

The Complete Symptothermal Guide

Ecological Birth Control
& Pregnancy Achievement



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Christine Bourgeois

New version of the manual
SymptoTherm Basics: When sex and fertility become friends

(First edition: 2007)

“This e-manual is offered by the Foundation in order to support women and men during their discovery of the Symptothermal Method of fertility awareness (STM). However, the Foundation recommends the assistance of a qualified sympto counselor. In order to fully respect and understand every individual situation, a personalized follow-up is essential during the first six months. Please do not hesitate to contact us at any time during the learning phase of this method. We will match you with a competent counselor. She will help you become independent so that you are able to manage your fertility with competence. This is our foremost goal.”

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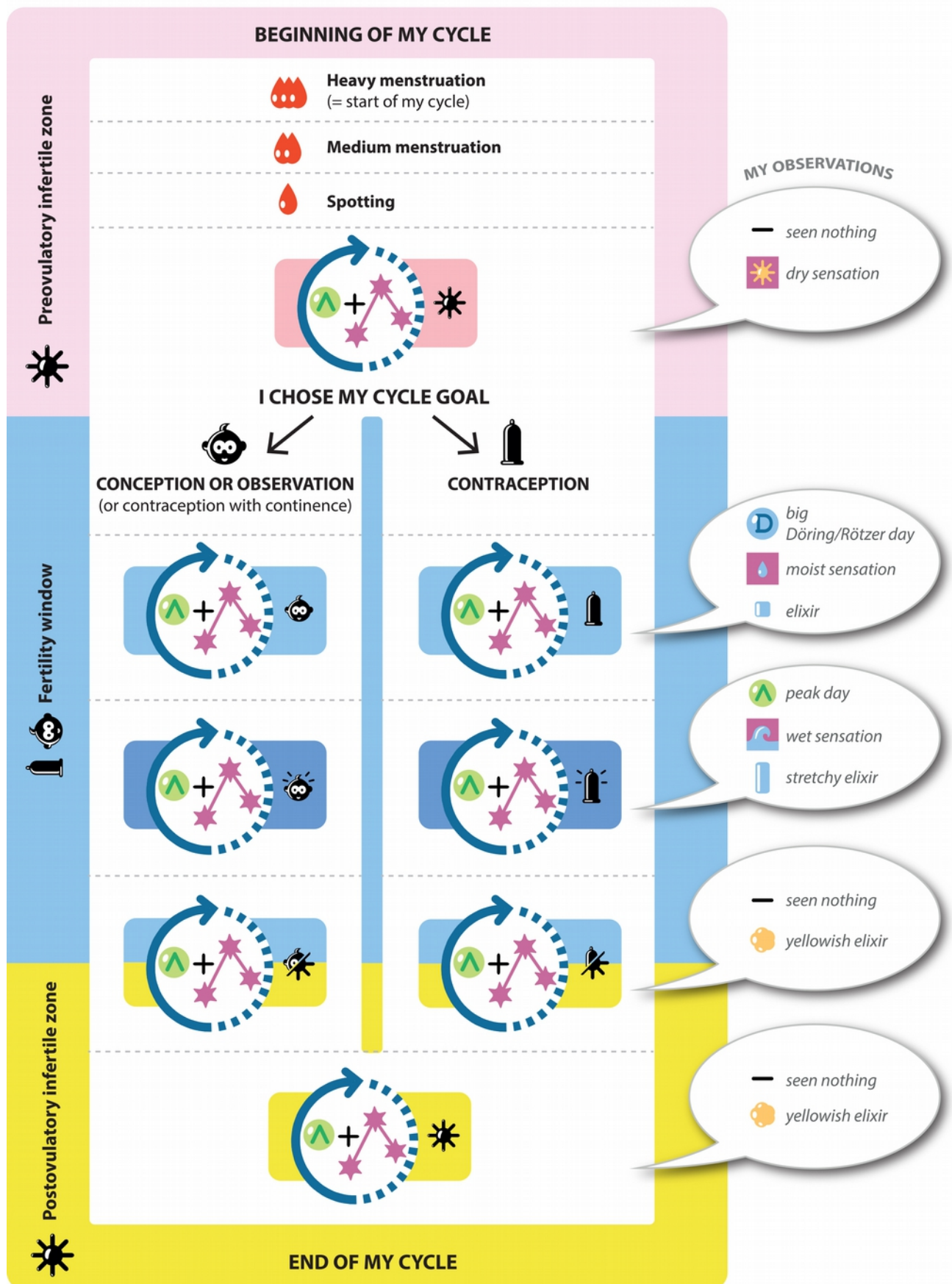
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THE PICTURES AND COLORS OF MY CYCLE*

