Extent of acupuncture practice for infertility in the United Kingdom: experiences and perceptions of the practitioners

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Objective: To investigate acupuncture practitioners’ experience and perceptions of supporting patients presenting with fertility issues.

Design: Questionnaire survey.

Setting: British Acupuncture Council.

Patient(s): British Acupuncture Council acupuncture practitioners.

Intervention(s): Questionnaire designed for the study, by post and online.

Main Outcome Measure(s): Questions on education and training, size and nature of practice, liaison with conventional care, and perceptions about use of acupuncture for fertility issues.

Result(s): Questionnaires were sent to 2,580 practitioners. Of 861 responses, 15% of practitioners supporting fertility issues said this constituted a large proportion of their case load. Eighty percent of practitioners reported most fertility work was related to assisted conception. More than 60% had specialist training. Practitioners’ perceived benefits included stress reduction, relaxation, regulation of menstrual cycle, and emotional support. Emotional burden on both patients and practitioners was recognized and the limits of therapy. Point-specific acupuncture protocols were common (70%). Thirteen percent reported problems working with physicians. Use of acupuncture for male fertility issues was uncommon.

Conclusion(s): A minority of acupuncturists have become specialists in supporting fertility issues. The use of an acupuncture protocol is common but does not conform to traditional acupuncture as it is taught and practiced for other conditions. (Fertil Steril® 2010;94:2569–73. ©2010 by American Society for Reproductive Medicine.)

Key Words: Acupuncture, practitioners, patient expectations, fertility, survey

Acupuncture is used commonly in China to treat male and female fertility and gynecologic conditions (1). In Western countries gynecologic and andrologic complaints are less prominent in acupuncture patient profiles compared with musculoskeletal pain (2). This changed after a publication demonstrating that Chinese acupuncture added to IVF or intracytoplasmic sperm injection significantly improved pregnancy rates (3).

Meta-analysis of seven clinical trials (published since 2002) on acupuncture used to support IVF (N = 1,366) suggested improved rates of pregnancy (4). Acupuncture given within 1 day of ET was compared with either sham acupuncture or no additional treatment. Women having acupuncture were 91% more likely to have a live birth. The systematic review of Cheong et al. (5) determined that acupuncture (on the day of ET) may be beneficial for live birth rate (odds ratio 1.89) whereas El-Toukhy et al. (6) concluded that there was insufficient evidence. A subsequent study reported that sham outperformed verum, but the sham itself appeared to be an active intervention (7).

Observational studies in China indicated that acupuncture may help to normalize menstrual cycles and stimulate ovulation (8–15). Studies on polycystic ovary syndrome, amenorrhea, and oligomenorrhea have demonstrated positive effects (16). Changes in hormone profiles and suggested physiologic mechanisms have been reported (10, 15–19).

There are few controlled trials of acupuncture to improve natural fertility. Gerhard and Postneek (20) found similar pregnancy rates, but significantly fewer side effects, for acupuncture compared with best orthodox treatment. Acupuncture has delivered significantly better pregnancy outcomes than Western drugs in Chinese studies (21–24).

Acupuncture research on male factor infertility has focused almost entirely on sperm abnormalities. Improvements in sperm quality have been noted in several small controlled trials (25–27). Research suggests that acupuncture increases sperm output where scrotal temperatures are high and genital tracts inflamed (28). Patient (29, 30) and practitioner (30) experiences of acupuncture fertility treatment were positive in two small studies.

The British Acupuncture Council decided to fund this research given the increasing demand for acupuncture treatment for fertility-related issues (31), evidence of increasing acupuncturists’
specialization in gynecology and obstetrics, and results from efficacy studies. The British Acupuncture Council is a professional register of United Kingdom traditional acupuncturists. Entry to the register is determined by completion of a course of study approved by an independent body (the British Acupuncture Accreditation Board). The aim of this study was to explore acupuncturists’ experience of treating fertility and their related issues within clinical practice.

