

Chapter Ten

Secondary Infertility

Secondary infertility can be one of the most confusing diagnoses for a woman trying to become pregnant. This term refers to a woman who has already conceived one or more children via natural pregnancy, but has since been unable to achieve another natural full-term pregnancy. In most cases, her diagnosis is coupled with the vexing adjective of “idiopathic” or “unexplained” infertility, also termed “no known cause.”

Causes of Secondary Infertility

In assessing secondary infertility we have found it is important to review the childbirth and any other traumas, inflammations, or surgery since that event. Was there a C-section or an episiotomy? Has there been a direct or indirect trauma to the vagina, tailbone or cervix? Was there a subsequent vaginal or bladder infection? Any of these events may cause glue-like adhesions to form at areas of the female reproductive tract, vital for reproduction.

While the diagnosis of secondary infertility is often frustrating for the patient, we find that the causes generally fall into one (or both) of two categories:

- Adhesions related to biomechanical factors including post-surgical scars (often diagnosed as “unexplained”) and
- Age or hormone related infertility.

With each healing event, tiny cross-links form to help heal the area that has been stressed. After healing, those adhesions remain as a permanent record in the scrapbook of healing that occurred.

Adhesion can exert close to 2,000 pounds of pressure per square inch. Thus, it does not take a tremendous amount of healing to severely compromise the delicate tissues of the female reproductive tract. Freeing those adhesions in a non-surgical manner, like peeling the runs out in a three-dimensional sweater, is a bit like going back in time for the tissues that have been bound by the straight-jackets of collagen that can form over time.

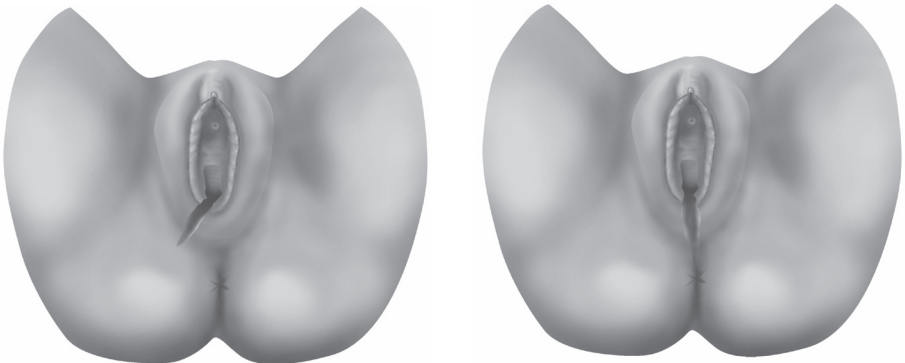
We have found that the following events may signal the onset of new adhesions that can bind down the delicate tissues and structures of the reproductive tract, causing secondary infertility:

- Surgery in the abdomen, pelvis (including cervix), hip, or low back
- Trauma (car accident, a fall, abuse, etc.)
- Infection (bladder, vaginal, yeast, etc)
- Inflammation (endometriosis, PID, etc.)
- Any new or increased pain in the area (hip, back, period, ovulation, intercourse, etc.)
- Sexual dysfunction or pain (decreased desire, arousal, lubrication, orgasm or satisfaction)

