Unstress HEALTH

with Dr Ron Ehrlich

Podcast Transcript

Dr Ron Ehrlich: *[00:00:00]* Hello and welcome to Unstress. My name is Dr Ron Ehrlich. I'd like to acknowledge the traditional custodians of the land on which I'm recording this podcast, the Gadigal people of the Eora Nation and pay my respects to their elders, past, present and emerging. We have so much to learn from their elders, past, present, and I guess emerging as well, about connection and respect for both land and country and each other.

Dr Ron Ehrlich: *[00:00:34]* Well, today, we're going to explore the current state of fertility, talking about IVF and all of that. And before you turn off, because you think you may not be considering having any more children. Hold on. Just let me explain because just as we... I encourage you to listen to those podcasts on children's health. I think infertility is another measure of how our society is going health-wise. And you will also recognise that whether we are talking about cardiovascular disease, as we did with Dr Ross Walker or cancer or autoimmune conditions, the things which make a difference are remarkably simple. And the way these varying problems emerge is perhaps more about your genetic potential and how your genes are expressing themselves, epigenetics. Our model around stress health is to identify and minimise as many of the stressors in our modern world as we can, and we talk about those stressors as being anything that promotes chronic inflammation and compromises immune function because they are the common denominators in all diseases, mental and physical and you will hear they are common denominators here again today. On one side of the balancing beam is to identify and minimise stresses on the other side is to build resilience by focusing on sleep and breathe, as we believe with our foundational nourish, movement, and thought are also important. So, it's this balance between identifying and minimising stress and building resilience, recognising that the beam, the balancing beam pivots on your genes, but you are not a victim to your genes. More importantly is how do those things impact on how your genes express themselves. And that is the world of epigenetics.

Well, my guest today, I'm really excited to welcome back Elizabeth Mucci and as a scientist, nutritionist, herbalist with a master's in reproductive medicine. And over 20 years of experience as

a clinician and teacher, Elizabeth has helped thousands of patients from around the world start their families, manage chronic illness, lose weight, gain hormonal balance, overcome and overcome a large range of unresolved health issues. Now, prior to joining Elizabeth's Fertility program, the vast majority of her patients have been facing particularly challenging fertility issues that have resulted in perhaps multiple miscarriages, very traumatic experience and repeated IVF failures, which take a huge toll on emotionally and physically, but also financially. And as you will hear when we say repeated IVF failures, oh, my goodness, well, I'm not going to spoil that. That is going to really be quite a shock to you I am sure. The combination of Elizabeth's education in science, nutrition, herbal medicine and reproductive medicine, along with her collaborative work with a number of Sydney's top fertility specialists, have provided her with a unique perspective on hormonal and reproductive health. I hope you enjoy this conversation I had with Elizabeth Mucci.

Welcome back, Elizabeth.

Elizabeth Mucci: *[00:04:06]* Thank you for having me again.

Dr Ron Ehrlich: *[00:04:08]* Elizabeth. I'd love to catch up regularly with some guests, and this is a kind of an opportunity for my audience to check in with the world of fertility in general, women's health in particular. And I always think that fertility is such a reflection of our general health, our global health as a community. Where are we at? How is the world of fertility looking?

Elizabeth Mucci: *[00:04:32]* It's interesting. It's been some... There's been some changes. I've definitely seen there's been some changes through the last three years. It took a little while and obviously always speculation. But being a scientist, that's my background. You know, you're always sitting there looking at what could be going on here. I'm trying to piece the pieces together and I was seeing things very quickly change as people. The lockdowns were happening, stress was increasing, people were losing jobs. So that was very much the stress aspect was having a major impact. But also it seemed like the spike protein was having an impact. And so, yeah, it was really interesting. And it was... I started to sort of, you know, speculate and have hypotheses around things and it was it was like it was being

concreted in as time was going on. So definitely we know that you know the ace2 receptors are very high in certain areas around our body. Definitely high around the ovarian area. And so therefore, as soon as the spike protein was increasing in our system, I was starting to see a lot more strange things happening around the ovaries. And because I get the tests done and I know the patient exceptionally well, I test regularly, so therefore I can see a sudden change where I was like, "Why is this young person looking like they have menopause all of a sudden?" I was saying things like that. I was saying thyroid have issues and thyroid plays a large role in fertility. I was seeing a lot of immune weakness. That plays a large role and increase in autoimmune responses, that plays a large role.

Elizabeth Mucci: *[00:06:27]* So now I was finding myself having to sort of deal with a lot of issues at the same time or on in extra to what I normally do. I'm always dealing with those problems, but it was like it got inflated and just went bananas. And then I you know, I obviously we went on to a lot of women were having COVID that were pregnant and, you know, they were fine. They were you know, I was able to sort of ride that wave with them and and that was really good. And the baby was absolutely fine a lot of the time. So babies were being born and had COVID and they were fine. And so I was sort of questioning what was sort of going on. So that's been a lot of the... A lot of the the focus, I suppose, in the last three years is just being able to support people through this wave of illness and stress and spike protein introduction. I've seen a lot of miscarriages. I have very low miscarriage rates. I'm not sitting at the norm because there are a lot of things that actually cause miscarriage. And so people come to me and I've done this for 23 years now. People have come to me to prevent miscarriages because they may have had ten, 12, 20, and then we've gone on to actually have children. They've gone on to have children and no miscarriages in between. So we've hit the nail on the head and immune and infections play a large role in that. And all of a sudden I was saying miscarriages were happening in almost all my patients and I was thinking "What is going on? What is going on?" So that's where we've got around that. And they've dropped again. And, you know, I've been able to get pregnancies in those women again, but it was just like

it just went exponential, just went right up really quickly.

Dr Ron Ehrlich: *[00:08:29]* Well, I mean, I want to come back to a lot of what you said, but just to put it in perspective, the last time we spoke, I think the infertility rates in Australia was like one in six couples were having trouble conceiving within 12 months. Was that, how... Did I get that right?

