



Episode 18: How Your Fatigue Might Be Causing Your Infertility

Evan H. Hirsch, MD: Hello, and welcome to the Fix Your Fatigue Podcast. Whether you can't get out of bed in the morning, your energy crashes throughout the day, or you're a biohacker looking to optimize your energy, productivity, and focus. This podcast is for you. I am Dr. Evan Hirsch. And I will be your host on your journey to resolving fatigue and optimizing your energy. And we'll be interviewing some of the top leaders in the world on fatigue resolution. Welcome.

Evan H. Hirsch, MD: Hey everybody. Welcome to another episode of the Fix Your Fatigue Podcast. I'm so glad you're here joining us today. So I'm really excited about our guest. So Dr. Aumatma is our guest today. She is a naturopathic doctor and nutritionist in practice for close to 15 years. She specializes in women's health. Is the best-selling author of *Fertility Secrets: What your Doctor didn't tell you about Baby-Making*, and is a sought after speaker on topics related to women's health and empowerment.

Dr. Aumatma was awarded the best Naturopathic Medicine Doctor award locally in 2015 and 2020 and recognized as a Top Women in Medicine Doctor in 2020. In addition to supporting couples through individualized care in person and long-distance, she also trains practitioners who want to specialize in fertility. Dr. Aumatma has been featured on ABC, Fox, CBS, KTLA, Mindbodygreen, The Bump, and others, along with being interviewed for countless podcasts on topics of fertility, pregnancy, and postpartum health. And today, we're going to be talking about fatigue and how it can be related or how it can be causing your infertility. So, Dr. Aumatma, thanks so much for being with me today.

Dr. Aumatma: Thanks for having me. I'm so excited to be here.

Evan H. Hirsch, MD: Yes. So the first question that I always like to ask people is really about their journey. What brought you to this place? Why do you specialize in fertility?

Dr. Aumatma: That's a great question. I started out actually as a naturopathic doctor, we kind of trained in everything, and we do everything, and that was my perspective forever. People would say, "Oh, what do you specialize in?" And I'd be like homeopathy.

And that was me for so long that I don't, whatever, that's just what I was doing. And then I was married to this man and realized like a year into our marriage that I was married to the wrong person. And there was no way I wanted to have babies with him. And that's when it, like, hit me really hard.

I was like, "Oh my God, what am I doing? And what am I going to do about my fertility?" Because 35 is right around the corner. And they say it goes down the shithole I'm 35. So I kind of started researching just for myself, and I was just at the misinformation that women were being told around their fertility, like even me in naturopathic school had learned that at 35, your fertility goes down the drain and you, if you don't get your act together before, then you're going to be shooting yourself in the foot.

So I really like took it to heart and started telling women around me, I was like, listen, you don't have to worry about this. Like, just because you're over 35 doesn't mean anything. And I kind of fell into it like the more I talked about it, the more women were like, "Oh, that's an interesting perspective. Maybe you could help me with my fertility." And that's kind of how it kind of started there. I ended up landing myself in a fertility acupuncture clinic where the head acupuncturists was just like, "Oh, you do fertility. Great. Here are all these patients that haven't gotten pregnant yet." And that was the start of like, "Oh wow. Naturopathic medicine is amazing at really like solving this problem that people, so many couples have." and I think that I was just coming from a different perspective like it was acupuncture is great.

There's so much research around it, but when it comes to naturopathic medicine, there really wasn't that much. There's like few supplements and herbs here and there, but no one has no one at the time, this is ten years ago, no one had really put together a program that really hit on all the different aspects of why people were struggling with fertility. So that's really like what ended up happening for me is like, here's this program, here's how we're going to move people through the process. Not that there's a protocol for that we use for everyone, but just to kind of a guide and a thought process that's behind what it is that's going to, what are we going to need to do to get you to that point of being fertile.

Evan H. Hirsch, MD: Yes. So I really want to get into the relationship between fatigue and infertility, but I'd like to kind of follow up on what you're just talking about. So I'd love to hear about your program and what your methodology is that it kind of addresses all these things that you see.

Dr. Aumatma: Yes. It's really like, I like to simplify things. So it's a four-step process discover, detox, rebalance, receive. So each phase of the program is really designed to have one crucial outcome. So the first phase is discover. What is the root cause of why you're dealing with infertility? Right? So if we can answer that question, then we're going to have a whole strategy that goes with supporting this person or this couple to getting fertile and getting pregnant. So discover is first.

