



**Transcript: #498 How Detox Enhances Egg Quality and PCOS Fertility with Dr. Angela Potter**

**Dr. Wendy Myers:**

Hello, everyone. I'm Dr. Wendy Myers. Thanks so much for tuning in to the Myers Detox Podcast. Today we have Dr. Angela Potter on the show, and she's going to be talking about how to improve your egg quality, especially if you have PCOS or polycystic ovarian syndrome. We'll talk about some specific things that you can do as well as why so many people today are having issues with fertility. One in six couples are having issues with fertility around the world. So it has nothing to do with your race, your age, or anything of that nature. This is happening around the world. I personally think it's due to toxins, all of the estrogenic chemicals in our environment, so many things working against testosterone, so many issues with sperm quality, the number of sperm and sperm quality that we're seeing in men as well, and we'll touch base on that.

But we'll talk about all the different underlying issues with egg quality and what you can do to improve your egg quality. Talk about some antioxidants that you can take and detoxification that you need to do. The timeline of when you should be doing a detox, when you're thinking about conceiving. We'll also go into why you really want to be working on your nutrition and taking lots of antioxidants, and detoxing well before you think about getting pregnant because you can have voracious food cravings if you're nutrient deficient, especially when you're pregnant. That will really facilitate you gaining a lot of weight during pregnancy, which I think is why women gain weight during pregnancy is just because of these severe nutrient deficiencies. That the body will rob you of everything, all the minerals in your teeth, your bones, your hair, and just other parts of your body, and just give it all to the baby.

A lot of women find themselves starving to death and also very depleted following the pregnancy. So to avoid that fiasco, you want to be feeding your body a lot of nutrients, but more on the podcast. But I know you guys listening to the show, you're concerned about detoxification, you're concerned about your body's burden of toxins, especially if you're thinking about conceiving. So I

want you to go take my quiz at [heavymetalsdetox.com](http://heavymetalsdetox.com). It only takes a couple of minutes, and then after that, you'll get a free video series talking all about detoxification, where to begin, what kind of testing you may want to do, what kind of supplements are right to start a detox on your own, how to work with a practitioner, and things like that. If you want to do your own detox with a practitioner, with lots of your questions answered, you go take the quiz at [heavymetalsquiz.com](http://heavymetalsquiz.com).

Our guest today, Dr. Angela Potter, is a functional medicine naturopathic doctor and leading expert in PCOS fertility. She's the creator of the PCOS fertility protocol, which helps women with an individualized approach to having the best chance of becoming pregnant if they have a PCOS diagnosis. Dr. Potter is also a speaker and has shared the stage with various CEOs and global thought leaders from corporations like Google, Microsoft, and Headspace. She's also been interviewed for articles on [healthline.com](http://healthline.com). Dr. Potter is a nutritionist as well as a doctor, and she lives in Portland, Oregon, with her husband and two kids. You can learn more about Dr. Potter and her work at [drangelapotter.com](http://drangelapotter.com). Dr. Potter, welcome to the show.

**Dr. Angela Potter:** Thank you so much, Wendy. It's such a pleasure to be here.

**Dr. Wendy Myers:** Yeah. So why don't you tell me a little bit about yourself and why you're so passionate about helping women with their fertility?

**Dr. Angela Potter:** Yeah. So I've been in practice for almost 10 years now, and I was doing a lot of just general women's health and doing some postpartum care, and then I had more and more women coming into my practice who have PCOS and were telling me things like, "I was seeing another doctor and they just told me the only thing I could do is lose 150 pounds." Or, "They only gave me two medications and told me that was the only thing I could do. I feel like there's something more. Is there?" And my answer is always "Yes, there's a huge amount that you could be doing." And so I just noticed this big hole for women who are trying to get pregnant specifically with PCOS. So that's what I really just changed my practice to be, supporting these women and opening up my doors to show them all of the things that they can be, how they can be supporting their health to bring on optimal fertility without conventional treatments.

**Dr. Wendy Myers:** Okay, fantastic. There are so many people struggling with fertility, including women with PCOS. So why is that? What are your thoughts? Isn't it that one in six couples is struggling with conception?

