

the sympto-thermic method of family planning

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Many are dissatisfied with, unsuitable for, or unwilling to use artificial means of family planning. This is why there are so many demanding a **natural** method, which is "safe" and practicable. The sympto-thermic method I am about to describe is the best solution available for these couples. It makes use of the symptoms and signs detectable at and around the time of ovulation.

Prior to ovulation the secretion of mucus by the cervical glands increases and the mucus thins out and is detectable on the vulva. It looks exactly like the white of an uncooked egg. This mucus if caught between the fingers can be pulled out into strings (Spinnbarkeit). This mucus favours the longevity of sperms by diminishing the vaginal acidity. It is also believed to act as a nutrient for sperms and when it thins out, as just mentioned, it favours the migration of sperms via the cervical canal.

After ovulation has occurred, the mucus thickens and doesn't gravitate out of the vagina. It blocks the cervical os.

Some patients complain of mid-cycle pain in the middle of lower abdomen (Mittelschmerz). This is believed to be due to some blood spilling out of the burst follicle and acting as an irritant to the peritoneum. When this symptom is complained of, it is another pointer to the time of ovulation. Breat fullness and mid-cycle spotting when present, are other pointers to the time of ovulation.

The persistent rise in the basal body temperature **after the cessation of the cervical mucus** is the **best** sign that ovulation has occurred. It does not matter whether the temperature is taken orally, rectally or vaginally as long as it is always taken under standard conditions.

Not all temperature curves show a temperature rise which is easily recognisable. Often it is difficult to determine correctly the beginning of the hyperthermic phase. At a W.H.O. meeting in 1966 the following definition was formulated:

"The change from the hypothermic to the hyperthermic phase is spoken of as the 'shift'. A significant shift is one that occurs in 48 hours or less and in which three consecutive daily temperatures are at least 0.4°F. higher than the last six daily temperatures prior to the shift. Sometimes a difference of only 0.2°F. is sufficient to recognise the beginning of the hyperthermic phase".

If there is any doubt about the significance of any temperature rise one should relate it to the cervical mucus. Any rise, as previously stated, for 3 consecutive days, higher than the previous 6 days, and occurring **after** the ces-

sation of mucus is diagnostic of ovulation.

The post ovulatory period is the period of **absolute** sterility. There is however a period of **relative** sterility prior to ovulation and various methods have been devised at detecting this:

- a) **The calendar method** — this is accompanied by high failure rate.
- b) **Temperature method** — take the basal temperature for 6 cycles; deduct 6 days from the day of the cycle which shows earliest rise of temperature and you get the last day of the relatively infertile period. This is more reliable than the calendar method.
- c) **Method of Dr. Josef Rotzer of Austria:** He considers the first 6 days of a cycle as being infertile as long as the previous cycle showed a biphasic curve. This is a very reliable method.
- d) A woman who can observe the mucus discharge early enough may rely upon the infertile days up until the first appearance of the mucus discharge. This is especially important in long and irregular cycle, where the mucus symptoms are usually longer lasting.

The above mentioned procedures allow the determination of the pre-ovulatory infertile period for almost all couples. The post ovulatory period gives a high degree of reliability but demands very long abstinence. Therefore couples have to be taught about means of detecting the pre-ovulatory infertile period. The sympto-thermic method described offers the best answer. But, it is important that the couples are not allowed to use this method before understanding it well and before they have confidence in it.

It has been estimated that on an average it takes a woman up to 6 months of observations and charting for her to understand all these observations about herself. Most women do not find any special difficulty in detecting cervical mucus (clear, slippery, like uncooked egg white, can be pulled out into strings) and can distinguish it from any abnormal vaginal discharge, including seminal discharge. They first notice a sensation of wetness in the region of the vulva and on cleaning themselves notice the stretchy egg white-like, clear mucus.

Conclusion: The aim of this paper is to present a reliable natural method of family planning. The sympto-thermic method is the best one available and the only factor which makes it impossible to use is unwillingness on the part of one partner to be involved in periodic abstinence from intercourse.