

Ep 98 Dr. Potter

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SPEAKERS

Leah Brueggemann, Dr. Angela Potter



Leah Brueggemann 00:02

Hey ladies, welcome back to a another episode of balancing hormones naturally podcast. We have another podcast episode actually, that's been a big request, which is on PCOS. So we have Dr. Potter on who is a functional medicine naturopathic doctor. So the best of basically all the worlds here, and she's a leading expert in PCOS fertility. So I'm going to let you take it from here because I want to hear how you became an expert in PCOS. Like, what took you down that path? Because there's so many different, I feel like ways to kind of look at fertility.



Dr. Angela Potter 00:39

Yes, thank you, Leah. It's so wonderful to be here. So I've been in practice for you know, almost a decade now and have always been working in women's health, and just started getting more and more patients who are coming into my office and saying things like, well, I talked with my other doctor, and I was told I have PCOS. And I just, you know, they gave me a pamphlet and a prescription. And I'm still not pregnant. You know, is there something else? Yeah, right. Or, you know, something else that gets me they'll they say that they were told, like, the only answer is to lose weight. And if they lose weight, everything with their fertility will open up for them. So good luck. And that's incredibly frustrating. And so you know, I'm hearing these stories from these women. And I'm just thinking to myself, like something has to be done here, because there are so many more options for fertility and for PCOS. And what's happening is that there's a lot of misconceptions out there about PCOS. And just, there's a lot of misinformation that doctors are using with their patients. And so that's what led me on this path to really get clear foundational information and research backed to help these women. And of course, you know, sometimes medications are necessary, and a really important part of the fertility journey. But it's missing this huge piece of your health that sometimes if we focus on these parts, you know, that fertility piece opens right up, so,



Leah Brueggemann 02:18

so you just broke open, like so many nuggets, so we're gonna have to like, we're gonna have to

break this apart. One of the biggest ones that I want to actually start first with is diagnosing and like the prescription for PCOS. Because I find, not only are they just told to lose weight and given a prescription, they're off also told, like, Oh, you have PCOS, like, Come back when you want to get pregnant. Like, it's like, let's not even support you or help you or guide you. Unless you're trying to get pregnant. And I feel like this is such a misconception that makes me want to, like bang my head against a wall is that hormones only have to do with pregnancy, like your reproductive system. And it's like, well, yes, but they also have so many other things that they do. So can we dive into that a little bit? Can we talk about like A) how do you even get diagnosed with PCOS? Like, what are some things that would make you go, hm, maybe I should go see if I have PCOS?

D

Dr. Angela Potter 03:23

Yeah, yeah, I know, this is so important. Okay, so there's really two steps to getting diagnosed with PCOS and then figuring out what's going on in your body so that you can have the most straightforward plan forward. So part one would be, you know, going through the the diagnostic criteria for PCOS. And I will also say that in the medical community, there's lots of research being done on PCOS. So, there are, there is a set of criteria for diagnosis, but they vary a little bit, and it's changing. So it's something that that the medical community is working really hard to try to understand. Right now the three aspects of PCOS that you would need to fit into two out of three of these in order to be diagnosed. So one is having elevated androgen hormones which is testosterone or male pattern hormones, which lead to symptoms like that unwanted hair growth, right like on the chin, upper thigh, that kind of thing. And then so that's number one elevated androgens. Number two would be ovulation issues. So you know someone who is not having regular periods, someone who's testing to see if they're ovulating and finding out that they're not ovulating. And then number three would be having cysts on the ovaries. So that's also really interesting because it's called polycystic ovarian syndrome. But having cysts on your ovaries is not a requirement in order to be diagnosed with this. Yeah. So that's the first step is to get diagnosed to understand if you have PCOS or not. And then this is something that not a lot of doctors do. But I you know, it is the neck number one next step that I do is to figure out what type of PCOS that person has? Yeah, because PCOS is a syndrome, it looks different for everyone, right? Like what you need is going to be different from what your friend needs. And that's because it's doing different things in your body. And so what's been found is that there are really four categories that PCOS fits into. And so understanding if you're, you know, one type or a mix of three, or all of the types, that's going to be really important, because, you know, say you're going into your doctor, and they say, Okay, well, you have PCOS. Here's a prescription, that it works for some women, which is awesome. But what we're finding is that it doesn't work for everyone. And why is because that's just a blanket treatment. And so, yeah, PCOS just doesn't respond well to blanket treatment. So you need to take that next step of finding out what type you have. And then once you figure out what type then you get that, you know, straightforward treatment plan to open up for your fertility.



