



Conscious Life presents

Harmonizing Hormones

Guest: Dr Marc Sklar

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[00:00:09] Dr Anu Arasu

Welcome, everybody, I'm Dr Anu, co-host of the Hormone Super Conference. Today I'm joined by Dr Marc Sklar. Marc is a doctor of acupuncture and Chinese medicine. He's done training with Harvard Medical School and the Mind Body Institute. He's also the past President of the American Board of Oriental Reproductive Medicine. Welcome, Marc.

Dr Marc Sklar

Thank you Dr Anu, thanks for having me, I'm so excited to be here. I love talking about hormones and fertility, so this allows my day to start off on the right foot.

Dr Anu Arasu

This is such a huge topic. What are you typically seeing, Marc when people come into your clinic, what patterns are you seeing?

Dr Marc Sklar

That's a great question, and a big one to answer because it does vary. I'm sure that when you are in the clinic working with clients, there are some trends and tendencies and so forth, but we see so much variety and individuality as well. That's one thing that I love about what we do, it's also what I love about how we approach medicine, that individualized approach to meet patients, couples, and members of my program where they're at. That piece is really important.

It's interesting, sometimes we'll go through waves. I'm sure you noticed it where you see a little bit more of one thing or another. Right now, I'm going through a wave of seeing a lot more PCOS than other things, for whatever reason. But prior to that, I would have said for the nine months prior, I would have said that I wasn't seeing a lot of that. I was seeing more, in terms of older women who are having lower AMH and higher FSH, or women who are in good reproductive age, but still having those same issues, seeing lower AMH and high FSH. Or lots of irregularities with their menstrual cycle, even to the tune of amenorrhea, or hypothalamic amenorrhea.

[00:02:16] Dr Marc Sklar

These are things that rotate through. I would say the overarching themes that I see, regardless of how the universe decides to send us couples, is women who are trying to find answers. They are not clear as to why they've been struggling. They're not clear as to what has been the challenge, and they've been trying for years without success. That's definitely an overarching theme that I see.

Stress is always a through line, across the board with everybody, in varying degrees. Stress is a huge issue that we see. Sometimes that stress arises from the challenges of fertility, I was reading someone's paperwork yesterday, and she said, "Yes, I'm under a lot of stress. But 98% of it is because I'm going through fertility challenges." This is something that we see, but in one way or another, and in some degree or another, stress is always something that needs to be addressed and factored in.

I could go on because I feel I see so many different things. Gut issues are a huge issue in the work that I do, and in the discovery phase of trying to assess what couples are going through, and the challenges they arise. I see a lot of gut issues and a lot of toxin issues.

These things are areas that I feel need more attention when it comes to fertility and reproductive health, they get very little because we think of our bodies in these silos, and compartmentalized systems, that don't interact with one another. When a couple is starting to try to get pregnant, or they've been struggling for a little bit of time and they want support for it, naturally, their minds go to, Okay, what do I need to do for my ovaries, and my uterus, and my testes? What do I need to do to get those to function properly? They forget about everything else.

That can push us in the wrong direction pretty quickly. We have to remember, for everyone watching, that our bodies are not disjointed, they don't live in these little silos and they're not compartmentalized, as much as our modern medical system wants us to think that way, because of all the different specialties that we have in the in the world. Everything's communicating. The biggest thing that we need to do as individuals going through our fertility journey, is try to open up those walls and those doors, and think more broadly in terms of my overall health, and what do I need to do to be healthier?

Because my firm belief in what I've seen over the last 20 years, is that if we can get someone healthier, and fix all the things that are going on potentially, we create a much healthier, safer environment for fertility and reproductive health. And that fertility naturally improves, and couples naturally get pregnant. Those are things that I typically see, but I do think that we need to open that up a little bit more, and be more mindful of just getting healthier.

Dr Anu Arasu

That's a great overview. Tell us a bit about what you see with blood sugars in PCOS and fertility, what things are you seeing?

