

Your Health Unlocked Podcast Episode 48

Living With PCOS and Hashimoto's - Jaclyn's Story

Hi, I'm Adele Scheiber, the host of the Your Health Unlocked Podcast and the Director of Communications here at the National Women's Health Network.

Polycystic Ovarian Syndrome, or PCOS, affects as many as [5 million women](#) in the US. PCOS is the [most common endocrine disorder](#) among women and is the most common cause of infertility. [Hashimoto's Disease](#) is an autoimmune disorder that attacks the thyroid, leading to hypothyroidism, and is the most common thyroid disorder in the US. Hashimoto's affects more than [14 million people in the US](#). Jaclyn, a 25 year old activist living in Manhattan, is one of these women. Jaclyn was diagnosed with both PCOS and Hashimoto's within a little more than a year. Join us to hear about her long road to diagnosis and treatment, and to learn all about these two underdiscussed and under researched disorders.

0:00:01 - Adele Scheiber

Right. Welcome Jaclyn Bellini to the Your Health Unlocked podcast.

0:00:05 - Jaclyn Bellini

Thank you so much for having me.

0:00:08 - Adele Scheiber

Yeah, so why don't you go ahead and tell our listeners a little bit about yourself?

0:00:12 - Jaclyn Bellini

Sure. So, as you just said, my name is Jaclyn Bellini. I'm really just a 25-year-old woman, navigating living in Manhattan like anyone else. Why I'm here today? In February of 2023, I was diagnosed with PCOS and began my journey of digging into the root or feeling like there was a correlated problem so I could get more specific treatment. Two months ago, or just about a little over a year after my first diagnosis, I was diagnosed with the autoimmune disorder, Hashimoto's disease. So, over the last year, just watching my friends and the people around me one by one be diagnosed with PCOS, I became really passionate about women's health advocacy, sharing the information I've learned with my community and just

trying to bring awareness to the issues women endure when getting diagnosed with hormone-related issues.

0:01:08 - Adele Scheiber

Yeah, thank you, and I mean you're a great advocate because you actually pitched us your story via our website, and the minute I saw PCOS, I had to reach out because it's such an under-discussed disease. And then, when I read your intake form, I am ashamed to say I had never heard of Hashimoto's before. I had to Google it. So, we'll get into that, because that seems to be even less discussed. So, let's start at the beginning of your bad news health journey. When did you first start to feel off and how did healthcare providers initially react?

0:01:42 - Jaclyn Bellini

Absolutely. So, my entire life I've kind of been slightly on the heavier side or felt like I wasn't in the best health. You know, I had eating issues throughout high school as well, so- but I was really always told by doctors that it was genetics. So because things ran in my family such as diabetes or heart related issues, that I could chalk it up to that and then my diet. So, it was kind of lacking greens, as you could say, you know, earlier in my life, and just not really diversified. I always had irregular periods, but it always gets just chalked up to what you're eating and nothing else. Additionally, I always had kind of more unstable moods. So, swings in moods such as depression or anxiety. I never really felt better off of the medications I had been taking for those. My weight fluctuated throughout college and then it wasn't until I started living on my own in New York that I found some good practices that kind of mitigated some symptoms. So, I was going on frequent bike rides, I got sunlight, I was cooking for myself daily and then I really started to notice a difference in a natural way of feeling better. But then, if you fast forward to two years later, I'm in a different job. I no longer have the ability to work remote, very high stakes, and I've lost that routine that was really grounding me.

So, you know, too many nights out, not enough sleep, not cooking for myself any longer, and then radically just seeing that change along with stressors of life, and then one day it just breaks, and you know you start to feel very off. So, I was constantly in aching pain. I didn't really move or want to move after work, cystic acne, If I had even one drink I had a really violent hangover, and I knew it was just not what a normal, healthy base state should

be relative to anything I had experienced prior. So, that's really when I started to feel very off.

0:03:56 - Adele Scheiber

Yeah well, and so did you seek treatment for these feelings, or was this just kind of like, did you accept your new, normal, like? How did we get to the doctor's office?

