



MTHFR
Fertility

FERTILITY CASE STUDY

**AUTOIMMUNE
DISEASE
(DIABETES)**



Hello and welcome!

I'm Carolyn Ledowsky, founder of **MTHFR Fertility** and **MTHFR Support Australia**.

As an MTHFR researcher, trainer and presenter, I am committed to teaching everyone I can about how and why the MTHFR genetic polymorphisms may affect your ability to fall and stay pregnant. I find it so sad that women are needlessly having multiple miscarriages and suffer the heartache that goes along with that, yet if they had known they had the MTHFR gene mutation before they started out they would have done things differently.

In honour of **National Infertility Awareness Week**, my team and I have compiled some amazing case studies and resources to share with you.

Our goal is to **support, inspire and empower** everyone going through this sometimes heartbreaking journey, to find the answers (and hope!) they need to turn things around.

Enjoy!

Carolyn Ledowsky



Case Study:

Autoimmune Disease (Diabetes)

The following is a real-life case study of a couple who had been trying to conceive for 9 months.

Ages

- Female 32
- Male 36

Presenting signs and symptoms (female)

- Uncontrolled Type 1 diabetes
- Sub-fertility
- Insulin - dependence
- Severe Endometriosis



Medical Diagnosis + Advice

- Do not keep trying to conceive until blood sugars are under control
- Surgery for Endometriosis

Further Testing Revealed...

- Regular cycle- extremely heavy
- Fatigue
- Stress
- Poor diet - highly processed with
- Mild Endometriosis and cysts
- Iron deficiency



What Needs To Be Considered?



Considerations for Diabetes and Endometriosis

Autoimmune diseases require medical support and assistance, especially during fertility and pregnancy. When it comes to high blood glucose and uncontrolled diabetes, the risk to the baby is significant and must be managed.

In type 1 diabetes, there is an increased risk for neural tube defects and congenital abnormalities. Most women with diabetes are recommended 5mg of folic acid.

This patient also had MTHFR and was feeling increasingly unwell whilst taking it. Typically with diabetes, 5mg of methylfolate would be the recommendation. However, methylfolate is not always the right choice for endometriosis, especially if it is active.

This patient had 3 main treatment priorities

1. Control blood sugar
2. Use high dose folinic whilst endometriosis was active and before surgery
3. Switch to methylfolate straight after surgery and or during pregnancy.



Treatment Overview



Before conception

Step 1: Support Healthy Blood Sugar + Reduce Inflammation

- Paleo diet (no dairy, grains, or soy)
- Blood sugar mix: Chromium + Glutamine + Biotin
- Zinc
- Antioxidant mix

Step 2: Before Endometrial Surgery

- N-acetyl-cysteine
- Glutathione
- Folinic acid
- Chaste tree (high dose)
- MTHFR prenatal
- B12
- SAMe

Step 3: After Surgery (no active endometriosis)

- Methylfolate (5mg)
- Prenatal
- Antiox
- B12
- Phospahtdylcholine

Result:

- After 1 month blood glucose had come down to optimal range for the first time in 3 years
- Energy had skyrocketed
- Mood and stress resilience had greatly increased

After 2 months

- Reduced level of insulin needed

Within 3 months of endometrial surgery

Pregnant! Healthy pregnancy. Blood sugars are well controlled throughout pregnancy. Healthy baby boy!



Tell Us Your Story.

Do you have an autoimmune condition?

Do you have endometriosis?

Tell us about your story in our private Facebook group or our Instagram page and use the hashtag #thisismystory