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The Foundation of John Paul II Institute of Marital Infertility Treatment, Poland

NaProTechnology® as infertility treatment, first experiences in Poland

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1

I would like to thank the organisers very warmly for inviting me to speak to such a distinguished audience. My experience is only limited and the results of our work can not be presented in the form of statistical research, but I will attempt to outline how NaProTechnology arrived in Poland and a few real examples from clinical practice in infertility treatment. I would like to emphasize that throughout my 20 year career in Obstetrics and Gynaecology I did not really work in the field of infertility treatment until recently. I worked on an Obstetrics and Gynaecology ward and in a day-surgery that would cover a whole range of Ob-Gyn issues, from cytology to colposcopy, pregnancy management, births and surgical treatments. I would recommend natural family planning to my patients as an alternative to contraception, but always indicating that what is most important and best is to welcome and give birth to children rather than avoid their conception at all costs.

At the beginning of my career in 1989, Gynaecology was presented to me not as a specialty but as a specific mentality associated first and foremost with carrying out abortions and applying other methods of birth control – tubal ligation, Intra Uterine Devices, Birth Controll Pills. Infertility treatment was presented as a way of crossing multiple ethical boundaries – starting with instructing patients to masturbate to provide sperm samples for analysis, via attempts at insemination and ending with ‘fertilization in test tubes’ - IVF. The end of the twentieth century heralded a new language in gynaecology and infertility treatment. Concepts such as Reproductive Medicine and Assisted Reproductive Techniques started to be promoted and the association between these words and cattle breeding, veterinary practice and zootechnology is obvious to many peoply.

2

I was fortunate in that I could do my work without being forced to carry out proceedures and actions which were opposed to my ethical convictions and I never imagined I would ever concentrate on infertility treatment for the reasons I mentioned above. Finally, I would like to emphasize that I wouldn’t be here where I am as a man, husband and father, and I certainly would not be a gynecologist if not for the graces I have received over the last 27 years from the Catholic Church, especially through the the Neocatechumenate Way guiding on the path of conversion, the path of faith.

2

I came across the concept of NaProTechnology – a modern gynaecological science which had adopted a different foundational value system than had been adopted by the mainstream - for the first time on the website of the Institute of Pope Paul VI in 2004.

I would like to give an outline of the development of NaProTechnology in Poland. Its buoyant growth is something we owe mainly to the help of the Church, several bishops, priests as well as many lay people engaged in the pastoral care of families (this would be promotional support as well as financial help, especially at the beginning). This support became very strong in the wake of ongoing political debates about implementing legislative regulations for ARTs (especially IVF) and the push for state healthcare funding for IVF. Poland still has no bioethics legislature, nor other necessary pieces of legislature. NaPro Technology has become the response, the alternative to be promoted, adopted by many to counter the left-wing agenda of full liberalization and public funding for ARTs.

3

In May 2007, Mrs Janina Filipczuk invited Professor Thomas Hilgers from Omaha (Nebraska), and his wife, Susan as well as Professor Joseph Stanford from Salt Lake City (Utah), as speakers to a Congress of Ecological Medicine at the Jagiellonian University in Kraków.

4

In October 2007, dr Phil Boyle came to speak at an International Conference entitled 'Gynaecology – Ethical hence Human" organized by Prof. Bogdan Chazan and Maria Srodon on behalf of MaterCare International. He presented NaProTechnology and his experiences in Ireland.

In the same year, the first Polish CrMS practicioner Mrs Agnieszka Pietrusińska and the first Medical Consultant - dr Piotr Klimas, started their training in Creighton Model & Naprotechnology in the United States.

5

The John Paul II Foundation Institute of Marital Infertility Treatment was established by me in April 2008. We asked our Archbishop, who has recently departed from us, for a blessing. Shortly afterwards, the Foundation organized a conference in Homl in Bielorussia entitled: 'Gynaecology and Obstetrics and the Teaching of the Catholic Church". For the first time ever, we spoke on the subject of NaProTechnology in Bielorussia.

6 & 7

Several polish doctors have had the possibility to join international NaProTechnology conferences in Galway and in Rome in 2008

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At the end of November 2008,
the Foundation hosted the first course in the Creighton Model FertilityCare System which was ran by a team led by Mrs Janina Filipczuk.

9

On 21 – 22 March 2009, a MaterCare conference entitled: 'NaProTechnology – medical and ethical challenges in modern gynaecology' with dr Boyle as a speaker, gathered over 500 delegates including 84 doctors, of whom 44 were gynaecologists of the National Gynaecology-Obstetrics Section of the Polish Catholic Medical Association.

