

A sunburst graphic with numerous thin, light gray lines radiating from a central point behind the main title text.

Healthy Moms Podcast

BY **Wellness Mama**[®]
simple answers for healthier families

Episode 126: How to Beat Infertility and Get
Pregnant Naturally with Dr. Marc Sklar

Child: Welcome to my Mommy's podcast.

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Katie: Hi and welcome to the "Healthy Moms Podcast." I'm Katie from wellnessmama.com and I am here today with fertility expert, Dr. Marc Sklar, who has been helping couples to conceive and have healthy babies for over 15 years. Not only is he a doctor of acupuncture and Oriental medicine, he also trained at Harvard at the School Of Mind And Body Medical Institute. He's the creator of marcsklar.com and reproductivewellness.com and co-author of "Secret To Conception."

He's also a fellow of the American Board of Oriental Reproductive Medicine and medical advisor for the natural health international. Obviously, he's very accomplished and I am super excited to jump in today and talk all things fertility. Marc, thanks for being here.

Marc: Thanks for having me, Katie. I'm really excited to be here and excited to talk all things fertility.

Katie: Yeah, for sure. I know I have a few posts on fertility-related topics and they seem to be getting a lot more traffic in recent years, especially. And I have my own theories, but I'd love to hear from you on why you think fertility is...seems to be such a growing issue right now.

Marc: Yeah, you know, it's a great question. And I used to think...five, even maybe ten years ago, I used to think that there's not really a difference between the amount of fertility issues we're seeing today as we saw maybe 50 years ago. I was just...I used to think that the real issue was that we're just talking about it more and we're more accepting of the fertility and more open to that conversation. And I do think that's one aspect of it, but I've changed my tune in the last five years.

I do think that there's more...there are more complications, more issues that are causing and affecting our fertility today than ever before. We live in a world with so many toxins, so many chemicals that our bodies were never exposed to before, never even knew what to do with. They actually don't know what to do with them now and I do feel this is a huge issue that is affecting our body. And on top of it, I think there's a huge stress component that's affecting our fertility and our body as well, where we live in this world where we're trying to accomplish so many things, or we're made to feel like we need to accomplish so many things.

And we take on so much more and with that comes a lot more stress, our health starts to degrade from that. So those are the two main reasons why I think that we're dealing with more fertility than we ever have before.

Katie: Yeah, I agree. I've seen kind of similar things in my research. And I'd love to...before we go deep into the fertility bit, I'd love to hear your story a little bit, too, and how you ended up getting into this field and what...just a little bit about some of the people you've helped, because from researching you, you have a really impressive history.

Marc: Okay, thanks. It's actually a really funny story. So...or I think it's funny. So I started off in undergrad and even before then, I always thought that I always had an affinity for medicine, but I never really had an affinity for Western medicine. I didn't know how to communicate that right. I just didn't...wasn't something that really...I connected...something I really connected with. And I started as pre-med in undergrad and after a semester, I was like, "This sucks. I don't want to deal with these classes anymore."

So I just started to follow my heart and the things that really interested me, which led me down the psychology route and led me down to the comparative religions route, which is what I got my degree in. I had a lot of health issues myself, which I came to realize in college that I needed different options to support myself. So I started looking at alternative medicine--acupuncture, Chinese medicine and then nutrition--and that really...that was the first step that got me down this road, because it really made a dramatic impact on my overall health.

And even then, now looking back on it, I thought it was like, "Oh, I was 80% better." I was probably only really, like, 20% better, but it felt like 80%. And then, my acupuncturist, when I was talking to her about going back to graduate school, she said, "You should really look at going into Chinese medicine." So I was like, "Well, you know, there's an interesting idea. I never thought about it." And I always had love for medicine and so, I looked at it, I said, "What's the worst thing that happens? I'll move to California..."

I'm originally from Miami, "So I'll move to Florida...to California at her urging and recommendation and I lived there for a year. And if I don't like it, I'll just move back and figure something else out." So that's what I did and I really never looked back. I'm still here in California, I love the medicine. And when I was in medical school, my first semester, I started working with one of my mentors--at the time, I didn't know she was going to be a mentor, but now, she is--and really just following her. And I worked with her for those four years and never really missed a beat other than going on vacation.

And her practice was devoted to women's health and fertility and I just started...I just fell in love with it. I thought it was powerful, amazing what you can do for somebody and be able to have that special connection and be able to help them bring a little baby and grow their family into the world, I just thought it was just really special. And when I was in school, we did clinicships. And during the clinicships, all my friends were seeing pain patients and treating individuals for all sorts of pain-related issues.

