Introduction to the Summit and Guest

Hello and welcome to my summit. Bioidentical hormones and mental health. Overcoming anxiety, depression, brain fog and ADHD in women. I'm your host, doctor Cassie Smith.

I'm a holistic endocrinologist based out of Oklahoma City. And I'm so happy that you have joined us today. I am going to interview Doctor Marc Sklar. He is a wealth of knowledge when it comes to infertility and hormones.

He's spent his career helping women with infertility and hormones. And so we are going to talk about all the ways your hormones change and some very common causes of infertility.

And we're going to loop in there issues that you do have as far as mental health when you have hormone and infertility issues. So you're in for a treat.

He's a natural fertility specialist helping couples get pregnant, and he's been doing it for over 21 years. His mission is to help you feel hopeful and confident about your fertility journey again.

In addition to his Doctor of Acupuncture and Oriental medicine, Doctor Sklar trained at the Harvard Medical School Mind-Body Medical Institute. He has.

He is the creator of fertility TV, Mark Sklar, dot com and Reproductive wellness.com, and a fellow of the American Board of or of Oriental Reproductive Medicine and Medical Advisory for Symphony Natural Health, as well as his online program.

He also supports his community via his highly popular YouTube channel, fertility TV, where he shares information packed videos to educate his followers on all things fertility.

The fertility expert lives in San Diego with his wife and two sons, where he has a clinic called Reproductive Wellness. He also works with couples all over the world through his fertility online coaching, the Hope Fertility Program.

So please help me welcome doctor Mark. Thanks for having me on, Doctor Smith. I'm so excited to be with you and talk about my favorite topic to talk about.

So, yeah, it's it's a pleasure to be here. Thank you. So we kind of talked a lot to people on the back to the basics podcast, but I have a lot of people who, you know, we kind of target hormones at Modern Endocrine.

We, you know, I say we fix hormones. That's what we do. And so infertility is a big issue in that. Right. It's not only, you know, as we transition from perimenopause to menopause, but infertility.

And I see a lot of people with PCOS. So can you kind of talk to just in general so people know what is how many people in the United States are experiencing issues with infertility?

Is this on the rise? Is this common? Can you kind of talk to that? Yeah, absolutely. So I mean, in general, what we see is about 1 in 6 to 1 in 4, couples.

So I'm going to keep it two couples in this, in this conversation at this moment. Deal with fertility issues. That number in the last 15 to 20 years has definitely increased.

Fertility Trends and Rising Causes

Now, one thing we're not 100% sure of is, is that number increased because couples are more forthcoming with talking about it, and they're more willing to one either seek out help or just express their difficulties.

Or is it truly that we're actually seeing more problems with, with hormone, issues, reproductive function, and fertility struggles? I think it's probably a combination of both.

The, technology of in vitro fertilization, the marketing of in vitro fertilization, has made the consumer more comfortable and more aware. And so this topic is definitely discussed much more today than when it was when I started, early in practice, not just talked about with couples, but just talked about between, you know, family members and friends.

Couples are just more willing to discuss it in general. And so we are definitely hearing about it more, but I do believe that there's also an increase in fertility issues overall.

Some of that we know for sure that we can see an increase over time when we look at the data and the the data that I like to point to, which is really, really profound, is when we talk about male fertility, specifically, if you look at male fertility from the 70s to today, from 1970s to today, you will see that there's an increased rise in male fertility issues over that time frame.

Simultaneously, you will also see an increase use of chemicals, pesticides, toxins in the world that we live in, in our environment. And so I do believe that.

And that's just an example. You know, on the male side of things, we see the same thing in women. It's just not as dramatic as drastic. Just because of how those chemicals impact sperm.

But we absolutely see that happening. And so that's just one reason of many that we are seeing an increased rise, fertility struggles. And actually, if you count the, you know, higher prevalence of marketing and conversation, then, you know, there's a couple other reasons why we're seeing an increase.

So it could be that people are just more forthcoming about it, which I think sometimes that is the case. Right? I think that's the same with autism and some of the other things we see this market rise in is that we're just we know how to screen for it now.

We know how to look for it and people are more forthcoming. But we do think that there are some things going on in this crazy world that could be contributing to that as well, right?

So tell me, what are what are some of these things? Because I have some thoughts for sure. What I mean, food, some of it might be our food, our insulin, our exercise, our toxins.

Yeah. I think it's it's, I'm going to use a broad word and just say, I think it's everything. And then we're going to narrow down, right? Like, we live in a different world today than the world our grandparents lived in.

And I mean that in multiple, avenues. One, I already mentioned the toxins, like the amount of toxins that we're exposed to, exposed to on a daily basis today is astronomical in comparison to what our grandparents and great grandparents were exposed to previously.

That's just an advent of technology and the advent of just plastics everywhere. The use of roundup everywhere. I mean, we could that list could go. We could just spend hours just talking about that list.

