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Hey ladies, welcome back to another episode of the balancing hormones naturally podcast we have a special guest on today, which I'm really excited about because we always talk about in terms of fertility, it takes two to tango, and we've never had someone come on and talk about the male side of fertility. So I'm very excited to welcome in Isla Bramer, who is a registered dietician, nutritionist and a functional medicine practitioner. She says that despite men accounting for nearly half of all fertility problems, infertility is still commonly regarded as a women's issue, leaving men feeling helpless and without purpose, but their actions that they can take to make a positive impact on conception, pregnancy, health and a baby's long term health. Oh, I'm so excited to chat with you. Because I see that all the time women come in, and they are experiencing fertility issues. And I'm like, Okay, so what's your husband's diet look like? They're like,



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he smokes and he drinks alcohol. And he doesn't really want to change, like, well, it does take two to tango. So can you talk to me a little bit about why you got interested in specifically in fertility with men? Like what led you down this road? Yes. Well, thank you for having me on to talk about this. I, it's, you know, as you mentioned earlier, you know, fertility is most commonly regarded as a women's health issue. But the reality is equally both. I mean, if we look at the numbers, you know, just to kind of set the stage in this is kind of what drove me really into making sure that I was always working with men too, and starting to work on addressing men as part of the fertility equation, about 30% of fertility, infertility issues are due to female factors. 30% are due to male factors. And then the remaining 40%, which is arguably the most frustrating place to be of all that's categorized as unexplained infertility. And that usually tends to mean a combination of both factors. So it really is a shared issue. And, you know, for me, when I, when I started in practice, about 15 years ago, fertility wasn't a common area of work, it is more so now, in the realm of the nutrition world, let's say in functional medicine world.



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But as I continue to practice and see more and more couples with who are struggling with fertility issues, I realized, okay, this is this is reflective of a larger need. That's not only in my community, but we're seeing this nationally, fertility rates are increasing, and fertility rates are

increasing. And so



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it really did start with 99.9% of the time, women coming to see me and



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establishing care that way. And I realized that there's only there's too many limitations, there's only so much that I can do to really help without seeing the male partner to you. And so that's how it started, I began actually, in my practice, which I'm not currently seeing clients, my focus is full well, which was born out of my practice now. But really, I started requiring couples work together if they wanted to address fertility issues, even if we knew that it was, if it was one or the other. Because by addressing both women and men in that preconception timeframe, you not only help with conception, but it's the health of the pregnancy and health of baby long term that's at stake. So it's just so it's so important, I get really excited to talk to you about it. Yeah, it's wild to me when I first heard about, like, nutrient levels in mom affecting, like, genetic expression and baby and I was like, hold on, like, whoa. And I know that like, it obviously affects like men's nutrition effects, because they're a part of that equation, but



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they're just left out all the time because mom carries the baby. So it right, they just seem like they don't matter, but in reality, obviously, they really do. Right, you know, and and what you just referenced, I mean, that epigenetic imprinting, that period of time really starts before conception. So as sperm and eggs are developing in that three, six month even, we can even trace it back earlier than that window, everything that's going on in our environment, or what the things that we're eating that we're doing, that's all talking to our genes in a sense, right. And it's there's many different tags, you know, on both sperm and and egg and those tags are basically the language like the communication that is delivered to that developing embryo and it's telling them what the environment is like, what they what they can expect how to adapt, like it's really part of evolution and really a survival mechanism, right, but this is where it's



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It's just so important to focus on men's fertility too. And this is actually regardless of whether or not there is a difficulty conceiving. I mean, really focusing on that timeframe before conception is important for everyone, because that's again when that epigenetic Imprinting is happening, and then in those early stages of pregnancy as well. But so what men are doing in that window of time has has a big impact. And we're seeing in the research now, which I find just so exciting for its application that what Men's Health and that preconceptions, were talking about three, six months or so prior to conception, their health, then and what they're doing can be traced to really common and dangerous pregnancy complications like preeclampsia. Well return birth, we're finding Men's Health preconception has an even bigger role in



