Chapter Seven

Endometriosis and Fertility

Endometriosis is a common and often painful disorder that is estimated to affect one in ten women of childbearing age in America.[16] In this condition, a specialized type of tissue that normally lines the inside of the uterus (the endometrium) is found outside of the uterus. Endometrial tissue responds to hormones during the menstrual cycle, thickening prior to a woman's period and then shrinking or dissipating during menstruation. Endometriosis can lead to debilitating pelvic pain, bowel conditions, bladder pain, painful sex, and numerous other pains or dysfunctions, which we discuss in Chapter Seventeen.

One of the most common and devastating

Endometriosis Stages

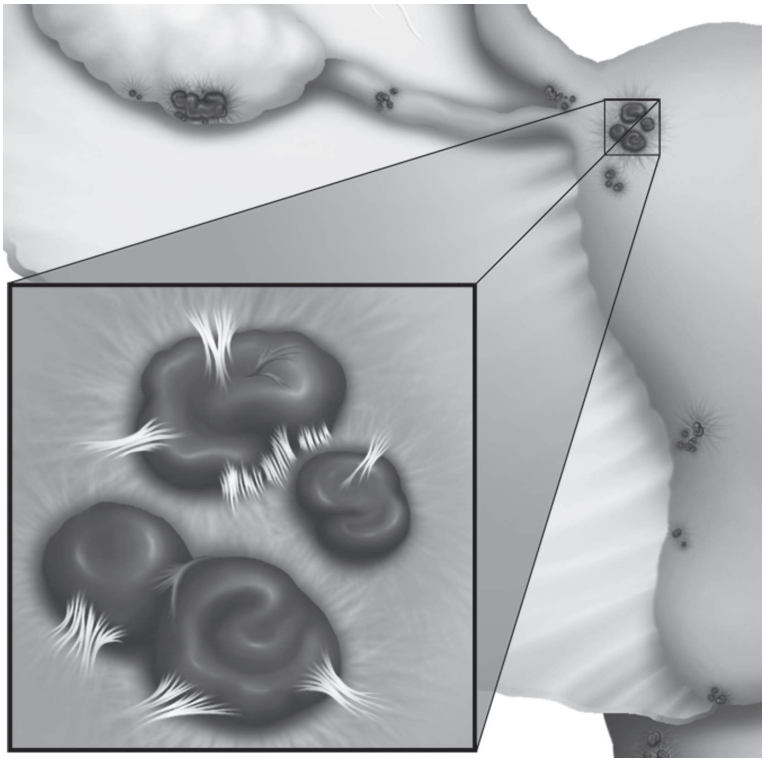
- **Stage One** - few endometrial implants, most often in the cul-de-sac (the space between the uterus and the rectum).
- **Stage Two** - mild to moderate levels of endometrial implants (usually with a few small areas of scar tissue or adhesions).
- **Stage Three** - moderate levels of superficial and deep endometrial implants in several reproductive areas (often with several areas of scar tissue or adhesions).
- **Stage Four** - widespread superficial and deep endometriosis implants often throughout the pelvic area (usually with large adhesions).

results of endometriosis is infertility. Approximately 30 to 40 percent of women with endometriosis are infertile.[17] In fact, most women do not even discover they have endometriosis until they undergo diagnostic surgery to determine the cause of their infertility.

Physicians do not know the cause of endometriosis, or exactly how it contributes to infertility, especially in its early stages.

Endometriosis and Adhesions

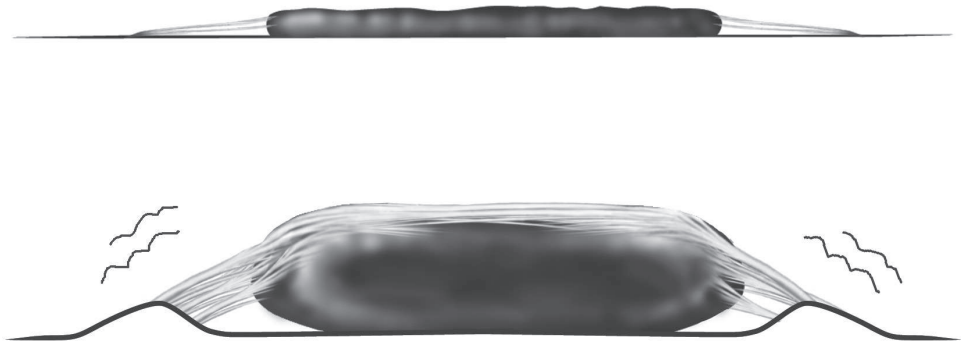
Through our clinical experience, we theorize that a major part of endometriosis is adhesions. We suspect it occurs like this:



Tiny adhesive cross-links attach at sites of endometrial tissue because of the inflammation inherent to the condition.

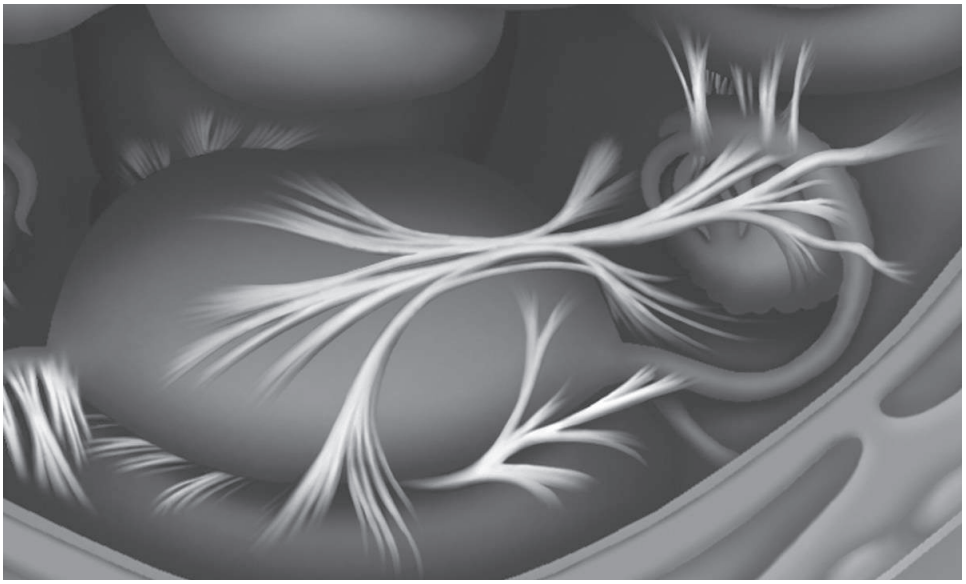
When endometrial tissue outside the uterus responds to a woman's hormone cycle, it thickens and bleeds each month. Trapped within the pelvis, endometrial implants create inflammation wherever they exist. Like any other inflammation, the inflamed tissues associated with endometriosis cause tiny adhesions to occur. These adhesions attach the endometrial deposits to underlying tissues and structures.