Elizabeth Mucci: *[00:08:46]* It was, it was one in six. I've heard that in Australia it's one in five. It keeps changing. I know in Canada it's one in three. I know it's in young in young couples. I know it's yeah, I think in America it's one in four. So it was one in six across the board, the World Health Organisation had given one in six, so I don't know how up-to-date that...

Dr Ron Ehrlich: *[00:09:11]* That was before this three-year period. And you've mentioned something which I think we may have to turn the microphone off now or the recording off now, Elizabeth cause any discussion about spike proteins is seen as somehow insurrection or cancer kind of... No, I'm only being... I'm joking.

Elizabeth Mucci: *[00:09:32]* Oh, good.

Dr Ron Ehrlich: *[00:09:33]* You're not going to turn it off. We're not going to turn it off. But I think the point about it and I think people are lining up for it and they need to be made aware of it, but they're not going to hear it through any mainstream media. Tell us a little bit about that spike protein. I mean, it was meant to stay at the site of the injection and then form an immune response, like so-called... Just like vaccines. That's what vaccines have done for many, many years. And, hey, no one's... I'm not against vaccines, okay? So let's just state that right up front.

Elizabeth Mucci: *[00:10:07]* Exactly.

Dr Ron Ehrlich: *[00:10:08]* But this was different because this therapy, this... I don't want to call it vaccine, but let's call it these injections that were given for COVID. They were found all over the body, weren't they? The spike protein?

Elizabeth Mucci: *[00:10:21]* They were, they were and still are.

Dr Ron Ehrlich: *[00:10:25]* And with each booster, I'm assuming that accumulates, does it get cleared out of the system, the spike protein or what happens?

Elizabeth Mucci: *[00:10:34]* Look for me with... I haven't had those tests done where I know that you know, just see what happens. And all I've done is basically worked on trying to help inflammation in a really big way around the ovarian areas and other areas just in general. And so therefore, that's made a massive difference but I've had to really work hard and consistent all the way through, like all the way through pregnancies, all the way through to months prior to that. And it seemed like people so hormonally, normally I would go, Yep, I've got my checklist of what I'm going through. I know exactly when a person looks very, very fertile. So this person was looking really fertile time and time and time again. But all of a sudden, they're not falling pregnant, I was like, That's really weird because I have extremely high success rates. It would be sitting around the 85% mark. I know when I'm going to get a pregnancy and when I don't. I think, okay, there's other things they like endometriosis, there's other things that are hidden and when they've gone on to have a laparoscopy, there it is. It's like I have a system that I know how fertile I'm expecting somebody and all of a sudden that was failing, all of a sudden I was saying things that I had never seen before and I was, you know, in my area the last thing you do. So I've worked in this area for 23 years. I've also got a science background. I've got a medical background as well. So all of a sudden I was thinking, hang on, why aren't these rules that we've been taught for years and years not actually playing here, playing out here? When we do a science degree, you are told absolutely, you do not give anything experimental to a pregnant woman. So I was sitting in that area, so it was like a no-brainer for me. I was like, well, this won't this won't actually be dealing with my patients so, that's okay. We'll just keep humming but what was happening is all of a sudden it was being given because it was an emergency announcement. And so all of a sudden overnight I was seeing miscarriages left, right, centre happening. And so, yeah...

Dr Ron Ehrlich: *[00:12:59]* I mean, I know of obstetricians who I've spoken to off the record who felt uncomfortable about that, because, as you say, the two groups that are generally not included in clinical trials with particularly experimental, unproven, not just products, but techniques, which is what they say marinating was totally novel for use is pregnant women and children. And yet I know for a fact that the obstetrician that I spoke to said if I do not do this, I could be reported and de-registered from my specialist organisation and then I had a conversation with the Professor of Paediatrics who was very senior in the public health area, and I said to him because I was concerned about my grandchildren saying given that it's an incredibly low risk for children, I mean you've got 99.98% chance of not being hospitalised, how do we know this is safe? And he said, and I'm always quoting put, you know, word for word.

Elizabeth Mucci: *[00:14:10]* Word for word.

Dr Ron Ehrlich: *[00:14:10]* Word for word. He said, "Well, the only way we'll know it's safe is if we use it." Wow. I almost fell off my chair. And that guy is advising governments. So back to this bit, but when we talk about infertility, though, we're not just talking about female issues, are we? I mean, there are two sides. The risk of stating the obvious, there are two sides to the fertility issue and both have the potential to affect fertility. Can we talk a little bit about, you know, some of those issues for both males and females?

Elizabeth Mucci: *[00:14:45]* Yeah. So you mean around the spike protein or just around general?

Dr Ron Ehrlich: *[00:14:49]* Around fertility in general?

Elizabeth Mucci: *[00:14:52]* Yeah. So males actually play a very large role because if you were to line up sperm across an egg, you get about 20 sperm across one egg. The sperm is really, really small. And that's why testes are actually on the outside of the body to keep the sperm around that 24-degree temperature where our bodies sitting around that 36, 37 degrees. So anything that really

heats sperm up is going to deform. And we know that proteins, the nature around 60 degrees totally denature. So, you know, proteins in our DNA, etc. can denature if you're overheating yourself. But it's just the constant, you know, even if you're sort of sitting around that 45 degrees in whatever you're doing at that time, working out eventually and knocking them out. And so I will see a lot of guys who are thinking I'm going to get healthy now, I'm going to go to the gym, I'm going to do this. And then, you know, I've heard that my mate said that so long as a grade or whatever it is, so that, you know, they start trying to be healthy and actually it's getting a lot worse because they're doing things that are overheating sperm. So that just from a heat perspective, the thing is, is that a lot of sperm is quite defected anyway. Everybody has a very high number of abnormal forms. And so what I tend to see in this area is that a lot of doctors and I would say more your GPs, who are general practitioners, don't really know how to read sperm analysis. And so often I have people either walking away thinking they're very fertile and they're really not, or they think that they're really infertile and they're really not. And so we'll have that, that opposite because really they give you when you're reading a sperm analysis, they're going to give you percentages for everything. And so you have to put everything together in a story, you know, you're not looking at, "Okay, So I've got 30 million sperm per meal. Oh, they want me out of 15 million. So great, I'm fine." That's actually what a lot of people do is they just look at the guidelines and they go on the side or the references and they go, "Yep, they're fine." But actually when you go deeper, when you look at, okay, you started off. So that's normally what I will do with patients. They'll say, "No, apparently I've got nothing wrong with me. So we don't know why the ten rounds of IVF didn't work. We don't understand why. It's just that they just don't. And I said, okay, do how do you get eggs out of you, your wives?" And they'll say, "Yep, yep. She always gets about 6 to 9 or 9 to 15 eggs." Which is all right already a great thing because a lot of people can't even do that. And then they go, "They all die." And I'll say, "Do you notice that it changes around day three?" And they'll go, "Yes, by day three, they're all dying."

