Dr. Uzzi Reiss, MD - Peptides and Fertility Transcript

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Introduction to infertility and peptide summit

Hi, it's Doctor Ken Holt. Talk with another episode of the Peptide Summit. Today my special guest is Uzi Reiss. He's going to talk about infertility and how peptides can optimize your chances of getting pregnant, even after multiple fertility treatments.

And it's not just peptides as well. It's, numerous interventions. And we've seen the same thing that people try multiple IVF, don't get pregnant, come in, optimize a number of things.

And they get pregnant naturally. And these, fertility doctors are just missing it all. And then also, we're going to try to fit in, on, finally breaking free, PCOS with peptides.

So, the doctor ice has been been around. God, I've known him for. I don't know how long see them at all the conferences. He's an esteemed, internationally recognized obstetrician gynecologist.

He's author and speaker. After serving in the Israeli army as a paratrooper, paratrooper officer, his badass, Doctor Reece began his studies in Italy and Israel.

Later, when he was postdoc, work at New York's Albert Einstein College of Medicine over his career, doctor Ice, then at the forefront of medical innovation, coauthoring research related to the role of prostaglandins and the cessation of premature labor.

He's been in private practice for over 30 years. He's basically the OB to the stars. And he's been, become a champion of the safety of biological hormones to treat PMS, menopause, other hormonal symptoms and a benefit, benefits, nutritional, regenerative medicine, indeed is spoken widely to academic audiences.

I've heard him speak a number of times and is a great speaker. Really around the world, testing to is how his approach to better the well-being and lives of thousands of women, that he has treated.

He is author of four highly acclaimed books with the fifth, The Truth About Estrogen. Is, forthcoming in 2019. We'll hear about that. Which is a controversial topic, but he just packs in the literature and supports his stance, you know, with with study after study after study, he shared his message of holistic wellness, empowering women to embrace their health, and prevent disease.

He's married since 1982. Maybe that's your biggest accomplishment. No kidding. But, Doctor Reese, the father of three grown children and grandparents at the five, and he lives in the Los area.

Makes now, well, welcome. It is. It's so good to have you on. And, yeah. Thanks for being on the end of a long day. So. Infertility. Okay.

Antioxidants and circadian rhythm for fertility

You know, infertility is today a big issue because we conceive too late. And the solution is very simple. You can't get pregnant, but we'll do IVF and you'll get pregnant.

But this process is so complicated. It's so expensive. It's not successful all the time. The success is relatively low. While we forget simple fact, like, if you take infertility, it's basically related to imbalance between antioxidant and free radicals in the body.

This imbalance cause problem with implantation because problem with fragmentation of the egg cause pathology in the embryo was difficult to implantation in every aspect of fertility.

Get affected by this. Is that women are told, oh, you only have so many eggs and that's it. Well, we know it's not so much not true today. Yeah. You're doing more work with me about, PRP and stem cell.

They take today women in menopause, full blown menopause, no arguments. Menopause and injecting stem cell a PRP of over. And many time and more. No, but the science is growing.

They they develop eggs that can be extracted and later on manipulate it, then put in the uterus. And this 55 year old woman, they never want to get pregnant.

And after she goes into menopause. Try to do anything she can. Yeah, she's pregnant with the embryo. That's the egg was extracted after a woman goes in menopause.

Well, no one believed. And. And there are more and more places we are doing it now. Well, it's interesting, like, I'm jumping a little ahead, but, like the study on Italian, this is a rat study.

But, you know, they took menopausal rats. They gave them the Italian peptide pineal peptide. So many anti aging aspects of that. And we'll get into it.

And about 80% of the rats started menstruating and and 25% had normal litters I think what were ethical and it affect the kids 15 and about the case 15 is basically the major peptide that affects our endocrine system.

When it's not working. We have lack of maturation of, sexuality. Women don't ovulate. I feel the appetite alone healthy. Also, people on correct the circadian rhythm.

We forget that we were born to lead in a rhythm. And the rhythm was very simple in first 100,000 years all up. And where in warm country we would wake up in the morning, we would be in the sun all day long that build a lot of melatonin.

And the minute it sun is done, we've been in darkness until the next day. We haven't lived like this for one single day. One single day. We didn't follow the circadian rhythm.