When the endometrial tissue swells each month, it pulls on the attached adhesions, causing pain. The adhesions from inflamed tissue may also spread to other areas of inflammation.



A side-view of an endometrial implant and its adhesions shows less pull during most of the menstrual cycle (top drawing) but significant pull on underlying tissues and structures during menstruation (bottom).

When adhesions form on or near nerves, pain occurs. When they form on the delicate tissues and organs of the female reproductive system, endometriosis and its related adhesions can glue the structures down, restricting normal mobility, reducing reproductive function, and sometimes causing pain.



The female reproductive structures are among the most common sites for both endometriosis and adhesions to form.

The delicate tissues and organs of the female reproductive tract do not react well to being glued down. Their proper function relies on free movement within and among the various organs in order for conception to occur. The adhesions produced by endometriosis can trap the egg in the ovary, inhibit the mobility of the fallopian tubes, and impair the ability of the fimbriae to grasp an egg that has been released by the ovary. They can also decrease the function of the uterus by creating glue-like bonds with consequent spasm, decreased mobility and motility, and excess tension in the uterine walls, thus decreasing the possibility for egg implantation.

The Elusive Diagnosis

Many physicians feel that the only way to make a definitive diagnosis of endometriosis is by directly visualizing it through a surgical procedure, either a laparoscopy or a laparotomy (open surgery). In

laparoscopic surgery, a tiny incision is made near the navel, where the physician fills the interstitial spaces (the areas between organs) using compressed carbon dioxide (which is considered non-toxic) to separate the organs from each other. Once that is accomplished, s/he inserts a slender viewing instrument (laparoscope). By moving the laparoscope around between the structures (which have been visually separated by the CO_2 gas) the surgeon can view and film the condition of the pelvic and abdominal organs.

In 2006, Belinda and I were invited to a conference of some of the world's foremost endometriosis experts, hosted by the US National Institute of Health (NIH) and the American Society for Reproductive Medicine (ASRM). There was heated debate on the most appropriate methods to diagnose endometriosis. Some physicians argued against the necessity for exploratory surgery. These physicians trusted their non-surgical diagnostic skills. If certain signs and symptoms were present as patient complaints, they felt it unnecessary to perform diagnostic laparoscopy that could create more adhesions.

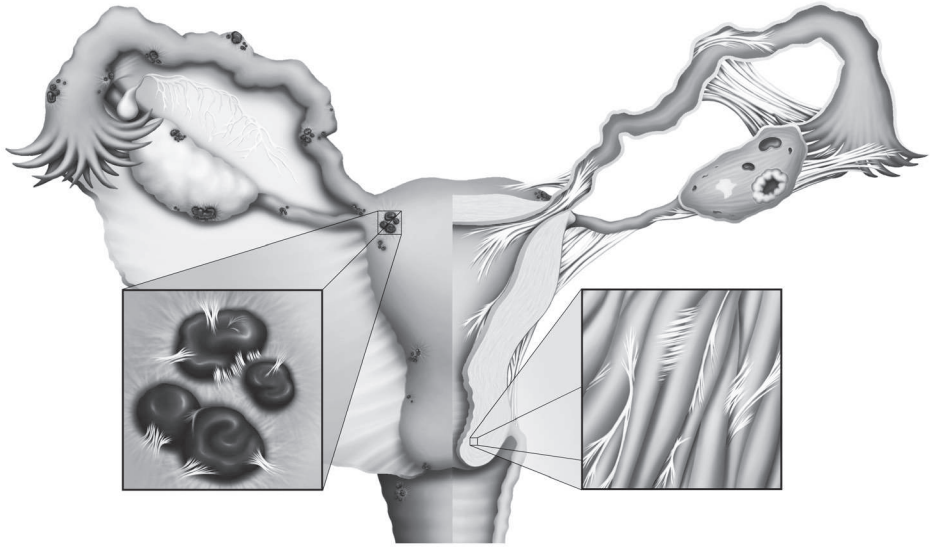
Surgical Treatment

Because so many doctors feel that endometriosis can only be definitively diagnosed through surgical procedures (laparoscopy or laparotomy), physicians also use these procedures to remove the endometriosis. The surgical procedure is generally accompanied by a laser or scalpel to lyse (burn or cut) adhesions and endometrial tissue. Dr. King has found that in some cases, an electro-cauterizing device called Helica may be less damaging to underlying tissue than other methods. (See Chapter Seventeen for more information on the Helica.)

Whatever tool is chosen, the surgeon will take special note of any endometrial implants and adhesions that attach to areas that would be difficult to access without risking damage to the patient. For example, the bowels (intestines) are delicate structures that can be nicked by a scalpel or laser. If this happens, the contents of the bowel can spill

into the pelvis and/or abdomen, causing severe internal infection called peritonitis. Surgeons are generally cautious in attempting to remove endometriosis or adhesions that are closely attached to the bowels, bladder, ovaries, or fallopian tubes.

