

REPEATED MISCARRIAGE

A Case history

Maria Berry



Infertility presents many challenges, so a pregnancy is cause to celebrate. Recurrent miscarriage is a particularly cruel form of infertility – in these cases pregnancy marks the start of an anxious wait for inevitable heart ache.

Jane 39 and John 40 had miscarried more than 15 times. They did not include the many occasions when her menstrual bleed was late and she did not do a pregnancy test. The pregnancies never advanced past 10 weeks.

They had both been tested, repeatedly. They had no hormone deficiencies, no antibody issues, his sperm tests were excellent and her tubes were clear. They had tried many assisted reproduction techniques (ART), from the simple to the complex, including multiple attempts at AIH, IVF, IVF with ICSI and IVF with blastocyst transfer. During these attempts the egg yield was good and most of the eggs fertilised spontaneously. The resulting embryos were of the highest grade and readily survived and thrived after a freeze and thaw. Most times they achieved a pregnancy but they always miscarried. On the occasions she miscarried in hospital, no abnormalities were detected in the expelled tissue.

Her signs & symptoms

Menarche had been normal. She used oral contraceptives for 1-2 years in her late teens. She married at 20 and was keen to have a family. She has been miscarrying for nearly 20 years.

Her menses occur every 28 days. She has 3 days moderate flow of fresh-red bleed then 2 days less heavy, red bleed. There are no clots and no pain with menses.

Pre-menses: For one day her bowel is slow and breasts are sore (only noticeable during exercise).

Mid-cycle she notices clear, stretchy secretions for 2-3 days.

After a full drug-stimulated IVF cycle and after a miscarriage, her menstrual bleed is delayed and she has more days of the heavier flow.

Her energy, sleep and diet are all good. She runs for 45 minutes on most mornings. She is rarely unwell.

Tongue: Pink body with paler edges, a white coat

and indistinct sub-lingual veins.

Pulse: Wiry-thready on RHS, weak- soft on LHS.

Mood: In the first few years she was thrilled to be pregnant, then when she miscarried her grief was overwhelming. Later her pregnancies marked the onset of anxiety and worry. In the last few years when she miscarries she feels devastated but is able to contain her grief and display little of the emotion.

On two occasions she has had chest pain with tachycardia.

His signs & symptoms

His diet & lifestyle is healthy. His sleep, energy, digestion, respiration, excretion, pain etc are all normal or unremarkable.

Mood: a very deep and private grief plus a great concern for his wife.

Analysis at the end of the first visit

1. His sperm swim well and have few abnormalities, they readily fertilise both *in vitro* and *in vivo* so his Jing [1] appears to be healthy. The high grade of embryos they generate confirms good Jing in both. His general and sexual health is good. There are no indicators that the infertility lies with him.
2. From her signs and scientific tests there is no evidence to suggest Phlegm, Qi or Blood is obstructing her reproduction. Likewise there are no signs of excessive Heat, Fire-Toxin, Cold or Damp disrupting the pregnancies. Most likely she has a deficiency.
3. Her normal menarche and regular normal menses indicate Jing transforms into Tian Gui and it is plentiful. Her regular ovulation, 14 days into cycle, with plentiful fertile secretions indicate Jing transforms into Yin which nourishes her eggs. This is further confirmed by the plentiful, good quality eggs produced during IVF. Other indicators of Jing transforming into healthy reproductive substances are her healthy hormone levels.
4. She is well presented, enjoys work, maintains a healthy lifestyle and diet as well as dealing well

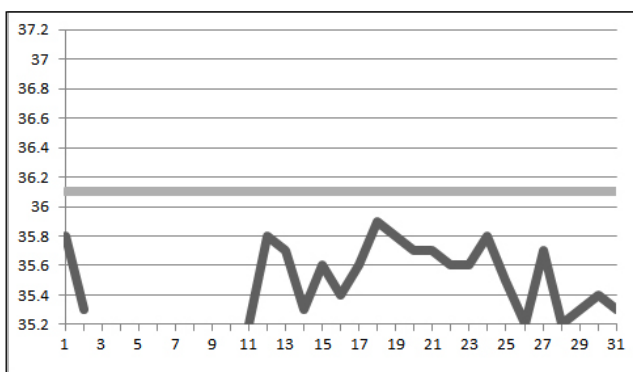
with her grief. This demonstrates the determination of a strong Zhi - the mental manifestation of Kidney and Jing.

