

Acupuncture & IVF Poor Responders: A Cure?

Background and Significance: The utility of acupuncture in the treatment of infertility has been demonstrated in two controlled studies. The first study determined the effect of reducing the Pulsatility Index (PI) of the uterine artery on reproductive outcomes; the second study described a Pre/Post embryo transfer protocol that enhanced overall pregnancy rates (PR). There are no studies that have utilized both techniques.

Objective: The purpose of the study was to determine the influence of these two acupuncture protocols on IVF outcomes and secondly to identify the appropriate patient groups that would most benefit from this adjunctive therapy.

Materials and Methods: In this retrospective study, data was extracted from medical records of patients RE&I clinic & acupuncture clinics between January 2001 and November 2003. All patients completing an IVF cycle with transfer were included. One RE&I provided the IVF care and a consortium of acupuncturists overseen by the author provided the strict acupuncture protocols. PR per transfer were the endpoints measured. Data was analyzed by student's t test and Multiregression with Wilcox ranking (MRW).

Results: 147 patients were included in the study and of those 53 had Acupuncture (Ac) and 94 did not (Non-Ac group). Demographic data between these Ac and Non-Ac groups respectively indicated remarkable equity (Table 1). Fertility Factors also demonstrated equity and there were no differences in Diagnoses, IVF Protocols and type of Gonadotrophin protocols used.

Factors that demonstrated significance were: Length of time infertile, Peak FSH, PI for total group without MRW; PI for MRW groups reversed this (Table 2) and finally average: Sperm Morphology, Peak E2, Peak P4 prior to HcG: and endometrial thickness. PR before Wilcox ranking were the same: 40% v 38%. MRW analysis revealed FSH, Length of time trying to get pregnant, Sperm Morphology and E2 levels as significant: 6.5, 4.1, 4.0 and 1.6 respectively. When the Ac group was modified (15 Ac patient dropped), PI was elevated from 1.76 to 1.94 resulting in a significant elevation compared to the Non-Ac group, $p < 0.01$. Also PR changed from 40% before to 53% after and this value was significantly greater than the Non-Ac group (38%), $p < 0.01$. Conclusions: Significant increases in pregnancy outcomes were confirmed by this study and the data uniquely supported the advantage of acupuncture in patients with normal PI (prior studies were done on patient with $PI > 3$). We also

demonstrated that both acupuncture treatment protocols could be used together with a synergistic effect. Finally, this study is the first to demonstrate that the use of acupuncture in patients with poor prognoses (elevated Peak FSH, longer history of infertility, poor sperm morphology) can achieve similar pregnancy rates to normal prognosis patients.

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