Clara Cohen: Do you feel like when we went to TCM school, we learned a lot about TCM, and of course we learned the basic about physiology, anatomy, pathology. Of course we did. However, we didn't go in depth in certain system. Let's say the reproductive system.

So my guest today is Emily Marson and she's an acupuncturist in San Diego, and her whole entire practice is dedicated to fertility. The problem we have when we treat fertility in school. We come out to practices. Did we get enough understanding of what exactly the reproductive system has to do or to work for someone to get pregnant?

Do we have enough anatomy, physiology, pathology to understand how we can guide our patients into this fertility journey that is often challenging emotionally, financially, and spiritually? I think that my guest today is gonna blow you away because Emily, he is so knowledgeable in her Western understanding when it comes to fertility.

You'll get The voice in your head that says I need to understand this better. I need to learn fertility in a deeper way in order to support my patients.

This is one of my favorite subjects. So are you ready? Let's go.

Welcome to AcuPro, a show dedicated to making Chinese medicine and acupuncture easy to grasp and fun to learn. Hi, I'm your host, Clara Cohen. I support practitioners and students 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

Clara Cohen: Emily Marson all the way from San Diego, California, where it's nice and sunny, not like in Vancouver, BC. Welcome to the Acupro Show. I'm so glad you're here today.

I can't wait to have a conversation with you.

Emily Marson: Thanks for having me. Excited to be here.

Clara Cohen: Super. So before we start, because people might not know who you are, what you do, and our conversation is definitely gonna go on one of my

favorite subjects, which is fertility. And how as practitioners, we can navigate this focus in a specific practice, right?

If we wanna focus on supporting people that are trying to conceive. So before we start, can you tell me how you ended up being passionate about helping patients with their fertility journey?

Emily Marson: Absolutely. So, I went into acupuncture like a lot of students do. Having found it useful in my own life, I had a sports injury I had seen a bunch of western medicine doctors. They couldn't figure out what was going on with my nerve. And, finally went to an acupuncturist sort of as a last resort. Very common story. And then I'm interested in a lot of things and acupuncture, combined philosophy and history and medicine. And I was like, this is really interesting. I was in finance at the time and I was like, I gotta get out of this bro sector. My sister was in San Diego at the time.

I was in New York and Pacific College of Health Sciences in San Diego and my sister was here getting her postdoc. So I flew out here and started acupuncture school.

So I went into acupuncture thinking I was going to go into sports acupuncture because that's how I found it. I was working during the week during school and could only take my clinic shift on the weekend, which ended up being under the Women's Health specialty Supervisor. And that's the only time that I could take clinic.

So I started seeing patients coming in for fertility and cycle health. And at the time I had no idea what I was doing and I was getting results that my counterparts were not, even though I didn't know what I was doing. And we'll get into this later when we talk about stepping into the field of fertility.

But had this. Huge conviction that I could get these patients pregnant no matter what. And it was like a, false sense of that. But think my Qi really helped direct the success that I was seeing and. So when I got out of school I was like, let me just take a little look at fertility, acupuncture and what that is about.

And I started studying reproductive medicine on the western side and fell in love with it. And I became quite good at translating what was happening western medically to a patient and overlaying potential gaps in diagnostic care. From their western fertility doctor, what had been missed and also how to overlay Eastern medicine on top of their Western medicine presentation and be able to communicate to the patient what I was thinking about and

philosophizing about their case. And started to have success with my own practice. So I came outta school and I started with fertility only practice. I never did a multidisciplinary specialty and just went head down into fertility because I loved it so much and became the specialist in San Diego. Differentiating myself. With marketing that way, we've been in practice for almost 10 years now.

Clara Cohen: That's awesome. So there's a few things in your story that I love is that, this happens to me with my clinic in my TCM college as well, where my favorite teacher was my gynecology teacher because every time she told us what to. Do what points to do, what herbs to give. We got results and I'm like, wait a minute.

