

Chapter Nine

Pre-IVF Therapy

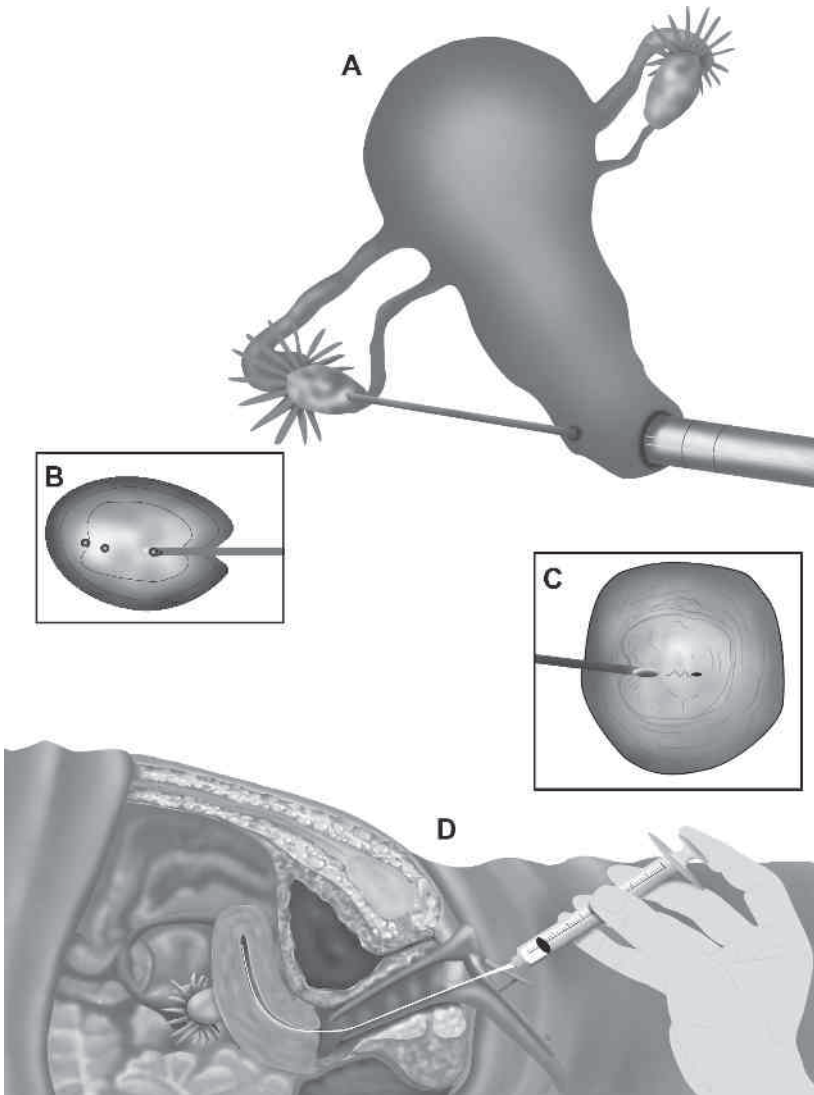
In vitro fertilization (IVF) is the gold standard for treating infertility diagnoses. It is usually conducted by gynecologists and reproductive endocrinologists (REs), often assisted by a PhD embryologist and other professional clinical staff. By the time a patient has been referred to IVF, she has usually exhausted all medical and surgical therapies, including intrauterine insemination (IUI) with her partner's sperm.

What Happens During an IVF?

IVF protocols vary by physician. The procedures any physician may choose are based on a combination of the doctor's training, skills, focus, and the specifics of each case. Notwithstanding individual physician approaches and philosophies, the course of IVF generally follows some variation of this protocol:

- Most physicians who perform IVF want to have as much control over the menstrual cycle as possible. Thus, many REs first choose to give a woman pharmaceuticals to stop her menstrual cycle. Now starting with a blank canvas, the specialist usually administers ovarian stimulating drugs to increase the egg production. This generally marks the beginning of the IVF cycle.
- Once they reach the desired size and number, the eggs are surgically removed from the ovaries. One or more of the best eggs are joined with the partner's sperm in a laboratory setting. Finally, these fertilized eggs are placed back inside the woman's reproductive tract — either into the uterus or the fallopian tube.

As precise and controlled as the process is, in vitro fertilization has one chance to work each menstrual cycle. If there is no clinical pregnancy or implantation, part or all of the process has to be repeated.



The process of in vitro fertilization (IVF) involves

A: Stimulating the ovaries to produce eggs

B: Extracting one or more mature eggs from the ovary

C: Introducing sperm into the egg or its close environment

*D: Inserting the fertilized egg into the reproductive tract
(uterus or fallopian tube)*

Two major organizations, one governmental and one professional, have united to help the consumer better understand the process of IVF and the success rate of various clinics throughout the United States of America. The US Centers for Disease Control (CDC) and the American Society for Reproductive Medicine (ASRM) have developed a system for monitoring and measuring assisted reproductive techniques (ART). They publish their results each year in a report entitled *Assisted Reproductive Technology Success Rates*. This report is designed to inform the public each year of the number of procedures performed in every reporting IVF clinic in the US, the ages of the participants, the procedures performed, and the success rates of those procedures based by age of the mothers at the time ovary stimulating medications began.

CDC-ASRM gives success rates of pregnancies and number of live births per cycle rather than pregnancies and live births per transfer. A cycle begins when a woman begins taking ovarian stimulating medications. Only a certain percentage of these go onto the transfer stage in which a fertilized embryo is transferred into the female reproductive tract.

In short, the CDC and ASRM put forth a tremendous effort to create statistical data by which physicians can judge their successes and failures, and patients can be better informed about the success of the physician they are considering. CDC/ASRM gives copious amounts of great information at their "National Success Rates" website, including success rates for different age groups. According to their published data, the all-around live birth rate per cycle of live non-donor eggs (using the recipient's own eggs) was 28%.¹⁹ The same citation notes the average cost per IVF cycle was \$12,400; the book does not say whether this cost includes the medications.

You can print and view this data yourself, and print the entire book with success rates separated for every state and reporting clinic in the US at this web page: <http://www.cdc.gov/ART/index.htm>

Increasing IVF Pregnancy Rates with Therapy

In our early years when we were first investigating therapy for infertility, we had only seen about 20 natural pregnancies and births in women diagnosed infertile. Then a woman approached us and said, "I am scheduled for IVF. Do you think your work can help me?" We told her that we did not know, and in fact had never tested it.

Although we had never treated a woman preparing for an IVF transfer, it seemed reasonable to us that if we could help improve the function of reproductive organs of infertile women who became pregnant naturally, we might be able to improve the function of reproductive organs in women preparing for IVF transfer, as well.

We treated the woman, and she became pregnant with her first IVF transfer after therapy, although she had failed to become pregnant in two prior attempts by the same physician. Soon, other women in similar situations approached us.

In fact, six of the first seven women we treated prior to IVF transfers reported clinical pregnancies in their first IVF after therapy. Unless we and our patients were incredibly lucky, something of clinical interest was happening for these women.

When we began to track the success of the patients who came to our clinic to prepare their reproductive tracts for a more successful in vitro fertilization, the CDC-ASRM data proved invaluable. First, we knew that the national success rate of 28% per pregnancy after starting a cycle extrapolated into a 41% clinical pregnancy after transfer for women who made it to the transfer stage.¹⁹ That data provided a comparison to our own success rate for women we treated before IVF transfer. The large database also provided a reasonable control we could use to compare our own patients' success rates with IVF vs. the norm (no therapy).

We studied the CDC-ASRM data measurement methods extensively in order to create a meaningful comparison suitable for publication.

After review by independent scientists and physicians, our research methodology was deemed valid.

We began to create a database of women who came to us for therapy and then went on for one (or more) IVF cycles within 15 months after therapy. Better understanding the scientific method now, we followed guidelines of the CDC and ASRM in tracking our success with these women, their cycles, and their transfers.

