Introduction to Fertility and Longevity

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It still hasn't picked up into mainstream culture, but for us, it's great because I'm like, yeah, I've been saying this for 10 years. This is the Longevity CEO, where we explore the science of metabolism, cellular renewal, and the future of longevity.

Welcome everyone to this new episode of the Fasting and Longevity Summit. Today is a very, very important topic with Dr. Ahmed Hamad, who is one of national leading doctors in women's health.

and specifically focused on fertility. This is one of the health conditions of our nation today. A lot of metabolic syndrome, a lot metabolic issues with women, and that's bearing on their fertility, on the mood, their lifestyle.

So it's a very, very important topic to address. I want to welcome you officially, Dr. Amutma, to this episode. Thank you. It's great to be here. And I'm very excited to talk about fertility and all things fasting.

Yeah, I want to let you introduce yourself, but I wanna make sure I mentioned that. You've been awarded the best naturopathic medicine doctor three times already, right?

Yes, yeah. The top woman in medicine, doctor, and joined the Berkeley Hall of Fame as well. So we're talking with a true big expert today. Make sure you listen carefully and hopefully this will help you change your life or enhance your longevity.

Yes. But would you tell us a little bit more about yourself before we start addressing the topic? Absolutely. So by training, I am a naturopathic doctor.

I'm also board certified in what's called a fellowship for natriopathic endocrinology, which is just a fancy way of saying, i'm a hormone expert. i teach, i'm on the boards of that.

but really, like, if i were to do an introduction for myself, it's not all the accolades, the people that we serve. And we really have been in the world of fertility for 13 years.

We've helped thousands of women get pregnant after they had tried everything else and couldn't. So that's my passion. That's what I'm proud of, and that is what am excited by.

And as of a few years, four years but we're going to go into our fifth year. We have been training practitioners to do fertility the way that we do it because we've had such great awesome results and just really want this to be a kind of a game changer in the fertility world for women and couples to know that there is something besides IVF whether they've tried three rounds of it already and haven't it hasn't worked or they're at that point of like We've tried for a year.

We don't know what else to do. If we really want to go to IVF, we don' know why we would go. So we're really in that space of like, let's expand the perspective of IVS from not just like hey, you could go and have a baby, but what are all the other impacts?

to your fertility, because fertility to me at least is a symptom. It's not an actual dis-ease. There's nothing that is wrong with you most of the time.

So it's really about figuring out why is the body not able to do something that it was designed to, right? Humans

want to survive on this planet. So all of what we do is not so much about how do we fix you, but it is more about, how we take what your body is saying.

Root Causes of Infertility

Take it as an indicator of, hey, something is off, something like a little blinking light that's saying there's an underlying reason that the body is not able to do this, let's just figure out what it is.

And once we figure that out, magic happens. That's a big theme actually that we're addressing here in the Fasting and Longevity Summit where We're doing so many episodes around diabetes and cancer and Alzheimer's and pure longevity and metabolic syndrome.

The common theme is we're telling people, hey, there's a root cause that we need to address in those conditions. It's not about just, okay, the egg cannot meet the sperm, so let's just put them together and reinject them.

If you're struggling with your fertility today, you're struggling maybe with a systemic health condition. Maybe you are struggling with something else.

Let's go to the root cause and let's help you resolve that root-cause because if we don't do so, you gonna go see your on the chronologist for diabetes in five years.

Are you going to go and see a cardiologist, for blood pressure in 10 years? And by the way, maybe you accelerating your aging and this is one of the symptoms and then you have to treat aging.

And one of the solutions and common factors to all these lifestyle conditions is fasting. And this is how we're linking fasting, longevity, and now the chapter today comes with infertility.

So I just wanted to situate all of it and explain your words in the grand scheme of, of The Summit. Do you want to tell us, we want you to learn the secrets, right?

Do want tell a little bit about When you get a woman that's struggling with her fertility, how do you approach that and what are the most underlying causes that you find most frequently and how to use fasting and for which woman at which time and was the protocol to help them with that?

Yeah, absolutely. So we have… essentially the couple sitting in front of us. And I want to bring it to the couples because it's not just the woman, right?

