**Paitent: 40 year old woman**

* Married
* Director, Bain Capital
* 2 children
  + 6 yo, 18 months
  + First conceived naturally, 2nd via IVF
* 1 recent miscarriage (6 months ago) Trisomy 13

**Chief Complaint:**

* Pelvic Pain due to Ashermans syndrome.
  + Dx w/ Ashermans after miscarriage last fall which led to 2 D&Cs….the second of which caused infection
  + Severe presentation: uterus is 80-85% bound with scar tissue from cervix-fundus
* Physician: Surgeon: Dr. Isaacson (world reknowned Asherman’s specialist), & now Dr. Luke Chatburn (Excision specialist)
  + Dr. Isaacson performed 3 surgeries
    - 1st w/ a stent
    - Next two without a stent
    - These were all incredibly traumatic and she won’t return to Dr. Isaacson.
    - Didn’t find the surgeries which were meant to open up a pathway for menstrual flow to be helpful
* Patient is NOT trying to preserve fertility at this point and only trying to manage pain and be able to resume healthy menstruation.
* Considering hysterectomy as last case resort (w/ Dr. Chatburn).

**Secondary Complaint:**

* Edema in the right leg developed after recent surgery (May)
  + Cause has been determined to be likely a result of a lipoma in her right groin.
  + Utrasound can’t differentiate b/w lipoma and sarcoma so will have surgery to remove (scheduled for December!)
  + Hope is that the lipoma is interfering with the lymph node function triggering the edema
  + Wearing a compression sock

**Health History:**

* Digestion:
  + No problems historically. Alternate now between constipation and diarrhea
  + Hemmorhoids
* Sleep:
  + Average # hours: 8
  + No difficulty falling asleep. Up several times at night; restless. Nocturia. 10-20 min each time.
* Diet:
  + Typical Day:
    - Breakfast: water, banana, green smoothie
    - Snack: rice cake/peanut butter
    - Lunch: soup, chicken & rice
    - Dinner: chicken,roast veggies
  + Hydration: drinks water throughout the day. Focused on it.
  + Gluten, dairy & caffeine free
* Exercise:
  + Walking, cycling yoga 3-5 x week typically
  + Limited exercise now due to pain levels
* Mental Health:
  + No history of clinical depression or anxiety
  + Since her miscarriage and Ashermans dx, she has had to take a leave of absence from work (FMLA).
  + Stress levels very high impacting mood.
  + PCP started her on Wellbutrin.
  + Husband not all that supportive.
  + Does have a therapist
* Metabolism:
  + Hypothyroid. Diagnosed at 12 yo.
  + Hashimotos. Runs in her family (both parents)
  + Reports well controlled w/ medicine
* Immune System:
  + Hashimotos
  + No chronic respiratory isssues or frequent illness
* Menstrual Cycle: Patient has only had three cycles (May, June, July) since asherman’s dx (and surgeries).
  + Age of Menarche: 12
  + Cycle Length: typically 28 days
  + PMS: Mood changes/irritable, night sweats, crampy
  + Duration: typically 3-4 days
    - Recent periods: long (8 days) w/out a full flow. Light (heavy spotting) dark blood
  + Ovulation pain: sometimes
  + Spotting before/after: not typically
  + Dysmennorhea:
    - Started after the miscarriage and since her diagnosis w/ Ashermans. Pain is severe
  + Clots: yes on CD 1-2
  + Nature of flow: recent cycles have been light
  + History of birth control use:
    - BCP in her 20s.
    - Currently: just started a progesterone only mini-pill with this last cycle hoping that it will prevent her period and ease her pain.
    - abstinence
* Fertilitiy:
  + 3 pregnancies
  + 2 births
    - Miscarrage at 15 weeks (after 2 successful pregnancies)
    - 2 D&Cs after retained tissue
    - Loss due to trisomy 13
  + ART
    - 1st daughter conceived naturally at 33
    - Secondary infertility @ 35 yo.
    - DOR
    - 5 IVF Retrievals generated 2 normal embryos
    - Conceived her 2nd daughter at 38 yo after 5th cycle
* Current Meds:
  + Levothyroxine: 175
  + Vitamin D: 2000IU
  + Mini-Pill (x 3 weeks only)
  + Wellbutrin (x 1 month) Started while on leave of absence
  + Advil/Tylenol prn
* Chinese Medicine:
  + Tongue: pale, swollen, enlarged sublinguals, normal coat
  + Pulse : weak liver & kidney, Tight on the right side
* Differential Diagnosis:
  + Liver Qi/Blood stagnation, liver blood deficiency, spleen qi deficiency w/ dampness, Kidney yin/yang deficiency. Cold in uterus.
* Herbs: Dang Gui Shao Yao San (x one month)

Treatments: acupuncture and moxa x 4 months. She tries to come weekly, but averages about every other week only. Have been using mostly Chong & Ren EV treatments for her and she finds them very helpful for pain relief. Reports the herbs are also giving her more energy. Swelling in her leg is reduced. Bowels have largely normalized. Sleep is improved.