MATERIALS AND METHODS

With British Acupuncture Council approval, all its members (N = 2,580) were asked to complete a questionnaire on their education and training, size and nature of practice, liaison with conventional care, and perceptions about acupuncture use for fertility issues. Open questions allowed the collection of qualitative data. The questionnaire was inserted into the June 2007 edition of The Acupuncturist (a journal sent to all members). The pack contained a prepaid envelope. Instructions also were provided for those members who wished to complete the survey online using SurveyMonkey, an electronic data collection tool. All postal questionnaire replies were added to the database. Reminders were sent in August 2007 and October 2007. The survey closed at the end of December 2007.

Quantitative data were analyzed with use of SPSS software (SPSS, Inc., Chicago, IL). Univariate descriptive statistics were calculated for interval/ratio variables and frequencies and percentages for categorical data. The effects of other variables on the numbers of new fertility patients recruited in the previous year were examined with use of bivariate analysis. Spearman correlation coefficients were calculated for interval/ratio variables and Student’s t test or a one-way analysis of variance for categorical variables. The diverse qualitative data obtained from practitioners’ responses to 11 questions were content analyzed and grouped into themes for further analysis. Atlas.ti software (Atlas.ti Scientific Software Development GmbH, Germany) was used to facilitate labeling and retrieval of quotes.

RESULTS

Respondents’ Characteristics

A total of 861 acupuncturists replied, a 33% response rate. Of the respondents, 73% were female with an average of 11 years in practice. The mean number of patients per week for any condition was 20.5, but 85% of practitioners saw between one and 20 patients per week. Various different traditional styles of acupuncture were represented: traditional Chinese medicine and five element predominated; 32% also prescribed herbs.

Size and Nature of Fertility-related Practice

The mean numbers of new infertility patients per practitioner per year were 15 women and 2 men (median values 6 and 0, respectively). Distributions were highly skewed: 17 practitioners (2.0%) saw in excess of 750. For 71% of respondents, fertility patients constituted a small or insignificant part of their practice, for 15% a large proportion or most of their practice.

Traditional Chinese medicine–style practitioners saw significantly (P=.033) larger numbers of female fertility patients than practitioners using other acupuncture styles; there was no such difference for male patients. There were no significant differences in numbers of fertility patients (male or female) in respect to practitioner gender or experience or practice location.

Common symptoms and medical conditions related to infertility were irregular cycles, polycystic ovaries, and endometriosis (for women) and abnormal sperm (for men). Medically unexplained infertility was high for both sexes. Practitioners believed acupuncture was most suitable for problematic menstrual cycles (25.1%), unexplained infertility (21.2%), stress (16.2%), and IVF (15.4%), but 26.4% thought it was suitable for most fertility issues. Nearly 80% of practitioners reported that a substantial proportion of their fertility work was related to assisted conception. A set protocol with predetermined points around the time period of egg collection and/or ET was used, at least in part, by 70% (419/596). The Paulus protocol was most popular (3).

Perceived Advantages and Benefits of Using Acupuncture for Fertility Problems

Content analysis of qualitative responses on the benefits and advantages of using acupuncture for fertility issues highlighted various main themes (Table 1). A total of 683 (79%) practitioners answered this question, some providing more than one answer.

Stress and relaxation Nearly a fifth of practitioners identified reduced stress levels and improved relaxation as benefits of acupuncture. Quotations from the respondents: “Acupuncture by its very nature will help patients to relax and stabilize their emotional state—which can be an underlying cause in fertility.” “Western fertility treatment is a stressful period, which may reduce the likelihood of conception. Acupuncture can help to manage the anxiety, get the body and mind more receptive to conception.”

Holistic The holistic nature of the approach was emphasized by 17% of respondents, reporting physical, mental, and emotional aspects, treating underlying causes, balancing energy, and improving general health and fertility: “A therapeutic relationship in the context of fertility and a holistic approach. It [fertility] is an area where most biomedical care is very production line oriented, and not attuned to any nuance in what couples might want help with.” “[Acupuncture] can be used as a natural method of increasing fertility through strengthening meridian and energy movement, balancing the whole body before pregnancy.”

Acupuncture perceived as effective For 12% of practitioners, acupuncture’s advantage was its effectiveness for fertility, particularly “unexplained” fertility, and maximizing IVF success.

