



Treating Infertility from a Complementary and Alternative Medicine Perspective



E. O'Reilly¹, M. Sevigny¹, KA. Sabarre¹, KP. Phillips^{1,2}

1. Interdisciplinary School of Health Sciences, Faculty of Health Sciences, University of Ottawa,
2. Institute of Population Health, University of Ottawa.

Introduction

Approximately 15-18% of couples are affected by infertility [1]. The biological problems causing infertility vary greatly and involve both males and females.

• Traditional Artificial Reproductive Technologies (ART) include:

- Induction of ovulation
- Semen assessment
- In vitro fertilization
- ICSI
- Cryopreservation of gametes/embryos

• Receiving treatments for infertility is a stressful process [2] and gaps exist in support and treatment for couples experiencing infertility.

• Preliminary results from a previous qualitative study on Canadian women with infertility reveal that participants have concerns with emotional support [3][4].

• There is a rising trend in treatment options for couples in the area of Complementary and Alternative Medicine (CAM)[1]. CAM provides treatments that differ from or complement traditional allopathic medicine and are not administered by medical doctors. CAM involves:

- Chiropractors*
- Traditional Chinese Medicine**
- Naturopaths**
- Acupuncturists**
- Homeopaths***

The aim of this study is to determine the scope of CAM practice in the treatment and support of infertility

Methodology

Design – An interdisciplinary, qualitative approach to include the social, biological and environmental aspects of health.

Ethics - Approval granted from University of Ottawa Research Ethics Board.

Recruitment - Began on March 2, 2011. A total of 5 CAM practitioners from the Ottawa area including naturopaths and acupuncturists/TCM, have been recruited to date and recruitment is ongoing.

Data Collection – Two female naturopaths have participated in semi-structured interviews that were recorded and transcribed for analysis; an assistant also took notes. The data collection is ongoing.

Analysis - The current analysis is very preliminary. Inductive coding is used, allowing themes to emerge from the data. Given that only two participant interviews have been analyzed, saturation has certainly not been reached. Thus, the preliminary results must be interpreted with caution.

“We’re not narrowing the scope to just a particular organ, we’re looking at you as a whole person”

“[ART] seems to be sort of more, mechanical and ... this is your schedule see you later”

Table 1: CAM treatment and support options

Treatment	Support
-Herbs (hormones)	-Acupuncture (blood flow)
-Nutrition (hormones)	-Massage (stress reduction)
	-Emotional support (stress reduction)
	-Chiropractic adjustment (nerves)

Preliminary Results

• Themes from the transcripts emerged inductively through consensus of the research team.

• A naturopathic approach to treatment of and support for infertility does still involve the biological aspect of infertility, but tends to focus on other areas of a person’s life [7].

“Naturopathy uses a broad scope of mind and body”

“ [Patients] feel a greater sense of ease ”

• The focus tends to be on the lifestyle of the patients, attending to their diet, stress levels, environmental factors and other bodily burdens. Hormone levels are also considered (Table 1).

“Women will do almost anything [to become pregnant]”

• Although both males and females seek CAM services, women tend to drive the treatment.

Men feel they are “supposed to be manly” and tend to be more hesitant

Table 2: ART and CAM approaches to infertility

ART	CAM
-use biomedical model	- use biomedical model
-less patient centered	- individualized approach
-less time for patient questions	- holistic approach
-evidence based	- promote support as well as treatment
-very few CAM referrals	- referrals to other CAMs
-focus on treatment	-“soft” services; emotional and lifestyle support
-a more physiological approach	- focus on the body and person as a whole
-Focus on reproductive system	

References
1. Raynes J-A, McLachlan HL, Forster DA, Cramer R. 2009. BMC Complementary and Alternative Medicine 2009, 9:52.
2. Casey Jacob M. 2006. Hum Reprod, 22:885-94.
3. Sabarre KA, Sevigny M, Phillips KP. 2011. The emotional impacts of infertility among Canadian women. Unpublished. Submitted to Canadian Society for Epidemiology & Biostatistics National Student Conference.
4. Ramezanzadeh F, Mansour Aghsa M, Abedinia N, Zayeri F, Khanafshar N, Shariat M, Jafarabadi M. 2004. A survey of relationship between anxiety, depression and duration of infertility. BMC Women's Health, 4:9.
5. Boon H. 2002. Regulation of complementary/alternative medicine: a Canadian perspective. PubMed.
6. O'Brian A. 2009. Naturopaths to be allowed to prescribe medication. Vancouver Sun, Feb. 19, 2009.
7. Greil AL, Slauson-Blevins K, McQuillan J. 2009. The experience of infertility: a review of recent literature. Sociology of Health and Illness, 32:1, 140-162.
8. Schmidt L, Holstein BE, Bovin J, Salengren H, Tjornhoj-Thomsen T, Blaabjerg J, Haldrup Nyboe, Andersen A, Raasmussen PE. 2003. Patients' attitudes to medical and psychosocial aspects of care in fertility clinics: findings from the Copenhagen Multi-centre Psychosocial Infertility (COMPI) Research Programme. Human Reproduction, Vol.18, No.3 pp. 628:637, 2003.
9. Furnham A, Vincent C. 2000. Reasons for using CAM. In Complementary and Alternative Medicine: Challenge and Change, Ch. 3.
10. Budd C, Fisher B, Parrinder D, Price L. 1990. A model of cooperation between complementary and allopathic medicine in a primary care setting. British Journal of General Practice, Sept. 1990.

Discussion

The major themes that emerged from the preliminary findings encompassed a few areas.

• CAM tends to use a biomedical model (Table 2) similar to that of ART when describing infertility. Other non-biological factors were also mentioned, including stress in the patients’ lives, their diet and overall lifestyle.

• The participants identified unmet needs, as described by their patients, to be center around the concepts of increased emotional support and a patient-centered approach. These unmet needs are consistent with the literature [8].

• Also consistent with the literature is the idea that patients seek CAM options because they are unhappy with ART results or care, they feel like they have exhausted all other options, or they simply want to do everything they can to become pregnant.[9]

Limitations

• The presented findings are very preliminary. All results and conclusions should be interpreted with caution.

• ART and CAM are both exceedingly costly. Due to this, our participants may not be familiar with the needs of infertile couples with lower socioeconomic status who may not be able to afford these services.

Conclusion

From the preliminary results gathered, a few recommendations stand out:

• There is a need for greater emotional and lifestyle support for couples experiencing infertility.

• It is recommended that an “integrative approach” be taken when treating patients with infertility. This involves simple steps like increasing referrals between ART and CAM to larger scale changes involving consolidation of ART and CAM practices under one roof [10], perhaps in the form of a clinic.

Acknowledgments

Funding for this project was provided by UROP and the Faculty of Health Sciences.

* Regulated in Canada [5]
**Regulated in certain provinces [5][6]
*** Unregulated [5]