



## Conscious Life presents

### The Impact of Excess Adrenaline on Hormone Balance

Guest - Dr Aimie Apigian

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#### **[00:00:09] Alex Howard**

Welcome, everyone, to this interview where I'm super-excited to talk with my good friend, Dr Aimie Apigian. And we're talking about the role of adrenaline in hormones and how when we have a consistent excess of adrenaline, how it has a downstream impact on other hormones, but also how it impacts our body in a number of ways. Dr Aimie is a double board-certified medical physician in both preventative and addiction medicine and holds a double master's degree in biochemistry and in public health.

She is the leading medical expert on addressing stored trauma in the body through her signature model and methodology, The Biology of Trauma. A new lens that courageously up-levels the old methods of trauma work and medicine by reverse-engineering trauma's effects on the nervous system and body on a cellular level.

She's currently the founder and CEO of Trauma Healing Accelerated, where she bridges the two worlds of functional medicine and trauma therapy with a mission to help adults accelerate the healing journey by addressing the biology of trauma that keeps stored trauma stuck in the body, mind and spirit. Her provider certification course teaches providers to do the same for their clients. So Aimie, firstly, welcome. Thank you for joining me again.

#### **Dr Aimie Apigian**

It's always lovely to join you for your amazing work in summits, Alex.

#### **Alex Howard**

Thank you. We always have fun together. So, adrenaline. I think this is a really interesting one because I think people think about hormones and they think about sex hormones. They think about particularly, there's lots of conversation in this conference around perimenopause and so on. But of course, this is often the bridge between what's happening and what's happening. So walk us through adrenaline, what it is, what triggers it and why it's important in this conversation.

**[00:02:23] Dr Aimie Apigian**

Let me set the context, because whenever we're talking about the sex hormones, we got to talk upstream to really like, well, what's causing those to be imbalanced. And usually you'll land on something that's called cortisol and you will recognize that as the stress hormone. And yet I'm going to tell you that, no, cortisol is actually not the stress hormone. It's really adrenaline. And adrenaline is what drives the cortisol, which is then what causes the imbalances in the sex hormones.

So adrenaline is central to the conversation both around stress and trauma. And so as we understand that the body has a physiological response to stress and it has a physiological response to trauma. Those are two different physiology processes in the body. Adrenaline is key to that conversation. And to be able to understand this gives a person a power to be able to do things differently so that they can actually navigate their stress response differently so that they don't have those imbalances in their cortisol.

And they're also not going into a freeze response or a trauma response. And by that I mean feeling the shutdown and the collapse. And my word for trauma, being overwhelmed. And so adrenaline is, I think, one of the most exciting hormones to talk about in the body because there's so much that we can do about it.

**Alex Howard**

Do you want to describe a little bit of what adrenaline feels like in the body? So when adrenaline gets released, what do we feel?

**Dr Aimie Apigian**

Adrenaline is the hormone that moves us to action. And it is literally what goes out to every cell and says, "All right, upregulate your energy production, because we've got to move." And so a person is going to feel alive. They are going to feel very alert. They are going to have their senses in tune with their environment.

They're going to feel invigorated. They're going to feel energized. Their muscles receive more blood supply when adrenaline is moving through our blood. And so they will feel that energy to move their muscles. In fact, when we have adrenaline rushing through our blood, it's hard not to move. You actually have to make an effort to not move because of adrenaline's effect on energizing us, invigorating us, and mobilizing us.

**Alex Howard**

Do you want to speak also to the difference between healthy adrenaline and unhealthy? Or perhaps also the difference between acute and chronic overactivation?

**Dr Aimie Apigian**

Yeah. So when it comes to the body, I am always going to be one that says the body is doing exactly what it's intended to do. The body is not doing anything bad. The body is doing exactly what it's intended to do. And the body has a nervous system. And really, I'm speaking now to the

autonomic nervous system. The central nervous system is more the brain. And we have this autonomic nervous system that runs our organs, our vital functions, even down to the sodium and potassium and calcium levels going in and out of our cells.

### **[00:05:30]**

Things that are so far out of our conscious awareness that keep us not only alive, Alex, but they keep us adapting to every change in our environment. And that nervous system has what's called a perception. And so we call that neuroception. This is the concept that Dr Steve Porges talks about with his polyvagal lens. And neuroception, its job is to gather all the information to be able to make the decision on how to best adapt in that moment. So when I use the word adapt, I'm not talking about evolutionary adaptations that happen over generations.

