

Dr. Ron Ehrlich: Hello and welcome to “Unstress”. This is Dr. Ron Ehrlich. Now today's subject is something which definitely has touched every person listening to this podcast. In fact, every person not listening. It's about fertility it's something we take for granted until we decide that it's time when we decide in fact to have children. Well, actually there are times when it just happens so perhaps that's the subject of another podcast but anyway about fertility. We take it for granted until things don't actually go as planned. And infertility is an issue that affects well, some estimates put it at one in six which is about 17% of the population of those trying to get pregnant of course. Now that changes with age. Another estimate puts the figure at about one in five and the numbers increase to one in three for women over 35.

Now, by the way, it isn't just older women fuelling the growth of infertility services, that's for sure. Male infertility is a factor. Well, again estimates vary but it's between 25 to 40 and even some have higher cases up to 60% of failures or difficulties to conceive. There are in fact some studies show male infertility is even bigger than that, up to about 60% as I said and it's a growing problem. It's also big business with IVF in vitro fertilization costing around a half a billion. That's 500 million dollars per year in Australia alone. And in the USA that figure is up to 3.5 billion.

Now without casting any aspersions here on those organizations, a good business model, of course, is one having some success that means successful births but not necessarily first go because each attempt can cost between ten and twenty thousand dollars and that includes the procedure, accompanying tests and medications.

So, today we wanted to focus on fertility- what you should be considering. And some of the things aren't necessarily obvious or even brought to the attention of some IVF patients or clients.

My guest today is naturopath Elizabeth Mucci. Now Elizabeth Mucci is a scientist and nutritionist, a herbalist. She has a master's in reproductive medicine and over 17 years of experience as a clinician and a teacher. Elizabeth Mucci has literally helped thousands of patients start their families and most of these patients have been facing some particularly challenging fertility issues that may have also included some multiple miscarriages or also repeat IVF attempts. The combination of Elizabeth Mucci's education in science, nutrition herbal medicine and reproductive medicine along with her close work with a number of Sydney's top fertility specialists have provided her with and as you will hear a unique perspective on hormonal and reproductive health. I hope you enjoyed this conversation I had with Elizabeth Mucci.

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Welcome to the show Elizabeth Mucci.

Elizabeth Mucci: Hi.

Dr. Ron Ehrlich: Now, Elizabeth Mucci at some point in most not all of our lives, the issue of having children seems like a good idea. You know keeping the species going passing on the family line having a go yourself and often we assume we just need to make a decision to have children and then it just happens, and I know I've missed out an important step there but even with that it's not always as straightforward as that, is it? What are some issues you face?

Elizabeth Mucci: Well, infertility is one in six and its multiple sort of problems. So, from their health their hormones, their may be disease states that are uncovered inspections that are uncovered and it's more about the path that they take. So, a lot of the times people you know probably about 70% of people that come see me have already failed through their IVF process.

Dr. Ron Ehrlich: Wow.

Elizabeth Mucci: And most of them will go on and have pregnancies naturally, some of them we know that they have to return back to IVF. You know, for various reasons and their then successful with me helping them through the process once we've done all our homework. I think it's because you know, they're either talking to someone that may have struggled through the fertility process and they've gone and said you know go to my fertility specialist, "He or she was fantastic, and we got a baby out of it." So, they've you know, they're sort of thinking, "Oh, you know, and you're getting old now".

So, they're listening to you know, friends and really not being educated properly or they're listening to a GP that has poor education in this area. And so, therefore they're thinking well if the doctors told me to go therefore it must mean that I must go. But actually, the GP's are very, very limited in this area with their understanding. A lot of the GP's. You'll get some that have had some sort of desire to have it look and delve into more of this and they'll be great, and I do refer patients onto those ones as well. But it's just yeah, that lack of knowledge. So, it could just be its there's so many it's almost like how long's a piece of string. There are just so many problems that can go on in this, yeah.

Dr. Ron Ehrlich: I do want to talk about and get onto IVF in a moment and I guess we are drawn to quick solutions, but you mentioned some problems. You said health, hormones, infection, I'm sure there are others. Can we just break down those a little bit so that we... which I mean you said one in six, which is quite phenomenal, really.

Elizabeth Mucci: Yeah, yeah.

Dr. Ron Ehrlich: But, let's break down some of those problems.

Elizabeth Mucci: Okay. So, a lot of women now even if we just look at in general our society, a lot of people are putting off having a child to a much later stage of their life. As a result of that, that's going to bring on some problems like reduction maybe in egg reserve. A life that might have been you know lived a lot longer in an unhealthy way. So, for instance, drug taking, excessive alcohol for longer periods of time. You know if they were younger and they've gone through that process, but they've gone and had a child at 23 they've only had

exposure to that for a short period of time but if they've lived a party life and now they're approaching 38 and they're thinking, "Okay, let's get serious now. You know, we've done all that sort of stuff and we've done a lot of travel and now it's time to sit down have a family". Then they've done a lot more damage to hormones. There in doing damage to hormones, [they may now have things like endometriosis](#), fibroids that have eaten into their basically you know, delved into their uterus, polyps that are there, infections if they've had multiple partners, and so on and so forth.