Detox, I feel like detox is so important. One of my, when I was doing that initial research, I think the stats were like 267 toxins floating around in a baby's bloodstream at birth. That scared the crap out of me. And I was, "Oh my God, why aren't we doing

something about this?" So detox is number two. A lot of people come in and say, "Oh, I've already done this detox and that detox." And we're like, this is a really like fertility specific detox. So our goal is not only to detox your body but make sure that you're coming out of it nourished rather than depleted. So that's the detox phase.

And then rebalance is really where we're working on egg quality, sperm health, nutrients, adrenals, thyroid, like the whole gamut of what might be going on under the surface that's causing or leading to infertility and then receive, which is our mind-body phase. And I'm a big believer that our mind and body are connected and that we need to, especially on the fertility journey, it's like, it's such a struggle for so many couples that by the time they get to my office, they've already got like pounds of grief and emotions around their fertility journey that really just, I try to like have them release from their bodies so that it's not impacting their outcomes in the future.

Evan H. Hirsch, MD: Yes. I can imagine that there's a lot. We went through a miscarriage, and then it's stressful every time you're, being intimate, you're like, "Is this going to happen? Is it not going to happen? How is it? Are we going to have another miscarriage?" And so I can imagine that's probably similar for people where they're like, they can't really just enjoy the process of making a baby just as one aspect of this and that it can be more stressful sometimes.

Dr. Aumatma: Absolutely. Miscarriages are such a big component. And sometimes people don't think of it as fertility necessarily because they're like, well, I get pregnant just fine, but that fecundity or the ability to carry to term is just as important. And it's definitely like going through a loss is something that's so intense and so deep that it really does it, like the healing that needs to happen after that. Most people are not being paid attention to in that way. And I don't know about what your journey was like, but I feel like a lot of my patients, their doctors, say, "Oh, it's fine. It happens. Move on. You'll get pregnant again. It'll be okay."

Evan H. Hirsch, MD: Right.

Dr. Aumatma: Wait, you just suffered this huge loss.

Evan H. Hirsch, MD: Right.

Dr. Aumatma: Can we pause for a second and just feel the grief and work through that before going on to getting pregnant again. So yes, I think especially like a lot of, or not a lot, but quite a lot, a good percentage of our couples come in with like three pregnancy losses, and they're all consecutive. So at that point, it's scary. They're like, "Oh my God, I don't even know if I want to get pregnant again because I just went through like three back-to-back losses, and I've been on this journey for three years. I'm not sure I'm ready to get pregnant." So it's almost scary at that point to even think about conceiving. So yes.

Evan H. Hirsch, MD: It's a bit of a, it can be a bit of a rollercoaster. It sounds like.

Dr. Aumatma: Yes. Yes.

Evan H. Hirsch, MD: Yes. I think what I know now, I would've, we would have probably either gone into some sort of therapy or maybe, if there was, I don't even know if there's a program out there now, but gone into a program on pregnancy loss. Just to kind of really try to cleanse ourselves because like you said, I think that's, it's so important in so many ways to cleanse ourselves before we are before we get pregnant.

Dr. Aumatma: Yes. Yes.

Evan H. Hirsch, MD: Awesome. So let's talk about fatigue and fertility. What is the relationship here?

Dr. Aumatma: So there is there, I would say that at the very like basic level if you don't have energy or your body doesn't feel like you have enough energy to sustain your own life, there's no way that it's going to give new life, right?

Evan H. Hirsch, MD: That's a great way to say it. Right?

Dr. Aumatma: If you're tired and you're depleted, there's no way your body's like, yes, let's go make a baby. The baby, that's going to like steal all of your nutrients and steal all of your energy. Like probably not going to happen. So on the very basic level, that's true. And I think that I often say that our reproductive system is the last system to turn on and the first system to go, meaning that as we're healing, there's a whole hierarchy of healing, adrenals, thyroid, gut. They're all interconnected, but until all of those systems are on, there's no way reproductive system comes back online, and similarly, reproduction is not essential to our survival. It is essential to human species survival, but it's not essential to our physical survival.

