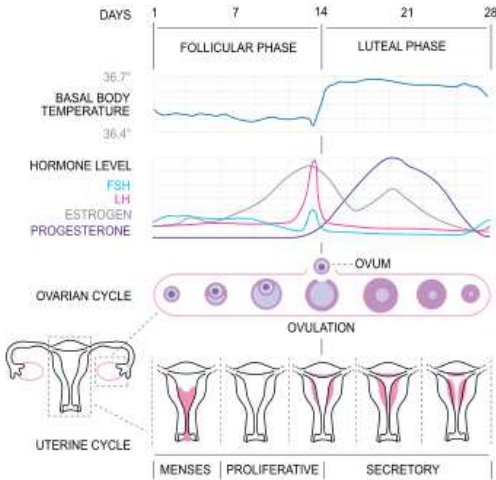




Probably some of you have IUDs, or use the pill, or the ring, or . . . It's worth noting that we all do what we've gotta do, taking whatever best option we can at the time. No one can judge the choices a woman makes about her fertility – and the truth is, we aren't presented with much in the way of good options. But as it turns out, we have more than we've been led to believe, and with a little care, we can continue to change the landscape for future generations.

### the fertility cycle

in order to understand birth control, we have to understand conception.



### follicular phase

in the ovaries, the increase of FSH (follicle stimulating hormone) causes several follicles to develop; each contains an immature egg. typically, only one egg will become mature enough for ovulation, and will burst out of the follicle. in the uterus, first there is menses – the old lining is shed, and then the proliferative phase begins, which is the build up of estrogen.

### the fertile “moment”

a surge of luteinizing hormone, produced in the pituitary gland, triggers the actual ovulation, and subsequent development of the corpus luteum. the cervix produces fertile mucus, which reduces the acidity of the vaginal canal, providing a better living environment for sperm.

### luteal phase

the corpus luteum produces progesterone until the placenta can take over the job at ~10 weeks. (women who repeatedly miscarry just before 10 weeks have insufficient corpus luteum.) if the egg is not fertilized, the corpus luteum dies and progesterone production stops. a luteal phase of less than 12 days makes pregnancy difficult, because there is not enough buildup of progesterone, and the embryo is not able to implant.

### and along the way, the liver clears the hormones

if your liver is struggling, the hormones are building up and wreaking havoc. you've got to have a good liver!

\* so the key here is that **the whole system depends on the appropriate fluctuation of hormone levels.** this fluctuation causes the uterine lining to thicken in preparation for pregnancy, and to shed when one does not occur. if hormone levels do not fluctuate appropriately, the buildup and shed does not occur, or does not occur appropriately.

### conventional birth control options: unplanned non-parenthood

#### NON-HORMONAL

*these all still contain toxic chemicals, but they do not contain hormones.*

**condoms** – widely available, fairly dependable. but in other countries they make better ones – thinner, stronger, more “feely”.

**diaphragm** – hard to get in the states. in America we only have a small number of options – so if one of those fits you, that's great, but in Canada/Europe there are lots of variations, and non-toxic spermicidal options too

**female condoms** – a lot of spermicide, expensive, not widely available. also, fiddly.

**sponge** – not widely available, a very high dose of spermicide, unreliable.



## birth control: a political, social, and practical matter

in this country, the spermicide most frequently used is still nonoxynol-9, which is an irritant to cell membranes, causes sores and lesions that are often mistaken for “latex allergy”, and is banned in many other countries. you can’t get Contragel or any of the non-toxic spermicides in America at this time, though they can be ordered online.

**Paraguard**, the copper IUD, fits into this category as well – no hormones, though that level of copper functions as a spermicide. this is secondary to the actual purpose of an IUD, which is to cause irritation and inflammation so that the uterus is not capable of being implanted by a fertilized egg. this is why periods are typically heavier, and leads to systemic inflammation.

### HORMONAL

*The Pill, Nuva Ring, Mirena IUD, the patch, Depo-Provera and other injected birth controls, and implants. using hormones means you don’t have a period. in other words, each of these options is intentionally disrupting your cycle. there’s no way to do that and not have side effects. also please note, these are steroid hormones.*

some common effects are b vitamin depletion, depression, brain fog, lowered libido, dryness, mood swings, hypothyroid symptoms, fatigue, cholestasis, ...but the biggest effect worth digging into is disruption of endocrine function (it’s all connected!). you can’t suppress the function of the reproductive endocrine organs without also effecting the thyroid, the adrenals, the pineal, the pituitary, the pancreas...

“but i do ok on the pill” – do you? or do you have symptoms that you just don’t attribute to the pill? or that are “less bad” than the horror stories. will you have trouble in the future? what you do know is that it’s an endocrine disruptor, and that’s not without consequence.

what about taking the pill to “resolve” problems in the menstrual cycle?

if there is a disruption in the cycle anywhere there will be disruption in the menstrual cycle. it’s not appropriate to “smooth that over” by taking hormones that result in actually having no cycle at all – that’s “shut up kid, yer botherin’ me”. no problem has been fixed, you just stop complaining. gross! we could instead value menstrual disruptions as a kind of “early warning system” – it’s telling us that our bodies are not ok and need attention!

