

Treatment of Endometriosis and Fibroids

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What do endometriosis and fibroids have in common? They both have their place in preventing conception, and both are responsive to estrogen fluctuations. There is no western cure for either, except hysterectomy. Eastern medicine, however, gives them a common denominator - they are both considered processes of inhibited, stagnated uterine blood which doesn't flow freely. The menstruate has become blocked, and the normal process has become obstructed. Women with either of these conditions often experience a sediment-like menstrual flow with dark, brown, clotted, blood which has been allowed to oxidize. The rest of the body responds and the immune system reacts to this silty, old blood. Our neuroendocrine awareness is heightened. Remember, our body's immunologic priority is to keep us safe from external or internal insults. It recognizes the toxic state and mounts chemicals to clean up this debris. It knows that a fetus won't survive in this environment.

Luckily, both conditions respond very well to Chinese medicine. Given time and the proper treatment, the blood flow will improve, the sediment will clear, and the body will overcome its immunologic protective mechanisms. Our psycho-neuro-endocrinologic system will settle down. Our body can relax and allow conception to take place.

Endometriosis

Endometriosis is described as the abnormal growth of endometrial tissue outside the endometrium. Endometrial cells are those that are found in the uterine lining. When those cells are found in areas outside of the uterus, the diagnosis of endometriosis is made. Although the disease has been present throughout history, it was first identified in 1860. In 1960 the disease mechanism was first described because of the discovery and use in France of the laparoscope. Endometriosis is therefore a surgical diagnosis. Modern science does not know why endometrial cells are found elsewhere. One theory of its origin is explained by retrograde menstruation. When a woman is supposed to menstruate and blood should be discharged vaginally, it backs up through the tubes and into the abdominal cavity. Yet this happens in most women, and most women do not have endometriosis. Another hypothesis is that anatomic abnormalities such as retroverted uteri and small cervical openings do not allow the blood to pass through freely, and it therefore backs up into other areas of the pelvis.

Another theory of the causative origins of endometriosis is that other cells outside of the uterus are transformed by some unknown stimulus into endometrial cells. Whatever the etiology, the misplaced endometrial cells then respond to hormonal stimulus just like the endometrium is supposed to. But, during menstruation there is no way for this menstrual blood to leave the body. Pain, sometimes very severe, is the result. Prostaglandins are said to be the causative factor in menstrual pain. Painful periods are an indication of possible endometriosis, and women with endometriosis have higher levels of certain of the prostaglandins. The bleeding tissue may also cause adhesions and scar tissue.

Common sites of endometriosis include the cervix, the vaginal-rectal space, ovary, fallopian tubes, colon and bladder wall.

Common accompanying symptoms include dysmenorrhea, pathological uterine bleeding, and bleeding at sites other than the endometrium during menstruation. Some women bleed at sites as distant as the nasopharynx during menstruation and get nosebleeds during the menses. Endometriosis is classified as to its severity.

Mild endometriosis - implants are small, flat patches of endometrial tissue growing outside of their normal location.

Moderate endometriosis - includes "chocolate cysts" of endometriosis may be smaller than a pea or larger than a grapefruit, located within the ovary.

Severe endometriosis - in some cases, bands of fibrous scar tissues (adhesions) bind the pelvic organs together.

Interestingly enough, except for the obvious mechanical obstruction found in severe endometriosis, there seems to be no real correlation between the severity of endometriosis and its impact on fertility. However, as many as half of the women who have been diagnosed with infertility are found to have endometriosis on laparoscopic examination.

Some women, in fact, have no symptoms at all, and diagnosis is only made through laparoscopy. Symptoms which may accompany endometriosis include abnormally heavy bleeding, associated with back pain or severe abdominal cramping, painful intercourse, painful intestinal upset or urination during the menstruation, and the inability to become pregnant.

Western medical treatment usually includes pain relieving medication, laparoscopy and laser removal of the endometrial tissue. Other drugs may be used to control the hormonal stimulation of the endometriosis. As menstruation ceases each month, the misplaced endometrial tissue will be starved of hormonal stimulus, and thus mollify the endometriosis response. Of course, ovulation is also halted in this process, which defeats our present purpose.

The Traditional Chinese Medical View and Treatment of Endometriosis

Endometriosis and Static Blood Endometriosis is not a disease category in Traditional Chinese Medicine. However, our Eastern healers have recognized this disease for far longer than its identification in Western medicine. It is known by its symptoms and is referred to as menstrual movement pain. It is also very amenable to natural forms of treatment.

