Introduction and summit welcome

Welcome to Mold, Mycotoxins, and Chronic Illness Summit. I'm your host Dr. Ann Shippy. And today we're going to get to talk to Dr. Aumatma about fertility and.

She's double board certified in Naturopathic Endocrinology. She's a bestselling author, and she really is on a mission to help bring healthy babies into the world.

Thank you so much for joining us. Thanks for having me, Dr. Shippy. It's so nice to be here. And just the awesomeness of the summit that you're doing and all of them using work that you're hoping to share with the world.

It's awesome. Thank you for being. Here with wonderful people like you. I started. And. And we share such a passion about fertility and having healthy babies.

So I love that about our friendship. Yeah. Yeah, absolutely. So let's dig in on how mold affects fertility. Yeah. So mold is going to have quite a few different impacts on fertility, hormonal imbalance at least from what I've seen. Is.

The hidden mold or kind of the the exposures to mold that people have unknowingly. Most of the time is on a micro level affecting their hormones, specifically estrogen.

And I don't know if you see this also, but it seems to yeah, it seems like have these high estrogen curves, ups and downs.

How mold affects fertility

But the most severe case I had and it took us so long to figure this out because they had moved out of the place after getting exposed, this woman was having cysts that would just come up every single month.

And when she obviously whenever she had the cyst, her estrogen levels would be off the charts. Then we would drain the estrogen out of her system. And it was like we kept doing these loops until at some point I was like, We have to look for a mold Like we just have to test it.

And she's like, No, I've never been exposed to mold. And and we did the test and it came back positive. And then she was like, you know, what could this have been from mold that I was exposed to a year and a half ago before moving?

And I was like, Yeah. Yes, it could. And it turns out that when they were moving, they noticed that part of their like bedroom closet was covered in mold and they thought nothing of it because they're like, Well, we're moving.

Who cares? But they had been exposed to that for years. So yeah. So the impact on. Her body a year later. Absolutely. Absolutely. And she is hyper sensitive and her epigenetics lended to her having this like reflection of the mold in her hormones.

So it just all when all the pieces tied together finally like, oh my gosh, we've been I was working on her. Hormones for two and a half years. Sad to say, and like, kept going on these rollercoaster rides and I was like, Something is wrong.

Like, it should not keep reappearing. This is not how things go down with us, you know? And it was finally like making those connections and being like, Oh my God, it all makes sense.

So that's the the biggest impact and the most direct to fertility. I think some of the other impacts, like inflammation

and oxidative stress, those are happening under the radar and it could like hidden inflammation and or inflammation that you kind of address through food and you're like, okay, let's improve your diet, your lifestyle, your exposures to different types of things that might be inflaming your body.

And yet you have mold that in the background, inflaming your body without you even knowing. So those are the places where when I'm like, okay, we've done all of our things and you still have this level of inflammation or you still have estrogen issues, then usually I'm like, we have to consider mold because if we're not sure that you don't have it, then you probably do.

That's become kind of my motto. It's it's so prevalent and I feel like it's kind of. I don't know, you probably you're you see this more than I do. So I guess it's taking over It's literally.

Really does epidemic. Unfortunately I think these building changes that were made for energy conservation in the seventies where just the whole building science changed and then the wallboard coming in with the mold spores already in it, the drywall.

Yeah, Yeah. Like we just we set ourselves up for failure and then just the level of artistry, craftsmanship with buildings, you know, it's just the skills to create all the right barriers just are not the same.

Yeah. So, yeah, I'm almost getting to a point where I'm like, you know, maybe. Maybe checking for mold just needs to be part of that, you know, physical.

Because if you can get it before there's a disease or before there's infertility or or its effects or all the things, right? So that's a much better scenario.

So now that you've got these three key areas that really impact fertility for probably both men and women, so that women balance inflammation and oxidative stress, I love that if you tie the relationship together with how that then actually changes the body's ability to get pregnant.

Yeah, totally. So on the hormonal side, when we have too much estrogen, ah, the, the brain is getting a signal that it no longer needs to produce follicles.