We gathered copious amounts of data, combed through every chart in the clinic, then called and recalled patients in order to create an accurate database of pregnancies, births, miscarriages, and successful and unsuccessful IVF transfers.

Twenty-five women were available for this study, which the biostatistician said was sufficient for statistical analysis. All of the participants received therapy, then underwent an IVF cycle after therapy using the mother's own fresh eggs.

This was a challenging group. Before treatment, 14 of the women reported a total of 21 prior natural pregnancies, but only 4 of the 21 pregnancies (19%) resulted in a birth.

Many of these women had also undergone earlier medically-assisted reproductive techniques (ART) such as IUI and IVF. Before therapy, the participants reported undergoing 78 prior ART attempts, including 54 intrauterine inseminations (IUIs). These 78 medical attempts resulted in only 3 pregnancies, and one full-term birth. This was a challenging population to treat, indeed!

After therapy, each of the 25 returned for follow-up IVF. Some chose to have more than one, so we limited the time frame to 15 months after therapy. We tracked the 33 IVF transfers completed within that time.

Results were fairly staggering, in that 22 of the 33 transfers (67%) after therapy resulted in clinical pregnancies and 15 of those (68% of

pregnancies) resulted in live births. Such numbers would have been good, even for a less-challenging population.

Finally, we submitted our numbers to our biostatistician for statistical analysis and comparison to IVF without therapy. That analysis showed that IVF clinical pregnancy rates after therapy were 67%, compared to the control group's 41% success rate, which was an excellent result.

We then had to consider the significance of the numbers, i.e., did we have enough people in the study to provide meaningful results? In fact, we scored very high in statistical significance, with a probability score of ($P < .001$). This score indicates a very high degree of reliability, despite the fact that it was a relatively small study.

Several physicians and PhD scientists collaborated and created this study, which we submitted to *Medscape General Medicine*, likely the largest peer-reviewed medical journal in the world. *Medscape* is owned by WebMD, and had a readership of 2.5 million physician subscribers in 249 countries when they accepted our study. That study is available today at the US Library of Medicine or on the Internet via Medline search.



Six Keys to Boosting IVF Success

Why does our work increase IVF success rates? We can only surmise, but after assessing and treating these women, then reassessing them after therapy, we feel there are several areas in which therapy may have helped these women.

How Therapy Helps IVF

- Increases blood flow to ovaries and uterus
- Improves cervical mobility and ease of transfer
- Improves receptivity of uterine wall
- Decreases adhesions and spasm in the reproductive tract
- Improves hormonal function
- Improves whole body function, including pituitary-hypothalamus-ovarian communication

Increase blood flow to the ovaries and uterus

Most physicians and scientists accept the fact that massage increases blood flow. For centuries, people who receive massage have noticed that they leave therapy with a “reddish glow” at various areas of their bodies where blood flow has increased.

This increased blood flow is attributed to the theory that muscles relax during massage, allowing more space in arteries and veins. The additional space allows more blood to pump through the tunnels of these vessels.

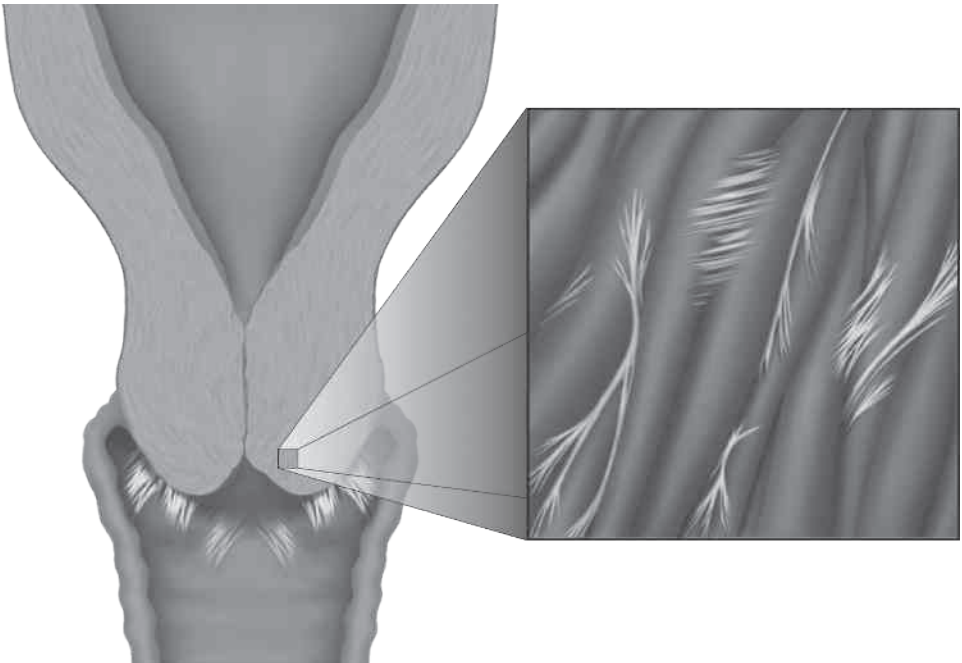
Blood vessels exist throughout the body and provide nutrition to the brain, muscles, bones, organs, and their support structures. Blood is the fuel supply for most bodily structures; decreased blood supply equates to decreased function in most areas of the body. Increasing blood supply to any area will naturally increase its supply of fuel, thus increasing its ability to function effectively.

Because of their location and access to the outside environment, the vagina and cervix may be subjected to inflammation, infection, or trauma before and during childbearing years. The body’s response to any of these tissue insults is to lay down cross-links, the building blocks of adhesions. When cross-links lay down in the vicinity of blood vessels, they can restrict the flow of blood to these delicate and vital organs, decreasing their ability to function. We believe that the increase of blood flow to the female reproductive organs is a primary reason that we have documented (and published) success in improving pregnancy rates for women who undergo in vitro fertilization after therapy.

Improve cervical mobility and ease of transfer

Adhesions deep within the cervix can pull the cervix out of its natural midline placement in the vagina. This adhesive pull can cause spasm and inflammation at the cervix. If the cervix is pulled backwards, forwards, or to one side, the pattern of adhesive cross-links within the

cervix can create a recurring pull up into the uterus. This in turn can cause inflammation which increases incrementally with every step the woman takes. We have found this pattern can create an ongoing cycle of spasm-inflammation-adhesions. These initially tiny adhesions can tighten the cervix at the opening to the uterus, making sperm transfer (whether through intercourse, IUI or IVF) more difficult and sometimes causing pain with deep intercourse.



Adhesive cross-links can form outside the cervix, or deep within it, narrowing the opening for sperm, or causing pain with deep intercourse.

In fact, some women are first diagnosed with cervical stenosis (closing) or fibrosis (stiffness) when their physician evaluates them for a possible IUI or IVF transfer. After reviewing charts of dozens of patients, we feel that these tight or stiff conditions are caused by tiny

adhesions that formed from earlier infections or medical procedures. The tiny adhesions appear to attach between muscle cells, deep within the cervix. When we treat this area, we find that positive changes are generally palpable to us and to the physician. IVF transfer becomes easier and implantation rates appear to increase significantly (per published studies) after therapy.

Improve receptivity of the uterine wall

The uterine wall is a complex structure consisting of smooth muscle fibers beneath delicate ciliated walls. Two of the primary functions of the uterine wall are to:

- create a surface suitable for implantation and
- gather the nutrients required to sustain a new embryo.

