

How unresolved trauma affects sleep

Guest: Dr Aimie Apigian

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[00:00:10] Alex Howard

Welcome everyone to this interview where I'm super excited to be talking with my friend Dr Aimie Apigian. And in this interview we're going to be exploring how the relationship works between trauma and sleep, and particularly how trauma is what happens in our biology, not just what happens in our psychology. We'll also explore some practical ways of working with healing trauma to improve our sleep quality. We'll look at some elements from somatic practices, but also working with food and functional nutrition as well.

Just to give you a bit of a heads up, I'm rerecording the intro to this interview because we had a few technical issues with my microphone. The interview is a fantastic interview, so I'm really keen for you to see it but you will notice when I ask Dr Aimie questions sometimes there is some interference and distortion on the voice. You will be able to follow easily but just wanted to give you the heads up. Also so you know, you can always click the closed captions, the CC video, on the video player, which will also always show you the words on screen as well.

To give you a bit of Dr. Aimie's background. Dr Aimie Apigian is a double board certified medical physician in both preventative and addiction medicine and holds double Master's degrees 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 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 body, mind and spirit.

So welcome, Dr Aimie, it's always a real joy for us to have some time together.

Dr Aimie Apigian

It is Alex, I love talking with you and I love hanging out with you.

[00:02:32] Alex Howard

I love hanging out with you too but we probably should do the interview, so to come into the interview. Maybe it's a starting point. Let's explore how unresolved trauma can be often at the root cause of people's sleep issues. I think that's a really good place to start.

Dr Aimie Apigian

Yeah, well I've never seen stored trauma not affect someone's sleep. And when we look at stored trauma and its chronic effects on our biology, we can understand that it's going to be affecting the melatonin levels and we want to look at the cortisol levels because many times it's the cortisol that is affecting our sleep.

And it's really fascinating because so many people still think that with trauma, you have high cortisol levels because you're stressed. And we all know that cortisol is that stress hormone. And yet what we see is that when a person is living predominantly in sympathetic. Yes, their cortisol levels are high, but the more time that they spend in that trauma response state, you can call it the overwhelm state, you can call it the functional freeze state, but the messaging that their body is being given through that dorsal vagal response is actually one of shutting everything down, including the adrenal glands. And so when the adrenal glands get that message, they start turning down the production of cortisol and we actually start seeing lower levels of cortisol and people may have had their cortisol levels tested.

The best way to do that is usually a 24 hour measure of cortisol through the saliva. And we can see how your cortisol levels are throughout the day and we're measuring the very first cortisol levels in the morning and then all the way up until you go to bed at night.

And what happens is that many people are waking up with a low cortisol level and then what they usually need to do is because they're pretty tired and wiped out, they don't feel like they got good rest and they actually didn't get good rest, then they're needing to bring in some type of stimulation like caffeine or something in the morning to bring that cortisol level up.

And so when we look at how stored trauma is going to affect the sleep, it's really different based on what state their nervous system is in and are they fairly early on in that progression where they're still mostly in sympathetic and their cortisol levels are high because that will help... Well, that's going to cause them to lay in bed at night and not be able to fall asleep. Whereas if you have low cortisol levels and you're living more in that.. Kind of with a lot of the work that you do Alex right, with the chronic fatigue.

You are further along in that progression of stored trauma and its effects on your biology and you are exhausted and you are actually sleeping many times more. More hours. Even though it's not restful sleep because your body does not have the nutrients. It does not have what it needs to repair itself during sleep, which is what sleep is supposed to do for us.

So it's very interesting to see the different qualities of sleep problems that people can have that are usually all lumped in with oh, I'm stressed so I can't sleep. Or again, many people describe like they just want to go to bed and pull the covers over their head. They want to go to sleep. They prefer to go to sleep than to be in their daily life.

[00:06:08] Alex Howard

It's an interesting distinction that you make because I think often people think about sleep issues being because cortisol is too high in the evening or at night time. But the point you're making is very interesting that it's often that low cortisol in the morning that leads to the unhealthy choices and habits and behaviors that actually further disregulates the system and therefore result in those impacts around sleep.

Dr Aimie Apigian

Absolutely and we see this a lot, right? We know that when we have stored trauma, there are uncomfortable body sensations happening and they can be feelings of overwhelm. Overwhelm because we feel lonely, overwhelm because we have the grief.

