Emily Kumler: I'm Emily Kumler and this is Empowered Health. We hope that you're enjoying Empowered Health and that you'll consider donating. You can do that on our site[1] or you can go directly to Patreon.com Empowered Health[2]. Again, it's Patreon, which is P A T R E O N.com/empoweredhealth to donate and keep the show running. Last week[3] we looked at sort of the role of IVF[4] and how in vitro fertilization works and when it's really necessary. And this week we're going to look at how IVF is not the first thing you should do. And in fact, there's a lot of parts of this that still seem sort of not well understood, which isn't going to come as a surprise to our regular listeners who know really well that a lot of these topics are pretty newly studied. One of the things that's interesting to me is that I feel like the OB/GYN issues in women's health seem to be the ones that have been studied the most. And yet when it comes to fertility, there still seem to be a lot of things that we don't really know that well. We're going to talk to Dr. Alan Penzias[5] who's with Boston IVF[6], who we heard from in last week's episode. He's going to sort of talk to us about some of the common mistakes that family practitioners make and that probably are common in the IVF journey. So when we're talking about women suffering from infertility issues, it seems to me that there are always sort of the same treatments. And so anecdotally, if I think about, let's say a sample size of like 10 friends who have had trouble getting pregnant, they're pretty much all just put on Clomid[7] as step one. And that feels highly unlikely to me that they all have the same underlying issue. But it seems like the goal of the doctor is just to get them pregnant, like sort of by any means necessary. And that then sort of leads to the same kinds of treatment, which are more likely to get somebody pregnant. But nobody's actually saying to these women like, oh, you have Syndrome B and you have Syndrome C and you have Syndrome D and those probably require different things that might remedy this problem rather than just assuming that we have to go forward with IVF. Can you talk a little bit about that?

Alan Penzias: That's probably one of the most salient takeaway points from today's discussion is making sure that the first step is a thorough history to really tease out some of these issues with the menstrual cycle[8] and ovulation[9]. Tease out the biological factors, ovarian reserve testing[10], making sure the uterine cavity[11] is of the

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[1] https://empoweredhealthshow.com/insider/
[2] https://www.patreon.com/EmpoweredHealth
[3] https://empoweredhealthshow.com/infertility-ivf-alan-penzias/
[4] https://www.mayoclinic.org/tests-procedures/in-vitro-fertilization/about/pac-20384716
[5] https://www.bostonivf.com/our-practice/physicians/AlanPenzias/
[6] https://www.bostonivf.com/
[7] https://medlineplus.gov/druginfo/meds/a682704.html
[8] https://www.mayoclinic.org/healthy-lifestyle/womens-health/in-depth/menstrual-cycle/art-20047186
[9] https://americanpregnancy.org/getting-pregnant/understanding-ovulation/
[10] https://arm.coloradowomenshealth.com/services/diagnosis/ovarian-reserve

normal size and shape, and that there's no polyps or fibroids[12] or obstructions within it. Making sure the fallopian tubes[13] are open and making sure that there is a semen analysis[14] that's done so that we start off the process with a diagnosis first and then start to talk about treatment. Because if you were to try to leapfrog the process and to try to shortcut it, ultimately if it works, you're lucky, but if it doesn't work, what you've done is cost that individual the extra time it's taken and using treatment that may not be indicated. Perfect example, I saw a couple the other day, her cycles were a little bit irregular. She had received some clomiphene citrate[15] from her family practitioner to try to straighten out the cycle because, very reasonably, the guess was that she's probably not ovulating regularly. However, she came here, we did a comprehensive evaluation and it turns out that her partner had zero sperm in his ejaculate. So, we're in the process now of referring him to one of our male infertility colleagues[16], a urologist, for further evaluation because he may have an obstruction and he may not be able to pass any sperm without some surgical intervention. When that woman presented to her family practitioner, the obvious problem was in the irregularity of the cycle and because they didn't finish the evaluation, she spent two months taking medicine that did cause her to ovulate, but with no sperm her chance of pregnancy was zero.

Emily Kumler: And how frustrating for them, too, because there's a huge emotional component to that.

Alan Penzias: No question. And I think again, for the most part we're seeing much more education among the OB/GYN graduating today and even primary care doctors are a little bit more attuned to the fact that you really need to do that evaluation first because if you short circuit the evaluation, for whatever reason, begin treatment, you're wasting the clock. And if somebody is 25 and now they've wasted six months, they'll be frustrated. But biologically, they're still in good shape. Somebody is 41 and does that, they're never going to forgive you.