So, those are some of them that you know they've caused complications just sheerly because of the length of time that's gone past before they've decided to have a baby as well as maybe their life choices and their environment. So, that's that particular sort of thing as well as if they've gone into so they're corporate people.

Dr. Ron Ehrlich: Yeah.

Elizabeth Mucci: And in the corporate industry you know if they've got jobs with deadlines and it's putting them into that fight-flight situation constantly then that's going to shut down hormones. You know, that's the thing with fertility. Fertility is like the canary down the mineshaft. It's the thing that will shut down very quickly so that you don't have to have a body sort of sucking the life off you for a period of time. So, that the body will shut down until it waits and waits and waits until your body's ready to actually you know, sustain life other than your own. And so, therefore in a corporate situation or just in a stressful life situation anytime you trigger cortisol, there are the ramifications of that.

Cortisol fantastic and all that fight-flights great in a world where you may have been in a jungle. That would have been fantastic for survival but in a corporate situation you're triggering it may be daily or at least every few days and therefore you're constantly shutting down the ovaries which are going to have a ramification of not growing an egg properly not thickening up a lining, not you know, it's going to sabotage the systems. And in a male's perspective you know, it's going to shut down the nutrient levels that you need for quality sperm etc. Yeah.

Dr. Ron Ehrlich: Yeah, because we know we've talked to actually, [we've done a whole program just recently on endometriosis](#) and was absolutely blown away by what a huge problem it is and how frustrating it is. PCOS is another one that comes up.

Elizabeth Mucci: Yeah.

Dr. Ron Ehrlich: And that obviously has implications as well. Infections you mentioned. I mean you know we hear so much about their paleo past our hunter-gatherer bodies and mind. Evolutionarily speaking when were we having kids back in the old days say up to ancient times up to about 40 or 50 years ago.

Elizabeth Mucci: Yeah, yeah.

Dr. Ron Ehrlich: You know, that's quite an age rather time range. Things have changed recently.

Elizabeth Mucci: They have changed just recently and so, you know you were starting to have children at a very young age you know sometimes 13-14 years old if you're going way back. But even if we just go back a hundred years you would have been 18-19 having you know, a child. You would have been married off around that that sort of 18 to 20-year-old mark. And so, in with endometriosis itself a lot of the time the disease hasn't really set in enough for it to cause some issues plus when you're pregnant it actually helps keep that under control. And so, if you're having baby after baby after baby you know, not only does the disease tend to stay under control while you're having your children but also the fact that you know, your egg reserves are going to be a lot higher as a younger person. They know that endometriosis is much higher in women that are over 40 who haven't had a child. So, they know that. And that's for different reasons. The catch-22 here is people are having... they're going off to IVF not checking whether they've got endometriosis first and then in those cases and it could be very silent and I've got a lot of those women in my office. They've had been asymptomatic and then they go through the IVF process which is actually encouraging the endometriosis to get much worse and they're just doing rounds and rounds and rounds of this. And there's just so much there with endometriosis because it's a strange one, it's not the same in every woman. You might have a little bit in one woman that's causing a major problem and you might have a lot in another that's hardly causing any problem.

So, it's very much that individual sort of scenario but you know, if you are definitely having a problem falling pregnant, you really do want to go off the checklist. You know, like the infections, for instance, there are so many times I will have a person come to me without even checking for infections that are you know, commonly causing problems even in say, for instance, it can cause your waters to break in pregnancy. Because they're in a grey area it's not always and so what happens in our society is anything that's not always tends to get overlooked until this person's gone through years and years and years and then go maybe, maybe it is one of those cases. But you know, a lot of these, I check everyone for these infections.

Dr. Ron Ehrlich: What are some common...? What are we checking for?

Elizabeth Mucci: So, the ones that I check for besides your basic is ureaplasma and mycoplasma. They're very common infections but they shouldn't be in the uterus and when they're in the uterus they can cause grief. So, they can tend to cause endometriosis and therefore stop attachment. So, that you might be pregnant for six or seven weeks if you could even get pregnant at all with this particular bug. So, I've seen girls that have done six years of IVF, they've come to me saying, "Look, my husband's got a bit of a sperm issue but they say that we're just in the unexplained" and then they've got urea plasma or mycoplasma. So, you can't get rid of it with amoxicillin, you have to use doxycycline or erythromycin to get rid of it and they're the ones that they don't tend to use commonly with infections.

Dr. Ron Ehrlich: Yeah.

Elizabeth Mucci: And so...

Dr. Ron Ehrlich: And is that detected Elizabeth Mucci through a blood test or swap?