Leah Brueggemann 06:44

And so going back to the types, I just find that like, it's, it needs a new name. Let's start with that it needs a new name. Because so many women have cysts, because your ovaries are dynamic. And if you don't ovulate, you're gonna get a cyst. But they don't have PCOS. And then a lot of women with PCOS, sometimes they do regularly ovulate, and they don't have cysts. And so then they don't get a diagnosis. Because the doctor is like, Well, I'm just gonna do an

ultrasound and you have no cysts. So you don't have PCOS. And, and then I think you're just you're struggling to figure out what exactly is wrong. So I definitely think it needs a new name. But how, like, if you go, Okay, I have PCOS, like I fit into two or three of these categories, which honestly, don't diagnose yourself, you guys. But I feel like you should have a pretty good idea if you have it or not. If you have like the symptoms of elevated androgens, and you have irregular cycles. It's like you don't even need a test in some cases to you know, check that off. So if you if you go oh, okay, I definitely have those then advocate harder at your doctor's if they're like, oh, no, you don't have any cysts on your ovaries. It's like, no, hello, I'd like some blood work. I'd like you know all the things. So let's say you you have PCOS. And now you go. Okay, what's the next step? So what are the four types? Like what? Let's dive into that.

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Dr. Angela Potter 08:23

Yeah. So four types, and one, which is the most common is insulin resistant, which is so so yes. So big. Like, it's so big that often people think insulin resistance is always a part of PCOS and a part of the diagnosis. It's not, not everyone with PCOS has insulin resistance. But out of the types, it is the most common.



Leah Brueggemann 08:54

I think too why, like, you automatically think you have insulin resistance is like, PCOS kind of also gets lumped into it being really hard to lose weight, which, like you said, it is the most common one. But sadly, nine out of 10 Americans have a metabolic issue. And so it's like, even if you don't have insulin resistance, you could have other things going on that are also affecting your metabolism. So I can see why it's so easy to immediately like go down that trail, like I got insulin resistance.

D

Dr. Angela Potter 09:29

Yeah, right. So that's why it's important to talk with a doctor who can help you. You don't necessarily need to get a lab test done, but because there are some symptoms that are pretty indicative of insulin resistance. And, you know, there are, there are values for when you have insulin resistance, but even if you're not quite in that you haven't advanced to there yet and you're having like imbalanced blood sugar issues. That's still something that you want to really pay attention to particularly for fertility, because we know how strong that link is between insulin and ovulation. Yeah, so that insulin resistance type is going to have, you know, you're going to be feeling kind of irritable and hangry when you're skipping meals, or if you've gone too long without eating, you may like gain weight pretty easily. And so those are kind of the strong signs of insulin resistance. Yeah, and then type two is adrenal PCOS. Yeah, so just understanding how strongly linked the adrenal hormones cortisol and DHEA, how they are strongly linked with ovulation issues. And so, you know, a lot of women who have PCOS, they're, they're told, like really dismissive advice, like, you know, just go lose some stress, and everything will happen for you. Because I mean, fertility is a really stressful journey. And to tell somebody that is just, it's insensitive. And so when we're talking about like, adrenal PCOS and your stress hormones, it's not to say like, go meditate a little bit extra every day. And it'll all be great for you, you know, like, what we're talking about is like physiologically, what your hormones are doing inside your body. And so there's really, really simple ways to test for that

we do salivary labs. And then we're able to see like, what cortisol is doing throughout the day, like we can just nap it. And we can look and see what DHEA levels are doing. And so that's really important because we do live in a pretty stressful environment, like a culture that's stressful, and then add fertility on top of that, then your body might not be responding again, hormonally to that stress. And so if your adrenal glands are not doing what they're supposed to be doing, then that cascades into ovulation issues and those elevated androgens.



