



Episode 235: Signs of Pelvic Floor Dysfunction & How to Stop Pelvic Pain Naturally With Isa Herrera

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Katie: Hello and welcome to the "Wellness Mama Podcast." I'm Katie from wellnessmama.com, and this much requested episode is all about pelvic floor health and pelvic health in general and pelvic pain. And I'm with the best expert I've ever met on the topic plus she's one of the most fun, energetic people I've ever met. Her name is Isa Herrera and she is a licensed physical therapist as well as an expert in integrative pelvic floor therapies. She developed her expertise in diagnosing and treating pelvic pain, leaking and prolapse by helping over 14,000 women in 2005 at her New York City's healing center.

She was one of the ones that pioneered the use of integrative modalities like Maya massage, cold laser therapy, sound healing, and other techniques. She's also the author of five books on the topic of pelvic floor dysfunction and pain, including her newly released international bestseller, "Female Pelvic Alchemy." She now runs an online school pelvicpainrelief.com and she brings her expertise to a global audience, incorporating exercises, self-care techniques, and integrative tools to maximize healing. I'll make sure that link is in the show notes, but Isa, welcome and thanks for being here.

Isa: Oh, I am so happy to be here. Thank you so much, Katie. We're gonna have so much fun today.

Katie: Oh, it's always a blast to talk to you and you're such a wealth of knowledge. I always love to have a little touchpoint of personality when we start. So I'd love to hear your story because I know beyond being an expert in this, it's actually something you have personal experience with.

Isa: Oh, thank you for asking that question, really. That's how I got started. You know, I was in PT school and a personal trainer for over 25 years. And, you know, I thought I knew everything about the body, how to heal the body, how to maximize, how to have a low body fat, the whole thing. And then I had my daughter. And I had no idea what can happen to your body after you have a baby, like no idea. They never taught me anything in PT school. So after I had my daughter, you know, I experienced so many different symptoms and every time I went back to the doctor, my doctor was saying, "Hey, this is normal. This is normal healing. You're gonna be okay." But I was leaking. I have pressure. I have so much pain. I couldn't sit to breastfeed my baby. And I will keep going back to the doctor and say, "What is going on here? There's something not right." You know, maybe it was my female intuition, but deep down inside, I knew that this had happened to other women. I knew that this pelvic floor pain and dysfunction is something that has to be more global. So I started doing a bunch of research on it.

And then I realized that it's actually quite common and I have felt so alone. I have felt so ashamed. I didn't wanna tell anybody what I was feeling. And then I had to turn that around because I'm like I'm not the only person with this issue. I turned around and I changed my entire life, I guess, trajectory and decided that this was gonna be the focus of the rest of my life to help women overcome pelvic floor dysfunction.

Katie: I love that. I think the most passionate healers come from a place of personal pain and I think patients can feel that when they work with you. Also, to get started, can you kind of give us a primer on what the pelvic floor specifically is and why it's so important? Because we hear that term a lot as women and I think there's a lot of misinformation or misunderstanding about actually what it is and what it does.

Isa: Okay. That's an awesome question because a lot of...there's a lot of confusion here about the pelvic floor. The pelvic floor is the basin. It is the cradle of our being, right? It's essentially located... I like to call it Grand Central Station because I live in New York City, right? So it's really the deep connector of the lower and the upper extremity. It has several functions and I like to call them the five Ss of life.

So they support our organs up so when there's a weakness, we can have an issue with prolapse. You know, they really keep us sphincters in working order. So this sphincter, so there's something going on with that that could be leaking. They're really involved in orgasmic power and sexual function. A lot of people don't understand that. So they're like, "Oh my God, somebody is going on with me. I have my baby. I can't feel anything down there or my orgasms are not what they used to be." And that's probably because something has happened to the pelvic floor.

They have a lymphatic pump also, you know, a lymphatic energy to them where they pump fluid throughout. And the most important one I think that a lot of people don't understand, especially if they have SI joint pain or symphysis pubic pain or low back pain, is that the pelvic floor is a primary stabilizer, like, a whole syncs

together so things can move the right way in the hip and in the lumbar spine and then the SI joint, right? So that's why in pregnancy sometimes there's so much pain and I think one of the factors because of that is that there's weakness, maybe even some tightness in the pelvic floor muscles. So that's the low down on the pelvic floor.

Katie: Got it. So what are some of the common ways that people can start experiencing problems with pelvic floor or experiencing pelvic pain? Because obviously, we're not born with this. Kids don't typically have this. I know childbirth is a common cause, but are there other causes and can C-section moms, for instance, experienced the same pain?

