

CASE STUDIES: FERTILITY AND REPRODUCTIVE HEALTH

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- Pre-Conceptive Plan
- Psycho-Emotional Considerations
- Men's Health
- Women's Health
- Breast Feeding



PRE-CONCEPTIVE PLANNING

With infertility rates in the western world increasing sharply in recent years, the primary focus of most parents today is simply to conceive. Unfortunately, however, mirroring the rise in infertility are increasing rates of miscarriage, premature birth, birth defects, low birth weight, learning disabilities and a multitude of other health issues. -Jan B. Roberts, RPH

- 1 couple in 6 is infertile (about 11% of women, approx. 9% of men)
- 1 woman in 3 will suffer a miscarriage
- 1 baby in 10 is born prematurely
- 1 baby in 30 is born with a congenital abnormality
- 1 baby in 15 is low birth-weight
- 1 woman in 3 has a Caesarean section (rates much higher in some hospitals)
- 1 woman in 6 suffers from some degree of post-natal depression

PRE-CONCEPTIVE PLANNING

- Body Burden Study: Pollution in Newborns (2005)
 - Industrial chemicals, pollutants and pesticides cross the placenta as readily as residues from cigarettes and alcohol.
 - 287 industrial chemicals and pollutants in umbilical cords from 10 babies tested, average was 200 chemicals
- 4-6 Months prior to conceiving is ideal to support system
 - Gentle Detox

PSYCHOLOGICAL & EMOTIONAL CONSIDERATIONS

- Encourage FUN with conception babies are conceived through an act of love, right?
- Stress is not conducive to a healthy body that is primed for fertility.
- Is the couple on the same page? Do they need a counselor, either together or individually?
- Especially for her: Is anxiety/depression managed well? Sleep? Joy?
- Especially for him: Has sex become a chore, scheduled and timed?
- For them: Does either partner feel they are inadequate, is self-esteem starting to be impacted?
- Today we are focusing on heterosexual couples, though much could apply in other relationships, be aware that there are any number of options available to the LGBTQ community in starting a family, but access to care has been an issue historically so educate yourself as you support these populations.

MEN'S HEALTH

- Male infertility is a cause of infertility in 40-50% of couples.
- Considerations: Healthy, clean diet. Exercise. Cut the alcohol, cut the smoking, cut the marijuana.
- Is he doing any activities that could affect sperm production biking, tight clothes, etc.
- Erectile dysfunction? Undiagnosed HTN, DM? Consider International Index of Erectile Function or Sexual Health Inventory of Men validated tools.
- Stress? The stress of infertility can significantly worsen the sexual dysfunction.
- Has he done a semen analysis? It is too often not done due to its awkwardness and gets put on the female partner.
- Is his testosterone low? Using testosterone is contraindicated in fertility, so have to support in other ways.
- Macalibrium® Revolution to support stress levels, sperm production and testosterone.
- pH Quintessence ® men are toxic too and over-exposed to phyto and xenoestrogens.

WOMEN'S HEALTH

- Case Studies
- Products
 - FemPro Harmony[®]
 - Herbatonin[®]
 - pH Quintessence[®]
 - Appropriate Dosing

BALANCING MENSTRUAL IRREGULARITIES

- 1 cap BID of FemPRO HARMONY is a simple but powerful way to balance cycles that are too short (21-26 days) or too long (30+) in women who are having a difficult time conceiving.
- Remember though 'normal' is 21-35 days, ovulation can occur as early as day 5 in a short cycle or day 21 in a long cycle – finding consistency may be the key but educating our patients to what could be their normal is also valuable to lower stress.
- No need to do different protocols for follicular or luteal phases, as effective to both aspects of the cycle
 - Seems to enhance and revitalize an individual's natural HPA-O hormonal rhythm
- I find it to be a more effective hormone balancer than vitex, alternating seeds/oils, or alternating Chinese herbs
- Rare side effects!
- Simple and cost effective only 1 cap BID, occasionally will want to increase or decrease it.

