

Whole system therapy (SART) is associated with high observed cumulative live birth rates (CLBR) in a cohort of predominantly unfavorable patients

**1.Introduction:** ‘Unfavorable patients’ (higher age, poor egg quality, multiple unsuccessful ART treatments, etc.) remain challenging.  
**2.Objective:** To evaluate whether whole system treatment (SART) improves observed cumulative live birth rates (CLBR) in a cohort of predominantly unfavorable patients.  
**3.Methods:** Analysis of database registry including all patients (n=212) who started SART because of infertility between January 2014 and December 2016, with a follow-up until May 2020. The SART-intervention comprised psychotherapy with somatosensory stimulation (acupuncture, moxibustion), herbs and nutritional supplements, following a biopsychosocial

## WHOLE SYSTEM THERAPY (SART) IMPROVED INFERTILITY TREATMENT OUTCOME IN A VERY UNFAVORABLE PATIENT

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### INTRODUCTION

The patient was 29 when the couple decided to found a family. Due to a previous **sterilization the male partner** underwent TESE in **2011**. The wife suffered from **amenorrhoea** (based on PCO-S), ICSI treatments were performed. After **4 stimulated cycles** (16-20 oocytes, one (OHSS) occurred with consecutive ETs, and 2 FETs in two different fertility centers, yet no pregnancy. The couple felt exhausted and depressed. In 2013, the husband underwent a **microsurgical refertilization** which led to normozoospermia.

In 2014, the couple consulted the third fertility center. Because of an additional high HLA haplotype identity a LIT (lymphocyte immunization therapy) was undertaken, supported by the application of G-CSF (granulocyte colony-stimulating-factor) as off-label use. The enhanced toxicity of peripheral NK cells was treated with soya lipid infusions. After a renewed IVF treatment attempt in 2014, all pronuclear stages were frozen. Two ET were carried out in HRT supported cycles, however, with a **poor morphological embryo quality** on day 5 and again no pregnancy. Socially they retreated from friends and family and their positive world view vanished. They tried every possible treatment including healers, reflexology, changing nutrition. The patient started marathon and triathlon competitions, but emptiness, helplessness, sadness and anger grew continuously stronger. In a third attempt, the embryo quality was too poor for further ETs.

In **2014**, the responsible physician in the last fertility center recommended a **whole system therapy (SART)**.(1,2) After typological assessment of the patients' constitution, the intervention comprised psychotherapy with somatosensory stimulation (acupuncture, moxibustion), herbs and nutritional supplements. Former adverse life events were released and slowly, well-being increased.

### RESULTS

In 2015 the patient started to menstruate regularly for the first time since puberty. She concentrated on her career and began returning. **Now a natural cycle - IVF was possible, and resulted in 2017, after 3 years of regular monthly SART treatment, in a transient enhanced level of hCG. The second natural cycle-IVF in 2018 led to an ongoing pregnancy and parturition of a healthy baby at term. In 2020, the patient became pregnant again, now a spontaneous conception, awaiting delivery soon.**

### CONCLUSION

Our **conclusion** is that treatment of the person as a whole can restore fecundity and promote well-being even **after years of unsuccessful ART treatment**.

Patient can benefit from approaches integrating different therapeutic methods for mind and body .

### REFERENCES

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To our patient, that gave written consent and provided an actual portrait for  
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