**Dr. Angela Potter:** Yes, about one in six worldwide, honestly, and so researchers are finding that it's not specific to a location, ethnicity, or anything. We're seeing this worldwide, but from my perspective and based on the patients that I'm seeing in my clinic, a lot of it is this change in our environments with exposure to toxins, with lowering nutrients in our food supply because of soils not being as nutrient-dense, and our bodies just being in this constant place of depletion,

which, of course, then is going to show up as fertility issues because our reproductive organs and hormones just need a lot of antioxidants and really good nutrients to be functioning as they need to.

**Dr. Wendy Myers:** Yes. Nutrient issues or nutrient deficiencies are such a big problem because I think we have so much stress also that we lose all of our minerals due to stress. We have nutritional stress and just so much working against us, so much stress in our bodies. Then how are toxins contributing to the infertility that people are experiencing today?

**Dr. Angela Potter:** Really in two ways. One, a lot of the toxins we're exposed to are endocrine disruptors. They're causing too much estrogen to be in the body, which lowers our own progesterone. So messing with the hormonal piece. The other way is lowering our mitochondrial function. A lot of what we're going to be talking about today is egg quality, and our eggs actually hold the highest density of mitochondria in the entire body, which is amazing.

**Dr. Wendy Myers:** Interesting.

**Dr. Angela Potter:** That shows how much our bodies are really focused on reproducing. That's like a survival mechanism. So if our mitochondria aren't functioning as they need to be, if they're exposed to a lot of oxidative stress from all the things we were just talking about, they're not working as they need to be, which they're not producing the energy that the eggs need to then divide their chromosomes to become nice mature eggs.

**Dr. Wendy Myers:** So let's talk about egg quality. So what are some of the things that women can do to improve their egg quality and improve their chances of conception?

**Dr. Angela Potter:** So first, let's get clear on what egg quality is. So when we're talking about egg quality, that's the ability of the egg to divide its chromosomes, and it's trying to get 23 chromosomes. That's a mature egg that can then get ovulated and go make a baby. If it doesn't have that 23 chromosomes, you can get pregnant. Trisomy 21 is one of the more common genetic abnormalities that we see because it has 21 chromosomes, but you can get pregnant with that. But in most cases, that egg, if it doesn't have that 23 chromosomes, it is not able to connect with the sperm or implant. So that's what we're talking about when it comes to egg quality and what kind of egg physiology is that about a year before you ovulate that egg, that's when the egg is starting to activate. Because we're born with all the eggs that we'll ever have, and they're sitting in this dormant state, and the ovaries just hanging out. About a year before they're going to ovulate, they start activating and dividing those chromosomes.

About three months leading up to ovulation, they act very, very active. So in that, as they're dividing those chromosomes and doing all that activity, that's when they need tons of antioxidants and they need that mitochondrial support. That's when those mitochondria providing that energy are so vital for the

fertility process. So those eggs are sitting in this follicular fluid, which they rely on all of these antioxidants. Because those eggs are really susceptible to all of that oxidative stress from the toxins that we're exposed to, reducing exposure to toxins, of course, is one important step, but then also creating an army of antioxidants on board for your body to fight against that oxidative stress. So those eggs are just really nice and healthy when they're ready to be populated.

**Dr. Wendy Myers:** I totally agree, because we have so many toxins we're dealing with, and the antioxidants help in part to combat that free radical damage, DNA damage, and things that these toxins can cause. So what are some of the top antioxidants that you recommend that women supplement with when they're trying to conceive?

**Dr. Angela Potter:** Yeah. So the top ones that I use are COQ10, N-Acetylcysteine, NAC, and melatonin. So those have some really good research behind them with melatonin. That's always a conversation that I have with patients about what their sleep looks like as well and if they're ready to go on melatonin because it does help people sleep more. So hormones, we've got to talk about the bigger picture of that, but it does have really good research to support egg quality.

