1 HOUR LUCH BREAK

My fav acu points

MY FAVOURITE POINTS

* Chong Mai - transform kidney essence into menstrual blood
* Ren Mai - Nourish Yin, promotes fertility, tonifies ovaries, nourish the foetus
* Zi Gong - Palace of Child - regulates menstruation and reduces pain
* Ren 3 regulate menstruation, moves stagnation
* St 29 - regulate menstruation, restores uterus ability to function, moves stagnation
* Ren 4 - Nourishes blood and yin, strengthens Yang, regulates the uterus, benefits original Qi, tonifies the Kidneys, calms the mind
* St 28 - cold in the uterus
* Ren 6 - sea of qi, warm cold, regulates menstruation
* Ren 7 - crossing point of the Ren and Chong Vessels, regulates menstruation

MY FAVOURITE POINTS

* Spleen 6 - crossing point of Spleen, Liver and Kidney
* Liver 8 - moves and invigorates the uterus and its Blood. Nourishes liver blood
* Kid 10 - Expels dampness from the Lower Burner, tonifies Kidney Yin.
* Buddhas Triangle HT7,P6 & LU9 - Reduce stress & anxiety, calms the mind
* Kid 14 - Crossing point of the KID Meridian and the Chong Vessel. regulates the Lower Jiao, moves Blood stagnation, regulates the Ren and Chong Vessels.
* Sp10 - Cools the blood, removes stasis of blood, regulates menstruation, tonifies blood.

MY FAVOURITE TUNG POINTS

- Fu ke (11.24) gynaecological point
- Huanchao (11.06) – (Return to the nest, return to the ovaries)
- Fengchao (11-13) - Pheonix nest
- Shen Tong San Zhen (Penetrate Kidney Three Needles) Dao Ma Group: Tong Shen (88.09), Tong Wei (88.10), Tong Bei (88.11)
- Jei Me (Three sisters) Dao Ma Group: Jiemeiyi (88.04), Jiemeir (88.05), Jiemeisan (88.06),
- Zu San Tong (Leg Three Penetrations) Dao Ma Group: Tong Guan (88.01), Tong Shan (88.02), Tong Tian(88.03),

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

MY MOST USED ALCHEMY FORMULAS

Nourish - Gui Pi Tang

Hold - Shou Tia Wan

Smooth (Wu Jin Wan)

Nikki (our formula)

Move (Dang gui shao Yao wan)

Warm me up (you gui wan)

Blood (Si Wu Tang)

Wild Oats (5 seeds +Sha Yuan Zi Tonifies Kidney *Yang* and astringes *Jing*)

Sleep (Modified An Shen Ding Zhi Wan)

Relax + (Modified Jia Wei Xiao Yao San)

Free and Easy (Modified Xue Fu Zhu Yu Tang)

ALCHEMY FORMULAS

FIBROIDS

FI or **SMOOTH** for any pattern
+ **NOURISH** if Heart Blood Xu.
+ **OUCH** during period.

ENDOMETRIOSIS

FI if Blood Stagnation with Yin Xu or Dryness
FLO if Blood Stagnation with Yang Xu
SMOOTH if Blood Stagnation with Damp
+ **OUCH** during period .
+ **BELLY GU 1&2** if dysbiosis present.
+ **BRAIN GU 1&2** if brain fog present.
+ TOXIN if patient has trouble digesting fats or has sugar cravings.

POLYCYSTIC OVARIES

JEAN if patient is Damp or overweight
SKINNY JEAN if patient is Blood Xu or Yin Xu or underweight
+ WARM ME UP if Yang Xu.
+ NOURISH if patient is stressed or has history of trauma.
+ **TOXIN** if patient has trouble digesting fats or has sugar cravings.

ALCHEMY FORMULAS

AUTOIMMUNE INFERTILITY

NIKKI if NK cells are present
+ **HOLD** Shou Tai Wan
+ **NOURISH** - Gui Pi Tang

+ **MOVE** during luteal phase and pregnancy.
+ **CHILL OUT** if patient is stressed and hot/Yin Xu.
+ **BELLY GU 1&2** if dysbiosis present.
+ **BRAIN GU 1&2** if brain fog present.
+ **PRE** and **POST WOMB GU** if Blood Xu.

MISCARRIAGE

Triple dose **HOLD** for threatened miscarriage.
NIKKI if autoimmune factors present and for recurrent miscarriage.

BBT CHARTING

COMMON MISTAKES

* Dips in temperature show Yang Xu
* Dips in temperature do not indicate ovulation
* Dip in ovulation temps equals that the Yang is weak and can not support release of egg.
* Exhaustion, overexercise, long hours working, stress or an argument can result in temp dips

BBT & TCM

* BBT charting is the basis for diagnosis in the Fertile Life Method. TCM Diagnosis is determined through fluctuations and irregularities in the curve as well as knowing what the hormones are doing in follicular and luteal phase

* Confirm ovulation, distinguish fertile times and evaluate Px's overall reproductive health. Easily identify any hormonal changes

BBT CHARTING

* Can support your TCM diagnosis or change it.
* Every patient must BBT chart otherwise you are treating blind
* BBT is not stressful when presented the right way

BBT PATTERNS

* **Anovulatory** = blood xu/stag, yin xu, yang xu, high FSH, Prolactin, Thyroid
* **Gradual rise to higher temperatures** = yin or blood xu
* **Follicular phase is long** = Qi and Xue xu – estrogen excess, prog def
* **Follicular Temperature is high** = Yin Vacuity Heat, Internal Heat
* **Follicular phase short** = Kid Yin, Jing, Heat or Blood xu heat
* **Low temps in luteal phase** = yang xu - Progesterone
* **Luteal phase dips below cover line** = yang xu, blood xu - Progesterone
* **Short luteal** – yang qi xu
* **Spotting before 10 day past ovulation** – qi xu, stagnation

BBT CHARTING

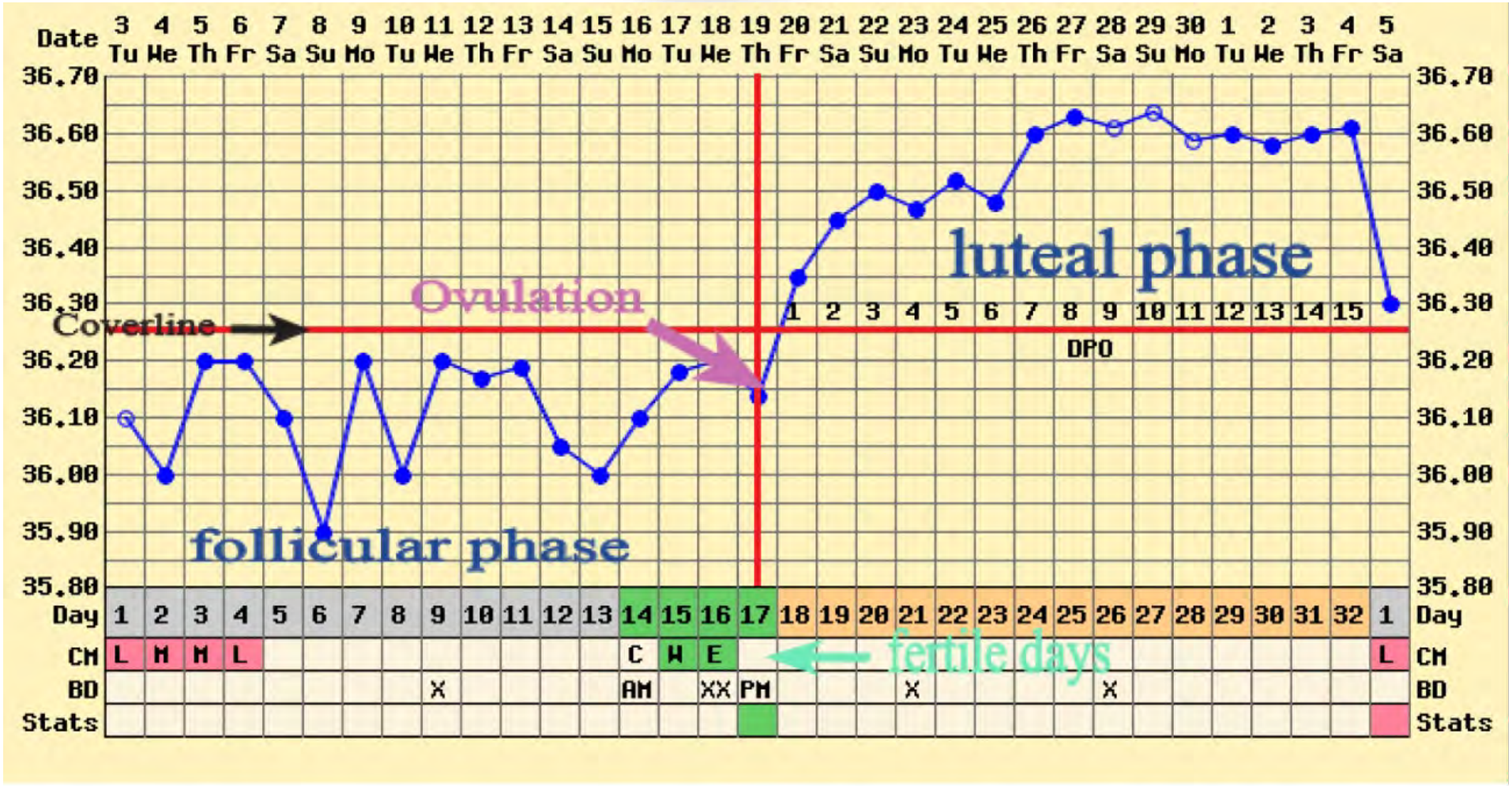
* Follicular ranges can be from 35.9-36.4 (ideally 36.1-36.3)

* Luteal Phase 36.4-36.9 (ideally 36.6-36.9).

* In 99% of cases luteal phase is 11-12 days long enough.

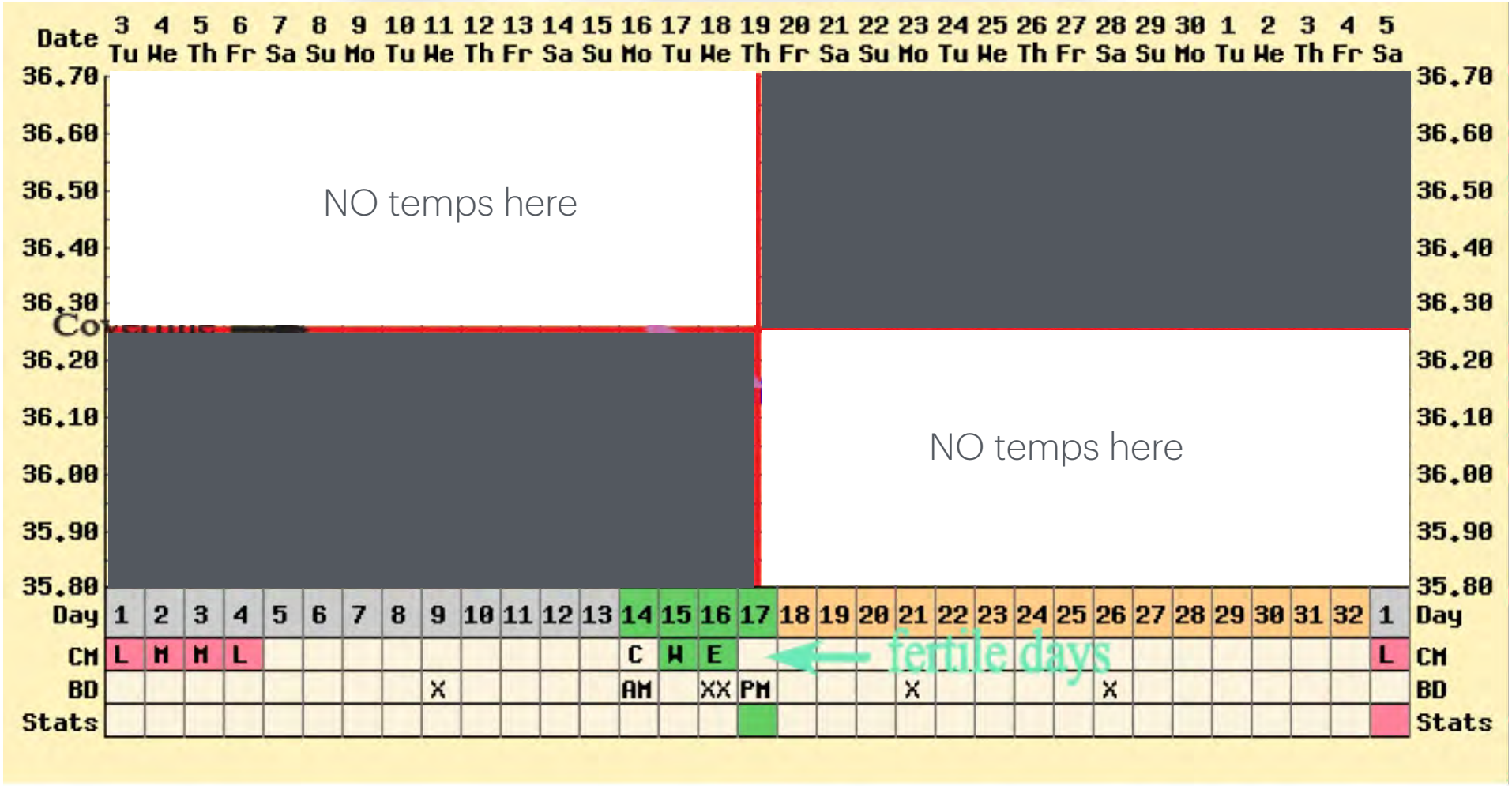
* BBT temperatures less than 36.0 don't necessarily preclude pregnancy, but they are correlated with a much greater chance of severe nausea and vomiting during pregnancy.

