

Chapter Eight

Hormones and Fertility

We never imagined that we would be able to help women with hormonal conditions, such as PCOS or high FSH. Once again, it was our patients who spurred our inquiry in this area, when they kept calling us and reporting unexpected positive results after our treatment. After hearing reports of so many dramatic turnarounds in our patients, we realized that we had to investigate this phenomenon.

- Belinda Wurn

1997 - "There is no reason to believe that we can assist hormonal conditions with this therapy." - **Richard King, MD**

2000 – Patient One Chart Review: "This patient was diagnosed menopausal; she was refused IVF three times due to very high FSH, but had two natural full-term pregnancies after therapy."

2001 – Patient Two Chart Review: "This patient says she did not have a period for a year; then after therapy, she started ovulating again."

**Her reproductive
endocrinologist
told her she was
"out of options."**

2003 – Patient Three Chart Review: "This patient reports she went six months or more without a period. Oral and injected hormones, several IUIs and three IVFs all failed to bring her dream child. After therapy, she had a full-term pregnancy without drugs or surgery."

2004 - "I may have been wrong about therapy not improving hormones; let's investigate this." - **Richard King, MD**

As we age, fertility declines; it's as simple as that. Medical literature is replete with references that indicate that a woman's 35th birthday marks the decline of her fertility as she moves toward menopause. However, the age of this "marker" can vary from woman to woman.

This statistic is especially daunting to highly motivated career women. Having completed college and often postgraduate degrees, these overachieving women enter the work force hoping to create a career and independent lifestyle for themselves. Whether married or not, they are proud to have rolled up their sleeves and set to work to create a professional self-sufficient way of life. All of this takes a tremendous amount of time and dedicated effort. Thus, by the time they are ready to think about a family, ten to fifteen years have passed since they left college.

When they have difficulty conceiving and consult their gynecologists, they are dismayed to find that their prime reproductive years have already passed them by. It is a cruel and unfair twist of fate, but it is also statistically accurate. Thus, any way a physician or a physical therapist can help turn back the clock for these women is a huge advantage, allowing them to look forward to functional reproductive years and to the family that they have worked so hard to create.

Measuring the Biological Clock

Reproductive endocrinologists and other infertility specialists have created specific criteria to measure declining reproductive ability as women age. There are several methods, but perhaps the most commonly accepted measure of age-related decline in fertility is to determine the level of FSH (follicle stimulating hormone) in the blood, early in the menstrual cycle.

As a woman ages, her eggs have a more difficult time maturing. Thus, the pituitary gland must create more and more FSH to stimulate follicle growth with each passing year. When physicians note

this increase in FSH levels, they have a good indication that fertility is declining, and a measurement to quantify that decline.

In order to get reliable results, testing for FSH levels should be done on the second or third day of the menstrual cycle. Many physicians believe that a one-time increase in FSH levels above 10 IU/L (international units per liter) indicates that the woman will likely no longer be able to conceive her own child. Others feel that if FSH can be brought back down to below 10 (or sometimes 12), there remains an opportunity for conception to occur naturally, or by in vitro fertilization. To assist the reproductive process for women 35 or older, some physicians will administer FSH to help eggs mature.

Many physicians now acknowledge the importance of checking estradiol in addition to FSH levels, because a high estradiol level can suppress FSH, making the FSH level appear lower than it really is.

A procedure known as the Clomiphene Challenge Test enables a physician to check both FSH and estradiol levels. After obtaining blood tests on the third day for both hormones, women are instructed to take clomiphene on days five to nine of the menstrual cycle. Then, physicians check FSH levels again on day ten. Ideally, a Clomiphene Challenge Test would show a low FSH level on day three, a low estradiol level on day three, and a low FSH level on day ten.

FSH levels are a primary test for a woman's ability to conceive and carry a birth to term naturally, and by IVF if she plans to use her own eggs. Women with high FSH levels may be encouraged to adopt, or to use eggs from another woman (called donor eggs). If the body's endocrine system could be adjusted to turn back time and proper FSH levels could be restored, a woman would presumably have a better chance for a full-term pregnancy, whether naturally or through assisted reproductive techniques.

The Diagnosis of “Infertile Due to High FSH”

Early on, we were approached by women whose physicians had diagnosed them with hormonal problems, such as decreased ovarian reserve, advanced reproductive age, “old eggs” (a commonly used but insensitive phrase), or high FSH. These diagnoses generally indicate a hormonal condition in which the body is unable to produce eggs that will mature and grow.

Many of these women were in their mid-to-upper-30s or 40s, and frustrated that their fertile years were slipping away month by month. Our hearts went out to these women, and naturally we wanted to help if we could, but the idea of helping hormonal infertility seemed far-fetched.

While we had good evidence that we could improve “mechanical” issues, such as scarring, adhesions, pain and blocked fallopian tubes, there was little reason to believe that we could help “medical or hormonal” infertility which has always been considered to be in a totally different arena from mechanical problems.

When we consulted our gynecologist medical advisor, he discouraged us. “I can see where you can help the biomechanics of reproduction,” Dr. King said. “It makes sense that you are able to decrease adhesions, help implantation, and help sperm meet egg. We have seen the evidence and met the children,” he said. “But there is mechanical infertility and there is hormonal infertility. We just don’t have any evidence to show that you can help that condition, and I don’t think that you can.”

Thus, not wanting to waste our patients’ time or money, we routinely turned down women whose infertility was caused solely by a hormonal condition.

Advanced Age and “Old Eggs”

The diagnosis of “advanced age” and “old eggs” seemed somehow counterintuitive to us, once we actually met some of these applicants for therapy. Here were women who appeared to be in the prime of their lives, yet they were receiving diagnoses that made them seem like matrons. With the rest of their bodies so youthful, it was curious to us that they were diagnosed infertile due to advanced reproductive age. These feelings were strengthened in many cases when we heard from them that their mother, aunt or grandmother bore children well into their 40s.

While we had witnessed several dramatic successes with cases of mechanical infertility, we were not reproductive specialists. So we turned to the experts, and followed the established assumptions. In short, we continued to discourage women with these “age-related” diagnoses from attending therapy. Perhaps we should have been listening better to our intuitions.

Breaking the Biological Clock

One day a patient with severe hormonal dysfunction, and adhesions, came to see us for therapy. Her case forever changed our minds about our ability to help hormonal conditions.

Menopausal Hormone Levels (FSH of 28)

- Lisa's Story

After years of struggling with infertility, unsuccessful surgeries, and hormonal treatments, Lisa turned to her last option — in vitro fertilization.

She started the cycle of fertility drugs that would prompt her ovaries to release multiple eggs. However, her IVF cycle was canceled when she didn't produce any eggs. She was in shock and immediately returned to do the necessary blood work for a second IVF cycle.

The results showed that, at 19, her FSH level was much too high to undergo IVF. Her RE's cut-off point was 10, and Lisa was far beyond that number. Unwilling to accept "no" as an answer, Lisa waited a little while, then returned to test her FSH again. This time, the number had jumped to 28 — indicating she had become menopausal. Her reproductive endocrinologist told her she was "out of options" to carry her own biological child; the only thing he could suggest was egg donation or adoption.

That was when Lisa hit rock bottom. IVF had always been her safety net — a choice she could turn to when nothing else worked. Lisa felt devastated and isolated from her friends, who were already celebrating the baptisms and birthdays of their children.

She told us that this constant sadness propelled her to search for other solutions. She kept looking at Internet bulletin boards and reading everything she could. She learned that acupuncture and herbs could help FSH. She started going to the

acupuncturist once a week, and she drank a special herb tea twice a day.

She continued to research on the Internet and happened to stumble upon our website. Lisa became intrigued when she learned our treatment had been successful in relieving endometriosis and intercourse pain, two conditions she suffered in addition to infertility.

Lisa decided to complete the 20-hour treatment program in one week. At the time we did not treat patients with strictly hormone related infertility, and thus we told Lisa that we likely could not help that aspect of her infertility. We felt we could help her with her pain, however. Thus, we treated her as an endometriosis pain patient.

Constant sadness propelled her search for other solutions.

Lisa had been diagnosed with stage IV endometriosis during laparoscopic surgery, and when we palpated her pelvis, we felt she had developed adhesions throughout her reproductive tract. We felt with our hands for adhered areas and worked hour upon hour to free her organs from their adhesive straight-jackets.

By the end of treatment, Lisa was thrilled to find that intercourse no longer hurt. We had become used to seeing this positive result in patients who came to us with complaints of intercourse pain, but for Lisa, pain had been so severe that she was almost shocked to have pain-free sex after just a week of therapy. (See Chapter Seventeen for more information on endometriosis pain and Chapter Twelve for more information on sexual intercourse pain.)

These results made Lisa and her husband optimistic that the treatment might help her to become pregnant. A month after treatment, Lisa was disappointed when her period came. However, the next month, her hopes rose when her period was late. She rushed to the doctor's office for a blood test, which confirmed she was pregnant naturally. After all of her problems, the pain, the endometriosis and the failed medical treatments, Lisa and her husband were joyful but cautious. They called us to tell us the good news.

Lisa gave birth to her baby daughter in April 2003 and our hopes of helping other women like her were reinforced. Little did we know, our work would have lasting effects – Lisa had a subsequent natural pregnancy two years later and gave birth again, in 2005!

Frankly, we and Lisa's reproductive endocrinologist were stunned by her natural pregnancy. We were wondering if (and really assumed that) her pregnancy was a total fluke. But when Lisa had a second natural pregnancy and childbirth two years after her first "miracle baby," it really piqued our interest. Our hopes of helping other women like her were cautiously optimistic, and we decided to accept other women with high FSH levels. We told them that we had no scientific proof we could help high FSH, but we also shared Lisa's story with them. Several of these women chose to attend therapy. In all cases, we requested they test their hormone levels both before and after therapy.

We set to work to conduct clinical trials for these women, for whom no other option existed for a natural child of their own. We cautioned each of them again that we had no published science on possibly improving pregnancy rates for women diagnosed with hormone-related infertility, but also advised that we had seen some encouraging results.

Our initial study design to test and measure our chances for improving fertility in women with high FSH was very straightforward. Women with high FSH would be asked to have their FSH levels tested before therapy. Then after therapy, we would send them back for a re-test.

In essence, while we were following a basic scientific protocol, we realized that there would be holes in our data. In a full study (which we plan to conduct, based on results of this simple pilot study), we would have each woman attend the same laboratory for pre- and post-therapy tests.