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miscarriage pregnancy loss than than we once thought. And gosh, that that is put on the burden of that is really put on women shoulders, right? Yeah, yeah, that's crazy. Because I was recently learning more about copper levels can impact like preeclampsia. And I didn't even know that there was a male like factor in there. So I have a lot of random questions now. So if women a minimum, we need to be paying attention to our nutrition, three months prior consumption, because that's, you know, when that egg is starting to develop that will be released. So what's that timeline kind of from men? Like what what does that affect, like sperm health, like development? When do they have to start paying attention? Yeah, it actually mirrors women very closely. Sperm development, a slightly faster timeframe. But I usually say three months for both partners. And so for men, it really is that three month window now, that's if, for both women and men, right? It's going to be three months when you're really focusing in but in an ideal scenario, right? You're if you know that if you think that you want to have kids in the future, and you're starting to evaluate things as soon as you can, you know, because really, it can take if you are depleted in certain nutrients, if you are, if you've got environmental exposures that need to be cleaned up, if you've got gut issues, I'm sure you talk a lot about this, you know, on the podcast, digestive health issues, all that all that may take longer than three months to really get you to a good place, then it's not to say we need to be in perfect, like things are going to be perfect. When you are ready to have a baby. That's not realistic, but but addressing some of those, those big things and those health issues. preconception can just have such a huge impact. I mean, we're talking future generations here, you know, yeah, it's we've had some guests come on that talk about even like the adrenal effect, like, like grandma has on like, baby, so it's just crazy to me, like, people are always like, oh, you know, I want to live my life. And, you know, I'll, I'll think about stopping drinking or doing whatever, when I'm pregnant. It's like, really, you know, everything is just affecting, you know, your, your future kids. So it's so important. I have a very, very non scientific question to ask you. So have you heard like, the myth that circulates that sometimes like women's cervix? Blue Sackers? Yep. Sweetie, you gotta be quiet. Okay? That women's cervix will literally like, not repel, but basically reject certain men's sperm. Like, is this true? Or is this completely mythical? Yeah, that's a good question. What I do know what we know for sure is that there's all types there's all kinds of



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communicate always ways in which sperm and semen and the various chemicals compounds within it communicate to women's reproductive organs.



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And that I find so fascinating. So I think it's not out of the realm of possibility that specific I don't know, but I do know, again, that the ways in which kind of seem and communicate to the reproductive organs that to be ready for you know, you know, implantation and fertilization. I mean, that's really kind of fascinating. Yeah, yeah. It just seems crazy to me, unless you can't be quiet, but you can pick a different one.



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It's wild to me that like, for example, like women's cervical mucus, like its job is literally to help filter out like mutated sperm as well. Like that's part of its job. And so, it's, again, just one of those things you wonder, like, do certain women's like cervical fluid? Is it more habitable? have better

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All hospital, whatever that works for, like, I'm having girls or boys because it's like, I know it's a 5050 chance every time but like, it's crazy when you see a family that has like, all boys, like, how did that happen? I wonder that with my family because we had six boys and two girls and I was like, how come I got let on my I know it is wild when you think about it. And we I mean we know too that in the cervical fluid you know in in the semen like there's lots of trace minerals, there's there's nutrients, I mean, we see fully just nutrition comes in really, it's really important not only and then in a roundabout right way, right like it the hormones needed to produce healthy, you know, Siemens, Burman and also cervical fluid. So there's a lot of ways in which nutrition and lifestyle overlap and kind of coming back to your point. I mean, you know, the egg with female egg has some ability to overcome some genetic mutations of sperm, but not it's to a degree right. And one of the most the one of the biggest things that I would say to couples that were going to work with me, or and I say just generally to women now is that don't rule out men just based on a single semen analysis. That's that's a really important message, I think. Because even if it takes a while there's steps involved, where before you're even going to get something like a semen analysis. But if you've had that done, and the doctor says everything looks good, I still would encourage both partners to be focusing in on interventions in that preconception time. And also to remember that the conventional medical community is looking at something like a semen analysis through a different lens than right, and we might, right so they're kind of looking can assisted reproductive technology, like IUI IVF, can that work? Will that work? You know, if we are able to do that? Not you know, what, how can we improve the chances of conceiving naturally having a high vitamin C and babies longterm house? So I think it's just so much more than just like getting the positive pregnancy test. You know, we want to think future health and all you know, and that really does trace back to to men.

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I agree. And I think it's just like you said, they're looking at it through a completely different lens. They're like, how can we help you here? And unfortunately, and sometimes more money?

