



Transcript: #383 Outsmart Endometriosis with Dr. Jessica Drummond

Wendy Myers:

Hello everyone. How are you? I'm Wendy Myers. Welcome to *The Myers Detox Podcast*. On this show, we talk about everything related to detoxification. I love to address the underlying root causes of health issues that affect so many people, and endometriosis affects one in 10 women. It is so prevalent. Today I have Dr. Jessica Drummond on the show to talk about the underlying root causes of endometriosis and how toxins play a role in its development and exacerbation. We're going to be talking about so many other things too. We'll talk about how you can put endometriosis into remission. We'll discuss if endometriosis is genetic, due to lifestyle choices or both. We'll talk about the early signs of endometriosis that may surprise you. I will talk about why it's key to intervene early if you suspect your child, as a pre-teen or teenager, has symptoms like painful cramps, gas, bloating or other symptoms of endometriosis. You can salvage fertility if you intervene early enough in this issue.

Wendy Myers:

We'll also talk about the role of toxins in exacerbating endometriosis and hormones, of course. How toxins interfere with hormones. We'll talk about why hysterectomy is contraindicated in endometriosis, except in rare occasions. There's always that, which is very helpful for some women, but many times it's the only thing that medical doctors have to offer. We're going to talk about why that doesn't work, because it's a systemic issue. We'll also talk about why lifestyle interventions like diet and stress reduction are the top ways to outsmart endometriosis.

Wendy Myers:

It is such a good share today, if you're concerned or suspect that you have endometriosis.

Wendy Myers:

I know you guys listen to the show because you're concerned about toxins. You're concerned about your body burden of toxins and wondering what toxins that you have in your body. Do you have mercury, lead, arsenic or cadmium? I

created a quiz. It's a lifestyle quiz at heavymetalsquiz.com. Questions and answers, based on your lifestyle, will help to determine the relative level of toxins that you have in your body. After you take the quiz, you get a free video series of answers to your most frequently asked questions about detoxification. Where do you start? What are the best supplements? What are the best tests to detox your body? How long does it take? This amazing video series answers so many of your questions. Go take the quiz at heavymetalsquiz.com.

Wendy Myers: Our guest today, Jessica Drummond, is the CEO of The Integrative Women's Health Institute and author of *Outsmart Endometriosis*. She holds licenses in physical therapy, clinical nutrition and is a board certified health coach. She has 20 years of experience working with women with chronic pelvic pain. She facilitates educational programs for women's health professionals in more than 60 countries globally, and leads virtual wellness programs for people with endometriosis.

Wendy Myers: Dr. Drummond lives and works with her husband and daughters between Houston, Texas and Fairfield, Connecticut. You can learn more about Jessica and her work at integrativewomenshealthinstitute.com.

Wendy Myers: Jessica, thank you so much for joining the show.

Dr. Drummond: Thanks so much for having me. It's my pleasure to be here.

Wendy Myers: What made you focus on endometriosis? What made you focus your practice on that, pelvic pain and women's health in general?

Dr. Drummond: I started my career just over 20 years ago, in physical therapy in orthopedics and sports medicine, and I thought that's where I would stay. I was an athlete as a kid. What happened was a number of patients got me interested in women's health from a physical therapy standpoint. This tends to be things like shoulder issues after breast cancer surgery, back pain related to pregnancy, incontinence, pregnancy and delivery injuries and things like that. Another thing that's very common in that realm of women's health physical therapy is pelvic pain relief and management.

Dr. Drummond: I found in that first decade or so of my practice, that was the area where our tools were sort of limited. We would hit a plateau for some of our clients. Back then many of them were on opioids and had nerve stimulators. There just weren't good tools. Women were really stuck in chronic pain for a long time.

Dr. Drummond: Then my first daughter was born and I had my own kind of hormonal crash, if you will. That brought me into the world of functional nutrition. Eventually I got my doctorate in functional nutrition, and I began to integrate the tools of manual therapy, physical therapy, the nervous system, down training and vagus nerve toning. We didn't call it that at the time, but that's really what it was.

Wendy Myers: It was just de-stressing.

Dr. Drummond: Yes. Pain science around the brain, brain health and then nutrition. That biochemical standpoint of optimizing the gut, nervous system and immune system. I found over the last decade that holistic strategy is really important for women with endometriosis. There are so many other things. It's not just the lesions. I'm sure we can explain exactly what endometriosis is in a moment. There are these lesions, these growths of tissue that are similar to the lining inside the uterus which is why it's called endometriosis, though it's not exactly the same. It grows outside of the uterus.

