

Redefining Health & Wellness

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Featured this episode: Shohreh Davoodi & Krystyna Holland

Shohreh Davoodi: You are listening to episode 34 of the Redefining Health & Wellness podcast. If you don't know much about your pelvic floor and what it does, this episode is for you. I had the chance to speak with Dr Krystyna Holland, a pelvic floor physical therapist and pelvic health expert, about her work helping people with painful sex, leaking, their postpartum bodies, and more. We discuss what it's really like to see a pelvic floor PT, as well as common pelvic health myths, such as the blanket recommendation to do your kegels.

To access the show notes and a full transcript of this episode, head to shohrehdavoodi.com/34. That's shohrehdavoodi.com/34.

[Music plays]

Hey y'all, welcome to the Redefining Health & Wellness podcast. I'm your host, Shohreh Davoodi. I'm a certified intuitive eating counselor and a certified personal trainer. I help people improve their relationships with exercise, food, and their bodies, so they can ditch diet culture for good, and do what feels right for them.

Through this podcast I want to give you the tools to redefine what health and wellness mean to you, by exposing myths and misconceptions, delving into all the areas of health that often get ignored, and reminding you that health and wellness are not moral obligations. Are you ready? Let's fuck some shit up.

Today on the podcast we have Dr. Krystyna Holland, who is a pelvic floor physical therapist who runs her own practice, which is called Inclusive Care. Thank you so much for being here Krystyna.

Krystyna Holland: Thanks for having me on, I'm excited.

Shohreh: Yeah, so why don't you just start by telling me about your journey to becoming a pelvic floor physical therapist. Is that something that you always knew you wanted to do?

Krystyna: No. So I actually went to physical therapy school 150% positive that I was going to be a pediatric physical therapist. Every experience I sought out for the 10 years before I went to PT school was in pediatrics. And then I

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was in PT school for six months and changed my mind (laughter). Isn't that how it always goes?

Shohreh: It is.

Krystyna: Yeah, oh, I was just so sure I wasn't going to change my mind. Everyone was like, well, you know, leave your mind open and I was like, oh yeah, that's fine advice for other people, but I don't need it. The joke's on me! I was going to teach an undergraduate anatomy and physiology class to get a tuition stipend for my doctorate degree. So I all of a sudden realized that I had to give a teaching demonstration to get the TA position. And so I had picked reproductive anatomy and physiology because I had been part of this sexual health education group in college, which I really enjoyed.

But then I realized that these little 18 year olds in the state of Georgia may have never heard the words 'fallopian tubes' before, and it was going to come out of my mouth for the first time. And so that felt really heavy and important. So I started reaching out to all of these people about, does anyone have any recommendations, any teaching tips, any speaking tips? Like just honestly reaching out to anyone that I could talk to, which meant that I reached out to a whole bunch of people that I had no business talking to.

Didn't know who I was, I was just cold emailing people and it was on the recommendation of my advisor from college, but even still, like they didn't know me from Adam. And one of the people that I reached out to was the researcher who when you hear that the birth control pill is 98% effective, he's the researcher that designed those studies and carried them out.

So kind of a big deal for a brand new doctoral student to be emailing this person. And he was very kind. I didn't know who he was for a long time, to be totally honest. I was just going off of a blind recommendation. And he asked me if I wanted him to send me his book and I said, "Great, that would be wonderful." Not knowing that it was a big resource for providers who prescribe contraceptive medicine.

And then he said, "Oh, I see you're in Atlanta, would you like to come to a conference? I'll comp you in." And so again, I didn't know anything, I just said, "Yes." Ended up at this conference full of providers who prescribe

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birth control, who do pap smears. So family med doctors and OBGYNs, and it was really cool, but I was the only person under the age of 35 (laughter).

I was the only person there who will never prescribe medication, so just a very interesting space for me to be. But in the discussion they were talking about patients who come in talking about libido discrepancy and being concerned that they don't have as much of a sex drive as they think they should have. And part of the discussion about that was, okay well, is there something physiologically going on that needs to be treated with some type of medication? But, oh, by the way, the medications we have for that aren't great.

Or, is it that that person is a new mom and when they're horizontal they just want to be asleep. Or that they have trigger points in their pelvic floor that's causing them pain when they have intercourse. And I was like whoa, whoa, whoa, hold the phone! (Laughter) I've heard of trigger points and pelvic floor I'm like much less clear about, but the presenter kind of went into some detail. You know, there's a group of muscles in the pelvis and they act just like any other muscles.

