

CC: Today's show is one of my big passions, which is women's health. And my guest today, which is Alison Locke, who I met on TikTok of all places, I totally fell in love with the way she shares and educates the world about TCM and women's health, specifically fertility, endometriosis.

And so today we're gonna talk about fertility, obviously. One of the big subject, how we look at patients. Do we treat the male and the female? Both just the female. How do we go about working with fertility clinic? We're gonna talk about endometriosis as well, because Allison was affected by it and she shared her story, which I really appreciate.

So you're gonna love this episode if you are like me and you're passionate about how amazing TCM is when it comes to women's health. Get ready. This is a packed full of good nuggets episode. Let's go.

Welcome to acupro, A show dedicated to making Chinese medicine and acupuncture. Easy to grasp and fun to learn. Hi, I am your host, Clara Cohen. I support practitioners and students and like you in changing the world one patient at a time. My goal is to share my passion for TCM and empower you to achieve superior patient care.

I love to showcase the amazing benefits of acupuncture because after all, acupuncture rocks.

Welcome to the Acupro Show. Allison Locke, who is a practitioner working in Vancouver. So she's a neighbor of mine and she's been around the block for a while. But what I love about Allison is she. Educates everyone about the amazing benefits of TCM when it comes to women's health.

I've seen her account on TikTok on Instagram, and she's got thousands, over thousands of followers on both platforms, and she has really good content because I feel like if we all educate the world about the benefit of TCM when it comes to women's health, it is so. Powerful because someone might hear something and know that their sister or their mother or their daughter might be , having this issue and they didn't know that we could turn breach baby or that, we can help when it comes to PCOS or endometriosis or fertility, et cetera, et cetera.

So I love when people educate the world because it helps all of us. So thank you for educating the world, Alison, and welcome to the show.

AL: Thank you for having me, and thank you for, making my mission statement so concise. That was perfect.

CC: Okay, so I wanted to start, I've seen you and followed you on TikTok for quite a while, and then on Instagram as well, and I love what you stand for and. Before we start going into how you got into women's health, I assume it's because it affected you. I always think that we all go into something that we either love or lived, and I think with you it was you lived a difficult time with endometriosis, so let's start with that story.

AL: That's actually funny. A lot of people presume that, but it's actually quite the opposite. I was diagnosed with endometriosis after I got into women's health.

CC: No Way. Tell me, tell me.

AL: It's similar to my integration into Chinese medicine. I actually decided I was going to become an acupuncturist and go to acupuncture school before I had even ever had acupuncture myself.

I'm just crazy like that.

CC: No. I've had lots of people on the show and I've obviously taught for a long time, and it's very rare that someone goes to school to learn something they've never tried. It's happened once in one of my classroom where I said, does anybody here has never had acupuncture?

And someone raised their hand and I was shocked. I was like, no way. This is awesome. An acupuncture virgin. I love it. Okay, so sorry. Go ahead.

AL: Yeah, exactly. Yeah.

My foray into women's health basically. I actually thought while I was in school and learning about women's health and Chinese medicine, 'cause we get a little taste of it in school. I always thought it was very overwhelming, super confusing, very high pressure, especially when it came to fertility.

It was always very daunting to me. But then when I graduated and I started working in a clinic the clinic kind of specialized in women's health, so I picked up a lot of it really quickly. I had to learn a lot of it, and that's when I slowly really fell in love with it of wow, this is.

Yes, it's complex, but it's such a beautiful system. It's so powerful. It's so effective. There's so much you can do for women's health and fertility, and it really grew on me and became my absolute passion. So I was really thrown into it. But absolutely loved every minute of it.

And then it was a few years into my practice that I was actually diagnosed with endometriosis myself.

I always had, irregular periods, painful periods, but nothing ever a red flag of this is an actual issue that I need to look into. I think how it actually happened was I just went to my family doctor 'cause I wanted to get my iron levels tested 'cause I've always ran a bit deficient.

She asked about my periods and I'm like, oh, they're irregular, they're long, which I always just attributed to my iron deficiency. And she was like, okay, let's just do an ultrasound. And I was like, okay, that sounds like fun. Me being the super curious about my body in women's health.

I was like, yes, sign me up. That's so cool. I wanna see my internal wardens. And so I had an ultrasound and that revealed that I had an endometrioma on one of my ovaries. Being a women's health practitioner, I immediately knew what that was, what it meant, especially the size, and the impact it was going to have.

So that whole diagnosis process was actually very overwhelming. 'cause I find a lot of people that end up discovering that they have, endometriosis that way, which isn't really that rare. I've had a handful of patients get accidentally diagnosed with endometriosis via ultrasound like that.