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Instead of like, how can we support you on conceiving naturally? So

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let's go back to like the scientific realm a little bit. But

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do you think is infertility primarily a male or a female problem? Yeah, so absolutely, equally, both. And I think I talked about some of the stats on the beginning, it's really 30%, of what we track for infertility is, is due to a female factors 30%. Male, and then the remaining 40%, typically is a combination of both. I mean, you see a lot of different statistics when it comes to fertility out there, you know, and it's tough to really capture all those struggling to conceive that aren't necessarily being caught or given an actual for infertility diagnosis, right. But, but the bottom line is that it's equally both, even though we we view it as a women's health issue. And that's just that does a really big disservice to everyone to couples, right? Who want to avoid the, you know, the financial, emotional, physical toll that something like fertility treatments take, you know,

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and then on top of that, too, like, it's wild to me that with men's like, sperm count, and fertility, they don't, like they keep lowering what they consider normal, you know, like, 4040 ish years ago, like, sperm counts for today, or quality would be considered and fertile, but like, we're not looking at that and going, Wow, we have an issue here. It's like, oh, let's just lower the standard because it couldn't be something with everybody. It's just kind of ridiculous. Yeah, it really is. And,

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yeah, I mean, we're really talking about men's health as a whole because the way that I look at fertility as you probably do, too, for both women and men is a it can be kind of a window into overall health in a lot of ways, right? So when because and I say that because, you know, by design, our bodies always going to turn down reproductive function, right over in prioritize everything else. That's the it's a little simplistic to describe it that way. But that's how I've always thought of it and described it to clients, you know, and, and so when we start to see things happen, fertility wise issues there, usually it traces back to another underlying root cause, you know, and, and that can be a number of things for men. I mean, there's

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There's so many things that affect even just if we talk very directly in a very direct connection, that affect testosterone production, you know, and you need healthy levels of testosterone for good, normal sperm development, you know, and stress, you know, excess body fat, you know, metabolic syndrome, right, like insulin resistance, those things are all going to negatively impact testosterone production and can affect sperm quality. Yeah, it's crazy. So, I know women not that I want to say you have a ticking clock, but like, Yeah, kinda do. Some point like, you will go through menopause. So do men have a ticking clock? Or like, are they always able to reproduce? Yeah, so similar to women? It Yes, men does. Does age doesn't matter for men, like it does for women, although there's some good news in there, right. So men become more at risk for fertility issues as their as they age, because for both women and men, we see hormone production, and particularly DHA EA, which is the big, you know, starter hormone, really, for all the rest. You know, we see that decline, you know, with age. And so that's a piece of it. But it's also,

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it's also more about the cumulative effect of stressors on the body over time that happened as we age. That's what I've seen in practice. And so if we think about it that way, the strategy becomes minimizing and compensating for the stressors. And yeah, I don't just mean like stress in the classical sense, right, like so. But also things like nutrient deficiencies, lifestyle choices, environmental exposures, I mean, those things all add up and deplete resources that would be needed for healthy reproductive functioning. Again, if we keep in mind that the body is going to prioritize everything else over, you know, reproducing, then that, that tracks, yeah, and that's just a body's safety mechanism. Like, if you go back to like, I don't know, back in the time, when you had to forage for your food, and there wasn't enough food, you know, your body's not going to prioritize making a baby, it's gonna prioritize like saving you from the bears. Exactly. Um, okay, so we talked enough about how important it is. So what, what can men do? Is there what can they do to help improve their fertility? Yep. So I mean, this can get, you know, extremely complex and very individualized, right? But there are four things that I think are top of the list, that if you focus on these, this is going to be like your biggest bang for your buck. So number one, I mean, first and foremost, we want to flood the body with the right stuff to help combat the things that we can't control, like age, certain environmental exposures. So top of that list is absolutely eating a diet rich in antioxidants and omega three fatty acids in my opinion. So you want to think fruits, vegetables produce, right, like so colorful, produce a variety of it and more of it, we're generally not eating, you know, enough produce in general, but that's, you know, that's going to be one of our richest sources of antioxidants.

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But seafood too, including shellfish, which are really uniquely high and sperm supporting nutrients, like zinc and selenium. And I love you know, recommending, like couples go out for like, you know, oysters, if they can do it. I mean, I'm on I am in the Boston area. So like,

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where it does here? Yeah, more doable around here. But but you know, I think that can be that can be fun. Number two, I mean, this isn't gonna sound surprising, right? But exercising regularly, but we thinking about it a little bit differently, right, like, so what we really want to do is pump that fresh, oxygenated, nutrient rich blood around the bodies, and we want that particularly to happen from the brains, the reproductive organs, right, so that they're communicating, that helps with good hormone balance and production. But that's, that's, that's the way I started describing it that way to clients. And I feel like that, that helped put a visual image in, you know, it's just movement, moving your body in any way that feels good, because that's going to help pump that fresh, oxygenated, nutrient rich blood around the body.

