Health Hats: My grandson just started nursing school. His favorite class is anatomy and physiology. "I'm learning the insertions of the bones. That's where tendons and ligaments attach to bones. Am I ever gonna use this knowledge? "A half an hour later, he says, "The body has amazing orchestration. So much to manage." That insight gave me tingles.

I replied, "Yes, when and where it works." Endometriosis feels like musicians scattered across sections, not feeling the beat or following the conductor. It's hard to hear the tune with musical confusion in the foreground. I have no health experience to draw on to understand endometriosis. The music analogy feels like a smudged window.

Welcome to another episode of Endometriosis with Phee. Learn with us. Come with any level of knowledge and ignorance. Hear the blend of fear, pain, disappointment, awe, defiance, and hard work.

Welcome to Health Hats The Podcast. I'm Danny van Leeuwen, a pathologically optimistic, catastrophizing, saxophone tooting, old white man of privilege with MS. I'm a nurse and a C-suite survivor. I've led the implementation of electronic health records and walked end of life journeys with my family.

Healthcare is an awesome circus. Let's wear some hats, make sense of this, and see if we can find our way to best health.

Phee Marcial: Hello Ariel. Thank you so much for joining us for this Health Hats podcast episode. We're super excited to be interviewing somebody with a lot of clinical contact time with patients with endometriosis, and to get a bit of a sense of what your experience is and, you know, colored for with pelvic floor therapy in general, but also with the endometriosis community specifically.

You've been, like, such an incredible resource to me from the beginning. I gushed about you in the first episode, so- Aw, thank you ... don't worry about it too much. But,

Ariel Gallop: No pressure ...

Phee Marcial: you were also the only person that I felt like I could get in touch with directly on a shorter timeline, 'cause I was on all these waiting lists, and I had no idea when I was gonna see somebody. So to kick things off maybe I can ask you to introduce yourself a little bit and tell us about what you do. And imagine there are some of us who have no idea what pelvic floor therapy is, and some of us who maybe have some experience with it.

Ariel Gallop: Oh, yay. Okay. Cut me off if I go too much- Yeah ... 'cause this is my passion, you know that. Yeah. Okay, so I'm a pelvic floor physical therapist. What that means is I went to college, I went to PT school, which is three years, and then outside of that I did additional training to be a pelvic floor certified therapist.

And you don't have to do that to be a pelvic floor therapist, but that's how people get the extra letters behind their name to say, "Okay, you really are a pelvic floor PT." So what that means is I look at the whole body. I've been trained to look at the whole body. I can treat someone's neck. I did that this week.

I can look at someone's foot and say, "Okay, you need someone to look at this," and it's not me. I'm not so great with the feet, but I can treat the whole body, and I look at the whole body, and people most of the time are coming to me for pelvic dysfunction. And I say, "Okay, is this going on in the pelvic floor and causing ripples up and down the chain, or is this happening somewhere else and that's affecting the pelvic floor?"

Sometimes people will come in, I have someone right now, who is coming to me for urinary leakage, and there is some pelvic floor dysfunction, but I think it's coming from not having good ankle and foot mechanics, and then that is affecting the knee and the hip. So- Wow ... as a pelvic therapist, we can treat everything, and- Can

Health Hats: I ask you a question?

Ariel Gallop: Please.

Health Hats: W- what is the pelvic floor?

Ariel Gallop: Ooh, good question. Thank you for asking that. Okay, so the pelvic floor are the muscles inside the pelvis. There are three layers of muscle there. They all have their own function, and they also work together. So the first layer is very superficial. It's very pleasure related, but it does help with urinary things.

The second layer is very urinary related. The first layer also helps with pooping. The third layer holds everything in and does help with urinary stuff, and with bowel stuff, and with pleasure stuff. But also the deepest layer, that third layer, can affect the mechanics of the hip and of the tailbone. And so when someone is coming to a pelvic therapist, they should be looking at each layer to see, okay, what's going on in these muscles very specifically?