Dr. Drummond: It's not just about taking the lesions out, but that's an important part of the puzzle. There's also lowering inflammation and all of that. I work with other pelvic pain conditions too, such as vulvodynia, period pain and bladder pain. It's very similar in that each of these things is not as simple as just one pain-relief drug does the trick. These are complex multi-system involvement syndromes. I think the only thing that works well is to take that holistic lens with a multidisciplinary team.

Wendy Myers: Yeah, because it's a systemic issue maybe localized in that area.

Dr. Drummond: You can even have endometriosis inside your nose or on your knee or on the lung. People have had collapsed lungs from endometriosis. It is absolutely a systemic issue.

Wendy Myers: The problem I have is when people go to a conventional medical doctor. We need them and we love them, but I know several women who have sought out treatment for endometriosis through a conventional doctor merely because it was covered by insurance. The solution was, "Let's just cut out the uterus." The issue is that they still have the endometrial tissue causing problems and pain. They have this major, life threatening surgery for some people. They can have life-threatening complications and still have the symptoms, afterwards. It's not the whole solution because you're not getting to the underlying root cause.

Dr. Drummond: In fact, it's not the solution at all. Hysterectomy is literally contra-indicated for endometriosis. Now, sometimes you need to do a hysterectomy in addition to an endometriosis excision surgery. If someone has adenomyosis, there might be a reason to take out the uterus, but the literal whole definition of endometriosis is that these lesions are growing outside of the uterus so it's never the right treatment. It's a complete myth that hysterectomy is a treatment for endometriosis.

Wendy Myers: And you mentioned adenomyosis. Why would that perhaps be indicated for a hysterectomy?

Dr. Drummond: Adenomyosis is similar to endometriosis, it's those tissue lesions, but they occur in the muscle around the uterus. Unfortunately, there's really no test at all to

diagnose an adenomyosis except hysterectomy. It's a bit of a diagnosis by exclusion, and sometimes it does co-present with endometriosis. For women that have had good skilled endometriosis excision surgery, which is very appropriate in most cases, and they've done the holistic work, pelvic floor physical therapy and they still have pain. That's something that's a big red flag to consider.

Wendy Myers: Okay, great.

Dr. Drummond: That's much more rare, just to kind of put it in context.

Wendy Myers: I just wanted to make that differentiation. What is the prevalence of endometriosis? I think reproductive issues are on the rise. Fertility issues are on the rise. What's going on here? What's the underlying root cause?

Dr. Drummond: Endometriosis is really a genetic disease that is also exacerbated by inflammation. This is a bit more controversial, but I think more and more people are really coming to this understanding, that it likely also has an autoimmune component. The prevalence is one in 10 women, one in 10 people with uteruses, everywhere. That has been fairly stable, at least for the last 20 years of my practice. We're getting a little better at diagnosis relatively sooner. Although it was about 15 years to diagnosis, when I first started. Now, it's more like six to 12, which isn't that great. They have done studies on female fetuses that do show about a 9% prevalence, so it exists. It's a genetic kind of underpinning, but there are these inflammatory and autoimmune components to it that are much more modifiable, with a holistic approach that we're talking about.

Wendy Myers: When you have an autoimmune condition, you have to have leaky-gut present in order to have an autoimmune issue express itself. Would you say that leaky-gut is connected to endometriosis?

Dr. Drummond: Yes and very often endometriosis presents first as digestive symptoms. In that pre-puberty time, ages eight to 12, it's very common to have a history of digestive issues like bloating. Constipation is very common. This happens and this continues. It's not like it's just from eight to 12, but it keeps going. The bloating is so common that there's sort of a name for it, endo belly. Really when we look at it in practice, from this lens, it's really some version of SIBO, SIFO, dysbiosis or small intestinal inflammation. There are some variable presentations, woman to woman of course, but absolutely. Optimizing digestive function is really foundational to healing symptoms of endometriosis, which very often include digestive symptoms.

Wendy Myers: Are there any dietary recommendations you make with someone that has or suspects they have endometriosis?

Dr. Drummond: Sort of. There's no such thing as an endo diet, because it depends on the person. An anti-inflammatory food plan that can vary from being vegan to paleo, keto or

Mediterranean. Something in that range, depending on genetics and other factors. We absolutely want to support a healthy gut microbiome. We look at that through things like a GI map or thrive gut microbiome test and optimizing bowel movements, is so key. Like I said, constipation is a huge issue.