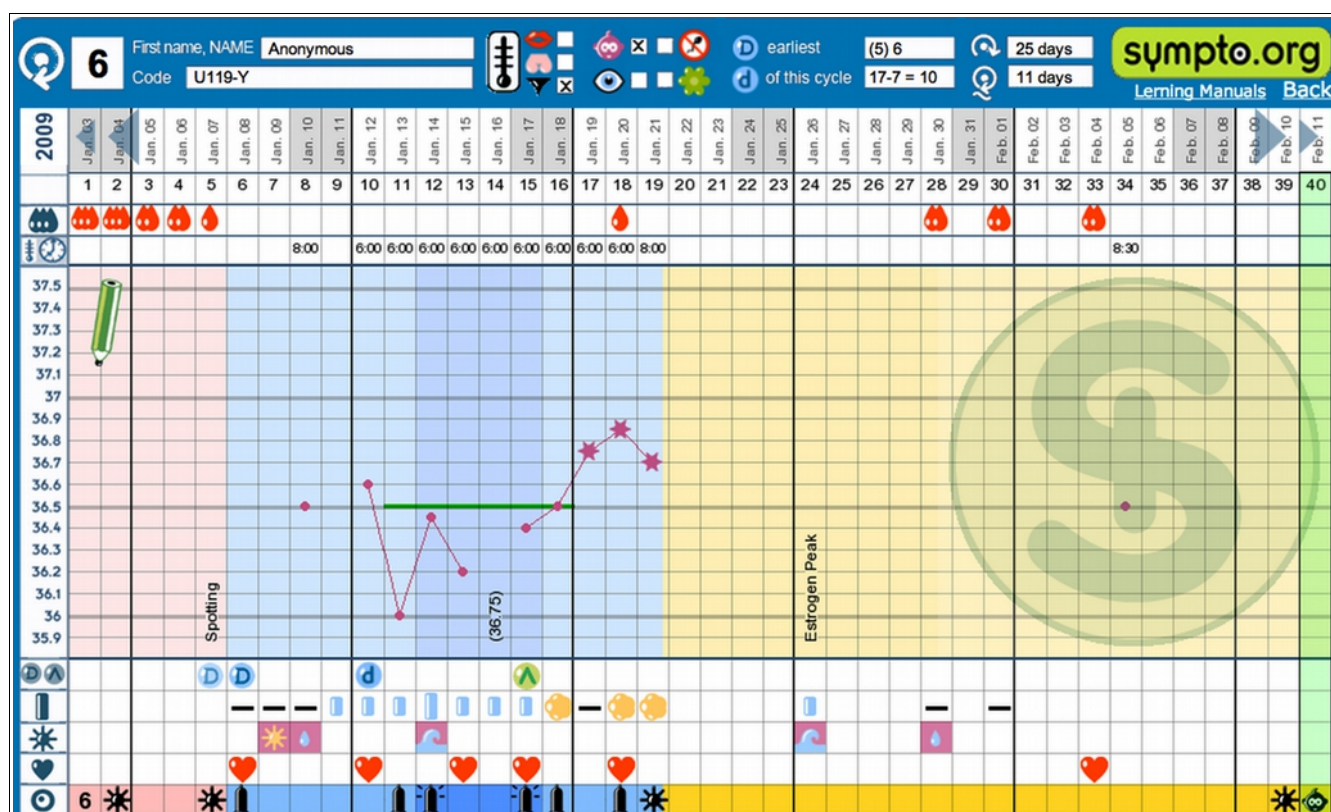


*You will find the details of all our icons in this manual and also when you pass over the icon in the sympto apps.

An example of a completed cycle chart

Cycle chart is the charting page, which exhibits all fertile signs and shows the evolution of the ovulation process during a complete cycle. At the end of this guide, you will find an empty cycle chart for manual use. You can print empty charts directly from sympto.org.

See also the video clip [sympto easy](http://sympto.easy).



How to read the cycle chart?

>> **Blue zone on the top** (from left to right): The big number refers to the number of cycles that you have recorded on *sympto*: in the sample chart it is the third cycle, followed by the name or email of the *sympto* user, and an internal code. Next, you see the user's choice for her temperature taking method, here oral 🗑️, as well as her observation goal, here contraception 🚫. Other goals are: conception 🍷, Fertility Awareness and cycle knowledge 👁️ and "whatever may come" 🌱. In this example, the *sympto* user is achieving pregnancy.

On the right side of these options, which have to be confirmed (or modified) in the beginning of every new cycle, appear a small ⓓ and a big ⓓ, the big "D" indicating that fertility begins normally on that day in this specific cycle.

Finally, on the right side, you will see this symbol 🔄 meaning your shortest cycle and its variance 🔄, which enables you to calculate your longest cycle and to know when you can expect your next period. These two figures have no impact whatsoever on the calculations of *sympto*. In this example, within the first six cycles, the shortest cycle counts 25 days and the longest $25 + 11 = 36$ days. As long as the variance does not exceed six days, the cycle is considered regular. This cycle here is irregular. Some programs pretend to indicate your next period. This is impossible. But with a regular cycle the variance gives you an idea of the *anticipated* start of your next period. Here, regardless of the cycle being irregular, this *sympto* user conceives, visible on the day of the baby face icon (day 40) in the yellow zone at the bottom. Conception occurred through the intercourse on cycle day 13 or 15.

>> **Middle:** Here you can follow the evolution of the temperature curve. In the background, you can see the fertility colors pink (infertile before ovulation), blue (fertile) and yellow (fertile after ovulation). The blue phase is also called 'fertile window'. This is the time for vigilant observation. In this space, you may also leave a daily note.


>> **Below:** Here you find classifications of your cervical fluid, called elixir (necessary for the survival of sperm) 📄, which can be observed visually or by touch. These appear on a separate line above the internal sensation line. Underneath you can find the line reserved for vaginal sensations such as feeling moist 💧 or wet 🌊. The red hearts ❤️ indicate sexual intercourse.