Emily Kumler: I was really excited when our next guest approached us about a test that she had developed that measures progesterone[17] at home. So oftentimes

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[11] https://www.stanfordchildrens.org/en/service/fertility-and-reproductive-health/testing-uterine-cavity.page

[12] https://www.mayoclinic.org/diseases-conditions/uterine-polyps/symptoms-causes/syc-20378709

[13] https://www.merckmanuals.com/home/women-s-health-issues/infertility/problems-with-the-fallopian-tubes-and-abnormalities-in-the-pelvis

[14] https://fcionline.com/our-center/for-physicians/physicians-blog/how-to-interpret-a-semen-analysis/

[15] https://medlineplus.gov/druginfo/meds/a682704.html

[16] https://www.bostonivf.com/treatments/male-infertility/

[17] https://www.sart.org/patients/a-patients-guide-to-assisted-reproductive-technology/stimulation/progesterone/

women have to take progesterone after they've gotten pregnant if they're a high risk pregnancy because it helps to keep the baby and prevent miscarriages[18] is the thinking. And she had had her own trouble getting pregnant and went through IVF, but she didn't enjoy the experience. And as we've heard, most people don't enjoy the experience. She was sort of determined to figure out another way to do it. She's a big medical researcher, so she understands the body, she understands biology, she understands the interplay of hormones. And she sort of thought to herself like, what are some other ways that women might be able to get pregnant without doing IVF? And what she stumbled upon was the role of progesterone and how apparently there are studies, which she's going to explain to us, that looked at the role of this hormone in women and their ability to keep a pregnancy. But they kind of looked at the timing wrong. And so her hypothesis is that women actually need progesterone much earlier in their cycle than what most in the medical community believe. And that if you know what your progesterone levels are and you're able to stabilize them by taking exogenous sources if needed, you are more likely to get pregnant. And so in her case she was right. That was all she needed. So she's going to tell us her story and then she's going to tell us a little bit about this company, Proov, that she's now launched.

Amy Beckley: My name is Amy Beckley[19]. I am the founder and inventor of Proov test[20]. I have a PhD in Pharmacology and a Master's degree. And I started this company and develop this product because of my own personal battle with infertility and felt like women needed to know more about their reproductive health so that they could advocate for themselves. The Proov test is the first at home five minute progesterone test[21], which helps them to understand why they're maybe not conceiving and help them conceive.

Emily Kumler: So let's talk a little bit about progesterone because I feel like a lot of people know about estrogen[22] and we certainly know a little bit about testosterone[23], but I feel like even with testosterone, a lot of people don't realize that that's like the primary hormone in women, right? It may be less than men, but it's still an important factor. So what is progesterone? Why is it important and why does it sort of have a bad rep?

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[18] https://discover.dc.nihr.ac.uk/content/signal-000739/updated-evidence-on-progesterone-to-prevent-preterm-birth-in-at-risk-pregnancies

[19] https://proovtest.com/pages/about

[20] https://proovtest.com/

[21] https://proovtest.com/products/proov-test-strips

[22] https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=85&ContentID=P00559

[23] https://www.health.harvard.edu/drugs-and-medications/testosterone--what-it-does-and-doesnt-do

Amy Beckley: Great question. Our goal is to make progesterone as well known as estrogen. So estrogen is, you know what we commonly call like the female hormone, that's the main player in the first half of the menstrual cycle. So as the woman gears up to ovulate, her estrogen grows and increases, and then she ovulates, and then the cycle turns to progesterone. Progesterone is released after ovulation and it prepares the body for conception. Without progesterone, the uterus is not receptive to the embryo and you cannot get pregnant and you cannot stay pregnant. So progesterone is the main hormone[24] that's involved in keeping a woman pregnant anytime during a pregnancy. If progesterone falls, it's either a miscarriage or a preterm birth[25]. So it's a very, very important hormone. I don't think people really talk about it that much because we haven't really had access to that hormone until very recently. It's something that as we age, it decreases. So if you think about a woman going through menopause[26], all the hot flashes, those are imbalances between estrogen and progesterone. Progesterone is falling first. And it's actually, you know, what's causing all those menopause symptoms. You know, if you think about a woman who's trying to conceive, the average age of conception now is 31 or 32[27]. Every year that goes by, your progesterone goes lower[28] and lower. And so, as we wait longer to start families, our progesterone is declining and becoming the number one cause of infertility. And so now that we realize that, we're like, oh, well this should be something that we're measuring and that we're tracking and that we're treating if it becomes a problem.

