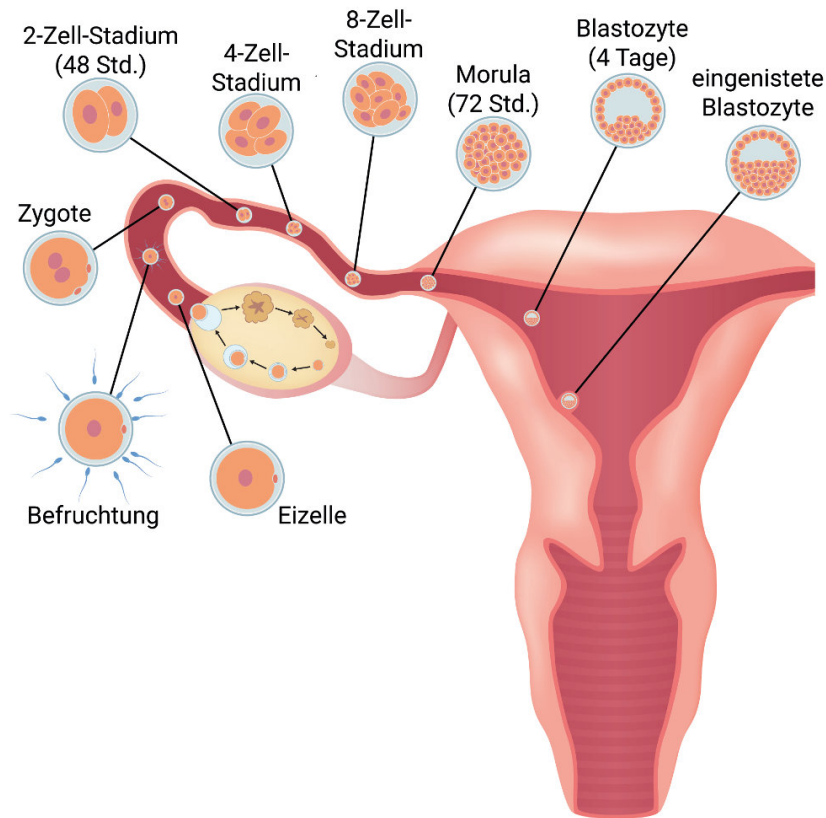


Infertility

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Process of fertilization

Infertility Primary infertility:

Low sperm count anatomic defects or disease and fallopian tube scarring are the most common factors that may cause infertility. Primary infertility is a term used to describe a couple that has never been able to conceive a pregnancy after a minimum of 1 year of attempting to do so through unprotected intercourse.

Causes of infertility include a wide range of physical as well as emotional factors .

Alternative names: Barren ; Inability to conceive; Unable to get pregnant

Definition: Infertility is the inability of a couple to achieve a pregnancy after 12 months of unprotected intercourse. Causes, incidence, and risk factors

Primary infertility is the term used to describe a couple that has never been able to conceive a pregnancy, after a minimum of 1 year of attempting to do so through unprotected intercourse.

Secondary infertility is the term used to describe couples who have previously been pregnant at least once, but have not been able to achieve another pregnancy.

Causes of infertility include a wide range of physical as well as emotional factors . Approximately 30% to 40% of all infertility is due to a "male" factor, such as retrograde ejaculation , impotence, hormone deficiency, environmental pollutants, scarring from sexually transmitted disease, or decreased sperm count.

Some factors affecting sperm count are heavy marijuana use or prescription drugs, such as cimetidine, spironolactone, and nitrofurantoin.

A "female" factor (for example, scarring from sexually transmitted disease or endometriosis, ovulation dysfunction, poor nutrition, hormone imbalance, ovarian cysts, pelvic infection, tumor, or transport system abnormality from the cervix through the fallopian tubes) is responsible for 40% to 50% of infertility in couples. The remaining 10% to 30% may be caused by contributing factors in both partners, or no cause can be adequately identified. It is estimated that 10% to 20% of couples will be unable to conceive after 1 year of attempting to become pregnant. It is important that pregnancy be attempted for an extended period (at least 1 year). The chances for pregnancy occurring in healthy couples who are both under the age of 30, having intercourse regularly, is only 25% to 30% per month.

A woman's peak fertility is in her early 20s. As a woman ages beyond 35 (and particularly after age 40), the likelihood of conceiving is less than 10% per month.

Symptoms:

- Inability to become pregnant.
- A range of emotional reactions by either or both members of the couple related to childlessness. (In general, such reactions are greater among childless couples. Having a single child tends to blunt the depth of emotional problems.)

Signs and tests:

A complete history and physical examination of both partners is essential. Tests may include:

- Semen analysis to evaluate ejaculate. The specimen is collected after 2 to 3 days of complete abstinence to determine volume and viscosity of semen and sperm count, motility, swimming speed, and shape.
- Measuring basal body temperature-- taking the woman's temperature each morning before arising in an effort to note the 0.4 to 1.0 degree Fahrenheit temperature increase associated with presumptive ovulation.
- Monitoring cervical mucus changes throughout the menstrual cycle to note the wet, stretchy, and slippery mucus associated with the ovulatory phase.
- Postcoital test (PCT) -- to evaluate sperm-cervical mucus interaction through analysis of cervical mucus collected 2 to 8 hours after the couple has intercourse.
- Measuring serum progesterone (blood test). Endometrial biopsy. Testicular biopsy (rarely done).

- Measuring urinary luteinizing hormone by using kits commercially available for home use to predict ovulation and assist with timing of intercourse.

TCM Syndrome differentiation and Treatment

- 1) **Syndrome of Qi stagnation and blood stasis:** Sterility due to abortion or operation, delayed menstruation, scanty and unsmooth menorrhoea with purplish and blackish color or with blood clot, often accompanied dysmenorrhoea, unpressable pain in the lower abdomen, purplish tongue, taut and unsmooth pulse.

Therapeutic methods: Activating blood, resolving stasis and dredging uterine collaterals.

Prescription : Modified Shaofu Zhuyu Tang. Danggui, Chishao, Chuanxiong, Danshen at 12g each; Taoren, Honghua, Niuxi, xiangfu, Zhiqiao Yanhusuo at 10g each.

- 2) **Syndrome of retention of phlegm-dampness:** Sterility, obesity, profuse leukorrhoea, scanty and delayed menorrhoea, or even amenorrhoea, nausea, fatigue, sexual frigidity, bulgy tongue with greasy fur, and slippery pulse.

Therapeutic methods: Drying dampness and resolving phlegm, strengthening the spleen and regulating qi.

Prescription : Modified Qigong Wan. Banxia, Cangzhu, Baizhu, Fulin, Chenpi at 12g each; Shenqu, Shichangpu, Xiangf, Chuanxiong Yuanzhi at 10g each;