

Clara Cohen: Today, a new patient comes in and she's on day 14 of her regular 28-day cycle. Does that mean she's ovulating right now?

Not necessarily. I feel like fertility is such a complex subject, so today I wanted to share a case study to showcase how we go about treating and supporting fertility patients using Chinese medicine.

In the past few decades, I've focused my practice on women's health, specifically fertility. So I've had a lot of learning opportunity from my patients over the years, plus I took a lot of seminars and really understood how we can support our patients. I created a five-step framework that I use with every patient that comes in when it comes to fertility.

So you ready for the case? Let's go.

Welcome to AcuPro, a show dedicated to making Chinese medicine and acupuncture easy to grasp and fun to learn. Hi, I'm your host, Clara Cohen. I support practitioners and students like you in changing the world one patient at a time. My goal is to share my passion for TCM and empower you to achieve superior patient care.

I love to showcase the amazing benefits of acupuncture, because after all, acupuncture rocks

Suzanne is 32. She comes to your clinic for fertility support, and she says, "I'm tracking everything, but I'm starting to feel really exhausted by the whole process." This is very common. When patients start to try to conceive, they feel excited at the first month, the second month.

By month six or seven, they start feeling tired of trying to figure it all out to make sure that they're ovulating, that they are having intercourse at the right time, and it becomes an anxiety and a panic kind of situation. And when they come to see us as practitioners, they really are starting to feel very overwhelmed, anxious, and fearful that this will never happen for them.

So with this case, Suzanne has been trying to conceive for 14 months. No previous pregnancies. She works as a project manager in an office, and she works a lot. She wants to continue trying naturally while completing fertility tests because she hasn't done many tests yet. Her partner, Ben, is 34. So age-wise, they're in the right fertile window.

Everything should be working really well. When looking at a menstruation cycle, it is regular between 27 to 29 days. That's great. But she only bleeds for two days. That's a very short bleeding time, right? And it's followed by light spotting on day three. So she says that her flow has become lighter over the past year.

What's interesting is that she stopped the birth control pill 18 months ago, of course, because she was going to try to conceive. Her period were previously three to four days long. Something to note is that the birth control pill, according to TCM, creates blood deficiency in general. So we could see that because her flow is now lighter and shorter than it was previously while she was on the birth control pill.

Now the blood is red with no clots. That's great. She has mild lower abdominal ache on day one, but nothing strong. No severe menstruation pain or pain during intercourse. It's really important to ask patients if they do feel pain at ovulation or around ovulation or during intercourse. That'll give us more clues.

She also reports that she has very little cervical mucus around mid-cycle. We have to remember that the three ways to track ovulation naturally to, one, do a BBT, which is basal body temperature, and to see if there's a change in temperature at ovulation. The second one is looking at cervical mucus. It should look like egg white and be quite thick.

And then the third one is an LH strip. So basically we urinate on a stick to see if we're ovulating. Those are usually called OPK, which is ovulation predicted tests. So with her, when she tests using the LH strip, it shows that she's ovulating around day 13. Now intercourse, they usually do it every other day around that fertile window, which is perfect, 'cause we want to remind everybody that doing it every day is not as optimal because male sperm regenerate itself every 48 hours, but it lasts up to five days within the uterus.

So we can start a few days before and do it every second day. And usually I recommend my patients, let's say you ovulate around day 14, then start at day 8, then 10, 12, 14, and maybe do it on day 16 just in case. So every second day is probably best for both partners. It does put a lot of pressure on both partners obviously, and so that also add to the anxiety and the stress.

So today is cycle day seven. Other symptoms are she's finding it very difficult to fall asleep, usually about an hour, because she worries. So this is the worry, the anxiety. It's very common for people that cannot fall asleep easily. She

wakes up at 3:00 AM a few nights a week, but she can fall back asleep, so that's good.

She feels warm at night, but there's no sweating, no night sweat. She has dry eyes, specifically after a long day at the computer, which makes sense. Some mild dizziness at the end of the day. Her lower back feels tired after standing too long. Her bowel movement are regular, but they're very small and dry.

They're formed, but kind of small and dry like small pebbles. She often s- delays lunch because she's too busy at work, so sometimes she takes it really late, like at 3:00 or 4:00, and sometimes she doesn't take it at all. So very irregular eating habits. And the other problem she has is that she works 50 hours a week, so her job is quite stressful and she overworks according to, obviously, Chinese medicine, 'cause that's a lot of hours to work.

She also exercises intensely five days a week. Her weight is stable, but she's a little bit obsessed about making sure she stays thin. She takes a prenatal vitamin. No fertility medication at this stage She wants to try naturally, but she's getting really more and more anxious about the time passing without becoming pregnant.