But at this point, we just wanted to get a sense if we should look further into the question of whether or not we might improve fertility or hormone levels in women who came to us diagnosed infertile due to high FSH. While we were hopeful, we were neither optimistic nor pessimistic. How could we be either? We had no data, except one remarkable case.

Still, we remembered how our first surprise case of opening blocked fallopian tubes led to a remarkable discovery and two pioneering published studies to date. Thus, we felt it was necessary to ask the question, test the women, and let the data tell us whether there was reason to pursue this inquiry further.

We called our biostatistician, a Ph.D. professor of biostatistics at a respected medical school, to ask how many women we needed to test in order to get a good sense of whether or not we were helping them. This scholar-scientist had published over 200 studies in peer-reviewed journals. At the time we consulted him, he directed over \$10 million in funded studies for the US National Institutes of Health (NIH).

He said, "It really depends on what kind of results you are seeing, along and along. The better the results, the less people you would have to test. I suggest you start with eight participants. That should

give us a good start. We'll check your results then, and make a decision of whether you need more, or if it is even reasonable to continue."

We set up our protocol to check FSH levels "before and after" therapy on the first eight women who chose to attend therapy with us, and who reported an FSH level above 10 — which seemed to be the cut-off point for a reasonable opportunity to achieve pregnancy, as determined by reproductive endocrinologists across the country. We assigned a team to the task of gathering data on any women who attended therapy with FSH levels above 10.

As it happened, we got busy and by the time we got around to checking, we had 16 subjects for this "FSH pilot study." Since this was double the number our biostatistician suggested, we knew that the results would be highly indicative of our ability (or inability) to help these women. As we do with all of our studies, we included all women who qualified, which is the proper and most conservative way to gather scientific data.

When we compiled the data from these women, we were shocked to find that the results were not just promising — they were nothing short of astounding! Here's what we found:

My hormone level of FSH was 26.2, indicating that my body wasn't producing quality eggs. In fact, I was officially diagnosed as menopausal.

— Jen, former CPT patient, naturally pregnant one month after treatment

Of the 16 participants in the study, the average pre-therapy FSH level was 20.4 (low of 10.7, high of 37.6). While we were hoping to get pre- and post-therapy FSH levels on all of the women, six became pregnant naturally right after therapy, so we never got a chance to check their post-therapy

FSH levels. Our physician advisor said that since they conceived naturally, we could assume that their hormone levels improved. In a population of women who should not be able to conceive with an FSH level above 10, the pre-therapy FSH levels for the women who became pregnant naturally after we treated them were: 11.3, 13.6, 18.0, 23.1, 28.0, and 33.1.

That left only 10 women whose FSH levels we could tabulate. Of these, FSH levels declined in 9 of them, in many cases precipitously. In one case, FSH levels climbed — one point. There were some dramatic turnarounds that don't show on the chart; for example, one woman with pre-therapy scores of 37.2 became pregnant through IVF after therapy. The woman who had an FSH of 37.6 before therapy reported that her FSH decreased to 21.7 after therapy. One woman who had a pre-therapy FSH of 28 has now had two natural pregnancies and births since therapy.

Age is another consideration for women who are concerned about hormone levels, and the age of women in this pilot study averaged 39.3 years at the time of their therapy. The oldest woman to become pregnant naturally in our pilot study was 44.9 (45) years old when she completed her therapy. Her pre-therapy FSH level was 33.1.

One woman aged 42.3 (42) had a natural full-term pregnancy after therapy (which also opened her fallopian tubes). Another woman aged 41.8 (42) had two natural pregnancies after therapy. Although she miscarried the first, she was 8-weeks pregnant with her second natural post-therapy pregnancy the last time we spoke with her. The oldest woman in the study was 45.8 when she completed her therapy. We opened her blocked fallopian tube and her FSH decreased from 18 to 13.2. We were testing for FSH levels, not pregnancy, and we were surprised to have so many unexpected pregnancies so quickly. We do not have pregnancy data on most of the other women in the study whose FSH improved.

In total, 15 of the 16 women in our FSH/hormonal pilot study had improvements, many of them quite significant. The full results of this pilot study are shown in the table on the next page.

We hope to conduct a two-year post-therapy follow-up with all of the women, but as we saw, the data was both surprising and telling. Thus, we now encourage women with high FSH to consider attending therapy.

FSH Pilot Study – Detailed Results

Patient Number	Age at Therapy	FSH Before Therapy	FSH After Therapy	Change After Therapy
1	41.8	18.0	Two natural pregnancies	
2	34.8	28.0	Two natural full-term pregnancies	
3	39.7	12.5	8.1	4.4
4	45.8	18.0	13.2	4.8
5	39.9	14.0	9.5	4.5
6	39.2	15.6	6.0	9.6
7	39.4	10.7	5.3	5.4
8	39.8	15.0	16.0	-1.0
9	42.3	13.6	Natural full-term pregnancy	
10	31.3	37.2	18.0	19.2
11	37.7	27.1	14.4	12.7
12	29.9	37.6	21.7	15.9
13	39.6	12.0	4.1	7.9
14	41.4	23.1	Natural pregnancy	
15	42.0	11.3	Natural pregnancy	
16	44.9	33.1	Natural pregnancy	
Average	39.3	20.4	11.6	8.3

Three years after Lisa's case, it became clear to us that a high FSH test reading signified merely a "snapshot in time" for these women. Their doctors' warnings of "premature ovarian failure" ended up being inaccurate for Lisa — and ultimately for a number of other women we were treating.

Because our work had been shown to improve the function of blocked fallopian tubes (which are significantly smaller than ovaries), we wondered if the same process of freeing adhesions might be improving the function of the neighboring ovaries. In other words, is there a mechanical process involved in the hormonal changes that we see in the body as we age? Simple logic appears to say "yes." The rest of the body demonstrates aging in mechanical ways over time. Thus, why wouldn't the same be true for the endocrine glands, and the communication processes among them?

Truth be told, we do not know exactly how we were helping in this instance — whether we were increasing blood flow, nerve conduction, improving the ovary's motility (the natural movement inherent within any organ), or reducing the biomechanical stressors on the pituitary and hypothalamus, which we discuss more extensively later in this chapter. We can only surmise, but this preliminary clinical study shows that something positive happened for nearly every one of these subjects. Furthermore, the mechanism of the improvement may be different for each woman, depending on her specific pathology. We may never know the answer to why this manual physical therapy was so successful in treating so many cases of high FSH, but we are inspired to continue this investigation.

A New Key to Treating Hormonal Infertility

We speculate that one reason our treatment was successful for these women was that (as well as treating the ovaries) we felt it incumbent on us to address and treat any adhesive processes that might affect the dura and fascia which surround the spinal cord and brain. These are very important structures in life, and in reproduction, so it

is important to understand a bit of their location, and the areas they affect.

The dura starts at the tailbone (coccyx), then surrounds the spinal cord to the base of the skull. It has strong attachments at the sacrum, the vertebrae at the top of the neck, and at the base of the skull.

The dura and its fascias then enter the cranium via a large opening in the base of the skull. From there, they rise into the cranial cavity and surround the entire brain and all of its structures.

A strong collagenous sheath of the dura (the falx cerebri) divides the left and right brain; a paired sheath (the tentorium cerebelli) divides from it and creates the floor of the brain at the level of the eyes and ears. Strong collagenous fascias spread like a tree, to surround and separate literally every structure within the brain – including the hypothalamus and the pituitary, which is considered the master gland of female reproduction.

There is a recognized feedback communication loop between the ovaries and the pituitary-hypothalamus region of the brain. The positive responses in 15 of the first 16 women we tested and treated with high FSH indicated to us that a large part of this feedback loop is mechanical in nature, and subject to the same improvements we observed when we treated adhered tissues in other parts of the body.



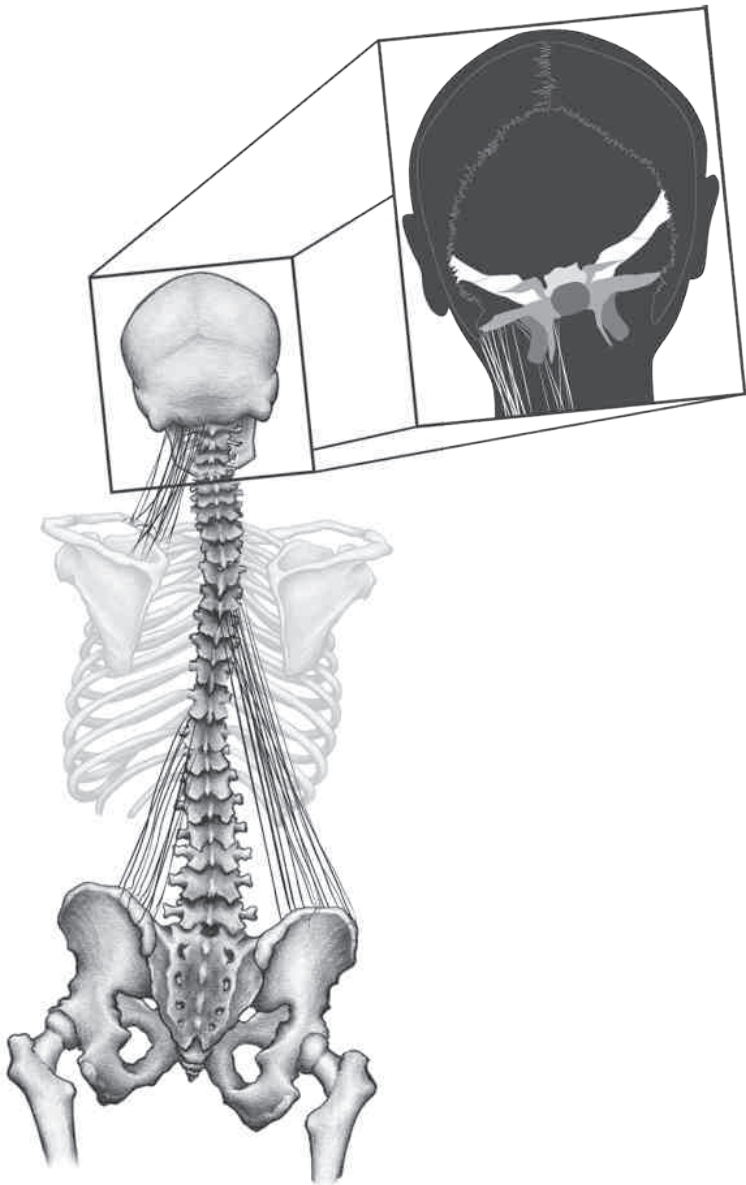
Keys to good communication between ovaries and pituitary may include structural elements such as fascia that surrounds those structures, and the dura which covers the spinal cord and brain.