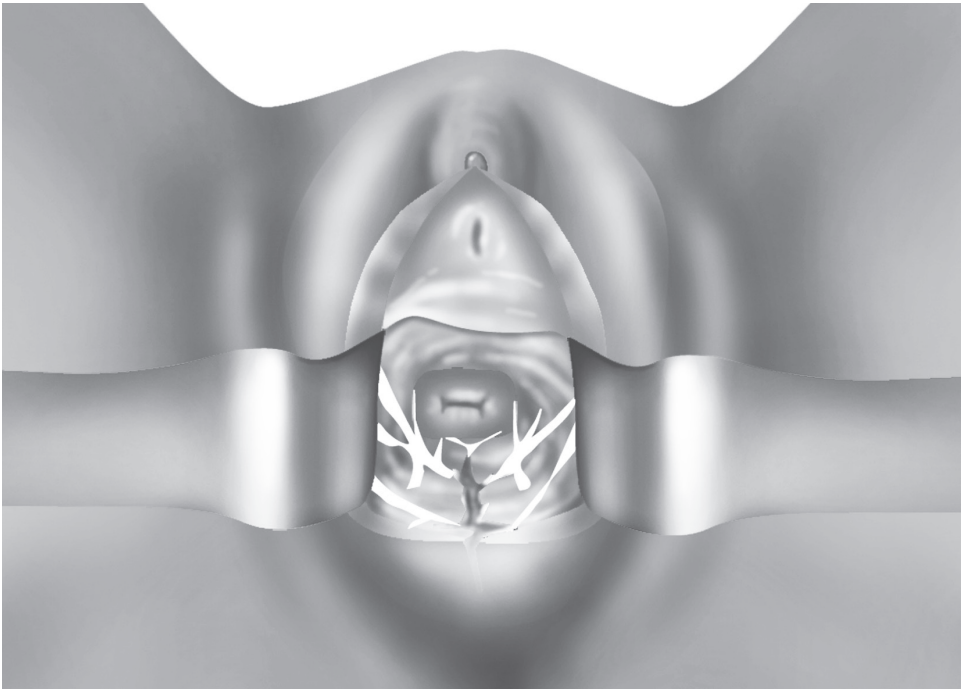
With a thorough history, evaluation, palpation, and range-of-motion assessment of the reproductive structures, we can generally find and address any mechanical contributors to decreased fertility. Then we develop a treatment plan specific to each woman, based on our findings, and on any sense she may have of what is standing in the way of achieving her continued success.

Episiotomy

An episiotomy is designed to assist vaginal delivery and prevent tearing of the vagina or perineum. In this procedure, the surgeon cuts the posterior aspect of the vaginal opening in order to enlarge it, to help the newborn exit the vagina during childbirth. The cut may be a vertical incision, running from the vagina directly toward the rectum. Some physicians prefer to create an angled incision, in part to avoid the perineal nerve. Thus, the incision will be more of a 5 o'clock or 7 o'clock rather than a 6 o'clock vertical incision. In either event, the surgery enlarges the vaginal opening to ease childbirth for the mother, and to allow for vaginal delivery. You can see both of these incision types in the drawings below



An angled incision (left) and a vertical incision (right) made for an episiotomy



An episiotomy can create scars in the delicate vaginal walls.

All areas of the reproductive tract, including the vagina, need to have free mobility in order to function properly. If an area becomes cut, torn, or otherwise traumatized during the process of giving birth, adhesions subsequently form to help the area heal. In the perineum (the area cut by the episiotomy), the resulting scar can cause spasm or inflammation in the vagina, or up into the support ligaments of the coccyx (tailbone), sacrum, or the adductors on the inside of the thighs.

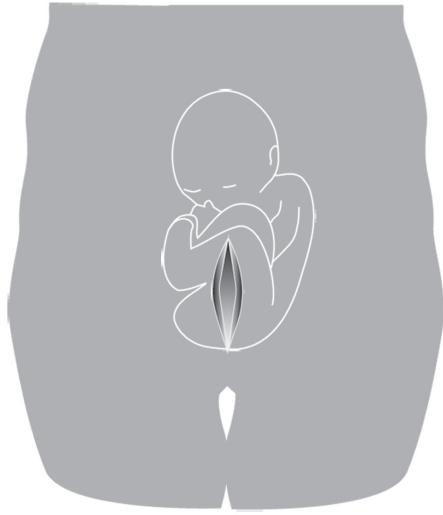
Inflammation can raise the internal temperature within the vaginal walls, causing a hostile environment for sperm. Furthermore, the gluing down of the vaginal wall and nearby structures (coccyx, sacrum,

and adductors) can create unusual pulls throughout the pelvis, decreasing movement and causing pain or dysfunction, including infertility. We sometimes hear complaints of tailbone or intercourse pain at the vaginal entrance or with deep penetration after an episiotomy.

