Introduction and Doctor Kelly's Thyroid Mission

Hi, I'm doctor Kelly Halderman. I'm a former medical physician and author of The Thyroid Debacle. I'm now devoting my life to education, research and biotech because I realize we need educated people to bring us cutting edge information, especially when we find ourselves with a diagnosis such as hypothyroidism.

When I was practicing allopathic medicine, I myself became very sick, bedridden with what would be diagnosed as Lyme and mold infections. Along my health journey, I was also diagnosed with Hashimoto's thyroiditis, a condition I was told that could only be managed with medication.

Well, I'm here to tell you that there is more than medication to help you, as you will learn through my powerful interviews with several functional medicine practitioners.

There are tools that will help empower you to take charge of your health. Join me today as I interview leading doctors, naturopathic specialists to uncover the most useful health insights for you.

This podcast has been launched in collaboration with Doctor Talks. Visit them today at Doctor talks.com. Backslash Calendar to learn more about their upcoming summits.

Hi everyone. This is doctor Kelly Halderman. Welcome back to Doctor Talks where our focus is thyroid health. And we have a rock star guest today. She is a double board certified naturopathic endocrinologist and her name is Doctor Omar Shah.

Welcome doctor Shah, thanks so much for having me, Doctor Kelly, I'm so excited to be here. I am so excited for you to be here. You are such a wealth of knowledge.

And today we're going to talk about your your literal, you know, practice is, is fertility. And a lot of people with, thyroid disorders and hypothyroidism, they really struggle with infertility.

You know, and fertility is definitely an issue in our society. So tell us your personal story. How did you get into naturopathic endocrinology? Yeah. So I was already practicing as a natural public doctor.

I was doing like general medicine, kind of seeing the whole spectrum, mostly women. And believe it or not, I had actually never helped anyone get pregnant.

Doctor Shah's Path Into Fertility Medicine

But, I was finding myself like, as I was practicing in my personal life, I was married to this man who had started talking about kids, and that was like as he started talking about it, everything in my being just was like, no, like run for the Hills.

And I really had to like, spa. How is it that I don't want to have children? Or is it that I don't want to have children with him? And I really came to that latter conclusion, was like it was him.

And there was something about me that I was like, very. I was getting more and more clear about not wanting to have children with him. But then I was like, But I'm in my 30s.

Like, what does that mean for my fertility? And and we're married. So what does that mean? So I kind of went into a tailspin for nine, nine months, 40 weeks, just like research and deep diving into fertility.

Kind of. What I had learned about fertility in medical school was, oh, fertility drops off a cliff at 35. So if you want to have kids after that, good luck.

And that was kind of it. Like, there wasn't a ton of training on fertility. And I was like, surely like there's more that naturopathic medicine can do for fertility.

And so this is like now 12 years ago. So I literally had it looked around like, who are the naturopathic doctors that do fertility? There were three in the whole country and I started following them.

And I'm like, what are they talking about? And a lot of their content was really like, natural public medicine's amazing. But we like support IVF cycles.

And I was like, well, that's not what I want to do. Hey. So I just started like kind of being out there with like, what could we do? What is it founded in science?

That was really important to me. And then how does this apply to my own journey? I came out with, like, I need to get a divorce verse. And then like when I meet the right person, I'll have a child, which I did much later in life.

And then and then, and then I started sharing with women, like, actually, no, you don't need to do IVF and no, your fertility doesn't drop off a cliff at 35.

It's not a cliff. It's more like a slow, steady decline. And there are lots of things that you can do to preserve it from, like doing that drop off. So that was really like how I got into it.

And then it was never really my intention to like, support patients with this. It was more like I was excited about it. I was talking about it and people were like, oh, you could help me have a baby.

And I'm like, no, I've never done that before. So thank you. Go see someone else. Is there like, no, there is no one else. Like there are very few doctors to do it.

You are it. And thank God for that, right? Because it's like our personal stories and how we get to these points. Sometimes it's just like meant to be, right?

