

**F**EW EXPERIENCES IN MEDICAL practice are as rewarding as when success is achieved using acupuncture in cases of infertility. The protocol established by Paulus et al,<sup>1</sup> as published in *Fertility and Sterility*, describes the treatment of acupoints 25 minutes before and after the in vitro fertilization (IVF) procedure. The formula uses a set of points before PC 6 (*nei guan*), SP 8 (*diji*), LV 3 (*tai chong*), GV 20 (*bai hui*), and ST 29 (*gui lai*), and Ear Points 34 and 55 (sedation), 58 (influence the uterus), 22 (stabilize the endocrine system), the IVF transfer and another set of points immediately afterwards ST 36 (*zu san li*), SP 6 (*san yin jiao*), SP 10 (*xue hai*), LI 4 (*he gu*), and Ear Points 34 and 55 (sedation), 58 (influence the uterus), and 22 (stabilize the endocrine system).

If the IVF is not attended by the physician, then a simple modification can be considered. Retention pins can be placed in distal body points using Seirin Jr pre-sterilized disposable press pins along with ear points (ASP, Aiguilles Semi-Permanentes) several days prior to the IVF procedure. On the last treatment prior to the transfer, the skin is marked over acupoints (using a Sharpie pen) to identify the points that are to be treated 25 minutes after the transfer (PE 6, SP 8, LV 3, GV 20, ST 29, auriculotherapy points 34, 55, 58, 22). Instruction is given to the patient about how to remove the existing press tacks and then how to apply the new tacks directly over the points that were previously marked. Twenty-five minutes after the IVF is performed, the patient will remove the body and ear tacks, then place new tacks over the new points that have already been identified by the pen marks. The patient is instructed to return for an acupuncture needle treatment as soon as convenient, preferably the next day. Acupuncture, exercise, and nutritional advice for both partners have been shown to increase IVF success by 40%–60%.<sup>2</sup> In like manner, clinical studies show that the success rate for IVF can be increased even further to at least 60% when patients start acupuncture treatments 3 months prior to the IVF procedure.<sup>2</sup> In these treatments, a combination of acupoints along the Ren Mai and Chong Mo axis are preferred.

Because there has been good success using this technique, Georgetown University Hospital and Shady Grove Infertility Programs recommend acupuncture to help improve the success for IVF. Success using acupuncture for infer-

tility can be very rewarding for patients and physicians. Interested medical acupuncturists are encouraged to try this simple and effective technique.

## REFERENCES

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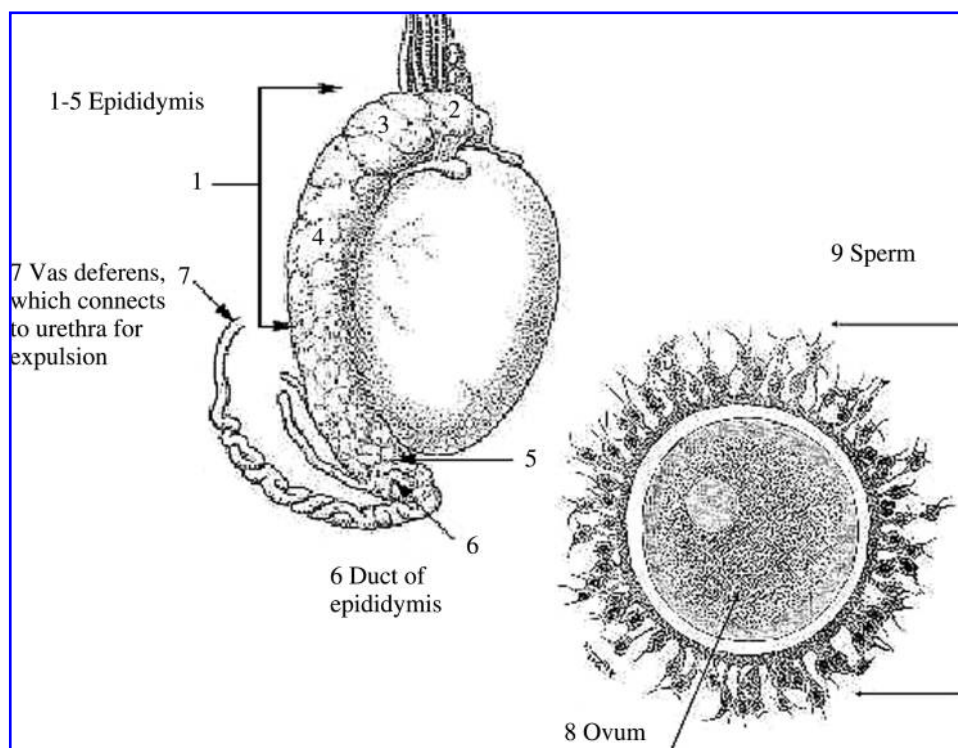
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**I**N TRADITIONAL CHINESE MEDICINE, INFERTILITY is attributed to imbalance in the Chong Mo and Ren Mo, which in turn is generally due to a Liver disturbance such as stagnation of Qi and/or Blood. The standard TCM notion that Kidney deficiency is a major factor is probably more fiction than fact.<sup>1</sup> A course of 12 treatments, once per week, over a period of 3 menstrual cycles is a minimum commitment. During the first half of the cycle, the focus should be more on tonifying the Blood and Yin, while during the second half of the cycle, more on supporting the Qi and Yang. Specific points can be added to address the underlying pattern (Table 1). Several suitable points can be chosen for each treatment, with the addition of Moxa and/or heat lamp if there is cold in the Lower Jiao.