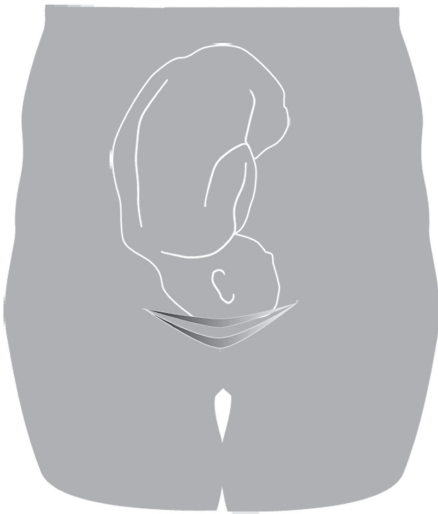
C-section

A C-section is a much more invasive surgery because it involves cutting much deeper into the body. To access the uterus, the surgeon must cut through the skin, superficial fascia, abdominal muscles, deep fascia, the peritoneum (a layer of fascia that lines and protects virtually all of the abdominal and pelvic organs), and finally, the thick walls of the uterus itself. The physician must create an incision in the anterior (front) wall of the uterus large enough to allow the newborn to emerge. Following C-section, the uterus is stitched closed; then the several structures that were cut to access the uterus need to be stitched closed, as well. The trauma of surgical cutting and repair to all of these tissues can create significant adhesion formation in or between any of these layers, as the body heals.

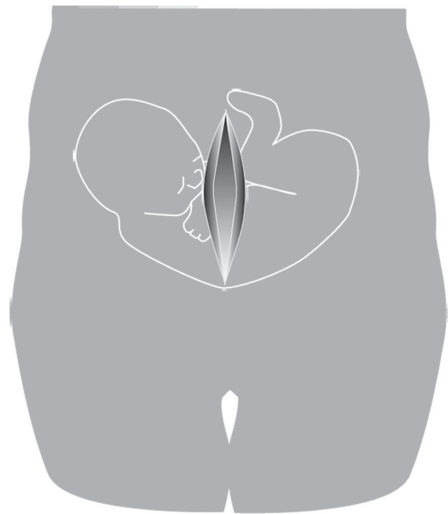
Low vertical incision



Low tranverse incision

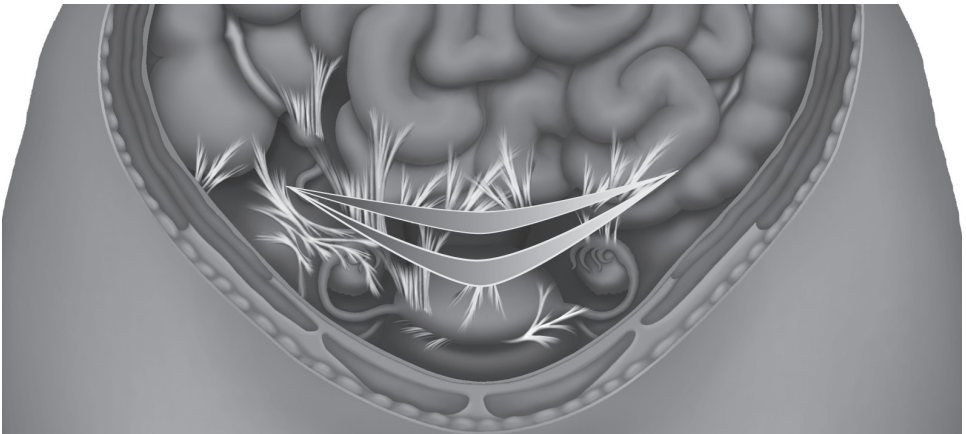


Classical incision



C-section surgery can assist childbirth, but may cause unwanted adhesions, as the body heals from the surgery.

