Introduction and Dr. Simmons' fertility journey

Welcome to this episode of the PCOS SOS Summit. I'm your host, Dr. Felice Gersh. With me for this special episode is actually quite a longtime friend of mine by now.

And she is a fantastic fertility specialist who is helping couples to achieve healthy pregnancies, healthy babies without having pregnancy related complications.

So she is Dr. Aumatma Simmons. Dr. Aumatma, thank you so much for joining us. And I can't wait to do a deep dove into PCOS and fertility. But first, please share with our audience something about your own personal journey.

How did you get into this field and what are you seeing as some of the key areas that you're researching with your patient population to help them to become fertile?

Yeah, awesome. Thank you so much for having me. Dr. Gersh, excited to be here today. And I got into fertility because I actually was married to this man who wanted to have babies and my uterus would scream no, every time you talked about children. And I was like, well, what is happening?

Am I going to have children one day or not? And I was getting close to that age of 35 where fertility drops off of the cliff and all of that. So I started researching for myself, what can I do to preserve my fertility?

Should I freeze my eggs? Should I have babies with the wrong guy? There were a lot of questions on the table. And what I decided after nine months of a deep dove into all the studies was actually there's a lot that natural medicine can offer for fertility.

And I'm not having babies with this man. So I went through a divorce and waited till the right person and eventually had a child eight years after that point.

So it's you know, I got into it because of my own struggles. But what I realized in the process was just like women are not being empowered around their fertility.

Right? Like everyone. It's almost as if there's this message being sent out. Women are are smart enough to, like, figure out our cycles and understand what's happening in each part of our cycle.

So we dumb it down. And instead, what I found is that women want to know, like we want to know what's happening in our bodies month after month. So what I've come away with, it's really that there is so much that we can do to support women.

And for all of those that are struggling with fertility, there's just so many possibilities of supporting fertility in a natural way regardless of whether they want to have babies on their own or go to IVF.

There's still a lot to do before they get to that point. Oh, I 100% agree that you need to prepare even if you're going into IVF. Right. So what can you do just in terms of preparing women before they even try to conceive like we'll call that preconception process.

So then we'll get into like, what if they conceive? What are we going to do? But just for every woman out there, maybe she hasn't even started to try.

But what should she do to prepare to just to get healthiest before she even tries to conceive? Yeah, I think first starts with reflection. Right. So if we can start with what does my cycle look like on average? What am I bleeding for?

How many days do I bleed? How frequently do I bleed? How many days in between the cycle, day one and the end of that cycle before I start my next period.

And we want to look for regularity, which with PCOS women, a lot of times that regularity is, oh, I have a cycle every 60 days or of a cycle every 45 days, and that's better than irregular.

But we still want to get to a point where cycles are about every 28 to 32 days. So I tell most PCOS women, as we as we heal and as we regulate your hormones, you should start having cycles that are a little bit closer together.

And we may not get to the magical 32 days. You know, if they started at 60 days or irregular cycles, we may get to like 35 days and we can be okay with that.

Preconception health and cycle regularity

So to each woman, her own body needs to be in sync and have the the flow of hormones through the month, which I know we need through this term of hormone balance.

And I've been moving away from that into hormonal harmony, which is like at different points of our cycle. Different hormones should be in rhythm with each other.

And if we optimize that rhythm before a woman starts trying to conceive A, the chances of her getting pregnant are going to be better. But B, we're going to help support the health of that baby and the health of the pregnancy and carrying to full term way better if her hormones are synchronized.

And and then the other piece is really all of the other factors of health, right? So I think about like blood sugar, insulin, how's our Weight, how's our thyroid.

How are our adrenals? So many like underlying things that I think a lot of times we write off or I've at least heard so many clients write off and say, Oh, it's just because I'm getting old.

And I'm like, You're 30. That's not getting old. You're not in your dear old. So if we can really, like, encourage ourselves to just reflect and say, actually, like, maybe it's not normal that I fall asleep at the wheel driving home from work, or maybe it's not normal that I feel exhausted before I have my four cups of coffee every morning.

If that's the case, then those are the things that we want to get to a point where we feel amazing in our bodies because we're going to have healthier babies.

Oh, for sure. Now, you brought up many times the cycle, of course, the menstrual cycle, that amazing process in all of it, that it happens in the majority of women in a routine, normal way.