Her hair is kind of dry and there's already a bit of gray Her nails are brittle, her lips are dry as well, and her body, as I said, is quite thin, is on the thin side, right, for her height. Her tongue is slightly red with no coat, and there's no prominent purple color on the veins underneath the tongue.

They're actually very difficult to see. Very, very light. The pulse is thin overall, slightly rapid, and it definitely is weaker at the chi position or at the kidney position, the back position of the pulse. Suzanne came by herself. She did not come with Ben. But let's look at what they did for tests so far, right?

Because they've been trying for 14 months. She's had a pelvic ultrasound with no obvious problem seeing in the uterus or ovaries. That's great. She's had a thyroid blood test with a normal range. That's something she was worried about because there are family members that have thyroid issues. She has no specific reproductive diagnosis made yet.

That means she hasn't done a blood test on day 3 and day 21 to confirm that everything is working as it should. So we're missing some information here, right? When it comes to Ben, Suzanne says that he has had no previous pregnancy with her or prior to with anybody else as he knows. He has no history

of testicular injury or surgery, which is good to know, and he doesn't use testosterone or steroids.

He does not smoke. He's pretty healthy in general, but he has not done a semen analysis yet. So having regular period and reassuring ultrasound is very helpful, but it does not complete a couple's fertility assessment, right? We are missing key pieces. First, the semen analysis is very key, and the tubal patency test to make sure that her tubes are open, along with day 3 and day 21 to confirm ovulation and that all reproductive hormones levels are optimal for conception.

Usually after a year of trying, the doctor or gynecologist will definitely do some tests. So if they haven't done tests, I would recommend that they go and test both him and her. It's really important. The more information we have, the better we can support our patients and the better they are armed to decide what is the next step in their conception journey.

Make sense? So now let's look at my five-step framework. Number one and two is to assess what we have and identify the TCM pattern. So we assess everything. We know they've been trying for 14 months. We know there's a change in menstruation flow, right? It's lighter. We know she doesn't sleep well. She's overworked, over-exercise, and her meal eating habits are not regular.

She also needs to do more tests, right? They're still in progress. They haven't finished, so the more information, as I said, the better. And of course, her partner needs to be tested as well. Now, we also have to take into consideration her emotional state and her expectation, right? She is getting anxious, she is getting worried, which is completely understandable.

We can identify now the TCM pattern. The main diagnosis is kidney yin deficiency because she's warm at night, she has a red tongue with no coat, a thin, rapid pulse, and she also started having gray hair. There's also some liver blood deficiency because the bleeding is short and light, and there's also dizziness Dry eyes, which could be yin deficiency or blood deficiency, and usually when there's kidney yin deficiency, there's liver yin deficiency underneath, and underneath that, liver blood deficiency.

So this is very common to see in a lot of our patients. So step three now is to match the treatment to the stage. So she is in a natural conception, but the stage of her menstruation cycle is day seven. So we wanna take this in consideration when we're doing our treatment. We're not gonna do the same treatment on day seven that we would do on day 15 or 20 or day 2.

Does that make sense? This is something I go in detail in my Complete Fertility Journey in TCM online course. I'll have the link for you below. So what's important to do is we're still gonna treat her root patterns and who she is at the core, but we also have to address that this is day seven, and we would not do the same thing as we would do, let's say, post-ovulation.

So she's in the follicular phase post-menstruation, so at that time we always wanna nourish kidney yin and liver blood, which is kind of funny because she is also kidney yin and liver blood deficient. So we can kind of see that this is the perfect time to nourish her kidney yin, her liver blood, but also next week and the week after that, we still can nourish kidney yin and liver blood, but we're gonna also adapt to the different stage of her menstruation cycle and add different point that we would do today.

Does that make sense? Now, step four is to build the treatment plan. As we said, we're gonna nourish kidney yin and liver blood, but we also wanna calm the mind and address the sleep, the anxiety, right? We don't wanna overdo it. If you've been around me for a while, you might know that I love to have the least amount of needles for the best effective treatment.

I'm not the kind of school that likes to put a lot of needles. So we're gonna have 12 needles in total, which is fantastic. We're gonna do lung seven on the right, kidney six on the left. This is gonna be really good in nourishing kidney yin. Also, this is really good in rebalancing reproductive hormones because it connects to the eight extra vessels.

And we'll do spleen six to nourish spleen, liver, and kidney, and yin and blood. So spleen six is fantastic for that. On top of it, it's a great point to calm the mind, and I always put it as a commander point of the pelvic floor. So this is a fantastic point that has to be part of the whole treatment. Then we're gonna do spleen four on the right, pericardium six on the left.