And everyone who walked in my door was coming in for some sort of women's health or fertility issue: menstrual issues, dysmenorrhea, PCOS, whatever it was. And I just...I knew at that moment it was my calling. But two amazing things happened somewhat simultaneously that same year. My oldest brother...my older brother...not my oldest, but one of my older brothers was trying to have children with his wife and they were having some issues. I couldn't help them physically, because I wasn't right there, but I did a lot of support and coaching with them from afar. And then, my first fertility patient walked through the door who had PCOS.

And pretty much around the same time--it took them both about six months--they both...actually, I think she took about four and a half to five months and he took about six, but they both told me that they were pregnant. And it was just...something just clicked right at that moment and I knew this is really the path that I needed to go down and what I wanted to do. And my older brother's got two sets of twins now and that patient had...she's got four kids now.

And the only picture...some people may have heard this story if they've heard me speak before. But the only picture on my desk in my office outside of my two boys is a baby picture of the first baby that I ever helped, which is hers. So that's kind of how I got into this field and this specialty, overall.

Katie: I love that. That's such a cool story. And I want to go back and go deeper on the idea of the mind-body connection, especially as it relates to fertility and reproduction, because from my side, personally, I have never struggled with getting pregnant. I think I had the opposite problem. But I...my last two babies have been born breech and I had them vaginally, thank goodness. But it's really interesting, because I was talking to a friend of mine who is also an acupuncturist.

And side note, I joke with her that I should have named my fifth kid after her, because she did acupuncture on me for a headache one day. And she goes, "It's also great for fertility," and I was like, "No, no, no. I don't need help with that," and actually, three days later, got pregnant with number five. So I joke about that with acupuncture. But I'm so curious, because my last two have both been breech and I've always had pretty tough labors. And I've done all the physical things you can possibly do to flip a breech baby. I've stood on my head, I have gone to the chiropractor, done the Webster technique every day, anything...acupuncture. Anything that's recommended, I did and they did not flip. Thankfully, they were born with no problem.

But I have wondered...the mind-body connection is so strong, I've wondered if my own hesitancy about labor has maybe even impacted them not wanting to be heads-down. But I think there's a really strong connection there. And I'd love for you to go deeper on that mind-body connection and how it can even maybe impact our ability to get pregnant.

Marc: Yeah, absolutely. I couldn't agree with you more. And as a side note, I'm a twin myself and...identical twin. And my mom...I'm saying this because of your story of breech. So my mom didn't know she was having twins back then. Back then, you didn't have ultrasounds and so, the only way they knew how many children you were having and so forth, it was just by hearing the heartbeat. So they always heard my brother, because I was breech and I was higher up.

And so, when he was delivered, about five minutes later, they saw...or probably three minutes later, they saw my feet and five minutes later, I was delivered and I was delivered breech. Back then, they did a lot more of that. And it's amazing that you delivered your children breech in this day and age, because that doesn't happen too often. So I figured since you shared that, I would chime in with my breech story of my personal history, although I don't remember it very well.

But that mind-body connection is...I think is really, really powerful. And it's something that interestingly enough, I've just been speaking more and more and more about in these past years, especially in this last several months. You know, I think that...I don't think, I know that our mind really controls and affects much of the way our body functions subconsciously. Whether we think that, believe it or know it to be true or not,

we're doing that in a subconscious manner. What I'd love to see happen from the majority of us is that we're actually doing it in a very conscious manner, that we're engaging our body and our mind to take the role or to perform the actions that we're looking for.

And one of the things that I often work with my patients about is really that mind-body connection: understanding that we have more power than we know and more power and understanding than we believe, when it comes to fertility. I think oftentimes, we think of it purely as just this biological process. And we're told so often--especially in this day and age with this fertility journey--that...we're told so often that, "Oh, as you approach this age, it's going to be more...become more difficult." So you're already hearing all of this information from the news and then, you walk into your OB office or...well, probably not the midwife, who's going to...hopefully, they're not going to approach it this way.

But you walk into your midwife's...into your OB's office and they're going to start to talk to you about what tests you need to do and, "How old are you?" "Oh, you might be too old. You should start looking at the fertility treatments and you should start speaking to the fertility specialist," and so forth. They start to plant these seeds that really start to take a life of their own. They start to grow, because we're told all these negative thoughts that, "You can't," or, "You're too old," and, "You should look at IVF." And you didn't believe that before, but as that seed...as you read it or as you're told that more and more frequently, then you definitely start to believe that to be true in a subconscious manner.

And women were...you were made to reproduce, you were made to have children. And I think that if we can get back to that more primal and basic thought process of, like, "Yes, this is what I can do, this is what I should be doing," and really engage your...I like to call them your superpower of having children--because I do believe it's a superpower--then I really think we can start to train our body to listen to our mind, where our mind is leading our body down that path, to really guide it down that fertility journey. Because right now, it's doing it, it's just doing it in a subconscious manner and it's being taken down that path and a negative path.

