Unlocking Success: Navigate Low AMH/High FSH In Pregnancy Transcript

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Introduction to Sarah Clark and Fab Fertile

Hey. Welcome to the Beyond Infertility Summit. I'm your host, Dr. Aumatma, and I am honored to introduce you to Sarah Clark, who is the CEO and founder of Fab Fertile.

a company that she supports couples specifically with low AMH and or high FSH, diminished ovarian reserve and premature ovarian failure or ovarian insufficiency.

She's also the creator of the Get Pregnant Naturally Podcast, and she shares her love for functional medicine and natural fertility solutions to support with fertility struggles.

When Sarah was 26 years old, she received a diagnosis of premature ovarian failure. She accepted the diagnosis and had both of her children, through egg donor and in-vitro.

Years later, she realized that there were some things that were happening under the surface, like food sensitivities, chronic stress and gut infections that were the reason why she couldn't get pregnant and why she had premature ovarian failure to begin with.

So in my chat with her, we're going to dove into what is premature ovarian failure. Why does it happen and what can we do about it? Is there something that we can do or is egg donor the only option?

So if you're struggling with this, I'm sorry that you're struggling with it.

Why Low AMH and High FSH Lead to Donor Egg Recommendations

And this this interview is going to be crucial for you, because it is really in these places when we're told that this is our only option, X, Y, Z, it's IVF, it's egg donor, whatever is the only option.

Our bodies kind of start panicking and freaking out. And it's really important in those moments to know that there are actually other options out there.

So that's why Beyond Infertility Summit exists. And I'm so excited that we're going to have this conversation today. Hello and welcome back, everyone.

I am so excited to have you here, Sarah and I'm very excited for this topic because I think it comes up a lot and it's very disheartening. And that's the topic of Low AMH, high.

FSH Women are told donor eggs are their only option. Let's get into it. Why do people get told this and what is it being based on? Now this is for me.

You know, I was diagnosed with premature ovarian insufficiency, 25 years ago and I didn't get a second opinion. They told me the only thing I could do was donor eggs.

25 years later, I speak to women all the time and they had the low AMH. So your AMH is below one. They tell you, you know, that you're that your quantity is you know, it's too low for IVF.

You're not being able to do it or they say they need to rush to an IVF and so they're not measuring the quality and FSH it can vary, you know, very each cycle and we see it come down all the time.

And so people for IVF, they want it below ten and we see people with it in the 80's and more. And so typically they're at that stage they're going to like, I got women telling me like they're receiving a call from their their, their

fertility clinic when they're shopping in Target saying, oh, donor eggs are your only option or they're driving their car and they get a call from the clinic.

We've looked at your results. Your AMH is too low. You're FSH is too high. It's donor eggs and it's devastating. I know what it's like for you know, firsthand and what I know for sure.

25 years later, when we look at the other healing opportunities, you know, all the all the other health issues going on, your body, there's things we can do to address it.

And a study came out in 2022 by Harris talking about that that lower your age is that AMH and FSH were poor predictors of live birth outcomes. We're looking at the wrong thing and our our our thesis here is that you know, is it you're, you know, is it really menopause or is it your adrenals because of all the stress that you've been under and from a biochemical standpoint and also the mental emotional side of that.

And when I speak to women, they can literally recite that AMH number off by heart. They don't need to look at any kind of lab work. Nothing is like in there.

It's embedded in there. In there, you know, in their soul, because they feel that there's nothing else they can do. Meanwhile, in functional nutrition, functional medicine, 25 years later, you know, people are still being told the same thing.

But with functional medicine and functional nutrition, there's a lot of things we can do. And to me that's very, you know, really empowering. And I still think conventional medicine is missing, you know, missing the boat.

And we're not anti IVF. We're we're pro-health. Yeah. Yeah. So there's a couple of terms that you threw out there that I just want to like ground us and early menopause.

That idea is essentially based on what. Like a lot of times that they say you don't have a cycle for more than a year, you're in menopause. Well, we've had people that haven't had a cycle in ten years get their cycle back naturally.

The people would like some, you know, no cycle for three years in their forties and it comes back. So, you know, is it really menopause? We don't know.