So in the hierarchy of needs, it's kind of like, well, we can push that one away because we don't have energy to function. Let's leave the reproductive stuff alone. So our bodies just kind of like turned that switch off because there isn't that like overflow or abundance that can flow into the next generation in our bodies. And from the Chinese medicine perspective, I studied a lot of Chinese medicine. I bring a lot of it into the practice, and it's Chinese medicine calls it Kidney Jing.

It's, the jing is the essence of our human body. And it's also the essence that we pass on. And it's kind of like the jing is what we inherited as well as what we have to sustain through our lives with some old school, Chinese medicine doctors will say, when you don't have jing, that's it. It's time for you to go, meaning you're probably going to die soon if you don't have jing left. So that jing is meant to survive, to help us survive through our entire life. And that jing is the template that we're going to pass off to our child. So from that perspective, it's, we can kind of correlate jing.

There's no like one to one correlation, but jing is sort of like adrenal energy at its core. So it's not even like adrenal energy in terms of hormones and stuff like that. It's like our foundation, even below that point. So if we don't have enough of that energy, there's no, no possibility of passing it on to the child. So often, luckily, I feel like what ends up

happening is couples that are trying to conceive when they're in there, like mid-twenties to mid-thirties. They're like, well, I'm, my energy is still good, but it's starting to show up in other things.

So when, and this, you do a lot of adrenal health, I'm guessing. So when you have that, like, the shift of I am stressed out, but it's not necessarily immediately showing in the energy levels, but it's showing in other ways, in terms of anxiety, depression feeling like you're not getting good sleep are actually having insomnia, like all these other symptoms that are not exactly like, "Oh but my energy is good." It's like, yes, your energy is good for now, but keep going on this path, and you're going to, by the time you get to 40, you will see those changes where you're like, yes, I'm just tired. And my body's not recovering as quickly.

And all of those kind of later symptoms that come up that sometimes on the fertility journey, they're not necessarily coming in saying, "Hey, doc, I'm exhausted." But they're coming and saying, "Hey doc, I don't feel so good. And I have this anxiety, and I'm not able to sleep, and I can't get pregnant." So it shows a little differently when they're younger, but definitely by the forties, our couples are like, yes, I'm pretty tired. And they're not even fully aware of it because there are so on the, like, how do we get pregnant? How do we get pregnant? And they're not pausing to like think, Oh, I actually need to work on this foundational stuff before I get pregnant.

Evan H. Hirsch, MD: Right. And it seems like fatigue is a harbinger. Like it's a warning. It's saying, "Hey, there's a problem here." And the causes which we can get into in a minute of infertility, I would imagine, are probably very similar to the causes of fatigue. So that if you see that you're having fatigue, you know, oftentimes you go through a program like you have, or I have, and you're going to resolve both at the same time. I would imagine.

Dr. Aumatma: Yes, exactly. Exactly. Like a lot of, in the beginning, I think women used to come in and say, "Oh, I wanted to do your program, but I'm going to wait until I finish figure out my gut health." How does that work exactly? Like a why? Why would we do that? And they're like, "Oh, you're going to take care of my gut too?" And I'm like, yes, that's the whole point of the holistic fertility doctor, right?

Like we want to see your body as a whole, rather than what I guess like a lot of people are used to is like, "Oh, I go to my heart specialist and my gut health specialist and my fertility specialist, and they're all not connected to each other." So yes, definitely like getting to the root of it and like viewing our fatigue as that, like, I call it a red flag. It's like this sign of, "Hey, something's going on under the surface. You might want to take a look at it and see what you can do about it."

Evan H. Hirsch, MD: Well, and it seems like there's probably a distinction here between pre-pregnancy planning and then infertility care, right? So that people can come to see you. It sounds like if they are thinking about having a child and they want to make sure that they're set up for success, is that correct?

Dr. Aumatma: Yes, definitely. So we love those consultations because oftentimes, we will say, listen, your hormones look awesome based on what you've told us. Like, it looks pretty good. We're going to suggest that you kind of do this self-care fertility reset type thing that we have as your lead into getting pregnant. And it should be fine. You should be able to get pregnant. No problem. Versus people that have been trying for a while and are still struggling with getting pregnant or staying pregnant. And in that, it's a lot more intense. It's like, okay, we need to do the digging of what is at the root of this. Why are you not getting pregnant? And not even from the perspective of what's wrong with you, but more from like, let's figure out what's happening at the root.

