



# HERBAL MEDICINE AND REPRODUCTIVE HEALTH



# HERBAL MEDICINE AND REPRODUCTIVE HEALTH

Natural approaches to  
male and female reproductive  
health problems and  
improving fertility

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AEON

First published in 2021 by  
Aeon Books  
PO Box 76401  
London W5 9RG

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British Library Cataloguing in Publication Data

A C.I.P. for this book is available from the British Library

ISBN-13: 978-1-91280-722-2

Typeset by Medlar Publishing Solutions Pvt Ltd, India  
Printed in Great Britain

[www.aeonbooks.co.uk](http://www.aeonbooks.co.uk)

*For my mother*



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## ACKNOWLEDGEMENTS

I would like to thank all my teachers, past and present, for generously sharing their wisdom and expertise, and for being such a source of inspiration; and all my patients and students, who have also been such wonderful teachers over the years, and given me the motivation to research and to learn.

I am also eternally grateful to my colleagues at the clinic where I work, who support me in so many ways, both personally and professionally; and to all my colleagues in herbal medicine, whose different knowledge and varied approaches bring such variety and richness to the tapestry of our profession.

And finally I must express my sincere gratitude to my family, to my mother, Josephine Reilly, and my partner, Bren Ó Ruaidh, for their incredible support, and to my beautiful children, Daisy, Lily, and Holly for their incredible patience and encouragement.



## ABOUT THE AUTHOR

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## INTRODUCTION

Not everyone wants to become a parent, but for those who do, the idea of having children feels like a fundamental part of life. Most of us spend the earlier part our lives trying to avoid an unplanned pregnancy, and assume that if and when we are ready to start a family, it will happen without any problem.

In recent times, people are increasingly deciding to delay having children until they feel the time is right and they are in a position to provide a secure environment and future for their children. There also seems to be a societal expectation that women can, or should, have children later in life.<sup>1</sup> In the decade between 2004 and 2014, the number of births to mothers over forty climbed by almost 75%, and the average age of first-time mothers increased from twenty-eight to thirty.<sup>2</sup>

A woman's fertility peaks in her mid-twenties, at a time when she may be still trying to establish a career, or a secure home and a stable relationship (or other support network), within which to raise a family. Young people are also increasingly burdened by debt, and there is little support for women to become mothers earlier in life.<sup>3</sup> Unfortunately, from the age of thirty, the point at which the average woman starts having children, female fertility begins to decline (at a rate of around 3% a year), and after thirty-five, the rate of decline accelerates even more.<sup>4</sup>



Therefore, more and more women are facing difficulties in conceiving when they feel the time is right for them to have children.

There is a myth that age does not affect fertility in men. However, while some men are able to conceive into their seventies, age can in fact have a significant impact on male fertility, and most men will have reduced sperm motility and less genetic integrity from their late forties.<sup>5</sup>

Even where individuals and couples don't attempt to delay having children, and start trying to conceive early, many still experience difficulty. An array of hormonal, structural, and functional problems affecting the reproductive system, together with environmental, nutrition, and lifestyle factors, may contribute to infertility in both men and women of all ages.

For those who want children, being unable to conceive is a very painful and difficult issue, and watching friends and family members announce pregnancies, give birth, and raise children only increases the sense of failure and loss. Infertility can cause tremendous stress for individuals and couples, and may be heightened by pressure from family friends, and society as a whole, to have children.

Infertility is clinically defined as the inability to conceive a child within one year of unprotected intercourse.<sup>6,7</sup> Individuals who have never conceived are described as having *primary infertility*, while those who have previously conceived, but have difficulty conceiving again, are said to be suffering from *secondary infertility*.<sup>8</sup> This is often a source of confusion, since in the case of other health conditions, a "primary" problem is a term that is generally used to describe a health problem that has no other underlying cause, while "secondary" problems usually refer to those that are the result of another health condition. However, in the case of infertility, the classification is somewhat different.

Overall, 15%–20% of couples experience difficulty conceiving, and in up to 30% of these cases the cause of infertility remains unexplained.<sup>9,10,11</sup> In the vast majority of these cases, the woman alone is offered conventional treatment,<sup>12</sup> and it is not unheard of for women to be prescribed fertility drugs by GPs without their partners ever having been tested for male factor infertility.

For individuals who experience conditions which lead to infertility, such as primary ovarian insufficiency, PCOS, and endometriosis, orthodox medicine has very little to offer in terms of safe, effective treatments, particularly for those who wish to become pregnant. Hormone-containing medications and endogenous hormone antagonists used

to treat problems affecting the female reproductive system may have unpleasant side effects, are frequently associated with significant risk factors, and in many cases preclude pregnancy. Likewise, orthodox medicine has little to offer for improving sperm count, motility, and morphology in men.