Elizabeth Mucci: We do it through a high vaginal swab. So, you'll have to have a doctor that knows how to do it and ask the lab specifically because they're anaerobes. And so, when you get a pap smear they're only checking for aerobic so bugs living in oxygen. These are anaerobes and so, you have to ask the lab specifically to check for these and that's why they are never found. And you know, I've had patients that have actually even, well, this particular case that I was telling that happens all the time but this particular one I was talking about she had just urea plasma, got rid of it and accidentally fell pregnant on the withdraw method trying not to fall pregnant while I was still completing the corrections of things and went on to now she's had two more babies just from the infection. That was it after six years of IVF failing you know.

Dr. Ron Ehrlich: So, that that kind of test is not even standard you know IVF preparation.

Elizabeth Mucci: No, no it's not.

Dr. Ron Ehrlich: Okay. So, you ureaplasma, mycoplasma. What are some other infections that you are looking out for?

Elizabeth Mucci: Well, they're the ones that people don't check for that can have a very serious outcome in pregnancy or infertility. The other ones obviously we look for your gonorrhea, syphilis, chlamydia but they should if they're having regular checks they would be picked up. So, I suppose the take-home message is go and get checked for these because chlamydia is going to cause problems with blocking of your fallopian tubes as well as pelvic inflammatory disease. So, a lot of these will cause that inflammation internally just quietly destroying everything and causing adhesions and things inside that will then have an impact on your fertility down the track you know.

Dr. Ron Ehrlich: Yes. So, so, these are well these are your tests that you put in place for fertility, what are some convey... How do people test for their fertility? You know, I just kind of say I want to get pregnant but you know, preparing for that is quite so important.

Elizabeth Mucci: Yeah. So, the first thing I suppose so... So, when I sit with a patient I'm basically trying to lay everything out on the table a lot of them have already gone to IVF. So, they've come to me with a lot of test results and so IVF will do you know, run some tests on your hormone levels at say day, two or three of your cycle and then they'll see if you know you're going into a pre-an early menopause, they'll have a look at maybe they'll have a look at your AMH, anti-Mullerian hormone to see how many eggs or egg reserve you've got.

Dr. Ron Ehrlich: Anti... Say that again. Anti?

Elizabeth Mucci: Anti-Mullerian hormone. Yeah.

Dr. Ron Ehrlich: Okay.

Elizabeth Mucci: And that's known as AMH. So, that we'll know sort of you know, how much of a reserve you have. And they'll look at normally a day twenty-one

progesterone. so basically, if you're wanting to have a look at if you are actually ovulating. So, you can have people that have got a 28-day cycle and they think they're very fertile because they're so clock wise. You know, getting their period on time but actually, they're quite infertile because they're not really ovulating at all. So, there unless you're kicking out an egg, you're never going to be pregnant. And I've had girls like that - 28-day cycles and then as I make them fertile they might ovulate at day forty, but they feel pregnant first go because they're actually growing their egg get out properly. So, it's not about the twenty-eight number, it's about you actually ovulation.

Normally, I say so someone might have irregular cycles. So, a day twenty-one won't really fit those people. Especially PCOS. So, polycystic ovarian syndrome can make you get all sorts of periods like from maybe a day 21, a 21-day cycle to a 50-day cycle or beyond and so they never know where they're ovulating. They're sort of going "Am I ovulating? Where am I ovulating?" And they could have fallen pregnant, but they might not have tried at the right time. They do not know their body enough they might you know it's all that sort of stuff. So, that's part of the process that I'm doing as well is that I'm getting rid of the guesswork. Not only am I improving the quality but I'm getting rid of the guesswork, so it's like now we know it's right there now try. So, that's, that's part of that process as well. But when you go and check for progesterone. you want to look at that about six or seven days past your ovulation or what you think is ovulation for you. So, in a 28-day cycle it should be day 21 but you know you're roughly looking at the period arrives 12 to 14 days after you've ovulated. So, if you count back and you go calculate 40-day cycles. So, therefore if I count back I know I'm ovulating roughly around the 26th month.

Dr. Ron Ehrlich: Let me just ask you this back on to more general thing. The contraceptive pill now, firstly, what proportion of women of childbearing age are on the contraceptive pill nowadays? Do you have any idea what statistic or clinically what you might think from your reservation?

Elizabeth Mucci: Quite a lot. I don't know statistically now what it is because people are tending to, depending on if they've had a child or not they are attending to gravitate more towards the Mirena, which is a progesterone. IUD, because then they don't have to take a pill every day, they don't have to remember it's less invasive on the liver and so they tend towards the Mirena. I'm also often dealing with I do deal with all sorts of people, not just fertility. So, I do know you know often women will go I want to get off the pill you know I've been on it for twenty years now I want to get off it I want to use something else or I want to be aware of where my body is or whatever and you know, I feel awful on it. So, I don't know as far as a percentage but it's a high percentage.

Dr. Ron Ehrlich: Does it affect women's fertility? I mean I imagine that regulation of a hormonal pill on a monthly or daily basis or monthly, does that affect people's fertility? Is it harder for women who have been on the pill for many years to fall pregnant?