It's it's really, you know, one of those issues where I remember when I, was pregnant with my third child, I was 35, but I turned 36, and I was a geriatric pregnancy.

I mean, no hope for this baby to be healthy. What are you even doing? Being pregnant. And, you know, he's my healthiest child. And so, yeah, I agree with you.

Like, we we have to clean this up. I mean, we're you're coming from the MD side of things. Very like a way with them for you to step in even in the naturopathic world and really up that came so commendable.

So my my first question to you would be then what's keeping couples from being able to conceive? I think there are just a lot of factors that are simultaneously happening and happening in our world right now.

I think between kind of the regular toxin burden that we have, it's been said like we're exposed to 80,000 toxins per day on very micro levels, but that's a lot of stuff that we're exposed to.

And then combine that with like stress. And I know everyone says stress, but it's really that like we as humans haven't built the the resilience to the stress that we are experiencing.

So I feel like our call is really not how do we reduce it, but how do we make our body's mind spirit like more capable of handling the stress that we all inevitably have?

Right? Like we can preach up the wazoo about get rid of your stress, lower your stress, go on a vacation. And for those that like struggle with fertility, they're told this every day by all of their friends and community.

Oh, just go on vacation.

Why Couples Struggle to Conceive

You'll be fine. And it's like, no, you know, it could work for some people, but for most, I don't think that's the reason that they're not getting pregnant.

And then we get I mean, those are the two biggies. And if that wasn't enough, there's a whole host of like underlying low grade things that are happening all the time that we don't necessarily know about or we don't have a lot of symptoms for.

And then we have a whole culture that says, oh, we're just getting old. Oh, you're getting older. That's why you're having got issues. That's why you have joint pain.

That's why your thyroid is not working. That's why you don't have energy. And like we talk so much of it to age where and like fertility falls right in that like, oh you're too old.

That's why. But I feel like we really need a cultural shift around this idea of age. Right? Like we consistently are fed this belief that or being older in number of years on this planet is a death sentence, and it doesn't necessarily have to be right.

I totally agree with that. Is the I mean, I experienced it firsthand. It was like, you know, your your body's just too old and I'm like, yeah, well, who said that?

Like, you know, I was really sick when I was in my late 20s, early 30s. I couldn't get out of bed. And now I feel like I'm 25. I mean, I feel like I have all the energy in the world.

And so. Right, all these things that we think of as common are not normal, right? Not normal. But maybe it's common for people to have, you know, issues with their gut as they get older or their brain and so on and so forth.

So, you know, I think that's an important paradigm shift. And we'll talk about some of the books that you have to as resources to really dig into that.

But that's really interesting. So then what are the main blocks to being able to get pregnant on your own timeline? Then? I think that the biggest one is this like age myth.

And often we stop at the point of going into the ObGyn who says, oh, you're trying to get pregnant. Great. Like go try for 12 months, go try for six months, depending on your age and it and that's a little bit of a disservice because right off the bat now you're in this like 12 months of trying without any information about what's happening in your body.

You maybe have information about the fact that you probably feel things, maybe you feel like hormonal imbalance, or I was just talking to an old, old, old patient who had a success with us, and she was on my podcast.

So I was interviewing her of like, what was this like for you? Like, where were you before you came in? Because it's been a long time. I actually don't remember all the details.

And she was like, oh my God. Like I was in nine out of ten pain for years, like 15 years. And the entire time she had been told that her pain tolerance was too low and like no one, not a single person dug in to see, like, do you have it?

No. Metro says, is that why you have so much pain? So by the time she actually got to someone who could diagnosis, she had stage four endo and it was literally like all over her body.

So to really like come from a place of we know our bodies as women, I believe that we know what's happening in our bodies and we have intuition. We have there are little signs along the way that are telling us something is out of whack.

And when we go to a doctor and it's not there, it's not like validated, right? It's it's instead said, now you're crazy. Here's the here's an antidepressant, here's an anti-anxiety, here's a sleeping pill.