No, I'm talking about in a split second. How can I adapt to what is changing in my environment right now? And that is all regulated by the autonomic nervous system and its ability to receive and then come up with its perception of what we need to adapt to. And it is receiving that information not just from our outside, but also from our internal environment. And we know this even from the studies on the cell danger response.

This is a fascinating work where it's showing that the mitochondria that are inside of cells... These are the factory houses that actually make the energy that adrenaline is going to be upregulating to kick them in the butt and make them make more energy. Those mitochondria are giving information to the nervous system to tell our nervous system its capacity for upregulating or its deficiency. And I'm struggling because I don't have enough magnesium, I don't have enough of what I need to be making energy and clearing out the trash and the junk and the debris. And so this constant communication between our cells and our nervous system is what allows our nervous system to have this perception of, is this danger or is this not?

We respond to our perception of reality. We do not respond to reality, in case anybody questioned that. We do not respond to reality, we respond to our nervous system's perception of reality that is not only based on what's happening on my outside, but also what's on my inside. And so when our nervous system senses any form of danger outside or inside, that's when it informs and sends a signal to release adrenaline. So adrenaline is, in my book, never bad, never unhealthy. It's just this is how the body is responding to its perception of danger.

Now, what happens is that that adrenaline can be on all the time. All the time. And if we were driving a car, a nice little sports car, perhaps, there's that button that says sport mode, and it would be the equivalent of being in sport mode all the time. Eventually it's going to run down the car, we're going to run down the engine, the transmission, we're going to run out of gas, because that's not sustainable.

So adrenaline is never bad. And in fact, we want some adrenaline in our life, but we also want it ideally to be as an appropriate response to our environment and not just based on a perception of danger when there's not actually real danger.

**[00:09:02] Alex Howard**

And I think just to amplify that point a bit more, I think that's important because one of the things that often happens is that we normalize to the way that our nervous system responds. And so there are people that would not identify themselves as being adrenalized because that's become their new normal. And yet a sensitive person in relation to them can feel it.

**Dr Aimie Apigian**

Absolutely. And we have this term in medicine that's called homeostasis, and homeostasis is this idea that we've established a balance. Now, whether that's a balance that would be considered a healthy balance or an unhealthy balance, it doesn't matter at this moment because it is a balance. And so if we have adapted to high levels of stress and adrenaline, we have established a balance that requires that high adrenaline.

And if we come in and we try to take away that adrenaline too much too fast, we dysregulate or destabilize our system, our physiology, which our nervous system will perceive as a life threat, and we will find ourselves reacting in ways that we hardly recognize ourselves because our nervous system literally has adapted to. But this is my normal. This is how I know how to live.

We see this so often, whether it's veterans coming back from war or spouses leaving a domestic abuse situation, where I have gotten used to this level of tension, I have gotten used to this level of adrenaline. And anything less feels dead, feels boring, feels flat. And then we find ourselves perhaps creating stress, creating drama in order to generate that level of adrenaline that we're just used to living with. It's our normal, like you said.

**Alex Howard**

Yeah, it's like, what comes to my mind as you're talking is that adrenaline is like a drug. And like any drug, we can get addicted to it, right?

**Dr Aimie Apigian**

Adrenaline, dopamine. Because anytime that we're releasing adrenaline, we also get a dopamine hit. Dopamine is a neurochemical. That is the motivating chemical. So imagine a teenager who's just laying on the couch, he's not motivated to do anything, right? He needs a good dose of dopamine, because dopamine is what motivates us to do something. And so that's why the body, in its intelligent design, is releasing adrenaline and dopamine. So that not only do we have the energy to move, we have the motivation to move. And that combination, Alex, that's a powerful combination. And that is where, again, some people become adrenaline junkies.

It's not just the adrenaline. It's also the dopamine that's caught up with the adrenaline that makes it literally, we feel the most alive in those moments. And for someone who struggles with chronic functional freeze. If a person is familiar with that term or maybe has just lived for a long time feeling flat, just feeling like they're pushing themselves through life, but not really having joy in life. A hit of both adrenaline and dopamine to make them feel more alive than what they perhaps have ever felt before.

**[00:12:21]**

Yeah, like you say, it becomes like a drug that they keep wanting more of because they love that feeling of aliveness. And on the flip side of that, it comes at a cost. So the adrenaline is our stress hormone, truly our stress hormone. And there is a cost to our stress response. And if we're not paying back the cost, the debt, well, then that's when we're going to have problems. And that's what people refer to as chronic stress.