Plan of action

As her signs show no obstructions, strong Jing and plentiful Yin, the only other factor which might cause her recurrent miscarriages is Yang Xu. During the consult I could not find signs to confirm this. She has no cold signs, is not overweight, has no loose stools and no copious or frequent urination. The sides of her tongue were paler than the tongue body but, as this is common in women during menstruation, it was inconclusive. Her pulse was neither deep nor slow.

I was reluctant to prescribe without a firm diagnosis - so I asked them to complete a BBT [2] chart and return after one month [3]. I would wait for the BBT chart to provide evidence.

Chart 1 [4]



In most of phase 1 [5] her BBT is too low to record. She ovulated before day 13 then achieved a 0.5 degree rise in BBT and maintained it throughout phase 2. While her chart is biphasic, for the whole cycle her BBT is below the minimum considered healthy for fertility.

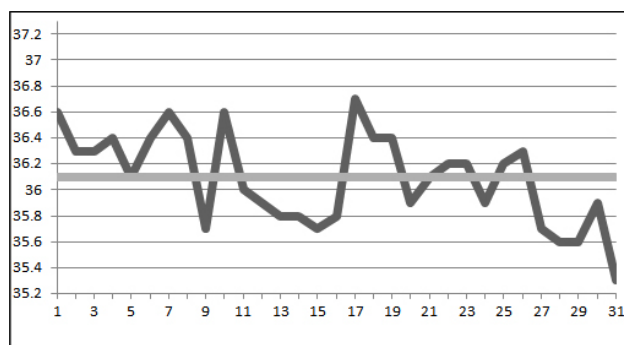
Diagnosis: Yang deficiency recurrent miscarriage.

Treatment aim: Tonify Yang to prevent miscarriage.

Formula (to be taken from day 4 to day 26) [6]:
 Tonify Yang: Tu si zi 30 Xu duan 15 Ba ji tian 15 Du zhong 15
 Maintain Blood and Yin: Shu di huang 20 Gou qi zi 12
 Tonify, warm and raise Qi: Ren shen 10 Bai zhu 12 Huang qi 15
 Aid digestion of medicines and prevent stagnation: Sha ren 6
 Dose: 1 heaped 5ml-scoop of granules to be taken as a tea 2 times per day [7]

Chart 2 was delivered by email, since the patient could not attend for a consult. [8]

Chart 2

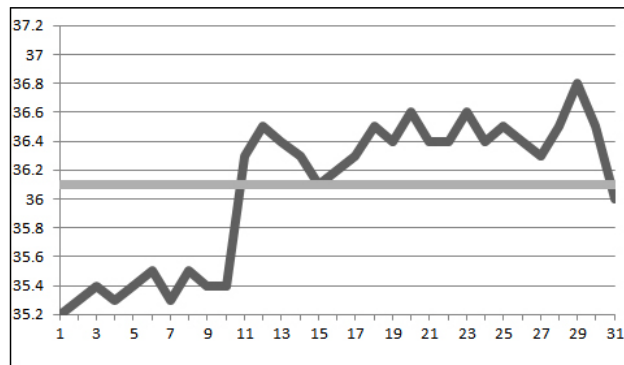


Her BBT has increased so that it is straddling the minimum healthy fertility line. Phase 1 BBT is in the healthy range for 7 days then declines for 7 days. Ovulation is late, on day 16. In phase 2 her BBT starts with a healthy spike after ovulation, then gradually declines.

This chart is less obviously biphasic, her ovulation has been delayed and the declining phase 2 would suggest her body cannot meet the increasing demands of pregnancy.

Treatment aim and formula as in previous cycle.

Chart 3



This chart shows a more stable improvement. Here her phase 1 BBT is steady though low. She ovulated on day 12. Her phase 2 BBT is constant at 0.5 above phase 1 and is wholly above the minimum healthy fertility line. Phase 2 BBT is too low to support the activity required for a pregnancy.

