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Specializing in Preconception Wellness, Fertility & Maternity Massage

Frequently Asked Questions About Fertility Massage

What is fertility massage?

Fertility massage is a specialized massage and bodywork therapy that is designed to help optimize a couple's physical well being and enhance their opportunity for conception. This treatment integrates specific massage and bodywork therapies to help your body prepare for conception. The steps throughout the treatment aim to cleanse, align and balance your body while supporting your wellbeing. Fertility massage incorporates techniques for:

- reducing/releasing adhesions which restrict normal movement and processes of the reproductive organs
- increasing and improving pelvic blood flow and circulation, cleansing the body's cells of metabolic waste products that could be impeding conception while enhancing delivery of hormones and nutrients essential for conception
- decreasing cortisol blood levels, alleviating the effects of stress and anxiety
- balancing and opening up the body's conception energy both physically and spiritually
- fertility awareness and preconception wellness education, including nutrition support

Who is it for?

A healthy, balanced body plays a vital role in fertility for both men and women. Fertility massage is beneficial for anyone who is currently trying to conceive or is in the preparatory stages leading up to the conception period. **It is complementary to both medical fertility care (Assisted Reproductive Technology) and alternative therapies (chiropractic, acupuncture, herbal, etc.).** It can also be experienced on its own to boost fertility and wellbeing. It is recommended that **both** partners receive fertility massage as conception is more likely if **both** partners participate in the fertility massage experience and are open to continuing the techniques at home.

A man can also receive fertility massage?

Yes, the intent of a fertility massage session for a male is focused on improving sperm quality, count and motility. The man is respectfully instructed in male fertility wisdom and self-care techniques.

How is fertility massage different from a "regular" massage and how will it benefit me?

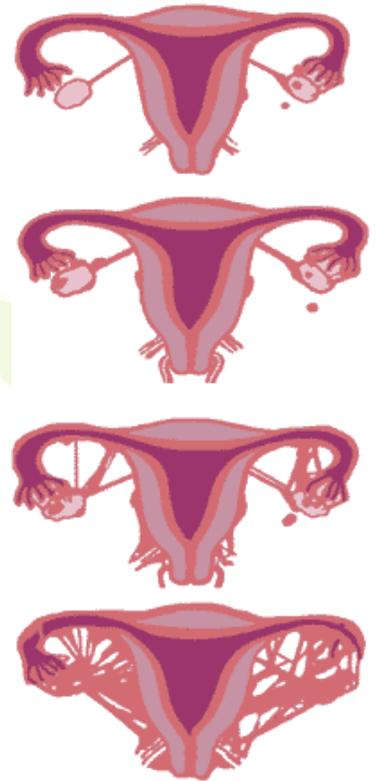
- Focused pelvic and abdominal massage is performed to break up adhesions and increase blood flow to all digestive and reproductive organs, nourish follicles with fresh blood supply and oxygen, and help resolve blockages in the fallopian tubes
- Fertility wisdom is shared during the session and information is provided for you to follow up with post session care at home - includes knowledge about timing and awareness for potential conception, guidelines for self-application of castor oil packs, and resources on nutrition, herbs, yoga, and complementary therapy recommendations)
- Specific aromatherapy is employed via specially blended essential oils to help with optimal hormonal functioning
- Visualization techniques are used for tuning in to the energy of conception and for helping to relieve stress and anxiety.

Can you tell me more about abdominal adhesions and how they can impact our ability to conceive?

Abdominal adhesions are thick or thin bands of restrictive tissue that form over a person's lifetime in a variety of ways, as the result of injury, infection, surgery, inflammation, radiation therapy, lifestyle (chronic poor posture and diet). They act like glue and limit the free movement of, and flow through, the reproductive tissues and organs. Adhesions can form within the fallopian tubes, obstructing the path of the ovum to the uterus, as well as around the tubes, ovaries or uterus, pulling, twisting or kinking the tubes, limiting the tubes from catching an egg; engulfing the ovaries, prohibiting the release of an egg; or within the uterine wall, restricting the timely travel of the sperm or blocking the implantation or a fertilized egg on the uterine wall.