There are so many reasons why we can have those uncomfortable body sensations that feel overwhelming that put us and keep us into that trauma response. And because that's so uncomfortable, and generally until we do some somatic work and other work where we're not comfortable with the uncomfortable yet, then we find ourselves with unconscious, subconscious or conscious coping mechanisms to deal with those body sensations.

So many of those coping mechanisms will affect our sleep. You mentioned caffeine, but what about food in the evening? That's a common time when people are kind of feeling that slump of the day, that's uncomfortable for them. They're coming home, they feel like home is not a safe place, or they feel lonely, whatever it is, and then they start to emotionally eat, whether they realize it or not. And the amount of food and the timing of food that we eat in the evening directly affects our sleep.

So there's all these coping mechanisms that we can have as a result of the stored trauma that will also impact our sleep.

Alex Howard

And let's also, I'm mindful we're using some terms that people may not be familiar with. So I think it might be helpful just to define a bit what we mean by trauma, but also perhaps some of the difference between stress and trauma.

Dr Aimie Apigian

Yeah, well, when it comes to trauma, you and I are very aligned in this, in that trauma is an overwhelm of the system, an overwhelm of the body. And so this was really helpful for me to shift in my life because when I started having my health crash that I recognized that all of the health symptoms and conditions that I was developing in my early thirties were all related to the adverse childhood experiences and yet I looked at my childhood and I was like, I did not have trauma. I did not have trauma, so why am I having these types of health issues?

And what I had to learn in that process was no trauma is anything that for any reason overwhelmed our system at that time. And that really opened my eyes, Alex, because now I can look at my childhood through a very different lens and ask the question, all right, Aimie, when did you experience overwhelm? When might you have felt overwhelmed?

[00:09:13]

Oh, well, yeah, I can see overwhelm, but I hadn't seen trauma because I was looking for things, I was looking for events. And so it really helped shift my mind and then I started to see it in all of my patients. I was a general surgery resident at the time, and I started seeing it in everyone.

I saw the direct correlation between their degree of overwhelm that they had experienced in their life and were currently experiencing and their health, their physical health.

And it really just opened my mind and really excited me to jump into this and be like, all right, let me understand the nervous system and this correlation between overwhelm and that being my new definition of trauma, because now I can see the effects of overwhelm being stored in the body, trauma being stored in the body. It's a shock to the system at that time because it overwhelms it.

And then everything starts to make sense. Of course, these are the downstream effects. Of course, this affects our biology long term and here's our clear path forward to repairing those chronic effects of overwhelm and trauma.

Alex Howard

And one of the things that you talk a lot about and I really like the way you put it, that trauma is our biology, not our psychology. And often people think about trauma as being something that only happens in our mind or in our emotional body, but you talk a lot about those impacts in our physical body. So let's just open that piece up a little bit as well.

Dr Aimie Apigian

That was another huge tip for me because I had always been taught that when you're struggling with mood, when you're struggling with anxiety, when you're struggling with depression, when you've had trauma, that your way out is therapy.

And so here I am now struggling with things, now recognizing that, okay, I've had trauma. And the solution, of course, is therapy. And I did a lot of therapy, Alex. I did a lot of therapy.

And what I started to find out was, wait a second. I am actually feeling more emotionally balanced when I'm coming back from the chiropractors, when I'm coming back from a foot reflexology appointment. I am feeling very similar and sometimes better from those physical things that are working with my body in specific ways than when I'm sitting there telling my story to somebody.

And so as I looked at the effects on the biology, I could see that, wait a second, it's the biology that actually takes us into that trauma response state. And when we're there, the effects on our biology are even more, and it kind of creates this cycle of trauma, where now the inflammation that is a result of the trauma response and the nutrient deficiencies as they're getting used up, all of these things are contributing to overwhelm because the body is having a harder time just getting through life now.

And it's a beautiful thing for me to be able to see that, wait a second. With the stress, as long as we can hold stress, our body does not go into that trauma response. But if we have nutrient deficiencies, if we have inflammation now, if we have sleep problems now, guess what our capacity for stress does. It goes down.

[00:12:47]

And when our capacity for stress goes down, that's when we're going to be crossing that line of stress over into overwhelm and that had nothing to do with our thoughts, that had nothing to do with our thoughts.

That may have had to do with the zinc deficiency, that may have had to do with magnesium, with B6, or that may have had to do with the inflammation or the brain inflammation specifically, for those who've got histories of any kind of a physical brain just head to the head.

