

An Overview of Restorative Reproductive Medicine

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Restorative reproductive medicine (RRM) is an approach to health care designed to identify and treat root causes of reproductive or hormonal dysfunction to restore the reproductive system to the way it is designed to function. Although infertility is commonly labeled as a causal diagnosis of reproductive concerns, it is not the root cause but rather a symptom; RRM thus seeks to identify and treat the true underlying causes of infertility to restore health and fertility.

The reproductive system is the only system in the human body that requires cooperation with another human being to function to its full capacity. The goal of the reproductive system is to enable a person to reproduce, but human beings do not reproduce on their own. For a man and a woman to reproduce, the male sperm must fertilize the female ovum (egg) to create a genetically unique human being. In some cases, it is difficult to assess whether the reproductive system is fully functional until a couple attempts to have children.

More couples are now unable to conceive, a condition known as infertility. The standard medical definition of infertility is an inability to conceive after one year of random acts of intercourse. In couples who engage in fertility-focused intercourse, infertility is defined as the inability to conceive after six months. The couple learns to identify the days when a woman is likely fertile—the fertile window—and has sexual relations during that window.

In women who are over thirty-five years old, if the couple is unable to conceive after six months of random acts of intercourse, they are deemed infertile. Given the precipitous decline in fertility

as women and men age, this designation should expedite the clinical evaluation to identify and treat potential root causes of infertility.

Infertility and Fertility Awareness–Based Methods

Although healthy men are almost always fertile, healthy women of reproductive age are almost always infertile. In women, the fertile window typically lasts only three to six days per cycle. Identifying a woman's window of fertility is key to successful reproduction, which is a distinct advantage of using fertility awareness–based methods (FABMs). With FABMs, women can track observable signs (external physical biomarkers) that reflect internal hormonal changes, empowering a woman to identify the time when she may be able to conceive during each cycle. Research demonstrates that in a healthy ovulating woman, the probability of pregnancy in any one cycle is only 20–25 percent.¹

Many medical professionals mistakenly view infertility as a disease when it is, in fact, a symptom of underlying conditions that contribute to a couple's inability to procreate. In most cases, infertility does not result from a single factor but multiple underlying health issues present in males and females. Infertility is due to a female factor 30

1 Allen J. Wilcox, David Dunson, and Donna Day Baird, "The Timing of the 'Fertile Window' in the Menstrual Cycle: Day Specific Estimates from a Prospective Study," *BMJ* 321 (2000): 1259–62, <https://doi.org/10.1136/bmj.321.7271.1259>.

percent of the time, a male factor 30 percent of the time, and combined female and male factors 40 percent of the time. Medical care is incomplete, and we do a disservice to our patients if we do not consider potential underlying causes of infertility and treat them in both the man and the woman.

When a woman charts her cycle with a FABM, this provides a daily diary of her hormonal health and allows medical professionals trained in RRM to identify underlying abnormalities. Multiple evidence-based natural methods are available that use various observable signs or biomarkers; these include a woman's cervical fluid secretions (cervical mucus), the menstrual bleed (period), basal body temperature, and urinary hormones. FABMs that enable a woman to track her cycle using these biomarkers include the Billings Ovulation Method, the Creighton Model, the Sympto-Thermal Method, Fertility Education and Medical Management, the Marquette Model, and NeoFertility.

The American College of Obstetricians and Gynecologists and the American Academy of Pediatrics recognize the female menstrual cycle as the "fifth vital sign." For a woman, her cycle is a vital sign as valuable as her temperature or blood pressure. In most cases of infertility, a likely diagnosis can be discovered through the medical history and the chart of a woman's cycle, which reflects the details of her daily hormonal changes.

Restorative Reproductive Medicine Protocols

Once the underlying causes of infertility have been identified, clinicians trained in RRM seek to treat these causes. Using medical protocols developed in conjunction with FABMs, our goal is to restore the reproductive health of the female and male body to enable a couple to procreate naturally.

Several comprehensive medical protocols have been developed, including Natural Procreative Technology (NaProTechnology), which is based on the Creighton Model. NaProTechnology aims to identify and treat underlying conditions through medical and surgical management to facilitate natural procreation. Dr. Phil Boyle, who was trained in NaProTechnology, has since developed NeoFertility, which can be used with the ChartNeo

app or other FABMs to expand treatment options for infertility. NeoFertility is the newest RRM approach and seeks to address many more of the underlying issues that can contribute to infertility, including hormonal imbalances as well as autoimmune and inflammatory conditions. Fertility Education and Medical Management (FEMM) collaborates closely with the Reproductive Health Research Institute to address a wide range of women's hormonal health issues using evidence-based medical protocols.

A Patient Story

As a family physician, when I see a couple with infertility, I evaluate and treat the couple, not just the woman. Using an RRM approach, I consider potential reproductive health conditions in women, such as endometriosis, polycystic ovary syndrome (PCOS), and uterine fibroids, and conditions in men, including insulin resistance, high blood pressure, and poor sperm quality. After a thorough evaluation, I may refer patients to other specialists trained in RRM, such as surgeons and nutritionists, to assist with the management of the underlying conditions causing infertility. In restorative medicine, collaboration is key, and each medical professional plays a unique role.

For example, a thirty-year-old woman presented to my practice with secondary infertility and recurrent miscarriage. She had been previously diagnosed with infertility and PCOS, and after a minor diagnostic surgery, she conceived and had a child. However, two years later, when the couple started trying to expand their family, they experienced a miscarriage. Then another, and another. After her third miscarriage, a reproductive endocrinology and infertility (REI) physician recommended in vitro fertilization (IVF). She questioned the advice as her difficulty was not in *getting* pregnant but *staying* pregnant; at that point, she found my practice.

Almost immediately, we identified multiple factors contributing to her recurrent miscarriages and now secondary infertility. To address her PCOS, I helped her change her diet. I also diagnosed Hashimoto's thyroiditis and began treatment. Several hormonal issues were identified, and

it became clear she not only had PCOS but potentially endometriosis as well. As this condition is beyond the scope of my family medicine practice, I explained that I needed to engage the services of a restorative reproductive medicine colleague.

I referred her to a NaProTechnology trained surgeon who performed surgery for PCOS, and the patient conceived two months later. Given her history of recurrent miscarriage, we used progesterone supplementation to support her natural hormones, and, ultimately, she carried the child to term. Five years after the birth of her first child, she welcomed her second. By restoring this woman's reproductive system to the way it was designed to function, this couple conceived their third child less than two years later without any additional interventions.

A Comprehensive Approach to Women's Health

So what sets restorative reproductive medicine apart from conventional reproductive endocrinology and infertility (REI)?

The difference between REI, the mainstream approach to treating infertility, and restorative

reproductive medicine is that REI treats *infertility itself* as the disease rather than as a symptom of underlying causes. REI seeks to treat infertility by producing embryos in test tubes rather than treating its cause. The embryo must then be transferred back into the woman's body to carry the child to term. By not identifying root causes of infertility, REI may lead to pregnancy loss because the woman is not healthy enough to carry the child to a full-term delivery. If the answer was simply creating the embryo in the test tube, then assisted reproductive technology would have a 100 percent success rate, but it does not.

In contrast to assisted reproductive technologies (ART), RRM offers a comprehensive approach focused on identifying and treating root causes of infertility to make women and men healthy and fertile again. RRM restores natural fertility and effectively treats common causes of infertility, such as endometriosis and PCOS, while also leading to healthier individuals and couples. Treating underlying conditions that cause infertility should be the goal of every medical professional who cares for these patients, and restorative reproductive medicine is an effective, patient-centered approach to achieve this goal.

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