Okay, there's something going on. They slowly learn more about it. But when I was diagnosed, I was like, oh my gosh, okay. It's already the size that I know is required for surgery. I know the impact on my A MH. I know that what all this means, what it means for fertility, that I know that it means I have a bunch of other endometriosis.

Like I automatically knew I have stage three or stage four, that it's probably everywhere. Very overwhelming kind of process. I did eventually get surgery, had my endometrium removed, all the other endometriosis that did end up, chilling in my pelvis, also had that removed. And then I also, started on my endometriosis journey myself of how I can reduce my symptoms and help balance my hormones and kind of work on that prognosis.

And when did you have surgery and have you seen it growing back or not?

I had surgery in 2020 right after the lockdown lifted. That was an interesting experience. I had an ultrasound, I think about a year and a half ago that was still clear. Honestly, surgery did wonders for my symptoms because I was starting to have increasingly more endometriosis symptoms as time went on because my endometrium grew quite large and it was starting to really impact me.

So surgery was definitely a warranted thing in my case. But, I've successfully, as far as I know, been able to keep it under control.

CC: Good.

Do you attribute the fact that it is under control and it didn't go back to your lifestyle? What you do to prevent and what are those things?

AL: I definitely think it plays a huge role in it. I don't wanna say yes, it's because I did all these things. 'cause I think there's a whole bunch of other factors to it, like genetics and luck and all the other things. 'cause I have patients that have. Done all the things possible. And endometriosis is just a really frustratingly tricky disease.

It can grow back, it cannot grow back. And I think that really depends on how the disease itself presents in your body. But for me personally, I did a lot. I did some really specialized supplements. I saw my own naturopath. I did a GI map and got my gut microbiome tested. Treated SIBO and other overgrowths because that's a huge inflammatory and connected marker for endometriosis.

I took a lot of Chinese herbs and then I really dialed in on like diet and lifestyle. I really made sure that my diet was very endo friendly, hormone friendly, and made sure I was exercising regularly, getting enough sleep, and managing stress as much as possible. It's a very, fully encompassed treatment plan that I embarked on, but.

I've really learned a lot about myself and about Endo through this journeys, and it's really made me help a lot of other people with it too. So yeah I'm happy that I've gone through this journey myself.

CC: Yeah, it would help you connect with what women are going through when they come in through the door with endometriosis. I think obviously anti-inflammatory diet, et cetera. But you know, from a Chinese medicine perspective, I always think anything happening in, uh. what I call the dai mai or the dai vessel area, which encompasses the pelvic floor.

The pelvic area, but also the large intestine. The small intestine, because they are in the lower jaw per se, and they are part of that below the belt, you know, from, uh, the D meridian or the dai vessel. And so I always think that when there are women that have pelvic floor issues, including endometriosis and other things, PCOS, et cetera.

One of the things that's really key is to check out your GI tract or your digestive system because SIBO for people that are not familiar with that, that's small intestine bacteria overgrowth, which causes a lot of problems in the digestive system, in the small intestine obviously. But there's also large intestine issues like chronic constipation that does affect the pelvic area.

And so it's all connected. And often I always say to patients, even though we're looking at PCOS, let's look at. Gut and digestion and actually it makes sense because most PCOS patients, for example, have a Diabetes type two kind of picture, right? They get very affected by the blood sugar, by insulin level, and so their diet is gonna make a huge difference as well.

So I appreciate you sharing all this. I have a hard time sometimes in teaching because everybody wants that magic. Oh, what acupuncture point, what herbs is gonna cure everything, right? And I always say, you have to think of this as an ensemble in French, but a whole pot with a lot of little ingredients.

And one of them can be acupuncture, and one of them can be herbal medicine, but it also has to be what you do on everyday basis. Reduce the amount of stress, your diet to make sure that this is addressed as well. And another thing that, when you were talking about genetic and, and everything else, there's also emotions, stress, and trauma that could happen to the area.

That does affect the area as well. I do a lot more PCOS than endometriosis in my practice. You are passionate about endometriosis, just like you have been passionate about women's health since day one. Since 2003. That's been a long time, but.

I love PCOS for some reason, I've gravitated towards that and it's calling me. And then of course I get a lot of patients with PCOS. 'cause you know, that's what you love. And one of the things that I've noticed over the years, which is, you know, it's my own study, right? My own personal study, after seeing hundreds of women, is that there's always a correlation of PCOS and the relationship of that patient with their mothers.

AL: Yeah, I can see that.

Right. The mother daughter is not connecting, or the patient does not feel like their mother is really loving them the way they would love to be loved by. So that connection I don't think there's been a case where I did not see that. So then I started asking that question and every single time it comes back.

