trial of aromatherapy with lemon oil and reducing morning sickness essentially in the first trimester of pregnancy. So there is actually some data there.

Dr. Wahls: There is some interesting data out there. There is certainly a long history of traditional use in, again these are plant-based compounds. When I introduce essential oils to someone, like I do with many of my concepts, I let people know, you're individual, you're unique, test this out, try and do just one intervention. Start on Sunday and see how the week goes and then decide if the intervention was helpful or it was not. It's much more helpful to do things in a sequential fashion.

Jessica: Absolutely, and so the other paper we were talking about before, my client that was really successful with eliminating vulvodynia after kind of stalling with years of physical therapy and psychotherapy, she also had IBS and really balancing her gut microbiome even we used a vegan diet, it was still very low-carb, very vegetable heavy. Lots of healthy fat. I am wondering, if you find that it's possible, you said you use the sometimes with vegan clients.

Dr. Wahls: Absolutely. You know, so I was a vegetarian 20 years and I think my interpretation of a vegetarian diet probably added to my poor health but it does give me a great deal of empathy for those who are vegetarian/vegan for their spiritual beliefs and whatnot. I want to create programs that can work for them. Plus one of my research assistants was vegetarian for religious reasons. For many folks, we can create a vegan version of the protocol. Occasionally the lectins are a big enough problem that it becomes very, very challenging. Having said that, if you soak and sprout the gluten-free grain and then that reduces the lectins.

So if we soak and sprout, reduce the phytics, that's a great thing. You also reduce and inactivate a lot of the lectins and for many folks, that will be enough. Now the question is, how long do you have to soak. Is it two hours? Is it six hours? Is it 24 hours? That's does depend on the grain or the seed. Flax, two hours will be fine. Rice, two hours will be fine. Your grains, 6 to 24 hours might be better. If you soak them, drain, it won't
take you as long to cook up that grain, and you have a high quality protein, easily
digested, more nutritional quality and less lectin poisoning.

Jessica: That's great. So I want to ask you a little bit more about how you're protocol
effects the gut microbiome and how that impacts really the neurologic components of
pain and also neurotransmitter and neurodegeneration.

Dr. Wahls: Well, I'm sure all of your tribe knows that the research on gut-grain
connection just gets more nuanced every year. With basically all our autoimmune
conditions you can search now, you can put in lupus, gut microbiome, and you'll see
that scientists have identified a different microbiome compared with a person with an
autoimmune condition and a healthy control. That's true for MS, RA, lupus,
scleroderma. I've not looked for any of the the vulvodynia-type issues but I would
expect that would be the same.

Dr. Wahls: The big driver in the food for healthier gut is microbiota-accessible
carbohydrates, or resistant starch or fiber. All those roads are fairly equivalent when
we're looking for carbohydrate sub-strain that's gonna feed things out. Nine cups of
vegetable go a long way to increasing your gut microbiome. In our classes we would
have pooping in our chairs and I would demonstrate pooping in the chair, turning
around, looking at my poop and describing finding rocks or finding a snake or finding
pudding or tea and what the response would be to get a healthier microbiome. In that
we are all shooting for snakes and basically, you don't need to spend a lot of money
on microbiome analysis usually. You just need to look in the toilet and adjust the fiber,
increase the fermented foods. For some people, yes, you may need to do a
microbiome assessment. In the beginning, just have people look in the toilet and
adjust the fiber and fermented food intake to get the snakes. That will go a really long
way.

Jessica: Oh, definitely. I completely agree. A lot of clients, you're talking about, you've
got a VA population that are on the standard American diet when they meet you in
many cases and a lot of our professionals in our student community are practicing in
hospitals and traditional settings so they're really dealing with the public that really
hasn't started eating any vegetables. So, I imagine that you ramp up to nine cups a
day and don't just start with nine cups a day.

Dr. Wahls: Well, in my clinical trial, we start people, boom.

I let them know that if they have change of bowel habits, gut issues, to back, back
down. Because I take away the gluten and the grain, they're hungry and so they're
gonna be eating those vegetables. I see the vast majority do well. I certainly do find that some folks have an individual responsiveness that some people can't tolerate three cups of grains. They do fine with a cup and a half. Or, how they metabolize sulfur is probably different and they don't seem to do nearly as well with cabbage and onion family vegetables. So, maybe they are doing a lot of mushrooms and asparagus instead. So we do personalize things, but the program is where we start and then assess their response and help them make substitutions.

Jessica: Yeah, you know I think that that's an interesting point. We can look now at genetics for people that have more difficulty processing sulfur or we can look at oxalate sensitivity and things like that. I think a lot of times you can just tell by the response, especially if you're just making one change at a time, and then modify that response.