Obviously, they're going to let you know conventional medicine is going to label it that way. But what are the what are what's what's driving it?

Looking Beyond Menopause: Thyroid, Gut, and Inflammation

Do we do we have a thyroid dysfunction which can impact your AMH and you're at this age and you're young and you're follicle count? Well, we see a lot of people with either either they have a known thyroid issues such as Hashimoto's, they have hypothyroidism, maybe they're on some some medication or they have a subclinical thyroid issue.

So it's not the actual thyroid, it's the liver, the gut. And and so medication can be part of that solution. But medication alone is abandoned. We need to dig deeper.

We see many people that have come to us and they've gone through multiple failed retrievals. Everything is like, you know, labeled that poor, poor quality or that or the cycle was canceled or they're labeled a poor responder and then they go to work and make these changes.

And we look at either food sensitivities. I just did a whole one hour podcast before here on my podcast all about the, the exciting, the exciting still tests and looking at the health of the gut, which is the foundation of all this piece, like, you know, the health of your gut, your ovaries are are, are highly correlated.

And if you've got an infection going on in your gut, then that can impact your AMH in your FSH. So you've got a

parasite. You see people with low emission, high disease with multiple parasites.

They have H. Pylori, so it's lowering or lowering their stomach acid. They have they have, you know, a non-celiac gluten sensitivity. We can see on the stool test they're still being exposed to gluten.

So all of those things is, you know, so the whole biochemical side of this and then also the mental emotional side of it is is key. And with a, you know, premature ovarian insufficiency or a diminished ovarian reserve diagnosis, it can be you know, it's it's it's devastating 1 to 1 a you know, a well-meaning, you know, RTI is telling you that donor eggs your only option.

And if you kind of just like, you know, stick with you and you can even if maybe feel there's no option to go forward. But I know for sure, like, there's we help people all the time, right.

You know, get pregnant naturally or improving their chances of pregnancy access, you know, at the clinic and like yesterday to speaking to like people going through like multiple miscarriages and like something that you, you know, you see all the time to people before they come to see you.

And it's it's devastating when we haven't worked on our health and working on those, you know, the foundational pillars to help to help improve this. Yeah. Yeah, absolutely.

I think that there are so many things that can be happening under the surface that we really need to dig into to get to that place of like, okay, we've actually gotten to optimize your health, your fertility and all of the different factors that could be connected to why you're not either.

You're you have low AMH and high FSH. You have recurrent pregnancies loss whatever the situation, it's what's underneath, what's going on underneath. So absolutely like so many things could be happening.

You name the few you name you talked about gut health and gut infections of thyroid imbalances, I'm going to call it. It's not necessarily disease in some way, it's just sleep.

Thyroid not functioning well. What are some of the other things that you commonly see happening in the low? AMH, high FSH people. Yeah, so we see a theme of non-celiac gluten sensitivity, gluten off the charts and some of the cross reactors with the gluten which are dairy, corn, oats.

And so as I'm not taking these foods out forever, it's as we, as we essentially do an elimination diet, take them off for ten days, then we will then we'll systematically reintroduce foods over the course of 30 days, tweaking that with food sensitivity testing, and then typically taking foods up for 60 to 90 days.

So then you can really calm the inflammation because if you got you know, if there's inflammation going on, your body wants to survive and not procreate.

So really looking at that food piece, a lot of times people are doing all these generalized, you know, following the fertility diet, doing carnivore or doing vegan, you know, more more plant based or maybe they're doing keto or paleo and all those things may have worked for someone, but are they right for you?

Is taking this this very personalized approach and it really, you know, fast tracks this and then we see the adrenal insufficiency. So typically probably people that you work with as well too, like a type-A like busy we work with a lot of people in health care have been burnt out teachers, nurses, doctors busy professionals that are like I was on yesterday, all last week working like 80 to 100 hours a week.

Well, when the baby comes, how are you even going to take care of the baby? Who's leaving? Work to pick the baby up. So to be able to do, you know, to mother and father yourself now before the child comes.

So if you're more than 50 hours like all that piece that the hours a week, you know, all that peace can be impacting your adrenals. Yeah.

Adrenal Stress, Toxic Burden, and Lifestyle Factors

So the stress from work, the stress from a toxic workplace, maybe you've you're dealing with, you know, a death in the family or there's been like an estrangement in the family.