And on a daily basis, we are exposed to about 80,000 different chemicals. And so that in and of itself is, is a huge problem for our endocrine system.

So that's number one. Number two you mentioned it diet. I mean, if we just talk about the chemicals that I just mentioned and how they are being used in our food, right.

Lifestyle Factors Affecting Hormones and Fertility

And to grow the food that we eat and consume, that of itself tells you now that our food is no longer the same as it was. And we're also having to produce much more food, which means our land is being used in a different way.

The soil is being used in a different way than it was before. It doesn't have the same nutrients as it once did, so that's also a piece of it. We also are eating more, processed foods, more prepackaged foods, foods that are much higher in sugar than we ever, were exposed to in the past.

And so the quality across the board has been, extremely compromised, which is why we hear all these, you know, all this conversation about, oh, eating organic or pasture raised or grass fed, like all these keywords because we're trying there's a whole movement trying to get back to, you know, better quality food as well, and not just about the abundance of food that we need to produce for people.

So that is, a huge concern for us. Not to mention that, just the way we eat today is very, very different than we ate generations ago. It's all quick and fast.

We're not prepared for a lot of our own foods. And so that changes the way our body, deals with the food that's coming in and how it interprets those things. So, that's a big issue.

I think stress is a major, major factor. That, yes, we talk about it, but I believe that it gets, kind of minimized. You know, it the what can we do? But there's so much stress everywhere.

So, you know, it's just fact. Yes. We have all the stress. We're just going to move on. And so to me, that's a huge thing that we have a lot of control over that we're often ignoring or the ways that we are coping with stress are not ways that are nourishing for our body and our health and our mind.

You know, when we are, trying to cope with the amount of stress we have in our daily life by consuming more alcohol, smoking more marijuana, you know, whatever other drugs we want to add into that mix, medicating ourselves with prescription drugs like to manage our anxiety from all the stress.

Like those are not things that are really treating or solving the problem. We're also not treating or teaching our brain and our bodies how to handle stress when it comes.

And we're not training it properly. So that's a huge factor. And that's just the psycho emotional side of stress. All the other things that I just mentioned and everything else we can talk about is also causes stress physically on our body.

And how does our body internalize that? And then what does it do with that stress. So stress comes in many forms. And we often just think about that psycho emotional piece of stress.

And that's to me is one of the biggest factors, that is, is being ignored or not managed properly. And if we look at the research, if you just went on PubMed and search stress and typed in any condition, you'll see that there's a lot of research around it and stress makes all of those conditions worse.

So we really need to come back to, having better tools to manage the stress that we're exposed to on a regular basis because we live in this world that it's about, you know, the rat race.

We've got to just produce and we've got to consume and we've got to create, and we've got to be, you know, everyone's got to be a millionaire. So everyone's trying to run, run, run and kind of live this crazy, crazy life.

And it's just not conducive to a healthy lifestyle, you know, that that sort of, ongoing pace. It's just not something that's manageable long term. And I and I think that's a huge factor for our fertility, our hormones and our endocrine system.

And one thing that I'm a big proponent of trying to manage with, with the couples that I support, is also sleep better, sleep hygiene, and habits. It we our bodies need to rest, recover, rejuvenate, restore and all that happens while we sleep and our sleep is compromised.

If we're lucky, we're, you know, on average, people are getting six hours of sleep if we're lucky. And we really need to be closer to eight. And it's not just about how much time you're laying in bed, but what's the quality of that sleep as well.

And so that's something that we have to we have to manage better, you know, when we go to sleep and the and the last thing we're doing is scrolling on social media, and then we wake up and the first thing we do is grab our phone and oh, what was what was just posted.

You know, it's not calming to our brain. And this goes back to the whole stress management piece. But, you know, those are all some of the bigger, bigger things.

And and by the way, I talk about all of that as foundational things. These are all foundational core things that need to be supported to have a healthy lifestyle, to have balanced hormones, to have good reproductive function.

And I didn't even mention exercise and all of that. And that's something that definitely needs to be there, as well. Yeah. So at Modern Endocrine, we kind of have a ten step Tim pillar step, to ultimate health and all those things are in there.

It's very important sleep and stress management, nutrition, exercise, sunlight relationships. And so I completely agree. And you know, I have another thought as well.

You know, I have a little bit of a suspicion that there's some fertility issues as well because of the things we ingest in our body or put in our body as well.

You know, some of that is unfortunately covered up by the food industry. I think some of that is unfortunately covered up by the vaccine industry. But that's another topic.

So that's how. We. Yeah, that's that's a whole can of worms. Tell me if somebody is struggling. So so here's what I hate. I get these girls who I see sometimes who come to me, and they've had 3 or 4 miscarriages, they've spent $100,000 on in vitro, and they haven't even had a decent lab workup.

Right. And so I'm just like sitting there losing my mind, thinking, oh my God. Like, wonder if you know something little easy, you know, zinc, magnesium, thyroid.

