

Low AMH

Is not a death sentence for your eggs

There is help

Industry secrets uncovered

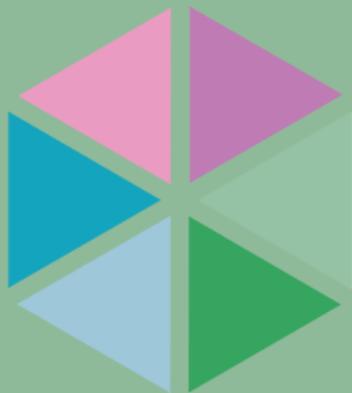
Myths busted

Truth Revealed

By

By Dr January Summers MD Ob/Gyn

& Dr Scott Martin M. TCM M. ACU



ADVANCED
FERTILITY
SUCCESS

You really made a difference

'We felt so lost. We were getting so much advice but none of it seemed a fit for us. Then a friend who had success with you recommended us. For the first time someone was speaking our language.

With a whole slate of medical problems in the way, we were pregnant 7 months later! We could not be happier. Thank you!'

Kate, Ash & Cody Mackay Australia
AMH level 1.6 – pregnant in 4 months



We could not have done it
without you.

*'Great knowledge, great service, great product
Great everything!'*

We have been telling everybody about you!
Thank you, thank you, thank you'

Emma & Ellie
AMH level 0.8 – pregnant in 6 months



Your products really do work!!!

'We were told we would not have our own children. You created a prescription that would solve our fertility issues and help us fall pregnant naturally. Here's your proof! Thank you so much!!'

We thoroughly recommend you to anyone who needs fertility help!'

Josephine & Jocelyn
AMH level 0.2 – pregnant in 10 months



I am so glad we did this.

"I was unsure at the start but your information and knowledge really comforted me and gave us hope where we basically had none.

You turned our lives around.

Thank you forever"

Vicki & Lara - Cambridge UK
AMH level 0.4 - pregnant in 7 months



*We were ready to give up after
6 years of trying.*

" I have to be honest and say we didn't put much hope in this. We had been disappointed so many other times.

We felt like we were just throwing away good money after bad.

Now looking into the eyes of our 9 month old baby girl it was all worth while. Thank you for helping us make our dreams come true!"

Melissa & Charlie - Quebec Canada
AMH level 0.2 – pregnant in 9 months



Thank you for our miracle!

"We were told we would never be able to have our own baby. My AMH levels were so low and we didn't have much hope until we found you.

6 months later we were pregnant!!!

Our baby boy Jeb is bringing us so much joy and we want to thank you from the bottom of our hearts."

Molly & Jeb - Boulder USA
AMH level 0.8 – pregnant in 6 months



Low AMH is not a death sentence for your eggs, there is help by Drs J. Summers & Dr S. Martin

About the Authors



Doctor January Summers is a retired medical doctor who did her Obstetrics and Gynecology training at the prestigious Johns Hopkins hospital in Maryland Ohio.

After that she went to work at one of the most renowned IVF centers in the United States for 15 years. It was when she discovered her own battle with low AMH, and had to use alternative medicine to have her child, she left the profession, and went into full time research.

After years of research and collaboration she went on to form Advanced Fertility Success, a company designed to help women overcome their toughest fertility issues.

Doctor January draws on her years of experience and provides the Modern medical side of this book

Doctor Scott Martin has a Masters Degree in Chinese Medicine and is the director at Australian Natural Fertility.

He provides the Chinese medicine side of this book.

Dr Scott is the advisor for the Chinese medicine formulas that has achieved the results outlined in the research by Dr January.



Collectively they are very happy to provide the practical insight and wisdom of this book and hope that it benefits women on their fertility journey around the world.

Disclaimer: This book is for educational purposes and is not designed to diagnose, treat or cure, or prevent any disease. The statements about the medicine and the trials under which the medicine is used, has been done solely by the authors and have not been evaluated by the regulatory bodies of different countries. The medicines used however are registered with the Therapeutic Goods of Australia, who have the highest standards of processing, manufacture and safety for medicines of any country in the world.

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Introduction

Many years ago the AMH test was introduced into IVF centers. It was a test that had been around since the 70's but only gained popularity in testing for IVF patients in the last 10 - 15 years. I had women, some as young as their early 20's, coming into my clinic crying and in shock, straight from their IVF appointment being that they were told that they could never have their own babies and that they would need an egg donor, or that their ovarian reserve was so low that they had to do IVF straight away before their eggs ran out. If you've had a diagnosis of low AMH then you know exactly what I am talking about and how devastating that news can be.

I'm going to let you in on a few trade secrets.



I'm going to tell you what low AMH really means to a woman's fertility
and it's not what you think.

I'm going to tell you why these doctors can be totally wrong, and have
no idea why they are so wrong.

I'm going to give you hope that things can turn around in your favor and
achieve the dreams you so sorely want.

Top Questions Answered.

I've got low AMH and the doctor says I can never have my own baby!

WRONG!

I've got low AMH and my doctor says I should do IVF as soon as possible before time runs out!

FALSE

I've got low AMH and it can never be reversed!

INCORRECT

The Promise

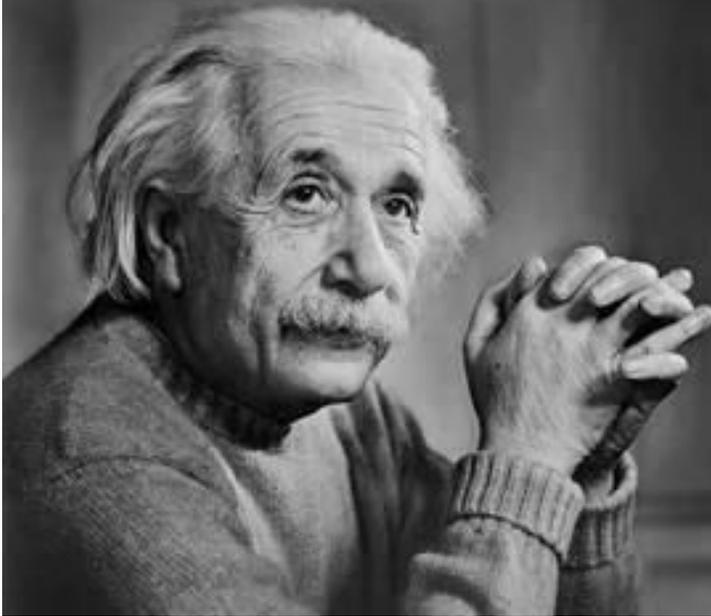
We here to break the myths surrounding a low AMH diagnosis. And most importantly I'm going to break the myths about what can be done about it.