>> **Bottom:** In this portion, the *sympto* user can select one or more factors that may have disturbed her temperature: for example the user of this chart modified her temperature on day 14 due to insomnia (not visible any longer on this chart). She put the original temperature in brackets in the 'Remark' field as a justification for the changed temperature value.



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Introduction

sympto: the new tool



Know your cycles precisely: the fertile, infertile and very fertile days – fertility awareness, women empowerment



Pregnancy achieving by observing all your fertile signs



Enjoy ecological birth control, as effective as the pill

Although the side effects of the pill are now widely known, it is still difficult to find risk-free and effective alternatives. We are here to tell you of a method that makes it possible to identify with precision the fertile and infertile phases of the female cycle: the Symptothermal Method (STM) of fertility management.

In this entirely new presentation of the STM based on *sympto*, our Foundation has taken much care to integrate many educational tools and technological innovations made possible by the Internet as well as by the app industry. With the instructions given in this manual, any web developer would be able to reproduce our system.

We are convinced that all women would benefit greatly from becoming proficient in traditional (manual) fertility charting skills; learning how to interpret your observations correctly will provide you with a sense of independence and empowerment as you take charge of your own fertility. Imagine a power outage: A woman well-versed in manual fertility charting would continue to be in control of her reproductive status. Traditional charting is covered mostly in Part 1. The general overview was also especially written for men who should at least be aware of the STM.

However, during the learning process, traditional Symptothermal charting can be enhanced and improved by electronic tools like *sympto*, which is covered in depth in Part 2, and which is your GPS for cycle interpretation.

The old age of “cycle computers” (e.g. Persona, Clearblue, LadyComp, Petite Sophia, etc.) still continues, even though they do more harm than good. They pretend that they can “learn” from your individual cycle observations and establish “true stats” in order to interpret the data in the most optimal way. This is preposterous. Any temperature taking can be disturbed by an interfering incident, for instance insufficient sleep, and any interference has to be corrected retrospectively as soon as it shows up in an aberration of the temperature curve: the compromised temperature value has to be put “into brackets”. No engine can

recognize such an event. The STM is in any case the ultimate negation of any kind of 'forecasting' cycle theories. It is the only correct answer to all the failing rhythm theories.

When it comes to effectiveness it suffices that you can say "today I am fertile", or "today I am not fertile", as opposed to when you will possibly ovulate in x number of days. The point is the duration of the fertile phase. It is up to you to know when you enter your fertile window and when you leave it again.

The day of ovulation can only be identified by ultrasound but never by external symptoms nor by any kind of forecasting algorithm. The reason is easy to grasp: The first part of the cycle, dominated by estrogen, is easily influenced not only by external events, but also by internal, emotional pressure. These kinds of stresses are unpredictable. Nevertheless, and to the chagrin of the STM and *sympto*, you will find hosts of fake ovulation-predicting apps in the app markets. Some of them even misrepresent themselves under the quality label "Symptothermal" and, worst of all, find thousands of buyers in completely misinformed women.

On *sympto.org* you can learn to master independently what no computer can do for a woman:

- a) Enter correct observations,
- b) Use the icon language appropriately,
- c) Identify past temperature interferences in your cycle due to unforeseen events,
- d) Decide if these compromised temperature values must be placed in brackets and adjusted retrospectively.

Cycle theory, even though proven, and its best interpretation tool are only prerequisites for STM success: The deciding factor is your willingness to integrate these elements into your life and apply them correctly. Studying the Symptothermal patterns of your cycle is a learning curve that requires dedication. It is a cultural achievement; the resulting "contraception" is therefore never "natural", but "ecological", in congruence with nature.

During the learning process, enter as many observations as you can, to find out as much as possible about yourself and about the method. After a certain number of carefully observed cycles, and as soon as you have acquired enough competence, you can limit yourself to a strict minimum of observations. The time it takes to achieve this depends on how straightforward or how complicated your individual cycle pattern is. The goal of *sympto* is to make the STM as user-friendly as possible without impairing its high rate of effectiveness. In the terminology we use, the *fertile window* (number of fertile days within your cycle) will become as short as possible and the highly fertile days, on which ovulation happens, will stand out distinctly. *sympto* will motivate you with educational messages, or correct you with error prompts.

It would be tedious and boring to present in this manual all educational messages that pop up in *sympto*. They were created with many scenarios in mind, as you will discover when you use the program yourself. For an attentive woman who manages all on her own by clicking around within the *sympto* program, this detailed manual will be an additional counselor and her reference textbook.



We owe the knowledge of the Symptothermal method to the Catholic Natural Family Planning (NFP) schools that can present several clinical studies, but some of which still insist that only manual charting is accurate. This argument was justified at the time of the "cycle computers"

of the eighties (that we mentioned before). Compared to *sympto* however, this criticism is unfounded. *sympto* can and will in most cases perform better than any woman when it comes to:

- a) Interpreting complex temperature rises, combined with the cervical mucus observation, or without any mucus at all in order to close the fertile window,
- b) Calculating the Döring-Rötzer day, which under normal circumstances opens the fertile window, and lastly,
- c) Indicating the shortest and the variance due to the longest cycle, which provides no clue for the fertile window but which remains a major indicator for a woman's health and life rhythm.

For pregnant women *sympto* will even announce the possible due date, thus functioning as a pregnancy tracker. For a breastfeeding mother, a message will notify her in time when she has to switch from the breastfeeding program to the default Companion mode. We refrain from proposing popular but unlikely suggestions as to when to have intercourse in order to set a particular birth date for a baby. We distance ourselves from the obsession with outcome-control that is common on the Internet. Many factors can thwart such odd objectives.

