

Notes for Menstrual Cycle Diary & Most Fertile Times

Austin Acupuncture

As your Traditional Chinese Medicine practitioner I may ask you to complete a menstrual cycle diary sheet as part of your treatment at Austin Acupuncture. The information gleaned from the diary will greatly assist in understanding your personal cycle and in treating disharmonies such as infertility, painful periods, irregular periods and pre-menstrual syndrome.

It is important that you understand your treatment and are as comfortable and stress free as you can be with the process, so if you have any queries or concerns please discuss them with me. If you feel that completing a menstrual cycle diary is too stressful don't worry we can use your anecdotal information and rely on other diagnostic data.

Menstrual Cycle Diary

The menstrual cycle diary can record a large amount of information and is reasonably self-explanatory. During your consultation I will explain what sections should be completed for your particular needs.

Measuring Basal Body Temperature (BBT) requires a thermometer, I recommend a digital one specifically designed for BBT readings as this will beep when the reading is complete and store the readings in memory, a useful feature to have first thing in the morning when you are half asleep.

You should take your temperature at the same time every morning after at least 3 hours of uninterrupted sleep. If you sleep past your normal waking time then some accuracy can be maintained by adjusting the temperature DOWN by 0.1°C (one square on the chart) for every hour of oversleeping, conversely if you wake earlier then adjust the temperature UP by one square for every hour earlier that you woke; this adjustment method should only be used occasionally as it will never be as accurate as a reading taken at a regular fixed time.

Most Fertile Times

It is generally accepted that the most fertile times for sexual intercourse are no more than 6 days before ovulation and Lyttleton (2004: 57) suggested some studies indicated the highest conception rate is 2 days before ovulation.

You can predict your ovulation date by understanding your cycle through your menstrual cycle diary and observing changes in your vaginal mucus and cervix. Some modern test devices predict ovulation and for many women these are a good and easy indicator of their most fertile times, however when there are disharmonies and abnormalities the additional data provided by a BBT record and associated data can prove invaluable in personalising treatments for maximum benefits.

Vaginal Mucus

Changes in vaginal mucus may be monitored as a personal feeling of moisture at the vulva, such as a dry feeling or a moist, slippery or lubricating feeling. More objective observation can be seen by collecting mucus (if plentiful) from the vaginal entrance or on underclothes, toilet tissue or your fingers. If mucus is less plentiful it can be collected with clean fingers gently from the cervix.

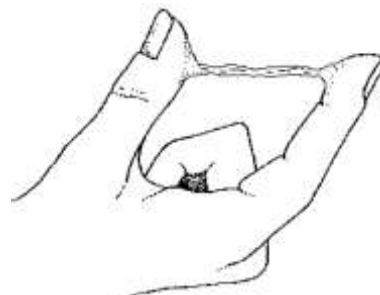
The mucus is usually clear, white or cloudy in colour with a non-offensive odour. If yours is excessive, sparse, yellow, green, bloody or smells more than you might think normal (often a strong fishy or leathery smell) then tell me as these are signs of disharmony that can be addressed in treatment.

The least fertile time is often associated with a dry feeling at the vulva (G-type mucus, see list below). The production of fertile (S-type) mucus usually starts as oestrogen peaks, about 6 days before ovulation.

Vaginal Mucus	
G-type	<ul style="list-style-type: none"> • Least fertile time • Often a dry feeling • A thick, pasty and impenetrable mucus, no *spinn not stretchy • Blocks sperm at the uterine entrance
L-type	<ul style="list-style-type: none"> • Appears as oestrogen levels begin to rise • Often sticky or wet • Catches and filters out some of the abnormal sperm
S-type	<ul style="list-style-type: none"> • Appears as ovulation approaches • Fertile time • Sensation at the vulva is usually wet • *Spinn, stretchy and slippery like egg white • Strings of S-type mucus may be mixed with clumps of L-type mucus • Provides an ideal pathway for sperm to enter the uterus
P-type	<ul style="list-style-type: none"> • Appears at a very fertile time, the day or day before the egg is released • Activates sperm as they pass through the cervix to the uterus • Lubricating, sensation in the vulva is usually very slippery • The mucus loses its stretch but is extremely lubricating
<p>*S-type mucus is very stretchy and adheres to itself; this phenomenon is called spinnbarkeit or spinn for short. You might imagine that scissors would have to be used to cut a flow of S-type mucus.</p>	



G-type mucus



S-type mucus

To check for S-type mucus and your probable fertile days collect a little on the fingers and draw the fingers apart to observe the spinn. The last day of fertile mucus is often seen as P-type mucus and felt as a moist sensation and is referred to as the 'Peak Day', a highly fertile time. Sperm can live for up to 5 days in the reproductive tract but are most successful within the first 48 hours. Your egg is viable for 6-12 hours and some studies have suggested the highest conception rate through normal sexual intercourse is 2 days before ovulation (Lyttleton, 2004: 57).

Pharmaceutical Medications

Some common pharmaceutical medications can effect cervical mucus, however this is not necessarily a detrimental effect and stopping or modifying medication should be discussed with your doctor.

Pharmaceutical Medications	
Contraceptive Pill	For some women after stopping the pill there may be an excess of G-type mucus during ovulation, this can block sperm entering the cervix and can last for up to 30 months
Antibiotics	For some women antibiotics can worsen candida or thrush and mask fertile mucus, the thrush should be treated to allow signs of fertile mucus to return
NSAIDS (Non-Steroidal Anti-Inflammatory Drugs)	Used as painkillers NSAIDS can reduce prostaglandin levels influencing the menstrual cycle, in some women fertile mucus may become scanty
Antidepressants including selective serotonin reuptake inhibitors (SSRIs)	These can change cervical mucus patterns, typically reducing the length of time fertile mucus is produced
Antihistamines	These dry the mucus membranes in the body and can dry fertile mucus
Clomifene	Acts as an anti-oestrogen and is used as a fertility drug to stimulate pituitary activity, it inhibits the cervical mucus
Data from Lyttleton (2004: 59)	

Cervical Changes

It can be useful to observe changes in the shape, position and texture of the cervix as the uterine ligaments tighten in response to the peak of oestrogen that occurs just before ovulation; this pulls the uterus up positioning the cervix higher in the vagina.

To check the cervical surface some women may need to adopt a squatting position, see image.



The surface of the cervix is softer at ovulation (feeling more like your lips than the tip of your nose). As the cervical glands release fluid the uterine os [opening] opens. This may be checked at the same time as checking for fertile mucus, perhaps during an evening shower. Immediately after ovulation or from several hours to several days after ovulation (depending on the individual) the cervix returns to being low and firm (feeling again more like the tip of your nose and less like your lips) and the os becomes tightly closed - due to the stretching during labour women who have previously given birth vaginally may notice the os feels open at all times.

Conclusion

Information from the menstrual cycle diary and observations of the cervix and its secretions provide key information, for example only fertile mucus can indicate that ovulation is about to happen, and only the temperature shift observed in the BBT can show that ovulation has occurred. This information combined with length of the period, spotting, appearance of clots, mood swings, etc. can provide invaluable information allowing me to make an accurate pattern diagnosis, implement a suitable treatment plan and effectively monitor treatment progress.

References and further reading:

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