Those are the three that are a go tos. And instead of like actually let's look into that. Let's look into could this be a problem for your fertility? And so I think that a lot of times people are the hurdle is really like how quickly should I be getting support and who is going to be that support system?

Because I don't think that our medical system is set up to provide support for those people. On the flip side, I see a lot of people that don't even talk to their obese and they're struggling for five years before they like, go walk into a doctor's office.

Like, how come I can't get pregnant? And they're like, what? What? Like even trying on your own for five years is like, yeah. So I think there's like both extremes and there is no, there's not really any guidance or like, what could I do?

How who else do I talk to? How do I get some answers that give me even an ounce of insight into, hey, this might be a struggle for me. And so I'm a big proponent of testing early.

Like if you're OB, you want order it, order your own. They exist. Modern fertility, like it's, modern fertility is great because they're a startup. You order these at home, test kits, you do a blood spot, they send it off to quest, you get results and, it's it's not as perfect or as great of an analysis as a blood test, but it at least gets in the ballpark of.

Is this a struggle?

Testing Early and Avoiding Dismissal

Is this something we should worry about and take action on, or is it okay? And let's give it a little more time. And a lot of times I've heard women say, oh, this, I'm not doing this because, I'm scared something's wrong.

And I'm like, yeah, I can totally understand. And you knowing that things are out of whack is actually like the fastest path to you having a different outcome, because now, you know, hey, my thyroid is not functioning as optimally as it should.

I can fix that so that it's not a struggle for me to get pregnant. So I think that that's like a logical thinking in a way. It's like, oh, if if I just ignore this for long enough, it will fix itself and I will magically get pregnant.

And it's like this idea that, I don't know where it comes from. Like, we don't do that with anything else, right? We don't like, oh, I'm having severe chest pain.

Let me just stick it out and see if it'll be okay. We would race to the E. R.. I'd be like, oh, I'm having a heart attack. Someone better, like, do some tests on me.

So it's it's only I find that it's like, mostly in the fertility world that we experience these things. Maybe they're happening on a low level, or maybe we don't have any symptoms.

We're like, oh, my periods are great. My, I like I've been doing this trips I don't understand. And even in that case like it's better to know what your hormone levels look like rather than be in the dark.

And then once you know, then you can decide like, hey, take action or you're okay. And I've had lots and lots, like probably hundreds of women, that I look at their lives and I'm like, okay, here's what I want you to do.

Like your labs look awesome. Well, let's give it a few more months and I literally will get a message like, thank you so much. Like just that conversation which cost them nothing was enough to, like, relieve their stress of like, is something wrong with my body stress?

So the unknown. Yeah. Yeah. To relax quote unquote relax enough to be able to get pregnant and then they go on and have healthy babies. So I feel like it could be life changing if, if our doctors primary care ObGyn, whoever is able to do these basic tests know how to analyze those results, that's very important.

And say, hey, these these actually look great, like you're good. Instead of try and try and try and try. And then by the time you like try for 12 months, you're exhausted.

You're frustrated, you're anxious because you're like, is something wrong with me? Like, why isn't this happening yet? So I think it's like the fertility world is just so filled with these like more unknowns than knowns and then stack on top of it after you try for that, like required amount of time.

The next step is go to the fertility clinic and talk about eyes and IVF. So I think that we're just doing like it's a big process, but there's so many points along the way where someone could have gotten the right support and had a very different experience and a different outcome with the whole journey.

That's right. You bring up so many great points, and I think as an endocrinologist, you must see a lot of patients who have hypothyroid as or maybe they, they know something's wrong.

They have all the signs of symptoms. But the medical management, the panic management is dismissing them or simply using the TSH and the free T4 to tell them, you know, everything's fine, it looks good.

And as a woman, like, just like you said, we know when there's something off. And I'm sure you get a lot of patients who are like, well, my medical doctor, you know, said that my labs are fine and, you know, not to dig on the medical establishment.