But when you start to follow the circadian rhythm, suddenly sync, improve significantly. So in the same way, if you okay, you want to wake up in the morning to a sun and be in the sun.

In the evening, you'll want to keep everything low and deep and not light. It. Now I first start with infertility with a lot of antioxidant. I measure them, but through the year I do it for more than 30 years.

Each time I added more things that I haven't used until five years ago. But we will take women. They were told they cannot conceive and they have conceived because any specific antioxidant quercetin, vitamin C, anything berberine.

Alpha lipoic acid, l-carnitine acetylcholine. If you. Taurine every one of them. And hence the fertility success. And you see it in the fact that they have less premature labor, they have less spontaneous abortion, they have less.

And normally you see today very clearly because they check in every embryo for IVF. I look at the chromosome a lot. And then the women we give an antioxidant, they don't have so many abnormal chromosomes.

And it's very obvious. Yeah. So antioxidant is so simple. It makes so much sense to do to use it. Never it's never data that it creates problem. Yeah.

And so I really like you know and it kind of all fits together with it's like everyone's sick you know.

Growth hormone, melatonin, and DHEA in fertility

And from water toxins pesticides, plastic stress not sleeping but you know that immune modulation mitochondrial

dysfunction it's all causing all this you know reactive oxygen species and and they're just overloaded and they need, you know, tons of antioxidants.

But you know, you look at it's nice if you use some of the peptides to modulate the immune system, you get your body makes its own antioxidants, you know, good day.

Indeed. When you deal when you did with peptide, you know, but the constant give of antioxidants. How many people you saved all my life. I take vitamin C, I take vitamin E to basically it doesn't benefit well, yeah.

When the body created through the peptides, when you benefit from it. Yeah. So that one simple, is antioxidant. It's a simple arm. The second arm is hormone.

The data on human growth hormone and hence fertility is significant. This is a very important issue. But I want to emphasize, there is tremendous amount of literature about human growth hormone improving every aspect of fertility.

Not only that, in the very beginning of IVF, whenever IVF had increase the human growth hormone level and the woman that received it, the success was significantly higher.

So now now, at the time that we know it and we know about peptide, people started to give HGH peptide to infertility. And here we have to be very careful because when we do infertility, we want something but 100% higher than we all like the HGH peptide, the created out of the HGH molecule because it's more convenient and a side effect many time decrease significantly.

Cancer in the body, but it can cause horrified. That what was that? It can cause a lot of anomalies. Okay. And that they even, hgh peptide because malformation with lack of with it and then separately.

So you have to remember you have to use the classic of HGH, not HGH, but that anything you use have to be bio identical. And it's very important because people forget about it, because, yeah, even the fertility doctors have been using that.

The user HGH now. Yeah. And he was just thinking, you know, growth hormone is the one thing that can't be given off label. Yeah, but they gave it and they make the so ridiculous it has to be start about six weeks to three months ahead of the time.

Yeah. No they just go with no train. So you need at least three months of it's not to have effect. It's not something that happened overnight. Yeah. And because it changes protein synthesis it's got to do all its thing.

Exactly. Yeah. And so this is really to make sure that you don't use the HGH peptide. Now do you like using the, growth hormone releasing peptides growth and releasing hormones.

Yeah. Is also dose one could cause. And normally and for some or all in and in specially a lot of unintentionally a lot of, a lot of like in mice were born without it and it's super strong HGH but that it's you because it's you, you become like, Because it's stimulating your own body's production.

It's different. It's not kind, so you have to do it. I use growth hormone for about 75 years. I don't remember the issue in in terms of side effects and not so hormone that we forget about it all the time.

It's melatonin. And again, when we talk about melatonin we talk about this circadian rhythm. This is the most abused hormone in the body because we don't have enough.

And I see the study check your melatonin. And you you know you have more than enough melatonin. Say how we can have enough melatonin. We are not in the sun all day long.

And the evening come. We are in the light again. What is it? It doesn't exist. Melatonin help so many level of

fertility. Melatonin can induce fertility.

Do you think it's. It's a combination of the, sleep and the antioxidant. Such a good intracellular antioxidant in. And do you like a battalion to raise that?

It's a big manipulator of estrogen. You know, you take melatonin. Melatonin is serum. It's same all. Every process that estradiol is built in about is so is built from strong or it's built from testosterone or it's built from estrogen sulfate.