Dr. Drummond: Even things as simple as hydration, lots of vegetables, blended soups, the source of protein can vary, but high quality proteins, lots of fatty acids to support hormone balance. Really it's getting those raw materials in, in the context of a healthy gut. The gut microbiome is huge. Healing the lining of the small intestine is huge. We're often doing similar things to optimize the lining and the health of the bladder, which can be very irritated. Endo can grow on the bladder. There is a nervous system crosstalk in the pelvis and optimizing the vulva vaginal microbiome, which to me is almost like a sub-microbiome to the gut microbiome. You've got to have both. You can't just do that in isolation. Especially for women that have more painful sex, vaginal pain or vulvar pain.

Dr. Drummond: There are absolutely nutrition recommendations and they're really around getting absorption of a nutrient-dense diet, optimizing the gut microbiome, and healing all of these lining.

Wendy Myers: Do you think there's an emotional trauma component at all, that you've identified or work with, with patients?

Dr. Drummond: There can be. It's definitely more common to have pelvic pain for women that have had any kind of abuse, sexual abuse, childhood abuse or birth trauma. While it's not the cause, per se, of endometriosis, it's definitely an underlying cause and factor in pelvic pain. With symptoms of endometriosis, that's a very common thing to see in their history.

Dr. Drummond: Now, I suppose it's a bit confounded by the fact that it's just common in general. 80% of physical therapists have been sexually assaulted or harassed at work. It's just in the water to some degree, but certainly more complicated histories of adverse childhood events, especially things during childhood puberty or around birth, stick in the nervous system more. It's a problem there. That's where the pain signaling ultimately comes from. Absolutely, dealing with trauma is important.

Wendy Myers: I always suspect emotional trauma, with any kind of pain issue. You want to look at that as an underlying contributing factor. What about toxins? We talk a lot about toxins on the show. What are toxin's role in the ideation of endometriosis or exacerbating it?

Dr. Drummond: Toxins are going to be problematic, especially xenoestrogens. In endometriosis lesions, we used to think they were all sort of fed by estrogen like some breast cancers. It's not always estrogen, but it can be. Sometimes it's progesterone. Sometimes it's both. Sometimes it's neither and each individual lesion can have different up-regulation of the receptors. No matter what, excessive exposure to

environmental estrogens is not great. We want to support the gut microbiome to metabolize those estrogens, lower the toxic load like by using less plastic water bottles. I had one client whose symptoms were really improved by stopping wearing plastic flip-flops. Things like that, just less plastic exposure. Using water filters, less toxic makeup, skincare and household cleaners. All of that is really important to lowering that environmental toxic load, especially hormone disruptors.

Wendy Myers: How do you address using hormone replacement therapy as a method to manage or mitigate symptoms? Would you use a natural progesterone cream, estrogens or recommend patients go to a medical doctor to get hormone replacement therapy?

Dr. Drummond: Well, generally hormone replacement therapy is not the issue in endometriosis. It's normally birth control or hormonal suppression, which has its place in the short term and sometimes for symptom management. Generally speaking, no, we're looking to kind of naturally balance the hormones. The only time that I would suggest longer term hormonal suppression, is if someone's symptoms are quite unbearable and it's really working for symptom control for them. That happens somewhere in the neighborhood of 20% to 30% of the time, possibly less. Again, it's more of a bridge. That's kind of the role. I would say that generally adding hormones is not common for endometriosis, because that could just make things worse.

Wendy Myers: Okay, great. When you think about the amount of estrogenic substances we have in our environment, from the plastics, the pesticides, metalloestrogens like mercury, nickel and other metals that act like estrogens in our receptor sites, in our hormone receptor sites. I mean, it's not surprising that so many women are having things like endometriosis and other reproductive and fertility issues. Can you talk about any and maybe go into more depth about toxins and things that you suggest in your book, *Overcoming Endometriosis*, to help women deal with the toxic overload?

Dr. Drummond: I think a daily detox is kind of how I like to think of it. Lowering the toxic load with less exposure to all of those environmental toxins, as much as possible, is key. Then consistently supporting the systems that do the daily work of detox. A lot of women with endometriosis benefit from lots of cruciferous vegetables, broccoli extract supplements, DIM, I3C and things like that. Things that support liver processing of estrogens, things that support gut processing of estrogens. Every optimizing thing for the gut microbiome is key like fiber, certain probiotics and just dealing with constipation.