Every time she is there, we have results. Other teachers, not so much, so I better pay attention to her. And because gynecology was her thing, I saw a lot of really successful outcome for patients. That's one of the reason I went in. And the second reason is when I was a teenager and I got my period I got dysmenorrhea and I was into sports.

I'm from France, so I was playing handball. That was a big thing. We played handball in teams and there was time where I can't get outta bed. I'm in so much pain, I can't go. And I felt horrible because I was the captain of my team and I would miss games and it was so bad. And then my mom took me to an acupuncturist, which.

Solved everything, and I never had any dysmenorrhea after that. I'm in my late fifties now, so I don't have a period. My menopause went super easy. I just stopped and everything was fine, but it changed everything also for that. So between my experience and my best favorite teacher with results, I was like, oh, this is a really good field to go into now.

What I love is. You went all in and I had Mike Berkeley on my podcast last year, and he does the same thing in New York. He's all in, he doesn't do anything else but fertility. So before we talk more about this field that you chose. I have a lot of students that starts practicing or new practitioners that are so fearful of just doing one thing and niching or doing something focused because they're like I'm not gonna have enough patients.

If I did everything I could have everybody. I know that's a misconception, but I'd love for you to share why it is not right to think that way.

Emily Marson: I would actually point your listeners to a great book called, this is Marketing by Seth Godin. He's a marketing genius, I would say, this is, I

think a book that followed the Purple Cow. But he basically, he said you have to niche down to differentiate yourself or else you're lost in a sea of sort of mediocrity. And patients are looking for the expert, especially fertility patients. There's a sense of urgency and they want the answers immediately. And so if they see on your site that you dabble. In a couple different things. They're not gonna get the sense that they're going to the top expert in the field, that they need to get them to their healthy baby.

And so it is a strategy to niche down. And another concept in the book that I've held onto since I read it, is you really only need to reach a thousand people. Be successful and you have a thousand people who follow you, who are your tribe forever for your clinic, you will be successful.

So for example, we are a very successful clinic and we see about a hundred patients a week. And so that sounds like 400 patients a month, which could sound like a lot to your listeners, but. We require that our patients come weekly. So we're actually just seeing a hundred patients total. They're just coming four times a month, and we have a very monetarily successful clinic. I did a census analysis a couple weeks back. There are 31,000 women in San Diego who are struggling with infertility and we're treating a hundred of them. There is room to niche, okay? And you just have to capture the amount of people that can make you financially successful.

Because obviously if you can't be successful, then you can't treat. So I wouldn't be afraid to pick a specialty that you're passionate about and go all in because you think there's scarcity because there's not. And so I would say lean in from the beginning.

Clara Cohen: Yeah, and you know what? People are gonna relate to you once they come and see you. And they really relate to who you are as a person. 'cause I feel like a lot of us. Have our own personality and people relate to you for different reasons, right? Like people love that I'm French, or I have a lot of European that feel connected because we're all from Europe kind of thing, right?

So you may play music and people like that, or you have a dog and people you know relate to you, but they have to come and see you first. And so they will come and see you. Like you said, if you showcase that this is something that you went deep into. And you are able to help them. So I love that you share the expertise.

And I always say, one of my really weakness is skin. I'm not very good with skin. If you come in and you say, Hey, I have rosacea. I'm not gonna wanna treat you because I'm not good at it. And I know that who's good at it is someone in my area I call him the king of dermatology because that's his thing.

He niche down into dermatology and TCM, right? And so if I have someone coming with rosacea, I'm like, you gotta go see him because he's the best. Don't come and see me. The point is we can all help each other. If you are the fertility person in your area, people will refer to you and then you can refer other things to other people.

It's a boomerang effect anyway. It's not something that is going to be detrimental. It's actually going to help you practice expand.

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Clara Cohen: Okay, so let's say I'm a new practitioner and I really want to embrace this fertility, and I'm gonna go and learn as much as I can and be able to really understand what this field is about, like you did and like I did way back when. So now that I have a bit more understanding, obviously my patients are gonna teach me a lot.

