ISSUE 106 | SUMMER 2022

ONTARIO ASSOCIATION OF NATUROPATHIC DOCTORS

DISCOVERING ST. FRANCIS HERB FARM



AGNI: HARNESSING THE FIRES OF METABOLISM

INTERPROFESSIONAL SPOTLIGHT: RHN MORGAN KNULL

THE

CYCLE CHARTING 101



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Dr. Virender Sodhi was the first Ayurvedic and Naturopathic physician in the United States. He earned his M.D. in Ayurveda in 1980 from the Dayanand Ayurvedic Medical College in Jalandhar, India. Dr. Sodhi served as a clinician and medical professor in India until 1986. when the Indian government selected him to share Ayurveda with Western society as part of a cultural exchange program. After arriving in the United States, Dr. Sodhi enrolled at Bastvr University and received his ND degree from Bastyr in 1988. His clinical work has specialized in combining Ayurvedic medicine and oncology, having finished fellowship in Integrative Oncology with Dr. Mark Rosenberg in 2012. He is also the CEO of Ayush Herbs Inc., bringing sustainable and pure Ayurvedic herbs and balanced herbal formulations to the West. He currently practices at the Ayurvedic & Naturopathic Medical Clinic in Bellevue, Washington.

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DR. JESSICA LIU

Dr. Jessica Liu, ND, in naturopathic practice since 2006, is clinical director at Lakeside Natural Health Centre in Mississauga, Ontario, and is the creator of the Vibrant Fertility Program. She has advanced training in Bio-identical Hormone Therapy and Pharmacology. She is also a regular speaker at the Canadian Fertility Show, known for her special interest in Fertility PTSD.



ND





DR. DARIA LOVE

Dr. Daria Love, ND, has been in professional practice for almost 45 years. While practicing largely as a solo general practitioner in downtown Toronto, she has experienced different practice settings and styles. She has been involved extensively with the naturopathic profession including education, Board positions with CCNM, current Chair of PAC, member of the Medical Advisory Group for The Pulse and NEST, and has written articles for Vital Link, The Pulse and some community-based organizations. She is a strong advocate for participation in professional activities that promote personal and professional growth. But life is not all about practice and the profession! She is looking forward to a waning of COVID and being able to return to her jewelry artistic activities with the Eden Mills Arts Festival, and the Fine Arts Studio Tour of Milton.

DR. JANIS LI

ND Dr. Janis Li, ND, maintains a private practice in Richmond Hill, Ontario. Her areas of clinical interest include pain management, stress management, women's health, weight loss, and digestive concerns. She is an eclectic practitioner and incorporates multiple therapies in her treatment plans, with Traditional Chinese Medicine and acupuncture being her most commonly prescribed modalities. Outside of private practice, she volunteers her time with the OAND as a member of The Pulse Medical Advisory Group and Continuing Education Advisory Group. She also enjoys connecting with students as a teaching assistant and lecturer at the Canadian College of Naturopathic Medicine in Toronto.





DR. JULIANA ROSARIO YEUNG ND

Dr. Juliana Rosario Yeung, ND, is a mother and a naturopath passionate to guide other parents into their naturopathic journey of parenthood. She supports whatever stage one may be in: preconception, pregnancy and postpartum.



FEATURE

Start with the Chart -Guide Your Patient to Health with Cycle Charting

NORA POPE, FCP, AND DR. JESSICA LIU, ND

Introduction

Naturopathic philosophy blends itself seamlessly with fertility awareness. Fertility awareness appeals to couples who want to naturally regulate their family planning without the use of chemical contraception. It is eco-friendly, good for the environment and it engenders true equality between partners. As a woman's health tool, cycle charting is a synergistic addition to a naturopathic approach to women's health. Cycle charting helps you identify low progesterone as a potential hormonal trigger to: PMS, seizures and autoimmune conditions; as well as point to patterns associated with PCOS, endometriosis and recurrent pregnancy loss. It is not only useful in fertility management, but this type of "Hormone Health Awareness," is also gaining popularity with teens and women who are considering alternative forms of contraception, particularly those concerned about side effects of oral birth control medications (OCPs), especially when prescribed for reasons other than contraception. According to a survey conducted by the Guttmacher Institute in 2011, more than half of OCP users, 58%, rely on the method at least in part for purposes other than pregnancy prevention, including dysmenorrhea (31%), menstrual irregularity (28%), and acne (14%).1 Naturopathic modalities, timed with cycle charting, can be highly effective in relieving these hormonal discomforts, without side effects. Now more than ever, our patients are hungry for information on other reliable forms of hormone-balancing treatments.

