

Increasing Fertility and Maintaining Pregnancy Naturally.

By: Dr. William Wong, ND, PhD.

For women who want to have children, pregnancy is a time filled with joy and expectation. The love a mother has for her child begins to accumulate and grow as that child grows in the safe, warm confines of her womb. When that expectation and love is suddenly wrenched from her by miscarriage, the scars are deep, painful and permanent. When miscarriage happens more than once, then the psychological burden of the would be mothers questioning her fitness for motherhood begins. More scars and pain are then added to her already heavy burden.

New research arriving in the US from Germany and England offers new hope for women who find difficulty maintaining a pregnancy. From Germany, a five-year study was done by Mucos Pharma at Stanberg District Hospital, a medical teaching hospital of the prestigious Ludwig-Maximilians University in Munich. This research involved 144 women who had experienced three or more miscarriages due to fetal rejection. Rejection of the fetus is an immunological response, which produces inflammation to cause spontaneous abortion. In the study were women who had experienced both early term and (pre12 weeks) and late term (post 13 weeks) recurrent miscarriage (RM). (1).

Before women were admitted into the study their histories were taken in order to determine what the cause of their RM's might have been. There are a few reasons for miscarriage including, malformations of the fetus due to chromosomal aberrations. These total 50 percent of miscarriages. Other major causes include insufficient production of progesterone, uterine abnormalities, metabolic diseases, infections and clotting disorders.

For the Stanberg Hospital study only women who were determined to have lost their babies due to immunological attack were admitted. The rate for RM's due to immunological response is higher than 30%. Past studies confirmed that in many women their bodies see the fetus as a "transplant" since it contains genetic material which is somewhat different from the host. In these women the body creates a response similar to those seen in transplant patients. The hosts' immune system begins to create antibodies to the fetus, which in turn create inflammation that triggers the abortion. If both the immune response and the inflammation could be controlled it was reasoned then the RM could be prevented. Anti-immunological agents such as those used in transplant patients have been considered for use but these have been ruled out due to their toxicity.

Systemic (body wide) enzymes control inflammation, fibrosis, modulates immune response and cleans the blood. Forty years of European research on enzymes have broken ground on the myriad of ways that enzymes or the lack of them are involved in many of the disease and degenerative processes man faces. Systemic Enzymes are not toxic. No

LD-50 (lethal dose) exists for enzymes. In 40 years of use with billions of doses taken no one has ever died or become ill from using systemic enzymes.

The test subjects chosen for the study; then their next pregnancy was planned for and a systemic enzyme supplement given, sometimes even prior to conception. One subgroup of women were given the enzymes only up to the 15th week of pregnancy and the remainder took the preparation during their entire course of pregnancy. Of the 144 women in the study 114 carried out their entire pregnancies and gave birth to healthy children. That is a 79% success rate. During all of the pregnancies no toxic changes were noted in the womb and examination showed that blood and oxygen flow across the placenta were normal.

These findings mirrored a similar multi year study done by Dr. G.T. Sukhikh in Moscow. Dr. Lehmann of Case Western University in Cleveland Ohio is now studying exactly what physiological mechanism of action is involved in these cases. (2).

Chiropractor and endocrine researcher Dr. April Hernandez in Atlanta Georgia is doing further practical work in this vein. She has been so successful in her counseling work with women who have had trouble maintaining pregnancy that local OBGYN's have called her in to lecture in the natural techniques of RM avoidance. These methods include the use of enzymes and a proto hormone (hormone pre cursor) progesterone cream known as Progesta Care from Life Flo of Phoenix.

Pro-gesterone as the name implies this hormone supports pregnancy. In the first trimester of pregnancy progesterone production is the sole responsibility of the ovaries and these often fail to produce sufficient to maintain the pregnancy. By the second trimester the placenta itself is responsible for producing progesterone and it hikes the level of this hormone to 486% higher than the non-pregnant norm. Synthetic progesterone drugs, not being natural progesterone have side effects that if used to maintain the pregnancy may do damage to the baby. On the other hand progesterone made from the Mexican Yam plant has no side effects and the body sees it as it sees it's own progesterone. (3).