Elizabeth Mucci: That would be a really hard one to measure because I'm seeing women obviously often as I'm their last resort. So, they're often quite old when in the fertility world quite old and so, they had been on the pill maybe for 20 years or maybe 25 years and then they're come off the pill thinking that Okay, then they're going to try and fall pregnant

but then they're much older as well and therefore you know which one was it? Is that the fact that you've been on the pill for all this time or is it the fact that you are a lot older? You know, so it's a hard one to measure in that group.

Where the pill has an impact is the pill you know when we have pharmaceutical products, the pharmaceutical products are made knowing that they have to allow for the liver effect. They measure a much higher dose than you ingest so that the liver tries to clean it and clear it out of your system and they know the measured amount that's going to come out of your blood on the other side of that. And so, therefore every day you're taking in a dose of hormones that basically are trying to keep your ovulation from happening. From that perspective that drain and that that impact on the liver then on a long-term basis affects how your hormones are going to correct on the other side of that. That's why often I do a lot of work on the liver because a person's been on the pill or medication for a really long period of time. So, there's that as well as the ovaries are being shut down for a really long period of time.

Now if that person already had ovaries that weren't in the best shape or that responsive to the brain hormones that are going to trigger ovulation then you've got the fact that it's been shut down for so long and if they've got say for instance polycystic ovaries but down the track now they're much older and they've put on a whole heap of weight because they've got polycystic ovaries and they've not taken care of their diet and then now their insulin levels are impacting them. You see what I'm saying? It's more a cascade of an effect, so, it's hard to say it's the pill on its own because there are too many factors that are happening while they're on the pill that can then on the other side of that cause a problem with fertility.

Dr. Ron Ehrlich: Now when it comes to fertility problems I know, and I know this happens there is a problem with fertility immediately everyone thinks it's the woman that's the cause but that's not always the case. What are some of the problems in male fertility?

Elizabeth Mucci: Oh, definitely. Actually, I find it more really, it's probably more 60-40 the other way because actually, the male sperms damaged very easily that's why the testes are on the outside of the body. And so, it's to keep it a lot cooler. So, if men are putting on a lot of weight and they're heating up they're going to distort a lot of their sperm so they're going to have a lot of non-normal, abnormal sperm as they age. We know that in IVF once men are over the age of 37 the defects rates go up. We know that once women are over 35. So, it's pretty even as far as the aging process where they always used to say it's the woman.

But actually, what I found was when a patient came to me has come to me and she might be 43-44-42 but her partner's a lot younger all of those women have fallen pregnant pretty easily. It's more and so therefore where you said they're going on to the age of the egg and the eggshells hardening and all that sort of stuff. Then you're wondering well what's that that these women even though they're older a falling pregnant but now what's different is the male might be 30 to 36 you know that sort of thing if it was just the woman they would still not be falling pregnant.

They did a study in America years ago where they looked at a group that basically got married at a very young age. It was a large Christian group and they just basically had babies till they can't have babies anymore. At the end of their fertility life, did their percentages

match our percentages, and there was a massive difference in the percentages. So, when a woman hits 40 here we give her about a 5 percent tops chance of falling pregnant but there in this group at 40 only 17 percent of the women had lost their fertility.

Dr. Ron Ehrlich: Wow. Well, they've been practicing. I mean their bodies literally had been practicing all this time, haven't they?

Elizabeth Mucci: Yeah. And also, because they're strong. Christians, they got married as virgins, so you don't have chlamydia, gonorrhoea, syphilis, you don't have ureaplasmas, you don't have any of those that are having an impact on the uterus either and saying when they hit 45 only 33 percent had lost their fertility we're with us we give him a point five percent chance of falling pregnant.

Dr. Ron Ehrlich: Wow. Yeah, now, listen I'm getting back to IVF because it presents itself as an alternative and it's certainly I guess delivers some amazing results, but you know, people tend to move towards it very quickly. Is that a fair statement? You know, like we've the quick solutions happen you know we've been trying to get pregnant for three or four months, to your things aren't happening, let's go IVF. What is involved with IVF firstly in terms of the physical? Run us through IVF 101?

Elizabeth Mucci: Yeah. So, IVF is it depends on your situation. So, the full IVF where they're literally taking out your eggs out of your ovaries and they are putting that into a dish with sperm that they've cleaned and washed to get some fertile embryos and then they will grow them to about three to five days depending on the doctor and then they will put that one of the embryos back into the woman and you know all of its been hormonally governed. So, that's the basic idea and so then they'd fall pregnant with that. So, they're basically making embryos for you because there might be a process where you know you might not actually be making embryos. So, it's sort of making it really clear yet we've made embryos and look all of them are died by the time they got to day three so there's your problem. You're you know, you're making poor quality embryos or they you know they might get a few and they put them back in over a period of months and they see how they go.

They know the defect rates go up because now they're forcing pregnancies that wouldn't have happened with normal you know, conception or natural conception because they're manipulating especially in ICSI where they're picking up the sperm and they're pushing it into the egg.

Dr. Ron Ehrlich: Sorry, say that again. In ICSI?

