

# Herbs & the Childbearing Cycle

Class II: Herbal support during IVF, IUI, etc



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# The Plan

Brief review of cases  
from last week

Assisted fertility 101

Herbal support

For slides & references, please visit:

<https://www.camillefreeman.com/repro>



# Last Week's Cases

ART 101

# Three Common Strategies

Ovulation induction alone

Intrauterine insemination (IUI)

In vitro fertilization (IVF)



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# Ovulation Induction

## CLOMID

Blocks estradiol receptors

Taken by mouth in follicular phase

FSH increases

Can have PMS-like side effects

May thin the uterine lining and alter cervical fluid

## LETROZOLE

Blocks aromatase (which converts androgens to estrogens)

Take for 5-7 d in early follicular phase

Androgen-type symptoms

Fewer side effects

Less effect on uterine lining

# IUI

Sperm collected or thawed around the time of ovulation and washed

Sperm injected into the uterus with a catheter

Can be done with or without Clomid/Letrozole

May also use injectables (see next slide)

Total cost varies from \$1k-\$4k+

# IVF

GnRH (agonist or antagonist) used to stop ovarian activity

“Stimming” on day 2/3 injections with gonadotropins (FSH, maybe + LH depending)

Often for 10-14 days; monitored with blood work and u/s

HCG injection given about 3 days before retrieval scheduled (“trigger shot”)

Retrieval: oocyte removed from ovary with needle inserted into vagina under sedation

Egg combined with sperm in petri dish (or ICSI)

Next day is day 1

After 3-6 days embryos can be frozen, used or discarded

# IVF, Cont'd

Embryo transfer days 2-5 for fresh cycle via catheter

The Two Week Wait

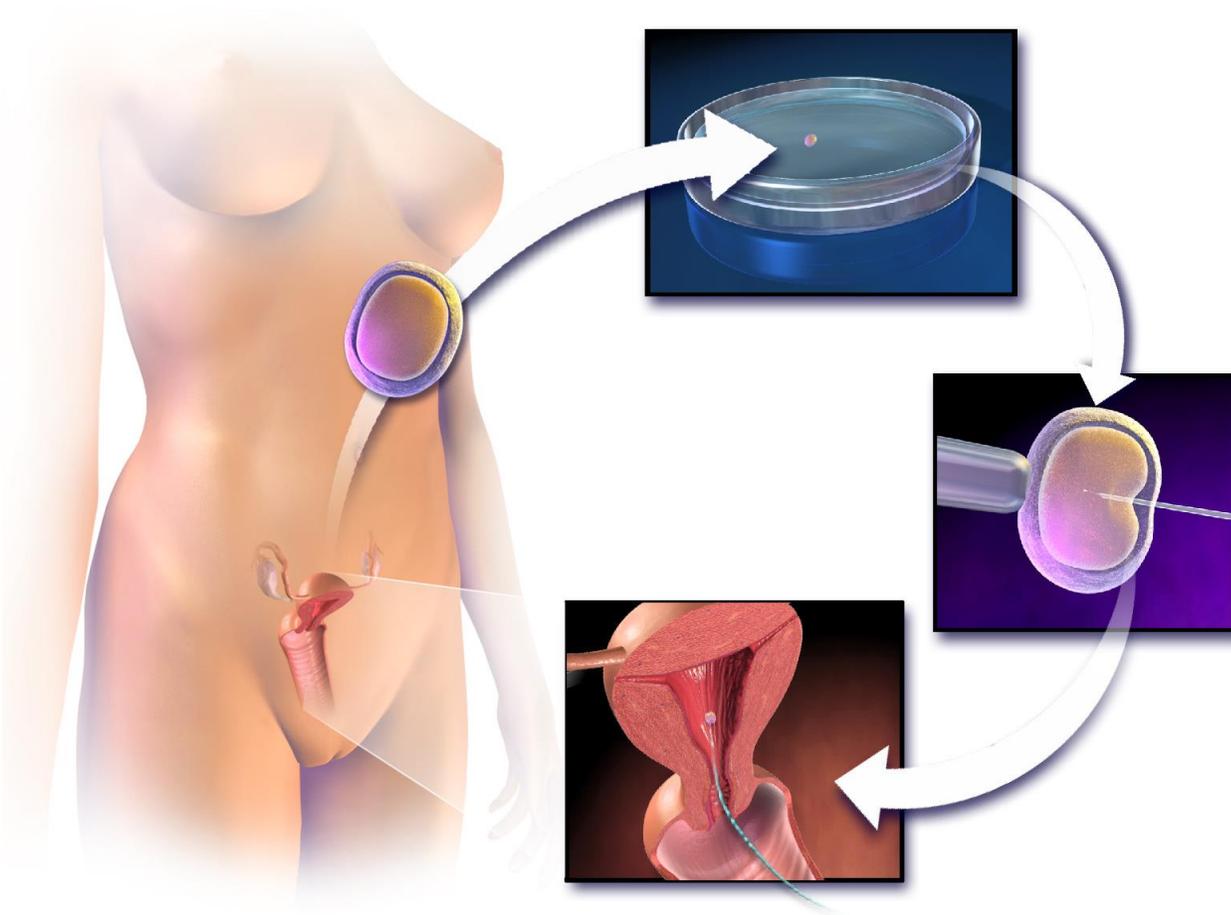
Blood test for HCG about 2 weeks after retrieval or ovulation

