

Longing for a Baby...



WHAT PRICE FERTILITY?

Try homeopathy first: a safe, pain-free, & low-cost alternative to conventional infertility treatments

by MARY ASPINWALL, Registered Homeopath

WOULD YOU GO TO ANY LENGTHS TO CONCEIVE? In the wake of the Octomom soap opera playing out in her newly-adopted state of California, Mary Aspinwall explores the complex issues surrounding conventional approaches to enhancing fertility and makes the case for homeopathy as a first-resort before considering these procedures.



Making babies, making history

Well over one million “test-tube,” or perhaps more accurately petri-dish, babies have been born around the world since Louise Brown’s *in vitro* fertilization (IVF) birth made history in 1978, in the UK. In the intervening three decades, improvements in technology have gradually enhanced the procedure to the point where your chances of having a baby following IVF are just over 1 in 4, according to 2006 figures from Canadian clinics.

With reduced natural fertility becoming increasingly prevalent in industrialized countries as a result of women delaying having children and a fall in male sperm counts, IVF had become rather commonplace and almost fallen off the radar—until a woman named Nadya Suleman hit the headlines.

Initially, most of the coverage was upbeat. For only the second time in history a set of octuplets had not only been born, they had also survived. Thirty-one days later they were still alive and had broken the record for the world’s longest living octuplets.

Mamma mia!

It was not long, however, before Nadya found herself not so much on a pedestal as under one. She attributed this backlash to the fact that she had made some unconventional lifestyle choices. First, she was not married or in a relationship, second, she lived with her mother (who was not a party to her decision), third, she was a student with limited means, and finally and most perplexing, Nadya had already had six other children by the same means.

Apparently, she had been able to pay for the successive treatments from compensation payments received for a work-related back injury. Some unkind pundits wondered if Nadya had also suffered a head injury; if not, they mused, then something had drastically affected her judgement. Others directed their ire at her fertility specialist for what they saw as irresponsibly high levels of embryo implantation that would have been banned in the UK and other countries.

It was a case of “unexplained infertility,” a now common problem for those trying to conceive in their thirties.

IVF under the microscope

So, thanks to Nadya, the whole topic of IVF is very much back in the public arena, which is a good thing, because it needs to be seen for what it is: a procedure that is fraught with moral, ethical, and safety concerns, that is costly on many levels, and that still has only a 27% success rate. The procedure is often very painful with its hormone shots in extremely high doses, egg retrievals, and implantations. It should always be a last rather than first resort.

A disaster waiting to happen

Multiple births are extremely risky in terms of miscarriages, birth complications, prematurity, low birth weights, neonatal deaths, and long-term damage. In Nadya’s case, the spontaneous splitting of two embryos in the womb into double sets of identical twins meant that six embryos became viable instead of eight. She had won the equivalent of an IVF super, super, super lottery—one of those “be careful what you wish for situations.” Yet, even if new legislation is introduced to limit the number of implantations, many problems remain.

Birth defects & more infertility

Even non-multiple IVF births carry significantly higher risks for the babies—heart defects, cleft lip or palate, and blocked or missing parts of the esophageal or anorectal tract, according to a 2008 analysis of data collected in the National Birth Defects Study in the US.

And a study in the October 2007 *Journal of Chinese Medicine* confirmed that ill effects may follow IVF children into adult-

hood; researchers found that men conceived through IVF had a 46% lower sperm concentration and 45% lower sperm count than other men in the same age group. (No reliable studies relating to the fertility of IVF-born females is available.)

Understated dangers for the mammas

An anecdotal bit of evidence: in 1992 my friend gave birth to IVF-twins. Her son was born with minor birth defects and went on to have some learning difficulties. A few years later, she returned to the same public, no-fee clinic and said she would like to try again. This time, off the record, the clinic strongly advised her against IVF. They mentioned risks they hadn’t highlighted before (inherent risks in carrying multiple babies as well as long-term health risks) and said it would be a pity if her children ended up with a mother who was ill or died prematurely.

