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The "Why" Behind the Pain: Connecting the Dots on EDS and HSD

Many people spend years—sometimes decades—bouncing between doctors, trying to explain two persistent problems: **constant dizziness** and **chronic pain**.

If you have been diagnosed with **hEDS (Hypermobile Ehlers-Danlos Syndrome)** or **HSD (Hypermobility Spectrum Disorder)**, these aren't just random bad luck. There is a specific chain of command causing your symptoms, and understanding it is the first step to managing it.

The Chain Reaction: From Tissue to Nerves to Pain

It is helpful to think of your condition as a domino effect. Here is how the medical literature explains the sequence:

1. **The Root Cause:** You have hEDS or HSD. This means your connective tissue (the glue holding your body together) is built differently.
2. **The Middleman:** Because your tissue is "stretchy" or loose, it interferes with your **P&S (Parasympathetic and Sympathetic) Nerves**. As we discussed in the previous post, this causes your body's "autopilot" to glitch.
3. **The Symptom:** This nerve dysfunction leads to **Orthostatic Dysfunction** (dizziness and fainting when standing). Crucially, these nerve glitches also **amplify pain**. The pain isn't just in your joints; your nervous system is turning the volume knob up, making everything hurt more.

What Doctors Should See: The Physical Clues

When a doctor looks at your history and performs a physical exam, they shouldn't just be looking at your heart rate. They should be looking at *you*.

In patients with these disorders, the body tells a story through four main physical signs:



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- **Super-Stretchy Skin (Hyperextensibility):** Your skin might pull away from your body much further than the average person's, almost like elastic.
- **Over-Flexible Joints (Hypermobility):** You can bend your fingers, elbows, or knees past the "normal" stopping point.
- **Fragile Tissue:** Your skin might tear easily or heal poorly.
- **Easy Bruising:** You might find mysterious bruises without remembering how you got them, because the blood vessels under the skin are fragile.

A Critical Warning: The "Vascular" Variety

While hEDS is the most common form, there is a rarer, more dangerous cousin called **Vascular EDS (vEDS)**.

The medical community often misses this diagnosis until it is too late—usually after a major, life-threatening event. Because vEDS affects the blood vessels and organs directly, it requires different attention.

The Red Flags for Vascular EDS If you or a family member have a history of the following, especially if it happened **before age 40**, it is vital to check for vEDS:

- **Organ Rupture:** A history of intestines or other organs tearing or rupturing unexpectedly.
- **Aneurysms:** Bulges in blood vessels.
- **Major Bleeding:** Bleeding that is difficult to stop or happens spontaneously.

The Takeaway: If you have easy bruising combined with a family history of sudden organ trouble or aneurysms at a young age, do not wait. This specific history is the loudest alarm bell for doctors to investigate Vascular EDS immediately.