That's just the way it is at the beginning. One of the question I get a lot from new practitioners is I've been treating this patient weekly, like you just talked about for the last three months, and they're not pregnant and I don't know how to handle it. I feel like I'm failing. I feel like, it's a challenge because they come in and they cry and they feel emotional, and they're really feeling disappointed.

I guess that's the word. How do you handle. That challenge because with fertility, it's a much bigger challenge. Then someone comes for pain, obviously their pain is gonna get better, right? We know that. But with fertility is it's one time a month, you can get pregnant. It's not every day. So it's like that, you know that window of ovulation for 36 hours or so. So you're like, okay, how do you navigate that challenge?

Emily Marson: I would first start and say, if you wanna practice fertility, acupuncture, you have to be able to work through disappointment. You have to be able to like. Steal yourself for a lot of tough conversations and a lot of darkness because these women , particularly women, are really suffering and they suffer over and over in their cycles.

So you have to be able to have enough QI present to the patient as their leader as their guide through this entire arc. So what I like to say to my employees who come outta school, and I'm training them. who don't see success, within the three month prescribed window of how they're told at school fertility works is that you have to really lean in. Even if it's disingenuous at first in telling yourself that, you can get these patients pregnant, maybe not just with TCM, but you know that you or who you guide them to. If they have eggs and they have sperm and they have not run out of their reserve, you can guide them to. healthy, happy baby. That may not be just TCM, that may be referring them out to an REI that may be. They come to you during IVF and you help them with their egg qualities, sperm quality, their transfer. But there's a huge arc of fertility care and women who have that. Monthly disappointment when they're not getting pregnant are in the middle and they can't see the full arc.

I can, because I've been doing this for 10 years and so I know can get them there and I know it to my bones and it can take two years of treating them. And the reason that patients stay with me is because I act as their trusted advisor almost more than anything else. So because I have such a deep knowledge of Western medicine and TCM, can treat them with TCM, but also guide them through that darkness.

So the practitioners who are disappointed are stuck in that arc with the patient. They can't see the pot of gold at the end of the rainbow. And so I train my acupuncturist by saying, you have to train your qi. Because if you go in there and you're in your head disbelieving that you can help them and having like a disenchantment crisis with TCM like I've done all the points I've. Read all the books on TCM, but they haven't gone deep on Western. And so they're saying, why isn't Chinese medicine working? It should work. am I doing wrong? What are you doing differently to me? I'm saying I'm not doing anything differently, but what I am doing is I'm tuning my chi to say, I know this patient can get pregnant. By several different pathways. It may not be me. I know how to be their guide and I know we can get them there. I will walk with them. Even when I'm referring to reis, they still remain my patient because I am that trusted advisor and leader in this fertility journey. And I think there's a lot of confidence that degrades if you're only leaning on TCM. And I'll digress a little bit here. I like to think of TCM and Western Medicine as working off of actually two different systems in the body. Oftentimes you hear acupuncturists say, oh, we're looking at the same body. We're just using different language. And after doing this for many years, I actually think that is not. Where my interpretation lies, so how I see it is Western medicine really works off of the substance. So a patient has low estrogen, they'll give them more estrogen. That's substance. Okay? The patient has a tubal block, they'll remove the block. Eastern medicine works off of. The coordination of the body, there's no other time in a patient's life that more synchronicity and more coordination has to come together than in fertility. And so it's not just, okay, we give the pituitary, more gonadotropins to come down and hit the ovaries.

It's those gonadotropins have to make their way in the blood. They have to be received by the receptors, then the egg has to grow and they have to retrieve. There's so much in the synchronicity of the body in those processes that is mis So Western Medicine provides the stuff, and Eastern Medicine provides the coordination.

