



#664 Infertility Root Causes: Toxins, Sperm Damage, & What to Do Before IVF With Gabriela Rosa

Dr. Wendy Myers

Welcome to the Myers Detox Podcast. I'm Dr. Wendy Myers, and on this show, we talk about everything related to heavy metal and chemical toxicity, the health issues caused by toxins, and more advanced topics than you'll hear on other shows. We talk about bioenergetics and emotional trauma, and today we're going to be talking about infertility. Specifically, we're going to address the hidden underlying root causes of infertility and how to do a pre-pregnancy planning detox. We will also talk a lot about the things you need to be doing even before you do IVF. A lot of couples try IVF one, two, and three times, and it can fail. It only really has a 20% success rate per IVF treatment.

So we'll be talking about what you can do before you do IVF and the importance of stress reduction, stopping smoking and drinking, even up to 12 months before conception, and that includes men and women. We're going to talk about why and how a lot of negative health practices and poor lifestyle choices cause DNA fragmentation, which causes the pregnancy to fail and prevent pregnancy. So we'll be addressing different things.

Dr. Gabriela Rosa is a Harvard PhD candidate. She has an MPH in Clinical Effectiveness from Harvard. She is also an ND and a Harvard-awarded scholar as well, a fertility specialist, and founder of the Rosa Institute. You can learn more about

her work at fertilitybreakthrough.com. Dr. Rosa, thank you so much for coming on the show.

Dr. Gabriela Rosa

Thank you for having me. It's wonderful to be here.

Dr. Wendy Myers

Why don't you tell us a little bit about yourself and your work?

Dr. Gabriela Rosa

I help couples overcome infertility, recurrent miscarriage, and failed treatments. I've been doing this work now for 25 years. I started to see patients' babies graduate from university, and then that's when it hit me: "Okay, it's been a while. It's been a minute." But what's been wonderful, actually, is that the work that we get to do is typically on the other side of people going through lots of different challenges. So typically I treat difficult, complex cases. On average, people who come to me have been trying for at least four years.

It's not the kind of run-of-the-mill situation where people try, and then five minutes later they're like, "Well, I can't get pregnant," or even 12 months later. But I think that the biggest thing that I'm really aiming for is helping people access the knowledge, the understanding, and the support they need before they reach a situation where they're being told, "You need to hurry up. You need to do IVF immediately, or you need this"

I think that there's a lot to be said for the fact that as a society, lots of things have changed. We're certainly having children later in life, and with that comes some biological challenges. So it's about looking at being aware of those things, what we can do, and the levers we can pull to optimize chances of taking home healthy babies.

Dr. Wendy Myers

So, what are some of the lesser-known causes or underlying root causes of infertility?

Dr. Gabriela Rosa

That's such a great question because it would be nice if we could just say, "Oh, here, there's the list of five things". That's not really the case. When it comes to fertility, there are multifactorial issues that will play a role in whether a couple is able to conceive together. This is the interesting thing. I was reading a paper today. There was an experiment that was done with donor eggs, and it was basically the same donor, different sperm.

What was essentially the conclusion of the study was that when we have DNA fragmentation being elevated (so the damage within the DNA of the sperm) is a prevalent issue in a situation where a couple can't conceive, with the same eggs of a younger woman, you had differential embryonic development. This means that you still had poor embryo development even when the egg quality was fantastic, yet the sperm DNA fragmentation was poor. So I think that if we were to kind of filter it all down to one thing that I could say is a very important piece that most people miss, is that fertility is a team sport. I think this is the biggest takeaway.

If people listen to nothing else in this entire episode, understand (especially when couples are having difficulty conceiving, since this is one of the biggest things that people usually will miss) that when things are straightforward, in the general population on average 6.3% of people will conceive within two years. Those are the statistics. But when things aren't straightforward, we're really talking about 4% of the population that is having major difficulty. So the way in which the healthcare system is structured is to cater for people who are having difficulty conceiving in the same way that they would cater for the general population that doesn't have difficulty conceiving.

The conversation that we hear in society is as follows: "Oh, you don't need to make any of these changes because my friend, my mom, my uncle, my whatever, dog, bird, all conceived without trying. Drunk on a one-night stand and everything was fine." Clearly, there is a subset of the population for whom that is true. But the reality of somebody who has not been in that bucket of experiences is that they have to do so much more and so much differently than everybody else.

I think that one of the biggest lessons or takeaways when we're talking about these lesser-known things is not so much that we don't know that they are going to be a problem. It's that we hope that we are not in the subset of the population for whom

drinking, smoking, eating junk food, not paying attention to our exercise routine, to our sleep, to all the things that make our bodies healthy, is actually going to be okay. We want to excuse the fact that we have to do more work and really be focused, deliberate, and conscious about our actions when it hasn't been easy and straightforward. So it's almost like we want to disregard what we know to be true about how the body works and how it operates because it's easier.