So there's all these biological factors that I saw were causing people to go into that trauma response, into the overwhelm that actually had nothing to do with their thoughts other than, Alex, it generated thoughts that are consistent with being in the trauma response, which are thoughts of 'I don't have energy anymore', 'I don't have the energy to care anymore'.

'I give up', 'I give in'. And it was so helpful for me to see that, wait a second, those are actually a detriment of the biology. They're not always the cause of the biology going into that trauma response.

Alex Howard

What comes to mind as you're talking, Aimie, is it's like, the impacts that happen in our life affect our biology, but then our biology, the impacts in our biology affect our resilience and our capacity then to meet the further things that happen. Right.

And I think one of the things that's so challenging with sleep is someone's sleep goes out of balance for whatever reason. But now their sleep is out of balance, they're less resilient in their day to day life as a result of it.

Dr Aimie Apigian

That's the cycle of trauma that starts to happen in their body, like in their biology. And it's very important to find ways to interrupt that cycle so that then we can start to build that cycle of wellness, that cycle of resiliency where your biology is now actually fueling your resilience, which is fueling your biology. Because as you say, once your sleep goes down, just that is such a hit to our resilience and our stress capacity.

Alex Howard

What are some of the ways that you see then, that relationship between those impacts on our biology and our sleep? And so you talked about cortisol I think is a really good example of that. And I'd like to perhaps expand on that, but also bring in some of the other ways that mechanism can work.

Dr Aimie Apigian

Yeah, so one of the other common things that I see is the sugar regulation. So in our bodies we have to have a certain level of blood sugar levels. If we don't, our brains alert us to danger and threat because having that baseline sugar level, it has to have that for survival.

Not only, I mean, the brain uses up so much sugar itself, but the other tissues as well. And so when our blood sugar levels go too low, that is when we will wake up. Because there is a threat? There is a

danger. And we're looking around the room being like well, where's the threat? Where's the danger? No, it's inside.

[00:16:07]

But how does that happen? Well, so many times what happens is that we are eating high carbohydrate density foods and those high carbohydrate density foods generally help fuel the serotonin system. And they also give us a dopamine hit, which are the two neurotransmitters that are really central to trauma and especially if a person has a biology of undermethylation.

So they have a methylation imbalance and specifically they have an undermethylation status. And not all of them, but many of them have lower serotonin and dopamine levels, activity levels.

And so they're naturally right like this is, again, kind of unconscious to them, what they're doing, but they're gravitating towards those foods that will give them those nutrients and that dopamine hit. And what happens though is that the blood sugar levels rise really fast, which then causes this big release of insulin to push all that sugar into your cells.

Because high blood sugar is bad and because of that huge insulin release, the blood sugar levels can drop either too fast or too low. And so here you are in the middle of the night, 02:00a.m., 03:00a.m.. It's usually when it happens and you're waking up and you feel a little warm because that's kind of the normal stress response that happens. And you can't figure out why.

Well, it's because of the food that you ate that causes that reaction with the sugar and the insulin. And your blood sugar levels are just down to the level or they dropped at the rate that created a stress response for you and your brain is waking you up. So again, there's so many biology factors here that go into play just around stored trauma and the coping mechanisms that we use to deal with that.

Alex Howard

I think what's also really interesting in what you're saying is that in a sense there's an intelligence to the self medicating with certain foods. The problem is, I guess, like quite a lot of medicine, the side effects, all the impacts of that actually cause more problems.

Dr Aimie Apigian

Yes and you know, when I'm working with people with their coping mechanisms, that's how I introduced it to them Alex. And I introduced it first in the 21 day journey that I run as they're starting this relationship and communication with their body and they're starting to come to this realization of oh, like I actually have uncomfortable sensations that are so uncomfortable that I try to make them go away.

And then it begs the question exactly and what do you see that you've used in your life to help make those uncomfortable feelings go away? And there's lots of answers, but the shortlist, the short list is food, sugar, and sometimes alcohol, sometimes exercise, sometimes these other things.

But it's like those things have served you, right because they helped protect you from things that felt overwhelming at the time. And now we can look at them differently because we can see that, but they're no longer serving me.

[00:19:30]

They're actually not only causing me harm, but they are preventing me from healing this stored trauma because we cannot heal what we do not feel. We have to be able to safely, safely, gently be able to go into those uncomfortable feelings, to feel it in order to heal it.