And those two are two different pathways of treatment. So when we have patients come in and they've seen all of their Western medicine practitioners and everything looks normal, all the substances look normal, unexplained infertility,

they've done all the tests. That's when often we work with them maybe, two cycles and boom, they're pregnant and you're like, wow, this is really miracle medicine. But what it is, is that their coordination was off. What eastern Medicine is really good at treating their synchronization, their functional vitality, their qi. We have ticked the needle that Western medicine couldn't touch. And then you have the patients who come in and they have some physical block they have endometriosis, which is extra tissue. This is very western oriented and let's say they have severe endometriosis, but they haven't seen Western doctors. We come in, we try to synchronize all their systems, and we just can't quite crack actual physical tissue and the scarring of the pelvis. That's when Western medicine needs to come in and do its job, and so that's when you get them to the right person. then that physicality is taken care of and then they get pregnant. And then there are patients who come in and you're with them for one or two years, and they have both systems off the substances and the synchronicity. Are not optimized. And that's where this integrative care is so vital to successful fertility optimization. And that's why we are so successful. If you're listeners want to pursue fertility, acupuncture. I listened to that conversation you had, and he had such a great quote, that I even wrote it down, is, if you only know Eastern medicine and you're only heavily relying on the principles of Eastern medicine and you don't go deep in studying Western medicine and, know how to talk to Reis, you can be good, but you will not be great.

Clara Cohen: It was a fun episode. Mike is so fun. So for people that, because I have a lot of people that listen to the podcast that may not be English as their first language like me. When Emily says REI, it's reproductive endocrinologist for, fertility clinic that basically are obviously gonna help patients.

I love to pair Western and Eastern because you're absolutely right. If someone has endometrial tissue that needs to be removed or block tube, I can't do anything. What? What am I gonna do? If you're block tube, I can't unblock you. This is nothing I can do.

So pairing the two together is essential, specifically when there is physical issues, right? And so working. In conjunction with reproductive endocrinologist or fertility clinic. I've done that for years and so it's working in conjunction together and I think that works really well if the patient is willing to go that way.

Now one of the thing that when you were talking about, we have two system and the way you view the two different ways and pathways to reach the patient when they've been told that everything is perfect, right? Eggs. Perfect.

Everything is perfect. Sperms perfect, everything is great. It's unexplained infertility.

So my intention with this is I always say to them specifically I will not say infertility. I will say unexplained fertility issues, because you're not infertile, in my opinion, you are. Fertile with issues. 'cause if we call you in fertile, then technically you will never get pregnant. So I always try to change the language of patients and I think they appreciate that. 'cause then they can look at it from a different lens than going, okay. So the problem with those patients that I think a lot of new practitioners have a hard time explaining is those patients come in, they sit down and they tell you, okay, it's unexplained.

So how we're not getting pregnant. And so how do you answer that question from, seeing those specific patients who will say, okay, I don't really wanna go the IVF route because nothing is technically wrong, so why should I? So how do you manage that?

Emily Marson: Good question. I also use the language like subfertility instead of infertility. Like you're not, if you're into. Fertile. You're sterile and you're not sterile.

Clara Cohen: exactly.

Emily Marson: Same. I also say to the patients who have unexplained infertility just not diagnosed, like there is something going on and we are going to figure it out. oftentimes we see those patients because they've seen all the western medicine doctors. We see the most complex cases 'cause they're like, I might as well go try magic. I'll give it a shot. And so, what I like to do is ground them out of that idea that this is magic or that this is just stress relief because it's not, it's medicine. And the way that I think about these patients who have all of the labs and the ultrasounds that check out is that it's either rooted in uterine environment that is not tested often by fertility clinics until many transfers fail. And in the same vein, like immunology or allo immunity. And uterine environment looks like late infection or dysbiosis in the cavity or endometriosis. Silent endometriosis in particular because these patients are unexplained. They don't have any of the symptoms now. I think there's like a real gap in care between an OB GYN who focuses mostly on pregnancy care. and not infertility care and IVF clinics, because the OBGYNs are so busy, they're like on call if you show up and they do preliminary blood work, but if everything looks normal, they'll ship you over to the IVF clinic. And the IVF clinics are trained to. Harvest eggs fertilized with sperm and transplant, and there's really this sort of like missing diagnostic person. And so I try to be as much of that for the

patient as I can be. And that looks like, having the patient from their IVF doctor advising them to pursue an Alice and Emma and Receptiva. I don't know if that's common up in Canada, but this is an uterine environment biopsy. It's a minimal procedure and it looks at late infection. Can be, if they find an infection in your uterine environment, you have chronic endometritis, they can easily fix it with a round of antibiotics. And then dysbiosis, we actually have all of our patients start on a vaginal probiotic suppository to take dysbiosis off the table. That means there really should only be lactobacillus in the uterine environment.