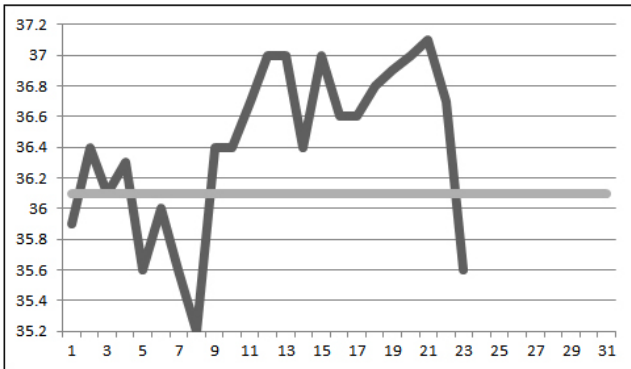
She has had a lot of stress and travel for work [9]. She has some discomfort in stomach after meals and her tongue has a thick, central coat.

Case histories

Treatment Aim: Tonify Yang to prevent miscarriage.

Formula: As previous, with modification to resolve stagnation in middle and reduce effects of stress: Remove Shu di huang, replace with less cloying yin tonics: Mo han lian 10 Nu zhen zi 10. Remove Gou qi zi, add less cloying, acrid blood tonics to reduce stagnation in middle: Dang gui 10 Chuan xiong 10 Remove Sha ren, add Shan zha 5 to prevent food stagnation.

Chart 4

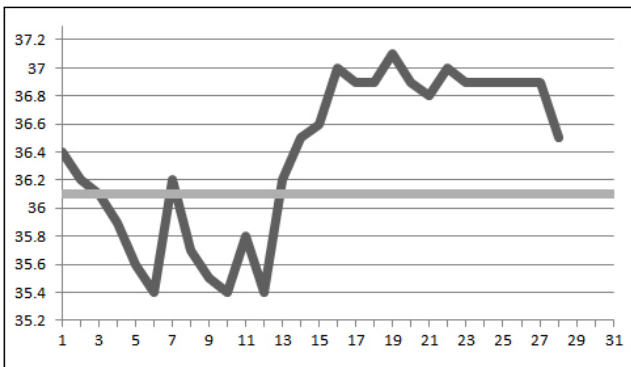


Here her phase 1 BBT lacks stability though some days are in the normal range. She ovulated early-day 10. Phase 2 BBT is now at healthy temperatures and lasts for 14 days after ovulation but it lacks stability. Her Yang has responded well to treatment and her fertility is improving.

Treatment Aim: Tonify Yang to maintain pregnancy & prevent miscarriage

Formula: Patient unable to attend so formula prescribed is same as previous.

Chart 5



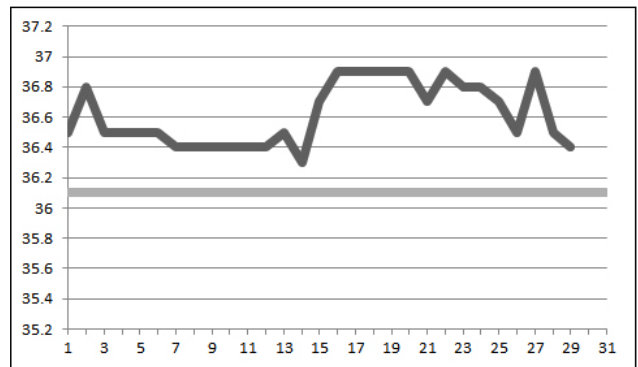
Here her phase 1 BBT is still low and still lacks stability [10]. She ovulated on day 14. Her phase 2 BBT is constant and high. It is now suitable to maintaining a pregnancy.

She has never had a problem getting pregnant so at this point if she conceived, her BBT suggests she might be able to support it. However, given that she is over 40 years of age and her Jing and Yin are probably declining, there is the possibility that she may not have many good quality eggs left.

Treatment Aim: Tonify Yang to prevent miscarriage; support Yin & Jing to maintain fertility.