**Dr. Wendy Myers:** I think people don't really think of melatonin. They don't really think of that in the antioxidant category, but it's a very potent brain detoxer. I think there's a problem with melatonin deficiency because of EMF, or exposure to electromagnetic fields, irritating the pineal gland and reducing melatonin production because it perceives the EMF's light, almost. Any kind of light or frequency stimulation from the EMF is drastically reducing people's melatonin, their sleep, and their ability to detox.

**Dr. Angela Potter:** Melatonin has an inverse relationship with cortisol. So for those of us who are stressed out all day long and living this high-paced lifestyle that is very common, then you've just got all this cortisol pumping through you, then your melatonin can't rise when it needs to be. So you've got to even take a step back and say, "Okay, is the melatonin low?" But also what's going on with your cortisol levels throughout the day.

**Dr. Wendy Myers:** Yes, and there are so many stressors today that people are dealing with. So what about melatonin supplementation? Because I think a lot of people get that wrong when they're taking an oral supplement and they're like, "Oh, the melatonin, that doesn't really work for me." What is the issue there? How are you supposed to properly take melatonin?

**Dr. Angela Potter:** When we're talking about egg quality, I'm starting at a pretty low dose. So just 3 milligrams is really what's been researched to support that egg quality, and taking it in the evening before bed. A lot of times when I see issues with melatonin, it's for somebody who has really high cortisol, and then they're just taking the melatonin and they're not looking at that cortisol picture. That's when the issues with melatonin come up. So another reason why it's so important to regulate cortisol levels and then also bring on melatonin if it's needed.

**Dr. Wendy Myers:** Okay, great. I was talking about liquid melatonin. I think people need to take liquid sublingual melatonin.

**Dr. Angela Potter:** Oh, I see.

**Dr. Wendy Myers:** Yeah. That's really what, ideally, works really well. I really like the liposomal melatonin. That's really nice as well. It really helps to absorb it a lot better and work a lot better. So you actually need less of it because it's actually penetrating and absorbing.

**Dr. Angela Potter:** Yes, absolutely. Which is so important when you're taking supplements. You don't want to just go out to the grocery store and pick up whatever's on the shelf because it's a waste of money if you're not absorbing it or it's the wrong amount or type. So really important.

**Dr. Wendy Myers:** So some other antioxidants, I think, are really important are vitamin E, and natural vitamin E, not the synthetic vitamin E you're going to find at most grocery stores, and that helps recycle glutathione. Then food-based vitamin C and/or liposomal vitamin C is amazing as well. Super important.

**Dr. Angela Potter:** Yes, absolutely. Selenium is also really good. A lot of people are going to be getting that in their prenatal. I say that a lot of people, maybe a lot of my patients, but for many women, they're not taking a prenatal until they're actually pregnant. But it is really important to be on a prenatal prior while you're trying to conceive because particularly, with folate, you need that in the first four weeks of development. So taking a prenatal beforehand, and then usually prenatal have selenium in them, so that's a good first line to be supporting your antioxidants for egg quality.

**Dr. Wendy Myers:** Yeah. I think it's important too because, prenatally, or if you're just of childbearing age or if you just want to be healthy, because it can take a long time to replete these nutrients and replete minerals like selenium, it's not just like, "Oh, boom. Oh, great, I'm taking my supplements now. I'm ready to get pregnant." It can take years or maybe a year to replete minerals because we are so behind the eight-ball with that. Our diets are so deficient in minerals.

**Dr. Angela Potter:** When we're talking about egg quality and you're trying for natural fertility, then really focus on at least that three-month mark. So say you're like, "Okay, I want to go start some COQ10, get some other antioxidants on board." And it's not like you're going to get pregnant based on doing that cycle. What we see is that really you're focusing on the eggs that you're going to be ovulating three months from now and even further forward from that. So it's important to, even if you're not struggling with infertility, if you're like, "Oh, I think I want to get pregnant at some point." You want to be focusing on this preconception care for your body because you are supporting your eggs that will come down the line in a few months.