So we essentially get these like immature follicles or eggs that are going to be released usually early. So women with high levels of estrogen early in their cycle will essentially have early early ovulation, which means the quality of that egg, if it's not fully developed, is low.

So right off the bat, it's harder to get that egg fertilized and then in the second half, in the luteal phase, this is where it really like estrogen is not the the star of the show.

In the luteal phase, unfortunately, it's supposed to be progesterone. So we do this estrogen and progesterone flip where estrogen is higher than progesterone.

In the luteal phase, which makes it really hard to get pregnant. And then the other two inflammation and oxidative stress are going to have an impact on the quality of the mitochondria.

So our ovaries have 200 times the mitochondria of any other cell in the body. We these mitochondria, these energy centers are essentially the, the kind of like producers of quality egg and sperm.

So if we are affecting the mitochondria, if the mitochondria are not functioning as well or all of the anti-oxidants that we have in our body are being shunted to take care of the oxidation of the stressors that oxidative stress that's happening in our body or it's going to quench the fires of inflammation, then we really don't have the kind of the resources to have good mitochondrial health, which then makes for crappy egg and sperm.

So all of these things just essentially are impacting the quality of egg and sperm, which is then going to go to either making it really challenging to get pregnant because the eggs are not being able to be fertilized the way they

should.

And then the sperm, we don't talk about the male side of this as often, but the male side is very significant. And men are also affected by mold. It's not just the females.

And the impact on the sperm is essentially that it could lower motility, but more commonly morphology. So that's essentially the the health of the sperm.

And I often. Just. Yeah, totally, totally. So morphology is essentially like their the, the quality of the head in the tail of the sperm.

Hormones, inflammation, and egg and sperm quality

We only expect 10 to 12% of all of the sperm in the body to be quote unquote normal morphology. So 90% of them. Can essentially be total garbage. And we're okay with that because.

Men make lots and lots of sperm. So it's okay. But even out of that 10%, if we have, let's say instead of 10%, only 2% are normal, then we have a lower number that actually have quality head and tail.

And the head of the sperm is essentially responsible for breaking through the protective shell around the egg that will allow one sperm to get in and fertilize the egg.

So if the head of the sperm and honestly, the tail is responsible for getting the sperm to go where it needs to go, if the head is not able to break through that protective layer because it doesn't have the right nutrients, it doesn't have the right quality, it doesn't have a baby, Some of them have two heads or four heads, then they are not really able to break through that.

That natural protective mechanism that we have for survival of the fittest. So essentially no sperm. None of those farmers are fit enough to fertilize the egg.

So it's it's a good natural mechanism because we don't want to have abnormal, abnormal embryos that then lead to genetic abnormalities in the babies. And of course, some of sometimes it happens.

But when when the sperm are really good and when their eggs are is really good, we're going to get the best embryo quality, which then leads to a good, healthy baby.

So when we're compromising that or when we're saying, oh, it's okay, it's okay that 2% are normal, A the chances of them fertilizing the egg go down. But then the bypass that we use in our society, which is IVF, kind of bypasses the need for good, healthy sperm.

But my belief is that the quality of the sperm is not so much just to fertilize. It's actually telling us about general health. It's telling us about, Hey, if your body is only able to make 2% normal sperm, then something's going. On.

And I often use this example of like. Your sperm factory was sent to China. We need to bring it back to the US. It's basically like. We're going to make tons and tons of sperm, but we don't need them to, like, function great, right?

Like, we can pump out all these sperm, but the quality of them is very low and then you bring it back to the US and you're like, Oh, the number could go down.

Like, we're going to produce less sperm. But if the percentage or the quality of the sperm that's being produced is higher than we have a really good environment where the sperm are healthy.

And the try for that to have really having the high quality healthy sperm, that's an indication of the health of the father. It's all those epigenetic changes.

So the things that get passed on from the father are just amazing. Like, you know, what is there as there been stress, Has there been is there diabetes?