Evan H. Hirsch, MD: So let's dive into that then. So what are the, some of the causes that you see?

Dr. Aumatma: Yes. So there are a lot, but I think I think from the, like what we're talking about today, I feel like adrenals and thyroid are some of the biggest, so the, if I were to categorize one personality type that often, and this is not an all or nothing, but the pattern that I see again and again, and I've literally had women call me up like you were talking about me, how do you know me? And that personality type is the control freak. So it's often the women that start out early in life as young women, they are like super type A, super high achieving women who will go through their early childhood and college careers, being that person of like, "Oh, I got to get straight A's, and I got to go to medical school, and I got to do these other things."

And they're like running themselves ragged essentially, at which point their adrenals are like in phase one adrenal issues, which is wired. So they're like, go, go, go, go, go. And then mid-twenties to mid-thirties, they get to the wired and tired. So they're like, I have energy at times, but I'm really exhausted at the same time. And I'm still like doing this type A run, run, run control, everything.

We've, I've had the extremes of like, this is one of my early, early patients. She would come in, sit down. And this was like, for her first visit, we had scheduled two hours. She comes in, sits down, she's looking at her watch, and she's like, how long is this going to be? I got to get back on the road in like 20 minutes because I need to be in my office. And I was like, you realize this is the first visit and it's supposed to be two hours long. And she was like, Oh, whoops. Like I thought this was, like normal doctor's visit where you're in and out.

And I was like, no, we're not going to get anywhere in 20 minutes. And she literally did this for a month. And then, finally, I had a zoom call with her, and her entire house was just white. Like everything that I could see was pure white. And I was like, Whoa. And she's describing like her husband had like moved her cup or something, and she was freaking out about that. And I was, and I was like listening, listening, listening. And finally, I was like, so would you consider yourself a control freak? And she just started crying, and she's like, yes, this is me. My whole life, I've needed to have control over everything.

And she, that was her like at the core of it that was creating so much, so many of her issues. She ended up, I ended up giving her a homeopathic remedy. Her husband called me like three weeks later. And I was like, Oh no, what happened? And he's like, what did you give her? Can I have a gallon of it? I was like, what? Like, she's not controlling me anymore. What did you give her? I love this person. I don't know who that life was, but let's see this one. And I was like, that was one of my early, early lessons.

But that pattern of control and needing to achieve is a very interesting type because it drains the adrenals. And then, once your adrenals are impacted, your thyroid is impacted. So more often than not, these women will have patterns of subclinical thyroid issues and some combination of adrenal issues. So often, we want to work on those before we can move towards the more like let's work on your fertility hormones and rebalancing those. So.

Evan H. Hirsch, MD: Well, go ahead.

Dr. Aumatma: No, go ahead.

Evan H. Hirsch, MD: I was going to say, and then, so what percentage would you say will get pregnant just based off of fixing their adrenals and thyroid?

Dr. Aumatma: We don't ever stop there. We will often, so I should say that our program is unique in that we are often suggesting that couples don't try to get pregnant while they're going through the program because our program has a detox in it and is really like, if you're going to detox, don't get pregnant for two to three months after. So we do the detox early on, and then we're just working on all the underlying things. But I feel like what I can say for sure is when adrenals and thyroid are addressed, often the fertility hormones fall into line very quickly.

So there's a lot of people will start at the fertility hormones because that's what they're there for. But if the thyroid or adrenals, or both are out of whack, almost always, the fertility hormones will continue to be an issue. Like for example, progesterone and not making enough progesterone is a by-product of the adrenals kind of stealing all of the, what's the pathway it's like over cortisol because it's stealing the pregnant along.

Yes, so really having like, kind of shifting from needing all of your hormone production to go down the cortisol route, kind of pushing it back into balance will help to increase your progesterone levels. So people are often like, so like most women in the fertility world, "Oh, progesterone is really important. Can you give me progesterone?" And I'm like, no, no, we're not giving you progesterone. You don't need to be on progesterone, and we need to figure out why that slow.

Evan H. Hirsch, MD: Right.