I think that the fertility world is laden with this idea of like, it is the women's responsibility. Most guys come to us with having zero lab tests, most of them may have some semen analysis, if that.

and they also have issues and will connect back to the metabolic disease and metabolic syndrome and how it affects the male side of this. but essentially it's the couple.

So we look at them and we say, okay, what are the main things that could be happening for you guys that's unique to you? And how are we going to address it in like a step-by-step method?

So it's not like, let's give you every supplement under the sun because a lot of people do that. But really, lets create a strategy that's, I just talked to a couple yesterday.

I looked at all of her labs. She had so many nutrient deficiencies and the stuff that she was nutrient-deficient in, it just looks like your gut is not functioning well.

And if we give all the supplements without fixing your you're going to walk out of this with the same issues that you still have. But if we're able to fix your gut, we are going have a different outcome.

And that outcome is going be you actually absorb the nutrients from the food that eat. So it's really like taking a step back and saying, okay, there are some things that are Our job is to really figure out what those things are from the perspective of the deepest layers that are affecting fertility.

So, I think gut health is a really big one. I, think most of us would agree that our gut is kind of impacted by so many things. And for me, we look a lot at the microbiome, the gut microbiomes, but also like the cutting edge of the vaginal microbioma and all of connections of vaginomicrobiome and how that impacts fertility very directly.

So it starts with that, right? Like the micro biome through our whole system, it's starts in our mouth. talk to some of the world's experts on nitric oxide production and how that's happening in the mouth with the bacteria.

And if we are breathing through our mouth instead of our nose, then the microbiome in our mouths changes and now we're no longer producing the nitrous oxide, which then has an effect on the vaginal microbiomes.

So just like all the interconnections, right? This is what I like to kick out on. So that's, I think, one of the main things is how… So sleep apnea could be one the impact of vaginal microbiome and lead to infertility in that sense?

Yes. Yeah, exactly. Exactly. And sleep apnea is a little bit tougher, but the easy solution, I'll just tell everyone, is mouth taping. So just like a small piece of tape over your mouth before you go to sleep helps force breath through the nose instead of the mouth.

It's fascinating. it relaxes the jaw. like, wake up with jaw pain. This used to be me, like literally two weeks ago. And I would just wake and I'd be like oh, it's so tight in there.

It's because like my muscular structure in the mouth was trying to hold my mouth closed, but the tape just helps relax it so that I don't have to do all the work while I'm trying game changer, like that alone changes how stressed I feel through the night.

I get a better night's sleep. There's all these underlying factors, but the best is that now we're producing more nitric oxide, which helps support blood flow and circulation to the rest of our body, specifically the uterus.

or testes for men, and then it helps support the right healthy microbiome. And you can breathe through your nose and still have a microbiomes imbalance in the vaginal tract, but this is a really good way to start fixing it.

So we start with the simplest things, and I love when the simple things are free and take no effort, right? Like you just put this tape over your mouth, you're done.

So that I loved because it's such the smallest lifestyle shift, but it is going to have impact on so many other things down the line. The second is the gut microbiome, which we were just talking about.

The microbiomes is our interface. It's the interface between the outer and inner world. So if that interface is impacted or it's not optimal, it's got the wrong microbes, its geared towards not so great microbes versus the ones that are going to help absorb nutrients, help produce the right hormones, the neurotransmitters, then all of that is going lead to imbalances in hormones and fertility.

So really starting again with what's the lowest hanging fruit, that's And then the vaginal microbiome is a little trickier. What we've been seeing this year, we have tested every single person that we worked with on the Vaginal Microbiome.

And what we found is that a majority of those women did not have any symptoms. So what used to do is say, oh, do you have a lot of UTIs? Have you had vagin infections?

Gut and Vaginal Microbiome

This year what we learned is actually a lot of women have no symptoms but extremely high numbers of what were

calling anti-fertility microbes in the vaginal tract which are then impacting egg quality in local inflammation and implantation and pregnancy outcomes.

So, if we can test it, then we know, hey, these are the microbes that are just not great and are negatively affecting fertility. So let's get rid of them.

Let's repopulate with the good stuff. And none of it takes long. If you had cases where if you resolve that piece only, they are back and they're fertile and can get pregnant?

That's a good question. I feel like that's good. Yes, there are. And the reason I know this is because I have women who we had done everything else, right?