Cost varies from \$8-10k/cycle up to \$80k+

Success rates vary: see CDC calculator in resources

# IVF with ICSI

Image by BruceBlaus. When using this image in external sources it can be cited as:Blausen.com staff (2014). "Medical gallery of Blausen Medical 2014". WikiJournal of Medicine 1 (2). DOI:10.15347/wjm/2014.010. ISSN 2002-4436. - Own work, CC BY 3.0, <https://commons.wikimedia.org/w/index.php?curid=29600441>



Providing Support

# Notes Learned the Hard Way

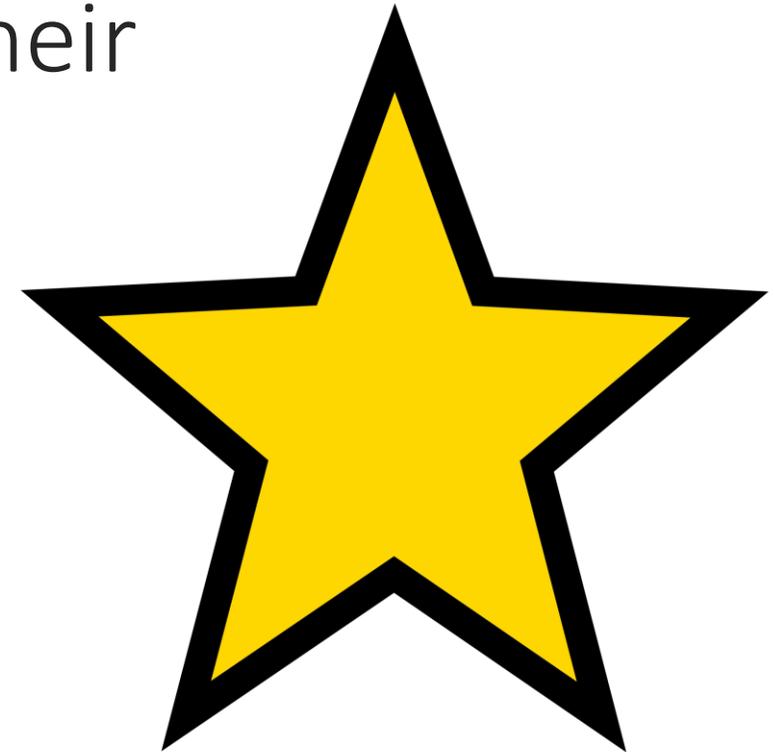
People change their minds

People feel guilty for choosing a path that is “not natural”

Lots of emotional, financial, time, physical, and energetic burdens

# Rule of Thumb

Once someone starts a medicated cycle, come off most herbs and supplements other than very gentle teas and those approved by their reproductive endocrinologist.



# Pre-Cycle Support

Diet and Weight Loss if Applicable/Ready

Lifestyle Exposures

Multivitamin

Check Vaginal Flora

Support during  
ovulation induction

# Clomid/Letrozole

These are blocking estrogen on purpose. Don't give anything that might mess with reproductive hormones. Go off most herbs.

40 drops of vitex (equivalent to 80-90 mg) compared with letrozole in people with premature ovarian aging found lower concentrations of FSH/E2, increased endometrial thickness and chemical/clinical pregnancy rates in the vitex group. Both groups got trigger shot.