So I hear analogy with how important it is to really get the sperm healthy so that then the genes that are regulated in the baby are in the right combination and the right things for a healthy baby.

Yeah, yeah, yeah, yeah. And, and I'll say like, sorry, just to add to this conversation, those three changes that we've talked about, the hormonal imbalance, inflammation and oxidative stress, all of them we talked about impacting egg and sperm health and sometimes pregnancy happens and often what we've noticed or what we've seen is that the exposure to mold makes for more likely that a pregnancy loss is going to ensue.

So after all that, like after overcoming all of these odds, this egg and sperm managed to meet and for like create an embryo and and then it doesn't stick.

And that's just like heartbreaking. That's the worst of it, you know? And I just I yeah, I feel like there is not enough awareness about it. And we we are, like you said, like we just ought to be testing everyone because it's so rampant and screening.

Really. Yeah. Yeah. Are the preconception screening. Yeah. Yeah. Do you have STDs, Do you have low grade infections, Do you have an iron level? All that is based testing that's done with pregnancy which does include.

Yeah. So that's thing. Yeah. So are there other you know, you mentioned the patient that had the recurrences with the estrogen dominance and fluctuations.

Are there other signs and symptoms that you look for that you're that might make you think about mold. I think inflammatory markers. What are your favorites?

So we're we actually only start on a panel. We have the basics and the most basic is CRP, C or C, reactive protein. What is it? Yeah, I. See. Okay. I like y my spacing on this.

And we're using the high sensitivity. So hs-crp and if that marker is elevated, our first go to is the lower hanging fruit. It's are you eating inflammatory foods?

Let's get the seed oils out of your of your diet, you know, like basic things. But if within six weeks we don't see that number change significantly, then instantly I'm like, okay, what other things are causing inflammation?

Because the likely chance that there is a mold or a toxin that is causing that inflammation is really high. So we should really see our approach is like, okay, we don't want to make everyone tests for mold.

It would be nice, but given like the number of tests that they need for hormones and all of these other things, we're like, okay, let's focus. But if we do this preliminary screen and you're still showing inflammation signs, we need to test something else.

So that's one. And my my patient with the cysts and all of that, she was actually my first this was a few years ago. So she was my learning experience of holy moly, like I missed the signs of mold and the she didn't have significant signs.

That was the issue. Right. Like a lot of her symptoms were estrogen dominance. So she had breast tenderness and she had cramps and she had mood swings and oh, I cry all the time for like a week before my period.

And it was just like all the signs were there. But it masks itself as estrogen dominance rather than mold. Right. So that's I think that was the like aha moment for me is like, wait, you already did all the things.

Like I, I asked her to do all the stuff, she was the most compliant patient.

Signs of mold exposure and testing

So she was I knew she was doing it to the T the fact that she would get better and swing back, that has become a sign so the improved and. Then things then that she didn't respond to with the estrogen dominance the lifestyle.

Oh yeah the lifestyle changes and then we usually do like touch panels on everyone. So that test really helps me know like where is, where are the blocks, what's not excreting out of your system?

I think she was her CMT enzyme was low functioning, so we were giving her things to like help move those pathways along. And it. Worked. Magnesium, A B, vitamins.

Yeah. Magnesium B, vitamins. Sam E is one of our favorites. Phosphatidylcholine is another one. It so we, we were doing those things and when she did them, it worked like it was almost like, Wow, we got results.

We do a day three Her hormones are normal and then we start easing off the supplements and boom, everything comes back and it comes back with a vengeance.

So I saw the most swings, like up and down, up and down, up and down with her more than I had seen with anyone. And it was essentially, yeah, like I think of mold as like the trickster, right?

It's like it's, it's, it's going to mask itself as other things and have you kind of spinning in loops of like, oh, this is going to work, this is going to work.

It's totally working. And then boom, all of a sudden, out of nowhere you're like, Wait, what just happened? Like, it's like the rug is pulled out from under your feet.

And yeah. It was just like such a roller coaster ride that. I now know. Like any time we're doing these roller coasters with people or we're not getting the results that we want to see within an hour, our approach is very specific.