The hypothalamus, which closely neighbors the pituitary gland, constantly monitors female hormone levels in the bloodstream through its sensory receptors. It responds to the information it receives by regulating the release of “messenger hormones,” such as Gonadotropin Release Hormones (GnRH), to the pituitary gland.

In response to the “messenger hormones,” the pituitary gland determines the exact amount of hormones that it will then release to stimulate the ovaries. These hormones, or gonadotropins, are called follicle stimulating hormones (FSH) and luteinizing hormones (LH).

The hypothalamus closes the feedback circle by measuring the level of hormones produced by the ovaries while at the same time monitoring the release of LH and FSH by the pituitary gland. This “push-pull” interplay of messages and responses produces the cyclical hormonal environment in women that is designed to promote a successful pregnancy.

In short, there must be good communication among all of these structures in order for reproduction to take place, and (especially) in order for a new follicle to mature during the first phase of the menstrual cycle. If one or more of these structures is restricted by adhesions or other biomechanical forces, it will not be able to perform its function properly or with full efficiency.



Cranial bones may be pulled out of alignment due to adhesions or spasm further down the body.

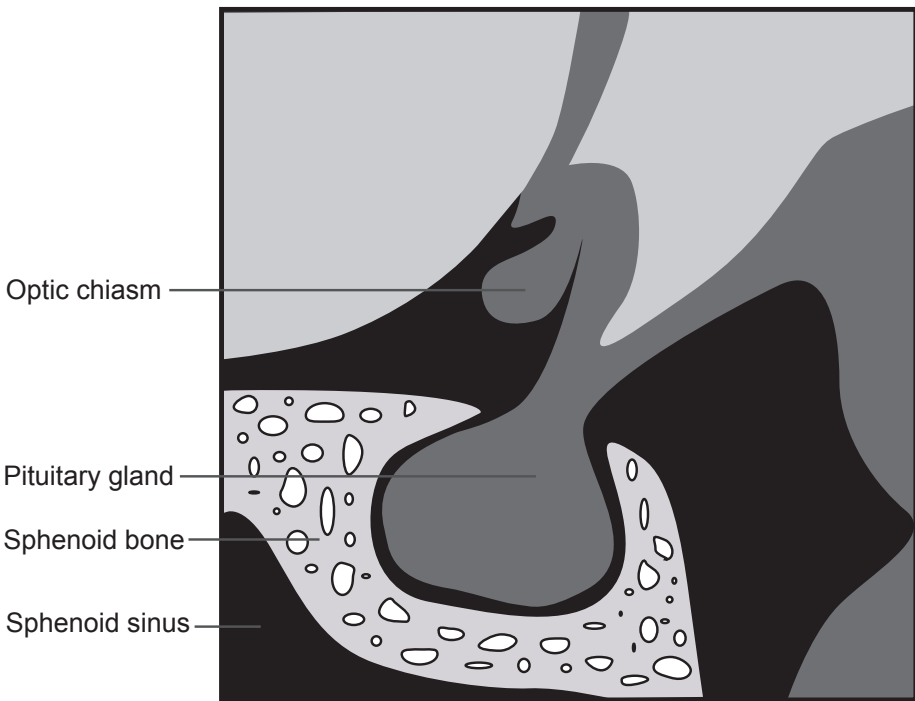
Fascia surrounds the brain, and all the structures in the cranium; these include the pituitary gland, the hypothalamus, and attachments to the 28 bones of the cranium.

During life, the fascia in our bodies is constantly being pulled down toward our feet by gravity. In addition, trauma and compensatory adhesions in the upper back, neck, and chest create a pull at the fascial attachments of the dura, which surround the spinal cord at the base of the skull. From there, this highly structural fascial sweater climbs into the cranium where it surrounds the pituitary gland — and virtually every other structure in the brain! (See Chapter Two for more on the structure of fascia.)

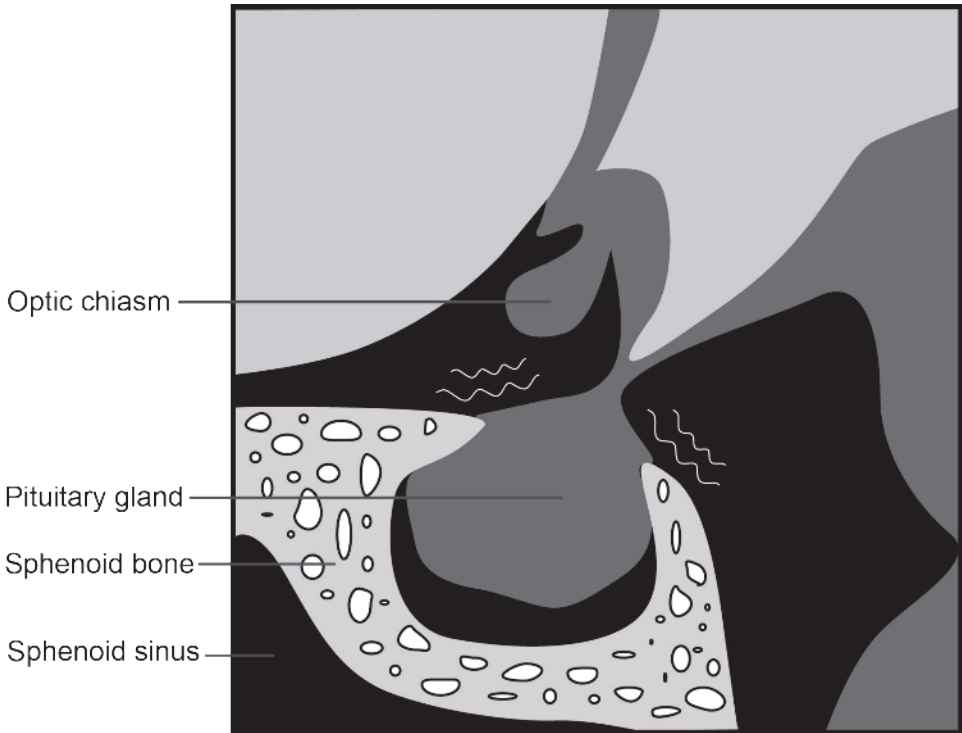
Because of our unexpected positive results treating women with high FSH, we began examining the anatomy and biomechanics of the pituitary and its surrounding fascia. Our investigation brought to light a few important discoveries. Most of our women with high FSH had one or more of the following mechanical anomalies or asymmetries:

- 1) One of their mastoids (the bony protuberance below the ear) was notably lower than the other side,
- 2) One of their zygomatic arches (the bone at the front of the cheek, on their face) was lower than the other side,
- 3) They had tightness, tenderness or jamming at the cranial base (the place where the back of the skull meets the top of the neck),
- 4) Their tailbone was pushed forward, or to one side, or
- 5) Some cranial bones appeared totally immobile, and adhered to their neighbor. (While cranial bones do not ‘move’ in the sense of other joints, they do not become totally fixed until very late in life, if at all.)

The first three of these all related to the direct pull of cranial fascias on the pituitary and hypothalamus gland. When these bones were out of their relaxed, midline alignment, the sphenoid bone that contains the pituitary gland will be pulled out of alignment as well. Consequently, we surmised that the tiny and delicate pituitary gland was subject to being compressed or otherwise restricted by the (relatively) large sphenoid bone which surrounds it.



In its normal state, the pituitary can function with normal mobility



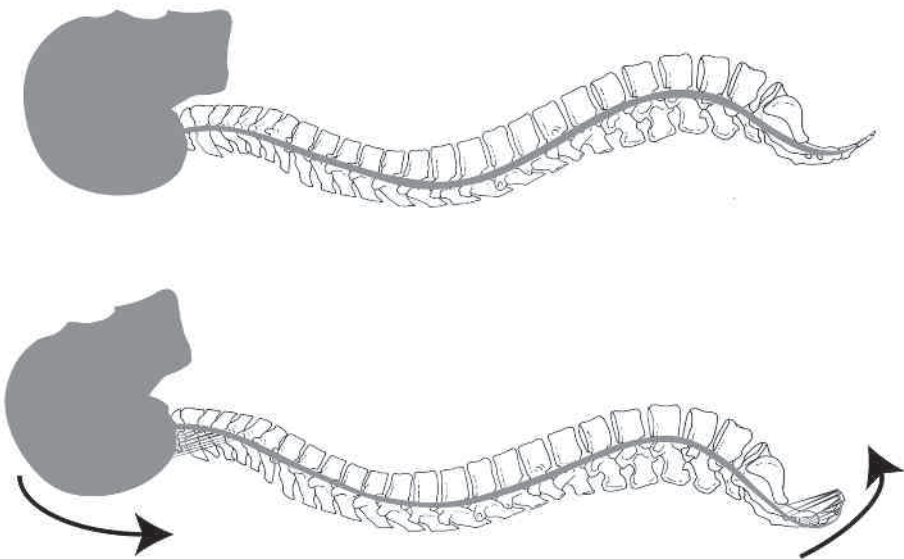
We speculate that a poorly aligned sphenoid can pull on the pituitary gland, restricting its mobility and decreasing its function

In the fourth case (coccyx pulled forward or to one side), we wondered if the forward position of the coccyx was pulling down on the dura – that strong fascial sheath that totally surrounds the spinal cord, brain, and pituitary gland. If that were true, might it be that pulling that coccyx back and restoring its normal mobility would relieve the pressures all the way up the dura and into the brain?

Certainly, we knew we would do no harm by treating either of these areas, both of which we had treated for many years in patients with headaches (for the cranial area) or with constipation, tailbone, or

intercourse pain. Thus we treated these areas in women with high FSH, along with other adhered areas that were pulling on structures that could affect hormones (ovaries and neighboring structures).

The results of treating adhered tissues affecting all of these structures are shown in the table earlier in this chapter. By treating these and other adhered structures throughout the body, we found we were able to improve the function of the entire system, including structures with fascial attachments deep within the brain. As we found in our clinical review of women with high FSH, we witnessed some remarkable improvements when we expanded treatment into these areas for women diagnosed with premature ovarian failure, “old eggs,” and high FSH.



When the tailbone is pushed forward after a fall, it can pull down the fascias that surround the spinal cord and brain, causing dysfunction

Two Prior Miscarriages and Hormonally Infertile

- Paty's Story

When Paty came to us for treatment, she had struggled with hormonal infertility for four years. "At first, I didn't realize I had these problems," she told us. "I became pregnant with no problem four years ago." But then she miscarried and her doctors could not find the cause.

When Paty and her husband tried again, she again became pregnant easily. "But then I miscarried again," she said. Her doctor felt she should consult a reproductive endocrinologist, which she did. The specialist immediately tested her hormone levels.

"They found I had serious hormone problems," Paty told us. "They told me I could never carry a baby to a full-term birth unless I underwent hormone therapy."

Paty immediately changed her eating habits. She added more natural foods to her diet and began researching for other natural ways to improve her infertility. Her research led her to our website, where she learned about the physical therapy protocols we had developed to treat infertility.

"I was skeptical at first," Paty told us. "But the more I learned about it, the more I felt that the treatment could help improve my hormones — and hopefully prevent another

They told me I could never carry a baby to full-term birth unless I underwent hormone therapy.

miscarriage.” She decided to attend an intensive week of treatment.

Because we knew Paty’s hormones were one of the key factors preventing pregnancy, we first examined the structures along her hypothalamus-pituitary-ovarian axis. This included her pelvis, spine, neck, and cranial bones. Using our hands and feedback from Paty, we found several areas of tightness along that route. Then we gently broke down the adhesions that were restricting those areas. Before treatment, Paty had experienced low back and neck pain. After we treated those areas, she found that her pain was gone.

We then focused on the soft tissues of her reproductive organs to help restore proper mobility and motility (the inner inherent movement of all organs). We paid special attention to her uterus to address any micro-adhesions (tiny strands of collagen that can change the uterine surface, prevent successful implantation of an embryo, and restrict the mobility of uterine ligaments). We also addressed any restricted mobility in the ligamentous support structures of her uterus.

“Treatment was very nice,” Paty reported. “As well as the physical changes, it also helped me calm my mind and emotions. The therapists ensured that both my body and mind were ready for pregnancy.”

One week after her treatment, Paty became pregnant naturally. Although she was excited, Paty knew she had to be cautious with her hopes.

After the first trimester passed with no complications, Paty breathed a sigh of relief. “The rest of my pregnancy went

really well. I delivered a baby girl – and she is the sweetest thing.”

Restoring Fertility

We became so fascinated with all of these women’s hormonal success stories that we decided to “open the gates” and encourage women with high FSH, advanced age and decreased ovarian reserve to attend therapy. Always conservative on our patients’ behalf, we told them all that we had not yet published scientific results on this aspect of therapy. Still, we were encouraged and excited with our results to date.

As noted earlier in this chapter, 15 of the 16 women who tested with high FSH showed improvement after therapy. Said another way, 94% of the women in this early study showed improved FSH levels, or became pregnant naturally before we had a chance to conduct their post-therapy test. These results were particularly interesting to us and to our physician advisors because before this clinical study, hormonal infertility was thought to be treatable only with pharmaceuticals, such as hormone injections.

As one researcher at a local medical school, a gynecology nurse-researcher with two decades of experience, told us, “This is really remarkable; in medicine the best we can do is to give injections or medications to improve hormone levels. Here you have apparently improved hormone levels in the blood with

The infertility specialist told me that the grade of my eggs was low because of my age, and encouraged me to pursue donor eggs.

– Nicole, former CPT patient, became naturally pregnant and delivered a healthy baby girl after treatment

a non-surgical, non-pharmaceutical physical manipulation. It really stretches the bounds of our present understanding of the cause of hormonal conditions. We always thought that hormone levels were strictly ruled by endocrine function. With your clinical trials and several pregnancies, it appears that there may be a strong mechanical aspect to hormone levels as well.”

Unable to Ovulate

- Sophia's Story

My husband and I started trying to conceive a child in January 2003. After several years of being on birth control, my cycles were not returning. I spoke with my doctor and after being tested, he told me there was nothing “wrong” with me or my husband that should have prevented conception.

We then tried Clomid for three months and that did not work. My doctor was unable to determine why I was not ovulating and wanted to put me on experimental medication. We were dissatisfied with this diagnosis and did not want to pursue this type of treatment.

Around that time, I learned of Clear Passage Therapies (CPT) through a friend who had heard of them on the Internet. Their treatment appealed to me because it was natural.

In fall 2003 I went for treatment at CPT. It was soothing and uplifting and I felt very good about the process.

After the first month of beginning treatment, I ovulated and conceived, but unfortunately suffered a very early miscarriage.

The next month, I returned to CPT to complete my treatment. Again, I felt very positive about the treatment. The therapists listened to me and provided very positive assurances. That month, I ovulated and conceived. I delivered my son in August 2004. I nursed my son for 13 months and did not have a period during that time. After stopping breastfeeding, I immediately got pregnant again. I lost that baby but got pregnant a couple of months later and had a little girl in October 2006.

I definitely attribute the treatment to the return of my ovulation.

History repeated itself when I nursed my daughter for 13 months and did not have a period during that time. After stopping breastfeeding, I immediately got pregnant (again). I miscarried but then got pregnant a couple of months later and am due in one month with my third child.

I definitely attribute the treatment at CPT to the return of my ovulation and putting me in a positive frame of mind which ultimately enabled conception. I highly recommend CPT to those experiencing any infertility issues. The atmosphere, hands-on therapy, and natural healing of CPT are a great benefit to many women trying to conceive. It certainly helped me!

High FSH and Secondary Infertility

- Jocelyn's Story

“My FSH is 14.2,” Jocelyn told us. “Do you think you can help?”

Four years earlier, Jocelyn had become pregnant and given birth without any problems. But when she and her husband wanted to conceive again, it didn't happen as quickly as before.

Jocelyn told us, “I wasn't fully aware it was a problem until a year went by. That was about the time I had my yearly visit with the Ob/Gyn, so I asked her what she thought.” Her doctor performed a battery of tests and found Jocelyn had high FSH.

“She immediately referred me to a reproductive endocrinologist,” Jocelyn explained. Her RE completed more tests and confirmed that she had high FSH. He recommended IVF or hormonal shots to try to lower her FSH.

“I'm a naturalist,” Jocelyn told us. “I wasn't excited with his options. I didn't want to take any form of drugs for the purpose of getting pregnant.”

She then researched on the Internet to find natural treatment forms. Jocelyn explained, “I knew I could very easily get stressed and emotional about my infertility, but I refused to let myself go there. I didn't let my infertility become me. I saw this as an opportunity to make myself better — to really get my mind and body in a healthy state.”

During her research, Jocelyn found the Clear Passage Therapies (CPT) website. “I was totally blown away,” she told

us. “I couldn’t believe the clinic was only an hour from my home.”

Jocelyn asked her RE what he thought of CPT, and she was dismayed to hear him sternly recommend she not waste her time or money because there was “no published evidence yet to support that the treatment could lower FSH.”

Jocelyn scheduled a consultation with our head therapist to discuss treatment further. Our therapist explained how treatment generally works and the philosophy of how we believed it may be helpful in improving hormone levels. Admittedly, we had no clinical studies addressing FSH yet, but we shared with her the numerous cases of patients who had come to our clinic and experienced success despite a diagnosis of high FSH.

“My husband and I decided it was the right treatment for us,” Jocelyn said.

When she came for treatment, her therapists noted different areas of stiffness in her body

All of my aches and pains are gone. I feel much more flexible and better overall.

and evaluated areas where she felt pain. They worked to release the tension in those areas and restore mobility to her pituitary-hypothalamus-ovarian feedback loop.

After treatment, Jocelyn told us, “All of my aches and pains are gone. I feel much more flexible and better overall. People tell me I look younger, but it’s hard to tell if it will help my fertility.”

Jocelyn didn’t have to wait long. She became pregnant just one week after she returned home.

Jocelyn is now four months into her pregnancy. “It’s pretty exciting,” she tells us. “The ultrasound shows a big, healthy baby.”

42 and Denied IVF Due to Hormonal Factors

- Chloe’s Story

I met my husband at a sailing club in downtown Manhattan in July of 2000. I was 39 years old. We got engaged when I was 42 and since we both wanted to have a child, we didn’t waste any time.

I had taken an HSG dye test at an earlier age and the test had indicated that both of my fallopian tubes were totally blocked. At that time, the doctor thought that it might be due to just mucus so I was eager to find out if the HSG would be successful this time around.

Despite the technician’s attempt to force the dye through my tubes, they both remained completely occluded. My fertility specialist felt that surgery to unblock the tubes would be fruitless.

I did not get too discouraged, thinking that I could always do IVF. But I was wrong. My hormone levels were too high to be accepted into the program.

Eventually I stumbled across Clear Passage Therapies (CPT). At the time, they had no published data about their success with hormonal dysfunction, but they had shown success with opening blocked fallopian tubes. I showed their literature

to my fertility specialist, who shook her head and said, “I don’t think this will work, but if you are going to try it, do it soon so we can move onto other options.”

The following month, I spent a week at CPT. Everything about the place seemed comforting. The therapists were highly trained in several physical therapy modalities. They were medically competent and emotionally intelligent. I felt as if they had a personal vested interest in helping me get pregnant.

I left CPT and flew immediately to San Francisco to meet with a doctor who specialized in Chinese medicine. I worked with her for a week in different modalities and began taking her prescribed herbs and supplements to help with my hormone levels.

When I returned to my doctor the next month, I learned that my hormone levels had skyrocketed. I discussed the supplements and

herbs I was taking and my doctor was shocked at the amounts of Chinese supplements

I know they helped improve my hormones... because after just a few days of their therapy, my period has returned!

and herbs I was prescribed. He advised me to immediately stop taking them and sure enough, the next month my hormonal levels dropped to a normal level. I knew that my hormone levels had peaked and then dropped because of the Chinese supplements, but I wondered if CPT helped bring my levels to a normal level.

It didn't matter what did it - if my hormonal levels were in range, all I needed was an open tube to become pregnant! I asked my doctor to take a look with a sonogram. I saw him shake his head. "You see that black spot on the screen? That is your left ovary stuck against your uterus. Your tubes are probably so damaged that the only hope for you is a donor egg." After my appointment I walked through Central Park to home — and cried all the way.

That week I missed my period. Five days after my visit with the fertility specialist I took a pregnancy test. I was pregnant! That black spot on the screen was my baby.

It was then I knew that CPT must have opened at least one of my tubes. Nine months later, I gave birth to my beautiful daughter, Natalie.

I was so happy with my time at CPT that I recently returned for a bit more treatment. I hoped they could help me relieve pain I experienced after the C-section with my daughter. Due to stress in my life, I had also stopped menstruating eight (or so) months earlier.

While I suspected that CPT helped my hormones before I conceived Natalie, I did not have hard evidence to say they helped that aspect. That changed with this visit. I know they helped improve my hormones this time because after just a few days of their therapy, my period has returned! In fact, my overall function is noticeably better.

Three Unsuccessful IVFs

- Faith's Story

After trying to conceive for over a year, I started down the path of infertility treatments. I was 35 years old and the doctors reminded me that I was getting “old.” I started with IUI treatments (two), but when both failed the doctors told me I should start IVF treatments.

I had my first IVF in September 2005 and had three embryos transferred. Then in October, I started experiencing a lot of pain. 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.

After the last round, my doctor again reminded me that I was getting “old” and the only way to get pregnant was to go through another (fourth) round of IVF.

Remarkably, the other two embryos were still alive inside my uterus. However, on a business trip to California in November, I started getting sick. When they diagnosed that pain, the physicians said that my gallbladder had to be removed. When they then checked on the embryos, we found that they didn't make it. Crushed, I had to have a D&C as well.

When I returned home, my doctor tried to be positive and said that we should start right away on another round of IVF, but when they checked my uterus, they found that I had remaining tissue and I had to have another D&C before we could start .

I could feel the changes occurring in my body . . .

My second round of IVF began in May 2006 and they transferred two embryos, but with no success.

My third round of IVF treatments started in August 2006. Unfortunately, the doctors discovered that my uterus lining was not thick enough, so they had to freeze those embryos until my uterus was “ready.” The third transfer finally occurred in November 2006; it was also unsuccessful.

After the last round my doctor again reminded me that I was getting “old” and the only way to get pregnant was to go through another (fourth) round of IVF.

I felt that my body had been beat up and I was sick of all the shots. I wanted

to try to heal my body and think about next steps, which is when I found Clear Passage Therapies (CPT). I found their clinic online and thought it might be the right path for me after what I had experienced. It made sense to me that my body needed to heal and that the therapy was something I needed.

Even though the IVF doctors told me it would not happen (and I was too old) I have proved them wrong!

I spent one week (20 hours of therapy) in the Florida location in February 2007. All of the therapists were wonderful and I could feel the changes occurring in my body. I left feeling that my body was in a much better state than when I arrived.

When I returned home, I thought about other natural treatments to help heal my body. I started to see a homeopath and began yoga to get my body in shape. I realized that I needed time to heal from all the treatments and surgeries and I wanted to feel stronger.

In January 2008, I added acupuncture to my other holistic therapies and found that I could feel changes after each session.

Then in March 2008, I found out that I was pregnant – naturally! I am still a little shocked because I feel great. I think the reason why this worked for me is a combination of everything, but it started at CPT. I know that I will have a healthy baby and even though the IVF doctors told me it would not happen (and that I was too “old”) I have proved them wrong!

Age 40 with High FSH

- Janell's Story

Since you are reading this, you probably know that life doesn't always go according to plan. In my perfect world, I would have been married in my mid to late 20's and started my family before I was 30.

Instead, I didn't get married until my mid 30's or start trying to conceive until my late 30's. I had a miscarriage, then couldn't get pregnant again, despite religiously taking my temperature, banning alcohol from the house, and making my husband wear different underwear.

As time passed, we became more anxious. My biological clock was ticking so loud that my husband could hear it.

My husband and I began to struggle with some of the most emotionally difficult decisions of our marriage. "Do we try IVF? Do we choose adoption? What about the finances? Is it unwise to spend that much money on a 15% or less probability? Wouldn't the money be better spent on adopting a child in need? Could we be happy and fulfilled without children?"

We felt adoption was an excellent option. We still do. However, as we considered how we would feel at the end of our lives, we wanted to be able to look back and say, "Yes, we did everything in our power to conceive a child. No doubts. No regrets."

It was time to get serious and see if there was anything wrong physically that was preventing me from getting pregnant. As luck would have it, my HSG test was scheduled on the day of my 39th birthday. Not good. The technician blurted out, against medical protocol, that I had a blocked fallopian tube. This birthday turned out to be the worst birthday in the history of birthdays!

My doctor gave me the option of surgery but she didn't really push for it, probably due to my age and the fact that I would need to take medication to increase egg production for the ovary beside my only clear fallopian tube. I was also not

been on the idea of surgery because I knew that it could cause more scar tissue. My husband and I then pursued intrauterine inseminations (IUI), but learned that my FSH levels were fluctuating on the borderline between normal and high. This made me ineligible for IUI during cycles when my FSH level was too high.

It was time to get even more serious! I started researching hormone levels and looking into IVF.

During this time, I discovered Clear Passage Therapies (CPT) in one of my Internet searches. My husband and I decided that I should do the therapy because it could help my two problems — the blocked fallopian tube and my FSH level. Since we'd decided that we were going to pursue IVF, we also wanted to do everything possible to make that a success. I did the 20 hours of therapy over several weeks because I live close to one of the clinics.

After CPT, I tried one more IUI. While the IUI failed, I learned that my FSH level had dropped from

11 to 6! I attribute this to CPT. The following cycle, I started the process for IVF, only to be told that my FSH was too high (17) for a possible pregnancy with IVF. That was a real emotional blow.

Later that same cycle, my husband and I did our thing and said our prayers. Incredibly, I got pregnant. God answered!

The odds of my conceiving with an FSH level of 17 is about 1% . Couple that statistic with the fact that I had a blocked fallopian tube, and the odds drop further.

After I became pregnant, my husband learned that the odds of my conceiving with an FSH level of 17 is about 1%. Couple that statistic with the fact that I had a blocked fallopian tube, and the odds drop further. CPT could have opened my fallopian tube, but I did not have that tested before I became pregnant.

I was 7 months pregnant at my 40th birthday party. It turned out to be the best birthday in the history of birthdays!

I truly believe that God used CPT to provide us our miracle baby. He saw our circumstances and led us in our decisions, to bring us a child.

Treating Polycystic Ovarian Syndrome (PCOS)

Polycystic Ovarian Syndrome (PCOS) refers to an endocrine disorder that affects approximately 5% of all pre-menopausal women. PCOS occurs among all races and nationalities, is the most common hormonal disorder in women of reproductive age, and is a leading cause of infertility. The principal symptoms of PCOS include lack of regular ovulation or menstruation, multiple ovarian cysts, and excessive amounts or effects of androgenic (masculine) hormones.

Symptoms may include acne and male pattern hair growth (hirsutism). Insulin resistance, diabetes, and obesity are all strongly correlated with PCOS. Symptoms and their severity vary greatly among women, and PCOS may occur without outward symptoms.

The proposed causes of PCOS include excess androgen production by the adrenal glands during puberty or stress, or disturbances in the cyclic pattern of GnRH release by the hypothalamus. Polycystic ovaries are not the primary cause of amenorrhea or hirsutism in this

condition. Rather, they are one sign of an underlying endocrine disorder that ultimately results in these symptoms.

In some cases of PCOS, adhesions will partially or totally envelop the ovary like a thick sock, preventing the ovum from escaping. Surgical treatment can involve drilling several holes in the adhesive envelope to allow the egg to escape. Other treatments for this condition consist of birth control pills and fertility medication.

The Wurn Technique® has shown good results clinically in some women who presented for therapy with PCOS. As happened with FSH, we initially discouraged women with PCOS from attending therapy. But as also happened with FSH, some women with PCOS chose to attend despite our lack of data. As a result, we are just beginning to compile data on the results of therapy for women with PCOS. We have been able to help several PCOS patients that have come to us.

Three Prior IVFs and Two Surgeries for PCOS

- Tamás and Bianka's Story

My name is Tamás (Architect) and my wife's is Bianka (Pharmacist). We are from Hungary, a country where the level of medical science and service is as high as the USA — and is theoretically free.

My wife and I endured incredible highs and lows as our journey unfolded. We hope it may inspire you to persist, and not give up your dreams. We never gave up though it was not easy, and now we have beautiful twins — a boy, Gábor, and a girl, Nikolett. We are sure that we have Clear Passage to thank for them.

Bianka and I married in 1999 after a fairly short dating period and ever since, our love for each other has made our time together wonderful and peaceful. Bianka had been very sick as a child, and we knew we would have some problems conceiving because Bianka had irregular periods. In fact, her hormones were so “off” that she would sometimes go six months without a period at all. Despite this, we had faith; we decided to try to have a child from the very first day of our married life.

When doctors learned of her severe hormonal problems, most of them wanted her to take contraceptive (hormone) pills to help regulate her period. We felt that would just be a “patch;” it would not solve the root of the problem. Besides, you can’t get pregnant taking contraceptives. Before we were married, they told Bianka, “Please come back when you think you are ready to have a child and we will look at the problem again.”

Like many women, Bianka felt uncomfortable being so exposed at her gynecology visits. Besides, she often felt rushed through her appointments, more of a burden than a special client. Thus, we did not spend much time seeking second opinions from other doctors at that time. Little did we know how much that aspect of our life was about to change!

We were both heartbroken when Bianka was officially diagnosed with Polycystic Ovarian Syndrome (PCOS). At last, we realized that we had to take whatever steps were necessary to solve the problem. In order to achieve our aim we agreed to see several doctors and to hear different opinions. Each physician seemed to have his or her own ideas of what she needed. Bianka began to feel like an experimental doll in the examination rooms.

In my society, we were already relatively old to have children; Bianka was 29 and I was 26. For us, it was not about the age — it was about being able to care for a child financially. We wanted to have a secure foundation under us to be able to support our children until they were able to start their lives. We did not have that.

Even though healthcare is theoretically free for everybody in Hungary, it can be costly to get the kind of medical attention and physician time that special cases such as Bianka required. The continuous traveling, the prescribed medication and the extra costs added up to a lot of money in the end, and we still had no results — no baby!

Bianka had to take Clomid treatments to help regulate her hormones and also had to inject herself daily (under her skin) with medications for seven rounds of hormone treatment to help with the PCOS. Then she went to the doctor later each day for more hormone injections into her muscles. The adventure to become parents that started out so positively was becoming exhausting, depressing and terribly difficult. The strong hormones Bianka had to take only made a deeply emotional experience even more difficult — really, for both of us.

The PCOS also caused “tentacle-like” adhesions to form on and over her ovaries. They told us that surgery would help, but that would be a temporary measure. The PCOS adhesion surgeries might have to be repeated as often as every year. We visited even more physicians, some of the best in the world, from our investigation. Bianka underwent surgery for PCOS. So many of these doctors and their staffs were great, but the doctors said she would eventually need another surgery to conceive.

After her first surgery, she continued with Clomid and intrauterine inseminations (IUIs). By Hungarian law, we first had to undergo five intra-uterine

inseminations before our insurance would pay for IVF. Bianka underwent five separate IUIs without success. Well, she did get pregnant once, and we were thrilled. That elation lasted just a short time, as we faced the trauma and further heartbreak of a miscarriage. It was like a funeral shroud landing on a ray of hope. It was just terrible.

After that first PCOS operation, 25 rounds of Clomid, 5 IUIs, and that miscarriage, we had spent most of our funds. Instead of months, we were starting to measure our quest for a baby in years. Frustrated but determined, we decided not to waste any more time and money on IUI procedures. After our fifth failed IUI, we finally made it to the IVF program, and decided to go straight into that.

By this time, we had consulted several physicians. We settled on a Hungarian institute founded by a Hungarian American doctor. The doctors and the atmosphere were great, and their success rates were among the highest in the world.

We had to go through all the examinations again and the doctors started a new experiment on her. I use the word “experiment” since the doctors add hormones and other elements

People who have never experienced the deep and powerful yearning for a child, followed by the recurring disappointments, will never understand what it feels like.

so they can create the best environment in each patient to help create a pregnancy.

The doctors and the nurses were really great and they did their best. The first IVF resulted in a pregnancy, but after five weeks, we endured another miscarriage — another funeral.

Her doctors decided she needed another PCOS surgery, so we did that. Directly after this (her 2nd PCOS surgery), we had another IVF. This time, there was no pregnancy at all. Every time a procedure failed, it was an enormous heart-break and it was worse each time. But in order to persevere, we found we needed to try it over and over again. And we did. The third IVF did not even bring a pregnancy.

By this time, we started losing faith. People who have never experienced the deep and powerful yearning for a child, followed by the recurring disappointments, will never understand what it feels like. As a man and husband, I knew that I had to support my wife more than ever in this situation. I think the pressure on a woman is much higher than on the man. Even though I suffered deeply, I had to act as if everything was all right.

Other circumstances in our life began to change. At the same time nothing seemed to work for our family plans, I lost my job; now, it was only my wife who made money. To pursue our dream of a family, we sold everything we could to have enough money for the treatments. Finally, we got to the point where there was nothing else left for us. Something had to change.

I had no other choice but to come back to the States and get a job in 2005. Slowly, change began to come into our life. My friend Chris gave me a place to stay and helped me

with everything. Every night I was hopelessly searching the Internet and sending every IVF institute a letter in which I asked for information or for help. Nothing happened from all of those efforts.

At this point the doctors said that she should have a third surgery for the PCOS. Thus, no closer to our goal, we found we would have to start the entire process all over again. Then, a small light emerged into our dark night.

She spoke in a manner that was scientific, but she phrased her message into sentences that anybody could comprehend.

One night I came across the website of Clear Passage Therapies (CPT). To be honest, I was not expecting anything special from this company either. But I read through its profile because I did not want to miss anything. What can I say? The numbers were gorgeous and we seemed to fit in the program. But there came the haunting question: Could this work for us?

We really had no other options, so I forwarded the site to my wife in Hungary, and also to our doctor. Bianka was very excited, but the doctor was cautious. We made up our minds and I called them. They told me everything I needed to know and they sent me all their information in printed form.

I remember that summer very well. I lived in the New York area trying to make some extra money, and Bianka was still in Hungary. There were only two Clear Passage offices and none were within a few thousand miles of me. Originally, Bianka

was going to visit me early September and we were to go home together a few weeks later.

As it happened, the company was due to open a New York office in August. We had difficulties collecting the necessary doctors' forms and papers we needed, but finally Bianka managed to put everything together.

It took about a week after she applied before we got the word that she had been accepted in the program. The secretary was unbelievably helpful and understanding. She managed to set up an appointment in the New York office for us in September

The timing and everything seemed to be just perfect for us. Bianka's first appointment was on Labor Day and I had the chance to go in with her for her first appointment. I spoke with the therapist and asked her all kinds of questions. She was nice and funny, but was very scholarly. She explained everything to us and answered all our questions while creating a very calm and friendly atmosphere. She spoke in a manner that was scientific, but she phrased her message into sentences that anybody could comprehend. Once she had answered all of our questions, she started the treatment right away.

This physical therapy consisted of two sessions every day for five days: one in the morning from 10 to 12 and one in the afternoon from 1 to 3. Even though some people liken this work to massage, it is really nothing like you can imagine. The therapist worked on every part of her body, and I mean everywhere! There were some situations where I thought I should leave and come back a little later because it was so intimate and I did not want to discomfort anybody.

But the therapist said I could stay. She wanted to make sure I understood everything she did, and she wanted to do whatever Bianka needed to give us our best chance at success.

After we explained Bianka's history of PCOS and the surgeries she had for that, the therapist

The therapy gave us new direction; we did whatever, whenever we wanted it. We felt more natural and free, so our sexual life became fun again.

paid special attention to Bianka's ovaries. Most women with PCOS experience a constant discomfort around the ovaries. This can be very painful, especially around the ovulation. Another problem with PCOS is that the woman can develop adhesive "tentacles" that glue it in place so the natural fluid movement of the ovary in the body does not happen. Physicians cut these "tentacles" during the surgery because it is very important that the ovaries can float freely. Unfortunately they don't stay free for long, for most women. With luck, after the surgery you can have better mobility about a year. After that, doctors are almost 100% sure that they will glue down again. Our doctors wanted Bianka to have a third PCOS surgery to clean up her adhesions, but we went to CPT instead.

To Bianka's and my big surprise, our therapist determined the exact location of her ovaries. She placed pressure on the right spot until Bianka felt something similar to when a fishing-line splits. The best part was that all the pain she was feeling around her ovaries disappeared right away. This was an unbelievable experience. Our therapist had enabled the "tentacles" to detach from the ovaries.

I was happy I could be there at least one day with her. After that, I had to go back to work and Bianka had to commute alone to New York for four more days. I was very proud of her and I still am because she never gave up, even when we almost thought that there was no hope left.

Once treatment was finished, our therapist told us that the treatment helps increase a woman's sexual function as well. Well, all I have to say about this is that she was right on that! The treatment helped change both our lifestyle and our relationship with infertility. We did not care about timing, temperature and things like that any more. The therapy gave us new direction and we did whatever, whenever we wanted it. We just felt more natural and free afterwards, so our sexual life became fun again.

Even though we were done with the treatment after five days, it did not mean that the therapy was over. For Bianka, the real work started from then on. With the help of therapy, all her body parts, muscles, joints etc. were loosened and she had to maintain this state. She was given a detailed description, illustrated with pictures of special stretching exercises which she had to practice twice a day. Thank God Bianka was very, very dedicated.

When we returned home to the infertility clinic in Hungary, we asked if we could do the regular insemination, instead of IVF. We were feeling really good; we just wanted to make sure that the sperm got where it needed to be. We didn't do anything else. No special medications, just the usual folic acid and our regular vitamins.

We had two inseminations. The first one had no result, but that was right after the therapy and the therapist said it might take a few weeks for Bianka's internal organs to

return to normal, after therapy. We did the second post-therapy IUI a little later, so Bianka had time to practice her exercises.

I remember the day so well. I could not believe my eyes when the nurse took me into the examining room that day to show me the pictures of Bianka's pregnancy on the monitor. The doctor explained the image to me. He was careful to mention that he only saw one embryo.

But you know after a while all husbands become "experts" on this topic and so did I. So when we left the room I told Bianka that

It is amazing to both of us that after all the drugs, all the surgeries, all the failed medical attempts, these two beautiful children came to us without surgery or drugs.

I was almost 100% sure that there were two embryos. Turns out, I was right. I guess the doctor was trying to protect us from another shock in case something happened to one of them.

Even though the babies came on week 33, until that moment we had no complications. Everything went smooth and by the book. By then we were in a regular hospital with a doctor we chose, who was supposed to be very good. In fact, he made a big mistake and our story almost ended up in a catastrophe but thanks to God and the nurses, our two angels came out fine. For us they are the most perfect children in the world.

Over all I have to say we thank God and CPT for our children. It is amazing to both of us that after all the drugs, all the surgeries, all the failed medical attempts, these

two beautiful children came to us without surgery or drugs. I wish others who are searching could know about this therapy. I hope our story may give someone a bit of inspiration and extra strength to go on, and never give up.

22 Negative Pregnancy Tests and PCOS

- Alyssa's Story

I was diagnosed with PCOS when I was 21. My doctors informed me that when I was ready to get pregnant, I would need fertility drugs.

In 2001 when I was ready, I spoke with an infertility specialist immediately. I was placed on Clomid and another medication to help me menstruate.

After six months of Clomid, I was switched to Gonal-F. For the next year and a half, my doctor slowly increased my dosage to 4 ampules a day. I tried multiple intra-uterine inseminations as well, but I still could not become pregnant.

After 22 negative pregnancy tests, I didn't know where to turn for help and I was considering pursuing IVF. Around that time, my cousin called me and told me about a new fertility treatment she had heard about on the news. I didn't think much of it until she called me again and urged me to research it. I looked at the clinic online and learned about Clear Passage Therapies (CPT).

I decided I wanted to go, but my husband was completely against the idea. I was determined to come up with the money. I am a real estate agent, so I worked hard and put in the extra time to make the extra sale I needed to have the money.

In 2003 I attended an intensive week of treatment at CPT. As they made adjustments to my body and tissues, I could feel slight changes. The pain I regularly experienced in my pelvis and lower back also decreased.

Shortly after treatment, I became pregnant. I was still on the Gonal-F, but I had been on the same dosage for almost a year. I think my body was out of alignment before and the techniques at CPT fixed my body and enabled me to become pregnant.

I now have an incredible four year old. It took me almost three years to get to CPT, but I'm glad I went.

Extensive Adhesions and PCOS

- Elyse's Story

In early 2004, my husband and I married. We were ready to start a family right away and I stopped taking oral contraceptives. I had been on the pill for twelve years in order to regulate my periods and never had any problems. But when I went off of it, my period did not return for five months.

I went to my doctor and he immediately referred me to an infertility specialist. My specialist examined my medical history and did some blood work. He discovered that I had

poly-cystic ovarian syndrome (PCOS), a condition in which you do not ovulate regularly. My doctor explained, “You have a lot of immature follicles in your ovaries, which causes an imbalance in your hormones.”