Is this your bulbocavernosus on the left side affecting things? And then also- How is that affecting things up and down? Good question about what is the pelvic floor. So we treat the pelvic floor, and we treat those muscles and whatever symptoms they're causing. So sometimes I think the simplified version of that people think of is, "I'm having urinary leakage," "I'm having constipation," or, "I'm having pain with intimacy."

And it definitely is those things, but it also can be more than that. So a lot of times it is those things in combination with, "Okay, I am going poop, but not everything is coming out," or, "I'm going pee, but I don't feel empty, so I'm going four times an hour." And so some of what a pelvic PT does is the mechanics and working on the muscles and working on the bones, but also the behaviors.

So that, in a nutshell, a very wordy nutshell, is pelvic floor therapy.

Health Hats: We should we should include in this in the the video part s- some of these, Maybe you could recommend to us some diagrams that people could see while you're talking.

Ariel Gallop: Oh, yeah. I also have my model. I can show you.

Phee Marcial: Yeah. I guess my, my next major question is about endometriosis and your relationship to it and how you came to be in this space with the endo community.

I know a little bit about this, but I would be very curious to hear you always ask at the support group what people's first experiences are with endo, and I wonder what that is for you personally but also in your work. Yeah.

Ariel Gallop: Oh, I would love to talk about it. In my work, I got into pelvic therapy- I just, I think it's really interesting.

I got into it because all of my friends were having pain with intimacy, and I learned in PT school that we could help with it. I honestly thought I was gonna work with kids my whole life, and then I learned about pelvic therapy, and I was like, "This is very cool. This can help my people," and it just felt so right.

So they were throwing me the people that had pain. And so I got to see the craziest diagnoses and start to learn the things that aren't just the stuff you learn in the book. Okay, these are the classic things, these are the classic presentations, but what if someone doesn't fit any of that?

And I did my own research because there just weren't people that were really talking about it. And yeah, I just started getting more and more into the pelvic pain world. And then when I started my own practice, I just wanted to see what San Diego had to offer, like what are people needing help with, and specifically pelvic pain.

And I just kept getting people that had pelvic pain that were not getting answers, and every doctor was saying, "You're totally fine. You just need to use more lubricant or drink more alcohol or have more sex, and then it'll be better," which is insane that was still happening, and is still happening.

But I started to just really, I think, just attract people that had pelvic pain because it was my passion and it was the thing that I got good at and the thing I did all my education towards, but also my research. And so I think I just started attracting people that had pelvic pain, and I started recognizing patterns that aren't the classic patterns.

When I first got into pelvic therapy We were really only taught, okay, if someone's having pain with sex, that is ... Or not pain with sex, painful periods, and maybe painful sex, that is endometriosis. And then when I started working in this setting, I started pick- kind of putting it together a little bit better

and seeing, okay, there is a big bladder component, and that might not even have any period components.

Or there's a huge bowel component, and everything can show up totally fine, quote-unquote in, on a colonoscopy and an endoscopy, and they still have symptoms, and that is still something. And I started piecing it together and really seeing, okay, this is endo. So

Phee Marcial: that's how I got into it. If you could explain

Yeah, if you could explain really briefly what the relationship is between endometriosis and other abdominal organs, that would be super helpful.

Health Hats: Before you do that- Yeah ... why don't you tell us what is endo?

Ariel Gallop: Oh, yes.

Phee Marcial: Yeah.

Health Hats: I'm still like... I'm working on the basics. Okay. Okay. So are like Kegel exercises pelvic... is that a pelvic floor exercise? I'm trying to picture- Yeah ... w- what is an exercise- Okay, great

that's a pelvic floor exercise.

Ariel Gallop: Okay.

Health Hats: And maybe you wanna say what Kegels are, 'cause- ... I just know it's like squeeze.

Ariel Gallop: Yeah.

Phee Marcial: And if you wanna talk about what we typically do in my sessions, that's also totally fine, yeah.

Ariel Gallop: I've... Let's talk in general of people- ... that have pelvic pain. So when people come to me with...