Emily Kumler: Yeah. And I think that's so fascinating because I feel like, you know, I'm 42. In the course of my sort of reproductive education life, you hear about women getting progesterone shots[29], right, to help keep pregnancies, which is exactly what you're speaking to. You know, there was sort of this myth growing up that your best eggs are the ones when you're younger and then they sort of run out and the ones that you have left when you're older are like sort of, they're not as high quality. And I think what you're finding and certainly other researchers that we've talked to, is that there is some truth to that[30], right? The survival rate of your eggs may deplete a little bit when you get older. But also this idea that like your hormonal imbalance as you get closer to menopause changes the womb environment? That feels like new information.

Amy Beckley: Yeah. So there is a lot of truth to that. If you think about an egg, like a chicken egg, right? Like you're going to go make yourself eggs for breakfast. There's a very, very small part of that egg turns into the embryo. The rest is the

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[24] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3640235/
[25] https://www.plannedparenthood.org/learn/pregnancy/miscarriage
[26] https://www.mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397
[27] https://www.nytimes.com/interactive/2018/08/04/upshot/up-birth-age-gap.html
[28] https://www.rush.edu/health-wellness/discover-health/hormones-you-age
[29] http://www.astho.org/Maternal-and-Child-Health/17P-Fact-Sheet/
[30] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6033961/

yolk, the support system, the nutrients. That is progesterone, right? So the egg itself, what turns into the embryo, could be perfectly fine. It's that support system, it's that way of the body being able to hormonally support that pregnancy that goes down with age. So yes, your egg quality declines, but it's not necessarily the part that turns into the embryo, the baby, but it could be the support system and that your body cannot support that pregnancy.

Emily Kumler: I read a quote, I think it was from an article[31] that you were quoted in from Forbes, about how this is the kind of thing that doctors don't regularly test for, but that actually it probably accounts for a large number or a large percentage of miscarriages.

Amy Beckley: Yeah. You know, like everything in life, you know some stuff goes viral and some things don't. And so some poorly designed research has been done to answer that question, does progesterone support matter? And if you don't do that experiment right, you get the wrong results. And so somebody in the UK did a poorly designed study[32] and then publicized it like crazy and then fed it to all the doctors and then now the doctors are like, oh, progesterone doesn't matter. And I'm like, well it does matter because every single person that does IVF, they get shots of progesterone. So it's got to matter.

Emily Kumler: So what was the bad study saying?

Amy Beckley: So the bad study[33] was saying that you know, you let a woman try to conceive and on the day of her positive pregnancy test that she was either given progesterone or not. And then they followed the live birth rate to see if the progesterone supplementation helped or not. And they found maybe four or five percent increase in live birth rates. And they're like, yeah, that's not significant. But the problem is progesterone's role is to help a woman get ready to receive the embryo. So you're waiting until that positive pregnancy test, you're missing that entire population of women who didn't get pregnant at all because they didn't have enough progesterone to even support implantation and conception[34] in the first place.

Emily Kumler: Is it fair to make the assumption then that the women who were tested already had higher levels of progesterone because they were able to get pregnant?

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31 https://www.forbes.com/sites/lisaditkowsky/2019/09/03/the-magic-hormone-that-fertility-doctors-need-prooven-to-them/#ea9de6760890

32 https://www.nejm.org/doi/full/10.1056/NEJMoa1504927?af=R

33 https://www.nejm.org/doi/full/10.1056/NEJMoa1504927?af=R

34 https://www.ucsfhealth.org/education/conception-how-it-works#4

Amy Beckley: Yeah, absolutely. Yeah. So there was a different study[35] that was done and it wasn't as publicized and it wasn't as big of a population, but it was, you know, several hundred, maybe 500 to 600 women[36]. I'd have to go back and check. But three days after ovulation supplemented with progesterone or not, and then followed them through. And what they found was the 35% increase in live birth rate. So that's the correct study. But of course that one wasn't as widely publicized. And so now, you know, doctors are getting fed 'progesterone doesn't matter.'

Emily Kumler: Your hypothesis is that if a woman has higher levels or a better balance of progesterone starting from the beginning, that she may not even need IVF.

Amy Beckley: Absolutely.

Emily Kumler: So talk to me a little bit about that. That's what happened with you, is that right?

Amy Beckley: Yeah. Right. So the healthcare system is broken in the way that we treat infertility and fertility. So infertility is defined as 12 consecutive months trying to conceive with no conception or recurrent miscarriage is defined as three or more miscarriages in a row[37].

Emily Kumler: Which is unbelievable. You think about the psychological cost of that on the woman and then the physical side. I mean the whole thing is terrible.