So you're always taught, "No." But I want to change that "No" to a "Yes" and I want you to actively engage that "Yes" on a regular basis. And I think that that's a really powerful tool and a powerful thing and it goes well beyond just fertility. It goes to life as a whole, right? I mean, you were talking about being somewhat fearful or nervous about delivery and labor and I think that has that impact as well. I've seen it over and over with my patients who, they have this very rigid birthing plan for how they want their birth to go. And I think they're very scared if it goes awry, if it goes sideways from that.

And I think that fear and that rigidity, in terms of how they want that plan to go sometimes also compromises the way it's going to go, because it...your body tends to gravitate towards that fear. It's much harder to gravitate towards that positive and I mean, it takes a lot more effort. I absolutely, absolutely believe that that mind plays such an impactful role on all aspects of life. And just looking back at my life, anything that I've wanted and really geared myself to, I had to be very, very clear about in my mind, to lead myself down that road. And I wholeheartedly believe it's the same thing with fertility.

Now, does that mean there's not physical or biological issues that can contribute to fertility issues? No, by no means. But I think they should be...we should be working on both of those things hand-in-hand.

Katie: Yeah, that makes perfect sense. And certainly, I think you phrased it well, but not to say that if someone can't get pregnant that they have, then, a mental problem as well, but just that realizing how powerful our

mind is. And if we're focused on, "Oh my gosh, I can't get pregnant and this is so stressful," and all of the things that are wrong, it doesn't help to move past that. And I know that you've probably seen it as well, but I've seen amazing information about how, for instance, if someone's told they have cancer and that they're going to die in a few months, they die in a few months. And autopsies find out they didn't actually have cancer and that the diagnosis was wrong, but our mind is so powerful.

And conversely, they do placebo knee surgeries, where they say they were going to repair someone's ACL, they cut them open, but they don't repair it and they get better. And I mean, I think we...especially Western medicine maybe sometimes forgets just how powerful the mind is. And not to say that we don't need the body. Like you said, we obviously need that too, but that they go hand in hand so strong. And so, I'd love to go deeper on that. So you said obviously, there could be physical things as well. So when someone comes to you and is struggling to conceive, what's the process? Where do you start with them?

Marc: Yeah. So the first place I always start is actually more on a physical side of things, which is with lab work and testing. I think that any time someone comes into my office for fertility-related issues, I want to make sure that we're not ignoring some of the basic things. And oftentimes, especially with patients who are just starting down that journey, not so much with couples who have...who've tried for six or 12 months and they're not as hesitant to start to do some of the testing that I've wanted.

But the ones who are trying to be more proactive and don't necessarily know or think that they have an issue, but they just want to make sure that everything's taken care of: they're not as proactive in following through with wanting to do some of the testing that I want to do initially. But I think it's really important that we all know where we are and where we stand when it comes to fertility results. I think we're fearful of getting that information and I think we should really embrace it and use it as power, because that knowledge is power.

And so, first and foremost, I always make sure that we're testing both the man and the woman. I think that's essential. So when it comes to testing the female, we want to make sure we do some basic hormone testing. We want to always...the important ones are to do on day two, three and four of their menstrual cycle. And to be clear, your menstrual cycle, in terms of counting your days, day one starts on the first day of bleed...of a real bleed, not spotting.

And so, on day two, three or four, you're really looking to check on the health of your hormones--estrogen--you're looking to check on the quality of your eggs that you're producing. So you're checking FSH and LH, which is luteinizing hormone. And you're going to also...I like to throw in some of the other primary hormones, just to have a baseline there as well, like testosterone, DHEA, progesterone, prolactin. These are all things that are going to be important, just to get us a baseline of information. And I typically always throw in thyroid testing as well.

And then, the other time that I test hormones would be seven days post-ovulation. I'm testing specifically progesterone, to see how ovulation was and how high progesterone levels are. And then, the other test that I do for women I recommend is doing what's called an HSG--or otherwise known as the dye test--to check on the health of their fallopian tubes. This is the one that I get the most pushback for, because it's a relatively...if insurance doesn't cover it, it can be a little bit costly.

It can also be a little bit uncomfortable, because they're inserting dye into the fallopian tubes and taking pictures to see that the dye is spilling or coming out of the tubes, to make sure that they're open. And this is

important because the egg needs to travel through that tube to get to the sperm. And that's where they fertilize, is in that tube, so they need to be able to make it through. And this is something that there's really no other way for us to know if that is open. And if it's not, it definitely dictates or causes us to re-evaluate what paths we go down and what recommendations we make. So I do think that's a really valuable and really important evaluation to do for my female patients.

