

The Quest

leading to the discovery of the Billings Ovulation Method

John Billings

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The medical research which led eventually to the recognition, development and refinement of the Billings Ovulation Method began in Melbourne in 1953. At that time, now nearly 50 years ago, the only natural methods of regulating fertility were the Rhythm Method and the Temperature Method, but there was not yet very much interest in the Temperature Method. The gynaecologists showed little interest at all in natural methods except a few Catholic gynaecologists who taught the Rhythm Method.

In the commencement of a program of clinical research the first effort was to study available texts defining the Rhythm Method, based on the brilliant research to two distinguished gynaecologists, the Austrian Dr Herman Knaus and the Japanese Dr Kaysaku Ogino. Their quite separate lines of research led to a similar conclusion that ovulation occurs on only one day in the cycle and, in the absence of pregnancy, ovulation is followed about two weeks later by menstruation. Knaus believed that the interval is exactly 14 days, but Ogino had demonstrated an interval of 12-16 days.

The discoveries made by Knaus and Ogino provided a scientific basis for the elaboration of this natural family planning method, which involved studying the length of menstrual cycles over a period of at least 6 months, calculations based on a putative sperm survival time of 3 days (Ogino) and even up to 5 days, and an ovum survival of not more than 1 day. After reference to the longest and shortest cycles that had been observed during 6 months, there was a counting of days to mark the time when the woman could not conceive. As long as the woman's cycle remained within the observed lengths many couples followed this Rhythm Method with considerable success.

There remained however, the obvious problems of unexpected irregularity of the cycles and situations such as breast-feeding when the woman usually has no cycles at all for several months, even sometimes for a year or more. There are also problems for the small group of women who may ovulate only 2 or 3 times in the course of each year, and also for the women experiencing considerable irregularities near to menopause.

One had been drawn into this work by a splendid priest, Fr Maurice Catarinich, who had recently been appointed by our Archbishop Daniel Mannix to fulfil the role of a marriage consultant in the

Melbourne Catholic Family Welfare Bureau. On one evening each week couples referred by Fr Catarinich were interviewed in his consulting rooms. As well as that he organised some weekend "Cana" Conferences for Catholic couples. Those who had experienced an unintended pregnancy while endeavouring to use the Rhythm Method successfully were invited to come for interview. This drew attention to another cause for unexpected pregnancies which is always to be remembered, that the apparent failure of the method to prevent conception was due to the woman receiving incorrect information from her teacher and not to any weakness of the method itself.

Many of the couples had very serious reasons, especially of a medical nature, to have a rest from pregnancy at least for a few years, or sometimes permanently. One therefore turned to the Basal Body Temperature method for assistance. It was in 1905 that a doctor van de Velde observed a drop in the body temperature of one of his patients towards the middle of her menstrual cycle, followed by a higher temperature until near menstruation. Already in 1868 it had been noticed that a fall in temperature occurs at the time of menstruation. The woman observed by Dr van de Velde was obviously having cycles varying very little from about 28 days in length as the drop in body temperature preceding the rise occurred in the middle of the cycle.

With the help of some nurses we were able to compare oral, vaginal, and rectal daily temperatures and found that if the temperature is taken correctly any of these locations could be chosen as the method to be used.

There are obvious weaknesses of the Temperature Method in that the behaviour of the temperature is non-specific, as it may be elevated by influences that have nothing to do with the menstrual cycle. Furthermore, it is only after the shift from a lower to a higher temperature has occurred that days of infertility can be located. In long cycles or again during breast-feeding there are necessarily very long times of avoidance of intercourse if pregnancy is to be postponed. A number of people combined the two methods to produce a Temperature-Rhythm method, applying variable interpretations of counting days for the pre-ovulatory phase of the cycle; this could not give a formula that was completely reliable. It was already known that a single act of intercourse in the cycle during menstruation could produce pregnancy because ovulation had occurred on about day 5 or 6 in the cycle.

The determination of so many of these couples to reject any but a natural method of regulating fertility was the inspiration to stimulate a careful study of the medical literature, seeking a clue which might lead to the development of a really reliable natural method. One felt a need to concentrate on a study of ovulation which is clearly the most fertile time in the cycle, much more important than menstruation and cycle length which had been the focus of the Rhythm Method. The Temperature Method was capable of demonstrating when ovulation has occurred but this was not likely to help

couples to achieve pregnancy, as usually the ovum will have disintegrated by the time the significant temperature rise is recognised.