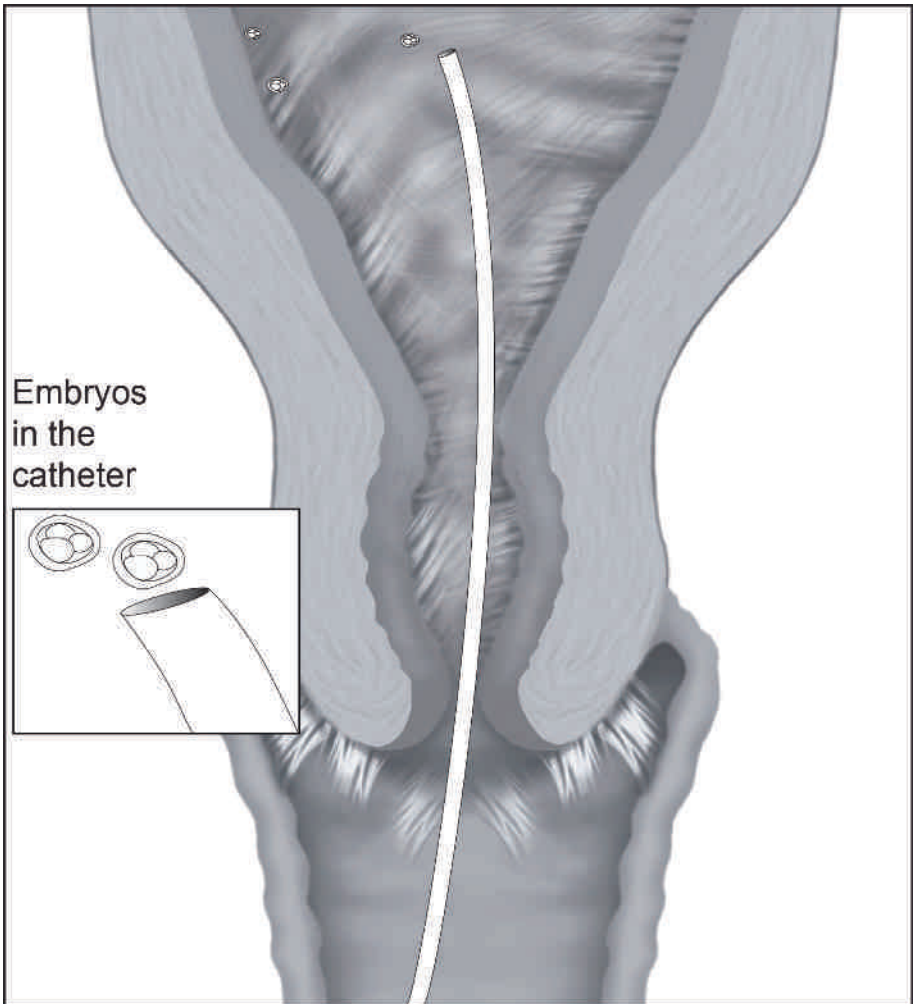


The uterine wall contains secretory cells (shown here, swelling after ovulation) nestled among delicate cilia

During the few days after ovulation, secretory cells swell as the uterus prepares to receive and nourish a fertilized egg. Thus, the surface structure of the uterine wall is of primary importance when the zygote (fertilized egg) enters the uterus, whether naturally or by IVF transfer.

The walls of the uterus are delicate, and they may be affected by several outside influences. Inflammation within the uterus can cause adhesions or increase temperature, killing sperm and creating a predisposition for miscarriage or failure to implant. In fact, intrauterine devices (IUDs) are used as a contraceptive device based on this principal; an IUD inserted into the uterine will create mild inflammation — enough to prevent a pregnancy.

As we have seen, the body's reaction to inflammation results in adhesive cross-links. These cross-links can lay down like a blanket over inflamed tissues to help prevent the spread of inflammation to other parts of the body. Even though the source of the inflammation has passed and the body has healed, the adhesive blanket that formed can remain on the wall of the uterus for a lifetime. This adhesive blanket can decrease the receptivity of the uterine wall to a fertilized egg.



Small adhesions on the inner wall of the uterus can interfere with implantaion, whether natural or by IVF.

Adhesions affecting the broad, round and uterosacral ligaments can restrict the ability of the uterus to move freely within the pelvis. For example, if the ligaments are restricted on the right side, every step the woman takes with the right leg pulls on the uterus. This can

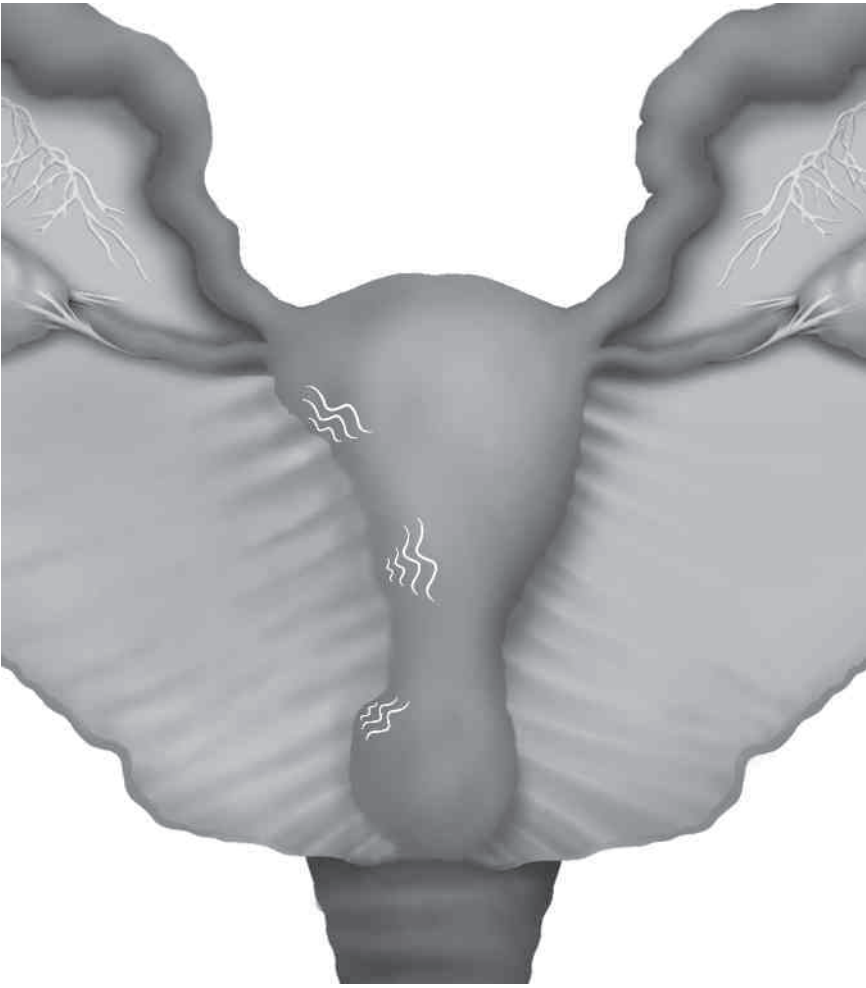
create excess tension on the uterine wall, making implantation difficult.

Some of our primary goals as therapists for infertile women are to break down adhesive collagen into its individual elements, by separating collagenous cross-links from their neighbors. In doing so, we have found that implantation rates (clinical pregnancies) have markedly increased in the population of women who receive this therapy prior to in vitro fertilization.

Decrease adhesions & spasms in the reproductive tract

Adhesive processes occur in areas of the reproductive tract besides the uterus, including the ovaries, the fallopian tubes, and the delicate fimbriated fingers at the end of the tubes that are designed to grasp the egg from the ovary.

In muscular structures such as the uterus and fallopian tubes, this “gluing down” effect of collagen cross-links can cause spasm as tissues that are designed to be free and mobile become bound to each other. Restrained by tiny but powerful collagenous bonds, these organs are unable to undergo movements required to function normally. Thus restricted, the muscles can go into spasm as they strain against small but powerful, restrictive bonds as the woman goes through all of her normal daily activities, as well as during her menstrual periods or ovulation.



*The uterus may go into spasm,
decreasing its receptivity to a fertilized egg.*

Improve hormonal function

As noted earlier in this book, we were surprised to witness natural pregnancies and improved hormonal function in women we treated who presented at our clinic with high FSH levels. We believe that

some of this may be due to improved blood flow and mobility of the ovaries.

