

# The Natural Birth Control Book

*Revised and Updated*

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### FRONT COVER PHOTOGRAPHY

by Elizabeth and Dan Murphy, of their children, Lauren and Lila standing at the north rim of Grand Canyon.

### BACK COVER

This picture and the words beneath it were selected from the book, *Tenderness*, and donated by its author/photographer, Bob Sanchez of Pageant Poseidon Press in New York City, publishers of *Tenderness*. (See details in appendix C.)

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## Chapter 3 The Ovulation Method

When astrological birth control was first developed and tested, it was combined with the rhythm method, and it made that rhythm method work better than it had ever done before. But many women have such irregular menstrual cycles that even thirteen days of abstinence are not sufficient for full safety, and when an additional four days have to be added (sometimes) for the cosmic fertility time, it is really too much. The ovulation method, together with the additional ways for recognizing ovulation that are given in the next two chapters should solve these problems quite well. In addition, any woman will find in these chapters a thrill in getting to know and understand the cycles that her body goes through and the changes she can feel as she passes through them.

### Newest in Birth Control: Back to Nature

That is actually the title of an article that has just been published about the Billings Ovulation Method (Feb. 10, 1976) in newspapers around the country and distributed by the Los Angeles Times Service. The reporter, Harry Nelson, tells of the federal funding of this research and quotes Dr. Paul Rubenstein, director of professional services at Cedar-Sinai, as saying the study is timely because of increasing public awareness of the "risks and hazards" of drug methods of contraception and devices such as the I.U.D.

I don't think it is necessary to go into the disadvantages of those methods here, but to get on with the new ones. This is how a woman who has been using the Billings method describes her experience:

"Once I became acquainted with the Billings Method, it was and remains a very simple means of calculating fertile times. I have become more and more aware of the changes my body goes through, as well as the psychological changes I experience at various times during the course of one month.

My method of calculating mucus change is a simple checking of the cervical discharge by inserting my finger into the vaginal region and detecting the consistency of the mucus.

\* Note: The 'Ovulation Method' is also known as the 'Billings Method'.

It became quite obvious by the second month that various and distinct changes occur. Dry days are just that; a dry, non-lubricative feeling within the vaginal region. A few days afterwards, I note that I have very small, white pieces of discharge. At this point, we begin to abstain. Within 2 days the white consistency has changed to a clear, more lubricative discharge, which lasts from 3 to 5 days. At the "peak mucus" the flow of mucus is relatively heavy, the consistency of raw egg whites and I generally feel very wet until the day afterwards. I also experience more than usual desire for intercourse (as does my husband), along with a fullness and heaviness in my vaginal region. Occasionally I have experienced nausea on the day of ovulation and slight pangs around the area of my ovaries, which will alternate: one month on the left side, then the next month on the right side. Also, I have begun noting that the cervix, which is normally firm will soften during peak mucus. Two days after peak mucus we resume intercourse until my next menstrual cycle begins. Which always occurs 12 to 14 days after peak mucus. Generally my astrological fertility time and mucus change fall on the same day or within a couple of days of each other. This overlapping enables us to have fewer days of abstinence. There generally would be no more than 10 days of abstinence.

I feel very confident using the combined methods, knowing that I have become acquainted with the changes that take place. It has been a very liberating and thrilling experience to share responsibility for birth control with my husband. We have a new sense of closeness that I feel is due in part, to being able to discover that we can be intimate and loving without intercourse. And because we aren't continually satiated with the sexual experience, our times of sexual intimacy continue to evolve into a better and better experience. The thrill of knowing where your body is in terms of the changes you experience is another way to become acquainted with your Self."

### The Details

Here are the details of the ovulation method and a short summary of its origins.

The Ovulation method is a recently discovered method of birth control based on recognizable changes in vaginal mucus that occur during the menstrual cycle. These changes determine fertile and infertile days regardless of the length or regularity of the menstrual cycles. The method is also applicable to women who have recently given birth and to women



who are approaching menopause.

The method was developed by Drs. John & Lynn Billings of Australia at the request of certain authorities of the Roman Catholic Church who asked these doctors to see if some better system of natural birth control could be found to replace the rhythm method (which is only effective for about 30% of women). According to Drs. Billings, sufficient evidence had been accumulated by the late fifties to give them the confidence that the mucus symptoms could be used as a reliable method of birth control by indicating a woman's actual time of ovulation more accurately than anything else that was known at the time. In recent years, this doctor couple has travelled to many countries and taught their method to many people.

The varying mucus secretions described above are caused by the changing levels of ovarian and pituitary hormones. The recognition of the changing mucus is mostly a question of awareness. A few cycles of observation is usually all that is necessary before confidence in the method is assured. A daily record, especially at the beginning, is helpful.

