

Episode 93 Transcript

Jaclyn (00:02.318)

Cindy Dabrowska is a registered dietitian with a Master of Applied Nutrition and endometriosis dietitian and she's battled endometriosis herself for years. She offers one-on-one coaching to her clients and we are so glad to have her with us today on The DUTCH Podcast. Cindy, welcome, so happy to have you.

Cindy Dabrowska (00:20.25)

So happy to be here. Thank you so much for the invitation.

Jaclyn (00:22.272)

And I'm really thrilled to talk about endometriosis with you, which I know is a personal passion for you to really share what you've learned and, you know, through your own experience and with your clients. Now, endometriosis, we've known about this condition for literally hundreds of years now, but many women struggle to get an accurate diagnosis. And I know March is Endometriosis Awareness Month, a time to explore the disease, its symptoms, the importance of kind of getting a correct diagnosis and treatment. So I really want to start with, so how would you explain endometriosis to someone who is unfamiliar with the condition?

Cindy Dabrowska (00:58.842)

So endometriosis is a condition where tissue that is similar to the endometrium, which is the uterine lining, grows pretty much anywhere else in the body. There are spots where endometriosis can grow that are a little bit more common than others. So like in the cul-de-sac or on the left or right abdominal wall, on the bladder, these are some of the more common sites of endometriosis it's when tissue that is similar to the endometrium, the uterine lining grows outside of the the uterus and it behaves very similarly to the endometrium in response to the hormonal shifts that happen as part of the female menstrual cycle and this tissue will will bleed similarly to the endometrium but because it doesn't have anywhere to go it can form scar tissue, it can bind organs together, it can cause extremely debilitating pain and other symptoms which I'm sure we'll discuss. Well actually I can mention those symptoms now if that's not, if it's good spot in the podcast to mention, yeah. Yeah, so one of the most characteristic symptoms would be debilitating pain more often around the period, around ovulation, but of course it can also occur outside of these two periods throughout the cycle.

Jaclyn (02:09.228)

Let's talk about the symptoms.

Cindy Dabrowska (02:25.476)

For sure, pain with intercourse, bladder pain or pressure, leg pain, heavy bleeding. Infertility is a very common symptom of endometriosis, low mood, depression, digestive symptoms are reported in a large majority of people with endometriosis as well. So that's how I would describe it.

Jaclyn (02:43.865)

Great. And you know, there are some like strange symptoms that can come up depending upon where the tissue implants. And this is one of the things that makes endometriosis really tricky. I'll just share a story of a patient that her main symptom, she had some pain, but her main symptom was actually hiccups. And it turns out that she had endometriosis that attached to her diaphragm. And when it would bleed, it would cause irritation, which would cause her diaphragm to spasm and she had hiccups. when you think about endometriosis, it can be such a wide, variety of symptoms. but I want to, I mean, that's kind of like zebras, not horses, right? That's an unusual symptom where most of the time, like you said, the most common symptoms are like the period pain, pain with intercourse, et cetera. So let's talk a little bit about period pain because I think this is one of the reasons why women delay diagnosis is that people expect a little bit of period pain. Like what's normal? What's abnormal? When should a woman get worked up?

Cindy Dabrowska (03:43.246)

I'd love to say that no pain is the ideal, but if you're starting to experience pain or if you've been experiencing pain that's debilitating to the point where you can't do activities of daily living, you can't go to work, you can't go to school, you're frequently ending up in the emergency department, and or if over-the-counter pain relieving medications aren't coming close to touching your pain or it's taking hours and hours and hours before you experience any kind of relief, that would be the time to start investigating a little bit deeper to determine if the severity of pain could be something like endometriosis.

Jaclyn (04:22.126)

Okay, now do women typically see bleeding changes like heavier bleeding, longer periods, anything like that or not necessarily?

Cindy Dabrowska (04:29.468)

It's a great question. And you might expect to see that. And I do think that it is a common symptom of endometriosis. It's certainly something that I see a lot of in practice. But you also see, and the reason I say that is because endo is also estrogen dependent. We know that estrogen builds the uterine lining, right? So obviously, if you have higher levels of estrogen, you're going to get a thicker uterine lining and therefore a heavier bleed. But not always. You can certainly have low levels detected on something like a Dutch test or in

blood work of estrogen. But certainly yes, it can be a symptom of endometriosis as well, heavy bleeding, bleeding with clots, abnormal bleeding. Some women will report having bleeding around ovulation or with intercourse.