But that's not the case for so many women with PCOS. So maybe you could explain to our PCOS viewers out there, so why is it that women with PCOS don't have regular cycles?

What's what's going on in their bodies? Well, there there are too many things that could be going on. One is that there is a insynchronicity between the building of different hormone signals between the brain and the ovaries.

And I say building because in, let's say an average cycle FSH or follicle stimulating hormone is going to stimulate the ovaries to produce eggs. Right.

And as the eggs grow, estrogen goes back and signals the brain like, hey, we've got enough eggs. Thank you so much. And the signal, the estrogen surge helps to shift the signal from FSH to LH, which is luteinizing hormone.

And then luteinizing hormone goes down from the brain to the ovaries and says, hey, push out the eggs, we're ready for ovulation. The egg goes out, and then the shell of the egg that's left behind produces progesterone for the rest of that time in PCOS women.

There are variations of pattern that could be happening that are keeping her from essentially ovulating when she should. Right. So part of what I've noticed is that women with PCOS sometimes aren't having enough of that follicle stimulating hormone to actually signal that the making of those eggs and they're estrogen deficient, which is crazy, because so often on social media, there's all this messaging about too much estrogen, too much estrogen, too much estrogen, and we make it out to be the bad guy.

And I know you agree with this. It's like estrogen isn't the bad guy. Estrogen is only the bad guy if it's out of synchrony or out of harmony with where it should be in that particular stage of the cycle.

So we want that estrogen to build. And if the follicles aren't growing and developing into eggs, they're not producing that estrogen to take it back to the brain to actually cause that signal to shift to LH.

The other part is that LH is also sometimes just extra elevated. It's like the predominant hormone. So then there isn't really that surge that happens.

Instead. LH is just present. It's present all the time and it's present in high levels. And what that can do is suppress or make it harder for the brain to understand and like, Oh, I got to shift to the ovulation signal so the signal just never happens.

And then the last piece of it is because these follicles are sometimes not the best quality. Even if our ovulation miracle miraculously happened in PCOS women, they will go on to have not enough progesterone being produced because the quality of that egg and the quality of the corpus, Lou, the of the shell of that egg that was going to make progesterone is a little bit wonky.

It's like not doing the best job that it could to make the progesterone. So now we have in the latter part of the cycle not enough progesterone, which then makes it way harder for conception to happen and definitely makes it harder to carry to term.

So there are many parts of that cycle that break down when a woman is struggling with PCOS. And honestly, like if there were one pattern, it would make sense.

But with women that have PCOS, there are multiple layers of these patterns. So it could be like, Oh, the ovaries are insulin resistance and that's going to make the LH high, it's going to make testosterone high.

So there could be other signals or other hormones that should be interplay and in harmony with our mean reproductive hormones. But when they're not or they're signaling different things, then the ovaries and the brain just have more hurdles communicating with each other, with each other.

And at that point it's like, okay, what do we do? We got to break this apart and figure out like at the core of it, where is the breakdown?

Why PCOS disrupts ovulation and progesterone

Is it too much testosterone? Is it too much insulin? The insulin resistance? Is it the thyroid rate? Is the thyroid the issue in why that signal is breaking down?

So if we can get to the level of we understand better what the overall symphony of hormones is doing, then we can figure out how to tweak the hormones to get to a place where the cycle becomes more regular.

And with PCOS women, I think a lot of them become cause they were given birth control when they were younger just to regulate their cycles. They never had the opportunity to correct the harmony of those hormones.

So when they get off of birth control, they're like, What? Why is this not happening? I didn't realize this was an issue. And the birth control, in my opinion, has contributed to that breakdown between the brain and the ovaries communicating really well.

So we want to restore as much harmony as we can to the point where all of those signals happen in synchronicity with each other when they should happen.

Well, for sure, what I'm hearing is it's really complex that you're talking about feedback systems involving the brain, the pituitary, the ovaries, the production of hormones in these different sites like the pituitary or the ovary or malfunctioning for various reasons.

And it's not just one cause. And then on top of that, there's this what you mentioned, like the quality of the egg. If it's not just having an egg, it's like, how good is it?

How healthy is it? So for someone out there who says, oh, my gosh, this sounds overwhelming. You know, they have very irregular cycles. They probably are insulin resistant.

Maybe they have Hashimoto's, you know, they have an array of metabolic issues. Where do you start? And, you know, what should somebody be like thinking the timeline for something like this might be.

