

Chapter Six

Blocked Fallopian Tubes

“That’s impossible!” the doctor practically yelled. “There is just no way you can open fallopian tubes — or do anything to reduce adhesions with your hands.”

He was clearly upset.

We had called him for advice. As Chief of Reproductive Medicine at a large medical school, we hoped he might give us some guidance about unusual findings we were witnessing in patients diagnosed infertile. Among the most puzzling of these were full-term natural pregnancies in women who came to us with a history showing several years of totally blocked fallopian tubes. Since blocked fallopian tubes do not generally re-open spontaneously, this was very unusual indeed.

We were also seeing spontaneous natural pregnancies in an unusually high percentage of women who had been infertile for several years, despite medical attempts to achieve pregnancy. We thought the head of a research and learning institution would be pleased to hear of our clinical findings, and give us some guidance as to how to apply a greater measure of scientific inquiry to our findings. Instead, he seemed upset, and intent on giving us a piece of his mind.

Between the lines, we felt he was almost saying, “You cannot treat infertility; that is the sole purview of gynecologists and reproductive endocrinologists.” He did not seem to understand that as physical therapists, our group worked regularly with physicians as an adjunct to their regular care. Given the positive reputation we already

enjoyed with hundreds of physicians with whom we were affiliated, this was a scary introduction to the world of assisting infertile women.

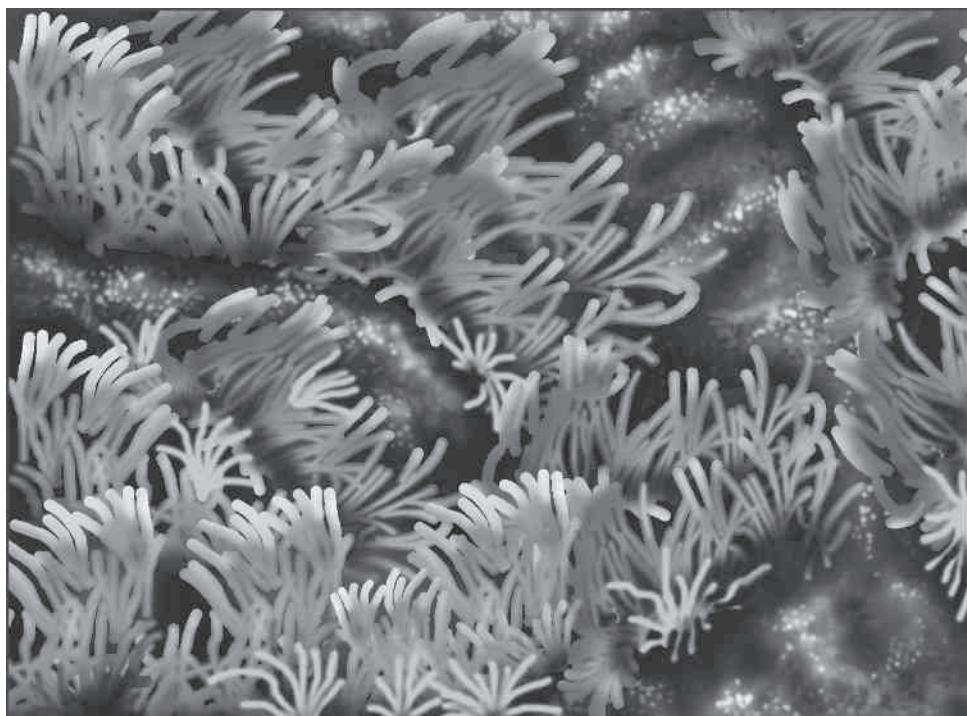
Still, women were coming to us for treatment, and based on our results to date, we could hardly refuse, or even discourage them. In all events, we approached treatment with caution, but always with a focus on success for each patient.

Eventually, things would become even more strained between us and this physician. His feelings intensified when some of his own patients were successful with us after treatment with him failed.

Over the years, we have been pleased to find that attitudes like his are diminishing, due in part to several published citations about the Wurn Technique® in scientific and gynecologic journals. We believe that most physicians are primarily interested in seeing success for their patients. More and more, infertility specialists are becoming open to working with adjunct therapies to help their patients achieve their goals.

The Three Types of Blockages

The fallopian tubes are among the smallest organs in the female body. Charged with the task of capturing a one-celled egg and then providing the environment for its union with a single sperm, the fallopian tube is truly the place where life begins.

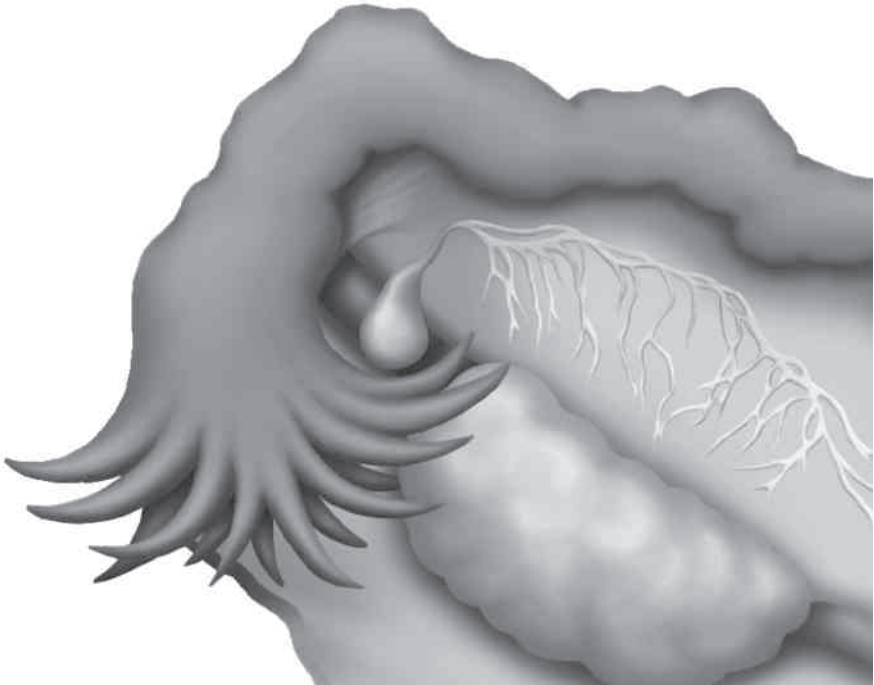


The inner wall of a fallopian tube is truly remarkable, with thousands of tiny cilia, like a lush underwater garden.

The structure and function of each fallopian tube is complex, almost beyond belief. As small as a strand of spaghetti, the inside of the tube is extremely delicate. The walls of the tube are lined with thousands of delicate hair-like structures called cilia. In fact, more than one person has noted that the internal walls of the fallopian tube appear to resemble a lush and supple coral bed, when viewed under an electron microscope.

Due to the tiny size of the inside of the tube and the delicate garden-like structure within, the fallopian tube is poorly prepared for the invasion of collagen cross-links that form as a response to inflammation or infection. As the body heals, and collagen lies down within

the tube, it covers and adheres the cilia and the garden of support structures within the tube, blanketing them in a glue that constricts their movement and function. Continual adhesion formation can finally bind one side of the tube to the other, resulting in total tubal occlusion (blockage).



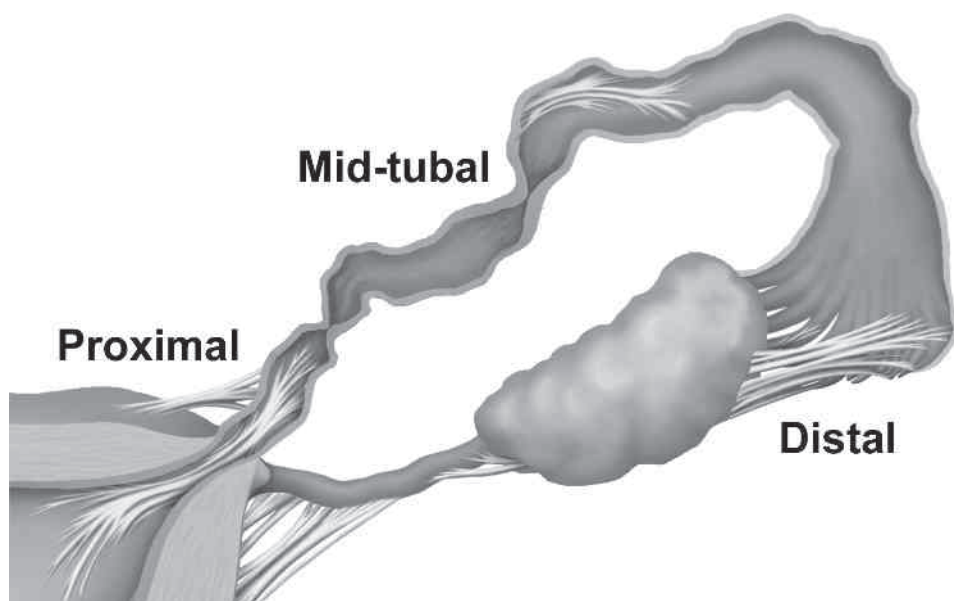
The end of the tube near the ovary has delicate finger-like projections designed to grasp the one-celled egg released by the ovary.

At the end of the fallopian tube, the delicate finger-like fimbriae are designed to grasp the single-celled egg as it emerges from the ovary each month. In appearance, the fimbriae are like the petals of the finest flower imaginable. These tiny but magnificent structures must be free floating in order to function properly. But after inflammation, infection, surgery, or injury in the pelvis, collagenous cross-links can

form and bind the fimbriae together, creating a structure which is adhered by tiny collagenous glue-like adhesions. These cause the tube to lose its delicacy, mobility, and ability to grasp the egg. In severe cases, these cross-links can draw the fimbriae together into a blunt structure resembling a closed fist – a condition sometimes referred to as “clubbed fimbriae.”

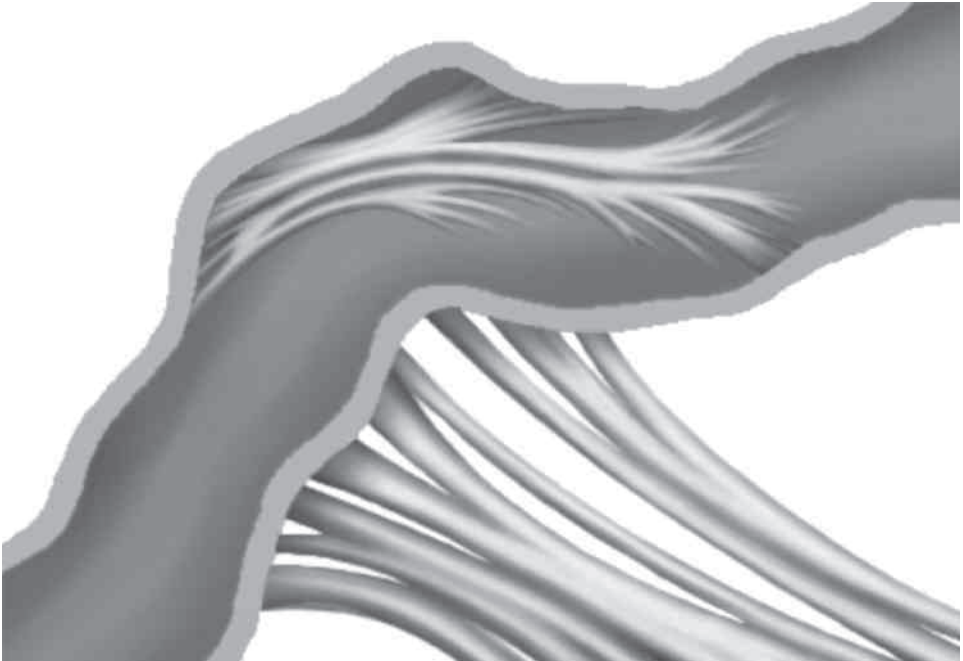
The diagnosis of “blocked fallopian tubes” is one of the most difficult diagnoses for a woman to hear and for a gynecologist to treat. Blockages may be found in the following areas:

- Proximal: near the uterus, called the isthmus
- Mid-tubal: in the middle portion of the tube, called the ampulla
- Distal: at the end of the tube, by the ovary and fimbriae (the fingerlike projections that create the end of each tube)



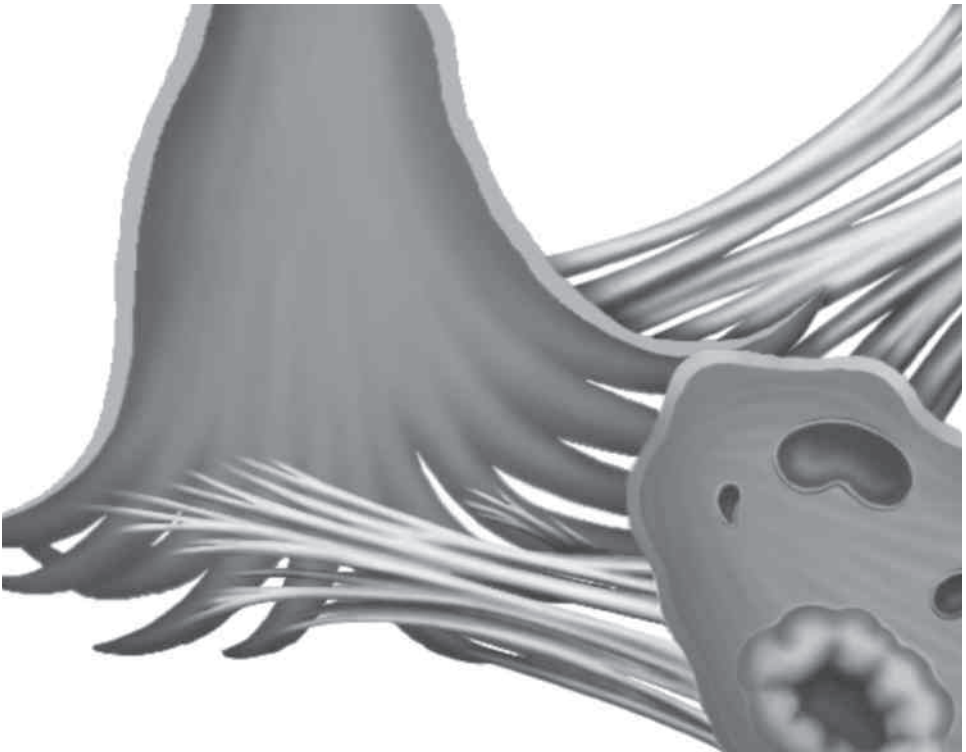
Fallopian tubes may become blocked in any of a number of places.

