

Title: Longing for a baby

Author: Foltz-Gray, Dorothy
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Longing for a Baby

For infertile women, alternative treatments are offering new hope.

When Shaye Henderson of Galveston, Texas, and her husband, Richard, started trying for a second child in July 2001, they were optimistic. After all, nine years before, Shaye got pregnant the first time they tried. So it was a jolt when they couldn't conceive. "Both of us are active and fit, and we don't feel like we're in our forties," says Shaye, who was 42 at the time. (Richard was 44.) "Why wouldn't we get pregnant?" After six months of trying, the couple headed to an endocrinologist. The problem, the doctor told them, was simply this: Shaye was old. Up to age 30, women have a 20 percent chance of conceiving naturally each month. By age 40, the chances drop to five percent.

Shaye and Richard tried in vitro fertilization (which involves fertilizing eggs in a petri dish and placing them in the uterus) for 10 months. After a devastating miscarriage, they decided to pursue an unexpected path that's attracting an increasing number of couples: acupuncture, herbs, and mind-body medicine. "You get into a desperate mode," Shaye says. "I felt I'd do whatever I had to."

Such anguish is the norm, along with anger and frustration, says psychotherapist Mary Jane White, director of Wellness Works in Houston, a private infertility clinic. "By the time women seek out alternative treatments, they are worn out from stress and pressure. Most have already tried everything," she says. With the relatively low cost and promising results of alternative treatments, many women are coming to the same conclusion as the Hendersons: Why not give it a shot?

a booming industry

Shaye's situation is all too common. More women than ever are waiting until their late thirties and early forties before they try to get pregnant—20 percent of women 35 to 39 were childless in 2002, compared with 10 percent in 1976, according to the U.S. Census Report on Fertility in American Women. Approximately 10 percent of American men and women who want a baby are unable to conceive after a year of trying; about 90 to 95 percent of childless couples turn to Western medicine for answers—opting for drugs, surgery, or assisted reproductive technology, procedures that place sperm in the woman, use donated eggs, or retrieve, fertilize, and reimplant eggs. From 1996 to 2001, the number of Western medical interventions performed for infertility rose 66 percent, to 107,587. Helping women conceive has become a high-tech industry, pulling in \$4 billion a year.

Whichever method they choose, an infertile couple confronts tough odds. One cycle of in vitro fertilization, for example, has a 30 percent chance of succeeding for a woman under age 35. But after age 40, chances plummet to as low as six percent. One cycle of intrauterine insemination, a simpler procedure (costing from \$300 to \$700 per insemination) in which sperm is directly inserted into the uterus, averages a 15 to 20 percent success rate, again depending on age and the reason for treatment. Such medical protocols, often not covered by insurance, can be hugely expensive. In vitro fertilization costs between \$10,000 and \$25,000 per attempt. The psychological burden is also bruising. "Each month is a roller coaster," says Diane Clapp, R.N., medical information director of Resolve, a national infertility association based in Somerville, Massachusetts. "You hope that this time it will work, and then you crash when it doesn't. That begins to wear you out emotionally." It's tough on a marriage too: Lovemaking turns to sex on demand, and a husband can be confused by his wife's misery.

In addition, the fertility drugs used in many assisted-reproductive technologies can be risky to take. About 53 percent of these procedures result in multiple births, which carry a higher risk of death for an infant and complications for the mother. Then there

are the drugs' possible side effects, such as ovarian cysts, hot flashes, nausea, weight gain, headaches, and fatigue. In one out of 100 IVF procedures, women can develop severe ovarian hyperstimulation syndrome. The result is fluid and electrolyte imbalances that can endanger liver and kidney function, cause blood clots, and (rarely) lead to death. Clomid, a commonly prescribed drug that boosts egg production, has been associated with ovarian tumors and ovarian cancer in women who use it for more than a year. Another egg-producing drug, human menopausal gonadotropin, may double or triple the risk of breast cancer in women taking it for six months or more.