They do amazing things. But the way that they handle hypothyroid is, the monitoring of it. It needs an upgrade. And I see and I hear from you that you're doing the digging.

You're you're not skipping from. Oh, you know, you've tried for this many months. Let's send you to the IVF. You're you're not skipping that giant canyon of root causes and you're digging in and that's where I think that a lot of women are getting dismissed.

And, you know, they need to be empowered. And like you said, they need to be rest assured, with some good news sometimes that, you know, everything does look good, but we can only manage what we measure.

And so we're not measuring. Oh, that's a good I need to quote. You know, I give that one to Doctor Eric Localities, the coauthor of our book, The Thyroid Debacle.

So I have a lot to say about the current state of how, hypothyroidism is, is dealt with, in the allopathic world. So it's refreshing to have, you know, the philosophy of the naturopathy endocrinologist who is like, let's look, let's make sure that you're optimized in every way.

And, you know, speaking of optimization, what can couples do, not just women who are struggling? You know, again, the topic is those struggling with thyroid disease.

But a lot of people out there have hypothyroidism and they're not being diagnosed, but they're suffering. But what can both of both partners do to optimize fertility?

Yeah, I think, I would say there are there are a lot of things that we can do in general. Right. And those are eat good food like whole, unprocessed foods.

I don't think anyone has disagreement about that. There are a lot of different diets and stuff.

Optimizing Fertility Through Food, Sleep, and Toxin Reduction

I'm like, just eat all the food, you know what I mean? Like, you don't have to eliminate things. Maybe there's a few, but in general, you could pretty much everything that's unprocessed and do really, really well for yourself.

I think the, the thing that happens a lot with food that I like to share is that if we eat the same foods over and over again, which is really easy for our brain to do, right?

I have so many women that are like, okay, can I just eat that every single morning? And I'm like, oh, thank. Our brains love consistency, but our gut like hates it and needs variety.

So the more variety we can introduce, the more different types of foods we can eat, the likelier we are to get a variety of nutrients from the different foods and, be able to really integrate, integrate the nutrients, the microbiome that needs to be fed by the food that we eat to have proper hormone function, neurotransmitter function.

Right. Like so. So a lot of things get resolved by eating a variety of unprocessed foods. So that's number one. Lots more vegetables. Don't start there. Right.

That's right there. Yeah. That's an easy like anybody can do this. It's not going to harm you. I don't care what illness or thing that you have that you're dealing with.

It will help. The second piece is around sleep. And sleep is getting more and more attention. And the way that it directly links to fertility is that our, in Freudian rhythm, that's the monthly hormonal cycle is founded on the circadian rhythm, cortisol and melatonin.

So when the circadian rhythm is off, maybe we wake up and we don't have the energy we want, or we need that cup of coffee or caffeine, caffeinated tea to wake up in the morning, right.

Like, oh, my brain doesn't function for like two hours. That's actually sometimes true for me. So, still working on it, too. Yeah, we're in big company.

I have a slow riser. I keep telling myself like, no, I just today, no, I like no, that's not true. I just like allowing myself to a certain extent, to be out of balance.

But I think it's so important to check ourselves and say, hey, like, I'm relying on this caffeine way too much. And if I don't put myself through the challenge of going through, going through my day without it sometimes, then I never know what it's like to function without caffeine.

So, that's I think that's really important. And then how quickly you fall asleep at night, and the quality of your sleep through the night. You might even wake up a few times to go to the bathroom or whatever, but do you fall back to sleep?

Is it disruptive? Is it? Am I waking up rested? Am I waking up like, yes, I'm ready for my day? Or am I like, oh God, another day? Do I have to do this?

So really like asking those questions and breaking down sleep to the point of our do we have that like cortisol and melatonin and rhythm in place to make it work for us or against us?

And a lot of times, if that pattern is off, almost always we'll see, hormonal imbalances that come out of that. So that's a great clinical pearl is like the canary in the coal mine.