Dr. Drummond: Many of our clients need magnesium support, hydration support and movement. There's kind of a balance between excessive exercise and consistent daily exercise movement, for gut motility. We use things like ginger and artichoke for gut motility, but also visceral physical therapy, visceral pelvic physical therapy is super valuable for keeping the gut moving. Especially before surgery, or if someone doesn't have surgery for any reason. There's commonly a

lot of adhesions, little opportunities for pockets of bacterial and fungal overgrowths to happen in the small intestine or dysbiosis in the large intestine.

Dr. Drummond: So visceral physical therapy, pelvic floor physical therapy and movement. Even things like yoga practices, breath work really help to keep the digestive system and the liver working. There's a lot of visceral strategies for the liver and the fascia around the liver, the diaphragm, like good quality full breaths. These really are detox tools because what they're doing is allowing someone to have great processing day in and day out, of the exposures that they can't mitigate, to environmental toxins.

Wendy Myers: Jessica, tell us about your new book, *Outsmart Endometriosis*, some of the highlights and some of the things that we can learn in your new book.

Dr. Drummond: There was a study published about a year and a half to two years ago that asked women how this is affecting your life, your career trajectory or school trajectory? 74% of women with endometriosis said that this disease sort of takes them off their life path. It's the number one reason that teens and tween girls miss school. I really wanted to empower girls, women and mothers of teens and tween girls who struggle with endometriosis because there's a strong genetic component, this will tend to run in families.

Dr. Drummond: I wanted to give the tools to start setting these foundations of digestive health and nervous system health. The book talks a lot about pain science and how we can optimize brain health to reduce pain symptoms. There is a lot of symptom management. It includes many recipes that are supportive for getting those important building-block nutrients in, but without irritating the lining of the small intestine. Gluten-free, dairy-free and nutrient-dense recipes. It's really that whole approach. It's a mindset. It's the nervous system. It's inflammation. There are some specifics to nutrition that help people figure out the right anti-inflammatory diet for them.

Wendy Myers: For the mothers out there that are concerned their child might be exhibiting symptoms, what are there symptoms that they should be looking for in their child? Is there benefits to early intervention in resolving endometriosis, or is it just something that's managed?

Dr. Drummond: There definitely is a benefit to early intervention. Looking for that picture of digestive issues right around pre-puberty at puberty, or anytime later. Having pelvic pain, which actually in teenagers and tweens is less cyclical because the menstrual cycle hasn't matured yet. The pelvic can be any time. Painful sex, period pain for sure and fatigue. Endometriosis gives a lot of crushing fatigue and can be also related to anxiety, depression and sleep issues. As I said, it's the most common reason that girls miss school or practice for sports.

Dr. Drummond: Because it tends to run in families, start looking back in history a little bit. Even if it wasn't the mother, were their aunts who struggled with infertility? A lot of the

stuff wasn't talked about, really, so we have to dig a little bit into that family history conversation. Struggles with infertility and painful periods is it sort of the myth. The family is like, "Oh, welcome to womanhood. Your period is going to be terrible. That's how it is in our family." That's a big red flag to me if there's those kinds of family history stories.

Dr. Drummond: Then, what I would say is everything in the book is just perfectly healthy for menstrual health starting for tweens and teens, either way, even if you don't have endometriosis. All of that is safe and you can start doing it at any point. Eating healthier, reducing the toxin load, mindfulness and nervous system calming strategies are great for anyone. Then I would suggest having a consultation. If you think your daughter has endometriosis or could have endometriosis, the only way to diagnose it is with a skilled laparoscopic surgery. See a physician who does endometriosis excision surgery or very similar surgeries all day, every day. It's their whole practice. You don't want to go to a gynecologist who's 98% of the time delivers babies and does a little bit of endo surgery. You want someone who specializes in this.

Wendy Myers: When someone is going to a medical doctor or OP, what are some issues they have when it comes to their approach to addressing it? What do you do differently?

Dr. Drummond: Well, I think excision surgeons are a certain part of the multidisciplinary healing. Ideally, many excision surgeons who do this are very well informed. They're very multidisciplinary. Ideally, they'll suggest that you see someone like me and a pelvic physical therapist. You do all of this pre-work to get the body in the best possible shape for surgery, for roughly six to 12 weeks prior to surgery, maybe a little more, a little less, depending on scheduling.