As the body heals from a C-section, the adhesive process we have reviewed throughout this book occurs. Tiny but powerful collagenous cross-links rush into the area to help join and repair the cut tissues of the uterus and all of the other structures noted above. Adhesive scars form on the inside of the uterine wall and outside the uterus, as the healing process continues in the weeks following surgery. These adhesions act like glue, drawing nearby tissues and structures (such as the bladder, ovaries, or fallopian tubes) toward them by the very process of healing. The surgery and its adhesions may cause an unnatural state of immobility of the uterus. This immobility sets up the propensity for spasm, additional adhesion formation, and secondary infertility.



Adhesion formation after C-section

Just as an IUD (intra-uterine device) will prevent pregnancy by causing inflammation in the uterus that kills sperm, the scarring left by a C-section can cause a constant state of inflammation in the uterus with a similar effect. The consequent adhesive cross-links attach to the walls and prevent successful implantation of the embryo or cause a miscarriage. In our experience, we see secondary infertility

relatively frequently in women who have undergone C-section or episiotomy surgeries.

C-section scars can also cause pain. Pain anywhere in the body is a signal that something is wrong. Perhaps nowhere is this as true as the pain that starts or persists at a C-section scar. Ongoing pain after a C-section indicates a significant amount of scarring — enough to cause a pull on the surface, or deep into the organ. The same scarring that is causing the pain is creating an abnormal pull on the walls of the uterus, generally where that structure healed from the surgery, as well as on nearby structures (such as the bladder).

***One Fallopian Tube Removed,
Remaining Tube Blocked after C-Section***

- Ivy's Story

The first time I became pregnant I was 31 years old and it caught me by surprise. We had been trying for six months and I just had a period. I went in for my yearly Pap and told my doctor that my period had started up again early. She said I could be pregnant and it could be an ectopic — she was right. It was in my left tube and I received a Methotrexate shot to “dissolve” the ectopic. After that I had an HSG to check my tubes. It was uncomfortable, but the dye spilled.

My Ob/Gyn said to wait two months and try again, after which we did indeed have a successful pregnancy. I ended up having a C-section. My doctor said at the C-section that my left tube was pretty much disintegrated. I asked if that would be a problem in the future and he said no.

I breast fed our son for eight months and when my son turned one, we figured we would try again soon. In the meantime, I had only had one period since my son was born. I mentioned this to my new Ob/Gyn (as we had moved), so she started me on Clomid to return my periods and get the right progesterone level in preparation for a pregnancy. I took that about four times.

Interestingly, the month that I did not take Clomid, I got pregnant, but it was another ectopic in the little bit of my left tube that remained. I again had a Methotrexate shot. My doctor then removed the dysfunctional remnant of my left fallopian tube laparoscopically and we decided to do another HSG to check the status of my remaining fallopian tube.

My doctor removed the dysfunctional remnant of my left fallopian tube laparoscopically.

This time the HSG was extremely painful. My doctor called me with the results and told me it showed that my right tube was blocked. She said this was out of her scope of practice, which I interpreted to mean “go see an infertility specialist and get started with in vitro” — an option I really did not want.

Feeling very disheartened, I used Google to look for a way to “open blocked fallopian tubes naturally” and came upon Clear Passage Therapies (CPT). Having a therapy background myself, I was convinced it would work and talked with my husband about it.

In the meantime, I tried some acupuncture locally as well as just trying and waiting, to no avail. I finally decided to go for it, applied with CPT, and was accepted.

My therapist was awesome, extremely knowledgeable and understanding. I felt great after getting all “loosened up inside.” She even fixed an old running injury I had! When

I returned home, I continued to practice the meditation and visualization techniques we worked on during the treatment as well. My last cycle was in July and the pregnancy was confirmed in August (not in the tube!).

The pregnancy went very well and our daughter was born in April 2007. I absolutely know it would not have happened without CPT! The treatment really, really works — my husband and I are now expecting again!

The treatment really, really works — my husband and I are now expecting again!