Right? It's like, oh, I'm, I'm completely healthy, but I can't fall asleep. I can't stay asleep when I wake up in the morning, you know, from 3 to 4. And I can't get it's like, okay, red flag.

Yeah. Yeah it is. And a lot of times, like our, the foundation of our fertility stuff is on that, like we are hyperfocus on that cortisol and melatonin pattern.

And what's really cool is that there's a whole slew of research coming out about melatonin and fertility. And it's not as simple as just like, take melatonin.

It really is like your body needs to be producing this. It's okay to supplement if you absolutely need to, but how how can we get your rhythms optimized so that your body's producing at least a minimal amount of melatonin?

Because melatonin is when internally you produce is like the nourish or of the ovaries in a lot of ways. Oh, I've never heard that before. You're sure of the ovaries? That is so cool.

I'm going to dig into that research. I love melatonin, I'm a big fan of it, but I am careful with it. I know there, were some papers saying that it could, suppress prolactin.

So, you know, like, if you're, if you're wanting to become, pregnant, it's kind of like, I totally agree with you. Getting the body to physiologically make your own is always best to.

Yeah. Yeah. And and so that would be my number two. So we talked about food sleep the importance of sleep. And then the last one is probably toxins. And toxins can go really far and really deep.

But on the surface if you can essentially actually read labels of the things that you consume and buy, consume, we're talking about the things that go on your skin, on your face, on, in your hair. Right?

Like all this stuff that especially as women that we do to our bodies to look amazing and feel amazing, can we just say that it's ridiculous? Can we just put a PSA out there that it is absolutely ridiculous?

Like, I have a 17 year old daughter and the hair care products in the skin stuff, and I saw this on TikTok. I have to get it. And then the the, the candles, ascended candles.

I'm like, do I have to sit you down again and talk to you about how this is very bad for your endocrine system? So I'm going to have her listening to a couple of your podcast.

But yeah, sorry, I digress. I just think that this is such an important point. Like, you know, really listen to what Doctor Omar was saying right now about this therapy. So carry on.

Thank you. Yeah, it's it is a little bit ridiculous and it kind of brought tears to my eyes when I heard. I saw it was like some very, she, she like regular women's magazine that had this, like, a picture of this beautiful woman.

And they talked about, like, all the toxins that were in her products that she put on her, on her body before she left in the morning. And there were like, 200 toxins just from the stuff that she had applied or used that morning.

Oh, so our are like body care, haircare, health and beauty aids, whatever. Like they have a lot of crap in them and a lot of it flies. A lot of it doesn't even have to be put on the label.

Any time it says quote unquote fragrance, that's a phthalate, which is very toxic to fertility. We can we can kind of go down the list, but, there are lots of great resources now.

So I feel really blessed. Like 12 years ago when we started, it was like, well, you were on an island, right? You're like an island, like, I don't know, but now.

Right. We have like, environmental working group and. Yeah, that. Yeah, yeah. EWG is great. There is an app called Think Dirty. That one is great. You can pretty much, like, walk around a store and, like, scan a barcode and it will tell you how clean or dirty it is.

Oh, that's cool. And the and then there are like companies that are testing all of the different health and the aids individually testing because a lot of companies are like, oh yeah, we're clean.

But if they're like 80% clean, they can call themselves clean. So they will like test every single product. And then they only have products in the store that are actually free of reproductive toxins.

So like kind of tapping into some of these resources and saying, like, we have a lot more available to us than was available even ten years ago. So definitely I think so, yeah.

Necessity is the mother, right? I mean, we really do have a need to pay attention. So yeah, you know, very happy that you're you're connecting those dots for the infertility.

Yeah. Yeah. And it's, it's so the, the toxins in our health and beauty aids is a big one. Plastic is another big one that we could like basically like up and change in overnight.

Right. Like it just essentially takes a whole bunch of new containers in your in your pantry to be like, okay, I don't have to use plastic anymore. Changing out water bottles to actual metal or glass.

