



MINUTES OF ACT MEETING 13th May 2015

Attendees: Fatima Bailey, Alison Courtney, Elizabeth Jacovelli, David Carr, Annabel Mitchell, Jane Broughton, Nicola Salmon, Vivien Fish, Christina Goldoni, Emma Perris, Marian Fixler, Marina Cosmetatos, Gloria Else, Victoria Busk, Linda Carter, Anne Harrabin, Martha English, Amanda Cox

Apologies: Eve Rogans, Magdalena Luis, Pia Huber, Archana Patel, Sally Kean-Hammerson, Claire DaBreo, Rosalie Segal, Justine Cooke

Naava Carmen spoke about treating Ovarian Hyper Stimulation Syndrome (OHSS) and Polycystic Ovary Syndrome (PCOS) in IVF cycles.

The main points discussed are as follows:

- OHSS a potential complication of ART. Naava finds often occurs in NHS IVF cycles as monitoring minimal – it occurs when oestrogen levels are above 4,000.
- The trigger injection of HcG is what causes the overstimulation. Symptoms begin 4-5 days after egg collection (possibly sooner or possibly up to 10 days later). Occurs in 3-5% of women undergoing ART.
- OHSS is slightly more likely in black or caucasian of Eastern European background.
- It can lead to termination of pregnancy, blood clotting disorders, kidney damage or twisted ovary (ovarian torsion).
- Women especially at risk of OHSS those with PCOS (adding metformin can cause OHSS); younger women with naturally higher hormone levels; women with high oestrogen (E2) levels (4,000pg/ml above preceding ovulation induction); when practitioners use incorrect qi & blood tonification during IVF treatment (as this ups oestrogen levels, beware particularly in PCOS and young women); women with more than 8 follicles in one ovary; in cases of continuous use of hcG for luteal phase support.
- Mild symptoms of OHSS include: abdominal bloating (high levels of hormones so progesterone in the bloodstream may upset digestive system and fluid balance causing bloating, nausea, diarrhoea, slight weight gain), ovaries less than 5cm diameter.
- Oestrogen floods out of ovaries and all over due to high levels in IVF drugs (eg garden hose with a kink).
- What to do: avoid sexual intercourse (stimulates cervix to release more oestrogen and prostaglandin); avoid pelvic exam other than by treating fertility physicians (ditto); reduce activities (no heavy lifting, straining or exercise, work); drink lots of clear fluids and eat plenty of protein (animal protein or pea protein if vegetarian, not milk as recommended by ARGC).
- Moderate symptoms of OHSS: weight gain greater than 2lbs per day; increased abdominal measurement; vomiting & diarrhoea; scanty dark urine; excessive thirst; skin and hair may feel dry; ovaries 5-10cm.
- Why it happens; high levels of hormones in bloodstream upset the digestive system; fluid imbalance causes dehydration because body fluids collect in abdomen and tissues; this fluid collection causes severe bloating.
- What to do: all of the above plus diagnostic ultrasound; record weight twice daily and urination numbers; if there is a 5 pound weight gain over previous 24 hours or drop in urinary frequency or pelvic pain call doctor immediately.
- Severe symptoms of OHSS: fullness and bloating above umbilicus; SOB; urine reduction; calf and chest pain; marked abdominal bloating; lower abdominal pain; fluid in intraperitoneal cavity.
- TCM diagnosis basis is Damp Heat (different sort than normal in TCM – read Clavey ‘Fluid Metabolism’). Accumulation of damp and heat and stasis (more like hot mashed bananas). Starts with Qi xu – exogenous

heat enters body (drugs) *see Naava's handout slide 2 'TCM Pathology of OHSS'* affects San Jiao and causes upward oedema.

- Primarily Stomach, Spleen and Kidney effected. Naava likes SJ10 as point for OHSS. Heat makes stagnation of fluids affecting the Shen, Spleen, Stomach and Kidney, and becomes systemic. Becomes a vicious circle.
 - Kid yin or yang xu *see Naava's handout slide 3 'The Diagnostic Triumvirate' pre-existing phlegm damp in uterus before stimulation. If you can stop PCOS dysfunction prior to IVF they will be less predisposed to OHSS as less DH to start with and better circulation.
 - Western pathology flow of PCOS = pituitary gland cuts back on supply of E2 – pituitary gland increases production of LH – no mature follicles produced no ovulation – E2 and LH continue to be produced because no ovulation – ovarian follicles produce E2 so in this circle there are already higher circulation levels of oestrogen in PCOS patients. (PCOS patients will be more fertile in 40s naturally as they will have lowering oestrogen levels with high AMH levels.)
 - Overview of IVF treatment flow: Western treatment: Long protocol (suppression; bleed; stim; scan; trigger; TVOR; test. Short protocol same minus suppression.
 - TCM treatment long protocol: Naava treats at the following times: Just pre bleed – during bleed – after every scan – TVOR implantation window. Short protocol Naava treats at the following times: during bleed – after scans – around TVOR – in implantation window (2 days after blastocyst or 4-7 days for earlier transfer).
 - See Naava's handout slide 3 'Questions to ask'. Naava does 3 month prep for IVF patients prior to them starting cycle. She asks patients to bring scan sheets which list all details of IVF progress and looks at this.
 - Endometrium should be at least 8mm in IVF cycle, plus info on levels of oestrogen tells her whether safe to tonify blood.
 - Naava may treat one ovary or the other depending on progress. Depending on progress of follicles she may ask patient to wait on collection. Naava gathers this information to decide whether she wishes to treat.
 - Practical group work on case examples ensued.
 - Naava says that it is safe throughout IVF cycle to work on the Shen and reducing damp / fluids and qi stasis. (If you only pay attention to fluid without moving qi it will not go anywhere.) If thin lining poor endometrial receptivity in womb, tonify blood.
 - After egg retrieval free up lower jiao by moving qi and fluids. Naava may use up to 20 points, and 4 on the abdomen then end of channel (eg stomach), zhigong, ti tuo to regulate (4cun lat to ren4 - great for retained placenta too), SJ10, Liv3 & 5, chong mai.
 - Naava and Christina will send patients for hcG and progesterone test where figures should be above 50 for pregnancy to progress. Auto immune issues progesterone in luteal phase can have effect on these patients as can Vitamin D3 (5,000 per day see vitamindcouncil.org).
 - OHSS symptoms will likely increase after positive pregnancy test as you need to keep working with Kid and Sp.
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- Alison Courtney volunteered to minute Wednesday meetings that Amanda cannot attend
 - Alison Courtney opened conversation on hypersalivation in pregnancy. Kiiko main point sp4 for this condition. Suggested looking at dry mouth syndromes and reversing. Gloria suggested Ren24.

Next Meeting: Thursday 9th July at 19:15.