### Mucus Secretions

Here is a description of the mucus secretions in a normal menstrual cycle:

1. First, the menstrual period.
2. Following the menstrual flow in a cycle of normal length, there will be a few days of no vaginal loss of mucus. The interior of the vagina is always moist but if there is no loss of any kind the exterior parts will be dry, and this sensation of dryness is noticeable. These are called, "dry days" and their number will vary from woman to woman and even from cycle to cycle.
3. Then, mucus begins to come and is noticed in contrast to the dry days. This warns the woman of the approach of ovulation, and this mucus could probably help to keep the man's sperm alive long enough for fertilization to take place. Therefore this is the beginning of the fertile days of the cycle, and may last four or five days or possibly even longer. Intercourse after the start of the mucus could lead to pregnancy.
4. Then the mucus begins to get transparent, smooth, lubricative (slippery) and stretchable, and in all these ways seems to resemble raw eggwhite. At the peak of fertility, the mucus is very lubricative and this can be felt even if there is too little to be externally visible. (If some of this mucus is placed on a glass slide, it can be stretched at least two inches, and if allowed to dry, it will show a fern-like crystal formation under a microscope.)
5. Following ovulation, the mucus may become cloudy, white or

yellow, and slightly uncomfortable from its tacky consistency, and then it will cease altogether. Fertility is greatest on the last day of the clear, stretchy, slippery mucus, and this is therefore called the peak symptom. Conception is believed to be possible from the end of the dry days right into the mucus days and until three days after the last day of the egg-white type mucus. From the fourth day after the egg-white mucus (peak symptom), intercourse would not generally result in conception, even though there may still be a mucus discharge. (Note. Some women abstain for only 2 days after the end of the peak symptom, some for three days, depending on how very careful they want to be and how sure they feel about their timing. In most cases the third day is not very fertile. All of this fertile period totals about ten days out of a normal 28 day cycle.) The cosmic or astrological fertility period is however additional. Sometimes it falls within the ovulation time, and sometimes outside of it. Recent studies by Planetary Eugenics indicate that this can depend on a woman's mental attitude, as indicated in the previous chapter. Also see the chapter on "Lunaeption" regarding a method for regularizing cycles and shortening the time of abstinence considerably.

### Observing the Mucus

For many women the mucus is most noticeable after getting up in the morning, having collected overnight. According to a woman in California, sometimes the mucus may seem to be a small amount, too small to observe, but if the woman spreads apart her labia and takes a sample with some white toilet paper, she might find that there is plenty of mucus to make an accurate observation. A couple of observations a day might be necessary to get an accurate picture of what is happening.

### Notes on Observing Mucus

#### 1. First Days.

In women whose menstrual cycles are short (26 days or less between periods), there are sometimes no dry days after the end of the menstrual period, and the start of the mucus cannot be clearly distinguished from the period. Those women should avoid intercourse during the menstrual period as they could get pregnant that way. If you haven't had a cycle of less than 26 days for at least six months, the menstrual period will usually be completely safe. If it is present, mucus is usually observable even before all bleeding has ceased, and if any slippery mucus is noticed in the last part of the period, that could be the ovulation mucus and the next three days should not be considered safe.



Testing for the Mucus

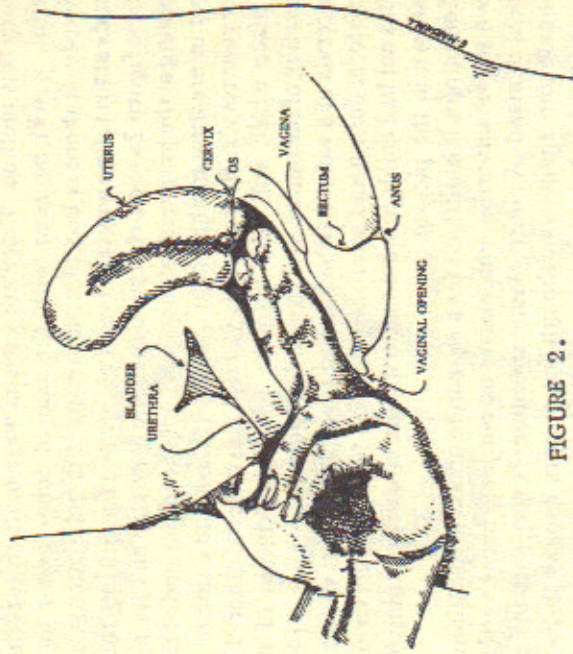
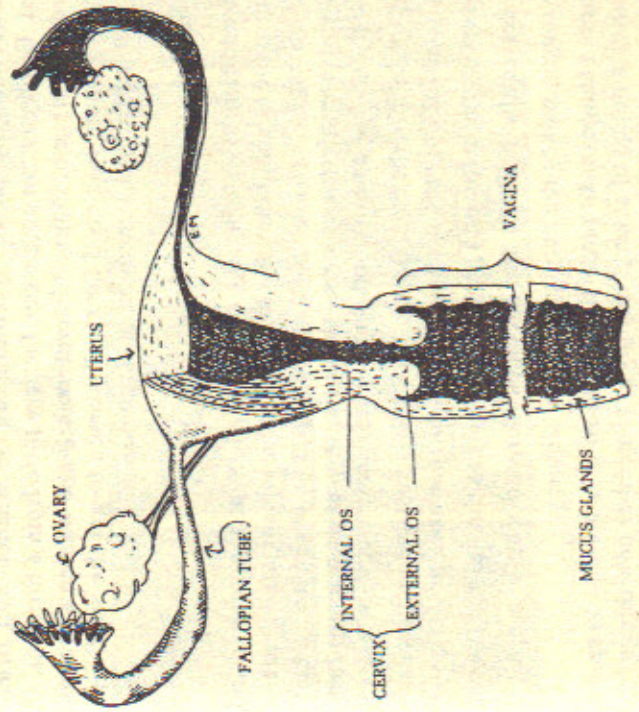


FIGURE 2.