So I'm like, I expect to see results in like 6 to 8 weeks. So that's not happening. We're doing something wrong. We're missing something. And often with her we had for a almost a year, we were like, Let's test mold, let's test move, let's test mold and her and her husband just did not believe us.

They're like, No, we don't have mold. Like we have never been exposed to mold. And they just like. It. Just held firm. It's interesting how you can get the blinders on.

Yeah. Yeah. So I think that. Five years ago that you just painted over. Yeah. Gosh. Yeah. So I think that in the case of mold, it's it's unfortunate because as much as we would love to just test everyone and even the people that we suspect that were like, hey, things should be better by now.

And the fact that they're not tells me that something is off. Your symptoms are not improving or even your hormones improve, but your symptoms stay the same.

That's a good indicator of like, hey, this is maybe not hormonal at this point, maybe something else. So yeah. Let's make way into. All right, infertility.

Now we know there's a mold exposure. Yeah. Let's talk about what your approach is for helping people to improve and not that you feel like it's safe for them to get pregnant. Mhm.

Yeah. So this is a tricky one because I think that it can vary in terms of like what are we going to do about it. Right. And for us first you have to change the environment and sometimes there was actually another patient several years ago that I was like, all of your symptoms, I know you have mold and, and then she was like, Oh yeah, there is this like black spot in our bedroom.

And I was like, Oh my God, are you serious? And she's like, Yeah, it's been there for a few years. And they, they

already had a child. So she was in denial that the mold is affecting her fertility in some way.

I'm like, Well, you're body overcame it the first time. That doesn't mean it wants to do that again. And they were like, okay, well, we'll just not sleep in the bedroom and we know like mold travels through the air vents.

So I'm like, No, that's not helping. Like, you. Sleeping in a different room is not keeping you from being. Exposed. So that was another case. But I think the first and most obvious is we have to change the environment.

If you're going to keep getting re-exposed, we're not doing much to like impact your body. So either a move or more like remediation done in a safe way, right.

And doing it just to treat, you know. Yeah. We're coming on that because especially by the time people get to you or to me, they're really wanting to get pregnant quickly.

So I have to put things on hold and say, Oops, we got to think, we got to do something major here. It really is. It's so hard. Yeah, yeah, I agree. I agree. Getting it. It's it's a big investment, right?

Like I interestingly, I went through this mold experience in an old home that I had six years ago. We had a water leak. I didn't know at the time how to do this, do the drying properly.

So we were supposed to get like dryers in there and like, just get it out of the the ceiling, essentially. We never did it. Then there was mold. It took us, like I would say, by the time we were done with that whole experience, it was like 25,000 deep because it had taken over all of the kitchen.

And so we had to renovate the kitchen, took over the ceiling below it.

Removing mold and supporting detox

So like the flooring, which was the ceiling for the under level, and we had to like remediate that. So it just like it's one of those things that if you didn't do it right from the beginning, it just catapults into a whole ordeal.

So within a few months it was just like downward spiraling and so I know from that experience, like it's overwhelming. Sometimes it's scary. And then there are a lot of companies that are like, Oh yeah, we do this correctly, and then they like we I did like before testing, after testing, like I want to make sure this is out and there I think their first test after doing it there was actually more mold after they remediated and I was like, No, you guys better come back.

And fix it. Like there's no way I'm accountable. Yeah, you. So it is it's a whole ordeal and and you kind of have to watch over them and be like, are you actually doing what we paid you to do?

And then getting independent testing because they're testing is always going to show that it's fine. So it's quite the quite the undertaking. So I think that's the first piece you have to change the the physical environment.

You can't paint over it. You can't bleach it. Right. Like a lot of people are under this belief, like, I'm just going to throw bleach on it and it's going to take care of it.

There is no there is no bleaching mold out. I'm sorry, that's not a thing. So that and then our approach with it is there are some good binders that help to bind the mold in the body and kind of start removing it. And it's a process.