0:04:06 - Jaclyn Bellini

Yeah, so I really, you know, had been pushed by my parents a couple of times to get blood work done. So, I had not gotten blood work done since pre-COVID, so it was really -and that was probably the first time I had gotten it done.

So, I wasn't really familiar with what to ask for, and so I had tried to make note of my symptoms and asked for a hormone panel, and that we will go into it later, but you really have to advocate for yourself and what you feel like may be wrong.

So based on the symptoms I was seeing. I asked a primary care physician for that. I noticed DHEA sulfate, which is a male androgen hormone, being extremely imbalanced, and so it was then that, you know, the doctor really started to say, "okay, you may have PCOS." And then I went to an OBGYN, did the scans and was diagnosed instantly once they found cysts and heard of my patterns of irregular periods. And then from there, really, a doctor mentioned that I would be taking a birth control as medication and, in a very cold bedside manner, said "see how it goes, diet for a couple months and relax."

0:05:30 - Adele Scheiber

So I cannot, you know, I this is such a familiar story. Like I just need to put. The last time I went to my primary care doctor as a 30 something women's health professional, she made me cry. I felt like I was literally 17 again, being like "eat your vegetables," and I'm like, [in a sad voice] "but that's not the only thing that's wrong.] I mean that's so real. Good for you for advocating for yourself. And just to the hormone panel as I understand it, that's not something that they generally you have to ask for that like extra yeah that's not part of the regular metabolic panel or like. So, blood work, all blood work is not the same. That's the

first thing that jumped out to me and it's really important, and this leads me to my next kind of follow-up. You talked about what led to your diagnosis, which, thank goodness, was very definitive. A lot of women are- They take years to be diagnosed for different markers or whatever, but what, in your words, for our listeners, is PCOS?

0:06:19 - Jaclyn Bellini

Yeah. So, for those who don't know, pcos or polycystic ovarian syndrome is a hormone-related syndrome in which individuals who are of a reproductive age have too many androgens, and therefore the body produces cysts on the ovaries, and this hormone imbalance causes many of the symptoms that women of a reproductive age see. So, weight gain, fatigue, excessive acne, mood swings, and all of those symptoms.

0:06:49 - Adele Scheiber

Right, and it's hard to diagnose, right, because sometimes the marker of the androgen isn't as high as it is necessarily for you, but that doesn't mean you don't have it right. So, there's like borderlines. So, you might want to look up, we'll put in the show notes the different markers for PCOS. It's one of those woman diseases that's understudied, right? So, there's like borderlines. So okay, so you got this birth control from your doctor in the five minutes that they saw you. You went on your merry way, but then obviously the story isn't over. So, what happened after that?

0:07:21 - Jaclyn Bellini

Yeah, I mean I was nervous. I had never really been on consistent birth control before. For reasons, you know. You hear of the things that can do to your body. Obviously, you're putting hormones on top of hormones, so you have to think to yourself, you know, is this a sustainable solution? What am I putting in my body? How do I feel about being on this? Potentially, am I supposed to be on this forever? It just didn't really feel like a solution to me, especially if I wanted to start a family down the line. But I always think of being on birth control. You know it was a band-aid. That's what I always refer to it as, you know, it made my face a little- it could make it a little less swollen, give me some temporary relief. The hangovers maybe wouldn't be so violent. Maybe some of the acne would go away. That's what I heard, less mood swings. So, I just wanted to use it in the interim while I kept digging and I kept figuring things out. So, I saw an endocrinologist which, by the way, as that's the hormone specialist-really difficult to see them and get an appointment, and so that's

another struggle women have you know. How often are specialists really available when this becomes more pervasive?

0:08:37 - Adele Scheiber

That's so real.

0:08:38 - Jaclyn Bellini

Yeah and, and so he kind of indicated to me there's usually a root or a cause that works in tandem with the PCOS. So, you know, for me it was, "Okay, what is that root?" And while I didn't get there with him, he thought it may be an adrenal issue. The appointments were very spread out. I started to feel a bit more defeated. But it wasn't until this past winter that my mom said I've been seeing this doctor in New Jersey where we're from. She is, you know, really great and very thorough with blood work. And why don't you just tell her how you're feeling? She's been incredibly helpful. So, I went to her and she -I said, "you know I haven't been feeling great. I don't feel like this is a permanent solution. I don't want to be on birth control forever. You know, can we figure out what's wrong?" and so she immediately ran a thyroid panel, another different blood work panel.