The success rate of assisted reproduction techniques (for each cycle) ranges from less than 10% with the drug clomiphene citrate, to 20%–25% for in-vitro fertilisation (IVF).<sup>13</sup> The cost of IVF treatment in Ireland ranges from €4000 to €7000 per cycle.<sup>14</sup> In most cases, these interventions pay little or no attention to issues that may affect the outcome of the treatment, such as the overall health of the couple, their stress levels, the quality of oocyte and sperm, or various factors influencing implantation and maintenance of pregnancy. In some cases, infertility treatments may be associated with side effects, such as increased risk of multiple pregnancy, ovarian hyper stimulation syndrome, and ovarian cancer,<sup>15</sup> and the psychological effects of infertility treatment, and mood disturbances associated with hormonal manipulation can be as significant as the medical complications.<sup>16</sup>

While some people may need to undergo orthodox fertility treatment in order to conceive, for many, subfertility is simply due to an issue such as minor hormone imbalance, poor blood flow, suboptimal health of the pelvic organs, or various environmental, dietary, and lifestyle factors which may be improved with natural approaches such as nutrition and lifestyle modification, herbal medicine, and other complementary and alternative approaches, without the need for orthodox assisted reproduction techniques.

This book focuses on improving reproductive health and fertility with Western herbal medicine, nutrition, and lifestyle modification. However, there are other complementary and alternative approaches, including acupuncture and various bodywork treatments (such as chiropractic), which can be used in combination with herbal medicine and orthodox fertility treatments where necessary. These approaches can help to improve fertility, reduce levels of stress that are often associated with trying to conceive, alleviate some of the side effects of orthodox fertility treatments, and increase feelings of hopefulness and control over the process.<sup>17</sup>

Of course individuals who do not wish to conceive a child are just as likely to suffer from reproductive health problems as those who do. Conditions such as amenorrhoea, PCOS, fibroids, endometriosis,

dyspareunia, and premenstrual syndrome (PMS), apart from causing infertility, are associated with an array of distressing symptoms; and women who do not wish to have children may still prefer to manage these conditions with natural medicine. To be able to help people to overcome reproductive health problems, from which they may have been suffering for many years, is incredibly rewarding in its own right.

Equally, men who are not interested in having children also suffer from conditions such as erectile dysfunction or premature ejaculation, and may choose natural approaches to help address these problems. Fertility is basically the result of achieving and maintaining a balanced and healthy reproductive system. Therefore this book is not just about improving fertility, but also about understanding and treating a wide range of reproductive health problems, whether or not the individual wishes to conceive a child.

Throughout this book, reference is made to “men” and “women” when discussing health problems that affect the male and female reproductive systems respectively. However, it is also acknowledged that there are people of other genders (such as trans men or non-binary individuals, for example), who menstruate, and may therefore be equally affected by symptoms of oestrogen or progesterone imbalance, or suffer from conditions such as endometriosis or fibroids. Similarly, trans women, and those with other gender identities, may experience testicular problems (such as varicocele, for example), so it is important to recognise this, and to respect the gender identity of the individual patients that we treat.

Integrated or integrative medicine involves incorporating complementary and alternative medicine (CAM) with orthodox medicine into a comprehensive and holistic treatment plan.<sup>18,19,20</sup> It focuses on health and healing rather than disease and treatment, and encourages the patient to take individual responsibility for his or her own health.<sup>21,22</sup> Integrated medicine is becoming increasingly popular among both patients and clinicians, many of whom consider the narrowly focused biological approach of orthodox medicine to be inadequate.<sup>23,24</sup>

The strictly biomedical approach of many orthodox clinicians allows minimal scope for the discussion of emotional issues or lifestyle strategies, which is in contrast with the more holistic therapeutic relationship found in many CAM therapies. Herbal medicine and other CAM approaches also have an important role to play in management of the side effects of orthodox interventions,<sup>25</sup> including assisted reproduction techniques.

At least 40% of the population of industrialised countries now regularly use one or more forms of complementary and alternative medicine, including herbal medicine. Patients frequently combine conventional treatment and CAM approaches rather than using one or the other exclusively, and the majority of people who use CAM do so because they consider it to be more congruent with their values and beliefs, rather than because of dissatisfaction or negative attitudes towards conventional medicine.<sup>26</sup> Many people who decide to use orthodox assisted reproduction techniques (ART) choose to combine these orthodox interventions with natural approaches. The high cost and relatively poor success rate of assisted reproduction techniques mean that many people will turn to CAM therapies, in order to try to increase their chance of success.

Therefore, herbalists and other complementary and alternative healthcare practitioners are very well placed to be able to help individuals and couples to improve not only their reproductive health and fertility, but also their general health and well-being, thereby increasing their chances of conceiving naturally, and maximising the success of assisted reproduction techniques where necessary. Indeed, for many practitioners, helping people to overcome health problems, which they may have been suffering with for many years, and helping individuals and couples to fulfil their dreams of becoming parents, can be among the most rewarding aspects of practising natural medicine.