Hormonal Factors

We also look at age-related concerns. Is the patient 35 or older? Has she had her FSH levels tested? If a woman’s secondary infertility is related to high FSH, we design a treatment specifically targeted to address this issue for each patient. We will not repeat treatment options for these conditions here, as they are already covered in Chapter Eight.

Successfully Expanding Your Family

Discovering the cause of secondary infertility follows the track of primary infertility, with a few additions. Because childbirth itself can be a traumatic event, we look for mechanical causes of adhesion

formation. We then tailor an individualized treatment plan for each woman, enabling her specific issues to be addressed. We have found this approach enables many women to finally expand their families.

Adhesion Formation after C-Section

- Megan's Story

Megan and her husband waited until their son was three years old before they tried for another child. However, when a year went by and they were still not pregnant, they started to wonder if something was wrong. Before long, Megan started having severe abdominal pain during bowel movements on the first day of her menstrual cycle. Her gradual increase in pain with no medical explanation signaled the possibility of adhesion formation.

Her gradual increase in pain with no medical explanation signaled the possibility of adhesion formation.

Her doctor suspected her pain might be related to her C-section with her first child. He decided to perform a laparoscopy, now her second surgery. Once inside, he found scar tissue (layered adhesions) joining her abdomen to her uterus. The scar tissue helped explain both her infertility and her pain, because the adhesion attachments would be putting her uterus into a less mobile state, decreasing function and increasing the chance of uterine spasm.

Her physician also found an area close to Megan's bowels that he thought might be endometriosis, another condition that is closely associated with inflammation and adhesion for-

mation. The doctor tried to remove as much of the adhesions and endometriosis as possible, but as medical literature has shown, the unfortunate probability was that the surgery itself would cause more adhesions to form.

Five months after her surgery, Megan still had not become pregnant. She began taking Clomid, a hormonal drug designed to increase fertility. When this proved unsuccessful, she sought an infertility specialist who increased her Clomid dose and performed two intra-uterine insemination (IUI) procedures.

When these efforts were also unsuccessful, the specialist decided to perform laparoscopic surgery again. During two hours of surgery, he found more adhesions, numerous cysts, and

Five months after her surgery, Megan still had not become pregnant.

stage IV endometriosis – the most severe form of that condition.

Two months after her second laparoscopy (and the third surgery), Megan continued hormonal injections and IUIs. When none of those proved successful, the specialist concluded that Megan's fimbriae (the finger-like projections at the end of the fallopian tubes that grasp the ovary and help pull the egg into the tube) were not working. After all of her surgeries, it was likely they had become adhered.

Her physician then suggested she try in vitro fertilization (IVF). Megan and her husband had mixed emotions about IVF and decided to get a second opinion. Their new specialist wanted to start over, but after three surgeries Megan did not think her body could go through the entire process again.

She then began researching on the Internet for alternative methods to treat secondary infertility and she found our website. The testimonials of other women caught her attention and she was amazed at how similar some of their stories were to hers.

Megan underwent our five day fertility program; she received two hours of therapy each morning and two hours each afternoon over five days. Given her medical history, we focused on areas where we knew it was likely adhesions had formed. We focused much our work on her C-section scar, fallopian tubes, and fimbriae. We worked to return mobility to her uterus and her other pelvic organs.

When Megan started therapy, her abdominal area was noticeably tight and restricted. By the end of the week, it was very soft, pliable, and mobile. We were pleased with the results.

After treatment, Megan decided to let her body rest for two months before trying to become pregnant. When they started having intercourse in time with her ovulation the third month after therapy, Megan immediately became pregnant. Megan called us in shock and told us, “We tried ONE time and I’m pregnant!” Megan delivered a beautiful baby boy nine months later. One year later, Megan and her husband decided to try for one more child. They were so happy to find out they were pregnant two months after trying. Their third son was a welcomed addition to the family.