10

An international conference entitled „NaProTechnology – Lublin 2009" hosted Prof. Thomas & Mrs Hilgers, professor Joseph Stanford, Dr Phil Boyle, Dr Mark Stegman, and several professors from Poland, on the 12th and 13th September in Lublin. The conference had approximately 300 participants, including over 150 medical doctors from all parts of Poland, Byelorussia, Germany and the Ukraine.

In October 2009, the John Paul II Foundation Institute of the Treatment of Marital Infertility (ILNM) enabled the first courses for participants from the Ukraine, including a medical consultant and a practitioner.

11

On 12th February 2010, dr Maciej Barczentewicz gave a presentation on NaProTechnology to a Session of the Bioethics Commission of the Moscow Patriarchate in Moscow. In October, dr Anna Dzioba gave a presentation on NaProTechnology in Lwow in the Ukraine.

12

In 2010, thanks to the efforts of Prof Bogdan Chazan and dr Piotr Klimas, the Hospital of the Holy Family in Warsaw prepared to be in the position to offer surgical interventions in accordance with the protocols developed by NaProTechnology. A KTP laser for the vaporisation of endometriosis was purchased and several doctors went to Omaha to train in the use of laser techniques for infertility treatment.

At present, there are 20 NPT Medical Consultants and NPT Medical Consultant interns working and training in Poland supported by approximately 50 Fertility Care Practitioners and FCP Interns. The Fertility Care Center Poland is being currently constituted under the leadership of dr Piotr Klimas. A Polish edition of training materials is currently also in the pipeline.

13

It is also my honour to present the Fides et Ratio medal which was awarded by the University Fides et Ratio Association to dr Phil Boyle. The Fides et Ratio association reminds us of the encyclical by John Paul II both in its name and in its actions and the back of the medal has an inscription that faith and reason are like two wings which is a reference to the introduction to the encyclical: Faith and reason are like two wings on which the human spirit rises to the contemplation of truth; and God has placed in the human heart a desire to know the truth—in a word, to know himself—so that, by

4

knowing and loving God, men
and women may also come to the fullness of truth about themselves (cf. *Ex* 33:18; *Ps* 27:8-9; 63:2-3; *Jn* 14:8; *1 Jn* 3:2)

This medal I'm now presenting was also awarded to prof Thomas Hilgers, Mrs Janina Filipczuk dr Piotr Klimas & me, last week on 19 March 2011.

I would like to express my great gratitude for the work and help of Dr Boyle in the development of NPT in Poland, his many journeys to Poland, his openness and hospitality to Polish practitioners and doctors. There would be no NPT in Poland if not for Dr Boyle. We are very grateful to you!

14

I would like to present a few concrete examples of my work, despite my overall very limited experience with NaProTechnology. Though it is still too early for statistical data, I can confirm that within my own practice we have achieved 64 confirmed pregnancies with treatment according to NaProTechnology.

15

Couple nr 1 R-0 A-0 Age of wife 36 Age of husband 33 Infertility 2 years

Diagnosis on commencement of treatment: male infertility, sperm sample 2009: 2mln sperm per ml / motility A 0% B 8%/ morphology 1%, leucocytes: 3.9mln Earlier clinical interventions: 5xIUI with donor sperm In vitro 2009, transfer of 3 embryos

16

CrMS from: 18.08.2010 Diagnosis in NPT: HUSBAND

Sperm microculture: Staphyloccus KO (-) –treatment with doxocyclinum 0.1g 20 days, ciprofloxacine 20 days

sperm sample after treatment 6mln sperm, 8% mobility, 1%morphology, elevated viscosity – treatment: tamoxifen, undestor, Coenzyme Q 10, l-carnitine, pycnogenol, acetycysteine

17

NPT Diagnosis: WIFE

Functional hyperprolaktynemia PRL 24ng/389ng *po MTC* - treatment bromocriptine 1.25mg at bedtime

Low progesterone at Peak+7 (no measurement of progesterone levels – diagnosis based on *TEBB* on the Creighton chart)

18

5

Sperm analysis: 14 mln sperm,
19% motility, 17% morph, culture negative

Natural conception in the second observed cycle

Pregnancy test HCG (+) positive Ultrasound confirms presence of fetus

GS 6w6d CRL 6w4d FHR (+) Progesterone at 6 weeks: 115nmol/l

Due date 17.06.2011

19

Treatment plan Ultrasound examination at 21st week of pregnancy

Progesterone tracking every 2 weeks according to the schedule by Prof. T. Hilgers, Paul VI Institute, Omaha, Nebraska

23

Couple 2 R-0 A-0Age of wife 36

Age of husband 44 years

Had been striving to have children for 9 years.