Front View of the Female Sexual Organs



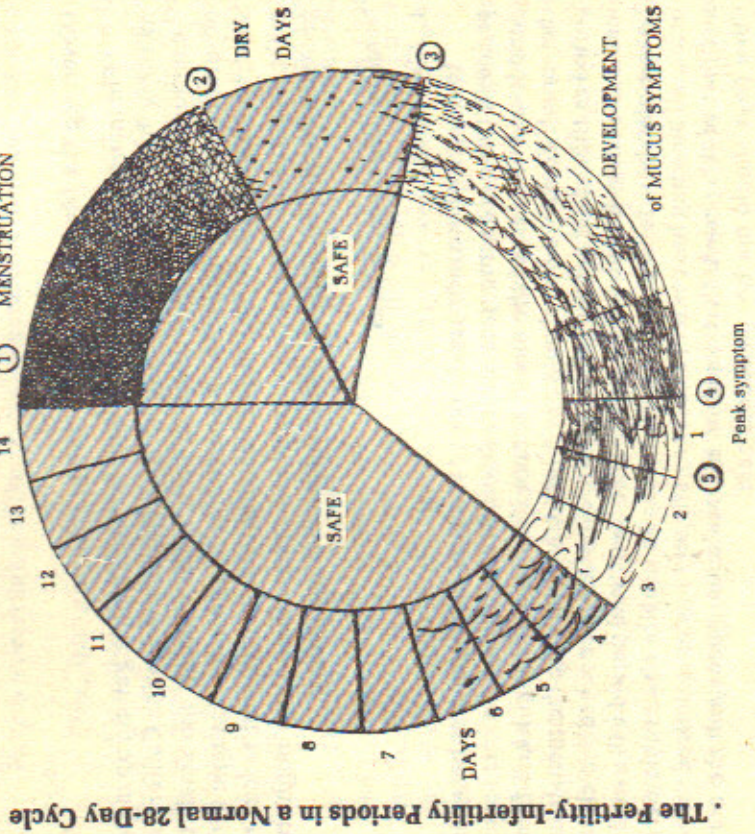
The Ovulation Method

2. Dry days before mucus:

It is possible when beginning to use this method to confuse male semen with vaginal mucus. Therefore, intercourse on the dry days between the menstrual period and the first mucus, while safe, should not continue day after day because the presence of semen in the vagina might hide the coming of the mucus (especially in the beginning and when no other symptoms are being observed). Therefore, for the first months of using the method, or to be very sure, intercourse on the dry days before the peak symptom should be followed by a day and a night of abstinence. The next day is observed and if it is dry, intercourse is safe that night. If it is wet, then the fertile time has begun. Twenty-four hours should be sufficient for semen to disappear completely.

3. Long cycles.

In a long cycle, there may be patches of mucus during the pre-ovulatory dry days. And since these could indicate the start of the fertile time, it is best to consider such days as possibly fertile. If there is any impression of the slippery type of mucus at this time, then to be safe, the woman should abstain for three days after the end of that mucus.





To get a sense of one's own particular mucus pattern, a woman should check for mucus each day during the first few months that she is learning this method. There are various ways to do this. If the mucus is plentiful, it will be seen with the use of toilet paper as described previously. If there is less of it, however, it is better to use more exact methods at first. One way is to insert one or two fingers into the vagina as shown in figure 2. (Self-observation of the cervix). The cervix is the neck or opening at the lower end of the uterus (or the upper end of the vagina). A most interesting method is to use a speculum and a mirror to actually look at your cervix. By doing this you can also observe other changes that take place which will help to make you quite certain of the correct observation of the mucus symptoms. In Figure 3, is a set of photographs of the cervix of a woman (who has had several children) shown on several days before, during, and after the ovulation time. The cervix of a woman who has not had children would have a more circular opening (or os) than that shown in the picture.

Sometimes it is difficult for a woman to obtain a speculum to use for her own self-observation. Pharmacies do not seem to carry them because of lack of demand. A cheap plastic speculum is very suitable and can be used again and again even though the doctors usually throw them out after use on the theory that they should be sterile. That may be a wise practice in a doctor's office where disease is commonly found, but it is not necessary to sterilize everything that enters the vagina under normal circumstances. The plastic speculum can be washed and dried and re-used. Often you can obtain one for very little from a nurse or, in any city, from an office of Planned Parenthood. Some women's groups may also supply them. It is good for small women to get the small size and larger women can get a medium or large size.

#### Changes in the Cervix

In addition to noticing the mucus changes at the cervix, and the opening of the os about the time of ovulation, it is also possible to feel the physical changes that take place in the cervix as ovulation occurs.

During the infertile phase of the cycle, the cervix remains firm and fairly high up, but as ovulation approaches, some changes take place:

- The os (mouth of the cervix) opens so that it is possible to insert a finger tip. Be sure that fingernails on the fingers you use are short and smooth.
- The cervix gets softer and gets about as soft as the walls of the vagina.
- The cervix also rises up and becomes more difficult to reach.
- The mucus makes the cervix feel more slippery.

