

Case Study: Miscarriage and Traditional Chinese Medicine

Abstract

The topic of miscarriages has intrigued the medical community for years. Traditional Chinese Medicine (TCM) approaches miscarriages with the use of acupuncture and herbs to promote energy and circulation balancing within specific channels and pathways. The ability of TCM to prevent miscarriage is portrayed within this case study.

Case Report

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Introduction

The American Society of Reproductive Medicine defines a miscarriage when there is a spontaneous ending before 20 weeks of gestation. According to the Mayo Clinic, between 10-20% of pregnancies will end in a miscarriage [1]. More than half of these women endure the unfortunate experience of a chemical miscarriage. A chemical pregnancy occurs when conception takes place, however implantation is shortened, resulting in a period, which may come at the expected time of period. An astonishing 60% of miscarriages are due to chromosomal abnormalities. Though, there may be no medical condition that caused this; however, the chances of this genetic problem increase with reproductive age [2-4].

There are several factors to consider when evaluating miscarriage occurrence. One would be Asherman syndrome, adhesions and scarring in the uterus, which has been known to cause repeated miscarriage. Other factors to consider include fibroids and polyps, anatomical anomalies of the uterus and cervix, male factor issues, tubal malfunction, multiple pregnancies, and blighted ovum.

According to TCM, acupuncture is the use of fine, thin needles in studied and specific points in the body to balance energy. The technique for balancing the *qi* (CHEE) flow through pathways or channels (meridians) at specific points is believed to increase energy flow and overcome health problems. Acupuncture for fertility has been utilized for thousands of years.

According to TCM, the most common reason for miscarriage is *qi* deficiency within the kidney meridian. Other factors that may contribute include spleen *qi* deficiency, weakness of the penetrating and directing vessels, and *qi* sinking. These weaknesses can be due to a number of reasons including, weak body constitution, emotional distress, excessive sexual activity, overwork, accidents/falls, medication use, and nutrition. To overcome miscarriage trend, the main treatment in TCM is to increase energy within the kidney channel, nourish blood, strengthen the spleen channel to prevent sinking, and consolidate the directing and penetrating vessels [5].

Case Study

A 27 years old female patient presented with a history of a recent miscarriage. The patient's 30-year-old husband had no concerning fertility medical history and was not evaluated. The patient revealed her first pregnancy was conceived naturally in May 2014 but she had a miscarriage at 8.5 weeks gestation. Her gynecologist performed dilation and curettage at that time. After the procedure, she had regular periods and cycles lasting between 28-32 days.

The first two days of menstruation she would present with large clots, dark blood, and painful lower abdominal cramping. The patient tracked her ovulation with an ovulation predictor kit (OPK). The patient did not see any stretchy, fertile mucous or cervical moistness during her cycle days between 11 and 12 but indication of positive ovulation was not consistent. She had timed intercourse (TIC) only if she saw peak fertility according to the OPK. Evaluation by her OBGYN reported no history of PCOS (polycystic ovary syndrome) or endometriosis. A complete blood count revealed no abnormalities except mild anemia. Her blood pressure was 110/71 mm Hg and pulse was wiry on the right and slippery on the left, deep at chi position bilaterally. The patient's tongue had a red tip, purple body, and teeth marks on the sides with a thin white coating. TCM diagnosis was derived to be kidney yang deficiency with spleen *qi* deficiency.

Nutritionally, the patient was lacto-vegetarian and lacked protein in her diet. After recommending nutritional intervention, she started taking Nutrametrix Isotonix OPC-3 (Oligomeric Proanthocyanidins) and Vitamin D3 (2,500 IU) in addition to her prenatal vitamins. She also increased her protein consumption and substituted almond milk for cow's milk.

During ovulation, the patient was advised to have TIC from CD10-20 every other day, whether she saw a peak or not on the OPK. She was also advised to use Pre -Seed fertility-friendly personal lubricant during intercourse.

Treatments

At the first visit, the patient was on CD 7 and the primary focus was to prepare her for the upcoming ovulation by increasing kidney yang and spleen qi. Points utilized during the treatment included: LIV3, LI4, Du20, ST36, SP6, SP8, K3, REN 4, REN6 and patient was asked to relax for 20 minutes. Her second treatment was 5 days later and she was on CD12. Acupuncture points used on her back included: UB23, UB32, UB52, LIV8, SP6, K3, K7, and Du20. A trans electrical nerve stimulation device was utilized to apply stimulation to UB23-UB32 at 2-100 Hz until patient was capable of feeling the stimulation lightly.