The Jin Gui Yao Lue (Essentials from the Golden Cabinet), "Women's Miscellaneous Diseases' Pulse, Pattern & Treatment" chapter, has this description: *"The menstrual blood is inhibited and there is (resulting) lower abdominal fullness and pain."*

Chinese medicine categorizes endometrial lesions as static blood, or blood which is not flowing as it should, and thus causes problems. This is not so different from our Western understanding of the same disease. Since the maligned blood is located in an vicinity where normal blood flow is often absent or minimal, our body has a tougher time resolving it. The Chinese therefore say that these conglomerations of static blood have entered the network vessels, which are more difficult to reach. This is one important aspect in how we will approach this syndrome.

Other countries throughout the rest of the world recognize endometriosis as an autoimmune disease. The famous gynecologist Dr. Ni reported that in her experience as a M.D. gynecologist in China, most women upon whom she performed laparoscopies had some degree of endometrial tissue outside of the uterus, which was found at various locales throughout the abdominal cavity. What sets aside women with fertility impaired endometriosis is the "osis" or inflammatory reaction which has resulted from the presence of the endometrial tissue outside its original intended site.

The inflammatory reaction which the body has set up in response to the endometrial tissue in an attempt to "clean it up", makes the immune system reactive to the cells that make up the uterine lining. The fault then

begins to reside in the immune system, which is unable to eradicate the misplaced tissue. The immune system then loses its discriminatory control, and can't distinguish between self and non-self. As far as fertility is concerned, this creates a toxic environment in the uterus, not conducive to an implanting embryo.

An immunopharmacological study of an antiendometriotic herbal medicine known as Gui Zhi Fu Ling Wan, was conducted by four researchers at the Osaka City University Medical School in Japan.

The patients with endometriosis were found to have elevated serum levels of Immunoglobulin M antibody titers. A control group was treated with leuproride acetate therapy to suppress hormonal production (a common western approach for endometriosis is to suppress the hormonal stimulus). The treated group was given the antiendometriotic herbal formula Gui Zhi Fu Ling Wan, which consists of Ramulus Cinnamomi Cassiae, Sclerotium Poriae Cocos, Radis Paeoniae, Cortex Moutan Radicis, and Semen Persicae. This formula was historically used in China to treat bleeding during pregnancy due to blood stasis in the womb, or to prevent miscarriage. Later indications include the treatment of immunologic and inflammatory conditions of the uterus including dysmenorrhea, leiomyomas (uterine fibroids), ovarian cysts, chronic pelvic inflammatory disease and salpingitis, and endometriosis.

The lupron treated group had lowered levels of estradiol, but no change in the IgM antibody titer. The treated group had no changes in estradiol levels, but the levels of IgM antibody titer were decreased and the patients were kept symptom free for months.

From, "A Study on the Treatment of Primary Dysmenorrhea with Jia Wei Mo Jie Tang (Added Flavors Myrrh & Dragon's Blood Decoction) and Its Affect on Prostaglandins and Related Factors" by Zhu Nan-Sun, Huang Hui, & Chen Hui-Lin, *Ahong Yi Za Zhi (The Journal of Traditional Chinese Medicine)*, #2, 1994, p. 99-101:

This article reports on the treatment of primary dysmenorrhea in 95 women who were divided into two groups. One group received the herbal formula Jia Wei Mo Jie Tang as treatment for their dysmenorrhea and the other group, which acted as a control group, received indomethacin. In addition, serum levels of various prostaglandins were compared before and after treatment with 30 women who were considered normal. The authors begin this report by stating that the disease mechanism related to primary dysmenorrhea is stasis. Therefore, Jia Wei Mo Jie Tang's intended purpose is to invigorate the blood and transform stasis, break the qi and move stagnation. However, from a modern Western medical point of view, this treatment achieves its effect by regulating serum prostaglandins.