Yeah. So in general, I think we got to start with what is the the where is the core dysfunction? And for a lot of PCOS women, I think we have to start with the gut blood sugar insulin regulation because if that's not functioning well, all of the other downstream pieces are not functioning well.

So that's generally where we like to start. If those things are good, if we're like, okay, we've checked it out, those things are working well, great.

Then we go to the next piece, which is let's get the the symphony of hormones playing their notes at the right time. And that might take sometimes like six, seven months to get to a place where they're all in harmony.

So PCOS women on average will spend an average of like eight months to get to the point where we can say, okay, you are optimally fertile and this is going to go really well versus the average non PCOS fertility person is going to be closer to 4 to 6 months.

So we're looking at a longer timeline and just needing and I warned the couples that we are working with like hey, this is going to just take longer. You already know that this is happening.

It's going to happen like PCOS. Often like women are told, oh, you'll never get pregnant, you'll never have babies on your own without intervention. And I'm like, That's so far from the truth.

Like these women can always get pregnant. Like, eventually they will. But it really, it sometimes takes so much longer and it really test the patients that we have internally to say, hey, like I'm just going to be patient with the process and know that at the end of it I will have a good result.

But if I don't do the process, if I skip over the steps, then I may me get pregnant, but it may still end in a loss. So it's really it's important if you already know that you have PCOS to know that you should start from the beginning to work with the specialist and plan for a longer period of time to conception.

So if you're if you want to have babies at 33, maybe start planning for this at 31, 32 so that you're not in that place of like anxiety that it doesn't match your life plan?

Well, absolutely. You know, so often they say, well, if you're in a certain age group, why don't you try for a year, you know, and then if you don't get pregnant, then go see someone like you.

Right. That sounds like very bad advice for a woman with PCOS. But, you know, that's that's what happens, right? You know, they go to their HMO, they're told, well, you know, you're 28, so just give it a year.

It's like, no, you know, that's not it. Or they go off of birth control pills and want to try to conceive the next month. Right. So you got to do this.

This really long term prep. Now, if we think about this prep like these several months that you're really priming the body to become more fertile, you know, I know people look at different things.

They look at nutrition or fitness or sleep or stress. So what kind of things do you look at in helping women to become more fertile? Yeah, so we want to look at all of it.

And by all of it I mean that we want every area of the body from gut to adrenals to thyroid to neurotransmitters to the vaginal microbiome, in addition to our regular hormones and the liver, right?

Like we want every major part of the body that has anything whatsoever to do with fertility or the health of the future. Baby, we want that to be at least looked at, at least to say, hey, is this part functioning okay?

And the number of times like cholesterol is off the charts or insulin is higher than it should be. And I tell these women like, let's work on it. It's not going to take that long.

And they're like, But why? Like, I don't need to do that because I'm trying to get pregnant. It has nothing to do with getting pregnant. And I'm like, Well, if your liver is not functioning well, it's not detoxing the things that you're exposed to in your environment and the hormones that it needs to metabolize and detox out of your body.

Not happening very well. If we don't take care of that part, then we predispose your future baby to things that it shouldn't be exposed to. So if we can handle every part of our body and we haven't talked about the guy, but the guys are part of this also and they also need the same like let's just make sure everything's functioning well.

Let's do small tests or assessments to make sure that you don't have high liver enzymes or you don't have high insulin or your methylation pathways are working correctly, like just simple things that can be checked in basic lab work that your doctor could order but probably didn't.

And if we can test these things, then we can have a sense of like, okay, we've checked that off the list. Let's focus on what do you need? Like, do you have a high enough sex drive?

Do you have enough energy? Do you sleep well for men like those three things are crucial. And I just saw I just saw a study that was talking about men with circadian rhythm imbalance.

Basically, they their sleep wake cycle is not functioning super well are are less likely like 40% lower sperm count motility and morphology just because their sleep system is dysregulated.

But we understand that men are driven on a circadian rhythm.

Finding the root causes and planning ahead

So if there is circadian rhythm dysfunction which basically shows up as can't fall asleep, can't stay asleep, wakes up tired, any of those are dysfunctional circadian rhythm signs.

And that's enough to shut down fertility like body goes, this is not important. I need to figure out how I'm going to survive. I do not need to produce another child.

