DAY 2

TCM
NK + DQ ALPHA

More simple than you think

- Unexplained infertility
- endometriosis
- CD56 above 20
- Numerous failed embryo transfers
- 2x failed euploid embryo transfers
- Early pregnancy tests, then period
- Great chart, sperm, timing and no pregnancy
- Autoimmune disorders
- Food intolerances
- 2 or more miscarriages where embryo/fetus is genetically normal
- Infection post birth
- High ongoing stress
- High intensity exercise
- Inflammation
- GUT instinct

WHEN OUR IMMUNE SYSTEM IS ACTIVATED

WE ARE AT WAR WITH OURSELVES

Dampness obstructs Qi and Blood flow, creating a sluggish, stagnant environment.
Over time, this can transform into **Heat**, further exacerbating inflammation

Specific patterns include:

- **Qi and Blood Deficiency**: Insufficient energy and nutrients to resolve inflammation.
- **Blood Stasis**: Stagnant Blood leading to localised inflammation.
- **Cold in the Lower Jiao**: Impedes circulation and increases susceptibility to inflammation

Reproductive Impacts of Inflammation:

Egg and Sperm Quality: Oxidative stress damages DNA and mitochondria. Poor-quality gametes increase miscarriage and implantation failure risks.
Endometrial Receptivity: Inflammatory cytokines, uNK cells impair uterine receptivity, increasing the risk of RIF and RM
Microbiome Disruption: Imbalanced gut, uterine and vaginal microbiomes which effects metabolism and regulation of hormones

TCM treatments focus on clearing Damp and Heat while harmonising the underlying Qi and Blood

IMPLANTATION

* For implantation to occur there needs to be balance between Yin and Yang in the body and correct flow of qi and blood
* Free of heat, damp and cold
* Timing of implantation is 5-10 day after ovulation
* Lining needs to be at least 6mm
* Hormones Estrogen & Progesterone – at the right levels

"When the vital Essence and the vital force of the male and female unite, water passes between them and assumes form"

CASE STUDY

SJ with Gareth Weston Monash IVF
Same Sex couple, wife has one year old
High stress job & a foster child

Kid Yin xu
night sweats, hot flushes
Sp qi xu
Fatigued, digestive problems, busise easily, low blood pressure, haemorrhiods or polyps
Liver Qi
emotional depression, PMS
excess heat
feel warmer than those around you, wake up sweating
Dampness
urgent stools, overweight, damp sticky unformed stools

2nd Failed PGD embryos (her own), one left

TREATMENT

Suggested Emma/Alice & NK Cells

RESULTS
NK+ve
EMMA & ALICE clear

TX: Clexane, steroids, intralipids
HERBS: NIKKI + Hold

FET failed - OCT 24

Nov 24 - Used partners PGT-A Embryo
HERBS: NIKKI (no Hold)

+ve pregnancy now 18 weeks pregnant

CASE STUSY

42 years old - Blood stasis (blood xu), yang xu

2 genetically tested embryos failed to implant
Referred to Dr Nick
+ve for Nk

SPERM TEST
2.0 mL
SPERM CONCENTRATION : 117,000,000/mL
PROGRESSIVE MOTILITY: 55 %
MORPHOLOGY :14 % Normal Forms

SUPPS
DHEA 75mg daily
Prenatal daily
Ubiquinol 300 mg daily
Magnesium (citrate) 600mg daily
Probiotic
Iron + Vitamin B
ThyRestore
Vitamin D (150ml oral liquid spray daily)

TREATMENT

Recommeded to see Dr Nick

RESULTS
NK+ve

TX: LOLA PROTOCOL
HERBS: NIKKI + Hold

IVF round in May 24, no PGT-A embryos

CM TREATMENT
NIKKI for 4 months and conceived naturally

+ve NATURAL pregnancy SEPT 24

- Kid xu
- Blood xu
- Blood stagnation
- Spleen - damp heat in uterus
- Cold in the uterus (Lower jiao)

What can we do

- **Treat their TCM diagnosis!**
- Herbs Nikki + constitutional formula
- Vaginal and Endometrial microbiome

NIKKI ALCHEMY FORMULA

NIKKI - AUTOIMMUNE INFERTILITY - Herbal equivocate of clexane

Our own design of formula, not based on any formula and was designed for modern day autoimmune infertility

BLOOD XU, YIN XU + HEAT

Our formal has herbs

- to address blood stasis
- to protect & lift QI - helps with the deficiency that we often see in these patients (RPL) - Clear damp heat
- Nourish & protect the Yin
- Calms fetus

NIKKI AUTOIMMUNE INFERTILITY

NIKKI HERBAL FORMULA

Tao Ren - blood stasis
Hong Hua - blood stasis
Yi Mu Cao - blood stasis, heat
Dan Shen - blood stasis, heat
Huang Qi - qi and blood deficiency
Han Lian Cao - yin deficiency, blood heat
Huang Qin - heat, damp
Huang Bai - heat, damp, deficiency fire
Bai Shao - blood deficiency
Shan Zhu Yu - kidney and liver deficiency
Shu Di - yin deficiency
Mu Dan Pi - blood heat, deficiency fire, blood stasis
Nu Zhen Zi - yin deficiency

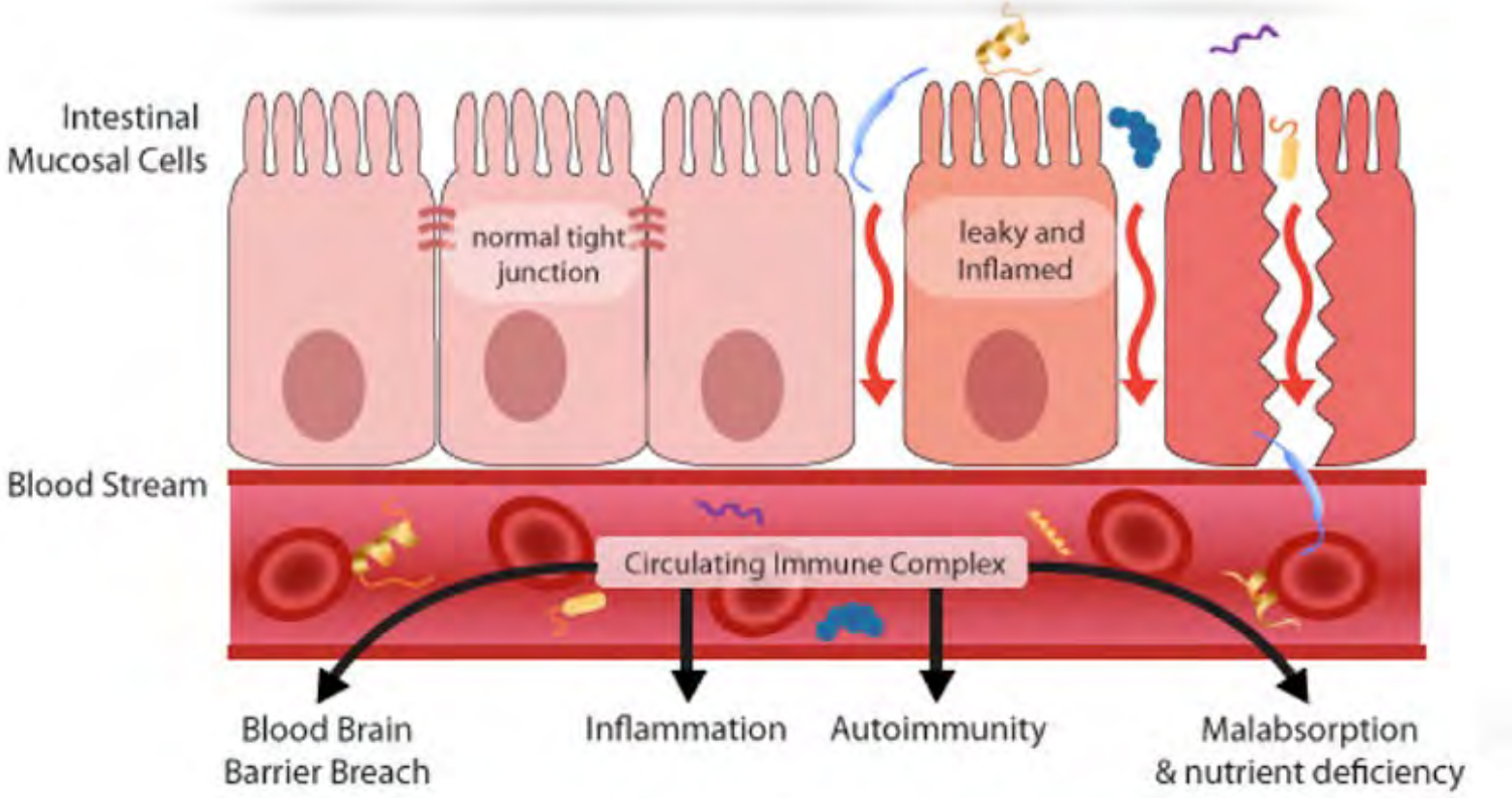
COMBINE WITH CONSTITUTION FORMULA

Hold
Nourish
Move
Smooth
Warm me up
Cool & Moisten

SUPPLEMENTS

SUPPLEMENTS

GLUTEN/FOOD INTOLERANCES
IMFLAMMATION = NK CELL



DIETARY STRATEGIES FOR REDUCING INFLAMMATION

Eliminate Gluten & intolerances
Reduces gut permeability ("leaky gut") and systemic inflammation, particularly in individuals with food sensitivity or autoimmune conditions.

Autoimmune Paleo (AIP) Diet
Removes common dietary triggers of inflammation and supports gut healing, reducing immune dysregulation associated with implantation failure.

Intermittent Fasting (14/10 or 16/8) Lowers systemic inflammation by improving metabolic function, reducing oxidative stress, and enhancing autophagy(cleaning out damaged cells) for cellular repair.

Carnivore Diet
Eliminates inflammatory plant-based triggers for some individuals and focuses on nutrient-dense, anti-inflammatory animal-based foods.

REPRODUCTIVE MICROBIOME

Still a new area

REPRODUCTIVE MICROBIOME

Vaginal Microbiome

- Dominated by **Lactobacillus species**.
- Supports **sperm viability** and **embryo implantation**.
- Maintains an **acidic pH** and defends against **pathogens**.

Endometrial Microbiome

- Also dominated by **Lactobacillus**.
- Critical for **successful implantation**.

Dysbiosis (Imbalance)

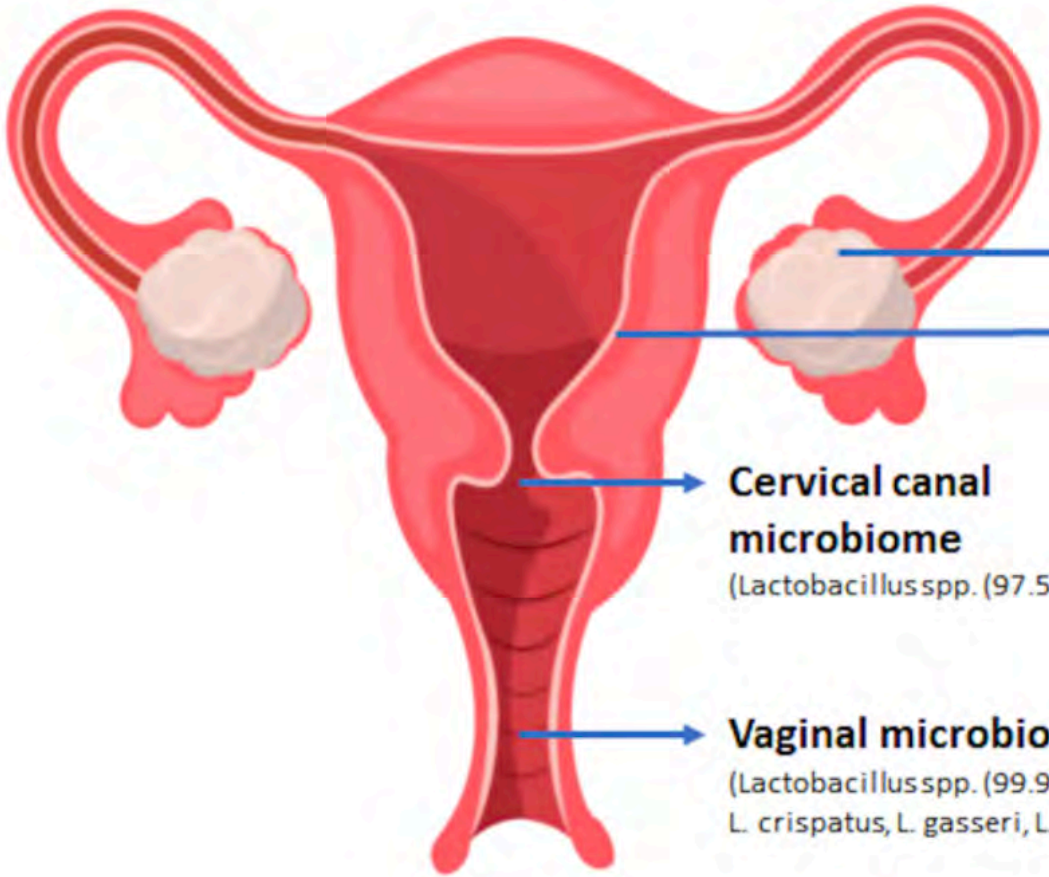
- Can cause **inflammation**, **infection**, and **implantation failure**.

Seminal Microbiome

- Influences **sperm quality** and reproductive outcomes.

Does dysbiosis create excessive uNK?