ENHANCING FOLLICLE GROWTH

--- STEFANI HAYES, ND, LAC KWAN YIN HEALING ARTS CENTER, WEST

- Good for individuals with poor follicular growth, and resulting luteal phase defects, as evidenced with suboptimal progesterone (<10 serum progesterone 7 days po)
- Important to not "band-aid" low progesterone with luteal supplementation but enhance follicular growth, to create a larger corpus luteum that releases more endogenous progesterone
- 1 cap BID FemPRO HARMONY is sometimes enough to enhance ovulation and balance luteal phase
- Can dose in a way similar to Clomid/Letrozole dosing with 1 cap BID throughout cycle, but increase to 2 cap BID cycle days 3-7 (can do additional days depending on original cycle length)
- Rare side effects



- 32 y.o. F referred by ND colleague for IUI
- Planning to go to Mexico for IVF as labs look like subclinical POI
- Using donor sperm d/t husband's hx of vasectomy without reversal
- Wanting to try IUI with frozen sperm for 6 months first
- First visit with 10/18
- Labs look like "occult" form of POI, with diminished ovarian reserve

- 7/18 labs:
 - TSH 0.88
 - HgA1C 4.9
 - Prolactin 13.8
 - CBC NI
 - HDL 56/LDL 80
 - Vit D 30

- Day 2/3 labs (7/18)
 - AFC showed 2 follicles on L, 1 on R
 - Estradiol 46
 - FSH 5.4
 - LH 2.6
 - AMH 0.47
 - For reference: Ideal is FSH <10 iuu/L, Estradiol <60pg/ml in presence of normal FSH, and AMH <1ng/ml
 - A low AFC is considered 3-6 total follicles.

- Supplements been taking x 3+ months:
- Melatonin 3 mg qhs
- CoQ10 200mg BID
- Fish Oil 1000mg
- Prenatal with 5MTHF 1mg
- Vit D 5000 IU
- Myo-inositol 2g TID
- Royal jelly 1 tsp qd
- 950 mg maca root q am

CASE EXAMPLE #1 – "KELLY"-SUBOPTIMAL OVULATION --- STEFANI HAYES, ND, LAC KWAN YIN HEALING ARTS CENTER, WEST

- 7 days post-ovulation (po) progesterone with current protocol (lab date 10/18) = 3.2
- Switched maca root for I cap BID FemPRO HARMONY throughout the month. 2 cap BID day 3-10
- Progesterone retested 12/18, 7 days po = 17.4!!!

CASE EXAMPLE #1 – "KELLY"-IUI WITH FROZEN SPERM ---- STEFANI HAYES, ND, LAC KWAN YIN HEALING ARTS CENTER, WEST

- Started 1 IUI per cycle with frozen sperm in 11/18
- Got pregnant after 3rd IUI, but blighted ovum. Miscarriage
 - Labs: HCG from 106-133 over 48 hours; Progesterone from 11.1-15.1 over 48 hours
- Resumed IUI after 2 months
- Pregnant after 5th IUI
 - Labs: HCG from 1184-2867 over 48 hours; Progesterone from 13.6-11.2
 - Added vaginal progesterone 200mg pv BID for 1st trimester
 - Week 7 ultrasound showed heartbeat!

- 32 y.o. F referred by colleague for known donor IUI
- Using known donor sperm d/t husband's azoospermia
- First visit 10/18

- Labs from 1/18:
- TSH 1.85
- FT4 0.9
- FT3 3.1
- Vit D 39.6
- Ferritin 74
- CBC NI

- Day 2/3 (1/18)
 - AFC 19 on L, 18 on R
 - AMH 2.10
 - FSH 7.22
 - Estradiol 23.12
 - Good semen analysis of donor

CASE EXAMPLE #2 – "KAITLYN"-SUPPLEMENTS ---- STEFANI HAYES, ND, LAC KWAN YIN HEALING ARTS CENTER, WEST

- Was taking Rite Aid Prenatal
- Switching to higher quality prenatal with 1mg 5MTHF
- Added Vit D 5000
- Added 1000mg Fish Oil

CASE EXAMPLE #2 – "KAITLYN"-SUBOPTIMAL OVULATION --- STEFANI HAYES, ND, LAC KWAN YIN HEALING ARTS CENTER, WEST

- 27-30 day cycle
- Low cervical mucous
- Progesterone 7 days post ovulation (serum) at 5.6 (12/18)
- Did 1 month with addition of 1 cap BID FemPRO HARMONY and 3mg melatonin qhs and pregnant!
 - Beta HcG 389, rose 5 days later to 10875
 - Progesterone 18.2, rose 5 days later to 21.6
- Gave birth to healthy full-term son!