Dr Marc Sklar

Great question. I'm going to take the blood sugar issue a little bit further than PCOS. Something that I'm seeing more and more, is whether someone has PCOS or not, blood sugar is a vital

component that needs to be addressed. I'll briefly mention lower blood sugar, obviously, that needs to be supported properly. But the bigger issue, the bigger concern, and the one we see much more common is insulin resistance, and metabolic syndrome, on the verge of diabetes.

[00:06:42] Dr Marc Sklar

These are all things that are a big issue and very pervasive in modern culture because of our diets, our sedentary lifestyle, hereditary, it's been passed down. That's a huge thing. One of the things that I see quite a bit is it creates so much more inflammation. It creates potentially, not in everybody, but in many, this potential autoimmune component and response that happens. That is such an important piece when we're trying to regulate our hormones and support our body.

Blood sugar is huge, with PCOS it's a huge component. I don't always see it as productive dominant in PCOS as you would think, there is quite a bit of variation when we are working with polycystic ovarian syndrome women, but it's something that either needs to be ruled in or out and needs to be supported one way or another.

For everyone listening, if we can focus to some degree on having healthy blood sugar, because for some of us that's going to mean something different, I'm going to say regular blood sugar. You're doing your body a huge benefit and service, it allows an extra burden to be taken off of your system. It naturally reduces inflammation, you're going to sleep better, you're going to function better, you're going to have more energy.

Your endocrine system can do what it needs to do, in terms of focusing on regulating its hormones. It's such a huge and important issue that some of us who might be thin, like you or I, might not even put two thoughts into it, because we have this preconceived idea that you have to be overweight to have irregular blood sugar, and that could be a problem. The reality is I'm seeing it across the board with everybody, and we need to put more attention to it. With all these diets that we get attached to and fixated on, there are a lot of issues with it.

I've seen a lot of fasting, intermittent fasting. There's some research to show it can benefit blood sugar, but in those individuals who already have elevated blood sugar, and might have issues in those situations, I do think maybe in small doses, it can be beneficial.

I find that most of the individuals that I'm working with are undernourished, they're not eating enough, they are not getting enough calories, and they're not supporting their body properly. I'm seeing as a result of that, a dysregulation with their blood sugar. This is a huge issue and something that we need to support.

The general idea that we all need to take away from this is, I need to eat balanced meals, I need to eat regularly to support and nourish my body properly, I need to avoid processed sugars, and I need to exercise. The amount of people that don't move and exercise, is in and of itself, is a huge problem in our modern society. We're all sedentary, like you and I are at this moment sitting in front of a computer. It's only gotten worse in the last four years. We're not moving enough, we're not being active enough. I think that's a big thing.

[00:10:28] Dr Marc Sklar

Some of the work that I do foundationally with couples is I want them moving regularly on a daily basis. I want them to focus on good quality food, and eating a balanced meal. All of this stuff sounds really simple, but if we're not doing that on a daily basis, and if we're not putting enough attention on that, it's really easy for those things to just slip by the wayside, to reprioritize other things, to eat things that might be more convenient and not as good for us. It's a huge problem.

Dr Anu Arasu

The undernourished part is such a key aspect, isn't it? Because even if we're eating enough food or enough calories, we can still be undernourished if we're not getting the right nutrients. How big of an issue is that in fertility?

Dr Marc Sklar

The quality of the food with the proper nutrients in it is essential. We all need those building blocks, those key nutrients, to support our hormones. This will support overall general health. I started off by mentioning we need to be healthier to have good proper hormone balance and healthy reproductive function. Well, that starts with eating good quality food.

One of the things I often say to couples because I review everyone's diet logs. I ask them to do a diet journal for me, and I sit down and review it. One of the things I always say to them is, aside from any big or small adjustments that I make to your diet today, the number one thing that you should be focusing on is the quality of the food that you're eating. Where does the meat come from? Where does the poultry come from? Where does the dairy come from? Where do the fruits and vegetables come from? Are they conventional and sprayed with chemicals, pesticides, and toxins? Do they come from a good, healthy, nourished soil to provide good, proper nutrients? Or does it not? That is such a key component.