Right yeah with comprehensive blood work across the board, and she ran a test for TPO antibodies, which are the primary tell for the disorder Hashimoto's disease. So, a normal score can be anywhere from zero all the way to 34. I was at a 43.

0:09:55 - Adele Scheiber

Okay. Alright.

0:09:56 - Jaclyn Bellini

So, most doctors wait until your 30s or 40s to really test for this, and they wait until your thyroid is kind of almost virtually destroyed by what the disorder entails, so that your levels, of course, are going to be out of range. But your thyroid levels can actually be normal -if you have these antibodies and you do have the symptoms, you are likely someone with Hashimoto's disease. So that's how I got to the root of my disorder.

0:10:29 - Adele Scheiber

Wow, that is. I mean you know. A couple of things jump out to me about that. How long it took, first of all, right, was, this two years, and that's actually below average for the time of diagnosis for a lot of things like this. The other thing I did just want to now, we here at the network do believe that women can and do make good decisions about their health when they have all of the information on the risks and benefits of certain things. So, you know what really struck me about your story about getting prescribed the birth control is it sounds like your doctor did not thoroughly go over the implications of birth control. I would like to say the National Women's Health Network has done extensive research and looking into hormonal birth control. So, the estrogen on, the no estrogen, all that stuff, and like, by and large, what we will say is that it is safe and effective. However, there are side effects, right, and you know it does -It certainly wasn't the root cause of your illness, right? So, I think for you, absolutely it sounded like a bandaid and you, you really pursued that reproductive autonomy, right? To kind of transition away from that. Now, had you ever heard of Hashimoto's? I mean, like, what was it like being told you had another thing, like talk to us about what that is and what the prognosis is, living with these two illnesses?

0:12:02 - Jaclyn Bellini

Yeah, thank you. So, for me just to go over what Hashimoto's is for the listeners. So, Hashimoto's disease is an autoimmune disorder, and it essentially has your body creating antibodies that are directed at your thyroid gland. So, it essentially thinks your thyroid gland is a disease.

And so, it continues to attack it and eventually your thyroid gland stops functioning. So, if you see women you know later in life with very low thyroid function, it's likely that there was something like this destroying it over time. Because when you don't produce enough of T3 and T4 hormones, the two primary thyroid hormones, you don't- your body doesn't function right, so you have a weakened immune system, lower metabolism. You don't grow as tall, maybe I'm pretty short, by the way- [Adele - Hard to tell, haha]

Yeah, but you have, you know, sensitivity to cold, fatigue, muscle aches, very much overlapping symptoms with PCOS. So, I think essentially, she told me I have a thyroid function of someone 10 years older than me, so that's really significant. Like I said, this doesn't usually get diagnosed for someone in their mid-20s.

0:13:21 - Adele Scheiber

No.

0:13:22 - Jaclyn Bellini

It usually takes much later and much more, but I had been in such a flared state, that it was flagging the issue to me sooner, and so when I think of what it is to live with this, I mean it's really finding the treatment that supplements your thyroid function, because it doesn't go away. But, like I'll say later in the conversation, I really do feel like there are things we have in our control, so it's not just being told, "hey, maybe you'll never get some of your full thyroid function back," but there are definitely things you can do to prevent it from getting worse by catching it sooner.

0:14:05 - Adele Scheiber

Right. Well, and so just to be, there's no "cure" for PCOS or Hashimoto's right.

0:14:11 - Jaclyn Bellini

Correct.

0:14:12 - Adele Scheiber

But there's supportive care right or, like you said, supplementary care. So, what does that routine look like for you on the daily?