There was in the literature a document produced by a Dr W T Smith in 1855 under the heading of "The Pathology and Treatment of Leucorrhoea". Smith pointed out that conception is most likely to occur at that time of the menstrual cycle when the mucus content of the cervix is "in its most fluid condition". In 1868 Dr J M Sims wrote that the post-coital test for spermatozoa which he had helped to develop showed the best movement of the spermatozoa within the mucus "when the cervical mucus becomes clear and translucent, and about the consistency of the white of egg". These very important observations had been largely neglected until the 1930s when some French gynaecologists Seguy and Vimeux noted that about the time of ovulation, confirmed by laparotomy, the mucus in the cervix becomes temporarily permeable to spermatozoa.

The word leucorrhoea means simply "white discharge" and there were occasional references to leucorrhoea in textbooks of gynaecology, that some women reported the presence of such a discharge in the menstrual cycle, with the added comment that it did not have any serious significance. It was even suggested by one gynaecologist that it was a psychosomatic disorder. There was no suggestion seen that it could be of physiological significance and therefore worthy of further study.

One now began to ask every woman coming for instruction about regulating fertility whether she noted such a discharge at some place within the cycle, and this produced a positive response from everyone who was asked the question. The women were then asked to describe it in detail, the number of days it was present, what it looked like, what it felt like and any other feature that they may have observed. There was, of course, slight variation in these descriptions with regard to the number of days on which the discharge was present in each cycle and details indicating that some women had a more copious discharge than others when they would often describe the tendency of the mucus to form strings. What was clear was that there were sequential changes in the observation of what they saw and what the vulva felt while the discharge was present. Similar changes were a regular feature of what the women were saying so that it became clear that this phenomenon associated with the fertile time in the cycle could be the essential indicator of the only time in the cycle when the woman could conceive.

The first step therefore was to add to the instruction given to those women using Rhythm Method calculations, daily observations which would include the time when this physiological discharge was present, and always to avoid intercourse over those days and for a few days after it ceased. The result was that there were no pregnancies over a long period of time when the women followed that advice.

Instruction in the Temperature Method continued as well, for two reasons. The main reason was that many women were astonished at the information they had been given regarding this white discharge, which had been a familiar observation to them for so many years, and they tended to be doubtful as to whether pregnancy could be reliably avoided by waiting without intercourse as they had been instructed. The idea seemed to them to be too simple. As still sometimes happens when couples are instructed together, the husbands were mystified by what the woman was being told and had so easily understood; some husbands had the idea that a temperature record that they could see was likely to be more reliable.

There was also the fact that it was by now the time when the contraceptive pill was being introduced and vigorously promoted by the pharmaceutical industries, with claims that the pill is a wonderful new discovery. There were other false statements in this propaganda for the pill, that it is harmless, just imitating nature, able to regulate ovulation and so on. Many women were dazzled by this relentless publicity, and so were many doctors, members of the clergy and other men as well. The deception caused many women to believe that the pill would be a simple answer to all their problems and were hesitant to accept a natural method, even claiming that it would be difficult to keep an accurate record of the mucus discharge; it was therefore considered advisable to provide instruction in the Temperature Method, which would then enable them to resist persuasion to accept the pill.

It was now in 1962 that Professor James Brown took up an appointment at the Royal Women's Hospital in Melbourne after completing an appointment he had held in a notable laboratory unit in Edinburgh, Scotland. While in Edinburgh he had developed what was later known internationally as Brown's Method of measuring oestrogens and progesterone in blood and urine. The last task he undertook in that laboratory was to respond to a request from the Director to use his new techniques to measure each day, in a group of women taking the contraceptive pill, the level of the pituitary and ovarian hormones involved in the hypothalamic-pituitary-ovarian axis controlling the cycle. Professor Brown did so and found that all of these hormonal levels were flattened so that they remained at a low level throughout the cycle. He was appalled by these observations and concluded, as many doctors had already suspected, that the pill was producing a very serious abnormality within the whole of the woman's reproductive system and that under no circumstances should such medical treatment be encouraged. More widespread complications were predicted.

One had already been hoping that the information already acquired and given practical application in Melbourne could protect the women from medication which was contrary to sound medical principles, as well as being morally wrong according to the Magisterial teaching of the Catholic Church.