Leah Brueggemann 12:17

Okay, we're gonna do a pause break to break that down too, because I, so often what I see happen, so I have a Facebook group, and it's actually quite big. We have we have over like 7000 members in there. And something so common that I see in there is someone goes, I have insulin resistant PCOS or I have adrenal PCOS. And the comments flooded with people being like, you need this supplement, this supplement and this supplement, and it changed my life. And I just always go, no, don't do that. Because everybody needs different supplements or responds differently. And so a lot of times you will Oh, yes, I'm stressed. Well, a lot of people are stressed. That doesn't necessarily mean you have adrenal PCOS. And jumping down that rabbit hole of just being like, oh, I need an adaptogen. For my for my stress, I'm going to take some ashwagandha. And it's like, maybe, maybe that would work really well for you. And maybe it wouldn't. But I think we end up on spending more money on supplements by trying random things, trying to just kind of guess work it instead of really figuring out Nope, this is exactly what's going on. This would be the best supplement for me. Um, so yeah, I guess I just wanted to stick that in there. So people don't start going and like self medicate themselves? Because I see that so often.



Dr. Angela Potter 13:49

Right? I mean, you know, of course, when you're wanting to have your baby like you're you're desperate to find options, but really, it's a waste of money. And it's like throwing spaghetti at the wall. When you're just like, Oh, I heard this worked or this work for my friend. I'm going to try it. Because again, circling back to this that PCOS it's a syndrome. It's a it's a mix of different symptoms and different processes. Body so your, your internal picture is different than your friends. And so yeah, and then when it comes to adaptogens, I mean, I love adaptogens I use them all the time, but certain ones, they'll drop your cortisol. And if you already have low cortisol and you take a adaptogen that drops it even lower, you're gonna wake up feeling hungover in the mornings, and you're gonna be miserable. So yes, yeah, I'm right there on board with you, Leah to Yeah.



Leah Brueggemann 14:45

And it's it can be frustrating but, but and I'm not saying that like hearing other people's stories is bad because I think that's how you, you know where to investigate. So, like, if someone is going to share their story of what worked with them for them, I would take that and then take that to your provider or your practitioner, whoever you're working with me like, Hey, have you heard about this? Like, what do you think about it? And if you have a good one, they're not gonna, like get insulted and get their ego bruised by that and they'll walk, we'll walk you through that of why. Maybe they didn't put you on that. Or maybe they go, Oh, that's actually a

really good idea. Let's look into that more. Just because I see this so often. The my big hiccup, one that I always like, stomp on is dim. Because like, as soon as someone has estrogen dominant symptoms, they're like, take dim. And I'm like, if you're, if you don't have high estrogen, you're just metabolizing it wrong. You're gonna feel so much worse on dim. So, anyway,

 Dr. Angela Potter 15:49

Yeah that's really important. Yeah.

 Leah Brueggemann 15:51

That's my, that's Leah's rant for the day. So anyway, moving on to type three.

 Dr. Angela Potter 15:56

Yeah, so type three is post pill, PCOS. Something I see really commonly in my practice. And so the hallmarks of this type is for someone who you know, before getting on the pill, or just a hormonal birth control, like a Mirena IUD. They have normal periods, and, you know, don't even think much about their reproductive hormones or anything, because there are no issues, and then they get on hormonal birth control, you know, could be a few months, could be a few years, and then they get off it and all of a sudden, they're gaining weight really quickly at their periods. And either they aren't coming back at all, or they're really irregular, maybe heavy bleeding, things like that. So there you are, like in that PCOS state, and, you know, we see that, that the pill, just how it's interacting in the body that leads to this hormonal imbalance. But because of that, that can be one of the easiest types of PCOS to reverse.

