

Fertility

Motherhood is not simply the organic process of giving birth . . . it is understanding the needs of the world. —Alexis DeVeaux, mother and sponsor of MADRE, a Latin American relief organization

Ideally, prenatal life, close to the mother's heart, is bliss for the unborn. Women need to choose to live out their pregnancies wisely, because the way they do so affects both themselves and their offspring for generations to come. Though Sigmund Freud coined the term "infant amnesia" to explain the fact that most people don't consciously recall much that happened to them before the age of three, the truth is that our bodies always remember our life in the womb, birth, and early childhood. Parents have a huge influence on the mental and physical attributes of their children, and this influence starts long before birth and continues throughout life.

All of us retain the imprint of our entire lives within our cells, starting before birth. Our lives begin in the water of amniotic fluid, our first environment. This period and early childhood are the critical times when most of our expectations and potentials are created. Prenatal and birth memories, and their impact on the unborn, are among the many reasons why women must learn to manage their fertility well. We must become conscious vessels.

When a child perceives that she is loved and wanted from the very beginning, her sense of safety, security, and belonging creates an enormously resilient immune system as well as bone and blood health that set the stage for a lifetime of health. On the other hand, many women have told me that they knew their mother didn't want them, and that they had felt it their entire lives.¹

Transforming Infertility

The ability to conceive and bear children can profoundly affect the way a woman feels about herself on a very deep level. So when a woman finds that she is unable to have a

¹ Christiane Northrup: Women's Bodies, Women's Wisdom

child, she's often thrown into great despair and feels a sense of injustice: "Why me?" Seeing teenage mothers having no problems getting pregnant becomes almost impossible to bear, unless the woman can find some meaning in the experience and come to terms with it.

Women who've been diagnosed as infertile are twice as likely to be depressed as a control group, and that this depression peaks about two years after they start trying to get pregnant. And even though infertility is not life-threatening, infertile women have depression scores that are indistinguishable from those of women with cancer, heart disease, or HIV.

Approximately one in every six to ten couples has a problem with infertility. About 40 percent of the problems are related to a male factor and 60 percent to a female factor. Statistics show that sperm counts have been gradually falling over the past century. Decreased sperm counts are associated with cigarette, marijuana, and alcohol use as well as with environmental factors. Humans cannot pollute this planet and their own bodies without consequences, and infertility is one of them. Conditions on the earth may not favor fertility the way they used to. It's as though the collective species brain were generating a great deal of energy toward making many women and men less fertile, due to the stresses of today's families, social environments, and personal addictions, and to stress on the planet itself. Too many stressful childhoods remain unhealed; too many children grow up too fast. We're not allowing nature's rhythms to click into gear naturally. Reproductive problems associated with toxic chemicals and with electromagnetic field disturbances may be part of the reason why fertility rates have been decreasing in industrialized nations for decades. But that doesn't mean that an individual woman's fertility will necessarily be adversely affected.

Fertility is affected by many different factors, such as diet and environment, but in about 20 percent of the cases, the causes are unknown — meaning that medical testing cannot explain the problem. Those couples who are most willing to look at and work with the mind-body connection in addition to the other aspects of fertility are the ones who are most successful either conceiving or healing their relationship with fertility.²

The most common (and often interrelated) factors affecting female infertility are the following:

² Christiane Northrup: Women's Bodies, Women's Wisdom

- Stress
- Adrenal fatigue, thyroid dysfunction, xenoestrogens
- Smoking
- Sedentary lifestyles
- Vitamin and mineral deficiency
- IR, PCOS and other women diseases
- Chlamydia, urea plasma and other infections
- Following a high-glycemic-index diet with inadequate micronutrients
- Irregular ovulation
- Endometriosis
- Viruses and heavy metal saturations
- A history of pelvic infection from an IUD or other source, causing scarring of the fallopian tubes
- Unresolved emotional stress that results in subtle hormonal imbalances
- Immune system problems—some women make antibodies against the sperm of some men and not others, or against the fertilized egg that is created with some partners but not with others
- Age

A certain percentage of women who've been told that they are infertile for a medical reason get pregnant even without treatment. Infertility is never a completely straightforward affair. Many physical, emotional, and psychological factors are involved in conception, so many that it is ridiculous to try to reduce fertility to a matter of injecting the right hormone at the right time. A well known infertility specialist said, "I do all the latest high-tech surgery and hormone treatment to try to make someone pregnant. When it is all said and done, I still don't know who will get pregnant and who won't and why. After all my years of training, this area is still a big mystery that I can't control."