The fallopian tubes and ovaries are extremely delicate structures. While cutting them is not usually considered dangerous or life threatening, addressing endometriosis adhesions on these delicate reproductive organs can either enhance or impair fertility depending upon the condition the physician finds, the location of the traumatized tissue, and the skills of the surgeon. While physicians can normally address adhesions and endometriosis on the muscular walls of the bladder, most surgeons are extremely cautious in addressing adhesions which are closely attached there.



Endometriosis (left) and adhesions (right) act like glue affecting the delicate reproductive structures, causing infertility and sometimes pain.

A unique problem with endometriosis is that while it can be a surface condition, it can also be found deep within the tissues. Some physicians feel that they can often decrease pain and increase function by cauterizing (burning) endometriosis at the surface of structures. Others are firmly convinced that they need to dig deeply into the organ, cutting through the living tissue that forms the wall of that organ, in order to excise the full depth of endometrial implants or adhesive processes. Clearly, the deeper the cut, the greater the potential for surgical damage to the organ being cut.

In many cases, women undergo more than one surgery to decrease endometriosis pain and remove the adhered endometrial tissues. While surgery is often successful at removing endometrial tissue, the most gifted surgeon cannot prevent the adhesions that form as part of the healing process which occurs after surgery to treat endometriosis. As well as the surgical adhesions, endometriosis can and often does recur. Either occurrence may inspire the physician to suggest another surgery.

Pharmaceutical Treatment

Patients with endometriosis are often placed on birth control pills after surgery to limit stimulation to the endometrium, in hopes of decreasing bleeding and pain. A drug called Lupron puts the patient into temporary menopause to decrease endometriosis pain. Lupron normally is administered for a maximum of six months in hopes of retarding the growth of the endometriosis. Obviously, drugs which stop menstruation are contraindicated for any woman who is trying to conceive.

How Endometriosis Impacts IUI and IVF

Women who have already undergone surgery to remove endometriosis are often dismayed when they are still unable to become pregnant. Frequently, doctors recommend they try IUI or IVF to increase their chances. Although these procedures work for some women,

for others, the endometriosis and adhesions continue to create a mechanical barrier to fertility.

Fourteen Unsuccessful IUIs and Endometriosis

- Andie's Story

Prior to finding Clear Passage Therapies (CPT), my husband and I had all but given up on conceiving. We had tried infertility treatments for three years with no success. I felt like my body had been through everything imaginable — months of Clomid®, laparoscopic surgery to remove endometriosis, Lupron shots, seven months of hormonal shots, and fourteen unsuccessful intrauterine inseminations (IUIs).

As you might imagine, I was on an emotional rollercoaster. The different medications and hormones made my body have extreme highs and lows. It was always hard to see my friends or even complete strangers with children. I knew I had this loving family and home to bring a child into, but for some reason, it just wasn't happening for me.

"What shot do I need to take today? How many days until I ovulate?" ...It slowly began to take its toll on me, my husband, and our marriage.

I tried not to live my life by the clock, but I was. I had no choice: What shot do I need to take today? How many days until I ovulate? When does my husband need to take off work for our next insemination? It slowly began to take its toll on me, my husband, and our marriage.

Finally, I decided enough was enough. I couldn't live my life that way. Our doctors wanted us to pursue in vitro fertilization (IVF), but we weren't comfortable with that option and I didn't want any more medications, surgeries, or invasive treatments.

My husband and I learned of CPT and were curious as to whether they could help me. We read that they had success treating endometriosis and we decided their therapy was worth a shot.

I was nervous on the first day, but my experience at CPT was wonderful. My husband and I drove up every week and the treatment was so relaxing that I would actually fall asleep on the car ride home.

My first ovulation after treatment was pain-free....That month, I became pregnant naturally!

My first ovulation after treatment was pain-free. I usually experienced one day of sharp pain because of endometriosis, but this time I didn't feel anything.

That month, I became pregnant naturally! After the years of emotionally and physically taxing treatments — it was a natural, non-invasive treatment that enabled me to become pregnant. If we had known about CPT prior to everything we did, we would have saved ourselves a lot of time, money, and emotionally taxing years.

As we look at our daughter today, we are thankful that we can leave our years of infertility behind and enjoy our precious gift.

Ten Years Infertile and Four Surgeries for Endometriosis

- Amania's Story

I'll begin my story with a mantra that I have always held dear, "Clarify in your mind what it is that you want; hold it in your heart and never let go until you have it." I believe that faith is very important, but focused persistence is key to achieving what you want in life — in my case, fertility.

I am the second oldest of four girls. I grew up in a happy, close-knit family. I believed in the fairytale and was sure that I would fall in love, get married and have a family of my own someday.

At 18, I was having increasingly painful menstrual cramps. The diagnosis ended up being endometriosis and my doctor's suggestion to me was to "get pregnant as soon as possible because you may end up infertile." I was shocked at the suggestion to get pregnant when I had no boyfriend or husband, and had just started college.

So, I hoped he'd be wrong and went on with my life. During the next six years, my cramps grew more and more painful and the drugs I was given to handle the pain were stronger and stronger.

I met my husband in college and we got married when I was 24. We planned on starting our family right away, so I never took birth control. After two years of no pregnancy, we consulted a fertility specialist.

We tried six rounds of Clomid and double doses of Clomid with two artificial inseminations, with no success. We were discouraged and heart broken. My husband never thought it would be that difficult to get pregnant. I felt so sad and humiliated, as if I were less of a woman because my body wouldn't "produce" as it should.

Every time someone got pregnant, I would be filled with conflicting emotions. My sister already had two sons and my friends and sisters-in-law had children too. I was happy for them and excited about the babies, but also suffered terribly with bouts of depression over my inadequacy and empty nest. At times I felt extremely angry at pregnant women and mothers with their children. Other times, I would tell people that I had no desire to be burdened by babies, which was a defense mechanism, I guess.

I wanted to have faith, but it was hard when "specialists" were telling me there was no reason to feel hopeful.

I then underwent laparoscopic surgery and other invasive procedures to clear the endometriosis.