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Three, you know, getting seven, eight hours of sleep a night. I mean, there's a lot that can be said about that, you know, ideally, that's as closely in sync as possible with the light and dark cycles, because our circadian rhythm is very closely tied to our reproductive health. And it's

one of the reasons why we actually see more fertility issues in shiftworkers.

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Oh, that's very interesting. I know that like shiftworkers also are just stressed. It's just a stressful job. You know, so that makes sense that it would impact but didn't think about again, the guy having shift work, so yeah,

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And we don't have as much research data on this as we do for women but melatonin production which we know with all the artificial blue light and like you know, being disconnected from our circadian rhythm and things like that really affects that and melatonin is actually a very protective antioxidant that we at least have data and we know that that helps developing follicles the egg and can be very supportive and I think it's reasonable to think that that also is supportive for sperm development.

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And then lastly, I put as number four in the top lists, you know, daily supplementation, I mean, because I am absolutely food first, you know, let food and lifestyle first focus but we're not going to get it perfect all the time every single day. So I think, you know, high quality supplements, obviously, I've got full wells, vitality and virility formula I think those can really help fill in the gaps and support sperm quality. Yeah, no, I think that that is

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food first. But you know, our, our soils also depleted of certain vitamins and like there's also certain foods like, I know vitamin A is like a huge like when you're deficient in vitamin A, that really affects male fertility, and it affects like female cervical mucus.

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And one of the highest sources are great way to get it in is like beef liver, but

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people. Yeah, that's always a tough one, right? I've gotten creative with different recipes and ways to hide it. But like, yeah, consistently, and I'm not sure historically, we would have ever consistently gotten beef liver and right, like it would have been, you know, whenever that was available. Yeah. Yeah, no, I agree. And, you know, it's also, I feel like we've also gotten away from like, using everything, you know, like, we like go have a steak or we'll have hamburger but maybe not use the other more nutrient dense parts? Oh, yeah. Let's be fair about that. Right.

And then the imbalance of amino acids and missing the college and rich cuts. Yep. I agree. So you touched on supplements, but can we kind of like go back to that a little bit? Are there like specific like formulas? Maybe you recommend,

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generally, for people because I know supplementation is very individual. And you don't want to like, just like everything works synergistically, right? So you don't want to just like be like, Oh, I'm going to take like 30 milligrams of zinc, because it's good for fertility, because that could throw out your other minerals. So are there blends or anything that you would recommend without testing maybe that people should focus on and then where should they test sticks? Yeah, yeah. Yeah, I would say when it comes to the reproductive, when it comes to fertility, that stage of life, this is where a really well balanced, well formulated, multivitamin, I think can come in handy that that is not necessarily, in my opinion, the case for all other stages of life, like you may not always need a multivitamin, that that's there might be other ways to achieve what you want to achieve. But this is such a nutrient intensive time. And it's a time to get things in balance in their bioavailable form. So, I mean, there's some nutrients in particular that I like to really focus on. I mean, Vitamin D is vitamin D is a big one. And I know there's been a little controversy around that, and I'm not sure your take on it. But vitamin D is the most well researched vitamin that we have, we've got really solid like randomized clinical controlled trials on it. We know it helps fertility, we know it helps sperm development. So I really like to see 4000 I use which is what I put into full well, as a starting point, I would say there may be a need for more but to get that properly evaluated before just mega dosing on it is important.

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B vitamins and their most bioavailable form including folate, so fully is really important for men's fertility as well and sperm quality. So we think of it, we think of it for women and preventing neural tube defects, but it's actually really important for men sperm quality as well.

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And yeah, and we want to think about the form there, right, like the form that we find predominantly in the food supply is methyl folate. It's not folic acid. Folic acid is the synthetic form that we it's used to fortify the food supply and so that that's a less bioavailable form. And, yeah, so I would say it's tough to do, it's tough to get enough fully. I mean, you need 64 cups of kale to get the recommended, you know, around the 1000 micrograms of folate that we need. So that's to give some examples, but zinc zinc is really important. You mentioned that I would agree. I think it needs to be balanced out with other minerals. Men don't need copper is incredibly important. Men don't need quite as much copper. They tend to really

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to need less of that for a variety of reasons, but I formulated full wells vitality and brillante to be the most



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was bioavailable forms of the nutrients and doses that matched the evidence.