0:14:20 - Jaclyn Bellini

Yeah, I mean it's definitely been a holistic but also medication-based treatment, right. So, it's your lifestyle practices, things like what you're eating. So, for me, I've had to really reflect on anti-inflammatory diet and things like gluten. You're used to hearing about celiac disease. You're not used to hearing about gluten being conflicting with Hashimoto's, and that you don't process gluten properly. Most people have a gluten or a dairy sensitivity. For me, it's been gluten. So, if I think about when I was cooking for myself in 2021, I really wasn't eating that much bread. I wasn't buying things with gluten in my house to cook. And

so, you start to reflect and you're like, oh, it really did work then. But there's that- I was never a vitamin girl. I now have to take multiple vitamins because of the deficiencies I have. But I take B12, d3, selenium decreases the antibodies, domitazol, evening primrose oil. So, it's really extensive. But all of that works with my thyroid medication, which is desiccated thyroid. That's a new class of thyroid medication that really replaces and replenishes your thyroid hormone, in addition, with, the main cause of that's flared at all, stress, right. So, you have to think about, what am I doing to manage my cortisol levels and my stress levels? And so, for me stress and anxiety are kind of treated the same way. And so, I'm currently on a medication to manage stress as well.

So I think all of this -and having a doctor who is so comprehensive in coming up with a plan for you and being an advocate and really wanting to see your progress has been essential for me, because I wouldn't have gotten this far in such a short amount of time without her and actually have the ability to go off of the birth control shortly after starting these treatments and not noticing a severe effect or a scary drop-off. It's definitely an adjustment, but I no longer need to take the birth control I was originally diagnosed because I'm addressing this root or tandem issue.

0:16:40 - Adele Scheiber

Well, and I mean you know your current treatment plan is clearly much more holistic than just taking the birth control pill. I mean you've got the vitamins, you've got the supplements, you've got the mental health care. You've got-I mean you know what I mean. This is like the gold standard. It sounds like, or this -and I think it's admirable. I think that you didn't just like stop at the Band-Aid. A lot of people do. I mean the white coat syndrome. People are exhausted. You know, sometimes for me, I like to say I got one, maybe two visits a year in me. I need a six-month recovery after going to a doctor. I'm just you know the same way. So well, and talk to me about the- Do you have any side effects or is life different now with this very complex treatment regimen?

0:17:27 - Jaclyn Bellini

Yeah, I mean, for me I would say it goes back to the lifestyle, right? So, when I'm thinking about- I do almost everything differently than I was doing two years ago, just in the outlook I have on it, right? So, I mean the diagnosis brings a validity to you taking care of yourself, that most people don't take.

So, even if - it shouldn't take having a label or knowing something's officially wrong to know that sometimes you have to put yourself first or that you can't do things the same way as other people. So, for example, I'll watch my friend. She'll drink, you know, six beers. I don't really want to drink six beers, but I can't.

0:18:05 - Adele Scheiber

It would be nice to have the option, though, [laughter]

0:18:09 - Jaclyn Bellini

And I don't have that option. I actually spoke to my nutritionist and she specializes in hormone issues as well, and she said that we even metabolize alcohol differently having this disorder. So, I structure my drinking habits differently. Like I said, I can't process gluten, so I'm thinking about when is it worth having? And then if you cut it out most of the time, your body can detox and make room for the few times you do have it. Processed foods - I avoid, but I even also... Workouts. There's so many misconceptions. Women with PCOS are really not supposed to do these high intensity workouts because it can bring about so much inflammation.

0:18:54 - Adele Scheiber

Interesting. I've never heard that before.

0:18:56 - Jaclyn Bellini

Because if your body's already in stress, think about it. If you're going to a HIIT workout and you're, what is it doing? Spiking your cortisol, it's going to inflame so much, right? And what was working for me during COVID was low intensity YouTube videos, right. And body weight workouts and walking. Walking is the same amount of calories, it's just it takes a longer amount of time, right?

0:19:20 - Adele Scheiber

Don't sleep on walking listeners. Your girl stays alive with walking, okay.

0:19:28 - Jaclyn Bellini

It's so good for you, it's so good for you.

It keeps your metabolism going, it's great, and it's so under underutilized as a way to work out. So, I even have to think about what do I have to do. Not focus on "okay, everyone else can do it this way," what do I want to do? What? What is the way that works for me?