Well-meaning people were always quick to give their advice to help me. This advice ranged from standing on my head, to acupuncture, herbal remedies, adopting a baby so that I'd miraculously become pregnant and the old favorite, "Just relax and don't think about it, and POOF — you'll be pregnant before you know it!" How could I NOT think about it when with each passing menstrual cycle, there was a constant reminder? I

would think to myself, "How can I relax when I want it so much and am reminded of it everyday?"

After that, we moved to Arizona and I was referred to a well known fertility specialist. After meeting with him and coming up with a plan of action, I was so renewed with hope!

I had an HSG and another laparoscopy, and underwent two failed IUIs with Clomid. My husband and I disliked how "unromantic" and clinical this process was. And stressful!

I changed specialists three more times, and had a laparotomy that cleared 80% of the endometriosis but left scarring. We then did in vitro fertilization (IVF) with ICSI.

After that failed, we were told that I should consider donor eggs since my FSH level was beginning to get high and I was not a good candidate to retry IVF. A second specialist confirmed this diagnosis as well.

We were heartbroken. I became really depressed and underwent psychiatric therapy for six months. I was told to "have faith" by my family and I really WANTED to continue to have faith but it was hard when "specialists" were telling me there was no reason to feel hopeful.

During this time, I heard of Clear Passage Therapies (CPT) and discussed it as an option with my doctor. He discouraged me from pursuing it since his method was (according to him) the only proven successful option. (This may have been before they published any of their studies — or else he hadn't read them.)

After about six months in therapy for my depression, I felt better again. During a check-up with my primary care

physician, I told her that I was feeling mentally better again and wanted to continue looking for options to get pregnant. She gave me a magazine containing various fertility methods, and in it, I read an article on CPT. I felt like it was a sign, and that I should pursue it since it was the second time I came across it. So, I looked into it, called the office and felt really positive by what I was presented with, by the friendly, caring, and knowledgeable staff.

I went to their clinic for four hours of therapy per day for five days. I arrived on a Sunday and had my sister stay overnight with me. We went to Disneyland on Sunday to kick off this exciting week and had so much fun! Then, I'd take a walk on the beach and meditate every morning before attending therapy.

I returned home in high spirits, feeling healthier, renewed and relaxed.

On the 2nd and 3rd day of my morning meditation on the beach, a baby seagull flew over to me and sat and watched me. I definitely felt like it was a sign that my baby was close to getting here!

My experience with CPT was extremely positive. Not only was my endometriosis addressed, but my therapist gave me more information and knowledge about my body and how it works than I could have ever hoped to know.

I returned home in high spirits, feeling healthier, renewed and relaxed. I started taking my basal temperature every morning with my next cycle and we tried once again to conceive via "the natural method."

Two weeks later, I was feeling "off." I had purchased some pregnancy tests since we would be "trying" for the next six months. Lo and behold — the test was positive!! I just stood there looking at myself in my bathroom mirror, not believing and yet believing that it had finally happened to me! And within two weeks of my therapy!

I am crying again now, as I remember this awesome moment. I had a wonderful, healthy pregnancy and our daughter, Mia Bella, is now 22 months old and the light of our lives.

In the end, it took 10 years before I got pregnant — too bad I didn't know about CPT sooner!

Whenever someone is wishing for a miracle, I always tell them my story, refer them to CPT and tell them to be persistent and patient, as it can pay off.

Two Failed IVFs and Endometriosis

- Samantha's Story

Two years into our marriage, my husband and I started trying to conceive. After a while, we realized that something wasn't right and I decided to talk to my gynecologist. She told me, "It takes most couples an average of one year to naturally conceive. If you and your husband do not conceive in a year, you can return and we will discuss your options."

I was happy to hear there was nothing to be concerned about. But when a year passed, I returned to my doctor for help. We tried a couple of rounds of intra-uterine inseminations, but they didn't work.

My doctor then referred me to an infertility specialist who recommended we try IVF. We did a fresh cycle right away, but none of the embryos implanted. We then tried a cycle using embryos they had frozen from my first cycle. When that also didn't work, I knew it was time we tried the holistic route.

I began seeing an acupuncturist who also put me on some special juice drinks. After a year with no success, I began searching for other treatments and read about Clear Passage Therapies (CPT) in a magazine.

I set up an appointment and began seeing CPT over the course of a year. My treatments were always very relaxing and it felt like they were helping everything in my pelvis to become more mobile. One of my therapists said she suspected I might have endometriosis from the way my pelvis felt, and suggested I discuss it further with my doctor.

I was discouraged (but) my disappointment didn't last long though — I found out I was pregnant on my own!

After treatment, my husband and I decided to sit back and not pursue any treatment for a while. We spoke with a new infertility specialist to discuss our options for the future, and he also suspected I had endometriosis. I underwent diagnostic surgery and the doctor confirmed what my CPT therapist had felt — endometriosis.

My doctor explained that IVF was in our best interest because endometriosis frequently returns and the surgery to

diagnose and remove endometriosis can cause scar tissue to form that could impair my fertility.

We had a fresh IVF transfer right away and to our surprise, we became pregnant! My pregnancy went well and I later gave birth to our healthy, happy TWINS!

About two years after their birth, my husband and I decided to pursue IVF again. When it didn't work, I was discouraged. My disappointment didn't last long though — I later found out I was pregnant on my own! Our third child is now a year old and doing well.

It's hard to say which treatment "worked" for me. I think a large part of my success was learning to relax. My treatment at Clear Passage enabled me to become more familiar with my body and calm down. I know their treatment helped to restore balance in my body and mind, preparing me for my transfers and natural birth.

Manual Physical Therapy — Wurn Technique®

Our manual physical therapy, completed by therapists who are trained to decrease adhesions that bind organs, can be very effective at addressing the mechanical problems associated with endometriosis. As noted earlier, endometriosis and adhesions are often intimately related. That is, women with endometriosis frequently have the concurrent problem of adhesion formation. The body responds to the endometrial implants by laying down adhesions.