If you read to the end of this book, you will know more about your fertility and low AMH levels than your doctor, your fertility specialist and most people in the world actually. And most importantly you will know of a solution to this heart breaking problem that leaves so many couples facing medical bills in the 10's of thousands and very little real hope of success. I've helped out so many people in this situation and I'd love to help you too if that's what you need.

If you can't explain it **simply**, you don't understand it well enough.

– Albert Einstein



If you ask your doctor or specialist 'WHY DO I HAVE LOW AMH?' and they might say 'because your body doesn't make enough of that hormone' and if you then ask 'why doesn't it make that much hormone' and that's is where the *umms* and *ahhs* come in, you'll be given some answer that doesn't make much sense and they'll likely move onto the next subject quickly.

I hated being asked that question, because I never liked my answers, or more to the point – that I didn't have answers.

In reality your specialist can see that you HAVE a problem, but in most cases they won't be able to tell you WHY you have that problem. I can explain it in simple and easy to understand terms, and it will make a lot of sense.

QUESTION

Think about this.....

If someone said to you “give me ten thousand dollars and I’ll give you a 2% chance of getting you what you want”

Would you take that deal?

This is the reality for women with low AMH levels walking into IVF clinics around the world.

If you got a diagnosis of low AMH then you have about a 2% chance of falling pregnant with IVF and almost no chance of falling pregnant naturally, but you can give an IVF doctor thousands of dollars anyway to give it a try... Would you walk in feeling confident saying “this is going to work!”

Would you think that was a good deal?



No of course not, it's a terrible deal, I couldn't imagine of a worse deal personally, but there are thousands and thousands of women world wide every year who take that deal.

And guess how many people get their dream?

2%

2% that's it!

So 98% of the money goes straight into the doctor's pockets, 2% get their babies.



That's great money but it likely leaves neither the doctor nor the patient feeling good about themselves to be honest.





**KEEP
CALM
YOU DIDN'T
WIN THE
LOTTERY**

*What if there is a **simple** and common sense approach that could **vastly improve** the chances of falling pregnant at a **fraction of the cost**?*

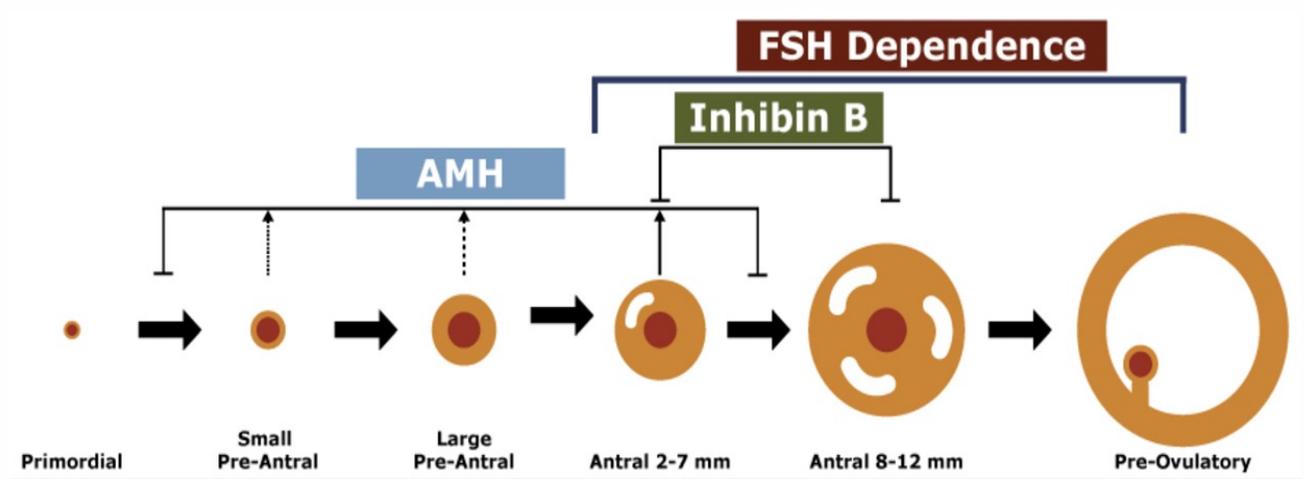


Loss & Redemption

The low AMH death sentence.

As we have just found out, women with low AMH levels have basically been given a death sentence on being able to have their own babies. I'm going to explain what can be done about this but you need to know the full story to truly understand the how's and why's of why they say this is a 'diagnosis of no return.'

Let's start with what is low AMH? I'm not about to baffle you with scientific jargon, I'm going to try and make this as simple as possible, so stick with me, it's just 60 seconds of basic terms and the stage is set.



This chart shows the transition of hormones in a woman's ovary from primordial egg (meaning the earliest stage of development) to a full egg ready to be released by the ovary and fertilised. See how it starts out very small using AMH, then gets very big using FSH. We aren't going to worry about Inhibin B for this book, but you can see the role it plays.

AMH or Anti-Mullerian Hormone kick starts the growth of the egg in your ovary. It's what turns the egg from nothing into something. Once an egg gets large enough, about 2 mm or so in size, FSH or Follicular Stimulating Hormone kicks in and takes over.

So what happens if AMH is low?