REPRODUCTIVE MICROBIOME



Follicular microbiome
(Lactobacillus spp. (97.56%)

Endometrial microbiome
Lactobacillus spp. (30.6%).
Acinetobacter (9.07%),
Pseudomonas (9.09%),
Sphingobium (5%), and
Vagococcus (7.29%)

Cervical canal microbiome
(Lactobacillus spp. (97.56%)

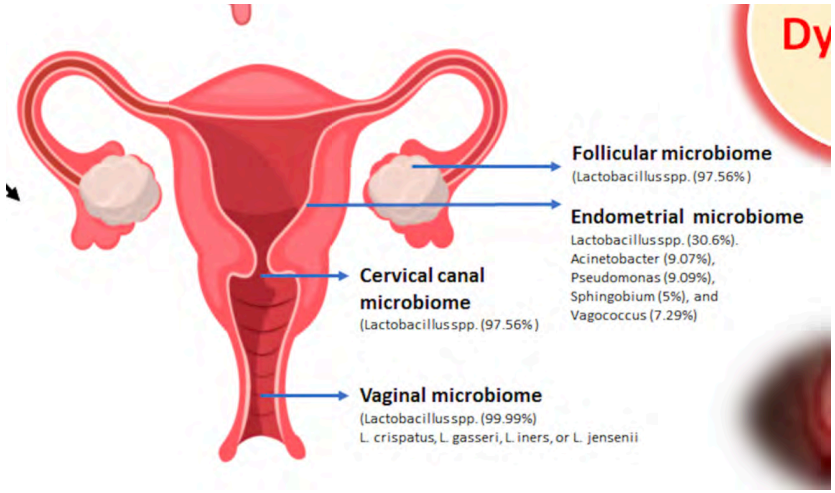
Vaginal microbiome
(Lactobacillus spp. (99.99%)
L. crispatus, L. gasseri, L. iners, or L. jensenii

Recurrent Miscarriage

- Imbalanced vaginal and uterine microbiota have been associated with an increased risk of miscarriage, potentially due to:
  - Chronic low-grade inflammation.
  - Impaired trophoblast invasion and placental formation.
  - Increased production of pro-inflammatory cytokines and reactive oxygen species.

Assisted Reproductive Technologies (ART)

- Women undergoing **in vitro fertilization (IVF)** with vaginal or endometrial dysbiosis often show:
  - Lower embryo implantation rates.
  - Reduced clinical pregnancy rates.
  - Higher miscarriage rates.



KEY MICROBIALS IN DYSBIOSIS

- **Lactobacillus spp.** (BENEFICIAL BACTERIA): Decline in these bacteria is the hallmark of dysbiosis.

- **Pathogenic bacteria**: (OPPORTUNISTIC BACTERIA)
  - ***Gardnerella vaginalis*:** Associated with bacterial vaginosis and adverse fertility outcomes.
  - ***Atopobium vaginae*:** Often found in severe BV and linked to recurrent miscarriage.
  - ***Prevotella spp.***: Pro-inflammatory and detrimental to the uterine environment.
  - ***Escherichia coli***: Linked to chronic endometritis and sub-fertility.
  - **Ureaplasma & Megasphera** linked with RM & RIF, reducing receptivity and increasing implantation failure risk

CONDITIONS LINKED TO DYSBIOSIS & FERTILITY

Bacterial Vaginosis (BV)

- **BV and infertility**: BV is associated with infertility, poor IVF outcomes, and increased risk of pelvic inflammatory disease (PID).
- **Pregnancy risks**: BV increases the likelihood of preterm birth and early miscarriage.

Chronic Endometritis

- Persistent inflammation of the endometrial lining, often caused by microbial imbalances, can disrupt implantation and pregnancy maintenance.
- Associated microbes: *Escherichia coli*, *Enterococcus faecalis*, *Mycoplasma hominis*, and others.

Pelvic Inflammatory Disease (PID)

- A consequence of ascending infections often rooted in vaginal dysbiosis, PID can cause scarring of the fallopian tubes, leading to tubal factor infertility.

EMMA
ALICE

SO IMPORTANT!!

IGENOMIX EMMA & ALICE

* **EMMA** Endometrial Microbiome Metagenomic Analysis
* **ALICE** Analysis of Infectious Chronic Endometritis

* Performed in a medicated (HRT) cycle with biopsy on morning of day 6 of progesterone therapy
* EMMA & ALICE can also be done in a natural cycle between Day15-25 of cycle

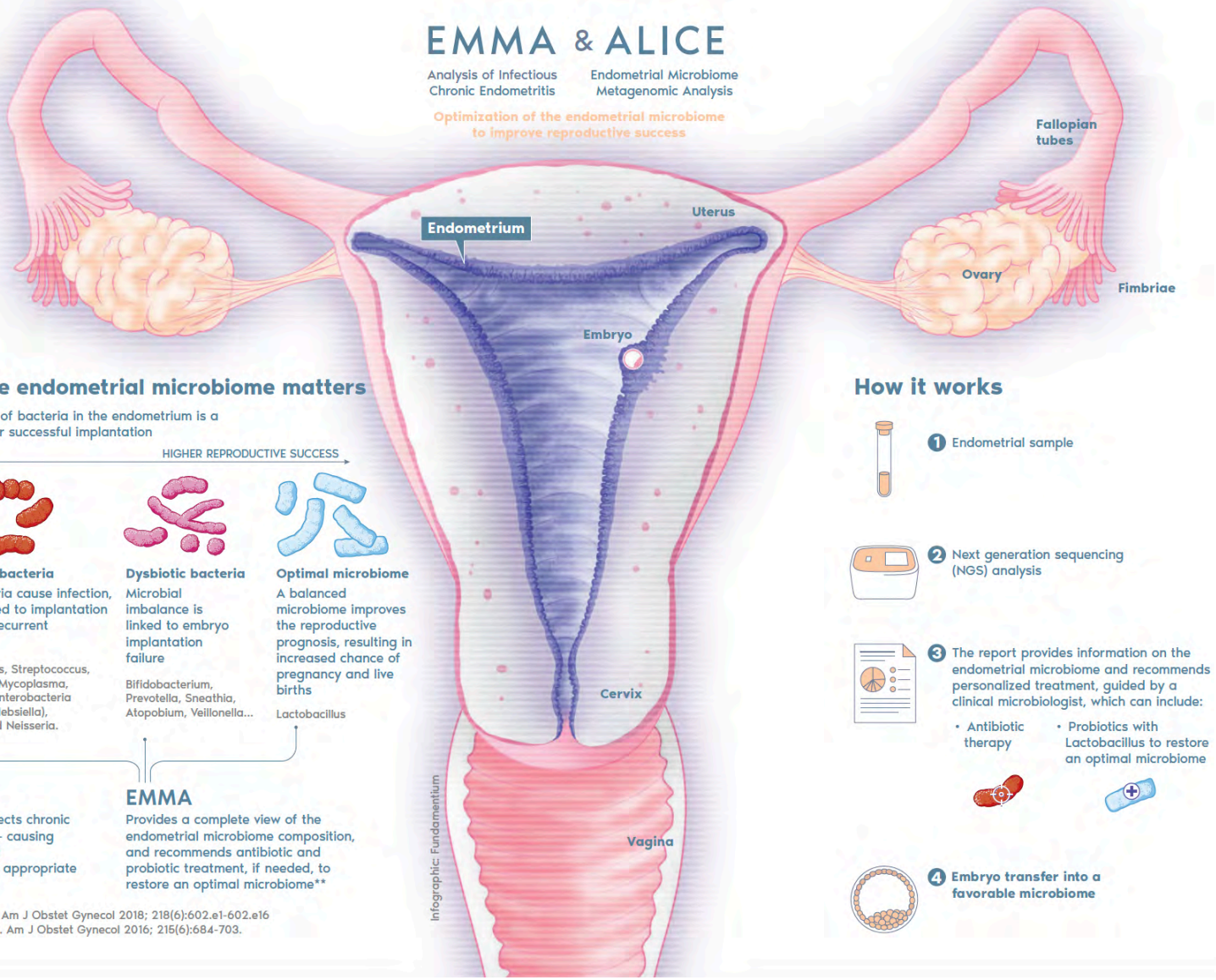
Chronic endometritis affects up to 30% of women with RPL or RIF.

EMMA & ALICE

Analysis of Infectious Chronic Endometritis

Endometrial Microbiome Metagenomic Analysis

Optimization of the endometrial microbiome to improve reproductive success



Why the endometrial microbiome matters

The balance of bacteria in the endometrium is a key factor for successful implantation

HIGHER REPRODUCTIVE SUCCESS →

Pathogenic bacteria

These bacteria cause infection, which is linked to implantation failure and recurrent miscarriage

Staphylococcus, Streptococcus, Enterococcus, Mycoplasma, Ureaplasma, Enterobacteria (Escherichia, Klebsiella), Chlamydia and Neisseria.

Dysbiotic bacteria

Microbial imbalance is linked to embryo implantation failure

Bifidobacterium, Prevotella, Sneathia, Atopobium, Veillonella...

Optimal microbiome

A balanced microbiome improves the reproductive prognosis, resulting in increased chance of pregnancy and live births

Lactobacillus

ALICE

This test detects chronic endometritis- causing bacteria and recommends appropriate antibiotics*

EMMA

Provides a complete view of the endometrial microbiome composition, and recommends antibiotic and probiotic treatment, if needed, to restore an optimal microbiome**

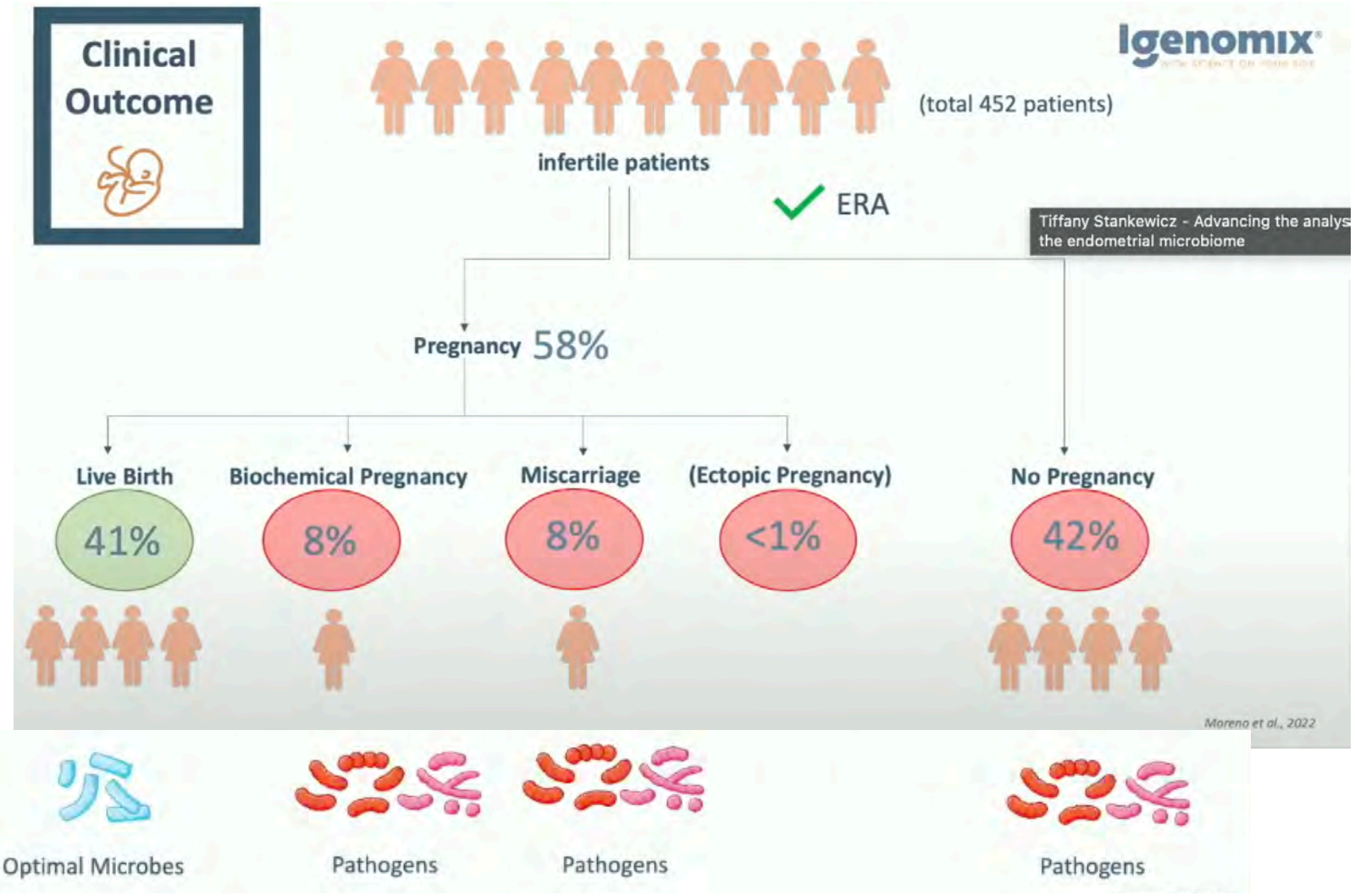
*Moreno et al. Am J Obstet Gynecol 2018; 218(6):602.e1-602.e16
**Moreno et al. Am J Obstet Gynecol 2016; 215(6):684-703.

How it works

1. Endometrial sample
2. Next generation sequencing (NGS) analysis
3. The report provides information on the endometrial microbiome and recommends personalized treatment, guided by a clinical microbiologist, which can include:
   - Antibiotic therapy
   - Probiotics with Lactobacillus to restore an optimal microbiome
4. **Embryo transfer into a favorable microbiome**

Infographic: Fundamentium

IGENOMIX EMMA & ALICE



EMMA and ALICE Tests:

A Healthy Uterine Microbiome:

- Essential for successful implantation and pregnancy.
- Dominated by *Lactobacillus* species (>90%) in healthy women.