By addressing the adhesions that we felt had formed from her C-section, laparoscopies, and endometriosis, Megan’s body was able to function much more as it did before being glued down by adhesions. In her case, she was fortunate enough to achieve the desired result.

Seven Years of Secondary Infertility

- Lyla's Story

I met my husband, Rodger, in the spring of 1997. I was a 25 year-old single mother of a 2½ year old boy, Paul, from a previous marriage.

We married in the summer of 2000. We talked of expanding our family and decided to start trying that following year. Many months and many pregnancy tests later, it started to wear on me. I wanted so desperately to have another child, but just couldn't figure out why it was not happening.

I was referred to a local Ob/Gyn, whom I hoped could help me find the cause and address it. He performed routine blood tests and an ultrasound, and Rodger's sperm levels were checked. I made weekly visits to the doctor's office after sex to see how my body reacted to Rodger's sperm. There was charting, waiting, and then waiting some more, yet still no answers to why I wasn't getting pregnant. Time was ticking and so was my patience. I thought, "How long do I wait with no answers as to why I'm not getting pregnant?"

I wondered why I would put my body through a surgery causing more scar tissue, when ultimately that was the cause of all my troubles to begin with.

After eight grueling months of getting nowhere, I decided once again to switch doctors — what did I have to lose?

I met with the new Ob/Gyn and right away she ordered a hysterosalpingogram (HSG). The following week I went in for the HSG. They were able to tell me right away my fallopian tubes were blocked. They explained to me that any kind of surgery, infection, etc. could have caused my “infertile condition.”

I met with my Ob/Gyn and she thoroughly explained my options. One was surgery, where they would cut and repair the tubes so the blockages were removed. This would give me a small time frame to work with to get pregnant. I questioned this. Being a massage therapist and into health and nutrition, I wondered why I would put my body through a surgery causing more scar tissue, when ultimately that was the cause of all my troubles to begin with. (I had an appendectomy in 1992, accompanied by infection.)

I quickly got on the Internet and began to investigate my choices. Search engine upon search engine, “Clear Passage Therapies (CPT)” would pop up. I called and got detailed information on the program. It was all natural, no surgery, and would require me to spend a week in Florida. Sign me up! My Ob/Gyn was very supportive of my decision and wrote a prescription for the treatment.

In early 2003, Rodger, Paul, and I headed to Florida for my treatment. I knew that treatment would be intense, sometimes twice a day, but I felt that was exactly where I was supposed to be. Every staff member was so kind and loving. I had no discomfort, nothing but a wonderful experience.

After spending a week in Florida I was excited to come home and see the results of the treatment. My doctor scheduled another HSG. The test concluded the blockage had

“moved” but was still in fact there. I was discouraged but hopeful. The therapists told me it could take a few months before I saw the full effects of therapy.

After more investigation on my part, I was led to a supplement that claimed to diminish scar tissue and improve women’s reproductive health. I invested in a four month supply. If anything else I felt even more balanced, and knew even if I never had another child I was getting my body in the best health possible.

The left side was completely clear and the right side had some clearing with dye spillage. The doctors couldn’t explain it, but I could!

It was December 2003 and I had scheduled my final HSG. Once again hopeful, but not expecting anything, I went in with a positive, loving attitude.

This time, it was finally proven! The left side was completely clear and the right side had some clearing with dye spillage. The doctors couldn’t explain it, but I could! I ran home with my news. We had company in for the holidays: Rodger’s brother, his wife, and two kids. Rodger was busy playing video games with his brother. I barged in to proclaim the news, having him not even look up. I was disappointed, but let it go.

The months went on and we continued to “try.” Nothing. My obsession with becoming pregnant lessened as Rodger dove more into work and I let go and decided to get my individuality back. I was really at a point of “just being.” After two years of wanting another child so badly, I was just thankful to have one. During this time I discovered my love for horses, horseback rid-

ing, country line dancing, yoga, working out and traveling. I really was at peace. I began to question why I should obsess over something I had no control over. I loved my life with or without baby number two. I expressed this to Rodger, who was not happy with my “new found freedom.” The wedge between us grew over the next year and a half.