Jaclyn (05:10.722)

Okay, now it's really, I wanna talk a little bit about kind of the underlying causes for endometriosis because, well, there's been a lot of advancement even in the last year actually, and like explaining a little bit more about endometriosis, but can you share a little bit about some of the common things you think about when it comes to the root causes for endometriosis? And maybe also talk about like retrograde menstruation, kind of this leading theory of how does a tissue even get there in the first place?

Cindy Dabrowska (05:38.5)

Yeah, I wish I had a really good answer to this question. I think there's still a lot that we don't know here. So retrograde menstruation, my understanding is that there's this of spillover effect of the blood kind of exiting the fallopian tubes, if I'm not mistaken, kind of. And I think part of the reason why this theory is so strong and we see it quite often in the literature is because some of the common sites where endometriosis implants is kind of right there, right around the ovaries, right around the fallopian tubes in the pelvis. These are the common sites. But I also think of things like genetics, right? We know that if you have some female in your immediate family, whether it's your mother or your older sister or your grandma who also had endometriosis or has endometriosis, probably the more appropriate way to phrase it.

You are six times more likely to also have endometriosis. That's unfortunately the case in my personal life, right? I have endometriosis, my mom had endometriosis. So I think of genetics. I also think a really, really important thing to consider is endocrine disrupting chemicals and environmental toxins. I think we have a stronger body of literature that shows how those are likely contributing or a big part of the reason why people develop endometriosis. And I think that's why the statistic, excuse me, is slowly coming down from one in 10 to one in nine. And I would argue that it's probably significantly more than one in nine women who are living with endometriosis. so, you know, dioxins, chromium is one thing I found also in the literature being linked to the risk of endometriosis, phthalates and things like this. I would, one of your questions is what do I think of? These are some of the things that I think of. But I don't know that we can say and Jacqueline maybe you've seen something else, but I don't know that we can say we fully understand the cause. I think it's likely a combination of things, right? It could be partially the retrograde menstruation. It could be the endocrine disrupting chemicals, the environmental toxins. It could be heavy metals. And certainly I think the genetic component is very strong.

Jaclyn (07:50.464)

Yeah, I totally agree. And I think you bring up a good point. We can't really pinpoint a cause. really, just like with many other conditions, it's likely multifactorial. It's like the perfect storm is how I would think about it, the perfect storm of things. And you mentioned, I love that you bring up endocrine disrupting compounds because we know estrogen stimulates the growth of endometrial tissue and endometriosis. people maybe aren't aware, but most of our environmental toxins

Cindy Dabrowska (07:55.694)

Mm-hmm.

Jaclyn (08:17.934)

Have an estrogen-like effect in the body. They actually can bind to estrogen receptors, so it acts like a false estrogen for our body, which absolutely, if you have tissue that's sensitive to it, that's going to be problematic. so cleaning up your lifestyle is really critical. One thing that, a couple things to mention, they retrograde menstruation. One thing that I found so fascinating, and I did a presentation this summer on endometriosis, so I'm excited to talk about it because I did this whole literature review, and it's been a while since I've dug into the condition. But one study I found showed that the rate of retrograde menstruation in women with endometriosis and without is actually the same, which suggests that that is how tissue gets there through retrograde menstruation. However, and I think they did it through like a red blood cell evaluation so they could see the tissue there. But not all women have implantation happen.

And implantation is when you experience endometriosis. Otherwise, it kind of just comes and goes. I know, it gets taken up by your immune system or processed or whatever. So then it leads to the question, well, if it's not that you have more retrograde menstruation, what is it about women with endometriosis that the tissue sticks? And I think you're right, the genetics, the environment, probably inflammation. And another thing that's come up in the last year is that there's some pretty significant microbiome differences in women with endo and women without.

I feel like that's a big unlock for us for the future as far as something that's modifiable that can really help. And as a dietitian, I hope we get to talk about it maybe we can start now. Like, are there nutritional approaches that you start with, with women that are helpful?

Cindy Dabrowska (10:00.228)

Yeah, of course. I'm happy to talk about that at length. would, if it's okay, I would also love to add just that immune dysfunction component. And I think that immune dysfunction component also overlaps with that microbiome component, right? Because we know that

the gut is our largest immune organ. So, you know, that I would argue is probably the big difference there, right? Is that immune dysfunction and how these dysfunctional immune cells essentially contribute to the...

Jaclyn (10:08.098)

Thank you. Definitely.

Cindy Dabrowska (10:28.432)

I would maybe use the word allow or permit the establishment of these endometriosis implants and then that in turn allows them to grow and develop a blood supply and then spread elsewhere. But now I can go into that question about the diet if you like. Good segue. Okay. Yeah, so the way that I like to approach this with

Jaclyn (10:43.758)

Great. Yeah.