Dr. Wendy Myers

So you're saying that men also have to do some pre-pregnancy planning as well, cleaning up their act and facilitating healthier sperm.

Dr. Gabriela Rosa

You know, it's really funny. I laugh because I'm just being taken back to my Instagram feed. I do a lot of patient education on Instagram, and whenever I talk about men and men's drinking and the outcomes that we see, it leads to an increase in negative outcomes. We're talking about congenital heart disease. We're talking about the fact that we have longer time to pregnancy, that there are other issues that are increased, and increased risks associated with men drinking prior to conception attempts. Oh, the litany of comments that I get. Like, "Oh, but this is not true."

The other day was actually quite funny. I had a post that I did on THC and the research and the evidence around that, and this one woman goes, "This is absolutely untrue. My husband has smoked for 20 years every single day, and we have five children." And I'm like, "Okay, where do we begin the education around this issue?" This is what I think people need to understand, and men in particular need to understand, is that not only is fertility a team sport, but the key aspect here is that once we disregard things that are going to make the body healthier, if you do get pregnant, that doesn't mean that it's not going to happen.

We've all seen people who have never smoked a day in their life and died of lung cancer, and we've also seen people who have been chain smokers and didn't have lung cancer at all. They may have developed cardiovascular disease instead. And so what we need to understand is that each person has a set of predispositions that are genetically driven, but our environment is going to also dictate what gets expressed by our genes and what doesn't.

So this is the reason that you have this differential kind of same exposure, different outcome. It's because some people are going to be in a situation where they are more predisposed towards cardiovascular disease, and other people towards Alzheimer's, and other people towards diabetes, etc. You can have the same exposure for a man, and it might affect their mental health or it might affect their sperm. You're not going to know where you fall in terms of risk until you are actually faced with whatever outcome you have. For example, in the case of alcohol, it is linked to various negative outcomes when it comes to general health, not just fertility.

Now, just because somebody may be an alcoholic and still be able to affect the pregnancy doesn't mean anything in terms of whether alcohol is a good or bad exposure for fertility. Because for the majority of men, it's going to have a negative effect on sperm. It's going to have a negative effect on the Sertoli cells that are going to be important for the making of sperm.

So really what we need to figure out here isn't so much about, "should I be doing or not doing something, or should my partner be doing or not doing something?" The question should be different here. It should be, "do I have the outcome that I want? That is, am I holding my healthy baby?" Because when couples are trying to conceive, it's not so much about whether they're going to be able to go through an IVF cycle and end up with eggs and with an embryo. It's much more about, are they going to go through what it is that they're doing and end up with a baby at the end of it.

Nobody wants to go through treatment for the sake of going through treatment. We want to go through whatever it is that we're going through to end up with a baby. And if we have things that we can actually change that are going to make a difference and improve our chances, then understanding what they are and making those adjustments is going to be important for the ultimate outcome that you're wanting to create.

Dr. Wendy Myers

You mentioned that DNA fragmentation was the issue with male sperm in particular. So what are some things that cause that DNA fragmentation?

Dr. Gabriela Rosa

Anything from obesity, smoking, drinking to eating junk food. Ultimately, anything that will affect health in a negative way, or affect a cell in a negative way, is going to increase inflammation in the system. Anything that increases inflammation in the system. Subclinical infections are a really big one that often doesn't get focused on very much. But ultimately, anything that is going to have any kind of detrimental effect on health is going to affect fertility.

Now, what we want to focus on is the fact that we certainly can't live in a bubble. I mean we live in an environment, and particularly as we develop further into our existence, we know that our exposures are increased in many ways. We are exposed to way more chemicals in 2026 than we were in the 1800s. But also we died from communicable diseases a whole lot more.

Infections, trauma and accidents, et cetera are the reasons as to why we were dying much younger than we are today. So we have some advantages and some benefits. The thing about it, though, is that it also comes with some costs, and you add those additional environmental and chemical exposures to the fact that we are having babies later, and all of a sudden we do have a situation where it's the perfect storm. This is going to be really important.

The other aspect here as well that I think is important to take into consideration is that a lot of fertility gets blamed on a woman's age. There is so much evidence these days that shows that DNA fragmentation and sperm quality also decreases with a man's age. There's a lot of research that shows this. If you have a woman who is older with a much younger partner, they're much more likely to take home a healthy baby compared to a woman who has a partner of her same age. Now, that is also true in reverse. That's why we hear of Hugh Hefner getting a Playboy bunny pregnant at the age of 90. It's not because he was super fertile. It's because when you're 20, the egg can withstand so much more of the fixing of the errors of the DNA, at a level that a 40-year-old egg cannot. It will arrest embryonic development as a result.