Elizabeth Mucci: *[00:18:03]* And not normally that's a cause that the males DNA is having an impact here because it is in day three that the males DNA kicks in. And so you'll see this massive die-off at that point in time where they might go from 15 to 2 embryos that are left by that sort of

stage. And so that will give me the clue to investigate more. So often I will... What is not being done and things like DNA fragmentation. So a guy can look great on paper if they don't do DNA fragmentation, and then they might have normal forms, numbers that are all sitting in the right ranges and then I'll send them off to get extra tests. And often the doctors themselves, it might be the IVF doctor that might have been working with them for the now three, five years. They've just not kept in tune with what the partner might be doing in his life that could be having an impact on the sperm. So it might have started okay, but then she's had issues and then she may have had endometriosis and then it's cleared up and they keep focusing on her instead of going, well, he changed jobs. He's working harder because he's paying for all this IVF with her. And so there might be house changes, there could be illnesses, these wanting to get fitter and he's doing exercises that are actually destroying the sperm. And so when we go back, the DNA fragmentation is actually in the poor range and that's what's having an impact. On a lot of the embryos that they're trying to fill. And so there's, you know...

Dr Ron Ehrlich: *[00:19:49]* So shoot that out. Now, we've jumped ahead a little bit here, but let's just go back to this IVF, because I know you deal with a lot of infertility issues and a lot of people that A, have had several been trying to get fertile for a long time and B, those that have gone to IVF and have been unsuccessful. Give us IVF 101. I mean, just for those that haven't gone down that path, what does IVF involve?

Elizabeth Mucci: *[00:20:18]* Okay. So first of all, normally someone's talking to their GP and they're having some sort of problem. They don't understand why they're not falling pregnant. They've got a 28-day cycle. They'll have everything they think is perfect. They might even be young. And so or they've left it till a very late before they've started trying. So it's one or the other. The GP, the only tools they have is basically they will pass you on to a gynaecologist or a gynaecologist obstetrician. They will run some tests typically, and then they'll say, "Okay, well I think, you know, you need to maybe try these drugs." So they might put them on some fertility drugs like Clomid or Letrozole. Typically you're trying three rounds of that. So some people will be doing that for years with some

doctors, which I've been really surprised that you're supposed to do roughly 3 to 6 rounds. They recommend three. And then the next stage is they'll go, look, there may be other issues. Let's try an IUI. IUI is basically where a woman will have sperm inserted via a catheter through the cervix just in case the cervix is causing any issues and basically put inside the uterus and then the sperm can make its way up. So if there is any barrier there, they can get they get around it before that happens. You know, the gynaecologist would have checked an ultrasound to see all other issues going on. And so if all you are you get three goes or by then the doctor might be saying, "Look, I'm not seeing your hormones moving the way I would like as they're being tracked through an IUI cycle." Or they will say, "Look, the next thing, all I can offer you is IVF and then ICSI." So it usually is three rounds of IVF where they just put sperm and eggs into a dish and let the sperm select if there's any issues with the sperm that they already know, they will just go straight to ICSI...

Dr Ron Ehrlich: *[00:22:31]* What is ICSI?

Elizabeth Mucci: *[00:22:33]* ICSI where they pick up sperm, you know, DNA and material and they basically inject it into the egg and they fertilise the egg for use. So we're now not relying on the digestive enzymes on the head of the sperm. We're not relying on the fact that maybe the shell of the egg is rejecting the sperm or hard into the sperm. So basically they use different techniques depending on what the problem is. And they inject the DNA in the female egg and then they create a bunch of embryos and then they watch them. And in the laboratories, which are very well maintained, the laboratory does make a difference. So you do you know, they've got the atmospheric pressure has to be put. Everything has to try and mimic what would happen inside the woman. So if it's a bad lab, you're going to get worse results. And so then they basically grow the embryos they try... Most labs will grow them to day five, and then they will tell you they can freeze some and then they will insert sometimes on a fresh cycle if they think, look, this embryo, we can't freeze, but it looks pretty good. Let's try just inserting that you never know. And some labs, it's rare, but some will only grow the eggs till day three and then freeze them all others will say no. We know that if they survive five days, they're likely to survive longer than that. If there's any illnesses or there's been lots of failure through that, they'll offer you

maybe a PGD test where they can go in and look at the genetics of the baby and see if it's carrying any deformities, then chromosomal issues, and then only freeze the best. So that's basically it. That's all they sort of have to offer you. So there isn't really that sense of, well, why is this happening in the first place to a point like they have, they're trying to go, why is this happening? Is the uterus having issues? It's you know, they're trying to use the tools that they have. They're not really looking. A lot of them aren't looking at lifestyle. So I've had patients like one of my patients who was... Did 36 rounds of IVF, who I helped fall pregnant...

Dr Ron Ehrlich: *[00:24:57]* Hang on, You said that very quickly. And I don't think everyone may have heard that. 36 rounds of IVF. Can you just give us a ballpark figure? I mean, the human cost of doing that to a woman. Must be quite taxing, to say the least. What's the financial cost of each IVF program?