Lastly, a crucial element of the STM is your dedication to observing your fertility signs. Regrettably, this useful body literacy is not taught in schools. Apart from this lack of instruction, health problems, relationship conflicts, and other stress factors can hinder observation of your fertility signs. *sympto* has been designed in such a way that it will absorb or compensate many entry errors as long as the effectiveness is not jeopardized. But as soon as these shortcomings go beyond a certain threshold, *sympto* will, for the sake of effectiveness, remain in the blue, possibly fertile, phase and will not be able to interpret your data any longer.

Even the most advanced program can be compromised by wrong entries, whether they are due to negligence or even ill intent. *For this reason we emphasize that effectiveness is guaranteed only if the program is used competently.* At this point, only few women have this expertise and it is our goal to increase competence in women with *sympto*'s worldwide follow-up service provided individually through the user account.

As soon as you get involved in the learning process of the STM, you may uncover bad eating habits and possibly psychological repressions, as well as partnership problems. Additionally, when ovulation does not occur for a longer period of time, all sorts of stress factors may emerge that may have been present before without you noticing them. Your cycle charts will expose these. For example, you may take notice of unhealthy habits in your daily routine, or your relationship might slip into a crisis if your partner refuses to choose between abstinence and condom use. It is paramount to discuss your love relationship monthly, openly and thoroughly with your partner. A man displaying a lack of solidarity in following the STM indicates a relationship in need of improvement.

The Austrian STM pioneer Prof. Rötzer reminded us that the STM is a way together. It provides an opportunity for a relationship to grow closer, provided that a couple is ready to make the effort. A better couple relationship and better health are the main objectives of the Symptothermal Method, which is really a lifestyle.

During the learning process the *sympto* counselor will be your mentor. She will support you on your path to wholesome body literacy and will help you grow in your cycle knowledge. This is unquestionably a great advantage compared to manual interpretation where a woman has to scan her chart and email it to a counselor. On *sympto* the counselor has immediate access to all data, your profile, chart, settings, and, last but not least, to any

questions she receives from you, her client. The counselor can, if required, execute adjustments directly on your chart in order to facilitate your learning process. She can communicate with you beyond any geographic boundaries, even by Smart phone or Skype, if needed. *sympto* operates within a set of parameters that foster minimal discipline. Experience shows that women charting manually with pencil and paper often lose this discipline over time and consequently suffer a reduction in method effectiveness.

You can achieve true autonomy beyond completing cycle charts: After some years of regular, systematic charting, you can learn to sense the rise and fall of your fertility. You may stop taking your waking temperature and use a special setting on *sympto*, called Billings Mode Program. Eventually you may not even need to enter any cervical fluid observations or to keep record at all. However, this goal is not attainable for every woman and, when it is, it may be limited to very well balanced life phases. *sympto* guarantees effectiveness, *sympto provides certainty*. *sympto* helps improve self-awareness and if it makes itself redundant in the process – all the better!

The recent emergence of fertility tracking programs on the many app markets has made the STM popular once more, and proves that there is an interest in this method. A breakthrough has not happened, yet. Most of these apps are illusory and inaccurate, a mere means to profit off the desire women have to know their cycle. Instead of scrutinizing these new apps by comparing them, people discount them in thoughtless hurry. In this fashion, the manipulated app users get to dictate what is good or bad.

This lack of enlightenment reminds us that we are still waiting for the liberation of the female. We pray that this manual become a starting point for new debates among young women and an anchor for orientation. The Foundation also makes a special effort to compare the symptothermal apps that are on the market. You can find the results as well as an app rating on sympto.org, “clinical studies”.



★ PART 1

An overview for him and for her



Symptothermal – have you ever heard of it?



“Natural contraception? Not effective at all!” This is the popular belief because people are unaware of the Symptothermal Method (STM). Consequently, they do not know that the STM is of powerful value if you want to become pregnant: it is the first step a trying-to-conceive couple has to undertake.

The underlying reasons for this ignorance are a lack of self-awareness and basic knowledge of one's body. It is very strange that national health authorities do not actively promote the effectiveness and the usefulness of this method, even though the World Health Organization (WHO) recognizes it, and even though it increases sexual and reproductive health.

“Symptothermal” refers to the symptom of cervical fluid (“sympto”), which reveals ovarian activity, and is always interpreted in correlation with temperature shift (“thermal”), which indicates a ovulation process. Thanks to your temperature recordings on the fertile days and your fluid observations, you can precisely determine the infertile and fertile days of your cycles. A third, optional sign, the checking of the lower opening of the uterus (cervix), is very useful in unclear situations, for example when the cervical fluid secretion cannot be observed at the vulva. Other observations such as breast tenderness, intermenstrual pain, and premenstrual syndrome can also help the analysis.

An overview of female fertility

A woman is infertile for about two thirds of her cycle, approximately five to nine days before ovulation and 7 to 13 days after, whereas a healthy man is constantly fertile from adolescence to death.