So tell listeners, what are some lab tests that you can check if you're if you've had a miscarriage or infertility, like what are some things that you know should be done.

Absolutely. Before I jump into that, I have to comment on what you just said. You know, there's these women who have spent hundreds of thousands of dollars on or tens of thousands of dollars on IVF, had three rounds failed, have been trying for years, and no one's done some of these basic assessments.

I want everyone listening to understand that when you go to your OB, they're limited in what they can do and how and how much time they can spend with you.

So if you think your OB is there to support your fertility, they're not that's they're not trained in fertility. They're trained to help you manage some acute conditions.

You have pap smear help you, you know, if you have acute infections, potentially help you. If you have acute infections and then, you know, deliver babies.

That's why when you go to them, they either do some basic small amount of laps or they just say, oh, I'm just going

to send you to the IVF clinic. So when I talked about earlier that, IVF has become so mainstream that we're hearing about fertility struggles more frequently, part of the ramifications of that is that couples and OBS, for that matter, just go straight to IVF or to the IVF clinic as their first line of treatment when it comes to fertility struggles versus actually trying to find out what's going on.

Your IVF doctor, as much as I love them and work with them all the time and I have nothing against them, so I just want to be clear about that, okay? I had some good friends who are IVF doctors.

Their job is not to figure out why you're not conceiving when you walk into their office. Their job is to help you get pregnant with in vitro fertilization.

That is their job. So when they run labs, all their labs are geared towards will you be a good candidate for IVF and what type of protocol am I going to use?

That is it. So I have so I have, yes, I have very, very many thoughts right here. And so that's a problem. Right? Doctor Sklar like, why is the American health system built like this?

So OBS are built to make sure you have a pap smear and get you pregnant. And then if they can't, they ship you off to somebody else and they're built to say, okay, well, how can I get you pregnant?

And nobody in the world is looking at what is actually the root cause of this, right? Other than like functional medicine people. Which, just so you know, I'm a I'm a very functional, holistic endocrinologist, which a lot of people call me a unicorn.

Why Basic Fertility Labs Matter

There's not a lot of us, but like, I want to know why from the time I was little, if something doesn't work, I want to know why. And I don't like stupid just because answers like it pisses me off.

So when I get these people that come to me that have spent $100,000 on in vitro, my brain is just, you know, angry. My heart hurts for them. And like you said, like, so where like we just have this disconnect in medicine that's so frustrating.

You know, like, obvious, like they can't get pregnant instead of just pumping them full of hormones and not looking at very basic things, which is what I want you to tell people, these basic labs that I know too, that affect, you know, sperm and affect eggs and affect your ability to actually conceive.

We're just pumping people full of hormones. And the next thing kind of like drugs in this country, right? Like that's what we're taught in school, though, correct?

Like in school you're taught drug drug you drug drug. Goodbye drug. Goodbye. It doesn't matter how you feel. It doesn't matter what side effects. We'll just give them another drug, you know?

And that is why this this country is in just such a disarray of unhealthy just spending trillions of dollars on health care. Everyone's, you know, spending all this money on medicine and nobody gets any answers.

Yeah. So this all comes back to this system that we're in. And so it becomes this hamster wheel. It comes back to education, the education that's happening in the schools.

Right. In medical school. And if an IVF doctor were taught that the solution to fertility struggles is IVF and you walk into their office and their only tool at hand is IVF, then that's what they're going to offer you, right?

So if you go see a surgeon, if you expect the surgeon to tell you, yeah, you know, there's all the go to a chiropractor or an acupuncturist for your back problems.

Odds are they're going to say, let's do surgery because that's the app. So it's no fault of their own. It's a fault of the greater system. And at at whole, which is frustrating.

But I say that because I want the listeners to understand that if you're walking into these offices and expecting something different, you have false expectations.

It's not because the the doctors can't potentially dive into that situation. It's because that's just not where their training is at. And so, and and then on top of that, it's also, you know, we live in a world where money drives decisions.

And so it's fertility and IVF is a big money industry, a big financial industry. And so that's going to drive some of the decisions that are made when it what.

Sorry. Go ahead. Money and insurance companies drive decisions unfortunately. Right. So you know that like handcuffs when you're in position if you want insurance.

Yeah correct. But to me that's all under the same umbrella of money which the insurance companies dictate. Unfortunate. Yeah. Yeah, absolutely. Which is why I stopped taking insurance in July.

And it's the best thing that I've ever done. And I have patients that hate and patients that are mad. But you know what? The care that I give people I know is what they need.

And I sleep a million times better at night. Good. I think that's awesome. And that's really the only way to start to to get to make change happen. Yeah.

One of the ways I should say, when it comes to lab tests, coming back to that whole thing, the lab tests that I run and suggest that everybody gets at the beginning.

And as a foundational. This is just the bare bones, okay? What we're talking about. All women need to have an HSG. Okay? Otherwise known as the die test, to make sure their fallopian tubes are open.