We do need to understand that we're living in unique times, and what we're experiencing is definitely not going to change and reverse itself. We need to be smart in the sense that if we want to conceive, understanding that fertility doesn't start today. Women are pretty much born with every egg they will ever have, and fertility for women, at this point, is finite. We may be having a very different conversation in

20 years from now with all the stem cell research and everything else that's coming up. But right now we need to understand that, yes, there is a biological imperative in place, it is finite, and we need to respect that if we are wanting to get the outcome that we want.

At the same time, we need to understand that because fertility doesn't start today, we must take precaution when we are in our teens. This is for mothers listening in, and if you have younger people in your life. You must help them to understand that risk factors like smoking, drinking, toxicity and exposure to lots of different things that are detrimental to health will have an impact on their fertility later down the track.

Sometimes I see girls as young as four years of age or even younger wearing and using nail polish. And when I see that, I go, "Oh, my God. Take that off," and then we'll put it on again. Because we know that there are toxic events, endocrine disruptors and things that are going to be happening. Now, when you're exposed to that from the age of four, you are going to have to deal with the consequences of that when you are 30 or 40. So what we need to understand is that even though we may decide that, "I want to get pregnant in 20 years from now", it is something that we need to become more aware of.

I think that sexual education in schools should really revolve a whole lot more around how you proactively optimize your health for long-term fertility rather than contraception. Because as we see from the data, we've been very good at reducing teen pregnancy across the world, hence why fertility rates are at an all-time low. Teenage pregnancies have decreased, women are having babies at a later age or later stage in life. So now we're literally having to prepare the population for a different conversation, which is, when you do want to have a baby, what are the things that you need to start doing and implementing in your teens to make it easier for when you decide to take that next step?

Dr. Wendy Myers

I think that people don't realize when you smoke, the cadmium and some of the 4,000 chemicals that are in cigarettes still are in you years and even decades later. I've had clients who stopped smoking 30 years ago and still have really high levels of it.

Dr. Gabriela Rosa

Yeah, even when you stop, those toxins still remain inside you.

Dr. Wendy Myers

And cadmium causes genetic DNA fragmentation. It causes issues there. Can you talk about how toxins cause DNA fragmentation and other problems with fertility?

Dr. Gabriela Rosa

Absolutely. What's interesting about smoking that I think is relevant for this conversation in particular is that plenty of scientific evidence has shown that women who smoke are more likely to enter menopause up to five years earlier than non-smokers. So if we think about the fact that sometimes people are peer-pressured into smoking in their late teens or even early adulthood, and that habit may continue for a very long time, we are all of a sudden predisposing ourselves to earlier menopause and certainly more difficulty in getting pregnant and having babies.

So toxins (that's the really difficult thing) are present everywhere. They're present in the air we breathe. They're present in the things we put on our skin, on our bodies, and in our food. If we think about where we get the most exposure to plastics and BPAs, it's in the wrapping of food. It's in the containers of food. And unfortunately, we can't completely avoid it. Even if you have the most pristine diet and you stop at a farmers market and the food is organic and all of those beautiful things, how does the meat come packaged? It's typically going to be in plastic.

We can't completely avoid these exposures, and hence why it's so important to understand where they are coming from and how we can drastically reduce them. That is really the only available option that we have in our modern lives. Not how do we completely prevent or eradicate them, because that's not going to be reasonable. Now, I think that the Environmental Working Group does a wonderful job. They have a fantastic website, ewg.org, where you can find everything from the Dirty Dozen and Clean 15 list. If you put a forward slash on the end of that URL, you get Skin Deep, and a great directory on the products, cosmetics and so on that are going to be lower in toxins.

Again, the more that we educate ourselves around where these things are found, the better, because then you can make a decision that is based on informed consent, Where you're like, "Okay, I understand that." For example, for me, I have bought a container that I hold my water in that's stainless steel, and at the end of the day, that's certainly going to be better than plastic. What's even best is actually glass because it's completely inert.

You need to kind of figure out what are the kinds of risks that you are comfortable with taking in terms of your health and in terms of your life and lifestyle that are going to make a difference to you. Then understand that it's really not about perfection. I think that that's the biggest takeaway, because sometimes it can be quite neurotic-making if we're going to think about every single, tiny, little thing. So the way that I like to think about this in my own life (and I now have almost two teenage boys) is really about looking at how we can drastically reduce exposures.