Isa: Oh, absolutely. I think one of the big huge myths out there is that, and I'm in New York City and I treat a lot of women and many of them have caesarian births and some women have elective births and some women are really afraid to have damage to the pelvic floor because, you know, of having a vaginal birth. So they may opt for caesarian birth. But the thing is that the pelvic floor is holding the baby up for nine months. It's holding your organs up for nine months.

So even if does there's a caesarian birth, they're still rehabilitation or work that has to be done to normalize the pelvic floor so that it functions optimally afterwards. I've seen, not caesarian births, but hysterectomies. I've seen myomectomies when women who have fibroid issues because the abdominal muscles and the pelvic floor muscles, they're like a peanut butter and jelly sandwich. They love each other. And when there's a disruption in one system, it affects the other system. So if the fascia has been disrupted in the belly, which typically happens with the caesarian, then the pelvic floor is not gonna function optimally, right? So that's another deeper connection. I see a lot of, believe it or not, falls on the buttocks. And so this is something that I'm concerned about with children when they fall on their tailbones, because falls on the tailbone, the pelvic floor muscles, there's three muscles that insert into the tailbone. So I find that if I go back into the history of a woman sometimes, she'll tell me that she had a traumatic injury to the tailbone, and then I'm like, oh, bingo. That's the source of the pelvic floor dysfunction, right? So that's another thing.

So tailbone injuries, caesarean births. This is something I call Kegel tension syndrome, which is when someone is doing a lot of Kegels and not balancing out the pelvic floor with a reverse Kegel, then that can lead to too much tightness. Of course, any trauma to the pelvis can affect the pelvic floor. Low back pain is a big trigger for pelvic floor dysfunction and so is piriformis Syndrome, sciatica. These are all things because remember the pelvic floor is so intimately connected with everything. So if there's something that's not jiving right in one place, it's gonna talk to our vaginas, you know, it's gonna talk to the pelvic floor and not in a nice way.

Katie: That makes perfect sense. I wanna make sure we reserve a lot of time for solutions because you're an expert in that. But before we get to that, there's a few more things I wanna make sure to get your take on because I get a lot of questions about these and I'm curious if there is a pelvic floor connection. And the first being, I might say it wrong, it's the curse of the blogger. I only read it, I don't say it, but diastasis recti or diastasis, however you say that. I get so many readers and I've written about it. I know there are exercise systems that specifically address that, but I'm curious if there's a connection to the pelvic floor as well.

Isa: Oh, totally. So with diastasis recti abdominal separation. This is a big trigger. In my programs and when women see me in person, the first thing I check is for separation. So anything between one to two fingers is normal. But the problem is if you're symptomatic, then it's not normal for you, right? Because normal has a big variety, a big range. And the thing with diastasis recti, what the research shows is that it's correlated with sexual pain. It's correlated with low back pain. It can also give you a risk factor for prolapse and is definitely connected to leaking because there's nothing to hold us together in the front. And the core, it serves a purpose. It's not just like a look good. You know what I mean? A lot of people, like, "I just wanna have a good core." I'm like, "Yeah, but you have to have a good core so you can have good function in your pelvic floor muscle as well," because remember that I said that they're connected, right, very deeply connected to the fascial system. So if there's an opening, then there's nothing holding everything together and then that sending a communication to the pelvic floor to maybe grip, right, which is what happens. And then a lot of women think, "Well, I'm leaking, I'm gonna do Kegels, and then they get worse, but in reality is because they're probably too tight in their pelvic floor muscles and they're not a candidate for Kegels."

Katie: That's so interesting because that's certainly the first line that is recommended. I know I also hear from a lot of moms especially who have bladder issues or recurring UTI or bladder infections or just bladder problems in general. I would guess since they're so closely related, that might be connected as well. But is there a pelvic floor connection there?

Isa: One hundred percent, and this is when I tell the women, I mean, a lot of women, they get a symptom of a UTI or a yeast infection. The first thing they do is they go for the antibiotics and I'm like, "No, you have to be tested first," because when there's an issue with the pelvic floor, it can give you symptoms like itching and burning and it can give you frequency and urge. So a lot of women that I've treated in over the years have, you know, they go back and they take the cipro, they take their antibiotics and I'm like, no, you know, and then it creates another gut imbalance. It creates a whole other issue we've gotta deal with. So my first thing is like, you know how they have those strips now that they sell in the pharmacies? I tell everybody check first because many times these bladder infections or these feelings of UTIs could be due to trigger points and spasms within the pelvic floor. They need to be addressed with pelvic massage.

