ACUPUNCTURE FOR IVF: Is latest study the full story?

A new study examining whether acupuncture for IVF improves live birth rates suggests it may not help – but is that the full story? AACMA member Peter Kington shares his thoughts.

Peter Kington has been in practice since 2005 and holds a special interest in men’s and women’s health and pregnancy care. In addition to his acupuncture qualification, he holds a Master of Reproductive Medicine from UNSW. He teaches extensively for Sun Herbal and has taught his own seminars across Australia, New Zealand the United States since 2010. His blog is located at peterkington.com.au

Media reports of a recently published study1 around the use of acupuncture for IVF, painted a grim story for women considering this therapeutic intervention.

It might be tempting to focus only on the news headlines, but in the case of scientific studies – and how they are reported – the devil is always in the detail and often a different picture emerges once one really looks into it.

Before we get to a summary of the study, let’s understand why acupuncture for IVF support has become a popular option for women undertaking IVF.

How and why did IVF acupuncture become so popular?

Back in the mid-2000s there was a flurry of media interest about women who appeared to have better IVF outcomes when they used acupuncture as a supportive therapy on the day their embryo transfer.

Although these studies were small2,3,4,5, and therefore the findings had limited applicability, they were also published in medical journals and regarded as demonstrating “promising” improvement for women undergoing IVF.

As a result of the positive media exposure, some interest from the medical community and word-of-mouth referrals from women who had improved IVF outcomes after using acupuncture, acupuncture has become a popular choice for women undergoing IVF.
What were the outcomes of this new study?

The overall conclusion from the authors of the latest study was that “among women undergoing IVF, administration of acupuncture vs sham acupuncture at the time of ovarian stimulation and embryo transfer resulted in no significant difference in live birth rates.

These findings do not support the use of acupuncture to improve the rate of live births amongst women undergoing IVF”.

What concerns are there with the study?

In no way does this author bring into question the professionalism and integrity of the researchers and totally accepts the integrity of the study.

However, there are four basic concerns related to the structure of the study and these are worth bearing in mind as one reads the study and considers its rather stark conclusion:

1. The study compared two groups of women. All women in the study had IVF and all women had three acupuncture sessions. One of these was administered on or around day 5 of the stimulation cycle. The remaining two sessions were administered before and after IVF embryo transfer.

The women were split into two groups. One group received ‘real’ acupuncture into ‘real’ acupuncture points and the other group received ‘sham’ (or fake) acupuncture into fake acupuncture points.

This is a bit of a pointless process. A more valuable measure would have been to compare an acupuncture + IVF group to an IVF only group, rather than just looking at two acupuncture groups.

It should also be noted that only 25% of participants received only one acupuncture treatment (65.5% all three and 3.9% only two), thereby limiting the replicability of the studied protocol.

2. When women were being randomly assigned to the two groups, no consideration was given to the type of IVF protocol they were receiving. Consequently, more women who had blastocyst embryos were assigned to the ‘sham’ acupuncture group than women with morula embryos.

There is some evidence that blastocyst embryo transfers produce better overall outcomes in IVF.

Similarly, women were not randomised according to the type of IVF protocol (agonist vs antagonist) nor the method of fertilisation (routine IVF vs ICSI).

All of these unaccounted for factors might potentially affect IVF outcomes and skew the results of the study.

The real value of this study is that it reveals the limitations of studies like this, how they reported and their clinical applicability. Proper Chinese medicine diagnosis based on presenting signs and symptoms should always form the backbone of the medicine we practice.
3. The length of the intervention was very short – three treatments over a one week period. The study also doesn’t address the important issue of ‘dose’ (that is, what is a necessary amount of acupuncture to achieve statistically significant results).
The approach in this study does not reflect common clinical practice, but does somewhat mirror those studies from the early 2000s mentioned earlier.

4. The conclusion, rather sloppily, says that the “findings do not support the use of acupuncture to improve the rate of live births amongst women undergoing IVF”.
It does no such thing: the study shows that the acupuncture protocol it tested does not improve the rate of live births.
This is a very important distinction. It’s like doing a trial on a new antibiotic and finding it doesn’t work for infection and then saying that all antibiotics don’t work. It’s a false conclusion.

In my clinic I use a different approach to IVF support than the one in the study.
My approach to acupuncture for IVF involves a recognition that acupuncture is an incremental therapy.

Each time acupuncture is administered, a building block is laid and the end goal is to offer a supportive therapy for women undergoing IVF.

Features of this approach include:
- Recognition that fertility support with acupuncture is an incremental process and one or a few acupuncture sessions does not constitute a ‘quick fix’
- Careful analysis of signs and symptoms associated with the patient’s medical diagnosis of infertility
- The creation of an individualised Chinese medicine diagnosis.
- The development of a treatment plan adopting a multi-system approach that might include acupuncture, Chinese herbal medicine, diet and lifestyle modification – that seeks to address an individualised Chinese medicine diagnosis.
- Selection of acupuncture points which are not standardised in the way a trial like this one seeks to standardise such things – acupuncture points are chosen based on a unique Chinese medicine diagnosis

There was an interesting study published in 2015 that supports this approach – not a randomised controlled trial (RCT), the most valued of studies, but a retrospective cohort study.
What this means is the study’s authors accessed the health records of 1509 women who had previously had IVF and analysed their outcomes after the event (not during).
They divided these women into three groups:
- standard care – only IVF
- IVF + day of embryo transfer acupuncture (two treatments in one day)
- IVF + Whole System Traditional Chinese Medicine (WS-TCM)

This last group included women who had:
- ongoing acupuncture, not just at the time of cycle stimulation and embryo transfer
- possibly took Chinese herbal medicine and other nutritional supplements
- were offered lifestyle and dietary advice to support a Chinese medicine diagnosis
- received individualised care and not standardised care
This resonates with the approach I take in my clinic.

The results of this study produced significantly different outcomes:
- 42.2% of women who had standard care — only IVF — had a ‘live birth’
- 50.8% of women who had IVF + day of embryo transfer acupuncture had a ‘live birth’
- 61% of women who had IVF + WS-TCM had a ‘live birth’ and in addition, fewer miscarriages after IVF.

The upshot of this study is that women who had acupuncture had more live births.

Women who had acupuncture, Chinese medicine, diet and lifestyle advice had more live births than women who just had day of transfer acupuncture.

A word about evidence and IVF supportive therapy with acupuncture

It is important to note the studies mentioned in this article carry differing validity weights.

The Smith study (2018) carries higher validity than the studies mentioned from the early to mid-2000s. It also carries higher validity than the 2015 Hullender Rubin study, only because it was retrospective and less controlled.

**Should patients still consider acupuncture as part of a fertility plan?**

Absolutely.

The real value of this study is that it reveals the limitations of studies like this, how they are reported and their clinical applicability.

Proper Chinese medicine diagnosis based on presenting signs and symptoms should always form the backbone of the medicine we practice.

When we stick to those basic concepts and work with women over a longer period of time there is the potential for better and improved IVF outcomes.

References
6. Smith, et al, 2018

*This article has been adapted from a blog post.

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