Lots of reasons why fallopian tubes could be closed. If you've been trying for some time, you know we want to make sure so that we're not wasting more time.

And that should be addressed properly. Hormones. All women should have at this age. Follicle stimulating hormone, LH, luteinizing hormone, estradiol E2.

I'm going to put this in there, although I don't think everyone needs it, but everyone wants it because the the information out there AMH Antimalarials hormone DHEA often not tested should be tested testosterone both free and total and prolactin.

That's like bare minimum. What should be done. All those I like to run on cycle day two, 3 or 4. And why is this important? I see so many women who come in and say, yeah, yeah, yeah, I've had my FSH done, no problem.

One when they've had that done often, it's not with all the others that I've just mentioned, and too often it's just they've walked into their OBS office whatever cycle day they're on, they're like, here's the requisition form, go in and do your labs whenever you want to go, do them or go do them today.

It tells you your hormones fluctuate throughout your cycle and it gives us different information. So to get a true baseline for where your reproductive function is at and how your hormones are functioning, we need to have those done on cycle day two, 3 or 4, where day one of your cycle is the first day of late.

Okay, so that is really important. On top of that, I do a full thyroid panel. I want to run, you know, iron levels, cholesterol levels, vitamin D, homocysteine.

We want to we need to check some inflammatory markers. You know, for CBC and metabolic panel, we want to just see where blood sugar is at A1. See, on top of it, this is like just all foundational, basic stuff that everybody should have.

And when someone starts working with me, I make sure they have all of those done on top of it. I do typically also like to check progesterone seven days after ovulation, so not on cycle day 21, but specifically seven days after ovulation.

So that way we can get a more accurate reading. And again that is just foundational basic, labs for all women. And on top of that, I want to make sure that their partner has had a similar analysis, complete some analysis with morphology.

I like all of that. I think in addition to that, the other things I always look at two are cortisol and insulin, because we know that cortisol and progesterone, teeter totter insulin and estrogen teeter totter.

So I like those as well. And then you know depending on if people have a lot of malnutrition like pictures from vine from a vitamin perspective. Right.

So if they're D's really low and their iron's really low and their B12 is really low, and they tell me that they eat animal products, I'm thinking like what is going on with their gut?

Do they have some malabsorption issue? Do they have, you know, H. Pylori? Is there something. So I like to look at gut studies. But then, you know, those are people to where if everything else comes back and looks kind of normal, then I'm thinking about like, what is their zinc level?

What is their magnesium level? You know, sometimes we do a really in-depth micronutrient evaluation because that's important as well. And so I completely agree with you.

If you are somebody who has spent or is thinking about spending tens of thousands of dollars on in vitro and you don't know what those lab levels are, that he just spit it out to you, you need to think again, like, I mean, you know what I mean?

Like so for instance, if you come to my clinic, I can get everything you just spoke about. All of them, plus what I spoke about minus the am. I would have to get a price on that, but I can get all of those at a cash pay price for $330 I'm in, as opposed to $25,000 for in vitro.

Just because my doctor won't order it, right? I mean, with an AMH, you're looking at maybe 400 bucks to check all of that. Like that's insane, you know?

And you're right, doctors maybe. I think a lot of them, to be honest with you, don't check it because they don't know what to do when they're wrong, when they're when they're elevated, like they don't know what to do.

100%. That's the other piece. Like if if many doctors don't want to run labs that they don't know what to do with those results afterwards. So if they don't know what to do with them, they're not going to run those labs 100%.

Yeah. Yeah, it's it's a lot of work to interpret, like, you know, every time I run labs on somebody, there's 40 tests. I mean, it takes me 20 minutes to come through there and and look through them and interpret em.

And so a lot of people, I just think don't want to do the work, don't have the time or just don't know what to do with the results, which is not the patient's problem.

It's the medical society's problem, you know. Absolutely. And, and all the additional labs that you mentioned, by the way, and there's so much more on top of it that I run.

So I just said those were the basic, you know, functional labs for everybody then. But once you have a, a history,

then from there. Absolutely. I'm running stool tests.

I'm running, you know, cortisol. And I often do that through a Dutch test because I get a more complete hormone panel with it. We're looking much more.

Right. So then each individual, we'll start to have more labs that we need to kind of layer in based on their history, that is presented and we can go beyond that.

Right? There's more, but I like to do it in layers. And so we're just layering those in as we're gathering that information. Do you ever do cycle mapping with Dutch testing.

Like we do. Yeah I do and I like it a lot. I don't think every woman needs it. But but certainly if I need a better understanding of someone's estrogen and progesterone profile, how they're fluctuating throughout a cycle, or if somebody has irregular cycles, then the cycle mapping is really valuable.

Yeah. So we're we're doing some of that at Modern Endocrine as well. My nurse practitioner summer is really that's kind of her wheelhouse. I do a lot of gut stuff.

