How To Improve The Quantity Of Your Eggs Transcript

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Egg Quantity and AMH Basics

All right, here we go. Let's talk about egg quantity. In this talk, we're also going to address anti-malaria and hormone level. Because that's often the measure that's used to assess egg quantity.

It's used as a proxy for about how many eggs you have left, about how far out you are from menopause. And this is really important. So we all know that we've been taught that we're born with all the eggs.

Women, women, people with ovaries were born with all the eggs we're ever going to have. We lose a huge number of eggs before we're even born. And as we get older, we lose eggs rapidly.

And by the time that we cross the threshold into menopause, we have virtually no eggs left. Now. This is the state of our scientific understanding. I do think that it's possible that we will discover in the future that we are able to produce new eggs, however, and at that point, it might feel like a lot like when we believed that the world was flat.

And then we discovered that the world is round. But as of right now, the state of our scientific understanding is that we're born with all the eggs we are ever going to have.

When you are a 20 week old fetus in your mother's womb, all of the follicles began to develop and be present that would later produce eggs in upcoming ovulation.

Functional Ovarian Reserve Explained

And the reality is that if we cannot produce new eggs, then what we have to do is to make the most out of the eggs we have, and to make the most out of this one measure that is called functional ovarian reserve.

Our functional ovarian reserve is the number of follicles that we have on deck as candidates for releasing an egg and up coming ovulation. And even though your AMH level is often treated as a definitive sentence, if it's below one, your definitive sentence is that your odds of getting pregnant are very low.

Your ovarian reserve is very low, even though it's treated that way. The truth is that it's a measure of the functional ovarian reserve, not the total ovarian reserve.

And those don't have to be exactly the same. And we do see as a function of prime mastering a change in functional ovarian reserve. So let me give you examples of this because I think it's easier to understand and see when you see when you hear real, real life examples of this.

And before I go into a couple of examples, let me also just bring in the measure of actual follicle count. If you've been in to see a fertility if to a fertility clinic, an IVF clinic, then you've probably had a transvaginal ultrasound where they've looked at the number of follicles in each of your ovaries.

And usually that annual follicle count will reflect approximately where your AMH level is, because they're both assessing your functional ovarian reserve, which is that what I told you before, the the follicles that are on deck as candidates for release and upcoming ovulation, releasing eggs and upcoming ovulation.

AMH and Follicle Count Improvements

So we routinely at the Primester at the Fertility and Pregnancy Institute in the Primester Protocol see improvements in AMH level. Even when AMH levels started near zero, we've seen AMH level come up above one, which all of our mammals has been told is not even possible.

And you know, we've had a mama who's been told you're a marvel of modern medicine. How how is that even possible? And she's she said, well, Primestering made it possible.

But what we see is that AMH levels can, in fact, come up, can be recovered, above one, and that it correlates with an oral follicle count. So with the number of follicles that are seen on a transvaginal ultrasound in the ovaries.

Now let me give you an example of this. We had one mama, mama J who was, she's in a same sex marriage and so they knew that they were going to have to have some form of intervention in order to be able to have their children.

But when they went in to see a doctor, they found out that she had premature ovarian failure. At 35 years old, she only had three follicles total. That and her AMH level was very low.

Now, three years later. So they weren't ready to have children yet. They they were still finishing their PhDs, etc., getting faculty positions. Three years later, she came to Primester and she improved her follicle count from 3 to 17.

From 3 to 17, she. Oh, and by the way, they have just recently had their first super baby. And she always says that the primester protocol turn the clock back on my reproductive system.

And I want to highlight that for a second, because I think that men now, I think I know I hear every day that many women are very anxious about taking 120 days to prime minister when they're in their 30s, 40s and beyond, and they already feel like they're running out of time.

They've been told, damn, that a low AMH level. What? Whatever it may be.

Mama Ju2019s Fertility Recovery Story

But the reality is that for the vast majority of people, taking that time buys us time because we're slowing and reversing our reproductive aging and our biological age, which is then giving us more time on the biological clock, because rushing into IVF or conceiving naturally because you feel like you're running out of time, but then not getting pregnant for months or a year, or getting pregnant and then experiencing losses or experiencing failed IVF, that's not getting you there faster.

That's not racing against the clock or that is racing against the clock. But it's a futile race against the clock. Futile. All right. So I gave you the example of mama J.

Let me give you the example of Mama Shannon, who, I'll make sure that you have a video, because her story is so beautiful and there's so many layers. But Mama Shannon has an older son who's autistic, and as she describes him, he's rad.

He's awesome. And it's challenging raising an autistic child because it's hard as a parent and it's hard to see the the limitations that your child faces in life.

And she and her husband decided that they wanted to have another child many years later, because they were so absorbed with taking care of their son, who has special needs.

And by the way, in this time she stopped cycling for, I believe, four years. Or maybe it was six years. if I remember correctly, off the top of my head now, when she decided when they decided to have another child definitively, she found out that her AMH level was essentially 0.03.

And multiple doctors, they consulted multiple IVF clinics just said this is not happening for you. They retested and retested, got the same result over and over again and they just said this.

Mama Shannonu2019s AMH and Twin Pregnancy

This isn't an option. This is not happening. She found us. She came to Primester for a month, Primester 120 days pregnant on the very first shot, by the way, had her AMH level retested by two different doctors and it was above one.

So from.03 to above one, after prime mastering, one of the doctors was like, you're a model or marvel of modern medicine. This is not possible. We just don't see this happen.

How did this happen? By the way? Conceived twins. A boy and a girl. Super baby boy and girl, by the way, were those twins were admitted into a neuroscience study at UCLA because they're the siblings of an autistic child.

And the neuroscientists who followed them in their first year of life constantly commented on how these primester super babies are just different in the best way possible, neuro cognitively and otherwise.

So that's to tell you that if you've been told that you're running out of eggs, your AMH levels low, your annual follicle counts is low, you're in premature ovarian failure.

Maybe you've stopped cycling. You look like you've already crossed the threshold to menopause, because the definition of menopause is being without a cycle for 12 consecutive months, that there is still hope for you.

Now, obviously, we can never promise that we can back you out of menopause, but we have many instances in which this has happened up to 15 years of of being without a cycle.

So that's a long, long time. All right. So that is a summary of what is possible when it comes to improving an increasing egg quantity. So in the last mini talk the previous one we talked about equality.

This is about egg quantity and correlating measures including anti-malaria and hormone also known as AMH level and antral follicle count which is where you have a transvaginal ultrasound.

They look at how many follicles you have on the right ovary, in the left ovary, or in this case, right left.

Whatu2019s Next in the Mini Talks

And what you can achieve through prime mastering and through the targeted nutritional gifts and supplementation that we teach you about in the Primester, and that we give you access to through our super baby nutraceuticals in the next mini talk.

I hope you are loving these mini mini talks. These are power packed. This is like, an accelerated quick, easy on anything that could possibly be going on in anything that you could possibly need to know for your reproductive health, for getting pregnant, staying pregnant, and having your super baby.

In the next mini talk, we are going to talk about your husband's health or your male partners health. If you have a male partner, and whether that matters for getting pregnant and how to improve sperm quality and quantity.

Then we'll talk about how you prepare for IVF. If you're doing IVF, how do you prepare for embryo transfer? If you're doing embryo transfer, what do you do after a failed IVF or embryo transfer? And so much more.

If you have PCOS, endometriosis, fibroids, or like Mama Shannon, you have a previous child, an older child with autism, or some other mental, physical or neurocognitive health condition.

Make sure you stay for the remaining mini talks. I will see you in the next one.