There, there are in my head two pathways that I treat people in general. If someone has a weakness or if someone has tension, and you can have weakness causing tension, but we won't get into that. But if someone has weakness, we are doing strengthening, and that can be a Kegel or a Kegel.

They're interchangeable. But basically a Kegel is you contract the pelvic floor, so the muscles of your vagina or penis or butthole, and you squeeze and lift those. And that is very helpful if someone has

symptoms and someone has looked at and sees that they have weakness, symptoms of weakness, like urinary leakage or leakage of their gas or their poop.

Most of the time we don't... Kegels get a bad rep because a lot of people are told by physicians that aren't looking at the pelvic floor muscles, "Do 100 Kegels." That's a thing I've heard over and over again is, "Just do 100 Kegels a day and you're fine." And Kegels are appropriate for some people, but doing 100 of anything a lot without someone actually looking at it is not great.

So sometimes Kegels are appropriate, and that is a pelvic floor exercise. Okay. But sometimes it is more, it looks more like hip strengthening exercises. So a deadlift or a Russian deadlift or yeah, carrying weights on one side of your body so you're having to stay lay- level, or lunges. So there's a lot of things that can be a pelvic floor exercise without doing a Kegel, but a Kegel is a typical exercise that people think of with pelvic therapy.

Health Hats: Okay.

Ariel Gallop: Oh, when people have pain or when they have tension, I want to break that down before we start doing strengthening of those muscles. So a lot of times with anyone who comes to my clinic, if they consent to it, I do an internal pelvic exam, and that might be vaginal, that might be rectal, or it could be both.

And I wanna see, okay, what do the muscles feel like and what do they... what is their coordination? So if I have something intrarectally and I say, "Okay, can you squeeze my finger?" I wanna see, is it squeezing? Is it strong? Is it coordinated? Is it symmetrical on both sides? If I say squeeze, does it squeeze? If I say let go, does it let go?

I also do a lot of visceral mobilization.

I say abdominal massage, but we find different organs or different parts of the abdomen that are tight, and we mobilize it. And I think that tends to be very helpful for people with endometriosis. If it were on someone's bladder and we can gently move that bladder and say, "Okay, there might be an adhesion here or there might be a scar here, or we just know there's tension on this side 'cause it's not moving as well.

Can we gently move it to the other side of the body and show the body that, okay, you can move here and this is not causing tissue drama, trauma?" Okay. So- a lot of massage.

Health Hats: Thank you.

Ariel Gallop: Yeah.

Phee Marcial: Yeah. I think that, I guess moving a little bit more into big ideas and like the, the broader scope of what you do and the kind of- State of care for endometriosis patients at the moment.

PTs are offering day-to-day care for people with chronic conditions that are often otherwise deemed inexplicable or, like otherwise untreatable as you were already saying. And I guess I'm curious about how you work with stigma around this condition and around pelvic floor and women's health in general.

A very big and complicated question, but yeah.

Ariel Gallop: I would love to talk about it. I think that as... I will get to your question, but I think pelvic PTs in general come from a really cool place in that we see people that come for pelvic things, and that could be bowel stuff, that could be bladder stuff, that could be intimacy stuff, or maybe someone has the diagnosis of endometriosis.

But we see so many different things, whereas most providers, most physicians are gonna say, "I treat the bladder. I treat the bowels. I'm gonna do a colonoscopy and an endoscopy." Whereas I see people that have bladder symptoms, and bowel symptoms, and pain with sex, and so I am seeing a very holistic view of a person.

Whereas most providers, they just don't have the time, simply put. Yeah.

So I think that PTs in general come from a really cool place that we get to see a lot, and we get to have a very holistic perspective and education. And because of that, I'm able to work with people much more specifically. I think in regard to the stigma, I think, in general, we know that women's health is just not researched enough.

We know... there are things we're finding out just this year about sleep, and about iron, and about protein that should've been figured out forever ago. So I think it's hard to navigate the medical system in general in a diagnosis that is so not researched at all. Yeah, I think it's f- it's a hard world to navigate.