Neither of us were happy and we divorced in 2005. That same year I met a wonderful man, Myrl. We grew close very quickly. We shared a lot of the same interests and philosophies on life. I told him about my infertility. Not having any children of his own, it could have been a huge deal, but he was willing to accept not having kids to be with me.

I took another test and it was also positive! How could it be? Trying for years and nothing, and then just one day ...

It was late January 2008 when both my sister and I suspected that I was pregnant. Her period and mine were days apart. She started hers, mine never came. A week later I took the test, and it was POSITIVE! Two days later, I took another and it was also positive! How could it be? Trying for years and nothing, and then just one day ...

After the initial shock wore off, we welcomed our own miracle and blessing. On October 6, 2008, our baby boy, Rylly was born at home with the assistance of a midwife. Weighing 9 pounds and 21 3/4” long our healthy baby is everything we could ever want and more!”

Two Miscarriages then Two Children

- Dana's Story

As a newlywed couple, we made the decision on our one-year anniversary to try and have a baby. With me at home and my husband working, we thought surely there would be three of us in no time. I went off the pill immediately. I had only been on it a year and I had one normal cycle and then didn't have another. I was so happy, yet scared, thinking I'm already pregnant! So, I finally told my husband and my mother and went to her Ob/Gyn.

Boy, were we wrong. Not only was I not pregnant, I wasn't having a menstrual cycle — and the doctor couldn't find anything wrong. I decided to find a new doctor.

“Welcome to the world of infertility” may as well have been written on the front door of my doctor's office. After numerous tests, I was given hormonal medications and scheduled for diagnostic laparoscopic surgery. The surgery went well and my doctor found no reason why I couldn't become pregnant. He referred me to a specialist. “Well, here we go to the Big Boys,” I thought.

My specialists determined I wasn't ovulating. I was given numerous medications to help me to menstruate and ovulate. Our nurse taught my husband how to give me daily shots of hormones and we coupled these medications with intrauterine inseminations.

We had many unsuccessful IUIs, but in March of 1997 our miracle happened. We were getting ready to eat with some friends and I decided since I had never had a cycle after our

last insemination I would take a pregnancy test. It was positive. I went to the doctor the next week to find I was eight weeks along.

Our little son, Ethan, was born at 36 weeks by emergency C-section. I had holes in my placenta and was leaking amniotic fluid. My doctor said we were touched by God that day — if I hadn't kept my regular appointment the baby would not have made it through the night inside of me. One week later the hospital released Ethan and we came home.

Our (first) son was born at 36 weeks by emergency C-section.

After Ethan's birth, I had a normal cycle. When Ethan turned two we decided to try for baby number two. In just a few months I found out I was pregnant without any medications. We conceived on our own. However, the day before my first doctor appointment, I started having severe abdominal pain and started spotting. I called the doctor and kept my next day appointment, but I had a miscarriage. I was eight weeks along. The doctor tried to remain positive and told me, "At least we know you can get pregnant and now you can focus on that."

Being the stubborn and determined person that I am, I didn't want to wait. We went back to the Big Boys.

Wow, had infertility advanced since I was last there. I was placed back on hormonal injections. We went on to have another miscarriage at two weeks. They monitored me closely and I had laparoscopic surgery to remove a cyst off my right ovary. I then had a tubal pregnancy at thirteen weeks. My tube was okay and not blocked afterwards, but my husband de-

cided he didn't want to go through anymore. Physically and emotionally we both couldn't handle any more. We were blessed with our son Ethan.

From the age of four on, Ethan prayed every night that God would give him a sister. After my second miscarriage, he made up an imaginary friend he called "little girl" and even tried to buy her some purple flip flops. I told him if she couldn't try them on, then we couldn't buy them for her. He finally put them back on the shelf and said, "Okay mama." I cried all the way home.