 Leah Brueggemann 17:03

Yeah, yeah. So what are your thoughts here? I go back and forth. Do you think that post pill PCOS is basically post pill issues? It's like birth control syndrome and brought on by birth control? Or do you think that those issues were there before and birth control basically created the perfect environment for them to manifest themselves? Because a lot of issues like to I know, we always say, people always think, Oh, I inherited that from my mom. And it's like, yes, but only 10% of diseases genetic, like, the rest is environmental. So you kind of have to be able to you, if you put yourself in that environment, then bam, that's going to happen. So what are your thoughts there? Do you think it's there? And then it's exacerbated? Or it's just kind of like a post pill syndrome issue?

 Dr. Angela Potter 18:00

Well, I would say it's a little mix of both in the sense that I mean, we know that not everyone who takes the pill develops these symptoms. So it's not like you can say, like, we have to pull the pill from the market, because it is always leading to these symptoms. That's not the case. And so there are people who have certain dispositions that are leading to these issues when

they're taking the pill. So whether or not we know that it was there before taking the pill, and then it just, you know, about exacerbated like, there's unless we do like, tons of studies on people prior to them getting on the pill. Like there's just no way to know that.



Leah Brueggemann 18:46

Yeah, I kind of wish we did though. I just there's so many side effects from birth control. And so many women just go in with no education and just like these blinders on, and it's like it comes with a blackbox warning. You think your doctor would want to go over those side effects with you. But anyways,



Dr. Angela Potter 19:08

yeah. Okay. So yeah, that would be a topic for another podcast. And then type four is inflammatory PCOS. So, what we see with that is typically like an autoimmune condition, along with the PCOS, so Hashimotos thyroiditis is the most common, so an autoimmune condition of the thyroid. And yeah, so that's just when your immune system is going on overdrive and it's found your thyroid as an enemy in your body. And the thyroid is really important with fertility. So regardless of if you have an autoimmune condition, you want to be sure that you get your thyroid hormones checked, because that's so important for that's kind of that's a sign up with this inflammatory PCOS, you know, so you could have a diagnosed autoimmune condition, or you could just have signs of inflammation, like joint pain, the, you know, the biggest one feeling sluggish. And when, you know, unfortunately, those symptoms are a little vague, but and that's why it's important. Yeah. Someone to help you.



Leah Brueggemann 20:25

Yeah, I think it really is because like, a lot of these symptoms can manifest itself in multiple issues. So like, like fatigue, it's like, okay, that could just be a blood sugar imbalance, right. And so it's, I think that's where it's, you know, really, really important to make sure you have a clear cut plan, and you aren't just like, Doctor googling your symptoms, even though I do think that can be a helpful way, maybe to start, I don't think it's a helpful way to treat because that's where I feel like the frustration kicks in, and the women are like, I've tried everything, like, I'm just stuck this way, I can't do anything about it. And it's like, well, if you keep throwing spaghetti at a wall and just hoping something sticks, like that's the best way to burn out and just feel like completely stuck. So that's important.



Dr. Angela Potter 21:18

Yeah. You know, and on that if you are just kind of googling information, kind of trying to fit pieces together, you know, you're also missing out on Okay, what else is going on in your body that's contributing to your PCOS symptoms? Like I was just mentioning thyroid, and how important that is. And, you know, so looking at different systems in your body, because fertility is not just about your lady parts, right? Yeah, sometimes we get stuck in that like, Okay, I just need to focus on my progesterone levels and focusing on ovulation. Well, what else is going on in your body that's affecting your ovulation? And that's how, why you need to take that like

holistic view of your body, but also why a lot of these medications aren't working, because you know, what's happening is that many women with PCOS are going in talking about fertility, and their doctors are like, Okay, well, we're just gonna get you on an ovulation enhancer, you know, like letrozole. Yeah, right away. And, yes, we see that letrozole can support ovulation, it doesn't work for everyone. And that's because it's missing out on this big part of your health, that, you know, you've got to look at before jumping to these higher level fertility medications, so that you can optimize your health and yeah, have the best chance of becoming pregnant, maybe you don't need the medications. Maybe you do. And as long as doing this other work, then you know, it just increases your chances of it working.



