

Dysautonomia/POTs

It's well recognized that MCAS, hEDS, and POTs or at least some form of dysautonomia form what doctors call the trifecta or "unholy trinity" feeding into each other. However, I would like to respectfully disagree with them that MCAS is merely a secondary downstream effect, as is dysautonomia, as both these can be fully reversed. Similarly, hEDS in itself, although a multi-genetic condition, has yet to conclude which genetics actually cause this multi-system connective tissue disorder, and thus, we can also put it in the corner of "potential to be symptom free" with correct care, routine, and of course the severity of each individual's condition.

That disclaimer out of the way, dysautonomia is a more general term for any type of autonomic nervous system dysfunction. POTs is the most common, but in POTs as well, there is hyper and hypo (high blood pressure or low blood pressure) when standing/ active, though hypo is most common. I had the "privilege" of experiencing both, as well as more generalized dysautonomia and not classic POTs symptoms as well.

There are three main causes:

- severe or chronic infection/illness—brain-driven
- TBI, concussion, neck injury- structural/functionally driven primary, brain-driven secondary
- stress/trauma—brain driven

The genetic component can be a factor, but is very rarely the main or prominent one.

All of these affect how the brain sends signals to the autonomic systems in the body— breathing, heart rate, heart pressure, body temperature, to name a few. It is not a heart issue, but the misfiring or miss-signaling of the vagus nerve to the involuntarily areas of our body's function.

The brain is the master behind this, even a large part of functional or structural issues from an TBI or concussion. This is why functional neurology is key to anyone of these driving factors. Through it, the brain is evaluated on every level, through strategic maneuvers, exercises, non-invasive tracking, exercises, and eye visualization. The goal is to retrain the brain and support it as needed in order to function as it should, uninterrupted from any structural compression or stress.

The trauma or infection part are often more linked to severe brain signal impairment from long, constant untrue signals being engrained in the body and nervous system, never processed and never let out. This literally rewires the brain, creating a loop of pain, fear, endless symptoms on overdrive. The pain and infection is really there. The trauma really happened. But they are not what is keeping you sick. Science has shown the brain has more power than any pill, potion, or doctor. When we rewire the brain through nervous system regulation—neuro braintraining, somatics, and vagus nerve work, we can embed new, safe, and healing brain signals, allowing the misfiring ones to turn off, and the safe and supportive ones to turn on and send proper signals.

I unfortunately (or fortunately so that I could speak to all of them...?) had all three primary causes for dysautonomia, with all three of the structural injuries as well.

hEDS can certainly exacerbate any of these, since extra lax tissues and more flexibility in the neck brings the potential for lots of problems.

So, to support all of this, what is the first line of action?

- Start with nervous system regulation. This is top regardless of the driver (share my lists here— each different type— hyper, hypo, dysauto) program like Primal Trust
- Get evaluated by a functional neurologist chiropractor
- Try a neck brace (this helped me!)
- Uptake in high quality electrolytes with extra mineral salt (I used redmonds)
- Hydrate all day long, around 80oz
- Core exercise
- Wheel chair walks(using your legs to push around is highly effective!)
- Raise legs at head of bed 4-6 inches (pillows don't count)
- Drink full glass of water with large pinch of salt under tongue before bed and before getting up
- Pump leggs, shake legs/feet/arms/hands in bed before getting up
- Do somatic and vagal exercises before rising
- Leg pumps/extended legs up and down (in chair or in wheel chair)
- Rowing (can simply accomplish with handled stretch band link)
- Recumbent or seated bicycle (link here)
- Plenty of liposomal vitamin C
- Plenty of magnesium- especially glycinate if you handle it, L-theronate, and taurate