All of them, manipulated by melatonin. Interesting. And what doses do you like to give? Okay, we know, but 40 milligram at one time, 20 40 milligram caused infertility, especially in male.

Okay. So best to dose you ever always had to remember about two transfer tolerable dose. Most people will not tolerate over seven eight nine milligram like at six milligram I tolerate at seven.

Within five minutes I'm in constant horror story. I immediately see myself in a great trying to get out of the great really. But I use 40 because when you go way beyond it, you bypass receptor.

Yeah. So if you're into high dose of melatonin, that has a lot to do. We give it a lot to cancer patient. Auto immune disease inflamed patient 20 40 milligram will never give you a side effect.

Now we have to remember we want to take it when it's dark. When you take melatonin to sleep melatonin help you fall asleep not stay asleep. So it can be repeated.

DHEA it's incredible product the data or DHEA significant. So many fail IVF came back to life with DHEA. I think they use too high of the dose. Yeah. If they use a dose they give to people, I can all of them.

For me, it's over, doesn't it? And it should be. What dose are the fertility docs do it. I know they give testosterone. They give, okay. I'll tell you something about this.

They give 75 minutes a and and, it doesn't make sense. They it's agitate. They can irritable. That's. You don't want that. You want physiological don't for don't get side effect.

Yeah. Because women convert converted to DHT, which is, you know, more potent. But people forget the DHEA. Decrease the secretary faith. It can block the production of progesterone.

So you can never give it a lot. You always had to add progesterone. Then you give the the. So many times people say I have nothing happen. You always have to support it with progesterone.

Even though dose rate for late life. Is it, affect the transfer of follicle to to be ovulating. So always remember we use DHEA also support. Well now you're saying it was very good for I thought you're saying it's very good to give for good.

But it cannot be given a lot. You have to support the progesterone and about because it's, literally kick that. That's right. So it's literally thick by itself.

Now, if you supported this progesterone, it'll give you up the benefit and will not have a drawback. The is that's what's happening with the PCOS patients.

They get high DHEA too high and they don't know that's wrong.

PCOS, IGF-1, and ovarian stimulation

That's the artery today okay. About the PCOS. It's interesting. They old thought that the high DHEA to the typical to PCOS patient. It's protected it done is a cardiovascular protective tool.

Although today there are people that claim that that's the main reason for persisting over it. And indeed to induce PCOS in mice, you give them high dose DHEA.

So that haven't been, solved. Whether Dr. J health or not. But obviously there's tremendous amount of data that if you take women but fail again and again and again, you put them on DHEA many times they can, escape the failure and this cycle can be saved.

Now, do you think part of it is, you know, it's it's great for you know, one of the treatments for autoimmune disease. Okay. Yeah. And is everything lowering and auto immune okay.

So look what we're looking anti autoimmune anti-inflammatory antiviral anti-diabetic and it's an adaptogen. It's incredible Adaptogen that when you take DHEA before you go to high elevation you don't feel the hibernation.

So you take an incredible hormone adaptogen. You give it to women at a time of extreme stress. It's unsafe, stressful. So I think it ate a lot of things.

So to the whole ballgame now. Testosterone. It's also important. That is, you have to be very limited. Testosterone, especially in the very beginning of the follicular phase.

They for five six, seven start to be in the selection of the dominant follicle. And then IGF one take over. So this is one of the peptide that are using it's IGF one.

But I usually use it from day seven to day 14 because that will select the dominant follicle. And again we should use the pure IGF one and the peptide IGF binding protein three.

Because it's not biotin. So that's and I always if I can I expected because this the team is this miracle they can keep the endocrinologists of fertility guys and wait because with case.

But yeah you keep him away because we skipped 15. You both develop the father, then you release it. And never with hyper stimulation. If we talk about PCOS, that's a pretty, I think it's a 15 to 20%.

Yeah. If you look for popular PR, it's lower, right? Right. Because that's one of the only. Very dangerous issue with, inducing fertility, hyper stimulation.

Many of the women that has, polycystic ovary, then they start to give him growing dose of estrogen in the body or very high. And this sometimes life threatening situation, they have edema.

Many times they have kidney failure. They have liver failure. And it's interesting the close of the art of this critical situation, the more likely it will conceive.