All 95 of the women in this study who received treatment suffered from primary dysmenorrhea. The 30 women who were considered normal did not have any period pain and had normal, biphasic basal body temperatures. Of those suffering from painful periods, 87 cases had menstrual cycles which lasted from 25-35 days, while eight cases had menstrual cycles lasting from 35-45 days. Four cases had scanty menses, 56 medium menses, and 35 cases had excessively heavy menses. Ninety women's periods lasted seven days or less and five cases lasted more than seven days. In terms of the disease course, 31 cases had dysmenorrhea for less than five years, 47 cases for five to ten years, and seventeen cases for more than ten years. In addition, 20 cases experienced pain before the onset of their periods, 89 during their periods, and two after their periods. Five had previously had children and 90 had not been able. In terms of the severity of their pain, 61 suffered from severe pain and 34 from moderate pain. And as for their pattern discrimination, there were 49 cases of qi stagnation with blood stasis, 17 cases of qi stagnation with blood stasis and accompanied by cold, 19 cases of qi stagnation with blood stasis and accompanied by heat, and 10 cases of qi stagnation and blood stasis accompanied by vacuity.

Jia Wei Mo Jie Tang consisted of uncooked pollen typhae, Feces Trogterori Seu Pteromi, Pericarpium

Citri Reticulatae Viride, Rhizoma Sparganii, Rhizoma Curcumae Zedoariae, Fructus Crataegi, Resina Olibani, Resina Myrrhae, and powdered Sanguis Draconis.

The 63 women in the group which received Jia Wei Mo Jie Tang were given 50 ml of this decoction orally two times per day beginning two weeks before the due date of their period as calculated by the rise in their basal body temperature. Since administration was continued through the first day of their period, the total number of days this decoction was administered each cycle was 15, and one course of treatment equaled three months.

The 32 women in the group which received indomethacin were given this medication beginning three days before the onset of their period or 12 days after their basal body temperature went up. They took 25 mg. of indomethacin orally, three times per day. Since they also took this medication during the first day of their periods, they took indomethacin for a total of four days per cycle, and one course of treatment also lasted three months. The 30 normal women did not receive any medication during the course of this study.

In the Jia Wei Mo Jie Tang group, before treatment, 39 had severe pain and 24 moderate pain. After treatment, two cases still had severe pain, 17 experienced moderate pain, and 18 cases slight pain. In the indomethacin group, 22 had severe pain and 10 moderate pain. After treatment 1 had severe pain, 9 moderate pain, and 17 slight pain. Thus the amelioration rate for the Jia Wei Mo Jie Tang group was 80.4% as compared to 73.3% for the indomethacin group.

In terms of serum analysis, there was a positive correlation between the severity of dysmenorrhea and PGF 2a and PGE contents in the menstrual blood. Jia Wei Mo Jie Tang substantially decreased the blood contents of and the ratio between PGF 2a and PGE 2. Further, it markedly lowered the content of medium phase E 2 (a type of estrogen) secreted by the corpus luteum and found in the peripheral blood but markedly increased the content of late phase progesterone secreted by the corpus luteum. Indomethacin, on the other hand, demonstrated no marked effect on estrogen or progesterone.

Categories for treating endometriosis, or dysmenorrhea are further divided as:

Qi Stagnation

Damp heat stasis and stagnation

Spleen qi vacuity

Kidney yang vacuity

Blood vacuity

Mixed Heat & Cold; Vacuity and Repletion - includes qi and or yang vacuity, blood stasis and qi stagnation. [For this category, if it includes digestive complaints and presentation includes a patchy tongue coating (geographic tongue), the Prescription Wu Mei Wan has been found to be empirically effective.]

In each case, the pattern must be treated, using dietary principles, herbal categories and acupuncture treatments based upon the diagnostic presentation.

Endometriosis is an enduring disease; stasis entering the deeper, network vessels. When an enduring disease enters the network vessels it is wise to employ the use of resins like frankincense and myrrh with treatment.

The Jing Yue Quan Shu ([Zhang] Jing-yue's Complete Writings), "Women's Regulation: Blood Conglomerations" chapter states:

Static blood which is retained and stagnates eventually becomes concretions. This pattern may be caused during the period or postpartum and may be due to internal damage engendering chill, external invasion of wind cold, rage and anger damaging the liver, qi counterflow and blood stagnation, long-standing taxation, long-standing weakness, and qi weakness not moving [the blood.] Therefore, sometimes the blood stirs and sometimes it has almost nothing. It may also counterflow, thus leading to retention and stagnation which accumulates for days, gradually becoming concretions.