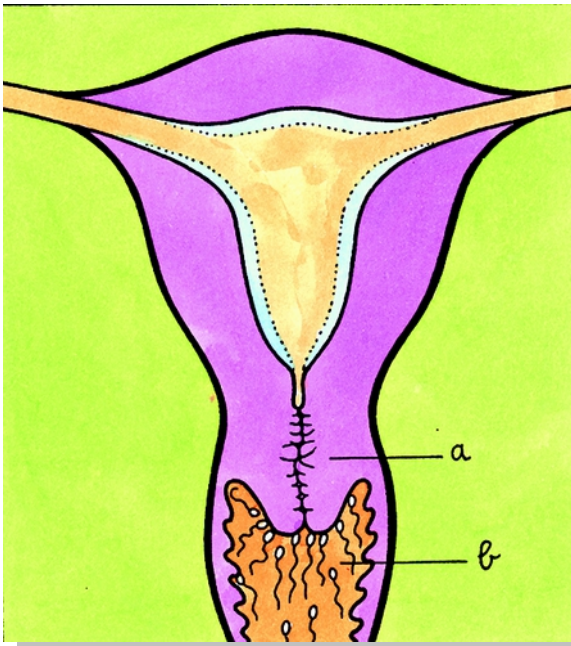


Fig. 1. A woman is infertile after ovulation and at the beginning of her cycle. The cervix opening is closed, firm and lowered in the vaginal canal a). No cervical fluid is produced; sperm die within 1- 3 hours in the acidic vaginal environment b).

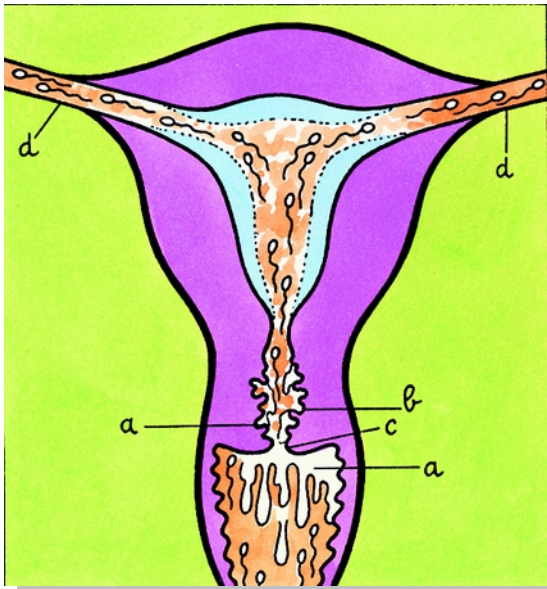


Fig. 2. Fertile days. The cervical fluid runs down through the vagina a). Cervical fluid keeps sperm alive by providing an ideal environment for them b), cervical crypts act as a reservoir for healthy sperm. Cervical fluid is the true **life elixir** for sperm cells. It enables sperm to enter into the cervical crypts (pockets in the lining of the orifice of the uterus) where the life elixir is produced and functions as a temporary medium for sperm to live in for up to six days b). The fertile window of a woman lasts up to eight days. The cervix orifice is open, soft and high in the vagina c) letting sperm swim upwards to the Fallopian tube d) where fertilization can take place (Figs. 3 and 4).

Fig. 3. Inside the upper part of the Fallopian tube sperm cells try to penetrate the ovum: only one will occasionally succeed!

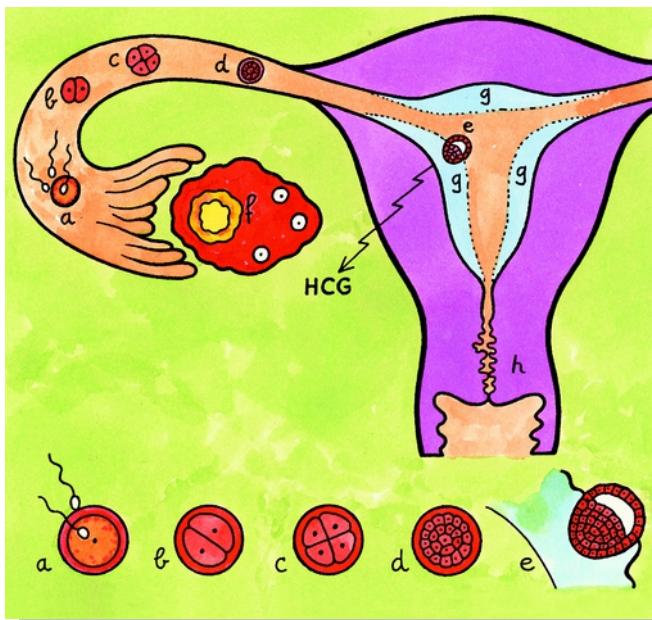
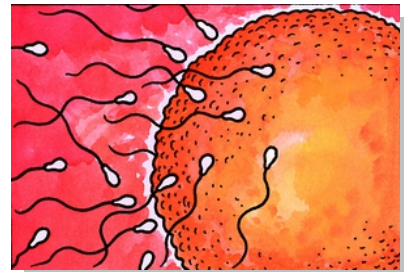


Fig. 4. Impregnation of the ovum. A follicle, the hormone producing pocket that hosts the ovum (egg cell), ripens, bursts, and then releases the ovum into the Fallopian tube a). This is ovulation. Growing quickly by cellular division b), c) and d), the newly created embryo needs about six to eight days to implant in the lining of the uterus e). The burst follicle is not sloughed away: it is used to produce progesterone. 4) This increased progesterone production is what causes the body temperature to slightly rise. You can see this rise in your temperature curve. Progesterone also prepares the lining of the uterus for the implantation of the new life g). As soon as the embryo has implanted, a hormone is secreted

(Human Chorionic Gonadotropin, HCG) indicating that the uterus is transforming into a medium for new life. The cervix h) is firmly closed during pregnancy. Fertilization after ovulation is impossible. Based on these scientifically well-established facts, the days following ovulation are absolutely infertile.