CC: So I think also emotions affects us at the cellular level. And if there is been trauma or emotional trauma or physical trauma for that matter , I think that it also stagnate in that area. So I always like to look at that perspective 'cause I just found that always fascinating. So I would love to ask you if you've seen this with endometriosis in any shape or form.

Or if you have connected it with it with emotional trauma.

AL: Oh, absolutely. That's so interesting that you say that because as I'm super science and evidence-based, I also really believe in the emotional, spiritual side of illness as well. There's a lot of different paths up the mountain to treating a disease and you can take the emotional trauma route, you can take the functional medicine, western medicine route, you can take the Chinese medicine, like other holistic routes, like there's so many different routes to take and your journey is very dependent on the person. And if there's not one that's better or worse than the other, it's just what your body needs and is looking for in its own healing journey. So I totally do think that there is a huge emotional component to endometriosis. If I've narrowed it down to one thing, definitely not.

Because it is, a gynecological, reproductive thing, there's gotta be some emotional ties to some sort of feminine energy, potential or reproductive capacity, fears, or relationship with any kind of that. Absolutely. What I definitely see in my practice though is that there's absolutely a nervous system component as much as there is that digestive system component, that genetic component, that autoimmune component with endometriosis, there's absolutely that nervous system component as well.

Whether that's due from a certain trauma, a traumatic event or something, or just life stresses. Like I don't think it necessarily needs to be a specific trauma in order for us to have, a dysregulated nervous system. The world is traumatic enough. I'm always looking for clues on okay, with this particular patient, is this, where's this inflammation coming from?

Is it from the digestive system? Is it from their diet? Is it from other lifestyle factors, lack of exercise, not enough sleep, is it from the caffeine or is it from like the emotional side of it? And do we really just need to focus on that stress reduction, that nervous system regulation?

Because your nervous system really communicates so much with your immune system, with your digestive system, with how well you're able to. Process nutrients and absorb nutrients with inflammatory pathways that affect your immune system and how well your body's able to clean up endometriosis cells and stuff like that.

And especially with nerves it's really interesting. There's so much interesting research in endometriosis about the kind of the local nervous system when it comes to endo because a lot of the lesions, the kind of glands and stroma, release their own inflammatory molecules and that irritates the nerves in the pelvis and that creates more sensitization.

So I do think like working with the nervous system as a whole really does help relieve some of that overactive pelvic nerve sensations that we get a lot with the Endo pain.

CC: And that's it. When there's pain, your nervous system has to be affected because it has to be. Reactive the whole time. It's on fight or flight, right? That's such a great reminder. So, I know you obviously do a lot of fertility as well as I do.

So when you see fertility patients, I wanna ask 'cause it's always. fascinating to talk to other practitioners and see if there's a correlation as well, and what they see and what they pay attention to. When I see patients, sometimes it's for the first baby. Sometimes it's for the next baby, right? The second baby.

I found that the people that had a pregnancy and a baby and didn't take the time to recover, didn't take the time to, like you said, nervous system that went to work. Pretty quickly back to work that are running around with the chicken with the head cut off, right? The go go go person because we are superwoman and, and nowadays it's like we have to do it all and we have to take care of everybody and run around.

And I feel like by the time they come to get pregnant for the second baby, they're like, but the first time we got pregnant like this, I don't understand why this is not working this time because my husband's sperm is fine. And you know, we did it really once, so how we're not able to do it now. So I see that often and I see it's because they are depleted.

They did not take the time to recover enough, I would say go, go, go busy again. And so there's so blood deficient that there's no way the body is gonna say, I don't think I can go through this. So I'm actually give you a clue that you need to first replenish before you know, I think it would be a good idea.

So do you see that as well?

AL: Oh yeah, all the time. Definitely, especially in Vancouver, it's a really, expensive city. So not a lot of us can afford to be stay at home moms and, it's very high pressure. We have a lot of demanding jobs, especially my downtown clinic. I see a lot of professional women that are.

Business owners and doing wonderful things with their lives. But I do see that, and I see that a lot also for the first baby too, where people are just working so hard, they've built amazing careers and they have a great social life, but they're not, really sending the message to their nervous system that, okay, it's safe to have a baby now because I do explain it like we really have to think really primitively sometimes for fertility, it's like such an ancient thing that our bodies do reproduce. So we have to think of it in those that framework that if our body doesn't think we have enough resources, if our body doesn't think it's safe enough to have a baby, then we won't.

We can be eating the best diets, we can have the best sperm, the best ovarian reserve, but if we're not slowing down and giving our body the message that it is, okay, we do have the time and space to care for a child or another child, then our body's not gonna do that.

Ovulation is gonna be delayed.