BBT



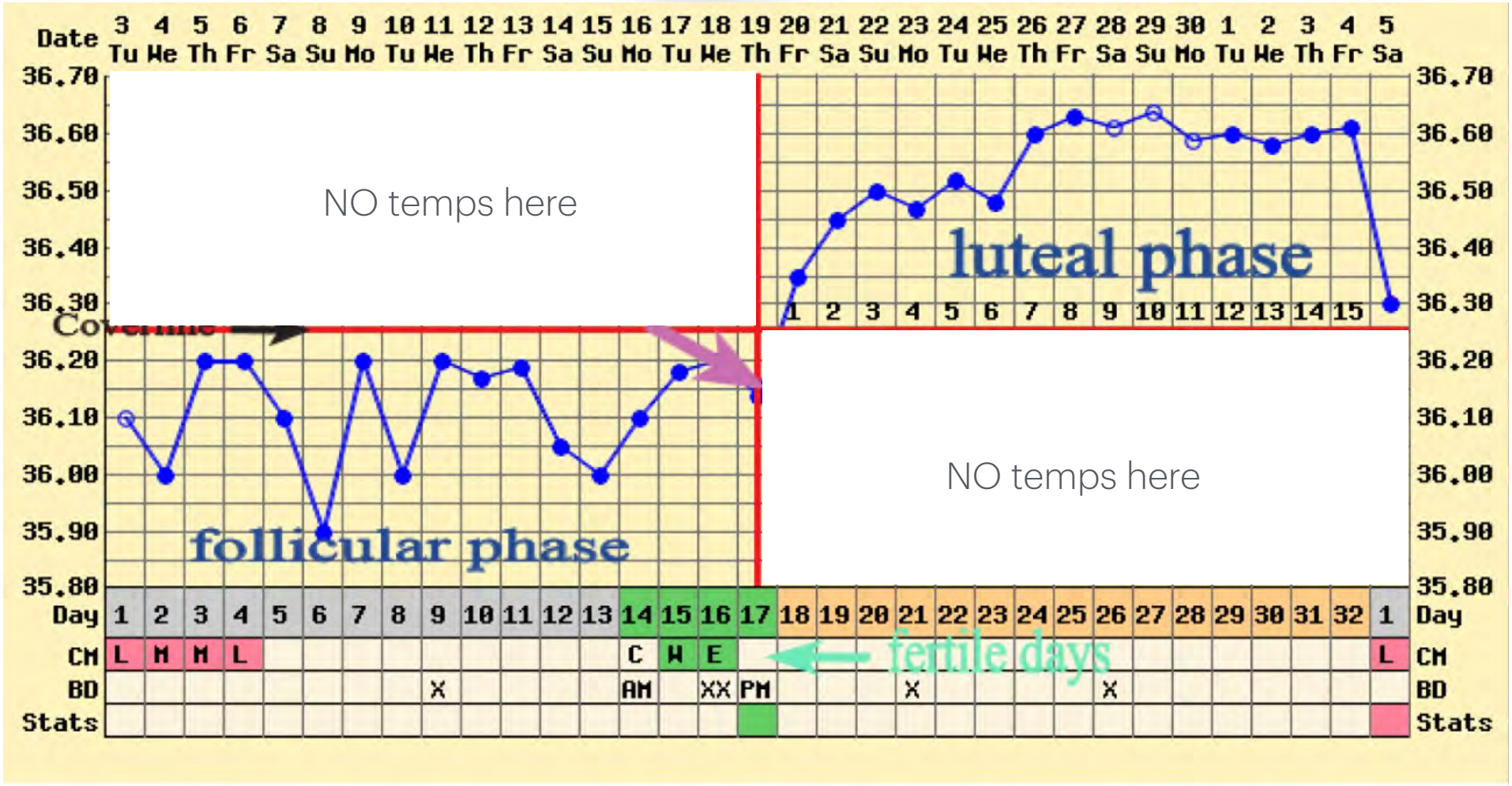
YIN QI YANG

BBT - 4 QUADRENTS



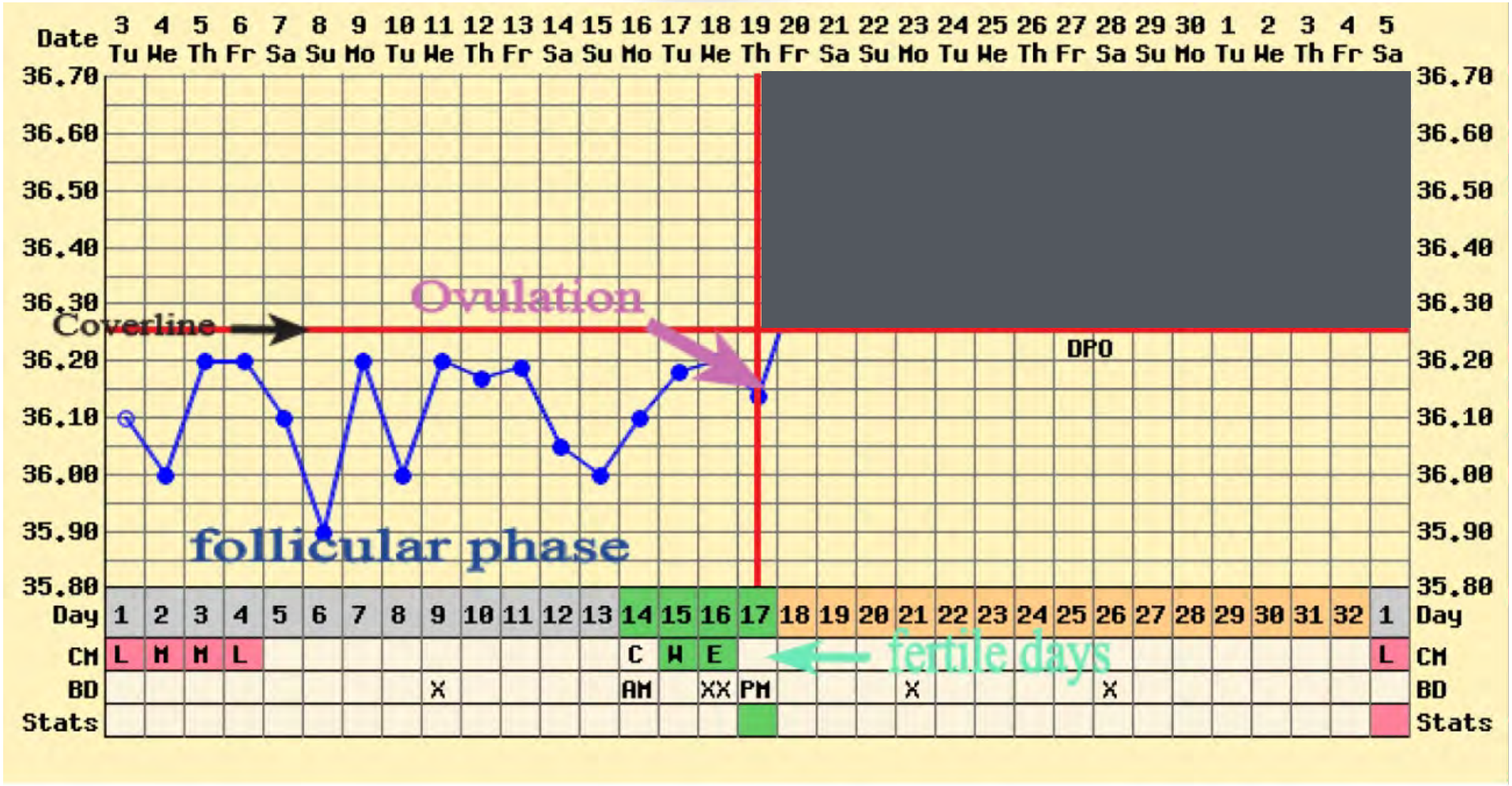
YIN **QI** **YANG**

BBT



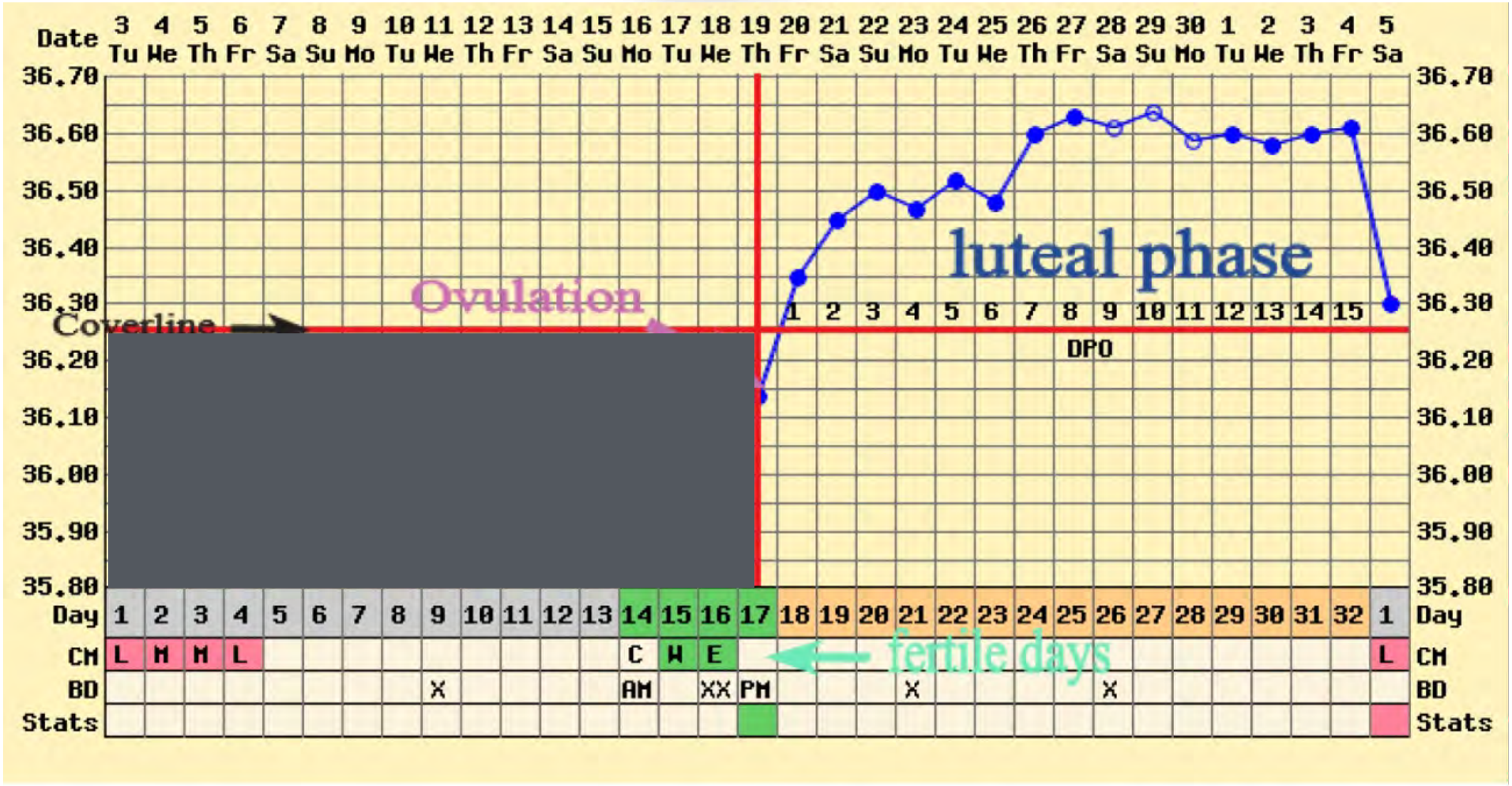
YIN QI YANG

BBT



YIN QI YANG

BBT

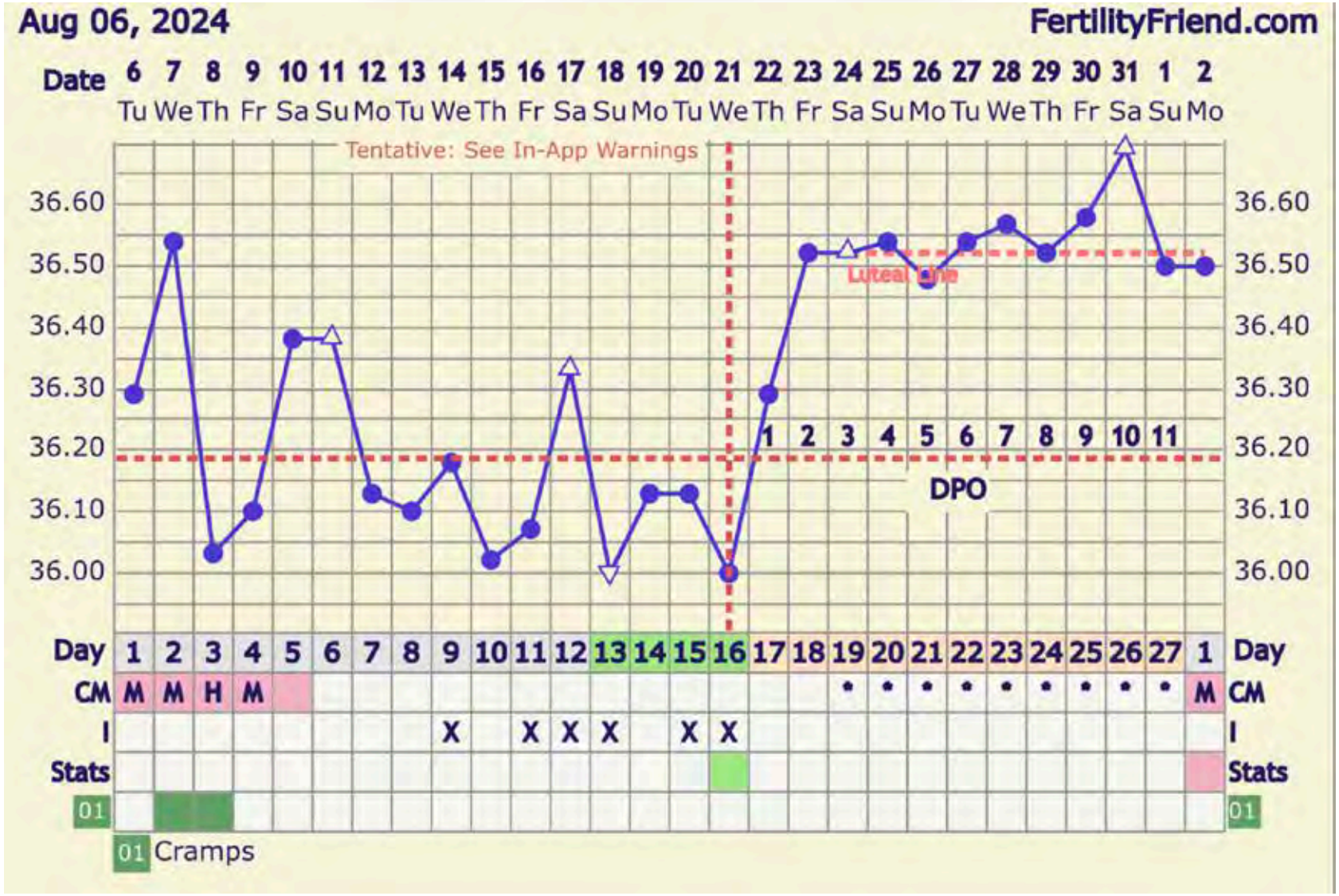


YIN QI YANG

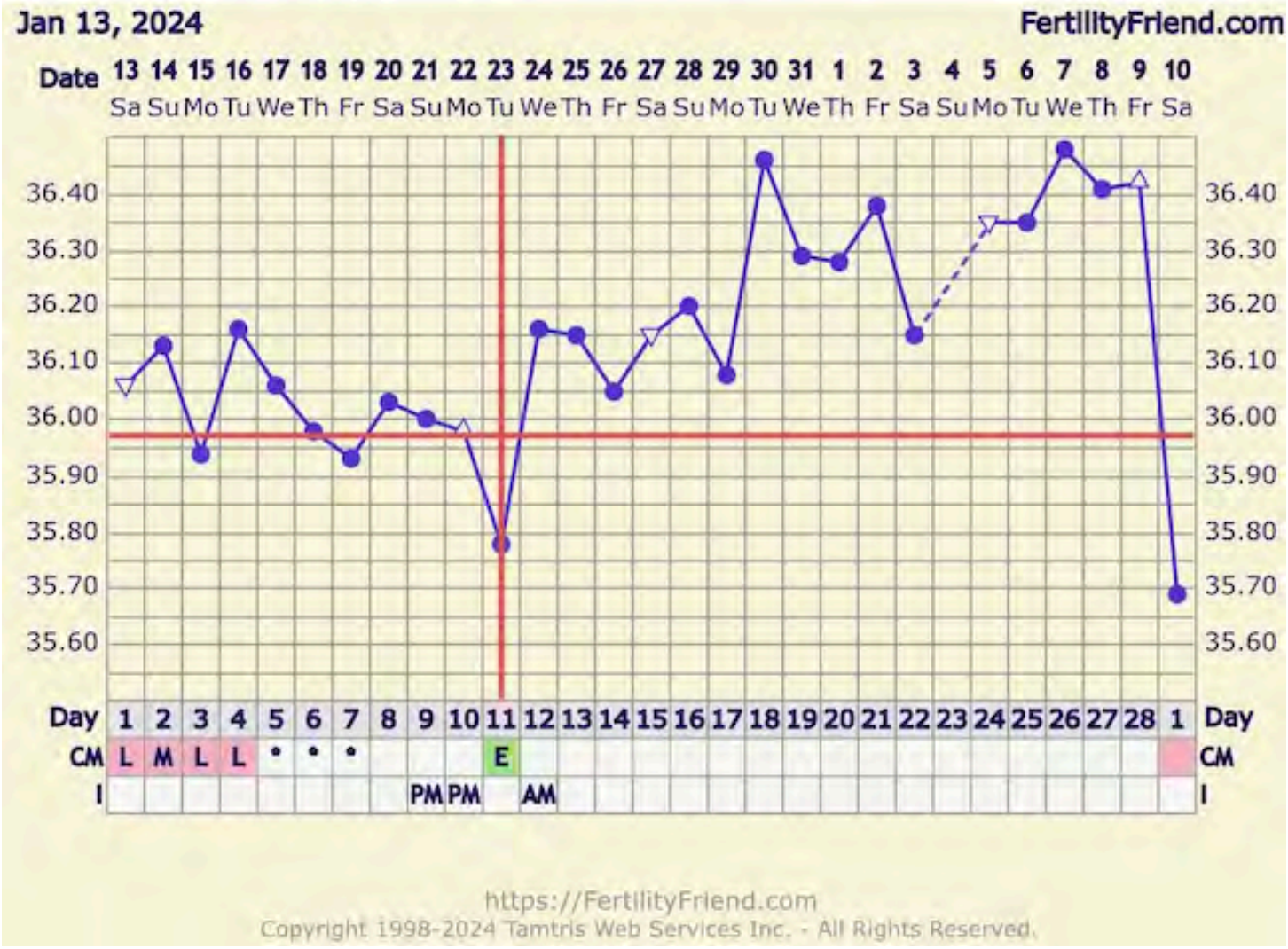
FERTILITY FRIEND

FERTILITY FRIEND APP - has been around the longest and excellent AI