With *sympto* you choose the easy way

The *sympto* system has been developed by the Swiss Symptotherm Foundation, an organization dedicated to ecological conception and contraception. *sympto* is a revolutionary, state-of-the-art program and app that you can download onto your Android or iPhone to know your fertile phases precisely. Your account is synced with sympto.org, the program website whenever you are connected to the Internet. You can record your daily observations either on the website through your account, or you can use the app. *sympto* processes all your data and calculates your fertile and infertile days with Swiss precision. It displays four stages of fertility:

PINK: not fertile, before ovulation (preovulatory)



BLUE: possibly fertile (conception is possible)



DARK BLUE: very fertile (conception is highly probable)



YELLOW: totally infertile, after ovulation (post-ovulatory)



The sun icon with the yellow and pink background represents dryness: nothing can grow in a desert. We made the sun icon black to stand out, and for the color-blind.

Women versed in Symptothermal pregnancy avoidance must take their waking temperature for only 7 to 11 (blue and dark blue) days covering the fertile span of their cycles. The better you know your fertility pattern the less work you have to do. This is true for relatively regular cycles, “regular” meaning a cycle span that does not vary by more than six days over the course of a year. For example, cycles between 26 and 32 days are still classified as regular. Even with an irregular cycle pattern, the fertile window is still perfectly evaluable but it will take longer and you will need to record more waking temperatures.

Sympto.org, in conjunction with the information in this complete Symptothermal manual, provides the first effective and easy-to-handle ecological contraception approach. Sympto.org also helps women to know precisely the most fertile days of their cycles in order to achieve pregnancy.

You are not alone

Irregular cycles are an indication of your body being unwell. Experience has shown that cycle observations contribute to pointing out stressful life styles and bad eating habits. With this in mind, a woman who wishes to improve her way of life can make her cycle more regular. However, during adolescence (and premenopause) irregular cycle patterns are normal, as the cycle system needs years to build up, and to fade away.

The STM is taught all over the world. Any woman wishing to contact such an organization can consult our web page symptotherm.ch. Each organization has a counselor network and its own teaching material. Some women manage to learn the STM all on their own just by studying a good STM manual (see *Literature*), using an ordinary gallium thermometer and charting all their observations on a paper grid. Others prefer the

personal contact with a counselor or are happy with the *sympto* approach, or both, which facilitates the learning as well as the management of the STM.

For the sake of increasing effectiveness, health awareness and self-esteem, we encourage women to share their experiences with their cycles with other health-conscious women, whether they are Symptothermal users or not, before meeting with a medical doctor. However, we advise you to discuss your cycle charts at least once with a Symptothermal counselor. Most medical doctors have neither time nor even the competence for this kind of counseling. **We are thankful to all those doctors who co-operate actively with our Foundation's work.**

What about men?

You can live as a single person and still benefit from the STM, so that once a man enters your life you are relaxed about symptothermal fertility management. When you have a partner, the STM becomes important for both yourself and your partner. He must be involved in the process. *sympto* is very attractive to men also as they get an opportunity to discover the logical structure and the biological features of the female cycle.

Most men have very vague ideas about female contraception, considering it “hormonal” and thus a woman's business. Men would never switch off their fertility by taking chemicals for years on end. They are also reluctant to use condoms despite the publicity made about them, so there is no good reason at all to discourage them with abstinence ideologies. With the STM, during the fertile days, men have to learn to either observe some days of sexual abstinence (appreciated by many women), or to use a condom. With a regular partner they will trade condom use for abstinence very soon. Sharing responsibility is what it is all about for the STM to work.

The best-kept secret around

Catholic researchers developed the STM in the 1950s. Clinical and scientific research is still ongoing at many European and American universities, but its present form has a good twenty years of solid experience and clinical data behind it.

The original purpose of this research was to develop a natural alternative to synthetic contraception, discouraged by the Vatican, and to allow couples to enjoy non-reproductive sex during infertile days without any fear of pregnancy. However, and herein lies the rub, without allowing them to use condoms during the fertile days. Paradoxically, we are indebted to those who disapprove of the condom. The Natural Family Planning organizations, NFP, loyal to the Vatican, imply connubial chastity during the fertile period, times of rigorous abstinence. Ironically, this chastity commandment is rejected even by practicing Catholics themselves and therefore becomes one substantial reason why the STM is hardly known and applied, and even worse, why the STM is either ignored or ridiculed by most westerners. In North America, non-faith oriented specialists also call the STM “Fertility Awareness Method (FAM)”. Men do not like the condom. Why forbid something you don't like? From an anthropological and pastoral point of view this prohibition is self-defeating.

The STM is a health and wellness approach and, as a method, does not condemn protected sex for couples during the fertile phase. But it must be recognized that barrier methods (condom, cervical cap, diaphragm, female condom, etc.) may diminish effectiveness as compared to abstinence, especially during the highly fertile days. The STM cannot be blamed for these failures.