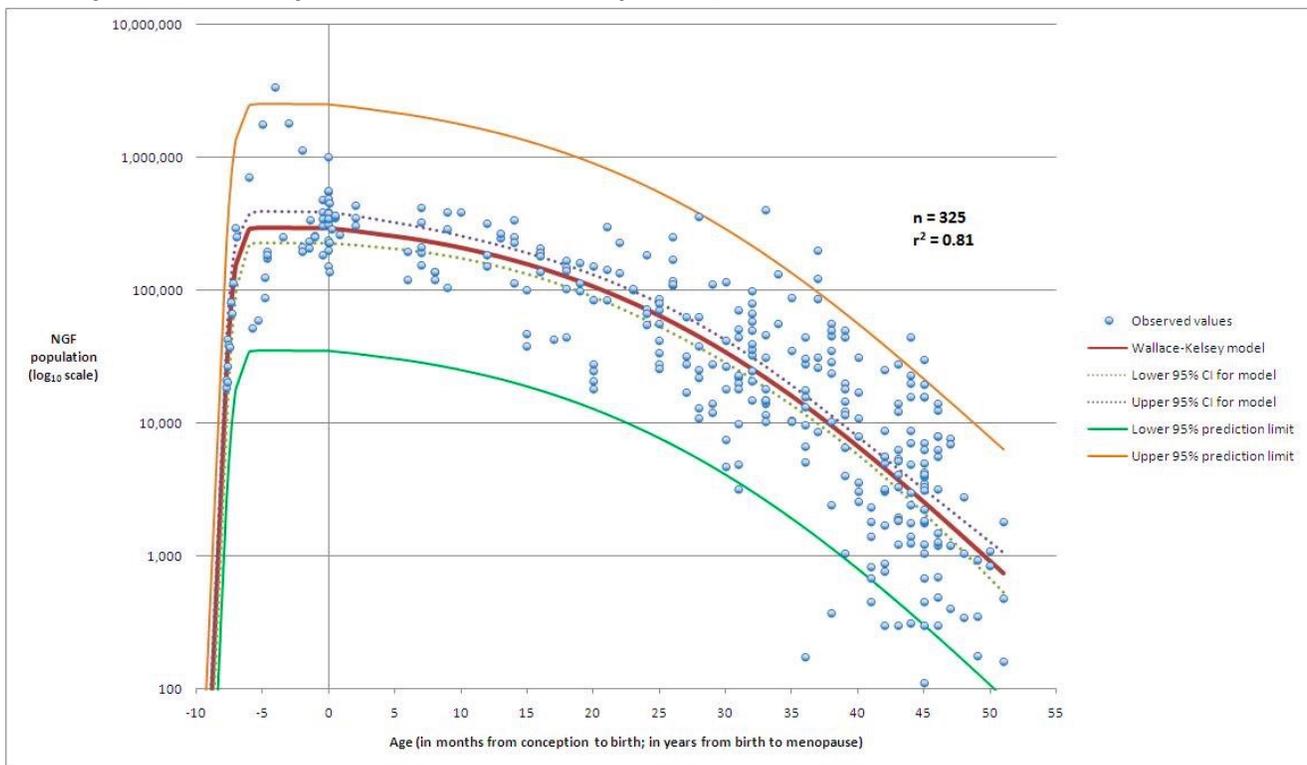
It's a poor and slow start the growth of the egg and FSH has to jump in sooner and work harder and harder to get the egg to grow.

This is why if a woman has a hormone test for AMH levels and they are low, there will typically be the accompanying high FSH level.

Ok so that explains what AMH and FSH are, and how they work together. That's the heavy part over, it get's easier from here.

You've probably heard from your doctor or specialist, or someone from the internet say low AMH means I've got low ovarian reserve. What does that actually mean?

Ok. I've got to get something clear up here, because this is not what the doctors will tell you or what you will find on Wikipedia, but it will make a lot more sense.



What you are looking at here is a chart of how many primordial eggs a woman has from when she is first conceived, to when she is born to when she basically has none. It describes the number of eggs up the side and the age of the woman across the bottom. The older you are, the less eggs you are likely have.

Ovarian reserve means 'how many primordial eggs you have in reserve'. When a woman is born she has about 400000 primordial eggs, by the time your average pre-menopausal woman, a woman at the end of her fertile window, say about 45 years of age, still has on average 5000 - 10000 primordial eggs left!

I can hear your brain ticking over....

“If a woman can’t have any more babies because she is too old but still has 5000 - 10000 eggs left, that doesn’t sound like low ovarian reserve at all!”

It sounds like 5000 – 10000 eggs in reserve!

Considering she only needs 1 egg to get pregnant,

That is plenty!

And yes it is, but why can’t she get pregnant then if there are so many left?

Now I have to let you know something here. A bit of history that will help make sense of this. The AMH test was originally a test for women who may be going into menopause early, not to test ‘ovarian reserve’, that came later. Now we know that menopausal women can’t get pregnant because they have no eggs left, and that’s basically right, but what about women who still have eggs, aren’t menopausal, who aren’t even close to menopause and still get diagnosed with low AMH or in other words low Ovarian Reserve. How on earth does that fit??

So this is what I want you to think... Low AMH has nothing to do with ovarian reserve - getting old has more to do with ovarian reserve. In real time, in life, in the clinic and the IVF surgery, **low AMH has more to do with how likely an egg is to fertilize than how many eggs are left.** I’ll say that again. Low AMH has more to do with how likely an egg is to fertilize than how many eggs are left.

Let's make sense of this simply.

If you have low AMH is most likely you still ovulate every month?
But you don't get pregnant, right?

Why?

Because your body has produced a poor quality egg
that doesn't get fertilized.

Think about it this way... Have you ever bought a packet of seeds? Tried to grow your own veggies, or alfalfa sprouts, or even tried popping corn? Ever noticed that there are some seeds that will do exactly what they are supposed to do: sprout and grow (or pop), and others will just lay there dormant not doing anything. Low AMH women are like those dormant seeds - nothing happening even though they are there and can be seen. Make sense?

So Low AMH doesn't mean you don't have enough eggs left,
in reality it means the eggs you grow aren't that fertilizable.

This is why general success rates of women with low AMH levels choosing IVF is at 2% - the eggs were never going to go anywhere in the first place, because they weren't that fertilizable - regardless of how many different drugs they got pumped up with.

FAILURE

But what about the 2% - why does it work for them? Can I be one of those?



Before we get into that there are a few fundamental things that you need to understand so you can go onto being one of these 2%ers, one of these women with low AMH levels that can still have their own baby.

I'm going to do what your doctors, specialists and scientists can't do: explain about why this happens in the first place, and then tell you how to fix it.