### natural birth control options: planned non-parenthood

the key word here is “**planned**” – in order for natural birth control options to work, there is some planning and thought involved. first, we have to build a dependable menstrual/fertility cycle:


#### eat right

foundational principles: eat whole foods. avoid processed, packaged food-products. avoid added sugars. eat meat from healthy animals, and vegetables from healthy soil. eat with the seasons. eat with intent, and gratitude, and enjoyment!

eliminate – gluten, casein, sugars, soy, industrial seed oils (soy/corn/canola/“vegetable”), refined carbohydrates, caffeine, often corn, and sometimes legumes, nightshades, or other personal allergens. add/increase – high quality fats (olive, avocado, coconut, and fat from healthy animals), high quality animal proteins, many vegetables in many colors, seaweeds, bone broth with roots and shiitake/maitake, and some low-glycemic berries & fruits.

#### sleep right

human adults require 9-12 hours sleep per night. humans in puberty require 10-12 hours sleep per night. lack of sleep is an endocrine disruptor – increasing adrenaline and cortisol levels, and insulin levels are usually also affected. lack of sleep simultaneously decreases liver function – all of which leads to your hormones being quite a bit out of whack.



### lifestyle and move right

high stress levels increase adrenaline. being outside, spending time alone, allowing your head to get good and bored sometimes so that you have time to process the junk in the back corner is important. lack of movement increases stagnation: walk more, play more, relax more.

### charting: you need data!

it's not as hard as you think –you can download a chart with not only your just-woke-up morning temperature, but also other factors that can help you make sense of variations in your cycle. ([www.commonwealthherbs.com/herbalismo](http://www.commonwealthherbs.com/herbalismo)). every morning when you wake up, before you get out of the bed, take your temperature with a plain old digital thermometer. mark it in your chart. (more on how to interpret the charts is at [tcoyf.com](http://tcoyf.com)). ideally, you'd let your partner take your temperature every morning and mark that part of your chart, so that you are not responsible alone for the fertility of your partnership!

once you get it there, then make sure it stays there for three months so that you know you can rely on it. when it is, hooray! you're ready to start. as long as you're in a time that is not fertile, you're good to go au natural! use condoms when you are fertile (up to 10 days a month), and that's all there is to it. (order condoms from places like [condomdepot.com](http://condomdepot.com) – they don't sell any condoms that have spermicide.)

*understanding your fertility cycle is the first step, but to be really successful, also learn to understand your emotional cycles, and those of your partner. talk about them together. understand how you fit into the larger cycles around you. use things that aren't sex to be intimate, so that you can expand your definition and practice of intimacy.*

### cycles: beyond the fertility cycle

we ALL need introversion time AND extroversion time – it's ok and even good to have some nights where you just wanna crawl into your comfy baggy clothes and be alone and kinda grumpy. it's normal to sleep more in the winter and less in the summer. it's normal to be introspective (and NOT customer-friendly!) when you're bleeding. it's normal to howl at the moon when she's full. these things are natural AND healthy. it's more convenient and fun when these times match up with your partner's cycle, but that's not always going to happen.

### some history: the real red tent


historically, people got time every month to be away from each other during the dark of the moon while the women were bleeding, no manipulation, bribery, or big fight required! is a cycle we evolved with – every month, men and women (and children!) had three days apart from each other, able to focus only on themselves and their concerns. a break from the daily work, and a nice bit of absence-makes-the-heart-fonder... it's not impossible to respect this cycle in our modern lives, it's just different.

### but wait, there's more...

*this is all great, but it also isn't easy. how can a person decide? is there a time when one answer is righter than another? everyone is in a different place on their journey with all this. it's a path, and there's no "good" vs. "wrong" place you can sit in – it's all a progression, with many factors involved. how can we see what factors were involved for us in our lives and pass to the next generation a scenario where the factors are different? is there a way that we can create space for the next generation to grow in awareness of their own cycles, and to increase their mindfulness around sex?*

### political influences

saying no to hormonal birth control isn't simple – either people have to have enough money and education to eat well, have a committed relationship to support the respect of cycle, and wait - what if the guy won't use a condom? would i rather have control over this than leave it to



a guy? these are all really big issues, and they need to be discussed in order for change to happen. here are some thoughts to get you started:

why don't men like condoms in America? in Japan and throughout Asia, they prefer them: Japan isn't in to hormones. so what did they do instead? they built a better condom! why don't we do that here?

why don't we have better diaphragms in America? in Europe women prefer them: they're not into hormonal stuff, so instead they have a huge array of diaphragms available, AND they have non-toxic spermicide. why don't we do that here?

in this country, hormonal options have eclipsed all other options. when women called for more options, we got more hormones, but non-hormonal methods continue to decline. (this is a good time to note that the same is true for abortion options: there is another option besides a surgical abortion and enormous doses of hormones: menstrual extraction is easy, quick, and can be performed in a regular doctor's office. why isn't that more widely available? find out more at [www.earlyoptions.com](http://www.earlyoptions.com))

we, as a reasonably liberal chunk of society, tend to promote Planned Parenthood. in concept, this is good, but in action, Planned Parenthood pushes hormonal birth control and harasses women who don't like hormones. they don't educate on non-hormonal contraception (though in some places they do have condoms), in many cases it's just not available. Planned Parenthood also is pro-vaccine, and that doesn't make us happy. limited accessible health care is better than no health care – or is it? is there a way we can make this better?