Elizabeth Mucci: ICSI. That what they're doing is they're in the process ICSI, which is I C S I. They are picking up a male sperm that they think you know looks the best and they actually put it into the egg and fertilize the egg by pushing that sperm into the egg. And so, that's like the highest grade of IVF. So, it's called ICSI. IVF is just in the dish. And so, therefore then they make an embryo and then they put that embryo inside the woman again and then they will often use hormones to support that to see if they can make that stick and they might use other techniques like scratch the uterus or they use something like that they call a glue. They use like a hatching technique.

So, they use all different techniques if it didn't work the first second third time you know you might get someone saying well let's try this then and let's try this other method and...

Dr. Ron Ehrlich: What's the success rate of after one go of you know, like 100 people go in for IVF, how many of those hundred will end up with a successful pregnancy? The first one?

Elizabeth Mucci: Okay. So, it's very low success rates but it depends on the age. So, it's a higher success rate if you are young, much higher. And as you get older it's basically once you get to the age of 44 they say to you-you've got just as much chance of falling pregnant naturally as you do with IVF.

Dr. Ron Ehrlich: Right.

Elizabeth Mucci: So, it diminishes very quickly which is why the doctors often will push you to run to IVF very quickly because you might have gone there at 35 just as you've decided to start trying. And they see that you're not falling pregnant within a six-month period or whatever and then they might say look you are 35 just go to IVF because you're pretty old in the fertility world. And you know, I know a lot of 35-year old's that have been successful with that process. So, they sort of push it fairly quickly, but they'll push it quite young as well if they sort of think well, you know, this is sort of beyond me.

Where I think the mistake is happening is that instead of sending a patient to a specialist. Not an IVF specialist. A specialist, a gynecologist which I think is much better to do then they will do further checks. So, they will go ok let's go have a look what's going on you know is that polyps there are there other things there that can cause is there a hormonal thing. You know, is there something else going on here? Often they'll send them to a gynaecologist that is working with an IVF in an IVF sort of lab and so, therefore very quickly they will go down an IVF Road.

So, like okay, let me just try a few drugs here, let's try. And the next thing I know you know the 32-year old's doing some rounds of IVF. And that's the stories that I get is they've already done all that they've done years of it. 12 years of it. And then we get pregnancies naturally and it is rushing off ways.

Dr. Ron Ehrlich: Yeah what is the cost of human you know, the cost on the woman, not I'm talking what financial would be interesting to note too but this is a hormonal roller coaster, isn't it? The whole IVF processes. What is the cost to the woman's body in this process or the end mind?

Elizabeth Mucci: Yeah, it's quite high and again always an individual. So, you'll have some people that have a very weak constitution that one lot of IVF can even throw them into menopause. So, I've seen that as well as you know just it basically that the ovaries were very, very weak and so, in they in going through the process it shut them down totally. So, I often will see people that you know they said I couldn't even get one egg out of IVF. I couldn't get anything and then I can see on over months of working on their bodies and we get them ovulating and over time get them pregnant. But it's just that you can see they're all their

hormones are showing that they're actually menopausal by this stage, but they actually weren't. It's just more the fact that they went down this road that's very harsh on the body. If you had had a history of cancer, for instance, IVF will shut the door on you, they won't actually work on you because it can actually and get the cancers stirred and flared and off you go.

So, you know, it is it is a big risk for women to go down that path and where I think it's sad is and I think it has its place I think it's fantastic for women that don't have tubes for men who don't ejaculate sperm, for women that might be single and want to have a baby. You know that sort of thing, fantastic. But there are softer options and there are you know, I think if you're going to put your body through something as harsh as that you want to be able to make sure you've ticked all your boxes, you've done all your homework that there's no endometriosis, there's nothing around and then go right, now we'll go down this path because I've done everything and so, therefore, I might give it a shot. But to run off and do it when there are so many things that could cause infertility other than just hormones.

So, what they're doing is they're going to give you follicle stimulating hormone that will tell your ovaries to produce lots of follicles and so that will be in different sort of versions like going to for Paragon etc. and so they will stimulate your ovaries to make lots and lots of eggs. Some women have got been hospitalized, some women have even died through the process where they've been hyperstimulated, some have had their ovaries burst and basically, they're now infertile through the whole process. So, there are some really nasty, so, it's not something you run off and do straightaway.

Dr. Ron Ehrlich: I imagine costly as well. What sort of figure... I mean I've no idea, what is the cost of IVF? A round of IVF?

Elizabeth Mucci: You're looking at usually it's about twelve to fifteen thousand depending on what the process is that they're going to be doing. If you're going to do some genetic testing, it's even more so... So, you're looking roughly around \$12,000.

Dr. Ron Ehrlich: Now, you know, I think we've kind of made the point that things are not always straightforward. So, if a couple some people man-woman couples obviously would be thinking about getting pregnant what would be your... you've already mentioned some things I know but let's just layout and I know you've got a program for this. What's what sort of three or four or five tips that you would give people as they contemplate and prepare for pregnancy?