Microbiome Imbalance:

- Overgrowth of harmful bacteria (*Gardnerella vaginalis*, *Escherichia coli*).
- Leads to inflammation, poor implantation, and early pregnancy loss.

Chronic endometritis affects up to 30% of women with RPL or RIF.

EMMA

Endometrial Microbiome Metagenomic Analysis

Evaluates the bacterial composition of the uterine lining & Measures levels of *Lactobacillus* and other bacteria.

- **Purpose:**
  - Identify microbial imbalances.
  - Assess uterine receptivity for implantation.

- **How It Works:**
  - Endometrial biopsy is taken during the luteal phase.
  - DNA sequencing detects bacterial profiles.

- **Clinical Relevance:**
  - Low *Lactobacillus* (<90%) linked to miscarriage and implantation failure.

Treatment for EMMA test

- **For EMMA Results:**
  - Low *Lactobacillus*: Probiotics to restore microbiome balance.
  - Pathogenic Bacteria: Antibiotics to eliminate harmful microbes.

- **Follow-Up:**
  - Re-testing post-treatment to confirm resolution of imbalances.

Date of biopsy: 10/14/2024

RESULTS OF EMMA TEST:

LACTOBACILLUS			
BACTERIA	**RESULT**	**VALUE**	**REFERENCE RANGE**
Lactobacillus crispatus	**Not detected**	**N/A**	**≥ 3.71**
Lactobacillus gasseri	**Not detected**	**N/A**	**≥ 3.60**
Lactobacillus iners	**Not detected**	**N/A**	**> 3.57**
Lactobacillus jensenii	**Not detected**	**N/A**	**≥ 3.70**
PATHOGENS OF THE REPRODUCTIVE TRACT			
Actinomyces israelii	Not detected	N/A	Absent
Atopobium vaginae	Not detected	N/A	≤ 3.57
Bacteroides fragilis	Not detected	N/A	≤ 3.57
Bifidobacterium spp †	**Detected**	**5.44***	**≤ 4.22**
Clostridium sordellii	Not detected	N/A	Absent
Fusobacterium nucleatum	Not detected	N/A	Absent
Gardnerella vaginalis	Not detected	N/A	≤ 3.72
Haemophilus ducreyi	Not detected	N/A	Absent
Mycobacterium tuberculosis	Not detected	N/A	Absent
Mobiluncus spp	Not detected	N/A	≤ 3.57
Peptostreptococcus anaerobius	Not detected	N/A	≤ 3.57
Porphyromonas asaccharolytica	Not detected	N/A	≤ 3.57
Prevotella bivia	Not detected	N/A	≤ 3.57
Prevotella disiens	Not detected	N/A	≤ 3.57
Sneathia spp	Not detected	N/A	≤ 3.57
Treponema pallidum	Not detected	N/A	Absent

RESULTS OF ALICE TEST :

PATHOGENS RELATED TO CHRONIC ENDOMETRITIS			
BACTERIA	**RESULT**	**VALUE**	**REFERENCE RANGE**
Chlamydia trachomatis	Not detected	N/A	Absent
Enterococcus faecalis	Not detected	N/A	≤ 3.63
Escherichia coli	**Detected**	**4.38***	**≤ 3.58**
Klebsiella pneumoniae	Not detected	N/A	≤ 3.57
Mycoplasma genitalium	Not detected	N/A	≤ 3.57
Mycoplasma hominis	Not detected	N/A	≤ 3.57
Neisseria gonorrhoeae	Not detected	N/A	Absent
Staphylococcus aureus	Not detected	N/A	≤ 3.57
Streptococcus agalactiae group B/ Streptococcus viridans	Not detected	N/A	≤ 3.57
Ureaplasma urealyticum	Not detected	N/A	≤ 3.58

†Bifidobacterium spp, when detected without other pathogens, could be displaced from its niche using probiotics.
***Values out of reference range.**

RECOMMENDATION

The suggested treatment for the bacteria which DNA has been detected would be Amoxicillin-Clavulanate 500/125 mg/8h for 7 days orally, according to the standard Microbiology Guides (4,5). Subsequently, to recolonize the reproductive tract, it is suggested to use probiotics composed exclusively of Lactobacillus strains (preferably vaginal) following the manufacturer's instructions regarding dose and duration.

The analysis of a new biopsy is also recommended after treatment. The new sample must be taken following the standard test protocol.

EMMA TEST RESULT: POSITIVE FOR DNA DETECTION OF REPRODUCTIVE TRACT PATHOGENIC BACTERIA

ALICE TEST RESULT: NEGATIVE FOR DNA DETECTION OF BACTERIA RELATED TO CHRONIC ENDOMETRITIS

Recommendation#: The suggested treatment for the bacteria which DNA has been detected would be Clindamycin 300mg/12h for 7 days, according to the standard Microbiology Guides (4,5). Subsequently, to recolonize the reproductive tract, it is suggested to use probiotics composed exclusively of Lactobacillus strains (preferably vaginal) following the manufacturer's instructions regarding dose and duration.

The analysis of a new biopsy is also recommended after treatment. The new sample must be taken following the standard test protocol.

BACTERIAL DNA DETECTED IN THE ENDOMETRIAL SAMPLE:

EMMA

Most abundant bacteria	%
Lactobacillus	**9.14% ***
Gardnerella	71.40%
Atopobium	19.17%
Others	0.29%

** For reference intervals, please refer to Moreno et al., Am J Obstet Gynecol. 2016.*

ALICE

Chronic Endometritis pathogens	%
Enterobacteriaceae	**Not Detected**
Escherichia	Not Detected
Klebsiella	Not Detected
Enterococcus	Not Detected
Chlamydia	Not Detected
Mycoplasma	Not Detected
Neisseria	Not Detected
Staphylococcus	Not Detected
Ureaplasma	Not Detected
Streptococcus	Not Detected

ALICE
Analysis of Infectious Chronic Endometritis

Detects pathogenic bacteria causing chronic endometritis.

Pathogenic Bacteria Detected:
- *Mycoplasma hominis*.
- *Ureaplasma urealyticum*.
- *Enterococcus faecalis*.
- *Staphylococcus aureus*.

Clinical Relevance:
- Chronic endometritis affects 30% of women with recurrent miscarriage.
- Treatment can significantly improve pregnancy outcomes.

TREATMENT FOR CHRONIC ENDOMETRITIS

- **Treatment**
  - Targeted antibiotic therapy.
  - Probiotics to prevent recurrence and support healthy microbiota

- **Follow-Up:**
  - Re-testing post-treatment to confirm resolution of imbalances.

CASE STUDY

PERIOD
26 days
4 day bleed
PADS
Light bright red
Heavy (3-4 full changes), bright red and small clots
Medium (2-3 full changes) - bright and dark red
Light (1-2 full changes), light and bright red

MISCARRIAGE
chemical pregnancy in April 2024. 4 positive pregnancy tests, bloods were negative and lost all pregnancy symptoms. passed naturally with period

TCM DIAGNOSIS
Bood xu & yang xu
Herbs = Warm me up
Vitex
Tens ovaries

CASE STUDY - IRON INFUSION

Iron Studies (Serum)

Coll Date:	17/10/23	03/04/24	**07/05/24**		
Coll Time:	09:55	10:21	**11:08**		
Lab Number:	11586632	12655260	**12871281**		
Ferritin	36	40	40	(30-200)	ug/L
Iron	12	16	18	(9-30)	umol/L
Transferrin	2.0	2.4	2.2	(2.0-3.6)	g/L
Transferrin Sat.	24	27	33	(15-50)	%

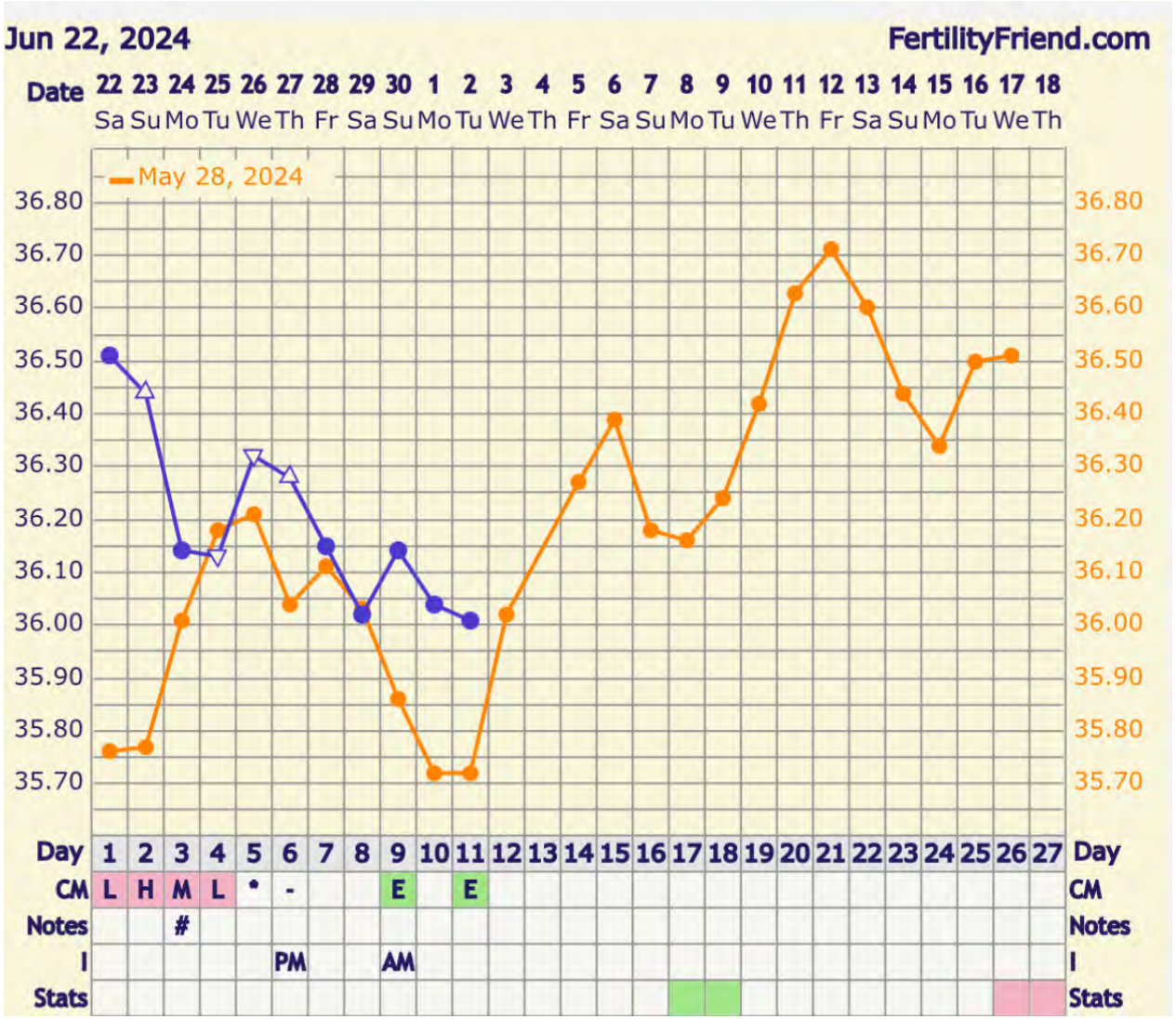
CASE STUDY PROGRESS

ORIGINAL TREATMENT PLAN

Iron infusion
BBT Temp drop suspect LPD
Sperm Test
Warm me up

- Iron infusion done
- Sperm improved
- Fixed LPD
- Tubes flushed
- Timing correctly
- NO PREGNANCY in 3 months
- Recommended to Dr Nick for NK, DQ ALPAH ALICE & EMMA

WARM ME UP



IMPROVED PARTNERS SPERM

SEMINAL FLUID EXAMINATION FOR INFERTILITY

NOTE: Because of inherent variability in seminal indices, assessment should ideally involve three examinations.

