

From “The Treatment of 188 Cases of infertility with Bu Shen Yu Jing Tang (Supplement the Kidneys & Foster the Essence Decoction)” by Li Shi-lin, Shan Xi Zhong Yi (Shanxi Chinese Medicine) #1, 1995, p. 25-26.

The author has treated 188 cases of female infertility with self-composed Bu Shen Yu Jing Tang with markedly good results. These women ranged in age from 22-38 years, with 87% being between 24-28. One hundred seventy-nine suffered from primary infertility and nine from secondary infertility. One hundred sixty-eight had been infertile for two to four years and four cases for more than 20 years.

In terms of their TCM pattern discrimination, 160 cases were categorized as kidney vacuity patterns. Their symptoms included low back fatigue and upper back taxation, fatigued spirit, a dark, somber facial complexion, diminished sexual desire, long, clear urination, irregular menstruation, a pale tongue with a white coating, and a deep, fine or deep, slow pulse. In addition, there was darkness under their lower eyelids and the edges of their tongues showed the marks of their teeth. Twenty cases were categorized as blood stasis and qi stagnation patterns. Their symptoms included chest and lateral costal fullness and oppression, a desire to sigh, lower abdominal pain, which refused pressure, menstruation stagnant, astringent, and not crisp, a dark, purple tongue or static spots on the tongue edges, and a wiry, choppy, or deep, slow pulse. Three cases were categorized as phlegm damp patterns. Their symptoms included a fat, obese body, delayed menstruation, if severe, blocked (i.e., amenorrhea), excessive, thick vaginal discharge, a somber white facial complexion, chest oppression, nausea, a slimy, white tongue coating, and a slippery pulse. In terms of basal body temperature (BBT), these patients' hyperthermal phase was less than 12 days. The curve was also not a single shape but exhibited a tooth-like shape, a crawling slope (i.e., a slow transition phase), or a horse-backed shape.

All 188 women were treated by the methods of supplementing the kidneys, soothing the liver, and fortifying the spleen using self-composed Bu Shen Yu Jing Tang. This formula consisted of: Radix Morindae Officinalis (Ba Ji), Cortex Eucommiae Ulmoidis (Du Zhong), Fructus Psoraleae Corylifoliae (Po Gu Zhi), Semen Cuscutae (Tu Si Zi), Fructus Ligustri Lucidi (Nu Zhen Zi), Fructus Lycii Chinensis (Gan Qi Zi), Fructus Rubi (Fu Pen Zi), Schizandrae Chinensis (Wu Wei Zi), Herba Cistanchis (Rou Cong Rong), Herba Epimedii (Yin Yang Huo), 15g @ Gelatinum Plastris Testudinis (Gui Ban Jiao), Gelatinum Cornu Cervi (Lu Jiao Jiao), 10g @, Retinervis Fascicularis Luffae (Si Gua Lou), Lumbricus (Di Long), Rhizoma Atractylodis Macrocephalae (Bai Zhu), Radix Bupleuri (Chai Hu), Radix Glycyrrhizae (Gan Cao), 6g @.

Before the period, double the amount of Epimedium was used. After the period, Fructus Corni Officinalis (Shan Yu Rou) and both uncooked and prepared Radix Rehmanniae (Sheng Shu Di) were added. If the case leaned more toward kidney yang vacuity, Radix Lateralis Praeparatus Aconiti Carmichaeli (Shu Fu Pian) and Cortex Cinnamomi (Rou Gui) were added. If the case leaned more towards kidney yin vacuity, Herba Ecliptae Prostratae (Han Lian Cao), Tuber Asparagi Cochinchinensis (Tian Dong), and Tuber Ophiopogonis Japonicae (Mai Dong) were added. Commencing on the fifth day of the menstrual cycle, 1 ji was administered per day in two doses, and one whole menstrual cycle equalled one course of treatment.

Cure was defined as conception and delivery of a healthy child within one year of treatment. Fair improvement meant conception but then miscarriage or no conception but improvement of the clinical signs and symptoms. No result meant that there was no conception and no improvement of clinical signs and symptoms in one year of treatment. Based on these criteria, 157 women or 83.5% were cured. Of these, 107 conceived in 1-3 courses of treatment, 20 conceived in 4-6 courses of treatment, 7 conceived in 7-9 courses, and 3 conceived in 10-12 courses of treatment. Twenty-one cases or 11.2% experienced fair improvement. Five cases conceived but then miscarried, and 16 cases saw improvement in their clinical signs and symptoms. Ten cases or 5.3% experience no result. Thus the total amelioration rate was 94.6%

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