And then if -and then just listening to my body. If I, you know, want to eat, I eat. I am more careful about what I eat now, but I still eat. If I need to stay in on a Friday because I was going out on weekdays.

I do that now. You know you think about, you, want to people please, or show up for everyone in your life. But if you can't show up as the best you because you're not ever prioritizing yourself, you don't get to live your life the way that you can, because you're not healthy. So, those are some of the changes that I've made.

0:20:17 - Adele Scheiber

Honestly, you know I don't know what I expected you to talk about. I think you know my - everybody has unconscious bias. I think I thought you were going to tell me about all these physical symptoms, but what you really talked to me about is energy management, like spoon management, as we say, right, and like being really ruthless about your own self-care, and I think that's a message you know we've talked about a couple of times on this podcast, but I really, really love the way that you phrased it and how it's like a calculation for you, right. And you know you guys can't see her listeners, but she looks like she's #thriving. I mean, truly, I don't know if that's the foundation or what, but you look great. Okay, so throughout this journey, what were some things that really helped get to where you are today?

0:21:07 - Jaclyn Bellini

Yeah, I would say what's helped me? I mean I have the privilege of enough time and money to break these cycles. So, seeing the doctor regularly, it's a dedication, it's a time commitment. But if I didn't do it and also have patience while doing it, I mean I had to set aside time with work to go to these appointments. I had to get blood work done four times over the course of a year. It's, you know, it's frustrating, but if it's what you have to do, it's been helpful for me getting answers sooner. It's kind of like anything, the more you work at it, you might see a result a little bit quicker than someone kind of pacing it out over time.

But it's hard, like you said, you go to a doctor, and you don't get answers or support and you feel really defeated. So, you have to kind of push through that and have that patience. And I hate to admit it as well, but what's helped me is almost getting to that flare point. Because if I hadn't gotten there, I think I would have been like the women you mentioned, where I just stop. I just say, "okay, well, it's just me, it's just my genetics, it's just you know how I could do everything a little bit better," and then I'd be fine and that's why I'm not. So it's been really helpful for me in that sense to just get to that point where I was like something has to give, and I need to put time into this and then those are like the primary things that have been really helpful to me, as I mentioned also, just a doctor who cares, and sometimes that takes a couple tries, but that can really help you kind of speed up. Like I said, more progress in the last two months than the last you know, 15, total. So, I think, that's important to flag as well.

0:23:00 - Adele Scheiber

Well, and the other thing you mentioned earlier was the first people you talked to this about were your parents, right, and that is so real. It's like friends and loved ones are often the ones that encourage us to start seeking treatment right. How was having that like second eye on things for you?

0:23:18 - Jaclyn Bellini

It was good. You know, they advocated, they were the ones who advocated for bloodwork, and they just know me and just having that support and having your family really be there for you during this process has been really vital. But, like I said, you know they kind of have that better insight into what looks normal for me, and I think they realized, just given the nature of I'm in an office 11 hours a day, that sometimes you really have to prioritize you. And they kind of pushed me over the edge to be like, "well, what if I did start doing that?" And they've seen me through taking medications that are contraindicated which, um, you know you have a specific reason that it doesn't work with you, so that's actually many women with PCOS, actually aren't really supposed to be taking SSRIs because it can be contraindicated. But if, but if you don't know your, your, your mood swings they've seen me through it all- mood swings, depression, is really driven by hormones then you're gonna be defeated there. So, I think they're just ultimately glad I was able to get to a solution, but they're incredibly supportive.

0:24:42 - Adele Scheiber

That's great and it's funny. This is not the first time we've heard something like that. Like the people who are experts in you, whether that's you or your very close friends and family, they're just as important as the healthcare providers, right, because your history and your lived experience that's- that is a non-renewable and precious resource. Right? You can't open a study and read that, you know, unless you're blogging on LiveJournal 11 hours a day at your job, which, by the way, 11 hours a day would make anybody sick y'all. Figure that out, okay? So, speaking of, what were some things during this time that were not so helpful, as you tried to figure this out?