**Dr. Wendy Myers:** I think also if you are pregnant and you have these voracious cravings and you're just eating, eating, and some of those women that are gaining 50, 60, 70, 80 pounds like I did when I was pregnant, it's just because you're mineral and nutrient deficient, and your body's going to make you eat until you get the minerals that you need. So that can also be a strategy to deplete minerals and nutrients so that you don't gain a ton of weight while you're pregnant. Because I think that's really the biggest underlying root cause. When I would get hungry, I would eat a meal and then two hours later be hungry. It wasn't a blood sugar issue. It was just that I felt guilty if I didn't eat because I felt like my body was wanting me to eat for a reason, and I gained 80 pounds during my pregnancy. It sucked.

**Dr. Angela Potter:** Yeah. Our bodies are amazing. I gained a ton of weight too, so I feel you.

**Dr. Wendy Myers:** Yeah. So let's talk about the role detox plays in enhancing egg quality as well.

**Dr. Angela Potter:** Yeah, so our bodies, again, we're just exposed on a daily basis, really, at this point, to so many toxins. The research out there is finding a very strong connection between BPA levels and lowered fertility and phthalate levels and lowered fertility. Of course, BPA is mainly found in plastics. That's where you're going to have the highest exposure. Phthalates are in things like receipts, air fresheners, perfume, anything that has a fragrance in it, really, and a huge variety of other places. So it's vital, one, to reduce your exposure to these things. And the research is finding that "Okay, if as long as you lower your exposure, that does flush some of those toxins out of the body, and that helps to improve fertility." But they're finding that the exposure to BPA and phthalates directly affects the chromosomes in the eggs, that higher exposure to these chemicals then creates eggs that are not able to make a baby because they are just affecting the chromosomes and affecting the antioxidant systems.

They actually make your eggs less likely to use their own antioxidants to protect themselves. It's really crazy. So that's why you're getting a detox on board when thinking about getting pregnant. Now it's a little tricky. I always have to talk with patients about their own timelines because when you're detoxing, and again, detox, you can do a variety of levels of detoxing. One could be just reducing exposure and getting some extra leafy greens on board, or whatever. Or you could be doing a medical-grade detox, having specific phase one, phase two nutrients, and doing that. Doing that kind of level of detox can be incredibly beneficial. But when you are shedding that level of toxins, you want to wait at least six months before trying to get pregnant. Six months to a year is really the recommended time to wait. So this is great for you if you're a little bit younger and you're not concerned about your timeline.

So you want to be doing it that way. For people who are a little bit older, it's a harder decision for them. Also, talking about that, I just want to touch on age and egg quality because, of course, in our medical system, there is this idea that

at age 35, you are a geriatric lady, you are getting pregnant, and that's the term that's used. That's not the case, it's like all of a sudden you're 35 or 39, and you can't have a baby. Because what's happening is that, sure, you have more years behind you where you're struggling with nutrient deficiencies, mineral deficiencies, and hormone imbalances that are making it harder to get pregnant. But the more that you focus on your egg quality and, of course, anything else that's going on, like hormone imbalances, you can be improving your egg quality, so then you can have a baby.

Because if, say, you're 39 trying to get pregnant, yes, you have fewer eggs than a 31-year-old, but if you are hyper-focused on doing a detox, getting antioxidants on board for your egg quality, then think about your chance there versus somebody who's 31 who has more eggs but is working in a chemical plant or on a farm being exposed to lots of pesticides and eating a super standard American diet. Their egg quality is probably more poor. Think about your chances with that. So it's not just about your age and number of eggs. It really has to do with what you're doing to support your health and that egg quality.

**Dr. Wendy Myers:** Okay, fantastic. That's really, really so many different things to be thinking about. So what are some of the biggest mistakes that women make when they're thinking about improving their egg quality or their chances of conception?

**Dr. Angela Potter:** Yeah. So one thing is not focusing on it at all, and it's really surprising. Many fertility clinics even are not approaching this subject of egg quality. They're not talking about a protocol for egg quality at all. So then that leaves those women, those families that are going into those clinics thinking, "I don't have to do anything at all." And it's like, "No, there are, as we've talked about, some very foundational things that you can be doing to support this egg quality."