For the men--the other side of the equation which absolutely can't be ignored--I do ask them to do some...I start with a semen analysis. And if the semen analysis comes back normal, then I pretty much stop there, unless they've got other health issues. If it comes back abnormal, then I will do some hormone testing as well there. The last thing we want to do is not do that and find out six or 12 month down the road that we should have done it six or 12 months ago, because we had that time to make those changes.

And so, that's my baseline in terms of starting some initial testing to find out what's going on and be able to evaluate patients from a more complete perspective. But beyond that, it's just also making sure that everyone's on the same page, that you and your partner are looking at things the right way, you're approaching fertility hand-in-hand and you both have the same goals. And then, looking at that, then we start to...depending on the patient, when we start to go down that road, but then, obviously always looking at the mind component and those...what we're telling ourselves and so on. So that's usually where I start in my evaluation process.

Katie: Got it. And I'm really curious if you're seeing kind of where the bulk of your patients are falling right now. And are they...do they have similar struggles with fertility? And I'm also really curious how many of them have been on birth control recently, only because I've had several podcast guests who have mentioned that there's this whole post-birth-control syndrome, helping women even out their hormones and all these issues that can come from hormonal birth control. So I'm curious if you're seeing that as well, in the work you do.

Marc: Absolutely. So that post-birth-control syndrome is...at least in my world...is a big deal and I see more and more of it. I see more and more of it in my younger patients, because they tend to have been on it longer for whatever reason, but it's the main form of treatment. When any young woman walks into the OB's office with any sort of hormone-related issues, they're going to be put on birth control. And oftentimes, it's just easy to stay on it and no one really coaches them on really getting to the root issue. So I see that all the time.

I find that it absolutely affects fertility, but more from a hormonal perspective, not from an egg reserve perspective, because it is, in some ways, preserving the amount of eggs that get ovulated out. So in that regard, it can be thought of in terms of preservation, but it definitely throws off hormones. For some women, it's easier for them to recover from that, they get through it pretty quickly. Others, it takes years and years and years to come through that.

It affects the pituitary, it can start to throw off thyroid function, so that's a big deal. And anytime I see a patient who's been on birth control for any length of time, we have to start with evaluating hormone function and regulating that. And that's part of the reason why I always want to do hormone testing, to start, with patients. I often have patients who will come in and say, "Well, you know, my OB did all my hormone testing and everything looks fine." And when I look at what they did, it's very incomplete or it's not...it's actually not...doesn't look very good from my perspective, from the functional world of medicine. And so, there's a lot that needs to be dealt with there.

But coming back to your first question, which is, what are some of the more common things that I see, certainly, that was one of them. But I see PCOS all the time and I do think right now, PCOS...the types of PCOS that I am seeing--the atypical form--I do believe are...part of them are brought on by birth control and it has a strong correlation with post-birth-control syndrome. I'm also seeing a lot of egg quality issues and I think I'm seeing...I feel like I'm seeing that: one, because women are starting to try later in life. But two, because of the amount of toxins and chemical exposure that we're exposed to that are throwing off and affecting our endocrine system and as such, really would affect egg quality. So those are probably the two bigger things that I see and more common things.

I will say that I see tons of male fertility issues. I feel like it's happening more and more and I don't feel like it's being treated enough or being taken seriously enough. Certainly, it's part of the equation, as we all know, right? We need that sperm to create the embryo. But men aren't...they're just not as proactive in terms of their health. And when you walk into a fertility doctor's office and they said, "Well, with your numbers, we could do IVF and get you pregnant, no problem," they don't feel the motivation to really start to take control of their health.

And one of the things that I want to encourage men to understand--and hopefully all the women listening could impart this on their partners and husbands--is that for women, they have a lot of signs and symptoms that give us clues as to their overall health. You've got this regular menstrual cycle that comes regularly--hopefully regularly--every month. And the way the quality and the health of that menstrual cycle is, in some ways, an indicator. And the quality and the health of your ovulation is an indication of your overall health. So if things start to go off there, we can use that as a sign to say, "You know, we need to look deeper into your overall health to see what's going on."

Men don't necessarily have that. I'm not saying they don't have some sort of cyclical pattern, because I do believe that we do. But they don't have that marker, that...outward signs to look at. And so, for me, if I'm looking at their semen analysis and it's abnormal in some way, that's an indicator for their overall health--what else is going on in their health--because your reproductive function is going to decline, because it's not a priority when other things are affected as well. Now, is that 100% of the time? No, but I do think it's overlooked all too often and I do think that it needs to be taken a bit more seriously than it is, currently.