Our focus is to detach, decrease, and dissolve the bonds that create these adhesions, strand by strand. This slow, meticulous manual therapy is apparently much less invasive than surgical techniques,

which carry some risk of tissue damage and more adhesion formation, as well as the usual risks of surgery.

As we slowly stretch, deform, and peel apart many of the endometrial adhesions, we believe that the tiny attachments between collagen fibers begin to dissolve, and adhesions detach. Thus, while we cannot break the entire rope all at once, we can slowly peel it apart, fiber by fiber.



Adhesive cross-links can cause pain and infertility



We believe this therapy detaches cross-links from swollen endometrial tissue attached to organs, improving the mobility and function of the underlying structures.

In doing so, we apparently release the powerful grip of these microscopic bonds between neighboring collagen fibers. Hour after hour, session after session, it feels to us like we are pulling out the run in a three-dimensional sweater of adhered tissues.

As the adhesions detach, the endometrial implants likely remain, but their mechanical attachments to the delicate reproductive structures upon which they have landed no longer bind the structures tightly together. Thus freed from their glue-like bonds, the reproductive structures can begin to move more freely and function as they did before the adhesions bound them in their vise-like grip.

Six Years of Infertility and Stage IV Endometriosis

- Liz's Story

When I was 24 years old, I was diagnosed with stage IV endometriosis. After I underwent surgery, my pain increased in severity and frequency.

Two years later, I married my long-time boyfriend, and we planned to have a perfect family. Because of my complications with endometriosis, I sought help from a fertility specialist and underwent another laparoscopic surgery. The surgeon drained a cyst, removed any endometriosis she found, and removed a stapled sac that was attached to the left ovary from my previous surgery.

The surgeon (said) we had a 1% chance of conceiving naturally.

Although the surgeon was optimistic that my endometriosis pain would be reduced, she told my husband and I we had a 1% chance of conceiving naturally. I was heartbroken; words cannot express the pain I endured in that moment.

I prayed for a miracle or sign of hope. Then, I received a phone call from my sister. On her local news, there was

a feature about a manual physical therapy treatment that could help women with endometriosis and infertility.

My husband was skeptical at first, but I needed to try it out. I immediately called and received a packet of information about the therapy. What we read made sense to us, so my husband and I decided to sign me up for the treatment. We packed our bags and headed to Florida.

The rest is history. Ten days after the treatment and six years of battling with infertility, I was pregnant! My husband and I were so shocked that we had to administer the pregnancy test three times, to be sure.

My husband and I were so shocked that we had to administer the pregnancy test three times, to be sure.

I had a full-term pregnancy and gave birth to our beautiful baby boy. My son will be four at the end of this month and we also have another addition to the family. I was able to naturally conceive another baby three years later. She is almost a year old now. When we look at our children's faces and into their eyes, we are still amazed by our little miracles.

Endometriosis and Two Blocked Tubes

- Hannah's Story

"Your wife will never be able to conceive naturally," the doctor told my husband. I was still in recovery after a laparoscopic surgery to remove fibroid tumors from my uterus and endometriosis, but the doctor wanted to forewarn my husband.

When I finally woke, the doctor explained the results to me. "I was able to remove one fibroid tumor from your uterus, but there were two under the skin that I could not access without compromising your ability to carry a child." As we suspected, I also found severe endometriosis. Unfortunately, it is prevalent throughout your reproductive system. It is strangling your fallopian tubes from the outside, and blocking them from the inside. Your case is the most severe I have seen in a long time."

(Endometriosis) is strangling your fallopian tubes from the outside, and blocking them inside. Your case is the most severe I have seen in a long time.

He showed me an image taken during the procedure and it looked as if my fallopian tubes were a wrung towel. The endometriosis covered everything, and my ovaries did not look normal at all.

He immediately suggested I go on Lupron to prevent further growth of endometriosis. However, my husband

and I had been trying to conceive for nearly three and a half years and I wasn't ready to jump to a drug that would put me into a menopausal state. I wanted more time to educate myself about endometriosis and the different treatment options.

I had only recently heard of endometriosis when I went to see my doctor about pain I experienced during my periods and my inability to conceive. During that check-up, my doctor discovered I had fibroid tumors and scheduled me for laparoscopic surgery. He also suspected I had endometriosis and told me, "The good news is, I can diagnose and remove the endometriosis at the same time I remove your fibroid tumors."

However, my case was far worse than the doctor imagined and there was nothing he could do but offer pharmaceuticals. My husband wanted me to go on the medication right away so that I would be out of pain. He had given up hope that I would ever conceive.

I, on the other hand, still had hope. I devoted every spare minute I had to research and learned of the emotional and psychological side effects of Lupron.

I convinced my husband that I needed to find a more natural approach and continued researching. I purchased some books and started a new diet to help regulate my hormones and the growth of the endometriosis.

During my research, I came across Clear Passage Therapies (CPT). I requested more information and received a packet, along with a DVD. I spoke with my husband about it and we decided to give it a shot. Even if I wasn't able to become pregnant, at least it would help with the pain.

Because I reside in California, I needed my doctor to sign a referral form to see a physical therapist. My doctor scoffed at the treatment and refused to sign the paperwork. I didn't give up, and finally he reluctantly signed.

I drove south for a very intensive week of physical therapy. My therapist was absolutely amazing — her care and attentiveness were incredible. I will always remember her and how she was really there to help and listen to me.

After my treatment, I returned to my doctor and requested an HSG. He told me, "There would be no point. I performed one just five months ago during your surgery and your tubes were completely blocked." I insisted, and he finally allowed me to do the test.

Shortly thereafter, I went to see a technician for the procedure. After it was finished, I asked him, "How does it look?" I tried to lean my head forward to look at the screen.

He calmly replied, "It looks fine."

"What do you mean fine?"

"They're not blocked, it looks fine." I told him about my previous test and he looked at me like I was crazy. "No," he continued, "they both look fine."

(My doctor) said "I cannot believe what I am seeing. You have the tubes of a 20-year-old that has never had any problems."