- 39 y.o. F referred by ND colleague for possible IUI
- Been trying x 2 years for pregnancy
- Had 2 miscarriages 1 year prior to first visit
- Husband has suboptimal sperm d/t age (49) and regular marijuana use for pain management
- First visit 4/18

- 1/18 labs:
 - Ferritin 10
 - FSH 4.3
 - TSH 1.98
 - Day 21 progesterone 13.6
 - Semen analysis with low motility and morphology

CASE EXAMPLE #3 – "HEATHER"-SUPPLEMENTS --- STEFANI HAYES, ND, LAC KWAN YIN HEALING ARTS CENTER, WEST

- Supplements been taking x 3+ months:
- Phase 1 and Phase 2 tinctures
- Shatavari
- CoQ10 200mg BID
- Tri Mag
- Fish Oil 1000mg
- Prenatal with 5MTHF 1mg
- Vit D 5000 IU
- Myoinositol 2g TID
- Royal jelly 1 tsp qd
- Chlorella
- Zinc, Iron, and Vit E

CASE EXAMPLE #3 – "HEATHER"-SUBOPTIMAL OVULATION --- STEFANI HAYES, ND, LAC KWAN YIN HEALING ARTS CENTER, WEST

- Pt had a foot injury that required surgery where she took several months off trying to recover
- Pt noticed less cervical mucous. Cycle going from 32 days to 23 days some months
- Pt had an IBS flare with antibiotics and pain meds of surgery
- Retested labs 9/18

CASE EXAMPLE #3 – "HEATHER"-REPEAT LABS --- STEFANI HAYES, ND, LAC KWAN YIN HEALING ARTS CENTER, WEST

- Labs drawn 9/18:
- AMH 2.43
- Estradiol 47
- FSH 7.6
- LH 2.6
- Progesterone 11.6

CASE EXAMPLE #3 – "HEATHER"-REPEAT LABS --- STEFANI HAYES, ND, LAC KWAN YIN HEALING ARTS CENTER, WEST

- Ferritin 52
- HgA1C 5.2
- Homocysteine 4.6
- Prolactin 7.6
- TSH 1.56
- FT3 2.9
- FT4 1.15

- Vit D 42
- CBC NI
- CMP NI
- LDL 111

CASE EXAMPLE #3 – "HEATHER"-SUPPLEMENTS ---- STEFANI HAYES, ND, LAC KWAN YIN HEALING ARTS CENTER, WEST

- Her ND had moved away, so made changes in her supplements
- Decreased long protocol to the following:
- Fish Oil 1000mg
- Vit D 5000 IU
- Iron
- Prenatal with 5MTHF 1mg
- Added FemPRO HARMONY 1 cap BID
- Advised to increased to 2 cap BID Days 3-7 if not noticed good cervical mucous with lower dose.

CASE EXAMPLE #3 – "HEATHER"-PREGNANCY --- STEFANI HAYES, ND, LAC KWAN YIN HEALING ARTS CENTER, WEST

- 10/18 pregnancy (6 weeks after new protocol)
 - Labs: HCG from 636-1646 over 48 hours; Progesterone at 15.1
- Added 100mg pv BID progesterone
- Started having light spotting a few weeks later
- U/S showed viable 7-week embryo with heartbeat
- Repeat Beta HCG at 29,499
- Progesterone even with supplementation still low at 17.2.
 - Increased to 200 mg pv BID progesterone until 12 weeks pregnancy
- Last I saw her, she was a healthy, glowing 30 weeks pregnant!

BREASTFEEDING

- FemPro MacaHarmony[®]
- Of course we have not been able to study this, but typically we don't recommend it.
- Theoretically, we don't want 'balanced' hormones in breastfeeding the body is intentionally suppressing the cycle for milk production.
- In some cases, if well-established production and post-partum depression, hormonal headaches, etc. it may be worth using to balance system and is successful. Need to be judicious and weigh pros/cons.



QUESTIONS



RESOURCES

- SYMPHONYNATURALHEALTHPRO.COM
- <u>CLINICAL STUDIES</u>