Amy Beckley: Oh, I know. And then, you know, once they've hit one of those triggers, they're allowed to go get treated for infertility and then it's 100% out of pocket mostly. I mean, sometimes if you work for Coca Cola or Starbucks you get IVF paid for[38], but you know, for the majority of people, IVF and infertility treatments are not covered. And so if you think about that journey, I was 29 when I started that journey, and I went through a couple of miscarriages. I was very frustrated. Here I am, this strong willed scientist who had waited, who had done everything right, who had waited until she had the house, the career, like all the ducks in a row. And I could not conceive. And I felt like a failure as a woman. Nobody would help me. And I would be like, oh, I had a loss. They'd be like, well, that's common. One out of four pregnancies are lost[39], you know, call us if you have three in a row. I was like, this is ridiculous. So you get to the point where you can go see someone and the doctors sat down and said, you know what, we can "waste your time" and try to diagnose what's going on or we can do IVF. And, you know, you're wasting time and it's like a

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[35] https://www.fertstert.org/article/S0015-0282(16)63029-7/fulltext
[36] The actual sample size in this study was 116
[37] http://obgyn.ucla.edu/recurrent-pregnancy-loss
[38] https://www.cbsnews.com/news/starbucks-offers-in-vitro-fertilization-employees/
[39] https://www.winniepalmerhospital.com/content-hub/pregnancy-loss-1-in-4

10 or 15% chance every cycle. Or we can do IVF and it's like a 70% chance for your age group. And I'm like, well, no brainer. Let's do IVF.

Emily Kumler: But you know, I have to stop you right there because I feel like this is one of these things that like literally is part of the reason I wanted to do this episode, because I know tons of people who have had infertility issues and it doesn't seem like anybody, I mean maybe one person I know was diagnosed with something, but otherwise everybody is treated. It seems like everybody's put on Clomid. Right? And then everybody does like an IUI[40] and it's like, wait a minute. Like there's no way that these very different body types, very different backgrounds, very different women are all having the exact same problem. And so like that to me is crazy that like we're basically in a situation where all of these very different women are having whatever underlying conditions are never being diagnosed. Right? And so it's like we'll just flood their system with hormones and get them pregnant. And one of my girlfriends who went through a huge amount of struggle, emotional, physical, I mean I feel like the toll on her body is like incredible that she went through all of that, actually two women that I'm really close with. I mean, I feel like they're like soldiers for what they went through. I learned so much about the experience from them, but one of the big takeaways for me is that even when you go to a fertility doctor, it's like their score or whatever is based on getting you pregnant. So it's not even based on if you have a live, healthy baby. And that's nuts, right? They're like, oh, I can get you pregnant. And you're like, well, wait a minute, is the baby going to be born? Right? Because that's really my goal. Is the baby going to be healthy? That's also a goal, right? For most moms that's important. And then, you know, also like what is the long-term impact of all of this treatment on me? And like if we can try to minimize that, wouldn't that be the best case scenario? But it doesn't seem like that's actually a goal that's in line with a lot of fertility doctors because their goal is to get you pregnant because that increases their sort of batting average and they're not following you for the next 20 years to see, you know, if you develop cancer or if you have issues with your bones or a brain or anything else because of the incredible amount of hormones that they put through your system. And that makes me furious.

Amy Beckley: Absolutely. I'm going to go back to one of the very first questions you had, why do we not know about progesterone? Why are we not getting tested? And it kind of falls in that line, you know, if you go to an IVF clinic, that's what they know. They know IVF, they're not going to waste their time trying to diagnose you because IVF fixes all causes of infertility. It's not going to benefit them to try progesterone and see if that's the key. So that really, that knowledge has to come from the woman, has to come from the patient herself. And if she knows about progesterone and she knows it's an issue, she feeds back on the doctor and says, you know what? Before we do IVF, let's try this first. And that's where it needs to come from, because you know, if I go back to my case, I went through IVF, I mean I had a son

[40] https://www.mayoclinic.org/tests-procedures/intrauterine-insemination/about/pac-20384722

out of it and I would never not do it. You know, it was definitely the right decision at the time, you know? But when he was about two, I was like, all right, I want to try and have a second one, but there's no way I'm doing IVF. And so I went back to the doctor and I said, IVF off the table, what else can we do? And I had this whole theory that my hormones just weren't balanced and I wasn't able to conceive because I didn't have enough progesterone. And so I said, hey, what if I just ovulated, you know, naturally? We had intercourse like normal husband and wives have intercourse and we just gave my body a little extra progesterone because that's not producing enough. That course of action, within a couple months, resulted in my daughter and you know, I came out of the closet and I was like, look, I just had to ask the right questions with my doctor. Then I was able to conceive naturally, and this is my story. And it was amazing how many women were like, oh my gosh, progesterone, absolutely. Like if I didn't have enough progesterone, there was no way I would have had kids. And yes, that was my miracle. I helped people through this and heard so many stories that I was like, okay, we need to empower women about this hormone. They need to know what it is. They need to be able to test for it and they need to go advocate for themselves. And if that's a solution, great, I'm not going to sit here and say that's the only solution. You know, some people have blocked tubes, some people have masses in their uterus[41], but the majority of the problems are hormonal. And if we can, you know, think of a better treatment plan, that's the whole goal. It's just more education. Taking away some of that black box and taking away, you know, IVF is the only option.