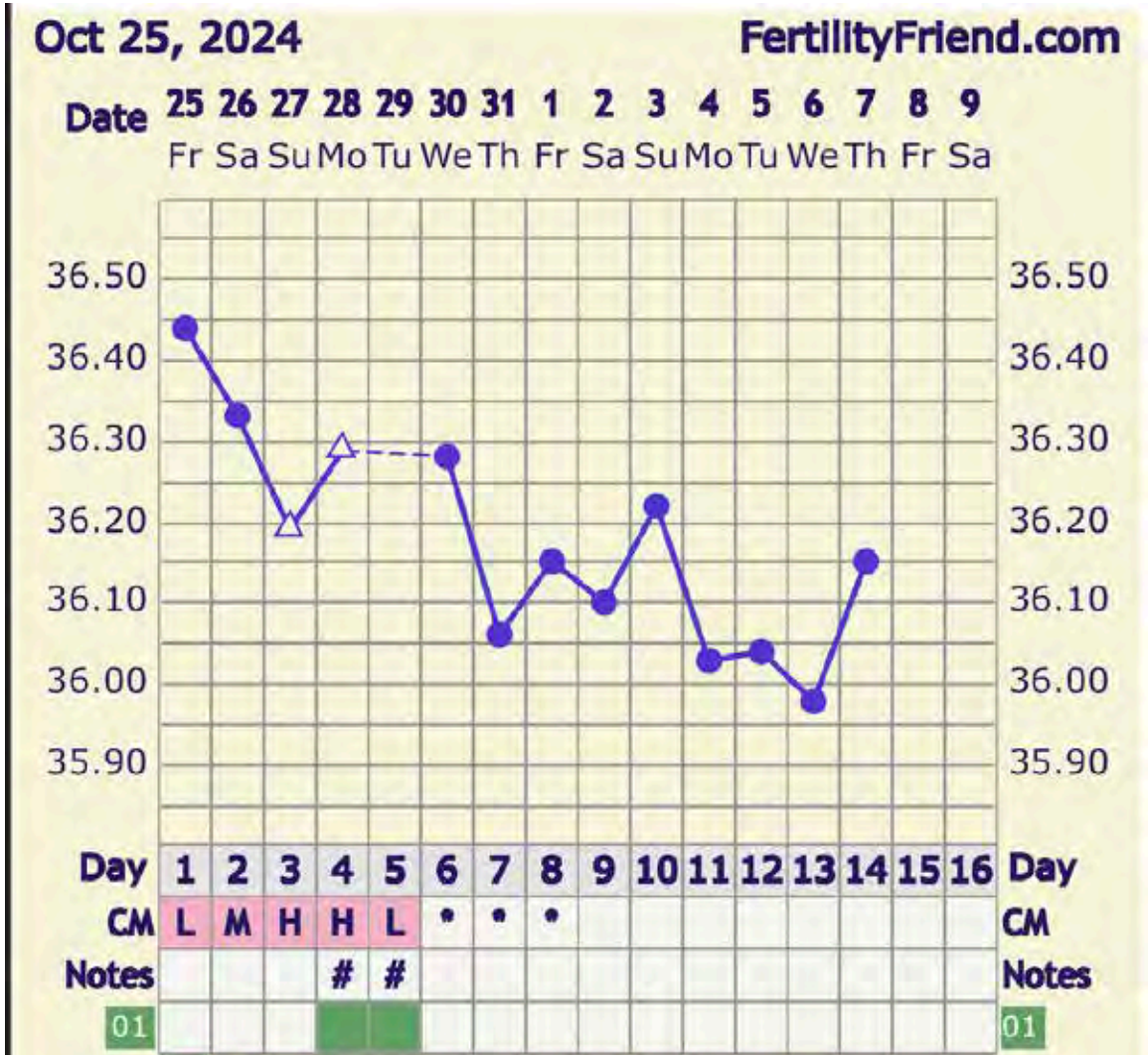
BBT CHARTING



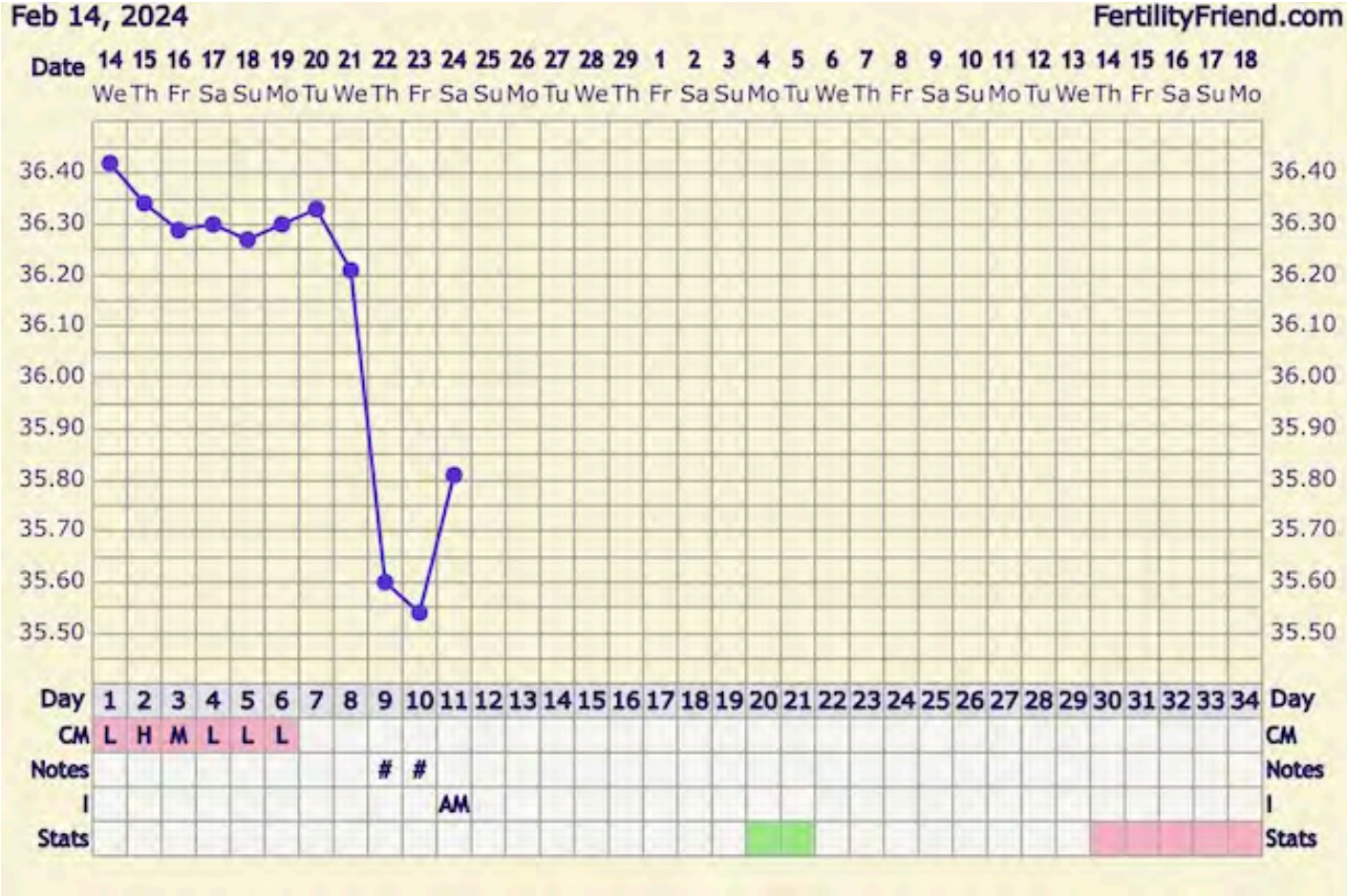
BBT CHARTING



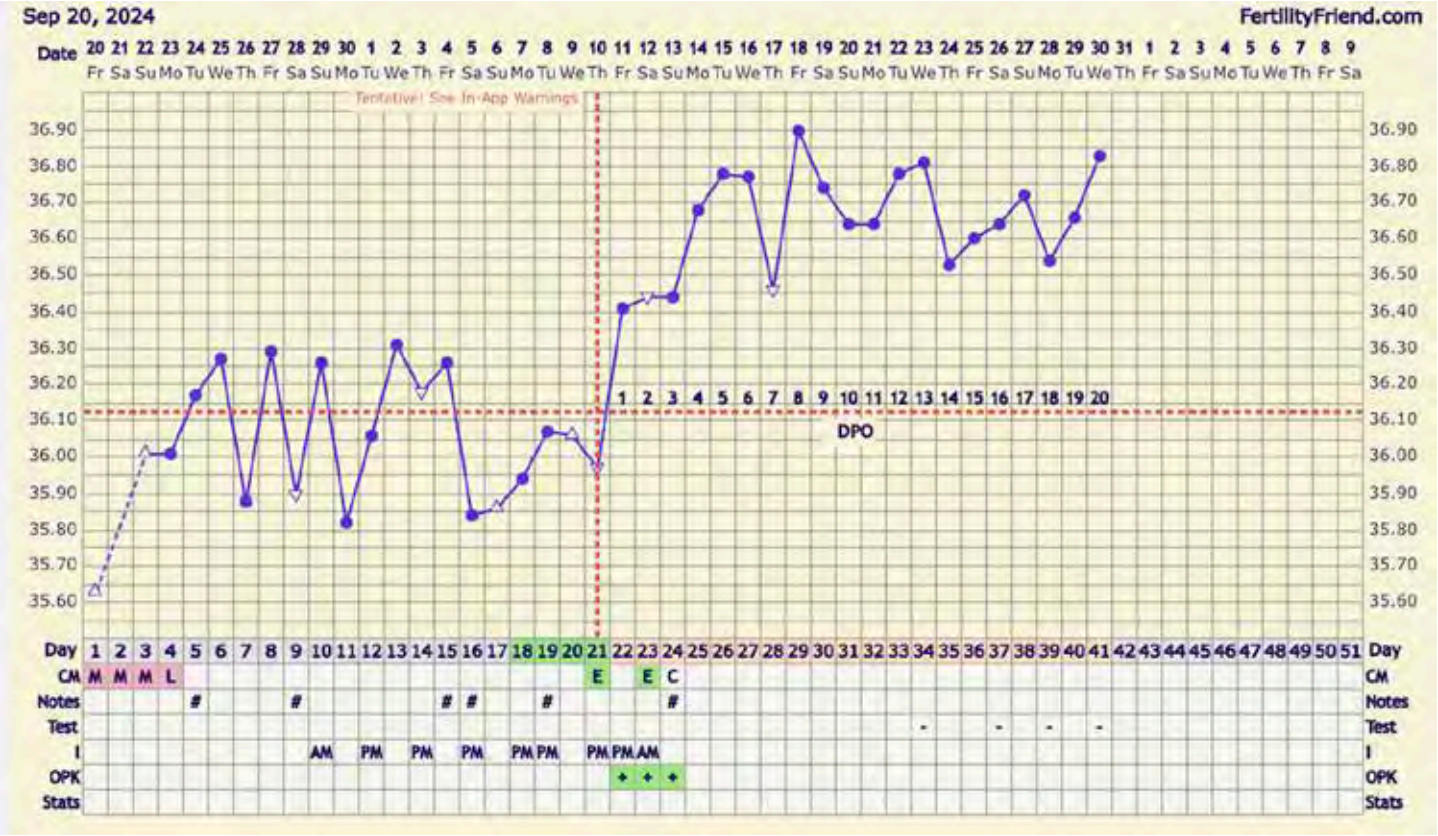
BBT CHARTING + HIGH HISTAMINE



INFLAMMATION



CRAZY BBT'S



1st Letrozole chart

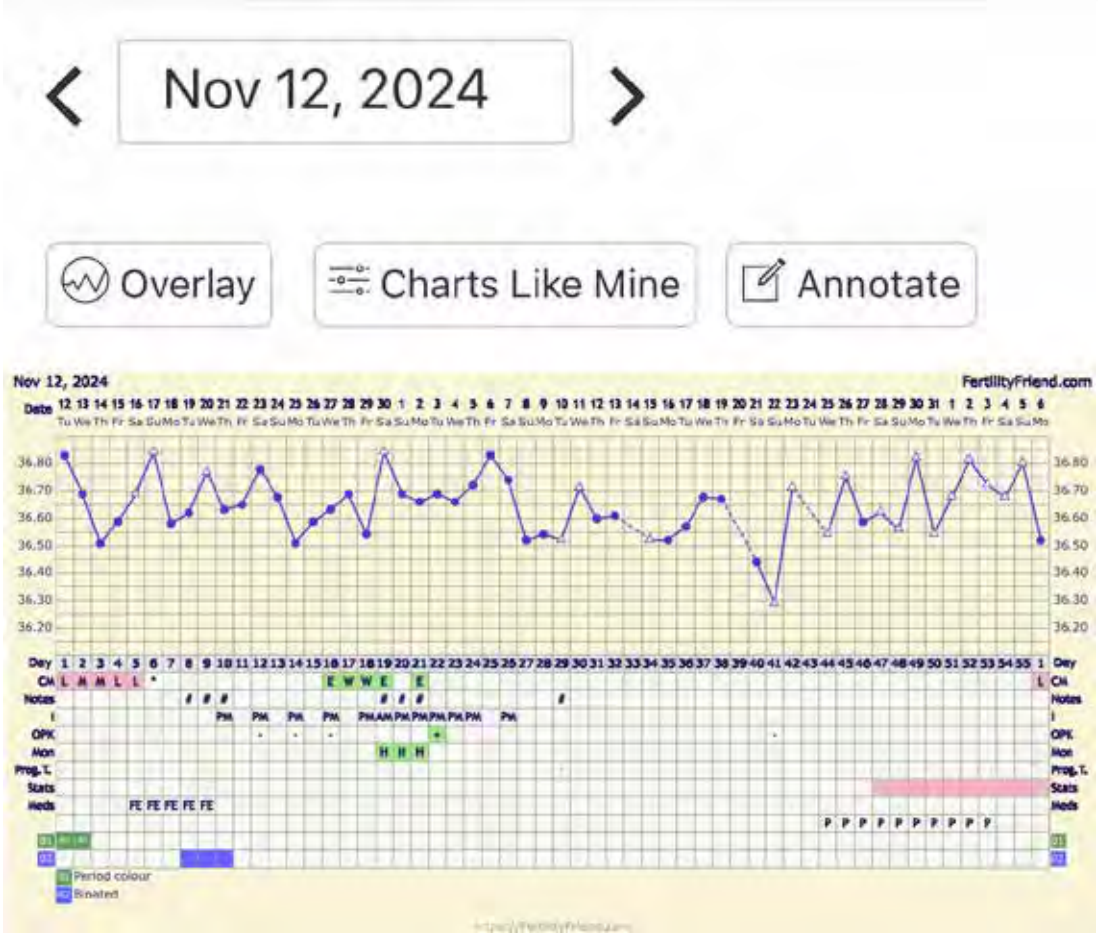
we put period in the app ever though hadn't bled

Bloods confirm no ovulation

Bloods confirm low prog

What would you say to px?