Katie: Yeah, that's such a great point. And I definitely want to go deeper on the male fertility. But also, you mentioned IVF and IUI. And I should have actually researched your stance on this before I asked you, but I'm really curious, I'm going to be learning, too. I've always had the feeling...and I mean, I...certainly, I know people who have turned to these that have healthy children and I'm not trying to pass any judgment. But I've always wondered, is it actually good to bypass the body's natural mechanism?

In other words, at least from my perspective, I've always viewed--like you mentioned--fertility kind of as a metric of health. So if there's a struggle there, I've always thought, "Let's figure out why and address that for the sake of the parent as well as the child." And have you seen any issues with kind of bypassing that through IVF or IUI, or what's your stance on that?

Marc: Yeah. You know, I mean, the first thing I want everyone to understand is, I'm here to support my patients. So if their path is to go down IVF or IUI and that's what as a couple, they decide is best for them, by no means am I here to judge them on that. I'm here to support you and make that effective as quickly as possible and make that have at least side effects as possible and really hopefully at the end of it, that you have

a healthy, happy child. But I do have a lot of concerns about IVF.

I mean, in my opinion, first and foremost, I think that 70% of all couples who go through IVF--I believe--don't really need it. I think they're pushed in that direction much quicker and unnecessarily than they should be. In many ways, it's at no fault of the gynecologist or fertility expert, because that's what their specialty is. And so, if you walk into their office and you say, "Hey, I'm having fertility issues," they're like, "Well, let's do IVF, because this is...I have good confidence that this will get you pregnant." And they don't really have a lot of other tools in their tool belt to support you and correct all these issues.

They don't really recognize post-birth-control syndrome, what are they going to do for that? Or they can't really address PCOS. How are they going to manage that appropriately without putting you on birth control, which has...as we've already mentioned, has issues. So I don't necessarily fault them. I think that we, as a society, are looking for the quick fix and the easy option often. And I'm not saying all the time, but I do think that we have to look at ourselves and our health.

And if fertility is an underlying...or fertility issues is an underlying marker for overall health...and I think we need to just take a step back and look at that, as you mentioned, and understand what else is going on, because it's not just about your health today to get pregnant. It's about your health later on in life and are you going to be healthy enough to raise a healthy child? Are you going to be around long enough to be there to see grandchildren, right? So I think it goes well, well beyond just having children today and I do believe that we're being pushed in that direction well...way too quickly and too often.

Now, is there a place for IVF? Absolutely and that's why it was created. If there's some sort of physical issue or something getting in the way that's not allowing you to get pregnant naturally, then I really think that that is ideally why and how IUI and IVF were created and what they should be used for. But I believe 90% of all my PCOS patients can and should get pregnant naturally. So if that's the case, then why are they all being pushed towards IVF? Why aren't we taking that responsibility upon ourselves to correct the underlying issues and change what's going on at a cellular level, so that way, we don't face these issues today? And not only face these issues today, but also pass these issues on genetically to our children, right? It's a big concern of mine.

And on top of it, we don't really know what all these medications and hormones are going to do to our body. I mean, yes, there are some people and some basic research studies to show, "Oh, it's not an issue whatsoever." I have a hard time believing that and I don't think we've seen enough evidence and watched enough of these IVF children grow and parents who have had these children who have been put under all this medication mature enough to watch what causes it's had and effects it's had on their health. So I do think long-term, we're going to see some issues.

Now, is there going to be a difference between a woman or a couple who does one cycle of IVF or IUI and gets pregnant versus one who does five or more? Absolutely, because the hormonal impact on that body is going to be very, very different. But I think these are things and questions that are not being asked enough, not being looked at enough and not being questioned enough. And I don't want anyone to mistake what I'm saying by saying, "Oh, Marc doesn't believe in IVF." I believe it has its place and I think we all, as individuals and couples, need to make those decisions for ourselves. But I think we go into those decisions too blindly.

We're trusting in the white coat across the table from us or across the room and saying, "Oh, this is what you need," and we don't ask enough questions. And I think that's at a detriment to our potential health and our

future and I think we need to look at that more completely and ask more questions. And at least, if you're going to go down that road when it comes to IVF and medication and so forth, that we understand that more completely and that we understand the risks that we're taking and we're going into it with eyes wide open.

And I always say it in this way: I think we ask a lot more questions...if you were diagnosed or your family member was diagnosed with cancer, two things that I see very commonly with patients is, well, they're looking for second and third opinions. And they're asking a lot of questions, like, "What are my other options? How can I address this? Is chemo and radiation my only treatment form?" There's a lot more questions that happen around that than does with IVF. And what I'm proposing to all of you listening is that I think you need to ask more questions around this whole process. You need to be comfortable with the process.

