

Stress and Unexplained Infertility

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Unexplained infertility translates to mean there is no medical reason the doctors can apply within the realm of modern scientific understanding to explain why conception isn't occurring. Chinese medicine is particularly effective in treating this otherwise devastating diagnosis.

Luteal phase defects may be slight enough so that the laboratory hormonal assays still report to be "within the normal range," yet still grave enough to prevent conception. Many cases of "unexplained infertility" involve patterns whereby the hormones are considered "normal", yet the uterine lining fails to respond appropriately to the hormone which dominates the luteal phase, progesterone. When the endometrium is primed, progesterone will cause a series of events to occur within the endometrium, causing it to exhibit the appropriate proteins, enzymes and mucins that must be present for the fertilized embryo to recognize the signals which allow it to adhere and implant. If the individual has indications of spleen qi vacuity or kidney yang deficiency, and these are addressed, the luteal phase defect should correct itself and allow conception to occur.

If the menstrual blood is abnormal in amount, color, and consistency, this likely indicates a problem within the uterine lining. If the blood flow is too scanty and all other signs lead to blood deficiency, tonifying the blood during the follicular phase will correct the imbalance which caused the underlying syndrome. The blood flow will become heavier and the endometrial lining will be shown to be thicker. If the menstrual blood is scant in amount, is black or very dark in color, and is accompanied by stabbing pain, the use of dietary and herbal modifications and local application of warm castor oil packs may resolve the blood stasis and its accompanying toxic residue, and allow the uterine lining to respond with fresh, healthy endometrial tissue. Embryos prefer this type of environment when searching for a home. When we apply the methods of Traditional Chinese Medical gynecology to resolve the bleeding disorder, the endometrium responds accordingly and implantation occurs.

The first step is always to begin to address the manifestation of the problem.

If the menstrual flow itself is normal, the next question is the menstrual cycle. Is it shorter than average or longer than average? Does it even have a pattern? If the menstrual cycle is shorter than 26 days, we must work to lengthen it. If the follicular phase preceding ovulation is only eight or nine days, and there are signs of yin vacuity

ovulation is only eight or nine days, and there are signs of yin vacuity heat such as night sweats and vaginal dryness, we must supplement yin and clear heat during the first half of the menstrual cycle. The estrogen deficiency signs will then resolve. If the luteal phase is shorter than ten days we must work to lengthen it. When apply the principles of pattern differentiation to the end of the luteal phase, we often find symptoms of spleen qi or kidney yang vacuity. Many women report that their temperatures fall early, accompanied by low back pain, and loose stools. They are usually cold in nature, with especially cold feet, wake up at night to urinate, and have relatively low libido. Right away we know that the kidney yang is not abundant enough to support a 14 day luteal phase. Employing dietary and herbal modifications which supplement the kidney yang will correct the underlying imbalance which caused the luteal phase defect. The cycle will lengthen, the signs of kidney yang vacuity will diminish, and pregnancy will occur.

A condition known as a "cold uterus" means that the uterine lining has not responded appropriately to the warming hormone (progesterone). The vessels which supply blood to the uterus are constricted as a result of this "cold" response. Women with this diagnosis often have a combination of patterns of kidney yang (the warming energy) vacuity and blood stasis. They will often have premenstrual low back pain, cramps which respond to heating pads, and clotty menstrual blood. Prescribing warming herbs and invigorating the blood will help resolve this pattern.

Monitoring the basal body temperature gives immense information regarding where the imbalance occurs as well. Temperatures which exhibit no biphasic pattern at all and are relatively low (around 97 degrees Fahrenheit) and are accompanied by cold signs reveal a diagnostic pattern of kidney yang vacuity. Remedy: supplement kidney yang. A biphasic, ovulatory pattern will begin to emerge, and reproductive hormones respond accordingly. A monophasic pattern of high temperatures which are accompanied by heat signs will respond to yin supplementation and clearing of vacuity heat.

