How Fasting Affects Your Fertility Journey Transcript

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Introduction to fertility and longevity

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

I know a lot of this is this is one of the health conditions of the nation today. A lot of metabolic syndrome, a lot of metabolic issues with women. And that's bearing on their fertility and their mood and their lifestyle.

So it's a very, very important topic to address. I want to welcome you officially Dr. Aumatma 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 I'll let you introduce yourself, but I want to make sure I mention that you've been awarded the best naturopathic naturopathic medicine doctor three times already, right?

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

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

I am also board certified in what's called a fellowship for naturopathic 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, it's more the the people that we serve. And we really. I've 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 what I you know, like that's my passion. That's what I'm proud of.

And that's what I am excited by. And as of a few years, four years, we're we're going to go into our fifth year.

Root-cause approach to infertility

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 a three rounds of it already and have it has at work, or they're at that point of like we've tried for a year, we don't know what else to do.

We don't know if we really want to go to IVF. We don't know why we would go to IVF. So we're really in that space of like, let's expand the perspective of IVF 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 a it's not an actual disease. 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 do, right?

Human 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's more about how do we take take what your body is saying.

Take it as an indicator of, hey, something is off. Something is like a little blinking light that's saying there's a 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. And that's a big theme, actually, that we're addressing here in the Fasting and Longevity Summit where we're in.

We're doing so many episodes around diabetes and cancer and Alzheimer's and pure longevity metabolic syndrome. And we're trying 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 the the economy, the sperm. So let's just put them together and re-inject them. If you're if you're struggling with your fertility today, you're struggling maybe with a systemic health condition, maybe you're struggling with something else.

Let's go to the root cause and let's help you resolve that, of course, because if you don't do so, you're going to go see your only chronologies for diabetes in five years.

Are you going to go see your cardiologist for blood pressure in ten years? And by the way, you're maybe you're accelerating your aging and this is one of the symptoms, and then you have to treat aging and one of the solutions and common factor 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, and explain your words.

And in the grand scheme of of the summit in do you want to tell us and we will all learn the secrets you want to tell us a little bit about, you know, when you get it, when you get a woman that's struggling with, you know, with her fertility, how do you approach that?

And and what are the most underlying causes that you find most frequently? And how do you use fasting? And for which woman at which time? And what's the protocol to help them with that?

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

Right. I think that the fertility world is laden with this idea of like it's the woman's responsibility. And 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 that and we'll 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, let's create a strategy that I just talked to a couple of yesterday.

I looked at all of her labs. She had so many nutrient deficiencies and the stuff that she was nutrient deficient. And I was like, It just looks like your gut is not functioning well and if we give you all the supplements without fixing your gut, 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're going to have a different outcome.

Gut and vaginal microbiome in fertility

And the outcome is going to be you actually absorb the nutrients from the food that you eat. So it's really like taking a step back and saying, okay, there are some things that are going to be out of whack. And 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 microbiome, but also like the cutting edge of the vaginal microbiome and all of the connections of the vaginal microbiome and how that impacts fertility very directly.

So it starts with that, right? Like the microbiome through our whole system, it starts in our mouth a 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 the nose, then the microbiome in the mouth changes. And now we're no longer producing the nitric oxide, which then has an effect on the vaginal microbiome.

So just like all the interconnections, right, this is linked to the drug. So that's I think one of the main things is how. Sleep apnea can be one of the Yes. Can be one of the impact could impact the 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 tapping. 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 it's fascinating. It relaxes the jaw. So all the people that like, wake up with jaw pain, this is this used to be me, like literally two weeks ago, I had I would just wake up like, oh, it's so tight there.

And 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 to sleep.

Um, game changer like that alone changes how stressed I feel through the night. I get a better night's sleep. There's all of 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 healthy microbiome. And you can so you can breathe through your nose and still have a microbiome 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 didn't send those tape over your mouth, you're done so that I love because it's such the the smallest lifestyle shift but it's going to have impact on so many other things down the line.