And maybe there's, I don't know, some other metaphysical of just rejecting sperm. It's no, we're not gonna do this cycle. We're too stressed. We've had too many meetings and we're on our computer at midnight trying to get those emails in. How are we gonna have a baby if we're working on emails at midnight and we're gonna be up at midnight with the baby?

So you have to think of it in, in, in those kinds of terms. And a lot of people don't like to hear that, and it's really hard to accept if you're just used to living your life a certain way. I feel like a lot of people are just used to, if you work harder at something, you get the results.

Like we work that way with the job and school and. Relationships and whatnot, but fertility is not one of those things.

It's not something you can work harder at to get better results. Yes, you can be mindful of caffeine and alcohol and diet and taking the right supplements and all that kind of stuff too.

But a lot of it is also just giving your body that time and space to be, that is one of the biggest medicines and tools of fertility.

CC: Yeah, and that's exactly it. It's like you need that yin time because you're so yang and at the core you are more of a yin, feminine body, this is why we're trying to achieve pregnancy. So it's that imbalance between, in yin and yang, you become so young, so masculine energy in everything you do, that you're not nurturing yourself or you're not taking the time to yin or to do yin time.

So I agree, it's often the case. So one of the things is because women are going into their career, and it's not a good or bad thing, it's just that they're older. When they start trying to get pregnant, they're also in their thirties. They don't start earlier, they start older. So they feel more stressed about the fact that they have less time with the egg quality, and so they will.

Start, like you said, they will do all the things, but they obsess about all the things which stress them. Right. It's like, well, I'm having this and I'm taking this and I'm doing this, and you could see they're doing things to the point where it's so stressful just not relaxing.

Right. And that's that balance. Right. So, yeah, I'll let you, share with that as well.

AL: I'm definitely mindful of okay, I don't wanna put more things on this person's to-do list. Or spend more money on the things on like the testing and the supplements, like sometimes we do just need to pare down.

I very often tell people, okay, I'm prescribing you 20 to 30 minutes of chill time, low stim per day. It's not like we go all week and then we relax on the weekend. We need to give our body the message every single day that it's okay to relax and that we're not, running from a tiger five days out of the week.

And then the weekend we can relax. Your body doesn't understand that messaging, it's just not gonna work. We do need to do something each day. Ideally something without a screen that's not super stimulating that's gonna send the message to the body that it's safe to procreate and everything.

And I do totally get it. It's really the biological clock. It's unfair, it's stupid. I hate it, but it is what it is. And we just have to work with unfortunately our fertility starts to decline in our thirties. And I do also think that there's this factor of especially in Vancouver, in cities where it's such a big deal to be like, okay, I'm gonna, I'm gonna start a family right now.

Like I'm ready. I feel financially ready. We've got the extra bedroom and the apartment or we finally got the house, we finally got the car. When we're finally ready to start trying for a baby, I feel like a lot of people are like, okay, I want it right now. I'm like, I'm ready.

Let's do it. Like why? Why is this taking multiple months? And I have to remind people that it can take up to a year for a couple to conceive even when they're in perfect health. Like it's something that takes time. It's not a process you can rush. And I totally get like when people decide they're finally ready you're ready for it now because you probably weren't super ready six months down the line.

But just, it's a modern reality of fertility that we just have to work with and do the best that we can. That's why I'm. Big fan of preconception care of when, before you're ready to start trying. Let's get those things dialed in. Let's take three to six months to really optimize and learn about our cycles and make sure that we're ovulating, we know the timing, and we're taking all the right supplements, and we're doing all this stuff that can prepare us so that by the time we are ready to start trying, it can be easier and faster.

AD: Do you feel your TCM education truly prepared you to treat fertility patients in the modern world? I sure didn't. Back in 2004, when I finished my five-year TCM program, I felt completely inadequate and. Unprepared to treat fertility patients coming through my doors. So I decided to immerse myself in the fertility world.

I read many books, attended conference, took seminars, and met with reproductive endocrinologists in my area to learn and to really understand how I could truly. Serve my fertility patients. Today, I want to share with you my years of experience in treating female fertility successfully. This is why I created the complete fertility and TCM treatment online course.

I cover everything from natural fertility to I-U-I-I-V-F and addresses. Patients with BCOS or endometriosis who want to get pregnant as well. When you invest in my courses, you can download the PDF version of the slides. You can get four hours of continuing education approved, yes, N-C-C-O-M as well. For those of you who are in the states, you can access the course forever and I offer a seven day money back guarantee because I stand behind my product.

Now listen to what people who took this course have to say. I've just taken this fertility course and there is everything you need to know in details. It's really amazing. Thanks, Clara. Someone else said, I purchased your fertility course, and I would just like to say that it is fantastic. I'm already seeing such better results with my fertility clients since taking the course, and my understanding and confidence in treating fertility is also increased.