Elizabeth Mucci: *[00:25:18]* So it will depend on who they go to. So there are some government-funded ones that'll be a lot cheaper. So that might be about $4,000, I think, each round. And then there's private, which I think works out about 12 to 15, depending on what you're actually doing each round.

Dr Ron Ehrlich: *[00:25:39]* Yeah. Just doing the maths on that. I mean I'm not doing the maths on that but 36 rounds. I mean I remember when we met a few months ago over coffee you were telling me about some patients, you must get a few of these who had 20 rounds of IVF. 40 years old and, after 20 rounds, she now is enjoying two children with your help. You saw her sister-in-law as well. And that was a similar story. But now we're up to 36 rounds. I mean, it's just mind-boggling. But it's interesting that you should say they don't consider lifestyle issues because as much as they perhaps should, because I think that's a reflection, as I said, of our health system anyway. I mean, it's literally just paid lip service to. What? Okay so... and what is the success rate of IVF? For the official success rate? You know, when someone comes in and goes, I want to do IVF. Yeah, we get a 50% said no. What is it? I mean, what is the...

Elizabeth Mucci: *[00:26:39]* So it's quite poor actually. It's a... So we know

that by the time a lot of people are using IVF, they normally nearly 40 years old because they've you know, maybe started trying naturally or they didn't want to have children till later. And so we know at 40 it's around that five maximum 10% success. Yeah. But by 45 it's 0.5% success rate. So it declines very quickly. It's going to depend on the problems that... So some would be very easy to deal with and because they didn't actually tweak just the most obvious thing, they will get a success rate very, very quickly and then others will. Yeah, basically, doesn't matter how young you are.

Dr Ron Ehrlich: *[00:27:34]* You just said tweak something really obvious. Let's start with the obvious. What do they tweak?

Elizabeth Mucci: *[00:27:41]* So the... It may be something like the you know, the woman wasn't actually even ovulating well and not well enough. So just because someone ovulates or they force you to ovulate, which is why they start off with the fertility drugs like Chromium and Letrozole, it doesn't mean that one, the quality is there and IVF won't improve quality either. So they basically run on the theory that if we just get enough eggs out of you, 10, 20 eventually we're going to get a baby. In most women that are... Of reasonable age, but if so, if someone's not ovulating well, or if they've been timing their cycles really poorly if they've got like short luteal phases. So after you've ovulated, what IVF will do besides going, look, you've tried naturally for a bunch of times, so let's just go. You know, "You're getting older now. How about we get a backup plan and we just go through and get some embryos in the freezer for later?" So a lot of them will jump to IVF also because of the stigma, the advertising around it. The troubling sort of thoughts around not being able to have a second child. A lot of people will go into IVF because they're thinking down the track, I want my second or third child or maybe four. And the only way I'm going to do this is by doing IVF. So in those cases, instead of just going, Oh, look, we can actually just support you progesterone levels that's, you know, have a few tries, will support your hormones. It will just sort of help you kick out the egg at the right time. So there are other methods that you can use that are more simple through the IVF doctors, where they will do an assisted ovulation, where they just help you kick an egg out around the right time and they'll "Go home and try" or so that there are other things. But the for IVF process, often what happens is this person's going in and they go, "Let's get a bunch

a bunch of eggs." And the person's, you know, fine. They like pretty young or they've got a bunch of eggs out of them and they go and fertilise them and they end up with, you know, ten fertilised, eight in the freezer and presto, they're pregnant.

Elizabeth Mucci: *[00:30:03]* So that's a pretty simple, simple thing. So that they're going to give some really good numbers to the IVF. That's the way you really need. IVF is where you've done everything that you've needed to do or could possibly do, and then go, "Okay, thank God for IVF because I had two ectopic pregnancy and I don't have any fallopian tubes anymore." So that's when IVF is a godsend because of those situations. However, if you still don't do your homework, and that's what I see. So there are a lot of women that... And men that I have that have to go back to IVF. They've come to me because an IVF specialist said, "You better go and see Elizabeth. We're getting a lot of poor quality here when none of your embryos freezable." And then they will deal with everything. We will discover as much as we can. We correct everything we make them as healthy as they can, and then they go back and they're like, "Oh, my goodness, I've had such a different response. I've got to freeze them for the first time. I've gotten a full pregnant straight away. They've got some in the freezer." One of my girls now is exactly that story came from an IVF doctor, had done it for years. She's 42 and we checked the partner and his sperm had really deteriorated since they had started. She'd already done laparoscopy. She'd removed endometriosis when the doctor was doing a good job. She sort of really went in and tried to investigate, but nobody dealt with their actual health. Nobody had dealt with actually lifestyle changes. So I did all that. I worked on the uterine lining, I worked with the ovarian function, the sperm. We got the sperm to excellent. I said, "Look, you're 42. If you want to do a round and have some ready for your second or third baby first go." Got a bunch of embryos that were amazing, frozen, fell pregnant with the first embryo and for the first time at 42 was pregnant, had never been pregnant before. It happens a lot.

Dr Ron Ehrlich: *[00:32:03]* Yeah. And of course, just to get... Hop back to focusing on the male here as well, it's not just doing the sperm count, but doing the fragmentation to see the quality, not just quantity, but quality.

How long does it take for a couple to turn it around? You know, that you like come in and see all the markers are really poor, including the sperm fragmentation. But do you know how long are we talking? Weeks, months, a year?