The second is the gut microbiome, which we were just talking about, like the microbiome is our our interface. The gut it the gut microbiome, specifically 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, it's geared towards not so great microbes versus the ones that are going to help absorb nutrients, help produce the right hormone, the right neurotransmitters.

Then all of that is going to lead to imbalances in hormones and fertility. So really starting again with what's the lowest hanging fruit, that's the foundation.

And then the vaginal microbiome is a little trickier. What we've been seeing this year, we've tested every single person that we worked with on the regional microbiome.

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

Have you had yeast infections? And this year what we learned is actually women a lot of women have no symptoms, but extremely high numbers of what we're 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. We've had cases where if you resolve that piece only then they are back in their fertile and they can get pregnant.

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

We had to address to address 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 a 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 a autoimmune infertility, basically, so your immune system is going haywire.

We had addressed all of the things. And then this is had the leaky gut was triggering all this. Yeah, yeah, absolutely. And she so we had to address that.

She was doing like amazingly well. And I was like, okay, go do your IVF cycle. And if she came back a few weeks later and said it didn't work and that's when I was like shocked, like 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 vaginal microbiome and see and she had really high levels of Gardner Ella, which have lots of data on how it causes bacterial vaginosis, but in the presence of Gardner Ella implantation becomes very difficult.

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

And we gave her the antimicrobial that was going to address that specific microbe for five days. And then we did a ten day repopulation plan with the the pro fertility microbe, which is lactobacillus Chris bodies and 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 there it's very plausible that doing these like the whole microbiome from mouth to vaginal, if we do all of it, would it do that? Would that alone work?

Possibly, if that was the problem? Right. So if we test someone and this happened yesterday, if we test 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 it is the number three and four and five that. Yeah, yeah. And, and you asked what are the other causes that we see a lot of?

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.

So that's a big one. And and then metabolic dysfunction, underlying hormone dysfunction.

Fasting, biological age, and ovarian rejuvenation

So what we see is hormonal imbalances. But what's happening under the surface is blood sugar dysregulation and just not being the the we can call this the thyroid, the pancreas, the liver, a whole conglomeration of things that just are not functioning optimally.

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

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

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

Yeah. Yeah, I agree. We're I think we have a really unique subset of people that we work with and it's like, yes, we see a lot of PCOS, we see a lot of endometriosis, but if, if I were to say, like the majority of our practice is unexplained infertility or unexplained pregnancy loss and it's the unexplained that is exciting because like it's unexplained.

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 is with PCOS and endometrium says they already oftentimes they already know why endometriosis is funny because I feel like there's a lot of people that get put in unexplained but they actually have endometriosis.

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

So and that's it. That's all they get told. 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 hormones are going more out of whack, you're getting more nutrient deficient, your egg quality is going down.

Then it doesn't really serve your end goal, 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 and for what's which kind of profile at which stage and how you do it?

And yeah, so fasting is fascinating because there are so many benefits and research has shown that in general most types of fasting will reverse your biological age, right?

So your chronological age isn't going to change, but your biological 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.

And essentially it's like biological age specific to the ovaries, and it's like fertility world is we're not 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're like, I'm not really ready to have a child. What am I doing? Like, what am I going to do?

Because at 35, fertility drops off a 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 a 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, you know, so it's that test plus really like what what we've seen that test, 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 Poland, which is essentially like a five day protocol for fasting and the specs and we just like tell people to follow the guideline.

So I wasn't even aware of it. Yes, yeah, yeah. I think we're getting a lot of surprises here. The things you that are getting so many surprises, we you know, we're very fortunate with the Poland because fasting works.

She said the magic word. You know the thing is is is reversing biological age. We actually we you know we never we never had a machine to test even autophagy and the reverse in humans right in reversal of the cell age and but the National Institute of Health just deployed eight machines not in the nation in Poland was the first product to be tested at the University of Texas, San Antonio.

And it's showing a huge spike of autophagy and rejuvenation from the three today aids and that and which is exactly what professor the longer the founder and behind prolong you and this is why all those five days they want and they do intermittent fasting is going in the reverse reversal of age.