Either the left or right tube can be blocked in one or more of these three places, or both may be partially or totally blocked anywhere along their length. While most blockages occur in only one of these locations, occasionally bipolar blockage (blocked at both ends of the tubes) can occur.



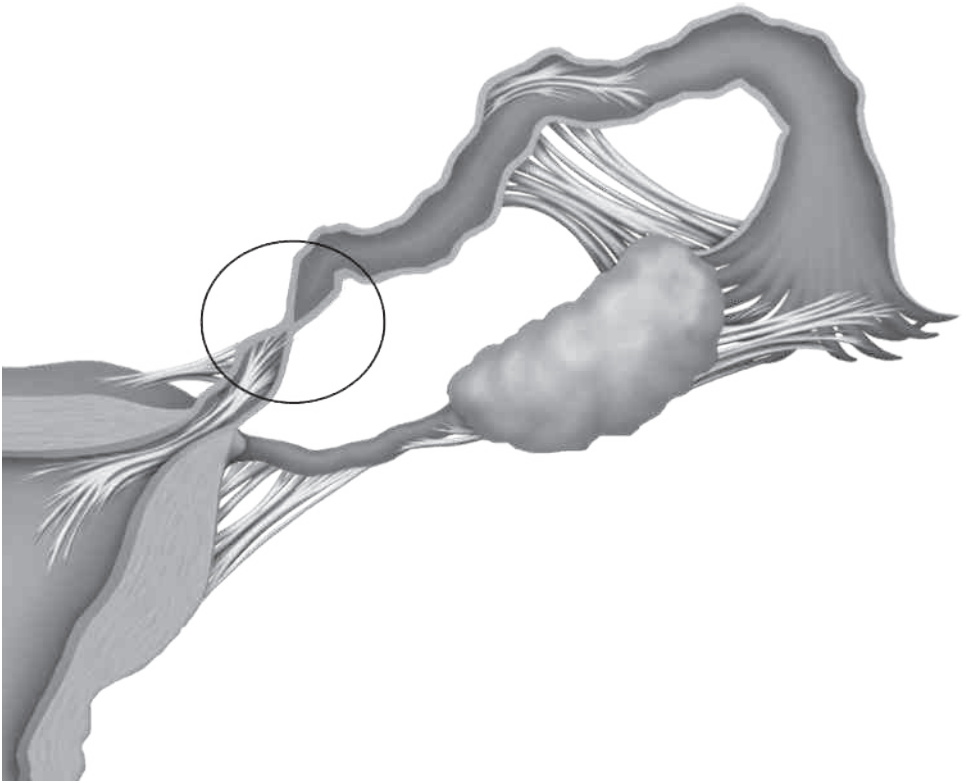
Adhesions can block fallopian tubes from the inside, or may pinch them from the outside, like a kink in a garden hose.

In some women, the reason for the blockage may be unclear. For some patients, tubal occlusion is thought to be related to adhesions that form after a C-section or pelvic surgery, such as the repair of a ruptured appendix. In a large number of cases, sexually transmitted diseases (e.g., Chlamydia or PID), pelvic infection or inflammation (e.g., salpingitis) cause adhesions that can block a tube. In most cases, adhesions are the primary cause, or are intimately involved in tubal occlusion.



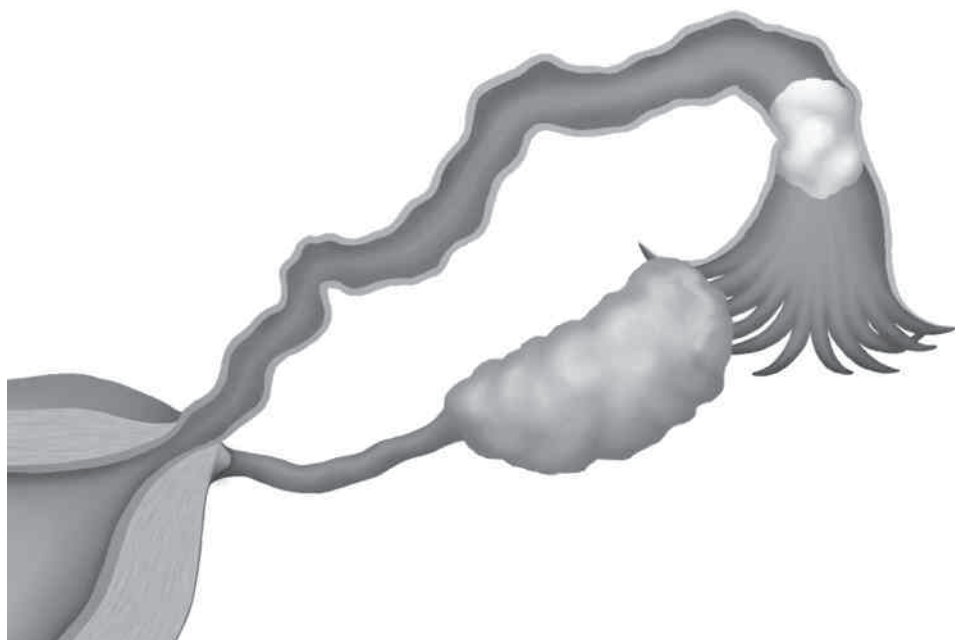
Adhesions at the fimbriae are a major problem for patients with distal occlusion, impairing transfer of the egg from the ovary to the tube.

Secondary causes of blocked fallopian tubes include tubal spasm and mucous plugs. Spasm of the fallopian tubes is considered to block the tube, but only when it is in spasm. While some physicians feel that this does not represent true blockage, others acknowledge that spasm represents a pathological state which can interfere with fertility.



Spasm in the tube represents a dysfunctional state that may interfere with fertility.

Mucous plugs are generally thought to form as a response to inflammation or tissue injury.



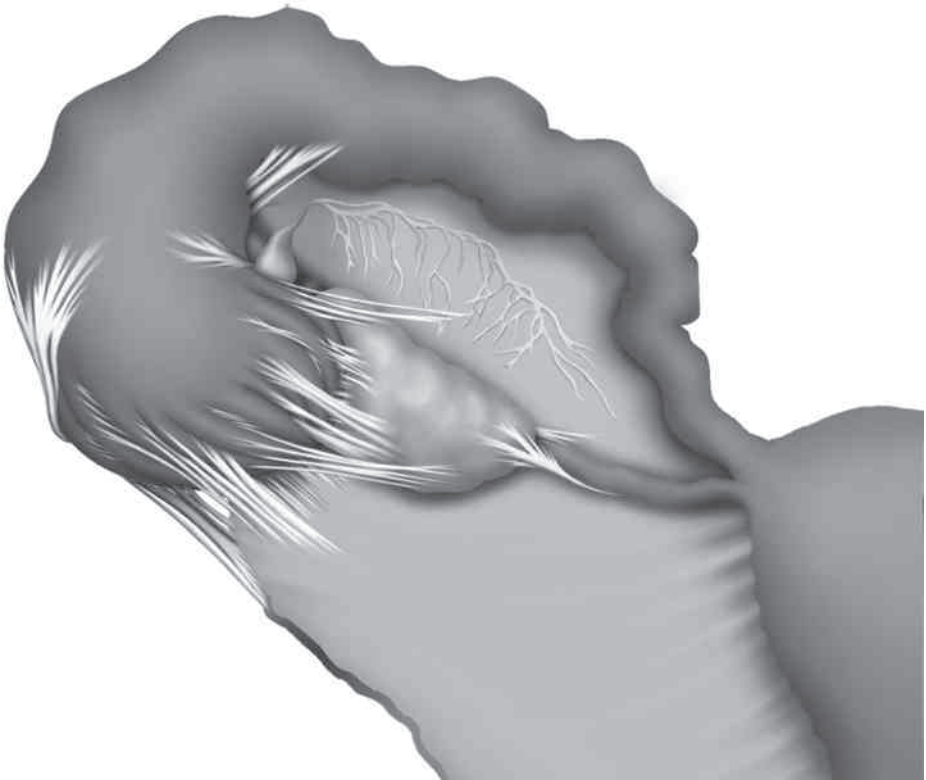
Mucous plugs can block tubes, and may be “blown out” by the dye to clear tubes during an HSG procedure.

Just as your knee might swell if you’ve received a trauma to that area, the body sends white blood cells and repair mechanisms to the fallopian tube that has become inflamed or infected to help the area heal. As tissues repair and the body’s immune system starts to fight infection, adhesions may form within the tube.

The initial inflammation sometimes creates a thickened mucous plug, similar to pus. This plug indicates that a healing process has taken place, or is still taking place. A long-term concern is that adhesion formation often accompanies healing, placing the tube at risk of

closing due to adhesions. Another concern is that the plug can act like a bottle-stopper, also blocking the tube. When a diagnostic physician applies extra pressure to the injected dye during an HSG procedure, the doctor is often trying to expel any mucus that may be blocking the fallopian tube. If the dye will not pass through after increased pressure, the tube is generally thought to be blocked due to adhesions.

In severe cases, there is partial or complete blockage at the end of the tube, coupled with dilation within the fallopian tube. This indicates the presence of a hydrosalpinx.



In a hydrosalpinx, the distal end of the tube closes and the tube swells with a liquid that may be toxic to an implanted embryo.

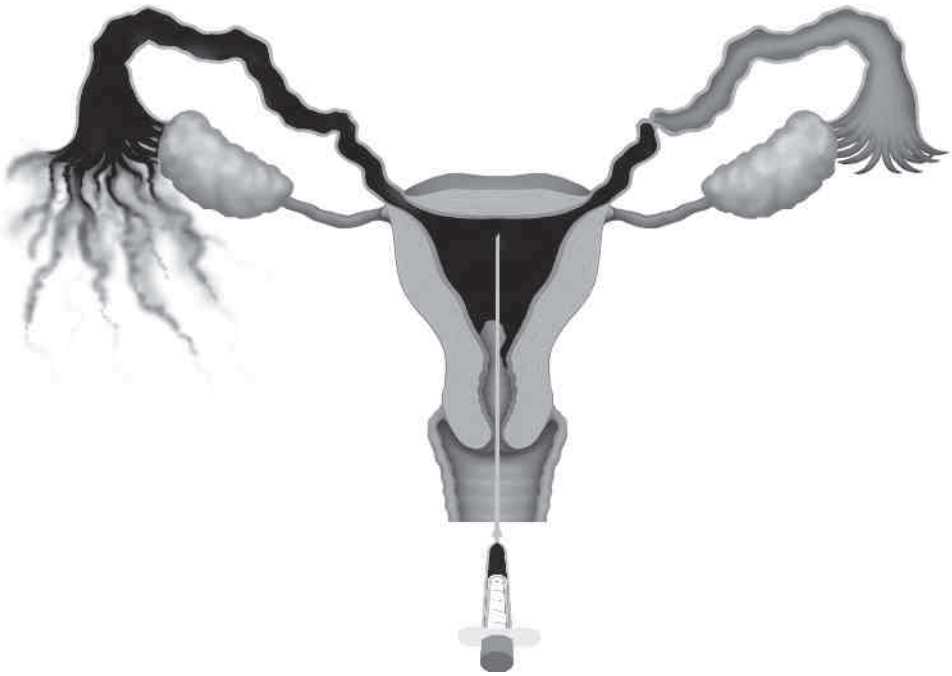
In this case, the tube has not only blocked at the distal end (by the fimbriae and ovary), it has also become swollen and engorged with a fluid that is considered by some reproductive endocrinologists (REs) to be toxic to a recently fertilized egg. You can read some remarkable success stories for women with hydrosalpinx and our study results later in this chapter.

Making the Diagnosis

There are two ways to diagnose a blocked tube: hysterosalpingogram (HSG) and surgical chromotubation. Both use a liquid dye to determine whether or not the tube is patent (open) and functional.

Hysterosalpingogram (HSG)

The least invasive method of determining if the tubes are open is to perform a hysterosalpingogram (HSG). This dye test is generally conducted in the radiology department of a hospital, but without the need for anesthesia (although some physicians recommend valium or another relaxant about an hour prior to the procedure).