So it's not something that we say, Hey, do this for a week and then you're fine. Go back to doing. What you're doing. It's more like a slow, steady process for a few months and then because these are binders which are essentially also going to pull out some of your nutrients, you really have to be an active replenishment mode after to make sure that we haven't depleted your body in a way that is then going to affect the health of your baby.

So we're always keeping in mind like, hey, that's fine. It's essentially like we are detoxing you, quote unquote. But

that detox has to come with a follow through of like, here's a new renewed purification and you're not getting pregnant quickly after that process.

So a lot of people are like, Great, I'm done. Can I go get pregnant? And I'm like, No, we're going to give this like 2 to 3 months at least so that we replenish your body.

We help to impact the quality of the eggs. We make sure the eggs are as good as they can be. The sperm is as good as it can be, and then you go and get pregnant.

So it slows the process down a bit and people don't usually love us for it, but it's it's like the safest way to have a child when it's it's like you're in your optimal state rather than just kind of bypassing it and hoping for the best.

So clean environment put you up for your baby anyway. Right? Yeah. Yeah. So you really want to bring a child. Into that environment. Because it's a little like you don't have good detox systems and.

They don't. Immune systems yet so. And, and like. Treat is so high that it has great mycotoxins and so. And, and like one of the other symptoms is allergies and asthma, which so many children have so then you connect the dots and you say, well is it all due to mold?

Is that what's happening here? So absolutely. Like we do not want to bring a child into that environment because we're just setting them up for, hey, now you need more medications and you're going to be on prednisone or whatever.

Steroids. For the rest for autoimmune diseases and ADHD and autism and all those things too, because there's associations with like mycotoxins and was childhood severe chronic diseases.

Yeah. Yeah, exactly. I mean, and so that's really the goal, right? Have a, a clean environment to bring the baby in and have the best quality sperm and egg make gets it find each other. Yes.

And then to have the nutrients really replete it and then long so that the baby has all the supplies it needs to build a healthy body and brain. So tell me a little bit more about your thoughts about really getting the body to that in a more optimal place in the egg, in the sperm to that place.

Are there any more things that you think about and with that is the goal? Yeah, in terms of optimal for we are calling it optimal fertile state and that. We.

We define that as high quality circadian rhythm, which is basically like you sleep really well and you wake up really well and the sleep is having you actually rejuvenate.

So a lot of times people sleep and they're like, Oh, I wake up not rested or I don't have energy or whatever, all of those things. So really that needs to be in alignment.

And when they wake up in the morning, they're actually like the cortisol weakening response is working and it's helping them feel awake and they're awake through the rest of the day.

Optimizing fertile health and cycle tracking

So they're not having crashes and stuff like that. So that's the circadian rhythm optimization. And then the infinity and rhythm optimization is specifically for women and the ingredient rhythm is essentially the follicular and luteal phase.

Or if we break that down, the menstrual follicular ovulatory and then luteal. So the four phases that your body is going through every single month needs to be in an optimal state.

And what that looks like is you have a really good menstrual cycle without pain, which a lot of people are. Like, Isn't

it normal that I have cramps? Not normal, no.

So you have like a good healthy flow, you have good amount of blood. You it's bright red, like the color is good. It's not cloudy. Right. Like all of those things that we can like define as a good menstrual cycle, healthy menstrual cycle.

And then the follicular phase really looks like enough time to develop the egg. So sometimes in this place, either the eggs are developing too quickly or they're developing too slowly.

And I haven't seen too many fertility specialist talking about this. But I feel like if you only take five days to develop something that should take about ten, then your body is is compressing that time and kind of like moving the Chinese to the factory to China again is like, Oh, I'm just going to like feed through this and knock it out and probably if you knocked it out in half the time, you might question the quality of what's coming out.

So that and then the other piece is we often are tracking basal body temperatures. So what we'll see is a really kind of steep decline in the follicular phase or a lot of up and down in the follicular phase.

And either one is essentially showing us that the hormones are out of whack in the follicular phase to make high quality eggs. So that's the follicular ovulation.