How can we optimize and add things that are more health-giving and take away things that are going to be negatively impacting? Just do your best on a day-to-day basis. I think that there's nothing else that we can really do. As long as we are aware of it and focused on the right places, I think that makes a big difference.

Ads 21:59

Now a word for one of our sponsors. So I'm a huge, huge fan of Tru Energy Skincare. This is a bioenergetic skincare line that I've been using for almost two years now, and it's what I use exclusively. It's so good. They have a new product out called the Bio Adaptive Hydration Oil. This is really, really key for protecting your skin from dry winter weather because when you have cold weather plus wind, plus indoor heating, that's gonna equal dry, irritated skin. So hydration is really, really key to protect your skin barrier and, you know, preserve your skin.

Why does this matter? It's because dehydrated skin can look dull, tight, and have more fine lines and wrinkles. Supporting your skin during winter helps it stay resilient and healthy. As I mentioned, I love Tru Energy Skincare, and they have this bio-adaptive formulation designed to boost hydration and nourish the skin. It's a bioactive, nourishing skin oil, and so it's infused with frequencies. There are dozens and dozens of frequencies imprinted on their energy-optimized blue bead that's in all of their products. It's imprinted, actually, with not hundreds, but thousands of

frequencies to support cellular repair, improve collagen production, and increase regeneration of your skin.

This is what I'm using at 53 to get the best skin that I can possibly get. This is one of the secret weapons that I personally use. This bio-adaptive hydration oil uses nutrient-rich skin-supportive and clean ingredients as well. All you do is add one to two drops to your face cream or Tru Energy products like their serums or their lotion, and it just increases that hydration. I also use it 'cause I do face yoga every night. I use hydration oil. I put it all over my skin, and massage, and I'll do guha and other things. It's part of my nightly routine. So there are a lot of different uses for it, including increasing the hydration and the effectiveness of the products you already have. Try it for yourself. Go to trytruenergy.com/wendy5

Dr. Wendy Myers

Let's talk about metabolic issues, because there are so many people today that have insulin resistance, diabetes, and PCOS, which is really a metabolic disorder. Can you talk about how that negatively impacts fertility?

Dr. Gabriela Rosa

Absolutely. I think that the first thing that we need to understand is that fertility is deeply rooted in good metabolic health. So what we need to really focus on is the fact that if our cells aren't operating at the best possible level of health, we are going to have an impact on every organ and system in the body. Fertility really is a whole-body conversation, even though when we talk about medical specialties and reproductive health (the uterus, the sperm, the testicles, and the ovaries) none of those things happen in a vacuum.

We're really looking at the fact that it is an entire whole-system environment that is going to be bathing the cells that are already present right now within the person. This is one of the things that I say when people ask me, "So what do I need to do to improve my fertility?" I like to say, act pregnant now to get pregnant later, having in mind that you really have within you right now 50% of the little baby that you want to create already. Whether you're a man or a woman, that is the truth. That is the absolute case. So then what we're looking at is the fact that the sperm is developing within a sea within ourselves of exposures, as well as the egg.

As I said before, because we're born with all the eggs we'll ever have, what happens is the folliculogenesis process which is essentially from the primordial follicle to the primary follicle, and then primary follicle to the ovulatory follicle. You are going to have up to 12 months of time in those two stages. So the egg doesn't just kind of appear in a month, and get matured in a month. No, not at all. You start recruitment from previous cycles, and the last three to four months is where it's the most susceptible to damage. But folliculogenesis is a 12-month process. So when people say, "Oh, you just have to do preconception healthcare for three months, and everything is great,". Not at all.

You also have a situation where the sperm does kind of get formed much faster, within a three-month period. But sometimes when you have DNA fragmentation, or sperm parameters that are abnormal or even suboptimal, depending on whether you've fully removed all of the exposures that you can, for the body to complete that cycle of transition can sometimes take up to three to four full sperm cycles, which is again a 12-month cycle.

So this is the thing that I think most people don't quite realize. It is not you making improvements to your health, your metabolic health, what it is that you're doing in terms of what you're eating and what you're exposing yourself to for this week, and going, "Okay, I've taken all my supplements. I've slept well." Then next week going back to an old routine that is not health-supportive, or even next month. I always say to my patients, it's like there's only a starting point to optimizing your fertility, and it's an ongoing process that you are actually supporting through many months ahead. We do need to take that into consideration.