### **Alex Howard**

Can you make then that bridge between chronic stress and how it impacts on the wider endocrine system? And so the way it's impacting on thyroid hormones, on stress hormones, and so on. Sorry, on thyroid hormones and sex hormones. Talking about stress hormones.

### **Dr Aimie Apigian**

Yeah. We have this term in medicine that's called the cortisol steal, and that is where we're making so much cortisol that all the other hormones are not being made, because everything needs to be funneled and shunted into making more cortisol. Why would we have a cortisol steal? Well, it's because of adrenaline. So adrenaline triggers the production of cortisol.

And it's fascinating physiology here, which really, again, gives us a lot of information on what we need to do when we feel stressed so that we can move through a stress response and not get caught in chronic stress. Adrenaline is in our blood within 30 seconds. It's actually not immediate, because it takes time for the adrenal glands to release adrenaline.

And so the sympathetic nervous system is responsible for that initial... Like, right now, I can run out of the path of this oncoming car, and then the adrenaline hits, and then I feel my heart pounding. And then I notice these physiological effects of adrenaline. But we have that adrenaline in our blood for 15 minutes, maybe the tail-end of it dropping off at 20 minutes, but that's literally all we have.

So we have 15 minutes where we are literally given the nutrients that we need to move and take action for this problem that just showed up in our life. And in the process, cortisol is being made in the background, but it takes time. And so at about 15, 20 minutes is when cortisol now starts to rise in our blood. And its job is to protect us from the effects of adrenaline.

Most people don't realize that cortisol is intended to protect us. They think that cortisol is the bad hormone. No, cortisol is actually there to protect us from adrenaline so that it doesn't become a runaway train for our physiology. And we stay living, sweating, with our heart pounding and our breath at a very fast rate. So cortisol comes in to protect us.

But depending on the amount of adrenaline that we have and how many times we have an adrenaline spike in our day will depend on how much cortisol we have to keep producing. And cortisol is not as fast acting as adrenaline. And so cortisol is going to stay for hours. We're talking 4 hours, 5 hours. But over the course of a day, four or 5 hours for a regular person. How many times have they had a spike of adrenaline because they had a new stress in their life?

**[00:15:46]**

And so this is how we have chronically elevated cortisol levels, because it's not as fast acting. It stays high and then with each new adrenaline, there's another hit to the adrenal glands of, "Okay, make more cortisol, keep producing more cortisol." And that's how we come with this cortisol steal where the body, the nervous system, is constantly telling the adrenal glands, "I guess we need more cortisol because we're still pumping out adrenaline". And it literally steals from all of the other hormones, the sex hormones, in order to make more cortisol.

### **Alex Howard**

So let's then talk about what that may mean to other hormones in the system. And so if the steal is happening, what might that then mean in terms of specific hormones, but also the symptomatology that then may sit with that.

### **Dr Aimie Apigian**

Yeah. So this is where we can really start to see the signs of stored trauma in the body. When the body has that much adrenaline, cortisol will try to protect it. However, what happens is that when we're not metabolizing, when we're not processing, when we're not... I'm going to use the word discharging that adrenaline, it starts to move our physiology into an unsustainable shutdown. Which is interesting because we can still be in a trauma response, which I call that shutdown, that collapse, that overwhelms on a cellular level while we still have adrenaline and cortisol in our bloodstream.

And this is why it's not always valuable to test for the cortisol levels when we are experiencing things like fatigue or when we're experiencing things of these downstream effects, because our physiology maybe has shifted into what we call the dorsal vagal or that trauma response physiology, even though we still have the stress hormones.

And so that combination really is the hardest on the body. Alex, where, yes, we have cortisol, we have this cortisol steal. And we have this other physiology where actually, what's driving our body right now in this moment is not the sympathetic system anymore, of the stress. But it's the dorsal vagal, which is communicating to all the cells to shut down.

And so that combination where I'm not even making as much estrogen, I'm not even making as much progesterone, I'm not making as much DHEA, and I'm communicating to all my cells to just do the very bare minimum to survive. And so this is where a lot of inflammation starts to happen, and we start to see symptoms or symptomatology that can be everything from infertility, where the body is just not able to create a new life because it's in shutdown mode.

We see symptoms, perhaps, of PCOS. PCOS being the Polycystic Ovarian Syndrome. And this is a symptomatology that is characteristic of insulin resistance. So there's a number of physiological markers that have now become destabilized as a result of all of these physiological changes. Inflammation is involved. Mitochondria are involved. It's not just a hormone problem anymore.