Cindy Dabrowska (10:48.608)

with endometriosis patients is I like to really look at the hallmarks of endometriosis, right? So the one that I just brought up, that immune dysfunction component in gut health. So I like to dig into that and I like to assess, know, are you somebody who has a history with antibiotics? Have you ever taken three or more rounds in any one year of your life, any one year period of your life? Do we need to maybe work on building up the diversity in your microbiome and in the gut?

So here, you know, we're looking at things like prebiotic fibers, diversifying the plant diversity in the diet, looking at, you know, getting in three or more different color plant foods with every meal. Six, ideally six different colors throughout the day, two servings of each. I know that that may sound a little bit demanding or it might sound a little bit intimidating, but we're just looking to start with one tablespoon, minimum one tablespoon twice per day from each color category.

Jaclyn (11:46.222)

That seems doable.

Cindy Dabrowska (11:47.728)

It's doable, right? It's not too much, one tablespoon. So I'm looking at things like this. I'm looking at those immune supporting vitamins and minerals. So we're looking at getting our selenium from things like Brazil nuts and shrimp. And we're looking at getting our zinc from things like oysters and pumpkin seeds. We're looking at getting an adequate amount of amino acids because amino acids and protein are extremely important for supporting your immune system. We're looking at

you know, dietary probiotics, fermented foods. So these are some of the things iodine, right? Iodine from seaweed, nori, kelp, these types of things. So that's kind of one area that I look at when it comes to diet, right? And I think one of the questions was around, you know, can this be generalized across the whole endometriosis population or does it have to be very individualized? I would say there are probably some aspects of diet that can be kind of applied broadly to everybody who has endo, but really, you know, just like the condition affects, you know, each individual uniquely and differently, we do need to kind of tailor these, these aspects of diet as well to the individual. And then I also look at things like the hormone piece, right? Like what you alluded to, Jacqueline around endo being estrogen dependent.

So, this is where I might wanna use something like a Dutch test to understand how well is this person eliminating estrogen through the liver? How well are they eliminating estrogen through the bowels? Are they pushing the majority of their estrogen down that two hydroxy pathway? Do they have a lot of estrogen, a lot of that 16 hydroxy metabolite, a lot of that growth promoting a form of estrogen? And then we can apply targeted dietary interventions. In response to a result like that, right? So in this scenario, we're focusing on things like flax seeds and dietary phytoestrogens like tofu tempeh, edamame. We're looking at, again, plant diversity. We're looking at getting adequate amounts of omega-3s in the diet. So, and then similarly, you know, we know that progesterone is anti-inflammatory, it's anti-proliferative. So if this individual has very low levels of progesterone, we're looking at ways to boost that progesterone.

Cindy Dabrowska (14:03.428)

Are you eating enough? Is stress pulling resources away from producing adequate levels of progesterone? Do you have low levels of B6, these types of things? And then I would also look at nervous system involvement. Are there any nutrient deficiencies? We know that there are several nutrient deficiencies that exacerbate symptoms with endometriosis like low magnesium, low omega-3s, low zinc. And so I'm looking to replenish those nutrient gaps as well with diet.

And then inflammation, course. So inflammation is a huge hallmark of endometriosis. We're doing everything. Excuse me. I sort of have a two pronged approach here. One is looking at things that help with reducing body wide inflammation. you maybe this might be something like looking at the way that you're cooking your animal proteins. Are you using a lot of high heat, low moisture cooking methods or are you using the opposite? Right. Are you doing a lot of grilling and frying or you doing a lot of like soups and stews we're looking at

Jaclyn (15:03.308)

Is that because of like the presence of advanced class and products and can you talk a little more about that?

Cindy Dabrowska (15:07.226)

Correct. Yeah, exactly. That's exactly what it is. So you get more age formation, which stands for advanced glycation end products. These are unstable molecules. They can create a lot of DNA damage and inflammation. And really with endo being an inflammatory condition, we want to reduce that inflammatory load on the body as much as we can. And so we would opt for high moisture, low heat cooking methods like soups, stews, pressure cookers, slow cookers poaching these types of things and it's specific to the animal protein. So you won't get this age formation with plants, right? So you can go ahead and fry up some frozen veggie blend from Costco or something if you like, but it's more so with the animal proteins, right? So they'll form with the animal proteins. And that's exactly the reason why, because you get that age formation. I don't know if I answered that question.

