

Merciér Therapy: THE HISTORY BEHIND IT

by Jennifer Merciér

In 1994, I started massage therapy school. At that time our profession was very sports therapy oriented. Most of the elective classes were whole body focused and rehabilitative or geared for relaxation. Once I finished with school, I started to notice bodywork modalities that seemed of interest to me because of the clinical aspect being addressed. Overall I found myself becoming bored, burnt out and not challenged. I worked for a holistically minded medical doctor who overworked me and paid me very little.

Over time, I took an interest in women's health, so getting involved with Kathy Jordan's Bodywork for the Childbearing Year seemed to be the best next step for me. I loved the work and it slowly led me to training as a midwife. For two years during my undergrad studies, I worked as a fertility clinician at a large reproductive endocrinology practice. I learned how to monitor a woman through a medically assisted reproductive cycle, such as in vitro fertilization (IVF), and I learned how to perform intrauterine insemination. It was fascinating to me and puzzling at the same time. I would notice, via ultrasound or during insemination, the fixation of the uterus. Often, the uterus was literally fixed in place without proper movement.

I proceeded to learn as much as I could about women's pelvic pathology and anatomy. My path led me to traditional osteopathic manipulation and gynecology. My undergrad training had prepared me for medical school, so naturally I set out to seek the next best step for my upcoming career. An Ob/Gyn friend of mine, Richard Demir, allowed me to shadow him to observe many gynecologic surgical cases. I learned much about how a surgeon thinks and operates—the importance of dissecting scar tissue from prior pelvic surgery, keeping the procedure within a safe length of time while being careful with technique and avoiding damage to the female organs and surrounding structures. It was eye opening and confirming to me that scar tissue is one of the main culprits in the

lack of organ mobility. The time that it took to clear the area of this tissue needed to be kept to a minimum so the patient was not unnecessarily under anesthesia longer than needed. Once the scope was placed into the abdomen, it was clear to me that the organs needed to move effortlessly against one another in order for proper blood flow and optimal function to be achieved.

I knew that I wanted to specialize in women's health, but I couldn't really find the right course of study that was appropriate for my scope of licensure. Pregnancy massage was wonderful, but what about women who were trying to conceive? Was there a good training solution for us therapists who wanted to help in this capacity? I found none. Most courses that taught the hormone trends, female pathologies and medical fertility cycles familiarized us with gynecologic surgical procedures, talked about how to prepare a woman for natural conception and were geared toward physical therapists and included vaginal (pelvic floor) work.

So I ventured on a course of discovery into how I could come up with a training program suitable and able to be easily implemented for all licensed health professionals. My journey took me to France, Mexico, Jamaica, Switzerland, Holland, Austria and Italy, and along the way I learned that I had a pretty staunch case of endometriosis. At that time I was in my early twenties.

I have noticed that most women that I care for are in a state of anxiety, but relaxation is crucial to success. We, as Americans, tend to be high strung when dealing with infertility and will do whatever means necessary to become pregnant. I was one of those women, but knew that getting pregnant was going to be a slow process due to my diagnosis of stage four endometriosis.

At age 35 and never having been pregnant, I had done multiple rounds of acupuncture, meditation classes and yoga for fertility. I had choked down numerous supplements, eaten a clean diet and made sure I got plenty of gentle exercise. All of which helped me

relax and feel a part of helping myself to become pregnant and deliver a healthy baby.

Knowing that my past had included three laparoscopies, I knew that there had to be a great deal of scar tissue in my pelvis. I was told by my reproductive endocrinologist that I needed IVF, but in my heart I felt otherwise. He told me that my organs were in poor condition and that we'd have a 19% chance of conceiving on our own. We felt most comfortable with trying a drug called Follistim along with intrauterine insemination in which we did three cycles—I did not get pregnant. Finally after a group of my professional Merciér Therapy students worked on me, we conceived without drugs or insemination the very next cycle. I did go on to miscarry that pregnancy and the second one, too. However, I was getting pregnant and this was a very good sign. My third pregnancy was the charm! I was cared for by my midwife, Hillary Keiser, CNM, and delivered a healthy baby girl in October 2011.

