Learn How Peptides Boost Your Fertility Hormones Transcript

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Introduction to peptides and fertility

Hey, welcome back to the Beyond Infertility Summit. I'm your co-host, Dr. Carrie Jones. And today I am beyond excited because I get to bring you my good friend, colleague and expert, Megan Del Corral.

She is a nurse practitioner who has years and years of experience with advanced endocrine and metabolic disorders, hormone dysfunction, HRT. But today we're going to talk about peptides.

And peptides are pretty cutting edge and you maybe haven't heard of them yet. So when it comes to peptides and hormones, I really want you to pause, get your pen and paper and be ready to take notes about peptides.

This is something you might want to ask your practitioner about when we get to the end and how you can work with Megan. She might be a really good option for you.

So Megan, welcome to the summit. I am so excited to talk to you today. Oh, thank you, Carrie. I'm so excited to be here. There is so much to unpack and I really appreciate all the work that you're doing and the messaging that you get out there is I think this is going to be really impactful and helpful for a lot of women and men.

Absolutely. Well, actually, that brings me to my first question. So fertility is a big topic and we are, you know, covering the gamut when it comes to interviews.

But I just sort of want to get a feel for how did you get into hormones and specifically how do you use that information to handle fertility issues with your clientele?

Yeah, I know. That's a really great question. I think that, you know, for the vast majority of audience probably watching this seminar and involved in this field of medicine, probably all started trying to solve their own needs.

And I am definitely no different. I am just like everyone that I treat and everyone that I collaborate with and that I've had hormonal dysfunction my entire life.

The I had a health coach many years ago and I've just stolen her tagline. She said, Megan, so let me give her went through puberty. It's okay. Put on a basic and or chronological level that would make sense because I was placed on oral birth control before I ever menstruated And so by definition, my body has never known what to do with hormones.

Hormones, fertility, and the male factor

And so I thought, what better feel to really become an expert in and you know take my medical career path and and that affecting men and women such as myself now how hormones play a role in fertility it's everything and I think, you know, fertility is a loaded gun, just as you were alluding to.

It's not always the woman and how I incorporate hormones and peptide therapy and really any holistic care with fertility patients is that I navigate their consultations and their ongoing management the same as I would any reproductive and or chronological patient with a really good history of what hormonally has gone on with their bodies since they came into this world.

What tools have they tried? What failed? And then we move into kind of phase three with advanced testing and really look under the hood about what are your hormones doing and remembering that we're not just talking about estrogen and progesterone, but the thyroid hormone insulin as a hormone and even hormone signals that start in our brain and travel all the way down to the gonads.

So in mending the testes that create sperm and for women being our ovaries that are responsible for ovulation and the beginning processes of bringing life into the world.

I actually love that you mentioned the male aspect of it. I feel I bet a majority of listeners, of course, female, but I find that and I've educated about like you, we just can't forget it.

Forget about the male factor part of it. Can we can we unpack that part a little bit? What do you see with men coming in or who get dragged in or. Who. Think they're fine and they're not fine and they're the other 50% of that equation.

It takes two to tango and to reproduce for sure. You know, even Elon Musk has not brought out a new way to create life. So it's all the basic, you know, chicken and egg birds and bees that we maybe learned back in grade school.

And so, yeah, definitely bringing men into the conversation. So we have to remember I was actually just having a conversation with truly non-medical people, with our financial guys.

They're asking about like, you know, what we do and whatnot and we actually started talking about his wife and his fertility struggles. And I just always go back to like a few phrases that they ring true for a lot of people and that men and women, you know, ancestrally, we were brought on this planet for one reason, and that was to reproduce that was it like our goal was actually just to continue species moving forward.

And so whenever our body senses that it is not a good time to reproduce the first place, it starts to downregulate energy resources function is reproduction because it's like, great.

Like, she's trying to kill us. She's trying to kill us, running from the bear. Like, I need to conserve, conserve. So let's not try to also create life.

And so a lot of you fertility conversations in our clinic really start with probably the same way a health coach would start with How is your sleep? What are your relationships like?

Do you like your spouse? Do you feel safe in that relationship? You know, what is your sex life like? What are your periods doing? What is your nutrition look like?

What are your blood sugars like? All these things that we would think are not related to actually reproduction play way more impactful role than maybe what I'm going to see on blood work.

