

MERCIÉR THERAPY HELPS WOMEN ACHIEVE PREGNANCY

Category Manual/osteopathic/chiropractic techniques

MERCIÉR THERAPY HELPS INFERTILE WOMEN ACHIEVE PREGNANCY Mercier, J., Midwife, LMT, PhD; Miller, K., LMT
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Introduction Among women ages 15–44, 6.7 million have impaired ability to have children, 1.5 million are infertile, and 7.4 million have used infertility services in their lifetime (www.cdc.gov/nchs/fastats/fertile.htm). Now more than ever, women are having their fertility manipulated by reproductive endocrinology clinics and are undergoing multiple cycles without knowing the long-term effects of fertility drug use.

Purpose/Aim Articles have been written about soft tissue abdominal and pelvic work alleviating fertility challenges, but no clinical research has been performed. The purpose of this study is to confirm that the use of Mercier Therapy—site-specific, manual soft tissue therapy—is valid as a standalone treatment and with assisted reproductive technologies to help women become pregnant.

Materials and Methods Forty-eight women ages 28–42 were interviewed and underwent at least two sessions of Mercier Therapy. Mercier Therapy's research setting is a holistic, clinical, multidisciplinary environment in Illinois and Arkansas. The women selected for the study all complained of primary and secondary fertility challenges regardless of age, current or past pathological condition, prior surgical intervention, prior treatment, and history of no treatment.

Results Eighteen women achieved pregnancy within the first six months of their first Mercier Therapy sessions. Twenty-two women achieved pregnancy within one year of their first Mercier Therapy session. Eight women did not become pregnant. Of the forty women who became pregnant, thirty-two used Mercier Therapy as a standalone treatment; six used in-vitro fertilization; two used a combination of Clomid and intrauterine insemination. Relevance By educating participants about their fertility and cycles and using Mercier Therapy soft tissue manipulation to increase organ mobility and blood flow while enhancing optimal organ function, women responded very well without use of heavy-handed reproductive methods.

Conclusions Mercier Therapy has proven beneficial in helping couples to achieve pregnancy in a diverse group of women with various prior assisted reproductive technology backgrounds, ages, races, current pathologies, and medical histories.

Discussion According to the Centers for Disease Control and Prevention, 147,260 assisted reproductive technology cycles were performed in the United States in 2010; 47,090 live births occurred—31.9% (www.cdc.gov/art). Why settle for mediocrity? In this study, Mercier Therapy helped 83% of participants achieve pregnancy; 80% of those women used Mercier Therapy exclusively. When used in conjunction with medical fertility treatments for the remaining participants, Mercier Therapy shortened the number of cycles, achieving pregnancy sooner than with fertility treatments alone.

Implications This study reveals that fertility does not need to be medically manipulated in all cases. Medical fertility treatments bypass the core problem of poor reproductive organ function. Mercier Therapy creates more blood flow and mobility of the uterus, ovaries, and tubes, going to the source of the challenge and helping to fix it, gently and effectively. Keywords conception, infertility, Mercier Therapy, pregnancy, reproduction, soft tissue manipulation