But we do that as well too.

PCOS, Insulin Resistance, and Preconception Care

So so then tell me this. I know a lot of people are going to ask about this, so let's say somebody has PCOS because there are millions and millions of people who do now. And I think there are millions and millions women who are undiagnosed as well.

You know, there have been PCOS users now there are PCOS people who have low testosterone because their adrenal has burnt itself out. So what would you say to the women who have PCOS?

Let's say, you know, they're in their mid 30s and they're thinking, maybe I want to conceive a baby in the next year or two. Like I saw one of these sweet girls from Texas yesterday.

What are you telling them about what they should be thinking about as far as, like, what should you be doing naturally or with supplements or whatever, so that you're more likely to be able to conceive?

Like what's going to help these people conceive? Yeah. So, if you know that you have PCOS or maybe you know something's off with your cycles, but you're not 100% sure what it is.

Maybe you speculating? If you know that you want to start to try to have a family in a year or more time, now is the time to get help and support. So that's number one.

The more time that you and I have to support these women, without the pressure of time and added stress, the better off they're going to be and the better results that they're going to see.

Okay, so that's number one. Number two like you mentioned, there are a minimum of four types of PCOS. And depending on the detail and nuance that you get into, could be upwards of ten based on lab work and history.

And so about 50% of all women that I see with PCOS are atypical, thin, not textbook. They might have. Many of them have regular cycles or somewhat regular cycles.

And so looking at the blood panels that we have in front of us will help to start to dictate the direction we're going to go and how we're going to support those individuals.

I find a few key things that come up with many of these, women that also needs to be looked at and accounted for. And this is beyond the potential for, elevated androgens or the potential for, blood sugar issues.

Right. Because that those are part of part of the PCOS profile that needs to be evaluated. But on top of that, I find that stress is a huge, huge issue for my PCOS women that the more stress that they're under, the more difficult it is for them to regulate their cycles and have regular ovulation.

So this is a huge piece of the puzzle that needs to be supported. Okay, on top of that, I find that 50% of all my PCOS patients also have some sort of thyroid disorder, whether that is hypothyroidism or Hashimoto's, and that needs to be treated in conjunction with the the PCOS profile that you see, or present with, excuse me.

And then the gut, you mentioned it before. Gut is essential. A much to be evaluated and supported with all PCOS patients. It's not even a question. It has to be done.

The question there is, is not if but what, what is going on and what needs to be supported, but not if they have gut issues. And so those are all key things.

And, and so when I say if you want to get pregnant a year or more time, now's the time to start to get support and care. It's because all of those things that I just mentioned need to be evaluated first and foremost.

And sometimes, you know, just to collect the samples and get the results back can take 4 or 6 weeks or longer, depending on timing of things. So that alone takes time.

Then the treatment for it, you know, gut issues, digestive issues don't resolve in a week or a month. They take time and we need time to support them properly.

And you need time to really change that. And so it's hard to change gut issues that, you know, because so much of it is about, our lifestyle. And that doesn't change overnight.

We need to be, you know, we need to manage those in an appropriate way. And so really, if you can give yourself that time, then you're going to decrease the stress burden.

And it's going to make the whole process so much easier. And you're giving yourself a realistic time frame, right? It takes it it took whatever however old you are, it took that time for you to get to this point in your life and develop these issues.

And they weren't supported properly. So we need time to change those things. So you can't walk into your office or my office and expect those things to be changed in a month's time.

And so I think that that is really some of the bigger things. So when you're talking about what can we start to do now? Right. Well, one is we've mentioned all of these things, those foundational things that I mentioned early on are all things that are hugely impactful when dealing with PCOS.

So making sure that you're getting regular healthy sleep, that you're eating well, and, eating regularly, you did ask about a diet. You know, I don't have a one size fits all diet for everybody.

It's very much customized to how they present and what issues we see. If I had to kind of pick up a a foundational diet to start from, then I would be talking to everybody about a paleo diet, as a kind of foundational bridge to build on for their diet.

Exercise, but in a manageable, realistic and healthy way. You know, these are all foundational, foundational things that need to be supported and the way we would support diet and exercise.

For a woman who's a classic PCOS presentation, a little bit overweight versus someone who's atypical and thin are going to be different. And so we need to take all of that into account as we're creating, you know, a plan to support these individuals.

Yeah, I completely agree. You know, your guy is very important. And like you said, a lot of people come to us. So

we we do I love to look at stool studies.

So I like stool studies and food allergy sensitivity testing. And I did a stool study in October of 22. So it's been two years ago, and I was very humbled at my soul study because I feel like I'm a pretty healthy person.

I didn't get that way until about 30. So I felt like for five years I was pretty healthy. 5 or 6 I do this stool study. It's terrible, you know, but a lot of it is stress induced and I, you know, I'm the person where it's like, okay, I'm going to fix it all right now.