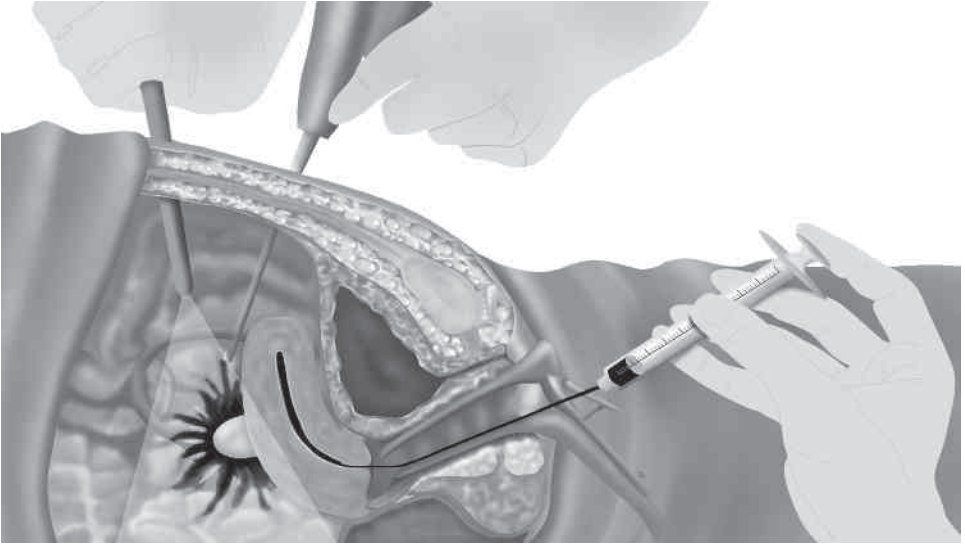
In the HSG above, “free spillage” of dye is noted from the left tube, indicating the tube is free and clear of obstruction. However, the dye does not exit the right tube, indicating total blockage on that side.

In an HSG, a catheter (a mobile straw) is inserted into the uterus via the cervix. The physician then injects a radiological dye through the catheter, and films the process of the dye as it goes into the uterus, and hopefully through the fallopian tubes. Thus, the physician can then tell whether there is “free spillage” of the dye (the preferable outcome), partial blockage (delayed or minimal spill), or total blockage (no spill into the abdominal cavity), and whether the blockage occurs proximally, mid-tubally, or distally. The physician can also tell by the shape of the dye within the tube if there is any swelling, indicating hydrosalpinx.

Physicians who are experts at reading HSG films can get a sense by the shape and course of the dye of the effects of adhesions, uterine fibroids, and other factors that might present a problem to fertility. In doing so, they can generally determine if there is an easy and clear passage for sperm and egg to travel through the tube, or if any restriction exists.

Surgical Chromotubation

Chromotubation is performed during a surgical procedure, either laparoscopy or laparotomy. During the surgery, dye is injected through the cervix and into the uterus. The surgeon observes directly whether the dye exits from the end of the tubes, by the ovary and fimbriae.



A physician can also test and view the course of dye through the end of a fallopian tube during a surgical procedure.

If the dye exits copiously (called “free spillage”) the tube is open (patent) and generally considered functional. Surgery has the advantage (or disadvantage) of excluding spasm as a cause of tubal occlusion because the tubes and reproductive tract are totally relaxed, with the patient unconscious, under general anesthesia.

Hysteroscopy

Hysteroscopy uses a thin optical device that is inserted through the vagina into the uterus. It may be performed before or simultaneously with a laparoscopy. The physician uses saline or carbon dioxide to fill the uterus. A light at the end of the instrument allows the doctor to see the uterine walls, the opening of the fallopian tubes at the top of the uterus, and any fibroids or polyps. A camera is attached to the end of the scope to broadcast the image of the inside of the uterus onto a video screen. Hysteroscopy is considered non-invasive, but some women report pain with the procedure.

Treatment Options: Surgical and Non-Surgical

Surgical Treatment

Surgeons may choose to surgically repair a tube in any of several ways. When the blockage is proximal (near the uterus), they can insert a wire, catheter, or balloon into the tube to try to open it. Most physicians find their greatest success when the tube is blocked proximally — close to the uterus. This surgical site can be accessed from inside the uterus with cannulation, sometimes accompanied by a balloon to widen the channel — a procedure involving the insertion of a flexible catheter or tube into the fallopian tube. Other physicians choose to cut or burn the adhesions with a laser.

The success rate for surgically opening proximally occluded tubes is high, but unfortunately, over 80% re-block six months after surgery, according to published medical literature.¹⁵ Thus, more often than not, the surgery grants the patient a brief window in which

to conceive naturally. (For more information on adhesion formation after surgery, see Chapter Sixteen.)

Tubes that are blocked mid-tubally require a more complicated surgical intervention via laparoscopy or open surgery performed under general anesthesia. A tube that is blocked in its mid-portion can be cut (resected), and the adhesions cut or burned. Then the ends of the tubes are rejoined via tiny sutures (stitches) or by laser cauterization.

The long-term success rate for these patients has not been measured. Because it is a much more complicated surgery than cannulation and it involves cutting the fallopian tube wall, some physicians assume success rates may be lower than cannulation due to the delicacy of the tube and the post-surgical scarring that occurs in this area. However, we have found no published data on the long-term follow-up to these more invasive surgical procedures.

Perhaps the most difficult tubal occlusion to treat is a tube that is blocked at the distal end, by the ovary. As noted earlier, the end of the fallopian tube has very delicate fimbriae. These are finger-like projections whose job is to grasp the egg when it is released from the ovary. It is very difficult to surgically free fimbriae that are adhered from scarring, endometriosis, or infection, and to prevent these structures from scarring again.

With distal occlusion, physicians have no choice but to perform laparoscopy or laparotomy to attempt to clear the blockage. A gynecologist can cut the tube and surgically separate the fimbriae in an attempt to recreate the delicate flower-like petals at the ends of the fallopian tubes, but the physician cannot keep the body from laying down more cross-links and adhesions as the fimbriae recover from the surgery. Success rates for subsequent full-term pregnancies in patients with fallopian tubes blocked at the distal end are extremely low.⁹

Non-Surgical Treatment — The Wurn Technique®

Understanding the complexities and often poor outcomes of surgery on the fallopian tubes, you can understand the surprise and delight of our patients (and the shock of our therapists and our referring physicians) when they found that the manual physical therapy techniques we had developed to treat pelvic adhesions were opening blocked fallopian tubes at all three sites, followed by natural full-term pregnancies!

Over time, we have come to understand that by slowly peeling away adhesions cross-link by cross-link, we appear to free the underlying tissues and return them closer to their original shape, structure, and function. As such, even the most adhered and seemingly impossible cases often surprised us with resulting open tubes, full-term pregnancies, and in several cases subsequent pregnancies from the previously blocked tubes and clubbed fimbriae.

Scientific Investigation of Non-Surgical Treatment to Open Blocked Fallopian Tubes

The results of a multi-year study of treating women with total bilateral tubal occlusion using the Wurn Technique® was published in *Alternative Therapies in Health and Medicine* and summarized in *Contemporary Ob-Gyn*, both respected peer-reviewed journals. Most of the 61% of women whose tubes we opened with this therapy became pregnant naturally, and some have now had second full-term pregnancies.

The women in the published study had total occlusion before therapy because either:

- one tube had been removed and the remaining tube was blocked, or
- both tubes were blocked.

Research Methods

Our scientific inquiry began after we witnessed several initial successes. We felt an obligation to examine and quantify the results we were seeing in the clinic every month.

Luckily, a large highly-respected medical school is located in our town. We consulted several physician-researchers to help us design a scientifically valid method to test and measure our ability to open and improve the function of blocked fallopian tubes.

At the urging of several local gynecologists and scientists, we decided to conduct clinical research to determine the effectiveness (if any) of our treatment in opening blocked fallopian tubes at all areas of the tube (proximal, mid-tubal, and distal). The general consensus was that, if we could improve function of these tiny structures, which are arguably the smallest, deepest organs in the female body, we should by extension be able to improve the function of other structures affected by adhesions, which were larger and more accessible. For example, the ovaries and uterus are larger and much easier to access, as are other structures in the pelvis and abdomen which are affected by adhesions such as the bladder, intestines, liver, and kidneys.

Even before Dr. King came on board, Belinda and I consulted an infertility expert, who also happened to be Chief of Staff of a large local hospital. She was a gynecologist with a research background and a practice that was focused largely on female infertility.

As a scientist, she discounted the notion that we could open tubes based on anecdotal reports of pregnancies and births from past patients we had treated. Instead, she proposed we conduct a pilot study, a prospective clinical trial in which we would treat a woman whose tubes were scientifically diagnosed as 100% occluded (totally blocked) by an independent physician using radiological testing, or direct visualization. After therapy, the physician would order an

independent dye test to see what, if anything, had happened. She was sure that nothing would.

We had no idea whether we would be successful, but based on prior results, we decided to start the study. The physician sent Marsha to us; Marsha was arguably the most challenging case of blocked fallopian tubes this physician had ever treated.

**Our First Scientific Test Case:
Two Blocked Fallopian Tubes,
Despite Laparoscopy and Open Surgery**

- Marsha's Story

Marsha was diagnosed with two totally blocked fallopian tubes by HSG, laparoscopy, and laparotomy (open surgery). Her pelvis was so adhered with scar tissue that she was diagnosed with "frozen pelvis." That is, she had no normal mobility in the pelvis because her organs and tissues were tightly adhered together in a mass.

"It's like glue was poured into her pelvis," the physician said. "I am sorry to send you such a difficult case, but she certainly fits the criteria of your study."

"It's like glue was poured into her pelvis," the physician said.

Marsha had undergone both laparoscopy and open surgery (laparotomy) in hopes of correcting her tubal problems and decreasing her pelvic pain. Despite all medical attempts, post-surgical diagnostic tests confirmed that both of her tubes remained to-

tally closed, and even after the pelvic surgeries, she still had significant pain. We resolved to do our best to help her.

When Marsha came in for therapy, her situation was nothing short of severe. Years of inflammation, infection, and multiple surgeries had left her pelvis feeling like a rock. The skin was deeply sucked-in at her surgical scars.

Guided by nothing but the determination and skills we had developed over years of treating Belinda and others with adhesion pain, we embarked into unknown territory, hoping to help a woman whose (Chief of Staff) physician had told us was an “impossible case.”

We began slowly and steadily to engage our hands into the tissues of Marsha’s pelvis. In the beginning, it felt as if we were pushing against a small boulder, immobile and impassive. However, as the hours passed and the outer layers of adhesions began to detach, we noticed that the boulder began to move some upon palpation. Before long we were able to move Marsha’s boulder a bit from side to side, then top to bottom, then diagonally.

Working both externally and internally, we slowly peeled away layer after layer of adhesions until the boulder began to divide into smaller structures which we called her “rocks and pebbles.” Eventually, most of these dissolved as well and we were able to actually palpate specific organs within her pelvis. About this time, she reported that her back and intercourse pain, both of which had been severe, had dissipated significantly.

At the time, we had absolutely no idea how many hours of treatment we should render if we were to open either of her tubes. We were just going by touch, feel, and patient feedback.

In the end, after 23 hours of the manual therapy, we felt Marsha was ready for a repeat dye test.

We held our breaths as we sent our test patient for an independent follow up dye test. To the utter surprise of everyone, the test results were nothing short of remarkable. The diagnostic physician reported that one of Marsha's tubes was now completely free, clear, and open with "free spillage" of the dye. In addition, the dye went measurably further through the other tube. We had done it! We had improved both tubes and totally opened one, when two different surgeries had failed to achieve any results at all!

Marsha's case provided the first scientific proof that the work we had developed over the course of many years of study, using Belinda as a test patient, had benefit for some very complicated and adhered infertility patients. We had discovered a new non-invasive treatment for adhesions and blocked fallopian tubes, that decreased pain as a side-effect. To commemorate the event, we created a concept and clinic with a name befitting our origins. Clear Passage Therapies® was born.

Perhaps as a testament to the difficulty of discovering, developing, testing, and finally proving the worth of a new treatment capable of resolving major health problems, it took us 16 years to develop and publish scientific data on the work that started long before we treated Marsha.

Looking back, it was a long and difficult, but exciting adventure, from early 1990 when our first patient with blocked fallopian tubes became pregnant, until January 2008, when our first in-depth study of opening blocked fallopian tubes was published in a respected peer-reviewed medical journal. While the project was incredibly time and

labor intensive, we felt compelled to investigate a phenomenon that, but for our research, would have been known to us alone.

In the end, the physicians and scientists who worked on this study with us were pleased to find that fallopian tubes opened in 61% of the women we treated with total tubal occlusion.¹² Adding to the difficulty, we excluded no subject; we included every woman we had ever treated with both tubes completely blocked. This included women who only had one tube (one tube having been surgically removed and the remaining tube totally blocked), as well as overweight women whose structures were difficult to palpate.

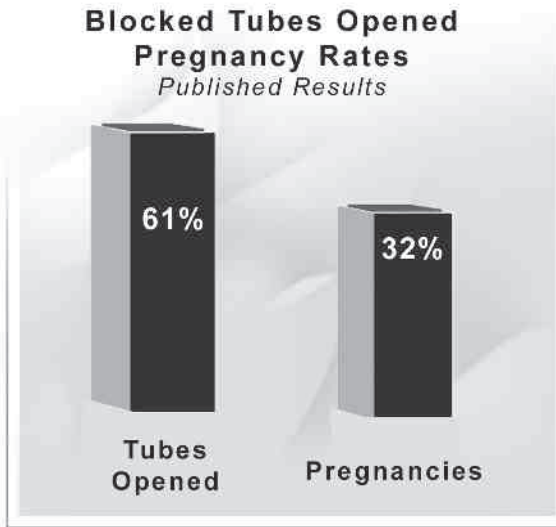
The 61% success rate was considered very significant, as was the 53% pregnancy/birth rate of our successes (32% of the entire study group). Most of the women who had their tubes cleared went on to have natural full term pregnancies.

