

Chinese Medical Support of Infertility

By Miki Shima, OMD, LAc

Abstract: This short essay is descriptive of how the author conducts an infertility clinic with Western reproductive endocrinologists, achieving demonstrated national success in 2004. The author urges all infertility patients (male and female) to get Western medical examination before embarking on TCM infertility treatment. Described herein is the author's Kidney Return Treatment, Eighth Extraordinary Vessel Treatment, and herbal treatment protocols.

Keywords: Infertility, General Approach to Patients with Infertility, Causes of Infertility in Western Medicine (FSH, LH, Estradiol, Progesterone, Sperm Analysis) and in Chinese Medicine (Kidney Deficiency, Blood Deficiency, Blood Stagnation, Spleen Deficiency, etc.), Eight Extraordinary Vessels, Fukushin, Kidney Return Treatment, Herbs for Infertility.

What is infertility?

In Western medicine, infertility is usually defined as "failure to conceive after one to two years of having unprotected intercourse" (Keye, Chang, Rebar and Soules, 1995). Most infertility patients who come to see me for acupuncture and herbal treatment have already had an initial Western medical workup to rule out any anatomical pathology and hormonal imbalances. If they have not had a Western examination, you should send them to their gynecologist, urologist or infertility specialists with whom you work.

I saw a twenty-eight year old woman twelve years ago for infertility. She thought she should get pregnant very easily because of her age though she had never seen a gynecologist. I referred her to a reproductive endocrinologist colleague who worked closely with me for a number of years, and the doctor found out that she had severe endometriosis. The couple had seen another acupuncturist before me. They had never been referred to a gynecologist, so the couple wasted two years trying to get pregnant. However, after surgery to remove the endometriosis, they became pregnant without any Western reproductive procedures. So, please, if patients seeking your advisory have not first been evaluated by the appropriate allopathic providers, to rule out gross anatomical problems like hydrocele and fibroids, you must have them pursue and

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provide the results of these evaluations prior to commencement of your evaluation and treatment.

How Do I Approach Patients with Infertility?

I see 70 - 100 infertility patients a year, and in evaluating and treating my patients, I always prefer to see them as a couple. Women tend to think that they are the ones to blame for the infertility, but 30% of infertility in America is caused by men (Keye, Chang, Rebar and Soules, 1995). At the same time, you as a doctor can observe their relationship as a couple. Often times, you can see that your female patient is very eager to have a baby, but her husband is not so cooperative. Sometimes you can also observe that your female patient is reluctant to have a baby, but her husband is forcing her to get pregnant. In either case, you should refer them to a psychologist who specializes in infertility issues.

Six years ago an Italian couple came to see me for infertility, and, during the initial consultation, it became apparent to me that the wife didn't want to have a child, but her husband was forcing her to get pregnant. So I sent them to an infertility psychologist, and, after several sessions, they decided not to have a child.

In the initial consultation, which lasts for an hour in my clinic, I get all their medical history, family history of infertility, and the most recent blood tests (FSH, Estradiol, sperm count, motility and morphology, etc.) If they are unable to provide this medical history, I refer the patients to specialists.

Causes of Infertility

In Western medicine, causes of infertility are numerous: age of the woman, age of the man, timing of intercourse, timing of ovulation, hormonal imbalances (follicular stimulating hormone [FSH], luteinizing hormone [LH], estradiol [E2] and progesterone [P]), sperm count, sperm motility, and morphology, etc. (Keye, Chang, Rebar and Soules, 1995). In Chinese medicine, the source of infertility is deficiency of the

Kidney Yin, Yang and/ or Jing. However, other factors such as Blood Deficiency, Blood Stagnation, Spleen Deficiency, Dysfunctions of Renmai, Chongmai, Dumai and Daimai can play a role (Maciocia, 1998).

I also take into consideration the level of stress the couples are under. Modern women and men are extremely stressed, which first increases the cortisol levels and then crashes them, leading to Kidney Deficiency. In our society, both spouses work very hard and usually don't follow a healthy diet and exercise routine. People also tend to ignore the fact that our environment has become more toxic, interfering with normal metabolic functions of our body. I therefore urge my infertility patients to eat organic, natural food. Obesity in young women can also be an issue, and as such they are prone to develop polycystic ovarian syndrome (PCOS) (Strauss and Barbieri, 2004). Under these circumstances I usually send them to a nutritionist for dietary consultation.

The lab tests usually ordered on the third day of bleeding are FSH, LH, Estradiol, and TSH (thyroid-stimulating hormone). Ideally FSH should be less than 8 and the ratio between the FSH and LH should be 1:1. (FSH:LH = 1:1). If FSH:LH = 2:1 or greater, it means poor ovarian follicular reserve, and if FSH:LH = 1:2 or greater, it usually means tendency to PCOS. Estradiol should be ideally 20 - 40 pgm for woman younger than 35 and should be 30-50 pgm for older women (36 - 43) in order to stimulate the follicular maturation toward ovulation. TSH is 20 times more sensitive than T4 and T3, and it is a very good test to rule out thyroid abnormalities. Many people believe that when there is a reduction in FSH, for example from 13 to 8, the woman becomes more fertile, which is not at all true. It simply means that the anterior pituitary is stimulating folliculogenesis less than before. What really counts is the age of the follicles, which cannot be changed at this point in time even with the super-stimulation that many reproductive endocrinologists give these days (Keye, Chang, Rebar and Soules, 1995).