He placed me on Clomid, a drug designed to regulate ovulation, but nothing happened. He then recommended I start IVF. I was uncomfortable with this option as I had always wanted to pursue the least invasive option first, but he continued to push it hard.

As a result, I decided to meet with another specialist who would respect my wishes with regard to treatment. My new doctor, husband, and I decided I should try Clomid again, but after a few unsuccessful cycles, it was obvious the medication was not helping. He told me, “Elyse, your only option is IVF.” He understood I was upset and explained that because my hormones

One of the specialists even cried as she viewed the screen during my ultrasound.

were not regular, IVF was my best chance to produce mature follicles and carry a viable pregnancy.

Since both doctors had suggested IVF, I agreed and began IVF in December of 2004. It was a painful process both mentally and physically. I had always been terrified of needles. However, in January, when I learned I was pregnant with twins I rationalized it was worth all the pain. My joy was short lived. At the 8 week ultrasound to hear/view the heartbeats we learned they were conjoined. Moreover, one of the fetuses was not developing at the expected rate and was already much smaller than the other. The doctor appeared disappointed and doubtful

they would make it. However, he encouraged us to get a second opinion. We obtained opinions from three other specialists, who all reported poor prognoses. One of the specialists even cried as she viewed the screen during my ultrasound. My husband and I made the difficult decision to terminate the pregnancy. It was one of the most difficult decisions of my life.

On March 9, I had a D&C. I was hysterical while being put under anesthesia even though I knew it was for the best. I awoke with a terrible emptiness and cried endlessly for weeks.

I felt absolutely miserable, but certainly was not ready to give up. Our doctor explained our options. He had retrieved 28 of my eggs for the initial IVF procedure which resulted in “plenty” of frozen embryos for transfers. The doctor joked I could have a “football team” if I wanted. Our embryos, he explained, were all in great shape. We confirmed this through pre-genetic implantation diagnosis just to be sure. I began frozen transfers in May and continued through July — but none of them took.

I felt absolutely miserable, but certainly was not ready to give up.

During this process I tried all kinds of treatments, including Viagra® suppositories. A study had found that it increased blood flow to the uterus, thereby aiding implantation.

In August, my doctor decided to perform a hysteroscopy to see if there was scar tissue in my uterus that was preventing the embryos from implanting. His suspicion was correct, and he found extensive scar tissue that had formed as a result of the D&C. He removed everything he could and was optimistic that I would then be able to become pregnant.

He did another embryo transfer two weeks later, but it didn't take either. My doctor was concerned that more scar tissue had formed and used a hydrosogram to check my uterus. He found that scar tissue had grown again in my uterus.

I was extremely upset, but we decided to try one last embryo transfer. When it didn't take, my doctor wanted to

My doctor had given up on me. However, I didn't give up on me.

perform another surgery to remove the scar tissue. "Absol-

utely not," I told him. It was obvious to me that my body was feeling like it was under attack and it was overproducing scar tissue to compensate. I felt like I was ruining my body with the surgeries and medications. My body was becoming a "toxic waste dump," and I was mentally exhausted. I wanted a break.

In November, I began seeing an acupuncturist, to see if she could help regulate my hormones naturally. While I saw the acupuncturist, I continued visits

I decided I needed to find a way to eliminate the scar tissue that had formed without using an invasive surgical procedure.

with my doctor. In February, he told me that I "didn't have the right uterus" and needed a surrogate. My doctor had given up on me. However, I didn't give up on me. I decided I needed to find a way to eliminate the scar tissue that had formed without using an invasive surgical procedure.

I decided to research online whether anything like this existed. Although I had always had a hard time using the computer, I was determined to find something. Not knowing how to refine searches on the Internet, I typed in an extremely long phrase “non-surgical removal of scar tissue” and the Clear Passage Therapies (CPT) website was one of the first that showed-up. I printed all of their pages and when my husband came home that day, he couldn’t believe I had found a website that described the type of treatment we were looking for. We were both genuinely excited.

After reading their literature, we knew their focus on reducing adhesions and scar tissue would be helpful to me. I scheduled myself for an intensive week of treatment. Because I was going to their clinic in California, I had to receive an authorization form from my doctor. When I told him about the treatment, he was doubtful about whether it would work. He had never heard of anything like this. He cautioned me about spending too much time trying alternative treatments such as physical therapy, nutritional detoxification, acupuncture, and herbs. If I waited too long before trying another transfer, I would risk more growth of scar tissue. I silently reminded myself of the two week period it took for scar tissue to form and did my best to ignore his comments. The doctor reluctantly signed my forms, which allowed me to begin treatment with CPT.

I attended therapy in March and I found it was very intensive. I could feel my therapists breaking apart scar tissue. After the first day of treatment I went to the bathroom and I actually saw scar tissue in the toilet. I couldn’t believe it. My therapists explained to me that scar tissue had probably formed within my uterus and that they helped it detach from the

walls. I was filled with hope that they would be able to remove the remaining scar tissue in my body.

After treatment, I knew I still needed to address my hormone imbalance, which was the original reason for seeking assistance with fertility. I saw a new fertility specialist, who respected my decision to start at the beginning once again. The doctor placed me on Clomid for two cycles. The first time, I did produce one egg, but it wasn't fully developed. During the second cycle, the doctor did not find evidence of ovulation until well past the time Clomid would have produced an egg. He did an ultrasound

As I look at my twins, I am glad I trusted my instincts and found treatments that coincided with what was the best for me.

and saw a “big beautiful egg” just waiting to be released from my right ovary. He ex-

claimed, “How in the world did you do that?”

I knew that the acupuncture, herbs, and nutritional counseling had helped regulate my hormones and CPT had enabled my uterus to prepare for a successful implantation. I took all of the information I had to my previous doctor and my growing belly as proof!

To our delight, we soon learned that I was pregnant with twins! My twin girls were born March 8, 2007 — two years after my heartbreaking D&C and almost one year to the day of completing my treatment at CPT. As I look at them today, I am glad I trusted my instincts and found treatments that coincided with what was the best for me.

Three Prior IVFs, PCOS, No Natural Menstrual Cycle

- Sydney's Story

“You have Poly-Cystic Ovarian Syndrome, also known as PCOS,” my doctor told me. “PCOS prevents you from ovulating, which explains why you and your husband have not been able to conceive.” My husband and I had wed just six months prior and we knew we wanted children right away. Before getting married, I was on oral contraceptives, so I had no idea there was anything wrong with my ovulation.

My doctor recommended I try medications to help me start ovulating and have a normal menstrual cycle, but none of it seemed to do anything.

After six months, my doctor referred me to a fertility clinic. That clinic agreed that I had PCOS. The specialist said “PCOS often causes adhesions to form around the ovaries, preventing an egg from being released. Although your HSG report shows your fallopian tubes are clear, it is still possible you have adhesions around your ovaries. We can perform laparoscopic surgery to visualize this area. If there are adhesions, we can drill holes through the adhesions to access your ovaries. That will create areas for your eggs to be released.”

My husband and I were uncomfortable with surgery, so we proceeded with medication. The physicians put me on stronger medication, which sometimes included daily shots in my hip.

In my fifth month of taking these new medications, I hyperstimulated. Because I had produced a large quantity of eggs, my doctors felt I should go ahead with IVF. I had not

expected to jump to IVF so soon, but I was extremely hopeful it would work. They retrieved 28 eggs during the procedure.

We did two transfers, but nothing worked. My doctors wanted me to have another IVF, but we just needed a break.

They placed two fertilized embryos in my uterus and froze the other eggs for future transfer. When the two embryos did not take, I was devas-

tated. My nurse told me, “I knew you had too much hope.”

That was such an insensitive thing to say; I became really upset, and wondered “Why am I here?”

But after a while, my husband and I decided to continue transferring the frozen embryos. We did two transfers, transferring three each time, but nothing worked. My doctors wanted me to have another IVF, but we just needed a break.

My husband and I started to research our options online. While looking for information on our infertility clinic’s website, we saw a page for alternative medicine. There, we read about a manual physical therapy that had some scientific success in helping women become pregnant. After reading through the website, we decided to attend treatment at Clear Passage Therapies (CPT).

I spread my treatment out over two weeks and it was absolutely great. CPT changed my way of thinking about infertility. Instead of thinking, “This one part of my body isn’t working — and I hate it,” they helped show me that the whole body works together. While treating my entire body, they also resolved back pain I had for years. I had even seen several physical therapists

before and one of them told me, “You will need surgery by the time you are 40.” But after CPT, I had no pain. I also experienced a great reduction in intercourse pain. I had always thought the pain I experienced with intercourse was normal.

The most astounding result from my treatment was that my menstrual cycle returned! Although the exact cause of PCOS is unknown, one of the main symptoms is an irregular or missed cycle – yet here I was, finally having a regular menstrual cycle!

My husband and I decided to find a new infertility doctor who was more alternative. When he heard I had PCOS, yet now had a regular menstrual cycle, he asked, “What have you been doing?” He was thrilled my treatment at CPT helped, but he still felt I should go back on fertility medication to further increase my chances of ovulating successfully. Because the doses were so high, I had to have ultrasounds daily. After six months, nothing seemed to be working, and he suggested laparoscopic surgery to drill holes into my ovaries.

The most astounding result from my treatment was that my menstrual cycle returned!

I knew from my time at CPT that surgery might help, but could also have numerous detrimental affects on the body. Furthermore, I knew from my own personal research that the surgery would only provide a small window for success. After that, the holes would close again.

So instead of the surgery, we decided to return to CPT for an additional 20 hours of treatment. Once again, my treat-

ment was outstanding. Prior to my treatment, I had a lot of infections and inflammation in my vagina and my doctors and I couldn't understand why. After my treatment at CPT, I stopped having those problems, completely.

We went through with this, our fourth IVF cycle, and the first one after CPT. This time, things were different... in fact, everything went fine.

When we returned home from the clinic, we decided our lives would not be dictated by infertility, so we started the adoption process. A few months later, we were surprised to hear we received a grant for IVF. We had applied for the grant many months prior, and we had just assumed we didn't receive it.

We went through with this, our fourth IVF cycle, and the first one after CPT. This time, things were different. In fact, everything went fine. They implanted two embryos and both took well. I had no problems through my pregnancy. I was able to work until the day of my C-section. I really felt it was because of the treatment I received at CPT – I just felt so good.