0:25:22 - Jaclyn Bellini

yeah, I mean so it's hard because I had to go on the birth control at that time. And someone asked me if I regret it. I don't regret it. I think at that point in time it was the quickest temporary relief available to me in a way that you know, even changing your diet or changing your exercise wasn't cutting it.

So, I needed some sort of intervention. But at the same time, you know, eventually the effects start to take its own toll, right, and that's why it's so important to be specific, because the more specific you get, the more likely that you're not getting some side effect because it's not really tailored to you. So that's what I think is important as well. And then, like I said, just not recognizing the burnout or like the role stress plays in all of this. Most of my friends who have been diagnosed, it's a very similar experience. You know it's -being in Manhattan, it's very stressful, there's a high energy all the time, but you know, not taking the time to reflect on that, and I, I was just one of those people that never really thought you could actually... it would start, even if your mind broke past something. Your body doesn't. So, the stress management it just, it does keep a score, you know, as they say, so

0:26:50 - Adele Scheiber

You gotta you're a white knuckler, you're 25. You're Gen Z, no, that's a millennial problem. You got to no white knuckling for you.

0:26:54 - Jaclyn Bellini

It's tough, it's tough, but I would say those two things were harmful. But you know they're all part of the process. You know you're learning, and you have to keep revising, you know, if something wasn't working right now. You know my conversation with- my doctor makes it a conversation, and I think, that's an important thing for listeners as well.

You know the white coat syndrome is real. But if you can break through that and say this is what I -do, some research, you know, before your appointments on what you think and even if you're wrong, you know you're having a conversation and a good doctor will hear you out on that and really, you know, make it more of a dialogue there.

0:27:39 - Adele Scheiber

Yeah, and you know it's. Your point is well taken and often, even if you don't come to a resolution in that conversation, what I have found is that reveals the doctor's biases, right, um or or, and every doctor has bias, every person has bias. I'm not saying, you know, this is not a poop on doctor's moment, it's just like it's- You start to learn, it's like, okay, this is your philosophy of care. I don't necessarily agree with that and it might even prompt you to get a second opinion, right. So, the conversation, it's like getting to know anybody, it's like dating honestly, you know so, okay. So, what advice do you have for other women who suspect they have a hormone-related disorder?

0:28:22 - Jaclyn Bellini

Yeah, I would say it's very easy to blame yourself, right? So, what we've been talking about during this conversation, you're doing everything right. And you know one of my friends. She just got diagnosed with Hashimoto's as well as severe hypothyroidism. Because I was looking at her symptoms and I said we're really about to be even closer than ever because I think we have the same thing. Um, but, but it really just means she was doing everything right. She was not eating any. You know gluten, but sometimes you need that medical intervention or, like you said, that more holistic treatment. Um, so I would say just getting blood work.

I can't stress enough, because that way your doctor can prescribe something more specific to you and you don't have to do the trial and error of the way most medications are prescribed, because you don't know what you can't have. So many women, even the birth controls you're on, if you have PCOS, if you go on the wrong one, it can really mess you up very badly, and that's why so many women have those stories with birth control.

0:29:30 - Adele Scheiber

They're not all the same. Different doses, different hormones, different combinations, they're very different,

0:29:35 - Jaclyn Bellini

A hundred percent. There's such a wide range, when she prescribed that birth control to me originally the OBGYN I at least knew, okay, that one specifically works with DHEA sulfate, but if I didn't do that research or have that confirmation, I would think I'm just, you know, shooting blind. So, it's not really, it's not really easy, and the other thing I would say is that there are so many narratives around women's bodies just breaking one day and that you don't have any sort of say once that happens. So, I would just say to people that your body does not just break, and even if it is in that crisis mode, that break, that is not something that is permanent.

You don't have to sit in that state and be like well then, there's no way I can ever lose weight, or there's no way I can ever feel better, or feel less inflammation, you're not stuck, and especially now that this is happening to women at younger and younger ages. I think it's just insane to tell people and give blanket birth control at the start of maybe, people wanting to start families or you know hitting that point in their life. So I would just say-

0:30:43 - Adele Scheiber

That's true, like if you've got to take that forever, what are you supposed to do?