A sawtooth, erratic pattern of temperatures means there is not enough hormonal regulation occurring to normalize the temperatures. Most often this will be accompanied by symptoms of liver depression qi stagnation, a pattern which occurs as a result of maladaptation to stress. Women who exhibit no pattern at all to their menstrual cycles often have liver qi stagnation as well. One month the cycle may last 35 days, and the next month it is 26 days. There are severe premenstrual signs some months, and other months there are almost none. The problem most assuredly lies in the liver qi (i.e., stress.) and its associated endocrine effects, and the remedy will be to course the liver and rectify the qi. What does stress do to the body?

What About Stress?

Adrenalin is a hormone which is released by the adrenal glands during conditions of stress. Although it helps us to escape from

during conditions of stress. Although it helps us to escape from danger, it also inhibits our ability to utilize progesterone, a very important consideration for fertility.

Prolactin, a hormone which is released by the pituitary gland, is usually discharged in order to stimulate lactation in preparation for nursing. However, also under times of stress, the pituitary gland emits more prolactin - in order to impair fertility.

Our bodies know that we should not be pregnant when we are under tremendous stress. Its first priority is keeping us out of danger. Taking care of a fetus when we are experiencing a precarious or tense situation is not an optimum physiological response. The optimum physiological response, as far as our bodies' preservation instinct is concerned, is to flood the skeletal muscles, dilate the pupils, and remain acutely aware of our surroundings. Our bodies' know that we shouldn't be tired and nauseous and accommodating a pregnancy. Yet, when the stressor is only one of perception, or when we are responding inappropriately to stress with nervous tension, we must retrain our bodies and let them know that we are not in immediate danger, regardless of our environmental situation.

If you exhibit a pattern consistent with a hyper sympathetic nervous system, you are likely supplying less blood flow to the uterus and ovaries, thereby impairing their optimal functioning. If you tend to sweat more than normal, have cold, sweaty or clammy hands and/or feet, especially under stress, or if you sweat when you feel anxious, or have night sweats, these symptoms are indications to supplement with herbs like Semen Tritici Aestivi Levis and Radix Ephedrae (this is the root of the Ephedra plant, not to be mistaken for Herba Ephedrae, the stem, which has the ephedrine stimulant effect. They are not interchangeable.)

Stress, however, is not the only factor. There are many subtle endocrine and hormonal factors which effect our ability to conceive. Most women with irregular menstrual cycles who are unable to conceive are given the diagnosis of "unexplained infertility" because their laboratory blood analyses still show hormonal levels within the "normal" range. Of course, receiving this diagnosis, by itself puts the body into a higher state of stress, because now all we know is that nobody knows what is wrong.

Be assured, treating the pattern will resolve the hormonal imbalance! If you have all the signs and symptoms indicative of liver depression qi stagnation, you now know how to begin addressing the imbalance. First alleviate as much external stressors in your life as you are able to control. Then turn the attention to yourself. What can you take control of to assuage your response to the remaining internal stress (or your perception of stress)?

Exercise

■ Meditate

- Breathe
- Sit down when you eat
- Eat frequent, small meals, to keep the blood sugar level more stable and inhibit the release of adrenalin.
- Chew your food sufficiently, mixing enough saliva with the food to neutralize and make digestion easier.
- Drink a lot of water, but don't drink during a meal.
- Do not drink alcohol or caffeine or smoke cigarettes.
- Eat foods which move the qi like peppermint, rosemary, spearmint, turmeric, and thyme.
- Supplement with herbs which resolve liver qi stagnation.
- If your prolactin levels are high, take Hordeum Vulgare.
- Perform the acupuncture techniques to rectify the liver qi.

