Overcome Your Infertility Challenges Transcript

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Intro to the infertility case study

Let everyone welcome back for another case study. We're talking about an actual patient and how they were able to resolve their infertility issues, which is a really cool story.

Now, keep in mind, if you didn't watch the previous case studies in order to protect patient confidentiality, we're not using their report. We're using mine.

We don't want their name to show up. It shows up on the report. And so we're using my report. We found somebody who has the same genetic profile as be in a particular area and we ask their permission to tell their story.

And so I can use my report to show you what that profile looks like.

Androgen-dominant hormone profile

So we're going to look into hormones to show you how we were able to resolve somebody's root cause infertility issues. So if I go through the portal now and dig into the hormone section.

When I go to the summary, I'm going to show you, first of all, the profile they had and then we'll speak to what was going on. So like me, they were androgen dominant.

This is the avatar. So it's not a gene. But if you take a collection of hormone genes, the cascade and add them together, you get me and also this patient, which is androgen dominance, meaning leaning more on the testosterone side.

And why is that happening? Well, fast conversion of progesterone into testosterone, a heavy, heavy pool of testosterone. So the hormone levels are high to begin with, increase in binding the ability ability to utilize the androgen receptor and the ability to actually utilize that testosterone, very efficient.

Then you see slow conversion of androgen into estrogen. So this whether you're a man or a woman, we go through the same cascade. Progesterone goes into testosterone goes into estrogen.

And these are the genes that determine with what efficiency you do each one of those steps. So this person had the same profile as me. Fast conversion into testosterone efficient binding, and they had this slow conversion into estrogen.

Why IVF hormones worsened the problem

Now there's another layer of this which is really important, DHT So when you make testosterone, you could potentially convert it into estrogen, but some of it may go down the DHT route.

DHT is a potent version of testosterone. Dihydrotestosterone, as it sounds right here, which gives you that sort of manly man ripped silk, six pack, and you can see your shoulder muscle fibers, very hard to store fat.

So when we produce some of this, that's the profile. So like me, actually, this person had a fast so even slightly faster than me. I'm a median converter, they were a fast converter.

And then these are the genes are clear DHT and they didn't clear it so well. So now I have this profile of somebody who makes a lot of testosterone, binds it efficiently, the body uses it does not convert into estrogen.

They make a lot of DHT more than myself and they don't cleared. Well, now put that profile, which sounds like Superman into the female reality, the female context.

All of a sudden you have someone who is struggling, would spend several hundred thousand dollars on IVF treatments trying to get pregnant, solving the wrong problem.

They were putting progesterone into their body, which their body converts into disaster. And this is part of IVF. IVF treatments like let's give you progesterone, because we think that that's what's going to help you have your hormone levels.

Right and develop that lining that you need to get pregnant in the, you know, the uterine lining. But if your genes are instructing to take that progesterone and convert it into testosterone and there's other genes that are saying, no, we're not going to turn this into estrogen, are you actually getting the outcome you're seeking?

So this is where personalization hormones, whether you're taking hormone replacement therapy or IVF like this person was, or you want something like a birth control pill, not understanding, what do we be doing to your body?

Very important to personalized anything in terms of hormone intervention. So this person did not have the estrogen hormone levels, the estrogen ization required in order to have that healthy lining.

Using supplementation to restore estrogen balance

And the solution was incorrect. The solution was just giving them more testosterone and putting them into the DHT path. So the challenges this person, when they were under IVF, also started to lose their hair and get acne because the hormones they were given was androgenizing them even more.

They were getting even more DHT, which led to horrible skin issues and led to hair loss, as we said earlier. So all we had to do, this person already made a lot of healthy androgen, so they already made a lot of hormones.

The challenge is that one day not one sorry. CYP19a1 Gene, which then opens a tap on turning those testosterone into estrogen, was Shah. So there were just simple supplements required.

Simple supplements required to open that up and allow that gene to function properly. So it was a gene expression management issue by adding supplementation, there's a product we make and you can get the ingredients and get it on your own.

We call a female a so androgen dominant and it allows this person to turn that tap on supply. 19a1, works 19a1 works faster. Testosterone converts into estrogen, the hair loss goes away, the acne goes away, the estrogen levels increase.

They get more estrogen rise. They feel like they have better skin. They feel like they have more female features, let's call it body type changes. And most importantly in this particular person's case, they now have the lining, the uterine lining.

They actually require at a healthy level to get pregnant. And guess what they did? They actually that's all that was required. They did not have a quality issue.

They did not have a call it a medical issue. They were just highly androgenized and the treatment that they were being given. So if this person went along and continued just trying to get pregnant, they probably would have eventually.

Outcome and broader hormone personalization lessons

Right. It it just more difficult for them, but not impossible. But the fact that they went for this IVF treatment, they put hormones into them that energized them even more because the intention was not correct.

The doctor was doing what they thought was correct, but they didn't understand the personalized outcome of what that person's body did with those hormones that were introduced.

And so they were pushed further into the problematic profile of highly androgen highs and thus the estrogen. Right. And so they were they got even more challenged by the thing that they thought was helping them.

All that was required was using the innate hormones and putting them in the right place with simple supplementation, which is perfectly healthy. So this is true for a lot of the female hormone conditions, whether it's a rocky menopause, whether it's, you know, crazy PMS and monthly cycle, that's sort of horrible for some women.

And so for some women, it is a whether it's fibromyalgia, polycystic ovarian cysts and which releases lethargic and energy, energy issues at different parts of them.

But it doesn't always, and I would say very rarely need an external addition. You often can just adjust what you already make by managing gene expression and then be at optimal levels.

So we just have to sort of turn types on and off using supplementation. And it's simple to do. It starts by understanding, of course, your hormone cascade.

So this is another example of somebody resolving a major issue with the root cause. Then we'll see you get for the next.