Maybe you're maybe you're. I can't tell you how many people with a low image and high at this age. They're they're also so they're working full time, 40 to 50 hours a week.

Plus they're doing a graduate program we're working on. We're going to school as well doing that. Well, there's just, you know, how many people are doing master's and PhDs and, you know, how is that impacting their you know, their their stress?

Maybe they've had losses. So pregnancy losses, maybe they've gone through. Typically what we see with you know, I work with they've gone through repeat either they've gone through miscarriage, chemical pregnancy, they've been told they were poor responder, they've had canceled cycles.

They've gone through, you know, multiple IVF and it hasn't worked, but no one's, you know, looked at their health. So looking at that, that adrenal piece is key.

And then also we see the there's like a toxic burden. So we can see if there's, you know, the personal care that you're exposing, your personal care with all the chemicals you're exposed to, the the water that we drink, the air that we breathe, all that not to go crazy on all of it, but like if you got the Glade plug ins and you have those, you know, those candles and, you know, lit all over your house that are that are you're inhaling all these toxic fragrances.

Maybe maybe shift those out sooner than later. And then as each product in your, you know, your your cleaning chemicals and product and personal care products, as each one of those expires, then you can replace it.

And then also the like we talk about the gut infections. If you got a parasite or a bacterial infection or a fungal infection going on, you need to address that.

And the mental emotional piece on this too. So like we talk about the adrenals of the, the, you know, how that impacts the, the, the adrenals impact the thyroid which impacts the ovaries.

And so the mental emotional side of things to be able to get honest about that, that stops. I think sometimes people get very excited about the biochemical, but the mental emotional that like if there's been trauma that you've experienced, we will refer out to therapy or EMDR therapy or EFT.

So emotional freedom technique to be able to deal with that, that, that trauma piece because you can't outrun it. And speaking of running, we do see a lot of.

People that are. Over exercising. I can't tell you how many people are doing that with low emission, high for sage are joggers. And is that even though that's how you cope, is, you know, using having exercise, is that is that right for your body?

And maybe, you know, the next day you're kind of dragging your body and you're not you're not you're not doing that. Well, another another little interesting theme as we're seeing them breast implant people with breast implants.

Oh, totally healthy. Nothing going on. And I'm like, I don't want to offend you. I just want to ask a question. You know, when I'm speaking to people on Zoom, do you have breast implants?

Well, yes, I do. Okay. Well, maybe some of those toxins that are circulating, you know, circulating around your body, everything else is fine, but it's impacted your, you know, your reproductive health.

And also, we see blood sugar issues. We see a lot of people that have poor sleep, dysregulated sleep. Maybe

they're feeling hangry, sugar cravings. And then, you know, that can impact your your menstrual cycle, your ambulation.

So the the blood sugar piece there, too. So the good news is there's there's lots of things we can do in a very targeted manner like that, that that mind, body, spirit approach and be able to I think the conventional medicine still 25 years later like it is still missing about I speak probably same as you women all the time where they've been told you know you got a rash over here to IVF and then no one's looked at their health.

Yeah, yeah, absolutely. Do you find that women with low amh high FH that are maybe under 40 to 43 are maybe in a different category than those that are in their later forties?

Yeah. Because in the later forties, like we speak to women that are like they, they got this when they're in their early thirties and you know, and also we want to look at the genetic piece, right.

So we have a doctor on our team was trained and trained in functional medicine not you know she's an OB-GYN. And and so from is there a premature ovarian insufficiency piece?

Is there Fragile X or Turner syndrome? Is there a genetic piece? Need to look at people that we work with that that's not the case. It's just all of a sudden the ovaries have shut down.

A lot of times we find there's there's a lot of stress before before that. And so it can be like this is not a miracle cure here. Like this is not like people are saying, Sarah, can you guarantee me a baby?

I'm not guarantee you anything. Sorry. All I can tell, you know, all I can say is that that conventional medicine is not going to serve you here and they kind of kick you to the curb from out from from that piece.

But it's like let's take a very targeted approach. And looking at all those different pieces from the blood comes from the blood sugar to the thyroid to the got infections to the food sensitivities.