But when we use SBP, we don't need it. The likelihood of those complications is so minimal. And then how do you dose that, use point one amount like I it's not too many study and I give it.

Yeah. Until a week after ovulation because there's a data that if you add if you edit also a week after ovulation, you further increase the successful opportunity.

Now and just so for everyone so disrupting stimulates FSA LH yeah indeed it and it does it very good. We use it in men today we took our hcg away. We have I know this medicine.

It's getting very. Now other thing what about the sort and that I'm going to do introduce later mitochondrial peptide and infertility. If you take SS 31 it's a major environmental control peptide to basically every process in the body to go south.

Can reverse in certain degree. But SS 31 prevent glaucoma, improve brain function, prevent atherosclerosis, eliminate the form cell and eliminate arthritis.

Slim build muscle, break fat. Decrease insulin resistance. See improve kidney function. Prevent fibrosis of the kidney. The significantly decreased hypertension so it kind of reverse pathological situation.

But we gain as we age. I think the next time that I have person I will give him SS 31. Yeah it's hard to get it's in clinical where we get it. Yeah. And no, no.

But again, it's relatively expensive. But overall then you don't need to use the fertility drug. The whole process is not as expensive because in industrially drugs are nasty.

People feel terrible on them. They're huge swings and everything. Yeah. And and we're finding the mitochondrial boosters are I mean the key to so many things like we'll use the five amino one MQ, which, we people with bipolar, you know, OCD, chronic fatigue syndrome, Lyme, you know, it with all the diseases of aging, neurodegenerative diseases.

I mean, they all have chronic infections. The mitochondria shut down. And when you take it in the morning, you get up and suddenly you you feel useful, much more useful.

Yeah. And, and then the mitochondria shut down. You have all this, increases all the reactive oxygen species. Everything's a vicious cycle. You get immune dysfunction.

And in fact, I'm giving a talk on early thyroid. The biggest cause of low thyroid is mitochondria dysfunction and immune dysfunction. Not. But Hashimoto's.

You know, now if you look you look at it. We using a lot of sirolimus.

Mitochondrial support, senescence, and gut health

Sirolimus is one of the tools that we use to eliminate senescence. So we talk about infertility and fertility. Create your life. Senescence is was going to send us to hell or to heaven.

And one of the thing that very successful the selling of. So can you explain what senescence is. Senescence is basically the deep aging of the body. That's senescence.

There's a cell that don't move anymore. They don't do anything. Just sit there and create problem that create inflammation, create cancer. So in the Easter Island, they realize that everything that grow inside the ground over Easter Island leaves much longer.

So you have a cockroach, you live 50% longer in the ground of Easter Island. Went anywhere. Why? It's suppressed. The senescence process. So there's a common term in infertility that called our if recurrent implantation failure, then that drives them crazy because they have all those embryos that by all the calculation that healthy.

How good we know they don't have chromosomal anomaly a tiny perfect size. Your implant them and they don't think you give. So remove they kick because.

So they must enter into the ratio of 1017. And and yeah. So it's those greater and more so. So we must suppress the endometriosis. Yeah. So and so it's similar.

It sounds to the famous ins right. People. Especially if you have if you have anything. Anything, autoimmune. Look, I believe in most of the women today that come to infertility, they have certain degree of endometriosis because we were suppose to get pregnant, recipe, get pregnant, breastfeed, get pregnant, breastfeed, get pregnant.

The first five year of, medicine that I did younger residents in Israel, I think in the place with most women, that's what they did. They got pregnant at 16, 17, 18, 19, and then they got pregnant and breastfed until the mid 40.

You never seen infertility, you never seen endometriosis, you never seen breast cancer, you never seen endometrial cancer. None of the disease that we see.

But every month that women menstruate, they forget that there's also retrograde menstruation. There's blood that coming through the tube into the pelvic.

And what is the blood but come from the uterus is live endometrial cell that get implanted. So they always if you think women over 30 yeah always have certain degree of endometrial.

That's why again that's why a lot of naltrexone. That's why when people wake up. So again immune modulators because yeah it's it's thought to be autoimmune.

Correct. At least there's evidence to a lot of it. It's up to you. That's why t before bed decrease the the formation of scar tissue. The scar tissue with the endometrial.