Yeah. And because we're in the 21st century, I think your statement that you made about we are here for reproduction and I always joke whether you want to or not that, you know, biologically, I.

Think. Biologically that truly is what we're here for. And that can shock and surprise a lot of people when they sit back and think about it. Now, the point of this summit is to reproduce.

It is for fertility. It is to bring a baby into this world. But it can be confusing when you're like, Well, if that's what I was put here for biologically versus to reproduce what is going on with me and why isn't this happening or vice versa, which is I'm listening to this in the beginning of my journey because I'm hoping to be as optimal as possible.

So starting ASAP with, you know, fixing the things you just mentioned, sleep and stress, relationships and blood sugar and thyroid and all the things will only set you up for success, right?

Absolutely. And and bringing men back into the picture and women and kind of where the roles are sometimes peptide pharmaceutical intervention come into place are again looking at the basic of the hypogonadism repressed reproductive system.

So the hypothalamus, the pituitary, talking to our adrenal glands, talking down to the testes to make sperm and

testosterone. And it's really clearly documented and well known that levels of serum so blood levels of testosterone are dramatically declining in men.

And we can blame all kinds of things, whether it is the diet, lifestyle, pornography, blue light, you know, plastics, whatever. There's a thousand different reasons and some part it doesn't matter because we all live in the 21st century and we have to continue to produce for our families.

And I would say, be great if everyone could become a Buddhist monk.

What peptides are and how HCG supports reproduction

But that's not realistic for the vast majority of people out there, and especially if you're a health coach or someone like me who works in concierge medicine, my patients have to be able to pay me, so they have to work by definition. So digging deeper and the first thing I should say, when it comes to men and they think about fertility testing, all I can think about all those like really poor movies where you see the guy going in to the fertility clinic and they hand in makeup and like a VHS of porn.

And I just want to start with there are now at home semen testing samples available so you don't have to go anywhere. It doesn't have to be creepy or weird.

So I should probably tell men that that's all good now. Which is important because. Right. Men sometimes are against the idea. Of course, like it's not me who make it maybe.

And I always tell women I even saw a fertility patient early this morning. That was when the conversation we had was I said, So what? I'm sure she'd already gone through IVF and it failed.

And I said, I know I'm asking an obvious question, but your husband is right. Completely cleared and has good sperm. And it started with well, and I'm like, oh, gosh, here we go.

And it starts with you actually was, you know, serving our country and was deployed for many years. There's a lot of PTSD and stress and we again go back to like that.

There's not a worse time to be reproductive than when you're in the middle of battle. And that he was told that his testosterone was definitely on the low side of normal, never had a semen sample.

Well, sometimes obvious things are obvious. Can we just start there before we start jumping into like all of these things? Because to be honest, your blood work actually looks beautiful.

She menstruates normally. She ovulate like like again. We have to make sure it's not like the the big elephant in the room and so interventionally you know for both men and women when we're talking about peptides and I should say peptide by definition is a chain of amino acids.

So two amino acids strung together makes the peptide more than 50 amino acids makes a protein. So peptides are building blocks of protein and we have normal peptide chains all over our body.

Peptide therapy, which is become very popular, is the science of recognizing those amino acid chains, reproducing them in a pharmacy, whether it's an oral pill, a transdermal cream, nasal spray or injectable, and reintroducing it into the body to increase your own production of that peptide.

The most commonly prescribed peptide in the country and maybe the world is insulin naturally made in our pancreas. And so when it comes to fertility health, there are a few kind of go to peptides that can be really supportive depending on what the degree of dysfunction is.

So talking about men and sperm and women and ovulation, we actually can improve both of those with something like human chorionic gonadotropin or HCG, which is a peptide hormone that's actually naturally produced in

pregnancy.

And for men it can, one, boost testosterone levels. For two, it really stimulates luteinizing hormone, which for men then creates more effective sperm.

And for women, we use HCG sometimes as a pulsating approach during their ovulation window. So usually days 10 to 18 to help spike ovulation, if that's the issue that we perceive is going on inside of your body.

This is this. I just want to stop there for a second because I think when people think of peptides, if they don't know, they're thinking, oh, another pharmaceutical, this is another medication.

And right, this is another super synthetic scary concerning intervention I'm going to have to do. And then right off the bat, you're like insulin. Insulin is about ACG is about diet.