These changes take place slowly and so it is good to keep a daily record over a period of several months to remember how things looked,

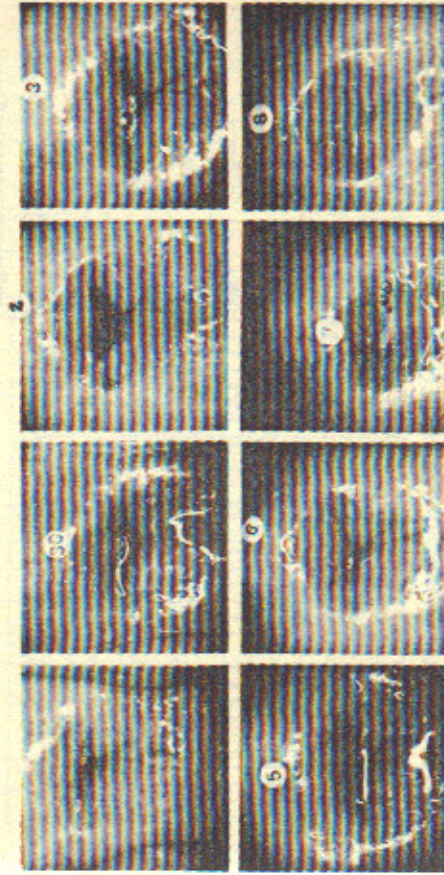
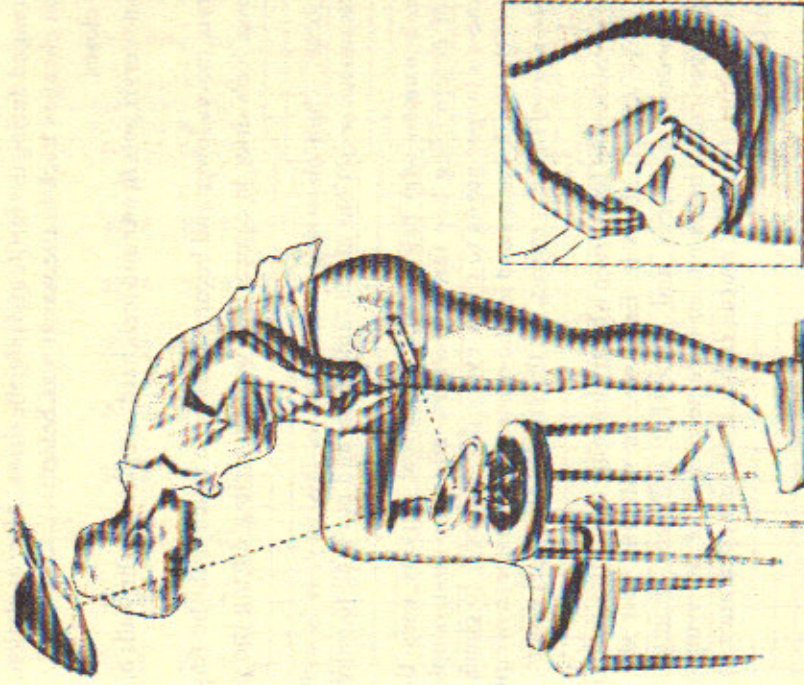


Fig. 3. Observation of the cervix with mirror and light (above). Shown below is cervix of woman who has had children. Photos were taken Nov. 28, 30, Dec. 2, 3, 5, 6, 7. Note open os and clear mucus around Dec. 3 (ovulation). Menses began on Dec. 17, 14 days later. Photos from a N. Y. hospital.



The Ovulation Method

felt and changed during the fertile and infertile times. After ovulation, the cervix soon changes back to the way it was before:

- a. The os closes.
- b. The whole cervix gets firmer and feels hard compared to the walls of the vagina.
- c. The cervix moves lower and becomes easier to touch with the finger.
- d. The cervix feels drier in comparison with its feeling during the peak mucus.

Of course, when observing your cervix in this way, it is well to observe the mucus secretions at the same time, and put it all together in that way.

When a woman who has normal menstrual periods uses these methods of determining her fertile periods, after the first couple of months, she no longer needs to check every day, but only to check the beginning of the fertile mucus and for the occurrence of the peak symptom; that is the *last day of slippery mucus*. On the 4th day after that occurs, she is safe.

It is of great benefit for women who are learning to use this method to talk with other women about it. Each woman will find that she has different amounts of mucus and somewhat different timing, and comparing experiences helps one to become certain of the symptoms. Remember it is the feel of the mucus rather than its appearance that is most important.

Temperature Changes

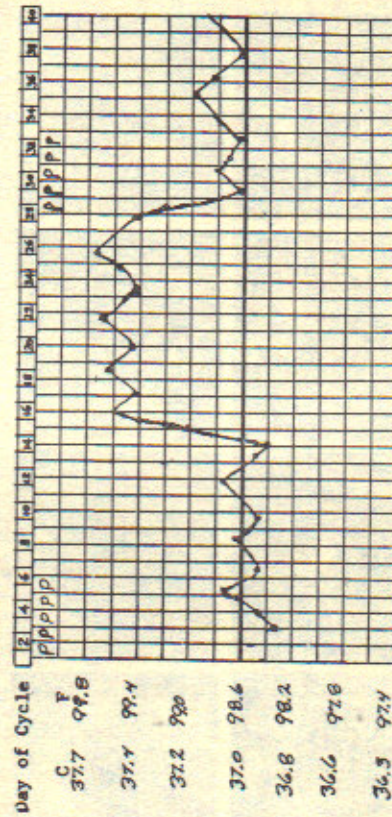


Chart of typical temperature changes during menstrual cycle. See rise on day 16 when ovulation occurred. Note return to normal when next period starts. See sample of chart form supplied by Circle Institute.