Katie: That's fascinating. What about digestion? I know that it's not as closely related, but I'm curious only because I have had multiple friends who had both pelvic issues and digestive issues that there could be a connection there.

Isa: I think the main thing that I've found with digestion, because I treat a lot of people with Crohn's disease and IBS and celiac disease and they come to me and there's something going on with the pelvic floor, what I find a lot with that is issues with incomplete emptying, like they feel like they just can't empty enough and the majority of these women are constipated. And so that's the big digestive connection to the pelvic floor. It can also give you loose stools and fecal incontinence, but when I find when there's something with the gut, I typically find that there's an issue with constipation, but if there's an issue with the gut and then there's been something happening to the pelvic floor and the pelvic floor is weak, then they can have something called flatulence incontinence, which means, and the women see me for this all the time is when they're in yoga and they do plow or something like that and air escapes from the vagina. It's very embarrassing. That can be due to a weakness and also fecal incontinence or just not being able to control them. And we're getting really,

really deep here, not being able to control air coming out of the back side. So that's what I find with the digestion. So I think digestion and pelvic floor dysfunction also very deeply connected.

Katie: That's so fascinating. So I wanna circle back because a minute ago, you mentioned that women can do Kegels and actually get worse. And I know I've personally read some of the controversy about if Kegels are even effective, but I know that you are hands-on with women all day long. So what is your take on Kegels and are they good or are they bad or does it depend?

Isa: I think it depends. I don't like to give blanket recommendations. The big thing with Kegels that I find is that the majority of women are doing them incorrectly and the research shows that 25% of women are doing Kegels incorrectly. I think it's actually higher. So there are nuances to Kegels that we should really take into consideration. For every Kegel, there has to be a reverse Kegel. There has to be balance suppleness, flexibility and fluidity in our vaginal muscles, right? We have to be in a state of receptivity because the pelvic floor is the first shocker, right? It's the area of creation. It's the area where we receive. It's the area that allows us to be connected. And I feel that when women do too many Kegels and then they do them incorrectly, there's a shut down to that area. There's a shutdown to our sexuality. It also decreases circulation and can create more tension. So it's all about balance.

So I do like Kegels because they work and I have over 25 different Kegels that I teach, you know, but the first thing is knowing how to do the Kegel correctly, and then from there you can springboard, and then from there you have to learn how to incorporate the relaxation aspect of the exercise.

Katie: That makes sense, I think. Yeah, there's typically like one version that's the most taught that people know about. I've also gotten questions since we're getting deep on all things, vaginal health. I've gotten questions about like Kegel devices or Ben Wa balls or things that are supposed to help with Kegels. Do you think those add a layer of help? Do you feel like they're worth it?

Isa: No, I love these devices and depending on what you give with, the thing is that sometimes, there's a disconnection to our pelvic floors, right? We're not normally taught to think about pelvic floors. We're not taught to do vulva-vaginal exams. We're taught to do breast exams, that you should do that on a monthly basis, but we're not taught how to look, feel and know what's going on with our privates. So for me, sometimes when there's that disconnection, you know, when we can't feel it or we don't know if we're doing it right, I like to put something inside the vagina to create the feedback to the brain about what actually happening. You can also just use your finger, but a lot of people like the Yoni eggs, they like the Ben Wa balls. I mean, there's a thousand different devices. I get emails that like probably 100 emails a week on this and I do like it if they're used properly and they're used in balance. And it increases that connection that sometimes we don't know what's actually going on when we are exercising our pelvic floor. So I do like them. I do like them a lot. I think they have a place. Yeah, definitely.

Katie: Okay, good to know. So I know that you've personally helped literally thousands of women directly in your clinic, but how widespread do you think this problem is worldwide? Do you think there are women who are not even reporting it? I know when they say about women's health so often, the numbers are always even

skewed a little bit because women tend not to report things and just to power through things. So how big of a problem do you think this is?