Jaclyn (16:01.538)

Yeah, it's such an interesting element of like, you know, the way that lifestyle can kind of play a role in managing. And I'd love to talk more about your experience clinically, because I know you see a ton of women with endo. Is it a condition that you find that these lifestyle factors can really help women enough? And let's talk then about how you'd layer on top of that maybe some like therapeutic nutrients and things like that that would be addressing symptoms.

And then of course, surgery is such a common option for patients. At what point do you find that women need that laparoscopic surgery to kind of clear out the tissue? I'd love to just understand and have you share with our listeners how you address that from more of an integrative perspective, because women are probably looking at all of the options that are available to them. And how do you combine those into like a suitable therapy for a patient?

Cindy Dabrowska (16:54.116)

Yeah, that's a good question. There's a few questions in there. Do I find sort of the nutritional sort of holistic approach enough for most women? You know, the answer that I give to people here is to this type of question is that whether these changes in your diet and lifestyle are presenting in some significant symptom improvement. I mean, that would be my hope. My hope is that, you know, your pain comes down, signs of inflammation come down, maybe fertility improves if that's one of your objectives. Maybe you finally become pregnant after years and years of trying. But even if you're not necessarily seeing those shifts in your symptoms, and I will say anecdotally in my practice, almost everybody will see some form of improvement, whether it's an improvement in digestive function or in

pain or in fertility or biomarkers that are related to fertility like better quality cervical mucus or a better AMH or a drop in their CA125, which is sort of a general marker of inflammation that you can look at in endometriosis patients. But what I will say is, even if you're not necessarily seeing that reflected in symptoms, you better believe that it's changing things underneath the surface, right? It is helping to reduce inflammation. It is helping to support your immune response. It is helping to reduce your risk of other chronic non-communicable diseases or autoimmune disease risk, right? So those nutritional changes, those lifestyle changes, they're doing something. They're doing something positive for you, whether or not that's being reflected in your symptoms.

At what point do I think it's good to explore a laparoscopic excision surgery? You know, with me personally, I got to the point where my symptoms were quite well managed prior to going into my excision surgery in 2018, but I still opted to go for it because, you know, I'm somebody who from my very first period early on was having debilitating symptoms of endometriosis. And I really wanted that confirmation. I really wanted to know

Cindy Dabrowska (19:09.91)

what it is that was causing these symptoms this whole time, right? So I've really needed that confirmation, I think for a lot of people to dealing with insurance or looking at next steps, right? Like what do I pursue after I get this diagnosis? I pursue fertility preservation treatments, right? Because maybe I'm not ready in this moment in time to grow my family, but I know that endo has this effect on egg quality and fertility. So now that I have a diagnosis, do I pursue fertility preservation.

So I think that, you know, excision surgery is the gold standard management option. I think if it's accessible to you, I think if it's affordable, I think if you can get excision surgery done by a trained professional, I think it's a good idea to pursue. Ultimately, I also think that it depends on what your objective is, right? If your objective is to restore fertility, improve fertility outcomes, we do have a large body of literature that shows that excision surgery is helpful for that, right? We do see improvements in fertility rates post excision. If it's for pain reduction, okay, that's a little bit more mixed. Yes, a lot of people do report improvements in pain. Not everybody, unfortunately, reports improvements in pain post excision. And I think that there was a third part of that question around like some other holistic management options.

Jaclyn (20:34.082)

Yeah, I mean, think other other, we can talk about that as well. I think other therapies that you're recommending a lot, like I'm thinking about like Tumorak and Boswellia as anti-inflammatories or you mentioned probiotics and a lot of nutrients. Are there other things women should be thinking about kind of in the integrative space?

Cindy Dabrowska (20:53.456)

So I love, we do have quite a bit of research around some anti-inflammatory supplement supports. NAC is one that's been pretty well studied in the endometriosis.

Jaclyn (21:02.253)

good, NAC is N-acetylcysteine if people are kind of new to that. That seems a little bit like a miracle. There's so many great applications for it.

Cindy Dabrowska (21:08.752)

There is absolutely. So NAC is a good one. Yeah, turmeric, certainly. Things like pycnogenol or pine bark extract, I think is the other way that it's called. We see some research around combining vitamin C and vitamin E specifically for things like pain with intercourse, as well as pain with urination and passing stools. Things like alpha lipoic acid as well has been studied in combination with bromelain and acetylcysteine. So I do sometimes use these omega-3s as well. I really like to create a really solid foundation with my patients in diet and lifestyle. And then I really like to use supplements and some of these alternative therapies as sort of a complement. And then outside of the realm of supplements or sort of natural ingredients for supporting symptom improvement.