Emily Kumler: Yeah. And I mean that's really interesting to me because I feel like there is sort of a parallel, we did a couple of episodes on menopause[42]. We were going to do one episode and then we were like, oh my God, we have to do like five episodes because this is so complex. And it seems like there's so much more like sort of new research coming out every day about hormonal balance and like when changes start happening. And you know, one of the big things with the Women's Health Initiative[43] that was so frustrating was that they were basically looking at women who did hormone replacement after they were really menopausal. Right? And so you're like, what a colossal waste of money. Right? So it's interesting to me that you're mentioning this study, which we'll have to link out to, that was done in the UK. That was like sort of testing progesterone after the fact, when it would be really the critical point to know what it was. You have this home testing kit[44], which we'll also include in the show notes and have a link to. So when do you recommend that women start testing their progesterone? Like is it important to do this, you know,

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[41] https://www.mayoclinic.org/diseases-conditions/uterine-fibroids/symptoms-causes/syc-20354288

[42] https://empoweredhealthshow.com/ep-23-why-were-so-confused-about-perimenopause-and-hormone-therapy/

[43] https://www.nhlbi.nih.gov/science/womens-health-initiative-whi

[44] https://proovtest.com/products/proov-test-strips

every day of the cycle to sort of know how it changes? Or are there certain points where you feel it's especially critical?

Amy Beckley: There's a period of time that it's especially critical and we call it the implantation window[45]. So it's between seven and 10 days after a woman ovulates. That's when progesterone should be high and gets the uterus ready to receive the embryo. Typical blood tests, if you have access, if you get a blood test at a single point in time, which with progesterone, it's not really sufficient because you have to make sure that hormone is high enough for long enough because at any point if it drops down too low, that's where you're at risk of not getting pregnant or not staying pregnant. And so it's a urine based test. It looks kind of like a pregnancy test. You collect morning urine, dip a strip, wait five minutes, read the number of lines. And our threshold of a positive test is the minimal amount of progesterone needed to support conception considered by most physicians. And so the kit comes with seven test strips, you use about five per cycle. So we give a couple extra in case you test it on the wrong day or you know, one of the tests didn't work or whatever it is. But really testing that four or five days during the cycle really gives you a snapshot of, you know, is progesterone a problem? Is that high enough? Is it staying high enough for long enough? And that's really information that can empower you to have better conversations with your physician.

Emily Kumler: What about the role of progesterone like just in a woman who's not trying to conceive? Are there benefits to it that would be important for somebody who's not trying to conceive to have an awareness of?

Amy Beckley: Oh, absolutely. PMS is pretty much a drop in progesterone, cyclic headaches[46]. So I get a lot of headaches. The cofounder, Ellen, she gets a lot of migraines and it's due to that really high drop of progesterone all of a sudden.

Emily Kumler: That's fascinating because so many women suffer from migraines and bad headaches and don't know why.

Amy Beckley: Yeah. So hormones are very tightly controlled by what you put in your body. So you know, vitamins, foods, you know, I have noticed that dairy was just a little inflammatory for me and so I just cut out dairy and that helped boost progesterone. So, simple things you can do. There's this thing called seed cycling[47], the act of eating different types of seeds at different phases of your cycle, that helps balance estrogen and progesterone ratios.

Emily Kumler: Oh, that's fascinating.

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[45] https://www.ncbi.nlm.nih.gov/pubmed/1424330
[46] https://migraine.com/migraine-types/cyclic-migraine-syndrome/
[47] https://proovtest.com/blogs/blog/seed-cycling

Amy Beckley: I feel like it's voodoo magic because I have no idea, like I know how it works, but it's like something so simple can have such a huge impact on hormones that it's crazy.

Emily Kumler: We did an episode on endometriosis[48] and one of the things that the doctor said was that with so many women doing the vegan diet and stuff like that that you have to be really careful of soy because it has so much estrogen in it[49]. And so he was sort of saying that one of the first things he does when he has patients come who want to have surgery for endometriosis is he sort of suggests that they remove the soy from their diet and sometimes that helps with the sort of chronic pain in a way that medication does not. So I'm a big believer in like what you eat definitely impacts all of your sort of health. Like that whole food is medicine stuff. I definitely believe it. So you, is it sort of like a regimen where you're eating different seeds every day? Is it like you just pop them in your mouth and chew them up every morning or how does that work?