Isa: I think it's a huge problem, to be honest with you. The literature shows that there's 30 million women in the U.S., 1 out of 3. I think it's huge, especially when it comes to sexual pain, menstrual cramps, you know, these are all tied together into pelvic floor dysfunction. What I believe is happening is that because we don't put ourselves first sometimes or sometimes we go and we seek help and the individual tells us, "Oh, you know, this is common. This is a common problem." But just because it's common doesn't make it normal. But sometimes because something is so common in the universe, we start to think that that's the status quo, that, "Hey, yeah, I had a baby, yes, I'm leaking. I've had a surgery. Yes, this what I should expect." But I think that that's the number one issue that people get confused about is that just because it's common doesn't make it normal. And I think it's hard. I mean, we have 49% of older women with prolapse, pelvic organ prolapse. The majority of us are leaking, and I think there's so much suffering in silence. And when I was going through my own journey, I tell you I was embarrassed and I was ashamed because I didn't know. I said, "Oh, my God, there's something really wrong with me." And then I kept going back to my doctors and they kept saying, "Oh, you know, this is natural healing," but I knew that wasn't true. So I think it's a huge problem.

Katie: Yeah. I've heard from so many people, and I think you're right. I think a lot of people don't wanna talk about it because it is a little bit of a taboo topic, and as Americans, we're not so great about talking about certain regions of the body. Do you think...or I'll ask it this way, do you think people, that all cases can be improved? Or have you ever had people who came in who were truly like it wasn't fixable? Or do you think everybody can see some improvement?

Isa: You know, you're talking to an integrative, holistic therapist here. So I firmly believe in my heart that it can be improved with holistic care with natural medicine, with knowing that because it is a deep connect and we're just not the pelvic floor, that we have to have a more mind-body approach to pelvic healing.

And I think when we just focus on Kegels, I think that that's when we get a big problem and then we don't know how to do the Kegel, then that becomes another problem. But for me, I am a firm believer that women hold the key to their own healing. All they need is some guidance. You know, and if there's some cases that can't be healed, you know, I would say only after you do the conservative therapy and you actually tried everything do you go outside to seek something else? Because we know that these medications have really bad side effects, sometimes worse than the pelvic issue that we've, you know, come in with to the MD. And we know that these bladder surgeries right now fail, right? They're not doing what they're supposed to. And these slings and all these other things. And so what I find is I'm a firm believer that yes, it is a fixable problem, 100%.

Katie: I agree with you. I think if we understood just how resilient and amazing the body was, we would just be at awe, because I've seen people recover from many worse things than this. But on that note, what about the pelvic surgeries in the slings? I know I only see the commercials of class action lawsuits because they went wrong. But what is your take on that? And also a more controversial one even is this husband stitch that's being offered to women in childbirth. I'd love to get your take on that.

Isa: Okay. I mean, I have a big opinion of this. I have treated hundreds of women who have had surgeries, maybe thousands of women who come to me after their sling surgeries, their bladder surgeries. And what I find is that many of them have more pain after the surgery. They have a tremendous amount of scar tissue and they also have some issues with voiding. Some of them can't void at all and they have to be cauterized. So that is something that I see over and over again. And I've treated that over and over again. I mean, once it's done, it's done. What we do is we try to make everything around the pelvic floor and in the pelvic floor better, right? And better balance, right? And I think that that's attainable because I've seen it happen, especially after a surgery.

The husband stitch is something that really annoys the hell out of me. I have to be completely honest with you, Katie, and I'm so glad you asked that question. I've treated so many women who come to me afterwards with this husband stitch and their husbands don't even fit in their vaginas. And there's so much pain afterwards and then we have to spend more time, you know, opening the tissue, stretching the tissue, and sometimes they have to be re-stitched, which makes me even crazier, right, because now they got the husband stitch and now they have to be reopened and re-stitched. And I see that more times than I care to see.

And sometimes I wonder, like this is not just male OB/GYN doing this by the way because I keep track of everybody who does this in New York City. I have a growing list, but it's also sometimes female OB/GYN. You know, you would think it's a male thing but it's not necessarily that way and it is offered and sometimes it's offered without informed consent. It's just done because that is the philosophy of the person, you know, who is your caregiver. So that's something that, it's not a good thing. I never see any benefit to that stitch.

Katie: Well, it seems like from what you've already said, there are plenty of better ways to tighten things up and get everything back close to pre-pregnancy without needing to actually have stitches and probably because of that you'll have better function of a lot of other things as well, right?

Isa: Yeah, 100%. You nailed that right on, 100%.

Katie: Awesome. So I wanna go deep on solutions now. And I know at the end you have a few free gifts that we'll mention for people who are in this pain right now. But when someone comes in to see you, what is the process that you take to, like, work with them and to figure out which kinds of therapies they specifically need and are there ones that tend to go more with specific conditions?