We do have bit of research around acupuncture being helpful for pain reduction. I'm new to exploring red light therapy when I do Q &A's on my social platforms. Somebody always asks me a question about red light. And it does seem like there is a little bit of evidence around red light helping for pain and inflammation, this sort of thing. Pelvic floor physio is huge for endometriosis. know a large group of women reports a pelvic improvements in pelvic pain with pelvic floor physio. I think that's another sort of service or yeah, like management strategy that we can tap into for sure.

Jaclyn (22:43.65)

Yeah, I mean, I'm so glad we're covering these. And I think probably a large group of our listeners today are suspicious that they have endo, maybe because they have some symptoms, but haven't gone through diagnosis and confirmation. And I think it'd be helpful for us to talk a little bit about what's the path to get diagnosed. And also not just are there what tools are for diagnosis. Of course, the gold standard here is laparoscopic surgery.

You know, laparoscopy to diagnose and treat. But before getting to that point, if women aren't ready for that, what other labs do you look at from a diagnosis and also from a management point of view? Like you mentioned Dutch testing, Dutch is not diagnostic for endometriosis at all, but I heard you mention how it can be so useful for you to design like a root cause driven treatment plan. So can we talk a little bit about how endo can be

diagnosed if a woman is suspicious? What should our next steps be? And then maybe what additional testing you look at to help you design the best treatment plan.

Cindy Dabrowska (23:47.418)

We are living in such an exciting time right now when it comes to endometriosis and the diagnostic tools we have available to us more and more are coming out. just recently myself did an interview with an excision specialist and sinologist who is kind of one of the leading names in the field of advanced ultrasound for diagnosing endometriosis. And so we're seeing that more and more women at very young ages are being diagnosed with endometriosis through this sort of advanced ultrasound approach. And I mean, I don't want to go into the details of that because that's not really within my scope, but that is, you know, one area where we're seeing you look like you want to say something.

Jaclyn (24:34.818)

No, I'm just, really glad that you mentioned that because, you know, laparoscopy is invasive, obviously, and ultrasound is not. And so the literature kind of goes back and forth on like, use it, don't use it, use it, don't use it. But I think that now that the technology is advancing, you know, I'm so glad you mentioned that because it's such a great option without as much cost or invasive, you know, you don't have to go under anesthesia. You know, there's so many advantages to it.

Cindy Dabrowska (24:40.046)

Right. Right. Exactly. Exactly. Yeah, absolutely. Like he was telling me that he's been diagnosing like 12, 13 year old girls and like think about how impactful that is for somebody who's this young. It's unfortunate to get that type of a diagnosis, but now you can plan, right? Like if it's about...

Jaclyn (25:09.272)

Wow.

Cindy Dabrowska (25:16.378)

fertility preservation or making decisions around treatment and whether you want to pursue surgery or whether you want to explore something like a holistic approach that involves nutrition and lifestyle and all these other things that we've been talking about today. I think it's just so incredible and I'm so happy that there are people in this space that are working towards making diagnosis more accessible. You can also understand, you know, how deep infiltrating it might be and that can...kind of guide you on how aggressive you need to be in terms of treatment and management. So yeah, we're seeing that we're seeing advanced ultrasound. are a bunch of, was, it swept social media over the past few weeks. There was this like new blood test that's in the works. It's being, they're doing

studies right now on it. I think it's called endo-sure. I think it's called endo-sure. I don't know Jacqueline if you've heard of it, but it's a blood test. It's like a combination of 10 proteins that through an algorithm they found correspond most closely to a positive endometriosis diagnosis. So I don't think that that's accessible yet, but it's in the works, right? So how great would that be if we could do a blood test and with 99 % certainty diagnose endometriosis, that's even less invasive.

And I recently also spoke to a team that's working on this tool that's about the size of a TENS machine. I don't know if the listeners know what a TENS machine is, but it's basically like a little device where you put these little sticky pads on, let's say your abdomen, if that's kind of where you're trying to target pain relief. And it sends these like little electrical impulses that are meant to block pain signals from the brain. And so it's a very small device and it, don't quote me on this, cause I'm new to it, but they were saying that it basically looks at the sounds that the, know, whatever they're hearing that's happening in the abdomen. And the doctor who developed this device has been diagnosing with like 99 % accuracy. we're really in this time right now of lots of exciting stuff coming out when it comes to diagnosing endometriosis. So, and then of course, yes, the excision surgery, right? And for the longest time, I thought,

Jaclyn (27:14.862)

Wow, interesting.