I think that I really work hard to know everyone in San Diego that could maybe possibly a little bit be helpful for my patients.

I think that endometriosis is so often undiagnosed or misdiagnosed because people really only think of it in that one thing of really painful periods, and it can be that, and it can be so many other things. And so I think really looking at the whole person and hearing their whole story has really helped me navigate this, this really tricky world of, yeah, women's health, pelvic health, endometriosis specifically.

I don't know. Does that answer your question?

Health Hats: Yeah. Yeah. Okay. So you're talking about the the stigma and the whatever attitudes that clinicians come into the, into this world with, and then you're trying to find the partners who are a like a constellation of people that you can call on when you have a patient.

Now do your patients also come in with their own stigmas that... Yeah, 'cause we all have.

Ariel Gallop: Yeah.

Health Hats: I do. We all have something. Totally. And so I'm wondering what, how you- for me as a person with chronic illness the... I think the challenge for me has been, okay, this is how I am.

I love myself, and what are my strengths and what are my challenges, and how am I gonna build on my strengths and deal with my challenges? But I have, my own attitudes that I came into this with that I have to deal with. So do you find that are you like walk in and you're the savior?

Or somebody said, "Go, y- here's somebody that might be able to help you," and they're like, they're not really ready for you?

Ariel Gallop: That is such a good question. And I think the answer, there are so many things in that, yeah. I think a lot of people come to me not having any diagnosis. I think that's more often than not the case, and I'm the one saying, "Hey, this really sounds like this.

What do you think? Does that resonate with you?" If people come in and they have a diagnosis, most of the time they've been given the appropriate diagnosis, and they were treated by the appropriate provider, probably the endometriosis surgeon, and then sent to me. So they really do already have some buy-in, I think, in general, when they're seeing me.

I think that it would make sense if someone had a chronic illness for them to come in and be really not having a lot of hope of what we can do, because so much of the healthcare system has failed them over and over again. I would like to think that I create a space where they can say, "Okay, these are your goals," and I say, "Okay, that, these are the realistic things that we can work on," and they have some belief that we can work on those together.

But I think that, yes, everyone does come in with some kind of bias, and it is tricky to navigate, but it is fun to navigate. I think that I... So when I went to college, my bachelor's degree ended up being human health sciences, but I thought it would be fun to be a nurse, too, which is just really an incredibly hard major, and I didn't stick with it 'cause it was too hard for me.

But when I was in nursing school, they taught us that if someone says how much alcohol they've had, you need to add two drinks to that per week, and if someone says they're in pain, you need to take away two pain points from that, and I think that's outrageous and inappropriate. But I think that is a lot of the healthcare system, and so I think I go into every day trying to remember this is...

If someone is new here, this might be the most important thing going on in their life. I might be the first person that's talking about a pelvic exam. I might be laying it on them that I think they have a huge diagnosis. And trying to come into the room- Really respectful of all of those things, and knowing that's how they've been treated by so many providers.

So I would like to think, and I try to make this be a space where people can really be heard, because I know there's so much not... So many providers not listening. Not... They don't have the time,

Health Hats: thank you.

Phee Marcial: Yeah. I can definitely say speak to my own experience, like with you specifically, Ariel, but also just with endometriosis in general in this area, is that the stigma around women's health and around gynecologic conditions is so extreme that a lot of the time as a patient, I don't even recognize that there are certain things that are, like, making it harder for me to access care that I wasn't even thinking about before.

And I think being in regular pelvic floor therapy has really changed my relationship to my body in a way that is necessary for navigating the medical industrial complex otherwise. I, obviously won't speak for other patients, but I wouldn't be surprised if this is true for a lot of your patients and a lot of people who see PTs in general, is that it forces me to be with my body and be with my pain in a way that I have to set aside in, the gynecologist office, for example, to try to explain what's going on with my body in the most intellectual factual terms as possible.