This have a lot to do with it. That time was in one alpha would be, positive. And and you know, it's interesting when it comes to infertility the and you explain what they do, the women will take it when we come to do restorative medicine.

And you want to suppress senescence. And it's a few basic things that need it. They are reluctant. But with infertility they're never reluctant. They're because they want it bad.

And it sounds like a lot of these treatments again, are balancing this. You know, we're all everyone's sick autoimmune where that one's too low to choose, too high.

It's just everyone. And so those treatments and peptides I think are nice because they they basically bring things back to normal, you know. And so like the thymus an alpha one time with some beta for the Tb4 actor Frank, brings it up like this, PPC brings it to down and brings it back to balance.

One of the most important peptide, it seems you say in the morning, but if I like dosages in the morning because they're not bio identical, I'll tell a person I'll do it for three months and then you still are not going to get pregnant for another six weeks.

But that starts the process of suppressing the senescence. Then you can add before the time of day one Alpha, the PPC, just for the viewers. Yeah. The moral is a growth hormone releasing hormone with the growth of the racing peptide.

So will stimulate your own growth hormone production just one day. And it's, it's it's a really it produces more glutathione on it. It's not as impressive.

Are you. So much growth. So the you know what I, I have to agree that you know, a lot of patients do well at it, but I think we're finding especially the sick patients that have this immune dysfunction, that they do much better with straight growth hormone.

But the long term outcome is probably not as good. I don't know, you know, that that that, you know, people worry about cancer. There's no study. It's ever shown.

Growth hormone gives you cancer. You know, they growth hormone peptide, it show that it decreases cancer. Yeah, 100% increased cancer. And, just simple way to look at the safety of growth. And.

If I would be born 20 years early later I won't be five three today I would be five, nine, six, eight. Why they would give me at the age of five, human growth hormone.

So look, we take five year old kids and give him 2010 to 30 fold the adult dose, not one tenth of adults. Yeah. And so 5% of adults 10 to 30 for the adult dose.

And they give it until the age of 18 for 15 years. Constantly. Those kids will monitor better than any other drug they monitor for life. They never show any increase in cancer.

Yeah, yeah, 25% of the growth are children but stopped to grow because of the use of chemotherapy. They'll still get it. The age of five is huge. Tons of growth a month and we never show higher frequency of recurrence of a cancer.

Yeah. Yeah. They have a brain tumor that they're on it for that last recurrence. And it's interesting. So I'm doing a PowerPoint which kind of goes with what you're saying, how it's kind of universal is that with Hashimoto's and low thyroid that they have basically antibodies against the pituitary, low mitochondrial function.

And they also someone with Hashimoto's, they don't make growth hormone very well know, very little. Yeah. And they don't make much growth. Endocrinologist have no clue on that.

You know. And you know so so why it's not also is selective. That's it's an inflammatory factor. But you can go and eliminate all the lectin out of your diet if it will not work unless your ad time is in one of, LPN, I use a lot of immune modulator.

You love the delta sleep. And then stem cells, PRP. What we call what the gut. Using the gut plays a part. This is the ABC, you know, best data with beautiful data.

They took women that had seen lining, and somehow, with whatever they did, gave tons of estrogen. They couldn't thicken the gut unless they gave them a large dose of prebiotic and probiotic.

But the gut is everything I if somebody come to me and they want infertility that have to do full gut evaluation because I haven't seen it for for over 25 in the last 30 years that had stuff like that.

We don't have perfect. They always have something not right for. And it's not really it's not, so complex to correct the gut, but so many people have fat malabsorption, you know, the body don't absorb that.

We cannot get good immunity without absorption. A lot of it. So many, so many people don't have enough acid to break the protein. So many don't have enough enzyme, to enhance with digestion, to sterilize the food.

So many of us don't have short chain fatty acid. And the short chain fatty acids feed the brain of the gut. Feed the inner layer of the gut. That's everything.

Today we see more and more pathology in the inner layer of the gut. You all will come and say, we think that this person is obstructive. It's mean. It has obstruction in his bowel because nothing get move his swollen.

But they do study. They see no obstruction. They see no big vessel that come to the gut, occluded. But what they found that more and more is what is occluded is a small vessel that come from the most important layer of the gut.

And those people are losing their gut. You operate them and you see necrotic gut. By the way, if they would be given enough discipline, it would be safe.