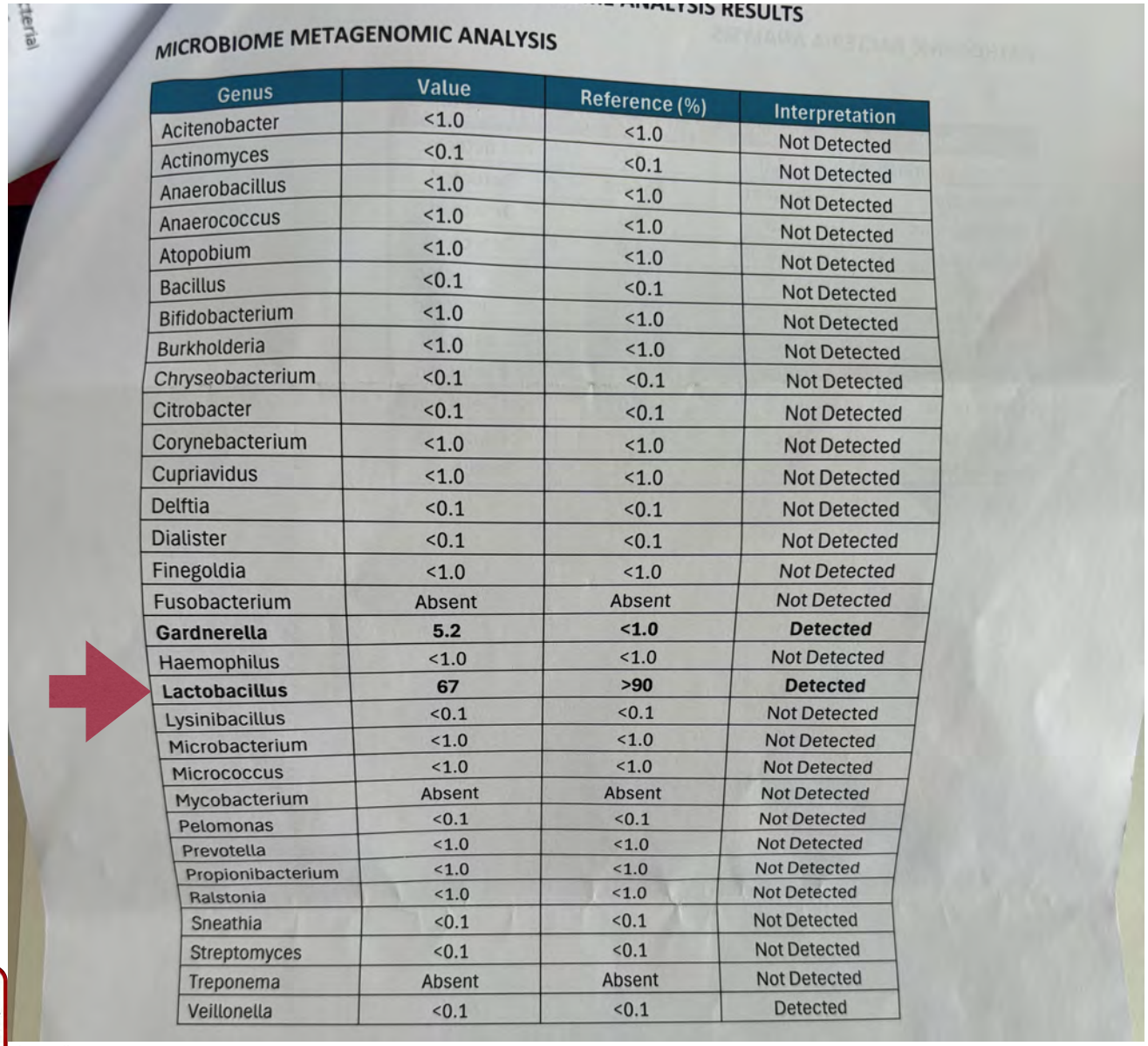
COLLECTED:	9:20 am		
EXAMINED:	9:54 am		
LIQUEFACTION:	Complete		
VOLUME OF EJACULATE :	3.0	mL	(>=1.5)
SPERM CONCENTRATION :	26,200,000/mL		(>=15,000,000)
TOTAL MOTILITY :	53	%	(>=40)
PROGRESSIVE MOTILITY:	49	%	(>=32)
MORPHOLOGY :	6	% Normal Forms	(>=4)

Report to :

SEMEN ANALYSIS REPORT

Sample Date	Lab#	Sample Age (mins)	Sample Complete	Last Ejac *(days)*	Vol./ Weight (ml/g)	Conc. *(x10 /ml)*	Sperm/ Ejac *(Million)*	Motility (%) *Prog [Total]*	Tot.Mot Count *(Million)*	Normal Forms *(%)*	pH	Vitality (live) *(%)*	Post Thaw Mot(%) *Prog [Total]*	No. of Straws *Frozen [Remain]*	Sperm DNA Damage *(%)*
Normal Range:				*2-7*	*>1.5*	*>=15*	*>=39*	*>=32[>=40]*		*>=4*	*>=7.2*	*>=58*			*(<=20%)*
21/11/2024	173490	55	Yes	3	3.8	129.6	493	39[48]	236.4	9	8.3				10

MORPHOLOGY FROM 6-9%



MICROBIOME METAGENOMIC ANALYSIS

Genus	Value	Reference (%)	Interpretation
Acitenobacter	<1.0	<1.0	Not Detected
Actinomyces	<0.1	<0.1	Not Detected
Anaerobacillus	<1.0	<1.0	Not Detected
Anaerococcus	<1.0	<1.0	Not Detected
Atopobium	<1.0	<1.0	Not Detected
Bacillus	<0.1	<0.1	Not Detected
Bifidobacterium	<1.0	<1.0	Not Detected
Burkholderia	<1.0	<1.0	Not Detected
Chryseobacterium	<0.1	<0.1	Not Detected
Citrobacter	<0.1	<0.1	Not Detected
Corynebacterium	<1.0	<1.0	Not Detected
Cupriavidus	<1.0	<1.0	Not Detected
Delftia	<0.1	<0.1	Not Detected
Dialister	<0.1	<0.1	Not Detected
Finegoldia	<1.0	<1.0	Not Detected
Fusobacterium	Absent	Absent	Not Detected
Gardnerella	**5.2**	**<1.0**	**Detected**
Haemophilus	<1.0	<1.0	Not Detected
Lactobacillus	**67**	**>90**	**Detected**
Lysinibacillus	<0.1	<0.1	Not Detected
Microbacterium	<1.0	<1.0	Not Detected
Micrococcus	<1.0	<1.0	Not Detected
Mycobacterium	Absent	Absent	Not Detected
Pelomonas	<0.1	<0.1	Not Detected
Prevotella	<1.0	<1.0	Not Detected
Propionibacterium	<1.0	<1.0	Not Detected
Ralstonia	<1.0	<1.0	Not Detected
Sneathia	<0.1	<0.1	Not Detected
Streptomyces	<0.1	<0.1	Not Detected
Treponema	Absent	Absent	Not Detected
Veillonella	<0.1	<0.1	Detected

67% Lactobacillus
(>90)

5.2 Gardnerella
(associated with BV)

NK & BIOGUT RESULTS

MACROSCOPIC DESCRIPTION
Labelled with patient details only - a small amount of haemorrhagic tissue 25mm x 25mm x 3mm in aggregate. A1. (SW/mb/mb)

MICROSCOPIC DESCRIPTION
The biopsy includes endometrium with early secretory type glands, some of which feature luminal secretion, separated by focally oedematous stroma. There is no evidence of chronic endometritis, endometrial hyperplasia or malignancy. Immunoperoxidase staining for CD56, a marker of natural killer cells, shows moderate to large numbers of stromal cells with positive staining at a rate of the order of 18 cells per high power field.

DIAGNOSIS
ENDOMETRIAL BIOPSY - EARLY SECRETORY PHASE ENDOMETRIUM, POST OVULATORY DAY 4-5.
NATURAL KILLER CELLS ARE DEMONSTRATED AT A RATE OF THE ORDER OF 18 CELLS PER HIGH POWER FIELD.

PATHOGENIC BACTERIA ANALYSIS

Genus	Value	Reference (%)	Interpretation
[Enterobacteriaceae]	<1.0	<1.0	Not detected
Chlamydia	**Present**	**Absent**	**Detected**
Enterococcus	**0.9**	**<0.1**	**Detected**
Escherichia	**1.4**	**<1.0**	**Detected**
Klebsiella	<1.0	<1.0	Not detected
Mycoplasma	<0.01	<0.01	Not Detected
Neisseria	Absent	Absent	Not detected
Staphylococcus	<1.0	<1.0	Not detected
Streptococcus	<1.0	<1.0	Not Detected
Tepidimonas	Absent	Absent	Not detected
Ureaplasma	**1.3**	**<0.01**	**Detected**

Conclusion

The vaginal microbiome is not normal.

Vagina is not lactobacillus dominated (<90%). High levels of dysbiotic bacteria are present.

High levels of pathogenic bacteria associated with Chronic Endometritis are detected (**Chlamydia spp, Ureaplasma spp, Enterococcus spp, and Escherichia coli**).

BIOGUT

https://www.biogut-tech.com/

WM TREATMENT

Chronic Endometritis:

- Antibiotics Amoxil 1st, Metronidazole 2nd and Erythomcycin 3rd
- Vaginal Probiotic
- Probiotic

uNK

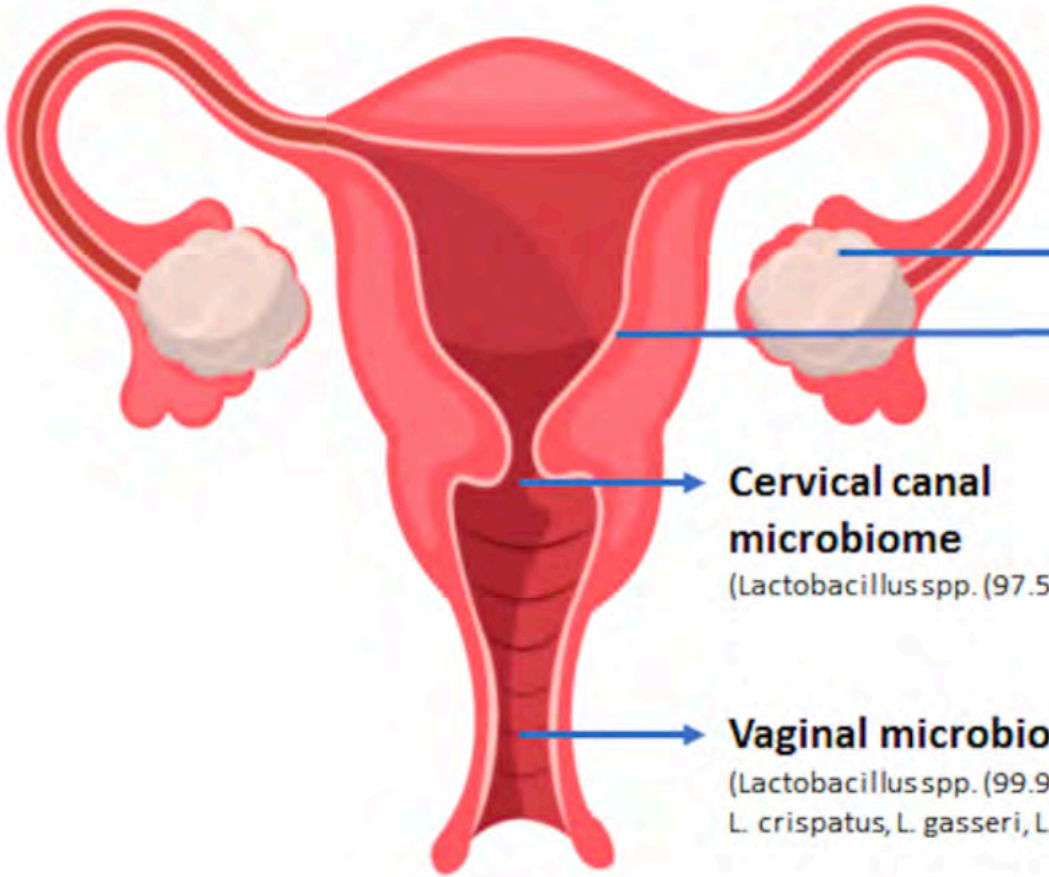
- aspirin
- dexamethasone - 1mg
- naltrexone - 4.5mg
- tarcolimus 1mg x 3
- clexane - day 14 40mg
- Intralipid

15 MIN BREAK

VAGINAL MICROMBIOME

CAN GIVE US INSIGHT TO UTERINE MICROBIOME

REPRODUCTIVE MICROBIOME



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Cervical canal microbiome
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Vaginal microbiome
(Lactobacillus spp. (99.99%)
L. crispatus, L. gasseri, L. iners, or L. jensenii

VAGINAL MICROBIOME

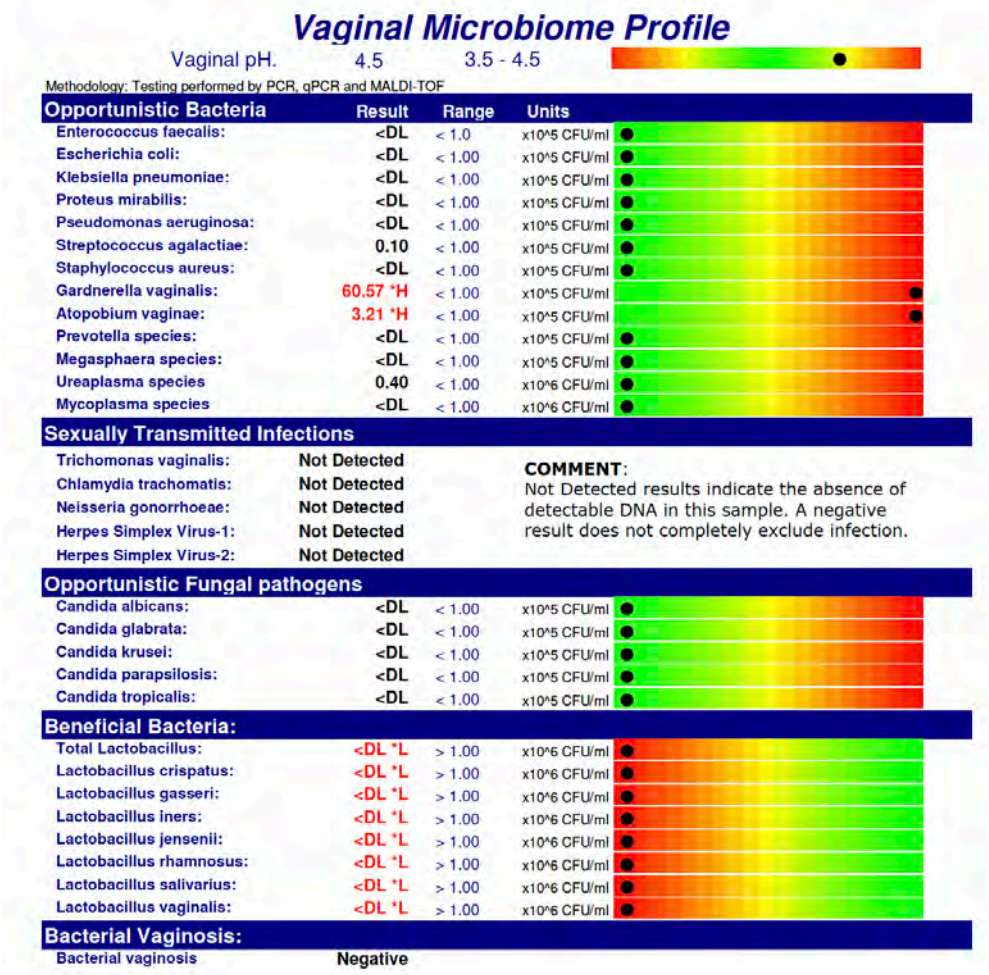
- Dominated by **Lactobacillus bacteria**.
- Supports **sperm viability** and **embryo implantation**.
- Maintains an **acidic pH 3.5-4.5** and defends against **pathogens**.
- Lactic acid is a naturally occurring acid that helps keep the vaginal microbiome healthy.