Elizabeth Mucci: So, the basic things that I would do, and this is just for the general public maybe not have tried yet maybe not even know that they can't fall pregnant. Just generally you know, when you have a child to give them the best advantage in life so that you know it's not just about ten fingers ten toes, it's more about you know having a baby reach its potential, a child reach its potential and into obviously adulthood and have the best life that they can but also reduce the chances of other things that come along the way like leukaemias and cancers and brain tumours in children etc. If we can clean up our bodies as much as we can. So, you don't want to be taking any drugs, you don't want to be taking smoking and drinking heavily. You don't want to do any of that sort of stuff if you can help it because it's

going to allow our body to have a rest from detoxifying us and actually focus on good hormones which it tends to not do very well when you're filling your body up with toxins because it's really limited with the enzymes that are dealing with the toxins. So, it will work on the stuff that will kill us first instead of the stuff that's really more about balancing and buffering our situation and producing an optimal situation. So, it's more becoming a life-saving survival situation if you're putting your body through all this toxic sort of you know, lifestyle.

So, I would definitely say it takes three months to make an egg. So, you want to sort of clean up your body for a good three months before you would try so that on the fourth month after you've done all the three months and that's what I do with all my patients where possible is I say stop, let's go in let's get your body ready to house a baby full-term you know, so that you're not having a horrible thing happen in the middle of that pregnancy but also you enjoy the pregnancy more and the experience afterwards. You know, of postnatal depression etc. is really lowered as a fact.

So, that's why I'm so... I find the cleaning up part of your health so important because it is really the biochemical pathways that have been affected are going to be needed to be pretty sharp and effective later to help you have a better experience so that you're not yeah, sickly or you know, or having a sickly child as a process. Because a lot of people will go okay I'm pregnant now I've stopped smoking, or I'm stopped drinking or I'm not drinking coffee anymore and I'm just going to clean. So, you end up detoxing and dumping all the toxins that you've accumulated right up until then on to this little embryo that's not protected yet by a placenta because the placenta is not even starting till the ninth week. So, it's relying on your liver to sort of do all the job for it and that's where you know, mixed miscarriage rates are so high it's about one in three for most of your life of fertility life and it's about one in two as you get older. So, you know, it will reduce your chances of that as well.

Dr. Ron Ehrlich: Yeah, yeah, hang on, because we've talked about cleaning up the act which is great because it takes three months to make an egg but what about the quality and quantity of the sperm for the male?

Elizabeth Mucci: So, same. Same scenario. I get the men and women always deal with couples wherever I can, and both go on the program because sperms affected way more by this stuff than what the egg is and so, the mothers got a house the baby for nine months but actually a lot of the sperm that's defected if the sperm actually then goes and fertilizes the egg your chances of miscarriage is very high. The chances of defects are very high because of the sperm. So, definitely it's a fifty-fifty DNA and you've got to look at what's affecting the male fertility as well and you do exactly the same thing that you know, you don't want to be dumping like oh yeah we've got to try this week so therefore I'm not you know smoking my marijuana and I'm not taking having cocaine and I'm not, you know this week, so therefore it's not like that. It actually takes about 72 days to produce sperm and so, they're...

Dr. Ron Ehrlich: 72?

Elizabeth Mucci: Yeah, from start to finish it's around that sort of time. And so, you're looking at being clean for those 72 days beforehand but then it's not even just being clean, it's

like how toxic were you to start with so therefore at the point where you count the 72 days if you're dumping a whole heap of toxins for the first month, that's why I say about three months at least for the guys to have that period of time and about three and a half months for the girls, yeah.

Dr. Ron Ehrlich: Okay. So, clean up the act. We've certainly... that's a very strong point.

Elizabeth Mucci: Yeah, it's a very important point and obviously, you know through pregnancy if you manage to achieve it. But it's you know, that's another discussion but the points I would say is do your homework, go and get make sure you check for chlamydia and gonorrhoea, go and get checked for infections so you don't lose a precious baby during the pregnancy and the waters don't get infected and then the waters will break on you and then as well as just increasing your fertility by getting rid of the infections. So, that's increasing and the holding, it's both.

Dr. Ron Ehrlich: Do males suffer from ureaplasmosis and micro plasmolysis?

Elizabeth Mucci: So, the male's definitely do. So, it is sexually transmitted. It's much harder to get rid of in a woman because there are lots of crevices that the bugs can actually hide in. It's a lot simpler to get rid of in men but you can encourage urethritis and things like that in males as well as women but it's usually asymptomatic. So, both have to be treated and then I say re-swab, make sure it's gone. So, some of the women will find that you know they've done a round of antibiotics and it's not gone and so therefore they have to do another round and maybe on the second round it's gone or if that's not gone then we have to use something much stronger to get rid of it and it's been a really long time.

Dr. Ron Ehrlich: And then there's a whole with these courses of antibiotics there's a whole issue about gut, health...

Elizabeth Mucci: Exactly.

Dr. Ron Ehrlich: And probiotic and rebuilding and...

Elizabeth Mucci: Rebuilding.

