

Measuring the Effectiveness of Chinese Herbal Medicine in Improving Female Fertility

Keywords: Infertility, Chinese herbal medicine, ultrasound, hormone levels.

Aim: To determine the relationship between female fertility indicators and the administration of Chinese herbal medicine (CHM).

Design:

A prospective cohort clinical study to measure accepted bio-medical factors that affect female fertility and to determine if CHM can improve these factors as well as pregnancy outcome.

Setting:

A private practice specializing in treating infertility with traditional Chinese medicine (TCM). The study took place between November 2003 and December 2004. Patient(s): Fifty women with the Western medical diagnosis of unexplained infertility.

Interventions:

One monitored menstrual cycle measuring pre-treatment fertility factors, followed by treatment with Chinese herbal medicine and subsequent measurement of the changes in the same fertility factors.

Results:

Significant differences were observed between the two time points for the majority of factors measured. Pregnancies in the sample group recorded 6 months after commencement of the last treatment were 28, with 11 live births and 7 miscarriages.

Conclusion:

The study outcome demonstrates that using Chinese herbal medicine results in higher success rates of pregnancy, with no patient side-effects and a reduction in the category of patients conventionally classified as having unexplained infertility.

Introduction

The research question this study seeks to answer is “Does administering Chinese herbal medicine (CHM) improve the physiological factors affecting human female fertility?” The hypothesis is that administering CHM improves the main physiological factors affecting human female fertility and therefore also the pregnancy rate. These factors are ovarian follicle number and size, uterine endometrium thickness, uterine artery haemodynamics, serum follicle stimulating hormone (FSH), serum progesterone levels and corpus luteum vascularity.

Research aims and objectives

1. Establish a sample group of 50 new patients registering for fertility treatment at a London natural health fertility clinic.

2. Test and record a predetermined group of twelve measurements prior to treatment during one menstrual cycle.
3. Administer CHM in capsule form for one menstrual cycle.
4. Re-test the same parameters in the third cycle of treatment, continue to administer CHM for six months (or until pregnancy is achieved if this occurs in less than six months). Follow up six months after the beginning of the last patient's treatment.
5. To determine the number of pregnancies achieved.
6. Analyze results and discuss findings.
7. Draw conclusions and make recommendations for further practice and study.

Methodology

The challenge for any investigative method when applied to traditional Chinese medicine (TCM) is that in everyday practice, the same disease in different patients will have a different treatment principle and herbal prescription. The information collected from the traditional Chinese examination and assessment determines a diagnosis based on pattern differentiation and hence a treatment principle and formula which is individualized for each patient. In our treatment of infertility there is, in addition, a weekly modification of each patient's formula. As there is thus no standardization of formulae for patients it is not appropriate to discuss the formulae themselves in this study, but rather to simply study the effects of Chinese herbal medicine treatment on female fertility.

The method chosen was a prospective cohort primary study using a sample group of patients registered with the clinic for TCM infertility treatment.

Patients were selected for the study on the basis that they had no Western medical condition which might have affected their fertility. In other words they were described in Western medical terms as having unexplained infertility. They also entered the study on the condition that data obtained in the course of their treatment could be used in the study anonymously.

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