Leah Brueggemann 23:06

Yeah, I know that a lot of times on here, because our title is balancing hormones naturally. We don't often talk about medication options. And because I think that most of the time we skip those foundational steps. But I do vividly like remember that we had a client with PCOS this was a while ago. And she she had tried all of the things, all of the things to get pregnant and get her cycle back. And nothing was really working. And we got her. So she actually went through one of our programs. And she was started to lose weight. She's like, I got more energy. And we had she had a lot of things to work through. Like she also had a thyroid issue, and all of that, but she got set up so well. And then I believe she was regularly cycling. And then she decided her choice was to also add in an ovulation more support medication. And she messaged like two months later, and she's like, I'm pregnant. And it's not that she hadn't tried the medications before. It's just that you have to make sure your ground becomes you know, and it's like, yeah, sometimes maybe you're like, Okay, I just need some support here in this area getting my body to ovulate, or maybe I need a stronger ovulation. But I feel like if you just jump prior to taking like Clomid or things like that, your body's not set up. It's not set up to help support you there at all.




Dr. Angela Potter 24:46

Yeah, and the issue is that those are used without considering in many cases without considering egg quality in the sense that you know, so as women were born with all the eggs that we will ever carry. But it takes about a year for them to mature. And it's really what's found in that last three months leading up to ovulation of what's that really important time to be supporting your body for that egg quality. So if you're just jumping using Clomid or letrozole, you're not giving your body that time to be supporting your egg quality. When in reality, your body just, it needs that support to help with egg quality.



Leah Brueggemann 25:46

Yeah, there's just there's so much that goes into fertility. And it's, like you said, it's a very sensitive topic, but I really think it's this, it really needs to be this whole body approach, it needs to not just be, let me put you on birth control. So you start having a regular bleed, let's shut down your cycle. And then let's go ahead and like trigger our own, like, synthetic hormone cycle. And it's like, why don't let's work on foundations first, which is hard. You know, like, I feel like, it's so hard, because when you maybe finally find this, then you go, I have to wait longer. Yeah, so it can be frustrating.

 D Dr. Angela Potter 26:25

Yeah, and so you certainly have to take into consideration your timeline for fertility. And that's why, you know, like, really the best start to the best day to start is today. Yeah, of Yeah, supporting your health.

 Leah Brueggemann 26:42

I Yeah. And I'm gonna call out some people here in a loving and a loving manner. But actually, one of the largest, like, majority of women who join any of our programs in the younger age group, are engaged. Because like, they have cycle issues, they have hormone issues, but they really are like, I'm gonna put on the back burner, back burner back burner until like, oh, like, I'm getting married, I want to have kids like, this is the stage of life that I'm entering. And I literally talked to someone the other day, and she's like, Yeah, I'll worry about my cycle issues, like later when I'm engaged. And I'm like, why? It may take you like, what it may take you a year, it may take you two years, like I don't know how long it's gonna take. So start now.

 D Dr. Angela Potter 27:34

Well, yeah, and because when you know, fertility issues are your goal or balancing your cycles just to avoid pain and, and anger and irritability, all that you're gonna get those results, or we're working towards those results, but there's so much more that opens up for your health while you're working on this, you know, better moods, better sleep, you know, all of these, these just great things that are supportive for just feeling really good on a daily basis.

 Leah Brueggemann 28:08

Yeah, it's true, it all it all works together. So, um, obviously, I want to be conscious of time as my toddler throws a basketball across the room. But so we figured out what our four types are, okay. And, you know, advocating a little bit for yourself at the doctor. So, let's say you are struggling with fertility. Okay, so then you're like, Okay, I'm gonna go and try to get a diagnosis. I'm going to try and figure out what type I have, then. What are? Could we? Yes, you have to be specific, I would recommend testing. But are there any things that are generally across the board? Everybody should do this, no matter what, if you're trying to get pregnant?