This is going to make a lot of sense. So put your phone away, close your Facebook tab and get rid of your distractions because this is the real reason. This will help you make sense of this mess called fertility and low AMH, and it's great.

Low AMH is not a death sentence for your eggs, there is help by Drs J. Summers & Dr S. Martin

Are you ready?

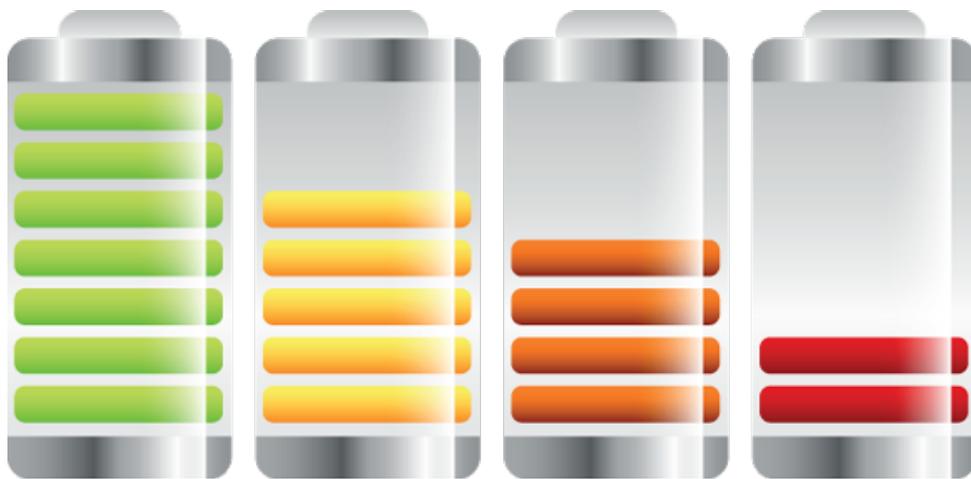
You don't get to choose whether you get pregnant or not.

You don't get to decide, you can't say to your body
"this month, let's go, its baby time."

Reproduction is a bonus function,

It is not an every day run of the mill success guaranteed function, like breathing or the beating of your heart is. It takes all of your body's energy to run you on a daily basis, to get up, go to work, be an employee, be a partner or wife, enjoy things you like, put up with things maybe you don't like, maybe go to the gym or some kind of exercise, feed yourself, watch TV, clean the house...you get the picture. I'm talking about the energy needed for the enormous amount of things the average person goes through on a daily, weekly and monthly basis. You wake up in the morning, go about your business and then go to bed tired later that night. You've expended your energy for the day, and now it's time to recharge while you sleep: the basic cycles of everyday life.