Cindy Dabrowska (27:29.968)

you know, with the excision, you need to actually excise the lesions and then you need to biopsy them. Like I'm a good example of this. They, they excised a couple of different spots and the part on my left abdominal wall ended up being scar tissue and not endometriosis, right? But when I had that conversation with the advanced gynecological surgeon, who's the, who's the synologist who is diagnosing accurately through ultrasound, he basically said that, no, there are certain patterns we look at. look at the way that the tissue responds to fluid or like,like penetration with the probe and they're diagnosing quite accurately without actually having to excise the lesions. So really exciting times. And then in terms of, you know, terms of labs and functional testing that you can do, you know, until this like endo-sure blood test comes out with some degree of accuracy,

Jaclyn (28:07.118)

Hmm.

Cindy Dabrowska (28:22.144)

We can't really diagnose endo with blood work, right? But there are certainly some markers that I like to look at that are very helpful and can definitely guide treatment and

management strategies. Something like a CA125 marker, which is typically used to detect gynecological cancers, ovarian cancer, things like this. It does tend to elevate in women who have...deep infiltrating endometriosis, like very severe advanced stages of endo or large endometriomas. So you can kind of use that as sort of like for monitoring almost like I have seen CA125 decline over time in patients who I've been working on inflammation reduction with, balancing the hormones, increasing the inflammation fighting capacity of the diet. So we have been able to sort of use that as a marker to see,

Jaclyn (28:57.23)

Mm.

Cindy Dabrowska (29:14.22)

is the inflammation coming down and does that correspond with a reduction in symptoms? And we do see that, right? So, you know, that's one thing, something like CRP, which is sort of a general marker of inflammation, we can also see, right? Like if you're seeing your symptoms that are a little bit more specific to inflammation improve, and then we're also seeing a corresponding reduction in the CRP, C-reactive protein, perhaps that's something that we can look at for monitoring. I mean, there's a ton more I can say in response to this question. I don't know if you wanted me to mention maybe a couple more.

Jaclyn (29:45.974)

Yeah, absolutely. I think that's really helpful for people, especially when they're not accustomed to an integrative paradigm where they've never seen a functional medicine provider. I think sometimes people wonder, what's the value I'd get out of going? And so understanding your mindset and the tools that are available, I think are exactly what people want to hear.

Cindy Dabrowska (29:49.017)

Okay. Yeah, so I mean, I love blood work. I love functional testing. I think the body is this like this puzzle and I think we can get such beautiful value information, valuable information from just looking at some basic labs. So I love looking at a CBC with differential because like we've already talked about in this conversation, endo is a condition of immune dysfunction. And so sometimes it helps me understand, right? Like if somebody has really elevated basophils, for example, and they're presenting with histamine excess symptoms. Well, that's already a piece of the puzzle that's helping me better understand how I might be able to support this person and improving their immune response and helping to reduce their symptoms or their inflammation. I like looking at thyroid antibodies because we know that as somebody with endo, your risk for having other autoimmune diseases is increased, right? Comparatively against somebody in the general population who doesn't live with endometriosis. And then we also know in functional medicine that there are like specific

interventions that you can implement in somebody who has elevated antibodies or who has Hashimoto's like gluten removal or red light therapy over the thyroid or selenium and vitamin D supplementation, right? And so now we already have this additional piece to the puzzle that we know, okay, we can apply these for the thyroid antibodies. And then, if we take it one step further, we know that sluggish thyroid function or autoimmunity against the thyroid tends to come with more advanced stages of endometriosis and more severe symptoms. So if we can kind of improve that, let's think about the spillover effects into your symptoms of endometriosis. I love looking at hormones, right? Because we think that endo, well, we know that endo is estrogen dependent, but a lot of people think that that's the only hormone that matters, but it's not, right? If your estrogen to progesterone ratio is really off, that's gonna drive a lot of inflammation, right? Because healthy levels of progesterone will reduce your pain sensitivity. It's an anti-inflammatory, anti-proliferative hormone, like I mentioned previously. So we want to support healthy progesterone levels, right, against the estrogen.

Jaelyn (32:24.974)

So I was say that's another area where there's been some more literature coming out this year showing that endometrial tissue actually the progesterone receptors are not as active. There's a bit of progesterone resistance. So I think that's really helpful to know because when you're thinking about hormone optimization for a patient, standard amounts of progesterone or a standard balance of progesterone might be, and this is like musing, there's no data on this, but it might be insufficient for a patient with endometriosis because

Cindy Dabrowska (32:33.36)

Right. Right.