And I was like, oh, I know about muscles. And then all of a sudden got really, really interested. Did a lot of my own research and then the more I got into it, just the more into it I wanted to be. Pun totally unintended with that, but here we are (laughs). And yeah, so that was the beginning.

Shohreh: Wow, so a nice little bit of serendipity there in that you were completely oblivious to who you were talking to and he turned out to be super nice and accommodating.

Krystyna: Yeah, 100%. I have been very lucky in several ways in regards to that.

Shohreh: So, I guarantee you that there's somebody out there who is gonna be listening to this podcast and who is gonna be like, I'm not sure what a pelvic floor is. So let's just start with the basics because I want to say that I had not heard this terminology until I was well into my 20s. So let's just talk about what is the pelvic floor, like who has one, what is its purpose?

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- Krystyna:** Yeah, so my singular complaint with podcasts is that you can't see my pelvic model, which I pretty much carry around with me in my purse.
- Shohreh:** You have such a cool pelvic model; I will make sure to link to one of your posts that has it, because I know how much you love that thing!
- Krystyna:** Thank you, I really, I feel quite strongly about it. So, the pelvic floor is this sling of muscles that runs between your two bony hipbones. It runs from the front, your pubic symphysis, your pubic bone, back towards your tail bone, and actually connects in both of those places. It's a really big deal because those muscles play a role in bladder and bowel, both being able to stay continent and keep pee and poop in, as well as get it all out completely. Play a role in sexual function, play a role in strength and stability, and it also has some lymphatic roles as well.
- And, oh by the way, it's the only thing that's separating our organs from the ground because the bones of our pelvis actually form a hole and the pelvic floor muscles are what basically close the hole up to keep our organs on the inside. So, a pretty big deal for something we literally never talk about!
- Shohreh:** Yeah, no kidding! And everyone has a pelvic floor, correct?
- Krystyna:** Yes, every single person. So, it doesn't matter what genitals you have. It doesn't matter what age you are, everyone has one.
- Shohreh:** Good to know, because I feel like there's a common misconception that only people who have vaginas have a pelvic floor.
- Krystyna:** Yeah no, that's totally understandable. We often see that those people get pelvic floor treatment more often. Some of it has to do with the anatomical shape of the pelvis. Also the fact that a lot of the people who have vulvas and vaginas are the ones delivering children, and so that can make things a little bit wonky. And, the urethra in people who have vaginas and vulvas is actually shorter than the urethra in people who have penises. So there isn't as much room to kind of cut off the flow of urine as there is in someone who has a penis.
- Shohreh:** Okay, so more likely to have pelvic floor issues because of that.

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Krystyna: Yeah, because of anatomy, true.

Shohreh: And when I first heard about pelvic floor PTs, it was actually through Girls Gone Strong, because they were advocating you know, that everyone who is pregnant and postpartum people, that they should definitely go out and see a pelvic floor PT. And so that was kind of the first time I ever heard about this. So I'd love to talk about one, like what can a pelvic floor PT do to help pregnant and postpartum individuals. But then also, who besides pregnant and postpartum people could benefit from seeing a pelvic floor PT?

Krystyna: Yeah, I love Girls Gone Strong. I think the content that they put out is so amazing and I'm super grateful for all the work that they do in terms of getting like that pelvic floor physical therapy is even a profession out into the world because it can be a really uphill battle.

So just pregnancy in and of itself completely changes everything right? We don't do a good enough job talking about how someone who is pregnant is being changed on a cellular level across all tissues, all body structures. I think people think that it's just their stomach that is changing, but physiologically things are happening. Like your feet get bigger and your blood flow, obviously, has to be different, and your brain chemistry changes.

So there's just so much there. And one of the things that happens is that the way that your muscles interact with each other can change. So what's supposed to happen when you take a breath in is that your diaphragm, your main muscle of breathing comes down and your pelvic floor muscles come down and your abdominal muscles relax. And then that reverses when you're exhaling.

So what happens during pregnancy though is that there is a big old baby in there that is sitting right underneath your diaphragm, who does not care about what your pelvic floor is supposed to be doing when you're breathing, or any other time for that matter. And so your body is incredibly resilient and brilliant honestly, and so it will change without you ever thinking about it. Without you ever realizing or knowing that it's happening. So that you can continue to breathe, and live your life, and stay continent,

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and not pee yourself, all the while you're growing this life, right, inside your abdomen.