Professor Brown was approached and acquainted with the Melbourne work and asked whether he would help to validate the present developments by measuring the hormonal patterns of the women being instructed in natural fertility regulation. Professor Brown was immediately interested and revealed that he had already hoped that his laboratory techniques could be used to assist the development of a natural method!

By the end of the 1950s there was clear evidence that the beginning and the end of the fertile phase of the menstrual cycle are reliably defined by the cervical mucus pattern. This prompted a decision to write a book to publicise the results of this clinical research. Thoughts were already turning towards the illiterate poor living in the developing countries of the world and their need for a reliable and harmless method of indicating those days in the cycle when it is possible for the woman to conceive and those days when conception is impossible.

The Rhythm Method had been demonstrated to be inadequate. The distribution of thermometers and the necessary instruction in their use could not be accepted as an acceptable target for the millions of poor, illiterate couples in India for example nor in many countries in Africa, Latin America and Asia where similar problems exist. It was decided that the book would contain accurate information about the Rhythm Method and the Temperature Method for any couples who wished to use either of those methods, knowing that many of them may have needed correction in the instruction that they had received. The inability of the Rhythm Method and the Temperature Method to indicate infertility before the beginning of the fertile phase was an insoluble problem.

Chemical contraception was now being introduced into Australia and we were soon able to observe the physical complications which resulted, many of these complications being of a very serious nature, including blood clotting resulting in strokes, heart attacks and pulmonary embolism. There was also an impact upon the conjugal relationship as the woman was often irritable or depressed while taking the pill, and the intended separation of sexual intercourse from parenthood clearly damaged the conjugal relationship in many cases, promoting infidelity and marriage breakdown. One came to be impressed by the fact that the physiology of a woman's fertility been part of Creation since the creation of the first woman and that it was just at this time that the Creator was allowing the details of this physiology to be recognised, with its obvious application of regulating fertility by a method superior in every way to chemical contraception, whether by the pill, implants or injections.

Professor Brown's appointment in Melbourne was in time to add to the book his daily measurements of the ovarian hormones in two women and displayed with the concurrent charts they had produced. The book was released in 1964 with detailed description of the cervical mucus pattern, and the name given to the method it provides was the Ovulation Method, to emphasis that a new idea

was being described with reference to the time of ovulation and the resulting ability to recognise the fertile phase.

In 1965 Dr Evelyn Billings joined the male medical team at the Catholic Family Welfare Bureau in Melbourne and to her were assigned those couples where the woman was reporting some difficulty in developing a proper understanding of the Ovulation Method. It was clear from the beginning that she quickly established a good rapport with the women and after several months she said to the male group of teachers, "Where are these difficult cases that you have been talking about?". This confirmed the insight that had been gradually developing amongst the male teachers that women have special advantages as teachers, arising out of their personal experience of the mucus pattern and because many women found it much easier to discuss their own observations with another woman. That does not mean that all women make good teachers nor that all men can be predicted to be poor teachers.

By this time Professor Brown's collaboration was yielding important information. It had become evident at an early stage that the sequence of changes in the mucus pattern begins as a rule with a sticky opaque secretion which gradually becomes more transparent and finally takes on a distinctly lubricative quality which is easily recognised by the sensation experienced by the vulva, as the woman came close to ovulation. The slippery feeling then abruptly changes to dryness with or without a small opaque discharge. The last day of the slippery sensation, irrespective of quantity, was called the Peak of the Mucus Symptom, because it is the day of maximum fertility and usually the day of ovulation. Sometimes ovulation occurs on the next day or rarely the second day after the Peak. It is unnecessary for the woman to touch the mucus or to collect mucus with tissues; it is rather a matter of her understanding that the most important observation is the sensation experienced by the vulva as it changes from day to day. Professor Brown's hormonal studies confirmed the rule that had been made to count 3 days following the last day of mucus before resuming intercourse. From the beginning of the fourth day, there is no possibility of pregnancy on any day in the rest of the cycle.

Professor Brown gradually came to the firm conclusion that the Peak is the most reliable of all biological markers of the time of ovulation, more accurate than the behaviour of the oestrogen curve and more accurate than the surge of the luteinising hormone (LH) which triggers ovulation. The change in the women's observations, from a slippery feeling to an absence of any slipperiness or wetness, is resulting from a fall in the level of circulating oestrogen and a little later the progressive rise of progesterone which begins just a few hours before ovulation. The progesterone needs to continue to rise to a higher level before its measurement will confirm the occurrence of ovulation.