Diagnosis: primary infertility, endometriosis LPS 2006 / 2009; adhesions

PCOS el ovary cautherisation 2006/2009 IUI 10x advised:. IVF

Couple 2 R-0 A-0

CrMS from: 21.08.2009

NPT diagnosis: Multiple food intolerance including: dairy produce, poultry egg, gluten, wheat, rye, suspected candidiasis of the alimentary tract- exclusion diet from 12.2009, anti fungal treatment: fukonazol 50mg for 21 days

functional hyperprolaktynemia PRL 268 /5000 after MTC – treatment with bromocryptine 1.25mg at bedtime

Limited mucus MCS 3,3 - 4,4 (norm above9) Low progesteron at Peak+7 (5-7ng/l – norm at 19-30ng/l)

26

Couple 2 R-0 A-0

Treatment:Letrozol/ femara 5mg (2 tabl) 2 dc Pregnyl 2500 as above on Peak +3,5,7

Bromocriptine 1.25mg Vit B6, guajfenesin, ambroxol, amoxycylina - mucus

near contact laparoscopy planned

28

Couple 2 R-0 A-0

Mucus score improved MCS 8,6-11,0

6

Oestradiol and progesterone at
Peak +7 normal

Treatment continued, waiting for surgery

30

Couple 2 R-0 A-0

Natural conception in the 14th observed cycle, after 11 months of treatment

Pregnancy test HCG (+) positive Ultrasound confirms presence of single embryo

GS 6w0 d CRL 6w3 d FHR (+) ; second gestational sac? GS 8.8mm, spotting

Progesterone at 6th week of pregnancy 197 nmol/l (elevated as in twin pregnancy)

At 10th week – single gestational sac and progesterone of 155 nmol

Due date 13.05.2011

33

Couple 3 R-0 A-0

Age of wife: 39 Age of husband: 45 Efforts to conceive: 14 years

Diagnosis on entry into NPT : primary infertility, LPS 2000; adhesions, fallopian tubes occluded (HSG 2006) Scoliosi, sciatica, toxoplasmosis; FSH 15,8

Husband: ch Hashimoto from 1997 ; sperm analysis: 9mln sperm count, 2% motility, morph? IUI 3x In vitro 1x 2005: 5 embryos, 3 transferred, 1 frozen

Couple 3 R-0 A- CrMS from : 13.07.2009

NPT diagnosis: HUSBAND Multiple food intolerance including dairy milk, poultry egg, wheat, candidiasis of alimentary track, exclusion diet, antifungal treatment fukonazol 50mg for 21 days Co-enzyme Q 10, l-karnityna, pycnogenol, euthyrox, selen (ch.Hashimoto)

NPT diagnosis: the WIFE Cyst on left ovary FSH 13,0 functional hyperprolaktynemia

PRL 12ng/200 ng after MTC Limited mucus MCS 6,9 (normal above 9)

Low progesterone at Peak+7 –treatment with bromocryptine, femara, lutein, vitamin B6

Couple 3 R-0 A-0

Sperm analysis: 68 mln sperm, 59% motility, 62% morphology Natural conception in the 9th cycle observed Pregnancy test HCG (+) positiveUltrasound confirms presence of embryo CRL 9w1d FHR (+) Progesterone at 6th week of gestation: 56,1 ng/l

Due date: 26.10.2010 Baby born in October by Caesarian Section *CŻD*

7

Couple 4 R-0 A-0
Age of wife 29 Age of husband: 31

Had been trying to conceive for: 2 years, Earlier: 3 years of use of contraceptives as a treatment for ovarian cysts Diagnosis on entry into NPT: primary infertility

40

Couple 4 R-0 A-0 CrMS from: 08.12.2009

NPT diagnosis Suspected endometriosis, cyst on left ovary

Multiple food intolerance including dairy milk, chicken egg, gluten, wheat, rye, suspected candidiasis of alimentary tract- exclusion diet from 05.2010, antifungal treatment with *nystatin* 4 mln j for 20 days

Ch.Hashimoto, hypothyroidism, (TSH 6,0) treatment with euthyrox, selen, vitamin PP

functional hyperprolaktynemia PRL 16,5 ng/250ng after MTC – treatment with bromocriptine 1.25mg at bedtime

Limited mucus MCS 5-7 (normal above.9) vit B6, ambroxol

Low progesterone at Peak+7 (15ng/l - normal 19-30ng/l) micronized progesterone 2x100 mg p.v.