It shouldn't be like the gut full of different kinds of bacteria. And often they've seen. In these failed transfers down the line that lactobacillus is missing. So we have everyone start on a vaginal probiotic, take that off the table, and then the receptiva, which looks at BCL six levels, which can be indicative of, endometriosis. In my world, that should be done really in the beginning phases of OB GYN care. But unfortunately, when patients move into IVF, they're taken through stim. They get their embryos and then they're taken through transfer, and then if the transfer fails, then they look at uterine environment and I get like on a soapbox about it because I can't do the biopsies obviously because I'm an acupuncturist.

But I confront the reproductive endocrinologist that I work with. Like, why are we not doing this first? if those three things are taken care of in the diagnostic phase, then these patients can. Get pregnant without IVF and without the $30,000 cost.

Clara Cohen: That's exactly it.

Emily Marson: and emotional impact. And so I actually wrote to the New York Times about it once. 'cause I was so mad, why are we not doing this work for these patients? It's a disservice. They didn't respond. I'm still waiting.

Clara Cohen: And good for you. It's awesome.

Emily Marson: I'm really that interested in finding out what's going on with the patient. So I help the patient up their confidence to confront their IVF doctor.

Hey, let's do these tests on the front end.

Clara Cohen: Yeah.

Emily Marson: And potentially I could get pregnant without IVF. Then they come back to us once their uterine environment is cleaned up, then we can work

our magic in the synchronicity of the pituitary to the ovaries, to the uterus, and boom, we have pregnancy.

Clara Cohen: Like you said, it's twofold is the fact that it costs a lot of money for IVF. Depending where you are, the prices are gonna be different, but it's a lot of money for most people. Some people have to take a loan, they have to borrow money from family, right? It's a lot. And then it's emotionally, you put all your eggs literally in one basket and then you come out and it didn't work.

So if we could prevent that whole, cycle of doing something that didn't serve us in any way possible, then that would be great. However. I can see the fertility clinic going, oh, but IVF makes us more money. So that's the problem that we are going against unfortunately, because it is a business for them and IVF will cost more money and they'll obviously make more.

And yeah. So that becomes a little bit of an issue.

Right.

Emily Marson: You can sense the tone drives the clinic based on how the doctors respond. San Diego is a hub for IVF clinics, and so we have maybe six or seven in the city, and the doctors who respond to me. Or a patient that I've sent to them about the uterine environment tests, biopsies, and they say, oh, you would be just be treated with IVF anyways. I'm like, you are really tunneled. I don't blame them, but they are many years in and blinded to their root of treatment that they forget that the point is to get the patient. Pregnant and the most sort of natural way as close to how the biology works. And they can fall into this sort of monetary driver. They're successful, they get paid if their clinic is successful. but some doctors. Those are the ones that we actually refer to the most are the ones that you can see in the reports back from the patients of their consultation. they go through a diagnostic Story. And then they say, I think maybe you could try on your own with a little Letrozole, or we can, do a hysteroscopy and if we find something, we'll clean it out and then you can go try on your own. You can hear the doctors who are really interested in figuring out why their patients are not pregnant and not just getting them on the of conveyor belt of IVF.

And so those are the doctors that we tend to refer to.

Clara Cohen: That's a good point. We have quite a few fertility clinic in Vancouver as well. It's interesting because on one end I know they want their numbers to be high so they can say Our success rate is so many percentage. But

if you're doing IVF without checking deeply into what could be done for not IVF, then you are not gonna get that success.