I say to them before you make all these grandiose changes of adding more of this, and less of that, and whatever else, you need to change foundationally how you're shopping for your food. Where you're getting your food? And the quality of that food. A lot of times that comes from shopping locally, not just at the grocery store locally, but really locally, at a local farmer's where you can get produce that's raised and farmed right there. Same thing with all the other meats, and so forth that you can get locally.

One, if we did that, we would be supporting a local community. But two, you're getting food from your area that hopefully is treated properly. You can ask the person who grew it, and raised it, did you use chemicals? Where did it come from? You can ask all the questions you want. For me, that's a huge piece. I know that's not always possible for everybody, and not maybe always on a regular basis, but it's a huge component that is really overlooked. So the quality of the food is number one.

Then after that, I want everyone to focus on eating enough healthy food. We don't eat enough vegetables, overall, we do not. Many people think vegetables are a potato, which is fine, yes, it's a root vegetable, but it's not the same thing as eating a variety of colors. It's not the same thing as eating your greens on a regular basis, daily basis.

[00:14:06] Dr Marc Sklar

I'm not sure about where you live, but where I live carbs are heavily sought out, it becomes a protein and carb meal versus a balanced meal. I think teaching couples how to eat balanced meals with proper amounts of protein, good healthy carbs, vegetables, and fat is one of the more important things that we can do. That's important with the food that we eat.

Dr Anu Arasu

Before you mentioned that you see people that have dysregulated blood sugars, you're seeing a lot of inflammation and autoimmunity. And of course, autoimmunity can then go on to affect the thyroid function. How much of a problem is that in subfertility?

Dr Marc Sklar

I often joke that the Holy Trinity in my office is blood sugar, thyroid, and adrenal function, those three. One, they often could look very similar to one another. When you're assessing somebody, a lot of the same symptomology will come up for any one of those. It's important that you rule out or rule in any one of those categories. It's much harder when someone has all three areas affected versus just one. It's not uncommon to have two.

Absolutely, stress is going to impact all of those, making it much harder for you to regulate your blood sugar, and make it much harder for you to regulate your thyroid function. From an immune component, thyroid autoimmunity is one of the more common things that I see across the board. We started off with PCOS, by the way, every time I see PCOS I have to rule out hypothyroidism and have to rule out Hashimoto's disease. It's the most common secondary issue I see in conjunction with PCOS.

Supporting proper healthy blood sugar, and reducing inflammation is going to impact those other systems, and thyroid function is essential. One of the more common things that I see with thyroid issues, if we have a standard, for lack of another word, standard hypothyroidism, that will make it much harder for someone to conceive. The other issue that we will see is with Hashimoto's or autoimmune thyroid, we will have a much harder time holding a pregnancy, or even getting pregnant, in terms of an implantation happening.

We have to address those things. Unfortunately, it's not necessarily a quick fix, and does take some time, not only to get it to a place where your thyroid and immune function are healthy but to be able to maintain that. That's also a challenge. It could be... Supporting that could be relatively strict and difficult for couples. I try to be as flexible and supportive as I can, but we need to get through a difficult, sometimes often a more difficult, challenging time in the beginning, because of all the changes that need to be made.

To get to a place where we're more comfortable, everything's working well and we're used to it. I'd like to think, because this is a common question that gets answered, is this a lifelong thing? Is this going to be something that I can change? Will I be able to fix it forever? I'd like to think that we can get to a place for many of us, but it's not always possible.

[00:17:51] Dr Marc Sklar

It's also not always possible for that to happen so quickly. And for most of us, much of what we're going to achieve when we're looking for that long term, do I have to continually support this long term? I like to think of it as, where are you going to be after you're done having children? Postpartum. Because up until that point, I just want to make sure everything stays stable.