However, we were surprised to see dramatic improvements in FSH levels for women who arrived at the clinic with unusually high FSH – even menopausal levels, in several cases. Over time, we have come to believe that much of the problem of hormonal infertility can be reversed and function improved using the same mechanical process that appears to deform and detach cross-links elsewhere in the body. For more on this, please refer to Chapter Eight.

Age 43, Failed IVF, and Prior Ectopic Pregnancy

- Christine's Story

I yearned for children when I turned thirty-one, but Mr. Right was nowhere to be found and I wasn't really paying any attention to the tick-tock of the biological clock. It never occurred to me that I might have difficulties conceiving when I was finally ready to start my family. As an educated woman, I was woefully unaware of the term "advanced maternal age" and the exponentially difficult odds of conceiving as the years progressed. Mistakenly I thought women were able to conceive at the same success rate until menopause. Not until I entered my 40s did I learn that I might have problems due to my age!

I immediately decided to undergo IVF. After reviewing a chart with rates of successful pregnancies rapidly diminishing in my age range, I knew my age was an enormous challenge and that I needed to do everything I could to maximize my chances of success.

When my first IVF transfer ended in a chemical pregnancy, I rapidly began to look for alternative and complementary therapies. A couple years earlier, I had read a magazine article about the Wurn Technique®. I remember thinking how interesting it was, though I couldn't imagine ever needing anything like that.

Now faced with my own infertility, I researched my options online and again came across this special Wurn Technique®. I pored through the Clear Passage Therapies (CPT) website and called their headquarters for more information. CPT cited remarkable pregnancy statistics and offered many powerful patient stories: story after story of successful pregnancy after long periods of infertility. Learning that my chances of success could be increased relatively easily convinced me that I had to try this new kind of therapy. I wanted to know I had done everything I possibly could to help prepare my body (and mind) for a healthy, full-term pregnancy.

During my initial evaluation, I quickly discovered how knowledgeable my therapists were. Their level of attention to all of the parts of my body was extraordinary. They looked at how I stood, leaned, and sat, with my eyes open and closed. Even though I was an extremely healthy person (I always worked out, did yoga, and had run

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marathons in the past) they noted abnormalities in places I didn't know anything was wrong.

As they moved from examining my posture to examining my organs, they explained everything they discovered and felt. It was tremendously comforting; they had an intuitive sense of my body. I knew I had placed my body in the hands of highly skilled professionals.

When they began treating my fallopian tubes, they said that my left fallopian tube felt like it was folded sideways. It was a very profound moment, knowing a therapist could feel that deeply in my body and could manipulate and improve it. It became clear that this unique therapy was an entirely different level of treatment than I had ever experienced. As a previous marathon runner, I had seen plenty of physical therapists, but never with the level of attention and expertise that I was now receiving for my fertility.

By the end of my treatment, I just felt wonderful. I was walking better and more smoothly. I stood taller and overall felt better and happier. I felt a renewed sense of confidence. Before treatment, I had chronic pain in my back that would flare up after walking or shopping for an hour. I thought it was a normal part of aging. But after treatment, that pain vanished.

After I completed my therapy, I knew CPT was the best thing I could have done for myself, even if I didn't become pregnant. It helped put my body and mind in the right place; I was confident that it would increase my chances of pregnancy.

The week after treatment, I started medication for my second IVF cycle. It was indeed successful and I had a great pregnancy! I hadn't felt that good in a while. I was fortunate to

maintain an increasing level of activity throughout my pregnancy. I followed the exercise instructions my therapists had given me and also did prenatal yoga and step aerobics. I kept my heart monitor on to make sure my heart rate didn't go above the recommended level and I was able to continue doing aero-

bics until the day before I delivered.

I know my therapy at CPT made a difference between my first and second IVF transfers. In fact, two physicians told me how great my uterus looked after therapy.

At the ripe age of 44, I delivered my beautiful, healthy baby. I know my therapy at

CPT made a difference between my first and second IVF transfers. In fact, two physicians told me how great my uterus looked after therapy. I am sincerely grateful to have had the opportunity to experience this exceptional therapy.

Improve whole body function and communication

Reproductive endocrinologists and other infertility specialists have long recognized the existence and importance of the “pituitary-hypothalamus-ovarian axis.” This term refers to the intricate communication loop of hormones during the reproductive cycle, leading to conception. While various theories have been postulated as to how the pituitary-hypothalamus (PH) complex (in the head) communicates with the ovaries (in the pelvis), the exact method of communication remains a mystery. Notwithstanding, the fact of communication between these distant structures is relatively undisputed. For example, the ovary signals the PH when it is ready to ovulate. The PH releases follicle stimulating hormone (FSH) to help the egg mature.

In our clinical experience, women who have high FSH or who frequently failed to become pregnant via IVF often present with physical restrictions between these two distant hormonal centers.

We find tightness in the structure of the body between the ovaries and the PH is a primary cause of failure to conceive, both naturally and via IVF.

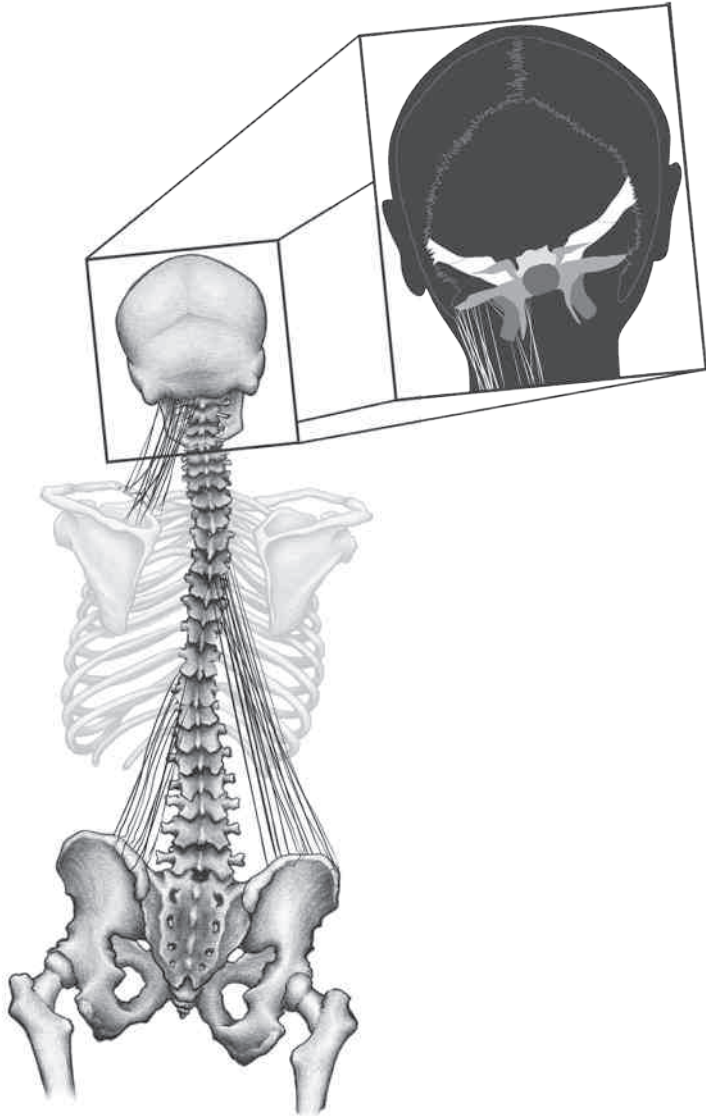
In fact, most women who have failed one or more IVF transfers often present with one or more of the following structural abnormalities:

- Tightness in the neck
- Tightness at the base of the skull
- Headaches at the base of the skull, temples or top of the head
- Soreness at the upper trapezius or between the shoulder blades
- Tailbone pain, or pain with sexual intercourse
- Asymmetry of the lower aspect of the temporal bones (the bumps of the bones under the ears) with one (usually the right) noticeably lower than the other

- Asymmetry of the cheek bones (under the eyes)
- Asymmetry of the two sides of mandible (jaw), or TMJ symptoms

Protected and surrounded as it is by the sphenoid bone (which runs through the cranium, from temple to temple) the pituitary gland is nevertheless in a very vulnerable position in the body. Any torsion, asymmetry, excess tension, or lack of mobility in the sphenoid (which surrounds the pituitary), will cause a consequent pull and tension on the delicate glands it contains, decreasing their function.