Dr. Aumatma: And so often, it has to do with the adrenals. Similarly, DHEA is

another hormone that's really popular in the fertility world. And DHEA is a balancer of cortisol. So your body, your adrenals, essentially want to have cortisol and DHEA in a good kind of rhythm, and DHEA is kind of the anti-inflammatory. It's supporting your immune system it's, and it's supporting the reproductive system. DHEA goes and converts to testosterone, which then converts to estrogen. So a lot of women are taught or even doctors, reproductive doctors who are like here, just take DHEA.

This is like, take it like it's candy. And it doesn't always work because if you're overriding your bodies, you're trying to override the body's tendency towards making cortisol. That's not going to like giving all the amount of DHEA that you can. It's still not going to be enough to make up for the fact that your cortisol is out of whack. So it's really like trying to work on the adrenals that, and it's, it can be fast, right?

Like for us, we probably spend like three to four weeks on adrenal and thyroid rebalance and that, and of course, they'll continue kind of doing that kind of support. But if they see those shifts quickly enough, they're like, Oh, I have more energy than I was having four weeks ago. Then they start feeling like, Oh, now I know I'm on the right path. And then we'll see with probably within four weeks after their adrenals are better, we will see a response in their reproductive hormones. So estrogen, progesterone, FSH, and LH should fall into line within four weeks of getting the adrenals reset.

Evan H. Hirsch, MD: Yes. You're probably familiar, but one of the favorite stories that I love to tell people when I'm kind of talking about how you can either go for stress management with the adrenals, or you can go for procreation is the story of the kangaroo where the fetus, so the fetus will cease to like, so it, during times of stress, if the mother is pregnant, the baby will stop growing until the stress has resolved. So you can't even continue the process of gestation if, during times of stress, it's like the ultimate example in nature.

Dr. Aumatma: Yes. Yes. And there's, and there is like really research that now we can back this all up, right? So from the hormonal perspective cortisol, suppresses GnRH, which is Gonadotropin-releasing hormone. If your Gonadotropin-releasing hormone is suppressed, FSH and LH are suppressed. So the main signals that are signaling to the ovaries to produce follicles and release follicles are obviously are being controlled by this GnRH, which is being told to stop producing if there's a lot of cortisol in the system.

So there's like hormonal chemical change that's happening when we are experiencing a lot of stress. And I think like my perspective is because stress is just such a big component of our lives now that our bodies haven't adapted to dealing with this level of stress on a chronic basis, right? Our bodies really adept at small-term stress, but how do you address it when you have 15 or 20 years of ongoing stress? That's a very it's a much harder challenge for the body, and it's not something that our human bodies are used to yet.

So I often, what, unfortunately, a lot of women that are trying to conceive are also told, Oh, stop stressing, you'll get pregnant. And that's also not a great solution because if it's kind of like saying, don't think of red and the first thing you think is red. Like, don't be

stressed. Okay, great. Now worry stress about not being stressed. So I, and a lot of times like women, are either not going to be able to or not willing to change their lifestyle that's creating the stress, right? Most of the time it's like work, super high achieving woman has difficulties getting pregnant. Surprise, surprise, because she's in this high-stress environment all the time. And I always say like, even if you can't change your circumstance, there has to be in order for you to shift out of these patterns, we need to increase your body's stress resilience.

So how are we, what are the tools that we can use to help your body better adapt to stress, even if you stay in your circumstances because most of the time there if I say, Hey, can you quit your job? Most of the time, they're going to be like, are you crazy? It's taken me like twenty-five years to get here. No, I can't quit my job. So it's really like figuring out where are the shifts are, what are the key things that we can use to help shift into a different place.

We will, we, I'm all about the two-minute hacks. So I have a bunch of like two-minute mind-body hacks that can help people build stress resilience. So in the moments where they are super stressed out, they can say, Oh, I can do this thing. This technique that's going to like help my adrenals and help my body better adapt to what the present time is.

Evan H. Hirsch, MD: So what are some of those, what's your favorite one? Are you tapping? Is it a mindset shift? What do you like?

Dr. Aumatma: It's a technique called body intuitive body, intuitive body talk. Do you want to do it with me?

Evan H. Hirsch, MD: Sure.