Subjects were < 35 years with regular menstrual cycles.

(Hosseini-Rashidi & Nemati, 2017)

Note one older case reports Vitex associated with mild OHSS (Cahill et al., 1994)

# CoQ10

People with PCOS resistant to Clomid were randomized into Clomid alone or Clomid + 60 mg CoQ10 TID from day 2 until trigger shot.

CoQ10 = more mature follicles, thicker endometrium

Ovulation occurred in 54/82 cycles v. 11/71 in the Clomid-only group

Clinical pregnancy rate higher in treatment group (37.3% v. 6.0%)

(El Refaeey et al., 2014)

# Black Cohosh

## Kamel (2013)

RCT n=50 comparing Clomid with 20 mg Klimadynon x 10 days starting on day 2 x 3 cycles in people with PCOS

Black cohosh group had significantly lower LH, higher progesterone and lower LH:FSH ratio; both had similar pregnancy rates & thickness of endometrial lining

## Shahin & Mohammed (2014)

RCT n=206 comparing Clomid with Clomid + 120 mg Klimadynon/d from day 1 through menses or pregnancy test. Both got progesterone in LP in people with PCOS who were TTC

Black cohosh group had higher pregnancies per cycle, shorter cycles, higher estradiol and lower LH mid-cycle and higher progesterone in luteal phase

# Herbal Blend + Clomid

RCT 60 people with PCOS/infertility/elevated BMI.

- \* 1/3 took Clomid
- \* 1/3 used herbal capsule
- \* 1/3 did both

Antioxidant levels in blood increased significantly with options 2 & 3, insulin resistance improved in 2 & 3; all 3 groups had improvements in oligomenorrhea, amenorrhea & pregnancy rates.

(Ainehchi et al., 2019)

# Herbal Formula Used

*Mentha spicata* (spearmint leaf) 250 mg

*Zingiber officinale* (ginger rhizome) 200 mg

*Cinnamomum zeylanicum* (cinnamon bark)  
150 mg

*Citrus sinensis* (orange peel) 100 mg

Took one 700 mg capsule per day for 3  
months



# That's it?

Assess comfort of RE & client (and your own!)

Dandelion root tea (2 g) after ovulation

Gentle teas for support throughout, especially 2WW (lower dose, 2-3 g/d)

Ideas: nettle, chamomile, lemon balm, skullcap

May do viburnum/wild yam tincture (1:5) very low dose to calm uterus after ovulation (1/2 tsp of combo twice/d; 2 parts viburnum + 1 part wild yam)

Meditation, mindfulness, sleep, continue eating as well as possible

# Support during IVF Cycles

# CoQ10

RCT: pretreatment with CoQ10 200 mg TID x 60 days before IVF cycle in people with poor ovarian reserve

- Increased # retrieved oocytes

- Higher fertilization rate

- More high quality embryos

- Fewer cancelled cycles

- Clinical pregnancy/live birth rates trended higher but not significant

(Xu et al., 2018)

# Antioxidant supplementation?

“In this review, there was low- to very low-quality evidence to show that taking an antioxidant may benefit subfertile women. Overall, there is no evidence of increased risk of miscarriage, multiple births, gastrointestinal effects or ectopic pregnancies, but evidence was of very low quality. At this time, there is limited evidence in support of supplemental oral antioxidants for subfertile women.”