KEY MICROBIALS IN DYSBIOSIS

- **Lactobacillus spp.** (BENEFICIAL BACTERIA): Decline in these bacteria is the hallmark of dysbiosis.

- **Pathogenic bacteria**: (OPPORTUNISTIC BACTERIA)
  - ***Gardnerella vaginalis*:** Associated with bacterial vaginosis and adverse fertility outcomes.
  - ***Atopobium vaginae*:** Often found in severe BV and linked to recurrent miscarriage.
  - ***Prevotella spp.***: Pro-inflammatory and detrimental to the uterine environment.
  - ***Escherichia coli***: Linked to chronic endometritis and subfertility.
  - **Ureaplasma & Megasphera** linked with RM & RIF, reducing receptivity and increasing implantation failure risk.

VAGINAL MICROBIOME PANEL



Vaginal Microbiome Profile

Vaginal pH. 4.5 3.5 - 4.5

Methodology: Testing performed by PCR, qPCR and MALDI-TOF

Opportunistic Bacteria	Result	Range	Units
Enterococcus faecalis:	<DL	< 1.0	x10^5 CFU/ml
Escherichia coli:	<DL	< 1.00	x10^5 CFU/ml
Klebsiella pneumoniae:	<DL	< 1.00	x10^5 CFU/ml
Proteus mirabilis:	<DL	< 1.00	x10^5 CFU/ml
Pseudomonas aeruginosa:	<DL	< 1.00	x10^5 CFU/ml
Streptococcus agalactiae:	0.10	< 1.00	x10^5 CFU/ml
Staphylococcus aureus:	<DL	< 1.00	x10^5 CFU/ml
Gardnerella vaginalis:	60.57 *H	< 1.00	x10^5 CFU/ml
Atopobium vaginae:	3.21 *H	< 1.00	x10^5 CFU/ml
Prevotella species:	<DL	< 1.00	x10^5 CFU/ml
Megasphaera species:	<DL	< 1.00	x10^5 CFU/ml
Ureaplasma species	0.40	< 1.00	x10^6 CFU/ml
Mycoplasma species	<DL	< 1.00	x10^6 CFU/ml

Sexually Transmitted Infections	
Trichomonas vaginalis:	Not Detected
Chlamydia trachomatis:	Not Detected
Neisseria gonorrhoeae:	Not Detected
Herpes Simplex Virus-1:	Not Detected
Herpes Simplex Virus-2:	Not Detected

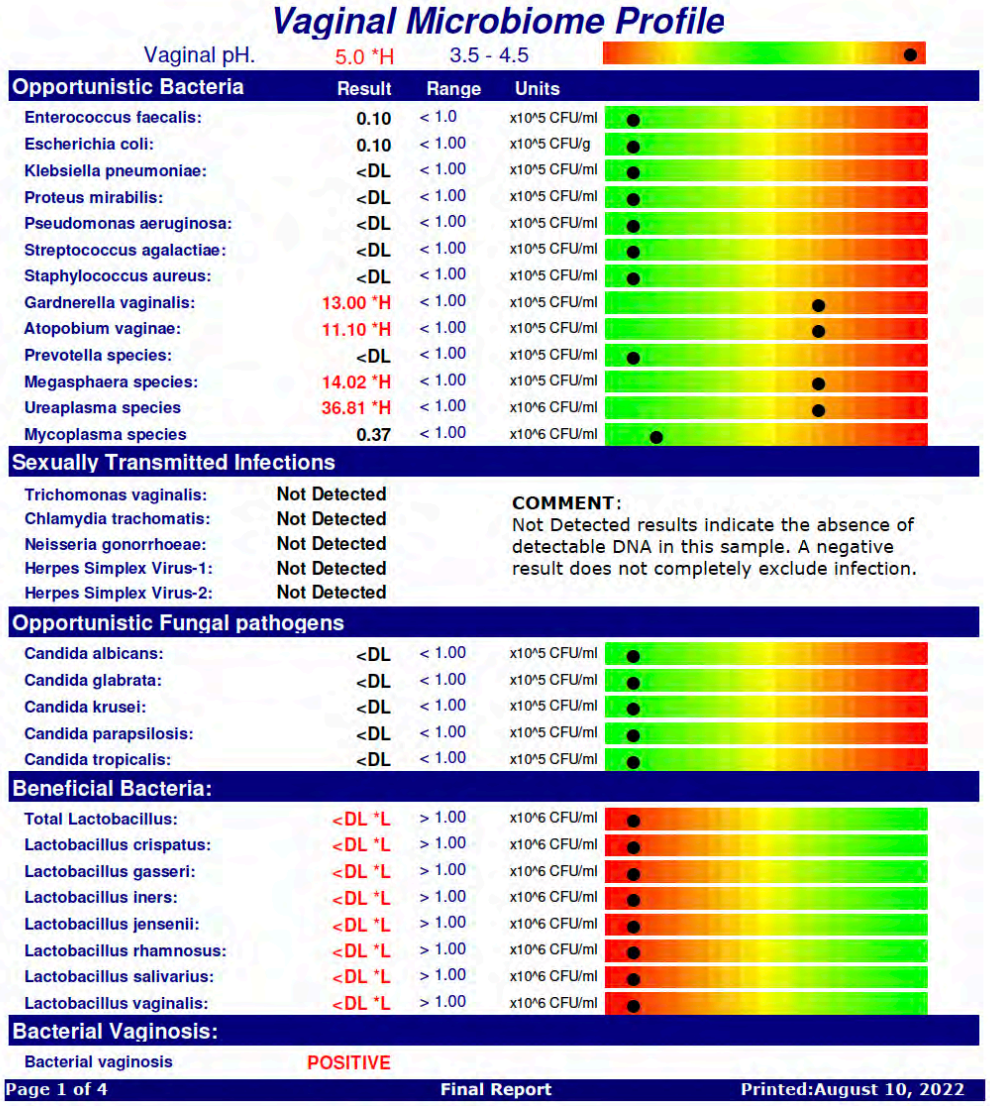
COMMENT:
Not Detected results indicate the absence of detectable DNA in this sample. A negative result does not completely exclude infection.

Opportunistic Fungal pathogens			
Candida albicans:	<DL	< 1.00	x10^5 CFU/ml
Candida glabrata:	<DL	< 1.00	x10^5 CFU/ml
Candida krusei:	<DL	< 1.00	x10^5 CFU/ml
Candida parapsilosis:	<DL	< 1.00	x10^5 CFU/ml
Candida tropicalis:	<DL	< 1.00	x10^5 CFU/ml

Beneficial Bacteria:			
Total Lactobacillus:	<DL *L	> 1.00	x10^6 CFU/ml
Lactobacillus crispatus:	<DL *L	> 1.00	x10^6 CFU/ml
Lactobacillus gasseri:	<DL *L	> 1.00	x10^6 CFU/ml
Lactobacillus iners:	<DL *L	> 1.00	x10^6 CFU/ml
Lactobacillus jensenii:	<DL *L	> 1.00	x10^6 CFU/ml
Lactobacillus rhamnosus:	<DL *L	> 1.00	x10^6 CFU/ml
Lactobacillus salivarius:	<DL *L	> 1.00	x10^6 CFU/ml
Lactobacillus vaginalis:	<DL *L	> 1.00	x10^6 CFU/ml

Bacterial Vaginosis:	
Bacterial vaginosis	Negative

$165 through Nutripath https://nutripath.com.au/product/vaginal-microbiome-test-2031/



Vaginal Microbiome Profile

Vaginal pH.	5.0 *H	3.5 - 4.5	

Opportunistic Bacteria	Result	Range	Units
Enterococcus faecalis:	0.10	< 1.0	x10^5 CFU/ml
Escherichia coli:	0.10	< 1.00	x10^5 CFU/g
Klebsiella pneumoniae:	<DL	< 1.00	x10^5 CFU/ml
Proteus mirabilis:	<DL	< 1.00	x10^5 CFU/ml
Pseudomonas aeruginosa:	<DL	< 1.00	x10^5 CFU/ml
Streptococcus agalactiae:	<DL	< 1.00	x10^5 CFU/ml
Staphylococcus aureus:	<DL	< 1.00	x10^5 CFU/ml
Gardnerella vaginalis:	13.00 *H	< 1.00	x10^5 CFU/ml
Atopobium vaginae:	11.10 *H	< 1.00	x10^5 CFU/ml
Prevotella species:	<DL	< 1.00	x10^5 CFU/ml
Megasphaera species:	14.02 *H	< 1.00	x10^5 CFU/ml
Ureaplasma species	36.81 *H	< 1.00	x10^6 CFU/ml
Mycoplasma species	0.37	< 1.00	x10^6 CFU/ml

Sexually Transmitted Infections	
Trichomonas vaginalis:	Not Detected
Chlamydia trachomatis:	Not Detected
Neisseria gonorrhoeae:	Not Detected
Herpes Simplex Virus-1:	Not Detected
Herpes Simplex Virus-2:	Not Detected

COMMENT:
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Candida glabrata:	<DL	< 1.00	x10^5 CFU/ml
Candida krusei:	<DL	< 1.00	x10^5 CFU/ml
Candida parapsilosis:	<DL	< 1.00	x10^5 CFU/ml
Candida tropicalis:	<DL	< 1.00	x10^5 CFU/ml

Beneficial Bacteria:			
Total Lactobacillus:	<DL *L	> 1.00	x10^6 CFU/ml
Lactobacillus crispatus:	<DL *L	> 1.00	x10^6 CFU/ml
Lactobacillus gasseri:	<DL *L	> 1.00	x10^6 CFU/ml
Lactobacillus iners:	<DL *L	> 1.00	x10^6 CFU/ml
Lactobacillus jensenii:	<DL *L	> 1.00	x10^6 CFU/ml
Lactobacillus rhamnosus:	<DL *L	> 1.00	x10^6 CFU/ml
Lactobacillus salivarius:	<DL *L	> 1.00	x10^6 CFU/ml
Lactobacillus vaginalis:	<DL *L	> 1.00	x10^6 CFU/ml

Bacterial Vaginosis:	
Bacterial vaginosis	POSITIVE

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HIGH - pH

HIGH opportunistic bacteria
= Positive for BV

LOW Lactobacillus

Positive for BV

https://nutripath.com.au/product/vaginal-microbiome-test-2031/

BACTERIAL VAGINOSIS

Vaginal Microbiome Comments

VAGINAL pH NORMAL:
The typical vaginal pH is 3.5-4.5. Prepubertal and postmenopausal pH levels are normally >5 pH. With the increase of the oestrogen levels around puberty, the genital mucosa thickens and becomes colonized with Lactobacillus species which produce lactic acid and hydrogen peroxide to lower the pH below 4.5.

GARDNERELLA VAGINALIS ELEVATED:
Gardnerella is a part of normal vaginal anaerobic flora but overgrowth can cause Bacterial vaginosis (BV). This is a poly-microbial infection which suppresses dominance of normal vaginal lactobacillus spp. (Total lactobacillus <10^6 CFU/ml), presence of clue cells, alkaline vaginal pH (>4.5) and fishy vaginal discharge.
BV may be asymptomatic or cause symptoms such as itching and malodorous discharge (often thin and white/grey). It is associated with an increased risk of preterm delivery, pelvic inflammatory disease and an increased risk of acquisition of sexually transmitted infections.

Can be treated after ruling out allergy/pregnancy status:
Metronidazole 400 mg orally, 12-hourly for 7 days or Metronidazole 0.75% vaginal gel 1 applicatorful intravaginally at bedtime for 5 nights
OR
Clindamycin 2% vaginal cream 1 applicatorful intravaginally, at bedtime for 7 nights (If pregnant or allergic to metronidazole)

General advice for along with above treatment as follows:
o Regular salt or warm water only washes (no douching)
o Good Personal Hygiene
o Avoid irritants (soaps/perfumes)
o Use barrier protection during sex

ATOPOBIUM VAGINAE ELEVATED:
Atopobium vaginae is a gram-positive facultative anaerobic bacterial species that may be involved in BV in some women as a result of a disruption in the normal vaginal microflora.
BV is typically a polymicrobial infection characterized by disruption in Lactobacillus dominance (Total Lactobacillus <10^6 CFU/ml), increased pH (>4.5) and the presence of mainly anaerobic microorganisms including Atopobium vaginae (>10^5 CFU/ml).