 D Dr. Angela Potter 28:53

Yeah, um, yes. And how you would say about that. So I put together a PCOS fertility protocol, which basically does just that. So in the sense of, yes, everyone should figure out what type of PCOS they have. Everyone should figure out. You know, if gut health is affecting their fertility, everyone should be looking at external exposure to toxins. One, how to reduce that exposure when looking at fertility, everyone needs to be focusing on a quality. Those are those are big topics, that then you need to be working with someone an expert who understands PCOS, to then help you figure out what that looks like for your picture because, yeah, like toxins. That's a big thing. But everyone has a different toxic load everyone. You know, it depends on our

environment where we live, what kind of foods we're eating, what kind of, you know, food A storage we have Yeah, things like that. So. So again, yes, there are these like big topics too, that are important to like put a path forward for yourself, but it's going to be different.



Leah Brueggemann 30:15

And also, I highly recommend everybody listens, goes back and listens to the episode it takes two to tango. Because we did have a specialist come on for male fertility. And I think, especially if you do get a diagnosis for PCOS, you immediately just go oh just a woman's issue. And it's like, it takes two.



Dr. Angela Potter 30:36

Yeah. All right. I mean, when we look at for infertility, you know, women, a female infertility is about 30%. male infertility is about 30%. And then 30% is unknown. So, hello. I mean, the male infertility is the same ratio is female. So, yes, talk with your partner about getting tested. It's not just your fault.



Leah Brueggemann 31:02

So, yeah, and I, I mean, yeah, we discussed that in the episode too. And it's just like, wild to me. Um, where, I mean, there's just, there's just basic things men can do that really, really, really, whether like, you know it or not, you should be doing this, if you're wanting to have kids like across the board. Okay, so, and then, when you talked about the environmental toxins, this is where, again, I'm going to bring, I know I keep doing this, you guys, but I want you to be safe, do not, do not go on the cookie cutter, like a heavy metal detox, parasite cleanse, environmental, flush it out of my system thing. And the reason why I say this is because there are so many steps to this. And if you try and detox or push these things out, when your body is not prepared, it's not strong enough. You guys all hell will break loose. Seriously, you will not be fine.



Dr. Angela Potter 32:11


No, no, no. And you know, one of the biggest issues with detox, doing it like at home kind of piecing things together. Is that Yeah, is that you activate? Well, you bring the toxins out of the cells, and then you don't flush them out of the body. So you know, you you don't you don't want that that will just bring on more issues.





Leah Brueggemann 32:35


Yeah, I just had a client actually she has parasites. We found that in her labs, and she goes, Okay, so I just have to ask this question. Like, is everything just gonna get so much worse when I started this parasite cleanse, because one of my friends did a parasite cleanse, and it made her crazy. And I don't want to go through that. And I'm like, No, you will be fine. Because we'll


set you up correctly. But that's what I see. Like you, you know, you see some influencer or you google and you go up, I got parasites, which I mean, maybe you do, but like, you can't just you can't just hop on that train you guys.

 Dr. Angela Potter 33:20
Yes, excellent advice.

 Leah Brueggemann 33:23
I feel like this whole episode is just me, like, go test. Go talk to somebody. Please don't hurt yourself. But it really does. It really does help. And I I personally, from when I tried to cookie cutter it to when I had a very set plan, you guys, I saved so much more money. And I know that sounds like cliché, because you're like, I have to go pay for a console or I have to pay for these labs. Like how am I saving money? Leah? Well, I mean, I spent 1000s of dollars trying random supplements, and it's like, did I spend \$1,000? In one month? No, but like, added up over the amount of time 1000s of dollars 1000s of hours of frustration, you know, so it really, um, it is cheaper in the long run, even though you may just go that's not really that's

 Dr. Angela Potter 34:14
and when it comes to fertility, I mean, you want to be on a clear, straightforward path, because you know, there is at some point a, like, your body will shift into not making babies so I don't want to stress anyone out about the biological clock. Yeah, but you know, like, this is not something that you've got, you know, the rest of your life to be working on.