Isa: Okay. That's a great question. Okay. When somebody comes to see me, the first thing I do is I ask a very detailed health history, right? Because sometimes I can just have a conversation with someone and I can tell you exactly what's going on in probably under 15 minutes. So what I like to do is in the first visit, I teach women how to care for themselves. My goal is to make myself obsolete, which I know sounds a little crazy, but that's the way I operate. So in the first visit, I am testing for muscle strength and you can do this on your own. You don't need someone else, external to yourself for this. I'm testing for their ability to contract and relax. I'm testing for diastasis recti separation. I'm testing to make sure they even breathing correctly because if your breathing is off, it's gonna affect the whole pelvic diaphragm.

And then typically what I do is I show them how to do a Kegel that's correct and I find the right pelvic medicine. Because these tools are hardcore medicines, right? They need to be respected. They're not just exercises. I consider this to be medicine. So it really depends on. Sometimes, I'll say, "Okay, does this person have tightness in the pelvic floor? Does this person have a too relaxed pelvic floor? Or does this person have a combo pelvic floor?" So I start with those three segways and I always treat pain first because if your pelvic floor...even if there's a trigger point or spasm or some tension in the pelvic floor, you cannot master your Kegel unless you do some sort of relaxation to the pelvic floor first.

Katie: That makes sense. So for women who don't live in New York City, I know that you have online tools as well, but for someone who's struggling with this, whether it be pain, whether it be incontinence or any of the other things you mentioned, what advice, how would you get them to start? Like, are there tools that kind of work for everyone across the board? Or is it specialized there as well?

Isa: No, there's definitely tools that work across the board, right? Because they all commonalities to everything, right? So the first thing that I would do is make sure you know, if you're going to start a Kegel program, make sure that you know how to do it correctly, and I would take out a mirror and I will look at the whole vulva-vaginal area and I will make sure that you're seeing three things, right? And I have a little checklist that I'm gonna give to your audience about the perfect Kegel, but you should be looking for the clitoris to not say bow to the queen, the area between the vagina and the rectum should pull up and in and the anus should contract. And they should happen simultaneously in a neutral pelvis.

And then I would check for the reverse. I would check for the release, the let go, the opening, right? Because if you have pain, you have difficulty with releasing and letting go and they could be trigger points. So I would go and look at my vulva-vagina area. I would do an exam. I would check to see if I can put my finger inside my vagina and see whether I can contract and what happens when I contract, right?

But first, I like everyone to look externally for those three parts, then put the finger inside, feel for the Kegel, and then feel for the reverse Kegel. And when we test ourselves, I have patients where I teach them how to test themselves, especially in my online program and they really understand how to work with their bodies after their own, because so many of us don't even touch ourselves on there or let alone put a finger inside the vagina and figure out what's going on. So I like that to be the first step, right?

And then after that, I really like to see if, how are they breathing, right? Because sometimes if there's pain, we become, like, really seriously upper chest breathers and I like big diaphragmatic breathing because when you do these exercises, they should be coordinated with the breath. So as you do a Kegel, you exhale. As you open and release and relax everything, you inhale. So now you're working with the breath, right, because breath is life, right, breath is oxygen. So you wanna get all your exercises working with the breath and never holding the breath because that makes pressure worse, that makes leaking worse, that can even make the prolapse worse, right? And the other things that I like to tell people is definitely not to push the urination or defecation. I really feel that women are just pushing all the time and that really hurts the pelvic floor and that really hurts the organs.

Katie: So you mentioned pushing and it made me think of hemorrhoids, which are another common thing that happens after childbirth or during pregnancy. Is there a connection there as well and are there tools that women can use? Because I know from what I've heard, they're very painful.

Isa: Oh, my God, when I had my baby, I had the biggest hemorrhoid. Girl, I took a picture of that thing because it was like an alien. It was unbelievable. Hemorrhoids sometimes result when there is tightness in the pelvic floor and there's too much pushing, very aggressive pushing in the pelvic floor. The main thing with hemorrhoids that I like is the breathing into the anal area and I also like something called an anal massage while you just go around the anal opening and you just do little circles on it just to try to get things to relax and there's ways to actually get the hemorrhoids back inside the body. I mean you can try and get that inside the body, but pushing with defecation is a big thing that can make the hemorrhoids really painful because you're creating all the extra pressure down there and sometimes it's even bleeding. So pushing is something that I really, in my program, I say this is the number one thing that we have to stop doing because we get these feelings like we're not emptying enough. And so we push and we push, then we aggravate everything.

Katie: That makes sense.