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And that I felt would be well tolerated. And so it could kind of act as a good base for solid fertility. And then I think it's working with a practitioner to see, what do you need? What do you need, if anything on top of that essential fatty acids might be one of them, too? Yeah, yeah. When nobody eats enough salmon? No, no. Yeah, I think that's really important. So, now, this may be like, a controversial question. But, um,



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when, let's say a couple is struggling with fertility. I think the most common thing that they do is they think, first doctor, and then you have to do like, endocrinologist or fertility doctor. And I'm not necessarily discouraging going and getting those, like, going and being like, hey, like, what's going on with my labs and stuff like that, but they rarely want to shake? Okay, sweetie, they rarely approach nutrition at all, you know, which is such a huge aspect of fertility. So what do you recommend? Do you think like, they should go to a registered dietician that specializes in fertility? Like, are there questions they should ask, like, how do they kind of assemble their health team? Because I know, from my experience, women will come in and be like, Hey, I'm going to my primary doctor, and I want to have these labs run like, Do you think that's good? And I'm like, Well, what kind of answers are you looking for? You know, so what? What advice would you give, you know, if you're struggling for fertility, like, what advice would you give? Yeah, yeah, that's it's a really good question. I think I'm going to try not to be too long winded or complex in my answer, because as you can imagine, I think it's really individual. Right? And it is, it does come down to the question that you asked, like, what answers are you looking for? But also, what timeline are you working on? You know,



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there's, you know, that that is a key piece of it. I mean, I will say, a lot of times, it's like you don't suspect or think there's a fertility issue until you've already been trying for six months, a year, maybe longer, you've had maybe multiple losses that it can and then it can feel like I wanted a baby yesterday, or you know, a while ago here. And so like I don't it's it's tough to it's difficult to want to have that patience, what I would say is that getting to the underlying root cause of what's going on is going to be so worth it. If there's the opportunity to do that, because it's going to not only set you up for consumption, I know we want the positive pregnancy tests, right. But we also want a healthy uncomplicated pregnancy and a healthy baby, right and healthy families. And so I think I've had this conversation quite a bit, you know, with couples, where it's like, they've, they've seen all kinds of specialists, they might be coming to me and they're like, in the middle of an IVF cycle, right? The best time for nutrition and lifestyle to have a positive impact and for, for me to really, or for you or for any practitioner to really have the full ability to really help. I think it's like, backup, let's do a full assessment of what's going on and a registered dietitian, you know, there's you, I think it's worth it to work with someone who can order specialty lab testing to help fully assess, you know, your vitamin

and mineral status, your metabolism, maybe genetics, just look at this is really an A lot of that specialty testing is it's different, because we're looking at okay, where are the imbalances? What are the root causes to the issues right now? Not? How do we how do we see what is now a acute diagnoseable condition that can be treated with a medical intervention? It may it may become it might get to that point, right? Like and that's where you collaborate with more conventional medical practitioners, you know, your PCP is your endo is like they're absolutely and, you know, Fertility Centers, like they can absolutely help when it becomes it gets to that point, and or, you know, a couple decides that type of intervention is right for them. But there's never going to be a downside, in my opinion. I'm a little biased, but there really is never a downside to trying to address the nutrition and lifestyle piece and get at any underlying issues, because of the impact it will have on the health of baby.



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No, that's kind of that's wild to me, though. Now that I'm thinking of like the things you said. I'm just like, when women miscarry, like, immediately, they're just like, what's wrong with my body? Like, why did I miscarry? And based off of our conversation, it's like, no, is it still takes to like no



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And so I wonder sometimes if that is such a crucial point that women are missing, you know, because I, you know, I'm with you like, let's try and fix the underlying issue but like let's say you need progesterone suppositories or progesterone injections while you're pregnant while you're pregnant, like, please go get those right. But like, let's try and fix what we can before we get to that point. But I mean, goodness gracious like when there's so many unexplained miscarriages and like my progesterone numbers were fine. Like, what was the issue? It's like, well, maybe let's like look in another area now. Yeah, I mean, what is absolutely wild to me is that and this is so not talked about. Men's Men's Health and men's sperm have more of an impact on the development of the placenta than women's owned bodies do? Well, well, well, well backup. Well, why it's yeah, it's wild. I mean, now let's give women credit, right? Like they grow the placenta is an organ that they grow from scratch, right? For pregnancy to nourish, baby. And that's incredible. I just think that's incredible. But men's sperm, and semen actually signal quite a bit too, for the proper development of it. And so that's how they're finding the connection between men's preconception health and things like preeclampsia, which can be traced back to not in all cases, but can be traced back to the health and development of the placenta and its function. So much can be traced back to the health and development of the placenta. And so, you know, they're thinking that may also be one of the connection points between early pregnancy, you know, between pregnancy loss too, but there's a lot of a lot of factors there. So yeah, that's mind blowing. Okay, so I hope that like, really not men don't listen to this podcast, but wise, please get your men listening to the podcast.