So thank you so much. Don't miss out on the opportunity to improve your skill and help your fertility patients. Go to acuproacademy.com and click the TCM course tab on the menu bar or check out the link. Show notes below. You won't regret investing in this course.

CC: Absolutely. Pre preparation, which is foundation really for anything, right? If you're gonna build a house, you need, the foundation is so key. But I think people always come to see us once they've been trying for a while and nothing happens and they start panicking, right?

And then suddenly they come. You do work with fertility clinic, I assume as well, it's kinda like people phoning and say, oh, I'm having a transfer, you know, next week I need an appointment. I'm like. You needed to come before that so I could prepare your body for pre-meds, pre cycle. Everything. Not just for transfer. Right? So I think the education needs to be there, and this is why I love that you're educating people online because they don't know. They think, oh, the. Fertility doctor said, oh, acupuncture is great for transfer. So they're like, okay. But it's like, no, no, no, no, no.

You kind of come before and build the foundation. Right.

I know you, you do a lot of fertility and women's health, et cetera, and you said endometriosis came after. So once you finish practicing and you started your practice after school, which school did you go to? Allison.

AL: I went to they call it the Tzu Chi School. The one in Vancouver. It used to be the International College of Traditional Chinese Medicine, but the Tzu Chi.

CC: That's where I went!

AL: Oh yeah?

CC: Yes, that's where I went.

And then I taught there as well for years , before they switched over and they sold it. And then it was too far for me to drive. 'cause it took an hour every time. It's not worth it. So I stopped teaching there and I taught, in New West.

So. That's my school, that's where I went to as well, a long, long time ago, over 25 years ago.

AL: Oh, amazing.

CC: It's been a while.

Okay, so you went to school, you finished school from there, and then you got your license and you started practicing. How did you decide, I wanna do women's health, specifically?

Fertility, because women's health is already a little bit of a section and then you go a subsection of that section and. I would love to hear why or how, because I know you also did the ABORM and you know, you did extra curriculum in order, like you said, to start with like, I did a five year degree, a doctorate degree.

So we did have a good gynecology, but it was gynecology according to TCM. It was not for the western world with IVF. Right. So I had to go and take all the extra stuff to understand what even was IVF when people came, I was like. You're doing IVF. Okay, I know it's in vitro.

What exactly happens there and what am I supposed to do with my needles, right? So that's when you go and look for answers. So the patients taught me a lot, but then I had to go and look and I found it so fascinating that I dove into it. So I would love to hear that journey for you as well.

AL: I always found it really interesting in school, and looking back. I can see that. Okay. I actually was really interested in women's health and periods and everything, but this was before I think I acknowledged that I actually had a passion for it. Because I remember like even as a teenager being so excited to get my period and got my period like when I was 14 and a half or something.

So I was one of my, the latest of all my friends and I remember just thinking, I really want my period, I really want this experience. And it was really cool. And I thought it was so cool when I did eventually get my period and it was happening regularly and , I was just really fascinated by the whole concept of it.

Then when I started Chinese medicine school, and then learning, more about all the patterns and about PMS and the different phases of the cycle, and that it was all actually this really complex thing. Like you think of women's hormones, it's okay, you have your bleeding and then you're not bleeding time.

That's pretty much the two different, distinctions of you as a person, as a female within the female body, but I learned there's these, all these different aspects of it and how the yin and yang and the different herbs that can get rid of PMS and then you feel so much better, like you don't have to accept PMS.

And it was just really opened my eyes about women's health and Chinese medicine. But again, when I was in school, I did find it really daunting and really complex and like very high pressure. And I didn't know that was what I was actually going to end up focusing on. It I don't know, your specialty ends up choosing you to some extent when you're a Traditional Chinese medicine practitioner.

And so when I started working the job that I got at a clinic, it was very fertility focused. And so I was thrown into helping all these people doing IVF and just like you, I was like, okay,

what's the different phases? Okay, there's the retrieval and then there's the transfer, and then what exactly am I supposed to do with the needles?

I understand the concept, but and then, I go on my journey of learning about it and that's just when my fascination just developed even more and more. I did a lot of additional training and mentorships because you do need to know so much of the western medicine when it comes to fertility and gynecological health.

Not just to give your, make your treatments better, but I find a lot of my patients. Just need help navigating the Western medical system in general. 'cause their doctors are just not providing them with any help. And so when people come to me and they're like, okay, my periods irregular. My doctor just told me to go on birth control.