CRAZY BBT'S



2nd Letrozole chart

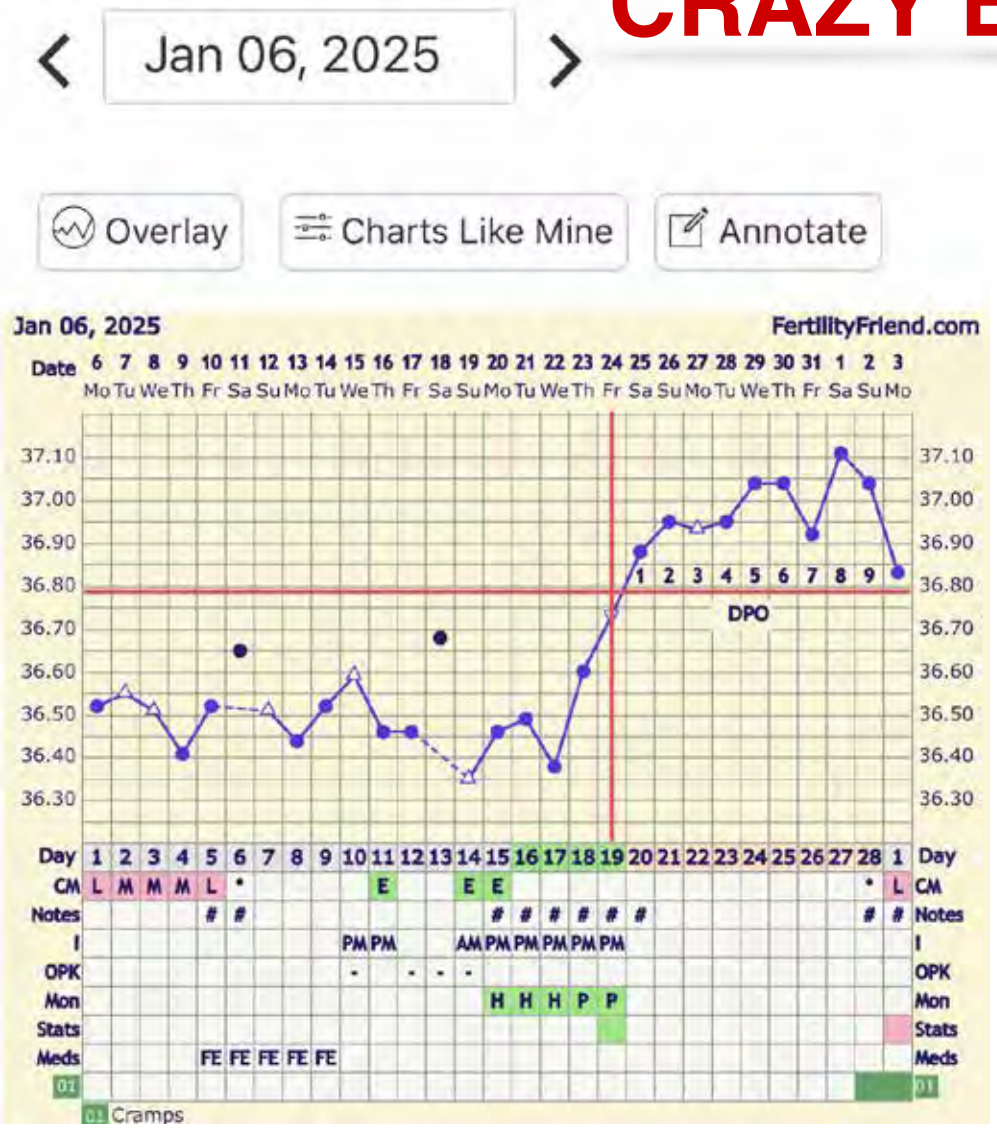
Bloods confirm no ovulation

Bloods confirm low prog

Prescribed provera for 10 days

Increase Letrozole dose 7.5

CRAZY BBT'S

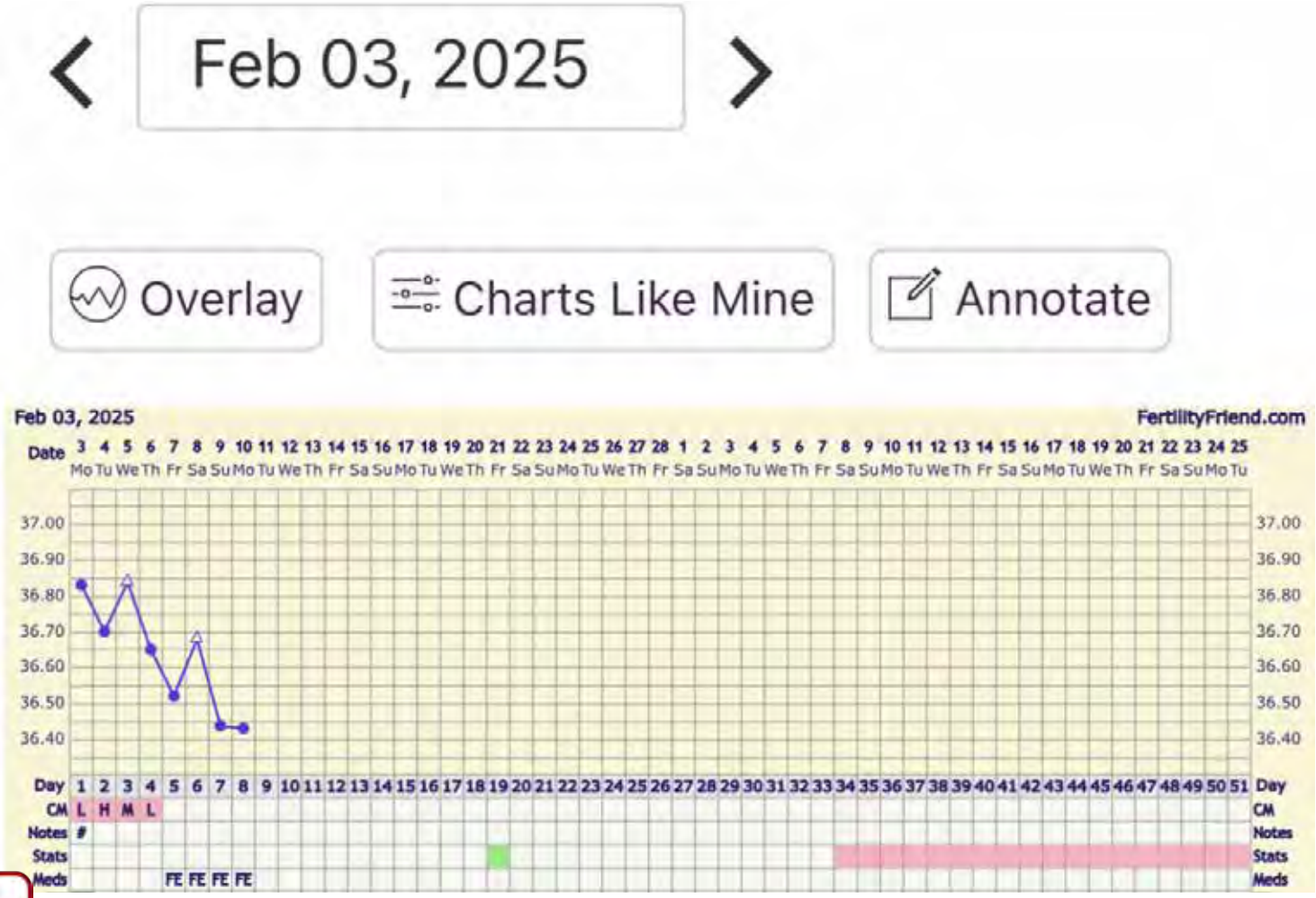


3rd Letrozole chart

PERFECT OVULATION

LPD

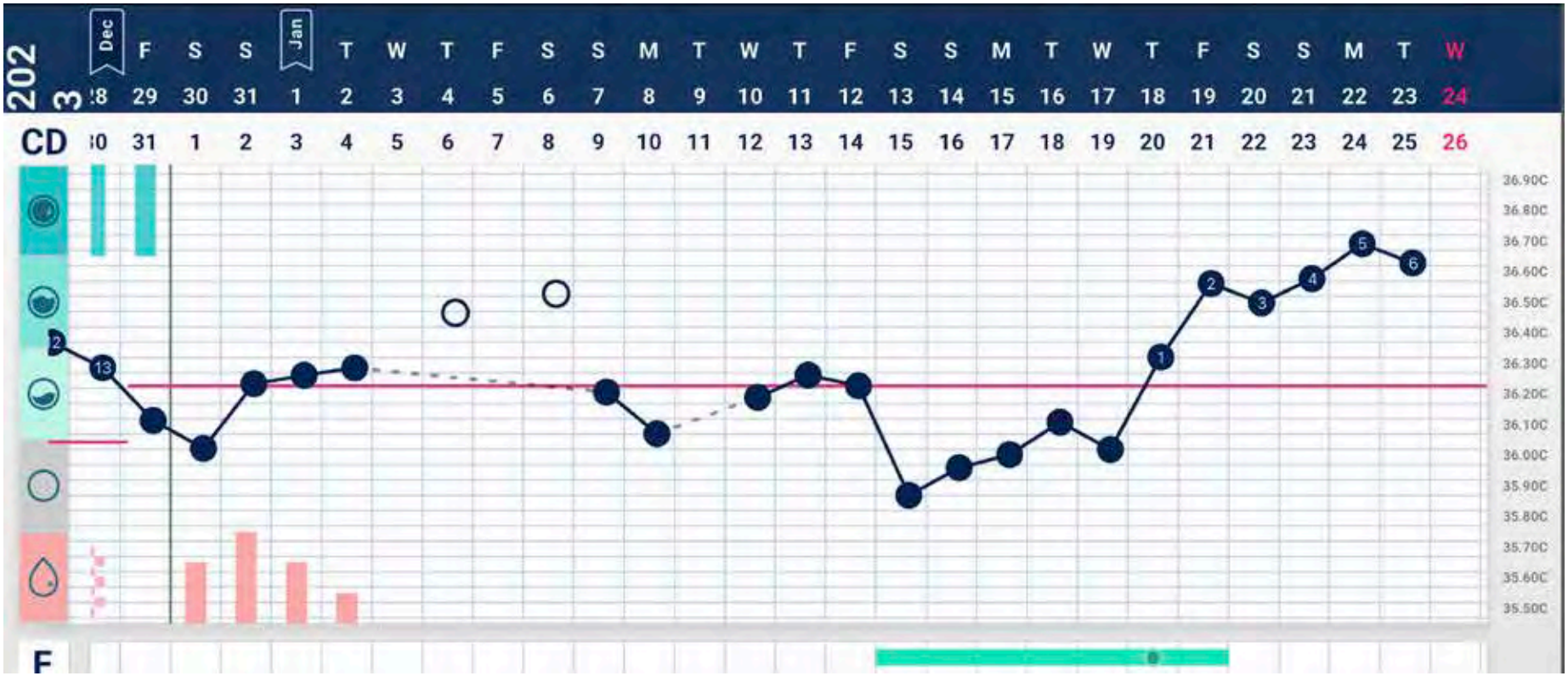
CRAZY BBT'S



4th Letrozole chart

WHAT is the one telling you

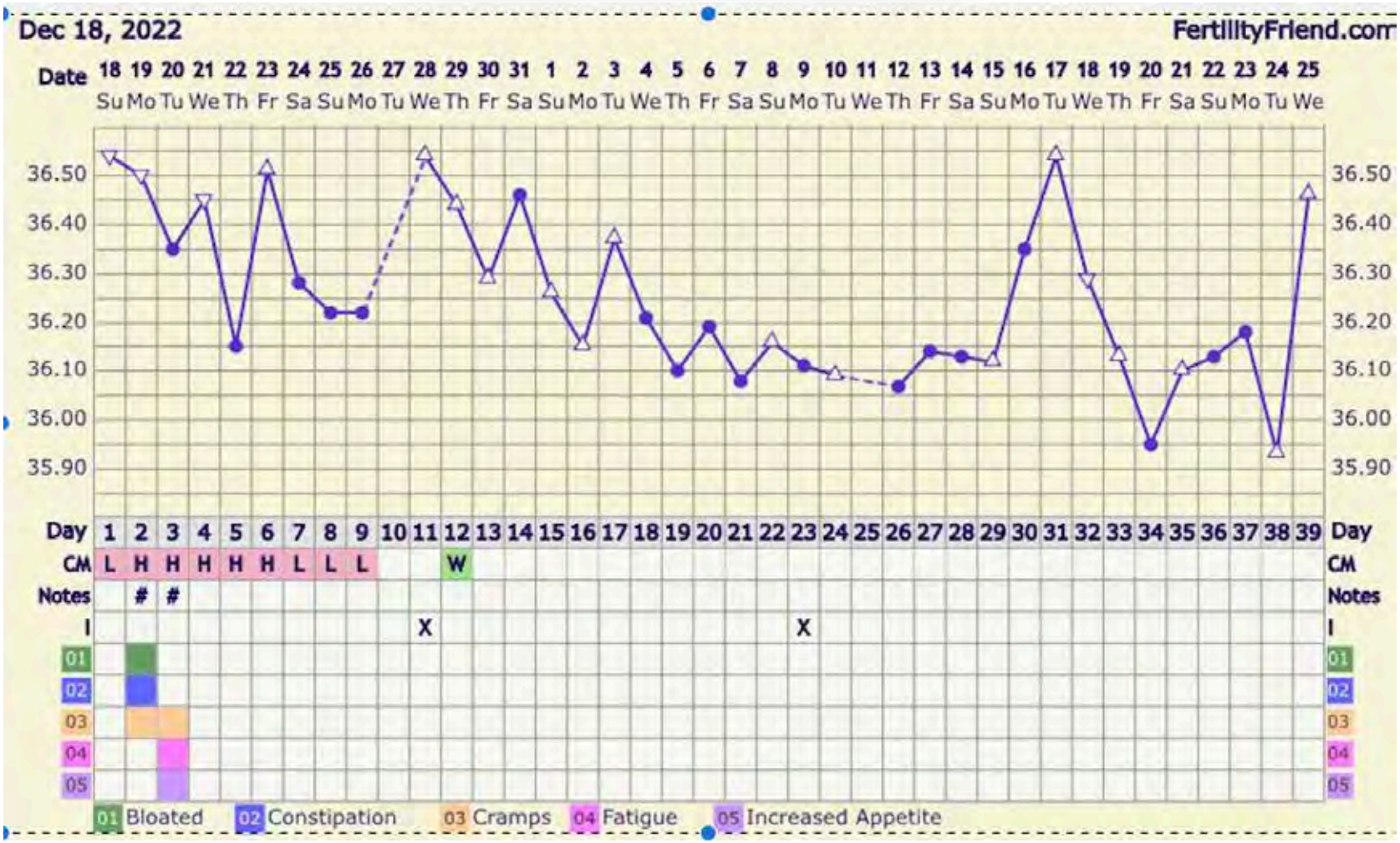
BBT CHARTING & TRANSFERS



Trigger given on Sunday 14th - NO ovulation until Wednesday 19th

fertile life mastery

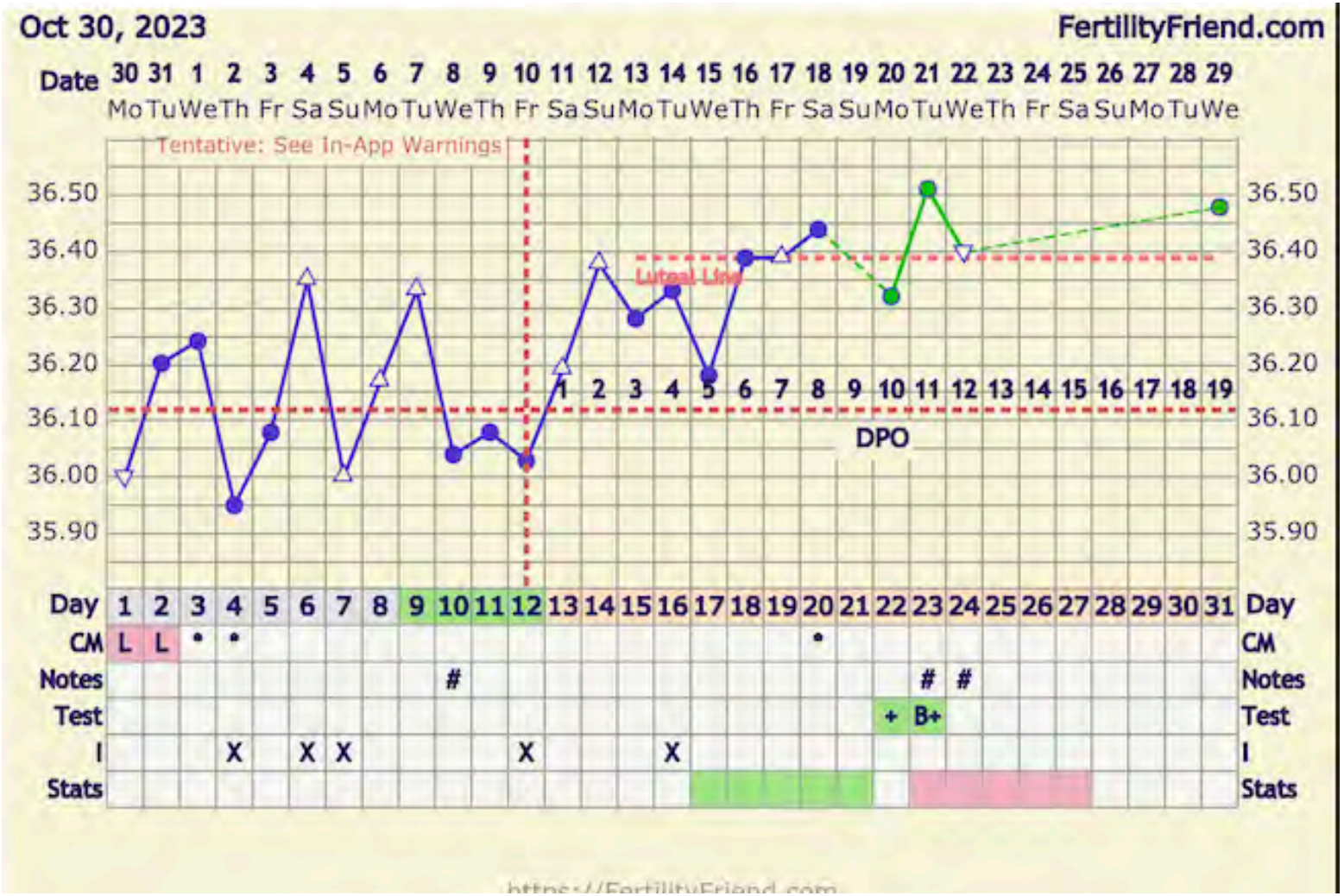
MISCARRIAGE



fertile life mastery

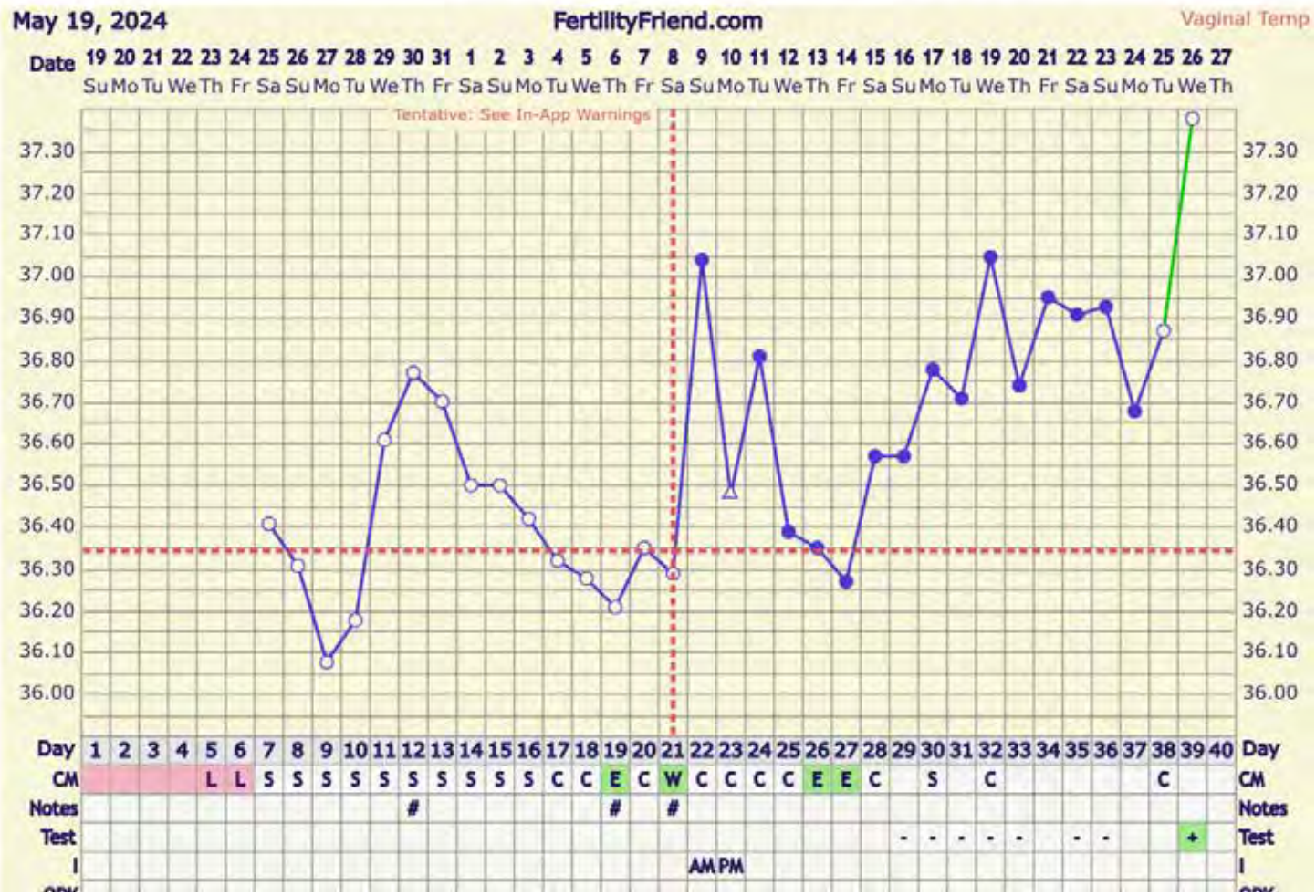
PREGNANCY

You don't need a perfect chart



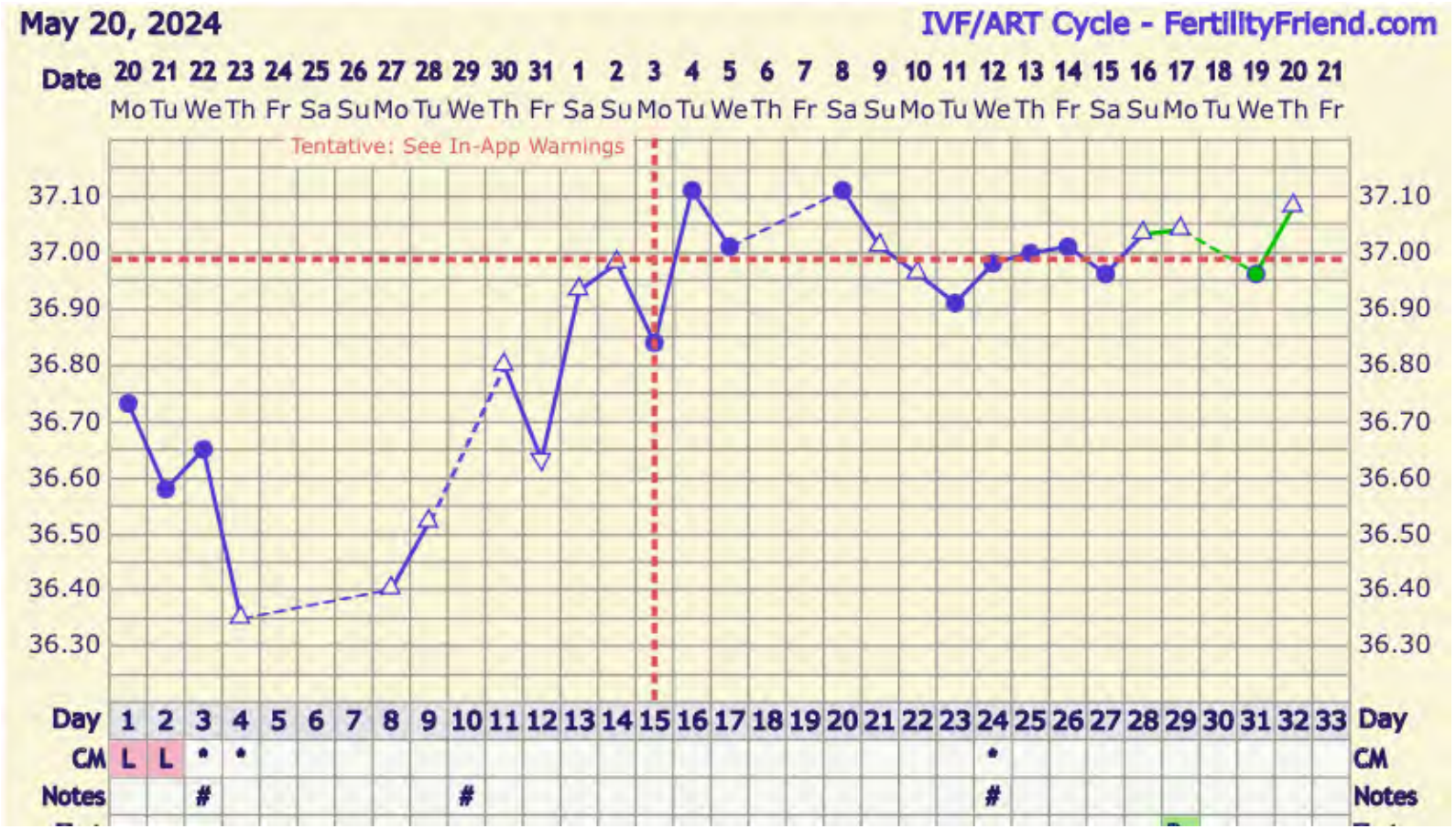
PREGNANCY

You don't need a perfect chart

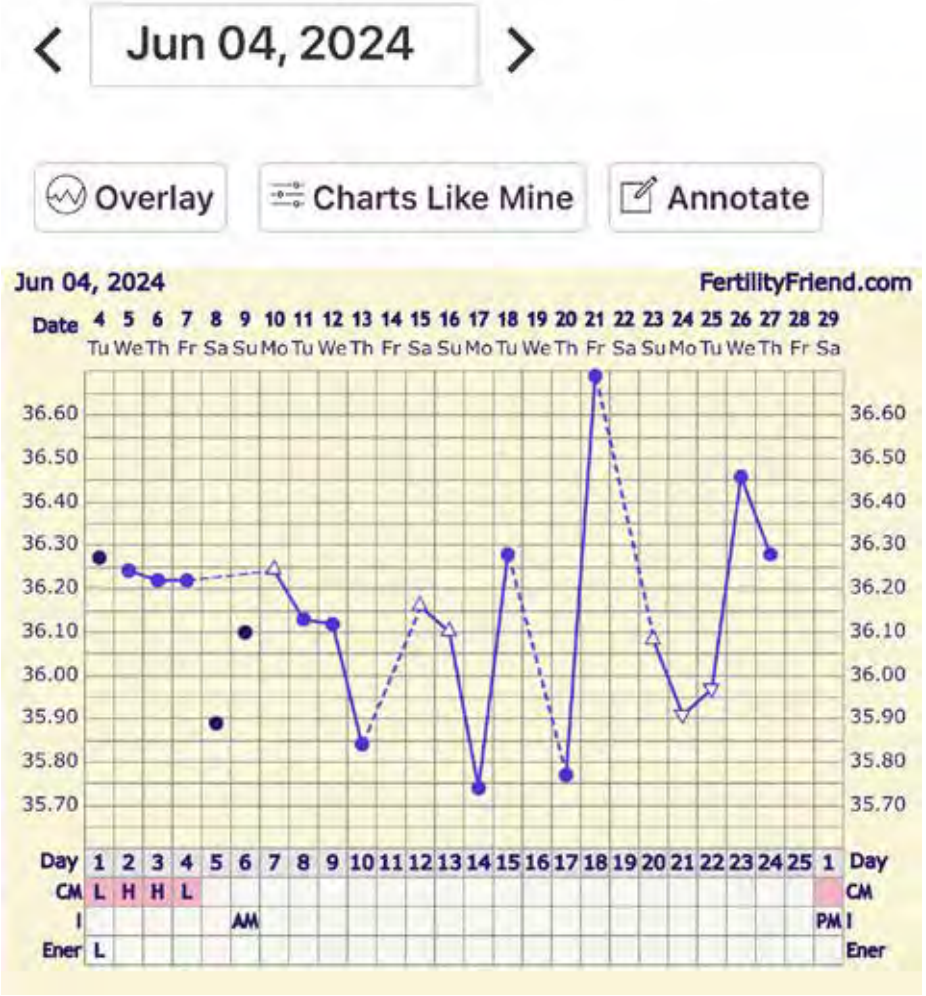


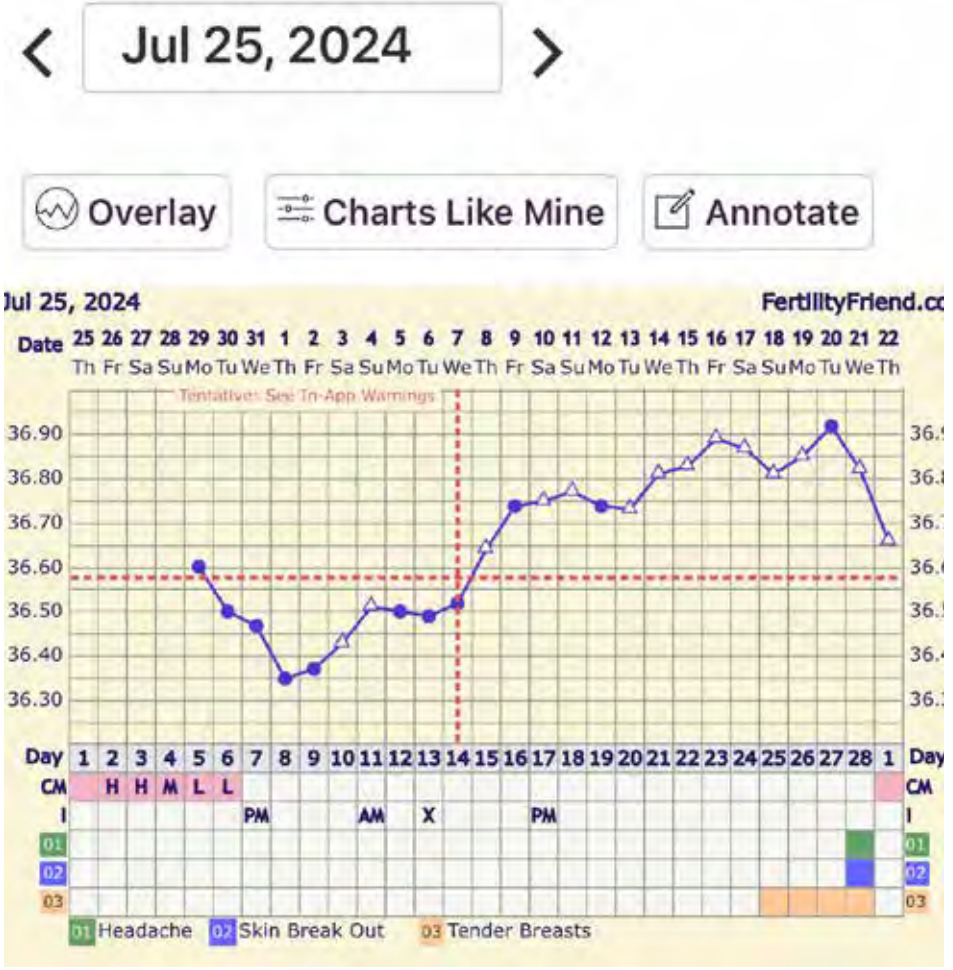
fertile life mastery

PREGNANCY IVF

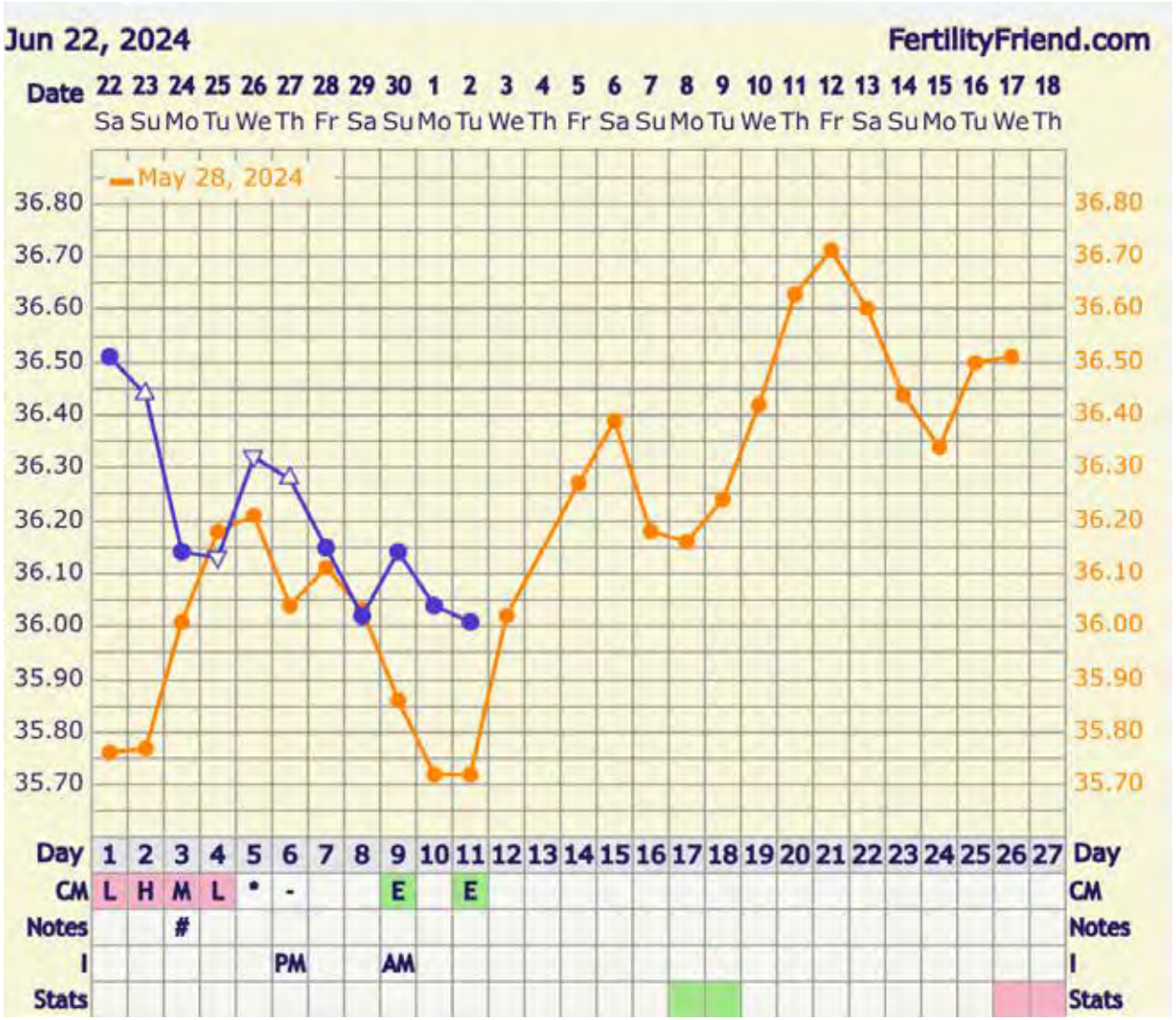


BEFORE AFTER TEMPDROP





WARM ME UP