The Zheng Zhi Zheng Sheng (Patterns & Treatments Proven Restraining), "Blood Conglomerations" chapter states (paraphrased):

If there is gathering of blood conglomeration, there will be low back pain and inability to bend, accumulation of qi below the pubic bone, stone-like hardness, tension inside the lower abdomen, bitter pain, upper back spine pain penetrating to and reaching the low back and abdomen, spasms within the vagina, a secluded cervix, menstruation behind schedule. This disease is found in people with infertility. If treatment precipitates the conglomerations, it can be cured.

The above literary cites and endometriosis all share the same symptoms. In endometriosis there is the production of nodulations and lumps within the body. In TCM, this is related to blood gathering becoming stasis, and stasis accumulation becoming concretions and conglomerations. Most often, the greatest method for treating endometriosis is to quicken the blood and transform stasis. In all cases, the underlying pattern must be treated as well.

Endometriosis is also correlated with a scenario of estrogen dominance. Estrogen feeds endometriosis. Many women with endometriosis also have lower levels of progesterone as well. It is therefore important to help the body clear itself of excess estrogens. The liver metabolizes estrogen; therefore using methods which resolve liver qi stagnation will assist the body in clearing excess estrogen. Use stimulation on the acupuncture points Joining Valley, located between the bulge between the base of the thumb and first finger bone on each hand, and Great Rushing, found in the depression on the foot approximately one inch up from the web between the big and second toes.

EMILY

31 year old Emily presented to the clinic with a chief complaint of painful periods and trying to conceive with no luck for five years. She was accompanied by her husband, and appeared very shaky and upset. She had had a diagnosis of endometriosis from her gynecologist. She had two surgeries; a D&C with myomectomy, and laparoscopy to remove adhesions on her ovaries and uterus 13 months after the first operation. She had just completed her third intrauterine insemination attempt after twelve cycles of Clomid, all of which failed. She stated that she was very sensitive to the effects of exogenous progesterone. She was discharged from her latest reproductive endocrinologist's protocol because she refused to receive any more injections. She said the stress of the fertility procedures was driving her insane.

Her menses began at age 17 (late menarche indicates a weakness of the kidney's reproductive function); they have always been painful. The pain typically lasted from two to 12 days, beginning soon after ovulation and continuing until the first couple days of menstruation. She bled around five days, the

bleeding was heavy, dark red to black in color, with clotting. The menstrual blood got progressively lighter from days one to six, starting off black going to heavy crimson with clots and toward the end became orangey and watery. Then the blood sometimes became brown and scanty at the end, and sometimes remained up to ten days. There was excessive premenstrual tension, breast tenderness, and acne. She often suffered from yeast infections and vaginal discharge. She became extremely fatigued around ovulation to the point of physical exhaustion. She had low back pain before and during menstruation. She experienced loose stools and pain with defecation.

Emily had a very stressful occupation. She also stated that she had excessive facial hair, although none was observed. Her fallopian tubes were clear as per her gynecologist's report. She reported chills, cloudy urine, frequent urination, frequent urinary tract infections, chills, low energy, dizziness, fatigue, excess thirst, insomnia, irritability, unclear mind, anxiety, heart palpitations, fear, sadness, uncontrollable crying, aversion to cold, much phlegm production, nausea, bloating and gas, irregular heart beat, numbness in her arms, cold hands and feet, lack of strength, thin skin, easy bruisability, broken blood vessels, dry skin, brittle nails, and low sexual energy. She got dizzy when when stood up and had poor night vision. Her ears rang occasionally. She had extreme emotional lability.

Emily was thin and appeared frail, but agitated. She clenched her teeth and spoke as if she was going to cry. Her husband was always ready to console her. She wasn't sure if she could handle acupuncture because she was "very sensitive to needles."

Her tongue was pale with pinkish orange edges.

Her pulse was superficial and taut. The kidney aspect of the pulse was very deep and weak.

I diagnosed Emily with liver depression, qi stagnation, depressive heat, spleen qi and kidney yang vacuity, blood stasis, and liver and heart blood vacuity (perhaps due to, but definitely complicated by the stagnated qi and blood). She lived out of town, so we were going to have to devise a treatment plan that would require her presence at the clinic only once per month.

Treatment I decided not to try acupuncture on her, but gave her and her husband instruction on dietary therapy, breathing exercises, and massage techniques.

I gave her a formula consisting of:

Fructus Meliae Toosendan and Rhizoma Corydalis Yanhusuo to spread and regulate the liver qi, drain heat, and alleviate pain.

Frankincense and Myrrh- to invigorate the blood within the harder to reach, network vessels.