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So this is gonna be it's gonna make some people hate us. But what should men avoid to increase fertility? Yes. So I have to say, I'm gonna give this list. But I also am really proud of this blog post that we wrote up on full well fertility.com about like, how to actually have this

conversation with the men in your life, it was basically conversation starters. So that this doesn't wind up being a fight, right? Because again, your audience, probably a lot of women, it's like, how am I going to tell my partner? How am I gonna talk to them about this, right? And it's tough when it's your partner, and it's not you're not necessarily getting practitioner to, because we know this isn't being taught generally, or in the conventional medical or any a lot of settings. So yeah, so here's, here's the top three things. So number one, chemical and heavy metal exposure. I mean, this probably seems obvious, but it's, it's it's a question of how right I mean, the reality is that we're exposed to more environmental chemicals and pollutants today than any other time in history. Some big bang for your buck type things to focus on to reduce your toxin exposure, in my opinion, would be to swap out fragrance products, because we know they have known hormone disrupting chemicals like phthalates and then switching those out to more natural options. Things like the air fresheners, those wall plugins, the car air fresheners, you know, I usually that's something that I feel like it's very tangible. And I can, the couples that I work with, I'll say, let's just go do it go around. And let's just kind of get rid of those right, round those up and replace it with a more natural option, maybe an essential oil based option to alcohol. Now, I know this one isn't popular at all. And you know, I'm not saying that has to go entirely but I think you know, your partner who won't be drinking throughout a pregnancy or for women listening you won't be drinking throughout pregnancy, right. So if men can avoid or greatly reduced their alcohol intake for at least that three month window right? Before trying to conceive it's gonna mean healthier sperm, healthier pregnancies, healthier babies. And then number three, again, no surprise here. But smoking. Yeah, particularly cigarettes. I mean, the thing about sperm is they are so sensitive to what's called oxidative stress, which you probably talk about, and cigarette smoking generates a ton of that, you know, and so quitting will have a really positive impact.

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Ah, yeah, plus, it stinks. Yeah.

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Goodness. Okay. So, and then I also think that, you know, it's a good reminder to, like, you know, you can bring them this podcast.

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Because I think sometimes like, there's that education factor that men don't

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realize that maybe they're a part of that equation when it comes to actually, like getting pregnant and sustaining the pregnancy. You know,

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especially I think you know PCOS is such a big one that's on the rise and awareness around

especially I think, you know, PCOS is such a big one that's on the rise and awareness around that. And so automatically, if you're struggling with fertility, you're just like, oh, it's me, like, it's me. But it's, it's not, you know, it takes two of you. So I think education that it could be, you know, he needs to maybe come in and help out a little bit. But then also, like, if you guys are wanting to have a baby together, like he obviously loves you. So I think, you know, just presenting it in a way, like, hey, maybe we can do this together. So yeah, I mean, I think even if for women who, you know, know, they've got a diagnosis that affects their fertility, like maybe they're struggling with endometriosis, PCOS, as you mentioned, you know, still, you know, it may be especially so in those cases, we want men to be involved in to be made making changes as well, because we want to stack the deck in your favor, you know, so, even if we think it's one predominantly one, couple, one, one partners, kind of issue so to speak. You know, we want to make sure that we're removing as many straws from the camel's back as possible and trying to help support you know, give the best possible chances of success. Yeah, no, that totally makes sense. So, this has been fascinating. So where can everybody learn more about this? Because I'm sure what, like me, their minds are like what men can affect listen to?



36:37

Yes, so we have a lot of information up at F are on full well, so it's full well, fertility.com. And we've got a blog that we pour a ton into, you know, just, we've got three dieticians on our small team. I mean, we're just really putting a lot of effort into those blog posts and the education that we put out on Instagram at fullwell fertility. And so that's where I'm spending most of my time these days. I also for anyone that is more savvy, I'm the co founder of the Women's Health Nutrition Academy, and that's like continuing education for women's health. And my practice Boston functional nutrition. I'm taking a little sabbatical from that right now. I've run it for about 15 years, but that's, that's, that's another place that you can find me. Okay, well make sure we put the links to the show notes so people can find that because if you're like me, I would never be able to remember all that. So thank you so much for coming on. I really appreciate it. Oh, thank you for having me on.