Not that we don't, talk intellectually in your office, for sure. I think the majority of what I've done to try to figure out more about my condition and also deconstruct some of my stigma around my own condition has been in your office. But a lot of that is also I Was not ever thinking that my body needed the kind of attention that it gets in PT, if that makes sense.

And like physical attention. We are working very specifically on my body. I'm, like, having to think about how things feel if you're doing a certain type of exercise with me.

Ariel Gallop: I think that it's the coolest thing. I love getting to be a part of it. I love what I do. But I think you're right. I think it's nice for people to feel like they're taking an active role and they're actively doing something that is going to make them feel better or even move better, even if they don't 100% feel better.

It is doing something that you get to say, "I did that for myself." And a medication is that, but I think that, I think you're right. There is a little bit more autonomy, a little bit somehow, in doing physical therapy that you're saying, "Okay, I'm gonna go, and I'm gonna do this, and I'm... It might not always feel awesome, but it is doing something to make things better and a step in the right direction."

It is cool to be a part of yeah.

Phee Marcial: Yeah.

Ariel Gallop: I do think especially with endometriosis, but anyone with a chronic condition and especially a chronic pain condition I think that people so often are forced to gaslight themselves or brush off their symptoms or lessen them, that people will even come into my office and I might say...

I had this happen twice this week. I said, "I think that you have endometriosis. I think this is something that we need to talk about and you should dive into." And both times someone said, one time someone said, "Oh, no, I know people with that. That's way worse than what I have." Or they say, "I don't have the classic symptoms, so I don't have that, so let's just move on."

So I think that people often are brushing off their symptoms and trying to lessen them because our system really does force that, of if it doesn't fit into this perfect box, then you're crazy. The word endometriosis used to be hysteria for women, so- Yeah ... I think we are in a time where people are hopefully seeing that word more and seeing people getting better and seeing improvement with it, and it really is an honor to be a part of.

And I think that's the coolest part of my job is getting to go alongside people and be a part of their journey and say, "Okay, this is what I know. This is what I can connect you with," and just walk alongside them as much as I can. And you'd said earlier that I was the person with the shortest wait list, and it is.

It's true, 'cause I really try to keep spaces for the people that I... are here for the things I love. But also, yeah, I'm not a surgeon that's booked out until next May, so it is easy for you to get in with me. But also, I really try to... I want people to text me. I got a text at 4:22 in the morning this morning of someone saying, "Oh, I...

my... This is going on. I think we should work on this next time," and I love that part of my job, yeah. It is a fun... I g- I love getting to be along with people on this journey

Phee Marcial: Yeah. I think it is so amazing that you do what you do and that you are so passionate about it. I think I'm, I feel extremely lucky And I've learned so much from you about not just my condition, but how to navigate these types of conversations with other women." But not a lot of "Here's somebody that you can look, you can reach out to today. This is the office you should call, and this is the person that you wanna have your surgery done by."

And it is a lot. It... And it is a very fine balancing act, I imagine, between trying to have a really meaningful connection with a person and also really trying to make the kind of care that they need happen for them.

Ariel Gallop: Oh,

Phee Marcial: yeah. But I, yeah, I this is another major point for me, is that you've served as this liaison between me and so many patients and this huge this, it feels like an explosive network of different resources.

And whether that's a specific provider or a website or a product that I can use the, the pelvic wands, the, the CBD suppositories, right? It is really clear that you're, like, always trying to learn about different things that could be helpful in any way, and it doesn't really matter what that thing is.

It's like it gets wrapped into the network anyway. So there's just so much synthesis work going on there. But I am curious you are extremely discerning about What you recommend and- Yeah ... who you recommend it to and why. And so I'm curious about how that role feels for you, like how you've come into it, and also how you maintain it, and what kind of makes a good provider especially in the endometriosis space.

Yeah.

Ariel Gallop: Ooh, great question. I, I think... so you had asked ear- You had mentioned earlier, how did I first interact with endometriosis? And as a pelvic PT, it's a word that's floated around, so we should, as even baby pelvic PTs, they should know the word endometriosis. But when I hosted my first endo support group, I was curious when was the first time that I'd actually learned about endo?