High profile deaths

Around the same time, some high-profile women with histories of IVF-attempts died of cancer. Journalists Ruth Picardie of *The Guardian* (UK) died of breast cancer at age 33, and Liz Tilberis (British *Vogue* and U.S. *Harper’s Bazaar*) died of ovarian cancer at age 51. Liz’s doctors suggested that her nine cycles of fertility treatments might have put her at a higher risk. Gilda Radner, comedienne and wife of Gene Wilder, who died of ovarian cancer at 42, had also taken fertility drugs.

In 2000, the well-respected Cochrane Collaboration, an independent organization that conducts reviews of medical



studies, concluded that adverse effects of the fertility drug Clomid® “include a possible ovarian cancer risk.” Other studies have established a link between synthetic hormones, such as the contraceptive pill and “hormone replacement therapy,” with cancers, so it is probably only a matter of time before this is conclusively shown to be the case with fertility drugs, too, particularly given the high dosages used.

A National Institutes of Health study last year found women taking human menopausal gonadotropin (Pergonal®-type drugs) for at least six cycles had a risk of breast cancer two to three times greater than women who had never used fertility medication. Some experts believe that breast cancer, even more than ovarian cancer, may emerge as the greatest killer of those who undergo IVF cycles, particularly if those cycles fail.

Going “off label”

Another “watch this space” drug is Lupron®, which is used to artificially suppress the pituitary gland in order to control ovulation precisely enough to fit in with fertility doctors’ busy schedules. The drug was never approved for this purpose and, in fact, its label specifies that it is not to be given to women intending to become pregnant or already pregnant. Prescribing drugs for an unapproved or “off-label” use is legal, but patients have a right to be informed of this and of the clearly stated risk to pregnancy.

A safer, natural option

When month after month brings disappointment, why not turn to homeopathy?

I have treated numerous individuals and couples struggling with infertility, and to their great joy and surprise, they often conceive with homeopathic constitutional treatment. Many of my colleagues have had similar clinical experience. While we don’t have much hard data on the subject, researchers in Germany did find that homeopathic treatment improved fertility in a small study of men who were treated constitutionally—and that it was 30 times less expensive per successful conception than comparable conventional care.*

Picture perfect but missing a piece

Ann and Daniel (not their real names) were very happily married and in their mid-thirties. They loved their work, were very successful, and had a beautiful home. Their lives were pretty much perfect, except for one major piece missing: they both longed to have children and it just wasn’t happening. After trying to get pregnant for more than a year, Ann decided to visit their doctor to find out if there was any reason why she and her husband hadn’t been able to conceive. She was hugely relieved to learn that her hormone levels and blood tests were normal and everything seemed okay. Daniel also had a check-up and was told that he, too, was in good health.

A medical mystery

Over the following months, Ann and Daniel attended a fertility clinic where Ann went through a series of examinations (including a laparoscopy) to see if

her ovaries and fallopian tubes were working effectively. Once again, everything came back normal. Daniel had more tests too, which were all clear. It was a case of “unexplained infertility,” a now common problem for those trying to conceive in their thirties.

At this point, the consultant at the fertility clinic recommended that they try intrauterine insemination (where the woman takes fertility drugs and doctors inject sperm into the uterus), so Ann and Daniel began on the difficult road of injections and appointments at the clinic. Over the next few months, they had two unsuccessful attempts at IUI. Ann also discovered that even with the high dose of follicle-stimulating drugs, she had only produced a very small number of follicles—a poor response. At this point Ann began to despair.

Worse was yet to come

A couple of months later, the clinic doctor informed Ann and Daniel that IVF seemed to be the only road for them now. He suggested taking a closer look at Ann’s ovarian function as he was concerned she may be going into an early menopause. Ann was only 34 at the time, and she and her husband were devastated to think this might be true.

The doctor told them time was of the essence and that they should start IVF as soon as possible. The following month, they began the first cycle of IVF. Immediately, Ann experienced very unpleasant

side effects to the drugs. She felt bloated, sick, and generally unwell but was determined to stick with it. She made regular trips to the clinic to measure the growth of her follicles.

Yet again, results showed a very poor response as she had produced few follicles. Worse still, when it got closer to the time of egg collection, one follicle appeared to be a lot bigger than the others, so the first cycle of IVF had to be abandoned. (A number of follicles need to measure around the same size in order for egg collection to be viable.)