Then talking about PCOS which got renamed just recently, last month, into PMOS, so polyendocrine metabolic syndrome, a mouthful. It is much more representative of what the condition is, which is a polyendocrine metabolic syndrome, where we're looking at many systems. Again, if we're looking at that from the lens of what fertility represents, it makes total sense for that change to be made. What's interesting is that it took 12 years of advocacy for that change to be made. And what's important about that is this: when we talk about fertility, the latest evidence, and making changes in policy, in guidelines, in medical delivery of services, it is never a quick process.

There is a statistic that gets talked about often in scientific forums, which is that by the time you get information into mainstream knowledge, it usually takes 17 years from a paper being published to actually being accepted as general knowledge. So if any of the things that we're talking about today sound new to you, be assured, it is not new. The same applies to anything that happens beyond here today, because there are usually signals of things, and obviously there is not one study that is going to prove a whole point.

Inositol is a really good example because there are mixed signals. There was a paper that was published in Diabetes Care (the NIPPA trial in 2025). What it showed was that inositol is not the magic bullet it's being made out to be. So it's not to say that there aren't benefits to adding supplementation, to adding different levers for metabolic health improvement. We need to understand that nothing is going to beat the basics. Making sure that you're exercising daily and eating a very healthy diet that's based on vegetables, protein, and good fats. Those are the things that we have known forever to make a huge difference to overall health.

It's not going to be, "oh, here I am eating McDonald's every day and taking a supplement to counterbalance or counteract that particular behavior". There's no free lunch, as they say. It's about understanding that inositol is still a lever. It's still going to be something that may be useful as an adjunct to treatment. But it's not going to be the entire treatment. You still need to make sure that you're putting in place all of those other things.

I like to say, if we're to act pregnant now to get pregnant later, what does that actually mean in real terms? Well, it's very simple. If you were pregnant right now, what are all of the things that you would absolutely start doing, or you would absolutely stop doing, to ensure that your baby was the healthiest possible baby and that it had the best possible start in life? Most people would be able to answer that question with many things on that list. Many of those things are individual to that person, things that they already know, based on their own behavior, their own preferences, values, etc., that they do or don't do, that they probably need to adjust or that they could improve.

So be guided by your intuition, by your already innate knowledge on what your body responds well to and what it doesn't respond well to. It's no real big secret. It's the

basics that are going to provide the foundation upon which you overlay effective treatment. When things have not been easy and straightforward, sometimes lifestyle is not going to be enough on its own in the short term. But there is no replacement for having it as a solid foundation upon which to overlay effective treatment.

Dr. Wendy Myers

So let's talk about stress, because a lot of people are more stressed than they realize, and when you're under a lot of stress, you may not release an egg. Then a lot of people go on vacation and relax, and surprise, they get pregnant on vacation. So let's talk about the role of stress and its impact on fertility, and things you can do to mitigate stress.

Dr. Gabriela Rosa

Stress is a really interesting thing. I'll say it from this angle. We have all seen people who are in war zones and get pregnant. I would say that there is nothing more stressful than a war zone. I have never, thankfully, experienced it, but I can imagine that it's not a very easygoing time or place to be. With that said, the evidence does suggest that the impact of stress on fertility is usually a delay in conception. So it's not a cause of infertility.

What I really caution patients around is being stressed about being stressed. Don't do that because that's not going to be helpful. But the other aspect to this, which is where we need to think about, what does the evidence say about how we mitigate stress? What is the best way? Of course, all of your usual best ways, eating well, exercising, and having enough sleep help the body balance the mental-emotional component that stress can have on the physical body.

But what's really interesting, and I saw this study showing the impact of micro-joys on the effect of stress, is that, yes, stress can be physiologically a burden, and so of course hormones are going to be out of balance, and that can cause anovulation, so lack of ovulation. That can cause sperm parameters being negatively impacted. But there was a very big impact of experiencing micro-joys in one's day on the decrease of those stress hormones. So how I implement that in my day-to-day (like, how I personally implement that) is that I have my painting table in my office. I paint in watercolor. I love that. It's just one of the most joyful things that I do. And, just looking

over to my desk and seeing my colors, my little things, my papers and all of that is just so sweet. That's so cute. And I like to exercise, so I go and train, and all of those things. Every person has something that they can think about, or that they can do on a moment's notice, that will represent that little bit of micro-joy.

Figuring out how we can insert micro-joy in our day-to-day is such a powerful lever when we're talking about how we soothe our nervous system. What are the ways that we can do that? One of the best ways to do that is to stop thinking about the things that stress you. We are the only animals in the kingdom that can become stressed about thinking about stress. So let's leverage that. What can I think about that brings me joy? What can I think about that actually lifts how I feel? Do more of that. I think that's super powerful. You can do it sitting at your desk. You can do it anywhere, and it does make a huge difference to how the body responds and reacts to the types of hormones that it starts to circulate within the system. And then, you can do meditation, breath work, and so on. All of those things have a place.