It's like, Oh, wait a minute, we have those at our body. It doesn't matter if you're male or female, you hopefully have both. Right? Exactly. And that's why peptide therapy, for the most part, actually is tolerated very well when done appropriately glutathione.

All right. Is three amino acids, the peptide that's produced in our liver. And you're correct in that it is funny that especially in this field, being on the medical side, I have a lot of patients do it.

They're on the other end to Sjöström and maybe some estradiol, I'll say, but I don't like taking meds and I'm like, you do that. These are meds. I just although they're natural and bioidentical and your body should have them.

But these by definition, you still have to have the DEA license to prescribe and all those things. So it's a little bit of, I would say, living better through science, right, and living better through medicine.

But that still requires the first part of that statement, which is living better. Going back to those pillars of health. I love that. That's amazing. All right.

Let's get into some of the peptides that people aren't familiar with. You know, things like his peptide or peptides for inflammation or the G. I track and then sort of explaining well what those are and then how they circle back and relate to hormones and fertility.

Yeah, absolutely. So kind of like there's an app for that. There's definitely a peptide for that. And you know, unfortunately in this country, just like anything else, anything can be misused or overly used or oversold.

And because peptides come with a very safe side effect profile, the downside could be that, you know, some of them just aren't going to cure all of your problems, which this is going to be other problems.

Using peptide ten for hypothalamic amenorrhea

So because peptides except in ten specifically because there are different because peptide change is again a peptide that helps to stimulate what's called gonadotropin releasing hormone, which occurs in our pituitary gland.

And if you ever think of like a champagne tower and you tip the bottle upside down and everything starts to trickle, the pituitary gland is kind of that champagne bottle and it starts a cascade of hormones, signals again from the brain down to the adrenal glands and then down to the gonads to do a lot of things, increase luteinizing hormone, which we definitely see with in ten, because peptide ten also in both men and women can increase follicular stimulating hormone and follicular stimulating hormone plays a huge role in normal ovarian function and helps with the production also of of eggs and can enhance fertilization of an egg into an embryo.

You know, when it when it meets the sperm in conception time can also be used very similarly like h CG for both men and women. Same thing with men. Again, it can increase that luteinizing hormone which can increase sperm production.

The other peptide in a. Actually before you go on, I just want to say only because this happened recently and I want I think this is a good thing to bring up.

I've seen you use this peptide with like hypothalamic amenorrhea where everything else has been ruled out and I've seen you use it in again that just like really irregular weird can't figure it out everything's but it's not thyroid as I prolactin it's not a tumor it's not all these things and you're like, what is going on?

And so can you walk through that? Because I know there's people listening who are like, That's me, I have irregular cycles, we can't figure it out. Or, I have been diagnosed with hypothalamic amenorrhea.

Am I doomed? And how this may be a good add on. Yeah. So again, when we're talking about stimulating, so for hypertonic amenorrhea, it's actually going to help more of the follicular stimulating portion of I guess like the roles of the ovaries because it will help to stimulate the I guess production or the beginning process of increasing serum levels of estradiol.

So what happens with hypothalamic amenorrhea versus menopause? So in menopause you will see naturally very high levels of both LH and FSA, and that's because both luteinizing hormone and follicular stimulating hormone, they're kind of like a man with a microphone and he just screams louder and louder and it's trying to tell your ovaries to make estrogen.

And as we know, with menopause or ovarian failure, as it's unexpectedly termed, that estrogen, regardless of that signal, is going to downregulate with hypothalamic amenorrhea.

We definitely usually see very low to undetectable low levels of LH and FH. So if we can raise that signal or that man's voice with the microphone, it will start to tell the ovaries to make estrogen and can start to bring back normal menstruation.

And yeah, I have a couple of patients that we've definitely been really successful with and they'll even say, you know, whether it's not their bleeding because sometimes that's the only signal of hormone function.

You know, I've trended their bloodwork and we'll start with again either estradiol is less than five their LH of the stage and we'll see that start to like come back and they'll even say like am having cervical mucus because again all that estrogen production and ovulation hormones and signals are flooding to the ovaries they're able to track, like when they have spikes in their libido, basal body temperature and then bleeding is kind of like the last thing that finally can come back.

That is so cool. And with respect and just because I know people are going to ask, is this something like all peptides, most peptides prescription, is this is this something you swallow?

Is is this a cream? Is this an injection? That's a good. Yeah. I probably in my clinic sound like I have a love of needles, which I really don't. It is injectable.