And it's shifting away, like a lot of people that I've talked to are like, well, but that's why we buy plastic water bottles because it's better water than what we get in our sink.

And I'm like, yeah, that's debatable, right? Like, depends on where you are. But in your home, really. Like we should just have a water filter. Like there are lots of great water filters on the market.

And there are different price ranges for all of it. So it's not like you're not necessarily signing up for like a $10,000 purchase. Just to have a water filter.

You can get a good one for like 300 bucks. So it's there's a lot of, possibility as soon as, you know, like, okay, we're committed to this thing. How do we make it happen?

And, yeah. So those those are like the low hanging fruit that I think are easy to change or swap out. Get rid of the candles and the scented candles. Those are like, oh, God, I can't, I, I have some friends whose houses I walk into and they have those like plug ins, scented things.

And I literally like walk in and start sneezing.

Signs Fertility May Be at Risk

They're like, are you allergic to me? And I'm like, no, but it's something in your house for sure. Like I was for. Yeah. Oh gosh, those things take me out I can't yeah.

The older I get, the more I'm like, I can't handle that stuff, but I can handle, like, you know, some fragrance that like, if essential oils like I just think, you know, people, essential oils are much more fragrant and healthy.

So yeah, I try to swap, right? Like, okay, if you love these, you know, sense and things, let's just swap you over to some natural stuff. So yeah yeah, yeah.

Well those are three amazing low hanging fruit that I think like everyone can work on. I mean, we can all just keep doing better. And that's what I do.

To just maintain my health is I'm just constantly, not neurotically, but I'm just focused on that. I'm aware. Right. And we're aware of things. We can make changes and it doesn't have to be life altering, like you said, to switch out your your plastics for glass.

It's like, what's it take you like a couple hours to do that, you know, then you're really cutting down on that exposure. But, you know, I could keep you here all day, but I'm going to, you know, be nice to you and let you go on healing the world and getting people pregnant.

And so my last question is, are there signs and symptoms that, you know, that your future fertility may be impacted, maybe negatively impacted? Yeah. Yeah.

I think, hormonal symptoms are the easiest. Right. Again, like low hanging fruit if you have PMS, cramps, the things that have been written off about your menstrual cycle as quote unquote normal is not normal.

That you should literally, like, get your period without symptoms. Period. And that should be the norm. That's not what we've been told. That's not what we've been taught.

I used to be doubled over in pain for the first ten years of having a period, and it wasn't until I started looking at all of this that I was like, wait, but why?

Like, why do I why do I have to go through this every month? Like, it doesn't make sense. So yeah, you don't have to suffer through it. You can do something about it before you get to your fertility.

But if you happen to be close to the time where you're trying to start trying, you're going to start trying. You really are going to need to look at what are the, what what are the symptoms saying about your hormones.

Right. And I think, the latest trend in our world has been the number of people that come in and are like, yeah, I'm estrogen dominant. And I'm like, how do you know that?

What does that even mean? Right. So it's assertion is not the enemy. Everything is not an estrogen dominant symptom. Although estrogen dominant symptoms do resemble some of the things that people have going on.

But really looking into what are the hormonal imbalances that are causing these things. But then I'd also say like the whole host of gut symptoms, fatigue, any level of I don't feel amazing and vital is enough of a symptom to have me think, if you're not at that state of vitality, guess what your body's like?

Well, I don't feel so great. I'm trying to survive, so I do not need to reproduce because that reproduction is not essential to our survival. My physical survival on this planet. Right.

Human survival. Yes. But my like, if I was coming from a completely selfish view, which our bodies do and should do, it's do I have excess and overflow that I could use to reproduce, or am I barely functioning?

And I need to conserve for myself to survive and the priority will always be conservation. If we're not in that state of vitality and overflow. That's right.

I think a lot of women who have infertility feel like their bodies are broken, and that's not it at all.