Elizabeth Mucci: *[00:32:31]* Months? No, no, no. So normally it takes three months to make an egg. It takes about 72 days to make sperm. So it will depend on his lifestyle and her lifestyle. If they were pretty healthy. That's where I have to have a look at. I mean, I do it anyway. But what's what's missing here? What's in the biochemical family background that could be causing some of this stuff? Because a lot of them are working hard at it for years and they've done their own research. It's not through an IVF doctor. They've done a lot. They've sort of gone in and gone, What am I eating well enough? Are we having the vitamins that we need? And we do... So a lot of them are very proactive, the people that I see. And that's where I love the herbs and I love the biochemical pathways and obviously specialised in this area. So if you go to just a normal person, it's like maybe a normal naturopath or just a normal health practitioner or nutritionist they can take you so far if it's a really difficult case, they're going to have problems. So yeah, so that's where you make... It takes roughly about three months. And on the fourth cycle is where I start seeing all the pregnancies. So the fourth to sixth cycle, which is three months of that, is getting prepared. So normally for me, I expect pregnancies and that three goes, three perfect goes once I've actually fixed everything I believe needs to be dealt with. If I don't see that happening, I know there's heat and problems so then I know, okay, we may need an operation as well as everything else that we've seen because I'm already testing for heat and infections. I'm already testing for all of that sort of stuff. This person on paper looks immaculate, way better than what they had as they came to me. That's where I thought, okay, this is going to be the worst-case scenario is going to stretch further. It's going to go beyond that. So yes, for me it's like, alright, you may need an operation. You may need something else here to alter this even further.

Dr Ron Ehrlich: *[00:34:49]* You've mentioned a couple of times endometriosis, and I know we've done a we've touched on this topic, but again, it's a pretty big problem in our society. So can you give us a little bit of background about endometriosis, what it is and

how common it is as a diagnosis?

Elizabeth Mucci: *[00:35:09]* Yeah. So this is where it's it's not it's often not diagnosed. I'm normally dealing with people that are asymptomatic. So it's typically diagnosed if it's really obvious. So it's like the woman's buckled over in pain. She's bleeding mid-cycle. She's bleeding beforehand. She might be squatting all through this cycle. She's a mess. You know, she might be finding that she's tender to touch in that area. And so that's a no-brainer. Usually, the doctors will find those ones. If you're over 40 and you have not had a child, normally there's a very high chance you've got endometriosis. We know that. We know that the stats go up if you haven't had a pregnancy and if you're now over 40 years old. And so where it's tricky for me is I'm seeing people that are 40 to 43 for the first time and I'm like, "Oh, now I've got to try and do an operation and get an operation done and the healing from it and as well as everything else", and they've got no symptoms. So they said they're going, "Oh no, I've asked so many times, could I have endometriosis?" I've said, "No, no, no, no." Most doctors will say no, no, they refuse to operate. And so then I'm seeing them and then we go through the process. I know they're not pregnant. They then go, The doctor said, I have to do IVF before they would ever do a laparoscopy. So they're in like you could do either. Some of them say you could do either. It depends which way you want to handle it. Others will go, I refuse to do it. They do that and then they go back. They're still not pregnant and stage for the worst stage be with not one little bit of pain. Not all their symptom was infertility.

Elizabeth Mucci: *[00:36:56]* That was the symptom and so they've done all this IVF, they've spent all this money. And basically, what IVF drugs will... It's like lighting a fire under it. You're just literally inflaming the whole process even more so. But I understand where they're coming from because they like this is major surgery. It can have some implications. We're trying to be thinking of the patient's safety and then other doctors will go, well, IVF isn't really safe for the patient either. So I'm sort of stuck between a rock and a hard place. Which way do I go where with my therapy, I because I know how fertile I'm making the patient because I get to know the patients so well. I know everything that's going on as far as how they're eating, what oils they're using, are they having too much caffeine, alcohol, infections, everything. We go...

We go... We, you know how much exercise? How much stress? What type of stress? Because that's same impact as well. So we're sort of I'm going into that sort of level. So it's a no-brainer for me. It's really obvious. And I've nearly peaked at 100% of the time. And actually, the specialists have told me they've been really surprised. So I'll get notes going to say, well done, stage four, and they've told them they didn't have any. So that's where for me it's great to sort of go look at. Just in my mind, it has to be the last resort to do either an operation or IVF. So let me just fix you first, then let's see, let's see where you're at and then I promise I won't have you just keep doing this over and over, just for the sake of it. I'd want a baby in your hands as fast as I can. I mean, there's other things...

Dr Ron Ehrlich: *[00:38:40]* I remember we did a program on endometriosis a couple of years ago, and I was quite shocked to learn that the average period for diagnosis is 7 to 14 years.

Elizabeth Mucci: *[00:38:51]* Oh yeah, that wouldn't shock me.

Dr Ron Ehrlich: *[00:38:52]* That wouldn't shock me. But I had a patient recently who's 50, who got a diagnosis of endometriosis two or three years ago and is now in extreme pain. But when I hear you say they could be going on for a long time without any symptoms and then bingo, something flips over and it becomes symptomatic, is that will probably happen. She was probably had asymptomatic endometriosis for a long time and then stress, stress, stress, this or that and pushed her over the edge. Would that be a fair assessment of how that could have unfolded or could it really just developed as quickly as...

Elizabeth Mucci: *[00:39:31]* No, no, you're right, you're right. It would have been around and in fact, at 50, you're more likely to in one way have it shrink because a lot of people, their oestrogen levels are actually dropping. So it's more the fact that there are the other plays I think play is here. So as you approaching 50, what often happens is you're not ovulating at all, so your oestrogen evels skyrocket and so you become all oestrogenic and very little progesterone. And so in doing that you're now growing the endo even faster in your... In that state. So come around that 45, 46, 47, you are going to now make Endo grow even more. And so that's where all of a sudden it's

spreading and depending on where it's spreading you're going, sometimes Endo will attach the uterus to the stomach. Sometimes it's all around the bladder and the bowels and it's infiltrating.

Dr Ron Ehrlich: *[00:40:35]* Elizabeth, just remind us because we're talking as though we both know what endometriosis is, and we know we do. But just remind our listeners, just remind us, you know, what it is.