What does the research say about how massage therapy can enhance fertility by helping to address abdominal adhesions?

It has long been theorized that massage helped women achieve fertility. That has now been backed up by two studies that lend credence to this, when using specific fertility-enhancing bodywork techniques. The first study, published June 18, 2004, by *Medscape General Medicine OB/GYN & Women's Health*, studied two groups of women. One group was seeking to become pregnant on their own, while the other group was preparing to receive in vitro fertilization (IVF). Both groups had suspected or confirmed pelvic adhesions or inflammatory diseases, such as endometriosis. Both groups received targeted bodywork therapy to their abdominal and pelvic area. In the first group, of the 14 patients available for follow-up, **71 percent became pregnant** within one year, and three of them became pregnant a second time. Of the IVF group, there was a **66 percent successful rate of embryo transfers**, which is significantly higher than the estimated odds ratio. The second study also produced significant results. Published in the January/February 2008 issue of *Alternative Therapies*, 28 infertile women who had been diagnosed with complete fallopian tube blockages received 20 hours of manual physical therapy treatment to their abdominal area. Within one month, they underwent medical testing to determine the status of the blockages. **Seventeen of the 28 patients (61 percent) showed the blockage had been released, and 9 of those 17 became pregnant.**



How do high levels of stress and stress hormones (cortisol) impact our ability to conceive?

Stress is defined as any event that a person perceives as threatening, and to protect itself the body responds to stressors by producing a hormone called cortisol. Small amounts of cortisol can be a positive thing, for example, when test taking, it heightens our memory, it increases our reaction time when driving if we need to avoid an accident, and it can give us that quick burst of energy for survival. However, if the source of stress is constant and the level of cortisol in our bodies increases, it interferes with the function of the hypothalamus, the region of the brain that produces sex hormones. Stress directly interferes with the balanced release of hormones required for the production and release of mature sperm and egg, and the development of the uterine lining.

Prolactin, a hormone which is released by the pituitary gland is usually released to stimulate lactation in preparation for nursing. However, under stress, the pituitary gland emits more prolactin in order to impair fertility. It is at this time the body is letting us know we should not be pregnant under stress.

Cortisol, a major stress hormone, has been shown to affect reproduction in multiple ways. It interferes with the surge of luteinizing hormone (LH) from the pituitary, delaying it and making the surge less powerful. LH is responsible for the final development of the follicle into the corpus luteum and the release of the egg. This has many negative impacts on healthy ovulation and on the hormones required to sustain implantation. Formation of a healthy corpus luteum is required to produce progesterone which allows for full development of the endometrial lining and hence, implantation.

High levels of glucocorticoid (stress hormone) are also known to reduce estrogen secretion by the follicle. Low estrogen levels will reduce fertile mucous and the development of the endometrial lining.

In summary, stress and stress hormones can contribute to infertility in the following ways:

- Impairs follicle health and development by reducing the secretion of estrogen from the follicles which reduces the thickness of the endometrium and the fertile mucous.
- Reduces the secretion of progesterone from the corpus luteum in the luteal phase, and thus affects implantation.
- Increases prolactin secretion by the pituitary gland, which inhibits ovarian function.
- Affects the surge of luteinizing hormone (LH) from the pituitary gland which is responsible for stimulating ovarian function.
- Affects the part of the immune system responsible for preventing miscarriage in early part of pregnancy.

Does research also support other medical benefits of massage therapy including reduction of cortisol?

Definitive research has just recently been published in peer reviewed scientific journals showing the physiological benefits of massage on our bodies and wellness. Below here is a reprint of a recent article published in the Wall Street Journal.

THE WALL STREET JOURNAL.

WSJ.com

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Don't Call It Pampering: Massage Wants to Be Medicine By ANDREA PETERSEN

While massage may have developed a reputation as a decadent treat for people who love pampering, new studies are showing it has a wide variety of tangible health benefits.

Research over the past couple of years has found that massage therapy boosts immune function in women with breast cancer, improves symptoms in children with asthma, and increases grip strength in patients with carpal tunnel syndrome. Giving massages to the littlest patients, premature babies, helped in the crucial task of gaining weight.