As a woman approaches ovulation the amount of mucus discharge many increase considerably and result in the mucus forming strings which can be drawn out by using a glass rod. This observation is

sometimes referred to as "stretch" but there is no elasticity present, and the description made by the German gynaecologists who originally expressed it as "a tendency to form strings" is more accurate. The strings are most obvious about two or three days before the true Peak of fertility. It is unfortunate that a number of natural family planning teachers have adopted our terminology but define inaccurately the application of the term "Peak of the Mucus Symptom". They place the Peak at the time when the stringiness is most obvious; the literature becomes confused by observations of this kind and their relationship to the time of ovulation.

Dr Evelyn Billings was now directing her attention to the pre-ovulatory phase of the cycle, having observed that occasionally in a long cycle there will be a mucus discharge for two or three days, afterwards perhaps recurring intermittently before the full sequential pattern of the fertile phase begins and continues through to the Peak. The rule was developed that intercourse was avoided during these "mucus patches" and for 3 days afterwards, if pregnancy were to be avoided. This rule is important in making sure that the mucus patch is not the beginning of the fertile phase.

At other times there might be a discharge coming from the vagina which is not mucus. This may be present as a continuous discharge, for example, as a result of present or previous use of contraceptive medication. It was noticed that these continuing discharges were of an unchanging character and this absence of change demonstrates that they are an indication of infertility. This means that during the time between the end of menstruation and the beginning of the fertile phase infertility may be diagnosed by dryness or by an unchanging discharge; both the dryness and the unchanging discharge represent what is designated a Basic Infertile Pattern. All of this information was incorporated into the formation of the guidelines so that the woman and consequently her husband could be sure that during the pre-ovulatory phase of the cycle, before the fertile phase began, the woman is able to identify infertility; it is only the mucus patches which call for the avoidance of intercourse until it is sure that the mucus discharge is not in fact the beginning of the fertile phase. As will be described later, Professor Erik Odeblad determined that this unchanging discharge originates in the vagina.

It was during the study of these very significant observations during the 1960s that it was determined that the couple was better served by the Ovulation Method alone than by a combination with any other method; this necessitated ensuring that the absence of temperature-taking did not result in any pregnancies. Good teaching of the ovulation method is required, careful charting on the part of the woman and the teacher making sure that she understands the guidelines for the application of the knowledge, according to the intention of the couple to achieve or to avoid pregnancy.

In the early part of the cycle a group of follicles (nests) each containing an ovum begins to develop, stimulated by the pituitary hormone FSH. At a later date it was discerned that, very occasionally, a continuous unchanging pattern of mucus with fertile characteristics is observed, particularly in breast-feeding women, even sometimes persisting for many weeks. This infertile pattern has been explained by Professor Brown as resulting from an arrest of the level of FSH at a point where one or more follicles were producing a moderate level of oestrogen but did not progress to the Peak and ovulation. This is another example of a Basic Infertile Pattern, usually ending in a return to more familiar BIPs and atresia (atrophy) of the follicles that had been moderately active. This sequence was later incorporated in the Early Day Rules for its management.

Omitting the Temperature

Many women were by this time asking was it really necessary to continue taking the temperature. They observed how easily the mucus pattern could be understood; when they had waited without intercourse during the fertile phase, menstruation would confirm their confidence.

The publication of the Ovulation Method had aroused considerable interest in countries overseas and it was in 1968 that one was first invited to visit other countries in order to teach the Ovulation Method and provide help to establish teaching centres. The first country to make the request was New Zealand and in the following year there was a combined movement through Malaysia, Singapore and Hong Kong where it was now positively recommended that when the woman understood her cycle in the terms of the Ovulation Method, she required no other method to help her and her husband to regulate their family size.

In 1968-9 Mrs Mercedes Wilson from Guatemala was living in Melbourne. She visited the Catholic Family Welfare Centre and was taught the Temperature Method and the Ovulation Method. During 1969 she visited the home of the Drs Billings and in a conversation with Dr Evelyn Billings she discussed the possibility of Natural Family Planning in Guatemala. She was concerned as to whether the poor, less educated women in her country would be able to be provided with adequate assistance. In this conversation she was told that there was now sufficient evidence to declare that the Ovulation Method used alone was adequate, provided the woman had a good understanding of it. There was no logic any longer to submit the reliable indicator (the mucus pattern) to the judgement of an unreliable method (the temperature record). Mercedes asked whether the Drs Billings would be willing to come to Guatemala to conduct a Teacher-Training and was assured that they would come, Dr Evelyn Billings saying that all that would be taught was the Ovulation Method and that already good results were being reported in the application of the method in Tonga. It had been observed that the shift from the

lower to the higher temperature could occur a few days before the day of ovulation or sometimes not until three or four days afterwards, and similar observations were to be found in the medical literature. There was also experience of another observation also appearing in the medical literature, that ovulation may occur without any indication of it at all from the temperature chart. One's experience had included a cycle with a normal fertile mucus pattern, hormonal proof that the Peak of the Mucus Symptom was accurately located at the time of ovulation, menstruation had occurred two weeks later, but the temperature chart was flat throughout the cycle.