You got to stress a little bit, the cells and the three so that they rejuvenate and then they go younger. And and that's the biggest for today. And the biggest challenge raised 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. It becomes easy. But I'm really pleased to hear what you're saying. We've seen it. Yeah, we've just seen it last week.

Male metabolic health and recurrent pregnancy loss

We just got the results last week. First time ever to see autophagy in cell rejuvenation with an intervention. That's 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 then we have that proof. Yeah. And I, I, 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 like you're going to need to sustain some dietary lifestyle changes over a period of time to continue those benefits.

But prolonged is a really nice way to hit the reset button, and it 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 changes that we make.

And maybe its impacting metabolism as well. Right. The foundation of what why they have the PCOS, the foundation, why they have the general metabolic profile and getting and helping reduce all the reset the metabolism.

Right, exactly. And what's really fascinating is they we I mentioned this earlier with the couples, guys that have pre-

diabetic or diabetes. And the number of times I've seen guys that 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 loss. 1 to 3. And after three pregnancy losses, women are being tested for genetics, they're being tested for autoimmune conditions and high phospholipids syndrome.

But never is the male part of this conversation. And it was about ten years ago that I kept seeing these recurrent pregnancy loss cases and I was like, Well, I feel like there's something happening with the guys.

So we just created a profile that was like, let's just test a bunch of like very low hanging fruit. And what, what I kept seeing was high homocysteine levels and high blood sugar or high hemoglobin influences.

And all of these guys and I had no proof for it. I was like, Well, we're going to fix this. And and 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 status in men were connected to their partners having recurrent pregnancy loss.

It still hasn't picked up into main mainstream culture, but for us it's it's great because I'm like, Yeah, I'm not crazy. I've been saying this for ten years.

So it's it's really funny because we're we're living in a time where we have we are having more proof that the stuff that we're doing works. So for these guys that maybe have some metabolic disorder, they can't they have abdominal obesity, they can't lose weight, they have blood sugar dysregulation.

Probiotics are a really great way to address that piece in the mail. And again, like hit the reset button. And do give it like to the couple. Do you ask them to do it together?

Yeah, yeah. Do it together. And so what's fun? Because it's a. Big thing. About yourself. Yeah, yeah. If you're doing it by yourself, it's kind of like you're doing this thing.

But when both of them are in it, it actually creates a stronger bond for each other. They have more love for each other. 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 it. And remember one time I was speaking on the stage in L. A. and in middle age female, she came to me and hugged me, said, Roland, save our wedding registry.

I saved our marriage. And it was like I didn't understand. And maybe this is one of your patients actually that's going to it's it's in in. So, I mean, it seems you're you're seeing the last resort.

The patient's coming after going through their doctors. They may seem like you're seeing glasses or that what kind of what kind of tests you do for somebody coming coming to your clinic, what kind of testing and what kind of practical intervention is?

A lot. There's a lot. So our fertility process is called restorative fertility. It's a four step process, reveal, remove, rebalance, receive.

Testing and functional fertility workup

So the reveal phase essentially is testing and it's the male and female fertility panels, which are basically hormones plus DHEA sulfate testosterone, which are also hormones, 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, even C white blood cells, red blood cells.

And the way that we're 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. Homocysteine is a direct correlation of epigenetics and how well our snips or single nucleotide polymorphisms are.

If we have some snips that are, for example, I always get around to each of our because people in the fertility world know what that is. So if you have a future for mutation, you're probably not methylated very well.

It affects the chain of conversion from folic acid to folate to five methyl tetrahedral folate, which is an activated form of folate, folic acid. But for that person, 40% of the population has this defect in the US.

The outcome of that is if you have this defect, you have higher levels of homocysteine. If that pathway isn't functioning well, the homocysteine is actually like the poor 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's a correlation to egg quality, but because we can't test egg quality, we don't know for sure.

But if we know that that homocysteine is high, then there is a little bit of like we can do one of two things we could fix. We could lower the homocysteine by supporting methyl pathways, or we could go and test epigenetics and figure out what else, what other steps do you have that are that are 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 are blaring us in the face that are saying, hey, you're just not doing this very well, we should figure out how to make this better.