We had addressed the hormones, addressed every part of the imbalances that we could address. And still, I'm thinking of one person in particular, still she went on to have an implantation failure.

She had come to me with four failed IVF cycles, two pregnancies that had ended in a loss, and the doctors were like, you have an immune, like an autoimmune infertility basically, so your immune system is going haywire.

We had to address all of the things. And probably this is when the leaky gut was triggering all this. Yeah, yeah, absolutely. And she, so we had addressed it, she was doing like amazingly well.

I was like, okay, go do your IVF cycle. She came back a few weeks later and said it didn't work. That's when I said, shit, how is that possible? We did everything.

And then I was like, you know what? The only thing that we haven't touched for you is the vaginal microbiome. And the reason was exactly this. Like, we weren't testing everyone.

We were just testing people that had symptoms. So I said, let's just test your vagional microbiomes and see. She had really high levels of Gardnerella, which have lots of data on how it causes bacterial vaginosis, but In the presence of Gardnerella, implantation becomes very difficult.

So I was like, okay, well, and she was, like I have two weeks before my next IVF cycle, they're going to do another transfer in two week. And I said, OK, that's not a lot of time here, but let's try it.

We gave her the antimicrobial that was going address that specific microbe. for five days, and then we did a 10-day repopulation plan with the pro-fertility microbe, which is lactobacillus crispatus, And just like hit it really hard.

She went in for her next transfer and it worked and she had a healthy baby after that. So, Yes, it's very plausible that doing the whole microbiome from mouth to vaginal, if we do all of it, would it Would that alone work?

Possibly, if that was the problem, right? So if we test someone, and this happened yesterday, If we tested someone and all of the microbes in there are pro-fertility or neutral fertility, then that's not the issue.

Then we have to look at other things. So maybe there's a number three and four and five then. Yeah, yeah. And you asked what are the other causes that we see a lot.

So toxins are a big one, of course. I feel like the growth of toxins in our environment all around us are pretty extensive and our bodies aren't able to handle it and keep up with all of it.

metabolic dysfunction, underlying hormone dysfunction. So what we see is hormone imbalances, but what's happening under the surface is blood sugar dysregulation and just not being the, we can call this the thyroid, the pancreas, deliver a whole conglomeration of things that just are not functioning optimally.

You may even get tests that say you're fine, you are normal, but they're not functioning as well as they should. And fertility is, it's the abundance of optimal.

It's not, I'm functioning at normal or fine and that's going to be enough to get pregnant. For some people that is enough. But for a lot of the people we see, the body is really asking for this level of optimization before they go and try to get pregnant.

That's fantastic. And these reasons that you mentioned are beyond the traditional one, like the PCOS and the other traditional that a typical physician or an allopathic medicine would address first.

Yeah. I think we have a really unique subset of people that we work with. Like, yes, we see a lot of PCOS. We see lot endometriosis. But if I were to say, like, the majority of our practice is unexplained infertility or unexplain pregnancy loss.

And it's the unexpained that is exciting because we're like oh, it is un-explained, let's figure it out, you know? That's what I love to do. So, I really feel like we're in a unique place to see all the people that just can't figure out why.

With PCOS and endometriosis, they already, oftentimes they know why, endometric is funny because I feel there's a lot of people who get put in unexplained but they actually have endomicrioses.

But PCOS, most of the time they know by the times they come to us. The reason they came to is because the Western medicine paradigm is if you don't lose this amount of weight, if your not in this specific category of BMI, we can't actually do IVF on you.

So, and that's all they get told.

Fasting, ProLon, and Biological Age

And the women go away and they're like, well, what do I do? Should I lose weight? Who do i work with? And a lot of weight loss programs will not, they may support weight-loss.

And that may get them in the door with IVF. But if weight loss throws off your hormones, is it actually serving you? And my answer to that is no, like absolutely not.

If you're losing weight, but your the hormones are going more out of whack, you are getting more nutrient deficient, your end quality is going down. Then it doesn't really serve your angle, which is how do I get pregnant?

That's fantastic. And to hit the core topic, can you help us understand how you use fasting then or which kind of profile at which stage and how do you do it then?

Yeah. So fasting is fascinating because there are so many benefits. Research has shown that in general, most types of fasting will reversed your biological age, right?