Semen Assessment Tests performed at Room Temperature

Sample Date: 17-JAN-2025

Time Produced: 07:30 **Time Analysed:** 08:15 **Days Abstinence:** 3.5

	Result		Lower Reference Range *
Volume	**4.5**	(ml)	1.4 (ml)
PH	**8.5**		> 7.2
Count	**8.0**	($x10^6$/ml)	16 ($x10^6$/ml)
Total Count per Ejaculate	**36.0**	($x10^6$)	39 ($x10^6$/ejaculate)
Normal Morphology	**2**	(%)	4 (%)
Motility			
- Overall	**70**	(%)	42 (%)
- Progressive Motility	**68**	(%)	30 (%)
- Non Progressive Motility	**2**	(%)	
- Immotile	**30**	(%)	
Total Motile Count	**25.2**	($x10^6$)	
Total Progressive Motile Count	**24.5**	($x10^6$)	

Anti-Sperm Antibodies

Anti-Sperm Antibodies: NOT PERFORMED (Direct IgG Immunobead Agglutination Test) **Result:** N/A

Sperm DNA Fragmentation Index

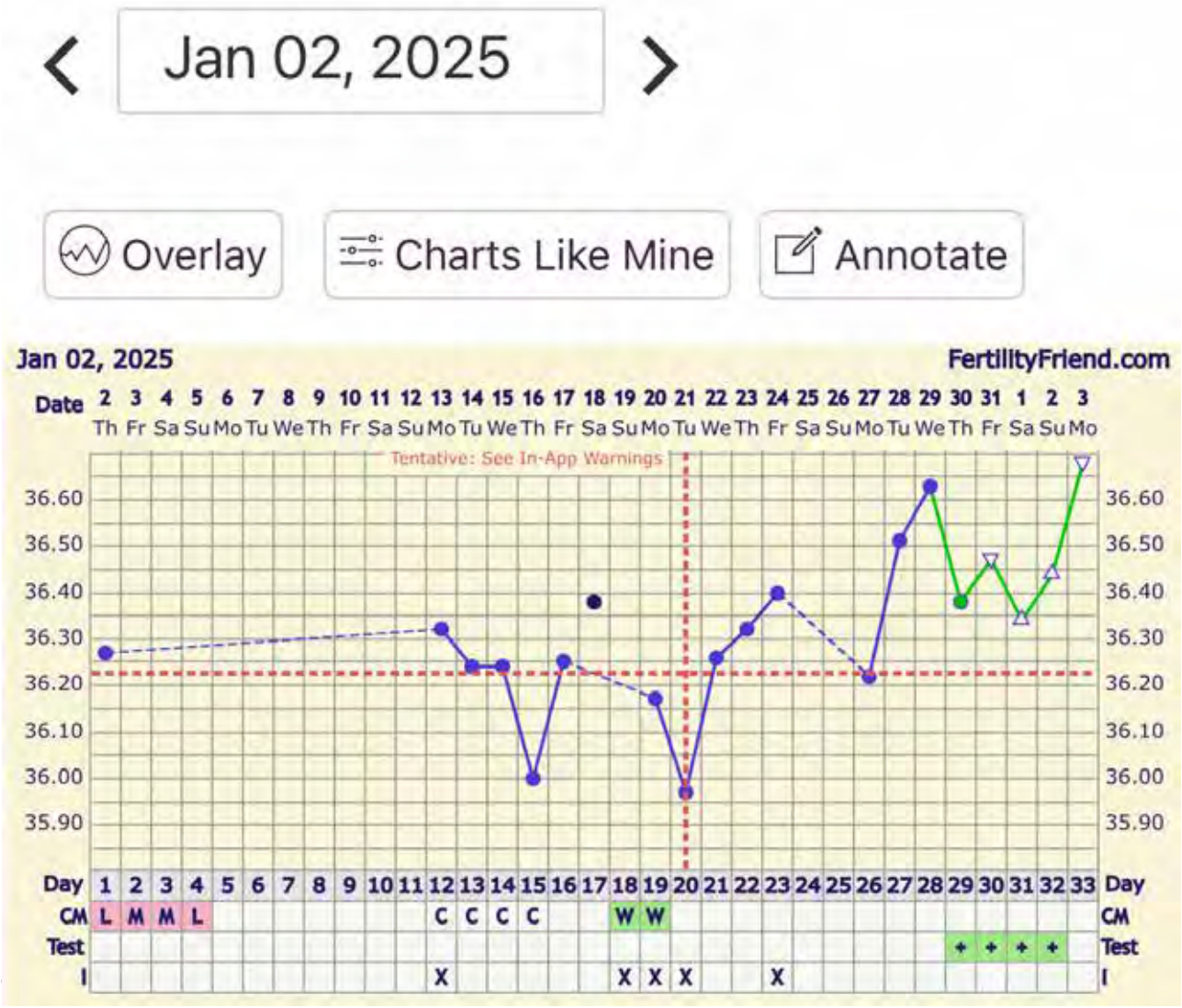
DNA Fragmentation: **Result:**

DNA Fragmentation Range:

Comments: Oligoteratozoospermia - Sperm count and percentage of morphologically normal sperm were below reference limits. All other parameters were within normal ranges.