I think we have a lot more flexibility to play with it, how we manage it, after you're done conceiving, you've already given birth, and you have your children. I think we have some flexibility there. But thyroid function is so key, and so important for maintaining a healthy pregnancy, and having healthy children, that it's not something I'm comfortable with messing with once we've got it to a good place until someone gets to that point in time. I do think it's possible that it doesn't necessarily have to be a forever thing, but I think it takes some time before we can get to that point.

Dr Anu Arasu

One of the other things that you mentioned that you saw, was cases of functional hypothalamic amenorrhea, when women have had their periods and then they've lost their periods. How do you approach that from a fertility perspective?

Dr Marc Sklar

It's challenging, it's not always easy. Hypothalamic amenorrhea is a challenge overall. With that being said, we've had some amazing successes over the years, but it's not a quick fix. This is something that takes time and a lot of patience.

The first thing that needs to be assessed in a situation like this is, how much time is the couple going to give themselves to get to a better place. If they're older, let's say, closer to 40, time is of the essence here. Or at least in their minds, time is of the essence, because typically they want more than one child. They've already put in all this time and energy.

I don't think we have enough time because they're not able to give enough time to that process to see the change. We might be working with a combination of things, hormone therapy, a natural approach, IVF. It depends on what the circumstance is, and how much time the couple is willing to put in and give to the process. The younger they are the more opportunity we have.

That is really key because it takes off one aspect of the burden, which is the stress component, because the less time you have, the more stress is a component. Because they're pressured by trying to make all those decisions and wanting to see change as soon as possible. That's a concern. When we start working with couples with enough time, then first and foremost, manage time.

The next thing is getting to a key piece of why they're having this issue. I have a woman right now who has this exact issue. It all started because of stress, the stress emotionally, but also the stress she was putting on her body physically, she was overdoing it with a lot of marathons, she was training, heavy training, and she caused a huge problem to her body.

[00:21:39] Dr Marc Sklar

In the last four years, she has only gotten her cycle twice on her own. I looked at her and I said, "How important is this to you to get a regular cycle and have children?" She said, "It's my number one priority." Okay, then you're going to have to make real changes in your lifestyle, which is going to be difficult for you because you're used to doing something else for you that feeds your soul. You think of it as de-stressing, but it's causing a stress on your body. It's part of who you are, so when I say to you, you cannot exercise more than walking, to someone who's been running, doing CrossFit, and whatever else, that's a huge, difficult change to make.

To everybody listening, I want to show you what's possible when you do commit to something like this, and you do see the change. I've been working with her for two months, she has not had a cycle for the prior two years. She stopped crazy exercising, and I got her to make sure she was eating and nourished. We talked earlier about making sure you're getting enough calories, and that there's nourishment and nutrients. Made sure she was eating properly and put her on some supplements. She just got her cycle for the first time.

Now, she was super excited, and so was I. That's not good enough, one cycle doesn't tell me we've fixed anything. One cycle tells me we're making a change, but we haven't fixed anything. I want to see three consecutive cycles. One thing I'm also having to do with her, is I'm having to teach her how to read her cycle and understand her cycle and her hormones because now she's tracking them. This is all education that allows her to better understand her body, and be able to not have to rely on me to support herself moving forward in the future.

I'm not stopping her from trying to conceive by the way, you can keep trying as much as you want, it's totally fine. But my goal, first and foremost, is to get you to have three cycles. I do not even care how regular they are, although I would prefer that they're more regular. But I want three cycles in a relatively reasonable time frame. Then we start to manage that better, we see that her body is responding, and she's doing all the changes I needed her to do.

Then we say, okay, we want to make sure this is as close to 28 to 30 days as possible, which I think in her case we can get. Now she's at an amazing place to just try, try naturally.

She was at the point where she was considering going to IVF, and she's young, she's in her early 30s. There's no reason to jump to IVF at this point in time because they wouldn't even focus on fixing this issue. They would bypass it to try to create an embryo and get pregnant, which is fine for some people, no issue with that. But really for her, I think she has such a huge opportunity to regulate her cycles, and learn what's okay for her body, and what's not, so that we can get her to a place where she can have regular cycles. This is working out for her.