Menstrual regulation Acupuncture was seen as effective for menstrual cycle/hormonal regulation: “Increase follicle stimulation/ovulation, regulate cycle, reduce dysmenorrhea, promote period.” “Return to healthier uterus/ovary/cycle and support better hormonal balance.”

### TABLE 1

<table>
<thead>
<tr>
<th>Advantages and benefits</th>
<th>No. (%) of responses</th>
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<tr>
<td>Stress reduction/relaxation</td>
<td>127 (18.6)</td>
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<tr>
<td>Holistic approach</td>
<td>116 (17.0)</td>
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<tr>
<td>Effectiveness</td>
<td>80 (11.7)</td>
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<tr>
<td>Regulation of menstrual cycle</td>
<td>72 (10.5)</td>
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<tr>
<td>Emotional/spiritual support</td>
<td>60 (8.8)</td>
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<tr>
<td>Conventional side effects reduced/less invasive</td>
<td>56 (8.2)</td>
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<tr>
<td>Patient empowerment and education</td>
<td>56 (8.2)</td>
</tr>
<tr>
<td>Works alongside conventional medicine</td>
<td>38 (5.6)</td>
</tr>
<tr>
<td>Avoidance of conventional medicine</td>
<td>17 (2.5)</td>
</tr>
<tr>
<td>Cost (cheaper than IVF)</td>
<td>10 (1.5)</td>
</tr>
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Support for patients Nearly 10% of acupuncturists highlighted the emotional support provided for patients by acupuncture. More than 8% considered patient empowerment essential, in addition to establishing a good rapport: “Recent feedback (in my practice) indicated ALL find emotional support invaluable and the talking aspect.” “Empowerment of the patient is central; by dialogue, keeping temperature charts, doing self-examination, etc.” “Helps them to relax and feel able to cope with everything.”

Reduced side effects Eight percent of practitioners said patients regarded acupuncture as natural and safe and with few or no side effects: “Main advantage is the lack of side effects that accompany western drugs.” “Safe and natural option for people to enhance their fertility.”

Works alongside conventional medicine Some practitioners (5.6%) noted that acupuncture was used successfully in parallel with conventional medicine: “Acupuncture can also be used effectively alongside conventional medical interventions e.g. Clomid for ovulatory stimulation or IVF cycles to help women balance their bodies.”

Perceived Concerns About Acupuncture Treatment for Fertility More than a quarter of 617 respondents reported no specific concerns or problems regarding acupuncture for fertility. The remainder described various issues (Table 2).

High expectations A commonly perceived problem was high patient expectation, sometimes thought to be “unrealistic”: in this “culture of prolonged fertility, patients expect to be able to conceive regardless of age or other health issues.”

Acupuncturists suggested that high expectations originated from the promise of IVF and the desperation of patients for whom “all hopes are pinned” on acupuncture. Acupuncturists reported having to: “manage” the high expectations and be clear and realistic; explain and educate; not offer “false hope” nor “give them unrealistic expectation” in guaranteeing pregnancy and recognize that certain people/conditions were untreatable. “They [acupuncturists] need to act responsibly, because these patients are very vulnerable and need to know the truth about treatment.”

Working with conventional medicine Problems working alongside conventional medicine, identified by 81 respondents, included lack of support or approval from health care practitioners (described as “cynical,” “hostile,” “apathetic,” and “disapproving,” with a “lack of understanding of, or interest in acupuncture”). They experienced “negative reactions from closed-minded medics committed to high tech/invasive treatments.”

Lack of communication and liaison was also reported: “Some GP are responsive to feedback about their patients receiving acupuncture treatment. Most are not accessible. The nurses in the fertility centre near my practice are responsive but the consultants are not.”

Some practitioners informed physicians or midwives about patients’ acupuncture treatment or encouraged the patients to do so, or left it to their discretion: “I ask the client to inform the clinic: acupuncture. I always keep abreast of the treatment the client is receiving. Patients have come in confidence and don’t wish treatment to be divulged.”