Now, this is a whole physiological phenomenon with the hormones involved in that. So it's a lot of even estrogen dominance can happen where it's just an imbalance happening across the

hormones. But it's even a larger picture now with inflammation involved, mitochondria involved, that are keeping us stuck in that place. And that's why it can be so hard to find our clear path out of those hormonal imbalances, because it's not just the hormones anymore. It's actually the physiology of our operating system that's keeping them stuck in that place.

### **[00:19:49] Alex Howard**

I was also thinking, as you were talking, that in the picture of chronic illness situations... Or indeed, I was thinking, actually something like perimenopause, that it may appear that we're getting away with this dysregulation for a period of time. And then it can either be like the final straw, like we get a viral overload, or we have a mold situation or something, and we think it's that, and we don't recognize that it's this imbalance that's happening over time. And also a woman hits perimenopause and has a really difficult chapter. But it's not just what's happening that the change is there. It's also this underlying imbalance that may have been happening for many years.

### **Dr Aimie Apigian**

Absolutely. And this is why, even with hormonal changes like perimenopause, menopause... Women have found that this is often a time that because of those changes that their body is trying to make in the hormones, it's actually triggering and opening a portal, a door for them to look at. Oh, I've got some larger issues going on in my body. I may not have known, or I haven't been paying attention to it.

And now it's time to actually deal with what I would call the stored trauma. These experiences in our life. They created overwhelm. I've never fully processed them, and somehow that overwhelm got wired into my system, and my body is in overwhelm, or my body's on the edge of overwhelm. I feel overwhelmed.

And that is part of what needs to be addressed at this time in life to really, truly establish a sense of safety in the body for going through a change in a transition like perimenopause and menopause. Creating that sense of safety in our physiology, in our body, for us to navigate that in the best way possible, which is possible. And I guarantee you that when our physiology is not in that state of safety, but it's either in a state of fear or danger, or shutdown and overwhelm, that is when we're going to get symptoms across the board as we are going through a major life transition.

So with the adrenaline, if that becomes something that we don't know how to metabolize and how to digest, how to process, how to discharge. Those are all words that we can use for that adrenaline that just otherwise sits there, then that is when it will always lead to this state of overwhelm in our body with all of these downstream effects.

So learning the need and how to actually discharge adrenaline is really important. The other aspect around adrenaline that often affects women around this transition time with their hormones is excess adrenaline that we're not discharging and eventually starts to tear at our tissues. And it tears up our digestive system, really creating more leaky gut, bloating, pain, digestive issues. People may even start to have IBS symptoms that they didn't have before, because adrenaline literally tears our tissues apart.

**[00:22:59]**

That's why we need cortisol to protect our tissues from adrenaline. Adrenaline will also create inflammation in our brain. We have these immune cells in our brain that become activated with too much adrenaline. So it's not that they always get activated with any adrenaline, it's just how much panic do you feel? If it's just at a level of anxiety, it won't activate it.

But as the level of adrenaline increases, you run that risk of also affecting your brain and your brain inflammation. And then when that happens, that has downstream effects on your hormonal system, because the HPA axis starts in the brain with the hypothalamus and the pituitary. And so when that is surrounded by inflammation, you're going to see these downstream effects as well.

The other issue that adrenaline causes with our tissues specifically is it can lead to chronic fatigue. And so adrenaline goes into our muscles, into our tissues, into our extracellular matrix, and we're not discharging that. We're not doing something with that adrenaline, then that adrenaline tears up those tissues, and with time, we can even develop chronic fatigue.

We see this in one of the most common biochemical imbalances that I'm seeing in people who have this kind of overwhelm in their biology. And it's particularly one that would affect women with their hormones and in that transition phases as well, but also even just when they're having their regular periods, because it's related to estrogen. And that would be copper excess. Copper is very related to estrogen. And so as estrogen levels go up, copper levels go up as well.

This is helpful when a woman is pregnant, because the baby needs copper for the development of their nervous system. And so as mom's estrogen levels go up with pregnancy, those copper levels are going up, and baby's getting the healthy nutrients for their nervous system. However, what can happen is that usually due to a combination of exposure, genetics, the body is unable to clear out that excess copper. And a woman can develop chronically excess copper. And excess copper is a toxin.