And, you know, what is it we can do to improve your chances here? And so, yes, someone that's got it early in the early thirties, either it can be easier.

We get people getting pregnant within 4 to 5 months. Other times, you know, like it can it can take a while and and some of those and sometimes it doesn't work, right?

So it's not that everyone magically, you know, they are dealing with diminished ovary reserve and premature ovary ovarian insufficiency. Magically we'll get pregnant, but with conventional medicine, they're giving you a 5% chance.

So we have a 50% higher chance of that actually percent chance. And so it's an an average, you know, success around 12 to 18 months. And so our program is six months and that's just the beginning.

And then you still need to then keep, you know, keep making these changes and a lot of times to however old you are, these things have been brewing in your body for years and years.

Again, some people, you know, will beat the odds there and get get get pregnant faster.

Conventional Medicine vs Functional Fertility Care

Other times it takes people longer. And there's like I'm doing a Q&A tonight on on my my platform. They're just all about that. The the partner and having a partner make these changes even though like we're dealing with female factor fertility low emission high this age we will coach the partner to we need to make sure his semen and his blood chemistry are in good shape.

And then sometimes, you know, the the female is kind of like reminding slash nagging the partner to take his supplements and don't drink and get out of the hot tub and like all these things and that it can really it can really

impact your relationship.

And then, you know, you're kind of stuck as a couple and everyone kind of around you or, you know, getting pregnant and and you're you're feeling kind of in a in a in a stuck spot.

So including your partner to to be able to if you are struggling as a part as a as a team, as a couple, to be able to improve that and be able to talk about it.

Or if you are doing well to just deepen that relationship. So you set a really strong a strong foundation because having having the partner with you and we do work with people that are single by choice to either manifesting their man and they work on their health and the man comes along or they're too busy using sperm donor.

So yeah. Are there things that conventional medicine is missing when they are talking to or trying to work with women that have this low aim HDFC scenario?

Yeah, a lot of times women will say, you know, I asked my RBI and he said, I asked him about diet lifestyle and he was like, well, it's, it's okay, but it's not it's it's not essential.

This is your, you know, you're asking the wrong person and they're highly trained what it is they're doing. And we are not anti IVF. You know, we're we're we're pro health.

But you need to have that team around you. And first of all, you're in the center of someone's like, you know, you're saying, I think there's something wrong with my thyroid.

My hair's falling out. I'm my hands are cold. My skin's as dry as a lizard and I've got low amh and they're like, Well, I'm only going to look at the TSA.

I'm not going to look at the full panel, then get a second. You'll get another provider. We can obviously help with that as well. But but yeah. So sometimes it's like that medical gaslighting where you go and you're like, I think there's something up with my blood sugar and they're like, Well, you're not, you're not prediabetic.

You're, you know. But is it it may be normal, but is it optimal? So instead, it's so conventional medicine will will mess things that are trending the wrong way.

So in this thing, it's not not typically a sick population. People aren't lying in their bed all day long, you know, clean to life, although some people can be quite unwell.

But most people are functioning. They're going to work. They're they're out in their community. They're doing their thing. But their reproductive health is struggling.

And they they've been struggling for trying for two or three, four or five years or more. And it's not working. And this will just take over their life.

I had one one couple tell me they've done like seven IBS and he's like, I'm just the the caboose on her train and I'm just going to keep I don't know when she'll stop and I'm just going to I'll keep going with her.

But like it was ripping apart their marriage and she and there's a biological thing and a woman, you can't even begin to describe it. It's, you know, biology as she was, you know, we want to have our baby and so and men equally do.

But it's it's a different it's a different, you know, you know how they handle it. So conventional medicine. Yeah, they're going to miss the thyroid piece.

They are not. They're going to maybe do a conventional stool test. And they're they're going to say everything's fine. They're going to have you do a celiac test.

You know, the current celiac test, the conventional ones only going to test for four for, you know, for for proteins and gluten, there's over 60. And so there are some false negatives.

You're like, well, I don't have celiac, but do you have non-celiac, gluten sensitivity, blood sugar? Maybe you don't have diabetes, but is your are you like all day long hangry?