A careful measurement of the body temperature each morning will

NAME \_\_\_\_\_ NO \_\_\_\_\_

Menstrual Period \_\_\_\_\_

Mucus \_\_\_\_\_

Emotional Symptoms \_\_\_\_\_

Other Symptoms \_\_\_\_\_

Intercourse \_\_\_\_\_

Cosmic Fertility \_\_\_\_\_

Date of Month \_\_\_\_\_

Day of Cycle \_\_\_\_\_

C F

37.6 99.8

37.4 99.4

37.2 99.0

37.0 98.6

36.8 98.2

36.6 97.8

36.4 97.4

36.2 97.0

Circle Institute P.O.Box 3113 Halifax Nova Scotia Canada B3I 3G6

FIGURE 4.

Shown above is a sample of the ovulation charts which are supplied by the Circle Institute of Nova Scotia. A supply for ten years (120 charts) can be had for three dollars. Perhaps they will also include a questionnaire which the user can return each year along with her completed charts in order to update statistics concerning natural methods of birth control.



show that the temperature is low during the menstrual cycle, and it may fall even lower just before and during ovulation. After ovulation, however, the temperature rises by about half a degree and this can best be measured by the woman just before getting out of bed. Generally, this is done with a "Basal Thermometer" which sells for about \$5.00 in ordinary drug stores. To get an exact reading it is necessary for the woman to keep the thermometer in her mouth for several minutes.

#### Instant Electronic Thermometer

An electronic thermometer which gives a very accurate indication of this temperature variation in less than a minute, and which is much easier to read than the old type glass thermometer will be incorporated in a low cost electronic ovulation detecting device which is currently being worked on at Aquarian Research. More will be said about this in a later section. The temperature change, which occurs over a period of from one to three days is also a reliable symptom of ovulation, and the third day of higher temperature corresponds to the fourth day after the peak symptom (end of slippery mucus), so that if there is any problem in recognizing the mucus, the higher temperature will be a good confirmation. After the three days of higher temperature, the fertile time has passed and intercourse will not lead to conception except, possibly during the cosmic fertility time. The temperature will drop to its former value before or during the next menstrual period.

#### Other Physical Changes

Around the time they ovulate women sometimes experience what is called (in German), "Mittelschmerz" or a pain that occurs in the middle of the menstrual cycle. Often it starts at the waist and works down to the groin, one month on the left and next month on the right. It can be sharp for a few hours or a dull ache for a day or two. It has been explained as the effect of the high estrogen level that accompanies ovulation. Other symptoms may include a feeling of fullness or soreness in the breasts, oiliness of the hair and skin, increased energy and sexual desire. Sometimes there is mid-cycle bleeding or spotting that happens before ovulation. If it is substantial and if it occurs in an irregular or long cycle, it could be mistaken for a menstrual period. However with careful observation, it will be noticed that the bleeding in this case is different as it will be combined with the ovulation mucus. Since intercourse at this time could result in conception, it is well to check this with some of the other symptoms. Should such a day of bleeding occur between the periods, it is important to abstain for three days after that as those days may be

fertile. Check the other symptoms.

To summarize, these symptoms include: slippery mucus, open os, soft cervix which is higher and harder to reach than usual, mittelschmerz, soreness of breasts, temperature rise, increased energy and sexual desire, and oiliness of hair or skin. In addition, there will be a measurable rise in the electric potentials in the body, but we will have to discuss that in a chapter on the electronic detection of ovulation.

#### Special Circumstances

The ovulation method can also be used in special circumstances when the old rhythm method would have failed to indicate fertility.

##### 1.) After Childbirth

Women who have just given birth do not have a menstrual period and are generally infertile. However, the length of time between the birth of the child and renewed fertility varies tremendously and depends to a large extent on breast feeding. If the mother gives the baby nothing but her breast milk and even lets the baby suck on her breast when the milk is gone, the ovulation may not return for up to one and one half years or even longer. When, however, the mother begins to supplement her breast milk with some other feeding, the ovulation will usually begin again, but the first ovulation will often occur before any menstrual period. Therefore, it is necessary for such a mother to watch out for the ovulation mucus and other ovulation symptoms. These are often accompanied by increased sexual desire which may have been missing since the time of the child's birth. Therefore to be safe after childbirth, it is important to continue to observe the mucus pattern as this will be a reliable indication of fertility. Another indication of returning fertility may be a decrease in the amount of breast milk available.

If a woman is having a continual mucus discharge (which is not an infection), careful observation (and recording of symptoms) will show the difference between infertile type mucus which is flaky, sticky, or sometimes milky at this time, and the fertile mucus which is wet, slippery, and stretchy. If you are confident that the mucus which appears day after day without change is of the infertile type, you can consider it safe. If you notice any change, you should wait and see what happens while abstaining from sexual relations.