Like 10 percent of infertile couples, Shaye and Richard had unexplained infertility; a monthlong series of tests yielded normal results. Their doctor recommended intrauterine insemination, in which Richard's sperm would be inserted into Shaye's uterus. Over the course of six procedures, Shaye took both Clomid and human menopausal gonadotropin. She knew the possible cancer risks, "but I felt so desperate for the procedure to work," she says, "that I put up with almost anything to get my 'old' eggs to grow."

During each week she expected to ovulate, Shaye took trips to her doctor every three to four days-more than an hour round-trip-for ultrasounds and blood work to pinpoint the timing of ovulation. Says Shaye: "At one point I was afraid for anyone to see the veins in my arms, they were so pocked with needle marks." On ovulation day, when Richard needed to donate sperm, they had to go to the clinic separately so that one of them could stay home to care for their son. "Richard and I were never even in the same room when I was inseminated," Shaye says. "It was very lonely."

After a miscarriage and then six more months without a pregnancy, Shaye and Richard were brokenhearted. Their marriage was weighted with sadness. Shaye felt increasingly isolated; they had told no family members and few friends that they were trying to have a baby. "I didn't have anyone to talk to about what was happening to me," she says. "And I didn't know anyone who had gone through it."

a promising approach

In October 2002, Shaye began researching infertility on the Internet and stumbled across the name of Randine Lewis, Ph.D., an acupuncturist based in Houston at the time; she had a background in both Western and Chinese medicine. "I was ecstatic that she was only 50 miles away," Shaye says. "But what struck me as soon as we met was that to her, I wasn't a protocol. I was a woman hurting, and she was going to help me."

Lewis, author of *The Infertility Cure*, agreed to see the Hendersons right away at Eastern Harmony Medical Acupuncture Clinic, an infertility clinic she founded in 1999 that specializes in acupuncture and herbal treatments (she has since moved to Asheville, North Carolina). Her success rate is impressive: About 75 percent of the approximately 1,000 women Lewis has seen at both her Houston clinic and her three-month fertility-enhancing retreats have given birth (some were pursuing assisted-reproductive technology and other therapies simultaneously).

Since the early 1990s, an increasing number of studies have pointed to reasons why acupuncture may work. For one thing, it significantly increases the blood flow to the uterus, helping the uterine lining to nourish a fetus. Other studies suggest that acupuncture can renormalize hormone secretions that affect ovulation. It can also relax the uterus, making it easier for an egg to stay put. In fact, in a widely accepted 2002 German study of women undergoing assisted reproductive technology, 43 percent of participants also using acupuncture became pregnant, compared with 26 percent of those using only reproductive medicine. "Acupuncture improves blood flow in the uterine artery, creating better receptivity for implantation," explains Judith Balk, M.D., an ob-gyn and medical acupuncturist at the University of Pittsburgh. But acupuncture affects more than the uterus. Adds Balk: "It releases endorphins, leaving people relaxed, even sleepy. By changing some stress reactions in the body through mind-body exercises, it produces a much better state for getting pregnant."

Lewis, however, doesn't rely on needles alone. She also offers herbal remedies that regulate hormones, mixes of 10 to 15 carefully vetted, pesticide-free herbs per capsule that she assembles for patients individually. "We find out what each person's pattern of imbalance is," she says. "And then we make up formulas that address those imbalances."

Some traditional practitioners are uncomfortable with using herbs because they are not regulated and may do harm. Research at Loma Linda University, in California, shows that some herbs that are marketed for infertility-Saint-John's-wort, echinacea, ginkgo biloba-may decrease the ability of eggs and sperm to fertilize. Other research indicates that Saint-John's-wort may make fertility medication less effective. "It's very important for patients to realize that herbs are medicines," says Mark P. Leondires, M.D., medical director at the Center for Advanced Reproductive Medicine in Norwalk, Connecticut. "Herbs have not been tested with the same rigor as other medications."

the stress connection

Shaye continued taking herbs, but she had to discontinue the acupuncture treatment because it was too expensive. Typical treatments run from \$85 to \$200 per session (minimal recommended treatment is once a week for three months). In March 2003, six IVF procedures and \$2,500 of the Hendersons' own money later (Shaye did have some insurance coverage), her doctor called it quits, telling Shaye that at 44 she was too old for in vitro fertilization to work.