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Katie: So I'm sure there are people listening who are experiencing a severe version of one of these things we've talked about and I'll make sure that your programs are all linked in the show notes because I know you have very specific help for all of those things. But also every woman listening, I feel like all of us want better pelvic health and to be able to, you know, go to the bathroom easily and to have better sexual health and pleasure. So are there things that people can do even if they don't think they have an acute problem just preventatively to keep their pelvic floor strong and healthy?

Isa: I think one of the big things that really hurts the pelvic floor that I want everybody to really be aware of especially if they're in the office and they're working, you know, we're working moms. I mean everything is, you know, how it is. It's a lot. Is sitting posture, when you don't sit upright, right? And this is the number one thing that I find with new moms and women breastfeeding and I find with women in the workplace and your sacral sitting, you know that slump sitting, Katie, that brings the PC muscle, which is the only muscle I think that "Cosmo" ever talks about, the pupil cartilages and ilio cartilages, it brings them closer together and it creates unnecessary tightness and it throws the tailbone out of alignment.

So a lot of pelvic dysfunction for young girls in particular is due to poor sitting posture and very, very hardcore athletic training. So if you want really good pelvic health, pay attention to your ergonomics at work and pay attention to the way you're carrying your body, the way you're sitting and avoid locking the knees. The knees throw the pelvis out of alignment and that's the house of the pelvic floor. So we wanna make sure that our bones are happy, too, right, because that's the area where the pelvic floor lives. So sitting posture keeps everything proper. Sitting posture keeps everything in good alignment, not locking the knees, and having a really good ergonomic setup at work. And many companies now have nurses that go and check your computer station, especially if you're just returning back to work. I think it's really super important to have because you spend so much time there and not to sit for longer than 45 minutes. I believe prolonged sitting is probably the kiss of death for the pelvic floor.

Katie: That makes sense. I know even when I was pregnant, it would hurt if I sat too long. It just wasn't even comfortable. And are there any specific tips on the ergonomics side because I know I have a kneeling chair that I use some of the time and I've sat on this on a yoga ball or I have like a wiggly mat that I use my desk just to keep moving. Any other tips though for how people can incorporate that in a work environment?

Isa: Yeah, absolutely. I mean the main thing is to make sure that you're in a 90-90 degree angle right? Some people use standing desks now, which I love. If you can get one of those desks that goes up and down and you can sit and then you can stand, that's pretty fantastic. I like that. And I can actually put something up for you guys too. I wasn't gonna do this, but if you want an ergonomic handout, I can incorporate it into something. And making sure that your knees and hips are in alignment so you're that 90-90, that the feet should be flat on the floor because if the knees are too high, it's gonna throw you into a slump posture and then you're going to get too much tightness in the pelvic floor and more dysfunction. So being in that 90-90 with the knees aligned with the hips and the knees aligned with the ankles, I think is really important for sitting posture. And I'm very strict on sitting posture.

I know that some philosophies out there that say, "Oh, the person should sit any way they want," but honestly I find that to be very detrimental. I think that proper sitting posture is really important, especially if, you know, when we're breastfeeding, when we're at work, really one of the keys to pelvic health is not sitting too long and then when you do sit, pay attention to your mechanics and sit very upright and the ears should be aligned with the hips.

And one exercise that I really like, that I train some women, I have them put a big book on their head and then work on their computer that way. And it really throws them off, right? Because most people can't sit upright for very long or their muscles start to hurt, right? So I do like that one exercise where you put a book and then you try to sit there for five minutes just to see if you can maintain that posture.

Katie: That's a great idea and I can attest to your posture because I've met you in person and I've seen you have great posture.

Isa: Thank you.

Katie: Do you have any specific tips for pregnant women in particular, because I know that's obviously a time that there can be a lot of issues with the pelvic floor and like you said, the pelvic floor is holding up an entire human being at that point. So any specific tips related to pregnancy?

Isa: Oh, totally. For pregnancy, I mean that's one of my favorite topics. I think for pregnancy, in the latter part of pregnancy, women should be considering doing the perineal massage. I find that to be very helpful so that women can give birth with intact perineum and avoid tears. And that typically starts at 36 weeks. So I think that that's something that I recommend for most women. Of course, they have to check with their MD and midwife to make sure it's appropriate for them. It's really simple to do. It's a matter of putting a thumb into the vagina and pressing straight downward at the 6:00 position. If we think that the vaginal opening is a clock, 12:00 to the clitoris, 6:00 of the anus, 3:00 is left, 9:00 is right. We're pressing down into the 6:00 position. That's actually a really great stretch for any woman. I recommend all women do this opening, this pelvic massage. So that's one of the things.