We have to show them that too. It's like you want success in your clinic, so maybe having, a little bit more of a deeper look might help you in the long run. So it's kinda trying to showcase that. But obviously, like you said, they have to have their own way of doing things and we can just kinda, be there to work alongside and to support patient the best of our ability.

Ad: Before we continue with today's episode, I wanna share something that honestly feels like a big moment for me. If you've been following me for a while, you know I've always said no to all sponsorships. I've been approached many times, but I turn them all down because if I don't genuinely use a product or love it, I will never recommend it to you.

But today is different. I am super excited to introduce my very first sponsor, drum roll please, Jane App. I'm also a Jane ambassador, so this is a company I actually use and love. I am saying yes because I've used Jane for years in my own multidisciplinary clinic. Truly, it's the best practice management software and electronic medical record I've ever worked with.

Before Jane, we were using a clunky system that made everything harder than it needed to be. When we switched, the entire clinic felt the difference immediately. Jane is built by people who actually understand what it's like to be a practitioner running a busy practice. One of my favorite features is online booking.

There is nothing better than waking up and seeing patients booking their own appointment while I was asleep. Your patients can book when it works for them, and the wait list feature fills last-minute cancellations automatically. I love that. I used to spend so much time calling eight to 10 people just to fill up one spot.

Jane also automates the things we never enjoy doing, like intake forms, reminders, confirmation. It honestly feels like having an extra assistant handling all the moving parts so you can focus on what really matters, which is supporting your patients and being the TCM rockstar practitioner you truly are.

There are so many features I could talk about, but we would be here all day. If you're looking for a system that brings more ease, more clarity, and calm into your practice, I truly recommend Jane. You can check it out at jane.app/demo. And because you're part of the AcuPro community, you can use my code

AcuPro1MO, one month, when you sign up to get a one-month grace period on your new account.

The link and the code are also in the show notes below for you. Now let's get back to today's episode.

Clara Cohen: My next question for you is, let's say the sperm is great, great morphology, great everything motility, blah, blah, blah, and count. Everything is fantastic. And maybe nothing is wrong with her, neither. It's unexplained. Let's say. Do you tell patients I need to see you both, no matter what, or do you just say, okay, I understand that obviously the woman's gonna get pregnant, so it's only the woman, the husband doesn't want to come or doesn't think he should come.

How do you navigate that couple treatment?

Emily Marson: Yeah, that is definitely tough. I would say the burden of infertility falls on the woman. So the majority of patients are women who walk in here. I say and there is something about. Male fertility and sperm that is associated with a male is like machismo. So if we focus on them, then sometimes they get defensive about how, strong their sperm is. So what I like to say to. female patient is we have to have a semen analysis and a DNA fragmentation test for your partner. You can pitch it to them saying, let's just rule you out. We need these tests. There's an at-home kit now that we recommend that's just as good as the one as going into a clinic and you do it, it's done, and then we move you off the table.

So the association for them is oh yeah, we're just gonna get me outta the equation instead of we need a semen analysis, DNA fragmentation, because it might be you, it might be your weak sperm. You like tone it differently. and that is usually well received. And also at the end of the first initial consultation, I'll write up a whole email. In it is a section for the male partner. And so I usually say to the patient in front of me, Hey, just forward this to your partner. There's a little section for him in there and have him read it versus them trying to pursue their partner to. Follow up and do a semen analysis, and that sort of interplay between dynamic of having a partner chase you for something that the male partners may be shy or resisting.

Clara Cohen: you know, It's interesting 'cause again, going back to Mike, and for people that haven't listened to that episode, we'll have the link below. Mike Berkeley does not treat women. Only. That's the way he does it. It's the whole couple, oh, we don't do it, kind of thing. That's his philosophy.

And I don't do that. I'm like you, I'm. Let's try to get what we can. 'cause I know there's a lot of pushback from the male partners. I treat whoever wants to come. I'm not gonna force you. So I'm like you in that instance. One of the thing that I would also love your feedback on is I've had a lot of patients coming that are single or same sex couple, right?