If you are having dry days, then remember that intercourse every day could mask the return of the ovulation mucus, and so it is important to skip a day between relationships so that you can recognize the mucus when the dry condition fails to return. If you are having dry days interspersed with wet days, consider them as possibly fertile, watch other symptoms, and if there is any appearance of slippery mucus, abstain for three days after that type of mucus ceases.



### 2.) Menopause

Although fertility declines more and more when menopause approaches, if a woman is experienced in the Ovulation Method, characteristic fertility symptoms will be easy to recognize when they do occur even if they occur less regularly. As menopause nears, many or even all of the ovulation cycles become infertile even before ovulation stops altogether. The usual pattern is an increasing number of dry days with odd numbers of mucus days in between. Any irregularity of menstrual bleeding will not interfere with the observation of the ovulation mucus. Gradually, more and more long cycles will occur, and finally ovulation and menstruation will cease altogether.

### 3.) Birth Control Pills

The Ovulation method is also good for a woman who has stopped taking birth control pills, but the menstrual cycle must first be allowed to return to normal. While a woman is taking the pill, there will be no recognizable mucus pattern at all, and it sometimes takes a long time after discontinuing the pill before fertility and a normal pattern will return.

Generally, after taking the last pill, the usual withdrawal bleeding will appear in a few days, and ovulation will occur sometime in the next few weeks followed by a menstrual period about two weeks later. The time between the withdrawal bleeding and the first menstrual cycle is often longer than the woman's usual cycle, and the flow heavier. The first ovulation after stopping the pill is usually painful, and the time between that ovulation and the next menstrual period is either very long or very short. If a woman's cycles were irregular before the pill, they will probably be more irregular after stopping it. Therefore, women who change from the pill to natural birth control may have to wait three months, more or less, before they can use natural methods with complete security.

### 4.) The Intrauterine Device (I.U.D.)

I.U.D.'s have a fairly high rate of failure and so some doctors and clinics are beginning to recommend that another method of birth control be used in addition to the I.U.D. The ovulation method might be used for this. In some cases the I.U.D. causes a woman to have a continuous discharge, sometimes bloody, sometimes not, but even if that is so, the normal ovulatory mucus can still be recognized and the couple can abstain during the fertile time.

### 5.) Missed Periods

It sometimes happens that a woman skips a menstrual period without being pregnant. When that happens the woman should count fifteen days (most of which are safe) from the last day of the slippery mucus (peak symptom) and from then on she should only have intercourse every other day, watching to be sure that there is a dry day inbetween. If there is not, she should assume that the fertile mucus pattern which warns of ovulation has come again. To do that, keeping a calendar or chart is necessary.

### 6.) The Fertility Tester

In a previous edition of THE NATURAL BIRTH CONTROL BOOK we mentioned a Fertility Tester made by Weston Laboratories which was a device to test for glucose in the vaginal mucus. Unfortunately, this device has proven so inaccurate that it has been taken off the market. When better testers are available, we will report on them in the next edition of this book or in the newsletter.

### 7.) Vaginal Infections

Sometimes a woman has a kind of vaginal infection which results in continuous mucus discharge that might make it difficult to recognize her ovulation mucus pattern. Often this is not actually an infection in the usual sense, but simply an excess of the yeast which normally inhabits the vagina. In addition to causing an additional mucus discharge, the condition may be accompanied by a burning or itching sensation.

A natural way of overcoming the condition is to douche each day with a lactic acid solution which is prepared by diluting one part of pure lactic acid with three parts of water. One teaspoon of the diluted acid is then added to two quarts of warm water which is used as the douche. It is usually necessary to treat the condition for about three weeks or longer. Lactic Acid Douche solution can be obtained by mail from the Clymer Health Clinic, R.D. 3, Quakertown, Pa. 18951 for \$3.00 a bottle (including postage). Of course if there is any uncertainty about the problem, a professional should be consulted.

An excellent book on the natural treatment of common medical problems is published by the Clymer Health Clinic under the authorship of its director, Dr. Gerald E. Poesnecker and can be had for \$4.95 including postage.

### OVULATION METHOD TEACHERS

For names and addresses of teachers of the Ovulation Method and centers at which the method is taught, turn to pages 88 and 89. For information on the use of Vitamin C as a contraceptive, see page 87.

For additional detailed information on the Ovulation Method see also page 143 for a review of the book, A COOPERATIVE METHOD OF NATURAL BIRTH CONTROL published by the Farm in Tennessee.



### 8.) *Withdrawal or Interrupted Intercourse.*

Some couples have used withdrawal or "coitus interruptus" as a means of preventing pregnancy during fertile periods. In this method the man withdraws his penis just before ejaculation occurs. Aside from producing an unsatisfactory relationship, this method also frequently results in pregnancy because it is common for the man to release a small amount of semen well before orgasm without even being aware of the release. Also, it is thought by some doctors that a deposit of semen anywhere close to the female organs during a fertile period could possibly result in conception during such a time, as the sperm might mix with the woman's mucus and work its way into the vagina in that way. Rather than risk an unexpected pregnancy through this practice, it would be good to read the chapter entitled, "Fertile Time Togetherness" and develop other types of relationships.