After the first month Emily reported that she had slightly better energy throughout the entire month (as the qi stagnation was resolving), but she still had frequent nighttime urination and a lot of thirst (heat signs). Her pain, though, was diminished. Her pulse was now taut and rapid, but still weak. Her tongue was purplish-red (signs of heat.)

The second month I gave her a formula consisting of:

Radix Bupleurum

Radix Angelicae Sinensis

Radix Paeoniae Lactifloriae

Rhizoma Atractylodes Macrocephalae

Sclerotium Poriae Cocos

Cortex Moutan Radicis

Fructus Gardeniae Jasminoidis

Radix Glycyrrhizae

This formula spreads the liver qi, strengthens the spleen, nourishes the blood, and clears heat.

She reported after the second month that she had almost no pain before or during menstruation. She continued to experience improvement over the next three months, until no pain was felt on or after ovulation. Her moods improved as the pain diminished.

Emily began charting her basal body temperature after she began her herbal treatments. Her basal body temperature changed from a sawtooth, erratic pattern to a biphasic, healthy hormonal cycle.

Six months after her treatment began, Emily and her husband decided to try another insemination. She did not experience the extreme emotional lability with this procedure, and they became pregnant. They are now the parents of a healthy young son.

Uterine Fibroids

Uterine Fibroids or myomas are benign tumors found in approximately 20% of women over 35 years of age. Uterine myomas are the most common neoplasm of the female reproductive organs, and are associated with menstrual pain, heavy menstrual bleeding, and fertility problems.

Fibroids may impair conception if they obstruct the uterine cavity or the entrance into the uterus from the fallopian tubes.

One Chinese study conducted by Zhongli and Shurong used Traditional Chinese Medicinals to treat 223 cases of uterine fibroids. All patients had conspicuous symptoms and were diagnosed clinically by pelvic examination and confirmed by ultrasonography.

Treatment was provided according to the differentiation of the pattern of imbalance, involving the principles of invigorating the blood and eliminating blood stasis, clearing heat, and softening the induration.

Those diagnosed with yin deficiency and liver fire were also given herbs to supplement the yin and clear

liver fire.

Those diagnosed with spleen qi vacuity were also given herbs to supplement the spleen qi such as codonopsis and astragalus.

Medicinal herbs were added for qi and blood stagnation.

The herbs were administered after menstruation. The authors reported a 72% reduction in the quantity of menstrual blood. Symptoms like abdominal pain, leukorrhea, and backache were improved in 58.8%. The overall effectiveness rate was 92.4%. Myomas completely disappeared in 13% of the cases, were markedly diminished in 29%, slightly reduced in 19%, and unchanged in 28%.

Acupuncture and acupressure are also recommended in the treatment of fibroids, using those points recommended for blood stasis and the uterus. The stimulation provided by the acupuncture has been found to induce the regression of pathologic proliferating cells locally. Humoral factors at a distally stimulated acupoint which control and prevent local overgrowth of regenerating and proliferating cells (those that invigorate the blood) also systemically affect the growth of distant tumors.

As with all Chinese Medical treatments, however, the most efficacious results will result from treating the pattern. I treated a woman for a large fibroid (the size of a grapefruit), and the tumor shrunk, only in response to tonifying her spleen and resolving dampness. When I tried to invigorate the blood, I got no effect at all.

Other Natural Treatments for Endometriosis and Uterine Fibroids

Rest and wear loose, comfortable clothing

Perform deep breathing exercises and meditative practices

Take warm baths (with aromatherapy if you wish.)

Use essential oils like frankincense, myrrh, clary sage, peppermint, lavender, rosemary, juniper and thyme.

Use a heating pad or hot water bottle on your abdomen

Apply warm castor oil packs on your abdomen to invigorate the blood, assist the lymphatic system and balance hormone levels. Apply warm castor oil to the lower abdomen and cover with plastic wrap two to three times per day during the premenstrual and menstrual period.

Take herbal supplements that invigorate the blood (and those for resolving concomitant patterns as applicable.)

Avoid all foods which have been treated hormonally.

Consume soy and soy products like tofu.

Buy only organic fruits and vegetables.

Avoid refined, rancid and hydrogenated oils.

Use only unprocessed plant sources of essential fatty acids.

Use oils rich in both linoleic and alpha-linolenic fatty acids such as flax-seed, pumpkin-seed and chia-seed oils, but only if they are recently cold-pressed and refined.