And they wanna get pregnant. They wanna have a baby. So they have to obviously purchase sperm in order to be pregnant. Obviously they have to either do IUI or IVF they can't just do it on their own. So they either need IUI and for people that are listening is intrauterine insemination, basically, I call it the Turkey baster.

And so that could be their option with or without medicine Letrozole or go the IVF route. How do you navigate this? Do they need us? Because in their mind they're going I just need the sperm. It's gonna get in there or the IVF if it's faster or because they recommended this to me, whatever, do they actually need us?

And I've treated a lot of them and I know they do. But I would love your opinion and feedback on that.

Emily Marson: With every patient who walks in the initial consultation, I always draw out the HPO axis. I call it the HPOU Axis Hypothalamus, pituitary, ovarian, uterine axis. And I say, the hormones have to come down from the brain. To the ovaries, to the uterus and back and do this loop in order for you to have these big juicy follicles that produce good quality eggs and those follicles where the one is going to be ovulated that month, that cohort was actually selected three to four months before by the body, and what we do as acupuncturists is we go right in over the ovaries and we influence the development of that cohort as it moves through. These months before it is the cohort where one is ovulated and an IUI may take place. I'd like to explain that good follicular development, good quality eggs actually means chromosomally normal eggs and the chromosomes get pulled apart in that sort of three month period.

And if there is not enough cellular energy, so not enough. Mitochondrial health or ATP, which often happens as we age. Then that pull apart becomes deranged. And this is where we have maybe like tri of pure split of the paternal line and the maternal line in the patient. so if the energy, the ATP energy of the cell is low, then you can have poor chromosomal split also.

What influences. Egg quality and follicular quality is the fluid around that follicle and around that egg in that three to four month period. So also as we

age, we collect more and more free radicals. So a molecule has an extra oxygen on it, oxidative stress that's not capped its pair, and it slices up chromosomes.

And that's why antioxidants is so important in fertility care. And a patient may come in and say I'm having IUI I am a single parent or same sex. Couple. Why would I need you? I say everyone, no matter your age, has eggs that don't pull apart their chromosomes in a perfect way. And that process gets harder as we age. And so you need, we are great at influencing that process. Over the course of those months, and how we do that is we get the communication of the hormones that come out of the brain to move through the blood and be received by the ovaries and. you put something foreign into the body like a needle, the body responds. So we put the needles over the ovaries that sends blood, lymph, and histamine to the area. you send blood to the area, you are sending the hormones because they have to come down from the brain to the ovaries, they have to get there some way, and that's through the blood. And you activate those receptors, they ignite, and then you have. Better quality eggs show up for you in that cohort. When you finally do an IUI.

Clara Cohen: Perfectly explained, and this is why. Knowing your Western understanding of physiology, how the woman's physiology specifically works is so key because people can see that you have the knowledge, you have the understanding, and now you can share it and explain why. They need to come because it's fascinating with fertility, right?

Because you have patients that will come after two failed IVF or two failed, IUI, or they haven't tried anything. They just tried on their own for a year. Or you have people that have tried, I don't know, IVF twice and they got pregnant and then they lost. The pregnancy. You have so many people coming from their own journey, and we have to be able to navigate all those journeys and explain what we can do for each of their case.

But that's why I love TCM because we don't treat everybody the same way. We don't go, okay, we all doing this, we're all doing the same thing. Taking the same medication. We look at the bigger picture and that's why I love IVF. So I really appreciate you coming in and explaining all this and how you go about in your successful clinic when it comes to fertility.

After all this information, which I think is really great for people that are listening, that are thinking fertility is something that I really connect with. What are the last few words you wanna share with my audience that could be really useful for them before I let you go back to beautiful San Diego weather.

I. To pop back in on why I do the HBOU access also, which is really critical if you wanna be successful in fertility, is because then at the end of the session I say I need to see. You every week because your hormones change every week and they have a visual presentation of that, and no one says no.