So your chronological age isn't going to change, but your biologic age can change. And there's a really cool company in the fertility space that is doing testing on epigenetic markers to show ovarian age.

Essentially, it's like biological ages specific to the ovaries. Fertility world is Most of the women that we're working with are not worried about how young do I look or what do i look like.

They're into anti-aging because they're maybe 37, 38 and they are like, I'm not really ready to have a child. what am I doing? Like, what are we gonna do?

Because at 35, fertility drops off of cliff supposedly, and by 40, you're screwed. So they're really in that space of like, What can I do that is going to anti-age me, that, is, going, to, support me to have the family that I want, at the pace that i want.

without the judgment of doctors saying, well, you should have come in when you were 35, so it's that test plus really like what we've seen that tests, the company is called Clockwise, and they've done studies that show anti-

aging and specifically ovarian aging can be reversed through fasting.

and the specific type of fasting that they were using in their study, and it's a very small scale study. I think it could probably go bigger, but they're doing it with ProLand, which is essentially like a five-day protocol for fasting.

And we just like tell people to follow the guideline. Really? I wasn't even aware of it. Yes. Yeah. Fantastic. We're getting a lot of surprises here. The things you're learning.

I'm getting so many surprises. You know, we're very fortunate with the ProLon because fasting works. Yeah, first thing is, is is reversing biological age, we actually We never had a machine to test even autophagy and reverse in humans, right?

And reversal of the cell age. But the National Institute of Health just deployed eight machines in the nation. And Prolon was the first product to be tested at the University of Texas, San Antonio, and it's showing a huge spike of autrophagies and rejuvenation from day three to day eight.

Which is exactly what Professor Long of the founder and behind Prolon Mu and this is why Prolons five days, day one and day two, intermittent fasting is not going to reverse your age.

You got to stress a little bit the cells on day three so that they rejuvenate and then they go younger. And that's the biggest challenge. A lot of people, they say, well, five days of fasting, nutrition, is it challenging for me or not?

And they sometimes find it difficult to do the first and the second cycle before they become metabolically flexible. And then they go and becomes easy.

I'm really pleased to hear what you're saying. We've just seen it last week. First time ever to see autophagy and cellular rejuvenation with an intervention for those listening to us today.

That won the Nobel Prize in Medicine in 2016, but in humans there was no product proven to do that. And now we have that proof. Yeah, and what I love about it is the ease of it again, right?

Like for the average person that is like, I'm overwhelmed by all of these things that I could do and to have the simplicity of like follow this five-day protocol and that's going to help us get your like kind of age reversal system in action right and that's not like hey this is going to sustain you go back to living the lifestyle that you were living none of that like you we use it as a reset so you do this and then you follow our plan.

You're going to need to sustain some dietary and lifestyle changes over a period of time to continue those benefits. But ProLon is a really nice way to hit the reset button and kind of help reverse aging just a little bit to get that metabolic process, the flexibility going so that it can be sustained with the lifestyle Maybe it's impacting metabolism as well, right?

The foundation of why they have the PCOS, the foundation why to have, they did general metabolic profile and getting and helping re-boost or reset the metabolism.

Right, exactly. And what's really fascinating is, I mentioned this earlier with the couples, guys that have pre-diabetic or diabetes, and the number of times I've seen guys who are like diabetic and never been diagnosed, never even been tested because they don't have the symptoms.

But we test everyone because we know that this is happening. blood sugar dysregulation in men has been connected to recurrent pregnancy loss in the female.

So now you have a whole population of women that are told, oh, it's normal to have pregnancy After three pregnancy losses, women are being tested for genetics, they're being testing for autoimmune conditions, antiphospholipid syndrome, but never is the male part of this conversation.

And it was about 10 years ago that I kept seeing these recurrent pregnancy loss cases. I was like, well, I feel like there's something happening with the guys.

So we just created a profile that was, let's just test a bunch of very low-hanging fruits. And what I kept seeing was high homocysteine levels and high blood sugar or high hemoglobin A1C and all of these guys.

And I had no proof for it. I was like, well, we're just going to fix this. Then of course we'd work on the female also and they would get pregnant and stay pregnant.