Amy Beckley: Yeah. You know, usually you put it in oatmeal, blend it into a smoothie, but it's very, very simple. It's a tablespoon of flax seed and pumpkin seeds in the first half of your cycle and then it's a tablespoon of sunflower seeds and Sesame seeds in this second half of your cycle.

Emily Kumler: So simple. It's not even like you have to go to India or something to source these there. Especially pumpkin seeds right now are readily available. But, you also took progesterone as a prescription, I assume, when you were trying to get it right.

Amy Beckley: Right. So I like to say it depends on where you are in your journey. I was so distraught and I was so done that I was like, I just put the band-aid on it, you know, let's just treat the symptom and I'll be on my merry way. If I had known sooner, you know, maybe I was on hormonal birth control[50] for 10 or 15 years. You know, if I was like, oh, I'll just get off a year before and really make sure my hormones are ready. I just didn't plan ahead. You know, I was like, oh, I'm going to stop taking birth control and get pregnant next month. And I got so frustrated.

Emily Kumler: Well, of course. We spend our whole lives trying not to get pregnant. Right? When you want to get pregnant, you think like, wait a minute, I've been trying so hard to not get pregnant. Now it's going to be hard to get pregnant. Like that doesn't make sense.

Amy Beckley: So I mean, if I had to do it over, I would have started sooner and made sure my body was right and taken steps to naturally increase my

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[48] https://empoweredhealthshow.com/ep-19-opening-up-about-endometriosis/
[49] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3074428/
[50] https://www.healthline.com/health/birth-control-effects-on-body#3

progesterone levels. But I was so, I was like, no, not having this. I'm just going to put the band-aid on it. My body's not making enough. I'm just going to give it more. There's, you know, medications for that, like bioidentical hormones[51] that they give, you know, menopausal women all the time.

Emily Kumler: Yeah. And you know, the other thing that's interesting is I just recently was looking up like hormonal testing that I had done and it's really frustrating because I know that whether it's like cortisol[52] or estrogen or estradiol, whatever, like you kind of need to know where you are in your cycle to know how to read those tests and nobody marks that off. You might know in the moment, like assuming you're not trying to get pregnant, but you're just trying to sort of understand what your hormonal levels are, which I feel like I'm always curious about because I really believe that like in 20 years we're going to look at hormone regulation as the regulation of health overall. It's fascinating because I can look back at, you know, different tests I've had at different times, but it's totally meaningless because I don't know where I was in my menstrual cycle when the blood was drawn. And even things like cortisol, I mean, I feel like there's some cortisol tests that I can look at the time of day and I'm like, why were they testing my cortisol like in the afternoon? Like that's so crazy to me. Like what a waste of money and that I probably put some stock into that test result, which I now know is pretty meaningless.

Amy Beckley: Yeah, no, absolutely. And we agree 100% and we're more of a let's track daily hormones and look at what's happening over time. So we're coming out with a menopause specific product where it tracks estrogen and LH[53] and progesterone over your cycle and understands what's going on. So it's, you know, more of a take this test 5 or 10 times during your cycle for a fraction of the cost of doing it one time and not having any valuable information at all.

Emily Kumler: That's awesome. I cannot wait for you to have that out. I mean, when I interviewed, you know, obviously a number of experts for the menopause episodes [54]and one of them, I asked her about hormone testing to try to figure out how close you were to menopause. That like, is that a way of sort of having answers. I think everybody's sort of like, is this happening to me or is it not? When is it going to start? What's it going to be like? Right? Like all of those sort of expectations. And she basically was like, no, don't bother. Because there's such variation that we don't have any idea how to say like, okay, you're doing this because from one day to the

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[51] https://www.health.harvard.edu/womens-health/what-are-bioidentical-hormones

[52] https://www.hormone.org/your-health-and-hormones/glands-and-hormones-a-to-z/hormones/cortisol

[53] https://www.hormone.org/your-health-and-hormones/glands-and-hormones-a-to-z/hormones/luteinizing-hormone

[54] https://empoweredhealthshow.com/ep-22-whats-happening-to-my-body-the-run-up-to-menopause/

next it could be quite different. And I, you know, it wasn't the right time for me to push her on that. But like in retrospect, I have thought a lot about like what a weird thing to say because it's the variation that dictates menopause, right? That's the very diagnosis is like, is it becoming more erratic or not? And if it's more erratic than you're probably entering into that phase of your life. And wouldn't you want to know that?