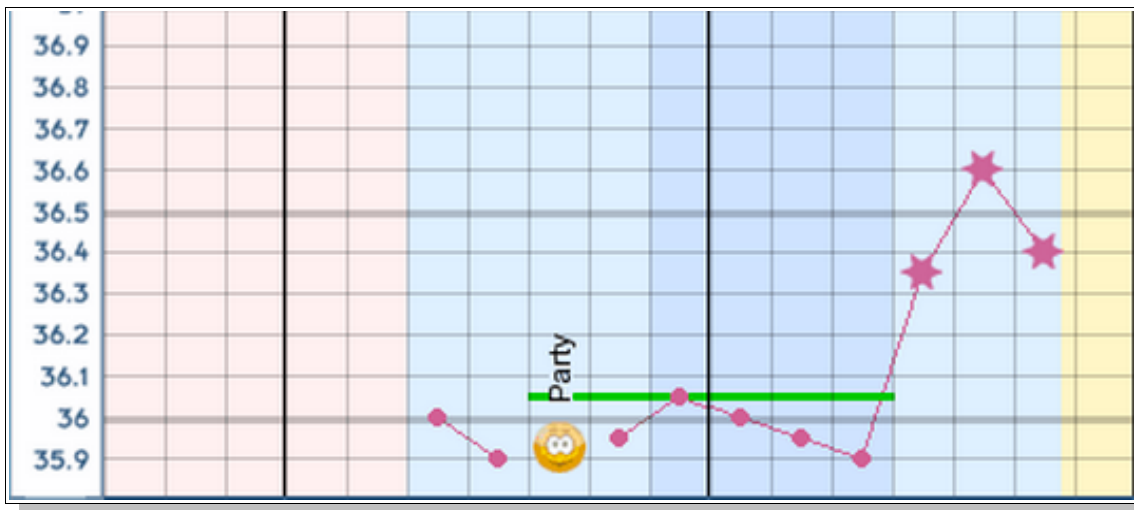
Single women find an enhancement in the STM to their wellness and gender identity. For couples the STM is a privilege: it gives them the opportunity of taking charge together of their fertility, and to achieve a nearly perfect effectiveness as long as their relation remains solid and truthful. Using condoms during the two or three highly fertile days will diminish effectiveness.

The STM, when used conscientiously, fosters intimate communication of the couple. The Catholic doctrine of abstinence during the fertile days, highly relevant from a spiritual point of view, remains an ideal to achieve, towards which the stable couple will “naturally” tend.



The STM increases wellness and health of the woman and empowers her female identity, whether she lives as a single person or with a partner. The STM establishes the couple relationship on a new foundation.

The waking temperature – with and without *sympto*



Cover line: here, only one temperature is missing

After a phase of several, consecutive *low temperatures* that last for at least six days, the characteristic rise of temperature occurs. Once the temperatures are up, they remain in the *high temperature phase*. *sympto* will draw a green cover line above the low phase of the preceding six days. On this line, up to two temperatures may be missing without compromising the interpretation. A solid-colored star ★ marks the characteristic temperature rise. Progesterone is responsible for the rise and will dominate the infertile phase of the cycle.

All information about how to measure your temperature correctly and how to interpret the temperature rise is covered in Part 2 of this manual. Use a gallium or a digital thermometer, specifically made for measuring “basal body temperature” (BBT). The STM avoids this outdated medical expression (“basal” or BBT). Instead we talk about “waking temperature”, meaning that you do not have to take your temperature at exactly the same time every day (as opposed to old teachings about BBT). Taking your temperature between waking up and getting up, within a span of 1 - 4 hours is sufficient. Thus you can enjoy petting with your partner before or while you measure your temperature. Adequate temperature recording is the most important thing to do when starting the STM and using the *sympto* app.

If you are using *sympto* for avoiding pregnancy, you don't have to record your temperature on the infertile pink days, nor on yellow days. Do you prefer taking your temperature without the assistance of *sympto* by charting your data manually? That's fine, too! If you want to become proficient in manual charting for fertility management, please study Part 2 of this manual *thoroughly*. You will have to become an expert in recording your observations and interpreting them with competence. *sympto* is attractive because it is able to interpret for you. As you enter your observations into the app on your phone daily, they are synced to the program website where you have access to details of your cycles and where you can print your charts if you wish. Consider the printed records of your charts to be as valuable as bonds...

Getting pregnant

As long as there is some ovulation activity, even if it takes 100 days or more to occur, there is strictly no infertility. Around 20% of all couples trying to conceive (TTC) face infertility obstacles. The STM should be a first line of action for TTC couples. If pregnancy is not achieved after a minimum of twelve months of cycle charting, other fertility complications may need to be looked at. Remember that there are usually no quick solutions to infertility situations.

In order to optimize your chances of conception, start by examining your eating habits, your daily routine and your general health. It is absolutely essential that you record your waking temperature each and every day throughout your entire cycles before you and your partner embark on any costly and psychologically exhausting fertility treatments. That way you and your doctor, or Symptothermal counselor, will have a complete picture of your cycle data. This procedure is significantly simplified by the *sympto* system.

If your orally established temperature curves do not provide clear results, we advise you to try vaginal or rectal temperature-taking for two or three cycles. The temperature curve can, among other things, detect basic infertility causes: failing to ovulate or a progesterone deficiency. If the progesterone phase lasts fewer than 9 – 10 days (6 – 7 days yellow on *sympto*, plus 3-4 days of temperature rise), the embryo cannot implant itself in the lining of the uterus successfully by giving the HCG signal to cancel menses: a pregnancy cannot be initiated in this case.