The count of 3 after the end of the mucus pattern had been determined by clinical observations. These involved the cooperation of a number of couples who had successfully postponed pregnancy for as long as they wished to do so and were now wishing to achieve another pregnancy. They were asked to "move backwards" the acts of intercourse in the post-ovulatory phase of the cycle, beginning with day three. One pregnancy occurred as a result. The remainder moved to day two and now a few pregnancies resulted. When the other couples moved to day one pregnancies occurred more frequently but most frequently of all when finally the last day of the mucus discharge was used for intercourse. It was some years later that Professor Brown's laboratory studies demonstrated what had been named the "Peak of the Mucus Symptom" was in fact the day on which ovulation occurred most frequently, and that the day after the Peak also had a substantial level of fertility, but not as great as that on the Peak day.

So far the recommendation to proceed further without the temperature method had been confined to those women who had a clear understanding of the Ovulation Method and a classical mucus pattern. What was needed was a study of a random group of women who would be taught the Ovulation Method and use it alone from the beginning of their use of a natural method. Providentially this opportunity presented itself when there was a visit to Melbourne of a Missionary nun of the Marist Order, Sr M Cosmas Weissmann who had already been working for many years in Tonga. She had come to Melbourne with the express intention of learning a method which did not involve any temperature taking, being positive that the temperature method was incapable of being used successfully amongst the poor and largely illiterate women in Tonga. She was delighted to be told that such a method now existed and she stayed in Melbourne for a few weeks in order to be quite convinced that she fully understood the method and the manner in which it was being taught.

Sr Cosmas went back to Tonga and commenced to instruct the women who were keen to learn a natural method of postponing pregnancy, even some who were not intending to use it immediately but

at a later date when the family size had increased. Finally a total of 395 women were instructed and 331 couples opted for the Ovulation Method. The trial begun in July 1970 and ended in February 1972.

A visit to Tonga early in the trial confirmed that Sr Cosmas was keeping meticulous records of each individual retained in the trial, and that good progress was being made. Most women found the mucus immediately recognisable and were pleased with the simplicity of the method. Additional instruction was given where it was necessary to gain the woman's confidence. Altogether a total of 282 couples used the Ovulation Method for a total of 2503 days. There was one case where the couple had a pregnancy despite their statement that they had not engaged in intercourse during the fertile phase. So this "method-related pregnancy" was included in the final report of the project and published in the English Medical Journal Lancet (Oct 14,1972; 813-816). After the report had been published this couple admitted to Sr Cosmas that they had knowingly conceived during the fertile phase and were now anxious to correct the previous untruth. The result of the trial was therefore 100% success as long as couples continued to wait without intercourse during the presence of the fertile time determined by the Early Day Rules and the Peak Rule.

Towards the end of 1970 the Drs Billings made a visit to Guatemala in response to an invitation by Mrs Mercedes Wilson and in her company carried out a teaching program in all the countries of Central America. During this visit Mrs Wilson inquired as to whether there was now complete confidence about teaching the Ovulation Method in isolation from other methods, and she was assured this was the case. She was given more information about the success being achieved in Tonga, and informed that the Ovulation method was now being regularly used on its own.