Acupuncturists recognized the need to understand conventional treatment, keep up with the latest procedures, and use diagnostic results: “Important for practitioners to understand the benefits of biomedical investigations—and the importance of having some data perhaps before beginning—is it ethical to treat a woman week after week if she has an FSH of 16 or 17.” Some were concerned about the effects of strong fertility drugs “fighting against the cold and stagnation of the drugs and hormones given by Western doctors.”

They feared that working with conventional medicine could lead acupuncture into a standardized, subsidiary role: “Western medical paradigm is so dominant here that acupuncture can get hemmed in—becoming just an adjunct to it and the acupuncturist seen as a technician.”

Of 733 acupuncturists, 4% worked in fertility clinics, 5% regularly informed health care practitioners about acupuncture treatment, 16% had tried to work with medical colleagues but had had no response, and 28% had received some response. Fifty-six percent had not tried to liaise at all.

Emotional issues Infertility treatment was perceived as highly emotional for patients; acupuncturists needed counseling and support skills:

The emotional burden and the possibility of burnout could be reduced by practitioners “keeping their emotional boundaries.” “Highly charged emotional patients to support.” “Emotional roller coaster, needs careful support.” “It is an emotional journey for patient and practitioner—feeling secure our decisions regarding treatment really help.”

Education Acupuncturists recognized the need for specialist up-to-date knowledge, on both conventional and Chinese medicine, psychologic and counseling skills, and research awareness. Postgraduate training for 62% was through courses run by practitioners perceived as experts in the field. “Lack of proper training in this area and lack of recognition of specialisation equals danger and misleading to public.”

In vitro fertilization Compared with natural fertility treatment, acupuncture with IVF was seen to emphasize the difficulties and specialist training needs: “patients tend to be very clued up on their
assisted conception treatments and so acupuncturists in this area need to have in-depth specialist knowledge to gain credibility and trust.” In addition, the practitioner has to be available, flexible, and aware of drug-acupuncture-herb interactions.

Some viewed assisted conception as unnatural and unethical, pushing acupuncture away from traditional, holistic practice: “I think down-regulation by drugs contradicts the acupuncture role of enhancing homeostasis.” “If we are to be successful in our treatment of fertility then we should strive to maintain individuality of treatment, which is an integral part of Chinese medicine, and defend the importance of this treatment method in our reasoning.”

Possible blame and even litigation if conception failed were also an issue: “if IVF goes badly they worry it was the ‘fault’ of acupuncture.”

**Time and money** Many recognized that the time required for acupuncture was a problem. Some patients cannot afford to continue, or have insufficient time for acupuncture before starting IVF: “Older patients (over 40) have limited time for treatment.” “Patients [have] to have treatment months before trying to conceive in order to restore their energy to the maximum before conception.”

**Limitations to acupuncture** Practitioners commented on the need to recognize the limits of therapy, inform patients, and refer on or stop treatment if appropriate. Medical intervention was mentioned, especially for polycystic ovary syndrome, abortion damage, endometriosis, or blocked tubes.

Practitioners (74%) thought that patients need to consider dietary changes, and 30% stressed the importance of advising on stress, drugs, and smoking reduction. “I find it much more effective when combined with Chinese herbs; worried that acupuncture alone not enough for these people.” “Depending on the patient’s age I’m careful to refer on for conventional treatment after 6 months (responsibility).” “When do we call it a day?” “It’s very individual. It depends on so many factors such as timing, age, rapport, ability to take on board lifestyle and nutritional changes, ability to pay for enough sessions to get results.”

**All-or-none outcomes** The main focus was usually on pregnancy and not ongoing progress: “Positive changes occur in fertility treatment but difficult to get focus away from pregnant/not pregnant in some people.”

**Patient information** Practitioners found patients knowledgeable about conventional fertility treatment but often lacking understanding about important aspects of acupuncture, especially the duration of treatment required and benefits of using acupuncture alone, without IVF.

**DISCUSSION**

This is the first large survey of acupuncturists’ views on treating fertility problems, comprising a third of British Acupuncture Council traditional United Kingdom acupuncturists. The sample reflects the preponderance of female members (73% vs. 66%, respectively) and average years in practice (11 vs. 12) (32). It is likely that the response was higher from members with a particular interest in fertility.