I immediately called my husband and we tried not to get too excited before speaking with my doctor.

Finally, my appointment time came and my doctor walked in while looking at my chart. Without looking up at me, he said "I don't claim that medicine has all the answers, but I have to tell you, I cannot believe what I am seeing. You have the tubes of a 20-year-old that has never had any problems. There is no reason you cannot get pregnant." I will never forget that day.

Over the next few months, I began taking Chinese herbs to help regulate my hormones and improve my health.

In December of 2006, just seven months after my treatment at Clear Passage, the impossible happened — I was pregnant!

I delivered a beautiful and healthy baby boy, Riley, through C-section nine months later. As I held my little miracle baby in my arms, my husband had no words. We just looked at each other and smiled.

At Age 39, Four Years of Infertility Due to Endometriosis

- Michaeleena's Story

My name is Michaeleena. I am 39 years old and gave birth to a beautiful, healthy, and very alert little boy named Alex. I have no doubt that Clear Passage Therapies (CPT) helped my husband and me to conceive Alex, and carry him to term, but let me explain.

We had been trying to have a baby for about four years when Alex was conceived. Because we were both older (my

husband had just turned 48), we knew we didn't have a lot of time to either conceive, or seriously consider adopting.

About two years into our trying, my husband and I were both tested. Everything appeared normal for me, but it appeared that my husband had very low sperm motility and morphology. He was seeing a different acupuncturist than I was when he was diagnosed. My acupuncturist, a Chinese herbologist and acupuncturist who teaches at a renowned alternative health school, convinced me that both my husband and I should go to her if we really wanted to have a baby. Our Chinese doctor said she could fix the motility but was unsure of the morphology. After about a year, he was tested again, and his motility had increased astronomically, but his morphology had not significantly improved. Consequently, when we began IUI treatments right after that, we weren't very optimistic that it would work.

After the fourth failed IUI, the doctors discovered I had developed endometriosis. In fact, my doctor told me that my left ovary and fallopian tube were covered with endometriosis.

Nevertheless, I started on IUI and Clomid treatments. After the fourth failed IUI treatment, the doctors discovered that I had developed endometriosis. In fact, my doctor told me that my left ovary and fallopian tube were covered with endometriosis; they were extremely inflexible, and blocked. During the hysterosalpingogram, the doctor said she was only able to get a few drops of the dye through my left fallopian tube, by

persistent pushing and prodding. She also cauterized some endometriosis off of my uterus.

Her advice was to put me on medication to force early menopause, after which I would have a brief window in which to get pregnant. However, that was before she spoke with my fertility specialist. The specialist convinced her that I should start IVF right away because my FSH levels were pretty high and close to the unacceptable range.

My husband and I chose instead to wait a few more months and try naturally since we had often heard that right after surgery, pregnancy often occurs because the tubes have been moved around and loosened up. I did another IUI two months later — and had another failure.

A friend finally clued me into Clear Passage Therapies (CPT) in Florida. I began doing research on their treatment using manual physical therapy and was impressed and amazed by their success rate with helping infertile couples become pregnant. In addition, their methodology reflected my belief in using natural alternative methods to heal the body. After speaking to many massage therapists and physical therapists in other clinics, I decided to attend.

I attended the clinic for one week (20 hours of therapy). I really didn't feel any different after the treatment except that various tight spots on my body were looser (my left hip in particular was looser — it had become extremely tight and painful before therapy and I was sure yoga was the only thing enabling me to still have the use of it). I was doubtful that the treatment did any good. Nevertheless, the next month I decided to take Clomid "just in case"" it worked. To our great surprise and de-

light, I got pregnant the very first month after returning from CPT. Alex was born nine months later.

As healthcare professionals, we have always encouraged our patients to gather as much information as they can about various procedures, then follow their "gut instinct," intuition, or inner voice to choose the protocol that feels right to them. Some couples or women with infertility feel it helps if they ask themselves this question: "When this ordeal is over and I look back to see what I did, will I feel that I did my best to create a success?"

After we treat women for infertility, some decide to give themselves a few months to see if they become pregnant naturally. But the process of breaking down adhesions within the reproductive tract assists medical processes as well. Thus, while some women opt to wait for a natural pregnancy, others decide to move directly into Clomid, intrauterine insemination (IUI), or in vitro fertilization (IVF). For them, the process of manual physical therapy is a stepping stone to increase the chances for a success. In Chapter Nine, we will discuss how manual physical therapy appears to increase chances for a successful IVF transfer, evidenced by published scientific studies.

The next story is about a woman who decided to undergo therapy before in vitro fertilization. As you will read, it not only helped her to have a successful IVF transfer, but a natural pregnancy, as well.

Three Prior IUIS, One Prior IVF, and Endometriosis

- Danielle's Story

When we first heard Danielle's upbeat, southern accent, it was hard to imagine she had struggled with debilitating pain, infertility, and heartache for so many years.

Since the age of twelve, she had suffered from very painful menstrual cramps. Sometimes, her cramps were so painful that they would cause her to faint. At 21, she fainted from the pain while she was driving, and ended up in a serious automobile accident.

Danielle finally decided to have laparoscopic surgery to determine the cause of her pain. The surgeon found that she had endometriosis. He tried to remove whatever endometrial tissue he could access, but Danielle felt little relief from her pain after the procedure.

Her cramps were so painful that they would cause her to faint.

"At that point, I even considered getting a hysterectomy," Danielle told us. However, she decided to live with the pain because she wanted to experience pregnancy and parenthood one day.

When Danielle married, she was excited to finally start trying to conceive the child she had always wanted. But after a year of trying, she still wasn't pregnant. Danielle and her husband decided to consult a specialist.

After her husband was tested and his sperm rated of sufficient quality and quantity, the specialist recommended that Danielle have a hysterosalpingogram (HSG) to determine if her fallopian tubes were open and functional. When the test results showed that both tubes were clear and functional, the specialist recommended she try a hormonal drug called Clomid.