We want to see that the egg is like pushed out of the ovary when it should be. So there on BBT, you see kind of a dip in temperature and then a surge.

And that dip is the L. A. saying, hey, time to push out the egg and then the surge is the egg actually has been pushed out. So that needs to happen kind of in a concise way.

And simultaneously, there should be a increase in cervical fluid. And the cervical fluid has like 5 to 7 days where it's shifting. So we're looking for that to pattern to actually shift into optimal.

And then the last phase, the luteal phase, we're really expecting that temperature to stay high, which tells us that the body is producing enough progesterone and it's sustaining the production of that progesterone for the entire phase of your luteal cycle.

And that ideally is 12 to 14 days. And again, like we don't want to sure, we don't want it too long, so we want it kind of the right amount of time to to like show that our body is in the optimal in freedom rhythm.

Beautiful. So do you have a favorite tracker app that you like or. Yeah, I do think probably people listening are going to be like, okay, let's track that.

How do I know this? Yes, our favorite tracker is Tempo Drop and I'm happy to share the code. If there's somewhere for you to share it, people can get a discount to the tempo drop.

That's great. Yeah. Yeah. Okay. And then so that's a trackers. They're also like an operation kit that you like to use. So we so don't need it. Yeah, you don't need it if you're so our, our approach is like we want to train our ladies on what's happening in each phase and they start sort of like see their temps.

So most of the time by month three, four of tracking and working with us, they've gotten enough reflection on their temp charts that they come in and they're like, I don't know, dog, My temperatures.

Didn't look so good this month. What do you think is going on? So they're like really super. Proactive about reading their times and knowing, hey, something is off or vice versa.

Like, Hey, this looks really good. Should I be excited? Oh, so. They they're almost like getting to the point where they can interpret for themselves, which is always my goal is like, we empower you.

You know exactly when you're ovulating, you know what signs to look for. And when you have those signs and and you see that your temps are like doing what they should be through each phase, you can be super excited that your cycle is good. Right?

And that's yeah, that's a good thing to be tracking along the way of You're detoxing to see the the changes. Yeah Yeah. And you'll see like we we will see that when people are detoxing, whether it's mold or other toxins, they will often have temperatures go kind of nuts.

So instead of showing that optimal temperature pattern, it's like all over the place and then it starts to stabilize and we can see it enough to be like, oh, like this is the indicator that we are moving in the right direction and to know that we've pretty much gotten to where we want to be.

Beautiful, beautiful. So as far as like just dealing with the emotional side of this, because by the time people get to the state and realizing that there's some issues with their fertility, it's already heartbreaking.

You know, they've had miscarriages along the way. It's, you know, another another, you know, major setback. And then to know, okay, now I've got to deal with the whole rebuilding of my body in the mold.

What do you do to help with those kinds of. I just it's hard emotional situations. Yeah. I feel like fertility just comes with hard emotions. There's just so many emotions, regardless of if it's a mold issue or something else is going on, or you.

I had this woman about like two maybe a year and a half ago. Who's. For nine years on her fertility journey. And it's like I'm having this initial consultation with her and I'm looking at her hormones like, there's no way, like your body would not let you get pregnant because you have zero estrogen.

Her level was nine on cycle day three, when it should be ideally like 30 to 50. So I so I asked her, I was like, is this new or has your estrogen always been this slow?

And she's like, No, it's been like this the whole time. And I'm like, Oh my God. So and then I was like, And. You have regular menstrual cycles. And she's like, Yeah, it's regular, but it's like for 4 hours I have a bleed and then I'm done for 4 hours.

Now it's like, Oh yeah, that's like zero estrogen here. So I really like when people and and like all of her tests came back, it was like one after another.

Emotional stress, boundaries, and fertility support

And she was at some point I remember her just breaking down and being like, for nine years, every single doctor I've been to has said I'm normal and nothing is wrong.

And like, I. Just a matter of fact way. Of saying. It, but it's the it's like to me it's good, right? Like, it's good to know because now we can deal with it, but for her, she was like, What the hell?