It's not always that fast. I didn't expect it to be two months for her, because in my previous work with hypothalamic amenorrhea, it's taken a minimum of six months to see the changes that we wanted to see.

Dr Anu Arasu

I love that you're laying out the timeline like that because it's absolutely true that time is of the essence in functional hypothalamic amenorrhea. And yet we see so many women who have been

put on the pill to cover, disguise the problem. Then when it comes to fertility, they're offered IVF, which is a hard route, it's a hard route to go through.

[00:25:39] Dr Anu Arasu

Actually, naturally, there's so much one can be doing. There are things like hormones, bioidentical hormones are fantastic at restoring cycles, and they're not like a contraceptive, they're not suppressing or masking the ovaries. That's a really very powerful piece.

The other piece that you mentioned that you saw quite a lot of, was older women who wanted to get pregnant, and they're on that verge of the FSH creeping up, their AMH anti-mullerian hormone, which is a marker of ovarian reserve, just dropping a little bit. What do you tend to tell those women?

Dr Marc Sklar

Those women have a ton of opportunity, and a huge part of the couples who I work with, and support, do fall into that category. They're either exactly the way you described it, they're maybe on the verge of their late 30s, early 40s, and some of those hormones are shifting exactly the way you've said, or they're older than that, and those hormones have shifted a little bit more extreme than that. That's a big part of the community that I support.

First and foremost, I want to mention to everybody listening, that just because you're older doesn't mean that you have egg quality issues, or that you have low ovarian reserve. I want to say that out loud because there's an assumption that's made, I see this every day, that they've either read, or they've been told, that they have poor egg quality or low ovarian reserve. But when you look at their FSH and AMH, that's not necessarily true. It's really important that we understand what those levels should be for your age, and what's appropriate.

Secondly, the focus I have with those individuals, especially if they're concerned about their AMH levels, which is not my favorite marker, by the way, and I do not believe is a true indicator of ovarian reserve long term. It's something we test because we should have the information, but it's not something I rely on dramatically. But what I tell everybody, it's not about how many eggs you have to use on any given cycle, it's about the quality of the eggs that you are producing.

For me, the most important is going to be the quality of the eggs. With that, I would lean on supporting FSH over AMH any day. But I want to make sure that that's an issue. We've talked about all these other issues that can make it feel like we have egg quality issues. But often, I would say 50% of the women that approach me and say they have egg quality issues, or have been told that, really don't. I want that to be set from the beginning, that's why I take this broad approach to make sure we're looking at everyone as an individual, and making sure that we're addressing the areas that need to be supported.

But let's say someone does have elevated FSH to some degree and lower AMH to some degree. AMH should be a marker that theoretically tells us, this is the number, and this means you have X amount of eggs left.

[00:29:10] Dr Marc Sklar

For me, it's more important that you're ovulating regularly and menstruating regularly. If we're going to look at how many eggs we have on any given cycle, I'd much prefer an ultrasound than an AMH marker on a regular basis, because it's going to tell me what you have for that cycle, and what can be used on that given cycle.

Now, with that being said, I also think if you're trying naturally... By the way, you only should be releasing one egg when you ovulate. On some occasions, we release more, but usually, it's just one. I don't need all 4, 5, or 10 of those follicles to mature and grow on any given cycle. I need the good one, I need the best one. That's why my focus is on quality.

Then it's about finding why your numbers are where they are. Why is your AMH lower than we would have expected it to be? Why is your FSH higher than we would have expected it to be? Those are not reasons. Being given the diagnosis of high FSH, or low AMH, is not in and of itself a root cause for what is going on.