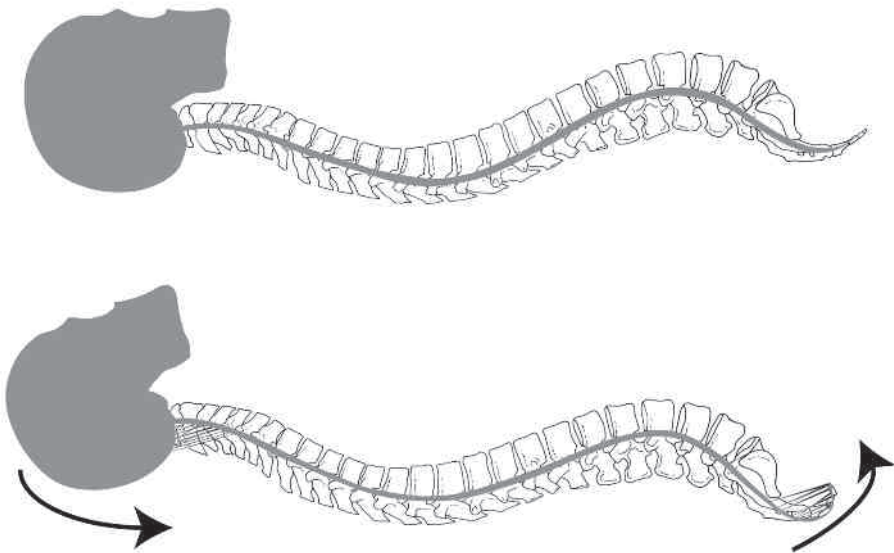
The 28 cranial bones (excluding the teeth) create the structure of the skull in a similar fashion to continental shelves that create the surface of the earth. Some cranial bones create the surface of the skull, such as the frontal and parietal bones at the forehead and the top of the head. Others descend deeply into the head, such as the sphenoid (between the temples) and the occiput (which starts at the base of our skull, but meets the sphenoid deep within the tissues of the skull). Because of their intricate attachments and close relationships with each other, any torsion, pull, or restriction of mobility in one of the cranial bones can cause an asymmetrical pull in other cranial bones. Like other areas of the body that are pulled from their normal orientation, we have to assume this happens in the brain as well, especially when we witness the positive results after treating in this area.



Large structures from the neck, shoulders or back can pull on delicate cranial bones, causing unusual tensions on tiny structures in the head.

As noted earlier, the sphenoid (which contains the PH complex) articulates with bones above, beside, below it and all the way through the center of the cranium to the occiput at the base of the skull. Thus, any unusual forces on any of those bones can pull the pituitary out of its normal midline alignment, compromising the sphenoid and thus the PH complex.

Moreover, the skull sits at the top of the neck, which rests at the top of the spine. The position of the spine is greatly dependent upon the position of the pelvic bones which form its foundation. If the pelvic bones are out of alignment, the spine starts its upward course at an angle, creating or contributing to a scoliosis. At the top of that chain is the skull and neck; at the center of that is the PH complex. Thus, external forces from other cranial bones and down to the spine into the pelvis can create torsion of the sphenoid, thus (we believe) adversely affecting the pituitary function in some people.



We note this because clinically, we often see these forces and biodynamics at work in women who present for therapy with high FSH. As noted earlier in this book, the vast majority of them exhibited significant improvement in FSH levels (or natural pregnancies) when we addressed this part of their biomechanics in therapy. (See Chapter Eight for more information and clinical trial results.)

Remarkable Patient Successes

For reproduction to occur, so many processes must happen simultaneously or in sequence that entire colleges of medicine are devoted solely to reproduction.

With so many processes occurring in harmony, it is no wonder that some things do not go as planned. The smallest disruption during any step of the process can cause failure of the entire process, and conception will not occur.

Similarly, many patients and their physicians find that a small change in the reproductive tract is all that is required in order for a previously failed procedure or process to succeed. The challenge is often finding the areas or processes that need to change, then doing what is needed to repair them without causing other problems or adverse side effects.

We have found that therapy improves function for women undergoing the remarkable process of IVF. Clinically, we have noted that introducing this manual therapy to treatment of the female reproductive organs appears to improve most of the processes involved in reproduction, whether natural or by IVF.

Blocked Fallopian Tubes and Scar Tissue after Chlamydia

- Wendy's Story

Wendy's struggle with infertility began in her early twenties. She contracted Chlamydia and went to her doctor immediately. The doctor told her that he could take care of it and she should be "fine."

Wendy didn't think anything of it again until she was thirty-five and wanted to become pregnant. She went to her doctor for tests and learned that her fallopian tubes were blocked. Her doctor informed her that Chlamydia was probably the culprit. Chlamydia is often known as a "silent"

Chlamydia is often known as a "silent" disease because it shows very few symptoms and carriers do not know when they contract it.

disease because it shows very few symptoms and carriers may not know when they contract it. In women, the bacteria travel through the cervix, uterus, and to the fallopian tubes, where it can cause inflammation and scar tissue to form, often causing the fallopian tubes to block.

Wendy's doctor suggested she undergo surgery to open her blocked fallopian tubes, but after researching the success rates, Wendy decided she didn't want to undergo the procedure. Wendy told us, "I even considered IVF, but my health insurance didn't cover it."

She then researched different treatment options on the web. She found Clear Passage Therapies (CPT) and felt that it was a treatment option she was comfortable with.

Wendy made an appointment and flew down to our clinic for an intensive week of treatment. She told us, “Treatment was really great. I could feel all of the adhesions loosening. I felt much better afterwards.”

Wendy and her husband tried to get pregnant naturally for a year after treatment and then decided to pursue in vitro fertilization. She told us, “My new insurance said they would cover it and we made the appointment right away.”

The transfer was successful and Wendy became pregnant. She told us, “I felt very lucky that I got pregnant with my first try. While I was at the IVF clinic, there was another woman who was there and it was her sixth IVF. I really feel that my treatment at CPT helped me become pregnant with my first IVF.”

Wendy later gave birth to a boy in perfect health.

Extensive Endometriosis

- Megan’s Story

My husband and I had tried for a little over two years to get pregnant. When I finally got pregnant, I was thrilled, but was quickly depressed to learn it was ectopic. I had emergency surgery and one of my fallopian tubes was removed. The surgery confirmed my doctor’s suspicion of endometriosis and he said it was pretty extensive.

My sister, a physical therapist, told me about Clear Passage Therapies (CPT), a clinic that could help reduce endometriosis and improve infertility. But I dismissed it — I am a prosecutor and am very skeptical.

After Clomid and artificial insemination both failed, my sister again mentioned CPT so I began reading up and watching the DVD. My sister was convinced that the bladder surgery I had when I was younger also made me a good candidate. I was very unsure what to do, since IVF was our last option and our insurance didn't cover it. I knew I only had one shot at IVF and we couldn't afford any other tries. I had never heard of in vitro working on the first try so I was discouraged. I had to decide whether to go straight to IVF or spend more money preparing for the cycle with CPT. All of my friends were pretty skeptical about their treatment, as was my husband.

Finally, I decided to try CPT because I didn't want to spend my whole life just wondering, "What if . . ." When my flight was the last one into Florida because of a hurricane, I decided that was a good omen.

Once I began my treatment, my doubts were erased and I had a very good feeling. I could feel pulling sensations, so I thought something must be going on. I faithfully walked and drank water after each treatment, as instructed by the therapists.

I knew I only had one shot at IVF and we couldn't afford any other tries.

I had treatment at CPT in July and then had my IVF transfer in August. I was thrilled to learn I was pregnant. My pregnancy went smoothly and I now have a beautiful, healthy

baby girl. I look at her and cry because I feel so lucky to have her.