Maybe you can get a second and third opinion as well, because all too often, we walk into that first office, they say certain things and all of a sudden, we're down this road. And next thing you know, we're down three IVF cycles and we didn't even think about it, it just happened, right? So I think there's a lot more that needs to go into it...a lot more questioning and a lot more answers that need to come into it than we've been getting or asking. And hopefully, we start to get more of that information, more research starts to come out that shows that this process is healthy or not, or whatever those outcomes are, but that we have a lot more information to base our decisions on.

Katie: I think that's such a balanced perspective. And my background is more in the prenatal and pregnancy diet side. And I know, from what I've read and researched there that no matter how you end up eventually getting pregnant, if you do the work that you're talking about and support the body and support the hormones and try to get things in balance through lifestyle and diet and nutrition as much as possible: whether you get pregnant naturally or through IVF, it's going to help you have a healthier pregnancy and to have--hopefully--a healthier baby and an easier delivery.

So I think that that's such a balanced perspective, that even if there's a time and a place, no matter what, it's still always beneficial to support the body and to try to work through things naturally as possible, because--at least from what I've heard--IVF is also not a comfortable or inexpensive procedure. So I think that's a really great point that you made.

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Katie: And I'd love to go back to the male fertility thing, because I think it's a great point that you brought up that so often, it's easy just to focus on the woman and her fertility and just do very basic testing on the man or assume he's fine.

But I'm sure you have seen the research as well, about how much the man's pre-conception diet can affect outcomes for the child as well. And there's so much research there. So what you do with the guys, what do you have them do and how do you actually get them to do it? Because I feel like sometimes, I get a lot of questions from women about, "How do I get my husband just to eat healthy, just in a general way?" So how do you broach that with the men and what do you have them do?

Marc: Yeah. You know, I think it's a great question. And I'm just chuckling because you're like, "Well, what do you do to get them to do it?" And I don't have any special potion. It's hit or miss, quite frankly. It really just depends on the man who's...how invested they believe they need to be and how proactive they feel like they need to be.

I do think overall, I'm seeing it change a bit, but we've come from--I think--a culture who puts all this pressure and emphasis on the woman's when it comes to conception woman when it comes to conception that it's...I think they...men start to...they don't put that same sort of burden on themselves. And they keep feeling, "Well, I'm not the one who carries the baby, it's my wife. So it's got to be her," right? This sort of perspective. But it's absolutely not true. For sure, 50% of this issue is from you and 50% of what you're giving to that child is from you as a man. And so, you need to be proactive and make those necessary changes now.

Men do not like to make changes. They don't like to go to appointments, they're set in their ways, they like to do things that it makes sense for them. And if you're already healthy, then it's much healthier to make those tweaks. But if you're not, it's much harder to stop going to McDonald's just because I said so. You really need to want to do that. And so, what I try to coach my male patients on is like, "Look, this doesn't have to be a forever thing. If you want to go back to eating crappy and doing whatever it is you're doing that got you to your current health state later on, that's totally fine.

But if you truly want to be a partner with your wife and you want to be engaged and have a child and have multiple children and grow a family, then you need to take ownership of what your responsibility is here. And that responsibility starts with how you live your life." You can't continue to drink three beers a night and eat McDonald's--I'm exaggerating, but I know it happens--and expect your fertility to change, because it's not. If you continue to do the same things, you're not going to get different results. And so, if your numbers are already affected, you need to be more actively engaged in how that's going to change and you need to take responsibility for that.

And for me, first and foremost, it comes back to diet. As you mentioned earlier, that's such an important piece for all of us and it's much easier if you and your wife or partner are all eating the same things. Instead of eating two different meals, you're all eating the same thing. Now, do I want you to be 100% committed? Sure, but I'll take 50% or 70% versus zero. So that's better than nothing, right? And with all of those changes, you're going to see that reflected in your semen analysis and in your results. Additionally, men put a lot of stress and burden on themselves, so managing your stress is absolutely important.

And the easy things that men like to do is pop some pills and see if it works. And that's certainly things that we can do, too: is make some recommendations when it comes to vitamins and supplements that you can be doing to affect the different parameters of your sperm and the health of your sperm. And those things, I do find that they'll more easily do and engage in, as well.

But I just had a consult with a gentleman this week--an evaluation with him--and he was telling me about his lifestyle. And granted, he's got certain things that he needs to take care of, but he's going to sleep...he's getting home from work at 10:00 at night, he's going to sleep around midnight and he's waking up at 4:30 to go exercise and then go to work. You can't create a healthy environment and you're not going to change your semen analysis or your sperm parameters living a lifestyle like that.