A friend of mine from work saw a clip about Clear Passage Therapies (CPT) on the news one day and brought me the phone number. I called my husband and asked him if he cared if I went for a consultation. He said he didn't care, but he wasn't going to give me any more shots. If God wanted us to have another baby, He was just going to have to make it happen.

After my consultation, I decided to schedule the treatment. I completed my treatment within six months. A few months later, I was

sitting in my office feeling absolutely miserable and realized it had been two months since I had a cycle. I went to the store at lunch, came back, and took the test — it was positive. I went and sat in the closet for an hour and cried. My boss and my

***(The test) was positive.
I went in and sat in the closet for an hour and cried. My boss and my friend joined me in the closet and we prayed God would let this one be okay.***

friend joined me in the closet and we prayed God would let this one be okay.

The next day I went to the doctor and he did an ultrasound. His nurse, who I had known since high school, was in the room and cried when we saw that little heartbeat.

Ruthie was born at 36 weeks. Ethan, at age eight, finally got his little sister and bought her some purple flip flops.

I have been married 16 years. Thirteen of those years we spent trying to grow a family.

I am 35 years old now and I have been married 16 years. Thirteen of those years we spent trying to grow a family. We are convinced to-

tally that miracles can happen and that Clear Passage was the open door to help it along — especially now because I just gave birth to a second baby girl!

Miscarriage After C-Section

- Madeline's Story

In my first pregnancy, I became pregnant relatively easily. I gave birth to my wonderful baby girl via C-section in 2003.

When my husband and I were ready to have another child, we once again became pregnant easily. To our surprise, we were naturally pregnant with triplets. My pregnancy was rough though, and two died through miscarriage. At 24 weeks, I went into early labor and my third baby died shortly after birth.

I was determined to get pregnant as soon as possible and I began trying just two months later. When we were unable to conceive after three to four months, I saw my Ob/Gyn. She then referred me to a fertility clinic.

In 2006, we did various infertility treatments that didn't work. At the end of November of 2006, we did IVF and that didn't work either.

I decided I needed to step away from western medicine. I saw an acupuncturist and did some research on the Internet for natural treatments. I found the Clear Passage Therapies (CPT) website and felt I would be a good candidate for their treatment because of my previous C-sections.

I began treatment in February of 2007. I noticed some immediate improvements during therapy. I no longer experienced pain near my C-section scar. I also no longer experienced tailbone pain that occurred after my second pregnancy. With these results, I was optimistic the treatment would help with my fertility.

A few months after treatment I started intra-uterine inseminations with medication. I did two rounds without a pregnancy. I was in such a hard place emotionally that I began taking antidepressants. I knew all of the treatments I was receiving were good, but I needed to be in the right place emotionally and mentally.

I no longer experienced pain near my C-section scar (or the) tailbone pain that occurred after my second pregnancy.

When I went in for my third round, they found I had already ovulated and thus wouldn't be able to do the insemination. I was disappointed, but then surprised when my husband and I were able to get pregnant naturally that cycle.

My pregnancy was perfect. I was a little bit anxious because of what had happened before, but I went to a high-risk pregnancy clinic that monitored my progress. After I made it past 24 weeks, I felt better. I made it all the way to 37.5 weeks.

Losing my babies was tough, but the infertility was even harder in some ways. . . .

From the beginning, we had planned to have a C-section. But I went into labor a week early and gave birth naturally — without drugs! That was quite a shocker. I was too far along for an epidural, and after five hours, I gave birth to my beautiful daughter who was 6.5 pounds and 19 inches.

Afterwards, I was actually glad I didn't have to do the C-section because I didn't want to have more scar tissue.

Now, with my beautiful daughter, I am making up for all of the pain and frustration I went through. Losing my babies was tough, but the infertility was even harder in some ways. When you lose a baby, you go through the grieving process and you work towards finding peace with it. But with infertility, you never know when it is going to end.

Having this baby provided closure for me. I was finally able to close the door on two years of hell. I feel like I have more perspective on life now and I really appreciate what I have.