### how does our culture affect our sex lives?

we teach our boys, in the locker room, in movies and media, and by example:

- that condoms suck and that they should abhor them
- that it's a woman's responsibility to suppress her fertility so that she can be available to him on his schedule
- to expect sex regularly, and that orgasm is what makes it sex
- that the only way to experience intimacy is through sex

and we do NOT teach them to understand their fertility, or the fertility cycles of women.

we teach our girls, in the locker room, in movies and media, and by example:

- that if she doesn't put out, the boy she really likes won't like her
- that boys don't like condoms and we can't expect them to do that because they don't like it
- that bleeding is bad, smelly, embarrassing, etc.
- that men's sexual needs come before ours, if we even get to have any
- that it's not ok to talk about what we want or need


and we do NOT teach them how to understand their own fertility!

as a society, much like everything else we do, we think more sex = good sex.

as a society, we tend to believe that we're entitled to sex any time, whenever we can get it.

we, as a reasonably liberal chunk of society, tend to think of sexual freedom as a good thing, and abstinence as a bad thing, because politicians have claimed these things. separated from their politics, however, too much sex (or porn, or whatever) is like too much candy. mindful awareness around sex – including only choosing to have sex when you have time for it to be meaningful or with whom it is meaningful – yields nutrient-dense sex.

in order to have meaningful sex, we have to have meaningful things that form the foundation for sex: a safe relationship, where emotional needs are being met. oh no! this is a point of disjunct – often emotional needs are met in two different ways in a relationship. it's not ok to



hold sex hostage in order to get emotional nutrition. it's also not ok to withhold emotional nutrition and expect to get sex anyway!

sex needs a "space", and i'll use the word sacred. you can't build that if one partner is feeling unheard by the other, if one partner is feeling unconsidered. you can't have it if one partner is stuck in some previous episode where those things were true, even if they aren't true now – and so in that case, building that space includes taking the time to bring that partner into the present. not to demand it of them, but to help them find their way here. this can be done by non-sexual touch, but story-sharing, or by something as completely un-erotic as doing dishes together.

## what about herbs?

you might have noticed, i didn't talk about any herbs for birth control. that's because there aren't any. oh, you might have heard of wild carrot, and you've probably even heard some folks having success with it. there are a lot of factors there, and one is, is your friend even fertile to begin with? 47% of all couples trying to have babies today (er, in 2006) are using fertility treatment. which means there's a pretty good chance your friend isn't pregnant because she isn't fertile, and wild carrot had nothing to do with it. it's hypothesized that wild carrot works like the "plan B" pill – a progesterone spike followed by a crash, which you can only do once a month. but you're fertile for about 10 days... that math probably isn't going to be very satisfying for most of you! keep in mind, more frequent use of wild carrot is used to BOOST fertility.

you might have heard of taking high doses of tansy to dislodge a pregnancy, which is also not going to work. if that would work, there would not be any crack babies, or children of alcoholics, or ... a strong pregnancy is exceptionally difficult to dislodge. if a pregnancy is not strong, tansy is likely to dispel it, but that pregnancy would have miscarried anyway and the tansy just pushed it faster. according to the march of dimes, 40% of all pregnancies miscarry, and of those, more than 80% occur in the first 12 weeks. if you have a friend who tried tansy and it worked, is it possible that she was one of those 40% whose pregnancy wasn't strong enough to hold and would have miscarried on its own later without the tansy? so why not just try it? it's teratogenic = causes birth defects. not to mention it'll make you hella sick.

other common herban legends for "natural abortions" include mugwort, pennyroyal, vitamin C, and even ginger. mugwort and pennyroyal are great for a stagnant period, but they're not going to give you an abortion (do not ever ingest essential oils ever!). if you take enough vitamin C to get to the doses that are supposedly required to cause an abortion, your bones and teeth will ache and you'll end up with reverse scurvy. (and also, it won't work)

yes, there are many stories out there, and yes, lots of them are even being told by herbalists. cf 46% are seeking fertility treatment and 40% end in miscarriage. yes, we want to believe that we can rely on plants for every thing, but you can't expect a cat to fetch. it's not in their nature. and we can't expect plants to do something that is against Nature just because we want it. so what to do, if you find yourself in that situation? early options in NYC, or some other clinic that performs MENSTRUAL EXTRACTIONS –it's much MUCH safer than a D&C, requires no anesthesia, it's fast and fairly painless.

## but i'm an herbalist!!

instead, use herbs to support cycle. bleeding tea, nettle and friends. and what about mugwort to support dreamwork together – another kind of intimacy. what about skullcap and passionflower and damiana to come out of your work day and into your nice evening together. and also herbs and flower essences to support other parts of cycle...

katja swift