So what a pelvic floor therapist can do during pregnancy is one, kind of assess what's happening, how is your body changing to give you more information to make good decisions for you potentially about even what kind of delivery you might want to have. Help to coach you through some strategies that might decrease the risk of your pelvic floor doing something like tearing during delivery.

To talk about just things that are going to make any discomfort you're having during pregnancy less uncomfortable, if at all possible. We talk about it a lot, but pregnancy, most of the time, should not be painful inherently, although I will say that there are plenty of times that you just get so uncomfortable, you're just so pregnant that there's not as much that you can do about that, at a certain period of time. So, decreasing pain during pregnancy is another thing that pelvic floor physical therapists can certainly help with.

And then in the postpartum period, kind of reassessing, some of those same things about, okay so now the baby's gone, so we're working with a different layout of things. And how is that working for you, are you happy with that? Are you leaking, are you having painful intercourse? Are you having any feelings of heaviness or bulging in your pelvis? And helping you navigate those symptoms and figure out strategies that are going to work for you.

Shohreh: Yeah, and with leaking in particular, I feel like that's one of those things that is, I think Girls Gone Strong always uses this phrase, it's like, it's 'common but not normal.' But we live in this culture that says, oh, after you have a baby that's just the way it's gonna be and you're gonna have to run to the bathroom all the time, and you're gonna be leaking. When in reality there are things that people can do to improve that. They don't have to settle for that.

Krystyna: 100%. Yeah, that 'common but not normal' is something that I really said a lot when I was first starting out because it gets the point across right, that like yes, it happens to a lot of people, but it's not a requirement. And that's

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kind of what I say now because I know that there are folks out there who are like, well, it is my normal, or like, it's been happening for a long time and are feeling pathologized. And I would say that here's the thing, is that it's treatable, most of the time and that there's something you can do with it, and if it's bothersome to you, you don't have to live with it.

Shohreh: Yeah and I think that's a really good way of saying that, and a good frame.

Krystyna: So people who have never been pregnant can also really benefit from pelvic floor physical therapy. There are lots of people, particularly young athletes, who are leaking when they laugh, jump, cough, or sneeze, even girls as young as 15, probably even younger than that, to be honest. And so helping those people decide what is gonna be helpful for them in terms of just breath strategy and strength strategy, where can we strengthen, can we change your motor patterns at all to make it so you're not leaking.

So that's another group that can benefit. And people who have penises, people who are men, they can also benefit from pelvic floor physical therapy. I have a couple of male patients right now who are having testicular pain, or pain with ejaculation, or having issues with really bad chronic constipation. So those are all things that pelvic floor physical therapy can help treat.

As well as hip and low back pain that just doesn't get any better, that isn't resolving with other types of more 'traditional' treatment. I will say no one comes to me really as a first line provider. People are coming to me after they've been having issues for a period of time. I wish that weren't the case. I think it's changing, but a lot of the time people are like, I've tried everything, what else is there, and that's how they end up in pelvic floor physical therapy.

Shohreh: Right, because another thing I think about is people who are having painful sex, like the first place they're probably gonna go is like their OBGYN, and then if they can't resolve it from there, then they might end up in your office.

Krystyna: Right, and a lot of OBs are not necessarily even referring to pelvic floor physical therapists. It's still not something that is nearly as widely known as I wish it were. There also aren't a lot of good medical options for people

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who are having pain with intercourse. So a lot of the time the advice people are getting is, okay, well, basically just ride it out. Like it'll get better, maybe they'll try some topical estrogen cream, which I think is a great strategy, is a great first line strategy.

But a lot of the time that doesn't totally resolve it, and then my question is always, okay, so even if the topical estrogen cream is resolving it, what else is there that's causing these other symptoms? So, it can be challenging for people to find the right person, for sure. So I'm super grateful that again, like to be on a podcast with you and also for Girls Gone Strong to talk about pelvic floor physical therapy is a thing. There are people who specialize in this area of the body, is just amazing.

Shohreh: Yeah and that's one of the reasons I really wanted to have you on because I do feel like I still will talk to people about pelvic floor PTs and they'll be like, a what? Who is this professional? And I know all of the awesome things that y'all are able to do. And speaking of awesome things you're able to do, I know that you also have experience treating transgender patients after they undergo gender-affirming surgery. So I'd love to talk a little bit also about what your role is in their post-op healing.