I really like pregnant women to really watch their walking so they're not waddling and to really pay attention to that. So sometimes I'll give them the book and I'll have them walk back and forth. Remember the old days we had to go to finishing school, right? Everybody went to finishing school. You know, we don't have that right now. So I think walking posture is important.

For women belting. A lot of women are like, "Oh, I don't wanna put on a belt. It's so uncomfortable." Sometimes, these belts can take some pressure off the pelvic floor and off your bladder and unweigh your lumbar spine. So I really loved the belts too for pregnancy. And, of course, I believe all women should be doing a conditioning program in, in pregnancy. Nothing crazy, you know, like maybe some squats and some rows

and just work the big muscles, the big muscles of the body to stay conditioned. Because, you know, labor and delivery as we both know. it's challenging and if we wanna hold all these different birth positions, we have to be strong enough to hold them. And so working out is... And strength training I think is, is an important part of pregnancy also.

Katie: Yeah, that makes sense. I think labor is one of the most intensive workouts we ever experience. And so I think that's a good plan to be prepared. What about immediately post-pregnancy. So right after the baby's delivered because I feel like of all the times in my life as a new mom, that was the toughest because I was still in pain from birth. I had this baby who needed me 24/7 and I'm sure my posture was absolutely terrible. So any tips to help women make sure their pelvic floor goes back into place and heals easily there?

Isa: Totally. If there's any pain, if there's been an episiotomy or any tears and if you have pain with Kegels, then I would avoid Kegels and focus on the reverse Kegel, the releasing and letting go. Sitz baths are so important. Oh, man, that's really important. I'm sure that you have a bunch of products that you can recommend on that. I think sitz baths really helped the pelvic floor heal. I've had so many women open up their stitches and have more trauma down there one day try to do things too early in the postpartum period. I believe that all women are queens and all women need to be treated like queens, especially in the immediate postpartum period, which means that you just let people do things for you. I think that this was one of my biggest problems. I didn't know how to receive and I wanted to do everything for myself and I'm convinced that's one of the issues that contributed to everything, you know.

So I don't like pushing furnitures, carrying anything heavier than the baby. I know that's gonna sound crazy because everyone are gonna be like, what? But we have to be really careful because we call that the fourth trimester and that area is an area of big vulnerability. We can rehab ourselves and do the little things, but we also have to pay attention, especially if we're feeling awesome not to overexert and create a pelvic floor dysfunction or create some disharmony in the body

Katie: For sure. I am like you. I am terrible at receiving. And it actually took me until baby number six to finally get that message. And it was because she was born breech and Indian style and really messed my pubic bone. And so for the first three weeks, anytime she would nurse between the pubic bone and my uterus going back down, I would be in so much pain, I would almost vomit. And so I like literally had to just rest in bed with her and let people do things that it was really mentally tough but also beautiful in a way to learn how to be receptive. Because I've always, like you, the type A, I can handle it. I help other people. I do things for everyone. I don't need help. And it made me realize there's so much value in community and letting other people help you so that then you can help them at some point later in the future.

And you mentioned a little bit about exercising and keeping the body in shape, and I know that you come from a very holistic standpoint. So are there specific exercises that are really good? Just whole body exercises for the pelvic floor? I know in pregnancy, I always just intuitively wanted to squat because it felt good, but I'm curious if there's exercises you actually recommend for whole body conditioning.

Isa: Oh, totally. I have this thing called the magical aid exercises that it's in my pregnancy book and I'd like low squats, like, the one the one that you were describing, especially in preparation for Labor and delivery, also keeps the pelvic floor nice and supple. I like regular squats. And if you can't do that, wall sits are really incredible because then they strengthen your lower extremity muscles more completely. And then you can hold any position that you want for labor and delivery, right? Because we're sort of training the pelvic floor muscles. I like something called deep core work for pregnant women and postpartum women. Or everybody should be doing, especially after you have a baby, but while you're pregnant, it's called TA hold. And basically what that is is the transverse abdominis is the deep muscle in the abdominal area. It's like the one that gives you the corset, gives you the flat abdominals, gives you the function.

But a lot of people are used to women training their six pack, so I think less is better. And one of the exercises that I like is called a belly lift while you bring your belly button gently towards your spine, not up fully to your spine like everybody else recommends, gently to your spine and up towards your heart. So becomes this connection from the pelvic floor to the heart. And then you hold that for five seconds. And then you do a little baby Kegel with it to protect you from the bottom. And that really conditions your pelvic floor and conditions your core simultaneously. So I really love that exercise. I think that it's so simple and it's probably one of the most powerful exercises that I can teach any woman and it's called the belly hold.