This success rate compares well with surgical techniques to return function to blocked fallopian tubes. In fact, we achieved about three times the pregnancy rate for all fallopian tube occlusions, including the much more challenging mid-tubal and distal occlusions when we compared our results with minimally invasive surgery. For example, a surgical technique to open only the proximal portion of fallopian tubes (the simplest to access) opened 64% of the tubes, but only 11% became pregnant.¹³ Other studies of surgical techniques sometimes showed a high rate in opening tubes, but most showed very low rates for patients actually achieving pregnancy or birth.

Part of our high natural pregnancy (and birth) success rate is likely due to the fact that the results of our therapy appear to last for years. While we have seen several women who have now had more than one child naturally after therapy (examples follow), surgery appears to carry an inherent timeline before tubes close again, presumably from adhesions that form due to the surgery.

According to our study, the adhesions that form as a byproduct of healing from the various invasive procedures may themselves be a

cause of the high rates of reocclusion over time, even from the simplest of surgeries.¹⁴ For example, a repeat HSG six months after an ambulatory, minimally invasive catheter procedure showed a total reocclusion rate of 35/43 (81%) of patients.¹⁵



Opening blocked fallopian tubes was a happy discovery for us in part because by their very nature, they created a perfect venue for scientific investigation. Tubes could be examined by independent radiologists (as all of ours were) before and after therapy. The pre-therapy reports were then compared and measured against the post-therapy results for each woman to give us a clear yes/no answer as to whether or not a tube opened.

Knowing that tubes generally block from adhesions, by implication we were able to move on from blocked tubes to discover the ramifications of detaching, deforming and decreasing adhesions in the rest of the body for women with infertility, and for patients of both sexes who had adhesion-related conditions.

Two Blocked Fallopian Tubes and Then Unsuccessful IVF

- Roxanne's Story

In 1999, after seven years of marriage, my husband Justin and I realized that we wanted a family. However, it soon became apparent that the effortless quest for a family that so many couples experienced was not to be ours.

I had an appendectomy when I was 10 years old growing up in Germany. The doc-

Not in my nature to give up or accept less than my dream, I resolved to heal my own body using holistic techniques.

tor warned that there was some internal scarring that could interfere with pregnancy later in life. Whether a self-fulfilling prophecy or an unusually prescient prognosis, at 30 years old, I found that indeed I could not get pregnant.

The sense of despair began after we sought assistance through the traditional medical system. I underwent several painful procedures to diagnose the problem and a laparoscopic procedure intended to hopefully clear two blocked fallopian tubes. That day was the low point of our struggle. The surgery was not successful, and that chapter ended with my doctor's very brusque statement to Justin that "she will never get pregnant through natural means."

After going through all of those procedures, we resolved to try a round of in vitro fertilization, courtesy of Justin's parents, who were eager to see a grandchild born.

Our fertility clinic had a good reputation, but the IVF resulted in no pregnancy.

Not in my nature to give up (or accept less than my dream), I resolved to heal my own body using holistic techniques. I was seeing an excellent naturopathic doctor and did quite a bit of research on my own.

About this time, a massage therapist friend from northern California sent us an article she found in a magazine about Clear Passage Therapies (CPT), in Florida. The therapy sounded so promising and reasonable, even to my skeptical husband. Coincidentally, when Justin's parents were vacationing in Florida that spring, we all made plans to send me to Gainesville a week ahead for the therapy; then I would join the rest of the family afterward. The treatment was wonderful and I loved everything about it! I felt empowered again.

I will never forget the moment I found out I was pregnant naturally, just three months after treatment. I was one week late with my period. I took a pregnancy test, feeling quite silly to think it could be true, and yes, it indicated a positive test.

The next day I had an ultrasound. Afraid to look at the picture, I saw my doctor's face with a smile and a nod — yes, I was pregnant!

What a day! I was so shaky with happiness that I hardly had a voice to tell my husband the results over the phone. He was just ecstatic. We cried when our daughter came into this world nine months later, one of the best moments of our lives.

We were very happy to have a small family, but later had another surprise. I became pregnant again naturally, six years later! I am amazed that the positive results of the therapy

lasted all that time. It is wonderful to think that Justin and I went from two people in a scary and depressing search through the medical maze of infertility treatments to our present family of four — all naturally!

I would urge other women who face infertility to not give up! I would definitely recommend CPT, as I credit the therapists with breaking up the adhesions that were interfering with my fallopian tubes, and blocking my fertility.

Surgically “Unopenable” Fallopian Tubes

- Autumn’s Story

Six years ago my partner and I made the decision to start trying to have a baby. She already had a son she had conceived thru artificial insemination, and he was two years old at the time. I had always wanted children and thought it would be an easy process. Boy...if I’d only known then what I know now.

We made an appointment with a reproductive specialist to start the process. After undergoing a battery of blood tests, they said I had to have an HSG performed. The specialist told me, “It’s standard procedure and we don’t predict any problems.”

I immediately felt my stomach drop, then the tears started flowing.

But when the test was over, the specialist said, “There’s a problem,” and proceeded to tell me point-blank that my tubes were blocked. I immediately felt my stomach drop and then the tears started flowing. He told me to go home and when

I was ready, to call his office and schedule a follow-up; he would go over the results with me in detail then.

He had a nurse help me get my clothes on and in between sobs I asked her if I would ever be able to have babies and she said, "I don't know, but you need to know that, even with the predicament you are in, you have one of the best doctors in the state."

I knew at that moment that my predicament was VERY bad. The next week and a half waiting for my appointment with him was torture. My family and friends kept telling me that it probably wasn't as bad as it sounded, and to just wait for my follow-up and see what he said.

My partner and I went to the follow-up and I was sick to my stomach with fear. The specialist came in, looked at my papers, and started talking about the process of artificial insemination and what we needed to do to get started.

I was in shock, and in my mind I was thinking maybe it wasn't as bad as I thought. I asked the specialist, "I thought after the test you said my tubes were blocked?"

He looked at me questionably and then looked at my test results and said, "No, there may have been a little blockage, but nothing that should cause any problems."

I thought I was imagining things and my friends said, "See, we told you." But I just didn't understand.

The following month we started inseminations. I was excited, but scared because I felt like something was wrong. We tried for two months with no luck. It was then close to the holidays and we decided to take a break. During this time I

thought a lot about the HSG and decided to find a different doctor for a second opinion.

My partner and I went to our appointment with the new doctor and told him everything that had happened. He said, “I would like to do a laparoscopy, so we can visualize the area directly, and test your fallopian tubes again.”

My mom, who is a nurse, came the day of the surgery because my partner had to work. When I was in pre-op, the doctor came to see me and said, “I won’t be able to talk to you after the surgery because you will still be under medication, but I will tell your mother what I find.”

I remember waking up in great pain and asking the nurse what the doctor found. She told me she didn’t know and that I couldn’t see my mom until I got back to my room. I acted like I was in less pain so they would let me out of the recovery room.

When I got in my room they let my mom come back. I asked, “What did he say?”

She replied, “Just wait, he’ll come in and talk to you.”

“No, that’s why he talked to you. He’s not going to be coming to the room.” My mom insisted she wait until my partner arrived. “Mom, just tell me,” I begged her.

At that point I already knew it was bad news. She looked at me with a lot of sadness in her eyes and said, “He said your tubes are totally blocked and he could not open them surgically. There was no way you would have ever become pregnant through artificial insemination.”

I was in total shock. I know it was very hard for my mom to have to be the one to tell me that. I cannot imagine being a mother and having to tell your daughter she can't have children.

Then my partner arrived. My mom had already called her and told her the news, so she was really upset too. I felt like my dream of having children was over, because I knew I could never afford IVF, which was the only way I could ever become pregnant, the doctor said.

I went through a couple of years of not knowing what to do. It is such a lonely feeling, and although everyone hurts for you, you know no one really understands because they already have children.

I never imagined how much anger I would feel when I heard about someone I knew being pregnant and then how much guilt I would have for feeling that way. I never knew how empty I would feel after having my baby nephew for a weekend. He would go home and I would lie in

It is such a lonely feeling, and although everyone hurts for you, you know no one really understands because they already have children.

bed at night crying, holding onto this baby tweety bird shoe I bought when I first decided to start trying. It was just incredibly heartbreaking and lonely.

I started looking around on the Internet and came across the Clear Passage Therapies (CPT) website. It sounded

too good to be true and I didn't understand it, so I kept looking.

But my mind kept going back to CPT, so finally I called and requested information. When it arrived, I watched the DVD and was surprised that their patients sounded very much like my situation. But the CP treatment was very different from any I had heard of, so I was quite skeptical.

I was going to Florida for vacation that summer, so I made an appointment to stop by the office and speak with a therapist. I wanted to make sure that this place was real.

I remember standing, reading all the articles on the walls and feeling my hope grow. But I was still scared because all I had was \$4000 in a 401k account I could withdraw and use on either this or IVF. I knew it would be hard for me to come up with \$15,000 for the IVF, and even if I did, it would only be once and knowing the chances of IVF working the first time, I was scared.

I took a leap and decided to withdraw my money and start getting things together to come to Florida and have the therapy. Although in my gut I felt like it was the right thing, I was very scared because I felt like I was putting all of my eggs in one basket. If this didn't work, my dream of having children would be over. Still, something about following my gut instinct rang true for me.

When I told my mom what I was doing she was very skeptical — even more so because she is a nurse. She also knew how devastated I would be if it didn't work.

I attended the first ten hours in December of 2006 and the second ten hours in March of 2007. My mom came to Florida with me in December and she wanted to know exactly

what they were doing. It was hard to explain the treatment to her, and the only thing I could tell her was that it felt like it was working.

When I got done with my therapy in March, I scheduled a consultation with my infertility doctor. I wanted to schedule an HSG to see if the therapy worked.

I hadn't told my doctor about attending CPT before because I was afraid he would try to change my mind. When I went to the appointment, I explained to him my treatment. He looked at me like I was totally crazy. He said to me "You have completely blocked fallopian tubes; they couldn't even be opened in surgery. There is no way that treatment could have worked." Even though I had gotten back almost 75% of the treatment cost from my insurance, the doctor still insisted, "Whatever they did, it was overpriced."

Naturally, he didn't think there was a need for an HSG, but he reluctantly agreed to do one, even though he felt very strongly that there would be no change. I left his office very upset and feeling like a fool. All I kept thinking was, "If it sounds too good to be true, it probably is."

The day of the test, I had never been so scared in all my life. After my consultation, I refused to tell my mother when I was having my HSG. "There is no sense in both of us worrying," I thought. But the morning of the test I called her because I was very upset and when she asked what was wrong, all I could say was, "It's today."

My partner and I went to my appointment and the doctor came in and said, "Well let's see if they did any good down in Florida." I could tell he thought it was a total waste of time.

As soon as he was done, I sat up and asked, “Well?”

“I’m shocked,” he stammered. “It’s amazing.”

“You mean my tubes are clear?” I asked.

“Yes! You can start trying to conceive next month.”

My partner looked him in the eyes and said, “Go ahead, say it...”

He replied, “I was wrong, I admit it. I was wrong. It’s a miracle.”

I cannot tell you the joy I felt — and for the first time in my entire journey I was crying tears of joy. I went to get my clothes on and my partner pulled out the tweety bird shoe I always held on to when I was upset. It meant so much to me and we were both very happy.

For the first time in my entire journey, I was crying tears of joy.

When I got to the car I called my mom and when she answered she said, “Hey.” She didn’t sound good because she thought I would be calling with bad news.

I said, “IT WORKED!!”

“WHAT?” she asked with excitement.

“IT WORKED, IT WORKED, IT WORKED!!!” I screamed.

She then started crying and telling everyone at her work. It was the best day of my life!

I have not started trying to get pregnant yet because “life” keeps happening. The doctor immediately took blood

work and discovered that I had thyroid problems. It took several months to get the medications leveled and then I hurt my back and was off work for four months.

I am now back to work and will hopefully be able to start trying in the next few months.

I had such a wonderful experience with CPT. I cannot even begin to thank them enough. They are truly changing people's lives and words cannot express what I feel for them. Their therapy gave me hope and that's something I have not had in a long time.

Fallopian Tubes Blocked Near Uterus

- Valerie's Story

For two successive years, Valerie and her husband, Bill, tried to have a baby. They were confounded at their inability to conceive because they were each just 25 years old.

Valerie consulted her gynecologist. Because of her history of ovarian cysts (one of which required hospitalization), severe endometriosis, and abdominal, pelvic, and low back pain, the doctor suspected she had pelvic adhesions and possibly blocked fallopian tubes.

Valerie was scheduled for an HSG dye test to determine if her tubes were open or blocked. When the procedure was over, the doctor informed her that both of her tubes were blocked near the uterus. She recommended Valerie have laparoscopic surgery to remove the pelvic adhesions and hopefully open her tubes.

Over the next couple of months, Valerie and Bill discussed their options. If they did not have the surgery, or if the surgery did not work, their only options would be adoption or in vitro fertilization (IVF).

By mid-summer they had resolved to move forward with the doctor's suggestion. Valerie proceeded with laparoscopic surgery.

Once again, Valerie and Bill weighed their options. They considered IVF treatment, but it was going to be a huge financial burden for them. Valerie remembered that her mother had mentioned a non-surgical treatment designed to open blocked fallopian tubes.

If they did not have the surgery, or if the surgery did not work, their only options would be adoption or in vitro fertilization.

Valerie called our clinic and scheduled an appointment. After completing the patient consultation, she decided to complete the one-week therapy program.

Two weeks after her treatment, Valerie returned to her doctor to have an HSG and see if the therapy had opened her tubes. She could barely believe it when the doctor told her one of her tubes was open.