Krystyna: Yeah, so with people who have undergone vaginoplasty, that's primarily who I'm seeing. So I'm seeing transgender women who have had a vaginoplasty and are now looking to dilate and to maintain the shape and structure of their vagina for their whole lives, so that they can use it for whatever they want to use it for. Most often the questions I'm asking about are penetrative intercourse, but that's not a necessity or a requirement.

So, what a lot of people don't realize is that deciding to undergo a vaginoplasty is a big freaking deal. It's a big surgery; it requires a lot of hair removal on the front end, like months of hair removal, permanent hair removal. It involves speaking to multiple different providers to basically be both medically cleared and then mental health-wise cleared to get the surgery. So I like to point that out because I think we don't do a good enough job at talking about, like, this is a big deal and it's not something that people can just like willy-nilly go into.

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So then after the surgery, people have to dilate. So they have to take a dilator, which is basically a cone-shaped object. It's not quite conical, it's a little bit rounder than that, but in any case. And put it inside their vagina for 15 minutes, the protocols differ, but on average 15 minutes three times a day for the first three months. And then it goes down to two times a day, then one time a day, and then a couple of times a week for the rest of their lives.

So this is a lifetime investment in terms of time and a very large financial investment on the front end. So what I am doing is I'm helping folks get the dilator inside of their vagina for the first time, as well as taking them through some of the post-operative precautions. Answering any questions about what might sex look like. Making sure that people after three months are able to have the penetrative intercourse that they want to be able to have, if that's something that's important to them. Make sure it's not painful. Do some scar massage and things like that, because of course, it's a surgical site, so there are some of those post-operative considerations. And basically just make sure that people can use their bodies the way that they want to be able to use them.

Shohreh: That is so awesome. Like I would not have thought of that being a role of a pelvic floor PT, and what a cool thing that you get to do.

Krystyna: Oh, it's amazing, I absolutely love it. And even a lot of surgical programs don't refer to pelvic floor physical therapy. They're just kind of, they'll have a nurse show you how to dilate and then they kind of send you on your way. But I think it makes a lot of sense for physical therapists to be the ones that are doing that because that is my expertise, right, is the muscles in that area. And the reason that people are sometimes unable to dilate is because those muscles get so tense, and so tight, and are trying so hard to protect the individual, and they're just doing too good of a job.

And that's the same thing that happens with people who are having painful intercourse who were maybe born with a vulva or a vagina that really have difficulties with penetration. So what I'm doing is very similar, and the interventions are very similar. I'm just getting to do it in a population that doesn't always have access to that type of care.

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Shohreh: Well, and I think in some ways as a pelvic floor PT you get kind of doubly screwed because one, not a lot of people know that your profession exists. And then two, for those who do, while they wouldn't have any problem going to see probably a regular physical therapist, the thought of seeing a pelvic floor PT might be really scary for them, either because they're worried that it's going to be an invasive experience, or they're worried about having to talk to a stranger about their most intimate parts and experiences. So I'd love to talk a little bit about what it's actually like to see a pelvic floor PT, to kind of dispel a little of that fear that people are having?

Krystyna: I think that's a great point. I think the only time people are used to talking about their vaginas at all is that, and I mostly am going to talk about vaginas because that's people that I work with primarily have vulvas and vaginas. But the only time they ever talk about them is when they're at the OB and it's like 15 minutes. It involves a speculum, it involves stirrups, it involves the weird scooch of your butt to someone's face -

Shohreh: The scooch is the worst! (Laughs)

Krystyna: It's so bad, just not good at all. And then the talking is like five minutes, while their hand is inside of you, right?

Shohreh: Yup.

Krystyna: Like there's just a lot there that people are not ready to sign up for, which I totally, totally get. Pelvic floor physical therapy is really not like any of those things. So, I was a pelvic floor physical therapy patient. So while I was in PT school I actually ended up having a pelvic floor surgery. I had already decided I was interested in pelvic floor PT, but then I had my own experience, which really just further validated my decisions.

I was really lucky. I had a great pelvic floor PT, but I didn't have other medical providers in that same period of time that were quite as supportive. But with that being said, I was very careful when I kind of designed Inclusive Care, like my office and make sure that I have nice sheets and they're soft and that you're looking at nice things, and the lights aren't too bright. And like all of this sort of stuff that goes into it

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because there are no stirrups. There's no scooch; you get to just kind of lay reclined on a table.

