

Herstory of the women's cycles and Reflexology (2500 words)

Lyndall Mollart

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Hormones of Fertility

Hormones are chemical messengers that preserve body homeostasis by coordinating and regulating the activities of other cells, tissues, organs and systems.¹ The woman's hormonal and reproductive systems are controlled and initiated, as with the man, by the pituitary gland which is located at the base on the brain. I will firstly briefly describe the magic interplay of the four main hormones of fertility: Oestrogen, Progesterone, Luteinizing hormone (LH) and Follicle Stimulating Hormone (FSH) as shown in diagram 1.

Oestrogens are an ovarian hormones and are responsible for the secondary sex characteristics (typical female shape, axillary and pubic hair, breast/ uterus/vagina growth and development, and early maturation of bones) which appear in girls at the time of puberty. Oestrogens are also responsible for some of the changes which occur during the menstrual cycle and in pregnancy.^{2,3} During the menstrual cycle, oestrogens help to control the follicle phase of the menstrual cycle. FSH from the anterior pituitary gland caused the ovarian follicles to grown and stimulates the production of oestrogen.

As the levels of oestrogen rises, it inhibits further production of FHS but stimulates the release of LH (from the anterior pituitary gland) which causes the release of the ripest egg from its follicle at ovulation. When the level of oestrogen falls at the end of the secretory phase of the cycle, the feedback mechanism recommences. At the time of ovulation, the cervix softens and rises and its opening widens, cervical mucus increases and becomes thinner to facilitate the passage of the sperm. Also there is premenstrual retention of water and electrolytes.^{2,3}

Progesterone is also an ovarian hormone, released by the corpus luteum after ovulation for a period of approximately 12 days. During the menstrual cycle, progesterone causes: a slight rise in body temperature at the time of ovulation, cervical mucus to lessen and thicken, secretory changes in the endometrium in preparation for the reception of a fertilised ovum, the ovary to stop releasing eggs, and premenstrual retention of water and electrolytes.^{2,3}

FSH governs the development of the graafian follicle within the ovary and the formation of oestrogens by the follicle.²

LH governs the development of the corpus luteum. The corpus luteum is the ruptured graafian follicle which changes with the multiplying granulosa cells, and functions as a endocrine gland with the formation of oestrogens and progesterone for 12-16 days. After which, it degenerates if fertilisation has not occurred, and within the next 48 hours menstruation occurs.^{2,3}

Individual women may have menstrual cycles that vary from much shorter to much longer than norm. However, ovulation is nearly always about 14 days before the next period.^{2,3} The menstrual cycle is generally the length of a lunar month – not calendar month. The hypothalamus and pituitary gland are responsive to increased levels of light such as that of the full moon, so it's no accident that the menstrual cycles are generally over 28 days (4week).^{1,3}

Menstrual cycle, moons and calendars

According to Sjoaa and Mor (1987) menstruation means 'moon change' and 'mind change'⁴ which family members can agree on as many woman experience mood swings and mind changes as she nears her 'period' time. If we look deeper the Sanskrit word "moon" is a measurement and the same root word as 'month', 'menstrual', 'menopause', and 'mind'. The moon and women cycle on a regular

basis (whether they wish to or not!).⁴ It is interesting to note that women established the first calendar, marking time via the menstrual cycle! Davis and Leonard⁵ reminds us that pre-literate women cut notches on sticks to establish lunar months; and the ancient Mayans and Chinese women developed lunar calendars over 3 thousand years ago. The lunar calendar has 13 months; in contrast to the 12 month Julian calendar we use today.⁵

Whether we are looking at birth, death or any of the cycles which women experience in between, there is so much more to explore than many people are aware of. For this article I have concentrated on the menstrual cycle, and some of the resulting cycling conditions that occur and finally discuss the use of the reflexology technique “Endocrine balance” as described by Susanne Enzer⁶.

Herstory or History

New analyses of old evidence means we need to re-evaluate our present belief around the ‘herstory’ (rather than ‘history’) of women’s blood and the menstrual cycle.. The word ‘taboo’ is sometimes associated with menstruation, and Judy Grahn (1993) shows that the word come from a Polynesian word meaning both “sacred” and “menstruation”. Sarah Wickham proposes we consider “*how different it must have been to live in a society where having periods were considered sacred*”⁴ (p10).