To balance that lung 7 and kidney 6 and to nourish blood specifically because spleen 4 is the confluent point of the Chong vessel, which is the sea of blood, right? So now we're nourishing blood with spleen 4, PC6, and we're gonna add up stomach 36 and liver 8 to nourish the blood. Perfect. And for calming the mind, we already have spleen 6, which is great to calm the mind.

PC6 will be great for the anxiety, so we don't need to add more points. I would just add up probably heart 7 and Yin Tang. So when we put heart 7 and Yin Tang, we're calming the mind and helping the sleep and the anxiety. So that's

perfect. Now, I would recommend initially to do weekly treatment for her, and I would recommend that she reduce the exercise load.

Probably I would look at magnesium in the evening to calm her down with all the stress, specifically magnesium bisglycinate, 'cause that's really good to kind of calm that fight or flight. I would also recommend she tries to eat regular meals during the day and maybe adding seed cycling. I love seed cycling.

It is a really easy, easy way for patients to kind of feel like they're in control. It means that during the first half of the cycle, the woman will take one tablespoon each of flaxseed, ground flaxseed, and pumpkin seed, same thing, ground, and she can put it in food, doesn't matter. And the second half, we're doing one tablespoon of sesame and one tablespoon of sunflower seeds.

Again, ground so it's easier to absorb. This is something that I-- This is... Seed cycling is something I talk about in detail in my fertility course as well. Now, step five is to review, reassess, and refer. What does that mean? Well, when she comes in the next appointment, she might be on day 14, day 15, depending when she comes to see you.

We wanna review, is she sleeping better? Is the stress down? Does she feel less anxious, right? How is her energy? How's everything, right? We wanna continue to reassess, and because it's a different week in her cycle or a different phase, we are also going to do a different treatment. We wanna look at is there any change in symptoms, and of course, have they gone through more tests or do we have more test results, and what is the outcome and what is the decision after those test results, right?

So if there's any change, we wanna know. That's how we review. We wanna always adapt our treatment as the patient's fertility journey changes. And we might wanna refer to a gynecologist or a fertility clinic if they haven't done tests and they don't know where to go. This is why it's really important to have a great relationship with a reproductive endocrinologist or a fertility clinic in your area because then you can recommend your patient to see them for more information.

Like I said, the more information we have, the better. Fertility patients arrive at your clinics with more anxiety than any other patients you'll ever treat. And let's be honest, most of us did not learn how to treat fertility patients in the real world. Did you? I know I didn't. Hi, I'm Clara Cohen, a licensed acupuncturist in Canada since 2003.

When I came out of my TCM education, even though I did a five-year doctorate program, I didn't feel equipped to treat fertility patients. So I jumped in, read many fertility books, attended seminars, and I have to say, in my decades of practice focusing mostly on women's health, my fertility patients taught me a lot.

And today I wanna share that experience with you because nowadays patients come in with a lot of information, and they have a lot of question expecting you to answer with confidence. This is why I created the Complete Fertility Journey and TCM Treatment online course to give you the confidence to support your patients from natural fertility all the way to IVF.

This course has eight recorded modules so you can go at your own pace, and yes, we cover male fertility because it's half of the equation. You'll get five continuing education hours plus a certificate after you complete the course. Plus, I have included five bonuses. One, a video and PDF on pregnancy and recurring loss so you know how to support patients through the hardest cases.

Two, a chart cheat sheet for quick reference with all the numbers you need to know in order to understand all lab reports. Three, a specific detailed fillable fertility patient's intake form. This is going to be so useful in your practice. Four, a five-step framework worksheet with a practice video and case study to help you understand the flow on how to form a treatment plan for every patient.

And five, a fertility and IVF clinic communication toolkit with practical guidance for connecting with reproductive endocrinologists. Not only you get five continuing education hours, but you have lifetime access so you can review and take your time with each of the modules. You also get 140 pages of the PDF of the slides for all the course.

This is a book on itself, truly. Plus a seven-day money back guarantee so you cannot lose. This is truly the course I wish I had when I first started my practice. I build it for you and every patients that come through your door with that anxiety that comes with the fertility journey, which is not always easy, let's face it.

This is why Chinese medicine is so powerful. Let's give them the best TCM support. the links in the show notes. I'll see you inside.

Thank you so much for spending your time with me today. I truly hope you benefited from this episode, and I would love for you to share it with a friend that may benefit from it as well. Follow the show, leave a review, and if you

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