Diagnosing Infertility in Chinese Medicine

The first thing I usually do is to differentiate between Infertility due to Deficiency and Infertility due to Excess. In the case of Infertility due to Deficiency of Kidney *Yang*, Kidney *Yin*, Spleen *Yang*, Blood, etc. I would tonify them, whereas in Excess patients I would try to eliminate; for example, Cold Excess, Blood Heat Excess, Stagnation of Qi and Blood, etc. (Maciocia, 1998). In order to diagnose Deficiency and Excess, I use the traditional pulse diagnosis, the Eight Extraordinary pulse diagnosis (Shima, 2001), the tongue diagnosis, and the Japanese abdominal diagnosis.

I usually make an herbal diagnosis and then develop formulas for each phase of the menstrual cycle: the bleeding phase [Blood Loss Phase], the pre-ovulation phase [Yin Phase], the ovulation phase [Midcycle Phase] and pre-menstrual phase [Yang Phase]. In the bleeding phase, I use formulas to drain the blood to cleanse the uterus. During the Yin Phase, I would prescribe Yin-building herbs and for the ovulation phase, I use formulas to stimulate ovulation. And finally, if the patient is not pregnant, I use Yang tonics and Liver Qi-coursing medicinals until the next bleeding. But if the woman shows a strong sign of pregnancy, I will continue with Kidney Yang-Jing tonics and Spleen Qi-regulating herbs all the way to the 12th week of gestation. As for Kidney tonics, I usually keep the women (or men) on them every day until the Kidneys are full of Qi (Maciocia, 1998).

For acupuncture diagnosis, I usually use the Eight Extraordinary Vessel Pulse Diagnosis. This was first described in the *Mai Jing* (Wang Shu-he, 259-264 C.E.) by Wang Shu-he of the Han Dynasty and completed almost 1200 years later by Li Shizhen of the Ming dynasty in his book *A Personal Exposition on The Eight Extraordinary Vessels* (Li Shizhen, 1572); This has been translated by Charles Chace and myself and will be published soon from Eastland Press. Since fertility is so deeply related to the Eight Extraordinary Vessels, I often use this particular method of pulse diagnosis. In a large sense, *Renmai*, *Chongmai* and *Dumai* could be seen as “extensions” of the Kidney Channel. They come out of the kidneys and traverse the body in many different ways, but they are all deeply connected to the *Yuan Qi* [Original Qi] (Maciocia, 1998). That’s why I very often use the Eight Extraordinary pulse diagnosis. This method of pulse diagnosis is not usually taught in

school, but I have described it in my book, *The Channel Divergences: Deeper Pathways of the Web*.

I also use *Fukushin*, or the Japanese abdominal diagnosis for selecting herbal formulas and acupuncture points. The herbal *Fukushin* places emphasis on palpating abdominal muscle patterns to diagnose Excess and Deficiency of *Zang-Fu* organs, whereas the acupuncture *Fukushin* places emphasis on finding stagnation of Qi and Blood to determine which channels should be treated. Since Western medications and nutritional supplements can alter the pulse patterns, but the abdominal patterns do not change very easily,

I heavily rely on abdominal diagnosis to confirm my pulse diagnosis. When there is conflict between my pulse diagnosis and abdominal diagnosis, I tend to defer to my abdominal diagnosis to give acupuncture treatment and herbal formulas.

Acupuncture Treatment of Infertility

As I have already stated above I prefer to use the Eight Extraordinary Vessels first, particularly *Renmai*, *Chongmai*, *Dumai* and *Daimai* in my acupuncture treatment before I use other traditional points. Opening the Qi flow in those Extraordinary Vessels makes acupuncture more effective than doing regular meridian therapy like Liver 3 (*Taichong*) and Spleen 10 (*Xuehai*) for Blood Deficiency (Shima, 2001).

My favorite initial step of acupuncture treatment for infertility is to give my patients a “Kidney Return Treatment”, which was developed by my own teacher, Tadashi Irie, using the first Confluence of Divergences or the Kidney-Bladder Divergences because they are so deeply connected to the Original Qi. The purpose of this treatment is to literally “return” Qi back to the Kidneys. This is the most powerful acupuncture that I know of to tonify the exhausted Kidneys. In this treatment, UB10 (*Tianzhu*), UB 23 (*Shenshu*) and UB 40 (*Weizhong*) are needled bilaterally. Then,

using 1 Hz at 1-3mA, I hook a positive mini-alligator clip on UB 10 (*Tianzhu*) on the left side and a negative pole of the same cord on UB 40 (*Weizhong*) also on the left side. Then the same treatment is repeated on the right side. (One cord on the left side and the other one on the right side.) I then hook up UB 23 (*Shenshu*) on the left side and a negative pole of the same cord on UB 40 (*Weizhong*) on the same side. (UB 40 (*Weizhong*) gets two negative clips.) Finally I hook up another cord between UB 10 (positive) and UB 40 (*Weizhong*) (negative) on the right side. (Again UB 40 (*Weizhong*) on both sides receives two negative grips and four cords total.) Run the current for 5-10 minutes at a comfortable level of stimulation, during which time you can treat other points like UB 18, UB 20, etc. with regular needles.

