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CLINICAL PEARLS - AUGUST 2016

AUTOIMMUNE INFERTILITY CASE STUDY

There has been a lot of discussion lately regarding autoimmune infertility which was the motivation for me to present this case. Several concurrent diagnosis added to the complex nature of this case.

The patient is 39 yrs.old (soon to be 40) from Barbados. Presented to the fertility clinic with primary infertility for the first time when she was 38. Labs revealed an FSH of 16 (no AMH), estrogen 216 (no LH), and THS 3.79. Further labs revealed elevated Antithyroid anti-bodies at 1389 and Anti-thyroglobulin 0.9. Dx of Hashimoto's. Cytokine level showed a TNFa:IL 10 ratio elevated at 31.8. Presence of elevated NK cells.

Saline Sonogram found 3 fibroids. The largest was 90% exterior to the lateral wall and measuring 5 cm. The other 2 were 2.4cm and 0.9cm respectively. Likely exacerbated by high estrogen. The uterine cavity was unaffected. Both ovaries were visible and primordial follicles could be seen.

The patient had a history of 4 IUI's before she sought further evaluation. After the above mentioned labs she had attempted 3 IVF / ICSI cycles over two years. Despite reduced ovarian reserve and high FSH she was still able to make embryos for transfer with an average of 16 follicles, 10 mature, 5 fertilization and 3 embryos between the 3 cycles. Unfortunately they were low quality and found to contain debris. 3 embryos were transferred each cycle on day 3. Her RE felt that due to the low quality fresh was the better option.

All cycles attempted to cover for immune related implantation problems with either intralipid or IVIG to reduce NK cell activity. In addition Heparin, aspirin and Prednisolone were used to moderate thrombophila.

At this point the clinic discussed 2 options with her. Option 1 was to continue to use her eggs and to continue to treat the immune problems as before with the addition of Humira.

Option 2 was to consider donor eggs while co-treating the immune problems. She declined both options, took a break (including all medications) for a year and sought treatment with TCM before any further IVF.

During our first visit we reviewed labs and conducted a TCM intake and systems review:

Tongue: pale with slight darker dots on the tip and sides (possible ethic variation)?

Pulse: deficient KD bilaterally, thready overall. Tended to be wiry closer to her cycle.

Temp: tended to be cooler, no night sweats.
Menses: 25 day cycle, 6 days bleeding. Tends to be heavy with some clotting.

PMS: moody, breast tenderness.

Energy: fatigue at times, especially at during menses
No problems with sleep or digestion.

TCM DX: KD Jing XU, KD Yang XU, underlying LV Qi stasis, Blood Stasis

BBT: Low, short luteal phase

I discussed with the patient the benefit of waiting at least 3 months to embark on another IVF cycle so we could address the autoimmune and inflammatory markers, regulate her cycle and improve egg quality. I encouraged her to restart her thyroid medications and discussed herbs, diet and supplements.

Knowing that a high TNF alpha is associated with repeated implantation failure in IVF and that inflammation and immune response cause damage to the vascular endothelium I felt that I needed to address it right away. Clotting factors respond well to more gentle blood movers with a slight supplementing effect. I chose a variation of Gui Shao Di Huang to start for the first month.
SHU DI
SHAN YAO
SHAN SHU YOU
TU SU ZI
FU LING
MU DAN PI
ZE XIE
DAN GUI
CHI SHAO

GUI ZHI
YI MU CAO
HONG HUA
TAO REN
SHA REN
GAN CAO

After the month we moved on to cyclical variations of GSDHW. Establishing the yin and jing in the follicular phase for egg quality, while continuing gentle blood moving herbs:
SHU DI *add Ling Zhi capsules to take daily
SHAN YAO
SHAN ZHU YU
FU LING
MU DAN PI (bl, cooling)
ZE XIE
DANG GUI (bl)
BAI SHAO
SHA REN
YI MU CAO (bl)
CHAI HU > (aspects of xiao chai hu tang)
GAN CAO >
PU HUANG (wanted wu ling zhi...)
**after yin is established I wanted to add some more yang herbs, around day 8 add
TU SU ZI (Jing, Yang)
Suo Yang *ATP of cells
Rou Cong Rong (if available)

Luteal Phase:
YOU GUI TANG (modified)
SHU DI
SHAB YAO
SHAN ZHU YU
TU SU ZI
BA JI TIAN
LU JIAO JIAO * many of these yang herbs increase the ATP of the cell.
ROU GUI
SHA REN

Phase 1/ menses:
If needed Tao Hong Si Wu Tang - days 1 - 4

After a couple months on the formulas her cycle became 28 days, 5 days bleeding with no clots, no PMS, higher temps and longer luteal phase. Pulse became less thready. No change in Tongue. Energy much improved.

Diet and supplements were discussed. Omega 3 fatty acids, vit. E, low or no alcohol intake and antioxidants decrease inflammatory markers. Foods such as fatty fish, flax,
hemp, fresh fruits and veggies, oils with low oxidation, and culinary herbs / spices.

Supplements: Good quality high EPA fish oil at least 900

mg 2 times a day, Co Q 10 up to 400 mg day, good quality prenatal containing folate, 1000 mg vit c, D3 4000 IU's. CoQ10 is shown to help egg quality, Fish oil will help move the blood and high in Omegas.

Since the uterine cavity was clear of fibroids, she chose not to get them removed. I decided also not to treat for the fibroids with TCM.

After 3 months the next IVF cycle yielded a 15 follicules, 10 mature, 6 fertilized making 4 embryos (similar yield to previous cycles). Out of the 4 embryos 3 made it to day 5, the 4th didn't make it. 2 blastocysts of good quality and one early blastocyst. They were able to do PGD and freeze. 2 embryos were normal. She was to prepare for an FET for the first time. Heparin and low dose aspirin were still advised by the fertility clinic. She declined any other meds. The first FET failed to implant. The second, and last was successful and she went on to have a full term birth!

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