Amy Beckley: And I get what she's saying, but sometimes that period is 10 or 15 years in women. I don't know if it's a matter of diagnosing that it's happening, but more of diagnosing what's going on with your hormones so that you can treat it. For example, if you put a woman on hormone replacement therapy[55] when she's already gone through it, she's not going to benefit at all. But if a woman's going through it and you'd given her estrogen when she really needed progesterone or you know, something like that and it made her symptoms worse. Yeah, that's a problem. So really understanding what your hormones are doing on a monthly basis or you know, somewhat monthly basis is really going to help you personalize your treatment and help those symptoms go away. Like, we're not trying to prevent menopause, we're just trying to make the process of going through menopause more bearable. I'm 39. I haven't done it, but I'm gearing up, I'm getting mentally prepared. Women that go through it, they're like, it's horrible. Like you just, you have these days where you just don't want to get out of bed and you just, it's like, you know, so impactful on life.

Emily Kumler: I am such a big believer in like the more data we have, the more we feel in control. Right? And it seems like what a lot of women, I mean I haven't gone through menopause yet either, but I own three wellness centers[56] that are sort of, you know, the average age is probably 47 and so we have a lot of women who are sort of going through this and are very frustrated. It's interesting because one of the big things that you hear very frequently is the sort of erratic nature of it. And so you can't plan, right? Like you don't know is this month going to be a month where you have estrogen and you know, you're going to get your period? And so it sort of feels like how you have been cycling for most of your life or is it going to be a month where you don't produce any estrogen and you're not going to get your period, and you're going to be like feeling totally different. And so my thing is like if you were able to actually sort of track hormones, which maybe that your test will be able to do, or somebody should come up with a test that can do, then you'd at least be able to say like, okay, I have cycled, I've gone two months without this big influx of estrogen. One is probably coming, right? Or this is sort of more of what the pattern has looked like for me and therefore I know these things are happening. Because I think there's so much more we can treat. I mean everything in medicine is about

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55 https://www.mayoclinic.org/diseases-conditions/menopause/in-depth/hormone-therapy/art-20046372

56 https://www.myprimefitness.com/locations

treatment. I really think if you take the other side of it and you like, look at the seed diet that you're doing, right? There probably are natural interventions[57] that can help you along the way rather than waiting to get to a critical stage where you decide to have some massive intervention that probably has unintended consequences to it. Right? Like rather than just learning more about your body and being like, okay, like this is where I am, this is what's happening, this is normal. I mean, I think that's the other part of it, right? Your bones, your brain, your heart, I mean, all of these things are impacted by your estrogen dropping. And I think when women go through that, it's becomes really scary because all of a sudden you're like, oh, I'm really dizzy. And then you get a DEXA scan[58] and you figure out that you have osteoporosis[59], right? And you're like, what is happening? Whereas, you know, if we had just sort of like a normal course of life that like you're, and I know people are going to laugh at this when they hear this on the podcast, but like if your morning pee was just tested, right, for like a bunch of stuff every day, you'd be able to see how things were changing gradually and I feel like mentally that kind of prepares you in a different way than just all of the sudden being confronted with something. Does that make sense?

Amy Beckley: Yeah, yeah, absolutely. I definitely agree.

Emily Kumler: But back to the infertility stuff because that's really what we're supposed to be talking about. With your progesterone test, how many people do you guys have using it right now?

Amy Beckley: We have sold over, I'd say about 13,000 test kits.

Emily Kumler: Okay, that's great.

Amy Beckley: We've helped thousands, tens of thousands, of women understand their levels. We have a private Facebook group[60] that we support women one-on-one. We think it's very important that they have the proper education. We walk them through and tell them, okay, this is what you should ask your doctor for. This is maybe something that's happening or you know, maybe progesterone is likely not your problem.

Emily Kumler: And so is there a point in time where you recommend women start doing this test? You know, obviously the three miscarriages to look at this from the conventional medicine diagnoses perspective is too late.

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[57] https://www.menopause.org/for-women/menopauseflashes/menopause-symptoms-and-treatments/natural-remedies-for-hot-flashes

[58] https://www.healthline.com/health/dexa-scan

[59] https://www.mayoclinic.org/diseases-conditions/osteoporosis/symptoms-causes/syc-20351968