**Dr. Wendy Myers:** Yes. A lot of these things that you're suggesting are things that people need to do in general for their health when it comes to detoxification, taking nutrients, reducing stress, and also, I think, reducing EMF exposure and paying attention to that as important as well. It's a huge stressor for sleep and for the body, people don't take it into account. But also there's something to be said about male sperm quality as well. Guys have to do the same stuff. It's not just the woman and her egg quality. The men had to do all these same things to improve their sperm as well. Because there can be a lot of problems there as well. Can you talk about the male sperm counts now and how low they are compared to just 50 years ago? It's just insane.

**Dr. Angela Potter:** Right. We're seeing a lot of lowered sperm counts right now, lowered motility, and an increase in changes in the sperm rate morphology, and it's been a huge issue. Yet, there's still this idea, this societal norm that we feel as women when there's a fertility issue, "Oh, it's my body, my hormones." Or, "I need to be doing something about this." And it's typically, from what I've seen, it's always a woman who's first to go in and be like, "What can I be doing? What's wrong? How can we fix this?" But looking at sperm counts, it's the guys that need to be

going in, and sperm has a faster turnaround. Eggs, you're thinking about at least three months. Sperm can be faster than that, like a month, a month and a half. Sperm can be turning over in a positive direction.

So that's why I'm always talking with patients about, "Okay, has the guy got into sperm analysis?" And even if the sperm analysis is fine, most sperm analysis tests are not looking at DNA changes in the sperm. So that's really important because when we're talking about chromosomes, that's what we're talking about with egg quality, that sperm is providing chromosomes for this new baby. So if the guy's DNA is not doing what it needs to be doing, then they need to be taking similar nutrients, doing some detox, and getting their health on board because they're half of the picture.

**Dr. Wendy Myers:** Yeah, I heard something crazy, even 50 or 100 years ago, there were 120 million sperm. I forget the exact amount, but now it's 20 million on average. A dramatic reduction in the amount of sperm, not even counting the quality. I'm sure there's a much, much lower quality of sperm as well.

**Dr. Angela Potter:** It's similar to women, the amount of extra toxins in our world, stress, and all of that. But then there's this added part for sperm. They're pretty sensitive to heat, so laptops on the lap, cell phones in the pockets, and EMFs as well. So there's that whole picture that is not talked about a lot and yet has been researched to have found that that lowers sperm levels. That's something also pretty basic that guys can be thinking about to improve their sperm count.

**Dr. Wendy Myers:** Yeah, we've got to think about not eating that fast food, drinking beer, and some of the things, just improving one's lifestyle. They can do it for a fairly short period of time, but they've got to join in this too to help with improved fertility.

**Dr. Angela Potter:** Yeah.

**Dr. Wendy Myers:** So what else can be done to figure out the best step for optimizing fertility and quality? Anything else?

**Dr. Angela Potter:** Yeah. Again, because I'm working with PCOS, I'm really taking a look at what your PCOS type is, and this can be helpful if you don't have PCOS as well. What it is is figuring out the root cause of your fertility, but I'll speak to PCOS mainly. There are four different types of PCOS. Insulin resistant, adrenal, post-pill, and inflammatory. You've got to figure out what type of PCOS you have, and you might be a mix of a few types or all of them because then that lays that foundation for figuring out the fertility plan that's going to open up the most results for you.

**Dr. Wendy Myers:** Yeah. Let's talk about those different types of PCOS.

**Dr. Angela Potter:** Yeah, great. Insulin resistance is one type that surprises a lot of people because there's this idea that PCOS means insulin resistance. It's not a part of the



diagnosis at all. There are plenty of women out there with PCOS who don't have insulin resistance. It's really called, I don't really like the term, but it's a skinny type PCOS. Of course, people who are skinny can have blood sugar issues, but I'm not going to go down that route. But insulin resistance is just one type. So you've got to know, is insulin an issue for you? Typically, what we see is an autoimmune condition associated with this PCOS diagnosis. Hashimoto's thyroiditis is number one, the top autoimmune disease that I see along with PCOS, and that's why it's really important to get a comprehensive thyroid analysis run, because most doctors are just running TSH, and you can have an absolutely perfect, beautiful TSH and still have the antibodies and have Hashimoto's, but that inflammatory picture, that's important. If you've got inflammatory PCOS, detox is going to be pretty important for you.

