



Original article

A case series of acupuncture treatment for female infertility with some cases supplemented with Chinese medicines

Shiu Hon Chui^{a,*}, Fung Chun Chow^b, Yim Tong Szeto^c, Kelvin Chan^{d,e}, Christopher W.K. Lam^a

^a Macau Institute for Applied Research in Medicine and Health, Macau University of Science and Technology, Macau

^b Modern TCM Ltd., Hong Kong Special Administrative Region

^c Department of Applied Science, Hong Kong Institute of Vocational Education (Shatin), Hong Kong Special Administrative Region

^d Centre for Complementary Medicine Research, University of Western Sydney, Sydney, NSW 2751, Australia

^e Faculty of Pharmacy, The University of Sydney, Sydney, NSW 2006, Australia

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Abstract

Introduction: Delayed marriage is a prominent trend among Chinese citizens in Hong Kong. Such substantial delays expectedly postpone the age of pregnancy, to the extent that aging has become a risk factor for female infertility. There are many underlying reasons for female infertility. Acupuncture has been used in traditional Chinese medicine (TCM) and is suggested to be effective for treating infertility. The objective of this study was to observe the outcome of acupuncture treatment on infertile females with some cases supplemented with CM.

Materials and methods: In this case series, female patients who sought medical consultations for infertility were clinically observed. They were treated either with acupuncture alone or with prescriptions of Chinese medicines (CM), based on individual's condition and/or pathogenesis of the disease. There was no obvious major cause of infertility in terms of Western medical diagnosis, yet 15 patients were classified as having "Stagnation of Liver *qi*" according to Chinese medicine diagnosis theory. Twenty-one patients who completed the course of treatment were studied. Eight patients were treated with acupuncture only, while the remaining 13 patients received acupuncture treatment supplemented with CM.

Results: Over a period of two years there were 14 women who were successful in becoming pregnant (66.7%) and 7 patients were not yet pregnant upon termination of treatment. None of the 21 cases exhibited any adverse effects.

Conclusion: These observations suggest that acupuncture, either with or without CM supplementation, could be an effective option for treating infertility.

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Keywords: Acupuncture; Female infertility; Conception; Ovulation; Chinese medicine

Introduction

Delayed marriage is a prominent trend among Chinese citizens in Hong Kong. Mean ages at marriage were 29.7 and 27.1 years respectively for men and women in 1986, with corresponding increases to 33.3 and 30.8 years in 2006 [1]. Such substantial delays expectedly postpone the age of pregnancy, to the extent that aging has become a risk factor for female infertility [2]. Although there has been a downward trend on birth rate in Hong

Kong over the last decade [1], there are still a significant number of couples who marry at an older age and who seek assistance for conception.

Female infertility is defined as no conception within 1 year with unprotected intercourse during the fertile phase of menstrual cycles [3]. Secondary infertility is similar but the patient has previously given birth at least once. There are many underlying reasons for female infertility. Treatments include medications and sometimes employing hormones for induction of ovulation. Surgical techniques are commonly used too. However, most of the treatment strategies incur significant discomfort, side-effects and are sometimes invasive [4]. Acupuncture has been used in traditional Chinese medicine (TCM) and is suggested to be effective for treating infertility

* Corresponding author at: 612 Melbourne Plaza, 33 Queen's Road Central, Hong Kong Special Administrative Region. Tel.: +852 2116 0788.

E-mail address: shchui@diagnostix.com.hk (S.H. Chui).

[5]. Acupuncture may mediate the release of neurotransmitters, which may in turn stimulate secretion of gonadotrophin releasing hormone, thereby influencing the menstrual cycle, ovulation and fertility [6]. It may stimulate blood flow to the uterus by inhibiting uterine central sympathetic nerve activity [6]. Also, acupuncture may stimulate the production of endogenous opioids, which may inhibit the central nervous system outflow and the biological stress response [6]. A recent review concluded that acupuncture can improve the outcome of IVF and the mechanisms may be related to the increased levels of depression, anxiety and stress [5,7]. This was a case series and the aim of the present study was to observe the outcome of acupuncture on infertile females in the local context with some cases supplemented with TCM prescription medicines. Nevertheless, acupuncture was the main treatment and use of CM was only an adjunct therapy that was used as appropriate for helping the acupuncture.