Life, divided by energy expended living it = You

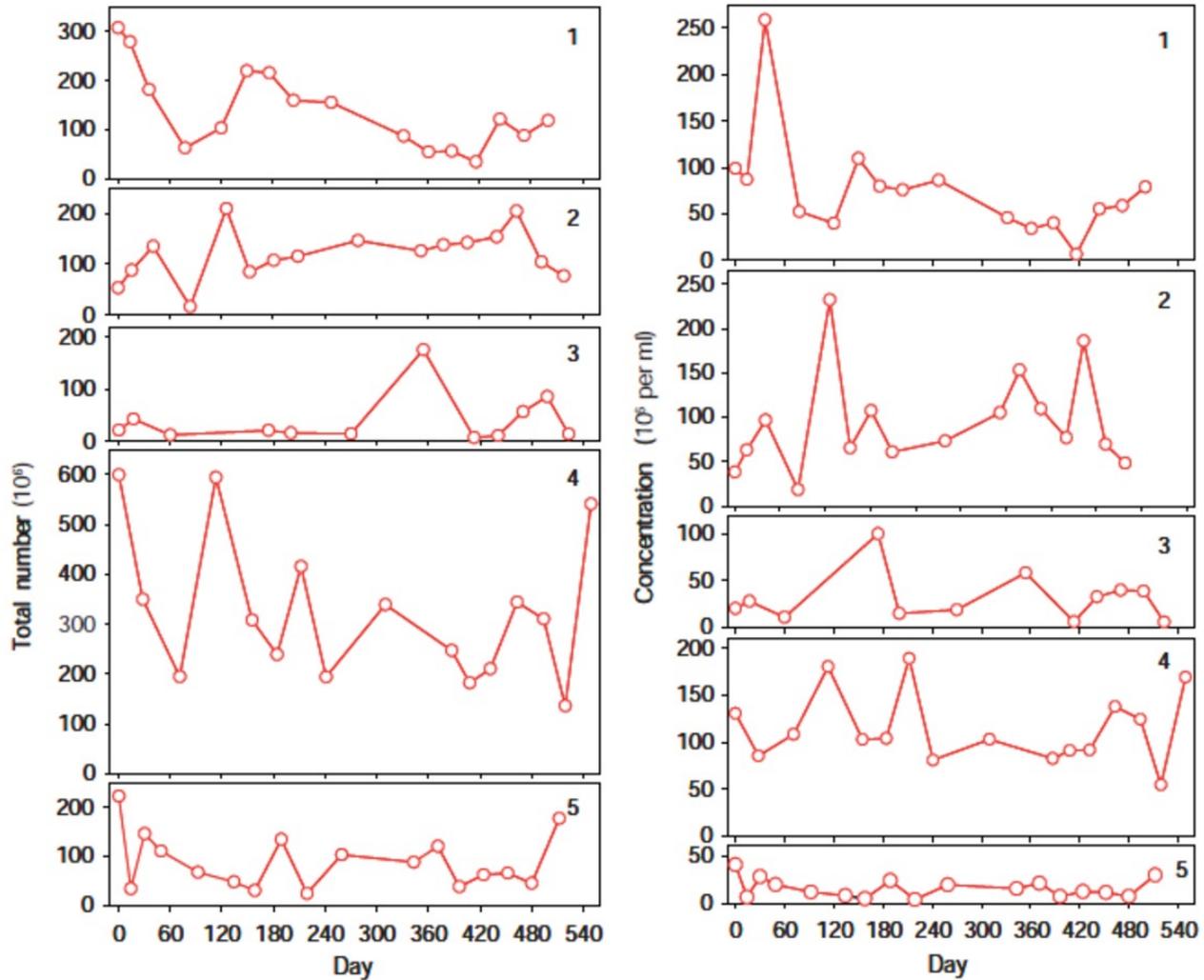




If you have a challenging life, you have to drag yourself through the things you are doing, life is stressful or you feel tired and overworked all the time, that means your body is having a tough time running you in the first place! ***It doesn't have any energy left over to grow you a baby!*** And if things have been really tough on your body, it will redirect energy away from your reproductive functions to other areas that need it. What better way of ensuring you don't place anymore strain on your body that it not growing eggs that can be turned into babies? Really - it's a good protection mechanism but that is not what it is trying to do. Growing a baby takes a tremendous amount of energy for the body to do - look at a woman in the first 3 months of pregnancy and ask her how energetic she feels.... generally not energetic at all. Why? Because the body has diverted so much of it's energy to growing a baby. ***If your body is struggling to run you on a day-to-day basis, it sure is not going to grow you a baby.***

And so when we see low AMH levels, and you are not in your middle 40's you can be pretty sure you body is overworked and doesn't have enough energy to grow you a baby.

I'm going to give you an example that will help make this clearer.



The hormones that grow men's sperm are the same that grow women's eggs, just in different proportions. I want you to look closely at this chart here. There was a test done of 10 men over a period of 18 months getting tested twice a week. You can see that some have enormous peaks (fertile is 20 million+) and at other times be almost infertile! Why is this and what does it have to do with low AMH and growing good eggs? The first thing you need to remember is that men typically produce 1000 sperm a second, women typically produce on average 12 follicles per month with only 1 that get's the gold medal and goes onto meet the boys in the fallopian tube. Big difference.

It is much easier to track variations in a man than a woman under these circumstances because of the enormous difference from ten's in the case of eggs to the tens of millions in the case of sperm. What you are seeing when you look at

these charts is in fact the difference in energy left over to grow how many sperm at the end of the day. When days were good and energy strong heaps of sperm, when life was tough and energy sparse less sperm.

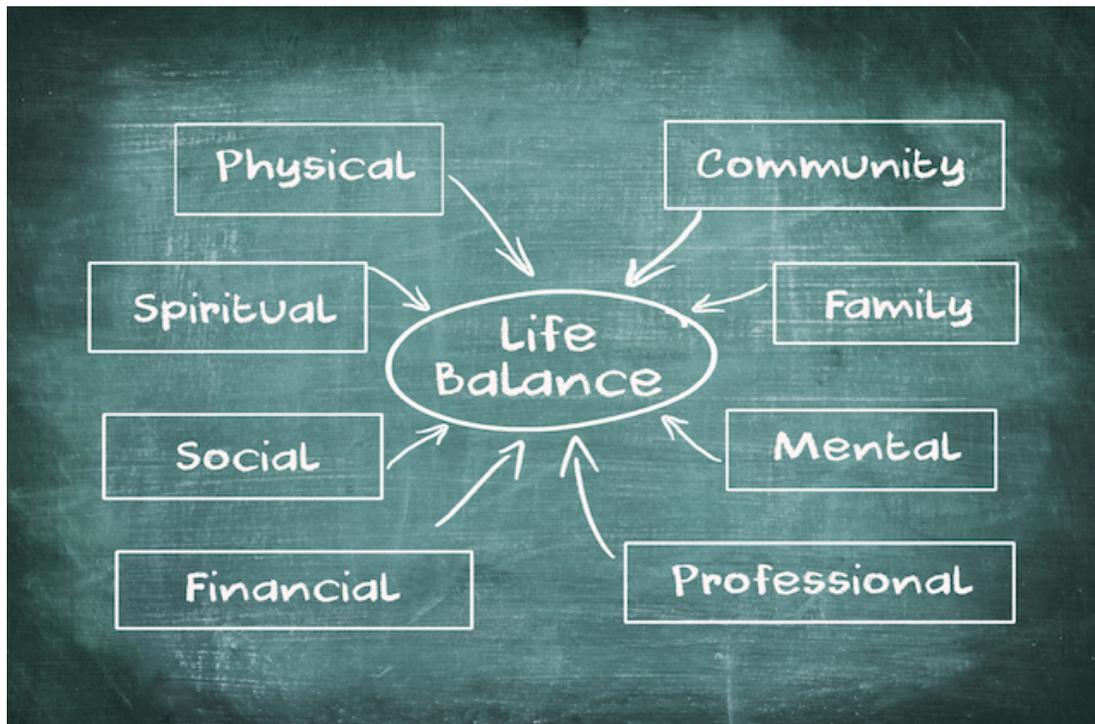
So if energy levels can affect men in such a way when it comes to how many sperm they can grow it is easy to see how this can apply to women and their eggs with variations in their life and energy levels.

Ok, so now we can make sense of how general life and how much energy we have on a day-to-day, week-to-week, month-to-month basis can change whether our fertility is on the cards or off the table completely.

So I can hear you asking yourself now...

“So if I take it easy and don’t wear myself out then my AMH levels could come back to normal!”

Right?



Certainly not wearing yourself out and balancing your daily life so you have energy to accomplish everything you need to do is a really smart thing to do, regardless of whether you are trying to get pregnant or not, but notice how the variations for men change over periods of time, not day-to-day: same for a woman. Typically when a woman has low AMH, the closer to zero from magic score of 14 (14 is the pass mark for fertilizable eggs) and the further you are away from growing fertilizable eggs and the longer it may take to help them improve naturally.

I can hear you wondering...

“Are you saying that if I change my lifestyle, de-stress, take it easy, don’t wear myself out and start looking after myself in general that I could improve my AMH scores?”

How can that help???

Well the better your body works and the less energy it takes to get you through your day, then yes, there is extra energy left over that your body may want to divert back to reproduction. But remember, you didn't get this way overnight, it is likely been something coming for many years, your body has likely learnt that you aren't to be trusted to look after it, so it may hang onto it's energy just in case you revert back to your old ways.

In real life and real time if you were in your 20's or early 30's turning your fertility around through diet and lifestyle is certainly possible.