Like nine years of people telling me everything is fine and it's unexplained infertility. And she's like, and I could have been doing something the whole time.

So. So happy ending. Well, so what if I wish there was a happy ending? She, in the process of going through all of this and really came to a realization that her partner was non supportive, lived through all of it, and he was like, she was like, I don't think I should have a child with this man.

And I was like, Well, I support whatever decision you make. Because. It's not like your fertility. Is not. At the end of the road, you're good. So if you need to, like wait for a sperm donor or a partner that going to support you better, I'm okay with that.

Like I'm more. For. People having babies when it's with the right person. And so I was like, I support you ruling. I support this decision because. He literally was like, I'm doing everything. And then we look at his labs and we're like, Did you actually change your diet?

And he's like, Well, you know, like. I changed most of which was his way of. Saying he didn't do anything. And they're like, Are you taking your supplements?

You know, most of the time. But not when I'm. Traveling, which is like most of the time. So we kind of got to a point of like we he's not he's not actually showing up to do the work.

So we internally. Our team is. Like, well, I don't know what's up with this guy. And then she. Eventually came to her own realization around it and she's just like, I'm done.

I'm good with this. Like for I can't. Even believe that we've. Been on this journey for nine years. But he's like been checked out a long time ago. So unfortunately.

That's a positive story in that once you got the child together, all all of those issues get amplified even more. Yeah, yeah, exactly. Like it's better realized sooner rather than later.

Even if it's nine years in, it's like it don't. Yeah. For me, I'm like such a I love her so much and I'm like, I don't want to see you do something you don't want to do.

And had it been other fertility people, they would be like, You're 39, you need to have this baby today. And we're kind of like forcing her into what, like a life of feeling unsupported and.

Like, not a good environment. For a child to grow up in. Right? No, I think there's so much that's actually such a good segue. Why is there so much pressure to, you know, to do it now in the fertility world?

And you and I both see patients having healthy babies well into their forties? Yeah, yeah, definitely. Yeah. Yeah. Yeah, yeah. I'm I'm definitely seeing that it and it's not I think a lot of times I'm very vocal about it's not your age, but it's also a balance of it is your hormones.

So if you know like a lot of times you will hear me speak or something and like come up to me and say, Oh, you helped this other woman at 47, you help me, too.

And I'm like, I don't. Know, like, we should look at your hormones because. If your body is going into menopause, I am not the right person to like, turn this around.

I am very much a believer that our body is doing. What it is. Needing to do at whatever stage it's designed to do it and we're not going to fight with nature.

You know, we're just I'm not. There are other doctors that will give you hormones and all of the things. But I'm not the right person. So and so I think yeah, just the balance of like, yes, I want to see everyone who wants to have a baby, have a baby at whatever stage they want to have it.

And the reality is some of our hormones shift sooner than others and we have to be set and or grounded in the reality of like what's happening in my body.

And it's not a generalization. So at that point it's like, well, it's not really your age. There's 47 year olds that we do work with. Because. Their. Hormones look amazing and.

Their ovaries are like acting like they're 35. Then we're like, Yeah, go for it. I don't have a problem with your age. But of us, they're like, Well, there's no reserve left in the ovaries and there's no amount of work that we're going to do to magically give you eggs.

Like that's just beyond nature. So yeah. And I'm so sorry I kind of spaced on your main body question. So we do do a lot of support around the emotional stuff.

I am a believer that a our stress or our body feeling like it's in fight or flight mode and it can be fight or flight because of work stuff. It can be fight or flight because we're to mold can be fight or flight because we have too much on our plate or we don't know how to say no.

Like there's so many reasons for our body to like kind of wig out and be in that fight or flight mode. And what we really want to transition to is safety and surrender mode, which is more conducive to having a child.

So we basically have these mind body bio hacks that are little like 1 to 2 minute resets for the nervous system to get you back into that like safety and surrender.