Katie: That's a great one. I've never heard that, but it makes total sense. I'm sitting here doing it right now while you're saying it to try to figure out how it works. I can't believe we've already flown through so much time. We'll wrap up with, I know you have free gifts for the audience, so we'll end with those. But before we do, there's a few questions I love to ask at the end and the first being, is there a book or books that have really influenced your life and why?

Isa: I love "Loving What Is," by Byron Katie. And one of the reasons that I love her book, I mean, it really turned my life around because, you know, sometimes we can create our own misery and our own stress and our own anxiety by what we're thinking. And many times what we're thinking is not really matching up to what's happening in reality. So this one book helped me to open up my consciousness. It helped me to open up the way I was like talking to myself, the thoughts that I had about other people and now if I'm having like a recurrent thought, I'm always doing her questions because it keeps me honest and it keeps me in the moment and, for me, you know, this book has helped me let go a lot of my anxiety and a lot of my stress, which I think I was really creating that constantly by what I was thinking. So I love her book. I mean, that's one of the books that I totally love and really changed my life.

Katie: I love that. I'll make sure that's linked in the show notes as well for anyone who wants to read. Secondly, what are a few areas about your area of expertise that you feel like are not known or misunderstood?

Isa: I think the first area is, especially with the pelvic floor, is that just because it's common, it doesn't make it normal and just because you have it, it doesn't mean that you are alone, right? And so many times we suffer in silence and we don't tell anybody about anything. So I think that's one of the things that yes, you may have these things, but there's a way to fix them. I also believe that you can treat yourself naturally and holistically and awaken your own inner doctor, and I believe that before any woman tries surgery or medication, she must try conservative therapy. I'm very strict about these things because I have seen so much, Katie. I can't

even tell you how much I've seen. And so those will be my things that I think people don't know my area and I think so many women are out there suffering and feeling ashamed like I was, and they don't have to be because they're actually in the majority. They're not in the minority.

Katie: Yes, sad but true, but I love that you're spreading the wisdom of how to reverse that. I think so many women are affected. And lastly, if you could spread one piece of advice far and wide, what would it be and why?

Isa: One piece of advice, I would say trust yourself. Trust your body and know that the healing can happen within yourself and your body is so resilient that what was happening to you today can be changed, that nothing is static, that everything changes, that there's balance in the universe. And then when we are at the most darkest moments of our lives, that we have to really pay attention to see what the message is and to open up to the light at that moment. So I think that that's my advice, to know that you can be your own inner healer.

Katie: I love that. And lastly, where can people find you and talk about? I know you've created a few gifts for the audience. They will, of course, be linked in the show notes at wellnessmama.fm. So if you guys are driving, you can find them later. Don't worry about writing them down while you're driving, but tell us where we can stay in touch with you.

Isa: Oh, absolutely. You know, I'm an open book. Anybody can find me. The main place would be to go to my website, pelvicpainrelief.com. You know, there you can learn anything you need to learn about me. I have Facebook shows that I do weekly called the "Pelvic Power Hour," which I love to do to dispel myths and those are the two places that you can find me.

Katie: Perfect. And do you wanna talk about your gifts a little bit or do you want me to put those in the show notes?

Isa: Oh, absolutely. I'd love to talk about them in a minute. I'm giving everyone the Kegel checklist, which I think is really important for steps. And if you wanna go deeper and you wanna learn more tools, better tools, I have a free master class that you can go through. It's an hour of my best techniques and my best tools, so that's also another gift that I've put out there and I think I'll add the ergonomic handout to the Kegel checklists so that everybody has that. It's not there now, but I'll add it because I think it's important for the women who are going back to work and the breastfeeding and all that.

Katie: I love that. So helpful and definitely anybody who's listening who is pregnant or postpartum or has experienced any pelvic problems, I definitely give you my glowing recommendation. I know you've helped so, so many and I hope that you'll be able to help many more after this today. And again, all those links will be at wellnessmama.fm, but Isa, thank you so much this... I can't believe our time flew by. I could talk to you forever and you're just a joy and a light and I love all the work that you do.

Isa: And thank you Katie, because I love all the work that you do and you are bringing it to the world. And I just wanna tell you how deeply grateful I am and thank you so much for this opportunity.

Katie: Thank you and thanks to all of you for listening and sharing your most valuable asset in your time with us today. And I hope you will join me again on the next episode of the Wellness Mama Podcast.

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