Nine months later, Valerie became pregnant naturally, and nine months later she gave birth to her baby. After all they had been through, Bill and Valerie decided to name their baby Grace.

After Grace was born, it only took six months and Valerie was pregnant again with her second daughter, whom she named Reese. She considers them her two miracles.

Four Years Infertile with Blocked Tube

- Michelle's Story

I had been trying to get pregnant for two years when I sought the help of several doctors to determine the cause of my apparent infertility. I was told that I should have a surgery to remove multiple uterine fibroids because that might be the cause of the problem.

In 2003 I underwent a myomectomy to remove fifteen fibroids. During my recovery, the doctor revealed to me that one of my fallopian tubes was also blocked, which was contributing to my problems getting pregnant.

Two months later, I began fertility injections and pills to be able to conceive through intrauterine inseminations (IUI). After three rounds of IUI accompanied by a lot of hormonal changes, mood swings, and discomfort, the results always came back negative.

At that point, I decided to give my body a break and take a different approach. Fertility requires peace and a sound mind — which was very diffi-

After three rounds of IUI accompanied by a lot of hormonal changes, mood swings, and discomfort, the results always came back negative.

cult for me with all the infertility drugs. I decided to join a six month outreach program with my bible ministry which helped me focus on helping other people enrich their lives by developing a personal relationship with God. My life was blossoming with joy and peace. My belief was stronger than ever.

It was during that time that I started learning about natural treatments. While at a health food store one day, I found a magazine with a small paragraph entitled, “New Natural Technique Increases Fertility Rate.” I found it very interesting, so I kept it and put it away. Later on, I went online to search on natural remedies to unblock fallopian tubes and I came across “Clear Passage Therapies (CPT).” What I did not realize was that this was the same place to which the magazine referred. When I went on their website and read their information, I learned the detrimental affects of surgery and the possibility that I could be full of scars. I was convinced that God was leading me to them.

I contacted them a few months later and obtained some literature and a video which my husband and I read and watched very carefully. The treatment and procedure made perfect sense to me because as a Christian I am fully aware of how God designed the human body in a way that all the joints and ligaments are interconnected with each other.

We decided to spend a week in the Florida clinic. During the treatment, I felt as if the muscles in my lower abdomen were hard and stuck together. I also felt great release, stretching, and relaxation practically immediately. The personnel were

***This time around
my tubes were both
totally opened!***

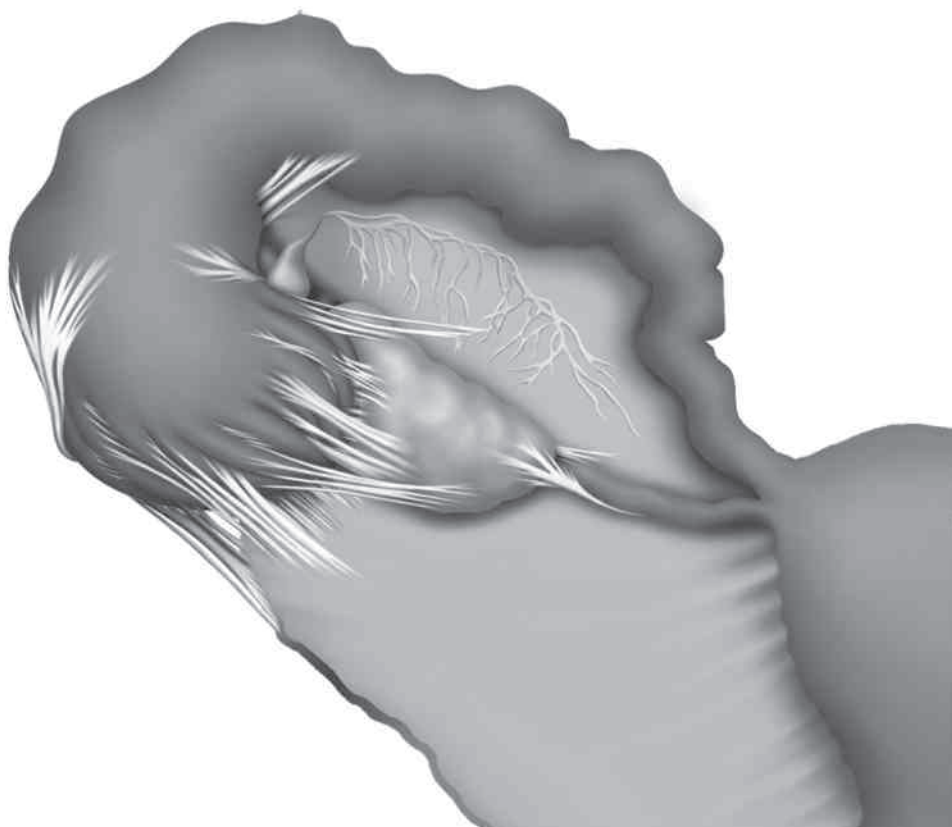
very professional, kind, and genuinely concerned about my well being.

After my treatment, I went to an infertility specialist who suggested I have another HSG. This time around my tubes were both totally opened! The next step would be to perform another IUI, using only Clomid.

Finally after a total of four years of trying to conceive, the result was positive and I am currently enjoying motherhood with my (now one year old) healthy and strong baby. I thank God for CPT. I hope their treatment will be promoted by physicians so that many other women can be successful with childbearing while utilizing a non-invasive, natural treatment.

Hydrosalpinx: A Unique Situation

Reproductive endocrinologists have generally felt that a tube swollen and filled with liquid (called hydrosalpinx) rendered that tube beyond repair and non-functional for life. One concern is that the liquid within the tube will spill down into the uterus after implantation of a fertilized egg, bathing the egg in a substance that could be toxic, thus decreasing the chances for a full-term pregnancy. The general consensus among REs is to surgically remove any tube with a hydrosalpinx, and proceed directly to IVF.



Hydrosalpinx (fluid filled tube) was considered beyond repair, but we started seeing natural pregnancies and births after we treated them.

We understood from our physician advisors that hydrosalpinx rendered a tube totally useless, irreparable, and damaged for life. However, we were also originally told that we could not open blocked fallopian tubes non-surgically, yet our patients kept proving the experts wrong. Similarly, we originally believed our physician advisors who felt we could never return function to a tube that was blocked with hydrosalpinx. Then Jen came to see us.

Hormonal Menopause, Only Remaining Tube Blocked with Hydrosalpinx

- Jen's Story

I've always been a healthy, positive person with big dreams. I knew some day I would meet that special someone and start a family.

From an early age, I always knew I wanted children. I come from a long line of fertility. My grandmother gave birth to 15 children, my mother 4, and my brothers and sister have 7 more kids among them, who I love dearly and who are a big part of my life. My love of children even drew me to my occupation as an early learning Spanish teacher working with the cutest little students ages three to eight.

When I was 26, a misdiagnosed appendicitis left me hospitalized for a week with an infection. I recovered from the ruptured appendix, but 15 months later I was hospitalized again and had another major abdominal surgery. It almost took my life and left me trying to figure out if I would ever have children.

I lost my right ovary, fallopian tube, and parts of my intestine to surgery. My remaining left tube was damaged. The medical diagnosis was that it was blocked and filled with fluid, a hydrosalpinx.

The doctors said that I had so much infection and disease that my ovary and tube weren't even recognizable. It was mush. They said I was going to have a lot of scar tissue and adhesions, leaving my insides "like concrete."

I was confused and afraid and while I was thankful to be alive, I had to ask the doctors a simple question . . . “Will I ever be able to have kids?” His answer was, “Not naturally. It would have to be through IVF. You’re young and healthy and you have your left ovary.”

N o w flash forward, I’ve met the man of my dreams, we’re in a financial

position to afford IVF and excited to start our family. Everyone advised me to get started with IVF early, since there can always be complications and it takes longer than you think. My biological clock was ticking and I wanted to have several shots at this before I turned 35.

While IVF wasn’t exactly what I had planned when I dreamed of getting pregnant, with all the shots, hormones, and invasive procedures, I was thankful for all the progress in the field because for me, it was the only way for me to get pregnant.

At our first consultation the doctor told me I would be a good candidate as long as I had high quality eggs. She also recommended that before we do IVF, we should remove my remaining unhealthy tube because it had a hydrosalpinx — it was blocked with fluid that could be toxic to the embryo. I thought sure, whatever it takes because this is my only chance and every single doctor I asked said the same thing — that there was no way to repair my damaged tube. So according to all medical

I lost my right ovary, fallopian tube, and parts of my intestine to surgery. My remaining tube was blocked and filled with fluid.

sources I checked, IVF would be my only chance, and I had to remove my only tube, which was beyond repair.

First I had to do blood work, and then we could get on with it. Another devastating blow came when our nurse called and said my hormone levels of FSH (which helps the egg mature) was abnormal. The normal and acceptable range is between 2 to 10. Mine was 26.2, indicating that my body wasn't producing quality eggs. In fact, I was officially diagnosed as menopausal. I was newly married and ready to start a family and our doctor was telling my husband and me that if we wanted to have children we would need a donor egg, or to adopt.

We were crushed. I took the news hard. This wasn't supposed to be happening to me. I was young and felt healthy other than the fact that I was "infertile." I felt so bad; it was my fault we couldn't have kids. I was mad at the doctors who first misdiagnosed my appendicitis, and I was heartbroken as I watched many friends and family around me get pregnant so easily. "So now what?" I asked myself.

I was following through on my instinct to find some alternative to surgery. Basically, I was following my heart.

I was open to new possibilities and I wasn't ready to give up on my hope of conceiving naturally, so I did a lot of research and I found Clear Passage Therapies (CPT). While

I had my doubts, it seemed like the best fit for me since they said they had shown success opening blocked fallopian tubes. The therapy didn't involve surgery; it seemed therapeutic and nurturing and that made sense to me. I was following through

on my instinct to find some alternative to surgery. Basically, I was following my heart.

With the love and support of my husband, we made plans to drive six hours to their clinic in Florida. We felt we had nothing to lose and we looked forward to the trip as a chance to get away for the week where we could be together, and I could concentrate on healing my body.

I had so much to be thankful for — a loving husband, a supportive family, a great job, and wonderful friends. I wrote in my journal, “I feel empowered because I am doing everything possible to better my chances. If it doesn’t happen, I will know I tried. I’m a believer. I’m also feeling a little vulnerable because tomorrow starts the beginning of a new journey. Whether pregnancy is a result or not, I know Eddie and I will be able to deal with it.”

Once I got there, any doubts I had disappeared. I felt good about the staff, their ability, and their professionalism and care. I knew I was being treated by experienced professionals who actually listened to me and what I had to say about my body. I received 20 hours of therapy. Eddie and I left there believing it worked, but the moment of truth would come a month later when I did the HSG dye test, to see if my tube had opened.

The day it was scheduled was an emotional day for me. I was nervous and anxious. Just a few years ago when I had the same test done, I fell apart in my mother’s arms watching the dye collect in my tube, marking the beginning of infertility. Now I was holding my husband’s hand watching the dye spill out of my tube — which was now open! We hugged and cried and immediately went home to try to get pregnant, the old-fashioned way!

We got pregnant naturally the next month with our first redheaded miracle, Maria Rose.

When Maria was seven months old we drove down to CPT again to thank everyone and have everyone meet Maria. I also received four more hours of therapy to address some pain issues from the vaginal delivery I had at Maria's birth. I have to say that once again, the positive changes from just those few hours were extraordinary!

Five months later I found out we were pregnant again naturally, this time with twins! I gave birth to two healthy babies, Edward and Katherine, in May, 2006. We now have three beautiful redheads completing this miraculous journey!

We got pregnant naturally the next month with our first redheaded miracle.

The significance of Jen's story is overwhelming. Once again, our patients were leading us into areas of exploration and demonstrating powerful, positive results. The potential benefits for other patients in need were beyond what we could imagine in our wildest dreams.

Some physicians feel that blocked fallopian tubes greatly decrease the opportunity to have a pregnancy, even when reopened surgically. In addition, most feel that tubes with hydrosalpinx should be removed.

But our patients and experiences seemed to be dispelling these theories. For example, here we had a totally impossible case; Jen had only one fallopian tube (the other had been removed). The only tube she had was totally blocked and filled with toxic liquid — hydrosalpinx. In addition, her hormone levels were so elevated that she was judged

to be menopausal. Her physicians were sure that she would never become pregnant naturally.

Going by her history, our palpatory skills, and her goals, we treated the hydrosalpinx and blocked fallopian tube. Then, to address the hormonal issues, we also treated the ovaries, pituitary, and hypothalamus glands in her head (more on this in Chapter Eight). We hoped we could either open a fallopian tube or improve her hormone levels. If we opened a tube, her body could at least expel the toxic fluid, we thought; if we improved her hormone levels, at least it might provide her the opportunity for an in vitro fertilization, to have the child of her dreams.

Yet after we treated her, she not only became pregnant naturally and had a beautiful little girl, she went on to become pregnant again naturally, and delivered a set of gorgeous twins! All of this in a woman who had been diagnosed with total tubal occlusion — and menopause.

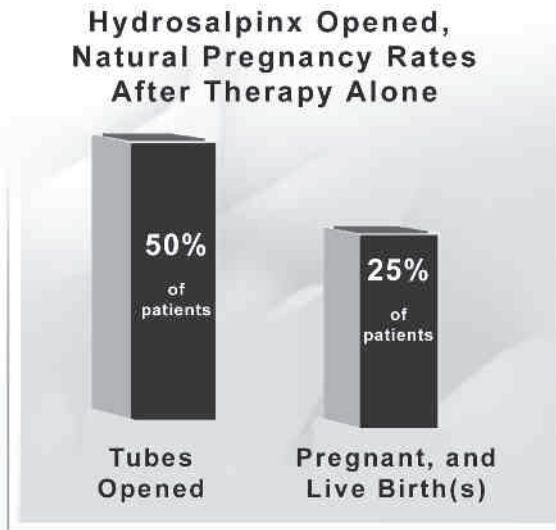
Stories like Jen's still give us chills and inspire us to go on, despite the nay-sayers. Honestly, we were nay-sayers in the beginning, or at least skeptical of our abilities to repeat these successes. But our patients and clinical results have proven that attitude wrong, again and again.