And so the coping mechanisms have served us and they've gotten us this far, and we are grateful for them, right? We are grateful for them. And now we can see that they are actually causing us more harm than good. And that allows us to gently start to change them only through bringing in other tools for regulation, because we cannot just use our mind to change a coping mechanism.

I'm sure everyone listening has tried that, right? Like, I will never overeat again, I will never do this again. And three days later, what do you find, right? And many times it is that three days later, just because of how our biology is set up and so when we have a different tool to replace it with, it just takes away the need for that tool, hopefully a tool that does not have the side effects associated with it.

Alex Howard

It's interesting, just to summarize what you're saying in a sense, trauma impacts our biology, but then biology impacts our capacity to meet the stresses. We then develop these coping strategies, which then perpetuates... There's a lot of cycle perpetuating, in a sense, that's going on. What are some of the ways that we... so you just started to mention that we can have different ways of addressing what's going on that aren't these coping strategies? What are some of those?

Dr Aimie Apigian

So, for me, where I start, Alex, and this may seem weird coming from a medical physician, I understand, but where I start is I start people with a very entry level, basic somatic work, and some parts work, and I do this very, very gently, Alex, very, very gently.

And so what I started doing is leading them through this 21 day journey process. And at first they expected something really intense, right? Because that's what a lot of people expect when they go to therapy, something intense. I'm like, no, no, no, we need to stay out of the overwhelm. We need to stay out of the overwhelm. So we're going to do ten minutes a day.

We're going to do ten minutes a day and I'm going to teach you a new, what I call a somatic tool. Every day, a different exercise every day, so that by the end of the 21 days, you have this arsenal of tools.

You have 21 different tools that you can use to help regulate your system and manage anything uncomfortable that's coming up in your body without the intent of making it go away. But with you now being comfortable with the uncomfortable, and that's where things start to heal.

Because for so long, we generally ignore the body. We push ourselves through something and expect our body to keep up. And then our body starts to betray us. We hate our body, our body hates us. And there's no trust, there's no communication. There's not this synergistic relationship that can feed off of each other.

[00:23:13]

So that's where we have to start, is just building that trust of, okay, I'm going to start listening to you, but I'm going to do it in a way that also is manageable for me because I don't like what you're telling me. So I can only tolerate it for about ten minutes. And that's perfect. That's where we start.

And so ten minutes a day, I would teach them a new exercise. The whole first week, I start with exercises that help them create a felt sense of safety. Speaking of which, Alex, it's been fascinating for me to see many of them using one of those exercises around their bedtime routine and it helping them sleep better. And of course, they come back surprised, like, you'll have no idea what happened. I'm like, actually, I have a pretty good idea what happened.

I had one lady in my last 21 day journey who actually had been taking melatonin for years for sleep, and had become dependent on it. And she started doing these exercises, just the somatic exercises, creating safety. And within that first week, she dropped her melatonin and was able to sleep well without it. It's powerful what we can do when we have the tools to create a felt sense of safety for ourselves.

Alex Howard

Of course, one of the things that happens when we can't sleep is that our nervous system is activated. It's on because there's that primal sense that we're not safe. Right? And so, what you're directly targeting there is actually recognizing that if the nervous system feels safe, it can relax enough that then sleep becomes possible.

Dr Aimie Apigian

Exactly. That's really for people who are in that stress response. They are constantly sensing that there's threat, that there's danger. And being able to have the tools to know how to create a felt sense of safety for them changes everything. Not just their sleep, but a lot of other things as well.

There's one exercise in particular that has really been helpful for them. One of the exercises that I leave them through, Alex, is where they actually look around their room and intentionally look for monsters. I want them looking in the closet. I want them looking under the bed. I want them looking everywhere. Right? This is orienting. I want them looking everywhere for the monster.

And then what happens is that when they do that, they really do look everywhere. And when the system, our nervous system, has literally looked and seen everything in our environment, it brings on this new level of settling. And so the other exercise that has been really helpful for them.

For sleep particularly is one that I teach them called marking my territory. Where they go around and touch everything. Touch everything. Mark your territory. Touch the walls. Touch the bed.

Touch everything in your room. Make it yours and make it your safe haven for this period of time that you'll be sleeping. Especially if you're traveling in a hotel, right? And this isn't my room. Make it your room. Make it your room. Because when you do that, your system is just able to settle so much deeper into that restorative sleep that we need.