Dr. Ron Ehrlich: Yeah, yes. So, this getting rid of infections is not a kind of a seven-day fix and then you're done.

Elizabeth Mucci: No.

Dr. Ron Ehrlich: No.

Elizabeth Mucci: No. That's right.

Dr. Ron Ehrlich: Okay. So, check for infections?

Elizabeth Mucci: Yeah. And I usually check for inflammatory markers just making sure there's no inflammation in the body as well. There are things like ca-1-25 is a cancer marker that they've found that can be linked with endometriosis and so, therefore if that comes up is a bit high. That's a bit of a clue that something's going on, but it can be low, and it still could be had you could still have something going on.

Dr. Ron Ehrlich: That's not a part of standard blood tests though, is it?

Elizabeth Mucci: No.

Dr. Ron Ehrlich: Ca-1-25...

Elizabeth Mucci: Ca-1-25. So, that's something that I will often get but there will be something that a lot of doctor's refuse. If the doctors are you know, cluey in this area and they really like the fertility area, you'll find that usually, they will test for it. If they're IVF specialists they... if you ask them, if they haven't already done it themselves so they're really sort of onto that sort of area so there's you'll have IVF doctors that are quite specialized in their little area that they sort of work in, but they will often to check for it if they're suspicious, yeah.

Dr. Ron Ehrlich: Okay. So, check for inflammatory markers and things like CRP and homocysteine.

Elizabeth Mucci: CRP. Yeah, homocysteine, exactly. So, I do that.

Dr. Ron Ehrlich: They're more common tests that...

Elizabeth Mucci: Yeah, that's right.

Dr. Ron Ehrlich: Yeah, but, anyway, checking for chronic inflammation it's a common theme.

Elizabeth Mucci: And then I'll do blood work to check for often you'll want to check for iron levels. You know, do general health, you know, what's your ferritin what's your vitamin D what's your iodine doing, your general checks and then often obviously check if you're ovulating. So, if you're not ovulating what often doctors will do is they will give you something called clomiphene or letrozole and that's the first line of trying to make you ovulate but often you can get twins out of that. It does increase your chances of having twins which is why we see people having you know, the quadruplets and the quintuplets.

Dr. Ron Ehrlich: Oh, my God. I would have just died if that happened. But anyway, go on, give us one more or two more.

Elizabeth Mucci: Yes, so, oh, yeah, I would do all those sorts of checks and then your hormones. So, you want to sort of see what's your especially on your age if you're an older mum you know, what's happening with your follicle stimulating hormone around day 2 or 3. Are you going into a perimenopause? You know, and AMH would you... do you have lots of

eggs or have you got a limited time? I find the AMH is really good because... So, what happens is when people are you late they think that they may release an egg in every month but actually, you can ovulate have all the hormones there doing it but there's no egg inside that shell, it's just empty.

Dr. Ron Ehrlich: Wow.

Elizabeth Mucci: And so, that's why you want to have a few goes because if your AMH is actually on the low side it might take you a year to fall pregnant or, but a lot of doctors will say it's on the low side go IVF quick because this will be your only chance maybe. You know, they'll rush the person off. But you know, often what's happening the person everything else is really healthy and the sperms really healthy and usually you are pregnant within a six-month period even if your AMH is fairly low because you might have ovulated out of you know, excreted an egg two times out of that six months. And if you know you're trying that's what I... That was the other point I was going to say is make sure you're trying at the right time.

Dr. Ron Ehrlich: Timings important.

Elizabeth Mucci: Timing it's obviously crucial an egg only lives 12 to 24 hours. So, if you don't actually catch that egg at the right time.

Dr. Ron Ehrlich: Yeah.

Elizabeth Mucci: You know, you've got no chance. And so, a lot of them find that women will often complain about the men saying that you know, they'll say I'm too tired tonight, but we'll try tomorrow, and they are not getting that.

Dr. Ron Ehrlich: And it's been a little while for me but what is the timing you know the ideal timing in that monthly cycle?

Elizabeth Mucci: So, it's... That's why I was saying is if in a 28-day cycle it's around your day fourteen, thirteen, fourteen, fifteen. That's when you're sort of wanting to try but if most women don't have a 28-day cycle and so what you can do is go to the chemists and get an ovulation predicting urine test and so, therefore, they, when you know, they'll see their mucus, mid-cycle mucus sort of starting up they can start testing and that might be day 20 for them. If they know, if they tend to sort of work backward around that what thing day might...

Dr. Ron Ehrlich: Yeah.

Elizabeth Mucci: That's roughly their fertile time. So, if you've got a 30-day cycle it's going to be around day 16. If you've got a 40-day cycle it's going to be around day 26.

Dr. Ron Ehrlich: Yeah, yeah.

Elizabeth Mucci: You know, so...

Dr. Ron Ehrlich: Now, listen, we've covered so much territory here and I mean I always encourage people to go back and read our show notes because there's so much information here. So, and we're going to have links of course to your website. I want to just take a step back finally and just ask you this question - What do you think the greatest challenge is for people? Not just people trying to get pregnant but people on their health journey throughout life in our modern world today?