Is massage just for pampering or does it have true biological effects? A recent study showed muscles rebounded better if massaged after exercising to exhaustion.

The benefits go beyond feelings of relaxation and wellness that people may recognize after a massage. The American College of Physicians and the American Pain Society now include massage as one of their recommendations for treating low back pain, according to guidelines published in 2007.

New research is also starting to reveal just what happens in the body after a massage. While there have long been theories about how massage works—from releasing toxins to improving circulation—those have been fairly nebulous, with little hard evidence. Now, one study, for example, found that **a single, 45-minute massage led to a reduction in the level of cortisol, a stress hormone, in the blood**, a decrease in cytokine proteins related to inflammation and allergic reactions, and a boost in white blood cells that fight infection.

There's been a surge of scientific interest in massage. The National Center for Complementary and Alternative Medicine, part of the National Institutes of Health, is currently spending \$2.7 million on massage research, up from \$1.5 million in 2002. The Massage Therapy Foundation, a nonprofit organization that funds massage research, held its first scientific conference in 2005. The third conference will be in Boston next year.

The research is being driven, in part, by massage therapy's popularity. About 8.3% of American adults used massage in 2007, up from 5% in 2002, according to a National Health Statistics report that surveyed 23,393 adults in 2007 and 31,044 adults in 2002, the latest such data available. Massage was expected to be a \$10 billion to \$11 billion industry in 2011 in the U.S., according to estimates by the American Massage Therapy Association, a nonprofit professional organization.

"There is emerging evidence that [massage] can make contributions in treating things like pain, where conventional medicine doesn't have all the answers," said Jack Killen, NCCAM's deputy director.

The massage therapy field hopes that the growing body of research will lead to greater insurance coverage for its treatments. Washington is the only state that requires insurers to cover massage therapy.

Elsewhere, private insurers generally provide very limited coverage for massage. WellPoint, for example, doesn't include massage as a standard benefit in most of its plans, but employers can purchase alternative medicine coverage as an add on, said spokeswoman Kristin E. Binns. Aetna doesn't cover massage therapy as a standard benefit but offers members discounts on massage visits with practitioners who are part of an affiliated network of alternative medicine providers. Providers such as chiropractors or physical therapists, whose visits are often covered, sometimes use massage as part of their treatment.

Massage therapists charge an average of about \$59 for a one-hour session, according to the American Massage Therapy Association. Treatments at posh urban spas, however, can easily cost at least three times that amount.

Most of the research is being done on Swedish massage, the most widely-available type of massage in the U.S. It is a full-body massage, often using oil or lotion, that includes a variety of strokes, including "effleurage" (gliding movements over the skin), "petrissage" (kneading pressure) and "tapotement" (rhythmic tapping).

Another common type of massage, so-called deep tissue, tends to be more targeted to problem muscles and includes techniques such as acupressure, trigger-point work (which focuses on little knots of muscle) and "deep transverse friction" where the therapist moves back and forth over muscle fibers to break up scar tissue.

Massage is already widely used to treat osteoarthritis, for which other treatments have concerning side effects. A study published in the Archives of Internal Medicine in 2006 showed that full-body Swedish massage greatly improved symptoms of osteoarthritis of the knee. Patients who had massages twice weekly for four weeks and once a week for an additional four weeks had less pain and stiffness and better range of motion than those who didn't get massages. They were also able to walk a 50-foot path more quickly.

"If [massage] works then it should become part of the conventionally recommended interventions for this condition and if it doesn't work we should let [patients] know so they don't waste their time and money," says Adam Perlman, the lead author of the study and the executive director of Duke Integrative Medicine in Durham, N.C.

Scientists are also studying massage in healthy people.

In a small study published in the journal Science Translational Medicine last month, a 10-minute massage promoted muscle recovery after exercise. In the study, 11 young men exercised to exhaustion and then received a massage in one leg. Muscle biopsies were taken in both quad muscles before exercise, after the massage and 2½ hours later.

The short massage boosted the production of mitochondria, the energy factory of the cell, among other effects. "We've shown this is something that has a biological effect," says Mark Tarnopolsky, a co-author of the study and a professor of pediatrics and medicine at McMaster University Medical Center in Hamilton, Ontario.