I fully believe that if I hadn't had some of my own Merciér Therapy, we wouldn't have our beautiful daughter today.

Merciér Therapy is a deep pelvic organ visceral manipulative technique in which the reproductive organs are mobilized and blood flow is restored. Organ restrictions are relieved and movement replenished amongst the organs and surrounding structures to enhance their natural and most optimal function. Many women that I see have undergone some type of pelvic surgery or procedure that can be responsible for creating adhesive-like scar tissue. The example that I use to explain why organ mobility and blood flow are crucial for best functionality is to think about a shoulder injury. If the shoulder was not properly rehabilitated, the injured joint and musculature would become very stiff, blood flow would eventually be restricted and pain may become the new normal. This same thing can happen anywhere in the body. Infertility arises for many reasons, but could we simply apply some maneuvers to relieve

the immobility? Does reproductive organ immobility contribute to infertility? I believe that it does and just to prove my theory I ask that you think about the shoulder scenario and apply that to your heart, lungs, stomach, liver, etc. Can you optimally function with a semi-permanent restriction? All of our organs move against each other flawlessly upon inhalation. A restriction in that movement could cause damage elsewhere and a cascade of effects may occur.

Merciér Therapy protocol is a six-hour regime broken up into one-hour weekly sessions in which we work via the abdomen to accomplish our goal of releasing organ restriction. The fertility program can be used as a stand-alone regime or to help prepare a woman for assisted reproductive cycles. No one would run a race without the proper training; likewise, no one should go into medically assisted cycles without preparation to optimize the very first cycle.

I never did make it to medical school which was by choice. My acceptance letter still sits in a drawer, but I'm happy to say that

I love what I do now, which is not really the practice of medicine, but rather holism and naturopathy. I feel so blessed with my past personal and professional experiences, which all have deepened my passion for my work. There's nothing greater than hearing of a pregnancy from a woman who had struggled for so long to conceive. Our evidence-based research study concluded in September 2012 and proved an 83% pregnancy success rate. My article entitled "Merciér Therapy Helps Infertile Women Achieve Pregnancy" was published in the Spring 2013 edition of the *Midwifery Today*.

Merciér Therapy offers a 20-hour, fully accredited course for massage therapists, as well as other licensed professionals, in which to gain valuable knowledge of women's health in a traditional sense as well as from a medical perspective.

As a midwife, I believe that it is critical that we have the training and skill to care for women during their time of fertility challenges as well. Doulas are encouraged to come and train with us as well.


I am happy to announce that there are 62 certified Merciér Therapists within the states, 2 in Canada, 1 in Australia, 19 in Denmark and 1 in Austria. In 2014, Merciér Therapy Professional Training went to Europe to offer a training course and to release a documentary film.

Please visit MercierTherapy.com for training dates and details.

To view our documentary film website, please visit MercierMovie.com.



Jennifer Merciér is a reproductive health specialist, women's wellness practitioner and midwife. Since starting her practice in 1999, she has had numerous and diverse training opportunities within traditional midwifery, allopathic gynecology/obstetrics, reproductive endocrinology and primary care. Jennifer is a published author, educator and lecturer. Fertility challenge strikes a personal chord for Jennifer as she has been a sufferer of severe endometriosis. After her students used Merciér Therapy on her, she gave birth to her first child, Clair, in October 2011.



MERCIÉR THERAPY

professional training

Come train with us to gain valuable visceral manipulation skills in women's pelvic health.

Our unique 20 hour certification program successfully teaches you about normal and abnormal hormonal trending, common pelvic pathologies, gynecologic surgery preparation and recovery, fertility and infertility, pregnancy/post partum, sexual abuse trauma, and issues of the bladder.

For more information about our classes visit www.MercierTherapy.com

Also, watch *Fertility: The Shared Journey with Merciér Therapy* (www.MercierMovie.com). A new documentary about a gentle approach to overcoming fertility challenges.