Dr. Wahls: You know, the beauty of my having worked for 17 years in the VA is that, the agreement was that I was not going to order any fancy functional medicine testing I was just doing basically primary care stuff. So I had to learn how to practice these concepts with the history and physical, some very simple labs, and assess response and make adjustments. Now what I learned is, in fact, we could do a phenomenal job just sharing some basic public health versions of the principle and then make adjustments based on the clinical response. And so, I'd say the vast majority of our folks did incredibly well with the diet and lifestyle modifications, adjusted according to the person's individual response. Only a few times did people not do well. I mean, if people weren't doing well most often it was because they were pretty contemplative and just weren't ready to embrace all of these concepts. Those who were willing to embrace the concepts, the vast, vast majority had marked reduction in pain and improvement of quality of life.

Jessica: That's very, you know, one of my first jobs was in public hospital in Houston, Texas, and really when you don't have all of these tools as your earliest job and where you've been for a long time, it really does teach you those clinical skills of being able to adjust to patient response and that kind of thing and I think that's so valuable because it allows these very simple, but effective, tools to be utilized on a larger scale without a lot of additional costs.

Dr. Wahls: Correct. You know so you can present to people in your practice the choice of let's do these interventions first, assess your response. If some folks, it's really quite wonderful in the VA, so the ticket to get to work with me is you had to be willing to do the protocol for 100% for 100 days. If you weren't and just wanted to sort of ease into it, you could work with our nutrition experts and improve the quality of
your diet at the pace you were willing to. Or you could say, you know what, this is not the right time in my life. I just can't contemplate my grains and sugar yet. I'm like, okay, so go back to your personal doc. Not everyone can beat their addiction. Give us a call when you're ready for some action.

**Jessica:** That's great. Before we wrap up, I just want to ask you what kind of research are you working on now?

**Dr. Wahls:** Oh my God it's so exciting. Hard time sleeping at night, you know? We have two studies, big studies, that we are involved in. The first one is the study that's funded by the National MS Society. People are coming in with relapsing-remitting MS and fatigue. We observe them for 12 weeks, then we randomize them into either the swank diet which is the original MS diet, low saturated fat, or, the Wahls diet which is the modified Paleo diet. You have to have fatigue and you have to have relapsing-remitting MS to be involved in that.

Now the other study will actually be done as an online study, where you can either have Parkinson's or you can have MS and every six months you fill out a bunch of questionnaires about your diet, your vitamins, your supplements, your quality of life, activity levels, and then you do a 24 hour dietary recall. You can fill all those out online. So what's really wonderful about this is, one, you don't have to be following the diet, you can follow any diet. This is very useful for those people who are pretty contemplative this is so great in those who are following the swank diet of the Wahls diet this is really great. I think there's 650 people in this study, they're going to recruit up to 1000 and so we've been helping them recruit. We're able to double the size of their research study so a lot of folks find the Wahls diet. I'm just really excited to be able to begin analyzing that data as well.

**Jessica:** Yeah, that's great. So the data that you've completed, what would be the top two take home points that practitioners.

**Dr. Wahls:** So, we have a whole slew of papers from the first study in progressive MS and the key thing to tell everyone is we had people who were every bit as disabled as I was who had marked improvement in progressive MS. Now we didn't, we weren't able to improve everyone. We were able to improve fatigue, mood, energy, quality of life. That's the easiest. Gait takes longer to improve and that might take the full 12 months to begin to see change or it may take a couple of years. The fatigue, pain, generally people can see changes within three months. It's not, by any means fixes but they can see improvements initially.
When we did the analysis for what was the important factor diet, medication, exercise, e-stim, diet was leading factor. It was important to eliminate the harmful foods. It was even more powerful with all the vegetables. The values were less than .0001.

For the vegetables and .0001 for avoiding the excluded foods. So it's important to avoid the excluded foods but the vegetables are also incredible powerful as well.

Jessica: So for the practicing clinician who wants to start to implement this, really the first step is just adding vegetables which any practitioner can do, right?

Dr. Wahls: Tell them to eat more vegetables and then a second step replace, get rid of the sugar, go low grain, if they can go gluten free that would be very helpful.

For your practitioners I want to invite them to think about coming out to my seminar and becoming certified as a Wahls protocol practitioner because I have trained folks and would so like to have more practitioners get trained.

Jessica: That's great, do you do that in person or online?

Dr. Wahls: We do it in person and this is our third year that we've got that, it's in August. We have that seminar information on my website so you can login there and read all about what we've got going on.

Jessica: That sounds great. Thank you so much for sharing that. Thank you so much. I think it's really valuable for us to really start thinking about, especially those of use who see a lot of chronic pain, when autoimmunity isn't really the first thing that comes to mind it really is a part of these things in a way that we haven't considered before.

Dr. Wahls: Absolutely. I think it's more and more that we're recognizing that autoimmunity, the autoimmune components will be part of probably many, if not the majority, of the pain symptoms on its face.

Jessica: I think so. Alright well thank you so much Dr. Wahls, it was my pleasure to have you here and we'll hopefully see each other again soon.
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