Most peptides are, to be honest and depending how we're doing it. So for like really severe hypothalamic amenorrhea, it's a daily injection.

Semaglutide for metabolic fertility support

I always say until you start seeing one of those signals, whether it's cervical mucus, you know, feeling cramping, ovarian things spike in your basal body temperature or libido also because in turn, especially for patients who are symptomatic from hypothalamic amenorrhea, which they're usually very irritable, those like hormone dysfunctions.

Simmons have a hard time sleeping should start to lift a lot of those other signals outside of just menstruation and first then usually once we've seen okay your blood work's coming back, things are waking up, maybe we're still not menstruating or the goal is strictly fertility.

Then I'll switch to as we talked about with HCG that just LH surge dosing. So it's usually 125 to 250 micrograms of pumped in ten days, ten through 18.

Okay. And when you say needle injectable, just for those who have a fear, how big is this needle? Oh, here I haven't said Air Force I hormones everywhere. So for women out there who may or may not get Botox, it's the same, you know, they use so really, really small, thin, tiny, very easy.

It's not intramuscular. You can pinch a piece of tissue around your abdomen if if you're very lean. I suggest trying to pinch some tissue around your glutes or your hips and injecting there.

And that's something that, you know, our office or any well versed health coach can help you with is amazing. Okay. No other other peptides that can be helpful.

Yeah. So again, we should like set a three minute time limit it because I know this will be a hot topic, but it is just true and I can't even say so. Semaglutide getting it out there.

Just start. So let's just talk about reasons why women have fertility dysfunction. Metabolic derangement is right up there. Probably one of the top of the list.

We know even in the spectrum of diagnosis of polycystic ovarian function, that that by definition carries the metabolic component. And the more metabolically healthy you can become, the healthier your reproduction.

So Semaglutide is an incredible drug. Sometimes overused, misused, bastardized all the things, but it can really, really improve someone's insulin sensitivity, can help to produce normal levels of estrogen, progesterone, blood glucose, insulin in the body, and therefore reap better reproduction.

And when we see this, even if it's an Ovulatory PCOS, which is one of the facets of PCOS, when we see this typically, you know, if you were to do a Dutch test, like all the estrogens are high in all the progesterone are low and I always remind people if if you are obese and we were to biopsy an adipose cell, we would actually find estrogen in there.

So the weight loss or again, improving metabolic health that can come with semaglutide can really help to reregulate that ovarian function. And how would you use Semaglutide?

I love that you said it's definitely been maybe overused, misused, bastardized. And in this particular instance, as an example, obviously everybody's different.

But if somebody listening to this thinking, yes, I tried to talk to my doctor about this or Yes, I've been considering this, is this month, would this maybe be three months?

Is this before you get into any fertility treatments, what you tend to see? Yes, yes. And yes, actually, the patient I saw this morning, she was really interesting and and chronologically, she's, you know, of advanced age.

But still, everything told me her hormonal age looked pretty good, but she was definitely obese. And I told her, I said, is your goal to is your only goal in life to have one more baby?

Because if that is it, then sure. Like you go in for the I, I spend the thousands of dollars, you know, throw the kitchen sink. Like if you can give me one year and we can really focus on making you the healthiest you you can be.

And she has two children as well. So there was kind of that in the conversation that I wasn't worried that there was no no children. And I said, if we can really focus on that.

So not only could we really maximize your ability to get pregnant, we can improve your health and lifespan for your existing children. And so that being said, it depends on always.

It depends. Depends on why we're using Semaglutide. But if it is a, you know, ovarian dysfunction related to metabolic disease, I think 18 months, you know, to two years sometimes is really what's warranted and how Semaglutide works for people who aren't familiar.

So it is also a peptide, it is glucagon like peptide one, which is what's called an increase in hormone that lives in our intestines. So again, it's a chain of amino acids by definition, and it is a once a week self-administered injection.

And the way that Semaglutide is dosed, it's titrated. So starting at a low dose and you have the option every four weeks to increase to this well-studied maintenance dose.

However, I've definitely found over many years of prescribing Semaglutide and when it was just ozempic when I was in primary care, not everybody really actually needs to to get to that maintenance dose of 2.5 milligrams in order to reap all the metabolic benefits.

And what's most important is when you've achieved the vast majority of your relief of symptoms or reason why you went on treatment is that we spend just as much, if not longer, titrating back off of the drug.