0:30:48 - Jaclyn Bellini

Yeah, what are you supposed to do. That's what I was thinking about. I'm not even close to that point in my life yet. But the point is I don't want to have to be on this for years and then think about that later. So, I would just say that's definitely helped me -just breaking out of those narratives and then thinking about things like when were you the most healthy? Like I was in 2021, when were you the least healthy? What were your lifestyle practices during that time? Um, because they were clearly doing something to help you, even without medication and just being your being your advocate to get to that diagnosis and and if you get there, I mean you could be saving yourself a much larger health issue in the future. So you can't treat what you don't know you have.

That's how I feel. So- [Adele – that is so real.] Yeah, so, as much as you're scared or you might be like, oh my God, this stigma. When I was diagnosed with PCOS, there is such a stigma around it, but really you have to break free of that, because you are getting more help than someone who doesn't know what they have, who has the same thing, and at least you're addressing it. So, that's what I would say. And just to not lose faith, it's a very taxing

and disheartening process, but if you see yourself through it, you will have a much smaller mountain to climb and definitely avoiding one later.

0:32:16 - Adele Scheiber

Yeah, I mean, I couldn't have said that better myself. You're a great speaker, my gosh, you should do television. But you know, you said something, I think the most important takeaway there. I love the narrative. That's a very interesting- I love that like, yeah, you don't have to accept your current state, right?

At least not until you do everything humanly possible to investigate it further. Right, you need to be a ruthless homicide detective when it comes to your body. Right? We do not close the case right away. Some of those cases stay up for years. Watch cold case files. They solve it 20 years later, but they solve it right? I totally, totally agree with that. And then get blood work. There's no harm in getting blood work. It's one of those low-risk diagnostic things that doesn't even cost that much. Like even if you have to pay for it out of pocket, like I just had to do that. It's like \$120. I mean, that's not cheap, but like it's not \$30,000, like some other things you know. And like, the blood doesn't lie. Right, data is the best antidote to bias anything, fear? Data, right. And blood work is data right, as you discovered.

So always ask for blood work.

Be like, be like.

Well, okay, I hear what you're saying but can we run the blood work anyway? Can we just [Jaclyn - 100 percent].

0:33:35 - Adele Scheiber

You want to write that down??, um [laughter], and usually they do because they're like, "all right, fine." It's because it doesn't hurt us, I mean it's hurt -it's not great seeing the needle, but it's not- There's no downside to getting your blood work done, totally. All right, man. Well, is there anything else, Jaclyn, that you would like our listeners to know? And this is your chance to plug anything.

0:33:56 - Jaclyn Bellini

Well, once again, just thank you so much for giving me the platform.

I am so grateful, and I just want to say to anybody who may have further questions to reach out to me on Instagram I'm at Jac Rosaire, j-a-c-r-o-s-a-i-r-e. But just nothing is more important than your health and you don't realize that until you have it taken from you. So, but you have more power than you realize, right? You have much more control, much more say. You don't have to even accept an answer you get, you know, you go, you find a different solution. You keep working at it. But once you've figured out what works, then you can share that knowledge with your community, and that's what I've done, and just so many other resources available, the practices that you can do to really mitigate, because there are so many people with autoimmune disorders in the world and the symptoms all work in tandem. So, there are people who may not have exactly what you have, but could benefit from what you know, or just maybe start to realize things about themselves that they've kind of been putting on the back burner for some time.

But if you do get diagnosed, just know this is a part of your identity that makes you, you. And you're stronger for going through this journey. For me, you know, what I have, as we discussed, is never going away. But to know what you have and work off of information, work off of that data, as you said, gives me a peace and in the interim, just try to remove the stressors that you can and that you know. I'm ultimately so grateful to catch this early and feel like I'm -I'm winning back the way I want to live, so just thank you so much again for the platform and the chance to have a conversation with you. This has been really really wonderful.

0:35:53 - Adele Scheiber

Oh man, that's awesome. We will, of course, put your Instagram in the show notes, and can't wait for this one to come out.

0:36:01 - Jaclyn Bellini

Yes, definitely.