

# **Alternative Medicine: Traditional Chinese Medicine in the Treatment of Infertility**

By Mike Berkley, L.Ac.

## **Alternative Medicine versus Traditional Medicine**

Although the goals of alternative medicine and traditional medicine are the same, their ideas about what causes a disease, the nature of the disease itself, and the process used to regain health are very different. The physician learns that disease must be cured by prescribing medicine or by surgery. There is nothing inherently wrong with this approach. It often works. But why does alternative medicine succeed where traditional medicine fails? What is it about acupuncture and herbal medicine that can result in relief of symptoms or even a cure that is lacking in traditional medicine?

Although the goal of alternative medicine is to cure a patient, the doctor of alternative medicine attempts to do this by treating the whole person, taking into account the various attributes of an individual that, when combined, account for a person being sick or healthy. A person, according to the tenets of alternative medicine, is more than their condition. To treat just the condition may yield results, but however impressive, these results are usually temporary.

People are not, according to alternative medicine, represented solely by their illness, but by the accumulation of every human interaction engaged in from the moment of their birth and by the culture they are exposed to. The emotional experiences, eating habits, work habits, work and living environment, personal habits, and social network all contribute to their disease and are factors that, when changed appropriately, may lead to regained health.

The power and effectiveness of Chinese medicine is evidenced by its long history of continued success. More than a quarter of the world's population regularly uses alternative medicine as part of their health care regimen. Chinese medicine is the only form of classical medicine that is regularly and continuously used outside of its country of origin.

## **Diagnosis with Chinese Medicine**

The experienced doctor must use his or her own interpretive skills and consider not only what the patient reports to them about their condition, but also what they reveal without meaning too and what they don't express. This leads to a better understanding of who the patient is and what the deeper, underlying cause of their condition may be. The doctor of

Chinese medicine is trained to observe one's tone of voice, complexion, eyes (in alternative medicine, the shen or spirit of an individual is said to be revealed through the eyes), facial expression, overall demeanor, and how one walks, sits, and stands, and to use these observations to arrive at a diagnosis. Before the patient says one word, the doctor already has some idea of who this person is merely by observing them.

A great doctor is one who can process a mix of medical knowledge with a personal sensitivity based on experience. The doctor of alternative medicine specializes not just in inserting needles or prescribing herbal remedies, but in being able to see "hidden" or subtle conditions that may not been seen or understood by practitioners of other types of medicine. This ability to see these hidden elements is difficult to master, and is done without the benefit of modern technology.

The only diagnostic tools used by doctors of Chinese medicine are the "*Four Examinations*":

1. Observing
2. Listening/Smelling
3. Questioning
4. Palpating

This method of diagnosis dates back over 3,000 years, and although it may seem quite simple, is far from simplistic. Each of the Four Examinations can take years to master, and the astute practitioner uses them to arrive at a differential diagnosis. With the advent of technology—as amazing, necessary, and beneficial as can be—there seems to be a direct correlation between advances in technology and a decline in doctor sensitivity to the patient, and thus, misdiagnosis. The ability to listen and observe clearly yields gems that are clues to the cause of disease. This is the stuff of alternative medicine.

Proper treatment in alternative medicine is more than the elimination of the disease processes. In addition to attacking a factor that is contributing to the disease process, it is the responsibility of the doctor of alternative medicine to support the individual in his or her goal of achieving overall total health, which includes the physical, psychological, emotional, and spiritual aspects of health. This multidimensional approach is crucial to the process of healing. Without it, doctors are merely "chasing" the sickness and forgetting that the patient is much more than their disease. They are a whole person—the sum of a lifetime of experiences.

Pathologies are guests (and we hope temporary ones!) in a home that serves as a gracious host—our physical, emotional, and spiritual selves. Alternative medicine first is concerned with strengthening the immune function, which includes balancing the physical, emotional, and spiritual attributes of the patient, so as to be able to assist the patient in his or her endeavor to do battle and destroy the "enemy at the gates." When people can't sleep because they are anxious and depressed, they become chronically exhausted and chronically sick as a result of a lowered immune system. The key to cure

is to not view curing the disease itself as the be-all and end-all in treatment, but instead to treat the root of the disease—the anxiety and depression that causes the insomnia, which facilitates exhaustion, which lowers the immune function, which leads to chronic illnesses. So rather than prescribing antibiotics repeatedly, a doctor of alternative medicine might address the patient’s anxiety/depression syndrome or refer them to a psychotherapist for appropriate intervention while simultaneously providing alternative forms of treatment.