I'm like, okay, first things first. This is how you navigate the Western medical system. You need to get a referral here. You should do a pelvic ultrasound. This is the blood work to ask for these, the doctors to see. And I really help them like navigate. What they're supposed to do to get the best quality of care in the Western medical sense within our medical system.

While we're also, okay, like this is all the stuff that we can do functional medicine wise and traditional Chinese medicine wise to work on your symptoms, improve your symptoms and everything. So the Western medicine. I put a lot of weight into it, for all the practitioners, like a very big piece of advice I do have is to make sure you do know the western medical system part of whatever you're specializing in, because people do need help and you do need to know like how to support them exactly with your medicine.

But then also how to navigate that.

CC: When I first started doing and diving into this, I would have patients saying, oh, I went to see my doctor. 'cause you know, we've been trying and it's not working. And, I did a blood test yesterday and I'm like. But yesterday you were on day 12 and then they're like, so, and I'm like, you need to do a day three, day 21.

Their doctors don't even know that because they're not fertility. Right. So thank you for saying this. 'cause for anybody that's listening, if you're ever going to be a little bit more focused on anything, you should know that Western physiology. Pathology anatomy. What are the options that patients have been offered by conventional medicine?

Because it's important. 'cause they'll come to you and they'll say, oh, we have to do ICSI. You don't even know what ICSI is because you're like, I never heard this word. And even when

you learn what it means, you're like, what exactly does that mean? What are they doing with this, you know, syringe or a needle?

What are they? Piercing what is happening. So it's exactly it. Once you understand, you can also explain it to patients, because sometimes patients don't know, yes, we have the internet, internet has so much information, it feels very overwhelming. So to be able to explain to patient and say, okay, let's take charge first.

Patients will trust you more because you are there to help them and you know what they're going through and. Stand. So, and you give them more information than the regular doctor, which is, you know, what they need. And second of all, there's a better communication. So there's a better care in the end of the patient.

Right. So, so I appreciate you sharing that because that's, that is so true. That happened to me so many times. So I'm like, what? Hold on. You know?

AL: Oh, just last week, every week patients are forwarding me their blood test requisition. Does this include everything? And then it's estrogen, FS, H, and progesterone, like all on the same requisition. And I'm like, no. Why?

CC: Well, that's the thing, right? I always feel medical doctors are. are great to refer you out because they don't have enough knowledge and they don't know what to do for so many things. Right? Like if you come with some skin issue, most of the time they will give you, you know, if it's not an infection and you don't have a viral infection or fever or whatnot, they'll go, well, if it doesn't go away, I'll refer you to a dermatologist.

Right. And it's exactly it. So as an MD, when you go for gynecology it's not gonna be enough because they don't have that knowledge and they're not focusing the practice on it. , So do you work, obviously you were doing IVF right? For people listening.

'cause I've done this for a long time and I used to go to PCRM, which if you're not familiar in Vancouver, it's a fertility clinic that's in Burnaby, just outside of Vancouver, closer to where, Port Moody is. Because I'm not in Vancouver,. I always say Vancouver, but you know suburbs.

'cause if I said Port Moody, nobody would know what I'm talking about. So you are in Vancouver where there are more clinic, right? There's Genesis and there's Olive and there's all the clinics there. So for me, I used to go on site to do IVF on site. And then I stopped doing that because it disrupted my practice so much.

Because, you know, we can't decide when we're gonna have the transfer. We don't know if it's Sunday, Saturday, Friday at two o'clock. And I'm like, well, I'm booked already at two o'clock on Friday, so now what do I do? I don't wanna cancel my other patients. So I stopped doing that and what I told patients is, you can do it on site and have someone going there, come right after and I'll fit you in.

I have a room for you. I'll fit you in. You get it right after, then you go home, you're done. And of the patients will choose to come right after first because they've been with you for a long time. Second, because it's warm, it's cozy, the light is dim. It's just relaxing while in the clinic it's big, bright light.

It's just very clinical. It's not relaxing. So that's what I've done. So I would love to hear what you do. And do you work with specific clinic at all? Or you just work with your patients that are going to different clinic and then you tell them what is it best for that you can offer?

AL: Absolutely. I used to do a lot of that with the clinic I previously worked with. We did have a system. There's enough of us where we did go on site and give acupuncture. But I totally agree with you 'cause now I do the same thing as you. I say if you wanna come before, awesome. If you want come after, awesome. If you can come both also. Awesome. Or if it just works out better just the day before, like I think anything around transfer is better than nothing around transfer. And I do think the experience of being in a nice calming room with a meditation or like good music and it's dim and you can actually relax and you're not, hearing nurses talking and with the bright lights in an uncomfortable room and you're cold because there's no heat lamp and it's not always like the best experience.