Formula: Gui Shao Di Huang with modification: Tonify Yin and Blood, cool and relax Liver: Dang Gui 12 Bai Shao 12 Tonify Yang without heating: Tu Si Zi 12 Ba Ji Tian 12 Tonify Yin and astringe essence: Mo Han Lian 6 Nu Zhen Zi 6 Shan Zhu Yu 9 Shan Yao 9 Clear excess in Liver/Spleen: Mu Dan Pi 6 Fu Ling 9 Calm mind: Chai Hu 6 Suan Zao ren 9

Chart 6



Here her phase 1 BBT is constant and above the base line - ideal egg ripening conditions. She ovulated on day 14 - the optimum. Her phase 2 BBT is constant at 0.5 degree above phase 1, which is perfect. Now she looks like she could conceive and maintain the pregnancy.

Treatment aim: Tonify Yang to prevent miscarriage. Support Yin & Jing to maintain fertility.

Formula: Same as above, to be taken from day 4 until 3 days after ovulation. Then take the following formula to support pregnancy and avoid miscarriage: Sang Ji Sheng 6 Xu Duan 9 Tu Si Zi 9 to maintain Yang and secure foetus. Gou qi zi 9 Shan Zhu Yu 9 Bai Shao 10 to maintain Blood and secure foetus. Dang Shen 9 Bai Zhu 6 zhi Huang qi 15 to maintain Qi and secure foetus. Suan Zao Ren 6 to calm shen and secure foetus.

During the next cycle she conceived and is now in her third trimester. She continues to take Chinese herbs to support the pregnancy.

Postscript

People often come to the clinic with a test result that they and their doctor believe explains their disorder. Often I have joined them in pursuing a change in that test result [11], albeit using TCM. This case had no such focus and so I had to find my diagnosis and watch for changes among the signs that TCM values. So once more I witnessed that TCM reaches and changes substances and functions yet to be defined by science.

Notes

[1] A capital letter indicates the word is common TCM terminology

[2] Basal Body Temperature Chart. To find out how to do this you might look on line – there are many websites offering charts and instructions. For a TCM interpretation of the results, see Jane Lyttleton's *The Treatment of Infertility with Chinese Medicine*.

[3] I routinely ask fertility patients to complete a BBT chart for one cycle before starting treatment. It is a useful tool for a TCM diagnosis and provides a base line from which to measure the effects of treatment. I have found that women enjoy tracking the changes and watching the positive effects of treatment. The changing BBT often maintains their commitment to treatment.

[4] In the following charts the thick black line marks her recorded temperatures and the thick grey line marks the minimum temperature required for healthy fertility.

[5] Phase 1 starts when menses begin and lasts until ovulation. In a healthy woman this is usually 14 days. Phase 2 lasts 14 days after ovulation. Phase 2 temperature should be about 0.5 degree higher than phase 1.

[6] Herb quantity is grams of granules mixed each time. Our granules are x5 concentrate. We usually supply 10 days or 2 weeks medicines each visit.

[7] Our instructions for how to make each cup of Chinese medicine: measure the dose of granules into a small stove top pan and add one cup fresh boiled water. On a low heat stir until granules dissolve then simmer the solution at a very low boil for at least 5 minutes. Remove from heat. Cool slightly. Drink while still warm.

[8] This is not unusual in my clinic. I have a colleague who will see people for acupuncture treatments between herb reviews. My colleague will check the treatment plan and repeat a script if it is appropriate. If not then they may miss taking herbs for a cycle of treatment.

[9] If the Liver cannot regulate and maintain a constant internal environment then the BBT will often reflect the turmoil. The line appears jagged.

[10] Irregular work, eating and sleeping will change the internal environment and result in variations in BBT. But if the internal environment can remain constant even when external conditions change then you can be sure fertility is strong.

[11] Women with spontaneous recurrent miscarriage often have a day 21 progesterone deficiency. Herbal treatment usually corrects this in 3-4 cycles but the next pregnancy still results in miscarriage. I am now more forceful about insisting on achieving a healthy BBT as well as a favourable hormone test result.

About the author: Maria Berry practises Chinese medicine in Ascot, Brisbane in Australia. TCM is the enduring love of her life. They met during her Asian travels before medical school. She changed her study plans and has pursued her passion over three continents. In return she has been motivated, inspired, nourished and obliged to acquire diplomas. Maria has a Bachelor Degree in Acupuncture and another in Chinese, she also has a Master's degree in Chinese Herbal Medicine.