And I have this health coach and I'm like, yeah, let's do it. And I'm like, cut in everything. Out I go, I pee, I 60 days in, I want to jump off a cliff.

You know, I'm like, this is how do you live like this? You know, and so I kind of waffled for a little while, but I think that's true. It's like you have to kind of get into a rhythm of, you've got to give yourself some time.

So what I did was, I've been gluten free for a long time, and I went dairy free when I did the AP. So what I said was, okay, I'm just going to not eat dairy.

I'm going to not eat gluten. I'm going to reintroduce some of these other things, and I'm going to figure out what actually bothers me. Right. And so it's kind of been like this two year process of like, eat this, don't eat this, but it just goes better if you give yourself a little more time.

Because if you jump off the cliff and go ape when you're used to eating, you know, cheese was like it's own food group for me, for my entire life. And so, you know, I mean, it was it was like, what are you having for dinner?

Cheese and maybe some wine, but cheese. And so my husband would joke that we had, like, ten kinds of cheese in the fridge all the time. So you just. I, I want people to realize that, like, resonate with that or, you know, hear that that like, really if you're going to do this and you're going to start making these changes, it's more about lifelong changes.

And like you said, like the quicker you get to work with somebody like you or I, that's on your team and on your holistic team. Like we're looking at everything.

We're looking at your diet, we're looking at your hormones, we're looking at your gut or, you know, just getting you to be the best version of you. I think the more successful you're going to be.

Absolutely. Look, I talked to couples because I work with a lot of type A women who want to make changes immediately and, they dive, you know, headfirst into the whole thing.

And then they quickly realize, oh, this is harder. And, you know, now I'm slipping back into where I was before. And my message to them is about progress, not perfection.

We need to say to ourselves, today, I'm going to be a little bit better than where I was yesterday. And if today wasn't perfect and I slipped up for whatever reason, it's not a reason to be to to just go off of it the next day.

Oh, yesterday was bad. So forget it. Today I'm going to eat whatever I want. No, it's yesterday wasn't great. That's okay. I'm not going to give myself a hard time about it.

But today I'm going to be better. And if better is that I just don't eat cheese or dog or don't eat gluten or whatever it might be, or I get to bed earlier, then that's a win.

And what are we going to do the next day to build on that? So each day, making incremental progress is where we're going to have long term success and stop thinking about perfection because it doesn't exist and we're not going to get there.

Yeah, I completely agree. So and I also agree with your diet philosophy too. I used to be all in like diet camps, like, oh, this diet or that diet or I hate that word.

I think you should prioritize protein. You should eat the colors of the rainbow. You should eat a lot of fiber, should make things that you should eat, things that make you feel well, obviously don't eat things that you know, cause you to have gas or you have allergic reactions to, you know, and obviously be mindful of like sugar processed stuff.

But, you know, stay around the perimeter of a grocery store. I try to think when I eat something like, would my grandma have eaten this? Because, you know, my grandma was I mean, I know my grandma made some great fried chicken, y'all.

But you know what? She has not the fried chicken. Oh, man. But like, you know, when she have eaten this because, like, some of these things we eat, like, you know, bars and all this stuff, that's all ultra processed stuff.

Like your grandma wasn't eating that, like, you know, she was not eating that. And so it's just it's hard. But I don't think that diet is a good word.

I think it's like a lifestyle in what you're choosing and just making conscious choices. But making sure, again, protein, you're prioritizing protein, you're eating fiber, you're eating, you know, the colors of the rainbow.

And then everything else kind of falls into place. And if you do that and you start healing your gut, then and you listen to your body, you know, when you're full, right?

Like you don't overeat. So it's just I like that, I like that. I love that that sentiment about, you know, when my grandmother eat it. Because I think about that all the time.

And you know what? She would have had fried chicken. Maybe not every day. No, but we had it on Wednesday. Wednesday only. Wednesday only. So it wasn't like to have it just on Wednesday probably, you know, good quality chicken.

And how it's cooked is different than the, you know, how it's cooked today. So it's a totally different thing and a totally different conversation. We're talking about that, you know, two generations ago versus now.

Yeah. She made the batter I remember she had eggs and she would put butter and she had flour. And because she tried to teach me how to do it and there was no measurement, it was just like a little of this, a little of that, stir it.

And I maybe a little bit of milk. And I used to say like, grandma, how do you know? And she's like, you just know, you know, like, no, I've never had fried chicken like my grandma used to make, but we used to have fried chicken, mashed potatoes and cream corn and green beans every Wednesday like staple.

But it was, you know, it was it was all good stuff. So. Yeah, but I do try to think about that because I do remember as she got older, before she died, I took her to Las Vegas.

She wanted to go to Las Vegas. And I remember being there and I remember we were standing in line for this, for food. And they had all this, you know, like, I don't remember what kind of bar it was, but there were, like, bars and all these chips and just all this processed stuff and there was this big long line we were waiting to sit down and eat at, like, this diner place.