The journey to Guatemala was effected by a journey through Los Angeles, USA and there they met Mons. Robert Deegan, who was then Director of the Department of Health and Hospitals in the Archdiocese, which is the second largest in the United States of America. They had been introduced to him by a letter provided by a priest who had listened to the teaching carried out in Hong Kong. Mons. Deegan listened to the story of the Ovulation Method and arranged for the Drs Billings to meet a group of doctors and nurses to present information to them on return. This meeting with the more than 40 individuals was very successful and a strong resolution was adopted to support the establishment of an Ovulation Method Teaching Centre in Los Angeles. Mons Deegan followed up this recommendation by organising an Ovulation Method Institute each year for many years afterwards, which continued until his untimely death in 1983. They attracted visitors from all over the Americas and also from Asia and Europe. There was also a stop over in Mexico City on the way back to Los Angeles and the Ovulation Method was introduced to an interested group who went ahead with the setting up of a number of centres to teach the method. Subsequently teachers from Australia were

able to supplement the teaching throughout Canada, the United States, and all though Latin America, with assistance to Mercedes Wilson and her group in Guatemala. In 1978 our Humanae Vitae (Of Human Life) Conference attracted delegates from more than 40 countries around the world, enabling our Australian teachers to form strong friendships with individuals from many of these countries who subsequently spread the Ovulation Method on their return home. Since then many of our Australian Teachers have undertaken journeys to establish teaching programs overseas and these combined efforts have involved more than 100 countries altogether, in Eastern and Western Europe, the Middle East, all through Africa, the subcontinent of India, in Asia and in various Pacific Island communities. In China these efforts have produced remarkable success in recent years.

In 1977 at an International Conference on Natural Family Planning in Cali Colombia, the research of Professor Erik Odeblad of the University of Umea, Sweden was mentioned. A publication by the World Health Organisation containing information supplied by Professor Odeblad was distributed; it contained detail regarding his earliest attempts to begin to classify the different types of mucus that he was recognising by modern physical techniques and also under the microscope. Not long afterwards Dr Kevin Hume learned that Professor Odeblad was to make a visit to Sydney, Australia, in response to an invitation coming from a group of veterinary scientists. Dr Hume was able to attend Professor Odeblad's presentation and afterwards informed him of the development of the Ovulation Method, providing him with copies of the Ovulation Method teaching materials which he took away for further study. About two years later he reported that he had gone back over the records of his own research into the activity of the cervix of the uterus during the menstrual cycle, in his capacity as Professor of Medical Bio-Physics in the University of Umea. He said that he had been surprised and delighted to find that the work that had been carried out in Melbourne precisely coincided with his own studies in Umea and that the guidelines that had been devised in Melbourne for the use of the Ovulation Method were certainly correct. Professor James Brown has added that the Ovulation Method has a rule to provide for every situation the woman may encounter during the reproductive era of her life.

Professor Odeblad had been able to explain that fertility has a changing pattern, because there are different types of mucus in varying proportions from day to day up to the time of the Peak of the symptom. He was able to explain why the stringiness does not persist up to the Peak of the symptom, because a zymogen (pre-enzyme) is released in granules from the isthmus of the uterus during the fertile phase, to form with the P2 mucus a mucolytic enzyme which breaks up the strings of mucus before the Peak is reached. He made it clear that the lower viscosity of the L-mucus and P2-mucus cause the release of the thick plug of G-mucus from the cervix to begin. A little of the fluid mucus passes through the vagina to the vulva revealing that sperm are now able to enter the cervical canal.

He also pointed out that when the woman is walking the vagina moves a little from side to side and this helps the more fluid mucus to escape. If the woman is at first busy in household or other duties she may postpone micturition by contracting the pelvic musculature and this can obstruct the release of the fluid mucus for a time; he thus confirmed the rule of the Ovulation Method that when it is intended to avoid pregnancy, the couple should not engage in intercourse before the woman has been upright and moving about for some time after getting out of bed.

During the 1970s a committee of the World Health Organisation attached the Billings name to the method, explaining that every new scientific discovery should be given the name of those who made the discovery.

The teachers of the Billings Ovulation Method are enriched by their activities because they see how much the BOM exercises a therapy upon conjugal love. The marriage of the couple has made a covenant in which they give themselves completely to one another and within this gift is their precious fertility. The natural method preserves this unique gift and every act of intercourse remains open to the transmission of life.

The need to wait without intercourse at times is a part of every marriage, because of the birth of a new child, sickness of the husband or the wife, demands of employment and so on. When the couple accepts this gentle discipline they make a magnificent demonstration of their love, the husband for the wife, the wife for the husband, and both together for the children already born and to be born in the future. Each observes the goodness of their decision so that it has the effect of ennobling them both as they perceive what they have done for each other. They are happy to be cooperating with what the Creator has designed in Nature, are at peace with their conscience, and the family is growing in an atmosphere of love, happiness, security and peace which is so appropriate to the rearing of children, each of whom has experienced the beatitude of having from birth a father and mother who love them and love each other.

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