Elizabeth Mucci: *[00:40:46]* So the endometrial lining inside the uterus is a very particular lining and it thickens and it sheds according to hormones. What happens is that lining starts to be... There's different theories of how it happens. So there's the direction retrograde theory. So it comes, it breaks off and it goes through the fallopian tubes and start sticking on the outside. But they have found endometriosis in males, though, in around the heart and things like that. So where they have been treated with oestrogen because they may have prostate cancers and other issues, so they have found endometriosis in lungs and other areas. So it's more the fact that it's, it's those cells that are starting to float around the bloodstream or they are basically cells that produce aromatase in large levels and they're being encouraged. And so you may already have that predisposition because it's in the family. So if anyone in the families had endometriosis, that's a big clue to sort of investigate. So it can be also genetic. You know, there's there's a few different aspects to this. So the lining basically those same sort of cells are on the outside of the uterus. If they're around the ovaries, you now have a situation where you've got blood around the ovaries. Those eggs are oxidising. Oxidation then causes the deterioration of the egg quality. And so therefore you might be doing everything right, but your egg quality is really poor and you're not actually dealing with the problem. So that's what I tend to see is where there's when I'm getting somebody really fertile, I can see that maybe the quality is not there. So therefore let's go and look at having an operation, because what's the point of doing IVF? In my opinion, if the quality is not great? So wouldn't you do everything to improve the quality first? And that may mean have an operation and then you may have just fix the problem. So a lot of women go and have the operation thinking I'm doing this so that I can do IVF and also have a better result because I just want to do IVF once or twice max and get the best result I can. But then

what ends up happening is they get the operation and then they fall pregnant. Even on the withdrawal method, it was that simple. Even though they've done years of IVF. And then people will say endometriosis does nothing towards having a baby and the quality and things like that.

Dr Ron Ehrlich: *[00:43:26]* And when you say doing an operation in the laparoscopy, meaning that's kind of keyhole surgery isn't it, through the... Yeah. And are you curating out those cells, are you actually removing those endometriotic cells?

Elizabeth Mucci: *[00:43:38]* Yes, that's right. They excise. So what they're doing is like painstakingly cutting away all the endometrial. Yeah...

Dr Ron Ehrlich: *[00:43:47]* How do they diagnose that short of a biopsy? I mean, does it show up as an image on, you know, CAT...

Elizabeth Mucci: *[00:43:54]* They take photos. So sometimes what happens is they go in there, the specialists, a lot of them are amazing at this. So that's why I only use specific specialists as well because once it's gone, you want everything gone as much as possible. Because if you don't, then it's not spreading again. So you're there again. Within a few months, it's back. But basically, they look under a microscope and they can tell if it's endometriosis. But this often it tricks the doctors themselves, the surgeons. I think all that's endometriosis and it's not, it's actually there's a cousin to the endomet... Looks exactly same and I've seen it actually had the same impact. It's just that it looks a little bit different, it's a bit more watery and bubbly and a bit hairy like under the microscope, but it's referred to as its cousin. It's got a really long name, but basically, when that's been removed, the women often really disappointed because they're like, "Oh, it's not endo. I really thought it was now what? I'll go, "Just wait, you'll see." And again, within the first month, 4 to 6 months later, they falling pregnant really easily.

Dr Ron Ehrlich: *[00:45:02]* And how should or how can women who've received a diagnosis of endometriosis or have minimised the, you know, the effect of it or short of surgery? What can one do?

Elizabeth Mucci: *[00:45:17]* So I do have herbs that I use and they have

worked and but it takes longer. So when I'm normally dealing with someone, I'm dealing with pace. I'm the last person they're seeing I'm dealing with that, but... And they're trying to fall pregnant. I will deal with other patients, though. So one of my patients had stage four removed. I helped out two children and she was like, "Okay, I think my family's done now." Within... When the youngest was eight months, she said to me, "Look, I'm in excruciating pain. They've said the endometriosis is back. Like they said, I'm definitely stage four. They can feel it. And the only solution they have because I'm in so much pain and bleeding so heavily, is to basically remove my uterus." And I said, okay. She said, "I don't really want to." She was nearly 40 at the time. She I just don't want you... I wanted to see you first. I said, "Look, I'll use some herbs, I'll start you on some stuff. And obviously diet and all things. Let's make sure you're actually ovulating. Like there's a whole family of things I do around it." And then so I did that and then five months later, she accidentally fell pregnant because the endo started shrinking and she went on to have a beautiful little healthy boy at 40 years old. So that's where I knew the herbs were obviously making a difference. And because she wasn't like, "I need this now, like, I want, you know, I'm already 42. What do I do?" You know, there's there is that...

Dr Ron Ehrlich: *[00:46:48]* And this woman, this patient of mine who's 50, is that unusual for women as they get older for the endometriosis to get worse or to manifest?

Elizabeth Mucci: *[00:47:00]* So what happens as you're 50 is that your FSH will start rising and the FSH... Is likely...

Dr Ron Ehrlich: *[00:47:08]* Follicle-stimulating hormone. Yes.

Elizabeth Mucci: *[00:47:11]* So sorry. So the FSH starts to rise. And so what that's doing is it's like the last hurrah. What that's doing is going, let's go in and make a bunch of eggs and make you as fertile as we can because it's our last go at fertility. And so in doing that often you'll see the oestrogen could be rising. You're making two or three eggs at the right at the same time. That's why twins are very common in women who are in their mid-forties because of the FSH. So it's like they're doing an IVF process. And so what happens is if the woman is actually ovulating at that time, she's more

likely to have less symptoms if she's not ovulating what's happening is we are growing these eggs and oestrogen is rising and rising and rising and then you're having the lining thicken and thicken, thicken and it's getting worse and it's spreading and it's causing issues. So the main thing that you want to be doing if you're getting older is to make sure that you're living in a way that helps you ovulate. Because what happens with ovulation and I don't know if you're going to lead me down this way, but I think it's important is ovulation is... The ovaries are very sensitive to our surroundings and that's crucial. That's absolutely crucial for women to ovulate. So we have a system as we get older that's going to be more sensitive to our surroundings because we're older. So it's like, oh, this is even scarier. Don't go there. How am I as I'm getting more frail or more unhealthy, more inflamed as I'm getting older, in particular people, I mean, I'm 54 and I don't feel like I'm in that situation, but I know you can take care of yourself. You can be your best self, you can be in amazing shape. But it's just that a lot of people aren't. And so therefore, as you get older, you're going to start behaving in a way that will feed endo and it will feed problems in the fertility area. And that's why a lot of women have lots of hot flushes. They go into perimenopause in a really bad way, which is another area that I deal with. And there's a lot that you can do there, too. So it's like the endometriosis and the perimenopause scenario sort of go hand in hand because they're all about your fertility system is failing.