Dr. Aumatma: We can totally like just demonstrate, and people can do this at home. So if you put all of your fingers together on the left hand and this is not hand specific but the, I just like teaching it this way because it's easier. So left-hand, we're going to put the left hand at the base of our skull where the neck meets the head, and your right hand is going to have all of its fingers spread apart, and this is going to be kind of our tapping hand. The tapping is on three main centers of the body, the head, heart, and belly. So the head kind of activates the shift. The heart helps it land in the body, and the abdomen help integrate what you need and throw away what you don't need.

And then our hands, our left hand that's on the head, is activating different aspects of the brain to turn hot spots or cold spots on or off, depending on what's needed. So we're just going to kind of breathe as we do this tapping on the top of the head, very gently in the center. So you want to like have your fingers and kind of yes, exactly. You're touching both sides of your brain, essentially.

Evan H. Hirsch, MD: Is it more on the crown, or is it?

Dr. Aumatma: Yes, anywhere on the head is fine, just as long as you're touching both

sides. Taking a breath there and then over the heart, take a breath there, and then over the belly. And then our left hand, we're going to move up, move it up one position. So lending your thumb, where your pinky is currently, and then we're going to do the top again, head, heart, and belly.

Evan H. Hirsch, MD: I'm feeling more fertile.

Dr. Aumatma: And we can do this at our own pace. We're just going to move through again. Your left-hand keeps moving up one position. Forward one position,

Evan H. Hirsch, MD: And then you say now since my left hand's on the top of my head, I can do the right hand on top of that?

Dr. Aumatma: On top of that. Yes, that's perfect.

Evan H. Hirsch, MD: Okay.

Dr. Aumatma: And we're going to keep covering all parts of our head till we get all the way down to the eyebrow. And then we want to make sure we cover our temporal brain. So I just do the, holding the hand on the side of the head like the palm on the forehead on the temples and then fingers pointing back. And then we want to do the other side. So this is where we can switch hands, or you can put your left hand over, however, works. You want to cover the other temporal brain? How do you feel?

Evan H. Hirsch, MD: It's nice and relaxing for sure.

Dr. Aumatma: Yes. So this is probably one of my favorite resets because it's so fast, and you can literally do this with anything without anything, right? You just need your hands, and you're good to go. So this is often one of the early tools that will teach people that they can kind of just take and run with it and integrate it into their day to day. And if they're really struggling with stress, sleep, then it'll become like, Hey, I need you to do this like two, three, four times a day. Whatever makes sense for them.

Evan H. Hirsch, MD: Nice. So is it moving them into their parasympathetic? I would imagine.

Dr. Aumatma: Yes.

Evan H. Hirsch, MD: And then which came first. So like, so body talk, tapping, EFT like we're obviously doing some tapping on some meridians.

Dr. Aumatma: Yes, tapping is, actually it's made famous by EFT, but tapping is a system that has, is thousands of years old, like tapping is in so many different energy systems because it's an easy way to activate whatever part of the body we're tapping on. So acupuncturists will often like tap on different acupoints as a way to activate those energy centers. So it's the tapping is kind of irrelevant. It's mostly in this technique.

It's like the intention that we're using when we're tapping is activating the head, activating the heart, activating the belly. And each of those have a response in the body. For as far as like body talk, body intuitive, whatever body talk as a system that was created by actually he's a chiropractor acupuncturist [unintelligible] doc he's like got a bunch of degrees essentially, and he integrated it all into this one mind, body technique.

So it's a whole system, there's like so many levels of courses that you can go through to really like access our intuition in a strategic way to support the healing process and to support communication with your client's body to heal, and then body intuitive is kind of a branch of body talk if you would that takes it's, I kind of see it as the more scientific aspect of body talk. So they come from a very like Western medicine, Chinese medicine perspective, and they've integrated those into the healing modality. So.

Evan H. Hirsch, MD: Nice. So you've got some great tools, so sounds like body intuitive, homeopathy, and it sounds like that's probably more classical homeopathy, right?

Dr. Aumatma: Yup.

Evan H. Hirsch, MD: And then you're also using, I would imagine herbs and vitamins and minerals-

Dr. Aumatma: Yes, yes.

Evan H. Hirsch, MD: -Stuff Like that. And then I saw something on your site. Go ahead.

Dr. Aumatma: A fair bit of functional medicine testing.

Evan H. Hirsch, MD: Yes. And then I also saw something on your website about cold laser?

Dr. Aumatma: Oh yes.