Jaelyn (32:53.738)

if the receptors aren't as active and the tissue is progesterone resistant, that means that the intracellular activity and like genetic changes and proteins that are synthesized that are supposed to happen when progesterone docks with a receptor are not happening as efficiently. So that's kind of a cool, again, I think we might see some developments medically out of that scientific discovery, but it makes me think about...the balance of estrogen to progesterone and how maybe women with endo need a little bit of a different goal.

Cindy Dabrowska (33:28.588)

Agreed, agreed for sure. Yeah, that's a really valuable addition for sure. Yeah, I like looking at nutrient gaps, right? We know that if iron is low, then that's gonna reduce your inflammation fighting capacity. But then simultaneously, if the iron is too high, that might drive a little bit of oxidative stress or inflammation in the body. know B vitamins are

implicated in the way that estrogen is eliminated through the liver. yeah, there's like, I mean, I find benefits in almost any labs.

Jaclyn (33:59.51)

Is there a vitamin D connection for women with endo? Like is it tied to vitamin D deficiency? Do you know?

Cindy Dabrowska (34:05.07)

Yeah, so endometriomas are more likely to grow in people who have vitamin D as well as zinc deficiency. And then vitamin D is really involved in the immune response. So there's that connection as well. Yeah.

Jaclyn (34:16.342)

Yeah. Okay, cool. And then you'd mentioned Dutch testing. Can you talk a little bit? I mean, we are the Dutch podcast. We love to talk about Dutch testing. Can you share a little bit about what you look at on the Dutch test and maybe some common patterns that you see?

Cindy Dabrowska (34:21.784)

Yeah.

Cindy Dabrowska (34:29.146)

Sure, yeah. So I love the Dutch test. I'll do some version of either Dutch complete or Dutch cycle mapping. I really love to use the cycle mapping in my fertility-focused clients because I love looking to see, you know, what's that pre-ovulatory estradiol looking like? Is the estrogen and or the progesterone dropping too aggressively in the luteal phase? So that's the phase between ovulation and the start of the period.

Jaclyn (34:32.61)

Thank you.

Cindy Dabrowska (34:58.052)

Yeah, so I love the cycle mapping. I mean, you can use it whether you have a fertility focus or not, but I especially love to use it in the fertility focus clients for those reasons. And then we know, right? We know we have to work on boosting how long the progesterone and estrogen levels kind of stay healthy before the start of the period or ideally in these scenarios with a positive pregnancy test.

Jaclyn (35:00.042)

Nope. Keep on going. You're doing great.

Cindy Dabrowska (35:27.022)

I love, I mean, I find so much value in the Dutch. there basically, there's nothing that I don't find valuable about it for endometriosis patients, but especially the estrogen section, right?

When I see a lot of high levels of estriol upregulated and you see less estradiol, less estrone and the 16 hydroxy especially if we're seeing a lot of that one and sort of the growth promoting nature of that, that's very concerning with endometriosis, especially if somebody has large endometriomas or they have a history with fibroids and a lot of these growths, then I like to kind of work on, you know, blocking that if we can and seeing sort of a positive spillover effect into maybe estrone or estradiol if it's not too high. I like seeing the...the two hydroxy pattern being upregulated, right? So if you're familiar with the Dutch test, it's the metabolite on the end of the green arrow in that section of the report. I don't like seeing too much going down that red arrow to the four hydroxy because we know that that's sort of a DNA damaging inflammation promoting metabolite. One huge pattern I see probably in like 90, 95 percent of my patients is very low methylation. And, you know, this could be related to genetic mutations that are just a little bit more common in the endometriosis population like MTHFR or COMT. So those patterns, also

Jaclyn (36:41.582)

Mm.

Cindy Dabrowska (36:56.932)

you know, love looking at it and kind of taking a zoomed out look and seeing, know, like what's the cortisol looking like relative to progesterone? Because we know that if you're very, very stressed and you're producing a lot of cortisol, that's not going to have the best spillover effect into the progesterone. so automatically, if we're seeing this pattern, we know that we need to be working on stress management, right? Whether it's stress management from something personal life related, or if, or is it a physiological driver of stress, right? Like, dysbiosis in the gut, like some kind of imbalance there. Is it under eating? Is it nutrient gaps? Is it sleep deprivation? So those are some of the things. Melatonin, we know, is a really important anti-inflammatory neurotransmitter-like substance. So I wanna see healthy levels of that melatonin, both for fertility and non-fertility focused folks.

And then the organic acid section, of course, also great. love looking like if I'm seeing that somebody has a low methylation or poor methylation, and then we're also seeing that the B6 and the B12 is low on the organic acid section of the Dutch, then we know that maybe we need some more B vitamins. I don't know what just happened.