If you are in your middle to late 30's and early 40's you are going to need some help as well as making changes.

The challenge is that you want your baby now!

You don't want to have to wait months or years for your body to fix itself to have a baby. This is why IVF is so attractive - the chance to be pregnant in a month without having to change or do anything different.

And **this is why IVF fails so often**, because the problems that were preventing you getting pregnant in the first place weren't addressed and there goes a couple of thousand dollars of your hard earned money, straight into the doctors pocket.... thanks for coming, see you next month. It's more like lottery than science. After all, the more you do it, the more the odds of it working are in your favor right! If you've got a 2% chance then if you do it 50 times then it should work! I don't know how much money you've got, but when you look at statistics like this it doesn't really translate into real time. If you've got fertility problems, it's because you've got fertility problems and there's something in your body that needs to be fixed.

Pretending it's not there and hoping it will go away just because you have a fertilized egg put in your fallopian tube by your IVF doctor doesn't mean you will get a baby.

In fact more often than not you won't, and if you have low AMH levels, regardless of your age the likelihood of you getting pregnant goes from 10% if you are just under score 14 pmol/L down to under 1% if your score is below 3 pmol/L.

Yes, it is bad news I'm sorry to say.

	AMH Level ng/mL	AMH Level pmol/L
High	= 6.8 ng/mL	= 67.09 pmol/L
Normal	4 – 6.8 ng/mL	40.04 – 67.09 pmol/L
Low Normal	2.2 – 4 ng/mL	21.98 – 40.03 pmol/L
Low	30.3 – 2.2 ng/mL	3.08 – 21.97 pmol/L
Very low	= 0.3 ng/mL	= 3.07 pmol/L

Ok, so now you've got the low down on how all of this fits together. We've talked about the mystery of why AMH levels get low in the first place, why AMH levels have more to do with how fertilizable your eggs are than how many you have left, and we've made sense of why IVF success rates are so poor under these circumstances.

I'm ready to get on with what the solution is, but there's one more thing I need to talk about before we get to that.

And you are not going to like it but you have to know it.

IVF is the single biggest risk factor that can drive women with low AMH levels into zero fertility.

That's right. IVF is the single biggest risk factor to drive women with low AMH levels into zero fertility. And when I say zero fertility I mean to never be able to have your own baby, but you may still be able to have someone else's.

Let me explain simply.

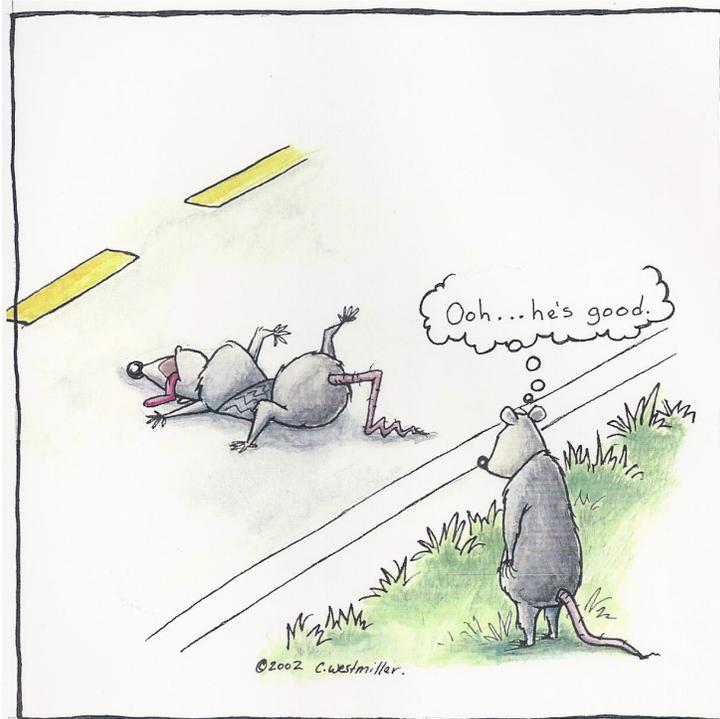
Pushing your body to grow more eggs than it can already handle, can make it grow less and less with every IVF cycle and can make them stop growing eggs all together.

This is seen over and over again, with doctors using stronger and stronger growth hormone drugs only to find they get less and less eggs and poorer and poorer fertilization rates. And certainly - very few babies born! What tends to happen is that women lose their eggs entirely; all primordial follicles are now beyond the reach of your body's hormones.

Without going into scientific detail and not wishing to over generalize I will say this... Let's say you have an AMH score of 7 and you can't produce a single fertilizable egg on your own, then you tell those 7 make me 10 fertilizable eggs! Now! What kind of job do you think they are going to do? It's like flogging worn out slaves, they are more likely to roll over and die than to succeed at this enormous task that was already out of their reach.

I can hear you crying out,
“If it’s going to make me infertile why would they do it?”
According to your IVF doctors you are already infertile, so
whether you have any eggs or not isn’t the point.

2% chance of success remember?



It isn't a bet your IVF would put their money on, but they'll let you do it if you really want. And besides, at the end of that tunnel there are donor eggs! In all honesty eggs donated from young healthy women can flourish quite nicely in much older bodies. There is a recent example in August 2016 of a 62-year-old woman in Tasmania, Australia who succeeded with a live baby girl from a donor egg, beating the previous record of 52 years of age! So there is definitely light at the end of the tunnel, it's a HUGE process but it can provide miracles where all hope is gone.

**But what if you want to have your own baby,
from your eggs,
not from a donor?**

**What if that dream is
still alive for you?**

**You've got your own eggs and you want your own
baby.**

**What can you do to help or what can be done to
help you?**

We've talked about how changing your lifestyle, de-stressing, taking it easy and looking after yourself can definitely help, and in fact you should do that anyway, regardless. But what else can be done? You've scoured the Internet, talked to your friends and doctors and haven't come up with very much at all. You may have seen a video on YouTube put up in the last few years outlining what AMH meant and how it affects fertility. A few other videos and claims have popped up since then, but nothing like what we are going through here.