And I'm like, grandma, do you just want to get a snack? Because she wanted to go do something? She's like, that's not even food, Cassidy. I remember her saying that like, that's not even real food.

Like, no, we're going to wait in line. And so I that just kind of stuck with me. Like I always think like, well, with my grandma, I'll have eaten that.

So it love. That's interesting. Yeah. I'll never forget that. Like what. That's like food. We're going to sit down and

we're going to have some food. Yeah. We eat a. Lot at grandma.

We're having some food. Okay. So is there any, like natural things that people can do.

Supplements, Gut Health, and Long-Term Habits

So we've talked about a lot of stuff like exercise. And are there any natural supplements that you recommend with people with infertility issues. Are there like, you know, is there a certain thing they must take?

Obviously they need to limit their stress. They need to get good sleep, like all the basic things we talk about. But do you have like a go to as far as like you need to make sure you're supplementing with these things?

Yeah, I think there are some key supplements that everybody should be considering. Again, you know, talk to someone, make sure that this works for you or is appropriate for you.

I do not believe, just like I said, with diet. I don't believe that everybody, you know, there's a one size fits all for supplements for for everybody.

But, fishers, I think, are a big one. Vitamin D is hugely important for most people. You know, dosage is what's going to vary, but I think we all need some of it.

I think CoQ10 is hugely valuable on your fertility journey. Especially when you're talking about, egg quality and sperm quality. Those are probably some key, core things that, that I like for everyone to, to be honest, when I write a plan, those are typically in it, I should say, I will say I don't always put someone on a prenatal, as I might use another product as kind of like their multi prenatal because it's going to do more for me.

So if I'm supporting immune function or, PCOS or egg quality, then I'm going to kind of blend that a little bit differently depending on, where they're at.

But but on that note, I will say that everybody should also be on some sort of good quality methylated b-complex. So I kind of, you know, if I'm not if I don't have you on a, a good prenatal, then I'll kind of make sure that that gets worked in, in, in some way.

So just balancing some of those things. But those are some of the key supplements that, that I would when I look back at a plan, I would say these are often, included.

How do you feel about them? I use it, but in, you know, in circumstances where it's where it's appropriate. Yeah, yeah. But I, I won't shy away from it when I need it.

Yeah, yeah. Okay. A lot of, a lot of women will take DHEA on their own because of some of the, the research that's out there. I think that's a little bit dangerous.

And so I really, really try to encourage everybody, which is why it's in my foundational lab work to have your DHEA tested before you decide to get on DHEA, too, just to see if you actually need it.

And if you do what dosage you should be. Okay. So kind of what I heard you hear too, and what I hear, what I hope listeners hear is if you are struggling with infertility and have infertility issues, there are things that you can do, especially if you haven't had lab test done.

And then when you do get lab test done, if everything checks out prior to in-vitro, there are some other things you can still do, which again, go back to very core lifestyles, lifestyle modifications.

Which is why we have this, this podcast. Back to the basics your sleep, your stress, your gut. And then, you know, those women with PCOS because I love you all.

I hear you all out there. You blow up my social media and I love it. Getting your insulin levels under control, getting your weight. Not everyone with PCOS has a weight issue.

Not everyone has an insulin issue, but a lot of them do. A lot of them might not even know they do. I see some very thin PCOS women who have severe insulin resistance.

And so it's genetic sometimes. And so that messes with your estrogen. And then it messes with your ability to conceive. And the other thing is, you know, when you have insulin resistance and you're pre-diabetic and you have those issues, those are housed in your mitochondria and you give your mitochondria to your offspring.

So that's, you know, the conversation I have with women is I, you know, like I said, I saw a girl yesterday or A1, C6 or insulin 15 her glucose is 116.

She wants to have a baby. And I said, sister, you can have a baby. But we got to get this fix first because if we don't, you're going to give this to your baby, and then your baby is, you know, basically 80, 90% likely to develop diabetes.

And so, you know, that's the main thing I want to drive home to people with. PCOS is like, the main thing you've got to do is find a doctor who one understands what an insulin level means, understand what a normal insulin level means.

It's not 18 people like the lab reference range, and then you've got to find somebody to be on your side and be your cheerleader. And get it to where it needs to be.

Because the other thing is, you know, when you get it there, magical things happen. Like I that's the best part of my job. I know it's not like I have some patients that are like, not happy about it, but I walk into rooms all the time where people's insulins were really high and we get it controlled.

And I walk in and they're like, I'm pregnant, I don't know, I was gonna get pregnant that fast. And I'm like, yay! And they're like, I wasn't ready. And I'm like, well, your body was ready.

You know, like, and so I and so now I have a caveat when I talk to people like, okay, as we get your insulin level to go down, you will be fertile because these people are used to not being fertile, you know?

And so just I want people to realize if you have PCOS or you are struggling like there are providers out there, there are people out there that can help you and not just shuffle you off to a fertility specialist that's going to charge you tens of thousands of dollars, like you really need to be thinking about these things.