This is also important to realize: you want to leverage and focus on your micro-joys wherever possible. When you have a little bit more bandwidth and more space, do insert activities that may take longer and that also will make a big difference like exercise. Heavy lifting it's in fact one of the few things that utilizes the very hormones that get released by stress. That's why when people do heavy physical labor, at the end of the day you're exhausted, you sleep well, and get going for the next day. So leveraging that in our day-to-day, where mostly we're sedentary these days, is certainly going to be very helpful.

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And now a word from one of our sponsors. So there's a lot of options out there for beauty, for skincare. There are beauty products, lotions, creams, lasers, peels, and all different kinds of things. A lot of them are very expensive. You have to do them over and over again. There is a lot of stuff I've given up on. I don't get facials anymore and things like that. But what I do keep sticking with is my Bon Charge Red Light Face Mask. It's really comfortable. It's easy to use. I can incorporate it into my routine every night so it doesn't take up any extra time. I just put it on my face for 10 minutes a day. It's super simple to do. You really see the difference in your skin.

For me, I saw a reduction in fine lines and wrinkles. I tend to go walking every day, and I don't always wear sunscreen (I have a bad habit of doing that), and it's really helped with sun damage. It helps with the texture of your skin. It's suitable for all skin types. Bon Charge's premium products are grounded in science and driven by purpose. I personally know the owner, Andy Mant, for over 15 years. He has fantastic products, and I absolutely love and highly recommend the Bon Charge Red Light Face Mask. Some are also HSA and FSA eligible, giving you tax savings of up to 30% if you want to use that.

Bon Charge has a really special offer for you guys. If you want to start a skincare habit that you can stick with, order your Red Light Face Mask today. For a limited time, my listeners will get 15% off when you order from boncharge.com and use my exclusive promo code WENDY at checkout. You'll also get free shipping and a 12-month warranty on your face mask. So go now to get this exclusive offer. It's boncharge.com, and use the promo code WENDY to get 15% off.

Dr. Wendy Myers

Absolutely. Let's talk about hormones because obviously hormones and hormonal imbalance, which is very common, are a big underlying root cause is toxins for that as well. So what role is hormonal imbalance playing in infertility, and what can people do?

Dr. Gabriela Rosa

Gosh, that's a huge question because obviously reproductive function is all hormonally based, or driven. So there will be various factors. I think that when we're talking about hormones, there are a few things that we do need to understand. There are things that are changeable, and there are things that are not changeable. For example, when we're talking about perimenopause, there is still, even within perimenopause, some improvements that can be made that are liver-derived and focused (when we focus on improving overall health) that are going to actually help how the body responds to excreting the hormones that are no longer needed, instead of recirculating them in the body. That's all to do with how the liver, the digestive system, and the gut function.

So we talk about hormones from a place of it not just being centralized in one place. We need to talk about all of the organs and systems that help hormonal balance happen within the system. If you are dealing with constipation, that's going to be something that needs addressing if we're looking to improve overall hormonal balance. Because otherwise, we're just going to continue recirculating hormones that are going to create imbalance within the system. In the same way, there is a limit to how much we can change hormones overall in terms of female fertility, and even, in certain aspects, in terms of male fertility.

What happens is, as we age, women stop producing estrogen in the same way that they were producing before, since that's going to be a function of having eggs and cycling within a reproductive cycle. For men, a decrease in production of testosterone also happens. So as women have menopause, men have andropause. Now, what is the answer here for fertility? Is it supplementing with those hormones? No, because what happens, and we know from the evidence, supplementing for men with testosterone actually negatively impacts sperm parameters. So we need to figure out how we support the body in the best possible way.

Trained as a naturopathic doctor, herbal medicine is something that I leverage a lot within my clinic, and it's not something that is going to be utilized in standard care. In standard care, it's going to be, how do we make the body produce the last few eggs that it has and try to optimize it in that way. For men, it might be human growth hormone, or whatever it is that's going to help with the actual production of sperm and sperm parameters to a limit. So hormones are one of those things that we need to talk about in the context of where it actually is present, but also what the problem is that we're finding.

When we're starting to have symptoms, and depending on what hormones may be out of balance and what hormones we may need to be addressing, (whether we're talking about thyroid hormones or reproductive hormones) there will be different ways to address those issues that will also be dependent on the individual and what's causing that problem in the first place. So I encourage people that this is not a DIY project, a do-it-yourself project. This is something where you do need to find an expert. Find a clinician that can help guide what is needed in your particular situation, because otherwise, there is a lot of room for getting this wrong.