Elizabeth Mucci: *[00:49:50]* It's actually now starting to be extremely lazy, and that happens even from 35 onwards. So, you know, it's like the canary down the mine shaft. The body's going, I can't worry about this part of my life because I'm worried about stopping cancers. I'm worried about dealing with my cortisol levels rising because, you know, you're you're eating too much sugar or... You're not dealing with your lifestyle properly. We're living in a lifestyle that is very, very wrong, I want to say, but unusual for our systems to live in. So our ovaries are picking that up, so that ovaries are very sensitive to cortisol, sugars, alcohol, you know, our male health. So anywhere that you are not taking care of yourself, we have this system that is so delicate because like don't fall pregnant. Because if you fall pregnant now, you are going to kill me. So it actually just shuts the whole system down somehow. So it's not your ovaries because absolutely fine you could look... You can have follicles, but the linings now not working or your linings

fine and you look beautiful. You no fibroids, no nothing. But now you're not ovulating, so that one way or another, your body's going to sabotage fertility. And in doing so, endometriosis goes up.

Dr Ron Ehrlich: *[00:51:15]* Mm-hmm. Look, you know, the other thing that happens is postnatal depression, and one could say this is part of the fourth trimester, which for some people goes on for many years. How do we prepare? I mean, I guess we're coming back to lifestyle and all of that. But how do we prepare or how does a woman prepare to minimise the risk of post-natal depression?

Elizabeth Mucci: *[00:51:44]* Yeah. So what what tends to happen is a lot of women... The way we've been taught in our society is to... The main thing is, is this don't drink and don't smoke for fertility. And so as long as we're planning on falling pregnant, we just found out we're pregnant. So we're not going to drink now, we're going to give up drugs. We're going to do that. That's only so... Such a minor sort of area to deal with. What's happening is a lot of women are putting off having a baby. And so in putting off having a baby and I understand why. And life is very expensive or they might not have found their partner or they weren't ready, but they're putting off having a baby. In doing that, your chances of having more and more imbalanced hormones increases. And so normally one of the signs that you may be more susceptible to post-natal depression or post-natal anxiety is that you were imbalanced in the first place before you even fell pregnant. So you're going to see a lot of PMS. You're going to see that maybe you didn't... And that's just one aspect. So if you have PMS, you already know your hormones are imbalance. You should not be having PMS, you shouldn't be having... You should be getting your period and not even realise they were coming. When you're in that state, you're in good shape when you know, Oh, look, you know, I definitely get my period. It's roughly a month and I had no issues, no hunger, no headaches, no inflammation, you know, no pain, no spotting, no breast tenderness, no anger, all that sort of stuff. When that happens, you're in good shape.

Elizabeth Mucci: *[00:53:35]* If you are having PMS, that means your hormones are already imbalanced and then you can fall pregnant, which

then exacerbates that scenario. You might feel better in pregnancy because you're not having the highs and lows or the changes of the hormones. So they're more consistent. But the minute you go back to not having the pregnancy, they're your back. But now you've got lack of sleep. Now you've actually still the person that was really imbalanced. Now you still may have hereditary issues with that. So they might be... You might have been prone to anxiety or depression anyway, and you didn't deal with those things. So many aspects to this. So doing the homework, looking at what lifestyle changes you need to make, looking at what? Knowing yourself like if you know yourself 100%, then you need to be true to that and live by that instead of going, "Oh, I know that I really don't like to entertain constantly, but I do it anyway and I'm worn out and I'm not sleeping, I'm not taking care of myself or I know I'm overweight, but jeez, I hate going to the gym or exercising." So you're doing that. All of those things are going to amplify dramatically when you've got a child, because even the person that is in great shape and has everything, you know, family support and everything is still going to be woken up by a baby, is still going to have to deal with illness. Is still going to deal with the the hormones of breastfeeding and everything else that's going on. And maybe a child that is waking more than you expected, your expectations like everything starts to crumble if you don't have a great marriage if you don't have... All of it. So what you tend to see is that very quickly everything becomes very dark. Everything becomes really too hard. So if you really want to avoid that, you've got to do your homework beforehand. You've got to really work on your what's creating stress in my life. What can I... What can I do to really have an impact on the stress? Exercise is amazing for this stuff, you know? So what does a typical mother do when she has a baby? She forgets herself, and so she stops exercising. She stops eating well, she's she's struggling to have a shower, you know. And so that's where it just amplified.

Dr Ron Ehrlich: *[00:56:07]* I think one of the things that I learned in my life and my first daughter was born 37 years ago, and I've matured a lot in that 37 years, Elizabeth, because at the time I thought, oh, once we have this baby, you know, life will get back to normal. You know, we will we'll just get on with our life as it was. And that just 37 years later, still hasn't happened more or less, you know. So as a new parent, getting in tune with your baby's cycle and going to bed almost pretty close to when your baby goes to bed,

because then you'll be ready when you wake up, you know, Anyway, focusing on it. Listen, we've covered so much territory here today. I wondered if we might... And, you know, it's clear that you are dealing with people who have got fertility issues or that have had many goes at IVF and all of that. But we just leave our listener with, you know, if you with all of your experience, were advising a couple who were contemplating having children and didn't want to go through all of this, what would be two or three or four or few tips for them to ensure their most success?