"I was devastated and depressed," Shaye says. "My stress was off the Richter scale." Shaye was also grieving for the 16 months she and her husband had lost, robbed by an increasingly punishing pursuit of a baby. Then Randine Lewis suggested Shaye attend a 10-week behavioral-treatment program (exercise, nutrition, group therapy, and once-a-week mind-body sessions) that was run at the time by psychotherapist Mary Jane White at Wellness Works in Houston.

White's program is based on one developed in 1987 by psychologist Alice Domar, who was one of the first to investigate using mind-body techniques to treat infertile women. "I couldn't get the first three women who signed up for my study to stop crying long enough to fill out the forms," she says. Their grief was so palpable it drove Domar to create the world's first mind-body program for infertile women. The results astonished her: "They came in depressed, and within 10 weeks they became psychologically healthy again. A third of them got pregnant. These were women who had been trying to conceive for more than three years."

Numerous studies document the effect of depression on the ability to conceive. A study by Memorial Hospital in Pawtucket, Rhode Island, for example, found that depressed women were twice as likely to be infertile as women who were not depressed. Another study indicated that depressed women had abnormalities with the luteinizing hormone necessary for ovulation. "There are a lot of things that can happen when you have ongoing stress," White explains. "You can disrupt hormonal balance, have fallopian tube or cervical spasms, or shut down ovulation. If your body is having a fight-or-flight response, everything inside it is gripped."

Since her program's debut, Domar has documented that women struggling to conceive are as depressed as those with life-threatening illnesses such as heart disease, cancer, and HIV. She has found that alleviating depression can help at least some women become pregnant. In her 2000 study of 184 women, more than half of those in a support group or a cognitive-behavioral group conceived and had a baby, compared with only 20 percent of those in the control group. But for Domar something more important happened: These women, pregnant or not, got their lives back.

the return to living

Not everyone who enters these programs conceives. Catherine (not her real name), a 33-year-old physical therapist from Chicago, has been trying to get pregnant for two years. Like Shaye, she took fertility drugs, suffered a miscarriage, and then learned about Lewis and White's three-month fertility workshops in Asheville. Much of Catherine's relief has come from meeting other women who understand her. "I've felt an overwhelming sense of power in sharing my experience within the safe embrace of women also trying to conceive," she says. "I don't think bringing my stressed-out, imbalanced body to the table gives doctors much chance of helping me." When Shaye entered White's mind-body program, all she wanted was to feel better. "I went into this not as a last desperate hope to get pregnant but as a way to put my head on straight again," she says. "I wanted off this infertility roller coaster."

Because of the fertility workshop's cost-\$925-Shaye couldn't afford additional acupuncture treatments, although she continued taking the herbs Lewis prescribed. For two-and-a-half hours weekly, she and 10 other women learned stress-coping skills and relaxation techniques such as deep breathing. They practiced meditation and yoga. They worked at focusing on what was going well in their lives instead of seeing only failure.

"Every week I insist that they tell me one really good thing," White says. "Not about fertility but about their garden, a good dinner, a vacation. I'm trying to get them to put fertility in perspective." For Shaye, such an assignment was tough. Initially she felt she had nothing good to report. "When Shaye came into my program, she was so depressed she couldn't figure out what to do next," White says. "She cried throughout our initial evaluation." But gradually, the permission to resume living transformed her. Within weeks, Shaye brightened. And she began riding horses, a childhood dream. "I was taking care of my family again, and I was okay with not having another child," she says.