We should figure out how to have this be a little bit more functional. So those are the basics semen analysis if the guys don't have a segment analysis.

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 give 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 happened at the vaginal microbiome level.

So that's easy. And then we have a neutral, a functional nutrient assay for the ladies because there isn't a way to assess ad quality. We can look at the nutrients and say, Hey, what level of oxidation you have or oxidative stress do you have, which antioxidants are actually going to support your individual body with the oxidative needs that it has?

And what nutrient deficiencies do you have and all of that will serve to support air quality in the future? And then the third test is a cycle map of urinary hormone metabolites, and that really gives us the the specific like hormone piece of yes, we know the basic hormones on a day, three lab tests, but what's this actually doing through the whole cycle?

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

So if there's more estrogen in your luteal phase than there is progesterone, 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's so many more functional tests that we could do. It just becomes like a cost issue. 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 are seeing again and again we see like gut gut microbiome or gut health in general.

So there's a lot of other tests that we could do in the future. We don't give them to everyone in. Are you seeing an increase in like my autoimmune syndrome happening in a lot of and even younger women today.

Yeah yeah yeah. And like there is a lot of women that have antibodies to their thyroid. And if we never test the full thyroid panel, if we're only doing test age and a lot of their TSA 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 autoimmune piece is really fascinating because there are again, there are studies on how antibodies to the thyroid led to recurrent pregnancy loss, yet it's odd I think that doctors test for and it's not a thing that they know what to do so if TSA is normal and they have antibodies what do we do.

We can't give her we can't give her a T for because her TSA is normal. It's not going to do anything. So then they're stuck with, oh, 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 don't have yeah.

Autoimmunity, optimization, and closing thoughts

There isn't a conventional framework or paradigm to support these women to actually heal what's happening. And we're seeing this a lot today where you know, you have you have a little bit of a suboptimal function in this organ and a suboptimal and the other one in a sub in the aggregate and in metabolic and it's a matter resetting and it's a sub aggregation of all of them together.

That's actually and some of them for one cause and some other ones general systemic one and in many cases or other cases to different causes. And this is why the standard clinical practice that says you're normal here, you're normal here, and your normal here, but actually it's abnormal on all of them.

And when you're sub normal on all of them, again, going back to fertility and pregnancy, you're not at your optimal. And this is where the body there's a lot on this.

Take a new big endeavor to grow another another body within it and says, you know what, believe me, it's difficult for us to to be fertile on this. And this is where functional medicine, integrative medicine comes in to say, okay, let me look at the root cause of all of them.

Is it the gut? Is it metabolic, is inflammatory? Is it the toxins? Is it the stress sometimes, as you know, and it's not even talking about even the mouth.

Yeah, that was the information for me today. But all of it together when you optimize each ten, 20, 30%, the body

says, okay, I went above water and then I'm ready and flourishing again.

I'm 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.

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

They had to they had to define it. Right. Which is one of the side effects of saying, you know, but if you if your blood sugar is, you know, 99 or 101 or 119 and 121 or 139 and 141, that took that less than 2% change in medicine.

Say you're diabetic or not. But in practice, this is the same syndrome. And and and and this is where this is what we're trying to shed the light on and try to help people think about it and in this way.

So I want to I want to thank you very, very much for your time today. This has been, you know, a great discussion and shedding the light on women's health and men's health and and how fast they could help both.

But also, how can the cycle of life and that's part of longevity, this part of a fulfilling life. I want to thank you for the work that you do. I just met you today and it's a big surprised to learn that that he is pro-life and fasting and and it big and I want to catch up with you about the biological clock because I've I've heard a lot of stories about prolonged babies that, you know, with women that struggle getting babies but not to understand that even the ovaries are reversing their biological age is a big is a big thing for us. I'll follow up with you on it.

But I want to thank you very much for your time today. Thank you so much for having me. Just as this is. Yeah.