History

The discovery that specific types of cervical mucus correlate to the precise time of fertility was elucidated by two Australian physicians, Drs. John and Evelyn Billings. When menstruation ceases, estrogen and progesterone levels are low and typically these days can feel dry. Fertile mucus begins to be produced in response to rising estrogen levels. The key factor in determining whether or not your mucus is fertile mucus is its sensation. When you wipe from front to back with toilet paper, the sensation is slippery; the wiping action is smooth and without resistance. The last day of this slippery mucus is called the 'peak' day and corresponds to peak estrogen levels. The day after your 'peak' the mucus changes dramatically: the same wiping action with toilet paper is not smooth. This physical sensation is so easily determined that even blind women can determine their fertility.² You chart the days of menstruation, dryness, cervical mucus and 'peak' each month to keep a record of your fertility.

The People's Republic of China has adopted the Billings Ovulation Method due to its public policy of aggressive family planning. To date, tens of thousands of couples use the system.³

Creighton Ovulation Method and NaproTechnology

Doctors at Creighton University incorporated the Billings Ovulation Method into a standardized and global method of charting. The Creighton method assigns specific codes for each type of mucus (clear, cloudy, stretchy, not stretchy). In addition, they developed NaproTechnology (**Na**tural Reproductive), an ObGyn system to diagnose infertility based on monthly charting of mucus (or absence of mucus).

Benefits of Fertility Awareness-Based Methods (FABMs)

Fertility awareness is appealing for many reasons: it is non-toxic and medically safe; when used properly, it is as reliable or even more reliable than the OCP;⁴ it is inexpensive since there is no need for on-going prescription renewals.

Dr. Pilar Vigil, MD, explains the importance of cycle charting in a women's health practice:⁵

"Fertility awareness is useful in helping women to identify the different stages of their reproductive life cycle. Fertility awareness is also a valuable tool in helping women to identify gynecological disorders. Persistence of irregularities within the mucus patterns and the menstrual cycle should be of concern to women presenting with these problems.

These irregularities may be due to obstetrical, endocrine, gynecological or iatrogenic disorders. Insight into early pregnancy complications, ovulatory dysfunction and pelvic inflammatory disease can be ascertained from abnormalities within the menstrual cycle and mucus pattern. Thus, fertility awareness will also enable the recognition and early treatment of several metabolic, endocrine and infectious diseases."

Now more than ever, our patients are hungry for information on other reliable forms of hormone-balancing treatments.

Cycle Charting 101: How Does It Work?

Using the **SOFT** approach, we teach women how to chart their cycles by making wiping observations regularly throughout the day. At night, they record on their Cycle Chart:

- what they feel (Sensation);
- what they see on the toilet paper (Observation);
- if the mucus can stretch (Finger Test).

The fertile days or "cervical fluid days" are days when the woman's cervix is discharging sperm-friendly mucus which is alkaline in nature and rich in fructose and minerals. **Cervical fluid is identical biochemically to seminal fluid.** The chart below is an example of the classic 28-day cycle:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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Heavy	Heavy	Medium	Medium	Light Dry	Dry	Dry	Dry	Dry	Sticky Cloudy	Tacky Cloudy	Tacky Clear	Clear LUB	Clear LUB	Sticky Cloudy	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry
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28-day Cycle Chart: 14 days before and after the Peak Day

For days of bleeding, a red stamp is placed on the chart. We refer to these days as "Red Flow." For dry days, a green sticker is placed on the chart.

For cervical fluid days, a white sticker with a baby on it is placed. We refer to these days as "White Flow." White Flow Makes Babies is a term we coined to promote the overlooked role of cervical fluid in human reproduction.⁶

post-peak days, which range from 10-15 days, and have green stickers on them.

The Rule of 5

The chart below shows three healthy consecutive cycles. It can take two or more months of charting before the woman can confidently identify her peak day.

For the peak day, the letter "P" is written directly on the sticker by the patient. The numbers "1", "2" and "3" are written on the stickers as well by the patient. These three days are considered fertile because the internal environment is still sperm-friendly, and the cervix is open until peak day +4. Then the patient charts A healthy chart will have consistent biomarkers: 5 days of bleeding, followed by a variable number of dry days, followed by 5 days of sperm-friendly cervical fluid, followed by the luteal phase which is consistent from cycle to cycle. The range can be 10-15 days or 5 days multiplied by 2 or 3. We call this the **Rule of 5**.



28-, 24- and 33-day cycle charts: variable days pre-peak & Rule of 5 in all 3



Day 21 No More: Peak +7 Please

It is common practice to order blood work on Day 21 for mid-luteal function. It is wrongfully assumed that every cycle will have ovulation occur on Day 14. When you consider that only 13% of cycles have a Day 14 ovulation, one can appreciate the lack of accuracy in testing on this day.