Shaye finished White's program in June 2003 feeling relaxed and at ease: "I was back to being grateful for the beautiful family I had, and I was living every day with them instead of living every day as cycle day number X." On August 17, her period was one day late. "I did a home pregnancy test, and there it was-positive." The couple's baby boy, Caden, whom she calls "our little miracle," was born April 20, 2004. As Shaye says, "It is a very happy ending-and beginning."

what to do before consulting the experts

Know your cycle. One reason natural methods fail is that people don't know when it's the best time to conceive. Most women ovulate two weeks before their period. The discharge of mucus turns watery like an egg white, and ovulation follows in two to three days. Having intercourse two or three days before or the day after ovulation offers the best chance of conception.

Clean up your diet. The reproductive system needs plenty of nutrients to function well. Enjoy fruit, grains, and vegetables, and cut back on fat and sugar.

skip the coffee, cigarettes, and booze. "Caffeine constricts the blood vessels," Mark P. Leondires, M.D., says. "That's not good for an embryo looking for a blood supply." Smoking is associated with decreased fertility, lower birth weights, and stillborns. Even one drink a day during the first trimester may double the risk of miscarriage.

Take a multivitamin. Adequate nutrients are essential: Vitamin B supports cell division; the body perceives low iron as stress, lessening your chance of getting pregnant; folic acid is essential to prevent brain defects in the embryo.

Examine your medicine chest. Antihistamines can dry up cervical secretions, cutting sperm's survival chances. Antibiotics, ibuprofen, blood-pressure medications, and some drugs used to treat ulcers can also affect fertility.

Check your weight. People who are too thin may not be able to support a pregnancy. "If your body is very low in fat, that can change hormonal secretions," says Mabelle Seibel, M.D., professor of gynecology at the University of Massachusetts School of Medicine in Worcester. The same is true of overweight women: Fat increases estrogen and insulin, which may affect ovulation.

Curb your exercise. A Harvard study suggests that working out excessively can alter menstruation and ovulation. Take up mild routines, such as walking or yoga, especially if your periods are light or irregular.

note your stress levels. A number of studies show that stress can affect hormonal balances in the body. Try deep breathing, meditation, and yoga—all good ways to restore a sense of well-being.

What Men Can Do

take a daily vitamin. Manganese, selenium, zinc, folic acid, calcium, and vitamins C, D, and E improve sperm production.

quit smoking and drinking. The toxins in tobacco make sperm less plentiful and less healthy and can affect your partner's egg. More than one alcoholic drink a day can affect sperm maturation.

cut back at the gym. Too much exercise may contribute to decreased sperm counts.

try acupuncture. A number of studies show healthier and more plentiful sperm after a series of acupuncture treatments.

get a sperm count. Ask your doctor—it's easy and quick, and 40 percent of infertility problems are due to the male partner.

how to find treatment for infertility

" For more information on alternative treatments for infertility, try:

fertility enhancing retreats, led by Randine Lewis and Mary Jane White, in Asheville, North Carolina, and Tucson, Arizona. 800-551-5947 or fertilityretreats.com

wellness works, individual therapy from Mary Jane White, in Houston. 713-874-1878 or mindbodyhouston.org

the eastern harmony acupuncture & herbal clinic in Houston, run by Sadhna Singh. 713-529-1610 or easternharmonyclinic.com

the mind/body center for women's health at boston ivf, directed by Alice Domar, with six locations in Massachusetts. 888-718-3717 or bostonivf.com

the sher institutes for reproductive medicine, run by Geoffrey Sher, M.D., has seven treatment centers across the country, some of which offer acupuncture services in addition to ivf. 800-780-7437 or haveababy.com

the international council on infertility information dissemination, in Arlington, Virginia. 703-379-9178 or inciid.org

" For information about Western fertility treatments, contact:

resolve, the national infertility association in Somerville, Massachusetts. 888-623-0744 or resolve.org

the american infertility association in New York City. 888-917-3777 or americaninfertility.org

the american society for reproductive medicine in Birmingham, Alabama. 205-978-5000 or asrm.org

Only 15 percent of American women of childbearing age receive insurance coverage for fertility problems.