So it's really so important for for the the male side of this. Like just as important as the woman I know. I'm glad you brought up men. I know statistically, it's about equal between male and female contributors to infertility for a couple.

And then many have both. You know, it's not just one. It's always, you know, can be much more complicated. Male and female may both have issues. You know, low sperm count is now a huge problem.

And not just the count, the motility, the morphology, all of that. So I'm glad, you know, every woman out there with PCOS, don't forget your partner, his health and his sperm tremendously to the success of this project right now.

One of the things he did, which almost never gets talked about. So you just, you know, really piqued my interest because it's one of my interest and that is the role of the vaginal microbiome and fertility.

And we know well, we, you know, in medical the medical arena that when women have b.v or bacterial vaginosis, they can have more infertility. And if they do get pregnant, they have a higher rates of preterm labor and delivery, which also happens in women with PCOS.

They have very high rates of pregnancy related complications, high rates of miscarriages. So can you like introduce what the heck is the vegetal microbiome to all of our listeners and what can we do about women with PCOS?

Have so many yeast infections. So what what kind of testing do you do and how can we fix, like a messed up vaginal microbiome? Yeah. So the vaginal microbiome is kind of the cutting edge in fertility in women's health right now.

Right. Like all of us doctors that geek out, love geeking out on the microbiome. And the vaginal microbiome is just one of these areas that was surprising to researchers because for the longest time, and I remember learning this in school, the uterus is sterile, right?

Like we would hear these messages of it's sterile. It's sterile. There's supposed to be nothing there. And what we're finding is actually there is supposed to be something there, but what is there? And what's fascinating to me is, yes, there are PCOS.

Women will have often yeast infections which have to do with the microbiome imbalance. And the the short way of think that I think about this is the gut microbiome needs diversity.

It needs a variety, hundreds of different types of microbes in the gut, some of which we don't even know how to measure yet. In the vagina, it's the opposite.

The vaginal microbiome does not mean diversity. It needs only a few handful of specific microbes that are like the healthy microbiome, quote unquote. And I'm putting it in quotes because who knows?

Like, we don't know all the details yet. But what I what I'm finding most surprising, there is a test which is basically a swab that is you kind of stick the, swab up the vagina and kind of get to the cervix and do a little sample.

And based off of that, the lab can do like PCR analysis basically to figure out which microbes are present in what capacity, like how many of them are present.

And what I found is that the women who have symptoms, of course, have microbiome imbalances. But there are hundreds of women that have no symptoms of vaginal yeast infections.

UTA is they literally like, nope, never had an issue there. And they also have microbiome imbalances. And the most surprising for me is all of all of the microbiome vaginal microbiome research is still it's still new, right?

Like we're still learning so much. So there's a new studies all the time. And what I found is that sometimes we'll see these, like, weird patterns and we go and see if there's any new research about it because the field is just changing so quickly.

So one of them, one of these women infertility for three years had not been able to get pregnant and like hormones were good. There was nothing that we could point to that was like, Oh, that's the issue.

We got her vaginal microbiome study back and we say, Oh, lactobacillus, inners is what the results said. So I dug it up because I was like, It's 100% lactobacillus.

Anna's lactobacillus to me initially I was like, No problem, that's great. And then I go and look it up. And what I found is that specifically, if lactobacillus enters was present for African-American females, totally normal, totally

fine.

Not antithetical to fertility for everyone. non-African-American lactobacillus inners was anti fertility. And I was like, What's like it's just so inconsistent and like so random to have this differentiation between even our genetic inheritance that then has a role to play in whether or not this microbiome is normal for us or not.

So it's it's been mind boggling to just test everyone because now we're realizing a lot of these women don't have symptoms.

Whole-body fertility assessment for women and men

So we just test everyone so that we know and then if we can or if we need to, when we see these, like, weird patterns that we're like, well, is that related to something, then we have to just go and dig up the PubMed studies and see if there's any new research about it because that that landscape is so frequently evolving.

Yeah, I mean, it really is the great new frontier of women's health. The vagina has grossly neglected. And it it is. I mean, I'm trying to keep up with this field.

And I mean, there are things that we don't know. We just have to use our own intuition, like, you know, maybe use organic pads for a while, you know, don't put things into the vagina.

