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### [Female and Male Infertility Part I](#)

by Ray Rubio

**Location & Time:**  
**Portland, OR**  
**6/12/10 9 am to 6 pm PT**

### [Female and Male Infertility Part II](#)

by Ray Rubio

**Location & Time:**  
**Portland, OR**  
**6/13/10 9 am to 6 pm PT**

## Female Infertility – Case Study

by Ray Rubio, DAOM, L.Ac., FABORM

Mary was a 37 year old nulligravida female with primary infertility for two years. Mary's gynecologic history was significant for menarche at age 14, and regularly occurring menstrual cycles at 28-32 days intervals. Mary's fallopian tubes were open and her uterine cavity was normal per a hysterosalpinogram, and her ovarian reserve was favorable per day-3, FSH/E2 levels of 4.3/52 respectively. Mary's husband had favorable semen densities in all respects.

Mary's medical history was significant for bilateral kidney transplants at the age of 29 due to kidney failure resulting from reflux nephropathy. She takes regular immunosuppressant medications, including prednisone. She presents with many of the features of Cushing's syndrome resulting from long-term use of prednisone (slightly obese, acne, bloated rounded face, buffalo hump, thin skin, and frequent infections such as yeast infections and sinus infections).

Mary had married later in life and so she had only recently started trying to conceive. Never one to wait, and bearing in mind her complicated medical condition, she sought the help and guidance of a reproductive endocrinologist. She attempted 2 cycles of ovulation induction with IUI (intra-uterine insemination), and two cycles of ovulation induction with IVF (in vitro fertilization). Mary was an amazing egg-maker. In each of her IUI cycles, she generated 6-7 follicles, and in each of her IVF cycles, she generated 23-24 oocytes at the OPU (oocyte pick up). Unfortunately, Mary's problem appeared to be very poor egg quality, despite her terrific response to ovulation induction and her favorable FSH. In her first IVF cycle, out of 23 oocytes retrieved, only 5 fertilized, and only 2 made it to transfer-day 3. No pregnancy occurred. On her second IVF cycle, out of 23 oocytes retrieved, only 10 were mature enough for ICSI (intracytoplasmic sperm injection), and only 1 survived to cycle-day 3 for transfer. No pregnancy occurred. She was obviously very distraught, but she is by nature a problem solver, so she searched the internet, and found out that acupuncture can improve pregnancy rates in IVF, and she made up her mind to try it.

Mary initially went to a general practitioner acupuncturist rather than a fertility specialist, and after about a month, she deduced that this person was not really qualified or experienced enough in reproductive medicine to help her. She asked her reproductive endocrinologist for a referral, and they referred her to my office. Despite Mary's sunny demeanor, and relatively young chronological age, and favorable FSH and response to IVF meds, she looked much older than her stated age. She had dark rings around her eyes, all the features of Cushing's syndrome, and a grey complexion. She looked classically Kidney deficient. However, her tongue was purple and her left pulse was very wiry, so there was some obvious Liver qi stagnation resulting from the immunosuppressant medications.

Because Mary's nephrologist absolutely forbade herbal medicine, and because Mary was anxious to try another cycle of IVF again as soon as possible, I agreed to treat her for only 6 weeks before

beginning her next IVF cycle - with acupuncture only. Due to this expedited treatment course, I asked her to come for acupuncture and moxibustion three times weekly. She agreed.

My working TCM diagnosis with Mary was Liver qi stagnation and Kidney essence/yin deficiency. I had surmised that her kidney failure due to congenital reflux nephropathy pointed to Kidney essence deficiency, and the long-term immunosuppressant medications - especially the prednisone - depleted her Kidney yin and Liver blood, resulting in the Liver qi stagnation.

My treatment plan was to nourish the Kidney yin and Liver blood, soothe the Liver qi, and thereby replenish the Kidney essence (which is restored as the left-over of Liver blood at the end of each day).

### Acupuncture Treatment

- *Yingu* (KI 10) and *Ququan* (LR 8)
  - Root treatment for Kidney and Liver yin deficiency.
  - These points were tonified with no needle retention.
- The Three Yellows and the Three Emperors
  - Master Tong Points for tonifying the Liver and Kidneys respectively.
  - These points would be needled alternatively at different appointments.
- *Geshu* (BL 17), *Ganshu* (BL 18), *Pishu* (BL 20), *Shenshu* (BL 23), and *Gaohuangshu* (BL 43) with direct moxa
  - The first four points are nourishing, helping to build Liver blood and tonify the Kidneys.
  - Moxibustion on *Gaohuangshu* (BL 43) regulates the immune system.

I felt that her immune system was obviously overworked due to the medications and therefore might not allow for successful embryo implantation. I would also use moxibustion on *Shenshu* (BL 23) and *Mingmen* (GV 4) every other treatment in order to tonify her *mingmen* and Kidney energy. *Fu Ke* and *Huan Jiao* (Master Tong Points) were employed to regulate her ovarian and uterine functions. I also worked with the *chong* (thoroughfare) channel and *ren* (conception) channel as the Sea of Blood and Yin in order to repair her essence and blood.

### Conclusion

Within 2 weeks Mary looked like a new person. Her eyes no longer had dark circles under them, her pulse was less wiry, but still tense, and her tongue was no longer purple, now mainly dusky. At the beginning of her 3rd week of treatment, Mary mentioned something that she had forgotten to note in her intake forms. She said that she had been experiencing chronic breast discharge for the previous five years. I asked her if she had mentioned it to her reproductive endocrinologist, and she said no. I recommended that she have her prolactin and thyroid function levels checked. She did, and although her thyroid function came back normal, her prolactin was fairly elevated at 72. She was put on Bromocriptine by her reproductive endocrinologist for the galactorrhea. We continued to work with her for the next three weeks in preparation for her IVF. By the time she was ready to begin ovulation induction, she was feeling fantastic: no more breast discharge, no more wiry pulse, no grey complexion or dark circles under the eyes, less edema, and more energy. Her IVF went terrifically, she generated 27 oocytes, 18 were mature, 12 fertilized normally with ICSI, and 3 were transferred on day 5 as blastocyst. She is currently in her second trimester with a healthy singleton pregnancy.

## About the Author

Dr. Ray Rubio has been in private practice at Westlake Complementary Medicine in Los Angeles for over a decade, and was on the clinical staff at the Toluca Lake Health Center – a multidisciplinary outpatient medical clinic – for half of that time. Dr. Rubio's specialty is Women's Health, with an emphasis in Reproductive Medicine and the treatment of infertility. He works both with patients who would prefer to conceive naturally, and those who will be utilizing Assisted Reproductive Techniques (ART). He speaks to infertility support groups on a regular basis and is a member of the American Board of Oriental Reproductive Medicine (ABORM). He is currently in the process of conducting a clinical trial on the treatment of diminished ovarian reserve with Chinese Herbal Medicine in patient undergoing IVF.

## Classes by the Author

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