There, in living flesh, we were able to see, talk, and play with the positive results that none of us expected to come so naturally and so easily. And they did come easily! Jen became pregnant within a month after therapy and became pregnant again naturally 12 months after her first child's birth.

As the data continued to mount, blocked tubes continued to open and "impossible cases" continued to report open tubes and natural pregnancies. We felt two things at once. First, we were in awe of the positive reports women continued to send. Second, we felt certain that the deleterious effects of naturally occurring adhesions could be reversed in many patients. And when that happened, the body

often returned to the pain-free functional state it enjoyed before the adhesions formed.

Until our manual therapy came along, reproductive physicians routinely recommended removal of any tube that was swollen with hydrosalpinx in a procedure called a salpingectomy. Then we presented a pilot study at the invitation of the American Society for Reproductive Medicine (ASRM) at their annual meeting in 2006. That citation published in the conference supplement of *Fertility and Sterility* (September, 2006) is considered a pioneering document in the non-surgical treatment of blocked fallopian tubes that are swollen with a hydrosalpinx.



Hydrosalpinx with “Ovaries and Fallopian Tubes Buried by Adhesions”

- Jacqueline’s Story

“Is this going to impact my fertility?” I asked my doctor. I was just 22 and my doctor wanted to surgically remove complex cysts from both of my ovaries.

She told me, “We will do our best to save as much of your ovaries as possible.”

I was still scared she would have to remove my ovaries and fallopian tubes, but I knew the surgery was necessary.

When I woke up, my doctor told me the news was good. “You lost 10% of one ovary and 60% of the other. I am very happy with the results. You can go home and become pregnant.”

Although the news didn’t sound good to me, I was happy she thought I could still conceive. A lot of my friends were starting to become pregnant and I wanted to share their joy.

My husband and I tried for a year, but we still couldn’t become pregnant. I started to become withdrawn from my social circles because it was hard to be around my friends who became pregnant effortlessly and didn’t understand my struggle with infertility.

About that time I began experiencing severe pain in my abdomen and went to the hospital. My doctors discovered I

***My doctor
recommended
they remove my
tubes***

had a large peritoneal cyst, and I was rushed to emergency surgery.

After the surgery, my surgeon told me, “We were able to remove the cysts, but your ovaries and fallopian tubes were buried by adhesions.” He suspected that the adhesions were a result of my previous surgery.

I knew I needed a natural treatment for the adhesions, and I began to see an acupuncturist. I continued searching for other treatment forms and finally found Clear Passage Therapies (CPT) on the Internet. Although my doctor was extremely discouraging and told me she didn’t believe it would work, I felt their therapy for adhesions could help me and I immediately scheduled an intensive week of therapy.

My week at treatment went well. I found the atmosphere to be very calming. But 3/4ths through my treatment, I had a family emergency and had to return home. My therapists were understanding, but cautioned me I might need to return and finish my hours in the future for the treatment to be successful.

I hoped that the time I spent there would be enough and I continued trying to conceive on my own. Two years passed and I became frustrated and worried. I was in my early 30s and I knew my time was slipping by. To make matters worse, I worked with children and people would always tell me, “You’re so good with children, you should have some of your own.”

I decided to see another Ob/Gyn for help. He sent me for an ultrasound, which showed I was fine — no visible adhesions! He gave me a fertility monitor to help me track my ovulation, but it didn’t help me become pregnant.

I then returned to the doctor for an HSG test. Afterwards, I was so nervous about the result that I didn't return for months. I finally called for the results and I was told that both of my fallopian tubes were blocked with hydrosalpinx. My doctor recommended they remove my tubes and do in vitro fertilization.

I thought surgery would be far too invasive and removing my fallopian tubes was a big risk — what if IVF didn't work? I was also uncomfortable with taking the hormones required for IVF.

I sent the results of my HSG to CPT. They felt they could help me and encouraged me to return and complete my treatment program. My time there was very relaxing. It was like going to a spa.

After his diagnosis, I was sure my chances of conceiving were totally diminished.

When I returned home, I wanted to do everything possible to increase my chances for fertility, and saw an acupuncturist. When I explained my condition and that I underwent treatment at CPT, my acupuncturist told me, "I am familiar with CPT, and if they cannot help you, I don't think we can either."

I then sought the help of another infertility specialist, who only offered IVF. Again, I chose not to undergo IVF because I felt it was too invasive.

That month I began experiencing pain in my abdomen. I missed my menstrual cycle and I was concerned I was going

into early menopause. I went to see my doctor immediately and he thought I had a large fibroid. He told me, “We need to head to the OR.” After his diagnosis, I was sure that my chances of conceiving were totally diminished.

I wanted one more opinion before I underwent another surgery. I went home and took a pregnancy test before I went to see another doctor. I couldn’t believe it — it was positive! It was just my second cycle after my treatment at CPT and I was pregnant!

I went to see a midwife and she confirmed my pregnancy with a blood test. I had no complications with my pregnancy and I gave birth to a beautiful full-term baby.

I am so happy I decided to return to CPT. I could have gone through years of invasive treatment. Instead, I went to them and because of their hands, I got pregnant almost instantly.

Only Remaining Tube Blocked with Hydrosalpinx

- Gabriel’s Story

Joseph and I met at the hospital where I work. I am a surgical technologist and he is a sales representative for an orthopedic/sales company. After dating for a year, we were married in 2003. Since we were both in our mid thirties, we wanted to start our family. After being unsuccessful for a year, we become

concerned and talked to my gynecologist. He then scheduled several tests to check FSH levels, sperm count, and progesterone levels. We also had an HSG to see if there was blockage in my left tube. I had my right tube removed years before because of adhesions that formed after a nephrectomy (removal of kidney) at age two.

I had my right tube removed years before because of adhesions. . . (Now) our doctor wanted to schedule surgery to remove my left tube.

Our doctor studied our test results and advised us to try IVF. We were sent to a fertility clinic and were hopeful for a positive outcome. Months passed by with fertility shots, weekly blood tests, and ultrasounds to ensure no cysts had formed due to the daily injections.

The emotions during the ride home were unbearable. We shared tears, anger, and frustration. When we arrived home, I broke.

Our last visit to the clinic was April 14, 2004. Our journey ended because the ultrasound showed fluid in the tube. Our doctor advised us to stop treatment immediately and wanted to schedule surgery to remove my left tube. He was concerned that the fluid might fill the uterus after implantation via IVF had taken place and destroy the embryo.

That day I faced the thought and heart wrenching feeling that we may never become pregnant. The emotions during the ride home were unbearable. We shared tears, anger, and frustration. When we arrived home with our family waiting, I broke. That night I told myself tomorrow would be a new day.

As Christians, our decision was to give it to God, His will be done. I needed help and understanding and Joseph needed guidance. Six months went by as we prayed every night and I trusted our faith. I asked for God to take away my desire for a child, if it was not His will. Throughout it all, my want never weakened and I began to feel at peace. I knew it was God's plan, I just didn't know how it was going to happen.

It had been eight months since our last clinic visit and one night I was on my laptop, reading medical websites. I came across statistics about Clear Passage Therapies. As I sat in amazement, I read story after familiar story of women just like me (some better, some worse). I had my husband read the history of Clear Passage and he was puzzled, but amazed. He just didn't understand how adhesions could be "free" without surgery. I didn't know either, but what I did know is that a little voice in my heart was letting me know I had my answer. The success stories were too amazing not to believe.

I called the office and the staff was so nice and helpful. I received the information packet within days and filled out the medical history questionnaire. We made our trip to the clinic in February of 2005 for an intensive week of treatment.

Clear Passage was truly an experience of a lifetime. It was a vacation for the mind, body, and soul. Results came fast, within two days. Joseph and I began to see visible changes in my abdomen scar from surgery. My incision site began to flat-

ten and I had a belly button ... wow! Our week went by so fast, and when Friday came I hated to leave.

With my clear mind and new body, we settled home and back into our normal routine. While Joseph was on a business trip in

March, I became really ill. I knew it had to be more serious than the flu, maybe food poisoning. I called my

He just looked at me with tear filled eyes and asked softly, “You are pregnant?” I said, “Yes.” I have never heard anyone cry for joy the way we did.

mother and she drove me to the ER. They wanted to run blood tests and I asked if they would also do a pregnancy test. He looked at me strange and told me he didn't think that was what was wrong. I insisted. To his surprise and ours, he informed me with a congratulations. I was pregnant!

My thoughts quickly turned to my husband. Because of a plane delay, he would not be home until the next afternoon. I swore my mother to secrecy and she took me home. After the longest twenty-four hours of my life — he was finally home! Before he took his bath, I handed him a present. I had wrapped baby items as a way of telling him the news. Our anniversary was the next month, so I just said it was an early present.

After opening the gift, his eyes were fixed on the baby things for what seemed like forever. He just looked at me with tear-filled eyes and asked softly, “You are pregnant?” I said, “Yes.” I have never heard anyone cry for joy the way we did.

Our pregnancy was beautiful. I just loved being pregnant. The delivery was magical and more tears of joy flowed. A big, healthy baby boy was born to us in November 2005 — eight pounds, five ounces, and 22 inches long. He was perfect! He is still the joy of our lives and the miracle God gave us through Clear Passage.

Ectopic Pregnancies: Concern and Hope

As mentioned earlier, blocked fallopian tubes are considered by many physicians to permanently compromise the integrity of the fallopian tube. Adhesions that form inside or outside of the fallopian tube can seal the tube, or kink it like a garden hose, partially or totally obstructing the easy flow of sperm and egg through that tube. In some areas, these obstructions or kinks can create eddies or pockets within the normal course of the fallopian tube, creating the opportunity for an ectopic pregnancy (a pregnancy within the tube). This signals the end of that pregnancy and represents a dangerous, potentially life-threatening condition for the mother. Thus, as too many women and their physicians know, the union of sperm and egg does not always create the desired outcome.



Ectopic pregnancy occurs when the fertilized egg cannot escape the fallopian tube. It must be dealt with quickly in all cases.

Physicians caution that all women who have had tubal problems in their life (adhesions, inflammation, blockage, or tubal pregnancy) are at higher risk for ectopic pregnancy. There is no known method to rescue a fertilized egg that has been trapped within the confines of the tube. Of greater concern, if left there, the pregnancy can continue to grow and become life-threatening to the mother.

Caught early, a tubal pregnancy can be treated with an injection such as methotrexate. This drug dissolves the attached egg, and leaves the tube with a minimal amount of damage.

Tubal pregnancies that persist for more than a few days may have grown too large to be dissolved pharmaceutically. In that case, an

emergency laparoscopy or laparotomy (open surgery) will be required. Once s/he locates the ectopic, the surgeon will perform a salpingostomy or salpingotomy — a surgery in which the tube is cut open with a scalpel or laser — remove the attached embryo, then re-stitch, repair, or (in some cases) remove the tube or close it permanently at the site of surgical repair. Thus, besides the pregnancy loss, the tube has now been damaged or removed during emergency surgery.

We were pleased to find that in the participants of our published study, “Treating fallopian tube occlusion with a manual physical therapy,” published January, 2008 in *Alternative Therapies in Health and Medicine*, we had only one ectopic pregnancy despite significant adhesions and surgeries in the women we treated. Since the study contained a relatively large number of women (28) with total tubal occlusion, physicians tell us they would have expected several ectopic pregnancies in the group. We are encouraged that the slow decrease of adhesions by manually pulling them apart, cross-link by cross-link, may help reverse the risk of ectopic pregnancies among the women we treat with blocked fallopian tubes.

I went to the hospital and the doctor discovered one of the embryos had implanted in my right tube causing an ectopic pregnancy. He immediately scheduled me for surgery to remove the tube. After the surgery, the doctor told me I had a lot of scar tissue at my right tube and that I probably had scar tissue surrounding my left tube, as well.

— Faith, who later became naturally pregnant and delivered a baby boy after CPT

Two Children after Ectopic and Adhesions

- Savannah's Story

In early 2004, I became pregnant for the first time. But my husband and I were soon devastated when we learned it was an ectopic pregnancy. My doctor recommended laparoscopic surgery to find the cause. During the procedure, he noted adhesions around my ovaries and fallopian tubes.

I went online right away to learn more about adhesions. I wanted to do everything I could to reduce adhesions and avoid another ectopic pregnancy. While searching for treatment options, I found Clear Passage Therapies (CPT). Their therapy focused on reducing adhesions and I thought they had a good chance to help me.

After researching the treatment for a few weeks, I decided to schedule therapy. I completed the program in one week of intensive therapy. It was a very positive experience and it was immediately obvious to me that they could help me.

During my initial evaluation, the therapists examined my body and palpated my organs. Although my doctor's report had not arrived at the clinic yet, they explained the different areas where they felt tension, decreased mobility, and possible lack of function. My therapists gave me a whole new level of awareness about my body and how it works than I had ever experienced before.

Later that afternoon, the doctor's report arrived and everything they told me correlated with my doctor's findings!

As the week progressed, I could feel changes in my body. At first, they couldn't sink their hands very deeply into my body. They also found areas of stiffness when they

checked for mobility in my body. By the end of treatment, their hands could sink much deeper into my body without tension. The areas that were once originally so tight had become far more supple and mobile. Furthermore, areas that were tender at the start of therapy were now mobile and pain-free.

I returned home on Friday and my husband and I tried to conceive on Saturday. Incredibly, that was all it took — we became pregnant right away! An ultrasound showed that everything was progressing normally. I gave birth to my beautiful son, Daniel, who is now three years old.

Last summer, we had another surprise — I became pregnant again! Now, Daniel has a baby brother to play with.

I believe anyone with pregnancy issues should consider this therapy prior to trying to conceive.

Areas that were once so tight had become far more supple and mobile . . . areas that were tender were now pain-free.

One Ectopic Pregnancy, One Miscarriage, and Multiple Unsuccessful IUIs

- Isabella's Story

My journey to become a mom was not an easy one. My husband and I tried for a family soon after getting married in February of 2003. Our first setback came in June of 2003 when I suffered a ruptured ectopic pregnancy in my right fallopian tube. The physicians removed the tube, and as a result, I was left with only my left fallopian tube.

In September of 2004, I became pregnant again, only to have a miscarriage. As difficult and emotionally draining as these setbacks were, my husband and I tried to remain positive in that at least we could get pregnant.

This soon changed as months of trying turned into a year with no luck of becoming pregnant again.

At that point I was referred to a fertility specialist. We went through a battery of tests and the only thing that made any sense as to why this wasn't happening for us was that I was left with one tube and I likely had scarring or scar tissue from the ectopic pregnancy.

We tried four months of Clomid and IUIs with no luck. We then had to take a couple months off as my cycle became "out of whack." Next we tried three cycles of injectables and IUIs, but again had no success. Finally we decided to move on to IVF.

In the meantime, my mom had read an article about Clear Passage Therapies (CPT). I decided to see if I might be a

good candidate. When they determined I would be a good candidate for therapy, I decided I would attend before my IVF transfer. Six weeks before I was scheduled to start IVF, I went to the CPT clinic, where I was treated for 20 hours over five days.

Four months of Clomid and IUIs. . . then (two) months off as my cycle became “out of whack.” Next we tried three cycles of injectables and IUIs, but again had no success.

My IVF cycle was a bumpy one. The injectables weren't taking and in the end, I only produced three mature follicles — not enough to go through IVF, they told me.

My doctor suggested we try an IUI so that the past six weeks of medication, doctor visits, etc. wouldn't all be for nothing. Two of the three mature follicles were on my right side, where I do not have a fallopian tube, so the odds were really against us this cycle.

I went through with the IUI on July 15th and to our shock and amazement (as well as the doctor's) I was pregnant! Whereas this was my seventh IUI, the only reason I can imagine why this time was successful was because I had undergone the manual physical therapy at CPT. It was just too much of a coincidence that I had just had therapy, and that this cycle worked.

My doctor was also amazed. She admitted after the fact that in all the patients they treat, they had only seen one or two patients have success with IUI after a canceled IVF cycle.

We welcomed our little bundle of joy, Jacob, on April 1st weighing in at 6 lbs. 5 oz., 20 inches long. He is a happy, healthy baby and when my husband and I look at him we turn to each other and say how blessed we are.

My doctor was amazed.

Ectopic Pregnancy and Laparoscopic Surgery

- Norah's Story

There was nothing remarkable about the room. It was outfitted with the typical hotel décor — peach and teal floral-print bedspreads and plastic gold-framed prints adorning the walls. Yet somehow, this room, this trip, held more promise than I could handle. Though my journey through infertility began a year earlier with an inexplicable ectopic pregnancy, I knew my ten-hour drive to Clear Passage Therapies (CPT) was the beginning of the path that would lead me out of that dark loneliness.

Bags unpacked and calls of my safe arrival placed, I settled in with a book, though my mind wandered back to another time and place.



Warm and softly lit, an ultrasound machine consumed the intimate space. “I’m not sure . . .” whispered the ultrasound tech in response to the doctor’s question. Hearing only fractured words from their conversation, my heart raced. “It

isn't thickened," she said again, and then "Here . . . by the ovary." The technician and doctor continued to discuss the "abnormalities" they were seeing, while I lay there clutching my husband's hand with a white-knuckled grasp. Nine weeks earlier, I'd felt a flood of excitement flow through me knowing that I was pregnant. Now, I felt that same rush of adrenaline. But this time it was cold, the tingling almost painful as it spread from the center, where my child should have been, throughout my entire being. As if suddenly realizing our presence, the doctor asked us to meet him in the examination room to discuss our options.

I heard the medical terminology for what was ultimately an ectopic pregnancy. I was ashamed of myself, of my body. Confused and heart-broken, I rode home silently, allowing the gravity of the circumstances to wash over me, in hopes of some cleansing. Yet I found none. Instead, I was greeted by a grim reality. In order to protect my life, I had to be the willing recipient of a drug that would dissolve my child.



Sleepily, I set my book on the nightstand and clicked off the light. Curling up, I could feel the exhaustion from the day's drive, but anticipation about my CPT treatment kept me from fully relaxing.

My physical trip began early that morning, but my emotional journey into motherhood started long before.

The technician and doctor continued to discuss the "abnormalities" they were seeing, while I lay there, clutching my husband's hand with a white-knuckled grasp.

Never in all my daydreams about pregnancy and motherhood, did I envision such uncertainty, confusion and turmoil. Had it really been seven months since I sat in the hospital, waiting for surgery after my ectopic pregnancy?



As we walked through the sterile corridors of the hospital, I couldn't help but think of the morbid irony. I felt completely empty in every sense of the word as I waited in the hospital room for the nurse to wheel me downstairs for surgery.

"Do you think they'll take the blocked tube?" I asked my husband for the hundredth time, knowing full well that he would never say "Yes," even if he thought so. I knew he was nervous

I felt empty in every sense of the word as I waited for the nurse to wheel me downstairs for surgery.

because he was even more reserved than usual this morning. For the first time, I thought about how this might feel for him. And that's when I realized the startling difference between us, and why we

needed each other more than ever. I couldn't have cared less about my own body, my own safety. I was angry and frustrated with my infertility. What did it matter if I was hurt or harmed? All I thought about was the child I so desperately longed to hold.

He, on the other hand, was thinking of me. Perhaps he had thoughts of an angel-faced baby and fantasies about playing catch with his boy in the backyard. But sitting there pretending to be interested in the news report on the television, his anxiety reached me and strangely enough, calmed my fears.

He responded, “Na, I told ‘em I couldn’t take having you around the house for six weeks, so I’m pretty sure it’ll just be a scope today.”

Grinning, I half-heartedly turned my attention to the magazine I’d grabbed from the waiting room. Sitting cross-legged in the hospital bed, I began flipping absent-mindedly through the pages. I found myself expecting the worst — the loss of a tube or ovary — and yet hoping for the best. As if on cue, my eyes came to rest on an article about infertility. Reading intently, I was encouraged to read about a unique physical therapy that had helped several women facing infertility.

“Miss? We just got word that they’re ready for you.” The nurse’s voice brought me back to my surroundings.

“Great. I think I’m ready now too,” I replied, closing the magazine and thinking once again about the perfection of God’s timing. I was still nervous, but now saw a glimmer of possibility regardless of the day’s outcome.



Perhaps it was the unfamiliar bed, the absence of my hubby, or the butterflies flying around in my belly that caused me to wake before the alarm the following morning. Whatever the reason, I was in blissful disbelief that the hours of pre-authorization, planning and preparation were finally going to pay off.

Unlike my surgery, my apprehension about treatment was more exciting and exhilarating. As I left the hotel on my way to the treatment center, I found a sense of peace that confirmed I was where I was supposed to be and that I’d found the answer for which I’d been searching.

I arrived at the treatment center ahead of schedule and found the therapist who greeted me with a handshake and friendly smile. She showed me around the small office and then to my treatment room. “Have a seat and I’ll be right in, I’m just going to grab your file,” she said cheerfully, indicating the armchairs by the shuttered bay window. Celtic music played softly in the background, as we discussed my diagnosis. I was struck by her genuine interest in all aspects of my condition, and not just what the medical records indicated.

It was finally time for therapy to begin. In my gym shorts and T-shirt, I completed several range of motion exercises and made myself comfortable on the hydraulic massage table. For four hours each day, we shared stories about family, work, hobbies and interests while she worked on my body. Each evening, I found comfort in my solitude by visiting nearby gardens, movie theaters, restaurants or coffee shops.

As my final session ended, I was ready to see my family, and couldn’t wait for enough time to pass to test the success of the treatment. Comparing results of the same range of motion exercises from earlier in the week, I could tell that significant changes had taken place. I felt taller, lighter. I appreciated my body’s strength, embraced its resilience, and for the first time in a long time accepted its imperfect beauty.

I was struck by her genuine interest in all aspects of my condition, and not just the medical records.

Just two months after treatment, I woke very early that humid July morning, unable to resist checking my temp. Still elevated. This is the longest it's stayed up, I thought to myself as I padded down the stairs in quiet excitement. I dug out one of the several pregnancy tests housed under the bathroom sink. I kept it completely covered until the three minutes had passed. Breath held, the deafening pounding of my heart the only sound I heard, I slowly removed the towel and stared at the two pink lines.

"Honey..." I whispered. "Babe! We did it. We're pregnant!" I reported happily. Even in his sleepiness, I could feel his excitement as I snuggled in close.

A hoarse, "Really?" escaped his lips as he gently kissed me on the forehead. "We're really pregnant?"

Breath held, the deafening pounding of my heart the only sound I heard, I slowly removed the towel (to stare at the test).

"Yup. I just had a positive test about five minutes ago."

The following months were filled with the usual appointments, and once we were past the three-month mark we shared the news with friends and family. The pregnancy continued without incident and in March — just ten short months after my CPT treatment, I delivered a healthy baby boy at 36 weeks.

As if the arrival of our son didn't radically change our lives, the second addition to our family — whom I am now expecting just 17 months after the first, will certainly throw us into the deep end of parenting.

Ectopic Pregnancy After Surgery To Open Blocked Fallopian Tubes

- Melissa's Journey to Joy

My husband and I are blessed this year to be celebrating our 10th wedding anniversary and the first birthday of our sweet baby twins, Peter and Lydia. This last year has been the most joyful of our marriage as we have eagerly embraced the year of "firsts:" first Christmas, Thanksgiving, Mother's Day, Father's Day, and birthdays. It just seems to get better and better with each passing month. However, the road to this place of glee and joy was not an easy one.

Our struggle with infertility easily spans a period of over seven years. We were quite slow about catching onto the possibility there might be a problem. It was easy to make excuses, mostly timing, since I traveled for work. My gynecologist was in no hurry for me to get results either. I kept visiting her year after year but she took a very conservative approach and was slow to recommend any testing or treatment.

It wasn't until after one of my girlfriends relayed her struggle with infertility that I realized it sounded somewhat like mine, except that she had done something about it and now had two precious babies. Once I heard my story in the form of someone else's, I realized I needed the help of a specialist.

The next day I scheduled an appointment with a reproductive endocrinologist. Within a month of our first visit to the RE, we learned I had blocked fallopian tubes. Optimistically I had tried to think of it as "good news" when the doctor told me my tubes were blocked (at least there was a reason we hadn't

gotten pregnant all those years), and it was possible our problem had been mechanical all along.

I chose to undergo the recommended surgery to attempt to open my tubes. Afterwards, she recommended trying natural conception, which we did and within three months we were pregnant! We couldn't have been more thrilled!! Unfortunately, this part of the story does not have a happy ending. Six weeks later we learned the embryo had not made it to my uterus — it was stuck in my fallopian tube. I was forced to have surgery to remove the very pregnancy we had hoped and prayed over for so long.

Just before the surgery, my doctor asked me, “Do you want us to try and save the fallopian tube?”

To rub salt in the wound, just before the surgery, my doctor asked me, “Do you want us to try and save the fallopian tube?” It seemed like a ridiculous question to me. Of course I wanted to preserve my fallopian tube, but she almost made me feel foolish for wanting to keep it. I wasn't ready to give up half of my chances to conceive on my own so quickly.

After the surgery, I was at a very low point. I had just turned 38 and was feeling the pressure of the clock ticking. And after two surgeries and an ectopic pregnancy, I was feeling quite discouraged and quickly losing hope.

While doing research on conceiving after an ectopic pregnancy, I stumbled upon some information regarding Clear Passage Therapies (CPT). I was encouraged by what I had read: A treatment that produced successful results without drugs

or surgery! How refreshing! My husband, a nutritionist and practitioner of holistic healing, was also intrigued. After having gone through two recent surgeries, it was quite possible adhesions had contributed to my tubal blockage and could be preventing pregnancy. CPT also could increase my chances of a successful IVF transfer if I later decided I wanted to pursue that route. Based on all this, we felt we had nothing to lose and took steps to visit them.

We visited CPT seven months after my ectopic pregnancy. The staff was extremely friendly and genuine and went

I turned 40 a month and a half before our twins were born.

the extra mile to ensure we received the proper physical treatment. Emotionally it was a place of renewal and restoration, particularly of my hope.

Soon after coming home from CPT I “celebrated” another birthday, 39. I was hopeful but had clearly lost the luxury of time. My husband and I then decided six months after visiting CPT that it was time to pursue IVF. This was a big step for us but we felt we had done everything possible to ensure a natural conception and this was the obvious next step for us in our journey of pursuing parenthood.

During the (years of) despair and disappointment, I would have never believed what was in store for me.

