

Female fertility problems *– How Chinese medicine may help*

Prevalence of fertility problems

According to figures issued by the Human Fertility and Embryology Authority (HFEA) in 2006, between 1 in 6 or 7 couples in the United Kingdom will have problems conceiving. Male factor fertility issues account for a significant percentage within those couples, and this percentage appears to be increasing, but female factors are equally prevalent.

The majority of couples will conceive within a year of having regular sex without contraception; for others it may take longer, but as a general rule, if a woman under the age of 35 has not conceived within a year of trying, and a woman over 35 has not conceived after approximately 6 months, medical opinion should be sought (Glenville 2008).

According to the Office for National Statistics (2007), there is a growing trend for women to delay childbirth beyond their twenties, with the live birth rate of women between 30-34 years rising from 78.2 per 1000 in 1986 to 104.6 in 2006. Fertility problems are one of the most common reasons for a woman between the ages of 20-45 years, to consult her GP, and as Dunson et al (2002) note, a woman's fertility starts to decline in her late twenties and will have done so significantly by her late thirties. This is a natural trend, a possible combination of deteriorating oocyte (egg) quality and uterine changes according to Klein and Sauer (2001). For men, fertility will have declined significantly by their late thirties (Dunson et al 2002).

If unprotected sexual intercourse is occurring frequently, particularly during the woman's most fertile time and a male problem has not been identified, it is possible that a female factor may be the cause. Problems which may be encountered as listed by the HFEA (2006), in order of frequency include:-

- Tubal disease - damage which has often been caused by infection or inflammation
- Ovulatory disorders – hormonal imbalances such as hyperprolactinaemia, polycystic ovarian syndrome (PCOS), primary ovarian failure
- Multiple factors
- Endometriosis
- Uterine factors – anatomical abnormalities, fibroids (dependent on position), inadequate uterine blood flow

Problems falling into the 'unexplained' or 'unknown' category

However, there are many other factors which can affect fertility (both male and female) and may well account for many cases of 'unexplained' fertility problems. These include:

- Infrequent sexual intercourse or intercourse not coinciding with a woman's most fertile time
- Irregular menstrual cycles
- Endocrine problems – thyroid, diabetes
- Anaemia
- Immunological factors
- Sexually transmitted infections such as Chlamydia or Mycoplasma/Ureaplasma
- Lifestyle factors –
 - alcohol
 - caffeine
 - nicotine and recreational drugs
 - poor nutrition
 - stress and emotional issues
 - environmental hazards e.g. exposure to household chemicals
 - age
 - body weight – overweight and underweight

Even though these factors are listed as isolated units, in reality they often overlap.

The word 'infertility' is purposely not used here as many problems in conceiving are not due to total infertility of either partner, but because there is a degree of 'sub fertility' i.e. the problem is not absolute.

How can Chinese medicine help?

You may come to see a Chinese medicine practitioner having already received a western medical diagnosis, or you may have been told that there is no obvious cause for your difficulty in conceiving, or you may not have sought a medical opinion as yet. Whatever stage you are at, during your initial Chinese medicine consultation you will be asked detailed questions about your menstrual cycle, for example, what is the time interval between your periods? How long do they last? What symptoms do you have associated with the period? Are you aware of ovulation?.....

All the questions that are asked help to build up a picture – a bit like fitting pieces into a jigsaw puzzle. It is this picture which then becomes the Chinese medicine diagnosis, which will then direct treatment.

Chinese medicine views fertility problems differently from western medicine, but the two disciplines integrate well together. Due to the supreme importance of bearing a child (particularly a son) in China, it is hardly surprising therefore, that China has a well established history in the treatment of both male and female fertility problems.

The ancient Chinese doctors based much of their treatment on what they observed, and because they noted that a man ejaculating into a woman created pregnancy and that the monthly bleed of a woman stopped during pregnancy, they deduced that it is the man's sperm and the woman's blood which come together and 'congeal' to become a foetus (Flaws 1989). Although this is the historical perspective of how the foetus comes into being, modern day Chinese medicine will still concentrate heavily on the blood quality (hence the detailed questioning about menstruation), as well as the overall balance of health in a woman with fertility problems.

So, where a woman decides that she wants to try and enhance her natural fertility before choosing assisted fertility techniques, Chinese medicine can be useful in helping to regulate the periods. The effective use of both acupuncture and herbs in this area is demonstrated by present day clinical trials (Zhang & Wang 1994, Tureanu & Tureanu 1994, Wing & Sedlmeier 2006).

