

TREATMENT OF INFERTILITY

An Integrative Approach

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Abstract

Infertility is a new emerging problem in modern societies. Since II World War, History has been changing the meaning of reproductive success, enhancing the value of procreation in industrialized countries. *Benediction* has taken the place of the old *curse*. Both Scientific Medicine and Traditional Chinese Medicine are effectively responding to the new needs of nowadays families, using their own particular philosophical bases and methods.

In this paper the authors report their clinical experience of treating infertility using the principles from the two sides of the *border*, trying to promote an integrative perspective. At last, reflecting about three case studies, they reach the conclusion that the problem can be managed by the generalist TCM practitioner if clinical sense and sensibility are taken as the main tools.

INTRODUCTION

Infertility seems to be a timeless problem, affecting mankind from the beginning of the human origin. However, its value has been increased after the II World War by the huge dimension of casualties and destruction occurred during the colossal conflict.

Contraceptive methods, all born in the XX century, have been giving, as well, their contribution to the enhancing meaning of reproductive success, allowing couples an effective control of the offspring.

The scientific approach has created new visions to this problem and also new solutions supported by new coming technologies: the Assisted Reproduction Methods.

Accordingly, TCM is revealing ancient methods to the western world, showing and proving their effectiveness.

Synergic convergence of this two approaches is emerging as a promising perspective.

The authors believe that in the west the future begins on the edge of this intimate encounter.

CAUSES

Environmental aspects

Industrial chemical pollution. Radiation. Reduced ozone layer can lead to increased radiation exposure at ground level. Flying personnel are more exposed to cosmic radiation and studies revealed the increased number of infertility and cancer cases in this population.

Drugs such as cytostatics, antibiotics (quinolones, tetracycline, cloranfenicol), anabolic steroids, hormonal contraceptive drugs.

Life style: Sexual activity is beginning earlier in life. The increasing partners number and intercourse rate is promoting infertility causes such as immunity against sperm cells and sperm compounds, mechanical resistance or obstruction due to infection, abortion, and longer hormonal contraceptive intake.

Stress and restless life style as a consequence of the increasing professional and family responsibility can reduce sexual intercourse frequency in regular couples, making successful fertilization more unlikely.

Automotive traveling, impact sports practice, can reduce the probability of uterine implantation of new coming fertilized eggs.

Individual causes:

Causes affecting male fertility: oligoasthenospermia, azoospermia. Obstruction of sperm conductive system caused by tuberculosis or venereal diseases. Functional irregularities due to prostate surgery or backward ejaculation. Genetic irregularities inhibiting the possibility of progeny. Chromosome dislocations and irregularities on the division of a chromosome pair.

Causes affecting female fertility: Dysfunction on the axis Hypothalamus – Hypophysis – Ovary, non ovulate cycles, amenorrhea. Fallopian tube obstruction or ablation . Uterine adherences caused by tuberculosis or pelvic infection. Fallopian tube pregnancy conditioning secondary infertility. Endometriosis. Antibodies against sperm. Genetic irregularities which the woman might carry or irregularities on the meiosis of the produced gametes, which are the same referred to man case.

DIFFERENT ASPECTS OF THE PROBLEM:

Primary infertility: Couples who had never had children until the moment they ask for our clinical help.

Secondary infertility: Couples who have already had at least one successful pregnancy and now come to the fertility consultation due to the difficulty in getting another one.

The study and follow up of the latest unveils a third category for the problem: Sub – fertility (or *border line* infertility), that is to say, couples lightly affected, by general or particular reasons encumbering the pregnancy (either it be the first or the latest), nevertheless having a fine success potential when subjected to clinical help.

TECHNIQUES AND TECHNOLOGIES OF THE ASSISTED REPRODUCTION:

Study of the ovary cycle: daily registration of basal temperatures in order to determine the ovulation moment. Image and coelioscopic study of the integrality of both male and female reproductive system. Hormonal studies (determination of levels and sequences of the outflow of FSH, LH, progesterone and estrogen, PRL).

Spermgram (counting of spermatozoids on sperm as well as the study of their morphology, mobility and vitality). Post coital test in order to observe the behavior and survival of spermatozoids inside female reproductive organs.

Artificial insemination.

In vitro fecundation , followed by uterine implantation of embryos therefore obtained.