We need to take a step back, and then take another broader approach and say, well, what is impacting those numbers? What is causing that to happen? We've already started talking throughout this conversation about all the other reasons that could be impacting this. Your digestive system, your stress, your lifestyle, lack of sleep, environmental toxins, physical trauma in some way, emotional trauma. These are all real reasons why, and then some, autoimmune issues, I'm leaving things out, poor blood circulation. These are all real reasons why those numbers can be impacted.

I want everyone listening to say, don't take that information as the answer and then say, oh, okay, I need to go move forward with IVF. Yes, maybe you do need IVF, but it's not going to address those issues. It's not going to fix potentially those issues, it's going to bypass those issues. Often it doesn't do it well, it doesn't bypass those areas well. My goal, even if someone does need IVF, is I want to get them to a good place where they can be more successful, and have a much better outcome when they do go through it.

Because if your FSH is high, and your fertility doctor is giving you FSH to stimulate your ovaries, and allow those follicles to mature and grow, you're already putting yourself in a difficult situation, because your body was not meant to have more FSH when it's already elevated, or trending in that direction.

That needs to be managed in a different way, but conventional IVF does not support that model. They're going to give you too much FSH, and what I typically see in that situation, is that the ovaries start to shut down. They respond in the opposite way, as in other than what would be expected because they don't want more FSH, that's not normal for them.

We have to be careful when we get this information, then assume that the solution is IVF, because that's what we've been told. We want to get to the root issue. Everybody watching can to some degree, they might not be able to do this all on their own to get through the whole process and support themselves, but they could objectively assess their health, their lifestyle, and their life to understand what areas need more attention, potentially.

[00:33:14] Dr Marc Sklar

Maybe you're going to miss some things because some things are not outwardly seen, you have to do some testing for it. But in general, I think we can all recognize, oh, I don't get enough sleep, or I'm too stressed, or I don't eat well enough, or I work too much, or I don't exercise. Or my whole life I've had digestive issues and I've placated them, I haven't really addressed them.

Whatever the issue is, we all can inherently, if we take a little bit of time, take a step back, breathe, take a moment to think, maybe an hour to think, what is my body telling me? What areas need some more support? Then you go get the help for that. Again, you might be missing something, and that's where professionals can step in and do a much broader assessment, find things that you couldn't see, and support that.

But we can all know if we're ready to get pregnant or not, and if we do find that there are areas that are off, where we can start. That's really important because if you can objectively see that, you're already taking a step to recognize, that I need help. I know that there's something else that needs support, and I don't know how to do it on my own. I need to get the support that I need to do that.

Dr Anu Arasu

This is becoming such a growing issue, isn't it? Because more and more women want to have kids later, and there's so much we can do to support them, like all the methods you've said, and things like natural progesterone should they fall pregnant to reduce the risk of miscarriage. There is a lot out there, and that's good for people to know.

Dr Marc Sklar

When these women are trying to get pregnant later, they focus so much on their age. They focus so much that they waited too long. Listen, the things you cannot change are the past, in waiting too long, so let's not focus on it. Also, of all the things you can control and change, you cannot change your age, you can't change how long you've been on this Earth. To spend our energy, time, and resources focusing on our age is not going to benefit us.

What we can do is focus on our cellular age. How can we improve the age and health of our cells, and our body? And that's all the things that we've been talking about. If we focus on that, then you have a lot of control, and a lot of power to make changes and get the results that you're looking for.

Dr Anu Arasu

Hormones are so responsive to this particular part. How do you find the piece with Chinese medicine and hormone balance?

Dr Marc Sklar

I love it, I think it's so powerful, it works better when it is integrated with a functional medicine approach, which is the approach that I take, but I love Chinese medicine. One, talking about acupuncture, from an ability to increase blood circulation, regulate your nervous system, support

homeostasis, and work with the rhythms of your menstrual cycle, acupuncture is amazing at that. There's a ton of research to support acupuncture and fertility. That is number one.

[00:36:42] Dr Marc Sklar

But when we're trying to make changes physiologically and ongoingly with hormones and our endocrine system, that's really where I do rely on Chinese herbs quite a bit. It's not the only thing that I'll do. I'll do a lot with nutraceuticals and supplements, and I like to blend those.