And then before you even do that, just take a look in the mirror, right? Like, look at your life and be honest with yourself. Like, am I stressed in my sleeping enough?

Am I, you know, and then if if you if you feel like you're working on that or you need someone to help you with that, then find somebody like, like you or I and we'll help. We'll help be your cheerleader.

We can't do it for you, but we'll be your cheerleader. Absolutely, 100%. And I want everyone to understand blood sugar issues, okay? Insulin resistance is much more common than you believe.

I mean, so more, individuals have this even though they might be thin and feel healthy. You need to make sure you're getting this looked at and then addressed properly.

It's a huge, huge issue we have in the United States right now, and it needs to be supported properly. So I appreciate you saying that. Yeah, I see some insulin levels that are shocking and people that are thinner than I am, you know, like they're tiny.

And I'm like, what are you eating? Like, you know, and they're like, what do you mean? I'm like, your pancreas is

angry. Like, what are you are not feeding your body.

There's some of it's genetic. But yeah. So yeah. Oh, at. That point, speaking of genetics, that point, by the way of and I talked to couples about this all the time of, you know, if you are diabetic and you have a child, you're 100% or even pre-diabetic, you're 100% passing on those genes to your children.

So we you want to be as healthy as you can before you conceive that child, so that you can give them better genes than what you had, right? You're trying to set them up for success health wise.

And the way you do that is by taking care of yourself first before you conceive. So jumping to IVF on that note, you want to be as healthy as you can.

So if you do ever need IVF and that's fine if you do, if you do need it, that it's not only going to be successful faster, but that you are healthy enough again to have a healthy child.

And so all of that comes to all the pre-work you need to do with us to set you up for success moving forward. Cannot agree more. That's why I that's why I told the girl yesterday, like you don't want your kids getting those mitochondria A1 c of six insulin or 15 fasting glucose.

The 116 is not the mitochondria you want to pass on to your children. I promise you that as you are setting them up for 100% failure. Yep. Probably about 90%.

But then you add on environment and what they're going to eat their host. Right. Like so it's really important okay. So I end every podcast with three questions.

And I know you didn't you know I don't tell my guest either. And so it's it's not supposed to be overthought but just very easy questions. What is one food that's most beneficial and why.

If you just get to pick one. If I get to just pick one food, yeah. That's most beneficial. And why? I love the first thing that came to mind was sauerkraut.

Okay. I love my sauerkraut. It's fermented. Good for the gut. It's got cabbage, I love it. Yeah.

Closing Questions and Final Takeaways

So that that's my one. If I have. So I don't love sauerkraut, but I'm beginning to like sauerkraut. So because of my protocols that I've done, I try to eat some fermented food, get my butyrate in for my good guys, my polyphenol.

And so I eat a little bit of sauerkraut every morning. I found a dill garlic flavored one that I put on my eggs like I eat it fast today, and I don't.

I don't hate it anymore. Like it's not all so. Yeah. So I like that. No sauerkraut. So you're on an island by your own doctor, Mark. But the Mark Twain you.

I'm not. I'm not mad about the sauerkraut. Okay, second question. What is one thing that anyone can do that is completely free that would improve their health?

And you've given a couple of examples, but what do you think is most like one thing that everyone could do that's completely free, that would be most beneficial to their health?

What? We need to walk. We need to walk every day. We need to move our bodies for two sedentary walk for at least 30 minutes. And I prefer a longer, but every day, and I'll even take it a step further, is walk after your largest meal.

I agree we have a rule at our house. After dinner we go for a walk and it has to be for at least 15 minutes and the

dog has to come to. So we eat dinner.

The dog eats dinner and we have a pug. And she's really. She looks like a loaf of bread. That's what my dog sitter says. And but she doesn't like it. But she goes for a walk, too.

We all take a walk after dinner. So it's the rule? Yeah. You know, it's. And then the last question is, if you could take back anything that you did and change it ten years ago, that pertains to your health, what would you have done differently?

So you know what you know now, ten or even 15 years ago? What would you have done differently for your own health that you know now. I, I prior to 10 or 15 years ago, I used to work out quite a bit, and I stopped because I just got so busy and it's something that I didn't prioritize.

And I recently put it back in, and I would have done that sooner. I would have just gotten back, exercising more regularly. It's not that I wasn't active, but I wasn't purposely exercising regularly, 10 or 15 years ago, and I would have done that sooner.

You would have prioritized yourself that are worth it. 100%. Okay. Awesome. Well, thank you so much for being a guest on our podcast. I'm sure that listeners will appreciate this if listeners, if you thought this was beneficial at all, if you know anyone that this would help, I please would ask you to share it with them.

So make sure that you like and share this episode with anyone that you think would find it helpful. Also, leave us a review. I would appreciate that and we will see you next week on the next episode of back to the basics.