And I was like, fascinating. So something here is working. It wasn't until 2018, 2019 that studies were coming out that high blood sugar levels in men or pre-diabetic diabetic states in man were connected to their partners having recurrent pregnancy loss.

it still hasn't like picked up into mainstream culture. But for us, it's great because I'm like yeah, I am not crazy. I've been saying this for 10 years.

So it's really fun because we're living in a time where we are having more proof that the stuff that we do works.

Male Metabolic Health and Pregnancy Loss

For these guys that maybe have some metabolic disorder, they have abdominal obesity, can't lose weight, have blood sugar dysregulation, ProLon is a really great way to address that piece in the mail.

And again like hit the reset button Wow, and you give it like to the couple do you ask them to do it together? Yeah. Yeah doing it. Together is so much fun because they're doing about yourself Yeah, yeah, if you're you by yourself, it's kind of like oh, you have to this thing But when both of them are in it It actually creates a stronger bond for each other.

They have more love for other and they're like, oh, we're doing this for our future child. Like it just amplifies everything because of the emotional connection that they have to.

I remember one time I was speaking on the stage in L. A. and a mid-age female, she came to me and hugged me. She said, Prolon saves our marriage. And I didn't understand.

Maybe this is one of your patients actually that's coming in today. So, I mean, it seems you're seeing the last resort, the patients coming after going through their doctors, their mainstream doctors.

You're seen the lashes or the, what kind of tests you do for somebody coming to your clinic? What kind testing and what kinds of impractical interventions?

A lot. There's a lot, so our fertility process is called restorative fertility. It's four-step process, reveal, remove, rebalance, receive. So the reveal phase essentially is testing, and it's the male and female fertility panels, which are basically hormones plus DHEA sulfate, testosterone, but don't get tested as often, especially in women.

And then we're doing the whole gamut of what I call basic biomarkers like liver enzymes and blood sugar, hemoglobin A1C, white blood cells, red blood cell, and the way that we are interpreting those is slightly different.

So kind of a bigger bucket of tests, even on the most basic level, is really helpful to get information that we wouldn't otherwise have, right? Like, no one is testing homocysteine, yet homocystheine is a direct correlation of epigenetics and how well our SNPs or single nucleotide polymorphisms are if we have some SNP that are, for example, I always give MTHFR because people in the fertility world know what that is.

So if you have Mthfr mutation, you're probably not methylated very well. It affects the chain of conversion from folic acid to folate to 5-methyltetrahydrofolate, which is an activated form of folac acid.

But for that percent, 40% of the population has this defect in the U. S. The outcome of that is if you have this effect, you'll have higher levels of homocysteine if that pathway isn't functioning well.

So homocistine is actually like the perfect like functional test of how well are these methyl pathways working in your body. And because there's a correlation, at least we know, to sperm quality.

I assume there is a correlations to egg quality, but because we can't test egg-quality, we don't know for sure. But if we that that homocysteine is high, then there a little bit of, like, We can do one of two things.

We could lower the homocysteines by supporting methyl pathways. or we could go and test epigenetics and figure out what else, what other tips do you have that are then affecting methylation.

So we usually, we decide on a case-by-case basis, but those kinds of biomarkers that just help us have a clue of how well are these different things functioning in the body, and is there any like red flags, things that is blaring us in face that's saying, hey, you're just not doing this very well?

we should figure out how to make this better. We should have this be a little bit more functional. So those are the basics. Semen analysis, if the guys don't have a semen analysis is also basic.

And then on the female side, we have three tests that are probably not basic, as I mentioned we've been testing vaginal microbiome on everyone. We just gift them with this kit because, like, it's getting us so much information.

Like, I want to make sure that we don't do all of this only to have implantation not happen at the vaginal microbiome level. So that's easy. And then we have a functional nutrient assay for the ladies because There isn't a way to assess egg quality.

We can look at the nutrients and say, hey, what level of oxidation do you have or oxidative stress do have? Which antioxidants are actually going to support your individual body with the oxidated needs that it has?

And what nutrient deficiencies do we have, and all of that will serve to supporting quality in the future. And then the third test is a cycle map of urinary hormone metabolites.

And that really gives us the specific hormone piece of, yes, we know the basic hormones on a day three lab test, but what's this actually doing through the whole cycle?