Herbs are a useful adjunct. Xiao Yao San is always a good staple. Liver Qi stagnation with heat can be addressed with Fertile Garden, Blood deficiency, and Cold with Maternal Herbal,<sup>2</sup> while Blood stasis can be addressed with Shao Fu Zhu Yu Tang.<sup>3</sup> More on herbs can be found elsewhere.<sup>4</sup> All should be combined with appropriate lifestyle changes; for example, avoiding cold drinks and raw food, and utilizing exercises that promote circulation of Qi and Blood, such as Tai Chi or Qi Gong.

TABLE 1. CYCLES AND PATTERNS IN INFERTILITY

<i>Cycle and Pattern</i>	<i>Points</i>
1st half of cycle: Tonify Blood and Yin	KI 3, 6, 13, SP 4, 6, 10, ST 29, 36, BL 17, 20, 21, 23, Zigong (M-CA-18)
2nd half of cycle: Tonify Qi and Yang	KI 3, ST 29, 36, CV 4, 6, 5, 7, GV 4, 20, Zigong, BL 23
Liver Qi Stagnation	LV 3, L I4, BL 18, CV 6, KI 13, SP 6, LV 3, GB 34, ST 25, 29
Blood stasis	SP 4, 8, 10, BL 17, CV 3, BL 32



**FIG. 1.** Male Scrotum and female ovum.

*Image Credit:* Gray, Henry. *Gray's Anatomy*. 15<sup>th</sup> Edition. 1977. Bounty Books, New York. 158.

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**O**FTEN, TRADITIONAL MEDICINE gives a startling correspondence between signs and symptoms of an illness, and the symbolic attributes of the Element that rules the Organ in which these are occurring. Infertility is just such an instance, where the element of Water is involved in

creating the sperm in the testes, from where it travels up the vas deferens, merges into the prostatic fluid, is deposited into the cervix to travel into the uterus and conjoin with the ovum (Figure 1). From which point, the conception develops in what will become the amniotic sac, to come into the world at gestation, in a symbolic act which begins with the “breaking of the water” in the last stage of pregnancy.

Whichever way the actual pathology for infertility plays out, the signs, symptoms, treatment, and sustaining strategies will center on the powerful element of Water, and will be influenced by points on the Kidney and Urinary Bladder channels.

In a woman, infertility would revolve around timely production of a healthy ovum and in a man, a healthy sperm count, in a milieu of optimal hormone production, and patent passages for each to traverse through toward conjugation. The Conception Vessel has key links to infertility, the uterus, pregnancy, and symptoms may appear on Yin channels. The Penetrating Channel addresses male impotence.<sup>1</sup>

An empirical approach is indicated in most, if not all cases, where particular points as suggested by the diagnosis are supported by the following<sup>2</sup>: