Pregnancy Miracle

A Unique Easy To Follow 5-Step Plan for Beating Infertility Using Modern & Ancient Chinese Techniques

By Lisa Olson
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Introduction
From Infertility to Pregnancy
My story isn’t all that unusual. The fact that you’re even reading this book tells me one thing: you’ve suffered like I’ve suffered. You know what it’s like to wish and hope for a baby, trying desperately to conceive only to discover month after month that all of your efforts have been in vain. Your womb is empty and you don’t know why. Your arms ache to hold a baby and your heart cries out for a child to call your own.

If you’ve reached the end of your rope, and wonder if “mommy” is a word that will ever be yelled through the rooms of your home (or only whispered by those who fear to say it too loudly lest they risk upsetting you further), believe me when I say that you can – and will – get pregnant! How do I know this? Because I’ve been where you are and survived, I’ve managed to give birth to two healthy, beautiful and smart children after beating the infertility odds.

In some ways my story is unique, and in others it is one of thousands. What makes my story different is its outcome. After years of doing what the medical community suggested, I think – no, I KNOW – that I’ve found the secrets to helping other women (just like you and just like me), experience the miracle of conception and joy of giving birth. But first, let me tell you a little about my own journey toward motherhood …
Our Story

Like many young newlyweds, my husband and I didn’t want children at first. As a matter of fact, we did everything we could to prevent it. But, after five years of marriage, we knew the time had come – we were ready.

With a bit of arrogance (after all, we never thought we couldn’t conceive), we jumped headlong into the quest to get pregnant. Only it didn’t happen. Why? We wondered after several months. Sure, by now I was in my mid-30’s, but I was healthy and strong and had never had any indication that getting pregnant would be a problem once I decided that I was ready for a family.

What should have been easy suddenly became very, very difficult. Being the goal oriented couple we are, my husband and I found it especially difficult to find ourselves on the losing end of our quest. We had never failed at anything before, and let me tell you that this was not something we were prepared to fail at! So we kept trying … and trying … and trying….

Sex was now just that – sex with a purpose. Done when my temperature dictated, it had become a means to an end result, lacking the excitement and the passion it had once held for us.

After more than a year of frustration our relationship began to feel the strain. I was moody and short-tempered, often on the verge of tears. I couldn’t bear to watch other women’s pregnant bellies grow while mine remained an empty tomb. My every thought revolved around what I was doing (or had done) wrong. What was wrong with me? Why couldn’t I do what every other woman could accomplish so easily?
Tired of blaming each other for our inability to conceive we sat down and had a heart to heart talk and decided that it was time to get some answers. After putting off going to the OBGYN for fear of what we’d learn, we decided to face our fears and get tested for a variety of infertility issues.

Unfortunately, like so many other couples discover, the answers we desperately wanted – and needed – weren’t going to be available to us. More frustrated than ever, we learned that there was no clear-cut reason for our inability to conceive. Neither of us exhibited any physical, physiological or biochemical reason to prevent a pregnancy. The experts didn’t have a clue as to why we weren’t pregnant and dubbed us with the term “non-specific infertility.” They suggested that we de-stress and keep trying. Great! Hadn’t that been what we were doing all along?

That’s when I decided to take matters into my own hands. If the experts weren’t going to find out what was thwarting our attempts at having a child, I was going to figure it out on my own – and fix it! So, I started to research every aspect of infertility. I read every book and research study I could get my hands on and began talking with hospitals and researchers worldwide about clinical trials and new treatment strategies being considered for couples like us. I was clearly obsessed with my mission and felt as if I’d go nuts if I didn’t find an answer.

I began applying all of my newfound knowledge and before long was taking more than a dozen vitamin supplements and minerals every day – and having my husband do the same. I became convinced that pre-conception care for both the husband and wife were the key to conception. We started exercising, eating organic, avoiding toxins wherever we could and even had our amalgam fillings replaced with ceramic to avoid having mercury in our systems. We even began practicing Biorhythmic Lunar Cycle, which shows a woman her most fertile time by comparing the phase of the moon at her birth with the current moon phases.
After four-plus long years of trying anything and everything to get pregnant it worked! We had finally conceived! I couldn’t believe my eyes as I stared at those two stripes gleaming from the pregnancy test strip. We’d done it! We were going to have a baby!

Unfortunately, our happiness was short-lived when our precious baby was miscarried at nine weeks. We were devastated. In an instant all of our hopes and dreams had vanished – again!

In the midst of our despair came one glimmer of hope: we had managed to conceive. Our efforts at pre-conception care efforts had worked. Now we had a new hurdle to overcome: carrying a fetus to full term. A mid-wife friend of mine assured me that we were on the right track. We could have a baby, if we kept trying – and learning.

Not long after that conversation, I discovered a very important piece of research. I believe now that it was the final piece to our puzzle and allowed us to not only get pregnant, but to carry our baby to full term – twice! After learning this new “trick” we conceived our daughter within a few short months. Our second pregnancy took less than a month to achieve. Ten years after beginning our quest, we were the proud parents of two beautiful, healthy children!

So what is the secret that we discovered and how did it make the difference to turn us from a desperate infertile couple into proud parents?

We’re going to explain everything we’ve learned in the following pages so that you too can find your way toward the new world that awaits – the world of parenthood!
What This Book Is About and How It Is Organized

*Pregnancy Miracle* isn't your normal pregnancy guide. Sure, it'll teach you about the female and male anatomy and the reasons why so many couples are finding it difficult to conceive these days, as well as offer some traditional help along the way. But there's more. This guide is designed to take you on the journey of a lifetime; one that goes beyond learning what every doctor out there already knows, in order to help you find your own path to parenthood.

Every couple’s story is different, yet every couple’s story is the same: they long for a child they can’t seem to conceive. If you’re one of those couples, this book will show you how to break free from your own infertility issues by learning all the steps needed to attain a pregnancy miracle of your own:

### About Human Anatomy and the Role it Plays in Infertility Issues

In Chapter One we’ll go over the basics of the male and female anatomy including a review of male reproductive organs and the hormonal system; a woman’s menstrual cycle; your individual genes; and how they can all affect a couple’s fertility; as well as sex and how it can (and should) work when it comes to conceiving a child.
The basics About Infertility

what it is (and isn’t); what causes it; who’s to blame (and why); the signs to watch out for; how to determine fertility (basal body temperature; cervical mucus; lunar cycles; synchronization) and more … much more!

The Eastern View of Fertility and the Myths of Western Medicine

Modern medicine has made great strides in helping infertile couples finally conceive, but does it always work? No! Why? The answer is much simpler than using complicated medications and invasive procedures. Chapter Three will discuss the Eastern World’s View on fertility and discuss some of the misconceptions held by traditional medical doctors in regards to fertility and a couple’s conception options. This chapter will delve headlong into a discussion on fertility (does it really exist?) and move right into a comparison of both the Eastern and Western views on infertility treatments. Also included will be an in-depth infertility questionnaire for couple’s to take to determine their best course of action.
The Steps to Getting Pregnant and Giving Birth to Healthy Children

If getting pregnant and delivering a healthy baby is what you’re after, than Chapter Four will offer you the five most important steps to achieving that goal naturally. This includes an in-depth discussion on:

Achieving Balance, Harmony and Congruency for Conceiving Your Baby through a specialized two-step plan that can help enhance any woman’s fertility.
Making the Diet and Exercise Changes Necessary to conceive, including vitamin and mineral enhancement; exercising; stress control; sleep optimization and clearing your home and your body of dangerous toxins.
Cleansing Your Energy for Conception Using Acupuncture and Acupressure techniques specifically designed to enhance fertility, as well as tips for balancing your Cycle Phase and Specific Condition with Chinese Herbs and utilizing basic Qi Gong exercises for strengthening your reproductive system and opening the Qi energy pathways needed to conceive.
Internal cleansing and liver detoxification.
Nurturing Your Organs and Enhancing Your Qi Through Acupressure and Qi Gong Exercises.

Within this chapter you will learn the importance of reading your body’s signals and signs; keeping a fertility chart; predicting ovulation; and surviving the two-week wait.
Special Conditions and Other Infertility Related Disorders

As we’ve already discussed, no couple’s story is exactly the same, which means treating every couple’s infertility issues will be slightly different. In Chapter Six we will discuss some of the special circumstances you may be encountering including:

- advanced age
- unexplained infertility
- secondary infertility
- mechanical infertility
- PCOS, Endometriosis, Fibroids, Ovarian Cysts
- Cancer and Infertility
- Tubal Ligation
- and more …

Learning More …

In addition to learning the secrets my husband and I used to conceive our children, we’ve also decided to add several appendices to the book to discuss other options for couples including In-Vitro Fertilization; Using Yoga and Massage to Conceive; Homeopathic Help; and Healing Both Body and Mind in your quest to conceive.
While some couples may find it beneficial to read the entire book from cover to cover first, and then go back and review sections, which deal with their specific issues and concerns, some couples may opt to begin by reading the sections that best fit their circumstances. How you decide to use the information in this book is certainly up to you, just remember the importance of establishing a complete fertility plan that encompasses a variety of treatment methods to better your chance of having a healthy and happy baby!

Ready to learn more? Great! Let’s get started … boy, do I ever have a lot to tell you …
Chapter One

All about You and Your Partner’s Anatomy and How It Affects Your Fertility
If you’re worried that chapter one is going to be one big boring health and science lesson, don’t. Sure we’re going to learn a lot about how our bodies work – and sometimes don’t -- but it won’t be a repeat of junior high health class. The stuff we’re going to learn about now is all the stuff you absolutely need to know in order to get pregnant – and stay pregnant! Let’s get started by taking a closer look at the way we are made:

What Makes Her Special

Women are complex creatures – in more ways than one! But nothing may be as complex as her reproductive organs. Here’s a quick look at how a woman is capable of bearing children and why it’s so important that each organ be in tip-top working order:

The Vagina

Having little to do with your ability to conceive a child, the vagina is considered more of a passageway for the penis and its sperm to enter the opening of the uterus where it can do the job it is intended to do.

One thing that can affect your ability to get pregnant is the hymen, a perforated piece of tissue found at the entrance of the vagina. While the vast majority of young girls have small openings in the hymen, which is later completely torn during the first sexual experience, a small percentage of girls may have an imperforate (or solid) hymen. This can cause blood from the monthly period to back up behind the tissue and into the fallopian tube, which can cause endometriosis, a major factor in female infertility.
The Cervix

The cervix is a tight muscle-like tissue found in the lower part of the uterus. Its main job is to hold the baby in place until delivery. However, it also guards against infection by forming a mucus barrier between your vagina and the inside of the uterus.

An incomplete cervix can be a cause for concern, since it is not closed enough to hold the baby in place, thus causing a miscarriage once the baby’s weight presses against it, opening the cervix even more. An incompetent cervix can usually be fixed by suturing the cervix closed until delivery.

The Uterus

A woman’s uterus, otherwise known as the womb, is typically a pear shaped organ designed to hold and nurture a baby for the nine months it takes to develop inside the mother’s body.

In the past it has been highly believed that a woman with a retroverted uterus, or one that is flopped forward toward your pubic bone could not get pregnant. This is simply not true. However, there are some uterine malformations that can affect your ability to both get pregnant and to maintain a pregnancy long enough to give birth to a healthy baby. They include:

A septate uterus, which features a band of tissue called the septum which can partially or completely divide the inside of the uterus.

Bicornuate (two-horn) and unicornuate (one-horn) uteri feature either one (uni) or two (bi) narrower-than-normal cavities. Women with this type of uterus often miscarry once they do become pregnant.

Polyps, also known as benign fibroid growths in the uterus can interfere with a woman’s ability to conceive, and need to be removed in order to increase their
chances of an embryo attaching to the uterine wall. Although, removing fibroids can leave scar tissue in the uterine cavity that can make it more difficult to get pregnant since a fetus can have a hard time implanting on scar tissue.

The Ovaries

The ovaries may be two of the most important organs needed to have a baby since they hold and protect the eggs needed for conception. Women do not make eggs throughout their lifetime. Instead, they are born with the amount they will ever have stored in their ovaries. Every month, some are lost due to a variety of biological reasons, while one or two are released for fertilization. If a sperm does not fertilize the egg, it is flushed from the body during the woman's monthly menses. Should one or both ovaries (and the eggs it contains) become damaged or diseased any time during her life, it can greatly affect her chances of ever bearing children.

The Eggs

Without healthy viable eggs, a woman has a zero percent chance of getting pregnant or giving birth to a healthy baby. Eggs are made up of some important factors including its Chromosomes, which contain the genes that will determine what your baby will look and act like; whether it will be short or tall; healthy or not; fat or skinny; and so much more.

A human egg is made up of three protective layers starting with the nourishing and protective cumulus layer; followed by the corona radiate, a protective single layer of cells covering the zona pellucida, or egg "shell."

A mature, ready-for-fertilization egg (also called an oocyte), contains only 23 chromosomes. Add that to the 23 offered by the male’s sperm and your new baby’s cells gets the 46 chromosomes needed to be perfect. Miss one or two
chromosomes and your baby with either have a serious malady or you will miscarry.

The Fallopian Tubes

Every month a woman’s ovaries releases one or two eggs to be fertilized so it can grow in the safety of the womb. But, first, it must get there, travelling by way of the fallopian tube, which connects each ovary to the uterus.

Without healthy tubes, the egg can neither become fertilized (since a blocked tube will prevent the sperm from getting to it in the first place), or make its way to the safety of the nourishing womb. Tubes can be damaged in several ways, with the most common culprits being infection or endometriosis. While both tubes do not have to be clear in order to get pregnant, your chances of conceiving are reduced if one is damaged or blocked in any way.

Her Menstrual Cycle

If all of your reproductive organs are not working properly, they can affect your menstrual cycle and your ability to get pregnant. Unfortunately, when it comes to a woman’s menses a lot of things can go wrong. But, before we begin to discuss all of the things that can negatively affect your menstrual cycle, let’s first take a look at how it all works:

Step One

A woman’s pituitary gland releases FSH -- a follicle-stimulating hormone -- after the monthly menses has ended. Meanwhile in the ovary, a dozen or so antral follicles (fluid filled sacs surrounding the egg), begin to grow. It is during this time that at least one egg matures.
In response to FSH and luteinizing hormone (LH), the follicle is released by the pituitary gland, and begins to produce estrogen in the ovary. At the same time, the estrogen being produced in the ovary signals the uterus to thicken its lining in preparation for the egg’s release. This is called the proliferative phase of the uterus.

In normal cases, one follicle grows faster than the others, producing more estrogen, causing FSH to decrease and the smaller follicles to stop growing. This signals the pituitary gland to release an LH surge, which makes the egg inside the dominant follicle mature.

**Step Two**

This causes the follicle to burst, releasing the egg which is picked up by one of the fallopian tubes. This is called ovulation.

**Step Three**

If all goes as planned, the mature egg will meet up with an eager sperm, resulting in an embryo that will now begin to travel down the fallopian tubes, toward the safety of the womb, where it will implant and grow for the next nine months.

**Step Four**
The leftover part of the follicle, now called the corpus luteum, now begins to produce progesterone, an important chemical to help the embryo implant properly in the lining of the uterus where it can grow. If an egg fails to implant here, the uterine lining will begin to break down and your monthly flow will begin again.

It usually takes about 10-14 days for your body to mature an egg and release it. Ovulation for most women usually takes place between the 10th and 14th day after the start of their last period.

Understanding the importance of consistent ovulation is an important factor in determining why you may be having trouble getting pregnant. For instance, if you are getting your period 12 days or less after you ovulate, you may not be making enough progesterone to support a pregnancy. In contrast, if your cycles are very long, or even irregular, you may not be producing eggs often – or even at all!

**Timing Is Everything**

Remember, when it comes to getting pregnant, timing is everything, which is why it is so important to understand your menstrual cycle. The biggest mistake a woman make is assuming that she is “normal,” and so is her ovulation. Most of us have been taught that ovulation occurs around the 14th day so we should be having lots of sex between days 12 and 15. While this may be true for most women, it isn’t true for all women. If you’ve been trying for awhile to get pregnant, the best thing you may want to look at is exactly when you ovulate and when you’re having intercourse.

Ovulation usually occurs 14 days before your period begins. So, if you have a 28 day cycle, then you can expect to ovulate on day 14 like the average woman.
But, if your periods are only 25 days apart, you’re going to ovulate around day 11, so having sex on days 13 and 14 will be too late. Conversely, if you have longer periods (say 34 days), you won’t even ovulate until day 20, so all that sperm from day 14 and 15 will be long gone by the time it’s needed.

To better your chances of getting pregnant, be sure to study your periods; figure out when you actually do ovulate and then make sure that you get busy during the right time of the month! For some people, it’s that easy!

Of course, it’s not always that easy to get pregnant, especially if you have irregular periods. Menstrual cycles that are way off the scale of normal usually indicate an underlying fertility issue such as a lack of regular ovulation, which we’ll discuss later. Right now, the important thing is to get in touch with your body and your menstrual cycle so you have the information and knowledge that you’ll need as you continue through this book.
What Makes Him the Man You Need To Make a Baby

Like a woman, a man has several important organs needed to create a new life – your baby. Without healthy male reproductive organs even a woman who can easily conceive will not. Now, let’s look at some of the things that can affect a man’s ability to impregnate his wife:

The Penis

Does size really matter when it comes to getting your gal pregnant? No, not really, as long as the penis is big enough to get the sperm into the vagina and up toward the cervix.

However, function is very important in regards to a male’s fertility. Impotence or an inability to either have or sustain an erection can make it difficult to create a pregnancy.

Other problems can occur when the penis is not formed correctly. It is important that the opening that lets the sperm out of the penis be at the center of the penis’ tip. There are two main variations that can cause problems getting pregnant:

Hypospadias – affects about one in 300 men. It is caused when the opening is on the underside of the penis.
Epispadias is caused by the opening at the top of the penis, and is much rarer (only affecting one in 100,000 men).

Both of these conditions are associated with an unusual curvature of the
erect penis -- it curves up in epispadias and down in hypospadias – and can prevent the sperm from getting where it’s needed in order to fertilize the woman’s egg.

The Testicles

A man’s testicles both produce and store sperm. It is vitally important for the testicles to be kept a few degrees cooler than 98 degrees for sperm to develop properly. That’s why it is so important for men with one testicle larger than the other to be checked for both hydrocele, a collection of fluid inside the scrotum; and varicose, varicose veins in the testicle, which can both raise testicle temperature and cause infertility.

Unlike a woman’s eggs, which are present at birth, a man continues to produce sperm throughout adulthood.

Although produced every day, it does take about two months for a man’s sperm to fully mature. The process begins in the testes, where FSH and LH hormones begin making sperm and testosterone. Once the sperm mature in the epididymis, they travel through the vas deferens up to the seminal vesicle and the prostate, where they are submerged in semen and finally ejaculated through the urethra and into the woman’s vagina during intercourse.

The Sperm

Without sperm there would be no babies. Without enough of them your chances of becoming pregnant lessen. Every time a man ejaculates, about - 200 million sperm are released. That should certainly be enough to fertilize one little egg now shouldn’t it? Maybe not! Within a few hours that 200 million has dwindled to a paltry 100 million. Their job has just gotten harder.
The journey to the egg is long and difficult. First, the sperm needs to know in which direction to swim (statistics show that almost half go in the wrong direction – maybe they should stop and ask for directions!).

Next, they actually have to get moving. Many lag behind. Meanwhile, the woman’s body isn’t necessarily friendly, killing off thousands of others along the way. For the lucky few, success can be found, but only if they are strong enough and persistent enough to make it through the long arduous journey.

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