I've never... I personally have never had a patient that's GI physician said, "I think you have endometriosis" based on their symptoms. Never. Ever. And I will say most people, not everyone, but most people that come into my office that don't have a diagnosis, but they're coming to me and I'm saying, "I think you have endo," it's because they have a GI diagnose, or GI symptoms of endo.

So all that to say I think there's not enough education in the healthcare system about endometriosis, and that's obvious from probably everything you've said in previous like times and today. It- there's just not enough research. So I have to do my own on who is a good provider and what is a good product, and I created this networking group In San Diego for people that maybe would be helpful, and then I meet with these people one-on-one and I talk to them.

I talk their ears off about endometriosis because it's my passion. And then I wanna hear what do they know about endometriosis, and how many of their clients have endometriosis? How much are they willing to learn about endometriosis? So I'm meeting with acupuncturists and chiropractors and therapists, talk therapists.

Any provider that would maybe be helpful, I am meeting with them one-on-one and in a group setting to know what is their current education, how much are they willing to learn, and then talk to them more about what I want in a provider that does what they do. And then depending on how receptive they are to that, then I might refer people.

I think part of... There are lots of people that do acupuncture, and they treat fertility things, but do they know endometriosis? Are they a chiropractor that does know how to treat the pelvis? Okay, great, but do they know endometriosis? So I really do vet my people, and it does take a lot of time, but it's such a pleasure to do and know, okay, this is a good person.

And I also really need to know the education they're gonna be getting from that provider. So I do think it's really important, and it is a lot of work, but I do think it has paid off to meet these people and really know them as providers.

Phee Marcial: There's such a lack of good information out there that we have to all talk to each other and hear what other people have to say.

For example, starting the low-dose naltrexone for inflammation, I had no idea what I was going into side effects wise and, like, how my body would accustom itself to the medication, but it helped a lot to be able to talk to you about patients that you had very recently taken it, and same with other providers that I was seeing what they were saying about their patients.

It's just- Yeah ... not research that's been done. So I think being able to, yeah see those patterns is such a skill and something that a lot of patients really need from providers right now, especially with conditions where there is stigma or there is a lack of research for whatever reason.

Yeah it's very cool.

Ariel Gallop: It's... It is good. It's fun to be a part of. It's cool to, for me to do the research. It feels like a frustrating burden for patients that they shouldn't have to be going through. It shouldn't be that y'all have to do the research. This week, so there's news of a peptide that might be helpful for endometriosis and getting rid of it so that people don't need to have surgery, and I had literally, I counted seven people this week alone send me on Instagram or a text about it and ask my opinion on it.

Seven different people that were like, "Hey, what do you think of this?" And I'm glad that they're asking, but it shouldn't be that they have to be doing that research. It shouldn't be that they're like, "Wow, I found this new thing." It should be that every provider already knows it. And I think with endo especially so few providers really do know it.

So few people know about the metabolic components and the hormonal components, and so patients are having to do their own research. And th- finding things on TikTok and trying different med combos is crazy. We shouldn't live in that world. And so I hope that sometime soon s- so many providers are educated that the patients aren't having to be the ones to do the research.

But yes, we're not there yet.

Health Hats: I have a couple of reactions. Yeah. One is I I... Should, using the word should is a red flag for me because it's the way it is. And what you're doing is a step towards that, and when information is lacking, why shouldn't we do the research? Like, where does research come from?

Another thing is that Phee and I are planning in our series one other interview, and the other interview is gonna be with a woman in Switzerland who is a endometriosis researcher. Oh. And so I think, I, I'm gonna be interested when we talk to her is how is it that she imagines that all this

personal health data that- Each person with endometriosis is collecting, and you as a hub of that how is it that can be captured in research?

So I I, I guess I don't wanna talk about it more because we'll have an opportunity to talk to a researcher about it. Yeah. But I do think that's a really important part of what you're talking about, is that there's a tremendous opportunity here for activated people to learn together.