We got pregnant after the first try and to our amazement, with twins!! We simply could not believe after all these years of hoping and wanting, it was actually coming true. Nine

months later I gave birth (naturally, I might add, with NO drugs) to the sweetest and most precious babies I have ever laid eyes on! I turned 40 a month and a half before our twins were born.

Years ago, during the despair and disappointment of our pursuits, I would have never believed what was in store for me at this age — a beautiful baby boy and a sweet, precious baby girl! What an incredible double blessing — my hopes and dreams had been fulfilled!

Remarkable Patient Success Stories

Clear Passage Therapies® began when we observed several surprise pregnancies in women whose fallopian tubes were totally blocked. Using resources, scientists, and physicians from the nearby medical school, we were able to conduct scientific studies to determine that we could open fallopian tubes using only our hands. This in itself was remarkable.

Over time, we were able to document these results statistically to the extent that we can now measure our success rates of opening blocked fallopian tubes scientifically.

An exciting aspect is that therapy involves virtually no risks. In fact, the only side effects we have seen have been positive (decreased pain, increased sexual function, and increased mobility). With surgery, the simplest surgical technique to open proximally blocked tubes resulted in tubes closing again within six months in over 80% of patients. But we continue to see one or more pregnancies and babies born even years after giving therapy to women whose blockage may have occurred anywhere in the tube. Thus, as well as being non-invasive,

the therapy appears to open a much wider window of opportunity for pregnancy in the women we treat who have blocked fallopian tubes.

We are thankful to our patients for their support and to the physicians and scientists who encouraged us to create a scientific investigation of this fascinating phenomenon. As Dr. King said to us, “So many of the patients you are seeing are the ones for whom there is virtually no hope. They are at the ends of their rope, or at least thought they were until you came along. Now, you have given them back hope, with an opportunity for their bodies to truly heal, and to return to a more functional condition.”

We are excited and humbled by our success in opening blocked fallopian tubes. That first success opened a door in our lives and the lives of our patients to help heal fallopian tubes and other conditions associated with the adhesions that form naturally in each of us, as the body heals.

The doctor (said), “I found severe endometriosis throughout your reproductive system. It is strangling your fallopian tubes from the outside and blocking them inside. Your case is the most severe I have seen in a long time.”

– Hannah, who later became naturally pregnant after treatment at CPT

Blocked Fallopian Tubes, Three IVFs, and Multiple Miscarriages

- Nicole's Story

One year into their marriage, Nicole and her husband, Keith, still couldn't become pregnant. Nicole told us, "We dated for three years before becoming married. We never used protection. So when we had been married for a year, we realized I hadn't been able to become pregnant in four years."

Nicole expressed her concerns to her Ob/Gyn, who ran a series of tests. When everything came back normal, she suggested an intrauterine insemination (IUI). Nicole told us, "We tried that, but it failed. My doctor didn't know what else she could do to help us and referred us to a reproductive endocrinologist (RE)."

Their RE decided to perform more tests. "That's when I found out I had an undetected STD, Chlamydia," Nicole explained. "It had caused scar tissue to form around and block both of my fallopian tubes."

Nicole's RE gave her two options, "I suggest you see a doctor who specializes in surgically opening blocked fallopian tubes or consider IVF."

Nicole decided she wanted a second opinion and went to another Ob/Gyn who specialized in infertility. That physician suspected she had fibroids in her uterus that prevented an embryo from successfully implanting. He suggested she undergo a myomectomy to remove the fibroids, and he would also try to open her blocked fallopian tubes at the same time.

Nicole underwent the surgery and her doctor successfully removed numerous fibroids. But despite his best efforts, he could not open Nicole's blocked fallopian tubes.

Nicole then decided to move on to IVF. Her first IVF was successful, but she soon miscarried. They then tried another transfer using frozen eggs, but there was no pregnancy.

"We decided to do another fresh transfer and I became pregnant with twins," Nicole explained. "But, I lost one baby almost right away, and then the second one at 15 weeks when my water broke unexpectedly."

Disheartened by the miscarriages, Nicole and Keith stopped fertility treatments for one year. During this time, Nicole frequently visited infertility chat sites. On one of the sites, Nicole read about a woman who had become pregnant after treatment at Clear Passage Therapies (CPT).

Nicole immediately called CPT for more information. After reading the information she was sent, Nicole discussed the treatment with Keith and decided to pursue treatment.

She scheduled herself for an intensive 20 hours of treatment. Nicole told us, "I was scared at first when I came out to CPT, but everyone was friendly, and it turned out to be a good experience."

When Nicole returned home, she spoke with her doctor about having another HSG. "It took some persuading," Nicole explained. "Before I went to CPT, my doctor was very discouraging. When I told her I went for the treatment and wanted a follow-up HSG, she brushed me off. She told me she didn't think I needed another one. But I finally convinced her to perform the test."

Nicole went to see the HSG technician for the test.

When the results came in, Nicole didn't even know the test was over. "During my last HSG, it was extremely painful and I had a lot of cramps. During this HSG, I felt nothing — I just assumed they weren't finished!" The results showed that both of Nicole's tubes were now clear.

Nicole returned to her doctor to discuss her results, but her Ob/Gyn remained concerned that her fimbriae were far too scarred to catch an egg. She encouraged Nicole and her husband to undergo IVF, and after thorough discussion, they agreed.

Despite his best efforts, he could not open Nicole's blocked fallopian tubes.

"That's when I got pregnant with my daughter," Nicole told us.

"At nine weeks I discovered I had twins, but one passed away early in the pregnancy." Nicole later gave birth to her baby girl, Joy.

Nicole told us that after giving birth, she was asked about going on birth control. "I looked at them like they were crazy. I didn't believe for a second that I would be able to conceive naturally."

Upon returning home with her daughter, Nicole discovered that her breast milk was drying up and she wasn't feeling well. She told us, "I had been bit by a mosquito and I was convinced that I had West Nile Virus. For weeks I fretted and finally my husband made me sit down and research the symptoms of the virus. After learning that the symptoms were very serious, I realized I was okay."

But Nicole continued to put on weight and couldn't understand why. "I was supposed to be a bridesmaid in my cousin's wedding, but I couldn't fit in the dress! I was frustrated because I thought I would have lost some of the baby weight by then. I begged my cousin to let me out of the wedding, but she insisted I participate. So, I had to buy a girdle to fit in the dress!"

Shortly after the wedding, Nicole discovered she was nine weeks pregnant. She couldn't believe it and told us, "We didn't try anything and we got pregnant!"

I looked at them like they were crazy. I didn't believe for a second that I would be able to conceive naturally.

When Nicole told us her news, we weren't surprised. Sometimes it takes women's bodies six months to a year to adjust after our treatment. Many times, women feel pressured by the ticking of their "biological clock" and thus feel forced to pursue another treatment option. After they give birth, they forget about contraceptives and only then discover that their body is functioning naturally and properly.

This was exactly the case with Nicole. She gave birth to her second child, a healthy baby boy, at thirty-eight weeks. Now her daughter has a little brother.

Five Years Infertile with Two Blocked Tubes

- Sarah's Story

Infertility is a lonely road to walk down. My husband and I tried for over five years to have a child. Every time we received a friend's birth announcement or invitation to a baby shower, we were painfully reminded of our own struggles and felt isolated from our friends' joy.

When my husband and I suspected we had fertility problems, we decided to speak with a doctor. We had to skip around from doctor to doctor at first because we moved from Minnesota to New Hampshire. As a result, we were never able to spend much time with one doctor and always felt pressured to quickly make decisions.

We finally settled with an endocrinologist in New Hampshire who suggested I have a hysterosalpingogram (HSG) to see if my fallopian tubes were blocked. I was very hesitant at first, but I finally decided to go through with the procedure. We didn't expect anything to be wrong. Yet, the results showed that both of my tubes were blocked.

The endocrinologist suggested we proceed with laparoscopic surgery to attempt to open my tubes. If the surgery did not work, we could consider IVF or adoption.

I wasn't comfortable with having surgery and IVF wasn't an option for us because of personal and financial reasons, but adoption had always been in the back of our minds. We had even been accepted as parents at an adoption agency.

However, I still didn't feel ready to make a decision.

I was the live-in caregiver for my grandmother at the time and under a lot of stress. I needed more time to think about our options.

Every time we received a friend's birth announcement or invitation to baby shower, we were painfully reminded of our own struggles and felt isolated from our friends' joy.

I wanted to tell my husband how I felt, but I was worried he would not understand. I finally decided to speak to him one night. I was surprised to find out he felt the same way I did and had been afraid to talk to me! After a lengthy discussion, we decided to put everything on hold for six months.

A few months later, my husband and I settled into the couch to watch the nightly news at 5 PM — a time we seldom watched. A report about Clear Passage Therapies (CPT), a clinic that had success relieving pain and increasing chances of fertility, aired on the news. They reported that the treatment used manual physical therapy, without drugs or surgery.

My husband and I were both intrigued, so I asked him to watch the news again at 6 PM — the time we normally watched. When the news report did not come on at 6 PM, we knew it wasn't a coincidence that we had sat down early to watch the five o'clock news.

I asked my sister-in-law, who had worked as a massage therapist, if massage could actually help with pain or infertility. She assured me that massage had the potential to help with

many problems and that CPT might be worth my time. I sent my information in and was excited when they approved me for treatment.

The first day of treatment I felt nervous and uneasy. However, my anxiety dissipated when I met my therapists. They were so warm, friendly, and natural with me that I felt comfortable and relaxed.

Over the course of the week, I had ten hours of therapy. By the end of the week, my entire body felt healthier and I headed home to try and become pregnant. After five months, we still had no success. The therapists had told me that most of their patients experienced success after 20 hours of treatment, so I decided to return for ten more hours.

I was excited for my second round of treatment. It was comforting to be back in the relaxing atmosphere with encouraging therapists.

Following the treatment, my husband and I tried for six months to become pregnant. When we had no results, I called CPT to see if I should return for additional treatment. They urged me to complete another HSG so they could know my progress.

My husband and I went to the hospital together for the procedure. Afterwards, the doctor brought in the results and showed me that the dye had gone through my tubes — both of my tubes were clear! Tears of joy ran down my face and I couldn't wait to tell CPT.

However, we still did not become pregnant naturally. Because my tubes were open, the endocrinologist suggested we try Clomid® (a hormonal drug) with an intrauterine in-

semination (IUI). Although I was nervous about the entire process, my husband and I decided to try it.

After seven agonizing years of infertility, I was finally going to experience pregnancy and parenthood.

A few weeks after my IUI, I woke up in the middle of the night and decided to take an early pregnancy test. It showed I was pregnant! I woke up my husband, excited, “The test is positive! It’s positive!” Because it was only three in the morning, he groggily asked, “What test? You took what? What is it?” I finally calmed down enough to explain I was pregnant.

The next day we had a blood test that confirmed my pregnancy. I was overwhelmed with joy. After seven agonizing years of infertility, I was finally going to experience pregnancy and parenthood.

Now, our beautiful baby girl is three years old. I am so grateful for CPT and the doctors who helped us overcome infertility.

Blocked Tubes after Myomectomy

- Tina's Story

Three years ago my struggle with infertility began. My husband and I were trying to get pregnant at the time, but finally decided we needed to talk to a doctor. My doctor recommended I try Clomid, a fertility drug that assists ovulation. However, after three months, we still did not have success.

About the same time, I began noticing some pain in my pelvis. I was not sure if the pain was related to my infertility, but I finally went to the hospital when the pain became severe. The doctors discovered I had a large uterine fibroid, which they removed during surgery.

Six months after the surgery, I thought, "Why am I still not pregnant?" I returned to my doctor to have an HSG and he discovered my tubes were blocked. I couldn't believe it. They suspected that my surgery to remove my fibroid had caused scar tissue to form that was now blocking my fallopian tubes.

My doctor immediately referred me to a fertility specialist. The specialist examined my HSG results and told me, "I would not advise surgery to open your tubes. Sometimes this type of surgery is not useful, and in your case, I recommend you move straight to IVF."

In April, 2008, I began IVF medications and everything seemed to be going well. The transfer was completed and I was anxious to hear the results. "I'm sorry, Tina," my doctor said. "Your results came back negative."

I told myself that I needed to look for other options and see if there was something that could help me. I went on the Internet and typed in “blocked fallopian tubes.” Thousands of results came back, but one caught my attention. It was a physical therapy treatment to open blocked fallopian tubes. I read over their results and their patient stories and then decided to apply.

***I broke down into tears.
I felt hopeless at first,
but I couldn't give up.***

I attended therapy for an intensive week and my experience was very good. It was one of the less stressful treatments I had undergone in the past three years. My time there really encouraged me.

A month after treatment, I returned for an HSG. The HSG technician was very patronizing at first. “You were just here and your tubes were blocked. Why do you want to do this again?” I explained the treatment I had undergone and she reluctantly performed the procedure.

I watched her face as she looked at the results and her jaw dropped in shock. I turned to look at the screen and I saw free spill from my fallopian tube. It was beautiful. My right fallopian tube had opened completely and my left was now half open.

My doctor reviewed the results and told me, “Wow, if I hadn't seen this, I wouldn't have believed it.”

She took a deep breath, smiled, and told me, “Tina, go make your baby.”

It has been one month since she told me those glorious words and my husband and I plan to conceive in the next six months.

My doctor reviewed the results and told me, “If I hadn’t seen this (myself), I wouldn’t have believed it.”

I am so thankful I put my faith in God and that he saw me through. When I first discovered CPT, their treatment

sounded too good to be true. But God enabled me to put my doubts aside and have faith in the treatment.

I hope that other women can find the peace I did because approaching fertility treatments with the right mindset is half the battle. It was faith that saw me through, and now I can finally become pregnant.