Interpretation of history suggests that menstruating women were and are still to this day in some cultures segregated from the rest of society because they are dirty. But what if they separated themselves because they understood how magical they were and wanted to tap into that magic in an all-female environment?⁴ In many cultures celebrate this segregation which allowed women to rest and recuperative from hard work for a few days each month, enabling them to have a really good time with their women friends.^{4,5} Our modern culture still seems to have far more words which seem negative to describe ‘periods’, reinforcing the idea that menstruating and bleeding is not something to be proud of: ‘the curse’, ‘on the rag’, or ‘surfing the crimson way’. Yet, it is amazing that menstrual blood was often alluded to as *a flower yet to bear fruit, but containing the soul of the future*⁵ (p137).

While modern times and scientific thinking brought great improvements to some aspects of people lives, many of the advances of modernity are double-edged swords. Women’s lives have been saved in complicated childbirth or pathological gynaecological situations, but we have lost the Mystery and Magic.⁵ What are we teaching our young women about the magic of womanhood and cycles? Young girls watch TV advertisements for ‘sanitary products’ which will hide away their blood from the rest of the world and allow them to carry on ‘normally’, as if nothing is happening!⁴ Do they wonder why the liquid used to demonstrate the absorbency of the products is never red?

In school classes young adults learn about hormones and the menstrual cycle in terms of tissue proliferation and tissue shedding in a dry and technical manner (such as this article’s opening paragraphs) and not in relation to the different feelings women might experience at different times of their cycle, or how their ways of thinking and being might change throughout the month.^{4,5} They are also shown “pictures straight out of medical textbooks, showing cross-sections of women’s reproductive systems, quite divorced from the hormones and feelings which conducted the orchestra of their cycles”(p35).⁴ Susanne Enzer had a great vision and developed the concept (and video) of the “Hormone hat” to show young people (and older ones too!) what is happening during the cycle of a women’s life physically and emotionally, from child to matriarch. Anyone who has been luck enough to view this amazing video appreciates Sue’s talent in combining humour, art and science to show how the hormones of fertility have a profound affect not only on women, but also on their man folk, families and friends!⁶

Davis and Leonard ⁵ advocate that the “manner in which the menarche¹ transition is experienced has much to do with the degree of confidence and independence a woman finds in subsequent stages of adult life” (p16). How does the journey of puberty feel to a young woman who is on this journey today? Is it something to be celebrated like Davis and Leonard ⁵ suggests with menarche rites- ceremonies which some mothers organise for their daughter’s first menstrual period? Or, is it something dirty that needs to be hidden away? If this is the accepted perception by many, it’s not surprising that many women have ‘difficult’ or painful menstrual cycles.

Society needs to start thinking about women’s cycles differently. Some women are seeking to reclaim their femininity from male-based concepts and return to more natural approach. They are getting more in touch with natural cycles and other ways of experiencing the rhythms of life ⁴ and dancing with their hormones ⁷. Wickham ⁴ suggests possible ways to celebrate and acknowledge the sacred time by; taking a regular monthly break (possibly by moon lodging) only for women, a time when they ‘go inside’ in order to regroup and ready themselves for the next loop of their cycle (spiral) to take time out to learn more about who they are and what is important to them, and consider where they want to go to next.

Some Cycling Conditions

PMT/PMS

Deviations in menstrual cycles are seen as medical issues- again underlying the way this is viewed in modern society. Perhaps the most well known dis-ease of the menstrual cycle is the so-called pre-menstrual tension (PMT) or pre-menstrual syndrome (PMS). ⁴Hippocrates though the cause of PMT was a ‘wandering uterus’ somehow disturbing the brain on its journey around the body. A strategy used was to burn incense at the vaginal opening to entice it back!³ However, in more recent times, Francesca Naish ³ proposes PMS is “usually too little progesterone, and is critically linked with the production of prostaglandins, which in turn is linked with the availability of certain nutrients” (p193). It can also be the time to be forthright and tell the truth and get away with it!⁵

In many cultures, women are convinced their PMS is psychological or psychiatric, and they may be persuaded by friends, doctors or media pressure to take anti-depressants or tranquilisers. If it is hormonal, then women are sold synthetic hormones to artificially cure the dis-ease. Unfortunately, western culture does not value women’s cycles and resorts to labelling these differences as wrong, or pathological, rather than as variations of normal.⁴ Also the pharmaceutical companies stand to lose immense amounts of money if the number of women seeking alternative natural remedies increases and if women realise just how much power they hold as consumers.⁴

Dysmenorrhoea or ‘painful periods’ can be the result of contractions and cramping of uterine muscle. Metaphysical aspect could be when women release the expectations that others have of them, and that they have of themselves, they often find their symptoms reduce or go away completely (⁴Wickham 2004 p61).