Okay. All right. And then with Semaglutide only because I know you, but and I know how you work. But I know people who are listening may not it's it is not a magic peptide.

Meaning Megan is also doing all the work. Her health coaches are doing all the work with that person at the same time for diet, lifestyle, habits, etc..

And we should go back to the fact that it was something has been around since the early 2000s. Right. And only recently has become really popular and again is not always using the great facets.

I think of semaglutide the way I do about, you know, men and testosterone. And I'm like, sure, like if I give you your testosterone, are you going to feel better? Sure.

But you're not going to sit on the couch and grow a six pack like your friend is going to the gym every day. Unrealistic expectations. And so pillars of health are the foundation of of anything.

And they should be. And probably even what's most important about the use and really the responsibility of the practitioner in terms of who we deem medically appropriate for this treatment because there is an ethical responsibility on my part is the prescriber, you know, is ensuring that I am not creating metabolic dysfunction in the long term because one side effect of this drug is its profound impact on a hormone called leptin, and it can create a lot of appetite since satiety, which for people who maybe don't have again their pillars of health and check are just like, great, I'm just not going to eat well.

I mean, I can starve you and you can lose weight, but that's not going to help. Like, again, your hormones more than anything, your thyroid. Right. And you just come out of all of this weaker than you were before.

And in that reversal of treatment, anyone who goes through a weight loss shift, no matter if you were like, I don't know, Ronnie Coleman, you know, best Olympic physique athlete, when you lose weight, you're going to lose muscle.

And especially for my female clients, like muscle is everything in terms of longevity, sarcopenia, bone, health, all this stuff. And so we spend a lot of time discussing when the weight starts coming off.

I'm like, Okay, great. Now we're going to really look at your reproductive hormones and I want to know what your androgens are doing, and I want to make sure that, you know, we're feeding and fueling the body and you are engaging in fitness that's going to promote enable them to give you more active tissue.

I hope everyone who's listening realizes the amount of study, research and experience that Megan has with this, so that if you maybe your practitioner talks about semaglutide with you and just hand you the prescription and no other

conversation, you may be set up for failure.

Where is it's a lot more complicated than here. Do this injection, magically lose weight and come out fine.

Oxytocin and BPC-157 for bonding and gut healing

The other side it's I love the way that she frames it because I think this is where she mentioned it gets bastardized and used incorrectly is part of it.

Yeah and that could be anything in medicine, you know. And it's it's unfortunate, but your candidacy is important. I think if we just were going to throw into the head of of peptide AIDS, one last one.

I would always think about oxytocin like our feel good love hormone. And you know, one problem with fertility sometimes again going back to that relationship and I don't I don't phrase it as unkindly as I started with like, do you like your spouse?

But relationships are important. And oxytocin is a, again, a peptide that's released a couple of times in the body. One, it's what's responsible for the uterus contracting at extremely high levels during labor so different, but it also is responsible for orgasm and connection.

So during breastfeeding, oxytocin is naturally released through suckling of the breasts and can really help with bonding as well as decreasing anxiety.

And it's not injectables. So that's one good thing. It can come in two forms, really a nasal spray, which I think is sort of a bit more powerful or a trophy, which is like a lozenge putting into your tongue and definitely, you know, can really supports enhanced sexual function again promoting partner bonding and that, you know, when it comes to fertility, I think that's a huge component that also goes. Ms.

And you hear the stories of like, Oh, we were trying for three years and we couldn't. Then we went on vacation or something, got pregnant. Well, what changed?

You know, and I think that, you know, as much as we can just really promote connection. And you see this happen with people with low libido. You know, I would say, you know, there's a great now champion podcast of sex with Emily where she kind of it's like we talk about everything which is is helpful and that like sometimes we forget that, you know, we're if you're consenting adults and consenting relationships, that sex should still be sexy and should still promote excitement.

And and again, it goes back to that ancestral need that we engaged in intimacy. Sometimes I think it caveman probably too much with too many partners.

So we're smarter these days. But we did it because we wanted to bring life into this world. And and also it's, you know, if you don't use it, you lose it.

So I think there's a huge component there. And it's nice that oxytocin is available when it's and it's not hardly talked about, but people listening who maybe had Pitocin when they were in the hospital trying to say, right, the contractions, yes, they may vary.