Is there a point where you have more estrogen than progesterone when it should be reversed? And if that's the case, that is really an anti-fertility signal, right?

So if there's more estrogens in your luteal phase than there is progeterones, your body is saying, sorry, not a time for baby making because we have a whole lot of estrogen floating around.

We should have some, but we shouldn't have so much. So really being able to assess for and know some of the hormone imbalances underlying all of this helps us put things in perspective.

And then there's, you know, there are so many more functional tests that we could do. It just becomes like a cost issue of like how much more can people do what's really important, like heavy metal tests or mold testing.

Mold has become such a big issue that we keep seeing again and again. We see like gut microbiome or gut health in general. So there's a lot of other tests that could do in the future.

You don't give them to everyone. And are you seeing an increase in like mild autoimmune syndrome happening in a lot of, and even younger women today.

Testing, Autoimmunity, and Functional Fertility Care

Yes. Yeah. And like, there's a of women that have antibodies to their thyroid. If we never test the full thyroid panel, if we're only doing TSH and a lots of their T SH looks normal.

but they still have antibodies and a lot of them have either chemical pregnancy or implantation failure or recurrent pregnancy loss. So that it makes us wonder like, what's the connection?

Why do you have, you keep having this struggle with staying pregnant? And the answer is sometimes the autoimmune issue. And then autoimmune goes back to gut, so we need to do more gut testing.

But that auto immune piece is really fascinating because, again, there are studies on how antibodies to the thyroid led to recurrent pregnancy loss. Yet, it's not a thing that doctors test for, and it is not something that they know what to do with.

So, if TSH is normal and they have antibodies, what do we do? We can't give her T4 because her TSH is normally. It's going to not do anything. So then they're stuck with, well, we don't know what to do with antibodies, so goodbye.

Like, good luck with that. So those are all the women that are not getting really good care just because we do not have, there isn't a conventional framework or paradigm to support these women to actually heal what's happening.

We're seeing this a lot today where You know, you have a little bit of a suboptimal function in this organ and the sub optimal on the other one. And it's the aggregate in a metabolic and inflammatory setting.

It's this sub aggregation of all of them together that's actually, and some of for one cause and one general systemic one and in many cases or other cases, two different causes and this is why the standard clinical practices says you're normal here, you are normal and you normal but actually you subnormal on all of them and when your sub normal on them again going back to fertility and pregnancy you not at your optimal and is where the body doesn't want to undertake a new big endeavor to grow another, another body within it and says, you know what, let me, uh, it's difficult for us to, to be fertile of this.

And this is where functional medicine, trigger medicine comes in to say, okay, look at the root cause of all of them. Is it the gut? Is a metabolic, is it inflammatory?

The toxins, the stress sometimes as you started even talking about even the mouth. Yeah, that was new information for me today. But all of it together, when you optimize sometimes each 10, 20, 30%, the body says, okay, I went above water and I'm ready on flourishing again.

I am on a positive cycle rather than the vicious cycle and having all the stresses, the cells not responding well to all these aggregate stresses together.

I wanted to simplify it so that people listening to us today that don't have exposure to what we're talking about understand a little bit different versus, and allopathic medicine had to put lines, are you diabetic or not?

They had define it as just one of the side effects of saying, but if your blood sugar is 99 or 101, I mean, or 119 and 121 or 139, and 141, that less than 2% change in medicine, say you're diabetic or not, but in practice, this is the same syndrome.

And this what we're trying to shed the light on and try to help people think about it in this way. So I want to thank you very, very much for your time today.

This has been You know, a great discussion and shedding a light on women's health and men's help and how fasting can help both, but also how can it help the cycle of life.

And that's part of longevity. That's a part or a fulfilling life, I want to thank you for the work that you do. I just met you today and it's big surprise to learn that to use ProLon and fasting and a big, and I wanna catch up with you

about the biological clock of the ovaries because I've heard a lot of stories about prolonged babies with women that struggle getting babies, but not to understand that even the ovaries are reversing their biological age is a big thing for us.

I'll follow up with you on it. But I want to thank you very, very much for your time today. Thank you so much, for having me, Joseph. This was awesome.

Thanks for listening to The Longevity CEO. Follow the show and join us as we rethink what it means to live longer and healthier lives.