Another path

Ann and Daniel were heartbroken and feeling at the end of their tethers, but then they had an idea. They had heard that homeopathy could be very helpful for boosting fertility, and based on the recommendations of others, Ann made an appointment to see me.

She was 35 by the time we sat down together in January 2008. Ann and her husband had been trying to conceive for more than two years. She sadly told me of their two failed IUI and one abandoned IVF procedures, and said they were sched-

uled to try another round of IVF in two week’s time. I explained that while there were no guarantees, I had seen homeopathic treatment coupled with lifestyle changes boost fertility for others, and I’d be happy to see if we could help her and Daniel, too. For best results, they’d both need treatment, I told her, but today we’d start with Ann.

Ann’s story

Ann had been on the contraceptive pill for eight years but hadn’t taken it for the past three years. Many clients who come to me

ENHANCING YOUR FERTILITY

If you have been trying unsuccessfully to conceive for a year and both you and your partner are in good health, why not commit to a three-month program where you consciously look at your:

► Lifestyle

Build in more leisure or holiday time together and try to minimize stressful situations wherever you can. Sleep as much as you can.

Have a very simple meditation practice even if it is just focusing on your breath for five minutes morning and evening. If possible, do this with your partner.

Keep sex pleasurable rather than a chore. If you think it’s a pain in the neck, you may be doing it wrong! Foreplay enhances the chance of female orgasm and female orgasm helps to draw the sperm closer to the egg.

► Diet

Make your diet brim with life. Maximize fresh, organic, locally grown fruit and vegetables. Start juicing. Consider adding a superfood powder mix or wheatgrass to your juice. Cut back on or preferably eliminate alcohol, drugs, cigarettes, nicotine patches, wheat, dairy, all processed foods, junk foods, tea, coffee, red meat, and mercury-contaminated fish. Have raw food if the climate is mild and lightly cooked food in colder climes.

► Exercise

Take regular, gentle, daily exercise, preferably with your partner, rather than a mad occasional fitness frenzy. Ideal exercise would be yoga, walking, swimming, great sex.

► Relationship

Make time for each other and share openly concerns you have about anything including, but not limited to, getting pregnant and not getting pregnant.



Add homeopathy to the mix!

If you’ve given this a try for three months—or if you have symptoms relating to your reproductive organs or other health problems—get professional constitutional homeopathic treatment for both partners for six months. If homeopathy is not an option, get acupuncture over

the same time period. Both homeopathy and acupuncture have a reputation for improving conception rates. Acupuncture sometimes suits a partner (often the male) who is less comfortable verbalizing symptoms to a homeopath.

A very last resort

If you’ve diligently tried all the above and are ready to investigate conventional treatment, inform yourselves first! Don’t take fertility drugs without investigating possible obvious causes of infertility, such as poor sperm counts and motility, fallopian tube injuries, genetic or prenatal conditions. Our hormonal systems are particularly delicate and fertility drugs are often like taking a sledgehammer to crack a nut. Weigh the risks and benefits first, before deciding, such as:

Pro: A one in four chance of conceiving and giving birth to a live baby.

Con: Increased risks to the health of the mother, risks of birth defects in the baby, risk of multiple birth, slight risk of mix up of eggs and sperm, possible ethical unease about either the freezing process or the later disposal of unwanted fertilized eggs, emotional stress, financial costs.

You, or someone you care about, may have already tried fertility treatment without success; if so, the story beginning on page 16 about Ann and Daniel is for you...





for help with fertility problems have been on the Pill or other synthetic hormonal contraceptives or fertility drugs. I am not a fan of synthetic hormones, even so called “bio-identical” ones. The hormonal system is very delicate. Lying to your body that you are already pregnant for years on end (as the Pill does) seems to me a system fraught with risk for when you do actually want to be pregnant. Ann’s menstrual periods were quite short (3 days) and irregular (varying from 21 – 26 day cycles) and she suffered slight nausea, cramps, and occasional lower back pain.