You got the mood swings, you know, is your blood sugar pop and all? Is it is it optimal? And then, you know, and same with the gut infections. Hey, I went and had a stool test, didn't have H.

Pylori, which lowers your stomach acid and predisposes you to those, you know, so you can eat that beautiful, healthy diet, but you're not actually absorbing any nutrients.

And maybe you found out you have low vitamin D, but the conventional the conventional reference range for that is anything. So the functional reference range is 60 to 80 for vitamin D and the conventional one will say it's normal at 30.

While that's a hormone which is important for ankle and sperm health and if that's low, then against best ness, you might be told to supplement. But why is it low?

Is there a is there a gut infection under there with it, you know, with a low vitamin D, is there the immune issues, what you know, why is it low to begin with?

So I think, again, we're not opposed to conventional or or, you know, or IVF. But but there's just things that that functional medicine, partial attrition is just 20 years in the future.

And, you know, we're still not our our health care system is like that pill for the ill where you're like, here you go. And and in this case, you know, let's pump your body full of hormones.

And if you're I got a couple doing 16 IVs. Like, what is that doing to your health? We don't know. And, you know, obviously, I had both my kids are donor eggs and, you know, years later, my health took took a nosedive.

And and, you know, we don't know all those things that are that are being pumped into our body, what it's doing to our health and one can only assume doing that many is is not going to be good.

And and first of all, then why is it not working? So let's work on your health now. To me, you're in a very powerful position to make changes. And I think what a lot of people forget is that if you've done one, two, three IVF cycles, by that point, you should really know that if you don't change anything, your next three cycles are not going to be that different.

When we say Don't change anything, I'm not talking about like, did you change the medication dose? Did you change the type of medication at that? What you're really looking at like, okay, is there something else going on here that is causing the IVF to not have the outcome that it should have?

And I think a lot of people forget that. And then a lot of doctors don't necessarily advocate or like other types of things that you could be doing to support your IVF to work better.

So yeah, I think like you've said this a couple of times, like we're not anti IVF. I don't feel like I maintain IVF either. I just think that when we're going into it blind and we don't use the data that we collect from an IVF cycle and it is data, it's how many eggs were created, how many collected, how many retrieved, how many survived, how many made it to day five embryos.

All of that is information. And every single step of that process is really telling us what's happening in your body, like, where is this breaking down?

And we can use if you're going to go through IVF, you definitely use that data. That's a very expensive test for you

to be getting.

Mind-Body-Spirit Support for Fertility Panic

But for the women that like I met someone that had been through 12 IVF cycles or 11 actually when I talked to her and this clinic, very weird clinic, I don't remember the name of it, basically said to her, We will refund you if the 12th cycle doesn't work.

And I'm like, Well, if she's only 11 and failed, there's not going to be a different outcome here. And she's like, That's okay, I'm just going to go through it so I can get my money back.

Now I'm like, Oh my God. Like the the degree of at that point, it's not even am I going to get a positive outcome. She's actually hoping for a negative because she just wants her money back, but she's putting her body through that degree of hormones.

And and we don't know the impact that it has. I'm curious if you've seen I feel like this is specific to maybe women that already had some high, low AMH.

They go through IVF cycles and then their AMH is even lower. Yeah, I think it's that that is interesting to me because of all the stress that they've experienced through the IVF.

Right. And even though it's meaning your insurance covers it, we have a lot of people doing cycle after cycle and nothing's changed. You know, is how is that impacting your mental emotional?

And then if you had a chemical pregnancy or maybe there's a miscarriage or or you've you've gone in and you're I was talking to him the other day. He's like, I'm already like I already had my solution.

When we did the three IVF, I had my hopes up every time. And now I've had, you know, they've had miscarriage after miscarriage and the hopes have been dashed.

And he's like, I don't even I don't know. I'm just like, I feel jaded. And that's why we, you know, we say with the functional medicine function nutrition, you're going to have the data ahead of time.

You're going to know, okay, so we got to, you know, so there's adrenal issues being, you know, we need to work on that. Okay. There's a thyroid, you know, thyroid dysfunction.

Oh, you've got a gut infection or you got fluid sensitive. So you're going to have data in front of you to decide when to do the next IVF, because right now you're just going, okay, I'm going next month. That's what they told me to do.