The conventional "management" of infertility generally focuses on the body as a hormonal machine and in large part ignores emotional, psychological, and even nutritional factors that have physical and hormonal manifestations. Though the mind-body connection in infertility has been appreciated for decades, only recently has this important link begun to be

explored more seriously. As our society has become more technologically focused, the study of the mind-body connection in infertility holds the potential to help many couples, and a thorough psychological interview should be a routine part of every fertility investigation. When we focus only on the extremely expensive and invasive technology currently available for fertility, and forget the hearts and spirits of those going through these procedures, the results are often disappointing and even devastating.

Psychological Factors

On a personal level, many women do not get pregnant because in their hearts they really do not want to—they are afraid of the demands a child will make on them. In one study, women who were unsuccessful with fertility treatments were found to be more successful in the outer world than those who conceived. The authors of the study interpreted this result as “an exaggerated positive attitude as an attempt to overcome inner fears, doubts, and ambivalence” about having a child. Caroline Myss explains that women have only so much second-chakra energy. If a woman is using her ambition for career success and is already very busy in this area, she may simply not have enough energy circuits available in her body to conceive a child unless she cuts back on other commitments. Many infertile women are working sixty to eighty hours per week and are exhausted; then they pursue having a child as though they were writing a Ph.D. dissertation.

Conceiving a child is a receptive act, not a marathon event that can be programmed into your BlackBerry. Several studies have indicated that excessive focus on the goal of having a child may result in premature maturation of the eggs in the ovary and subsequent release of eggs that are not ready for fertilization. I’d like to stress that having a job or career need not affect your fertility. Problems can arise, however, as a result of certain factors that are often associated with work, such as a perceived inability to get your needs met; a sense of lack of control in your life; and not feeling good about the work you’re doing, what that job represents in your life, or a career that is not an extension of your inner wisdom.

One fascinating study of heterosexual women undergoing donor insemination noted that after the first several attempts to produce pregnancy, the women, who were previously ovulatory, actually stopped ovulating. The authors concluded that artificial insemination—and any other mechanized, unnatural technique for “forcing” pregnancy—is on some level a

traumatizing procedure that leads to the inhibition of the very process it is trying to accomplish.

Interestingly, orgasm has been found to enhance a woman's chances of conception. Involuntary vaginal and uterine movements that promote conception accompany orgasm. Failure to achieve orgasm may lead to circulatory changes in the blood flow to the pelvis, which can affect fertility.

Whenever a woman feels conflicted over birthing, children, or the restrictions that children may impose once they arrive, infertility may result.

The relationships between husbands and wives who are infertile have also been studied. Many of the women in these studies had an actual aversion to intercourse; they had lower frequency of orgasm when they did have intercourse, and they felt a marked sexual disharmony in their partnership. When these women found more suitable partners, however, they became fertile. In many cases so-called infertile women conceive shortly after adopting a baby. Psychological testing done on 117 husbands in infertile couples in one study indicated that the men had a pronounced lack of self-confidence, were introverted, and had decreased social assertiveness.³

Despite this conventional opinion, failing to explore the psychosocial aspects of fertility is a big mistake and robs a woman of all her options. There's no doubt that subconscious fears about having a child can and do exert a powerful influence over the subtle endocrinologic processes that are required for conception. Perceived stress changes the way the hypothalamus of the brain functions, which affects ovulation. It also changes the immunologic functioning of the cells in the reproductive tract as well as elsewhere. When a woman learns how to modulate her stress effectively, her fertility can change.

To do list to increase fertility

- Meditation, breathing technique and stress management
- Detoxification of body, mind, emotion
- Good relationship and enjoyable sex
- Take the necessary minerals and vitamins
- Reflexology, saunas, massages, bathes
- Discipline diet and daily routine

³ Christiane Northrup: Women's Bodies, Women's Wisdom

- Align your life and prepare your body to be an inviting cradle to the new soul to arrive
- Balance your hormones

Herbs

- Ginseng
- White mistletoe soak in cold water overnight (enhancing circulation, strengthen uterine wall, balance hormones)
- Maca root (increasing libido, balance hormones, improve semen health and production, helps to fight stress)
- Natural progesterone (Yam root or Chastberry) has a revitalizing effect on female organs
- Yarrow tea in the first half of the cycle, motherwort in the second half for hormone balance
- Royal Jelly
- Germs
- Ashwaganda
- Medicinal mushrooms: Ganoderma, Shiitake, Hedgehog mushrooms

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