Evan H. Hirsch, MD: So I guess my first question is, well, what other tools do you use that I'm missing? And then if you could tell us a little bit about, more about the cold laser.

Dr. Aumatma: The only other tool that we have is called gynovisceral manipulation. It's a kind of a massage onto the external part of the abdomen, specifically the reproductive system. So we're kind of working on the ovaries and uterus to help blood flow and circulation to that area, and often like we have a patient in for treatment right now coming she's coming from somewhere, I think New York or something. And she messaged me the other day, and she was like, my ovaries are tingling.

Is that normal was like, yeah, that's great. It means that your blood flow is actually getting to that part of your reproductive system, and they're waking up like tickling is good, so it can really be. Gynovisceral manipulation is definitely one of the hands-on things that we do that I really believe makes a difference in our success rates.

And then, the laser is a cold laser or a low-level laser therapy, which has been researched to increase egg quality and sperm quality and decrease inflammation, local inflammation to the reproductive tract. So we will often use that. We suggest at least women over 38 or so. We suggest that they do the kind of visceral manipulation and laser therapy. Women under that age can decide if they want to or not. So we give them an option, but laser is one of the best ways that I know of that's research-based to increase egg quality. And there are outside of taking a million and one supplements.

There are very few things that actually increased egg quality. So it's one of our ways to ensure that we've done everything in our power to help support the quality of the eggs so that we can ensure a good healthy pregnancy.

Evan H. Hirsch, MD: Yes. And I'm glad you brought up kind of sperm health like how important, I mean, obviously it's important, but like how much of the time, because a lot of times the woman thinks it's just her, how often is it the man and the quality of the sperm or the count of the sperm?

Dr. Aumatma: A hundred percent of the time, it's both. I have never met. Okay. That's maybe an exaggeration. Every now and then, there's a guy that's like perfect state of health, but we often in our culture, we don't have the attention that we pay to women. We don't necessarily pay to the men, right? So I feel like it's so frequent that in our programs, it's kind of essential. So if the guy's not willing to do the work, sorry, goodbye. Here's a refund. See you later. And the women will often be on the floor crying because we kicked them out of the practice, but I'm like, listen, your guy, we just had this happen.

Recently. This guy had diabetes, hypertension, fatty liver disease, smoker, alcoholic, and a marijuana smoker. And I was like, we're going to have to, like, something's going to have to shift here. And he had a particular dietary choice that I felt like was leading to so many of his issues. And he's like, I will not change my diet. I will not be doing anything outside of quitting smoking. That's the only thing I've decided that I need to do. And I'm like, you need an overhaul, and you're about to have a heart attack, and I'm not going to be responsible.

And he was like, this is ridiculous. I'm not doing any of this. I don't need to do all this to have a baby. And I was like, forget having a baby. Let's talk about how you are about to keel over. And he just was not having it. And I was like, okay, goodbye. Like you guys, can't be part of our practice. And the woman called me up, and she's like, isn't there anything you can do for me? And forget about him. Like, let's just work on me. And I'm like, yes, that's not an option. Like we're not about creating unhealthy babies. And this is not a healthy baby situation.

So I have, I feel like I hold men up to a higher bar and expect that if a couple of ones to create a baby, and this is obviously like solo moms by choice, we do work with them. There's nothing against solo moms by choice. But if they are already in a couple and they're going to procreate together, they both need to be in optimal states of health. There are studies that have shown that obviously, the DNA that's passed through the sperm is just as important as the DNA that's passed through the mother.

So why wouldn't we do all of the things that we know to do to support the quality of not even the quality of the sperm, but the overall quality of the health of the father, because that's going to determine the health of the child. So it's very infrequent that I say, "Oh, okay, your partner doesn't need to do anything. He's in a perfect state of health. Goodbye. Like he can not come to any more visits." Like that's pretty rare, I think the more common situation is the guy's been told your sperm are perfect. You don't need to worry about it. And then they come to me, and I'm like, "Oh, look at your blood, sugar is high, and that's going to make for not so great sperm."

Evan H. Hirsch, MD: Right.

Dr. Aumatma: You have high homocysteine levels. That's really common or liver, high liver enzymes, fatigue, insomnia. Like those are all really common things that I feel like affect the health outcomes of the baby. So if they're not willing to work on it, goodbye, you're out. We're not working with you.