I always tell people, I don't use a speculum, I just use my gloved finger and I have very small hands, I should write it on my resume! (Laughter) It's also not a requirement. So, internal pelvic floor exam and treatment is not a requirement, ever. It is a conversation. So, that's another reason that I started Inclusive Care is because I was tired of being told about my body and about my decisions instead of being involved in the conversation. And so you are allowed to come in and say like, "I'm trying to get information, what information can you give me about my body without doing an internal exam?" And that can look like a lot of things.

That can look like, with your clothes totally on, a full body movement assessment. It can look like maybe pull your shirt up and I look and touch your abdominal muscles and see what's happening when you do a kegel, or bear down, or take a big, deep breath, or cough. Maybe it looks like, okay, you're comfortable taking your pants off and your underwear off and you're okay with me maybe touching on the outside, but nothing on the inside.

Or maybe you are comfortable taking your pants and underwear off, but you don't want me to touch at all, you just want me to look. And we can get information from all of those things. What I tell people is the most direct way that I can get information is to do an internal exam because it gives me the most feedback about, okay, how is your strength and endurance of your pelvic floor muscles, and I can feel it and tell you exactly what's happening.

But I can still give you a whole bunch of information, provide some really specific instructions and feedback for you about your pelvic floor without ever touching you.

Shohreh:

And I think that's really important to mention because we're really not taught that we're allowed to advocate for the healthcare that we want for ourselves and that we are the final deciders of what happens with our bodies when we're with medical professionals, you know? Like we're so often taught that the medical professional is like the authority and

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whatever they say, we have to do it. When in reality they cannot and should not do anything that we have not given them the permission to do.

Krystyna:

Oh, I'm praise hand emojiing all over that. (Laughter) I completely, completely agree. And it's something I talk with all of my patients about, because it's something that people are very confused by. When you come into my office for any type of exam, we have a long discussion process on the front end about what I would like to do, what you might be comfortable with, is there anything that you're not comfortable with. And then, even while I'm doing the exam, I'm asking folks over, and over, and over again, "This is what I would like to do, is that okay with you?"

Or, "Is it okay with you if I do this thing? Can I move my finger? Can I touch the outside of your vulva? Can I touch your abdomen? Can I put my hand on your sit bone?" Any of these things, because it is always a choice. And I'm not asking people like for no reason. I'm asking them because it's a conversation I want them to be able to say, "Yes, that's okay," or, "No, I'd really prefer not." And it's like my sort of secret feminist agenda that if you can do that (laughs), it's not so secret now I guess, but if you can do that in an office with a medical provider, that maybe you can also do that in another medical provider's office. Maybe you can do that in the bedroom, both be asking for consent and also giving consent. And I just, that's something that's really important to me.

Shohreh:

It is so important because you're right, like not even in a medical setting, but just overall in our lives, especially for people who identify as women, they have had a lot of experiences of just being told that they're not in charge of their bodies right? And that other people make the decisions for them and like that they are not allowed to take up space, and they need to be really small, and just like accept what other people are telling them they're doing to them.

And anywhere that you can kind of get your power back, if you can have a wonderful medical professional in their life, such as you, to kind of learn that it doesn't have to be that way. You're so right, that it can have far reaching effects out into the rest of their life.

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Krystyna: Yeah, totally, and from a perspective of even my own experience when I was a patient, I felt that way, right, that I was rushed, and unheard, and I didn't have a say in my medical decisions. And I am white woman with private insurance and middling means, right? And I see a lot of folks who that's just not the case for them, and they are working against even more of an issue, more of that like, well I really don't feel like I can speak up. I'm really not allowed to take up space. So yeah, totally 100% with you.

Shohreh: I feel like we can't have this conversation and not talk about kegels, because (laughs) 'do your kegels' is like some of the most standard advice given to all people with vaginas. And I'm just going to go out on a limb here and guessing that that advice is missing some important nuance.

Krystyna: Yeah, nailing it! So, so many things right? So for one thing, there's nothing, I guess I shouldn't say there's nothing else, people give a lot of really bad fitness advice, just in general. But everyone's body is different, and everyone's body needs different things, and the way you hold your body, the way you move your body, are all going to have impacts on what your muscles are doing at any given time.