### Ovulation and Astrological Birth Control

It is obvious that the people who developed the Ovulation Method were not acquainted with the occurrence of a separate time of fertility outside of the normal ovulation time which is referred to in the previous chapter as the cosmic fertility period. A friend who spoke with Dr. Lyn Billings indicated that when the ovulation method is used perfectly it seems that only one-half of one percent of the women using it would become pregnant in a year as a result of a failure of the method itself. Whether or not that is so, there may have been failures of the method which were attributed to other common causes such as simple contact between male and female organs during fertile times which is generally not considered so dangerous. It seems likely that some of the failures which were explained away as mistakes by the couple, might actually have been due to intercourse in non-fertile times which were actually fertile due to the cosmic fertility period. There are known cases of women wanting to become pregnant who achieved pregnancy outside of the normal ovulation time (when they should have been fertile) but at the time when the sun-moon angle or phase of the moon was the same as it was when she was born. It may be then, that some of the warnings given by some teachers of the Ovulation Method against *any* contact between the male and female genitals at fertile times are based on actual failures of the method due to neglect of the cosmic fertility time rather than the slight risks of some such contact. It may also be that some other failures of the Ovulation Method which are attributed to error on the part of the user, were due to this same reason.

**NOTE:** For more information on the Ovulation Method, see Appendix C, page, 147 at the bottom.

## Chapter 4 Lunaception

### Regulating The Time Of Ovulation With Light

In the last two editions of our birth control book, we mentioned that Gay Gaer Luce, the author of *Body Time*, and quite a researcher in her own right, had written that if a woman leaves a light on in her bedroom on the 14th, 15th, and 16th nights of her menstrual cycle, it will tend to improve the regularity of her periods.

In October of 1971, Louise Lacey started to experiment with that method and she found it to be quite successful in regulating her menstrual cycles. In that way, she could predict the time of her ovulation so exactly that she felt quite safe with only five days of abstinence during the ovulation fertility period. After testing the method for two years, she wrote a book about it which is now published under the title of *Lunaception* by Coward, McCann & Geoghegan of New York. It sells for \$7.95.

Ms. Lacey had already heard of Astrological Birth Control and knew that books about it had been published, but she didn't take it too seriously. She felt that the abstinence it required was too long for herself and for most women, and she sought a way which would require much less. The book is well written with an introduction by Barbara Seaman and a review by Gay Gaer Luce. It tells a lot about the author's personal experience and her discoveries regarding the dangers of artificial methods of contraception. It is well worth reading.

As far as we know, no large scale tests have been made with *Lunaception* as yet, and Ms. Lacey was only able to report on 29 women who have tried the method, but the research she did and the care with which she did it is impressive. I only wish that she had given us a phone number or address that would enable people to find out more about the current status of the work. I was unable to reach her through her publisher.

The essential idea of *Lunaception* is that by the use of light on certain nights of the month and total darkness on other nights, many women can so regulate their ovulation times that they are able to predict ovulation accurately to the very day. Together with that, they use the Ovulation Method and temperature charting to confirm the accuracy of the predictions.

Ovulation itself only takes a few minutes, and following ovulation there



are only about 12 hours during which pregnancy is likely to occur. The combining of the egg and the sperm takes place in the fallopian tube while the egg is moving down the tube and that usually takes no more than twelve hours. To be more certain than just allowing twelve hours, Ms. Lacy allows two days following ovulation before resuming sexual relations. Since she reckons that it is also possible for the man's sperm to live as long as three days in the woman's body, it is also necessary for the couple to abstain from intercourse for three days before ovulation. Total time of abstinence is therefore five days.

This is a considerable reduction in time from the usual Ovulation Method because it takes an average of ten days from the first appearance of mucus after the menstrual time until three days after the last day of the slippery ovulation mucus. The reason that Ms. Lacey feels justified in using only five days is that she feels that with the use of the light, the menstrual cycles can be kept so perfectly regular that the day of ovulation can be predicted precisely ahead of time.

For those who wish to do this, it is a very good and natural method, but it is also important if pregnancy would be a serious problem, to observe some other precautions with great care. Even after the cycle has been perfectly regular for a long time, a serious emotional problem will tend to upset it, and it may take months before it is perfectly predictable again. Therefore, one does have to keep a look out for that and in times of emotional stress, one must go back to the full ovulation method and avoid intercourse when mucus is present before ovulation. This may, once again require a full ten days of abstinence.

Ms. Lacey also mentions that Masters & Johnson found that on occasions some women do ovulate after orgasm even when it is not their usual ovulation time. When they discovered that, those researchers were probably quite unaware of the cosmic fertility cycle, and therefore did not check to see if the ovulation after orgasm was related to that cycle. Unfortunately, Ms. Lacey seems to neglect the same thing, and only says, "If you are one of these women (who sometimes ovulate after orgasm), you will need more protection than Lunaception can give you".

Ms. Lacy reports that nine of the 29 women who used the Lunaception method the longest have experienced that their ovulation almost always occurs at the time of the full moon and their menstrual period almost always at the time of the new moon.

Here is a summary of the instructions which her book gives for regularizing ovulation times and for testing to be sure they are regular. (These are not necessarily in their order of importance.)

1.) Vitamin supplements with Vitamin B and Vitamin E help to keep the body in good health and glandular functions regular.

2.) Sleep in a completely dark room all but three nights of the month. Make sure no car lights or street lights can in any way flash into your sleeping room on nights when the room should be dark. Doing this should also result in shorter but heavier menstrual periods.