To have it at a fertility clinic. And I do find also, like with the post protocol, the acupuncture protocol that we often do on site at acupuncture clinics because that's what the protocols that's been shown to have the improvement in pregnancy rates. It does require needle retention. And I find it's really hard to have Experience at a fertility clinic because they're like, okay, the patient had their transfer. Let's get them out so we can get the next one in. What do you mean they need another 30 minutes to sit there with their acupuncture needles for it to work? And so I find like you do have to be mindful of all those things if you do want your onsite acupuncture treatment, awesome.

It's never gonna hurt anything. But we do wanna just make sure that the treatments you are getting are effective.

CC: I'm with you because it's just more relaxing. It's longer. I usually leave the patients like up to 40 minutes if they want to. There's no problem. Even though transfer is not painful per se, not like. You know, retrieval another procedure is not painful per se.

You're sitting there going, oh, I hope this is working. I hope this is working. So you need to calm down because you're feeling like, okay, is this floating in there? What's happening? I don't know what's gonna happen. So, I'm with you on that. Absolutely. I love that, you are really into that.

My last question for you is. Last year I had a guest on my show that is Mike Berkley. Mike is so fun. I love talking to him because we had such a fun conversation. But he's also someone that for the first time as a guest, I kind of clashed with him because we didn't have the same view. Even though we laugh about it, I was like, wait a minute, I would not do this.

But you know, it's interesting because he does it the way he thinks is best for him, which is great. And so I love to hear other perspective. Doesn't mean that mine is better than his at all. It's what works for me and what works for him. So one of the thing that he said was. If I don't see, like if it's a couple, like a man and a woman, because it's not always the case, but let's say it's a couple men and woman, if I don't see both parties, even though his sperm is fantastic, I don't treat them.

So he doesn't treat the woman, he doesn't treat anybody. Say either you both come or I don't treat. So I said to him, I said, well, I understand that it would be fantastic, you know, to treat both people all the time. And I have treated many times, both couple, but it. 80% of the time, it's only been the woman coming.

And I said, you know, it's kind of like having a bowel movement when you wake up in the morning is ideal, but if you have it at 2:00 PM it's still pretty good because you had your bowel movement, right?

AL: Yeah, that's such a good analogy for sure.

CC: So I was just like, you know, and he's like, Nope, nope. So we laugh because it's his rule and he has to follow his rule.

I totally get it. So I wanted to know if you do see a lot of couple coming together as male and female, even though his sperm is, , fantastic and all the beautiful numbers, or do you not see a lot of male and do you discuss that with patients? How do you navigate that?

The couple thing? I would love your opinion.

AL: Ooh, this is juicy. I love this. So I definitely appreciate Mike's point of view. I love seeing both partners 'cause I firmly believe that. They're both 50% of the picture. It can be hard,

whether it's schedule or finances or just the men being open enough to acupuncture and stuff for, both parties to come or maybe there's childcare issues and so only one can come to the appointment.

I understand that there's also just life and a lot of factors and yeah, again, I'd rather have, the 50% of the picture. Than 0% of the picture. So I completely agree with you. I love that. And I do see tons of couples and men in my practice. It's actually funny how many people ask me like, oh, do you even see men in your practice?

Do you even treat like back pain or something? Because I'm just I'm just so focused of fertility and acupuncture. I'm like, yeah, totally. I do cupping, I do gua, I treat pain as well. I'm pretty good with back pain. I absolutely treat men as well. There's great stuff that we can do.

There's great formulas, there's great acupuncture techniques. I'd love to do some estim on those belly points. There's great research on that for improve being sperm parameters. So yes, whether if the seed analysis is great, like awesome, I say then it's optional. If they wanna come, amazing. We can only help improve things.

If they, if I do see seed analysis that's a bit subpar, I will very strongly try to persuade. The man to come in 'cause there's so much that we can do. 'cause that's also telling me, okay, there's a lot of oxidative stress. There's a perhaps a blood flow circulation kind of issue. There's a stress nervous system component.

There's nutrient deficiencies and stuff that, like stuff we can easily work on. Because I find when couples are going to the fertility clinic, the res are also not super helpful on the male side, they're like, okay, here's, a multivitamin. Yeah, sure. Maybe take some zinc.

There's some evidence it might not do much. Like it's very wishy-washy of how much they stress the male component. But there's a lot that we can do in the Chinese medicine sense. And then there's a lot, like I always say the semen analysis is a very basic report card. There's so much going on underneath, there's DNA sperm fragmentation, there's all a bunch of other factors.

Like the health of the DNA of the sperm doesn't show up on the semen analysis. So there's a lot that we can do to help improve that. So you have a higher chances of having a healthier baby with healthier genetics too, and that's so important. So yes, I do love to see the couple, even if you get a, a good se analysis that's not.