A 2010 study with 53 participants comparing the effects of one 45-minute Swedish massage to light touch, found that people who got a massage had a large decrease in arginine-vasopressin, a hormone that normally increases with stress and aggressive behavior, and lower levels of cortisol, a stress hormone, in their blood after the session. There was also a decrease in cytokine proteins related to inflammation and allergic reactions.

Mark Hyman Rapaport, the lead author of the study and the chairman of psychiatry and behavioral science at the Emory University School of Medicine in Atlanta, says he began studying massage because, "My wife liked massages and I wasn't quite sure why. I thought of it as an extravagance, a luxury for only people who are very rich and who pamper themselves." Now, Dr. Rapaport says he gets a massage at least once a month. His group is now studying massage as a treatment for generalized anxiety disorder.

Research Findings

- **A full-body massage boosted immune function and lowered heart rate and blood pressure in women with breast cancer undergoing radiation treatment, a 2009 study of 30 participants found.**
- **Children given 20-minute massages by their parents every night for five weeks plus standard asthma treatment had significantly improved lung function compared with those in standard care, a 2011 study of 60 children found.**
- **A 10-minute massage upped mitochondria production, and reduced proteins associated with inflammation in muscles that had been exercised to exhaustion, a small study last month found.**

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Are there different types of fertility massage?

There are a variety of fertility massage protocols developed by leaders in the field. Two of the most promising are the **Arvigo Techniques of Maya Abdominal Therapy®** and **Mercier Therapy for Optimum Pelvic Health**.

Dr. Rosita Arvigo lived and studied with traditional healers in Central America for over 30 years. She combined her knowledge of anatomy, physiology, naprapathy (study of muscles, ligaments and connective tissue) with these traditional healing methods to formulate the **Arvigo Techniques of Maya Abdominal Therapy® (ATMAT)**.

With a long history of working closely alongside medical doctors as a fertility clinician, Dr. Jennifer Mercier, naturopath, massage therapist and midwife, developed abdominal massage techniques called **Mercier Therapy (MT)**. Dr. Mercier has a broad perspective that encompasses both women undergoing medically assisted fertility regimens such as IUI and IVF and women seeking a more natural less invasive route.

How do these fertility massage therapies differ and which type would be best for me?

Both ATMAT and MT involve external, non invasive and gentle corrective soft tissue manual manipulation techniques that help reposition internal organs and restore balance and well being within the pelvis. Both therapies improve soft tissue mobility and elasticity and break down adhesions that could be affecting reproductive organ functioning and causing pelvic pain. Both therapies have produced excellent results, facilitating fertility in women with a wide range of adhesion related infertility and reproductive organ dysfunction.

ATMAT includes some things that MT does not. During an ATMAT session, the client is taught how to do a 10 minute self care abdominal massage. It is recommended that this self care be performed daily to enhance the professional treatment sessions. An ATMAT session also incorporates evaluation and application of structural alignment of spine with attention to the sacrum, lumbar and thoracic spine. As a result, ATMAT sessions are a minimum of 30 minutes longer than MT sessions.

These therapies also differ in session frequency. As both therapies are rehabilitative, they must be received consistently to help restore optimal function within the pelvic musculature, fascia and ligaments. With ATMAT, it is assumed that at home self care has been ongoing since the initial session and will be continued on a regular basis indefinitely. Three sessions are usually the minimum and these are performed over a period of 4-6 weeks. In contrast, MT regimen is a commitment of 12 individual sessions and there is no at home self care. Recommended timing for MT is 3 sessions per week over a 4 week period.

A discussion with your massage therapist will help you decide which therapy would be best for your situation. If you are considering ATMAT - honestly assess your ability to commit to regular at home self care. With MT, your financial resources and time investment in travel and massage therapy sessions both need to be taken into account.

What is the best time in my cycle to receive fertility massage?

Fertility massage can be received any time prior to initiating conception except during menstruation. Timing your session depends on your unique situation.