Materials and methods

Subjects

This study took place from October 2004 to June 2009. It was approved by the Clinical Research Ethics Committee of the Macau University of Science and Technology, Macau (MUST), and conducted at the clinics of Modern TCM Ltd. (MTCM) in Hong Kong, which is an affiliation of MUST in Hong Kong. Female patients with infertility problem visiting MTCM were observed and followed up for the study as part of their normal treatment with informed written consent. The diagnosis of infertility was made according to the People's Republic of China Chinese Medical Practice Standard [8].

Patients who fulfilled the following criteria were included:

1. normal child bearing age, i.e. >21 to <45 years of age;
2. married for longer than one year and having no conception with unprotected intercourse during the fertile phase of menstrual cycle;
3. non-smoking and non-drinkers;
4. willing to receive treatment with acupuncture and Chinese medicines;
5. whose husband had healthy sperm and was able to engage in sexual activity.

Patients having the following conditions were excluded:

1. major problems associated with cardiac, respiratory, renal and hepatic functions;
2. HIV subjects (by history only; laboratory confirmation not required);
3. I.V. or other prohibited substance users;
4. use of any traditional Chinese medicine therapy for infertility at least one month prior to entering the study;
5. use of any other investigational drug(s) 1 month prior to entering the study;

6. major illnesses which in the opinion of the investigators would make the subject unsuitable for the study or unable to comply with the treatment schedule.

A successful case was defined as a patient achieving pregnancy within 2 years after the commencement of treatment. Those who did not complete the 2-year treatment period and/or did not conceive were classified as 'non-pregnant' instead of being unsuccessful.

The demographic details of the recruited subjects are summarized in Table 1.

Treatment

Basic anatomical and physiological knowledge on female genital structure and reproduction was explained to patients during the first consultation. The details of treatment strategy and prognosis were also discussed and shared with patients for enhancing compliance.

Patients were requested to start acupuncture treatment for two to three times a week after menstruation. Acupuncture on 3 consecutive days was performed during the ovulation period, mainly days 12, 13 and 14, and two to three times a week during the luteal phase. Patients were advised to have intercourse once every 2 days, starting several days before and after the ovulation period to promote the chance of pregnancy. Each acupuncture treatment lasted 25 min. Sterile disposable stainless steel needles (0.22 × 25 mm) were inserted in acupuncture point locations. Needles were stimulated to elicit the sensation of *de qi* twice and were left in position for 25 min and then removed. The depth of needle insertion was about 10 to 20 mm, depending on the region of the body undergoing treatment. The main acupuncture points used were EX-CA1 (Zigong), EX-CA2 (Sanjiaojiu), CV3 (Zhongji), CV4 (Guanyuan), CV6 (Qihai), SP6 (Sanyinjiao), and the coordinating acupuncture points were CV12 (Zhongwan), SP10 (Xuehai), ST36 (Zusanli) and LR3 (Taichong) (Fig. 1). These acupuncture points were selected according to the principles of TCM [9,10] and the protocols were designed based on the accumulated clinical experience of the acupuncturist over 10 years. Stimulation of Taiyin meridians (Spleen) and Yangming meridians (Stomach, Colon) would result in better blood perfusion and more energy in the uterus. Stimulation of the body points CV3, CV4, CV6 and CV12 would nourish the blood and supplement the essence. LR3 would sedate the patient. Acupuncture points contradictory to pregnancy, lower abdominal points, and the SP6 were avoided during the luteal phase.

Chinese prescription medicines were prescribed to some of the patients according to the pathogenesis of respective problems. For example, Chaihu Shugan San (consisting of Radix Bupleuri, Radix Paeoniae Alba, Fructus Aurantii, Pericarpium Citri Reticulatae, Rhizoma Cyperi, Rhizoma Ligustici Chuanxiong and Radix Glycyrrhizae) was prescribed for Stagnation of Liver *qi* to soothe the liver, regulate the circulation of *qi* and monitor menstruation to relieve pain, and Taohong Siwu Tang (consisting of Radix Rehmanniae Praeparata, Radix Paeoniae Alba, Radix Angelicae Sinensis, Rhizoma

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