Well, there's no data, except they're saying that the AMH is low. And we're saying before I went, we were chatting a little bit here, you know, 25 years ago when I was diagnosed with premature ovarian insufficiency, no one was measuring AMH So now I do believe it's it's use, I feel to use as a scare tactic, like giddy up, guys, you got to go right to IVF because your AMH is low.

Now, the FSA has obviously mean they've been measuring that for a while, but I just because that AMH is low piece, it does scare women and people in their thirties going, oh no.

And then we and then we just, you know, go there. And we have it worked on our health and we're in a panic and absolute panic. So I got. No I feel like Amy is also misunderstood a lot.

I think that the way that it was actually discovered is through IVF cycles. And what they found was, oh, women with a AMH below 1.06, which is generally the cutoff, had poorer IVF outcomes.

So they said women below 1.06 is too low, the average is too low or your your reserves are too low. But what people I feel like that range from 1.06 all the way down to point three.

They really get the worst end of the stick because the IVF doctors are like, you need to do IVF faster. You're asking more aggressively, more instantly.

And and that's actually the worst thing that they could be doing because we already know that the data says below 1.06 their chance of IVF being successful is already lower.

So why would we put your body through something that has lower chances than even the average of your age population? Why is that a good thing to do faster?

Like it just doesn't make any sense. And then we're like, Oh, by the way, we're going to push your body even harder. So you're going to get higher number of hormones, higher doses, and all of that is just going to deplete the egg quality. So when you like come out of this, it's it's sort of like, what?

Like none of this logically makes no sense, right? Like why would we do the thing that is actually shown is going to be the worst thing for you to do.

And we should do it faster. Harder. Yeah. Exact opposite of what it like to receive your body, your your baby. You're in a in a your body feels safe. You're you're in a like a not not in this like putting on your your hat and you're just like rushing towards something in a panic of of the impatience and the worry and the the the you're too old.

Your eggs are too old, and the whole thing's about to fall apart. And that's just doesn't serve anyone. And yeah, it's and and that's why a lot of times I'll say don't ranks so if it is low is low okay let's not do that because like they're saying that that that AMH they're pretty you know developed too to see how well you'll do with IVF.

And you know to me it's it's they've looked at the Romney we've missed the whole other side of things like just all those different health issues I've gone through and also didn't even talk about autoimmune disease.

So many people with low emission, high disease. Another thing we see is, is autoimmune disease typical either celiac rashes, lupus, you know, rheumatoid arthritis graves, like there's potentially an autoimmune disease and there you are rushing off to IVF and then, oh, that'll mean, you know, autoimmune disease in that, you know, that doesn't matter.

Well, functional medicine, functional nutrition like that is the only way to actually reverse that. And we've seen people be able to reverse it, get antibodies in the nine hundreds down to, you know, below ten.

So it's and you've got antibodies in begin with in the thyroid like it's you've got to address you've got to address that and conventional medicine misses the mark on that, too.

And again, this is thyroid medication can be part of it, but that alone is a band aid and and you need to dig deep, deep into the diet lifestyle piece and have someone guide you to fast track it because otherwise you're just going to be denying this and generalized recommendations that have worked for someone and they're just you're going to say, hey, it doesn't work.

That's because, you know, you followed a generalized guidelines. Yeah, yeah, absolutely. You were mentioning earlier about that panic that these women experience when they're told that they're in this like low ovarian reserve or whatever, we want to title it.

Hope, Action Steps, and Where to Find Sarah

But this picture of low AMH high office age and and it's it's like an instant stressor, like it literally puts you into survival, like, oh, my God, I'll never have this baby that I really, really, really want.

And I will do anything to get this. What are some of the mindset strategies or are mind body things that people could incorporate in those moments of panic and stress that really like if we stay in that mode, that's not going to serve at all.

Doesn't matter what you do. If we don't look at the mental, emotional, spiritual, he's under this, it becomes really, really challenging to be successful.

Yeah, that's why we do believe in the mind, body, spirit piece. And either it's your faith, you know, lean in on your faith piece. And as part of our program, we include a a session with to look at scripture from the Bible and be able to, you know, see if that's kind of giving you some, some peace of mind.