4

Couple 4 R-0 A-0 „NEAR CONTACT" LAPAROSCOPY 13.07.2010

Holy Family Hospital, Warsaw

Findings restricted to only superficial lesions and possibly a few filmy adhesions

Stage II (Mild)

In addition, some deep lesions are present in the cul-de-sac found in the Douglas patch and on both ovaries. Cyst on left ovary. Adhesions. Cyst removed, adhesions partially freed. II degree endometriosis. Clear improvement in mucus, treatment continued

46

Couple 4 R-0 A-0 *OM* 21.10.2010 Due date: 28.08.2011

Treatment plan: now in 20th week of pregnancy Exclusion diet continued

Progesterone levels tracked every 2 weeks according to schedule by Prof. T. Hilgers, Paul VI Institute, Omaha, Nebraska, USA Progesterone supplements

Hospitalized last week due to vaginal bleeding, treatment with Duphaston, Luteine, No-Spa (smooth muscle relaxant) and sent home, monitoring continued.

Couple 5 R-0 A-0 Age of wife 34 Age of husband 39

When 2 years of age:
Astrocytoma vermis et hemispheri sin cerebelli - craniotomia, extirpatio tumoris totalis

CT scan of head reveals *myelina*, *ognisko malacyjne* 28mm in left cerebellum, changes in vesicles Had been striving to conceive for: 2,5 years

Diagnosis on commencement: primary infertility, PCOS; LPS 2010.01.06 *elkauteryzacja*, cautherization, fallopian tubes patent, multiple ovarian stimulations, clomiphene, letrosol, gonadotrophin – no ovulations

50

Couple 5 R-0 A-0 CrMS from: 25.06.2010 NPT diagnosis:

PCOS with anovulatory cycles of 61-71 days - letrozol 10mg, then 15mg 3dc, metformine 3x500mg, encortone 5mg, diabetic diet

Bilateral discharge from nipples / hyperprolaktynemia 35ng/ml - treatment with bromocriptine 2,5mg, later reduced to 1.25mg at bedtime Limited mucus vit B6 guaifenesin Low progesterone at Peak+7 treatment with micronized progesterone 2x100 mg p.v. Supplements of vit D3, omega 3 oils

52

Couple 5 R-0 A-0

OM 12.12.2011 Ovulation monitoring: follicle size of 18mm CO(+)

Hormones administered at Peak +7 E2 137 pg Pg 19.1 ngTest (+)

Gestational sac in uterus GS 11.3mm *odp 4w6d* PTP 19.09.2011

Prescribed Luteine 50mg 2x2 p.v. Magnezin 0.5 3x1

54

Couple 5 R-0 A-0

OM 12.12.2011Due date: 19.09.2011

Further ultrasound: GS 30mm CRL 14mm *odp 7w5d FHR* (+) Pg 47ng - Luteine 2x1

Now in 14 th week of pregnancy BPD 20mm, CRL 76mm odp 13w5d NT 1.6mm

Pg 55.2ng/ml

57

Couple 6 R-0 A-1 gr.extrauterinaAge of wife 29 Age of husband 27

Trying to conceive: 2 lata Diagnosis on commencement: *st po* laparoscopy in 2009 due to ectopic fallopian pregnancy on the right.

59

Couple 6 R-0 A-1 gr.extrauterinaCrMS from: 13.01.2010

NPT diagnosis: Ch.Hashimoto TSH 4.88, anti TPO 157 anti TG 345 – treatment with euthyrox, selen, vit PP Food intolerance, including poultry egg, gluten, wheat, rye, oat, barley, yeast – exclusion diet from 08.2010

9

Cervivitis chronica / glandular
ectopy until procedure carried out on vaginal disc of cervix on 18.06.2010

hyperprolaktynemia and functional hyperprolaktynemia PRL 29ng, 152 /1094 after MTC – treatment with bromocriptine 1.25mg at bedtime

Low hormone levels at Peak+7 progesterone (14ng/l, 38 nmol/l, 12 nmol/l - norma 19-30ng/l, 60-100nmol/l) oestradiole 252pmol/l norm 400-800pmol/l treatment with Clomiphene Citrate 2 tabl, pregnyl 2500 im. at Peak +3,5,7,

Ovulation monitoring during treatment counselled

61

Couple 7 R-0 A-1 gr.extrauterina

Clear improvement , treatment continued During ovulation monitoring, two follicles were seen to burst of themselves„near contact" laparoscopy planned

63

Couple 6 R-0 A-1 gr.extrauterina

OM 21.09.2010

Ultrasound: CRL 7w3d, FHR (+) Progesterone 130 nmol/l - normal

PTP 28.06.2011 Now at. 26 th week of gestation, Ultrasound good

Exclusion diet continued Progesterone levels tracked and supplemented every two weeks

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