And how do things get scientific? S- scientific, like I don't know what this is. But it's you get it because somebody wants to know.

Ariel Gallop: Yes.

Health Hats: Yeah. And then can g- do like you did with a slightly different passion. Your passion- ... is about treatment.

Ariel Gallop: Yeah.

Health Hats: And so there are other people whose passion will be about, gathering information systematically- Yeah ... so that you can look at it and understand it and n- know, and then you have a network to share it with, both of clinicians and patients. Yeah. So I think that's really exciting. I think we- Yeah

we should wrap up.

Ariel Gallop: Okay.

Health Hats: The thing that, that I would like to know from you in terms of wrapping this up, is that you're learning a lot in your practice.

And there, there are certain things that are unique to endometriosis, and then there are factors that are general. If you have sickle cell you're dealing with similar biases, and race issues, and so a- what I'm interested in, if you think now, like out of what you've learned, what are the pearls that

L- pick three things that you think are really key that communities that are in this stage of learning and coming together. W- what do you think are key for them f- that come out of your experience with your practice?

Ariel Gallop: That's a good question. I think that finding people that have similar p- presentations to you, and then y'all can work together as a, "Okay, this has worked for you, this has worked for you," creating a community and building off of what each other, what y'all have learned together and separate, and using that to move forward, I think is a really...

I think, the answer to that is community. I think community is very important. I think what I would want my people to know, and anyone really, is I think that most patients know their body best, and so I would really want them to lean into that and really trust that. And if you're not getting the answers from somebody, then find someone new, no matter how frustrate...

I know it's frustrating, I hear that over and over, but standing with that because you do deserve to have the answers, and I think that you know them. Even if you don't know the name for it, I think that people know it internally, and so I'd love for them to keep powering through as much as they can. And then yeah, I think that, those are the main things.

I think I really want to always encourage people that I see to know what's going on with them and be really direct and be really, fight for it. And I had said earlier, I, people shouldn't have to do the research. Providers should just know and provide really solid research. I want people to be educated, and I want them to know what's going on with their bodies, but they shouldn't have to. They shouldn't, it should be that we have enough research to know things. I feel that way about this. You shouldn't have to fight for stuff, but I want you to because I want people to get answers, and we don't have a healthcare system where they don't have to fight for it. So I think build a community of people that get it, trust yourself and keep fighting for it 'cause you deserve answers, and I think that there are people out there that can get them to people.

Health Hats: Thank you for that. That was fabulous. So- y- you got two minutes, and what did we miss? What should we have talked about that it, that, Yeah what should we have talked about that we didn't?

Ariel Gallop: I think the thing, if I am thinking just endometriosis in general, is- people most physicians and most patients even, when they start this journey are really just thinking painful periods, and it can be that, but it can be so much more than that. And if people are having things that don't make sense or aren't getting better with traditional methods of, "Oh, maybe you have interstitial cystitis," and we've done all of the installations and it's not working, maybe it's something else.

And can we look at something else that maybe seems really crazy? Because I think endometriosis, to me, presents so many different things, and it really is a huge puzzle of, okay you have this metabolic thing, and you have this period thing, and let's kinda link those and see if it makes sense.

So I think that is the endometriosis thing, that I don't know if I stressed enough, is make sure that you aren't just saying, "Oh because I don't have this symptom, it's not this." So much of everything I see, endometriosis and everything, is not just the textbook answer.

Health Hats: Absolutely. Thank

Phee Marcial: you.

Health Hats: Wow.

Thank you.

Ariel Gallop: Thank you for listening. You're so

Phee Marcial: cool, Ariel. Oh, yeah, Ariel. Thank you for doing this.

Thank you so much for joining us today. Up next, we will be talking to a researcher who both has endometriosis herself and works on endometriosis. She is from Switzerland, and her name is Océane Pittet. Please look forward to it.

Speaker 5: Health Hats is produced by me with Kayla Nelson and Team van Leeuwen, Leon, Oscar, and Joey.

AI tools assist production. I make all creative decisions. If you like it, share it. See you around the block.