Science is trying to find ways to boost egg quality “[scientists discover powerful way to improve egg quantity](#),” but only found a way to get more eggs, not improve fertilization rates. Stem cell research is showing promise however findings are from very small trials and have a long way to go before they make it into IVF clinics if at all.

Now we are about to get onto what you really want to hear.

So here I was, sitting in my fertility clinic about 6 years ago, and the local IVF center started using the AMH test on its patients. They came to me crying saying they can never have their own baby and could I help them?



I did a lot of research, because this was new to me, and came up with some ideas. I had been using Chinese herbal medicine on men with low sperm count, motility and morphology quite successfully for years up to this point, with scientific analyses coming back after 3 - 6 months saying that I had turned them from being clinically infertile to clinically fertile and getting their partners pregnant.



So I thought, this works for men, if I tweak it a little it could work for women..

And guess what? The formulas worked!
We were all so happy. There was much
rejoicing.



And best of all, the formulas seemed to work consistently across many different women! What we found is that women, with AMH scores as low as 0.2 (remember 14 means no worries), these women were falling pregnant naturally. In other cases women who had been very poor responders to IVF drugs were now seeing great result when it came to egg pick up with greater numbers in embryos and higher fertilization rates.

We've been sending these formulas around the world for the last few years and the results are in!



**IT
WORKS**

Whether you are under 35 and want to hang out and wait for your baby to come naturally or if you are over 35 and want a better chance at succeeding at IVF we seem to get results where nothing else is making a difference.

Low AMH is not a death sentence for your eggs, there is help by Drs J. Summers & Dr S. Martin

To improve the fertilisability of your eggs we have 2 formulas that need to be taken together.

Ovance is the formula we use to help improve egg quality; hence the words 'improve egg quality' written on the label. This is the main formula and must be taken if you want to see results.

DOSAGE: 3 pills twice per day with warm water with or close to meals, or as directed by your healthcare practitioner.

INDICATIONS: Low AMH formula, poor response to follicular stimulating drugs during IVF, ageing eggs in women over 35 years.

ACTIONS: to promote androgenic function may assist with normal and healthy growth of under performing follicles. This formula has been clinically trialled and has been shown to increase AMH levels, lower FSH levels, increase egg pick up rates and show higher blastocyst fertilization rates with IVF procedures.

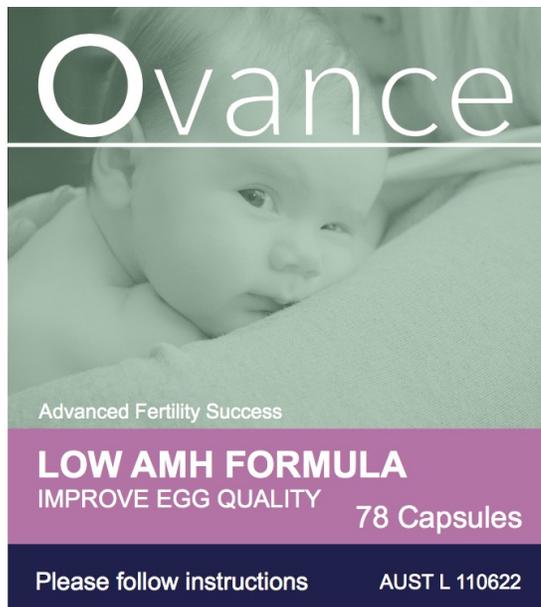
CAUTION: for those on anti-coagulant medications such as heparin or warfarin.

CONTRAINDICATIONS: None noted.

Normal term of use 3 - 6 months.

Safe for long term use.

If you are experiencing problems with taking this medication please contact your prescribing practitioner as early as possible.



Chinese Herbal Medicine

23.4g net 78 x 300 mg capsules
6:1 concentration.

Each 300 mg capsule contains extract equiv. to dry.

Panax ginseng, root	90.5 mg
Rehmannia glutinosa, root	135.7 mg
Angelica polymorpha, root	113.2 mg
Lycium chinense, fruit	113.2 mg
Astragalus membranaceous, root	90.5 mg
Cuscuta hydrophillae	113.2 mg
Fallopian multiflora, root	453.1 mg
Poria cocos, body	452.9 mg
Achyranthes bidentata, root	113.2 mg
Cullen corylifolium, seed	56.5 mg
Cornus officinalis, fruit	67.9 mg

RPM is the third formula and if taken together not only will you grow better quality eggs, improve overall fertility you will also feel more energetic, have more energy to do your daily activities and generally feel better all around.
That is why we call it RPM: the Energy Boost.

DOSAGE: 3 pills twice per day with warm water with, or close to meals, or as directed by your healthcare practitioner. Safe to take away from food.

INDICATIONS: low energy, tiredness, in need of an energy boost, improving overall vitality.

ACTIONS: to promote the digestive system and metabolism. The more efficient these systems work the more energy your body has for all of its other functions. You may feel a boost on your energy and vitality.

CAUTION: do not take before bed. Cease use if you contract a virus, resume once it has passed.

CONTRAINDICATIONS: do not use if hypertensive or have high blood pressure.

Safe for long term use.

If you are experiencing problems with taking this medication please contact your prescribing practitioner as early as possible.

RPM

Advanced Fertility Success

**METABOLISM FORMULA
ENERGY BOOST 78 Capsules**

Please follow instructions AUST L 121329

Chinese Herbal Medicine

23.4g net 78 x 300 mg capsules
6:1 concentration.

Each 300 mg capsule contains extract equiv. to dry.

Astragalus membranaceous, root	280.8 mg
Codonopsis pilosula, root	280.8 mg
Atractylodes macrocephala, rhiz.	280.8 mg
Angelica Polymorpha, root	225.0 mg
Zizyphus jujuba, fruit	187.2 mg
Bupleurum falcatum, root	169.2 mg
Actaea cimicifuga	113.4 mg
Citrus reticulata, fruit peel	113.4 mg
Glycyrrhiza uralensis, root	93.6 mg
Zingiber officinale, rhiz.	55.8 mg

RPM vastly improves how efficiently your digestive system works, the less energy it takes to digest food, and the more effectively it extracts nutrients for your body, the more energy you have left over for everything else your body has to do - including growing your eggs!