It is in the first trimester that the low progesterone RM's occur. During this low hormone phase Dr. Hernandez is recommending that women supplement their natural production with the Progesta Care cream. Progesterone acts also as an immunomodulator, decreasing the rejection response with it's increasing levels. (4). True progesterone levels are checked through out by using the Eval U8 saliva testing method. These tests show what moment to moment tissue levels of hormones are as opposed to blood levels where the body needs to maintain and ideal. Tissue levels are more relevant to the maintenance of pregnancy than are blood levels. (5).

One further supplement can be safely blended into the mix of nutrients used to preserve pregnancy a powder from a turnip grown only in the high Andes of Peru and Ecuador known as **Maca**. It is a little known fact but conception is impossible past 12,000 feet of altitude! Both men and women suffer from sterility and lack of libido in the high mountains. The same things happen to animals, hormonal changes, preclude all mammals

(humans included) from being able to conceive or carry to term at those height! (6,7). When the Spaniards conquered the area of the Andes mountains they discovered that they had no sex drive and their horses and pack and domestic animals were not reproducing. They also noticed that the Lamas and other domestic animals the of local Indian's did reproduce and that the Indian's themselves had no trouble with libido. The secret they were told was this vegetable that grew only in those mountains. The animals dug it up and ate freely of it and the people would cook with it or dry the mashed vegetable into a powder they could consume freely at any time. Upon eating the Maca and feeding the vegetable to their livestock the Spanish discovered the Indians were right. In the men, libido returned with a relish. In their animals, the males became frisky once again and the females became pregnant and had no trouble carrying to term.

Currently Maca is being used throughout South America to prevent miscarriage and help women carry to term. It also has shown itself to provide a further benefit of increasing the birth weight of children. The average weight of babies born in Denver is lower than of babies born at sea level and Denver is only 5000 feet high. What happens at triple that in the Andes? Nothing, because the Maca increases progesterone production and this adds valuable mass to the child. The higher the birth weight the greater the chance of survival!

Maca works by controlling estrogen. Levels that are high or low at the wrong time either keep a woman from becoming pregnant or keep her from carrying to term. Estrogen in men produces erectile dysfunction, lack of libido, lowered sperm count and production of seminal fluid! In this protocol the systemic enzyme is used to both minimize rejection of the fetus as well as to control ankle and leg swelling and the development of spider and varicose veins during childbearing. (8).

Protocol:

1. **Systemic Enzymes** 3 to 5 tablets 3 times a day in-between meals.
2. **Progesta Care Cream** one application twice a day 12 hours apart. An added application or two may be needed if levels of progesterone are very low. It is impossible to over do natural progesterone; there is no top level of dosing. Progesta Care may be used through the pregnancy. Stop using the cream just before the due date, as progesterone levels must go down and estrogen levels go up to trigger childbirth.
3. **Inca Gold Maca** one scoop once or twice a day.

Add to these supplements all the usual nutrition that is needed to produce a healthy baby:

1. Calcium: 1200-1600mg.
2. Magnesium: 1200-1600mg.
3. Zinc: 50 to 75mg.
4. B-12 1000mcg.
5. Folic Acid 800mcg.

6. One gram of protein per kilo (2.2lbs) of body weight.

Morning sickness is usually a physiological sign that either progesterone levels or Folic Acid levels are low. It will do no harm to mother or baby to increase the intake of either until symptoms subside, then to remain at that level of intake.

Prior to the due date avoid all sources of estrogen:

- Soy in any form.
- Isoflavones.
- Pesticides.
- Synthetic plant and vegetable fertilizers.
- Estrogen rich herbs such as Black Cohosh.
- Petroleum fumes.
- Refer to the pregnancy section of Dr. Linda Rector Pages' book Healthy Healing for other herbs to avoid during pregnancy.

Keep using the enzymes after the birth to help heal all of your tissues faster and avoid a good bit of the inflammation caused soreness as well as to reduce spider veins. Resume using the Progesta Care 30 days post partum to end or prevent post partum depression, which is due to the great decrease in progesterone and the increase in estrogen.

References:

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If you would like to use this or any nutritional protocol, please consult with a health care practitioner familiar with the application of supplementation to pregnancy before undertaking this or any other regimen during pregnancy.

Dr. Hartmut Becker MD, OBGYN of Mucos Pharma may be reached for advice on the implementation of systemic enzyme therapy in pregnancy at: becker@mucos.de or 011-49-8171-81237. Please keep the time difference in mind. Germany is 6 hours ahead from the East Coast and 9 hours ahead from the west.

Be well and God bless.