LACTOBACILLUS:
Lactobacillus is the predominant genus in a healthy vaginal microbiota, and functions to inhibit the adhesion and proliferation of opportunistic and primary pathogens.
The presence of different Lactobacillus species is a major factor in the stability of the vaginal microbiome. Women with L. iners-dominant microbiomes are more likely to harbor Candida than women with L. crispatus-dominant microbiomes (due to higher production of lactic acid by L. crispatus compared to L. iners), leading to better anti-Candida activity (impeding Candida colonization) than L. iners through a greater production of lactic acid. Furthermore, L. iners dominance has been associated with other negative health outcomes such as increased risks of Chlamydia trachomatis infection, incident Bacterial Vaginosis and defects in vaginal mucus that compromise antiviral barrier function.

TOTAL LACTOBACILLUS LEVELS LOW:
Total Lactobacillus quantification should be >1x10^6 CFU/ml in a healthy Vaginal Microbiome. Production of H_2O_2 by Lactobacillus species is essential in inhibiting the overgrowth of pathogens. In cases where total Lactobacillus levels are low, presence of pathogenic bacteria should be reviewed and probiotic therapy should be considered. Microorganisms not belonging to the Lactobacillus genus with the population equal to or greater than 1× 10^5 CFU/ml is considered to

VAGINAL MICROBIOME COURSE

Moira Bradfield Strydom Vageristy course

https://intimate-ecology-practitioner-training.teachable.com/

TCM

MICROBIOME

- Unexplained infertility
- endometriosis/Adenomyosis
- Numerous failed embryo transfers
- 2x failed euploid embryo transfers
- Early pregnancy tests, then period
- Great chart, sperm, timing and no pregnancy
- Autoimmune disorders
- Food intolerances
- 2 or more miscarriages where embryo/fetus is genetically normal
- Infection post birth
- High ongoing stress
- High intensity exercise
- Inflammation
- GUT instinct

The findings indicate that women diagnosed with S**pleen-Deficiency predominantly have *Streptococcus*** species in their vaginal microbiota, dominance of Streptococcus: Reflects a less robust protective vaginal microbiota.

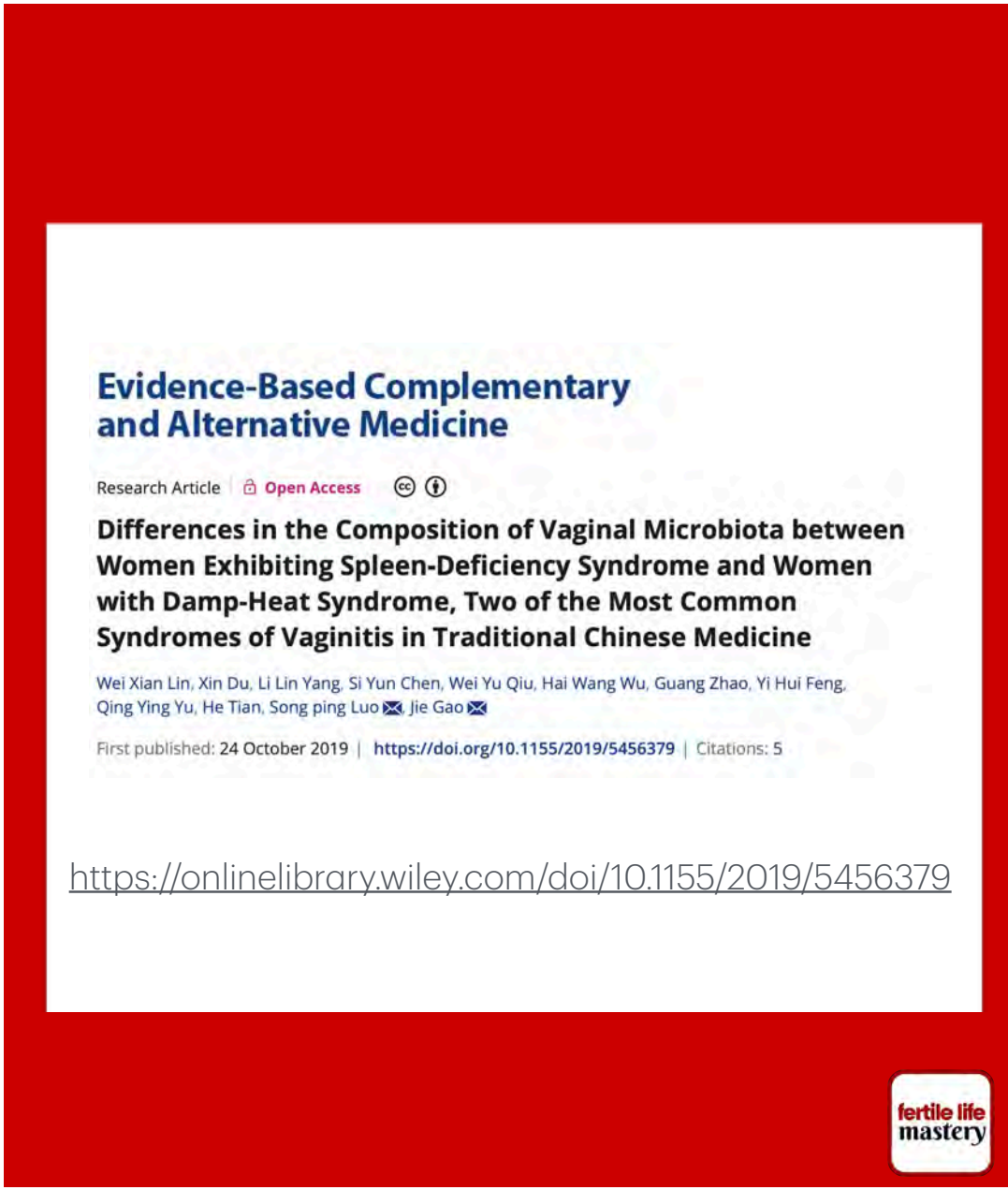
Spleen function leads to poor transport and transformation of fluids, creating a favorable environment for less dominant but less harmful bacteria like *Streptococcus* to thrive.

Those with **Damp-Heat** exhibit an overabundance of ***Prevotella* species.**

Overabundance of **Prevotella** is associated with **bacterial vaginosis (BV)** and inflammation.

Damp-heat accumulates, creating a warm, moist environment conducive to pathogenic overgrowth like *Prevotella*, which can increase vaginal pH and trigger dysbiosis.

This study although small suggest a potential link between TCM diagnostic patterns and specific microbial profiles, offering a more integrative perspective on treating vaginal dysbiosis.



TCM & MICROBIOME

- **Spleen Qi Deficiency**:
  - leads to poor transport and transformation of fluids, may reduce the body's ability to support Lactobacillus-dominant vaginal flora, creating a favourable environment for *Streptococcus* to dominate.

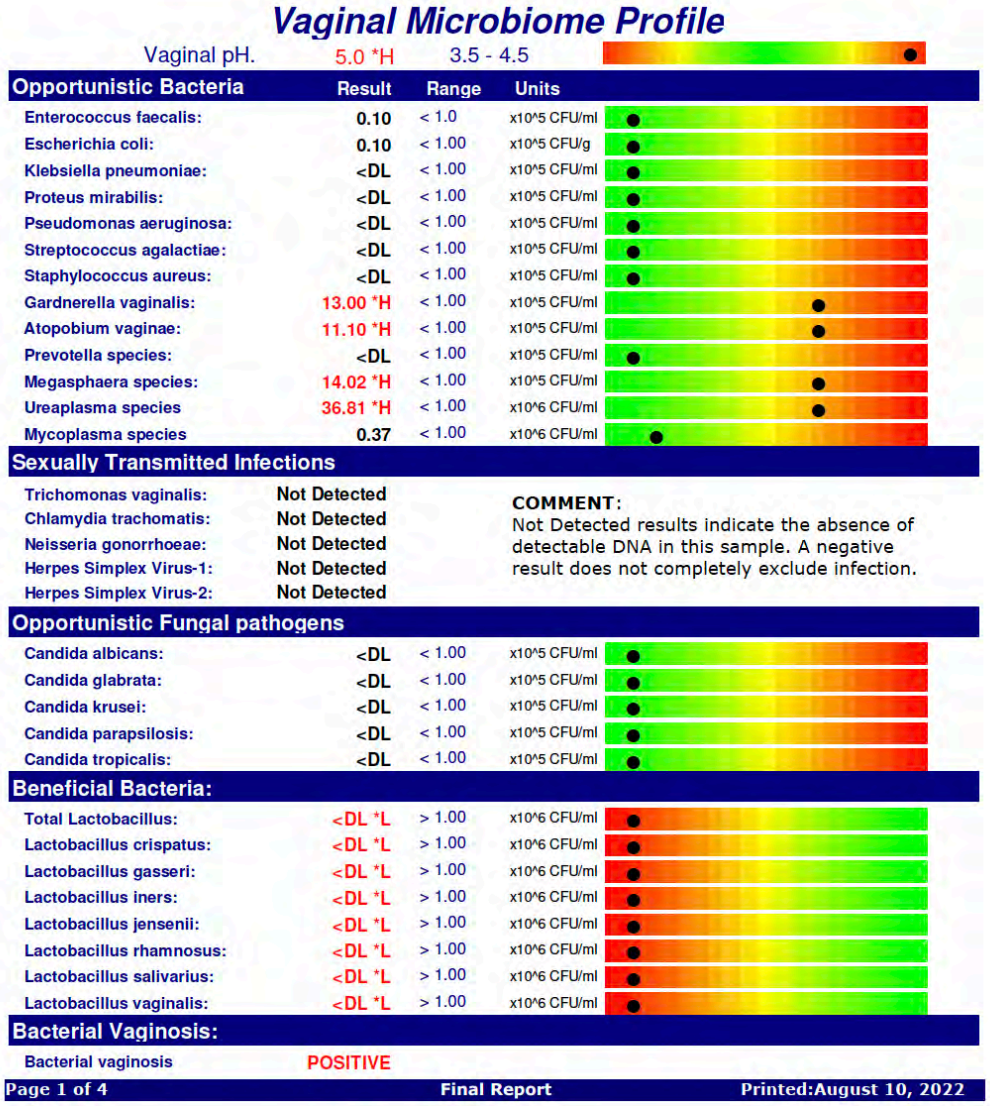
  - The resulting discharge lacks signs of infection (odor or irritation) but reflects fluid retention and stagnation.

- **Damp-Heat**:
  - Damp-heat accumulates, creating a warm, moist environment conducive to pathogenic overgrowth like *Prevotella*, which can increase vaginal pH and trigger dysbiosis.

WE SEE ALL TCM PATTERNS CAN = DYSBIOSIS

TCM & VAGINAL DISCHARGE

	Spleen Qi Deficiency	Damp-Heat
Discharge Color	White, clear	Yellow, greenish
Discharge Texture	Thin, watery	Thick, sticky
Discharge Odor	None	Foul or fishy
Systemic Signs	Fatigue, bloating, loose stools	Heat signs, irritability, greasy stools
Tongue	Pale, thin white coat	Red, greasy yellow coat
Pulse	Weak, soft	Slippery, rapid



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Bacterial vaginosis	POSITIVE

HIGH - pH

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= Positive for BV

LOW Lactobacillus

Positive for BV

https://nutripath.com.au/product/vaginal-microbiome-test-2031/

CLINICALLY what I SEE

Acupuncture and TCM

- Focus on reducing inflammation and supporting uterine blood flow to enhance microbiome and endometrial health.

- **Point selections**: Tailored to promote immune balance and uterine receptivity.

ALCHEMY HERBS

Pre womb gu

Post womb gu

WOMB GU FORMULAS

Useful for women who have Gu syndrome presentations and who are also v**ery Blood or Yin deficient.**

These formulas are not as harsh and not so drying as the other Gu formulas in the Alchemy range.

The POST-WOMB GU formula is the only Gu formula that is suitable for luteal phase and early stages of pregnancy.

VAGINAL MICROBIOME SUPPS

DO NOT TREAT IF HAVE NO EXPERIENCE

VAGINAL MICROBIOME COURSE

Moira Bradfield Strydom Vageristy course

https://intimate-ecology-practitioner-training.teachable.com/

IMPLANTATION

* For implantation to occur there needs to be balance between Yin and Yang in the body and correct flow of qi and blood
* Free of heat, damp and cold
* Timing of implantation is 5-10 day after ovulation
* Lining needs to be at least 6mm
* Hormones Estrogen & Progesterone – at the right levels

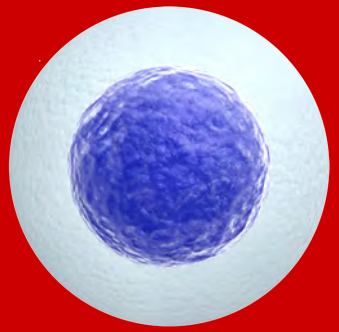
"When the vital Essence and the vital force of the male and female unite, water passes between them and assumes form"

CHINESE MEDICINE

Don’t get bogged down in western medicine diagnosis!!