[60] https://www.facebook.com/groups/121476308499019/

Amy Beckley: Yes. It depends. We have people of all different shapes and sizes, so to speak, that use our test. And it really depends on the woman, right? So you know, a lot of the millennials coming in, they want to have as much information as possible and as soon as they're ready to conceive, they want to know on day one if it's going to be a problem. And so they're being very, very proactive about it. Other women are like, nope, I want to try it naturally for six months or so and see if it's a problem. And so, you know, they come in saying, okay, I'm not conceiving, I'm a little frustrated. What's going on? Could this be the problem? We have women that, you know, have had a loss recently and they want to make sure that progesterone wasn't the cause and they'll come in and they'll start using it. And then we have a big subset of women that it's just because general wellness, they want to track their cycles. Maybe they're getting symptoms from PMS, they just want to make sure it's okay. Finally, women with PCOS[61] are our big, big consumer because we're a test that actually works. The number one cause of infertility in a woman with PCOS is they're not producing enough progesterone. They're either not ovulating at all, meaning no progesterone or they're ovulating insufficiently and they're not producing enough progesterone to get pregnant or stay pregnant. And so, you know, typical ovulation test tracking tools for them don't work and this does, this really tells them, hey, am I ovulating or not? Do I need to go talk to my doctor about, you know, ovulation inducing medications or things like that? Dietary changes? And switch the conversation to, oh, you have PCOS, you need IVF, which is not the case at all.

Emily Kumler: It just seems like this idea of having a baseline of what is happening inside your body before you treat your body seems so obvious. And yet it's also really radical from the way that we currently handle these things. Right?

Amy Beckley: Yeah. You know, we've been been binge watching This Is Us[62]. We're totally behind. But this whole idea of Kate[63], you know, she's the obese woman who is 37. She's like, oh, I'm overweight, I shouldn't get pregnant. And then she does and she loses it. And you see the whole journey where the doctor says, oh well, you know, you can just try again. There's no reason. You know, everything looks fine and everything was fine until it wasn't fine. She gets pregnant again, she gets diagnosed with, with PCOS and then all of a sudden it's oh, well you have to do IVF. And I'm like, why? Like just because you have PCOS doesn't mean you have to do IVF. And it's frustrating to look at that. But that's what they're putting on TV is, oh yeah, you know, you have PCOS. That's what caused your miscarriage and the treatment is IVF. It's not.

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[61] https://www.mayoclinic.org/diseases-conditions/pcos/symptoms-causes/syc-20353439
[62] https://www.nbc.com/this-is-us
[63] https://proovtest.com/blogs/blog/proactive-pregnancy

Emily Kumler: Right. Well, and also, I mean, I feel like that Metformin[64] seems to do wonders for people with PCOS. I mean, I feel like there's a lot of other options before doing IVF. That seems totally irresponsible.

Amy Beckley: Yeah, absolutely. And you know, it's TV, so they have to like glamourize it, but I'm like, no, you shouldn't put this on TV. That's not right.

Emily Kumler: So I know I'm going to sound like a broken record here, but I feel like this is another one of these episodes that really reminds me of the importance of being your own advocate and doing your own research. And if you have friends that are going through this journey, maybe send them the podcasts so that they can start thinking about these things in sort of a broader view of not only their own health, but also what do you want to expose yourself to? What do you need to expose yourself to? And those are really deeply personal questions that I think everybody needs to answer sort of in the confidence of their own psyche and how they're feeling about what they have a tolerance for, as well as with a doctor that you really trust and that you think has a good reputation and that you've looked into a little bit. I think becoming a mom is something that when people want to become a mom, it is such a big identity changer. We have to sort of go through this process where we wait for it and when that's hard, I think that can be incredibly frustrating and painful. I would just say arm yourself just as you would in any kind of life transition or painful experience. The more knowledge you have, the more you will be able to navigate and protect your own body and probably increase your chances of having a successful pregnancy. So obviously there's a lot of this that people still don't completely understand and there's a lot of different methods to treatment and the female body is, you know, incredibly complex and probably different from one to the next. But we hope that we have given you some starting points to think about this and also some points of sympathy. I think motherhood is so hard and in today's world we feel very isolated and I think the idea of being a mom and going through pregnancy and the changes of your body, and is your body going to work and how does that make you feel? It's so grueling. And so often we don't give each other enough support. So if you see somebody who's pregnant or you hear about somebody who's trying to get pregnant, just know that they're going through something that's pretty massive and we should probably all just, you know, I don't know, hold the door open for them, give them a hug, you know, just let them know that you're supportive of them without making it into something that makes them feel under a microscope because they might already be under a microscope. I'm Emily Kumler and that was Empowered Health. Thanks for joining us. Don't forget to check out our website at empoweredhealthshow.com[65] for all the show notes, links

[64] https://www.mayoclinic.org/drugs-supplements/metformin-oral-route/description/drg-20067074
[65] https://empoweredhealthshow.com/

to everything that was mentioned in the episode, as well as a chance to sign up for our newsletter and get some extra fun tidbits. See you next week.