After 5-10 minutes of the “Kidney Return Treatment” remove all the needles and have your patient turn over into the supine position. If tender, the next process utilized is warming moxa on *Renmai* points below the navel with deep pressure. Use moxa (or moxa sticks) until the points are slightly red.

Next I decide which of the Eight Extraordinary Vessels to treat based on the pulse and symptoms. Utilize one set of a master point and a coupled point, like Sp 4 and P 6. I needle a master point with a gold needle and a coupled point with a stainless needle and check the pulse and the abdomen. If they are not balanced, pick another set of Extraordinary Vessels like SI 3 and UB 62 and check the pulse and abdomen (Shima, 2001).

I will also add some points, based on what my patient needs, along with the Eight Extraordinary Vessels, but I do not needle more than 4 points, because it could confuse or over-stimulate the channel system. Retain the needles for 20 minutes. I usually conduct weekly acupuncture treatments for ten ovulations.

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Herbal Treatment for Infertility

For men with low sperm count, motility and morphology, I would prescribe Kidney Yang tonics, Damp-Heat draining herbs, zinc 30 mg, Vitamin E 400 IU, orchic tissue supplements 200-600mg, etc. per day.

It takes 4 months to see any changes in the count, motility or morphology, so do not expect rapid results!

For women who are well balanced and menstruate very regularly, I prescribe my own follicular phase formula from the first day of menstruation until ovulation, and my own luteal phase formula from the time of ovulation to the next menstruation if the woman doesn't become pregnant. If she becomes pregnant,

I would keep her on the formula until the 13th week of pregnancy.

For women who are deficient in Kidney, Spleen, Blood, Yang, Chongmai, Renmai, etc., I would prescribe herbs week by week, dependent upon what Zang-Fu or Channels and Collaterals are weak.

As I said before, the first two weeks or so represent the Yin-building phase. As such, I would prescribe Blood-building and Chongmai-Renmai-building herbs. If the patient has deep Kidney Yang deficiency, I would start her on Kidney Yang-building herbs from the first day of her period, although she is in her Yin-building phase. This is done in order to replenish her Kidney Yang weakness.

If the patient is of Cold Excess Confirmation (called *Hiesho* in Japanese), I would use herbs to warm her up until her Basal Body Temperature increases to greater than 98.2F upon ovulation.

For the patient with Blood Heat Stagnation, I remove the stagnation by stimulating Chongmai with herbs and acupuncture.

Conclusion

The most important thing in treating infertility is the strength of the Kidney Qi in men and women. I see a lot of my students being very concerned about manipulating the Blood, but they often don't pay attention to strengthening the Kidneys, which will not lead to a successful pregnancy.

More than three years ago, my partner, a reproductive endocrinologist and I achieved a combined success rate of 72.5%. It was solely due to the fact that we were paying full attention to strengthening Kidney Qi.

Miki Shima, BA, ND, OMD, LAc, served on the California Acupuncture Board and as president of the California Acupuncture Association (now known as CSOMA). He is the author of *The Medical I Ching - Oracle of the Healer Within*, and *Channel Divergences*.

Dr. Shima is an internationally recognized Master of Oriental Medicine. Dr. Shima and Charles Chase, DiplAc, DiplCH, have co-authored: "Personal Expositions on the Eight Extraordinary Vessels" by Li Shi-zhen, which is the definitive book on the subject, published by Eastland Press in 2006. Dr. Shima has worked with reproductive endocrinologists for the last 20 years and achieved the highest combined success rate of 72.5% three years ago. AAOM is honored to have awarded Dr. Shima the Lifetime Achievement Award in 2004.

I am looking forward to sharing how to run a successful infertility clinic at the AAAOM Expo 2007 this October in Portland. Two DVD's on Fukushin have just been produced and are available from www.jaafstore.com. The formulas included are to be discussed during the AAAOM Exposition workshop.

References

- Keye, William R., Jr., M.D., R. Jeffrey Chang, M.D., Robert W. Rebar, M.D. and Michael R. Soules, M.D. (1995). *Infertility: Evaluation and Treatment*. Philadelphia.
- Maciocia, Giovanni. (1998). *Obstetrics and Gynecology in Chinese Medicine*. New York.
- Shima, Miki, O.M.D. and Charles Chace. (2001). *The Channel Divergences: Deeper Pathways of the Web*. Boulder.
- Shizhen, Li. (1572). *Qi Jing Ba Mai Kao (A Personal Exposition on the Eight Extraordinary Vessels translated by Miki Shima, O.M.D. and Charles Chace)*. To be published by Eastland Press. (2007).
- Strauss, Jerome F. III, M.D., Ph.D. and Robert Barbieri, M.D. (2004). Yen and Jaffe's *Reproductive Endocrinology*. Philadelphia.



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