She and her husband were told they would probably have to use donor eggs if they wanted to have a successful pregnancy.

When that proved unsuccessful, Danielle and her husband decided to try an intrauterine insemination (IUI). Three IUIs later, there was still no pregnancy. "That really stunned me," Danielle said. "It was just so heartbreaking." Although her doctor could not determine why these attempts were unsuccessful, we felt it was likely that the inflammation and adhesions created by endometriosis prevented the fertilized egg from implanting onto the uterine wall.

Finally, Danielle and her husband decided to undergo in vitro fertilization (IVF). After the retrieval of her eggs, the surgeon fertilized some for immediate transfer and froze others.

"I miscarried two weeks after the IVF transfer," Danielle told us, "and I thought that was it." She and her husband were told they would probably have to use donor eggs if they wanted to have a successful pregnancy.

"When you're told that you cannot have your own children, you feel really isolated," Danielle explained. "I felt like it was somehow my fault — like I was less of a woman. Even

with my husband, who is so wonderful, I still felt like he didn't understand, and that nobody understood."

My pain decreased precipitously during my menstrual cycle. In fact, I didn't even know I had started my period until I saw it!

A few months later Danielle read a magazine article that discussed our success reducing endometriosis pain and increasing fertility for some women.

She scheduled ten hours of treatment within one week. We focused on reducing tightness in her pelvis and returning normal mobility to her organs.

One month later, Danielle returned for her second 10-hour session of treatment. Because we had freed the surrounding areas, we were now able to focus on reducing adhesions and tightness in and around her reproductive tract.

She noticed the effects immediately, "My pain decreased precipitously during my menstrual cycle. In fact, I didn't even know I had started my period until I saw it!" She also experienced a significant decrease in pain during ovulation and intercourse.

Encouraged by the results of her treatment, Danielle and her husband decided to try a second IVF transfer with the frozen embryos.

However, she was cautious about getting her hopes up. "After all the disappointment I had been through," Danielle ex-

plained, "I just didn't think it was going to work." To their surprise and delight, this time the procedure was successful.

She gave birth to a baby girl nine months later. The real surprise came three months after that … when she found she was pregnant again, naturally! "Clear Passage must have opened the floodgates!" Danielle exclaimed. She delivered a beautiful, healthy baby nine months later.

From Infertile to Miracle Mom

For many years, the only viable treatments for endometriosis-related pain, infertility, or adhesions were drugs or surgery. Now, this new non-surgical, non-pharmaceutical manual physical therapy technique has shown promising results in treating the pain and dysfunction of endometriosis, including infertility.

When a woman with endometriosis is diagnosed infertile, pharmaceutical solutions are of little use, because the most effective drugs for treating endometriosis pain and dysfunction work by shutting down the female reproductive process. Without periods, there is often decreased pain, but no pregnancy will result. Thus, until recently, the only treatment for endometriosis-related infertility was surgery.

We are actively investigating this new non-surgical, non-pharmaceutical approach to improve fertility and decrease pain in women with endometriosis. Two pilot studies we conducted on women with endometriosis were published in *Fertility and Sterility* and presented to The American Society of Reproductive Medicine (ARSM) at their national meeting in 2006[18]. While these studies showed excellent results treating endometriosis pain, and sexual dysfunction, infertility was not a focus of these studies.

Nevertheless, we see the same biomechanical process at work in endometriosis-related pain, sexual dysfunction, and infertility. Typically, the inflammation inherent in endometriosis creates an adhesive process that binds structures wherever it occurs. In doing so, glue-like adhesions form, decreasing mobility and function, and often causing pain. We and many of our referring physicians are pleased to find that a non-surgical approach to the pain and dysfunction of endometriosis is now available to decrease and detach endometrial adhesions for those who are interested in pursuing a more conservative treatment option.

Ten Years of Infertility, Four Miscarriages, One Ectopic Pregnancy, and Endometriosis

- Neveah's Story

The doctors could not determine why my first pregnancy had miscarried, why my second was ectopic, or why I continued to experience infertility for two years after the ectopic pregnancy. The nine days of spotting I experienced before my period was also a mystery to them.

I underwent several tests, including an HSG, uterine biopsy, and blood work, and everything came back normal. After seeing a reproductive endocrinologist, we were advised that our best chance of conceiving was through IVF.

We had concerns about pursuing that course, so I went back to my Ob/Gyn. He performed a laparoscopic surgery to ensure that all tissue from my ectopic pregnancy was gone and that nothing new had formed. He found moderate endometriosis and an ovarian cyst, both of which he removed. A couple of months after my surgery, I noticed that my nine

days of spotting had shortened to four days, but the pain during my periods had increased dramatically. I had always experienced some discomfort in the lower back, but I never had the type of cramping in the uterus that I was experiencing. It became debilitating and no over-the-counter medication was strong enough to mitigate the cramping. I was miserable.

After searching the web for answers, I came across Clear Passage Therapies (CPT). I ordered the free DVD and materials and eagerly awaited their arrival. When they came, I read through them. I immediately got excited, but wanted to discuss it with my husband for a reality check. I respect his opinion because of his character and objectivity, but also because he has worked in scientific research and engineering. He understands the philosophies and theories that drive different treatment options.

I handed the information I had over to my husband and we watched the DVD together. The best way to describe our reaction to this therapy was to say, "It just makes sense." It seemed to work at all levels . . . scientifically, ethically, and practically. We understood that going through this therapy was not in any way a guarantee that we would have a baby, but we both thought that it would be worth doing to relieve my terrible monthly cramps. We were also very encouraged by CPT's willingness to help with our insurance issues and, as it turned out, our insurance did indeed reimburse us for the majority of the cost.

(The therapy) seemed to work at all levels… scientifically, ethically, and practically.

While my husband and I already had determined that we were going to pursue CPT, I decided to run it by my doctor out of curiosity. While he did not try to deter me from this therapy, he did not feel that I would be helped by it. Like many physicians, I suppose his skepticism was based on his concerns that he was not familiar with the treatment and results; yet I knew I had to at least give it a try.