It's different and but it's much smaller doses. Can be really helpful. Yeah, it could be really helpful. It could be really helpful. I love that you brought up oxytocin. So important.

So the very last one I want to talk about, only because I've seen it all over social media is VPC one five, seven. And and I'm sure those who are listening are maybe like, Oh, you want to see that on my Instagram?

Or I see that the latest Biohackers mentioned that or is selling that. Can you explain that one? Sure. Yes. So VPC 157 stands for Body Protective Compound, and it's derived from the, again, endogenous peptide called G PC or

gastric protective compound.

So again, all these come as a natural form of amino acids. And you know, early on was actually really used supportively for ulcerative colitis, Crohn's disease, IBS kind of vs again gut related issues as it can help to heal the tight junctures of the intestinal wall, improving gut permeability or leaky gut syndrome.

And you know, from there it's kind of like anything like, oh, this works really well for this. I wonder what it does. And now you see athletes like shooting it in their Achilles and shoulders and whatnot, because peptides at times, especially something like BPC, can be nonselective.

So again, that healing that occurs in the gut can really occur anywhere. And getting to the because it is both an oral pill actually and an injectable with the injectable people try and inject closest to the site of injury and it can be super powerful.

I would say if there's like a structural problem, like, you know, your shoulders hanging on by a thread, it's probably not going to reattach it enough to have surgery.

But would BPC help you in the healing process after that surgery? I think studies are pretty clear it can help accelerate healing and again improve gut dysbiosis.

But kind of how we were talking about Semaglutide in candidacy. It's also one of those things that if you are eating the standard American diet, you know, drinking sodas, not sleeping over using alcohol, working a ton, and you're like, Oh man, I have diarrhea, constipation, bloating, bulging whenever you're like, I saw that on Instagram.

I'm going to use BPC It is not going to help you. You are wasting your money. But it is good for someone, especially who has gone through a gut protocol, maybe has had a GI map test and or stool testing of some sort, and again has done all the pillars are like, okay, like the body's ready to repair and heal.

Like let's go ahead and add this in to ensure that, you know, when you do transition out of your gut health protocol, you have robust metabolic flexibility and your stomach can handle a variety of different foods.

And I don't think women, men too, but women when it comes to our our monthly cycles, I don't think they realize how closely tied our gut health is. My through that monthly cycle, right?

Yeah, absolutely. Remember it's sitting right about it's everything everything is in one cavity there. Yeah, it is. It is true. And that's why I mean probably like as basic as it sounds, you talk about cravings, you're like, what's your magnesium level like?

Everything is is totally related. And and your gut is a good litmus test of your overall health. Like if you just kind of want to know where things in the right direction and am I doing everything I can take a look at like was the last time I had gas?

When's the estimate in digestion? And if that's a daily thing, then I definitely think you probably need to do some some deeper dove. Definitely, I love this.

Yes, absolutely. And there are a host of other peptides that she could go into. But unfortunately, due to time, this is just the dip your toe in for the summit because again, I think people get peptides really confused.

They are scared because they think it's just another medication or it's something, you know, completely unnatural. And then as I said in the beginning, insulin, oxytocin was either glutathione plus or, you know, cool peptides when used correctly could make a world of improvement because peptide ten Semaglutide, BPC, etc.

And so for everyone listening, definitely keep your mind open. If you hear about peptides, if you're a practitioner mentions peptides or consider talking to your practitioner after hearing this, after hearing Megan and going, You know what, some of these really sounded like me and I would like to explore it. So.

Megan, where can people find you? Where can they learn? Where can they get help? Tell, tell them. So I am the medical director for Nutrition Dynamics, so you can always find us at nutritiondynamic.com or on Instagram @nutrition_dynamic I have a very small probably not very helpful Instagram called @__mousemomentum_ If you want to look at a lot of photos of my dogs and me trying to destroy my hormones with some endurance efforts and but otherwise, Nutrition Dynamic is probably the best place to look.

And I also have an integrative medical course available at Metabolic Mentor university Which is I actually just finished it myself yesterday before this interview.

So oh gosh, I'm sorry. I always some people make it so boring and so dry. No, no, no. Don't say that at all. No, it was great. And you have you talk about peptides in there.

And so this is a perfect a perfect segue way. So again, thank you so much, Megan, for being on the summit. Thank you for talking about fertility and peptides and thank you to everyone listening and tune in soon because we will have our next interviewer up.