Causes for infertility according to TCM:

Kidney Qi deficiency (*deficit* of Jing, Yin and/or Yang of Kidney)

Stasis of Heart Qi

Stasis of Liver Qi

Accumulation of Phlegm – Mucosity

All these causes might introduce mal function on women hormonal cycle progression, causing interference in the epilogue ovulation cycle or damaging the uterine implantation of a fertilized egg.

Clinical Cases:

Case 1.

R. A. Pacheco. 38. Journalist.

First consultation: 7th June 2005

The patient had an history of primary infertility with a 7 year long way of treatment at Santa Maria Hospital Gynecological Department. By then, both functional and image studies revealed no alterations. Unsuccessfully, she was twice submitted to ovulation induction with clomifene, to ovules coeliscopic gathering, and finally, to embryos implantation obtained by the *in vitro* fecundation method.

She express us anxiety and hopelessness.

She describes menstrual irregularities since puberty, menstrual cycles not only irregular but also abundant, sometimes with coagulum.

TCM Diagnosis:

Blood stasis and consequent mal function of the fulfillment and discharge of Chong Mai.

We prescribed the phyto formulas : Xiao Yao Tang and Ba Zhen Wan. Also recommended acupuncture weekly sessions using the following acupoints: Ge Shu; Xue Hai; Shen Shu; Jing Men; Zu San Li; Ben Shen; Wei Bao; Bai Hui; Yin Tang; Zhong Wan; Guan Yuan.

Managing to improve the blood circulation dissolve stasis, reinforcing the conversion of Rong Qi both in Jing Qi and in blood, as well as to widen Chong Mai.

By the forth week in treatment, the menstrual flow and regularity are achieved.

On the sixth week of following up, she gets pregnant.

Case 2.

C. Estevão. 31. Pediatric Nurse.

She comes to our generalist TCM consultation on 22nd September 2005, claiming severe physical tiredness, emotional instability and loss of weight. Menstrual irregularities , non balanced, on the previous therapy, by contraceptive method.

She brought hormonal tests with no relevant data.

TCM Diagnosis:

Heart Qi stasis.

We recommended the phyto formula An Shen Wan and weekly acupuncture sessions:

Zu San Li ; Ben Shen; San Yin Jiao; Xue Hai; Fu Liu; Wei Bao; Bai Hui; Yin Tang; Shan Zhong; Guan Yuan; Shen Men; Nei Guan; Ear Shen Men.

Managing to improve the circulation of Heart Qi dispelling the stasis, reinforcing the blood circulation and conciliate the Shen.

She gets pregnant on February 2006.

Case 3.

M. N. Véstias. 34. School Teacher.

She comes to our consultation in August 2004.

During the interview she describes pain on the left groin and an history of two spontaneous abortions, on the 19th and 23rd week pregnancy.

Urinary incontinence caused by effort. Rheumatologic studies reveal anti bodies ANA positive and synovitis of the left hip articulation.

TCM Diagnosis:

Diminishing of Kidney Qi with repercussion on Spleen Qi and Ren Mai, and secondly, on Wei Qi, promoting a border line Wei Syndrome set.

We suggested the therapeutic support based on the phyto formulas Yin Yang Xue Qi Da Bu Wan and Xiao Yao Tang, as well as weekly acupuncture sessions with the acupoints:

Shen Shu; Jing Men; Wei Bao; San Yin Jiao; Ge Shu; Xue Mai; Bai Hui; Yin Tang; Zhong Ji; Qu Gu; Ear Shen Men.

The purpose was to fill in the Kidney Qi deficiency and ease its repercussion on the Spleen and Wei Qi.

Within a few weeks there was an improvement of the hip arthritis and of the urinary incontinence.

She got pregnant in April 2005.

DISCUSSION:

In any of the three cases, the finest therapeutic response is rooted on a detailed and most correct identification of the etiopathogeny under TCM criteria, but never disregarding its framing in the Health Sciences set, for this attitude allows the practitioner to appraise the condition of the problem and estimate its success probability if exclusively submitted to the supporting ancestor methods. Far from interfering or getting in conflict, the synergy of the two sources of knowledge is proving, each and every day, to be having greater power in the defense of the patient's best interest.

CONCLUSION:

The growing search for TCM in western societies daily brings out new questions to the practitioner's office, challenging his knowledge and his response skills. New questions do not necessarily demand for a specialized approach. As long as the evaluation criteria be very strict in every case, the new problems can surely fit in the frame and be well managed by the TCM generalist practitioner.

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