Jaclyn (38:10.978)

Mm. I love that. And I love that you're taking a look at like the entire picture, like the incorporation of looking at cortisol for stress management, because of course, we know

stress can exacerbate endometriosis. So it's nice to be able to get kind of a biochemical look at that, looking at what's happening with cortisol. So I'm really glad that you brought that up. I think the one thing that I really wanted to cover today that we haven't had a chance to talk much about, and I'd love it if you're willing to start with your own personal experience, is just that endometriosis can have such a huge impact on a woman's life. mean, physically, how you feel, but then just your engagement in life and your mental health and there's so much to it, your ability to be present at work or present at school. This is a condition that has far-reaching impact and I don't think that we talk enough about that, just the impact that it has and how we can better support our clients and patients through this process, which I think first comes from understanding. So I'm grateful that you're here as someone who's had endometriosis, because I think you can speak at that from a different point of view than most clinicians.

Cindy Dabrowska (39:18.542)

Yeah, so more like the mental health effects.

Jaclyn (39:21.378)

Well, just the overall life impact and what are some of the other considerations that providers should have when they're working with patients with endometriosis?

Cindy Dabrowska (39:29.262)

Yeah, I mean, keep in mind that I almost feel like it's so tricky to admit, but I almost feel like gaslighting and not having your pain taken seriously is just almost like a rite of passage for somebody with endometriosis. So something to be really sensitive to is that, you know, this patient of yours that...you're maybe working with who shared with you that they have endometriosis has probably been through the ringer, right? They've probably seen multiple specialists. They've probably been given the same two options, birth control or some kind of hormone therapy. With endometriosis, don't, very rarely do you actually look the way you feel, right?

Like as we're having this conversation, I'm actually having some pain myself, right? And you would never know thinking that, you know, this person looks completely healthy, they're smiling, they're super enthusiastic, they have a lot of energy. So, you you don't always look the way you feel and we just get very, very tired of having to communicate that. And it's really hard. Like even in like, for example, in my marriage with my husband, like, I still feel so much guilt around asking him to do something when I'm not feeling well because even though I know that I'm not feeling well, it doesn't match up with the way that I'm looking necessarily right. it's just at the same time, if I'm getting a little bit of pushback, I don't know what I'm trying to say, but it's just frustrating because you wish that you could.

Take somebody and kind of show them what's happening on the inside of your body and what you're feeling like and you just really want to be believed. just, it's really, really exhausting to, yeah, to have to fight with like what's happening on the inside of my body is not a reflection of what's going on on the outside of my body.

Jaclyn (41:26.264)

Well, and how you learn to cope with it and carry a brave face and kind of move on, because it's something that you've always dealt with, right? So it's like, you could be miserable 24-7, or you can figure out how to live life with endometriosis, but I totally get what you're saying. not always, that brave face that you put on is not always reflective of what's going on inside.

Cindy Dabrowska (41:30.104)

Totally.

Cindy Dabrowska (41:43.788)

Exactly, exactly. I mean, in terms of the research we have in this space, mean, depending on what study you're looking at, it's something like 50 to 82 % or something like that. If people with endo experience some kind of anxiety or depression or some kind of effect on mental health, and that's not surprising, right? Because it's like every single month, or if you're somebody who's experiencing symptoms outside of ovulation or your period, it's...

It's constant, right? It's chronic in nature. so, you know, and if you don't have somebody in your life who can relate to what you're experiencing, it's very isolating, it's very lonely. And then when you go to the people who are supposed to be providing you options or supposed to be providing you solutions, you're just not always getting the best support or you're not always hearing what you want to hear. And so...you're feeling this way, you're very lonely, you're very isolated, and then in addition to that, you're just not really being presented with options that maybe feel good to you. Obviously that doesn't apply to everybody, but yeah, I'm not sure if I address that, but yeah, that's what I would say.

Jaclyn (42:51.564)

Yeah, no, I think so. And I'm really like so grateful for you coming in, spending some time with me today to talk about endometriosis and to share your own experience. think that listeners today got a really good sense of really start to finish how integrative medicine might help, how seeing a functional dietitian might help, and also like your relatability is great. So I really appreciate you sharing your personal experience with us as well.

Cindy Dabrowska (43:16.4)

Sure, my pleasure. Yeah, I'm an open book. Happy to share.

Jaclyn (43:19.598)

Well, thanks Cindy for being here with me today and for all of you listening. Thank you so much for joining me. If you want to learn more about Cindy Interpractice, you can definitely visit the links in the show notes and we will see you next time.

Cindy Dabrowska (43:33.296)

Thanks for having me.