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CLINICAL PEARLS - MAY 2016

Secondary Infertility Case Study

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This is an unusual case referred to me for treatment this past November 2015. The chief complaint was secondary infertility and history of miscarriage or Spontaneous Abortion (SAb). She is 41yo, Gravidum 3 Parity 1 Abortion 2 Termination 0 Ectopic 0. Her son was born in 2012 and required Dilation & Curretage (D&C) due to retained placenta. She described her uterus as "sticky," and which I interpreted as the uterus not discharging appropriately.

The first SAb occurred at GA11wks in the summer 2013. She was prescribed misoprostol to induce SAb which failed, and then underwent 3 D&Cs to fully clear all pregnancy products. It was 9 months before her menses returned. The second miscarriage (June 2015) was a missed SAb that required another D&C. (if you are keeping count, that is 5 D&Cs). Since the 2015 D&C, she was amenorrheic. I immediately suspect Asherman's, so I referred her for an assessment with one of my favorite GYN doctors, with whom I'm quite fortunate to work with at our integrative gynecology practice.

Gyn history: menarche was at 11, mother's age at her birth was 21. She had not had any menses since the summer of 2015. When she did have cycles prior to her last pregnancy, she reported approximately 26-day cycles with up to 4 days of bleeding. Blood flow was scant and the color started out brown moving to pale, watery pink flow. She denies cramps, backache, fatigue, or mood changes during or before menses. She noted an increase in loose bowels at onset. She observed Cervical Fluid for 1-2 days at ovulation, which is confirmed with an OPK, and feels a

dull sensation in the low abdomen. She also notes breast fullness. Hormones: FSH 4.4; E2 302. These levels are an unreliable assessment of ovarian reserve because it is unclear as to day of cycle. AMH 1; The AMH suggests her ovarian reserve is declining, but still within the normal range.

TCM review of systems: Moderate energy, tendency toward cold, with cold hand and feet, easy to catch colds, chronic sinusitis that is difficult to clear, low appetite, fullness in epigastrum, gets full easily, tendency toward constipation, stools feel incomplete and are often small, pebbly, hard, and slow to pass; dry skin, often thirsty.

Tongue: Enlarged tongue with deep crack in center; toothmarks; overall red in color with papules, with thick coating.
Pulse was moderate rate
L: thin, tense and sl deep in guan and chi
R: full, slippery and tense in the cun and guan, sl. thin and tense in the chi.

Diagnosis: Cold pathogen below, qi constraint leading to heat, and phlegm fluid accumulation.

We first addressed the glomus present with herbs, and I prescribed Ban Xia Xie Xin Tang, because my clinical thinking was that if there was phlegm accumulation in epigastrum, it was obstructing the Middle Jiao's ability to generate blood and the qi dynamic was disrupted. The formula was 12 Zhi Ban Xia, 9 Gan Jiang, 9 Huang Qin, 3 Huang Lian, 9 Ren Shen, 12 Da Zao, 9 Zhi Gan Cao. She took 4.5g before meals, three times daily for two weeks. We also did weekly acupuncture.

After one month, the glomus resolved, her stools resumed normally, and she contracted a cold with profuse yellow phlegm. I saw her after the cold had peaked. It started with a sore throat, enlarged right lymph node, congestion, copious yellow phlegm. She denied body aches, sweating, fever, muscle tension, headache, but now had fatigue, clear phlegm and nasal congestion, decreased appetite. Pulses were deep, slippery, and forceless.

Diagnosis: Lung/Spleen damp; Formula: dissolve 5g in 1 oz of warm water and consume twice daily. 5 Sheng Ma 11 Ge Gen 9 Chi Shao 9 Haung Qin 9 Yu Xing Cao 5 Gan Cao 15 Pu Gong Ying 8 Jie Geng 8 Bai Zhi 8 Cang Er Zi 8 Xin Yi Hua 8 Huo Xiang. She took this for one week.

She also had a visit with the Gyn and was referred for imaging: Saline Infused Sonohystogram and Hysterosalpinogram. The US report: Uterus: present, anteverted, size (cm): 6.7x3.5x5.3. Endometrium: thickness 1.7 mm; irregular contour with suspicion of senecheae. Very thin and irregular endometrium; suspected scarring and abnormal endometrium. SIS confirms this finding. The

HSG report: Scarring at the uterine-cervical junction consistent with Asherman Syndrome.

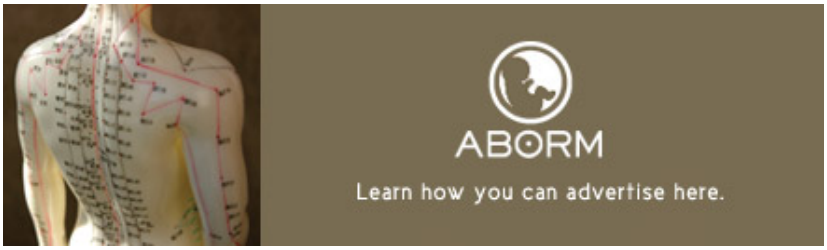
She returned in one week and was now 42yo. Her energy greatly improved and very little mucus left, moderate stress, good appetite, regular stools, normal urination, no sweating, even temperature. Her Left pulses were moderate and right pulses were forceful and tense. With confirmation of Asherman's, I shifted gears for the treatment.

TCM diagnosis: Primary: Blood Stasis Secondary: Kidney Yang and Liver Blood Xu, Middle Jiao insufficiency

I gave her the following granular formula, which she started Jan 5, 2016: 7 Yin Yang Huo, 7 Xu Duan, 7 Tu Si Zi, 7 Gou Qi Zi, 7 Huang Qi, 7 Dang Gui, 10 Ze Lan, 7 Dan Shen, 7 Huai Niu Xi, 2 Rou Gui, 5 Tao Ren, 5 Hong Hua, 10 Xiang Fu, 7 San Leng, 5 E Zhu, 5 Tu Bie Chong, 7 Shan Zha Dosage was 5g, twice daily. She also started daily castor oil packs. This formula warms the Kidney and breaks blood.

She reported by message through the patient portal a period with fresh red blood for two days and some mild cramping starting on 2/15/16. On 3/9/16, (CD24) she then sent another message saying she had a positive pregnancy test after noticing swollen breasts, which she hadn't noticed since last November. We immediately switched the formula to Gui Zhi Fu Ling Wan Jia Jian. 5g, twice daily. 10 Gui Zhi, 16 Fu Ling, 13 Bai Shao, 13 Mu Dan Pi, 16 Tao Ren, 13 Dang Gui, 13 Xu Duan, 13 Sang Ji Sheng. She is currently GA13wks and just received the results from her genetic screening and nuchal translucency ultrasound. All is normal, and the baby is a boy! We are continuing on this formula and reducing the dosage over the next 12 weeks.

In this case, I think there are two key things: first, we addressed the phlegm, and second, I used rather strong blood vitalizing medicinals to crack the blood. When we peeled back the layer of the phlegm, and the coinciding imaging confirmed Asherman's, I felt quite confident using medicinals to break blood. Asherman's likely developed due to the fact that her uterus was failing to discharge appropriately and the trauma of 5 D&C's over a few years. While the radiologist and the gynecologist were not able to get past the uterine-cervical junction with their catheters, sperm are much, much smaller and were able to pass through. I theorize that the blood breaking formula helped to dissolve the "mass" (aka scar tissue) enough and allowed endometrial generation. I, the gynecologist, the MFM, and even the patient are quite surprised with this case considering her age of the patient and biomedical diagnosis of Asherman's syndrome.



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