### Notes

1. Fertility, S. A. (2019). The top 3 reasons infertility is on the rise [online]. Available from [fertilitysa.com.au](http://fertilitysa.com.au) (accessed 10 November 2019).
2. Central Statistics Office (2016). *Central Statistics Annual Report 2014* [online]. Available from <https://cso.ie/en/releasesandpublications/ep/p-vsar/vsar2014/> (accessed 10 November 2018).
3. Fertility, S. A. (2019). The top 3 reasons infertility is on the rise [online]. Available from [fertilitysa.com.au](http://fertilitysa.com.au) (accessed 10 November 2019).
4. Keane, D. (2016). Age & Fertility [online]. Available from <https://vhblog.ie/2016/12/02/age-fertility/> (accessed 10 November 2018).
5. Keane, D. (2016). Age & Fertility [online]. Available from <https://vhblog.ie/2016/12/02/age-fertility/> (accessed 10 November 2018).
6. Abma, J. C., Chandra, A., Mosher, W. D., Peterson, L., & Piccinino, L. (1997). Fertility, family planning and women's health: estimates from the National Survey of Family Growth. *Vital and Health Statistics*, 23: 1–14.
7. Hummel, W. P. (2005). *Miscarriage and the Successful Pregnancy: A Woman's Guide to Infertility and Reproductive Loss*. iUniverse.
8. Storck, S. (2010). *Infertility*. Medline Plus [online]. Available from <http://nlm.nih.gov/medlineplus/ency/article/001191.htm> (accessed 15 June 2010).

9. Cahill, D. J., & Wardle, P. G. (2002). Management of infertility. *British Medical Journal*, 325: 28–32.
10. Forti, G., & Krausz, C. (1998). Evaluation and treatment of the infertile couple. *Journal of Clinical Endocrinology & Metabolism*, 83(12): 4177–4188.
11. Hart, R. (2003). ABC of subfertility: Unexplained infertility, endometriosis and fibroids. *British Medical Journal*, 327: 721–724.
12. Gascoigne, S. (2001). *The Clinical Medicine Guide: A Holistic Perspective*. Clonakilty, Ireland: Jigme.
13. Beers, M. H., & Berkow, R. (1999). *The Merck Manual of Diagnosis and Therapy*. Kenilworth, NJ: Merck.
14. Clane General Hospital (2008). *IVF Fee Schedule* [online]. Available from <http://www.clanehospital.ie/ivfprices> (accessed 13 February 2009).
15. Templeton, A. (2000). Infertility and the establishment of pregnancy—overview. *British Medical Bulletin*, 56(3): 577–587.
16. Rosene-Montella, K., Keely, E., Laifer, S. A., & Lee, R. V. (2000). Evaluation and management of infertility in women: the internists' role. *Annals of Internal Medicine*, 132(12): 973–981.
17. Miner, S. A., Robins, S., Zhu, Y. J., Keeren, K., Gu, V., Read, S. C., & Zelkowitz, P. (2018). Evidence for the use of complementary and alternative medicines during fertility treatment: a scoping review. *BMC Complementary & Alternative Medicine*, 18(1): 158.
18. Leach, M. J. (2006). Integrative health care: a need for change? *Journal of Complementary and Integrative Medicine*, 3(1) [online]. Available from <http://bepress.com/jcim/vol3/iss1/1> (accessed 24 July 2009).
19. Rakel, D. (2007). *Integrative Medicine* (2nd edn). Philadelphia, PA: Saunders.
20. Rees, L., & Weill, A. (2001). Integrated medicine imbues orthodox medicine with the value of complementary medicine. *British Medical Journal*, 322: 191–120.
21. Bendle, C., Fitter, M., & Nohr, K. (2000). *Foxhill Medical Herbalist Project Report* [online]. Available from <http://theherbalist.co.uk/foxhill.doc> (accessed 7 May 2009).
22. Smith, R. (2001). Editor's choice: Restoring the soul of medicine. *British Medical Journal*, 322 [online]. Available from <http://bmj.com> (accessed 27 April 2009).
23. Boon, H. S., & Kachan, N. (2008). Integrative medicine: a tale of two clinics. *BMC Complementary and Alternative Medicine*, 8: 32 [online]. Available from <http://biomed-central.com/1472-6882/8/32> (accessed 27 April 2009).
24. Sharpe, M. (2001). Letters: Science of the art of medicine does exist. *British Medical Journal*, 322: 1485.
25. Killgrew, S. (1999). Chapter 14: Emotions, boundaries and medical care. In: N. Malin (Ed.), *Professionalism, Boundaries and the Workplace*. Oxford: Routledge.
26. Astin, J. A. (1998). Why patients use alternative medicine: Results of a national study. *Journal of the American Medical Association*, 279: 1548–1553.