Check there. We don't need to see you at all. Because there's a lot going on underneath is, does your partner drink a lot of a lot of alcohol? Does he smoke weed? You cannot smoke weed. That's a completely zero. I don't love vaping either, even if it's nicotine. There's a, I have to have that conversation with a lot of, with a lot of my couples and then also high cholesterol and stuff. There's so many other things that I think fertility clinics don't stress enough to have an impact on male fertility basically. That I can basically help explain that. Yes, it does. And there's a lot that we can do.

CC: It is so true. You are right. It's 50% each are gonna give you the health of the baby, right? Like technically, two people get together no matter what. Yes, she carries the baby, but at the conception there's two people and it's half each. And I feel like men think, oh, I just have to donate my sperm and then it's not my problem anymore.

But it's like, yeah, but your sperm come from your health. So if you do smoke, if you do drink a lot, if you're super stressed, if you don't move, if you are overweight, if you have all those issue. are passing this on, so, and it's gonna affect the sperm quality, quantity, morphology, the fragmentation, everything you mentioned.

AL: Exactly. Exactly. Miscarriage too.

CC: Yes. See, they don't think of that. They're like, oh, and the woman blames herself, oh, did I do something wrong that I lost a baby? And I'm like, oh my gosh. No, you did not. But it's hard. Right? So, so that's a great. Educating piece. I think that's something that should be talked about, more about the male being involved with his health as well and make the effort, you know, so thank you for sharing that.

That's awesome. I would like for you to finish with maybe three little recommendation. For anybody that's listening and that wants to focus their practice in either women's health, endometriosis, or fertility, what advice would you give them?

AL: I think one is try to find a person online. It's easy to find acupuncturists that are in the field that are doing what you wanna do. Try to find out what their education was. Ask them what courses and books and stuff that they did, how did they get the knowledge that they have?

I think that's a really easy, I get dms all the time of acupuncturists asking me. Directly Hey, what courses do you recommend for this? What continuing education do you recommend ABO? And like all this other stuff. And I'm always happy to give advice. So I think find someone who has your dream job and see what they did to get it and what their background was.

And I think another one, let's see. I think you can't underestimate the importance of. how to talk to patients when it comes to fertility. There's a lot, and I'm made my share of mistakes of wording things poorly and stuff as I'm, learning to work in fertility. But there's, it's a very emotionally heavy, it's intimate process, so I think.

It's really important to be aware that you need to be that safe space. You need to be that emotional support for them and learn the ways okay, if someone's having a miscarriage, if someone had a negative pregnancy test, like how do you talk to 'em about that? How do you support them through that?

You can't just be like, oh, I'm so sorry. Okay, let's do some acupuncture. Like it's a very emotionally heavy sort of field to go into. So you can't underestimate the importance of. How to talk and be with the patients. And I think another one is you just have to always keep learning because the field of fertility and reproductive health and women's health is so forever changing.

I am on PubMed all the time. I am learning what fertility clinics are doing all the time. 'cause they're changing their protocols and different things of growth hormone, testosterone, natural transfer cycles versus medicated and stuff. I think it's one of those fields that's changing so fast. That you need to be, you need to love being a student, and you need to love continuing to learn.

And you do need to love the western medicine side of it because it's a lot of your practice is understanding, okay, here's our dosage of medipure. And they're asking you like, oh, should I genetically test my embryos? What do you think? You need to have an answer. Always continuing to educate yourself and learning what's new and.

Yeah. Just being that forever student will have such a benefit in your career.

CC: Yeah, and I agree. I remember when, everybody was on Clomid for the longest time, and if you don't learn the change, eventually they went towards Letrozole and you're like, oh, okay, what happened to Clomid? What's going on now? It's that change all the time, so, absolutely. So I love what you shared, found a mentor.

Keep learning and communicate well with compassion and understanding. Awesome. Thank you. Thank you for coming in, Allison. You love it.

AL: Thank you so much for having me. It so nice to finally talk to.

CC: Likewise, you're such a breath for fresh air. You're so smiley. And for people that are not on YouTube that you're just listening. She has a big smile on her face and she looks so young. I'm like, you have great Jing. 'cause you look so young.

AL: Oh gosh. I'm a mom now.

CC: Congratulations.

AL: Yeah, thank you.

CC: Thank you so much for spending your time with me today. I truly hope you benefited from this episode, and I would love for you to share it with a friend that may benefit from it as well. Follow the show, live a review, and if you want more. Go to my website, acuproacademy.com. I have tons of resources there with treatment protocols, case studies, free courses, and so much more.

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