Include dietary spirulina, evening primrose oil, and oil from black currant and borage seeds.

Avoid sources of arachidonic acid, which comes from animal meats, dairy products, eggs, peanuts and seaweed.

Decrease the amount of dietary animal products, except fish.

If you do consume meat, make sure it is at least organic, and not hormonally treated.

Eat walnuts, dark greens, saffron and cold climate crops.

Foods which are especially good for resolving blood stasis include: Kelp, lemons, limes, onions, irish moss, and bladderwrack.

Supplement your diet with antioxidants (vitamins C, E, beta carotene, selenium, zinc) Include super-antioxidants (grape seed extract, pine bark extract, red wine extract, bilberry extract), which contain procyanidins, caffeic and ferulic acid, with demonstrated antiinflammatory and spasmolytic activity (Kohama, M.D., and Suzuki, M.D.)

Fibroids and endometriosis benefit from the use of Omega-3 fatty acids in the diet. Fish oil and linseed oil are good sources of these Omega 3 fatty acids. Fish oil prevents abnormal blood clotting. If your menstrual blood contains clotty tissue, supplement with fish oil, linseed oil and evening primrose oil (which also contain gamma linolenic acid or Omega 6).

Meditation and Visualization for Blood Stasis in the Uterus

Exercise 1 - for the follicular phase

Perform this exercise daily, between the first day of menstruation until ovulation only.

Step 1. Lay down, on your back, with your eyes closed. Relax and breathe deeply. Notice any areas of tension you feel in your body from your head to your neck, down your arms and hands, through your torso, down your abdomen, buttocks, thighs, calves and feet. Tense the tight areas in your body even more, one by one. Breathe in, inhaling deeply down into your lower abdomen. Push your stomach out as you breathe in. Focus your attention on the tension in your body, then tighten the muscles in the area even more, and relax them fully as your exhale. Exhale all the way, deflating your abdomen when you breathe out. Breathe the tension in your body out through the breath.

Focus your attention on the tension, the breath, and the relaxation. Nothing more. When the tension in that particular part of your body is gone, move on to the next part. When you feel relaxed throughout your body, and your mind is clear, begin the visualization. Continue the deep breathing exercise, breathing deep into your abdomen and relaxing with each exhalation.

Step 2. Now focus the breathe down into the pelvis. Breathe into your uterus. Let the uterus draw the breath in itself. Let these breaths be cleansing. The uterus has one energetic function. It is downward. It takes the blood and the breath in through the top, and lets them out downward through the bottom. Think of the uterus as a receptive, sponge-like organ. It draws in blood and energy through the breath to prepare a garden-like home for implantation. Picture a lush, green, mossy garden. With every breath in, you bring purifying energy in through the top of the uterus. With every exhalation, breathe out any impurities downward through the bottom of the uterus. Any pain, any toxins, any impurities are released downward, with each breath. You are helping to prepare these luxurious surroundings for implantation. This is a pure, flourishing, abundant home. It is open, receptive, and fertile. It cannot afford to foster toxins. Release them. When your uterus feels pure, open and receptive, you are finished.

Exercise 2 - for the luteal phase

Practice this meditation and visualization from ovulation until menstruation begins.

Perform Step 1 as above. Practice this meditation and visualization from ovulation until menstruation begins.

Step 2. Breathe in very deeply, and concentrate on bringing your breath from your nose and down the midline of your body, between the breasts, down the abdomen, and eventually focusing your breath down to the region two inches below your navel. This is called the Dan Tien. Let the breath energy pool here.

At the end of inhalation, bring the focus from the area below your navel down to the uterus. Breathe in cleansing, purifying breaths to the uterus and then down to the perineal muscles. Perform a kegel exercise, tightening the perineal muscles. This should be a smooth, continuous movement, with cleansing breaths inward. Concentrate on the uterine lining. It is pure, lush, and fertile. It is receptive. Each breath brings fresh, clear energy into the uterus, reviving it with healthy, fertile lining. When you release the kegel, begin exhalation.

During exhalation, turn the focus of your attention from the uterus back to the tip of your tailbone, then up the spine to the top of the head. Your concentration now is on the upward movement. Exhalation should end focusing your attention down the midline of the head and out the nose. Repeat from the beginning of step 2 with each new inhalation, until the process becomes one smooth, continuous movement.