Menorrhagia is heavy or excessive menstrual flow which could be caused by many reasons- miscarriage, fibroids, endometriosis, blood disorders and cancer to name a few. It can also lead to anaemia. ^{3,6} Metaphysical aspect could be “tears of frustration, as the feminine part of the individual is denied its creative expression” (Christine Page) ⁶

Irregular periods occur when they are longer or shorter than 28 days. However, personal assessment of regularity varies enormously. Irregular cycles be due to external things such as stress, travel across

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time zones, ill health, diet and dramatic weight changes, fasting or drugs (medical and recreational). External things will usually lengthen the cycle ie delay ovulation. ³

Amenorrhoea is an absence of menstrual periods and lack of ovulation for more than 6 months. ³ The causes could be hormonal, excessive exercise, malnutrition and certain medical conditions. Metaphysical aspect could be “a disconnection of the feminine side as it was not accepted within the world in which they live (C Page)”. ⁶

There are many strategies and natural remedies that assist with these conditions such as yoga, dietary changes, vitamins and minerals, herbal remedies, and acupuncture points. To discuss all these is beyond the scope of this article, so I will only discuss the reflexology technique Endocrine balance. For information on the other strategies, there are many books that you can read including Francesca Naish book- “Natural Fertility”.

Reflexology - Endocrine Balance

This reflexology technique (endocrine balance) purposes is to balance the entire endocrine system including the hypothalamus, pineal, pituitary gland (anterior and posterior), thyroid/parathyroid, thymus, pancreas, adrenals, ovaries/ testes. This powerful but painless technique can be used on women, men and children with any condition where there is an imbalance of hormones ie diabetes, hyper/ hypothyroid and deviations in hormones of fertility as mentioned above as well as miscarriage, pregnancy, and menopause. This technique can be used included with any reflexology session, preferably at the end of the session.

The Endocrine Balance works on three levels- physically, emotionally and energetically. To access the physical energies, the reflexologist uses firm pressure for treatment or relaxation techniques. The emotions and feelings are recorded in the feet in the soft tissues (lines, hard skin); as fluids (dry or sweaty feet, swollen); and the attitudes of the feet. So, to access the emotions and feelings, the reflexologist uses a very light touch for treatment or relaxation techniques. ⁶ The etheric energies are always around; although they are usually invisible to most people, sometimes they can be seen as colours. To access the subtle energies, which are not of a physical nature, the reflexologist uses sensing techniques and be open to intuition. ⁶

Reflexology uses the concept of 10 longitudinal zones along which the reflexology impulses pass both feet. A perception of many reflexologists is that energy also moves across the space between the feet- the interface between left and right. In this endocrine balance, the space is termed the O-zone. ⁶ Susanne Enzer ⁶ describes that the reflexology endocrine balance uses all the above mentioned concepts- “it begins by physically stimulating the reflex zones, and then using a light touch to inform the senses that the system is working together. It continues by using the O-zone to balance left and right and finishes with intention from the practitioner for balance and harmony” (p30).