Adrenal PCOS is going to be that cortisol levels are imbalanced throughout the day. For that, getting a salivary cortisol test to understand what your picture looks like, that's going to be really important. Then the fourth is the post-pill PCOS. The typical picture for that is somebody who had pretty great regular periods and then got on hormonal birth control. It doesn't have to be the pill. It could be like the Mirena IUD, and then gets off of that hormonal birth control, all of a sudden, weight gain, acne, irregular periods, and can't get pregnant. So indeed, that type of PCOS detox is going to be the most important because we're finding that the pill stagnates the liver and creates this hormonal imbalance that, honestly, can be reversed if you see that from the pill. But detox is going to be really important in that type.

**Dr. Wendy Myers:** Okay, great. So any recommendations you have for women with PCOS and planning their pregnancy, and anything beyond what we talked about on the show today?

**Dr. Angela Potter:** Yeah, so let's see. With PCOS, the steps you want to take are first to figure out your PCOS type, get a comprehensive hormone evaluation done, and then get an individualized plan that evaluates what your toxic load looks like. Is detox a really important part of your fertility because you want to do that early on, as we've talked about how you need to wait to get pregnant if you're doing a high-level detox? Doing that, getting a fertility food plan in place is really important because I was a nutritionist before becoming a doctor, so food is always a baseline for me and how I'm working with patients, and just getting that plan on board that helps to balance the hormones that are out of whack for you and helping your ovaries to be as healthy as they can be to get rid of extra cysts, if that's your picture, getting testosterone lowered. So having that individualized plan is really important.

**Dr. Wendy Myers:** I think there's an issue also with women going to their conventional medical doctor and really not getting any information about the underlying root causes of PCOS or their difficulty in conceiving, and they're just generally told, "Oh, it's really hard for you to conceive." And I think women will give up hope when there's so much that they can do that they're just not aware of. They're not

given options, functional lab tests, looking at detoxification, or any of these things that can go a long way to improving their chances of fertility.

**Dr. Angela Potter:** Yes, absolutely. I like to talk to women about the fact that conventional fertility care is really like an assembly line. You go in, talk to your doctor. For PCOS, usually metformin is recommended and then moves forward. You try Letrozole or an IUI, and that doesn't work. Then you move forward for IVF, and it's just this assembly line that's not taking into consideration your unique needs. That leaves women feeling like their bodies are broken and they can't become a mother. Yet, it's just because they aren't given the tools and no one's taking the time to understand, "Okay, what are all these different aspects of your body that are inhibiting fertility, and how can we fix these?"

**Dr. Wendy Myers:** Yeah, fantastic. So why don't you tell the listeners where they can learn more about your work and how they can work with you as well to improve their chances of conception?

**Dr. Angela Potter:** Absolutely. So you can find me on my website, [drangelapotter.com](http://drangelapotter.com), and I do offer free PCOS fertility breakthrough sessions. So if you're in that place where you feel lost and broken, that's going to be perfect for you because we talk about why what you've been doing so far hasn't been working. Then I also get you action steps in order to move forward with your fertility. I'm also over on [YouTube](#) and [Facebook](#), and I've got a pretty active blog as well with fertility and PCOS articles.

**Dr. Wendy Myers:** Yeah, fantastic. Dr. Potter, thank you so much for joining us on the Myers Detox Podcast. Everyone, thanks so much for tuning in. I'm Dr. Wendy Myers, and it's such a joy every week to bring you experts from around the world to help you give you those missing pieces of the puzzle that you're looking for to improve your health. I love what I do. I feel so fortunate to be in this position to help you guys. You deserve to feel good, and I want to help you get there.

**Dr. Angela Potter:** Amazing. Thank you so much for having me here.

**Dr. Wendy Myers:** Yes. Thank you so much, Dr. Potter.