Told patient that getting preg would take time

NEXT WEEK PREGNANT!!



15 MIN BREAK

TREATING SHEN

HOLDING SPACE

Navigating the myriad of patient's feeling

SELF AWARENESS

As a Fertility Practitioner I believe that in order to help our patients we need to know our own "stuff" & not bring it into the room. Our job is to be in our own hearts to allow them to be in theirs. We also must endeavour to look under every stone

CHINESE MEDICINE

CHINESE MEDICINE

CHINESE MEDICINE

REALITY

LANGUAGING-ING

CONSCIOUS AND MORE IMPORTANTLY UNCONSCIOUS

“YOU and YOUR behaviour and YOUR ways of communicating are ALWAYS part of the pattern that drive THEIR behaviour and THEIR way of communicating.”

James Tsakalos

STATE MANAGEMENT

The ability to consciously shift and control your emotional, mental, and physiological state to achieve a desired outcome in any situation

- In NLP, there is no such thing as an un-resourceful person, only un-resourceful states.
- Managing your state is crucial when supporting fertility patients.
- All states are influenced by your thinking patterns, physiology, and neurochemicals.
- Changing any of these elements can help shift into a resourceful state.

An incredible skill for you not only as a practitioner but as a human being

COMMUNICATION-ING

* **Patients** often arrive in deeply un-resourceful states due to grief, fear, and overwhelm. Acknowledging their feelings without judgment is the first step to helping them shift into a more resourceful state.

* **As a practitioner**, managing your own emotional state ensures you can hold space for your patients effectively. Miscarriage conversations can evoke sadness, empathy, or even a sense of helplessness. Anchoring yourself in resourceful states—compassion, curiosity, and calmness—helps patients feel safe and supported.

The FERTILE LIFE detective work

UNDERSTANDING THE "WHY"

Kirsten Wolfe

the business of acupuncture

Feeling lost, confused & broken

Current State

Infertile

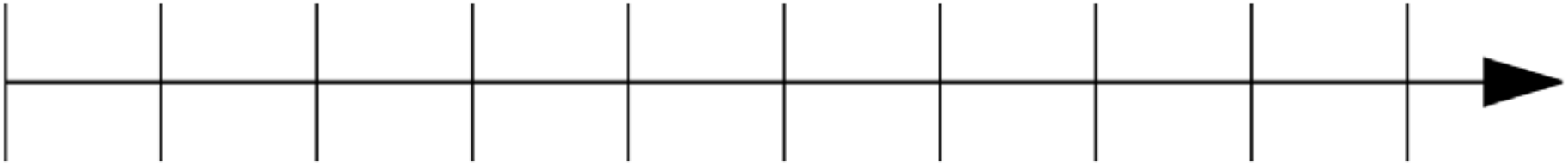
Trying to find the RIGHT answers

Desired State

FERTILE

Knowing the steps to take

FERTILE LIFE DETECTIVE SYSTEM

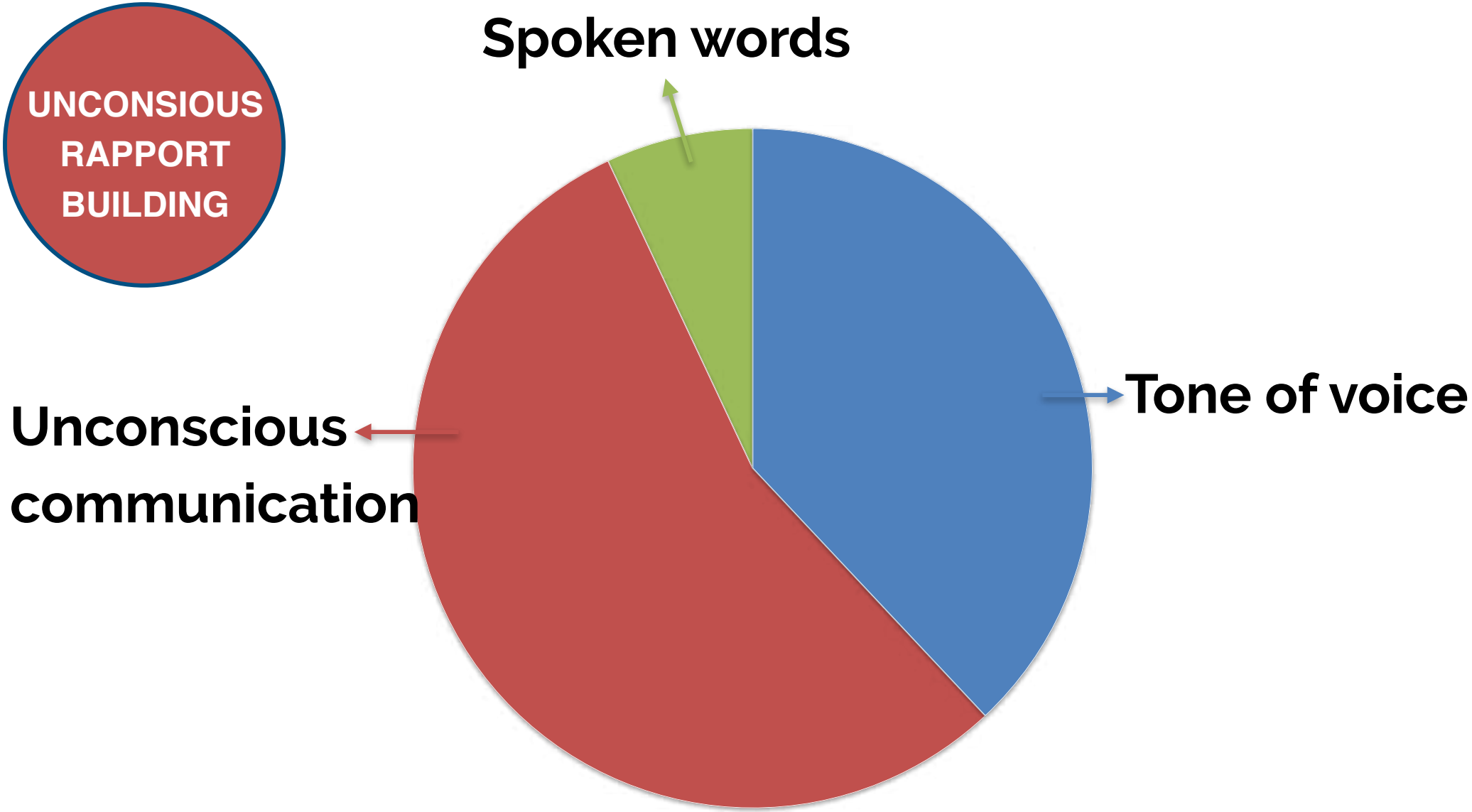


KNOWING WHERE THEY ARE ON THE JOURNEY

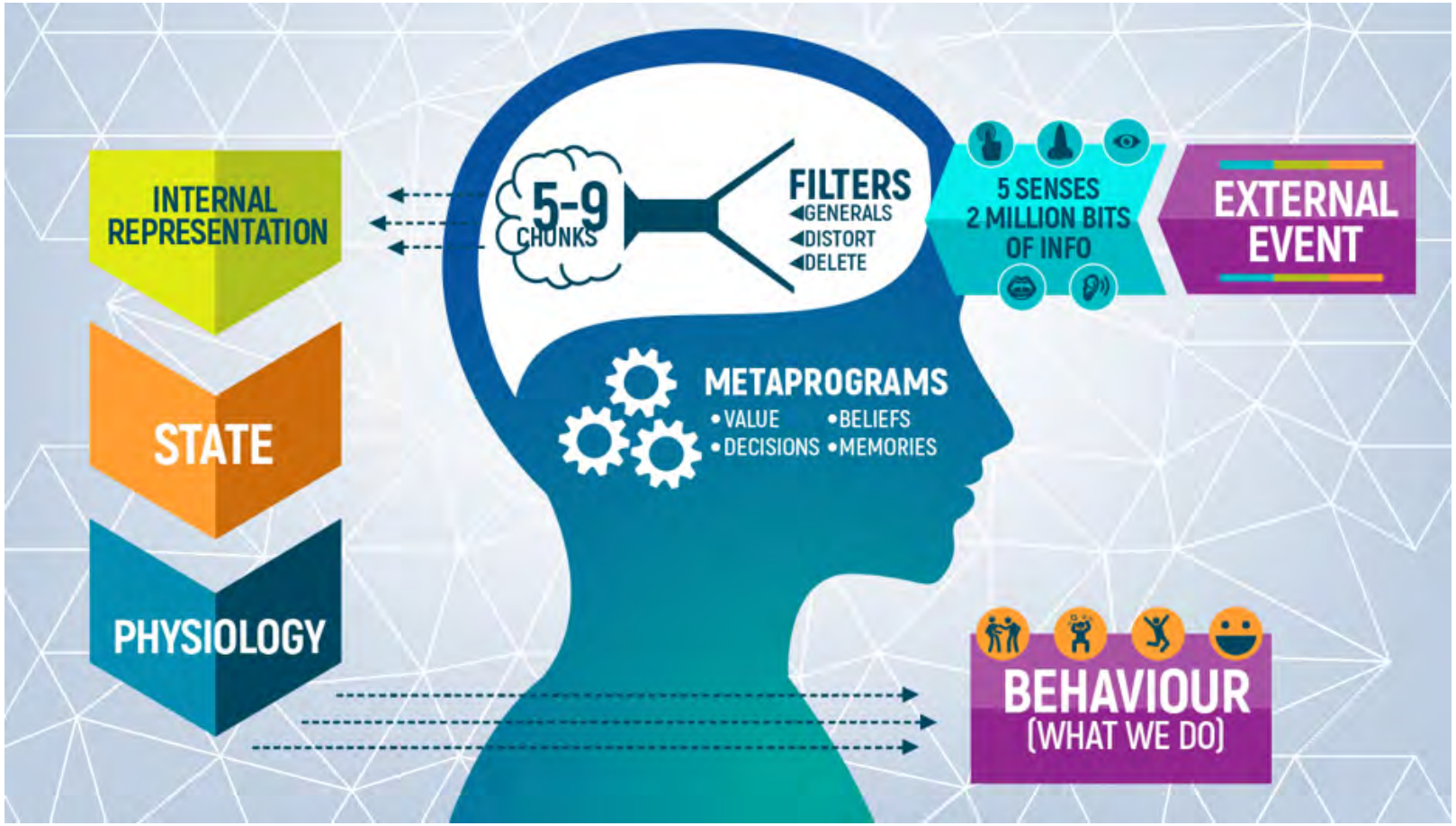
YOUR ROLE IS VITAL

* You are their advocate and partner in navigating the often confusing and overwhelming world of fertility treatment.
* Help them to understand their test results, the IVF process, and their body's fertility cycles.
* To be efficient when providing emotional support during what can be a trying and emotional time. Know your limitations, you are an Acupuncturist not a psychologist!
* Referring patients to other specialists when necessary.
* Identify red flags and make appropriate referrals to ensure that your patients receive the best possible care.
* Identify potential problems

UNCONSIOUS RAPPORT BUILDING



COMMUNICATION



HOW DO WE KNOW WHAT WE ARE THINKING IS REAL

EYE ACCESS CUES

NORMALLY WIRED TIGHT HANDED WOLF

RAPPORT

Is UNCONSCIOUS responsiveness between two people in a feedback loop.

Creating Trust, understanding, connection and intimacy

This dynamic creates a safe and compassionate space for healing, allowing the practitioner to deeply attune to the patient's needs and the patient to feel seen, heard, and supported."

ACTIVE LISTENING 👂

BUILDING TRUST & RAPPORT

* To build rapport you don't have to like or agree to the other person's model of the world, but you have to at least understand it.
* Take a genuine interest in getting to know what's important to the other person. Start to understand them rather than expecting them to understand you first.
* Pick up on the key words, favourite phrases and ways of speaking that someone uses and build these subtly into your own conversation.
* Notice how someone likes to handle information. Do they like lots of details or just the big picture?
* As you speak feed back information in this same portion size.
* Breathe in unison with them.
* Look out for the other person's intention —their underlying aim —rather than what they do or say. They may not always get it right, but expect their heart to lie in the right place.
* Adopt a similar stance to them in terms of your body language, gestures, voice tone and speed.

BUILDING TRUST & RAPPORT

Active Listening - The Heart of rapport building

Matching & Mirroring - unconscious connection as they are similar

Parrot phrasing - repeat back EXACTLY what they say

Change conscious awareness - bring patients awareness from what is happening to them **(at effect)** to taking action **(at cause)**

Pace, Pace, Pace - LEAD - mirroring their language, tone, and even body language.

Further pacing - speak "as if" eg, when you are pregnant we go to monthly appts.

BUILDING TRUST & RAPPORT

Truism, Truism, Truism - LEAD

By recognising truisms, both parties establish a common ground, fostering mutual understanding and agreement. This shared perspective enhances the connection and opens up a space for deeper, more meaningful conversations. In this space, new insights and ideas can be explored together, co-creating solutions and pathways forward. This pattern then 'leads' with a statement or suggestion that aligns with the direction you want the patient to go.

BUILDING TRUST & RAPPORT

You just had a miscarriage (truism)

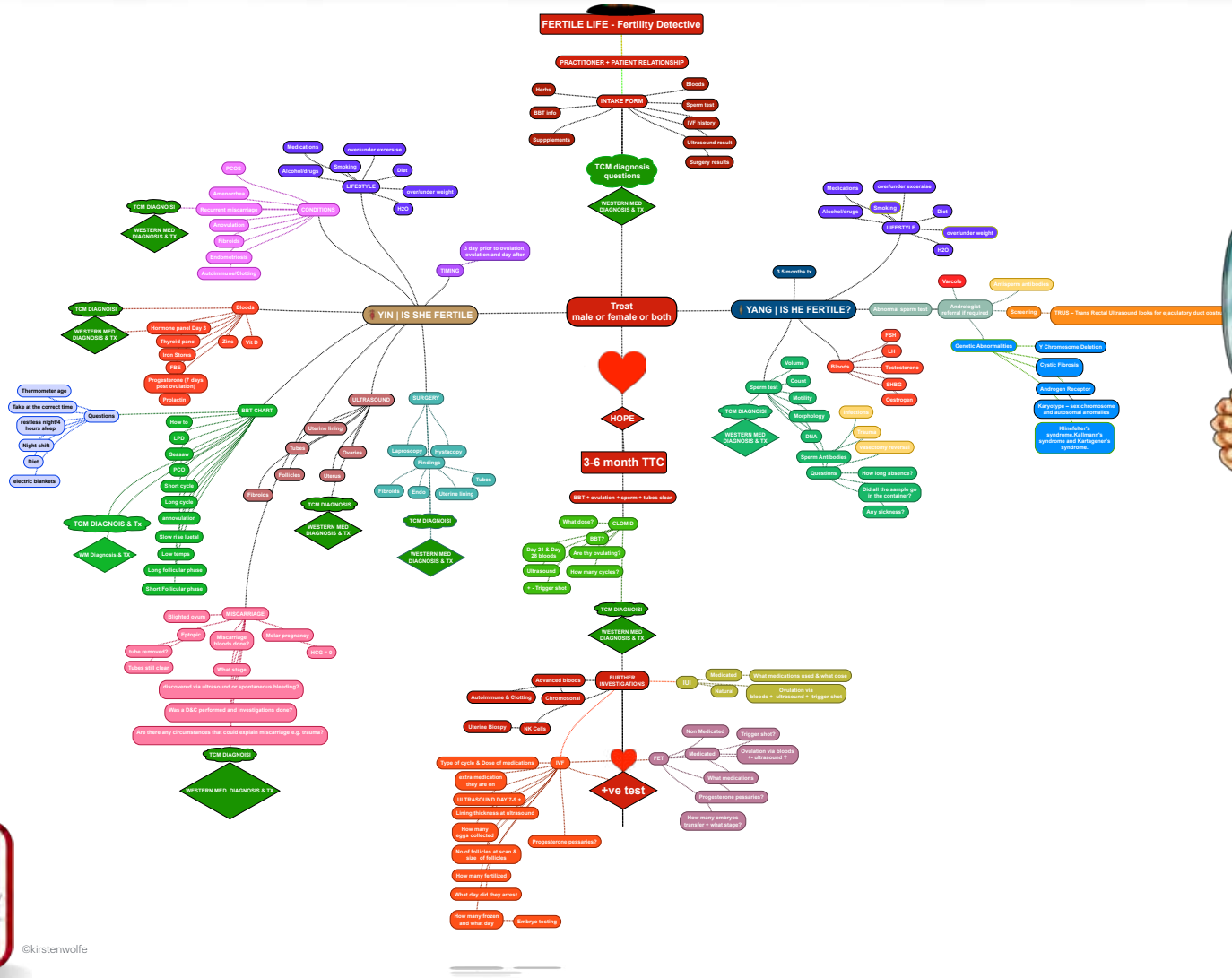
Oh and you found out at the ultrasound, and it stopped developing at 6 weeks (truism)

and your devastated (truism)

and I know what may have happened, do you want me to explain that and where we are on your fertility journey or do you want to jump up on the table where you can feel better now... and we can discuss it all next week