So, first and foremost, no, kegels are the not the best move for everybody. People for whom kegels almost certainly are not a good move for at this time are people who are having pelvic pain of any kind, people who are having painful intercourse, people who are having lower abdominal pain or a lot of low back pain. Probably kegels are not the best place to start for any of those people.

Because muscles of your pelvic floor, just like muscles anywhere else, can be too tight, can be overactive. And that doesn't make them strong muscles, but kegelling is not going to fix that at that point. At that point the muscles are just too tight. The muscle fibers can literally not move in either direction, and so they're just kind of stuck there, so continuing to try to contract on top of that is not going to be helpful. And it's just very likely to create more discomfort and more pain.

Shohreh: Are kegels the only way to have a strong, healthy pelvic floor; are they necessary for everybody to be doing who don't fit into those categories?

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Krystyna: No, not at all. Your pelvic floor muscles turn on all the time without you thinking about them. Doing deep, heavy squats, doing a lot of deadlifting, kettle bell swings, any of those things can help to strengthen your pelvic floor. Kegels are not a requirement.

What I will say is that sometimes I see people who are just really unaware of that part of their body and especially people who are really, really strong elsewhere, but just aren't utilizing that muscle group at all, just because they're not really aware of it. Those are people that I might give some kegels to so that they can increase awareness of that part of their body, so we can get some of that lymphatic movement as well. So if they're having a little bit of discomfort, getting those muscles to move, can be really helpful. But that's not really for strengthening; it's really for body awareness and motor control.

Shohreh: And that's something I also love to do with my personal training clients in the past that I learned from Jessie Mundell was to do the core and floor breathing, to just teach people to feel that inside of themselves. Because you're right, most of us don't really think about what our pelvic floor is doing and until you kind of direct your attention to it purposefully, it can be hard to even notice that it's there and be able to feel that movement.

Krystyna: Yeah, absolutely.

Shohreh: Do you have any other myths or fads around pelvic health that you feel like you'd like to address and set the record straight on?

Krystyna: Oh bless, so many! (Laughter)

Shohreh: Let's hear 'em.

Krystyna: Other things... So, just be really careful about what you're putting in your vagina. There's mucosal tissue there, and so there is a potential that you're going to basically accept things into your bloodstream, so that's just something to be aware of. So you don't want to put like non-body safe sex toys, right? Like not a great idea. Your vaginal floor, you have this natural layer of bacteria in your vagina, that's totally normal, it's supposed to be there. It's protective, it keeps you from getting things like yeast infections. So just being careful about doing anything that's going to really mess with

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that. So putting cloves of garlic, or sweetened yogurt, or...people just put a lot of things in their vaginas that I do not necessarily recommend.

But also know that it's not so fragile that if you take a bubble bath you're gonna get a yeast infection and die. There's some middle ground there.

I know a lot of people right now are doing Jade Eggs and Yoni Eggs -

Shohreh: I was about to ask about that because I feel like that is very much a trend.

Krystyna: Yeah, I live in Colorado, there's a whole lot of it. What I will say about Yoni Eggs, one thing that worries me about them is that there's no string to get them out. So like there's no way to remove it if it gets stuck in there. So I don't personally love that. Even more than that though, jade is a really porous stone and so it just makes it really hard to clean, and the likelihood that you're gonna get stuff in the pores of the stone is something that just, I personally really am not a fan of.

I think if you want to go the stone route, and that's important to you and you find a lot of benefit there, I would go with obsidian because it's a much harder stone and gonna be easier to clean and a little bit more hygienic.

Shohreh: See, I love this, because even though maybe you personally wouldn't use a Yoni egg, you're accepting of the fact that maybe other people like them and have benefits out of them. And if they're gonna do it, let's make sure we're doing it safely.

Krystyna: Oh yeah, 100% right? You are the expert of your body, and you know what's gonna work for you, and you've have positive experiences. And me too. I've also had positive experiences of things that are not necessarily based in the medical science that my doctors would agree with. And that's totally fine. If it works for you, I'm so stoked for you, but also I want you to put something inside your vagina that's gonna be able to be kept clean.

Shohreh: Yes, and I always like to put as a caveat, it's awesome that it works for you. It doesn't mean you need to evangelize it to other people and explain to them how you think it will change their lives, because you don't know their life (laughs).

Krystyna: Yeah, it's complicated, right? There's so much that you just can't predict.