Emily Marson: Have a hundred percent. Yes, I get it. I can see it visually. This is why I need to be coming. Versus if you're just like you need your liver qi moved. People are like. Okay, I need to rest. And then if they don't get pregnant over a couple cycles, they're like resting isn't working. So you really have to ground down in the, to pull it all together. In the last words it is critical to know your Western medicine and. be of an inquisitive and always learning mind. The field of fertility on the Western side is always changing, and so you have to love it and study it and be on top of the journals that come out. to the conferences, you really have to be wrapped in it to stay in step with your patients. As they come in and they say, I have this new medication, you could say, oh, I know what that medication does. I know how it influences your TCM presentation. I don't know. I know how maybe symptoms that you're come, that'll come up that are related to TCM and how to explain what's going on in the physiology of that medication to your patient because.

Then you become their trusted leader and they will stay with you and you will walk with them until they have reached the end of that arc. It may be. One month, it may be two years. But it is such a magical journey if you're willing to be open-minded about this intersection between Eastern medicine and western medicine, how they do not com combat each other.

And in fact, they compliment each other. And you have to be able and willing your mind to. Western Medicine in order for your performance as an eastern medicine practitioner be successful in the field of fertility.

Clara Cohen: I think it's like for everything. I had a patient that came to see me years ago and said, I've had constipation my whole life. And I was like, okay, what does it look like? And then I literally almost fell off my chair because she has a bowel movement every three weeks and i'm like, we need to get you in for testing.

That's the point, right? It's like Western Medicine is gonna help us figure out what is going on with this poor person who has a bowel movement every three weeks. So it's the same with fertility, it's the same with anything. The more information everybody has, the better the outcome because now we know and without knowing.

We're basically walking blind. We don't know where we're going with this, right? Yes, TCM is great and has such a great powerful tools to help patient. But the more we know, it's if a patient comes in and we say, okay, I'm gonna put needles in you. But we don't ask question. We don't observe, we don't look, we don't palpate, we don't do anything.

How's that gonna go anywhere? So it's the same, the more information we have. This is how we could treat patients. So I appreciate you coming in and sharing this with us. And I love that you really showcase that it's so important to understand and know the western physiology and anatomy of , the fertility bodies, I guess we should call them and how they go about, to conceive a baby, which is a next step, and maybe we can have a conversation again, is then the patient gets pregnant and then the fear sets in. Am I gonna keep the pregnancy? Am I not gonna keep the pregnancy? This is why when you said, you might follow someone for two years, I've had so many patients that, you treat and you are their guide through this journey.

They get pregnant and they're not gonna leave you. They're gonna stay the whole pregnancy because they're like, let's keep this safe so we don't have to go through this again. I've had patients where. I went through two babies with them, you know, two fertility and two babies.

I still get pictures, like some of those kids are like 16 years old. And I'm like, I still get pictures every Christmas. Hey, here are my boys. And I'm like, oh my God, I can't believe they're that old. What happened? They're men now. So you're part of that whole journey.

And it's very rewarding, but it's also very challenging. .

Emily Marson: It is truly the best work because you'll have patients who have been going through fertility challenges for years, and they've taken so many pregnancy tests that finally when they take one like. They haven't even told their husband. They walk in and they're I'm pregnant, and you're the first person I told because they don't even do it together anymore.

The test. And I've been doing it long enough where I've had like the third round of children come out of it and the. The Christmas cards and it is such rewarding work. But in the middle of that, don't forget, like that's the pot of gold. You have to be their cheerleader in all of the darkness that gets them there.

And so while it is the best, the most rewarding, it is also some of the toughest days. And you're there to pull them through that.

Clara Cohen: Thank you so much, Emily, for coming and sharing your wisdom with us. I really appreciate you and your time with us. And we'll have the link below of if people wanna reach out of how to get to you. And again, thank you so much for coming.

Emily Marson: Thanks for having me.

Clara Cohen: 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, leave a review, and if you want more, go to my website, acupointacademy.com. I have tons of resources there with treatment protocols, case studies, free courses, and so much more.

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