Using Intuition through Fertility Treatments

- Hana's Story

The first time I got pregnant, my husband and I had only tried for four months. As a physician, my husband knew that most couples needed about six months to a year to conceive, so we were happy to be pregnant. But then I miscarried at seven weeks. That's when I really started to think about infertility and read more about it.

We didn't try again for another five months. When we did, we were dismayed to find that we could not achieve a pregnancy

As a physician, my husband knew that most couples needed six months to a year to conceive.

despite our attempts. It was strange because while we couldn't become pregnant again, I kept feeling like I was pregnant. I experienced all of the similar symptoms as before — my period would be a couple of days late, I experienced cramping, breast tenderness, sometimes I felt bloated, etc.

After five months of trying, we went to a fertility specialist and completed a full work-up. Everything came back looking just fine: my tubes, ovaries, hormones, and blood work all looked normal.

The specialists recommended we try an intrauterine insemination (IUI) in conjunction with Clomid, a fertility drug that improves ovulation. We tried three rounds, but again there was no pregnancy. However, each month I still felt like I was pregnant early on.

We then decided to do IVF. After they retrieved my eggs, my doctor said they all looked great and strong. The IVF team placed three embryos in my uterus, but all post-transfer tests came back negative for pregnancy.

At that point, I knew something else had to be happening. While researching different techniques and treatments, I came across Clear Passage Therapies (CPT). In the past, I had experienced interstitial cystitis (recurring pain and discomfort of the bladder). I thought that maybe whatever had caused this condition had also caused abnormalities in my reproductive tract that prevented a successful pregnancy.

I scheduled myself for treatment, but continued to search for other answers and possible causes for my infertility. After reading about genetic disorders, I asked my doctor to perform a karyotype test which could identify an abnormality in my chromosomes that would prevent me from becoming pregnant or cause me to experience frequent miscarriages. My doctor said it was expensive and not necessary, but I wanted to make sure there was nothing wrong.

After completing the blood work, we found I had a balanced chromosomal translocation. This somewhat rare condition decreased my chances of a healthy full-term pregnancy to 20%. I was told that 80% of the time, I wouldn't be able to conceive or I would have a miscarriage by eight weeks gestation.

My husband and I discussed our options and we decided to pursue preimplantation genetic diagnosis (PGD), a test that could determine if our embryos had a balanced number of chromosomes before they were implanted in my uterus. PGD is completed in conjunction with IVF. The ovaries are stimulated with hormones so they produce a large quantity of eggs, which are retrieved and mixed with sperm to form embryos. Afterwards, the PGD is performed to test for abnormalities and the healthy embryos are placed in the uterus. Although the procedure was extremely expensive, we decided to do it rather than to possibly suffer more miscarriages.

I was still scheduled to attend an intensive week of therapy at CPT before my IVF and PGD, and I decided to attend. I wanted to make sure my uterus and entire reproductive system were ready for my upcoming procedure. I had spent a lot of money and I wanted to increase my chances of success.

I attended therapy for a week in August and then began my IVF medication in September. The medication was intended to stimulate my ovaries, but my estrogen levels rose too rapidly (a condition known as hyperstimulation).

We transferred that single embryo, and were thrilled to find that I was pregnant.

In essence, I reacted too well to the medicine. My doctors were still able to retrieve 10 eggs, which were mixed with my husband's sperm. But because I had hyperstimulated, the embryos needed to be frozen and my transfer was postponed for one month.

When my body was ready for the transfer, the embryos were thawed. One embryo did not survive the thaw. The PGD was completed on the remaining embryos and only one was balanced/normal, meaning it did not contain the unbalanced translocation. We transferred that single embryo, and were thrilled to find that I was pregnant.

My pregnancy proceeded without complications and I delivered my healthy baby boy via C-section at full-term!

Looking back, I cannot scientifically say whether I would have gotten pregnant without treatment at CPT. Although my main issue was a translocation, I did only have one embryo to be transferred, so my chances for a pregnancy were only about 30-50%. I wonder if the embryo (now my son!) would have adhered to the wall properly if I hadn't received therapy at CPT. Looking back, I believe the treatment I received at CPT set the stage for a successful pregnancy by preparing my uterus to accept the embryo.

It's important to listen to your intuition and your body, and investigate other options on your own.

I can only speak from my own experience, but I would say doctors don't always have all the answers. It's important to listen to your intuition and your body and investigate other options on your own. For me, I believe it was the combination of PGD and CPT that enabled me to become pregnant.

13 Years Infertile with Endometriosis

- Ava's Story

Where do I begin? I'm a 39-year-old mother of twins. I endured 13 years of disappointment without any medical explanation for my inability to conceive. The only obstacle I thought I really had to overcome was having only one fallopian tube. Years earlier, I had a tubal pregnancy and the doctors had to remove my tube during emergency surgery. Thus I understood that I would need more time to become pregnant than if I had both.

I felt I would be successful at some point within the first few years of trying to become pregnant, but that was not the case. I made a commitment to myself that I would not be consumed by conceiving. Being a person of strong faith, I knew there was a reason for everything and my first sign was the breakup of that marriage.

However, I was blessed to start my life over a few years later with my new (and adoring) husband Andrew. Prior to our vows, I made sure that Andrew knew my medical history and my years of infertility. He said, "I fell in love with you first and anything more in our time together would be a blessing." He has always put me above all else.

We tried the first couple of years to conceive on our own — still nothing. We decided to consult my gynecologist, who happened to be a fertility doctor, to get his opinion on where to go from there.

Unlike my first husband, Andrew was willing to undergo whatever tests were necessary to ensure he did not have a medical issue. All of his results came back fine. We were back

to square one: exploring my reproductive health. Naturally, this was no surprise.

After about eight months and some unsuccessful tries by my gynecologist, he referred us to a specialist. Upon meeting the reproductive endocrinologist, we knew he wasn't going to waste any time answering our questions. His approach was no nonsense and very prompt. Our first meeting was in June, and by August I underwent surgery to confirm that I had stage three endometriosis, which is considered severe.

After he made this diagnosis, our specialist outlined our options and instructed us to make any decisions necessary by February. The urgency was due to the nature of my endometriosis and its rapid growth.

Over the next month we discussed our options, and how on earth we were going to come up with the funds needed for the procedures we were going to try.

Ironically, just as we were considering our options, a co-worker of Andrew's shared an interesting column on infertility with him. Andrew researched it further before sharing the article with me; he did not want to get my hopes up with another treatment option.

What Andrew stumbled on was a new infertility therapy provided by manual physical therapists at Clear Passage Therapies (CPT). In our research on this therapy, it almost sounded too easy and too good to be true. The testimonials they shared on their website gave such hope to women like me.

It didn't take us long to decide it was something we needed. In my case, they were going to help me not only to

become a mom, but also with some severe back pain that I learned later was associated with the endometriosis.

We made the arrangements and traveled to their clinic. The clinic ensured they had as much of my medical history as possible, prior to my arrival. Once at the clinic, they reviewed my information with me to create an individualized plan for me.

No drugs or surgery were a part of their technique. It was a combination of physical therapy and deep tissue massage and manipulation. That may have been why Andrew and I were a little skeptical at first. In today's age of modern medicine, we're generally programmed to expect anything effective to be intrusive and involve drugs.

I received therapy for five consecutive days for roughly four hours per day. I cannot say enough about the staff or the therapy. It was a very unique process and one I'll never forget. They felt that the adhesions from the endometriosis and surgeries were acting like glue in my pelvis, binding my reproductive organs and causing me pain.

The first thing that happened following my therapy is that the endometriosis pain I had lived with for over ten years completely disappeared.

The first thing that happened following my therapy is that the endometriosis pain I had lived with for over ten years completely disappeared. My body felt looser and somehow more free when I walked and moved.

They did so much for Andrew and me that I believe it was due to their therapy and God's blessing that my IVF procedure, done four months later, was a complete success. I was also able to become pregnant a second time and now have two children. CPT cares so much for their patients.