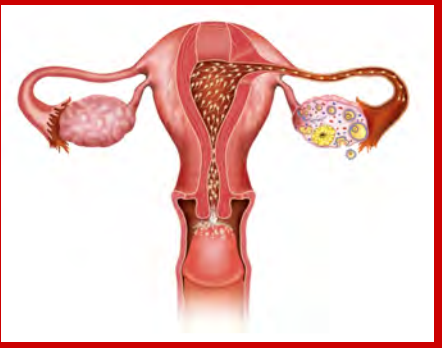
Kirsten Wolfe

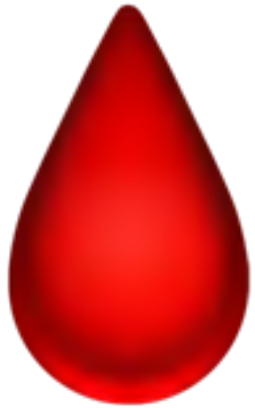
fertile life mastery



THE BASICS

- **Don’t lose yourself in the diagnosis or excess of information**





Kirsten Wolfe

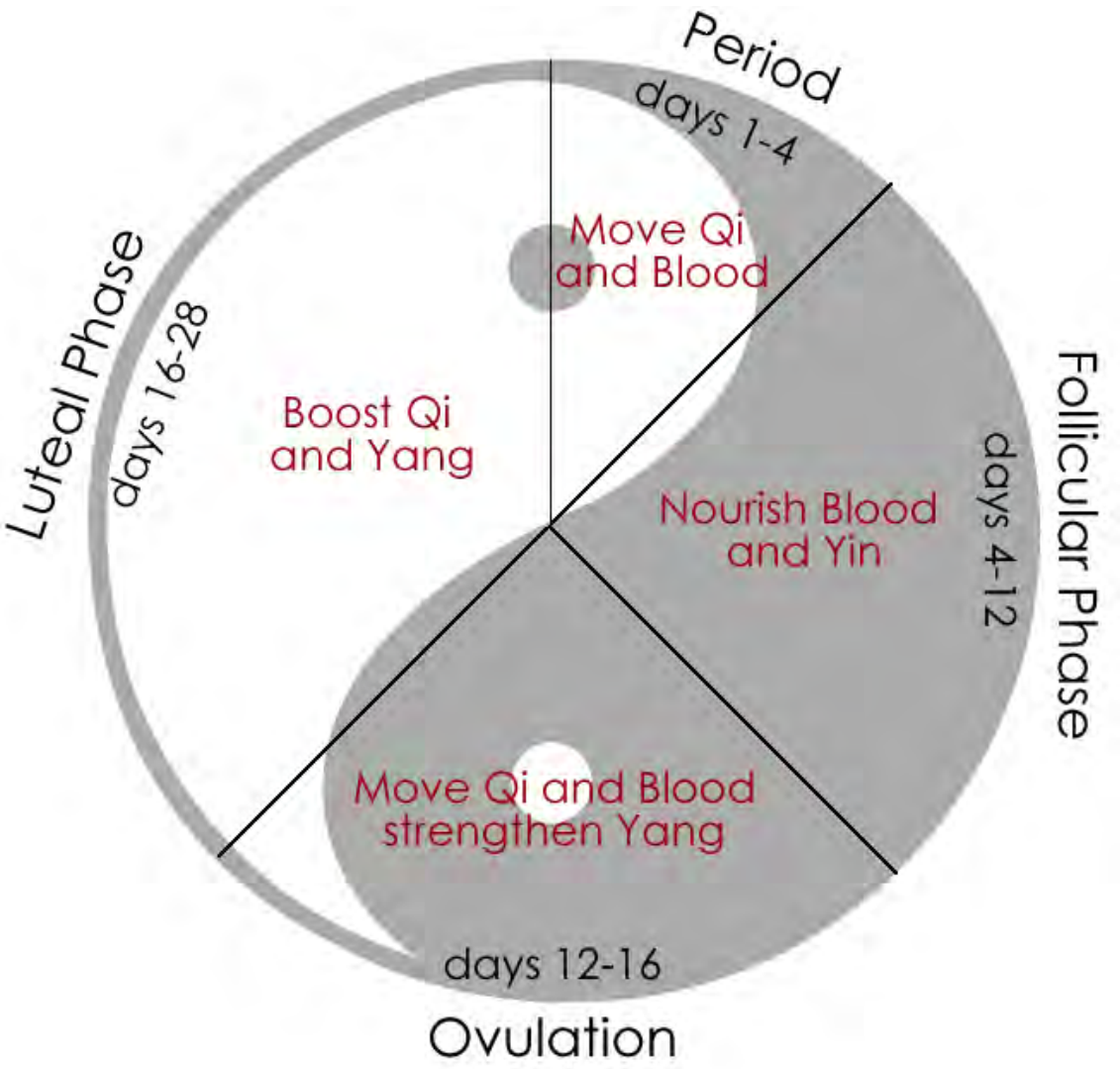
fertile life seminar

FERTILITY DETECTIVE

* **NOTE: If BBT good, timing good, sperm good, bloods good – if not pregnant within 4 months - further investigations are needed**
* Are tubes blocked?
* Heart shape uterus?
* Blood clotting/Autoimmune
* EMMA & ALICE
* NK/DQ Alpha
* PGT-A Embryos
* What is being missed in your detective work?

FERTILITY DETECTIVE SYSTEM - RIF& RM

- **BLOODWORK**
  - Iron Panel
  - Autoimmune markers
  - Blood clotting factors
  - Thyroid Panel
  - Thyroid Antibodies
  - Low Progesterone
- **UTERINE LINING**
  - THICKNESS
  - EMMA
  - ALICE
  - NK
  - DQ Alpha
  - Adenomyosis/Endometriosis
  - Fibroids
- **ANATOMICAL**
  - Heart Shape Utersus
  - Hydrosalphinx
- **EMBRYO**
  - Genetically Viable
  - Poor Quality?
- **SPERM**
  - Morphology
  - DNA fragmentation


Period
days 1-4
Move Qi
and Blood
Follicular Phase
days 4-12
Nourish Blood
and Yin
Ovulation
days 12-16
Move Qi and Blood
strengthen Yang
Luteal Phase
days 16-28
Boost Qi
and Yang

ALCHEMY HERBS

Step One

Chinese Medicine Diagnosis

Step Two

BBT Chart Information

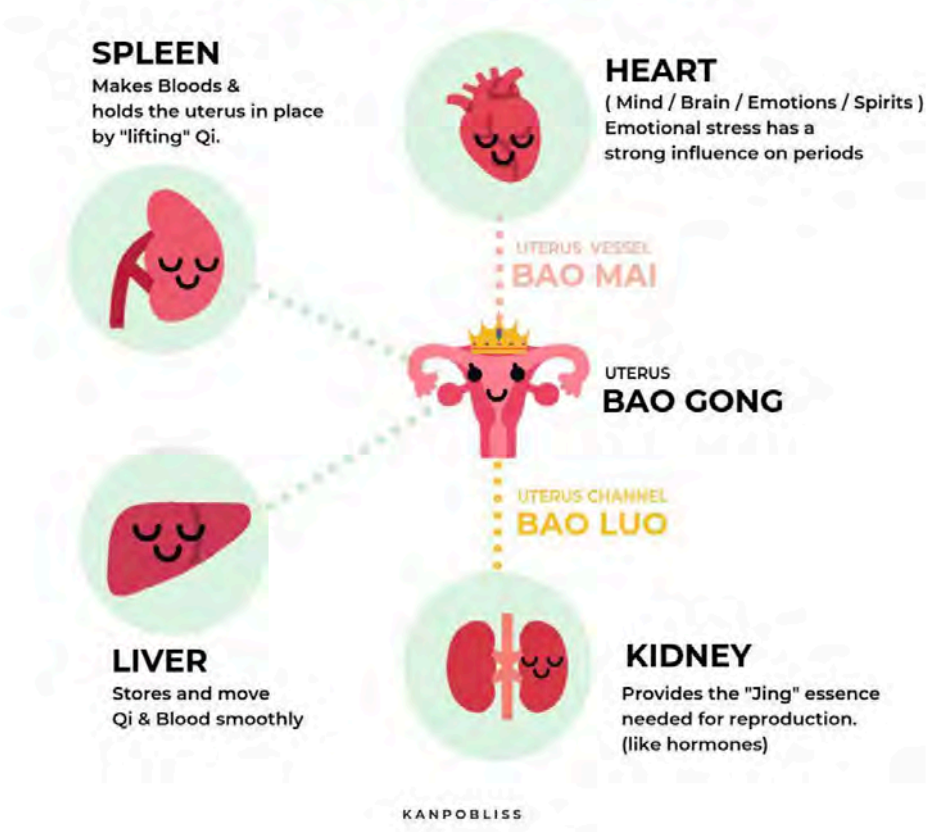
Step Three

Clear any pathogens, detox and prepare

Step Four

Base formulas +/- targeted formula

HEART PATHOLOGY & RIF/RM

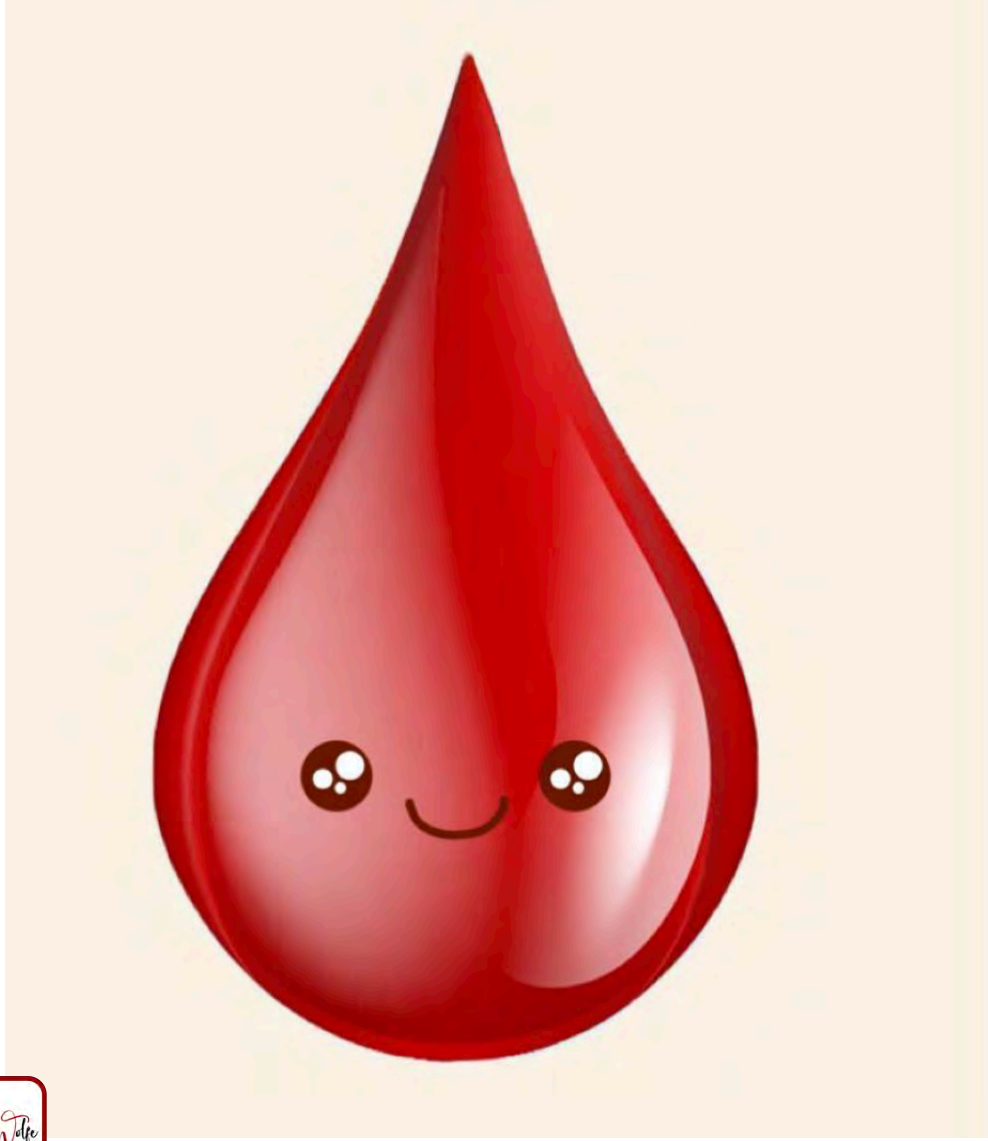


•Psychological distress from TTC, repeated IVF failures, miscarriages depletes Heart blood or causes Heart qi stagnation.

•Disrupts the Heart-uterus connection via the Bao Mai, reducing nourishment to the uterus.

•Embryo's signalling to the mother may fail, leading to luteal regression and implantation failure.

•Weakens embryo vitality and impairs maternal response.



BLOOD IS EVERYTHING!

Nourishment: Blood nourishes the Chong Mai &Ren Mai, which are responsible for sustaining pregnancy.

Stabilization: Blood "anchors" the foetus in the uterus and prevents spotting or miscarriage.

Blood and Essence (Jing) are interdependent. Kidney Xu often leads to Blood Xu

Qi generates and moves Blood. Without sufficient Qi, Blood production and circulation are impaired.

Blood Deficiency can lead to stagnation due to insufficient volume to keep the Blood moving.

CRAPPY BLOOD

Sharon Weizenbaum

A complex problem dealing with the quality of blood.

A combination of these are part of the picture

- Blood Xu
- Blood Dryness
- Blood Stasis
- Blood Cold
- Blood Heat

FORMULA Wen Jing Tang -warms the channels and dispels cold but also nourishes the blood and enriches yin

I use SMOOTH (WU JIN WAN) **for 1-2 cycles**

BLOODS STASIS BRANCH

ROOT CAUSE FROM XU

- Blood Xu
- Yang xu
- Yin Xu
- Deficient heat
- Qi Xu

BLOODS STASIS BRANCH

ROOT CAUSE FROM STASIS

- Blood Stasis (viscous cycle)
- Damp Phlegm
- Qi stasis
- Cold
- Heat
- Trauma
- Bleeding

15 MIN BREAK

TCM

MISCARRIAGE

Traditional Pathomechanism of Miscarriage

- **Kidney Deficiency**:
  - Weak pre-heaven Qi or injury to Kidney Qi destabilises the **Chong** and **Ren** vessels, leading to a restless foetus.