Elizabeth Mucci: *[00:57:12]* I think if you're thinking about having a baby, I think it's not about the pregnancy you should focus on. You should focus on the health of the baby and you should focus on the health of the pregnancy and what does that even look like. So definitely you want to check yourselves for infection, so you lower the chances of miscarriage, that's one thing. But also the fact that you know, your nutrient levels, your diet, alcohol plays a large role in causing a lot of problems with inflammation in our body. So and sugars, so making sure that you really reduce your sugars in your diet, your having adequate nutrients, so really nutrient-dense foods. I would get rid of seeded oils. I would make sure that you're not having phthalates exposure. Be very careful with phthalates. They're everywhere because they ranged from from perfumes and plastics and all of that sort of stuff. So just clean up your environment. I normally say to my patients because they will ask me very similar questions. I would say to them, "If you were put in a jungle right now, what could you get your hands on? How would you sleep? How would you live? That's how we should be living. That's how we're built. So would you be able to access a refrigerator? Would you be able to actually access on tap, sugar whenever you want?" You wouldn't think about what types of sugar you would be able to access. Think about what you would grow. Everything would be fresh from garden to plate. That's what it would be. You'd be running after animals. You'd be fishing. You'd be working for your food. We don't do that. We're very, very... A very high caloric, you know, humanised, sort of, you know, first world country.

Elizabeth Mucci: *[00:59:09]* And so therefore, in that sort of all countries in those sorts of situations, you've got this... It's a very foreign thing to go. What do you mean? Work for my food like that. That's very difficult for people to understand because I just open a cupboard and what do

I feel like tonight? What they don't understand is your being... You're a slave to your body. You think you're controlling your body. You're actually not controlling it at all. What it's doing is it's actually controlling you by going, You just fed me a whole bunch of sugar. So now I'm built in a way our ancestors and us a built in a way that when we eat sugar, it spikes insulin. Insulin is going to tell us to eat more because in a time of jungles or famines, we need to eat as much as we can in that moment in time. But we don't need that now. And so we're still under a system that's telling us to eat and it's triggering our brain because it helped us survive, but it's actually causing a lot of problems. Now, infertility is one of the biggest. So if we can actually get our sugar levels down, really think twice before you drink alcohol. Sure, occasional alcohol's not a problem, but it's more the fact that it will be not... It won't be a problem if you're not so inclined if you're already sick, alcohol is just going to make you way worse very quickly. You know, it is just that whole sense of we'll give you a week and your system and then you go, Now I'm about to lift a really heavy load and I've got to walk around nine months with this on my shoulders. Are you ready for that load or did you prepare yourself? Did you get really fit? Did you get healthy? Are you ready for it? And a lot of people aren't. And then they're wondering why they miscarried and they wondering why this was happening. But they were really sick to start with. And the body's like, I can't cope. This is now sucking the life out of me. I better drop that load.

Dr Ron Ehrlich: *[01:01:03]* Hmm. Elizabeth, this is what I love about this discussion about fertility. It is such a reflection of our health in general and so many lessons to be learnt from it. Lizzie, thank you so much for joining us today and sharing your knowledge and wisdom with us.

Elizabeth Mucci: *[01:01:19]* My pleasure always, Ron with you. You're wonderful. Thank you.

Dr Ron Ehrlich: *[01:01:23]* Thanks.

Dr Ron Ehrlich: *[01:01:24]* It is interesting, again, as I said in the introduction, there are familiar factors, irrespective of what condition and this. And today we've been talking about infertility, endometriosis, hormonal imbalances, etc... But there are common themes about stressors and pillars of health

and focusing on those things that are important. And again, you know, we're reminded of how they manifest themselves. And so commonly now rather disturbingly statistically, frequently in that global community and interestingly, too, that this spike protein that was the result of the gene therapy that was rolled out, I hesitate to use the word vaccination because in... As I was in all of our lives, I always believed and I've had all my vaccinations, I've had polio, cholera, hepatitis B, whooping cough, the list goes on. And the reason I had those was so that I wouldn't get the things I was being vaccinated for. And we know now that the so-called vaccines don't prevent you from getting it and they don't prevent you from transmitting it, but they do embed a spike protein throughout your body and that is part of a phase four clinical trial that the world has been asked to participate in. And in Elizabeth's observations of miscarriages. Well, there have been issues that have emerged from that. And there are many other issues which sadly, the public health authorities and the media are really not dealing with. And you will note that isn't part of our title on our podcast. Because whenever a title of a podcast is put onto YouTube, it is taken down still to this very day. So I think it's great to connect with Elizabeth. It's great to hear that the success rate that is possible. Shocking to hear of the stories of individuals which have gone through 20 or 30 IVF programs. You know, this reminds me of a report that was put out by the Grattan Institute recently which says... Which asks the rhetorical question, what is preventing chronic disease prevention? What is preventing us from focusing on well-being, health, well-being? And the paradox is that the healthcare industry, which is closely aligned with the food and pharmaceutical industry, which literally are worth trillions of dollars, I mean, the pharmaceutical industry alone is worth US $1.5 trillion and expected to grow to 1.7 trillion in the next year or two. The paradox is that good health may make sense, but in those industries doesn't make dollars.

Now, it's interesting that our focus has now switched to workplace well-being because I truly believe the workplace is where there is not a conflict of interest, but a confluence of interest. That means not only is there a great return on investment financially, but morally, emotionally, mentally, physically. It's a win, win, win all around to focus on workplace well-being and get a return on investment. I think the healthcare industry has done a great job in keeping people alive and

managing. Chronic disease ticks both those boxes. But in terms of delivering health and well-being and preventing the epidemic of preventable chronic diseases, and by that I would include heart disease, cancer, the... Of almost 100 autoimmune conditions diabetes, obesity, anxiety, depression the list goes on and on and on. It is an industry, our health has become a commodity. It is a problem and that's what this podcast is all about, shedding some light on that, giving you tools, literally putting health and wellness in the palm of your hand. Because with knowledge comes power and that power to take control of your own health. Thank God we have a health care system to grab us when we fall and to be there during crisis. I'm eternally grateful for that. Please don't get me wrong, but taking control of your own health is the best investment you'll make. I hope this does find you well. Until next time. Oh, we will of course have links to Elizabeth's website, and it is a great resource which I can tell you firsthand. My family has enjoyed and I have five great, five wonderful grandchildren to thank as being part of that process. I hope this finds you well. Until next time. This is Dr Ron Ehrlich. Be well.

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