

The Association of Traditional Chinese Medicine (UK)

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ATCM Response to British Fertility Society' Press Release regarding the Use of Acupuncture in Fertility Treatment

British Fertility Society Secretariat
22 Apex Court
Woodlands
Bradley Stoke
BS32 4JT

10th March 2010

Dear sir/madam

Re: British Fertility Society Press Release regarding the use of acupuncture in fertility treatment

I write to you on behalf of the Association of Traditional Chinese Medicine (UK), or ATCM for short, to express our feelings on your recent Press Release regarding the use of acupuncture in fertility treatment. I would like to start my arguments by citing your Press Release as below:

- “These trials were split into three categories depending on the time when acupuncture was administered: a) around the time of egg removal; b) on the day of embryo transfer; c) on the day of embryo transfer and again 2-3 days later.”
- “No matter at which point in the process acupuncture was given, there was no significant difference in the live birth rate, clinical pregnancy rate or miscarriage rate between patients that had received acupuncture and those that had not.”
- “The British Fertility Society concludes that there is currently no evidence that acupuncture or Chinese herbal medicine, when used in conjunction with assisted fertility treatment, have any beneficial effect on live birth rate, pregnancy rate or miscarriage rate.”

We understand that your press release was based on the findings of a review on 14 clinical trials. Although we do not know the details of trials, from what is stated in your press release, it appears that in all these trials acupuncture was administered only once or twice in certain time of IVF treatment. I have to point out that this is not the way we use acupuncture to assist IVF. In traditional Chinese medicine (TCM) practice, we focus on the general constitutional condition of the patient when treating infertility, aiming to rebalance the body condition and to make the body fit enough and ready for conception and foetus growth. Therefore, we

would use acupuncture once or twice a week for at least 2-3 months before and during IVF procedure, as one of two sessions of acupuncture are surely not adequate to rebalance the body. No wonder that in these trials, “acupuncture” did not make any difference. You would not use 1/10 of normal dose of penicillin to treat pneumonia and then claim that penicillin is not effective for pneumonia.

We do not know what acupuncture point or points were used in these trials but we would presume that the same point(s) were used to all the subject patients (as most medical acupuncturists would do for the same medical condition) in the same trial. Again, this is against the fundamental principle of TCM, as in our practice, we must look at the differences in constitutional patterns as well as the causes for infertility. Therefore, the point selection is very much individualised. There is no such thing existing that one or a few points can be effective to treat any kinds of infertility in all patients regardless constitutional difference. Such tailor-made acupuncture treatment may make randomised controlled trial impossible, but through many centuries of use in TCM practice it has been proven to be most clinically effective way of using acupuncture, and it has been increasingly popular in the UK over last 2-3 decades. Enormous number of cases of infertility successfully treated by acupuncture can speak for us on its efficacy.

Therefore, the 14 trials included in your press release may match the criteria for randomised controlled trials, but the “acupuncture” used in these trials is not based on the fundamental principles of traditional acupuncture we use and thence is not authentic acupuncture in traditional Chinese medicine. Perhaps a different name such as “body-needling therapy” should be given to this type of “acupuncture” in order to avoid any confusion to the public.

Due to such fundamental fault, the trials quoted in your press release were poorly designed and the results were wrong. And consequently, your conclusion based on these trials was not accurate but rather misleading, as a totally contrary conclusion could be made from these trials that “only authentic acupuncture should be used in treating infertility”.

If British Fertility Society would like to investigate the efficacy of real acupuncture for infertility, the ATCM will be more than happy to help. For more information about ATCM please visit www.atcm.co.uk

Yours faithfully,

Huijun Shen, MB, MM (China), MATCM (UK)
President of ATCM