3.) Counting day number one of the menstrual period and the night of that day as night 1, have a light on in your room for the 14th, 15th, and 16th nights of the cycle. This may be about a 40 watt bulb at the foot of the bed (so that light is reflecting from ceiling) or a larger light in the closet with the door partly open. The light should not shine on you directly from the bulb. Keep the light on all night.

4.) Measure your temperature with an accurate thermometer at least every morning before you get out of bed. Louise Lacey says you can do this orally but must have the thermometer in your mouth for at least four minutes. Keep a careful chart of your temperature variations and although there may be variations of as much as 0.5 degree from day to day, just before ovulation there should be a noticeable drop in temperature and then in the morning a sharp rise. After that the temperature should remain on the high side until the next menstrual period when it will drop to the lower value. Three days after the higher temperature, intercourse ought not to result in pregnancy. You should not eat, smoke or drink anything for ten minutes before taking the temperature. You should also try to do it at the same time each day, within fifteen minutes.

Louise said she also took her temperature every night as she went to bed (actually 1:00 a.m.). The night temperature seemed to get higher from six to thirty hours ahead of the morning change. The reading at night was higher, but the pattern usually the same. By keeping a chart on graph paper, it is possible to get a clear idea of the pattern, so you can know what to expect each month. The morning temperature was a more reliable guide than the night temperature.

5.) Keep a record of your vaginal mucus as described in the chapter on the Ovulation Method. The only change is that once you have established perfectly regular periods by the use of the light, you don't have to regard the first days of sticky mucus as fertile, but knowing just when ovulation is to occur, you can simply abstain for three days before ovulation and the following two. Of course, you should observe that the middle of this time should be the last day of the slippery "peak symptom" mucus.

6.) According to the author, any contact at all between male and female sexual organs during the fertile time could lead to conception, and should be avoided. There is no indication in the book that Ms. Lacey has experienced conception in this way, and it seems apparent that this idea is lifted directly from literature on the Ovulation Method. Personally, I



suspect that mere contact between male and female organs during fertile periods is no more likely to cause pregnancy than bathing together would do. So it seems probable to me that this idea is put forward mainly to explain pregnancies which, according to methods that neglect the cosmic fertility time, could not have occurred. Therefore, it is probably much more important to abstain from intercourse during the cosmic fertility time than to worry about physical contact that does not involve release of sperm. (But don't forget that sperm can be released long before orgasm. See last paragraph on page 81.)

It might be possible for a woman to so regulate her time of ovulation that it comes just at the same time as her cosmic fertility period. She might be able to do this after her menstrual periods are controlled by the light by putting the light on one day earlier or later each month to see if this will cause ovulation to shift in the same direction. If it does, she might be able to shift it month by month until it coincides with the cosmic fertility time. If any of you try this and find it successful, please let us know about your experience. Do keep careful records if you are experimenting in this way. According to some researchers, this shift may tend to occur naturally in women trying to become pregnant. If it can be arranged, it could lead to a very dependable birth control method with only five days of abstinence per month.

#### Scientific Research on the Effects of Light

I called Dr. John Ott of the Health & Light Research Institute (in Sarasota, Fla.) and asked him about this book. He said he had seen LUNACEPTION\* and agreed that the method might work, but he wasn't certain. He did say that the type of light, its color or sources (fluorescent, etc.) would probably make a great deal of difference, and suggested that experiments in this field would be of value. Nevertheless, ordinary bulbs do work in most cases, according to Ms. Lacey.

#### Conclusion

The lunaception method has not, as far as we know, been tested on a large scale to find out how well it really works, and therefore, like mental control of conception (see chapter 1) we cannot recommend it as a proven method with statistically low failure rates. It's an experiment - but one that ought to be attempted by those who feel ready for it. I wish that those who do would let us know their results, and the next time we do a survey, we'll be able to report more fully on its rate of success.

Finally, I would like to point out that the above information on Lunaception is just a summary to give you an idea what is required. If you

\* LUNACEPTION is now in paperback. Warner Publications, N.Y.C. \$1.75

are ready to try it, I'd advise you strongly to buy the book and read it through quite carefully unless an unexpected pregnancy is perfectly acceptable.

#### LAST MINUTE NOTE :

Two days before going to press, I received a call from the author of LUNACEPTION. She was able to give me additional information about her work.

Users of the method have found that if they have to get up at night, a dim red light similar to the one used in a photographic dark room could be used without disturbing the ovulation cycle.

Among the women who used the Lunaception method according to instructions, she said, there were no unwanted pregnancies, but among those who did not follow instructions carefully, there have been several. Taken all together, seven percent of the users became pregnant which is a better score than is common among those who depend on a diaphragm. The test group, however, was not very large.

Ms. Lacey also reported that an exchange student of anthropology from Zambia informed her that in the Zambezi valley which has been populated for thousands of years by a stable culture, women expect to ovulate at full moon and menstruate at new moon. Their houses are so constructed that there is an opening in the roof for the full moon to shine in.

Finally, she told me that her book will be out in paperback this June for about \$2.50. People who read it and still have questions may write to Louise Lacey at P.O. Box 401, Mill Valley, Ca. 94941. Be sure to include a self addressed, stamped envelope if you wish to receive a reply.