All of my abdominal pain was gone without a trace!

My treatment went well and my last day of therapy was the first day of my period. Immediately, I felt a difference. All of my abdominal pain was gone without a trace! The therapy was totally worth doing to relieve my pain. The only symptom I still had was mild lower back pain. I started acupuncture and Traditional Chinese Medicine (herbs), which helped relieved that pain. Learning about other forms of healing had been an unexpected benefit from working with CPT. During my week of therapy, I borrowed several books and learned more about alternative and complementary treatments, diet, and how much of an impact they can have on reproductive health.

After my sessions at CPT, my pre-period spotting had been reduced to two days. Coupled with my acupuncture treatment, the spotting and mild lower back pain completely disappeared. Nowadays, during my period I feel a little bloated, but that is the extent of my problems.

Several months after my therapy, I wrote to CPT, "We thank you so much for the healing you have provided for me. Although we still very much hope to get pregnant we know that it is in God's hands and does not reflect poorly on CPT if I do

not. I consider my therapy a 100% success! Thank you so much!"

I now have to amend that statement because I am four months pregnant with what we hope will be our first-born child. After 10 years that included four miscarriages, one ectopic pregnancy, and several consecutive years of not even conceiving, this is by far the longest I have carried a child. We are so grateful for the role CPT has played in my health and that they were willing to look outside the box to help heal women.

Stage II Endometriosis and Age 40

- Victoria's Story

After several futile years of trying to find the cause of my worsening pain and discomfort, I was diagnosed with stage II endometriosis in 2001. I had a pelvic laparoscopy during which the doctor removed the endometriosis (that he could see), adhesions, an ovarian cyst, and a uterine polyp.

I couldn't tolerate the oral contraceptives and was not willing to take medications that would put me into a pseudo-menopausal state.

I was then advised to go on oral contraceptives to control the pain and growth of the endometriosis. I was relieved to know the reason for my pain and was hopeful that I would soon feel good again and be able to live my life without fearing the return of the pain.

Unfortunately, I couldn't tolerate the oral contraceptives and was not willing to take medications that would put me into a pseudo-menopausal state. The doctors offered me no other solution or treatment, so I was left to deal with my pain on my own.

A few years later, at 39, my husband and I decided we wanted to try to have children and we'd better try now or it could be too late. We tried to conceive for six months. This was not easy with the pain I always experienced around the time of ovulation.

I entered the whole process at CPT with a lot of skepticism…I had no expectations whatsoever of the treatment having any effect on my ability to conceive.

When we were unsuccessful, we sought the advice of a reproductive endocrinologist. I was 40 years old by this time and the doctors were very straightforward about the declining possibility to become pregnant or carry a baby to term at my age.

Finally, after a lot of testing, we decided on the fertility clinic we wanted to use and went through a four-week cycle of in vitro fertilization. We were excited when we came out with four embryos to transfer.

I was disappointed to find out, a couple weeks later that I was not pregnant and the IVF procedure had failed. I was feeling pretty hopeless about my body's ability to conceive and decided just to try to find a way to relieve the physical pain from the endometriosis.

While researching endometriosis on the Internet, I found the Clear Passage Therapies (CPT) website and called them. They sent me a detailed form to fill out about my history and symptoms. After completing the preliminary review to determine if I was a good candidate for therapy, I scheduled a five day intensive treatment program.

I began the blood tests for IVF and found out I was pregnant, naturally!

I entered the whole process at CPT with a lot of skepticism about their ability to help me with my pain and a lot of anxiety about whether my insurance would cover any of it. I had no expectations whatsoever of the treatment having any effect on my ability to conceive, even though many of the therapists and staff there said that "it happens."

The treatment ended up being more intense (and painful at times) than I imagined it would be, but it also was extremely cathartic — something I expected.

After I went home I somewhat reluctantly decided to try one more cycle of in vitro fertilization. I began the blood tests for IVF and found out I was pregnant, naturally! This came as a complete surprise as I had no medical assistance and became pregnant "on my own." The only thing I could attribute my "success" to was my treatment at CPT. Despite my reluctance to believe it, it was the only variable in the equation. It had happened just like the therapists at CPT told me it "could."

Now, three years later, I have a lovely two year old daughter who has brought so much happiness to my husband and I and everyone in our family.

Suspected Endometriosis, but Hesitant to Undergo Laparoscopy

- Jasmine's Story

"I suspect you might have endometriosis," my doctor told me. For years I had experienced lower abdominal pain, cramping, and painful intercourse. I was relieved to know there was a cause for my pain, but also dismayed to learn that the only way to diagnose endometriosis was through laparoscopic surgery. My doctor informed me that endometriosis was a leading cause of infertility and that surgery could improve my chances for a successful pregnancy.

I researched online and learned that some patients were in more pain after surgery. Furthermore, my doctor wanted me to be on birth control after the surgery to prevent the regrowth of endometrial tissue. My husband and I were trying to get pregnant at the time, so I knew that option wouldn't work for us.

While researching about endometriosis, I read about Clear Passage Therapies (CPT). I learned they could help reduce the pain associated with endometriosis and prepare my body for a successful pregnancy. I asked my doctor and he said I should go ahead and try it if I wasn't comfortable with surgery.

I researched and learned that some patients were in more pain after surgery.

I scheduled an intensive week of treatment. My primary goal was to become pregnant and one week after treatment —

I was! My pregnancy went very well and I was also blessed to no longer experience painful intercourse or lower abdominal pain.

I am so thankful for the people at CPT. The therapists were wonderful and I will always remember the last day of treatment. As my husband and I drove off, she was sitting by the window and waving, just like an angel. And she was our angel who gave us hope, and the opportunity to conceive a baby.

My primary goal was to become pregnant and one week after treatment – I was!

As I look at my beautiful baby now, I am happy I took the initiative to research and find a treatment that was healthier and safer for my body. CPT was a true blessing for us.