### **Infertility and Alternative Medicine: Mechanisms of Action**

Historically, infertility—particularly “*functional*” infertility—was attributed to psychological problems of one or both partners. Preliminary works in the 1940s and 1950s considered “*psychogenic infertility*” as the major cause of failure to conceive in as many as 50% of cases. As recently as the late 1960s, it was commonly believed that reproductive failure was the result of psychological and emotional factors. Psychogenic infertility was supposed to occur because of unconscious anxiety about sexual feelings, ambivalence toward motherhood, unresolved Oedipal conflict, or conflicts of gender identity.

Fortunately, advances in reproductive endocrinology and medical technology, as well as in psychological research, have de-emphasized the significance of psychopathology as the basis of infertility, and modern research shows that there is little evidence to support a role for personality factors or conflicts as a cause of infertility. This perspective unburdens the couple by relieving them of the additional guilt of thinking that it is their mental stress that may be responsible for their infertility.

A study done at Harvard showed that stress reduces the hypothalamic-anterior pituitary-ovarian axis function, and should thus be considered in the infertility workup. Acupuncture releases endorphins that mitigate one’s response to stressful stimuli, thus enhancing the possibility of conception. Biologically, since the hypothalamus regulates both stress responses as well as the sex hormones, it’s easy to see how stress could cause infertility in some women. Excessive stress may even lead to complete suppression of the menstrual cycle, and this is often seen in female marathon runners, who develop “runner’s amenorrhea.” In less severe cases, it could cause anovulation or irregular menstrual cycles. When activated by stress, the pituitary gland also produces increased amounts of prolactin, and elevated levels of prolactin could cause irregular ovulation. The female reproductive tract contains stress-hormone receptors, stress can affect fertility. However, more complex mechanisms may be at play, and researchers still don’t completely understand how stress interacts with the reproductive system. This is a story that is still unfolding, and during the last 20 years, the new field of psychoneuroimmunology has emerged. This field focuses on how your mind can affect your body. Research has shown that the brain produces special molecules called neuropeptides in response to emotions, and that these peptides can interact with every cell of the body, including those of the immune system. In this view, the mind and the body are not only connected, but inseparable, so that it is hardly surprising that stress can have

a negative influence on fertility.

Stress can reduce sperm counts as well. Testicular biopsy specimens obtained from prisoners awaiting execution (who were obviously under extreme stress) revealed complete spermatogenetic arrest in all cases. Researchers have also showed significantly lower semen volume and sperm concentration in a group of chronically stressed marmoset monkeys, and these changes were attributed to lower concentrations of LH and testosterone (which were reduced in the stressed group). However, how relevant these research findings are in clinical practice is still to be determined.

The stress factors that acupuncture addresses stems from both psychological and emotional factors as well as physical ones. For example, extremely painful premenstrual or mid-cycle pain can be debilitating. This type of physical stress no doubt produces emotional stress as a result of missed work, interference in activities, and the pain itself, which in turn can compromise the function of the reproductive system.

The hormone ACTH, which is released as a response to acupuncture needle stimuli, has an antiinflammatory effect that may improve fertility (for example, by improving with tubal factor-based infertility as a response to pelvic inflammatory disease). In addition, the insertion of acupuncture needles has been shown to effectively increase blood circulation. Enhanced blood flow to the uterine lining undoubtedly contributes to a healthier and more growth-oriented endometrium, especially when stimulation acupuncture points known as zigongxue, which reside above the ovaries.

### **A Diagnostic Window: East Meets West**

It is becoming more and more prevalent that research conducted by Western scientists and physicians are highlighting the effectiveness of traditional Chinese medicine. In an article published in the December 2002 issue of the medical journal *Fertility and Sterility*, the authors reviewed existing evidence regarding the role of acupuncture in the treatment of infertility, and identified a number of studies indicating that acupuncture can increase the success rates of infertility treatments, including IVF. However, the reasons for this effect are currently unclear, and further studies are planned to confirm and investigate these findings.