Yeah. Tremendously. Yeah. And it's a gut brain access. The problem, you know, the gut affects the brain, but also the brain affects the gut. And even like, you know, fact that doing that.

Yeah, the majority have Sibo and one study, you know and there's just. Yeah. So it's a vicious cycle. That's why I like BPC and Tb4 frag is that you give those it's working on the brain and the gut you know so gets all that heals the gut heals the brain.

And you get that stuff work and it's immune system. You know I know it's a very good good balance.

Case examples and closing thoughts on fertility recovery

And, So it basically, I'm telling any general physician, or any general person on the audience, if somebody have infertility, it's like a disease. It's like you have hypertension, it's like you have headache.

You have to learn about the whole body, all the antioxidants, all the free erotica. We have to learn about heavy metal. We have to learn how you digest your foot, how you bowel, what.

And step by step you can correct it and suddenly it to get corrected. Yeah, it's like so many things and I think we've really become you know with my history with Lyme and you know, three and a half years of highest dose of I. V.

antibiotics and work, I learned it's immune system and we've become immune monitoring clinic. And lo and behold, everything gets better. You know, without antibiotics.

Yeah. Many. Yeah. And I I've seen with, with fertility, autoimmunity I mean you you know an example that's one example a one time I got a woman that came to me.

She was from very ex royalty family from Pakistan. She went to really the best clinic in the country, avid religious, Muslim at the age of 39. The professor that's very well known and respected.

Look at the I say you're never ever get back. Yeah. She come to me and I said, you know, you perimenopausal I seen women like you getting pregnant. I cannot promise you.

But there's a lot of things that you are going to do. My pleasure was the everything I would tell her. She'll do it to the lab. As I start it, I get a call from the family doctor in London.

Why? Why? This is why I gave her self-help. Because she was told by the most non-vaccinated person she'll never consent. Okay, so, in short, I sitting in the most beautiful restaurants in Tel Aviv on the beach, and I get a call from this doctor.

She's horrified. Just say the pregnancy test is positive. And a professor in New York say it's paradoxical. I said, okay, what do you want from a pregnancy?

Leave me alone. I haven't heard of the paradoxical. Yeah, I haven't heard. Is it? Don't you think you should have the curiosity? What? I do know they don't.

They don't want. They don't want to change the paradigm. That's what I want to hear. Like. And I said it a number of things. But you send a patient back that a doctor the patient loves a doctor.

And, they come to us, we get them better after ten years, whatever it is. And you think the doctor would go, oh, what did you do? No, it's like it's quackery.

If a doctor doesn't know what it is, it's quick. But I'm better. Oh, no. It's just, placebo, you know? Or it's a miracle, you know, it's, No, they asked me what you did.

I said I sent them to pray, especially a cancer patient. I send them to pray. They pray that pray and everything good they in church with woman come back to me two years later.

Now she's in complete menopause and she wanted to do it again. I can't do it. The egg looked dead. It's before the time that they would inject themselves.

People that said okay, she begged me, said okay, we'll do it again. At that time I started to put that and she got put. So you see, I don't do it frequently.

I will not because people may be disappointed. I don't I don't want to look like it. Quackery. Here she told me she signed to me that she know that there's no way she got pregnant. She got pregnant.

So you take somebody in complete menopause, so it's not irreversible. It's reversible. Well, that's how you get body with the right nutrient, with the right balance, with proper immunity.

And here with one thing, there's a woman. But. No, but it works for her. But people say it does not. You just you get, a lot of Women's Day, when this airs.

So when they. Because they've been told, they just forget it. Lady, you can't get pregnant now. So that's that's awesome. The the the life changing things that you've done for women.

And we see it do with, with fertility. They've gone through so many, you know, in vitro and spent so much or like a lot of money or all this process of in vitro.

It's very emotional. Finally, they have an egg. Now the egg got and every day they know what happened to the egg, how it grow. What number was. Yeah. And and when we were young and women had spontaneous abortion was well women were younger.

It was natural. Okay, the next time I don't get pregnant, but here is morning. Each time that this egg don't progress, it's a morning process. That make it more difficult to handle it in the future.

And it's like a conveyor belt too. So it's like, I'm sorry you got pregnant, you know? But I was curious. Do you see the, AMH called alpha monocyte stimulating hormone, go up in these patients, it go up in the patient with your inject, stem cell and PRP to the ovary.