Normal copper is awesome. But excess copper is a toxin to the nervous system. And guess what? It causes an increase in adrenaline. And so here you have copper that's increasing with estrogen levels, it's causing more adrenaline. And so we're experiencing more anxiety without knowing how to discharge that adrenaline. And so it's leading instead of to mobilization, it's leading to immobilization. It's leading to panic, it's leading to feeling frozen and paralyzed with indecision. And I don't know what to do leading to all of these health problems, the digestive system, the fatigue, the exhaustion, and the downstream effects with the hormones.

### **Alex Howard**

So what do we do? So you've mentioned a few times discharging the adrenaline and also that stored trauma in the body. So how are some of the ways that we can work with this?

### **Dr Aimie Apigian**

So when we feel that adrenaline, we need to respond to that, because how we discharge adrenaline is using it up. And we use adrenaline up by moving our muscles, because that's what it's there to do. And so we move in order to mobilize and discharge, basically use up that adrenaline. If



we're not moving, then that adrenaline just sits there, becomes embedded in our tissues, tearing it up.

### **[00:26:44]**

And so I cannot stress the importance of moving when we feel anxious. Now, I know that there's going to be a caveat with those people who have chronic fatigue already, because they're going to be like, "But I can't move. I don't have the energy to move." And so we've got to be very gentle with those systems and gently move it towards more movement. I'm not saying exercise for that reason as well, because many people... Because they've had so much chronic adrenaline, exercise makes them have a flare up of their fatigue. And it also uses up nutrients like magnesium or zinc, some of these nutrients that will then create a state of overwhelm and deficiency as well.

So with the adrenaline, the movement is going to be the most helpful. And that's why people over the years have started to sit more rather than be in as much movement. And that has led to so much of this chronic stress becoming actually trauma physiology in our bodies. And the degree to which we are releasing the adrenaline is the degree to which we need to be in movement, which is fascinating and helpful to know.

So that I know that if I just feel a little bit anxious, well, then I'm going to need to do a little bit of movement, maybe walk around, maybe even pace while I come up with a plan. But if I feel a panic moment and that was a large release of adrenaline, it's going to take something more. I even may need to do some forceful movement, like a punch or something that feels like I am actually completing that adrenaline.

And you can start to feel it in your body where you will feel, ah, like, complete. You're not going to feel that antsy feeling that adrenaline creates once you've used it all up. And that is how we then move into completing a stress response. If we don't complete our stress responses, the nervous system moves into that overwhelm state.

That's the only possibility. Once our physiology goes into stress, it's either we use up that adrenaline or it says, "I can't do it, I can't use it up. I can't move enough." And then we go into the trauma physiology, which is one of shutdown and overwhelm. So we can also use foods to help bind adrenaline, which is very helpful as well. These are often many of the same foods that we can use to bind toxins.

And so even just pooping regularly. It's not something that we usually talk about when it comes to trauma, but that's actually a really important aspect of creating a safe nervous system inside my body is, am I eliminating toxins? Am I eliminating adrenaline? Because I've got regular bowel movements that I'm able to do. So eating more fiber. Beans are the food that are most well-known for being able to bind and metabolize adrenaline.

So those are some tips that people can get started with for understanding how they can help discharge and metabolize adrenaline so it's not building up in their system and causing all of this damage.

**[00:30:04] Alex Howard**

Yeah. So what you're describing is, I think, some really helpful ways that in day-to-day life, if there's too much adrenaline to bring it back to balance, how about when there's the medium to long term impacts of that? I know this is a big question. We haven't got time to go into every piece of everything that I know that you have in your amazing work, but a few key pieces that can help us. If we can see that there's been years of excess adrenaline, and even if we're balancing that now, we're still dealing with the impacts of that.

**Dr Aimie Apigian**

Yes. The way that I see it is, I see it as like I'm tending to a tree that has grown sideways because of chronic wind. And if I'm going to help that tree grow in a different direction, it's going to take consistency. It's not going to happen overnight. And I've got to create a new experience for it with new support, because if nothing changes, nothing changes. So I have got to create the change that will facilitate the tree adapting to the new growth.

That's the same for my nervous system. If nothing changes, nothing changes. But my job is to slowly, gently create the changes that will allow my body naturally to adapt to that. What does that mean? Well, if I'm used to chronic adrenaline, I'm going to need to slowly decrease that daily adrenaline that I'm used to living in.