At CD14, the patient reported she ovulated the day prior, however she did not have TIC that day. She planned to have TIC the next day (with use of Pre-Seed lubricant) following her acupuncture treatment. Two weeks later, the patient reported positive on pregnancy test on November 8, 2014, but by the time she had beta HCG (human chorionic gonadotropin) testing the numbers were declining and very low. Her period started on CD32 and had cramping with small dark clots. She was emotional and stressed about the missed miscarriage. Due to the symptom of constraint liver qi, a compounded formula was prescribed which consisted of: KPC granules of Xiao Yao San (Rambling Powder), Hong Hua (Flos Carthami), Tao Ren (Semen Pruni Persicae), Sha Ren (Fructus Amomi), Tu Si Zi (Dodder seed), and Gou Qi Zi (Chinese Wolfberries). She was prescribed three (500mg) capsules three times daily until all 100 pills were taken [6]. The herbs added to the basic Xiao Yao San formula were selected to help with strengthening the spleen and kidney channels.

After 11 days of being on the herbal formula, she returned for acupuncture and reported that she was calmer and was looking forward to trying again. She was on CD 6. She stated that she had a period after only a 19-day cycle. According to her medical history, this was a normal trend for her to have short cycles. During that session, a back treatment was performed using the same points as her previous visit: UB23, UB32, UB52, LIV8, SP6, K3, K7, Du20. A trans electrical nerve stimulation device was utilized to apply stimulation to UB23-UB32 at 2-100hz until patient was capable of feeling the stimulation lightly. For the following two treatments, the same protocol was applied leaving 3 days between treatments.

For the next 3 months, the protocol below was utilized with her receiving acupuncture once a week. The patient was treated using the following points depending on what CD she was on at time of acupuncture session:

CD 1-CD7 consisted of: Ren 4, Ren 6, Zigongxue, LIV3, LI4, Du20, ST36, SP6, SP8, K3, with TENS applied to Ren 4-Zigongxue (right) and Ren 6-Zigongxue (left).

CD8-CD14-UB23, UB32, UB52, LIV8, SP6, K3, K7 and Du20. A trans electrical nerve stimulation device was utilized to apply stimulation to UB23-UB32 at 2-100hz until the patient was capable of feeling the stimulation lightly. TIC was recommended between CD 10-20 every other day once again.

Any acupuncture treatment during the luteal phase was used to support possible implantation, supporting the Ren and Chong channels. These points included: Lu7 (right), PC6 (left), Yintang, Du20, bilateral: ST36, K3, K7, K6. In addition to the acupuncture, an herbal prescription of KPC Bu Zhong Yi Qi Tang was compounded

for her to take 3 (500mg) capsules three times daily only during the luteal phase.

After three months of this protocol, the patient reported she was pregnant with beta HCG of 487 mIU/ml and progesterone of 15 nmol/l on March 14, 2015. One week later, her HCG level was at 23,000 mIU/ml, and her doctor wanted to see her for her first ultrasound and diagnostics in two weeks. With the patient's history of miscarriage, attention was directed once again to support the pregnancy utilizing points supporting the Ren and Chong channels. These points included: Lu7 (right), PC6 (left), Yintang, Du20, bilateral: ST36, K3, K7, K6. She was asked to remain on the compounded herbal formula of Bu Zhong Yi Qi Tang (Tonify the Middle and Augment the Qi Decoction) [6] with the same dosage, 3 (500mg) capsules three times daily.

At 8 weeks gestation, she was able to see her OBGYN. Ultrasound revealed a healthy gestational sac with a heartbeat of 170 bpm. She continued with weekly acupuncture until 12 weeks gestation and the same points were applied each time: Lu7 (right), PC6 (left), Yintang, Du20, bilateral: ST36, K3, K7, K6.

Discussion

The perplexity of miscarriages is an emotional and concerning problem within the obstetrics field. In most cases, western medicine is not likely to provide testing until the patient has suffered multiple losses. And in most cases, western medicine physicians are not able to find a cause to prevent termination for future pregnancies. According to TCM, the most common reason for miscarriage is deficiency of the kidney meridian. Other factors, which may contribute, include spleen deficiency, weakness of the penetrating and directing vessels, and qi sinking. These weaknesses can be due to a number of reasons including, weak body constitution, emotional distress, excessive sexual activity, overwork, accidents/falls, medication use, and nutrition. To overcome and prevent the occurrence and threat of miscarriage, the main treatment in TCM is to increase energy within the kidney channel, nourish blood, strengthen the spleen channel to prevent sinking, and consolidate the directing and penetrating vessels [5].

Within this case study, the patient's trend leans on being able to conceive but having problems sustaining the pregnancy. This case study is one example of acupuncture and herbal medicine use along with western diagnostics for a favorable outcome. With the use of TCM, this exemplary patient has been able to achieve a healthy pregnancy. Currently at 36 weeks gestation, she is anxiously awaiting the arrival of her baby boy.

References

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