[00:26:28] Alex Howard

It's funny, I'm just thinking as you're talking, I was reflecting on what's my thing to feel safe and I realized that I don't like sleeping in rooms with the bedroom door wide open because I feel like I haven't got any kind of privacy. But unless I'm in a hotel, I don't like sleeping with the door completely closed because I like to be able to hear what's happening, if someone was coming into the house or whatever.

It's funny that we have these different rules or different things that are important to us. And I guess the challenge is that if we're not conscious of what those things are, then we're not necessarily able to either work on the underlying issue or do something to placate it.

Dr Aimie Apigian

And that's exactly it, Alex. We all are doing things unconsciously to help create for ourselves a sense of safety. And being able to bring that to the conscious level then allows us to make a choice.

Do I want to continue this or is what I do bringing side effects that are actually harming me in other ways? And I want to bring in other tools. Like it just opens up possibilities when we bring things to the conscious level for ourselves.

Alex Howard

So we talked a little bit about the kind of working with the body and the kind of somatic element and working with the safety piece. I'd love to explore a little bit some of the ways of working with the impacts on cortisol. And so if we have raised cortisol and we're working with the psycho emotional triggers, how about on a more food nutrition level? What are some of the ways that are helpful in terms of bringing more balance from that perspective?

Dr Aimie Apigian

Yeah, so what I'm going to say is a little different maybe than what other people have heard if they've been working with a functional medicine practitioner. This may be a little different, but when I look at stress, I actually see a good thing.

When I see stress, I see aliveness. I see your fight for life. And let's just make sure that we are fighting for what is worth the fight. If it's not worth the fight, okay, then we need to do some other work so that our systems can actually come out of an inappropriate stress response.

But if it's an appropriate stress response, like there is something going on in your life that is worth that fight, guess what? I want to help you fight. I want to help you complete a stress response cycle. And so what I do is I'm actually helping bring that system down at night and I use different things like GABA, theanine, those kinds of things.

That theanine is so helpful, Alex, because theanine specifically, it blocks the downstream effects of adrenaline. It's not going to block the release of adrenaline. So your body is still making adrenaline, but it kind of sits on that receptor so that adrenaline doesn't have the downstream effects of keeping you up at night.

[00:29:33]

So that has been particularly helpful for those people who have those running thoughts at night. They lay in bed and their thoughts just keep going, like the thoughts are the hamster on the wheel and how do you turn that off? Theanine can be helpful specifically for that.

GABA is really helpful for just relaxing the muscles and tissues themselves. But when you have a stress response, I don't want to shut down that stress response. I want to actually help you hold on to that stress response as long as it's appropriate. And so I am feeding the cortisol.

So I'm helping with bringing in DHEA in the evenings because that will help actually fuel the production of cortisol so that I'm not running your adrenal glands into a deficiency.

Now, if you have low cortisol, well, that's different because we're not going to give you things to bring down your cortisol, that wouldn't make sense.

And what do we do there? Well, many people are still trying to take herbs like the ashwagandha herb when they have low cortisol because they assume that stress is stressed and they have adrenal fatigue from the stress. But understanding that actually it's the trauma response that triggers the adrenal glands to shut off the cortisol.

The adrenal gland is not the problem. It was the thing that turned off the adrenal gland and that's your nervous system, that's that trauma response. So that's where we need to go. And from looking at the biology at a really big high level, Alex, all trauma, the trauma response, all trauma is an energy problem.

And so I am first going to address the mitochondria and I'm going to help your body make more energy so that it has the energy to come out of that trauma response and then it comes back into the stress response, right. And then we get to work with that. But it's different.

The cortisol is different whether we're working with the stress response or whether we're working more with the chronic functional freeze and trauma response. And I've got to bring energy into the system. If a person is that far down that stored trauma effects on their biology versus if we're still mostly in sympathetic and the cortisol is high, okay, then I'm going to help them sleep.

Help them sleep, but then also be actually feeding their cortisol so that they have a healthy stress response. I don't want to shut down a healthy stress response. We just also want to make sure that it is appropriate and healthy.

Alex Howard

And I want to amplify a point you're just making there that often the stress response is a functional response from the system to something that it needs. Like, for example, if energy is low, particularly in things like chronic fatigue, you have poor mitochondrial function.

The stress response is your body's best alternative to trying to give you energy. And so if you down regulate that, you just end up even more exhausted. Whereas what you're saying is if you can address that underlying issue of energy metabolism and production, then the stress response will naturally rebalance itself, right?