Dr. Drummond: Then again, a couple of months after, and then it's really a long-term lifestyle. We're keeping those healthy lifestyle changes forever, to reduce risk of autoimmunity, to reduce longer-term risk of autoimmune related infertility. Endometriosis excision surgery actually can lower that risk, I think it's been studied, for approximately a year post-surgery. Some of the research that I did in graduate school around this, we can keep that going if we do all the things we know how to do to minimize auto-immunity risk, a wide window as we want to optimize fertility.

Dr. Drummond: The reason that we want to have skilled excision surgery, relatively early, is even if someone doesn't have very severe endometriosis symptoms, early intervention in that way can be fertility sparing. A lot of times our clients can completely resolve symptoms, pelvic pain and digestive issues without needing surgery. Often they still do, but it's not impossible that they wouldn't. Having surgery can be more protective for long-term fertility.

Wendy Myers: There is hope for putting endometriosis into remission or at least alleviating symptoms.

Dr. Drummond: Oh, absolutely, and for improving fertility. We have lots of patients who go on to have healthy, normal pregnancies. But it is a long-term lifestyle of self care that really all of us should be doing. Nutrition, mindfulness and all of the things we've discussed. What you will see in the Western medicine realm is just going to your neighborhood gynecologist. Often the only treatment at that point is birth control or other serious medical, hormonal suppression. It's not to say that I don't recommend that ever, but I would say that is a band aid solution to symptoms, sometimes. This can be valuable for someone who's in really severe pain, but it should not be thought of as either a cure for endometriosis or even really a treatment. It's just symptom management for the short-term until the whole disease process is much better managed.

Wendy Myers: My concern with covering up the symptoms is while you're doing that, you might have some temporary relief, but the underlying condition can continue to worsen if you're not doing anything else. We really don't have any knowledge of doing anything else because your doctor doesn't know about alternative means, like you outlined in *Outsmart Endometriosis*, your book to address the underlying cause.

Dr. Drummond: Absolutely. That's the big problem. When you're just sort of suppressing hormones as a treatment strategy or really any other pain management treatment strategy, you're not dealing with the disease itself. You're not strengthening the systems that support immune health and digestive health. Maybe the symptoms are even suppressed for a few years, but it could affect fertility down the road. As soon as you come off the medication, the symptoms are much worse because the disease can continue to progress.

Wendy Myers: Does that mean when you say it can progress, that the tissue can show up in more and more areas in the body? You mentioned your knees, your lungs and other areas. Can the tissues start multiplying, the endometrial tissue?

Dr. Drummond: You can have lesions in more locations, whether it's abdominal, pelvic or anywhere in the body. The lesions can be more inflamed. They can proliferate, they can grow larger. So yes, it can make the lesions worse to not deal with them in this more holistic way.

Dr. Drummond: Usually if you do deal with them in this holistic way, especially because the surgeries are so much better now than they were 12 years ago. This holistic strategy really wasn't used at all 12 years ago. Now you shouldn't expect to have surgery again, and again and again. The disease should be well-managed. There's no real cure, but it should be well-managed in most cases. When I started my career, it wouldn't be uncommon at all for someone to have 16 ablation surgeries or 20 ablation surgeries. It's not a good long-term plan.

Wendy Myers: Yes, for sure. Definitely not. Tell us, if this resonates with one of the listeners, how do they go about working with you and your team?

Dr. Drummond: Our website is integrativewomenshealthinstitute.com. We train practitioners and we work with patients around the world.

Wendy Myers: Fantastic. Jessica, thanks so much for coming on the show. Guys, go get her book, *Outsmart Endometriosis*, especially if you feel like you have any symptoms or you've been managing this illness for a while. There's lots and lots of alternatives out there to address this that you may not be getting through your doctor. Jessica, thanks so much for joining the show.

Dr. Drummond: Thanks so much. Anyone listening is welcome to get a free copy of the book at www.outsmartendo.com.

Wendy Myers: Fantastic. I'm sure they'll be thrilled by that. Guys, thanks so much for tuning in to *The Myers Detox Podcast*. I'm Wendy Myers and every week I'm so blessed to be able to give you so much information about the underlying root causes of your health issues. I want to give you hope and inspiration that there's so many things that you can do to improve your health, your fatigue, your symptoms and whatnot. Thanks for tuning in. There is tons more to come. I'll talk to you guys next week.

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