THANK YOU

THE FERTILE LIFE MINDMAP



the detective system

Kirsten Wolfe

fertile life seminar

FERTILE LIFE - Fertility Detective

PRACTITONER + PATIENT RELATIONSHIP

Herbs

BBT info

Supplements

INTAKE FORM

Bloods

Sperm test

IVF history

Ultrasound result

Surgery results

TCM diagnosis questions

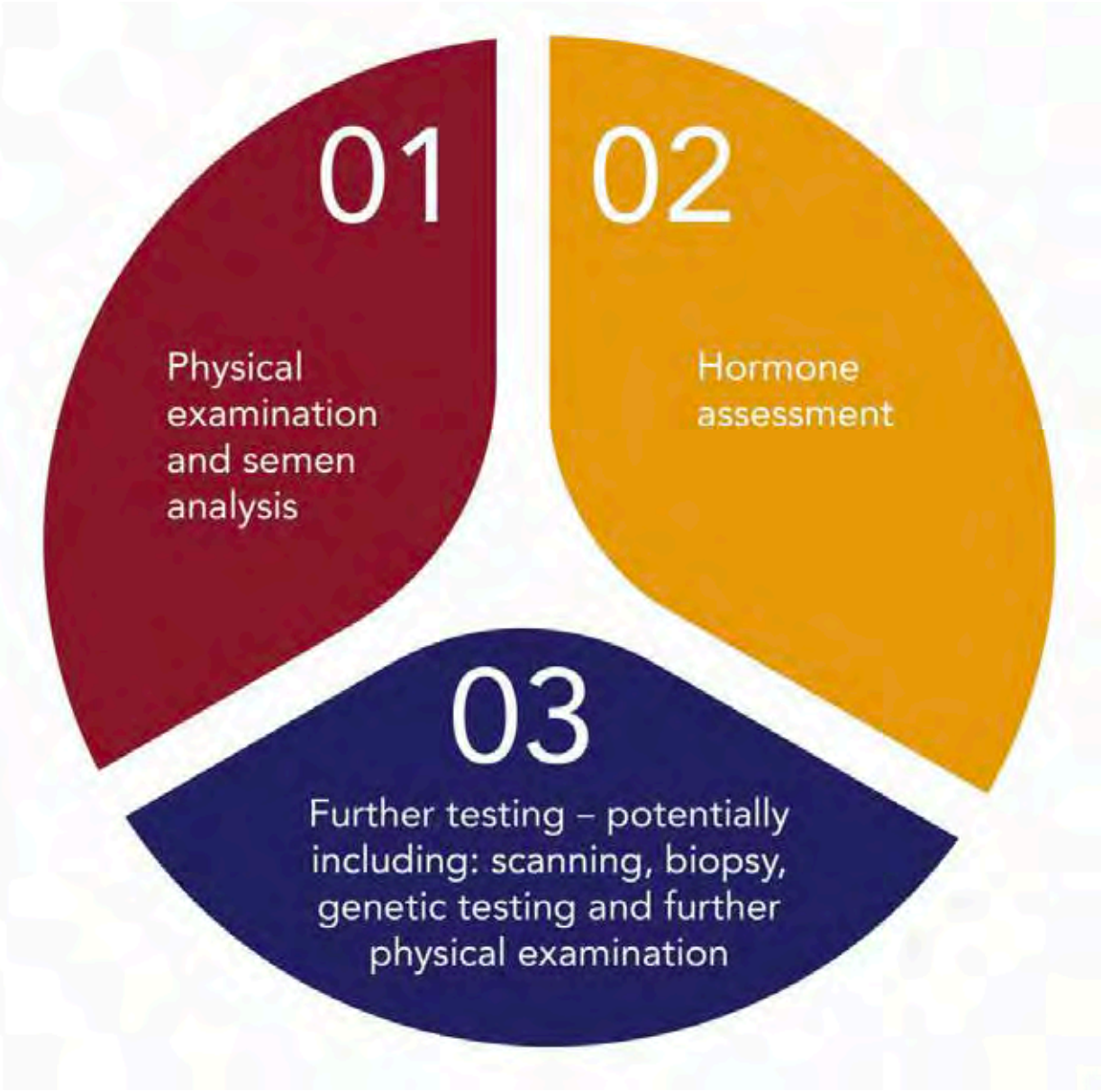
WESTERN MED DIAGNOSIS & TX

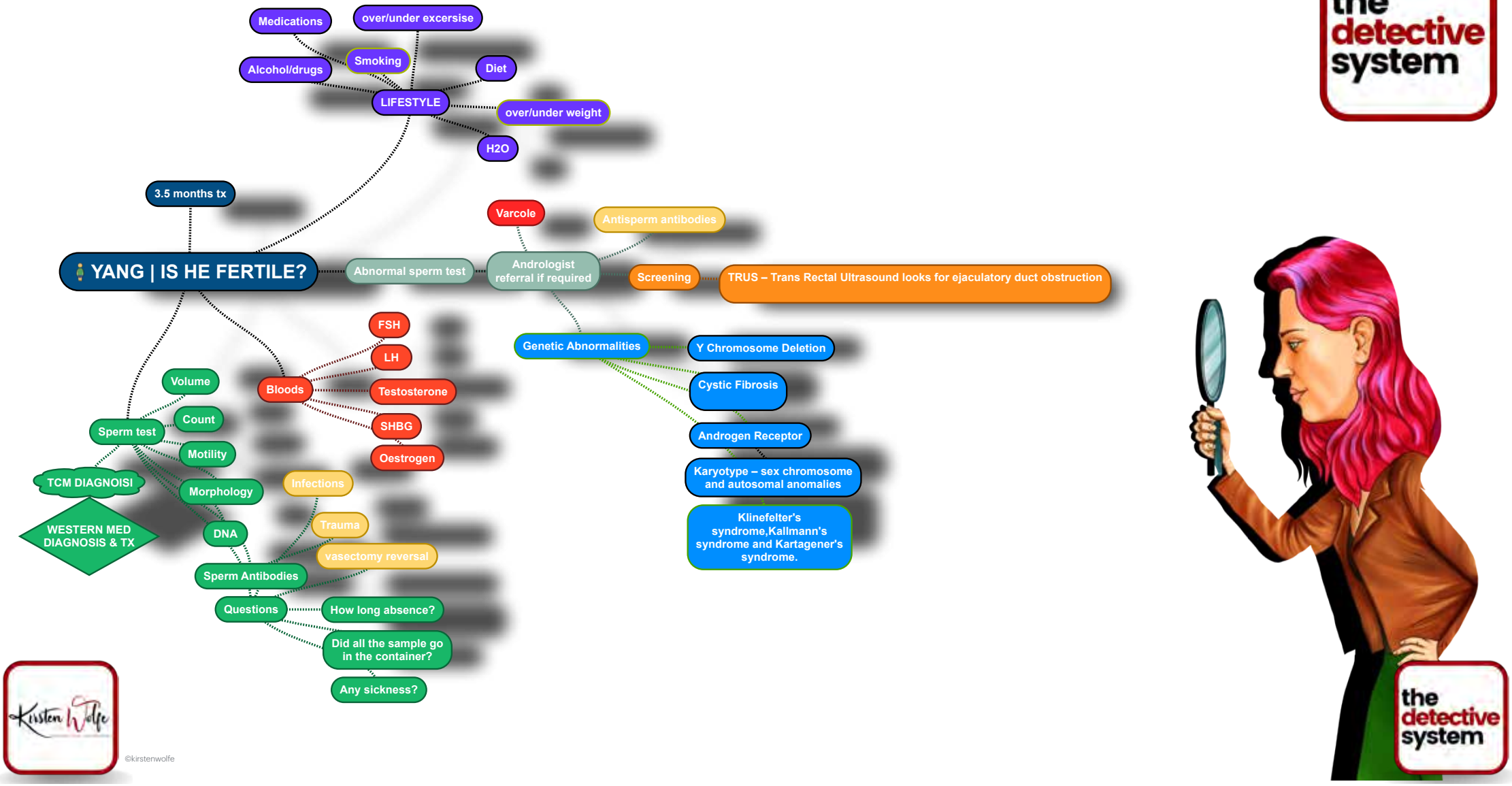
Treat male or female or both

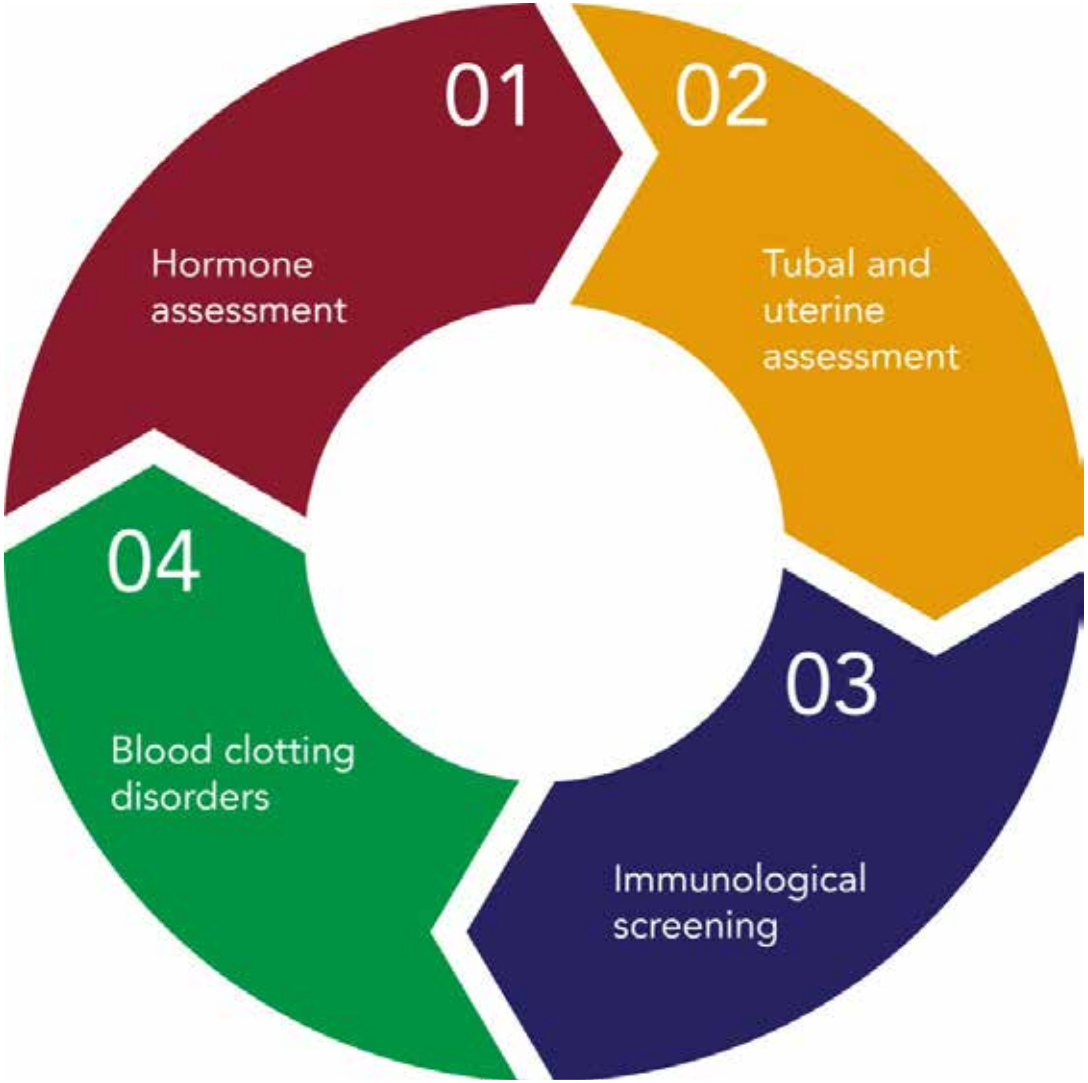
HOPE

the detective system

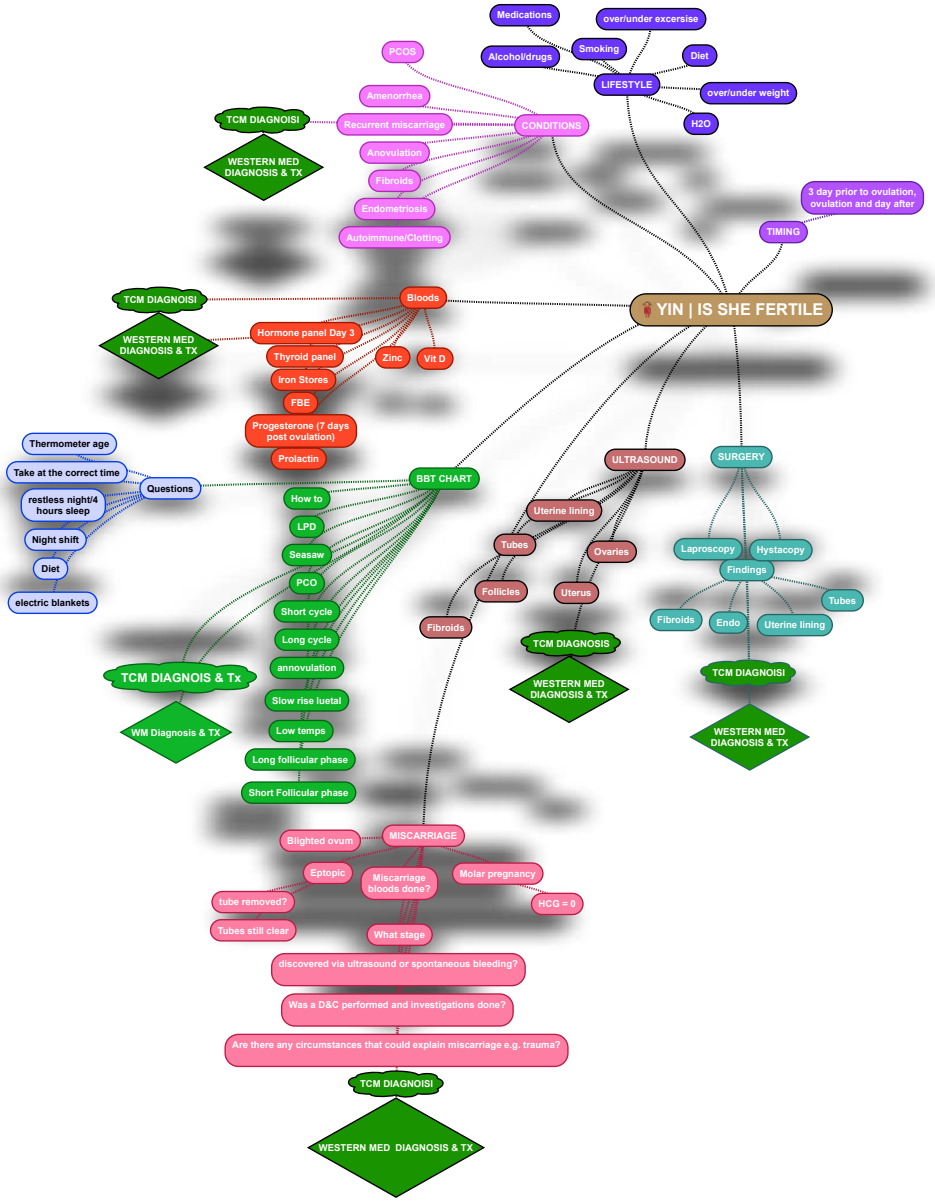
the detective system




Medications
over/under excersise
Smoking
Alcohol/drugs
Diet
LIFESTYLE
over/under weight
H2O
3.5 months tx
YANG | IS HE FERTILE?
Varcole
Antisperm antibodies
Abnormal sperm test
Andrologist referral if required
Screening
TRUS – Trans Rectal Ultrasound looks for ejaculatory duct obstruction
FSH
LH
Testosterone
SHBG
Oestrogen
Bloods
Volume
Count
Sperm test
Motility
Morphology
DNA
Sperm Antibodies
TCM DIAGNOISI
WESTERN MED DIAGNOSIS & TX
Infections
Trauma
vasectomy reversal
Questions
How long absence?
Did all the sample go in the container?
Any sickness?
Genetic Abnormalities
Y Chromosome Deletion
Cystic Fibrosis
Androgen Receptor
Karyotype – sex chromosome and autosomal anomalies
Klinefelter's syndrome,Kallmann's syndrome and Kartagener's syndrome.
the detective system
Kirsten Wolfe
©kirstenwolfe
the detective system