[00:32:55] Dr Aimie Apigian

Yes. And that brings me to something that I feel would be really important for your audience to know, which is that there are some common biochemical imbalances that actually contribute to the trauma response, but specifically contribute to some of the neurotransmitter deficiencies that will create sleep problems.

Specifically, I've mentioned the undermethylation status. So how a person would know if they are an undermethelator. There are some specific traits. One would be that you are competitive, you are driven. Some people would label it like type A personality. You can tend to have allergies because you do have high histamine with that.

And so a person can almost self-identify with that and be like, all right, I need to go get my whole blood histamine tested. But then there's something that's copper excess, and this can happen whether you have a high copper to zinc ratio or if you just have high free copper itself.

And what the copper excess does, Alex, is it actually increases your release, your production of adrenaline. And so your body is always constantly having that release of adrenaline. Now, what's interesting is that chronically what happens is that your system gets overwhelmed with all of that adrenaline.

It's no longer in the stress, and they start to develop things like fibromyalgia and chronic fatigue. And we can talk about the effects of undischarged adrenaline in the tissues and the damage that that causes, but we can have these biochemical imbalances. The other one would be Pyroluria, and that causes a decrease, yes, in serotonin and dopamine activity levels, but also in GABA.

And so your body, your muscles will just feel more tense as well, making it harder for you to sleep and you're also going to tend to have a lot of sensory overwhelm. So when you're going to sleep at night, that light in your room at the other end of the room is really going to bother your system and you're not going to be able to sleep well until you go figure out how to block all lights, all sounds, everything in your room, because those with Pyroluria have a much more sensitive system just to sensory stimulation.

Alex Howard

Part of what I think I'm really hearing what you're saying, Aimie, is that of course this is multifaceted and there are different pieces to the jigsaw. And I think part of the tendency people can have is they can try a few things that don't work and then have the perspective, I can't change it, it's not possible. Nothing is going to work.

But actually, it's about really figuring out what's going on in that particular case and then having effective intervention. And that process can take some time. Right?

Dr Aimie Apigian

It can take some time. But the way that the body is designed, it's designed to heal itself. And so when we see ourselves getting stuck in a chronic stress response or a chronic trauma response, it's just that we're not giving the body what it needs to be able to heal itself.

[00:36:04]

And that's where we get to do some of this work of discovering, all right, what are these different factors? And there's always multiple Alex, because if there's only one, the body can usually figure out a way to get around it. So it's always going to be multiple ones.

But there's so much hope with that, because, again, coming back to this is not you, this is not your psychology, this is not what you're stuck with for the rest of your life, this is your biology. And we can figure out what are the different biological factors that are contributing to an ongoing stress and trauma response and change that. And then when we bring in that support, my goodness, like, the body is just like, oh, I have what I need, and it will start to work with you on the healing journey.

Alex Howard

And of course, I guess the hope here as well is that someone might feel, I've tried different things and they haven't worked. There is so much more that there is to it, but also that, as you say, there are patterns and someone can feel alone in their experience.

But I think part of the hope that you're offering is that when someone finds the right pieces to that jigsaw, then the transformation can be enormous.

Dr Aimie Apigian

Yes. And it helps to see the patterns, to know what the pieces are for each person, because there are patterns. And that's where the biology piece is really helpful, because when our biology can show us patterns, it really can give us clues to what pieces are involved for each person.

And what would be the lowest hanging fruit, what would be the pieces that would be the most important to put in first, and then we can fill in the rest as they go along their healing journey.

Alex Howard

Fantastic. Aimie, I realize we've run out of time, but people that want to find out more, you mentioned your 21 day challenge, people to find out more about you and your work, where's the best place to go and what's some of what they can find?

Dr Aimie Apigian

Yeah, so they can find me over at traumahealingaccelerated.com or they can search for Dr Aimie and Biology of Trauma. And what I would love for them to specifically look for on my website are these three common biochemical imbalances, because that is such a common pattern for most people that I see, and so we can even figure out if they have one of them.

I had all three of them, Alex. I had all three. Not everybody has all three thankfully, but a lot of people, a lot of people have one of these. And it's a big piece. It's a big piece.

It's one of the lowest hanging fruits. So I would want them to specifically search for the three common biochemical imbalances and start to understand those. And I do have lists of the traits for each of them, the patterns that we were talking about, so they can start to see which ones they think they might have and then come and get tested for those.

[00:39:01] Alex Howard

Awesome. Dr Aimie, thank you so much. I really appreciate your time.

Dr Aimie Apigian

Thank you Alex.