You lean heavily on that because sometimes we just have this deep knowing. We have a knowing it's going to work. Other times we could have negative now, you know, negatively hypnotize herself from the RTI who says it's not going to work.

And it's his voice stuck in our head, not our deep, knowing that, you know, everything's going to work out okay, I'm going to be okay. And that I've seen from the same from a spiritual standpoint.

We have like an energy and, you know, energetic session where it's being able to like pull, pull cards and spirit baby and all, all of that peace to be able to again, dig into your, you know, your intuition.

So you just have that that solid knowing that, you know, you're okay. And then we fine, you know, also our coaches are trained heart math. It's been used in, you know, for over 25 years, you know, for longer period studies were that it's been used in organizations, hospital settings and schools.

And so it can help you look at your HRV. And really, you know, if that's popping all around, maybe you're meditating all day long, but you're still like, we willing that to do list and all these things and you got the back of your mind.

You're really worrying. So maybe maybe that's impacting you know there's if you look up heart math, there's like a little two minute video, a little, you know, take you through it.

And it's just it's really it's it's a simple technique. Need to breathe into the heart space and focus on on someone that you love. And then just like showing, you know, bringing love into the heart space.

And there's a whole there's a whole, you know, methodology to other our coaches are trained in. But I think that to me it's like too that that spiritual piece of your intuition, your faith, whatever it is, lean in on that.

And that's what's going to that's what's going to stop the panic, the the the overwhelm and the impatience. So typically, this is a Type A woman. She is like an ambitious woman who has, you know, gone up the corporate ladder apparent, you know, you know, typically a done everything.

She probably, like highly educated, like smart, you know, smart women and everything. And so now they're thrown at the fertility journey from researching day and night.

Instead of researching, like hang out with your partner and having some intimacy, not all about baby making like lovemaking, you know, hang out with your friends.

Obviously, you need to, you know, protect yourself in that sort of thing. If it's if it's that they're all they've got babies all around them and maybe don't need to be the one that, you know, plans the baby shower and you can arrive late and, you know, don't go early.

But not to put joy on hold until we have our baby or we'll be happy then, like it's right now to mother yourself, put yourself first and be able to and is, you know, mother yourself now you know fathers self now.

Yeah. Yeah. Beautiful. What do you wish everyone knew about low AMH and high FSH. That there was something that we could do about it and that we can take action right now to you know with functional medicine with with functional nutrition, there are things we can do.

And as a as a recovering planner and, you know, that type like let's get things done, you know, that whole approach really appeals to me and people that we work with too.

So you'll have the data, you'll have the information. Do you have, you know, what is there infection? Is there imbalances? Is there you know, what's going on in there?

And then being able to in a targeted manner be able to make these changes and your you know, your body is is always whispering to you on you ignore the signals is going to shower you in the form of disease.

So right now, the, you know, the the the reproductive system is is under attack. And sometimes we can say, oh, well, that person down there doesn't have to go gluten free.

Or she over, she over there's, you know, eating a whole bunch of stuff and drinking and still got pregnant. But we don't know what's going on with her health.

So comparison of you know the for joy and be able to you know run your own race for people like myself who is diagnose apply people listening with low emission a high percentage that has impacted our fertility.

And so that's what it is. And so now we then need to then, you know, take, you know, have a plan to be able to to to make some changes in a targeted manner, to improve the chances of this working.

Lovely. Thank you so much for being here and sharing your story and the hope that really the low AMH high FSH pattern is something that can have a different outcome than that after a negative outcome that you have been told is likely for you, where is the best place for people to connect with you?

Yeah, they can check out or check on my podcast. Get Pregnant Naturally, I've got a free guide called The Ultimate Guide to Getting Pregnant This Year with low AMH and high FSH.

They go to a gpthisyear.com, get that guide. It talks about the themes we see. So some of the things we're talking about today, the diet. That's right.

That's right for that as well as there's some some blood chemistry in there. So if you have blood count, you can compare that and you can see where if you've been told things are normal, but are they optimal.

So yeah at gpthisyear.com Beautiful. Thank you so much for being with us today. And yeah, thank you for being here. The sun coming up. Thanks so much for having me.

Dr. Aumatma. I appreciate it.