In a study conducted by Dr. Wolfgang Paulus (Christian-Lauritzen-Institut, Ulm, Germany) and colleagues, half of a group of 160 women who were about to undergo IVF were randomly assigned to receive acupuncture therapy before and after embryo transfer. In the women who received acupuncture, the needles were placed at points believed to influence reproductive factors (for example, by improving blood flow to the uterus). The acupuncture group had a higher rate of pregnancy compared with those not given acupuncture (43% versus 26%), suggesting that acupuncture can be used to improve pregnancy rates during IVF.

One alternative medicine diagnosis that exists which may be help to explain male or

female infertility is called Liver qi stagnation. Key identifiers of an individual with this condition are anger, rage, frustration, depression, and anxiety.

Dr. Secondo Fassino (University School of Medicine, Turin, Italy) and colleagues recorded the personal characteristics of 156 infertile and 80 fertile couples, and measured their degree of psychopathology. When the researchers divided the couples according to the nature of the infertility—organic, functional, or undetermined—they found that anxiety, depression, and a tendency toward anger suppression could predict the diagnosis of organic or functional infertility in women with 97% accuracy. For infertile men, anxiety was also an important independent predictor of functional infertility, increasing the likelihood of having this form of infertility five-fold, while depression was more predictive of organic infertility. However, unlike in women, anger did not appear to influence infertility in men. These results suggest that, beyond the distress that accompanies the failure of repeated attempts to conceive a baby, psychological problems may contribute to functional infertility.

## **Herbal Medicine**

The exact mechanisms of action of herbal medicine intervention are not, at this time, completely understood. However, herbal medicine has been used successfully to treat infertility for thousands of years.

Practitioners of Chinese herbal medicine rarely use a single herb in treatment. Chinese herbs are formula based; many herbs are mixed together to create the perfect “decoction” specifically designed for the individual patient.

Some formulas contain two herbs and some thirty or more herbs. Each herb has many functions. Each herb has its own flavor, nature, temperature and trophism. Prescribing the correct herbal medicinals requires extensive training and clinical experience.

Self-medicating with herbal medicine presents a dual dilemma. At best the herbs will be useless, as the key to correct formula prescription is an accurate differential diagnosis that can only be rendered by a licensed, board-certified, experienced practitioner. In the worst case, self-prescribing of herbal medicine may prove harmful or fatal. A good example of this is Ma Huang/Ephedra. Ma Huang is an herb safely prescribed on a daily basis by hundreds of alternative medicine practitioners to thousands of patients. That several people have died as a result of taking Ma Huang has very little to do with the dangerous properties of the herb inasmuch as it has to do with the fact that in all cases of fatalities the individuals were self-medicating. Aspirin can prove fatal if taken by a hemophiliac, and this is not an indication that aspirin should be banned or that it is a dangerous drug. Like herbal medicines, it is totally safe if used appropriately.

**One should take herbs only when they're prescribed by a board-certified herbalist.**

Not only is herbal medicine safe, it is highly effective and free of concomitant harmful side effects that often accompany pharmaceutical drugs. There are more than one million

Acupuncture and Fertility Research

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hospitalizations per year as a result of drug-induced side effects; not so with herbal medicine.

I have used herbal formulas repeatedly to lower elevated FSH levels, to regulate irregular menstrual cycles, to mitigate pain in the endometriosis patient; to mitigate pain in the patient who presents with ovulation and/or menstruation-related migraines; to thicken an unresponsive endometrium; to treat the amenorrheic patient, the oligomenorrheic patient; to treat patients with partial tubal occlusion, and the patient with unexplained infertility. Additionally, I have successfully treated men with low sperm counts or poor motility. However, not all patients respond to alternative medicine.

Clearly, further research is needed to fully understand the mechanisms of action of acupuncture and herbal medicine in treating the infertile patient. Nevertheless, it is my opinion that the best-case scenario for any infertility patient is to offer them every reasonable option which may serve to address their underlying condition. The integration of acupuncture and herbal medicine into the treatment protocol of the infertile patient, from a clinical perspective, based on the long-standing empirical evidence, makes sense.