Birth Control, Hormones, and Fertility Fallout

Your body is very, very intelligent and it's trying to communicate with you and you know, when you said that we're supposed to have our menstrual cycle without symptoms, I don't think 99% of the population even even believe that, because it's been ingrained in us that this is just part of life when it's, again, it's our body is struggling for a reason, and doctors like you go after the reason.

And I would be remiss to kind of not delve in just for a minute on the solution to, period problems being birth control pills. I'm sure you see that a lot.

And just talk to us about using birth control pills to help to, you know, quote unquote, treat the symptoms like, what's the fallout from that? Yeah. So I think the biggest thing is that if we are given birth control to fix, quote unquote, some hormonal issue, whether that be irregular periods, painful cycles, cramps, PMS, the whole host of things that we get birth control for that have nothing to do with actual fertility prevention.

All of those things are Band-Aids. Like, the birth control is a Band-Aid for all of those things. And it's unfortunate

when that happens, because at that point, women are basically being invited to unknowingly or knowingly ignore all of the hormone issues.

Then that gets all of those issues get suppressed, and then in general, there's no link in research from birth control use, long term birth control use to fertility issues.

So that is the that's what current science says. I have to like disclose that upfront. And current science also has accepted that birth control will potentially create for thinner uterine lining, which means harder implantation and potentially higher risk of pregnancy loss.

But there are other things that birth control absolutely does which is accepted in science. So we know that birth control affects the microbiome, gut and vaginal microbiome.

It affects your nutritional status and makes you potentially nutritionally deficient in lots of B vitamins, lots of minerals. So deficiencies, nutritional deficiencies can become problematic.

So just from those things they can connect to fertility issues. So even though that's not a direct impact to fertility, we know that the vaginal microbiome being off or dis biotic is a reason that women have fertility issues, implantation failure, poor IVF outcomes.

There's research on all of that. So if we know that birth control does the vaginal microbiome imbalance and then we have all the research that says vaginal microbiome imbalance causes fertility issues, then do the math like basic yeah, basic math tells me birth control causes fertility issues.

So that's my that's very well laid it. That was really well because you know we hear that from the allopathic side. And so you just bring it on through.

And that was really nice. That was great. Yeah. And then I think the last the last thing I can speak to is the probably the biggest piece that is I will accept like very little scientific data about which is that birth control basically like creates a disconnect between the brain and the ovaries.

Right. The hormones that are being produced by your brain, the ovary no longer responds to. So when and it breaks that like feedback loop cycle. So when people get off of birth control, that cycle is still not fixed.

You might get your period back, but that communication channel between the brain and the ovaries really like, is still in discord. It's sort of like, a couple really like a love relationship where they just stopped communicating for ten years and then you, like, put them back into a room and, like, here, go at it.

And they're like, we don't even know who this other person is. So that would that's kind of the, the like energetic or like deep seeded thing that I think will take a lot more years to get to.

But I do find that a lot of women that are like weak. But why am I not ovulating or I don't, I feel like every single month or I have these like weird cycles after I got off birth control or just can't get pregnant.

And we, we have like a way to fix that connection between the brain and the ovaries.

Where to Find Doctor Shah

So once that connection is restored, it's like having that healing happen in the love relationship where they're like back to having a great relationship and know each other and love each other and like they're they're back in partnership, which is really what we want from the brain and the ovaries to right, holistic approach.

Well, you've given us so much information, doctor. My, my and your time. I know it's very valuable if people want to learn more about you, about your clinic, where can they find you?

We're very active on Instagram, so, holistic fertility doctor. Just look us up. Happy to chat. Send us a DM and we'd be happy to connect with anyone who wants a part.

Awesome. Well, thank you again so much for your time. You've been a wealth of knowledge. I hope people go and check you out. I'm definitely like, we started this podcast and I told Doctor Obama I'm her number one fan.

Now, I've listened to like, several of her podcasts, so she has a podcast as well. But all the information is just really, really excellent. And so thanks.

Thank you for what you're doing out there. We really appreciate you, doctor. Mama, thanks so much for having me. Doctor Kelly, this has been so fun.