And certainly if you're going to use a tampon, try to make it organic and think about lubricants. Some of them actually can be spermicide, Zoraida. Who knows what some of these lubricants can do and the chemicals and they have laws in pesticides, you know, you know, or they have preservatives and all kinds of things in them that could kill your wonderful friendly or what we call commensal microbes.

Right. So it's so interesting. And I know I read a study that in women who get gestational diabetes and pre-eclampsia, the microbiome of the placenta is different.

But of course, you don't know chicken or egg, you know, which came first, the abnormal microbiome or the medical condition, you know, that was abnormal in pregnancy.

So it's fascinating. And definitely everyone out there, you know, think about everything that is coming in contact with that region. Right. It's like such an under a appreciated but really important area and birth control pills. Right.

Or the types of IUDs can impact the microbiomes. Right? Yeah, absolutely. The whatever is going into our vaginas is going to have an impact. And I love what you said about the tampons and pads, because cotton is one of the biggest sprayed plants with glyphosate.

Glyphosate, we know from gut health research that it destroys the microbiome. So if we're using non-organic glyphosate, glyphosate sprayed cotton and inserting it into the vagina or even close to the vagina, it's enough to disturb the the harmony of microbes that are supposed to be in our vaginas.

So absolutely. And and I think, like a lot of women say, oh, you know, like it's uncomfortable or it's weird or I have some like discharge after my period.

That often is an indicator that the like, yes, your cycle will destroy, disturb the microbiome, but also like whatever you use during that cycle may have disturbed the microbiome.

So just realizing that even those symptoms of like, oh, I have like two days of discharge that smells weird or something like that is enough of an indicator that something was disturbed in the microbes that are in the vagina. And we just, we, we have to eliminate as much as we can so that we can restore the harmony and not disturb the microbes as much as we can.

Well, your story of the the infertile woman for three years who, you know, her life was transformed through changes

in her vaginal microbiome is, you know, really resonates and talking about, like you mentioned, like the gut microbiome.

So I'm sure that's a very important part and and food now sometimes people talk about, well, certain foods or like fertility foods or a fertility diet.

What's your position on what to eat and just get into like people talk about seeds, you know, like what's magical about seeds or are they magic? Is this like folklore?

Well, the seeds that they're talking about, there's a thing called seed cycling. And theoretically there are nutrients and hormonal impacts of these seeds.

They're very, very mild. Right. And I, I, I will tell women like, listen, this is not going to harm you, but if you have severe imbalances with your hormones, is seed cycling going to fix it?

Probably not. Right? Like let's just be real about it. Like, it's great to do. It will help. It will like slowly shift your hormones towards more balance.

But seed cycling is not going to magically fix hormone imbalances. So I'm not opposed to it. But I also am not like, Hey, this is it. This is what we give you to like help address your hormonal balance.

Like, no, we didn't. And then the other part of your question I forgot the gut. Utility, the fertility diet, like, oh, their. Diet. Yeah, sexual. Food. Yeah, yeah.

I mean, anything with the antioxidants, which is basically like all of our fruits and vegetables are going to be core and central to helping support fertility.

I say to our clients, more vegetables and fruit, right? Like it a lot of times we've grouped together fruit and vegetables, 8 to 9 servings of fruits and veggies.

And I'm like, Yeah, let's make that like 1 to 2 servings of fruit and the rest of it as veggies. And that's a very different dynamic because a lot of people are like, Wow, that's a lot of veggies.

Well, yeah, you got to eat your veggies, you got to eat a variety. And really we can extend that to like plant based foods. So if for me, I'm like if once a day I can get people to eat a plant based meal that is high in fiber, that is not processed.

So we're not talking about bread and pasta, but really like a whole some plants, lentils, beans, occasionally brown rice, things like that. That's going to help support the microbiome in the gut.

It's going to help support our hormone. It's going to help increase the amount of plant foods and fiber that we're getting into our diet. So that that to me, it's become a really easy thing for people to do.

And I find that a lot of people have been feared into not eating carbs, which for fertility is not what you want to do. Complex, unprocessed carbs will actually support the production of progesterone.

So we don't want to cut out a whole food group called Carbohydrates.

Vaginal microbiome and fertility

We just want to make sure that they're non processed and but still eat them, eat them. They're vital, especially during the luteal phase. So a lot of women with little phase, the effects were like, let's see how we can get you to eat more complex carbs.

And they're like, What? Like to eat carbs? I've been paleo for so long and I'm like, Yeah, that that may be part of

the issue. So I, I'm a believer that we need to make sure that the balance of diet is you're getting all the major food groups.