I mentioned near the beginning that if I took it all away, it actually would be too much too fast. It would literally destabilize my system. Just like if I tried to go to that tree and say, "No, we're going to make you grow upright and try to make it a 90-degree change immediately." That's too much. And in the process I break it. And I don't know about you, but I've broken my body in the past by trying to do too much too fast.

**Alex Howard**

No comment.

**Dr Aimie Apigian**

So this is the same with anything that's chronic. This is the same principle that I used when I was detoxing addiction medicine patients off of their substance. It's not an immediate, like cold turkey and sink or swim, live or die type of thing, because it's too much change for the nervous system to remain stable. We've got to what I call create the window of safety. And then from that window, I can grow and I can expand as long as I'm keeping it manageable.

But if I haven't yet created even that stability, or if we want to bring in the word regulation or flexibility, or again, a safe system, a safe enough system, then my system is going to be too unstable to make any changes that will last, that will stick. And so my first work with someone is to help them create a safe enough system. And what does that feel like?

It's going to be different for every person depending on how chronic this has been and how high their adrenaline has been. If it's been really high, well, we're just going to go a few notches down and then a few more notches down, and we're going to give the body time to adapt to each of those new levels so that then it's ready for the next one.

**[00:33:29]**

But we're doing it in a way that we're not overwhelming the system anymore. That's what we've always done, and we've got to do something different. And this is how we allow the body to make these changes in a way that's going to stick. Because it's adapting over time to these new experiences that we are creating of a little less adrenaline, a little less adrenaline, a little more safety, a little more connection, a little more regulation, and a little more and a little more and a little more. And we build up that momentum, but in a safe way.

So even with someone with a chronic health condition or chronic effects on their hormones, we're not going to try to make these amazing, huge leaps overnight. That's too much for the body. We've got to be gentle and consistent and let the body adapt to these new changes and experiences that we are bringing in of more and more safety. And by safety, I not only mean emotional safety, I also mean physiological safety. Having all of the nutrients that you need, having less adrenaline, having the system be able to support the work that we're doing to change our life.

### **Alex Howard**

What's possible? Because I think sometimes people think, "Well, I've been overcooking the adrenaline for 50 years or 60 years". And what's possible when it comes to healing here?

### **Dr Aimie Apigian**

Ah Alex. This is what lights me up, because even just today. This morning, I was teaching a class to my course members, and I'm leading them on a journey into their nervous system. And today's topic that I taught them was, how long have you been bracing against life impact? We can always assume that there's the next thing that life is going to hit us with. And we don't even know what it is, when it will come, but we know it's coming, and so we always are braced. We live braced.

And so I put this question out to the group and they told me just that, right. Like some of them, "70 years, that I feel like I've been living braced." "Since in utero", was someone's answer. "50 years, 65 years, 27 years, since I was twelve." So that tells me that something likely happened around age twelve that made them all of a sudden feel very insecure in life and, like, they have to brace. And yet these people come in and they do just that.

They're consistent about creating new experiences for their body that are done in a gentle way. I am always amazed by what is possible, and I'm just going to brag on them for a little bit. Just in the first 21 days, and some of them have been with me for two years, but just in the first 21 days, they are experiencing a 26% decrease in their daily physical pain. 28% decrease in GI symptoms. 28% decrease in sleep issues. 30% decrease in fatigue. 30% decrease in anxiety. 30% decrease in depression.

Some are getting off of their autoimmune thyroid conditions. Some of them are getting off their steroid medications for skin issues related to the immune system. Some have gotten off of their pain pills that they've been on for 20 years. This is what's possible. This is why I love doing this work. I know you do as well, because when we work on this level with the body, it's like, well, what's not possible? This is what drives every element of our health, our life, our relationships. And

so when we're really working at this root level, anything is possible for it to blossom into all kinds of flowers and trees and shrubs.

**[00:37:26] Alex Howard**

Beautiful. Aimie, for people that want to find out more about you and your work, where's the best place to go and what is some of what people can find?

**Dr Aimie Apigian**

Yeah, they can find me over at Trauma Healing Accelerated. I have a Biology of Trauma podcast. I have three free resources on that website that they'll find around the essential sequence, steps to identify and heal trauma, and even an attachment trauma roadmap. And they will also see that there will be links for my YouTube channel where I have a large number of free educational videos. So that would be where to go. [Traumahealingaccelerated.com](https://traumahealingaccelerated.com).

**Alex Howard**

Amazing, Aimie. Thank you so much for being here. I really appreciate your time.

**Dr Aimie Apigian**

Thank you, Alex.