Case History

Cindy was an attractive, 36 year old professional woman. She was married to Mark, who appeared very angry and cold. He would often answer her questions for her, but would look away when I talked to him. I could tell he wasn't very happy about Cindy seeking "alternative" treatments. They had married when Cindy was 28. She always had very heavy menstrual cycles, and when she was 30, she was found to have three fibroids within the uterus and moderate endometriosis throughout her pelvis. The fibroids and endometriosis were surgically removed and had not recurred. During the last six years she reported normal menstrual cycles, although they varied in length. Her shortest cycles were 30 days in length; longer cycles lasted up to 38 days. They had tried to conceive every month for the last eight years. All laboratory tests were normal. She had tried Clomid for six cycles, and although she had good egg production and a thick uterine lining, she did not conceive. She said the Clomid made her very anxious and gave her severe headaches and acne.

Cindy (in Mark's presence) was not comfortable answering questions regarding her menstrual cycles. She said the blood flow was normal in amount, there was very little pain, very little PMS, very little breast tenderness, etc. She listed no other symptoms. She reportedly had no difficulty with circulation, digestion, elimination, sleeping patterns, or moods. I decided not to press the questioning further, and got right to her pulse, which had a fine but taut quality. Her tongue (which she scraped daily) had a slightly grayish hue to it. She did, however, monitor her basal body temperatures over the last month, after our initial telephone conversation. The pattern was extremely erratic.

I made the correct assumption that there was an element of liver depression qi stagnation, and treated her accordingly. The couple did not have enough trust in me to suggest any dietary or lifestyle modifications, so I used acupuncture employing the "four gates"

modifications, so I used acupuncture employing the "four gates" technique to open up the liver channels and resolve stagnant qi. I needled the spirit point within the ear, and the point between the eyebrows to calm the spirit. I prescribed an herbal formula to nourish the spirit and resolve liver qi stagnation.

Over the next couple of months, I found out more about Cindy in retrospect. She reported that her periods were becoming much less painful, she was sleeping better, and she was feeling less crazy premenstrual. Every suggestion I made she incorporated. She started walking every day during her lunch break at work. She did breathing exercises every day at work. She changed her (and Mark's) diet.

Within four months, Cindy said she was happier. She made a few comments about Mark, and said she didn't let him "get to her" anymore. We became much closer. She noticed that she quit grinding her teeth at night. She rearranged her bedroom so she felt more comfortable in it. Each month her cycle stabilized a little more as we got closer to the source of her disharmony.

As I incorporated medicinals to clear liver and heart heat, she responded dramatically.

Within six months Cindy and Mark were pregnant. Mark called me the day their son was born to thank me.

Case History

Sonja was a 32 year old secretary married to a school teacher. They had been trying to conceive for two years. She had a psychiatric history of depression for which she was treated with three different medications. She was pleasant and attractive, and had no outward signs of angst. She spoke of the fear of her depression more than the depression itself.

Her menstrual cycles were about 32 days in length, and the blood flow lasted about five days. She had some menstrual discomfort, and some breast distension, but no significant symptoms of premenstrual tension. She said she felt tense and irritable all the time. She did not notice any signs of increased fertile vaginal discharge mid cycle, but said she felt pains in her ovaries during the middle of the month.

She was constipated most of the time, but blamed this on her medication. She didn't sleep well, and most of her symptoms revealed themselves in the mood category. She started to monitor her basal body temperatures and they were monophasic and sawtoothed. She appeared to be anovulatory.

She came for acupuncture once a week, but we did not use any herbs. She was afraid to interfere with her antidepressant regimen. I taught her qi gong breathing for the purpose of regulating her hormonal cycles and relaxing her, and she said she did it every time she got upset. She performed the exercise sitting at her desk, talking

she got upset. She performed the exercise sitting at her desk, talking on the phone, and every night to help her sleep. Her patterns began to stabilize, and she ovulated.

She talked to her psychiatrist about reducing her medication as she started to feel better, and by the time she ovulated she was off two of the drugs she had been relying on for most of her adult life. She still took one selective serotonin reuptake inhibitor (SSRI) which was safe to take during pregnancy. She conceived shortly thereafter and had an uncomplicated pregnancy. She did experience post-partum depression and the last I heard from her she went back on one of her other anti-depressant medicines.