Charting identifies the end of the follicular phase with the peak day.⁷ Post-peak days are the true luteal phase based on the woman's individual physiology. Blood work (progesterone, estradiol) is done on **Peak +7**, **not Day 21**.

After three months of charting, an estradiol or follicular blood work series begins on the mucus days on Peak -5, -3, -1 and around the peak. A follicular ultrasound series will also use the mucus days as a timing strategy.

How to Implement Cycle Charting into Your Practice

We recommend incorporating cycle charting education in your very first visit with your women's health practice. You want to prepare your patient to commit to at least three months of tracking their days of fertility and infertility. The success of cycle charting starts with introducing your patient to the following schedule:

Appointment #1	 Overview of Cycle Charting Method and stickers
Appointments #2-#5	 Every 2 weeks over a 2-month period, review the chart and clarify days of fertility and days of infertility Identify dry days vs. slippery days Requisition tests for post-peak blood work
Appointment #6	 After 3 full months of charting Requisition tests for pre-peak blood work and ultrasounds

We cannot stress enough the importance of daily tracking in a methodical manner: wiping before and after urination; wiping before and after a bowel movement; wiping before and after bathing. The primary goal is to confirm the sensory understanding of a dry day, which is an infertile day. This will give the user the confidence in clearly understanding their days of fertility since the wiping experience is so different: slippery and lubricative!

An important note is that many fertility apps cannot be used as a reliable form of family planning without appropriate training in fertility-based awareness methods by the user.⁸

Benefits to the Clinician and Patients

Many patient populations can integrate cycle charting as a health tool, many of whom suffer from low progesterone:

- 1. Women with seizures and autoimmune conditions
- 2. Couples struggling to conceive
- 3. Breastfeeding or childless couples interested in postponing pregnancy
- 4. Women in their teens and 20s who are getting off the OCP

Working with this last group is very rewarding. Cycle charting weaves in our Naturopathic Guiding Principles in practice. By working closely with these patients, you can prevent future obstetrical complications by addressing their hormonal imbalances now.

What we love to see is how charting increases communication between couples and nourishes the emotional and spiritual sides of the couple's sex life. Charting is a family planning system which is co-operative between both partners. It's a shared system. The woman doesn't bear the sole responsibility of family planning. In our experience with charting, we see how charting creates true intimacy for couples. Cycle charting engenders a deeper connection, providing a framework to explore intimacy as **SPICE**: Spiritual, Physical, Intellectual, Communicative and Emotional.

For family planning, it's a proven method for achieving pregnancy on days of shared fertility, or postponing pregnancy on days of the woman's infertility.^{9,10}

When pregnancy does occur, charting has obstetrical benefits: it ensures positive birth outcomes by accurately identifying the time of conception, which occurs during White Flow Days. This results in a more accurate due date, requiring no invasive measures for inducing labour. Charting can uncover earlier detection of Group B strep infections. These infections present as a light, watery discharge. By treating infections earlier charting can prevent an overlooked cause of pre-term birth and pregnancy loss. Untreated infections can bring on premature contractions and often do not respond to tocolytic therapy. Charting directs the need for an anti-microbial treatment instead and can be lifesaving.

Concluding Remarks

Our hope is that cycle charting becomes more integrated in Naturopathic Medical Training. Charting reveals both health and disease processes. The cycle chart becomes the patient's road map in timing blood tests, ultrasounds as well as prescriptions and treatments. When you have helped patients restore the **Rule of** 5, you can communicate a clear prognosis for their reproductive health.

Our Stories

Nora Pope, FCP: Cycle charting has been a part of my life for decades. In 1994, I started using fertility awareness-based methods to track my cycle. Then in 2002, I integrated cycle charting into my practice for my epilepsy patients. I completed Advanced Training in Obstetrics and Gynecology at Creighton University with cycle charting as the road map to treat hormone-related conditions affecting reproductive health. I have been teaching cycle charting to Naturopathic Doctors since 2006 and achieving fertility awareness and body literacy for all Naturopathic Doctors is my societal goal.

Jessica Liu, ND: My journey as a fertility-focused Naturopathic Doctor started in my clinical years at CCNM when I had to work through my own hormonal and cycle challenges with my fourthyear clinical intern. From there my interest in cycle awareness began but it wasn't until I took a groundbreaking course given by Nora Pope in 2017 that changed my fertility practice significantly. My dream is to share this work with other clinicians to launch your confidence in fertility awareness-based methods so that you can elevate your assessment skills in fertility care.

Together, Nora and Jessica have created a six-hour accredited Fertility CE Course on Cycle Charting, Progesterone HRT and Fertility Enhancement. For more information, visit: <u>www.fertilityce.com</u>

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