But one of the beautiful things about Chinese medicine is that it doesn't treat one specific... A formula, an herbal formula, doesn't treat one specific thing or doesn't have to. It can be composed in such a way that it addresses multiple areas that are off in someone's body simultaneously. That's such a beautiful thing.

I do think we need to be careful with Chinese herbs, one in its use in conjunction with other supplements. One is its use in conjunction with medication, especially if someone's going through fertility treatments because there's not a lot of research around that combination.

I also think that we need to be careful, because what I've seen over the years is a lot of providers who use Chinese medicine get fixated on one symptom, or one issue with someone, and that's what they're prescribing a formula for, as opposed to what is the patient's goal? What is the patient trying to achieve? Where are they trying to go? And what's their main objective? And then that needs to be focused a little bit more directly on that.

The other thing I'm not a huge fan of is there's this belief and model in Chinese medicine, that you give an herbal formula for every phase of a woman's cycle. In Chinese medicine, four phases to a woman's cycle, and you would modify that formula based on that. So menstruation, the follicular phase, ovulation, and the luteal phase. That you would give them four different formulas, and change it almost weekly around someone's cycle.

I think that can be beneficial potentially in someone who maybe has hypothalamic amenorrhea and needs support at different phases for different hormones. But in general, I don't believe that that model works, and I haven't seen it work enough for me to believe in it long-term.

Most individuals need one root-focused formula to address, to support them, throughout their cycle, maybe at most two for one half of the cycle, and the other, but they don't need four. I think those are the providers that they're seeing, typically that do that are young in practice, don't have a lot of experience with fertility, and they see these four formulas, and they're like, oh yeah, someone told me I can do this and help someone get pregnant.

It's okay, but I think that a formula needs to be specifically either designed or chosen for that individual, based on their root issues, that they should be able to take almost the entire menstrual cycle.

Dr Anu Arasu

Interesting, because there is a lot of attention out there at the moment, isn't there, about cycling many things.

[00:40:09] Dr Anu Arasu

But what you're saying, which I think is a very important take-home message, is for each person there'll be maybe one or two main underlying issues, whether that's detoxification, or the gut, or the adrenals, and honing in on that could have more power, has more power.

Dr Marc Sklar

I'm a fan of, with nutraceuticals and Chinese herbs, to come up with a process, we don't have to do everything all at one time. I know that couples want results ASAP, and they would like everything treated at the same time. But if you do that, you're giving them a huge list. I already use a lot of supplements, so I try to pair that down as much as I can.

Ideally, you're going to do this in phases. If you do need to detoxify, I don't like to do anything else, I like to do that, and make sure that's taken care of. Then I move on to the next phase of things, and then potentially the next phase.

Modifying your supplements, your herbs, and whatever else you're recommending throughout the process. You've given it to them, you're seeing progress, you see a change after a period of two, three months, let's adjust if we can, maybe let's pair it down.

Someone shouldn't be staying on something long-term for a year or more, it's probably not going to benefit them at that point, and things need to be modified. That's one of the mistakes I see by couples, is that they'll get support, they get a plan, and they don't circle back with the provider. They just assume, or they forget whatever it is, that they should stay on this long term. That's not healthy for them either. Ideally, you want to check-in, am I seeing the progress I should be seeing? Are we seeing the change? Then what do we do from there? You need that ongoing support and hopefully, progress check-ins and modifications so that we can support you properly, but you shouldn't be on all these things forever.

Dr Anu Arasu

We're also in a phase of seeing testosterone levels on the decrease, sperm counts on the decrease. What do you say to men out there who are having fertility issues?

Dr Marc Sklar

I'm happy you brought this up. I thought about it a moment ago when we were talking, and I was like, oh I hope we talk about men because there's so much to say here. 50% of all fertility issues are male factor, and I want everyone to hear that. This is not exclusively a female issue.