Secondary Infertility, Endometriosis and Failed IVF

- Erin's Story

My husband and I were married in 1995 and we started trying for a family right away. I thought it was going to be easy to become pregnant. I am a physical therapist and have studied physiology and the reproductive system in my course work, and I was confident we could get the timing right. Furthermore, I am one of six children and all of my sisters were able to get pregnant easily.

I went off my birth control and I thought I could tell when I was ovulating. After a year passed with no pregnancy, I went to see my doctor. I received the "try a bottle of wine" answer and finally consulted an Ob/Gyn for help.

As a woman, I felt like it was part of my responsibility to be able to carry a baby, and I couldn't.

He did some general testing, but everything came back normal. Shortly afterwards, I was pregnant, but dismayed to

learn that it was a tubal pregnancy. I underwent emergency surgery.

Even though the surgeons were able to save my tube, I still wasn't able to become pregnant afterwards. It was a very lonely feeling — one that you cannot understand until you live with it. It was always painful when someone said, "I know how you feel," when they really didn't. My husband was very supportive of me and our situation, but I don't think he could fully understand the disappointment I felt as a woman whose body was not performing as it should. As a woman, I felt like it was part of my responsibility to be able to carry a baby, and I couldn't.

I finally saw an infertility specialist who checked my thyroid levels and found them to be abnormal. She was disappointed that my initial doctor had not checked my thyroid and immediately placed me on medication.

(As a physical therapist) I could connect with what Clear Passage said about the importance of having mobility in all tissues.

She also suspected I had endometriosis and scar tissue from my previous surgery. I agreed to undergo laparoscopic surgery and the doctor discovered I had stage IV endometriosis and scar tissue. She removed everything she could and I was able to get pregnant directly after surgery. Unfortunately, I miscarried again.

We then decided to do an IVF. I was fortunate enough to become pregnant and deliver my son.

When he turned eighteen months old, we decided to try again with IVF. My cycle was not successful, and my husband and I wanted to try a third time. But before we began, we wanted to make sure we had done everything in our power to ensure a successful transfer.

My husband is also a physical therapist, and we had both heard about Clear Passage Therapies (CPT). I could connect with what CPT said about scar tissue and the importance of having mobility in all tissues.

I decided to attend treatment and went for an intensive week of therapy directly before my third IVF transfer. I felt their treatment helped my body get back to a normal state.

I also underwent acupuncture treatments as a way to prepare my uterine lining and blood flow to the area.

My IVF transfer went well. My doctors decided to perform ICSI to ensure my eggs were fertilized and also did assisted hatching. When we learned we were pregnant with twins, we were so grateful our doctors had done everything they could to ensure our success and I had done everything I could to ensure my body was ready.

Results for Women with Prior Failed IVFs

After we published this study, we took a closer look at a sub-set of participants – women who had failed earlier IVF transfers. We wanted to see if therapy might help women who had not become pregnant by one or more earlier IVF transfers.

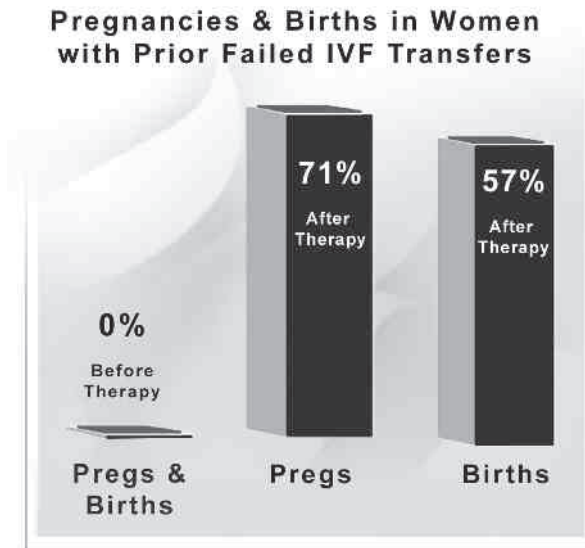
Criteria for acceptance into this pilot study were very tight. We accepted only those patients who had

- never had a clinical pregnancy in any IVF transfer they had ever attempted, and
- had undergone at least two prior IVF transfers.

Because of the narrow parameters of this study, only seven women fit the criteria for inclusion. When we compiled the data, the results seemed remarkable to several of us (though they did not seem relevant to our biostatistician). You may decide for yourself.

Before therapy, these women had failed a total of 17 IVF cycles, and none of them had ever had a pregnancy after any IVF. Thus, they came into the study with a 0% (0/17) success rate for both pregnancy and birth.

After therapy, these women (who had failed so many prior attempts) each underwent an IVF cycle. In that first cycle after therapy, five of the seven ($5/7 = 71\%$) had a clinical pregnancy and four of them ($4/7 = 57\%$) had live births. More specific results are shown in the two paragraphs below.



Based on these two studies, we feel confident of our ability to significantly increase pregnancy rates for most of the women we treat prior to IVF transfer.

Emergency Ectopic Surgery and Two Failed IVFs

- Amelia's Story

Three years into their marriage, Amelia and Jonathan were ready to start their family. "I was only 31," Amelia told us. "We never thought we might have difficulty conceiving. I had never had any gynecological problems at all."

But when months of trying turned into a year, Amelia looked for ways she could track and improve their chances for conception. She began charting her temperature and also casually mentioned her concerns to her doctor, who assured her no significant treatment was necessary at the time.

"We just kept trying and trying," Amelia explained. "We finally became pregnant three years later." She learned she was pregnant from a home pregnancy test.

However, she began spotting within three days. She immediately called the doctor, who explained she was probably miscarrying. Three days later, Amelia had an ultrasound that confirmed she had miscarried.

I continued to have a lot of pain. I kept calling my doctor's office but they told me it was normal.

“I continued to have a lot of pain,” Amelia told us. “I kept calling my doctor’s office but they told me it was normal.” Two weeks passed and her pain became searing. “I didn’t call the doctor again,” Amelia explained. “I thought I would just be told the same thing.”

That night, she woke up with the worst pain she had ever experienced and rushed to the hospital. The doctors discovered that Amelia’s fallopian tube had burst. The pain she had experienced for the past two weeks was due to an ectopic pregnancy.

Amelia underwent emergency surgery and the doctors had no choice but to remove the tube. “It was a slow recovery,” Amelia told us. “I had lost so much blood and was so weak. I also continued to experience pain.”

When her pain did not subside after three months, Amelia changed doctors. Her new doctor suspected that her pain might be due to scar tissue and decided to perform an exploratory laparoscopic surgery.

During the procedure, the physician performed a dye test that showed her remaining fallopian tube was partially blocked. The doctor also found signs of endometriosis.

Amelia’s fallopian tube had burst.

“They basically told me to stop trying to get pregnant,” Amelia said. “They were concerned I might have another ectopic pregnancy because my only remaining tube was partially blocked, and I had endometriosis.”

Amelia was referred to an infertility specialist, who immediately recommended IVF. “That was a scary day,” Amelia recalled. “They talk about your eggs, your production, and all of that. By the end, it sounds like it will take a miracle to get pregnant.”

Amelia and Jonathan decided to proceed with IVF. When it was unsuccessful, they decided to wait a cycle and try a second time. “I felt dejected when it didn’t work the second time,” Amelia told us. “We had long blown through the little bit of money our insurance gave us for infertility treatment. I was frustrated and scared. After all the disappointments, I didn’t know if I wanted to continue with the infertility treatments.”

They decided to take time off to make the right decision. “We weren’t sure if we wanted to adopt or whether we should do another IVF cycle,” Amelia said. “Personally, I never wanted to do IVF again. With all of the shots, weight gain, and emotional ups and downs, I just didn’t want to consider IVF again.”

While trying to make this difficult decision, one of Amelia’s friends shared an article about Clear Passage Therapies (CPT) with her. After researching the treatment, Amelia and Jonathan decided it was something she should try.