the detective system



the detective system

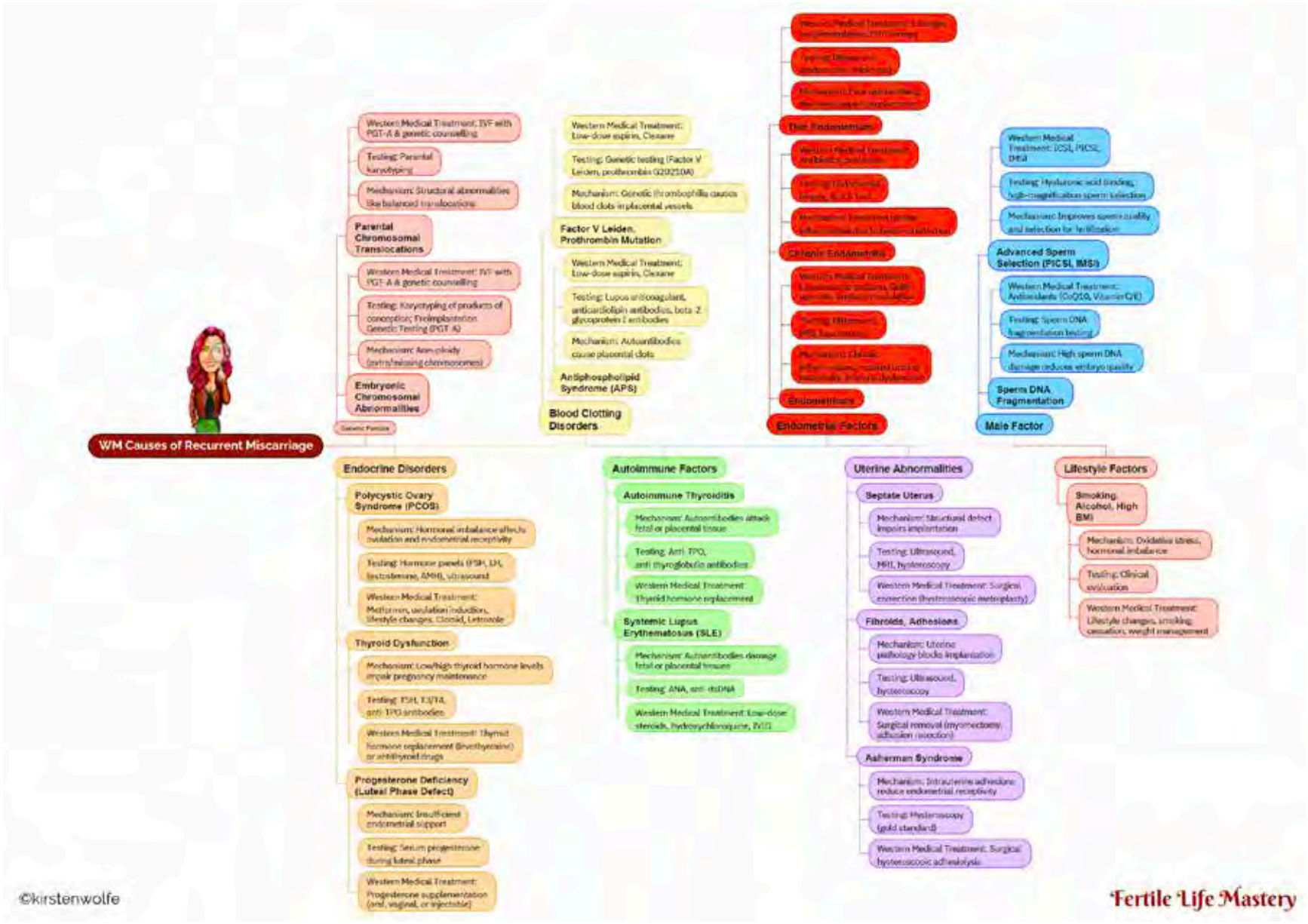
Kirsten Wolfe

- FURTHER INVESTIGATIONS
  - CLOMID
    - What dose
    - Day 21 & Day 28 bloods
    - Ultrasound
    - + - Trigger shot
    - BBT?
    - Are thy ovulating
    - How many cycles
  - TCM DIAGNOISI
    - NK Cells
      - Uterine Biospy
    - Advanced bloods
      - Autoimmune & Clotting
        - Chromosonal
  - WESTERN MED DIAGNOSIS & TX
    - IUI
      - What medications used & what dose
        - Overstimed?
      - Medicated
      - Natural
        - Ovulation via bloods +- ultrasound +- trigger shot
    - IVF
      - Dose of medications
      - How many eggs collected
      - How many fertilized
      - What day did they arrest
      - How many frozen and what day
      - PGD testing
      - Progesterone pessaries?
      - +ve test
      - extra medication they are on
      - ULTRASOUND DAY 9 +
        - Lining thickness at ultrasound
        - No of follicles at scan & size of follicles
    - FET
      - Non Medicated
      - Medicated
        - What medications
      - Ovulation via bloods +- ultrasound ?
      - Trigger shot?
      - Progesterone pessaries?
      - How many embryos transfer + what stage?

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

fertile life mastery



Western Med Causes of RIF

WM Causes of Recurrent Implantation Failure

Endometrial Factors

- **Chronic Endometritis**
  - Mechanism: Persistent uterine inflammation
  - Testing: Endometrial biopsy; ALICE test
  - Western Medical Treatment: Antibiotics; probiotics
- **Uterine Microbiome Imbalance**
  - Mechanism: Pathogenic bacteria reduce uterine receptivity
  - Testing: Endometrial biopsy; LMMA test
  - Western Medical Treatment: Probiotics; antibiotics
- **Thin Endometrium**
  - Mechanism: Poor uterine lining thickness impairs implantation
  - Testing: Ultrasound (endometrial thickness)
  - Western Medical Treatment: Estrogen supplementation; PRP therapy; Viagra suppositories
- **Endometriosis**
  - Mechanism: Chronic inflammation impairs uterine receptivity
  - Testing: Laparoscopy
  - Western Medical Treatment: Laparoscopic excision; GnRH agonists

Immune Dysregulation

- **High Uterine NK Cell Activity**
  - Mechanism: Overactive immune response attacks embryo
  - Testing: Uterine biopsy, NK cell testing
  - Western Medical Treatment: Intralipids; IVIG; low-dose steroids; LOLA protocol
- **HLA Matching (DQ-alpha)**
  - Mechanism: Lack of maternal-fetal immune tolerance
  - Testing: HLA typing
  - Western Medical Treatment: IVIG; Intralipids; LMIT; LOLA protocol; donor sperm/egg

Blood Flow Issues

- **Uterine Artery Insufficiency**
  - Mechanism: Poor blood flow reduces implantation
  - Testing: Doppler ultrasound
  - Western Medical Treatment: Aspirin; Clexane; G-CSF

Anatomical Factors

- **Hydrosalpinx**
  - Mechanism: Toxic fluid from blocked fallopian tubes harms embryo implantation
  - Testing: Ultrasound; hysterosalpingogram (HSG)
  - Western Medical Treatment: Surgical removal or clipping of affected tubes
- **Ashermans Syndrome**
  - Mechanism: Intrauterine adhesions reduce endometrial receptivity
  - Testing: Hysteroscopy
  - Western Medical Treatment: Surgical adhesiolysis

Embryo Factors

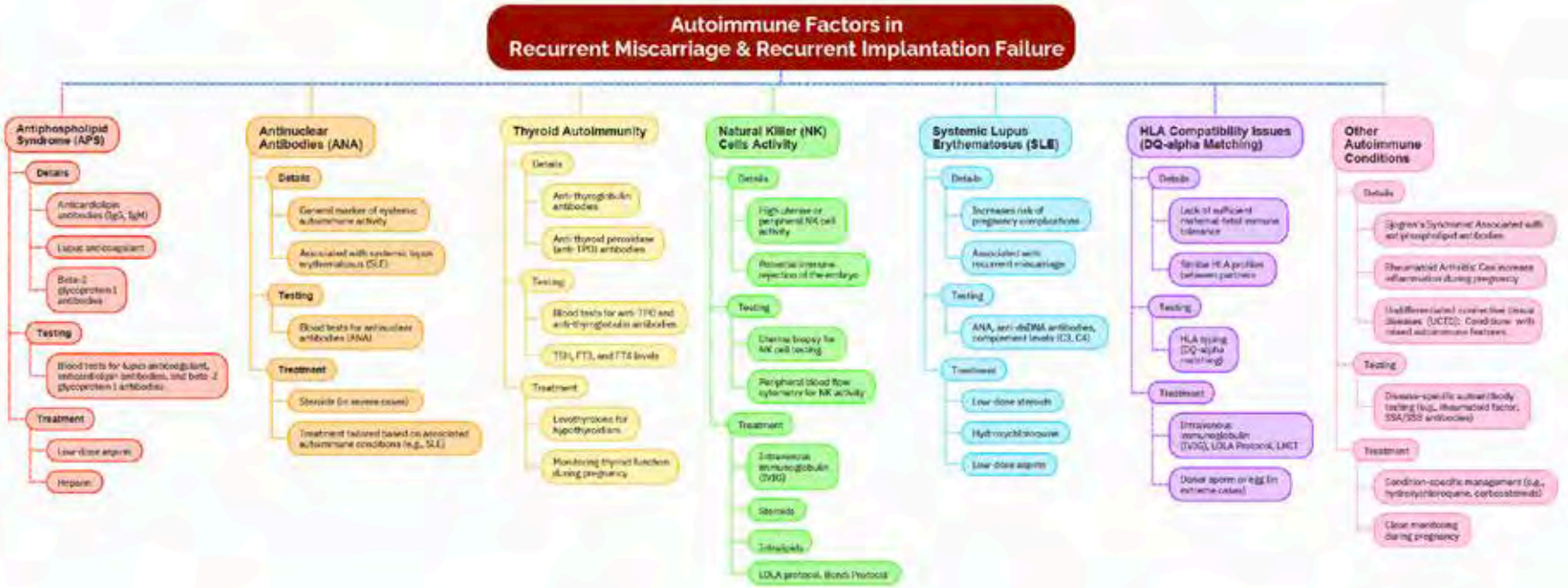
- **Aneuploid Embryos**
  - Mechanism: Chromosomal abnormalities reduce implantation potential
  - Testing: PGT-A
  - Western Medical Treatment: IVF with PGT-A tested embryos
- **Sperm DNA Fragmentation**
  - Mechanism: Damaged sperm DNA affects embryo quality
  - Testing: Sperm DNA fragmentation testing
  - Western Medical Treatment: Antioxidants (CoQ10, vitamin C, E); PICSI; IMSI

Male Factor

- **Sperm Morphology, Oligospermia**
  - Mechanism: Abnormal sperm shape reduces fertilization and embryo quality
  - Testing: Semen analysis (Kruger's strict criteria)
  - Western Medical Treatment: ICSI; PICSI; IMSI
- **Sperm DNA Fragmentation**
  - Mechanism: Fragmented DNA impairs embryo development and increases miscarriage risk
  - Testing: Sperm DNA Fragmentation Index (DFI) testing
  - Western Medical Treatment: Antioxidants; lifestyle changes; PICSI; IMSI

Fertile Life Mastery

Autoimmune Factors for RM & RIF



Acupuncture and Chinese medicine effectively support autoimmune-related infertility by modulating immune imbalances, reducing inflammation, balancing cytokines, clearing Heat, resolving Blood Stasis, and nourishing Yin to enhance fertility outcomes.

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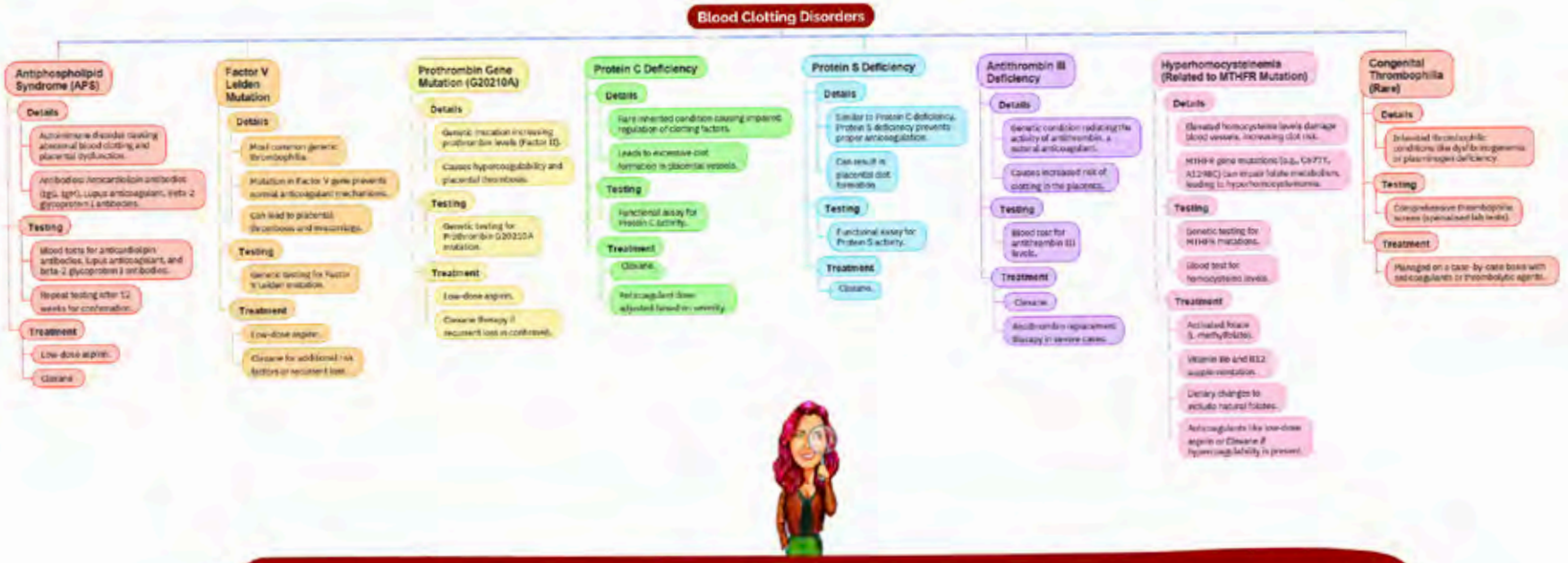
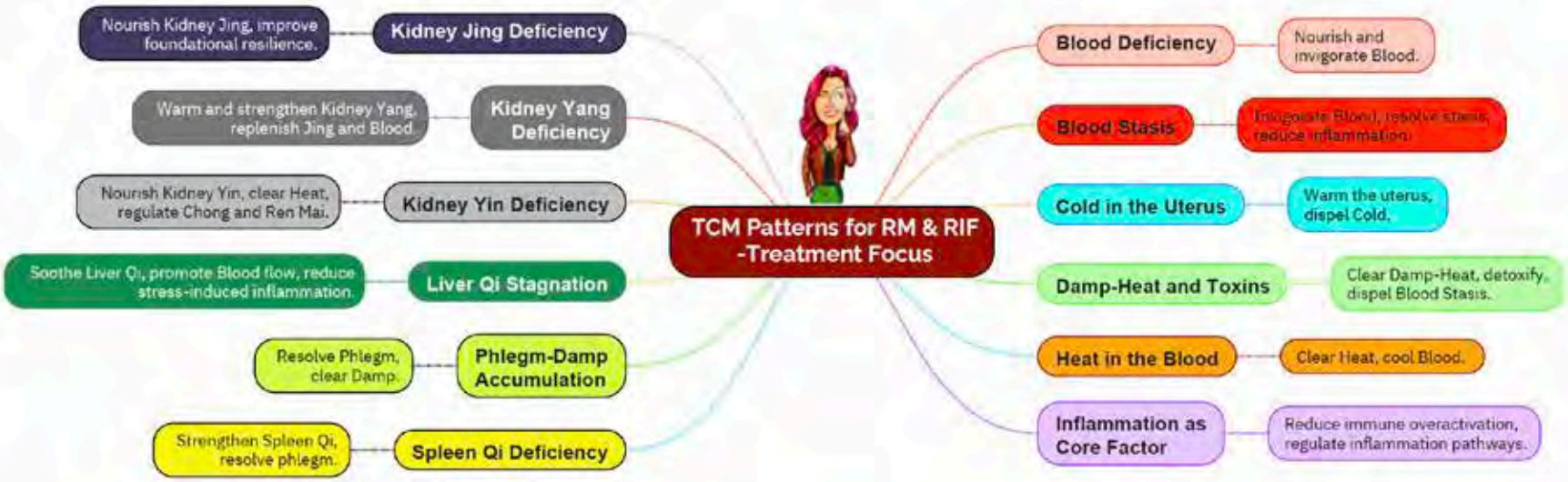
Blood Clotting Disorders & RM



Acupuncture and Chinese medicine holistically address blood clotting factors in recurrent pregnancy loss by improving uterine blood flow, reducing Blood Stasis, and enhancing microcirculation. These therapies complement Western anticoagulation treatments by clearing Heat, resolving inflammation, and nourishing Yin, while supporting the body's natural anticoagulant mechanisms to create an optimal environment for implantation and pregnancy maintenance.

Fertile Life Mastery

TCM Pattern for RM & RIF



TCM Differentation of Sperm Test

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