 Leah Brueggemann 34:42
Yeah, and, again, I'm stressing the whole like, please don't wait until you're like, I've had no cycles and but I'm just gonna wait until I want to have kids or you know, I just I just get so many engaged people or, or they've been married for a while. And they're like, well, we've kind of been struggling with this for a while. And so now, we're gonna reach out. And I'm like, Well, you know, based off of these labs, like, we have a lot of work to do. So. I don't know, I just, I think it can be a blessing and a curse. You know, I am sure you get this where you you go through the labs with people and they literally ball in a good way, because they're like, finally, I don't feel crazy. Finally, I have answers. Even though I see that I have so much work to do. At least there's something I can do, you know?

 Dr. Angela Potter 35:40
Yes. It just gives you concrete information on how to move forward. And then also, you know, if your partner isn't yet on board with you making these changes or supporting you by you know, helping you make these changes, showing those lab results can be really helpful, because then for them, they're seeing like, okay, yes, like, we have to make these changes.



Leah Brueggemann 36:05

Yeah. Guys really like facts when it's like, cold, hard data. You know, it's one of the things. Yeah. Um, okay, so what are what are some last words or thoughts or advice that you have for everybody? That maybe they have been diagnosed with PCOS? They've been struggling for a while, or they've just been struggling? And they're not sure which way to go? What, what are some words you'd have for them? Yeah. So



Dr. Angela Potter 36:34

you know, first off, don't feel alone. And you know, you're probably really frustrated and feeling like your body is broken. But you're feeling that way, because you don't have the right support right now. And there's just too much misinformation out there that, you know, maybe you heard something from a doctor that is just making you feel like there is no hope. But to know if Yeah, if you haven't taken this step to really understand your PCOS type, and worked with somebody who will focus on you know, the root cause of your fertility issues. That's when you open up your fertility, you know, getting that individualized plan. That's when you get the best chance at becoming pregnant because you're focusing on internally what your body needs the most, in order to make a baby.



Leah Brueggemann 37:28

Yeah. And while you guys are doing that, what Dr. Potter said, everybody can reduce their toxic intake, like get rid of those endocrine disruptors like throw away your wall plugins, and your air freshener. Everybody can do that. You know? I mean, that's free. I mean, that's garbage. But it's free. Right? Yeah. So how can people find you? I'll make sure I link everything below of course, as well.



Dr. Angela Potter 37:59

Yes, yeah, you can find me on my website, I frequently put up YouTube videos, I've got an active blog. And I also want to let you know that if you're in a place and you're really struggling with PCOS, and you haven't figured out your PCOS type, I invite you to come and talk with me to help figure out that type. So then you can get that clear plan forward. And so, you know, I normally offer those sessions for 299. But Leah, I, you know, you've put together this amazing community. So I just want to offer this for free for your community. So yeah



Leah Brueggemann 38:40

Take her up on that.



Dr. Angela Potter 38:43

So yeah, you can find that at DrAngelaPotter.com/PCOStype, and then I'll bring you up to the session site and then the discount code will be [balancinghormonenaturally](#). So for Leah's

session site, and then the discount code will be automatically generated. So for Leah's podcast.



Leah Brueggemann 38:57

you guys, that should be flooded. I mean, I'm just saying it should be flooded. If you don't take advantage of free support. You should and I don't know. I think some I don't know. I don't know why people don't take advantage of free support. Sometimes they need that investment to like push them over the ledge. But like you guys, if you figure out what type you are, that gives you like, such a clear direction, then you know where you can go. So thank you. I think that again, the wall. Yeah, exactly. Well, thank you very much wrapping on.



Dr. Angela Potter 39:31

Yeah, of course. I just want to give a shout out to you, Leah. Like you listeners can't see her right now. But her she's got two kids with her. Her she's putting her baby down for a nap. Like, she is an amazing woman like you are a badass.



Leah Brueggemann 39:47

Thank you. That's where all the noises are coming from. It's like landon, like his trucks.