My boys were born in October, and today they are doing great. I am thankful I had treatment with CPT, I just wish someone would have told me about them earlier. They educated me about my body so I could figure out what was right for me, and their therapy helped my body heal naturally. If I'd known about them earlier, it would have saved us a lot of time, money and heartache.

Unexpected Patient Successes

If high FSH and hormonal dysfunction are a natural byproduct of aging, then why are we seeing such dramatic improvements in FSH levels, natural pregnancies, full term births, and even subsequent births among women that have been diagnosed hormonally menopausal? We have asked ourselves this question, and the only thing that makes sense to us is that there is a strong mechanical component to the processes that dictate hormone release (whether in the brain, ovaries, endocrine glands or their “communication loop”). Knowing what we do about adhesions, it does not take a far stretch of the imagination to see that a large component of aging itself is a result of the mechanical actions of adhesions that form in all of us, as the years pass.

Over the course of life, adhesions develop throughout the body. They form whenever and wherever healing occurs from an accident, infection, surgery, or trauma. Once the injury has healed, the adhesions remain in the body as a permanent record of the physical insult to the tissues. This is a very real part of the aging process.

We have lost count of the number of times that, explaining remarkable turnarounds in our patients’ symptoms, we have said, “It’s almost like you are getting younger in that part of your body.”

We are not being cavalier with such a statement. Adhesions form from healing events as we age. When we decrease adhesions and detach the cross-links that have bound our tissues over the years, mobility and function

We were told I should consider donor eggs since my FSH level was beginning to get high and I was not a good candidate to retry IVF.

– Amania, who later became pregnant naturally and delivered a healthy baby girl after treatment.

tends to return to those areas. In a very real sense, those organs and previously adhered tissues appear to “go back in time” to an earlier time in the healing process, or to a time before healing events occurred.

We have seen this happen time and again in the musculoskeletal system in patients who came to us with chronic pain. In a mechanical sense, the healing (and adhesive) process that occurs in the tissues of the reproductive system is not much different from those of our muscles or joints. As adhesions form, they bind tissues and structures together. As adhesions decrease, structures are freed from their prior bonds. When this happens, the structures are free to move with greater ease and mobility, as they did earlier in life.

We feel something similar is happening with these patients who come to us with high, even menopausal hormone levels. The vast majority of them either become pregnant naturally after we treat them, or their hormonal levels greatly improve. Decreasing adhesions that affect the reproductive organs and glands appears to turn back time to an earlier state of function.

Infertile for Eight Years and FSH of 18

- Mary's Story

After being married for 11 years, we were ready to start a family. Within a month, I was pregnant and we began to dream about life with our child. Seven weeks later, I was having cramps and began to bleed, hoping the baby would live. On Easter morning, I went to the hospital because I was having a miscarriage. Later that week, I visited my doctor, and because my HCG levels continued to rise, and there were no signs of a uterine pregnancy, they diagnosed an ectopic pregnancy. I was given methotrexate to end the pregnancy and to help preserve the tube.

The pregnancy was another ectopic.

A few months later, we tried again and I became pregnant right away. The pregnancy was another ectopic. An HSG was performed — a test where they use dye to show whether or not my fallopian tubes were open. It confirmed that my left fallopian tube was completely blocked. Nonetheless, my doctor was encouraging and assured me that I could still become pregnant with one working tube. I felt betrayed by my body and wondered why did I wait so long to start having children?

While I began graduate school, we decided to keep trying. Three more pregnancies later, and three more disappointing miscarriages, I felt like a battle worn soldier and began to see myself differently from my friends and family: childless. I hated to hear about my friends' pregnancies and couldn't bear to attend baby showers or even look at babies. I wanted to "move on" but couldn't.

After extensive research into fertility options, I came across Clear Passage Therapies (CPT) and contacted them for more information. They put me in touch with a former patient who had also experienced several ectopics. I asked her, “Do you really think the treatment works?” She responded, “Absolutely, they opened my blocked fallopian tubes.” I was stunned. Was it really possible that they could open up her tubes without surgery?

That night I prayed about CPT. Every night I spent time with God and that night I asked for help in making a decision about what to do. What I heard was clear: to pursue CPT and let God heal me completely: body, mind and spirit.

The next day I looked at the Clear Passage website again and also looked at the option of IVF. My doctors and friends strongly suggested that I pursue IVF. I felt a range of emotions all coming from a place of fear. My mind kept repeating, “You’re getting older.” I was only 35 but felt like I was turning 50.

Ultimately my husband and I pursued IVF, with my leading. While the Lord was cautioning me on this path, I charged ahead and one month after graduation completed IVF. My FSH

My intuition kept telling me that something was very wrong.

was on the high side, (12) but the procedure was successful and I became pregnant with identical twins! Within a few weeks, one of the twins died. Afterwards I continued to experience a lot of pain and kept returning to my doctor to see if something was wrong. My intuition kept telling me that something was very wrong. He dismissed my symptoms, even though the other “vanishing” twin was continuing to grow larger.

Throughout this time I continued my nightly prayers. Each night I prayed with my baby and God. I felt a strong connection among the three of us. At 19 weeks I was up one night having so much pain that I was unable to sleep. As I began to pray, I no longer felt a connection to the baby, and knew something had gone wrong.

The next morning when I rose, my water broke. I was terrified that the baby had died. I rushed to the hospital and with my husband by my side, the ultrasound showed a baby with no heartbeat. Our screams and cries echoed. It was a crushing blow for us. The doctor who had been treating me said I would never know what the cause was, but hours later we did know the cause. The babies were connected to each other through a vein. When one died, the other, healthy baby continued to pump blood into the body of the other twin. Eventually the healthy twin went into heart failure and died. That night I delivered my twin boys with much anguish and grief. I held our baby boy in my hands, marveling at his perfectly shaped mouth, and tiny hands and feet all in the palm of my hand. He was perfect. I felt as though I had let this child down, taken his very life away from him. When we left the hospital late that night I wished I could die too. I was broken and very angry.

The grief that followed me lasted for many dark months and left me feeling isolated from all normal life. So many things had gone wrong. I was angry at the doctor for not “noticing” the growth of the dead twin, I was angry at myself for not having pursued a specialist who could have saved the healthy twin’s life, and I was alienated by many of the comments of doctors and friends who said things meant to bring comfort but which only brought me pain. I thought about writing a pamphlet entitled, “What not to say to those who have just had a miscarriage

or stillbirth.” Two weeks later we had a funeral under our large 100 year old oak tree outside our home, and shared our grief with our close friends and family.

Eventually I reached a point where I was ready to move forward. I was still hopeful that in some way our twins had forged the way for another life to take root. A few months later I tried IVF, but my

body did not respond to the medication, even though they used the most aggressive protocol. My FSH was now 18, which in itself sent waves of fear over me, and my doctors said that I could not continue with IVF.

I thought about CPT again. I prayed and once again felt like it was the right thing to do. I scheduled myself for an intensive week of treatment. The therapist was a gentle compassionate person who recognized that I was in a fragile broken place. The week was more healing than I had expected, not only physically but mentally and spiritually. The therapist taught me to listen to my body, and I began to practice visualization. This allowed me to go deep into my emotions and thinking and see the patterns of thinking I had developed around pregnancy and my body. For the first time I began to imagine new possibilities for my body, my life, and what it would look like to be healed and whole again.

The therapist recognized that I was in a fragile broken place. The week was more healing than I had expected, physically, mentally and spiritually.

One month after treatment I retested my hormone levels to see if I could attempt another IVF treatment, but my FSH was still too high. My therapist at CPT told me that the human body sometimes needs six months to adjust after treatment and function properly.

After everything we had been through, my husband and I decided to go to Australia for some rejuvenation. We did a ten-day intensive no-frills health retreat where my husband and I spent time fasting, praying, taking long walks and getting plenty of rest. No phones. No TV. No town within 20 miles. During one of my long walks alone, I resumed a conversation with God and once again felt alive, really alive. It had been a long time away from truly living for me. I let go of my expectations, and let go of needing to have a child. Essentially I surrendered my desire — trusting and hoping that life was good with or without children in it. When it was time to go back home, one of the other participants asked us to stay and dog sit for a few months. The dog was a sprightly terrier living in the most beautiful beach house overlooking the ocean and the National Park of the Sunshine coast of Australia. This was another gift of healing. When we returned home, I became pregnant with Genevieve, who today is a bright, beautiful 2.5 year old, a daily reminder of the manifestation of hope and a source of eternal joy.

Almost 2 years after her birth, we looked forward to having another child. I became pregnant right away, but 7 weeks later miscarried. Afterwards, I experienced a lot of pain leading up to and during ovulation, and suspected something was wrong. After trying for nearly a year to get pregnant, I began to feel like I needed some outside help. I tried some medications, but nothing. Then I began thinking about IVF again. My FSH was again 18 and my doctor did not think IVF would work.

When we began to pursue other options like adoption and donor eggs, the doors didn't open. But, unlike other times, I did not feel desperate or fearful. Yes, I still had doubts, but I was beginning to trust and I believed there was another baby waiting for our family and that God was making a way once again. I knew then that I needed to go back to CPT. Always the planner, I made sure that when I returned home, my medications and fertility drugs would be waiting for me in the refrigerator, so I'd be ready to try another intensive protocol.

At CPT I did a week of intensive treatment, with five hours of treatment each day for four days. On the third day of treatment, I ovulated and immediately noticed that I didn't experience any pain. When I returned home, I learned I was pregnant. I fell to the floor crying and praising God with deep humility and wonder.

I didn't have to take any medication. I didn't have to go through years of waiting on adoption lists; I didn't have to use a donor egg. I didn't have to do more drugs, and wait any longer. As of this writing I am 17 weeks pregnant.

Looking back on my past, I know the road that I initially chose was one generated from fear. This fear pigeonholed me and prevented me from following my instinct and divine guidance.

Looking back, I know the road that I initially chose was one generated from fear. This fear pigeon-holed me and prevented me from following my instinct and divine guidance.

Although I felt led to try a natural treatment option, I chose IVF because I thought it would work — quick and easy! It was only after experiencing the devastating loss of our baby boy that I turned to natural treatment — and it worked. Just before I attended my second round of treatment with CPT, my infertility doctor said I had less than a 2% chance of conceiving. Here I am, marveling at what has taken place.

Infertility has been the greatest source of my spiritual

This journey has given me a boldness to hold onto faith and hope.

growth over the past 8 years. It has given me awe for what God is doing through the hands and hearts of people who are

willing to serve others. I am the recipient of this love, compassion and dedication. This journey has given me a boldness to hold onto faith and hope. Hope never gives up, and there is always hope.