And I saw his semen analysis before he changed his lifestyle to that--because life changed for them, so he had to work more--and his numbers went down. It's a direct reflection: increased stress, less sleep, poor diet, because he admitted he was just eating junk food. All of those things are going to impact your health and you need to be more proactive and engaged in that process. And there's really no one-size-fits-all or special formula that I have for patients.

I'm really trying to meet them halfway and see what they're willing to do and take that and then push that just a little bit further, to see if they'll go a little bit more for me and for their wife to kind of get these results. But I always say, "It just can be temporary." But I think what people don't realize is, their overall health today is not just going to potentially impact their ability to get pregnant, but it's also going to impact the health of the child as well. So if you're eating crappy food and living a stressful life, that gets embedded into the DNA of the sperm that you're passing on to your child and that genetic makeup is going to be impacted because of it.

Katie: Yeah, that makes sense. And you have some information on the male fertility smoothie, if I remember it correctly. Can you talk about what goes into that, kind of just to give guys an idea of some of the things that can impact their fertility?

Marc: Yeah. So I've put in some healthy fats, so I always put in some avocado. I make sure there's protein. Everybody likes a slightly different protein powder. I make sure it's full of antioxidants, so I've put in some good berries: some goji berries, blueberries. I've put in kale and then, I always put in some different nuts that have been known to support fertility as well. And so, I like to put in walnuts, which are awesome for male sperm quality and pumpkin seeds. And then, I put in some maca as well, for male fertility.

You can always change it here and there and modify it, but that's what I've been guiding my patients on recently. And usually, if you do it right with the right quantities--which you might have to tweak for yourself and your personal taste buds--I think it tastes pretty good.

Katie: Nice. And I'd like to go back to...we talked about birth control earlier and I wanted to bring up that I know that there are a lot of alternatives now--natural alternatives--and I'd love to hear your take on them. But for instance, I use...I have several different apps on my phone that help track fertility and can be used for avoiding pregnancy. I also have something called an OvaCue, which measures your salival pH, your vaginal pH, it does a lot of stuff like that. But there's a lot of alternatives. And I bring that up also because these apps also give you a really good look at your cycle. And you mentioned that this is kind of a window into your health and I've found that that's been really fascinating.

I've always tracked my cycle, just to see how it changes and responds to stress and to that kind of thing, But I'd love to hear your take on that. And also because it seems like when you just research "trying to get pregnant online," so much of it just focuses on the timing aspect of when a couple needs to have intercourse. So I'd love to hear, is that actually the most important thing--like a lot of online sites will say--and how important is the timing? And if so, can you use apps like this to try to time it? And from your perspective, what would be the optimal timing? When should someone try to get pregnant?

Marc: Yeah. All good questions. I've had to take my notes so I don't forget any of it. So with...I love cycle charting and tracking. I think it's really valuable for me as a provider, to be able to get that information and see the fluctuations from day to day. I think it's really valuable for women. All too often, women don't understand or know enough about their own bodies and their cycles. And we're not really taught that properly in school anymore, or even maybe ever were.

So I think understanding what a healthy cycle should look like and understanding what your cycle looks like, from menstruation to ovulation and beyond, I think is essential and super fascinating, like you said. I think it's really interesting to see the fluctuations. You had a late night, this is what happens to your temperatures or your charting. You went out with friends and had some wine and this is what happened. I think you'll see all of those things reflected into your chart and then, it's much easier to track that with your mood and so on.

So I think cycle charting is essential and just like you said, as a replacement for birth control, it's awesome. Just the same way you can use it to get pregnant, you can use it not to conceive, if you wanted to. We have a fertile window. That fertile window, at best, is a week long and it's usually just two to four days. But I like to hedge my bet and just make it a week long, just to keep it safe. So outside of that window, you can be more free with your partner with intercourse and not be as concerned. And maybe during that window of time--because your libido's going to naturally increase, so typically, women want to have more intercourse during that time--that's the time where your partner wears a condom.

There's nothing wrong with using that method. It doesn't cause any harm to anybody, you're not giving anyone any chemicals. And I think it's too easy for your husband or your partner to put that burden back on you and say, "You should get back on the pill, because we don't want to have children." Well, what's wrong with a condom? Yeah, it doesn't feel the same, no. Is it the same thing? No. But you know what? In the end, it's not a big deal and you can have time outside of that window where you can be a little bit more comfortable and free, as well. So absolutely, I think that's my favorite way to track and chart cycles and to be able to use that for conception or to prevent conception.