Remember, it is a lack of spare energy as to why your eggs struggle to grow in the first place. Put these two formulas together and you have a dynamic combination that improves your chances to get pregnant but also makes you feel alive and more energetic. This is our secret weapon, and now it's yours.

So I can hear some of you saying, "I'm sold, let's go, where do I get it, take me there now." And if you are one of those there is something I need to tell you quickly:

6 months is a standard amount of treatment time for this to work.

If you fall pregnant sooner great! But allow yourself this time before you go running off to the IVF clinic.

The closer you are to zero, the longer it will take, and remember take it easy, de-stress, eat better, exercise, and look after yourself - you didn't get this way by accident!

So if you are ready to go, visit us at <https://www.advancedfertilitysuccess.com/the-ultimate-fertility-combination> and get started. You'll get your formulas, we provide instructions on how to take it and what to expect, and we've got some great offers in there that you will love. Good luck to you and make sure you let me know how you go via our feedback section.

Visit <https://www.advancedfertilitysuccess.com/the-ultimate-fertility-combination>

Ok so some of you are wondering - where is the scientific research, where can I see the trials that prove this stuff works?

As you may have noticed there's very little on the market, with some naturopaths suggesting vitamin D and L-Arginine may help. And that is all good. If you want to try or include it please go ahead.

This is a new field in medicine and to be honest there is not a lot of science on this.



Average age of respondents in years	Total number of respondents
< 30	11
30 – 35	54
36 – 39	168
40 – 42	112
43+	51

1. Total number of respondents and the range of age.

AMH value	Amount of respondents	Total pregnancy rate per group	Average % of pregnancy success by 12 months
0.1 – 0.2	39	21	54%
0.2 – 0.6	87	47	54%
0.6 – 1.0	107	74	69%
1.1 – 4.0	133	92	73%
4.1 – 10.0	30	23	77%

2. Total amount of respondents and their respective AMH values compared with total pregnancy rates.

AMH value	Respondents remaining	364	323	251	157
	Total respondents	Improvement at 3 months	Improvement at 6 months	Improvement at 9 months	Improvement at 12 months
0.1 – 0.2	39	30 people AMH 0.4 – 0.6	27 people AMH 0.6 – 2.0	21 people AMH 2.0 – 12.0	19 people AMH > 14
0.2 – 0.6	87	80 people AMH 0.5 – 1.0	73 people AMH 1.0– 8.0	71 people AMH 8.0 – 12.0	68 people AMH > 14
0.6 – 1.0	107	98 people AMH 1.0 – 3.0	90 people AMH 3.0 – 8.0	71 people AMH 8.0 – 12.0	70 people AMH > 14
1.1 - 4	133	127 people AMH 3.0 – 7.0	109 people AMH 7.0- 12.0	88 people AMH > 14	
4.1 - 10	30	29 people AMH 4 – 14+	24 people AMH 8 – 14+	16 people AMH > 14	

3. Total amount of respondents and their respective AMH values compared with AMH improvement scores over 3, 6, 9 and 12 months testing intervals.

So let's break it down nice and easy for you so you can apply the research to your situation. This chart shows the AMH values *compared with the amount of women who responded*. It also shows the cumulative number of pregnancies at 3-month intervals with the total number of pregnancies at the end.

Number of Respondents & AMH values	Number of pregnancies @ 3 months	Number of pregnancies @ 6 months	Number of pregnancies @ 9 months	Total overall pregnancies @ 12 months
Women 68 of 126 AMH 0.1 – 0.6	2 pregnant 2.9% success	8 pregnant 11.7% success	35 pregnant 51.4% success	68 pregnant 54% success
Women 74 of 107 AMH 0.6 – 1.0	4 pregnant 5.4% success	13 pregnant 17.6% success	50 pregnant 67.6% success	74 pregnant %69 success
Women 97 of 133 AMH 1.0 – 4.0	9 pregnant 6.7% success	56 pregnant 42.8% success	92 pregnant 69% success	97 pregnant 73% success
Women 23 of 30 AMH 4.0 – 10.0	7 pregnant 23% success	21 pregnant 70% success	23 pregnant 77% success	23 pregnant 77% success

As you can see for women with AMH levels below 1.0 the formulas have a 50% success rate at 9 months. For women whose AMH levels are over 1.0 they have an average success rate of 56.4% at 6 months.

56.4% pregnancy rate with Advanced Fertility Success vs 2% success rate with IVF at 6 months

If you look at the charts closely you may be wondering why the values of respondents drops over time. Things you need to keep in mind while trying to makes sense of everything is that people stop responding for various reason that are unknown, they may have stopped treatment, or fallen pregnant, they just didn't let us know. Other reasons is that they had fallen pregnant and were no longer being recorded on the trial, and some went off to do IVF once they were happy with the time frame or their AMH scores. We did not include this data in this eBook.

Let's balance this equation up for you now. What you are looking at here is an opportunity to make a difference to the 2%. If you prefer to pay tens of thousands of dollars to IVF doctors for a 2% chance of success that is of course your choice, but with the education you received here today, you already know how ridiculous that bet is.

In all honesty, and as far as I know, with all the research we have done and helping people all round the world, we agree we have the best products on the market today to help improve your chances if you have a low AMH diagnosis.

But it does more than help low AMH scores,
it grows fertilizable eggs,
it rejuvenates eggs in older women, it turns
back the clock and turns old eggs into young
and healthy eggs once again.

What more could you want?

We really want to help you out and help you achieve your
dreams of having your very own baby,
so visit us at [https://www.advancedfertilitysuccess.com/
the-ultimate-fertility-combination](https://www.advancedfertilitysuccess.com/the-ultimate-fertility-combination) and get started now!



You have 2 choices.

1. Try this and see an improvement.
2. Do nothing and go back to the murky and expensive world of what we know doesn't work.

I think you already know where to smart money is in that choice.

Thanks for taking the time to review this educational book, I hope you found it revealing and interesting, and most of all, I hope you can now make an informed decision on what to do if you've been diagnosed with low AMH levels. We wish you all the very best in your fertility journey and hope you get to achieve you dreams, whether it is through us or someone else.

All the best

Sincerely



Dr January Summers



Dr Scott Martin