- **Qi and Blood Deficiency**:
  - **Qi not Holding**: Insufficient Qi fails to secure the pregnancy.
  - **Blood not Nourishing**: Inadequate blood supply affects foetal growth and stability.

- **Blood-Heat**:
  - Causes:
    - Pre-existing Yang excess.
    - Heat from emotional constraint or external invasion.
    - **Yin Deficiency** or flaring of **Ming Men Fire**.
  - Pathway: Heat enters the **Chong** and **Ren**, disturbing the foetus.

- **Trauma or Injury**:
  - Disrupts the **Chong** and **Ren**, leading to Qi and Blood turmoil, endangering the foetus.

SLIPPERY FOETUS (滑胎, Huá Tāi)

Slippery Foetus refers to recurrent spontaneous miscarriage, often caused by **Kidney Deficiency**, **Spleen Deficiency**, **Qi and Blood Deficiency**, or obstruction of the **Chong** and **Ren Meridians** by **Damp-Heat** or **Blood Stasis**. The primary pathology involves insufficient **Qi and Blood**, an inability of the Chong and Ren to stabilise, and a lack of nourishment in the uterus, leading to instability and loss of the foetus.

滑 (huá): Slippery

- This term symbolises the inability to anchor or hold something securely, reflecting the body's failure to provide a stable environment for the foetus.

胎 (tāi): Foetus

- Refers to the developing embryo or foetus within the uterus.

CHONG & REN MAI

The **Chong Mai** and **Ren Mai** are deeply tied to reproduction and pregnancy. They play a central role in nourishing the uterus, supporting foetal development, and maintaining the body's ability to sustain a healthy pregnancy.

When they become weak, it creates vulnerabilities that can manifest as recurrent miscarriage. This weakness often involves **Kidney Deficiency**, **Blood Deficiency**, or **Blood Stagnation**, as these are directly tied to the pathways of the Chong and Ren.

CHONG MAI

- Known as the "Sea of Blood," the Chong Mai regulates the flow of Qi and Blood throughout the body, especially to the uterus.

- It governs the gathering and distribution of Blood to nourish the uterus and foetus.

- When Chong Mai is weak:
  - Insufficient Blood and Qi may result in poor nourishment of the uterus, affecting implantation and the ability to sustain pregnancy.

REN MAI

- Known as the "Sea of Yin," the Ren Mai is the foundation of the body's Yin energy and is crucial for regulating reproductive and hormonal functions.
- It supports the uterus and foetal growth by stabilising and harmonising Yin, Blood, and Essence.
- When Ren Mai is weak:
  - Yin and Blood may become deficient, leading to an inability to "hold" the pregnancy.

LIVER

•Regulates qi, blood, and Jing in the Chong and Ren Mai, supporting uterine nourishment.

•Liver blood deficiency reduces the thickness and quality of the endometrium, impairing embryo attachment.

•Liver qi stagnation blocks the flow of qi and blood to the uterus, preventing a stable connection for the embryo.

•Endometrial dysfunction disrupts implantation due to disordered qi and blood flow.

Kidney Deficiency (肾虚, *shèn xū*)

The **Kidneys** are the root of reproduction in TCM, storing **Essence (Jing)** and governing growth, development, and reproductive capacity. Kidney Deficiency undermines the Chong and Ren pathways in the following ways:

1. **Kidney Yin Deficiency:**
   - Leads to insufficient Yin to nourish the Ren Mai and Chong Mai, resulting in poor uterine lining and unstable pregnancy.

2. **Kidney Yang Deficiency:**
   - Weakens the warmth and activation needed to support pregnancy, leaving the Chong and Ren Mai underpowered.

Kidney Deficiency (肾虚, *shèn xū*)

•Kidney deficiency impairs embryo quality and development, both in the lab and post-transfer.

•Weakens the Ren and Chong Mai, reducing nourishment to the uterus and embryo.

•Kidney Yang deficiency (decline of Ming Men fire) fails to warm and energise reproductive organs.

•Weak Jing passed to the embryo from parental deficiencies can result embryos arresting or aneuploid embryos.

•Disrupts luteal phase support, impairing implantation and embryonic growth.

Blood Xu (血虚, *xuè xū*):

Blood nourishes the uterus and supports pregnancy. Insufficient Blood may prevent proper implantation or sustainment of the pregnancy.

As the Chong Mai is the "Sea of Blood," Blood Deficiency weakens this meridian, leading to:

- Poor implantation of the embryo.
- Uterine insufficiency and lack of nourishment for the developing foetus.

Western med: Thin uterine lining, LPD, NK, autoimmunity, poor embryo quality

Blood Stasis (血瘀, *xuè yū*)

•The free flow of blood is essential for embryo implantation.

•Blood stasis blocks the flow of blood, reducing quality, composition, and regeneration.

•Damages the Ren and Chong Meridians, crucial for reproductive health.

•Decreases endometrial receptivity, increasing risk of implantation failure or early pregnancy loss

Spleen Qi Xu (脾气虚, *pí qì xū*)

Qi Deficiency, particularly **Spleen Qi Deficiency** and the associated **Dampness**, plays a significant role.

The Spleen is central to producing Qi and Blood, which nourish and stabilise the uterus. Weakness in the Spleen can lead to an inability to "hold" the pregnancy, while Dampness can create an unfavourable environment in the uterus.

Spleen Damp & Phlegm-Damp

•Spleen deficiency leads to an overproduction of damp fluids, overwhelming the uterus and embryo.

•Phlegm-damp forms, blocking uterine pathways and preventing blastocyst attachment to the endometrium.

Poor circulation deprives the embryo of nourishment, reducing the likelihood of implantation and growth

Spleen Qi Xu (脾气虚, *pí qì xū*)

•Spleen deficiency weakens the Extraordinary Vessels, reducing uterine support.

•Insufficient blood and qi nourishment compromises embryo survival.

•Spleen qi sinking fails to hold the embryo in the uterus, leading to miscarriage or implantation failure.

Cold and Damp Pathology

•Cold obstructs the uterus, impairing the free flow of blood and qi, and damages the Chong and Ren Mai.

•Cold combined with damp creates severe obstruction, reducing receptivity and preventing implantation.

•Results in a 'cold uterus,' causing coagulation and blockage of blood and Jing, compromising embryo nourishment.

WHEN OUR IMMUNE SYSTEM IS ACTIVATED

WE ARE AT WAR WITH OURSELVES

Dampness obstructs Qi and Blood flow, creating a sluggish, stagnant environment.
Over time, this can transform into **Heat**, further exacerbating inflammation

Specific patterns include:

- **Qi and Blood Deficiency**: Insufficient energy and nutrients to resolve inflammation.
- **Blood Stasis**: Stagnant Blood leading to localised inflammation.
- **Cold in the Lower Jiao**: Impedes circulation and increases susceptibility to inflammation

Reproductive Impacts of Inflammation:

Egg and Sperm Quality: Oxidative stress damages DNA and mitochondria. Poor-quality gametes increase miscarriage and implantation failure risks.
Endometrial Receptivity: Inflammatory cytokines, uNK cells impair uterine receptivity, increasing the risk of RIF and RM
Microbiome Disruption: Imbalanced gut, uterine and vaginal microbiomes which effects metabolism and regulation of hormones

TCM treatments focus on clearing Damp and Heat while harmonising the underlying Qi and Blood

IMPLANTATION

* For implantation to occur there needs to be balance between Yin and Yang in the body and correct flow of qi and blood
* Free of heat, damp and cold
* Good quality and quantity of blood
* Timing of implantation is 5-10 day after ovulation
* Lining needs to be at least 6mm
* Hormones Estrogen & Progesterone – at the right levels

"When the vital Essence and the vital force of the male and female unite, water passes between them and assumes form"

IMPLANTATION

* APPOSITION – a loose unstable connection with the uterine lining - **Yang and qi movement required to hatch (the force) and lining requires Yin (the acceptance)**
* ATTACHMENT – (short) as embryo attaches becomes more stable and initates the development of the maternal component of the placenta - **lots of qi movement and yin and yang interaction**
* INVASION – Trophoblasts invade the uterine lining & become covered by day 10 and blood supply from mother is complete, her immune system is now engaged – **union of yin and yang**

PREGNANCY

Qi and blood accumulate in the uterus. Therefore, the spleen is under greater demand to produce and supply blood and qi to help the pregnancy.

The kidney lends its yin and essence to the development of the foetus and the liver blood nourishes the uterus.

Heat is due, in part, to the enlarged uterus causing unavoidable stagnation of qi and blood. There is also less yin and blood available for the rest of the body, causing a relative excess of yang. This also manifests as symptoms of heat. eg excessive thirst, irritability, flushing, insomnia, anxiety, hypertension, night sweats, heartburn, or constipation.

Previous Qi and blood stagnation may cause symptoms such as pain, numbness, swelling, varicosities, reflux, nausea, vomiting, shortness of breath, fatigue or depression.

PREGNANCY TIMELINE

4 weeks: Bloods to check HCG & Progesterone

5-7 weeks: Repeat HCG & Progesterone weekly

7 weeks: Ultrasound to check for heart beat (before this the heartbeat many not be visible)

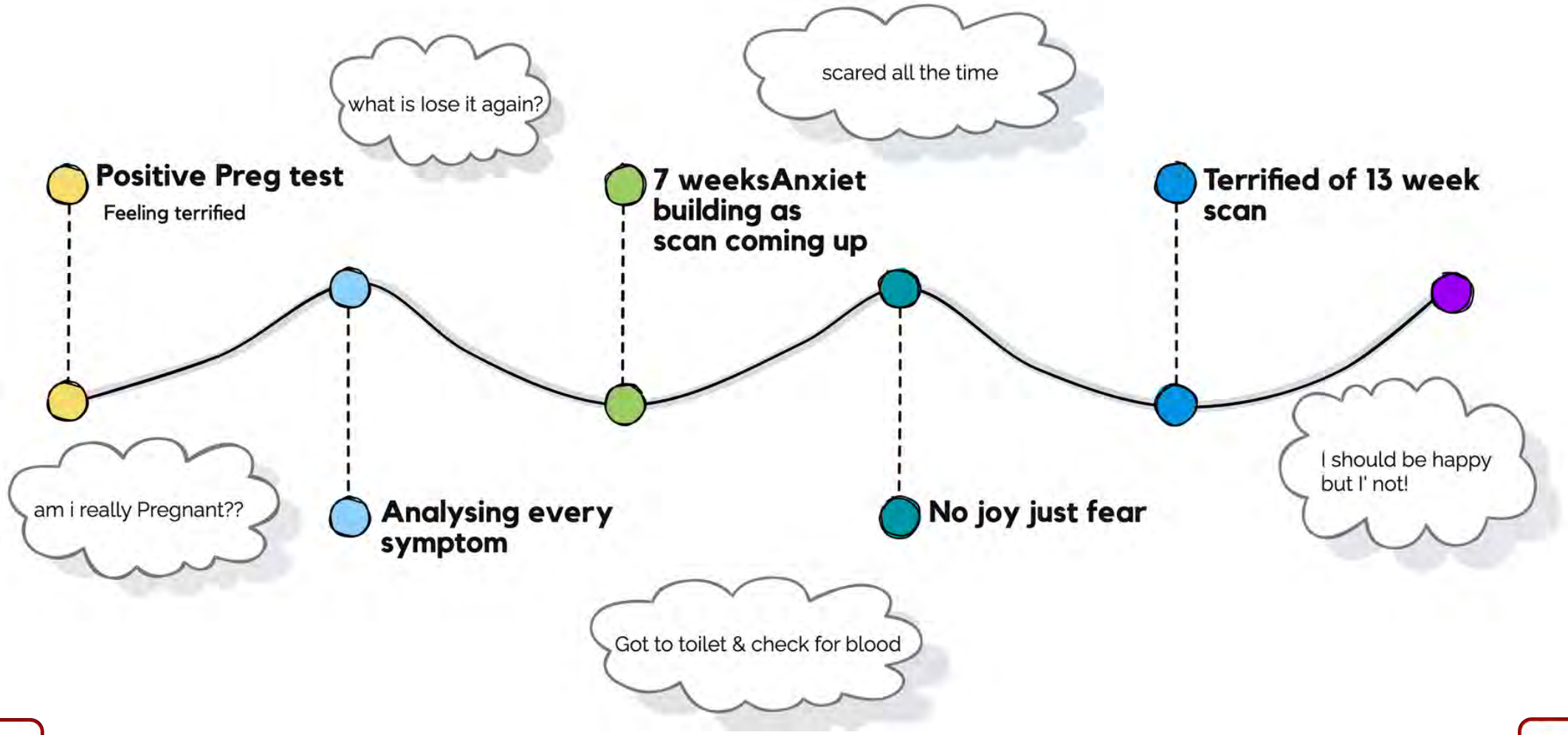
IVF says goodbye and px moves to public/private/homebirth

10 weeks: NIPT (Percept, Harmony, Generation or Panorama)

13 weeks: Ultrasound

20 weeks: Ultrasound

SUPPORT SHEN



PREGNANCY POINTS

My points that I love

Du20, Yintang, Ren17, 12, 9, Ki9, Ki7, Ht7

Buddha's triangle (ht7+pc6+lu9)

Chong/Ren Mai

Tung points

Shen Tong San Zhen (Penetrate Kidney Three Needles)

Tong Shen (88.09), Tong Wei (88.10), Tong Bei (88.11)

Zu San Tong (Leg Three Penetrations)

Tong Guan (88.01), Tong Shan (88.02), Tong Tian(88.03)

Support implantation, blood flow and boost progesterone

1 HOUR LUCH BREAK