Dr. Wendy Myers

Let's talk about the gaps today in conventional treatment because a lot of people are going to conventional medical doctors and doing IVF. So what are some of the more root-cause approaches that people can take? Where do we begin?

Dr. Gabriela Rosa

The gaps. I think that this is a really interesting thing because fertility and the healthcare system kind of mirrors politics a lot. We're not going to go there. But the reason that I say this is that you have lots of good intentions. And you have lots of constraints and misaligned interests. So this is why it becomes really difficult for patients sometimes to get the care that they need within the healthcare system, because the healthcare system is limited in many ways by funding and, essentially, access.

There is a massive access dysfunction that happens within healthcare systems. In the United States, it's very obvious. In many countries around the world (and it's not that it's not obvious in other countries) it's obvious but the symptoms appear differentially, and here's why. In the United States, we have privatized care as the way you get support. In the UK, you have a universal healthcare system. So the difference in those two (and in Australia as well, Canada, et cetera) is that in a universal healthcare system, usually you will be refused treatment unless you fit a very specific set of guidelines.

For example, in the UK, you can access IVF through a public service if you are a certain age (there's an age cutoff) and if you have no children previously. So if you have children, if you are with a different partner, you no longer get access to free IVF. In the United States, you don't get free IVF at all. In fact, everything is pretty much going to be out of pocket or, if it's not covered by insurance. Now, what happens with that is that in the same way that in the UK, IVF is subsidized by the government, in the US it's less subsidized and there is a lot of additional cost, because what ends up happening is that we have insurance coverage in some places, or patients just have to pay out of pocket.

It ends up being that, on average, the cost of an IVF cycle in the US is about \$20 to \$25,000 for one cycle. The issue with that is that, across all ages, it's fair to say that close to 80% of cycles that get started do not yield a live birth, i.e., they fail. So you're

paying \$25,000 for, let's call it, a 20% chance that it will work. If you are over 40, it's much less than that. You might have a 5% chance at best, depending on your age. The age brackets within the difference between 40, 41, 42, 43, and 45 are drastic. Ultimately, those are the kinds of challenges that we will find and see.

Now, what does that mean in terms of investigations? There's a science called cost-effectiveness in the healthcare system, and that is what determines who gets access to what and who doesn't, or what gets funded publicly and what doesn't. In cost-effectiveness, you will not typically fund an intervention, a treatment, or anything else if the cost of funding prevention is the same as the cost of treatment. Let me say that in different words. The healthcare system does not pay for you to prevent disease. It only pays for you to treat disease. So instead of understanding 10 years before you develop diabetes that you have insulin resistance, and having all of those tests be completely subsidized by the government so that you can be aware and you can do something about it, it will say, 'You know what? We're not going to cover that two-hour glucose tolerance test. We're just going to wait until you get diabetes, and then we'll go and we'll treat that.' Too little too late, because by the time you've developed diabetes, there's very little you can do to reverse it. There is very little you can do to optimize your health.

Diabetes is one of the biggest killers in society today. Along with obesity, cardiovascular disease and cancer. So what sense does it make to not test, or not understand and prevent diabetes, and only just treat it? Well, cost-effectiveness says that it's the same cost, so let's not worry about it. That's where the patient needs to become very aware of how they need to prevent and optimize their health, so that they are preventing these diseases. Otherwise they're not going to get that kind of level of support.

When it comes to gaps in the healthcare system in terms of reproductive medicine, the same thing happens. Instead of, let's test to see do we have these conditions that are treatable or preventable that are going to increase your chances of getting pregnant naturally, or do we just go straight to IVF? So what do we see? We just go straight to IVF because, quote-unquote, it will bypass all of these issues. But we know that it doesn't, because IVF can't bypass biology. Can't bypass biochemistry. So all of a sudden we have a situation where you go and you do an IVF cycle and it fails. And here we are then going back to the conversation of, 'Okay, well, what can I do to help

it improve?' That conversation could have been had at the very beginning. But the healthcare system doesn't do that, and so the guidelines for doctors aren't written that way. What happens is that doctors are bound to only prescribe and/or refer for testing based on the scope of their clinical practice and based on the official guidelines that are created for fertility treatment.

The fertility guidelines don't say that you can go and do all of these preventative or investigative tests that will help you improve your health and your fertility. They only allow for a referral to IVF, so that you can go and have that conversation. So unless patients go outside of the healthcare system to look for their own answers (and then it's the Wild West out there) it becomes a situation where they don't get that kind of support from their treating doctor, and everything unfolds from there.