Natural Cycle	Massage can start day 5 of cycle and should end 1-2 days prior to predicted ovulation. (If not trying to conceive this cycle, massage may continue until menstruation starts).
Assisted Reproductive Technology - Supplementations	Same as above. If possible, it is best to start massage well in advance of starting prescribed medication and/or hormone therapy.
Assisted Reproductive Technology - Intrauterine Insemination	Massage applied up to the day prior to insemination. If possible, it is best to start massage well in advance of starting prescribed medication and/or hormone therapy.
Assisted Reproductive Technology - In-Vitro Fertilization	Massage applied up to the day prior to procedure. If possible, it is best to start massage well in advance of starting prescribed medication and/or hormone therapy.

Can I bring my partner with me to my session?

Yes, it is recommended that couples attend the first session together as they are taught fertility awareness and may also be taught some "at home" massage and complementary care skills that they can employ on each other (e.g. application of castor oil packs). Inclusive participation greatly reduces the effect of stress hormones on the couple's bodies and helps the couples have fun during a time where emotions, fears, and eager expectations can run high.

How long does a session take and how much does it cost?

The Initial fertility massage session is more comprehensive and requires a greater time commitment from you, your partner, and your therapist. Follow-up sessions are 60-90 minutes depending on the therapy protocol – ATMAT or MT. This chart below is intended to give you an estimate of the financial resources involved and will be discussed in more detail during your initial phone consultation with your therapist as you jointly develop your treatment plan:

3 hour Initial Session for Couple \$255	<ul style="list-style-type: none">• 2 massage treatments (female and male)• consultation/education
2 hour Initial Session for Female/Male (partner welcome to observe) \$175	<ul style="list-style-type: none">• 1 massage treatment• consultation/education
Follow-on Sessions @1 to 1.5 hour (partner welcome to observe) \$85-\$115	<ul style="list-style-type: none">• 1 massage treatment• ongoing follow-up consultation/additional education

How many sessions are recommended?

As it takes 90 days for the fluid in our cells to replenish, it is suggested, though not mandatory, that women and men who are interested in fertility massage commit to 4-6 months of focus on preconception wellness. This allows for sufficient time for the body to be supported with healthier fluid circulation and life force and can improve the quality of follicles and sperm. The frequency of fertility massage sessions will vary with each couple's specific situation and the therapy protocol chosen. Your initial fertility massage session will equip you with additional information that will enable you to be more accountable for your ongoing conception preparation at home.

What resources do you recommend for supporting us on our conception journey?

- ***Journeys In Healing: Inspiring Experiences of Arvigo® Practitioners and Their Clients***
Edited by Donna J Zubrod and Diane MacDonald with Rosita Arvigo, DN (2014)
- ***Women's Optimal Pelvic Health With Mercier Therapy***
by Jennifer Mercier, PhD (2010)
- ***Healthy Parents, Better Babies: A Couple's Guide to Natural Preconception Health Care***
by Francesca Naish and Janette Roberts (1999)
- ***Taking Charge of Your Fertility: The Definitive Guide to Natural Birth Control, Pregnancy Achievement, and Reproductive Health***
by Toni Weschler (2006)
- ***The Fertile Female: How the Power of Longing for a Child Can Save Your Life and Change the World***
by Julia Indichova (2007)
- ***Fully Fertile: A Holistic 12-Week Plan for Optimal Fertility***
by Tami Quinn, Jeanie Bussell, Beth Heller, Brian Kaplan MD (2010)
- ***The Fertility Diet: Groundbreaking Research Reveals Natural Ways to Boost Ovulation and Improve Your Chances of Getting Pregnant***
by Jorge Chavarro, Walter Willett and Patrick Skerrett (2007)
- ***The Infertility Cure: The Ancient Chinese Wellness Program for Getting Pregnant and Having Healthy Babies***
by Randine A. Lewis (2005)
- ***Making Babies: A Proven 3-Month Program for Maximum Fertility***
by Sami S. David and Jill Blakeway (2009)
- ***Hypnofertility: The LeClaire Method, the Easy Way for You to Conceive and Carry Your Healthy Baby to Full Term***
by Michelle LeClaire O'Neill Ph. D. R.N. (2005)
- **www.arvigotherapy.com**
- **www.drjennifermercier.com**