You don't need to cut any food group out except for maybe dairy, which has lots of issues with hormones. But other than that, eat all the food groups, eat the eat them in the form that they were made from the earth.

Don't eat them in the they're like processed for that takes all, all the nutrients out of it. Even wheat. Right. Which sometimes had such a bad rap with the gluten and all of that that I saw a study recently that they studied wheat like Kurt today's wheat verses ancient camel which also has gluten.

But is it like just different profile of nutrients compared to this wheat that we put out today? So if we can eat like the wholesome forms of these foods, they're probably not going to be negative.

And I'm not saying everyone go out and include it, but I am saying that we may not be needing to stay away from things that we hear like buzzwords in our social media world.

But instead we need to focus on what form is this food and and like how much processing did they do in a laboratory to get to the point of where I'm finally receiving it to eat it?

Yeah. I just want to give you a hug because I'm always defending pull ancient type grains, you know, like millet and buckwheat, which can bring in my own US style.

And, you know, they have quinoa. There's so many wonderful ancient type grains that are just shunned by people who are anti car. So there's different forms.

Assuming you don't have celiac, you know that you don't have right. That that's a whole different thing. So, you know, big hug to you and you know so one other thing just touch on like people talk about, well, just go on a vacation and relax and then you'll conceive.

So can you touch on the role of stress and how do you incorporate any mind, body medicine in your fertility practice? Oh, thank you for asking that. That's great.

I think that this like idea that we're just going to go live in a bubble for a little while, which is going to be relaxing, first of all, which if you talk to most of my TV women, they within days they would be like, Oh my God, I'm itchy.

I got to go do something. So going to quote unquote, just relax is probably the worst advice that we can give women. And I, I started to, like, break down.

Why did this advice come about? And I think it's what we're talking about is not really relaxing. It's actually like an active form of something that I would call is closer to surrender, which is very different.

Like the energy of relax and surrender is very different. And surrender to me comes out of the feeling of nourished, safe in our bodies and a trust that we and our bodies are designed to do what it is that we want to do.

We have that ability already, but a lot of times we've been told like, Oh, you'll never have a child, oh, you're over 35. That's never going to happen.

So we're like the medical world and often the news and all of the things that we hear around us take that trust away there a little bit harmful because instead of helping gain that trust back into our bodies until like, Oh, my body was designed for this, if I can stop hearing all of those and focus on what is my body saying and for let's take a PCOS woman, for example, if she goes from 60 day cycles to 30 day cycles where she's like, Oh, it's been a few cycles where I'm bleeding every 30 days I see my BBT charts, my basal body temperatures, and I see that I'm ovulating.

I see a nice luteal phase. Those are all reinforcements that if she is getting empowered, then someone is is reflecting back to her and saying, wow, that's amazing.

Like your body is starting to do what it should do. And then she can get excited and say, Oh yeah, like, yeah, I am doing that. And the level of trust that builds really allows for that surrender to happen.

And when that surrender happens, it's a lot easier to get pregnant because now she's not stressing and constricted around, Oh my God, is this ever going to happen?

And instead she's like, Oh, but I'm ovulating. So that's a good thing. And I and I see that month after month, my hormones are regular. We teach the women how to read their basal body temperature charts.

So they will often look at their charts and be like, Hey, doc, it looks really good. It looks good this month, right? And yes, actually looks great. Thanks for affirming that.

Or they see little like fluctuations and they may say like, oh, there's something I need to tweak. It's like going awry again. So then they can be in the driver's seat of really understanding that their body is giving them that signal every single month.

So they're not in the guesswork of am I doing the right things? If you eat a crappy diet, we're going to see it on your BBT charts. And I'm literally going to be the first person to be like, You fall off of your food plan.

They're like, Oh my God, did you?

Nutrition, stress, supplements, and where to find Dr. Simmons

It's all cameras in my house. How do you know that? I'm like, I see it on your chart. You cannot lie to me. There is literally no way that you can over, you know, like go over that and skip over that.

So really I think that like helping women get back to that place of trust in their bodies. And as they are on the journey of healing, they see the reflection, they see, oh, my cycles are better, oh, I'm sleeping better.

Oh, I don't have bloating anymore. My blood sugar is better. I like so many things along the way that are going to little indicators that are helping to give that trust back.