Redefining Health & Wellness

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Featured this episode: Shohreh Davoodi & Krystyna Holland

Shohreh: So true! Well, we have come to our final question of the podcast, which is my usual ending question. How do you define health and wellness for yourself at this moment in your life?

Krystyna: So, I have been doing a lot of thinking about health and wellness, and pain probably because of what I do for a living, in terms of what my sympathetic nervous system is doing. What my autonomic nervous system is doing. So trying not to get too nerdy about this, but your sympathetic nervous system is your fight or flight system. The flipside of that, it's your rest and digest or parasympathetic nervous system.

And we know that when you're running and living in this sympathetic nervous system state, things that are going to contribute to that are going to be things like not getting good sleep, not getting good intentional movement, having issues in your relationships, having unmanaged stress. And pain can also both contribute to that sympathetic nervous system state and also be a result of that sympathetic nervous system state. So, when I have more pain, or more sickness, or feeling run down, I try and take a look at my life as a whole in terms of where do I think my nervous system is at.

Like am I sleeping well? What is my nutrition like? And can I make small changes, maybe just 1% better. Like I'll just eat one more serving of vegetables, or I'll just try and turn my phone off 30 minutes earlier, and what impact is that gonna have on my nervous system output and my pain and illness? So, I feel like that was a really deep dive into how I've been thinking about my world. But I really think about it a lot because I see a lot of people for whom have had pain, they've had pain for so, so, so much time, and they've had chronic illness and all this stuff. And we work on all of this other stuff too, and first, and they end up seeing benefits really, really quickly, just by these various small lifestyle changes.

Shohreh: Yes, absolutely, there's definitely a culture of change everything overnight in your life and then watch it backfire like two weeks later. Instead of just doing a few small things over time, settling into it, and seeing how it works in your life. So that definitely speaks to me as a coach too.

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Krystyna: Totally, and people who have pelvic pain that the very first thing we talk about is sleep, and people who are having painful sex who the first thing before I even do a pelvic exam, I'm asking them like, what's your relationship like with your partner, and who are you having sex with, and is it the kind of sex you want to be having, and do you feel safe, and these sorts of things.

And sometimes it has nothing to do, we check their pelvic floor, their pelvic floor is great, right? The pelvic floor in my office is totally fine, and they go home and whatever situation that they're in, it's a different situation, it's a different environment. They're having a different nervous system output, and then they end up with pain. So, some of those more environmental things end up being more important than the tissues themselves.

Shohreh: Absolutely, and there's such an important connection between the mind and body that people often ignore and don't realize the physical things that can manifest from your mental state. Which isn't to say, oh, it's in somebody's head. It isn't. It's physically in their body, but it's not necessarily coming from, like you said, the muscles of the pelvic floor. It may be coming from how they feel about the situation, or the anxiety or stress they're having, which is so important to have a provider who asks those questions.

Krystyna: Yeah, 100%, you put it really well because I also know that a lot of people who have seen a lot of different providers, which again are the folks that I often see, like I'm starting to think that I'm crazy. Like everyone tells me that my scans are clean and there's nothing wrong with me and I'm like, well here's the good news and the bad news right? There's nothing wrong with your muscles. There's nothing wrong with your bones. There's nothing wrong with your organs. And that is actually such a gift.

Like, we like that. We like that you are medically very stable and everything is fine. And so now what we're working with is your nervous system, and how can we change that? So it's a conversation I have all the time.

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Shohreh: Yeah, I love that. Well, this has been awesome Krystyna, thank you so much for being here. How can people find you and work with you if they'd like to do that?

Krystyna: Yeah, so the easiest way to get in touch with me is via Instagram, so @krystyna.holland. My dad was in the army and so my name has got a bunch of funky letters in it! (Laughter) And you can also reach me at my website, www.inclusivecarellc.com, and those are probably the two best places to find me.

Shohreh: Perfect, I will include those in the show notes so everyone can check you out. Krystyna's Instagram is awesome, highly recommend.

Krystyna: Thank you.

[Music plays]

Shohreh: And that's our show for today. I appreciate you listening to and supporting the Redefining Health & Wellness podcast. If you enjoyed this episode, it would mean so much to me if you would subscribe and leave a review with your podcast provider of choice. It will really help other people who might benefit from the podcast to find it more easily.

I also love chatting with listeners, so feel free to screenshot from your podcast player, post on social media, and tag me. And if you're looking for more information on what I'm all about and how to work with me, head on over to shohrehdavoodi.com. I hope to see you for the next episode."