Over the course of three months, Amelia underwent 20 hours of treatment. “From week to week, I couldn’t feel a significant difference in my body because at that time I did not have any pain. But the therapy did give me a better sense of my body, and I knew the changes might not be something I would feel right away.”

After treatment, Amelia and Jonathan decided to wait three months before they made any further decisions. At the end of that time, they considered their options again. Amelia told us, “My husband really wanted to do another round of IVF. Even though I did not think it would work, I reluctantly agreed to undergo the procedure.”

When they consulted with the fertility specialists, they learned that the clinic had recently changed their fertility protocol and medications.

“Even with the changes,” Amelia said, “I still didn’t think it would work.”

But to their surprise, that transfer was successful and Amelia became pregnant with twins. “My pregnancy was a bit rough for a while, but I managed to carry my boys for 37 weeks.” Joshua and Matthew were born healthy.

Now, Amelia’s twin boys are three years old. “They are certainly high energy!” she told us. “It’s hard to believe we went through so much to get where we are today. I really learned to keep an open mind and be assertive. I used to think that if the doctor says you have the flu, you have the flu. But, after my experience with infertility, I know you really have to listen to yourself and consider all of the options.”

It’s hard to believe we went through so much to get where we are today. You have to listen to yourself, and consider all of the options.

Unexpected Natural Pregnancies After IVF

Small changes in the reproductive process can increase IVF success rates. As the reproductive tissues are released from their glue-like bonds, the same small positive changes can also precede unexpected natural pregnancies. We have been pleased to see this happen in many cases.

Four Unsuccessful IVFs, then Natural Pregnancy

- Rachael's Story

My husband, Ethan, and I tried to have a baby for over five years with no success.

My physician told me my chances of a natural pregnancy were less than 10% due to severe pelvic adhesions that blocked my fallopian tubes. He also warned that even if I was able to become pregnant, there was a great risk for an ectopic pregnancy (a pregnancy that remains in the fallopian tube). For these reasons, my physician felt my only options were in-vitro fertilization (IVF) or adoption. He also stressed that I needed to make a decision quickly because of my age.

Adoption sounded wonderful, but the fact that I could not experience pregnancy was horribly depressing and I felt like I had failed our marriage. Fortunately, my husband was very supportive and told me that he did not marry me just to have children.

The fact that I could not experience pregnancy was horribly depressing and I felt like I had failed our marriage.

We waited a little over a year to do our first IVF.

It required many visits to the doctor and all kinds of different medication. Many of the hormones I was given resulted in symptoms such as moodiness and weight gain. After three IVF transfers, I still had no success.

Afterwards, my massage therapist friend asked me if I had ever heard of Clear Passage Therapies (CPT). At that moment, I was not interested in learning about a new intervention for getting pregnant. I had been experiencing emotional highs and lows for many years and wanted to give my body a break.

A few days later, another friend of mine who was also suffering from infertility problems called me and said she was going to receive treatment at CPT. She asked me if I had ever considered going there.

I thought it was a strange coincidence that two good friends would suggest the same clinic in the same week. I interpreted it as a sign, and called to make an appointment.

I signed up for a consultation the next week and spoke to the physical therapists, who were very informative and compassionate about my drive to experience pregnancy and have a baby.

Since I was gearing up for my fourth IVF, the therapists put together a program that centered on preparing my body for the transfer. Because of my history, they also focused quite a bit of therapy on my tubes and ovaries.

After my CPT treatment, I completed my fourth IVF. Unfortunately, it was not successful.

We were disappointed, but we thought that God must have another plan for us. At this point, we opened the doors to adopting a child.

A few months later, I missed my period, but couldn't even bear to buy another pregnancy test. I finally bought the pregnancy test and to my utter disbelief, it was positive!

Ethan and I were so happy, but feared an ectopic pregnancy. We prayed that God would protect the baby, and placed our full trust in Him.

Nervous, we went to my infertility doctor a few days later to have an ultrasound, and to our amazing surprise, there was a healthy heartbeat.

Each step that we took in those five years, including our visits to CPT, got us closer to our ultimate goal of experiencing pregnancy and having a baby. I recommend CPT to women who are using medical interventions such as IVF or pursuing a natural course. They are performing many little miracles. Our little miracle is now five years old.

A few months later, I missed my period, but couldn't bear to buy another pregnancy test. I finally bought the test and to my utter disbelief, it was positive!

Endometriosis, Three Failed IVFs, Two Miscarriages, Then a Natural Full-Term Pregnancy

- Claudia's Story

When I was 27 I was ready to conceive. I was young and happy to be starting my family. I never thought that I would struggle with conceiving.

After two years and no pregnancy, I went to see my doctor. I had all of the typical fertility work-ups done, but they couldn't find anything. My doctor then suggested I undergo diagnostic laparoscopic surgery to see if she could find a cause.

During the surgery, she found endometriosis and multiple uterine fibroids. A few months later, I had a full myomectomy to remove everything she found that shouldn't be there.

After the surgery, I was able to conceive naturally, but then I miscarried. My husband and I continued trying to conceive naturally, but finally I returned to the doctor for some help.

I was prescribed Clomid and was able to conceive after the first dose. I anxiously proceeded through my first trimester and was happy when I finally made it past 12 weeks. But at 14 weeks, I miscarried.

Despite this great misfortune, my husband and I kept trying to conceive with Clomid and intrauterine inseminations.

Now in my thirties and still no success with inseminations, we decided to try IVF. The cycle medication went well and they were able to get two fertilized eggs. Although this

was a low number for IVF, I was excited with the prospect of maybe having twins. However, the transfer didn't work.

I then took the time to really examine my life. I was the Vice-President of a large company in Canada and I knew I needed a break. I wanted to take a year off to resolve our fertility problems or finally let go of my desire to conceive.

We decided to move to the US, where I went to a fertility specialist and did two natural cycles of IVF — neither of which worked.

The costs of IVF were astronomical and I knew I couldn't continue trying forever. I finally found an IVF institute that would let me pay for three IVF treatments upfront. If none of them worked, I would get a large percentage of my money back.

I knew this was my last chance and I wanted to ensure my body was prepared. I had heard about Clear Passage Therapies (CPT) and I decided to undergo a week of intensive treatment there first.

I took that week at CPT to really reflect and meditate on healing my body. It was a very powerful experience. I felt their treatment was healing, both physically and emotionally.

I took that week to really reflect and meditate on healing my body. It was a very powerful experience... healing, physically and emotionally.

One month later, I went to the IVF institute. They gave me high doses of medication and were able to get one egg. I

timed my transfer with acupuncture and through all of that, I was able to have my daughter.

It was hard to say what role CPT played in my body, but I knew it had calmed my body, as well as my mind and emotions.

To my surprise, six months after my daughter was born, I had an ectopic pregnancy. No one could believe it. We had all assumed I wasn't able to conceive naturally. Although the experience was a nightmare, I was happy to know my body could conceive without the assistance of medication.

The following year, my body took a beating as an underlying infection went undetected and I became septic. I had to have an ovary removed and nearly died. It was a very harrowing experience.

Two weeks later, I became pregnant naturally. No fertility drugs, no acupuncture, nothing. It's hard to say where my CPT treatment came into that, but I know it must have helped. I gave birth to my beautiful son after nine months.

I explored all of the opportunities because I didn't want to have any regrets.

Looking at my two children now, no one would realize everything that I went through. I did everything I could to conceive. I explored all of the opportunities because I didn't want to have any regrets. That was one of the reasons I went to CPT. Now I can say for certain that I have no regrets.

Improving IVF and Natural Pregnancy Rates

The process of reproduction is remarkably complex, involving the intricate interplay of various organs, glands, structural, and support elements as well as hormonal systems. IVF attempts to bypass many of the areas that could cause problems by inserting a fertilized egg directly into the uterus or fallopian tube.

We have been pleased to find that the addition of our unique deep tissue therapy improves IVF rates. In our published study, the Wurn Technique® improved fertility for women undergoing IVF. In many cases, therapy has resulted in subsequent natural pregnancies months or years after the initial IVF pregnancy or earlier IVF attempt.