It definitely got. Yeah. I can tell you it is a marker. Very growth marking tremendous amount of women. I've seen them conceiving with negative image.

So the image is no everything. It's a piece of marker. Yeah. If you have good image, maybe you have. You probably had better chance. One other thing that I want to mention we've come to for quality I think much higher percentage of population have PCOS.

That classical PCOS. Yes. We don't see in we used to be a condition called Stein Leventhal syndrome. That was the classical, more genetic type of PCOS.

Today it's a combo. Yeah, but that always few things that people forget. They always thought that you had PCOS. You make too much estrogen. No, the granulosa don't make enough estrogen.

Most of them are estradiol deficient. Significantly astatine deficient. Significantly. But they're even lower. Pedestrian. Yeah, but you see, like you think just vitamin D and it.

Yeah, there was a lot of that stuff to produce more, more, vitamin D. Yeah. And I even tell people you're vitamin D and the granulosa work better. Yeah.

I tell them you're PCOS like or PCOS. Very. It I put that on the chart. Yeah. I don't even know what to put but yeah, they don't meet the criteria. But they sure the heck that a lot of the, you know, kind of, stigmata of it and just super quick.

So now you have to go, but, kind of with, with PCOS sounds like and so resistant. All the oxidants immune, all medicines, the insulin resistance, you know, you're a growth in, you know, unfortunately, we don't have it anymore.

We have to use that, from a septic product. But they significantly improve infertility process with those women on metformin. Metformin. They give it like water.

Yeah. You know, metformin is a form of vital chemical mother that used metformin. The kids are heavier. It is it amazing. So it's epigenetic and changes that kids and some things you're exposed to will change your kids. Kids.

Exactly. Yeah. And what was I I didn't hear what you said. You couldn't get anymore what you said. We used to have a good thing. We cannot get me a regular thing.

Pure liraglutide. Liraglutide? You cannot get. That was one of the nicest peptides. But we used a lot of it because, yeah, there's a lot of pharmaceutical.

Mira, do a think that. Okay, the problem, even if a person has a lot of money, they will not approve it and that you're not sick enough. Yo, yo, hemoglobin, I will see.

I have to be eighth in order to get your growth. It's crazy. I've had people like, I'm going to gain weight and get worse. Like, get my medications approved.

You know, it's like it's it's crushed. It's so, so so you basically, you like the insulin? A basically it sounds like the immune modulators, Tb4 BPC as a body as well, stem cells.

Get your mental effort to eat well, sleep, be happy, be quiet, be relaxed, sleep. You understand in PCOS, by the way, there's so many sleep apnea, such high degree of sleep apnea and PCOS that poor sleep will kill you.

Yeah, yeah. And now kiss Peptamen. Use it for that because I think I read a study where. Because peptide was high in PCOS. Yeah. But is it you want to induce labor, even many endocrinologists that induce labor only with that, because it doesn't cause hyper stimulation syndrome.

You see, the fact that's high, it doesn't mean that you have to match. It's high to try to change the condition. That's not what you ding ding ding. That's one thing that doctors don't get there.

Just look at labs and go your high. Let's bring it down like eat. Why are you high. You know exactly. Yeah I think that that's very, very profound. And and, do you use hormones in those in those patients?

Well, what happens now? What? Both estrogen and progesterone. And you're talking fertility or with PCOS, PCOS, estrogen nearly all the time. They don't have enough potassium, literally.

That's why they have irregular cycle by hypo mineral. Many times yeah. They don't ovulate. They don't make the progesterone exactly. And and you want they have very low sex binding globally.

That's why they hear so. So sometime I'll give them estradiol in drop the sublingual. And when you give it sublingual it one time shut up and will increase the sex binding globulin and overall degrades the high dose of testosterone.

Yeah. And just on sex hormone binding globulin. And I think it's a marker that doctors just don't know about. It goes up in response to two things in the liver estrogen and thyroid.

And also things are low low thyroid and low estrogen. Yeah. Yeah. Thank you very much. Hey. This is I was honored that you invited me. All the best to. You will see each other.

Have a good day. I thought. Hey, thanks for taking the time here, I appreciate it. All right. Bye bye. I was a.