And if we do that effectively, she will get to the point where she's like completely in her power and there's no woman that has gotten to that state and not gotten pregnant.

Oh, well, I love that. You know, just your patients, these women feel that they have some control. You know, so often if you're the patient, there is the doctor and the doctor gives you stuff and you just do, you know, whatever is told to you or you take something you don't really know why and you're just feeling victimized here.

These women are feeling empowered and they see control of their own bodies and their own destiny. So I love that and understanding that you can change the course of the trajectory of your life and your fertility is so like stress reducing, right?

Just to know that you can take charge that you're not like in a world of, you know, things happening that you have no control over. So I love that. Now I have to I mean, you're an actor, empathic doctor.

I have to touch on what particular just a few say supplements can do augmentation of fertility. Obviously, they're called supplements for a reason. They're not replacing they're adding to all of these other amazing things that must change in a woman's life, improve her fertility status.

So can you share with our audience a few key supplements that could help to improve fertility? Absolutely So for PCOS in particular, there's probably three that are there's so many, but they're my top three would be Myo Inositol combined with D-Chiro Inositol, like a 40 to 1 ratio.

That's been what research has said. And Myo Inositol supports insulin resistance are improving insulin resistance,

blood sugar control, ovulation support, cell age and it supports egg quality.

Like you get a lot of benefits from just one thing. So that was my first one N-Acetyl Cysteine is probably the second and there are studies that have shown combining Myo Inositol with NAC have better outcomes.

So we should probably do that. So that's my second one. And NAC is a precursor to glutathione so it will support the liver function which oftentimes like we talked about this earlier, like supporting the liver helps support hormone harmony.

So that's a good thing. And then it will also support egg quality. So it's a really super potent antioxidant and it has some impact on blood sugars. So again, like the idea of hitting multiple things with one supplement I'm a fan of, so I like that one a lot.

And then the third one is probably like chromium because it specifically will help support blood sugar and insulin dysregulation, which often has a lot to do with PCOS.

So chromium, we usually until we know for sure if they have insulin resistance, if they're deficient in chromium, then it's helpful. Otherwise it may not be, but it's a good one to have in the back pocket just in case.

Well, those are three prime ones that I love as well. And I have to bring up one other because it's been lately the news, as everyone out there knows, there's been this will say this overwhelming use of certain types of drugs that are called in.

Incretins or they're GLP1 agonist. So like they're mimics of this little like peptide slash hormone that the gut makes that has a lot of control over fat burning appetite, insulin production and so on.

So some people have talked about Berberine as a potential replacement for this drug, and Berberine is often used in women with PCOS. And so maybe you could just because people have heard of this, a lot of people out there like berberine like what is Berberine and does it actually have a role and do you use it?

Yes, I do use that, actually. I love Berberine. I think it's a really great way to support, again, blood sugar, insulin, weight loss. It also will support the microbiome a little bit because it has the anti bacterial property.

So you get a again like lots of benefits from one supplement or one herb. Now everyone to appetite is whetted by this conversation and they know that they need to learn more and they'd like to maybe learn more from you.

So how can people find you? And and follow you and what can they do if they want to work with you? Yeah. So are the best place to find us. Is Instagram actually.

And I'm @holisticfertilitydoctor. I'm on TikTok and threads and all the places. Same, same handle @holisticfertilitydoctor. You can reach out to us there.

We're pretty easily accessible on chat, so that's probably the best place to get started and then we have some like free resources that we can share if people are wanting resources to help educate themselves.

Well, I think you're going to have a boatload of requests. So I think that's coming. And do you have a book out there? I do, thank you for reminding me.

I, you know, areas where you forget it. It's called Fertility Secrets.. What your doctor didn't tell you about baby making? It's a really easy read. So you should be able to read in in a day.

And women have really there have been lots of women that will write right in and say, thank you so much. I got pregnant just following what you told me to do in the book.

So it's all very exciting. Oh, well, yeah. I couldn't let you leave that out, so I can't thank you enough. This is so

wonderful. All this information that women, you can take charge.

There's so much you can do to improve your fertility. And even if you're not trying to have a baby, this is all fantastic advice because remember, fertility is a vital sign of health, of reproductive age women.

So it's just really great to be fertile. So thank you so much and I look forward to following you on Instagram myself. Thank you so much for having me.

Dr. Gersh.