Elizabeth Mucci: Ah, greatest challenge... there are a few. I think the challenge is finding really good practitioners first because they're going to guide you well. They're going to... you want people that you can trust because obviously, they won't know what we know. You know, we're specialists in these areas so you know whether it be from dental to operations to you know, it's like going to a mechanic. You know you don't know if he's a good one or not a good one, you know, but when you find a good one you stick with them, you know. So, it's about finding someone that can really guide you well.

The other challenge is maybe finding a circle of friends that actually also have the same value as you have so that they're not sitting their snorting cocaine and smoking marijuana around you when you're trying to actually have a cleaner life. You know, because they were friends of the past and you know, you've sort of kept growing and they sort of want to live this lifestyle. So, that, that's sort of thing because it's just going to drag you down and you probably find, you won't be able to stick to a healthier lifestyle for too long especially in chronic diseases you know things like that.

So, it's really like sticking to stuff but having that gumption to constantly be curious and search for things that are helping your health of what could be knowing your body well, being in tune with that. That's the other obstacle you know, you'll often ask people, okay so, how many days of mucus do you have? And they go oh, I don't... What? I don't even know, I've never looked. That sort of thing. You know, you want to know your body in some ways you sort of want to look at you know, be your own doctor in some ways, you know, be interested enough in your health to sort of put the effort in because the more effort you put in the more you benefit from it of course. So, I find those are the challenges as well. And taking it seriously. I mean so when you're a practitioner and you know, you want to you want to live the life you're preaching. You know, if you really sort of understand this sort of stuff you tend to really put to practice what you're preaching and it's the same with people. I teach a lot of my patients because I'm the compliancy so much better when they understand why I'm doing what I'm doing. You know, they get it. They can make intelligent decisions on a day-to-day basis because they're understanding the background of what I'm doing.

So, if you don't delve into and look and be interested then you're probably going to find it very hard to stick to a healthier lifestyle if that makes sense?

Dr. Ron Ehrlich: Yeah, it does.

Elizabeth Mucci: Yes.

Dr. Ron Ehrlich: Yeah. Well, listen, that's fantastic. I really appreciate you talking to us today. We're going to have links to your webpage, to your program so people will be able to find you but thank you so much for joining us today Elizabeth Mucci.

Elizabeth Mucci: Oh, my pleasure. I'm no worries. Anytime.

Dr. Ron Ehrlich: There are some recurring themes, irrespective of which subject we touch on it, reinforces [this holistic thing](#). The way things work, holistically, not just for our body but the way the world works. Yes, you need hormones. That's female and male hormones to be working properly for fertility to occur.

Interestingly hormones are produced in endocrine glands for the males, that's the gonads if you like for males. That's the testes for women it's the ovaries. And hormones are also produced in the pituitary gland, the pineal gland, the thyroid, the adrenals. I think it's worth mentioning and listing them because we've also done programs on environmental toxins. You may recall the ones we did with [Nicole Bijlsma](#) and [the ten-toxic truths with Professor Mark Cohen](#). And we've said that a lot of these chemicals we are commonly exposed to are endocrine disrupting hormones. It's kind of an expression which rolls off the tongue really easily but to bring it into focus to think holistically when it comes to fertility, we require well-functioning endocrine glands and hormones.

So, clearly disrupting the glands that produce those hormones has some consequences. Actually, they're not the only hormones that are worth mentioning. There's insulin which we've mentioned in many of our shows whether we're talking about cardiovascular disease, [Ross Walker](#) and [Gary Fettke](#) or autoimmune diseases, the podcast we did with [Terry Wahls](#). It all comes up in the discussion and it also comes up if we were to discuss cancer. [Cancer loves higher insulin levels](#).

Another topic that keeps cropping up is chronic inflammation and that's the common denominator in all degenerative diseases and that often means a low inflammatory diet. And Elizabeth Mucci made some mention of that as well. And remember the issues of cross-reactivity. We hear a lot about gluten and dairy intolerance and sensitivities but if you are sensitive to those you are most likely sensitive or cross-reactive to other things. That's why I think it's really important to be working with an integrative medical practitioner, a nutritionist or a naturopath who's aware of and addresses those cross-reactive or multiple food sensitivity issues. It's really, really important and easy to overlook as we look for the one answer. Speaking of one answer it's like so many things looking for that one answer is so appealing and it's hard, it's just not the way the body works, it really isn't the way the world works either. So, it's good to think holistically and not just focus on sex hormones as you heard but infections and chronic inflammation.

In fact, I truly believe that the five-stress model we focus on in the “Unstress” program emotional, environmental, nutritional, postural and dental stresses is a great structure for asking all the right questions about what challenges your health. And the five pillars, sleep, breathe, nutrition, movement, and thought is a great framework for building resilience. Physically, mentally and emotionally.



So, with that in mind until next time this is Dr. Ron Ehrlich, be well.

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