Ann felt generally tired and sluggish, and so did her digestion. Her abdomen bloated easily, especially after eating dairy. She had other allergies; her eyes watered badly with hayfever and animal dander, which drove her to rub them. Since she was a child, she had had eruptions on her elbows that extended to her hands—bubble-like blisters that were extremely itchy, especially in the heat. She also had a long history of asthma that was controlled with an inhaler. She was prone to shortness of breath, tightness in her chest, and wheezing, especially from overexertion.

Unique symptoms

A few things stood out as being unusual about Ann. Since she was a child she had had to rock herself to sleep. She would rest her head between her arms and then move her head from side to side. She often dreamt of the deaths of different family members. She also made a point of telling me she could not abide any form of cruelty, abuse, or injustice.

I repertorized Ann’s symptoms and it led me to the homeopathic remedy *Causticum*. Here are some *Causticum* indications from the materia medica that show how this remedy profile is similar to Ann’s symptom profile:

- “Unable to sleep. Tossed head from side to side until able to sleep.” (from Hahnemann’s *Chronic Diseases*)
- Dreams of death of relatives.
- A hatred of injustice and cruelty.

- Vesicular itching eruptions.
 - Desire to rub eyes.
- I gave Anne one dose of *Causticum* 30c.

A good start, until...

Two weeks after taking the *Causticum*, Ann was feeling better overall. Whereas before, she had described her energy as a 5 on a scale of 1 to 10; now she described it as an 8 or 9. “It was like someone flicked a switch and my mood got better,” she said. “I feel much more energy. I’m more refreshed. I spring out of bed. The bloating disappeared and the skin is much better—it has completely stopped itching.” On a scale of 1 to 10, she said her energy level had increased from a 5 to an 8 or 9.

Then she started the next round of IVF. This time, they increased the dosage of drug injections in an attempt to boost her egg production. Immediately, she felt unwell and then...

A race to the E.R.

Ann developed an excruciating pain in her abdomen. Terrified, she was admitted to the hospital and given intravenous pain medicines. Further investigations revealed that Ann’s horrendous suffering was the result of an ovarian cyst measuring almost 5cm that was pressing against her internal organs. Ann had never had cysts before and thought this was a very strange coincidence, so she asked the clinic whether the cyst could have developed as a result of the IVF attempt. They insisted it was completely unrelated (her own research later showed that it is commonly related).

Clinic lowers expectations

Over the next weeks, the fertility clinic monitored Ann carefully to see if the cyst would reduce in size before they could start another IVF cycle. But they also gave Ann and Daniel some very upsetting news: the cysts were a bad sign, indicating that Ann’s ovaries were functioning very poorly. In addition, a recent scan showed that one of Ann’s ovaries didn’t appear to be functioning at all.

In mid-February, I sat with Ann and Daniel for a long time and listened to their story. Daniel explained how very concerned he was about the effects of the fertility drugs on Ann’s system. He loved her so much, he just couldn’t bear to think of

her having to suffer that kind of pain or of being harmed in any way. He confided to Ann that he really wanted them to take a break from fertility treatment.

The ticking clock roars

I was also concerned about the effects of the fertility drugs and thought a break would be a good idea. Ann really needed to be convinced though; she kept remembering the specialist’s warning that time was against them! Ann felt like her chances of getting pregnant were very slim, and there was not a moment to lose.

During the consultation, they discussed their lifestyle, their work, other health issues, the IVF process, and lots more. I made recommendations to them about their diets, lifestyle, and exercise. (See sidebar on page 17.) I advised Ann and Daniel to begin juicing every day with wheatgrass, reducing stress levels, and looking after themselves more. I wanted them both to be so bursting with energy and love for life that they couldn’t help but make more life ... a baby. I also consulted with both Ann and Daniel individually for homeopathic treatment.

Ann feels great

Except for the painful cyst experience after the IVF treatment, Ann continued to feel better since taking *Causticum*. Her energy level remained high and she was thrilled with the positive changes. “My inhaler ran out and I didn’t really notice,” Ann said. “The skin on my arms is almost all cleared up. And I haven’t had to rock myself to sleep either ... although that is coming



Embryos on Ice

Did you know that an estimated half-million frozen embryos are now sitting in storage? According to *Boston Globe* columnist Ellen Goodman, “A third of the couples storing embryos have more than six, and at least one cryobank ... says the embryos ‘can remain viable for an indefinite period of time.’”