Both acupuncture and herbs can help to:-

- Regulate the menstrual cycle
- Balance hormone levels
- Improve blood flow to the uterus
- Encourage ovulation
- Release endorphins to help with menstrual pain and premenstrual tension
- Rebalance general physical and emotional health

Other help available

Assistance in understanding your menstrual cycle and in particular, learning to identify your fertile time are key elements of treatment. For example, the time of ovulation can often be a source of confusion as many women believe this occurs mid-cycle. In fact, it is the post-ovulation phase of the menstrual cycle, rather than the pre-ovulation phase, which remains relatively constant at approximately 14 days. Therefore, with a 28 day cycle, ovulation will occur at approximately day 14 which happens to be mid-cycle. But if the cycle is 25 days, then ovulation will occur on about day 11 (25 minus 14 = 11). Also, learning to see the changes in the cervical secretions is another very valuable tool in identifying the fertile time.

Tips to help you to look at and change lifestyle factors which may be impacting on your chances of conceiving will also be given. If the body is poorly nourished or is coping with internal or external stressors, the maintenance and nourishment of vital organs such as the brain or heart will take priority and the reproductive system will take second place (or less!). However, although a woman cannot change the number of eggs she has, their quality can be enhanced through nutrition and lifestyle changes. This pre-conceptual care not only can improve fertility but also increase the likelihood of a healthier pregnancy, birth and, of course, your baby.

Assisted conception

If you are planning to embark upon an assisted conception programme such as intra-uterine insemination (IUI) or *in-vitro* fertilisation (IVF), acupuncture in particular can be of great value. It may:-

- modulate some of the symptoms caused by hormonal manipulation
- improve endometrial blood flow, which in turn may enhance the success of implantation
- help to reduce the stress and anxiety which often accompany the emotional rollercoaster of assisted conceptions techniques

(Magarelli et al 2004, Anderson et al 2007).

Generally, guidance offered in helping you to promote your fertility or improve your chances of a successful assisted conception programme will combine principles of Chinese medicine and those of naturopathy plus tools utilised from a more western medical approach. It is normally recommended that to regulate the menstrual cycle, at least 4 months of treatment are needed, but this will obviously vary between individuals. For the preparation of assisted conception, treatment is generally commenced 2-3 months prior to the start of the programme.

References

Anderson, B., Haimovici, F., Ginsburg, E., Schust, D. and Wayne, P. (2007). *In vitro* fertilisation and acupuncture: Clinical efficacy and mechanistic basis. Alternative Therapies in Health and Medicine. Vol. 13. No. 3. pp 38-48.

Dunson, D., Colombo, B. and Baird, D. (2002). Changes with age in the level and duration of fertility in the menstrual cycle. Human Reproduction. Vol. 17. No. 5. pp 1399-1403.

Flaws, B. (1989). Endometriosis, Infertility and Traditional Chinese Medicine. Boulder: Blue Poppy Press.

Glenville, M. (2008). Getting pregnant faster. London, Kyle Cathie Ltd.

HFEA. (2006). Facts and Figures. Treatment and Success. [online]. Available from: http://www.hfea.gov.uk/en/406.html#Treatment_and_success [Accessed 13/11/07].

Klein, J. and Sauer, M. (2001). Assessing fertility in women of advanced reproductive age. American Journal of Obstetrics and Gynecology. Vol. 185. No. 3. pp 758-770.

Magarelli, P. & Cridennda, D. (2004). Acupuncture & IVF poor responders: A cure? Fertility and Sterility. Vol. 81. Supplement 3. p S20.

Magarelli, P., Cridennda, D. & Cohen, M. (2004). Acupuncture and good prognosis IVF patients: Synergy. Fertility and Sterility. Vol. 82. Supplement 2. pp S80-S81.

National Statistics Online. (2007). Fertility – UK fertility highest since 1980. [online]. Available from: <http://www.statistics.gov.uk/cci/nugget.asp?ID=951> [Accessed 13/11/07].

Tureanu, L. and Tureanu, V. (1994). An evaluation of the effectiveness of acupuncture for the treatment of post oral contraceptive menstrual irregularities and amenorrhoea. American Journal of Acupuncture. Vol. 22. No. 2. pp 117-121.

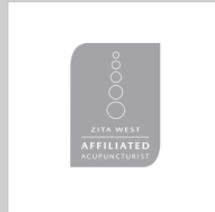
Wing, T. and Sedlmeier, E. (2006). Measuring the effectiveness of Chinese herbal medicine in improving female fertility. Journal of Chinese Medicine. No. 80. pp 26-32.

Zhang, Y. and Wang, X. (1994). 50 cases of dysfunctional uterine bleeding treated by puncturing the effective points – a new system of acupuncture. Journal of Traditional Chinese Medicine. Vol. 14. No. 4. pp 287-291.

Ann Brownbill

*B.Sc (Hons) TCM, B.A (Hons), RGN, N.D., Dip. Acup., Dip. Tuina.
MBAc, MRCHM, MATCM*

*Zita West Affiliated Acupuncturist and member of the Zita West Network for
Reproductive Health.*



*Image of pregnant woman courtesy of Raymond Delhaye
www.raymondelhaye.com*