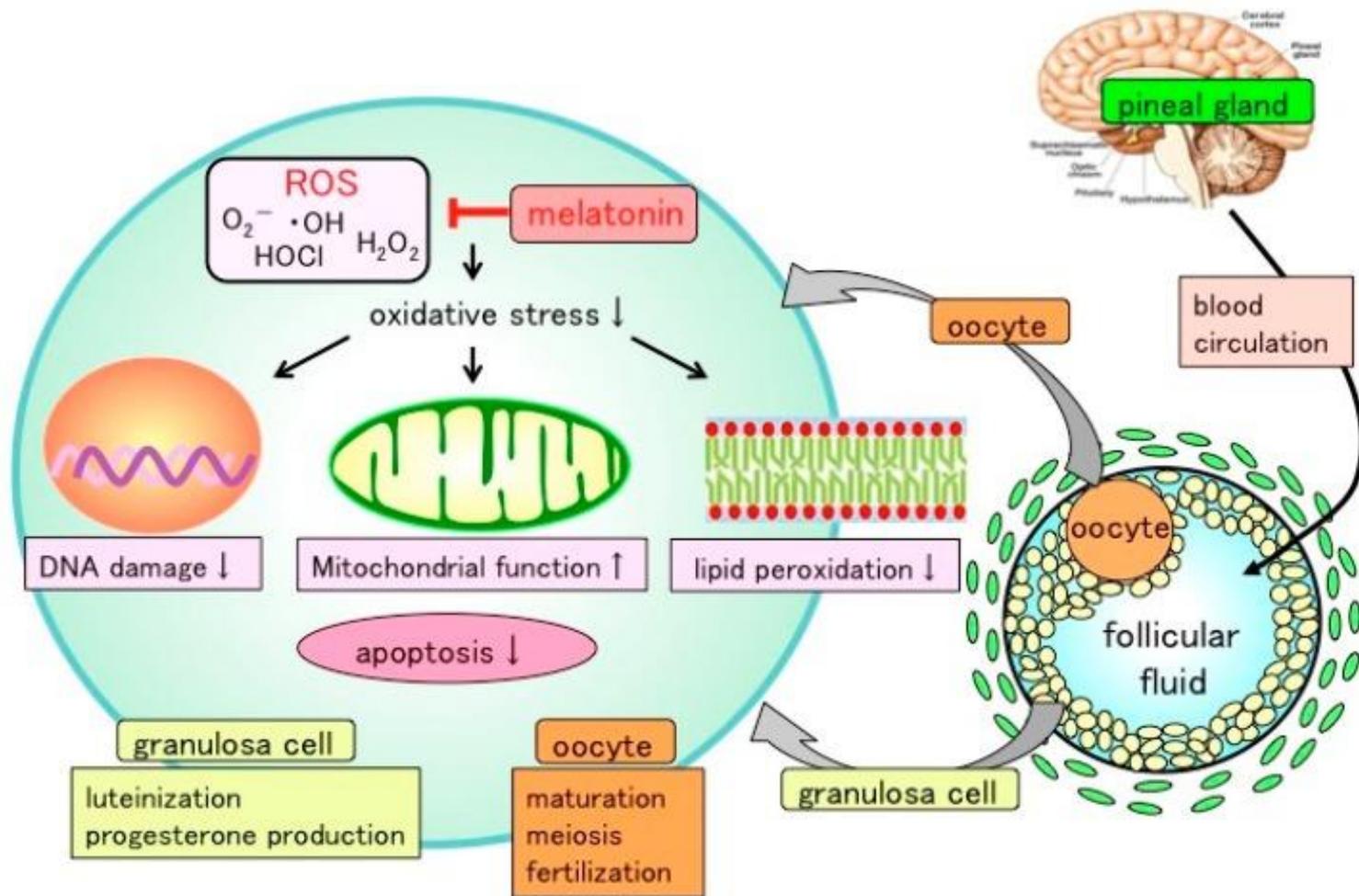
Cochrane Review (Showell et al., 2020)

# Melatonin

Studies are mixed. Recent systematic review/metanalysis (Hu et al., 2020): “Melatonin treatment significantly increases clinical pregnancy rate but not live birth rate in ART cycles. ... also increases # of oocytes collected, matured oocytes, and good quality embryos... no evidence suggests it increases adverse events in ART cycles”

Higher melatonin in follicular fluid associated with increased risk of OHSS (Li et al., 2019)

Dose: 3 mg, 6 mg commonly used



# Presumed action of melatonin in the ovarian follicle

Image from Tamura et al. (2020)

# After an unsuccessful cycle

Address grief/other emotions

Rose petals (*Rosa spp.*), hawthorn (*Crataegus spp.*), passionflower\* (*Passiflora spp.*), pusatilla\* (1 drop dose; toxic; only if trained!) (*Anemone pulsatilla*)

Aromatics

Blue vervain (*Verbena hastata*), motherwort (*Leonorus cardiaca*), skullcap (*Scutellaria lateriflora*), passionflower, California poppy (*Eschscholtzia californica*)

Repro support

*Angelica sinensis*\*, yarrow\* (*Achillea millefolium*)

Liver support

Milk thistle (*Silybum marianum*), dandelion root (*Taraxacum officinale*), fringe tree (*Chionanthus spp.*), bitters in general

*Schisandra chinensis*

Turmeric (*Curcuma longa*)/golden milk

# Thank you for being here!

Slides & References:

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