Female Fertility

Minerals
Several enzymes needed to protect a woman’s reproductive organs (such as superoxide dismutase) are dependent on the trace elements zinc, copper and magnesium.

Cysteine
N-acetyl cysteine can improve ovulation and pregnancy rates in women with infertility due to PCOS (polycystic ovary syndrome) that do not respond to fertility drugs; Improves viability of endometrial cells in vitro; Precurso to glutathione.

Antioxidant Status
Reproductive cells, including embryos, are very susceptible to damage from oxidative stress due to the rapid rate of growth; Low antioxidant status can cause infertility or miscarriage.

Folate
Protects genes during rapid cell division which increases likelihood of a healthy embryo (via methylation of DNA); Deficiency raises homocysteine which damages reproductive cells.

Vitamin B₆ & B₁₂
Both are needed to convert toxic homocysteine to a benign form; Low homocysteine levels linked to a better chance of pregnancy.

Vitamin C
Increases serum progesterone levels; Induces ovulation in some women; Enhances effect of the fertility drug clomiphene.

Vitamin B₆
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Vitamin B₁₂
Both are needed to convert toxic homocysteine to a benign form; Low homocysteine levels linked to a better chance of pregnancy.

Vitamin D
Higher levels linked to better success rates of IVF (in vitro fertilization); Influences production of the sex hormones estradiol and progesterone.

Vitamin E
Protects reproductive cells (follicles); May improve endometrial response (ability of fertilized egg to implant into uterine wall properly) during IVF.

Glutathione
Protects eggs (fertilized or not) from damage by reactive oxygen species; Protective action of follicle stimulating hormone on embryonic development is due largely to glutathione synthesis.

Selenium
Deficiency implicated in miscarriage and infertility; In one trial, 100% of infertile women achieved pregnancy after supplementation.

Folate
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REFERENCES


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