I do like a lot of these apps out there. I usually like to just keep it simple for patients, although there are lots of new ways and devices and technology today that we can use it. But at the simplest, all you need is a thermometer and a chart, an app, because they ask all sorts of good information for detail. And so, you can plug all that information in and it really just tracks your cycles for quite some time, which is awesome. And it's also easy to share with your provider, like me. Patients just send it over and I can monitor things and give them my feedback.

In terms of timing, I kind of started...just a minute ago, kind of started talking about that. But in a regular 28-day cycle, most women ovulate in the middle, which is around day 14. So I...for me, the fertile window is about a five to seven-day span and I like to start asking patients to start trying and have intercourse regularly from--

let's say--day 10 or 11 through day 17-ish or 18-ish, depending. And I don't like to put too much burden where, "Hey, I know I'm ovulating today," or, "The ovulation stick came up positive today, so we need to have intercourse now."

There's a lot of stress that goes into it, especially the longer you go without being able to conceive and the more you're trying. So I like to just make it as carefree as possible and just say, "Look, you know starting on day 10, you're going to have intercourse every other day. So the only question you need to ask yourself is, "Did we or didn't we?" And then, you know where you fall in that day, whether you need to have intercourse or not. And just try to enjoy it." I think the burden should be put on both to initiate, so that way, it's not always one person's priority and that gets spread out between both and it keeps it interesting as much as it can be during that trying phase.

So yeah, every other day during that seven to eight-ish day timeframe, I think is ideal. Sperm stay alive for two to three days, even sometimes longer, so you don't have to have intercourse right on ovulation day to conceive. And oftentimes, we prefer that the sperm are in the tube waiting for the egg to come in, to have our best chance. So we really don't necessarily need to do it right on ovulation day, when that ovulation kit says so. But in addition to that, I think that when it comes to trying, the research is definitely very clear that the more you have regular intercourse, whether it's your fertile window or not, the more likely you are to get pregnant.

So if the only time you're having intercourse is during ovulation or that fertile window, I think you're doing yourself a disservice and your relationship a disservice, because intercourse shouldn't always just be about reproduction. It should also be about enjoying each other and so, I think it's important to work that in as well.

Katie: Yeah, I think that's such a good point. And I'm curious, too, if...have you seen any correlation with timing--since you're probably seeing these women's cycles--and as far as if they have a boy or a girl? Because I get asked that question a lot. And based on my own cycles, there actually...at least for me...there seems to be a correlation, as far as closer to ovulation has resulted in boys and a few days in advance has resulted in girls. But is that actually...is there science behind that, or am I just seeing a correlation in my own life?

Marc: I get questions about that and positions--sexual positions--when it comes to boys or girls. You know, I haven't looked at that close enough. I will say that looking back on things, I do...I would agree with you, I do think that I see some of that in my patients. But I'm not usually paying too close attention to that, because I'm usually just focused on, "Hey, did you get pregnant or did you not," more than anything. So yeah, I haven't looked too closely in that.

Katie: Gotcha. Well, just to circle back before we finish up, I'd love for you to kind of give people a starting place, because we've covered so many amazing topics and I think you've given a lot of insight. If a couple listening is struggling with fertility...obviously, I'll have links in the show notes at wellnessmama.com under "Podcasts" to your information and your website. You have some great articles. But where would you recommend that they start? And just kind of give them a place to go from there.

Marc: Yeah, you know, I think it's really important that we start with information and gather the right information. So like I said earlier, I think it's important to get the proper testing. And don't take your OB/GYN's or fertility doctor's word for it that says, "Oh, yeah. We've done all the testing and everything looks okay," or not, because 99% of my patients, when they show me their lab work, it's incomplete, whether it came from a

fertility doctor or their OB. So just don't take their word for it, get a second opinion.

And if you want just basic information, my YouTube channel in addition to my website has tons of awesome videos and information just as places to get started. But ask a lot of questions, don't take their answers for granted. And make sure that you and your partner are on the same page, in terms of the direction you want to go, so that when you start to do that research, you can do it in a collaborative fashion with the same goals in mind. But I think starting initially with the proper testing and having a good look at everything is really the place to begin.

Katie: Wonderful. And like I said, I'll have those...all the links to your YouTube channel and your website in the show notes, where people can find those. But lastly, just let people know where they can find you online. Where would you have them go to find you and stay in touch?

Marc: Yeah. And you can find me at marcsklar.com, M-A-R-C-S-K-L-A-R.com, and like I said, YouTube. I also have my Facebook page, "The Fertility Expert," so that's another place where you can find me as well. Those are the main places, at least.

Katie: Awesome. Marc, it's been so fun. Thank you for being here and for sharing your knowledge with us.

Marc: Thanks for having me, Katie. I really appreciate it.

Katie: Of course. And thanks to all of you for listening. I'll see you next time on the "Healthy Moms Podcast."

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