Most practitioners saw only a few fertility patients as part of their regular caseload. For a minority these patients had become a specialty and were a substantial proportion of their practice. This is a new development for a United Kingdom profession with no formal system of specialist postgraduate training or certification. Most acupuncturists in Western countries are general practitioners. There is debate within the profession about the extent, nature, and provision of specialist fertility training, and under what circumstances it may become a formal requirement for practice.

More than 60% of respondents had postqualification acupuncture and fertility training, but opinion varied whether this was essential. Some questioned whether practitioners without such training should work in this area; others believed that overspecialization could detract from the holistic nature and longer-term effectiveness of the treatment. There are increasing numbers of courses and some networks of special-interest practitioners in the United Kingdom. North America has an organization that approves training courses and examines and registers practitioners as specialists in oriental reproductive medicine (33).

Education was perceived as necessary to keep up-to-date with the latest medical interventions and Chinese medicine approaches for fertility in more depth than in undergraduate courses. Counseling and interpersonal skills were seen largely as part of the normal competencies of traditional acupuncturists. Large numbers of practitioners did not consider that treating infertile patients posed any particular problems (over and above those with any other presenting condition). Some said that it was a happy and rewarding experience; others confessed that the emotional and expectational burden was overwhelming.

The bulk of patients presenting for fertility treatment combine acupuncture with conventional assisted conception. Interestingly, the IVF: Paulus protocol was used by many practitioners despite their traditional background and lack of evidence to support this approach (3). This protocol is based in traditional Chinese medicine practices but employs a fixed-points formula rather than an individualized approach. Some practitioners used it as a starting point, to be amended as suited each patient. Those working in conventional fertility centers may have to use a fixed protocol to meet patient throughput quotas or as specified in their contract.

Practitioners commonly believed that acupuncture promotes relaxation and reduces stress and these are major benefits for all types of infertile patients, enhancing their quality of life and encouraging a normalization of reproductive physiologic processes. This was seen as part of a holistic picture where acupuncture promotes natural healing; addresses physical, mental, and emotional levels together; and diagnoses and treats underlying patterns of ill health, as well as specific symptoms. They also considered that the therapeutic relationship was crucial for promoting self-confidence, self-help, and empowerment, identified as characteristic of traditional acupuncture (34).

Acupuncture was regarded by some as a particularly good choice to use alongside conventional medicine, but also as a stand-alone therapy option, allowing patients to avoid conventional treatments. Most practitioners recognized that Western scientific knowledge and procedures may impinge on traditionally based approaches, possibly to enhance them but possibly to complicate them or diminish their effectiveness. Few had established working relationships with physicians; their experience of trying to liaise with conventional medical services was generally negative. The extent and nature of communication between complementary and conventional providers rarely has been investigated (35, 36).

Most practitioners considered acupuncture to be effective and well suited to treating patients with fertility-related issues but were aware of limitations and situations for referral to conventional treatment or other alternatives. Although acupuncture is cheaper than most conventional approaches, practitioners thought that women perceived a potentially long course of private treatment as too expensive.

Many of the benefits identified (effectiveness, safety, support for emotional stress, balancing action, adding to orthodox treatment)
also have been emphasized by patients receiving acupuncture ad-
junctive to IVF (29). In vitro fertilization is attractive to acupuncture
researchers because the intervention can be standardized and
delivered over a very short timescale. Other areas of fertility have
attracted less research, and acupuncture potentially could make
the greatest contribution, particularly if a proportion of the countless
couples with unexplained infertility could be helped to conceive na-
 turally before embarking on the assisted conception route. Acupunc-
ture complementing orthodox medicine and integrated services
could be attractive to patients and the National Health Service. It
is ironic then that acupuncture is used most frequently as an adjunct
to assisted reproductive therapy, where its scope is limited. The use
of fixed protocols saves treatment time and money and may encour-
age conventional health service providers to consider training exist-
 ing staff rather than using professional acupuncturists (37). Tra di tional approaches may provide more sustained and wide-
ranging benefits potentially useful to a greater range of patients. Fur-
ther research is required to evaluate the relative merits of these two
approaches.

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