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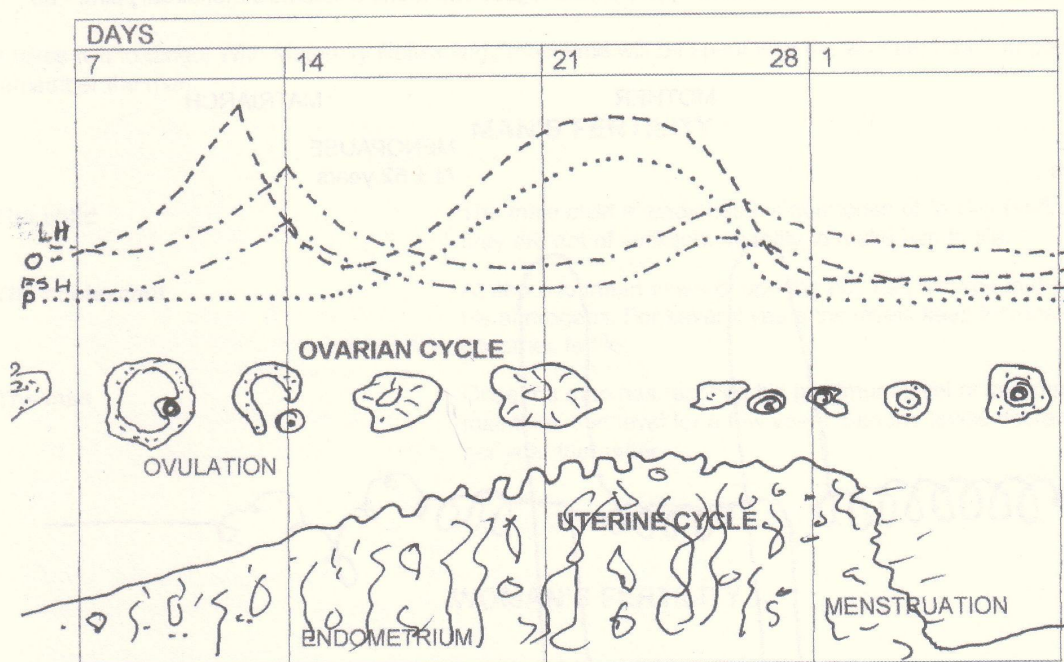
My last quote comes from Sarah Wickham ⁴ as she reminding women not to forget how valuable they are to themselves as well as others -“we forget how well our bodies carry out their responsibilities.... And we forget how much the world depends on us. If we could only remember how very valuable, powerful and essential we are to the running of the planet, and how well our bodies work to enable us to do all of these things, I suspect that everything else would probably follow” (p173).

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References

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Diagram 1. This diagram represents the normal 28 day menstrual cycle (Enzer 2004)



Menstruation is counted as day one of the cycle. Ovulation occurs 14 days before menstruation.

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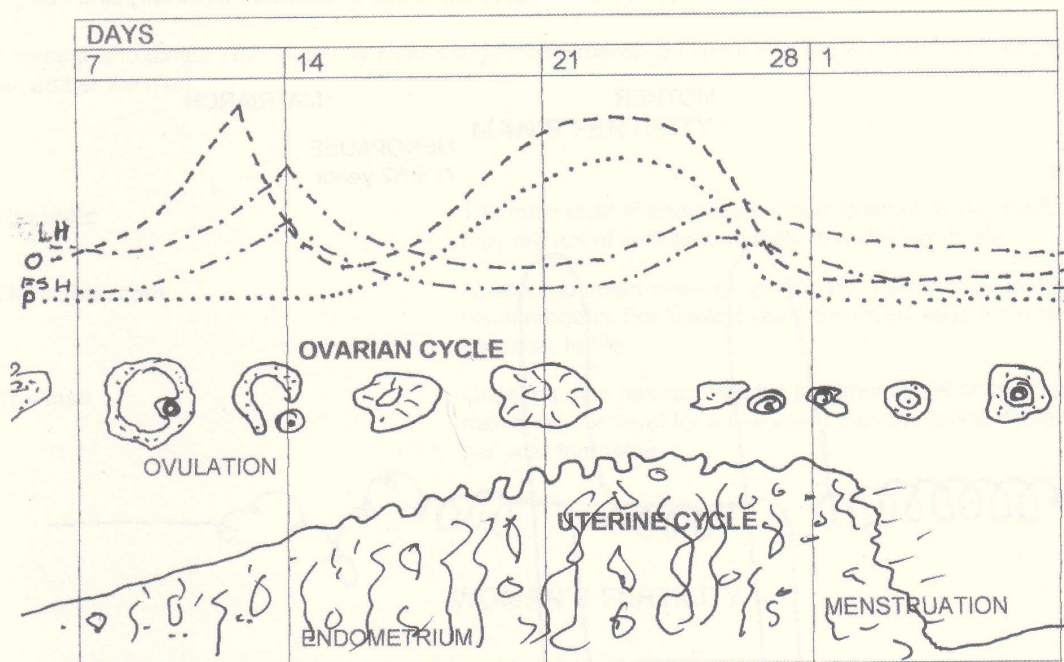
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