Dr. Wendy Myers

That's why you came up with your FERTILE method. Can you talk a little bit about that, and why it has this structured multi-phase approach, and where people can access it and find it?

Dr. Gabriela Rosa

Absolutely. So the FERTILE method was literally my response to the fact that we have lots of challenges that patients need to navigate, and obviously they're not going to be able to do it on their own. But it also was a way for me to understand, have I covered all the bases that I need in a very reproducible way. So, fact-finding. FERTILE actually is an acronym. So F stands for fact-finding, and that's the first step. It's investigation, understanding exactly what needs to be done, and sometimes those investigations do need to be done out of pocket.

Sometimes you have a test that costs a few hundred dollars that will prevent you from going to a \$30,000 cycle. So that is ultimately what it comes down to. It's figuring out what is the cost-benefit in understanding the things that are going to be changeable, that we can use to improve the chances of natural conception. We basically studied the Fertility Breakthrough Program, which is underpinned by the FERTILE method. That was my Harvard thesis, and what I understood from doing that work was that not only, on average, our patients were trying to conceive for four years, many had done multiple failed IVF cycles and multiple recurrent miscarriages,

for the majority of the cohort. Also, we learned that in applying those steps, we ended up with a 78.8% live birth rate for people who had previously tried what they felt was everything, and nothing had worked.

The E in the FERTILE method is educating. We need to educate patients, and this is one of the reasons why I have these kinds of conversations. So that people are really aware of what I can do. This is one of the reasons why I come into conversations like this, because I think that the more people understand, the more people are aware, the more they can take responsibility for themselves and transform their results. Then, of course, we have what we recommend. We then start to treat. We then are looking at a period of time that incubation has to occur. As I mentioned before, nothing happens overnight. It would be so nice, but nothing happens overnight. So we do need to give it the time that the egg takes to develop, the sperm to mature, and so on.

Then, we've got the piece that (my patients don't appreciate this piece very much, by the way, because they just want a baby) . To me the most important is the L in FERTILE, which is liberate. It is actually coming to peace with what is. Irrespective of the outcome, even though I know that the majority of our patients are going to take home healthy babies, one of the biggest challenges that I see for people who are experiencing infertility or recurrent miscarriage or failed treatments is this absolute anxiety about, what if this never happens? What if I never have my dream come true? It's real, and at the same time, it's not within our control.

The more that we can disassociate from the experience (be able to be the observer of that experience) and not make it in a very highly personalized way, 'this is going to be the end of my world if it doesn't happen' is critical. How can we actually insert the opposite of that into the narrative? It makes a huge difference, and I hear this from my patients all the time. They say, "Oh, gosh, what transformed things for me was actually finding peace with whatever happens." You know, so we actually actively work towards that within the program.

I would say that when it comes to stress, the reason that we do it is exactly because of what we've talked about before. We can instead of delaying pregnancy, bring it closer by just reducing that anxiety, and that's an important piece. And then the end result is that most people will end up with a baby. In whatever way that happens, it's

going to be a new beginning. Whether they decide that they no longer want to continue pursuing that goal, or whether they end up with their baby, it's about figuring out: how do we end one chapter to begin another? So that really is what it's about. People can find me on my website, which is fertilitybreakthrough.com. As I said before, I do a lot of patient education on Instagram. It's gabrielarosafertility, and that's how we can connect.

Dr. Wendy Myers

You have a free course as well, don't you?

Dr. Gabriela Rosa

I do. I've been running the Free Fertility Challenge. This is the 15th year of that program. We've now taken over 220,000 people in more than 110 countries through it. I love that event because it's palpable- the change, the transformation that happens even in such a short period of time. In fact, we have one going on right now. There's one that happens pretty much several times a year, so it's very likely that there will be one happening when people listen to this. I don't intend to end it or stop it anytime within my lifetime, because I just find that it is such an important piece that most people don't get access to. The information that's there is something I'm constantly updating based on the resources and the latest scientific evidence. So yeah, people can definitely go and search Google for the Gabriela Rosa Fertility Challenge, or they can go on my website and find a way to register there.

Dr. Wendy Myers

Well, Dr. Rosa, thank you so much for coming on the Myers Detox Podcast. I just think that a 78% success rate after going through your program can give so many people hope who are desperate to conceive. So thanks so much for the work that you're doing.

Dr. Gabriela Rosa

Thank you, and thank you for having me.

Dr. Wendy Myers

Everyone, I'm Dr. Wendy Myers. Thank you for tuning in to the Myers Detox Podcast, and on this show, I bring experts from around the world to try to give you those tips,

those clues, and the things that you need to help you elevate your health, and just give you that info that you need to upgrade your health. So thanks for tuning in every week.

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