Indefinite?! Any way you look at this—from the perspectives of health, ethics, morals, or practicality—it makes you wonder...

And it points up another good reason to try homeopathy first for infertility. —“Population Explosion in the Freezer,” *Boston Globe*, March 13, 2009

back now a little.” Her cyst had reduced in size to 3.8cm.

Ann had clearly experienced many health improvements since taking *Causticum*. But now her symptoms were beginning to creep back, so I gave her another dose of *Causticum* 30c.

When I saw Ann a month later in mid-March, she said she was still improving: “I’m a lot better. I’m in good form. I feel I’m back to my old self.” She was inhaler-free and her skin looked great. Her digestion was much better and no longer sluggish. She noticed her period was heavier and longer. The cyst had shrunk to 3cm now. Her sleep had been great for the past month, but she noted that the rocking had recently returned, so I asked her to take a dose of *Causticum* 200c that night. I also gave her some spare tablets and told her what signals to look out for that meant her remedy needed repeating (such as her rocking before sleep or a return of her itching skin eruptions, asthma symptoms, or bloating).

Taking a break

Ann felt more relaxed, more in control, and happier than she had felt in a very long time. She even agreed to take a few months out from fertility treatment,

much to the delight of her husband! Ann and Daniel continued seeing me once a month over the next couple of months and continued to see more positive results in their health.

In June, Daniel and Ann decided they would take a vacation, as part of their regime of being good to themselves! Ann had suggested to Daniel that after returning from their vacation, they would give a short cycle of IVF another attempt. She felt positive about her plan as she now felt her physical health had been restored and she was also stronger emotionally.

Leads to a breakthrough

Upon returning to the fertility clinic after their break, the nurses commented on how well Ann looked and said that everything looked good, that there were no cysts, and that they would be happy to start the IVF cycle on the first day of Ann’s next period.

Much to Ann and Daniel’s delight and excitement, that day never arrived because Ann was pregnant! She had become pregnant on their vacation, totally naturally.

Words cannot do justice to the excitement Ann and Daniel felt. They waited until the first trimester had passed before letting me know, and then I was also jumping for joy. Ann is still overwhelmed with emotion and euphoria when she thinks back to that day when she and Daniel saw the positive result on the pregnancy test. They are looking forward to the arrival of their baby soon.

One stop shopping

Both Ann and Daniel feel homeopathy played a huge part in this wonderful outcome. They thanked me, saying they found the whole experience so positive and encouraging. Ann said that I was the first person to say things like, “When you get pregnant...” The reason I was so confident that it was only a matter of time before Ann would get pregnant was

because I could see that *Causticum* was helping her with all her other symptoms, so I knew her chances of conceiving were also going to be vastly increased. (And the same was true for Daniel, who had received a different homeopathic remedy.)

The great thing about homeopathy is it is “one stop shopping.” It works from the inside out to restore the whole person to health. By listening carefully to both Ann and Daniel and repertorizing their symptoms, I was able to prescribe homeopathic remedies for their individual needs—this helped them to achieve their dream via a truly holistic, natural, safe, and inexpensive medicine.

Ann and Daniel know that they are not alone and that, sadly, infertility is an increasingly prevalent issue. That is why they wanted to share this story with others who are going through the same thing.

Although there are no guarantees that homeopathy will help you and your partner to conceive, a well-selected remedy will optimize your overall well-being and make it more likely that you will be able to conceive naturally.

* Gerhard and E. Wallis, Individualized homeopathic therapy for male infertility, *Homeopathy* (2002)91, 133–144.



Welcome!

As we go to press we learn that Ann and Daniel are now the proud parents of a healthy 6-pound, 6-ounce boy!



ABOUT THE AUTHOR

Mary is a Registered Homeopath who worked extensively in Europe from 1995 and is now based in Ventura County, California. She is currently writing a book on clients’ experiences of how homeopathy helped them overcome difficulties in conception, pregnancy, birth, and post partum. If you would like to share your inspiring story with others, Mary would love to hear from you. She is also happy to work with you on fertility enhancement, or any other issue, either in person or via the phone. Contact her at: www.ojaihaven.com.