So yeah, we do. We do that a lot and we encourage people to like be proactive of like, oh, whenever you feel anxiety or whenever you feel stressed, like go to the bathroom and do this thing for 30 seconds, that's going to help bring you back to center because those emotions are always going to come up.

It's not like they go away. It's just that we're becoming more aware of how those things are impacting us and then putting boundaries around, like a lot of women will say, Oh, are you like, I'm so stressed because I went to like three baby showers this weekend and I'm like, Why would you do that?

Why do you need to say yes to that? Like, I get that it's a dear friend of yours, but if you know that this is going to put your emotional health at a disservice, don't go decline.

Right. And in a lot of women are like, but I can't say no that they're going to know that I'm struggling with fertility. And I'm like, and that's okay if you want to tell them.

And if you don't, then you don't need to give a reason for it. Sorry, I'm with my family, you know, whatever. Make it make up something because. No amount of emotional distress is worth your your sanity and like, yeah, you're happy for them, but you can do it from afar.

You don't have to be involved in it. So it's, you know, I feel like there's a lot of triggers, especially around fertility stuff that and often it's like people in our age group are the people that are like, Oh, she's also having a baby.

She too. She too. She too. And it becomes like, Well, what's this? Is this me that can't? So it brings up a lot of fight or flight because now we're questioning the trust in our bodies and the trust in, Hey, I have a team of people that are supporting me to optimize what I need to work on.

But it turns into like I'm a victim and I'm the only one that's going through a struggle. So yeah, if we just try to. It's going to turn out. Yeah, yeah.

The fear is this going to go well? Am I in the right place? Right? And just questioning everything.

Age, hope, and where to find support

And the questioning is sometimes good and sometimes it's like creating more stress that you don't need. So whenever we can avoid it and create some boundaries and have awareness that it's actually a trigger instead of being in denial about it, we have a patient.

Who is like she she. This is her story. She went to three baby showers in a weekend and then Monday morning her appointment and she is completely freaking out.

She's like, When can I start trying? And you guys have had me on pause for like three months and we're sitting there like, it's coming, but you're not ready.

Like optimal, fertile state not achieved yet. Oh, and she just. Kept going on and she's like, you guys, I'm not sure that this is working. And then we then I directly was like, Does this have to do with the fact that your friends are pregnant and are about to have babies?

She's like, No, not at all. I'm like, You're triggered from the baby showers that you went to. Yeah. You're in denial that you're triggered. And I don't know what we're going to do about that, Right?

Like you are not willing to accept that there was an emotional thing that happened which turned into feeling pressure around. How quickly is your process moving along and now you want to rush the process?

When we told you upfront it's going to be 5 to 6 months. So. We'll. You there, We're on track. But you want to make it three months instead of 5 to 6.

And it's so true. We have an investment in that time upfront, save so much time and energy and frustration in the long run. Yeah. Preparing for the marathon.

Mm. Yeah. Yeah. In a marathon you're not going to make it very far. Whereas if you've really done the preparation and it can go smoothly. Absolutely. Absolutely.

And yeah. And hard I get, I get it like the emotions are difficult and there's so much that is happening around us that is often like, Oh my God, it's me, it's me, it's me.

And that's the message that we're getting from media. It's the message we're getting from other reproductive doctors. It's it's hard. So as much as we can refocus on like this, I'm doing this for it's nice.

Yeah. And it's taking years to get to this place and a few months to unravel it. It's really reasonable. Yeah. And really, I think, you know, the the underlying message that you have is just really the trust and hope and faith in your body coming back and to your awareness and to your belief system.

You really know that. That you can have this healthy baby and a healthy pregnancy. Yes. Yes. Well, how can people find you? I know you've got so many wonderful things going on in the world.

Yeah. So the best place to connectis on Instagram: holisticfertilitydoctor And you can we do post a lot of content on there. So like kind of free educational stuff and then you're welcome to like message on there.

If you feel like you need some support or you need some guidance on which way to go, we're pretty active in the chats there. And then our website is holisticfertilityinstitute.com Thank you so much.

This is great information. I really appreciate you. Thank you for having me.