Evan H. Hirsch, MD: I love that. I, yes, I really appreciate that commitment and that understanding about how this works and that, you know, it is a team sport, and both people have to be playing. I think that's really, I really applaud that. So we've got a couple of minutes left here. Two last questions for you. So I'm really curious about detoxing during pre-pregnancy planning, as well as during pregnancy.

If somebody has, I don't know if they've got yeast or if they have mold or if they have heavy metals or chemicals where you're doing a detox, trying to get stuff out and they just happened to get pregnant or like what do you, how do you scale back on that? Do you say absolutely, no, you're not going to do any of these things, or do you decrease the dose? Do you make sure they're just not taking those herbs that can cause delivery? What do you, what are your thoughts on that?

Dr. Aumatma: Yes. So I think that's a big question, but I would say in general, like the risk of passing toxins onto the baby is really, really high if you're amidst the detox. And when we're talking about detox, it's like active detox. If you're like, just in general, like changing your diet and moving towards a healthier diet, that's fine. Like that's a different, very gentle, passive detox that you don't need to worry about. Your body's doing that anyway, but we're talking about any type of detox that simulates toxins released from the cells in your body.

So like a cellular detox that needs a really supportive liver to make sure that those toxins are getting out of the body, that detox should not be at all ever, ever, ever combined with

pregnancy. So if like, we literally are like, if you don't have sex with condoms, do not have sex because we do not want you to get pregnant while you have a bunch of toxins floating around in your system.

And now we just like, essentially, like our mission is we create healthier babies. So if we're letting people get pregnant while detoxing, that defeats the purpose of why we're here, and what my underlying secret mission is in the world are healthier babies, right?

Evan H. Hirsch, MD: Right.

Dr. Aumatma: Yes. I want to help couples get pregnant, and it's beautiful, and I love it. But at the core of it, it's like, I, what gets me up in the morning is the fact that I get to support healthier life coming into the world. So again, like, I don't know in which way to say this, but no getting pregnant, don't be pregnant if you're doing a detox and you wait like two to three months, ideally like three months after a good detox to make sure that there is no chance you passed off any of those toxins to the baby.

So we're pretty like hard-ass about that because it's kind of like, it's just so important. And I feel like, why take the risk, right? Maybe there's no chance that you, maybe there's a chance. You didn't really have a ton of toxins, and it's fine, but unless we tested your toxin load pre and post detox, we don't want to do that. We don't want to take chances. So, yes. And then, in terms of mold, this comes up a lot because sometimes there'll be mold in people's houses, and they need to have that remediated. The remediation process often increases the amount of mold spores you're breathing in or whatever.

And that can also be problematic. There are studies that show mold exposure can cause infertility and miscarriage more than infertility even. So if you're pregnant, you definitely don't want to, like, you maybe want to go away while pregnant and like go on a retreat or something and let your partner take care of getting them, the mold remediated in the house, because it does put a risk to your pregnancy and the healthy outcome of that pregnancy, if you have to do mold remediation while pregnant.

Evan H. Hirsch, MD: Yes. It seems like with that chord blow. You were talking about that study where there were 267 or whatever chemicals or toxins that were found in that core blood after delivery on average. It sounds like detoxing could potentially put that into a thousand or something like that because babies don't necessarily detox themselves, right?

Dr. Aumatma: Right.

Evan H. Hirsch, MD: And so it's just, the mom is dumping all of her good stuff and bad stuff into the baby anyway. And you would potentially be increasing that amount.

Dr. Aumatma: Exactly. Exactly.

Evan H. Hirsch, MD: Okay, great. So then, last question. I know you've got to run

here. Where can people find you? We'll put all the links below, but I actually I'll just say them just holisticfertilitycentre.com. And you've got a free thing that we're going to put below to the cheat sheet, which I think is super cool so that people can have a better understanding about their labs. Anything else you wanted to say about those things?

Dr. Aumatma: You can also connect with us on Instagram. We're really active, they're, a [holistic_fertility_doctor](#). So Holistic Fertility Doctor in Instagram. I would love to see you all there.

Evan H. Hirsch, MD: Awesome. Well, thank you so much for being with me today, Dr. Aumatma.

Dr. Aumatma: Thank you for having me, Dr. Hirsch.

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