This is a combined issue, male and female. Even if it's miscarriages, reoccurring pregnancy loss, 50% of all miscarriages are male factor related. We need to make sure that we are supporting both sides, both partners in this process. That's essential for getting overall progress.

Good healthy sperm is important. Now, that's hard right now because all we've been seeing for the last 50 years is a decline in sperm count and quality. That's a direct reflection of the modern world we live in, the amount of toxins that sperm are exposed to or humans, the amount of stress that

we're under, the type of lifestyle that we have, overindulging alcohol, food, whatever it might be, this is impacting our sperm quality.

[00:43:30] Dr Marc Sklar

To me, sperm is a direct indicator of someone's overall health. Doing a semen analysis, and seeing what it looks like gives me so much information to the health of that individual. I think this should be part of someone's annual workup. If men went in for annual workups, I feel like this should be part of their annual workup, because it gives us so much information about what's going on.

We've seen such a decline that we are now comfortable with such small numbers and parameters as being normal when it comes to sperm. For instance, sperm count used to be considered normal, 100 million, 50 million. Over the years, it's just decreased. Now, what's considered normal is 15 million, that's nowhere near 100. This is a huge problem that we're seeing, and it's something that we need to take note of.

Sperm are sensitive and volatile. They're influenced very much by small changes or small impacts, both positively and negatively. If you're around a lot of chemicals, if the testes get overheated, we're going to see a huge decline in those numbers. But if we clean up our environment, if we make sure that we don't overheat the testes, if we nourish our body with good food, if we exercise properly, if we get plenty of sleep, if we take care of ourselves, barring any physical blockages and obstructions, we will see positive change in sperm parameters.

This is important. One of the things I want to hit home on here is, that we need men to take more responsibility over their health, and be a joint partner on the fertility journey with their partners. It's not just about egg quality. You might be told that, you might read it, and I'm telling you the only reason you hear more about that, about focusing on egg quality, and sperm is not an issue is because of the prevalence and increased use of IVF. Even then, I would say that's still not a good enough reason.

We want to give them, even if you're going through an IVF, the best sperm to choose from, not the worst sperm to choose from. There's only so much they can do when they're picking. They can't look cellularly because when you look at the DNA and the morphology of sperm, you end up having to, unfortunately, kill the sperm to do that. They can't do that on an IVF cycle because they need to use the sperm. They're making the best guess. Well, if we give them small numbers to choose from, there's not a lot, they're not great, but you can go find one or two to match the amount of eggs you have.

Okay, that's fine. But really, is that what we want to do? Just give them the best of the worst? That's not ideal, that's not what you want your child to be, because that's what you're creating. You don't want your child to be the best of the worst. I know that sounds awful, but that's the image I have. We want to create healthy children so that they can create healthy children for generations. That means you have to be as healthy as possible.

And as a man, that means you need to take responsibility for what your part is in this process to create children. That goes above and beyond, I want to stress that here because it's not... I can't tell you how many men ignore this, don't listen. It's difficult to get them to do a semen analysis. If

you want to have children, and you want to have a good long lasting relationship, be an active participant in the fertility process, please.

[00:47:36] Dr Anu Arasu

That is a really, really powerful message. If there's one thing that you would say to everyone out there listening that they could implement today, what would it be?

Dr Marc Sklar

I think us personally assessing our own lifestyles, and picking the one or two things that you can control, and that you can change. If it means better diets and better cooking habits, let's do it. Getting to bed earlier and getting enough sleep, let's do it. Managing your stress better, or a little bit of exercise, getting rid of toxins in your household.

Whatever it is that you know that you could do, pick one or two things and focus on that. Once you've got that down solid and you know, okay, I can do this, it's part of my routine, now you add something else. Then if you need support, reach out to someone who knows what they're doing, has experience, who can support you through that.

Dr Anu Arasu

Fantastic. Marc, thank you so much for joining us today and explaining everything as you have.

Dr Marc Sklar

Thanks for having me, I appreciate it.