How can men improve sperm concentration in their seminal fluid? We encourage them to have intercourse during the fertile window when *sympto* displays the dark blue color (highly fertile). How can a woman maximize her chances of conception? She must learn how to classify her cervical fluid around ovulation time. We call this fluid “life elixir” since it enables sperm to survive and swim into the fallopian tube through the uterus. The last day with the best quality of life elixir is called *Peak Day* (PD). Here is the big question: How can you identify this PD? This skill is vital and the next section is devoted to life elixir observations and to the PD.

Accept the fact that ovulation cannot be predicted. However, 40 % of the time ovulation occurs on your Peak Day. The rest of the time it can occur one or two days before or after PD. In general, having intercourse during the entire phase when life elixir has its highest egg white quality will increase chances of conceiving.

The STM is also useful if a couple wants to influence the gender of their child. This cannot be guaranteed, but there is a scientific basis: Intercourse close to the woman's PD (i. e. during the highly fertile days) increases chances that it be a boy. Intercourse three or more days before PD may more likely result in a girl. One reason seems to be that the female sperm stay longer in the cervical crypts and swim more slowly than the male sperm. There are other factors, i. e. diet and other aspects that are not yet known giving rise to controversy and speculation.

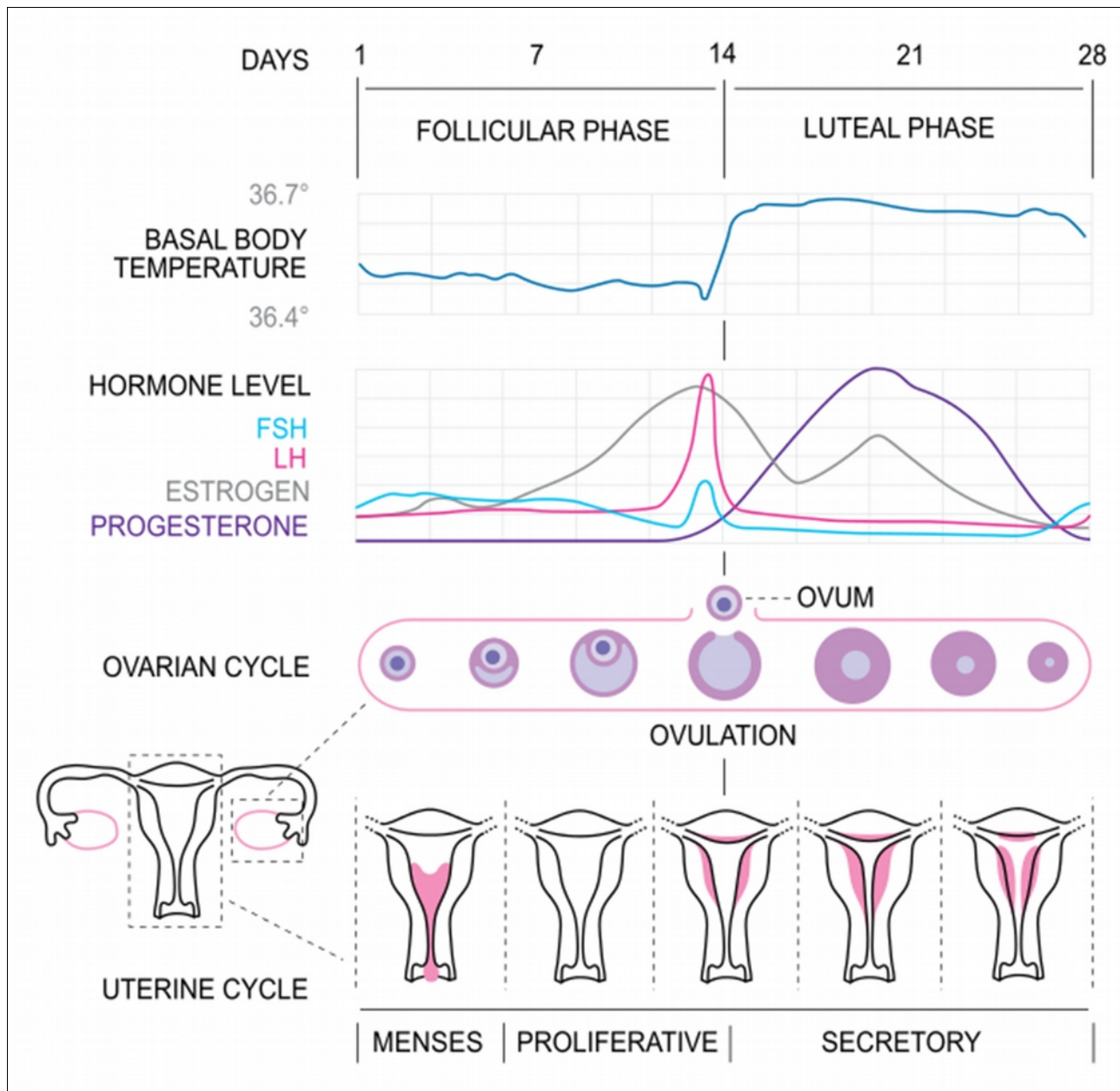


Trying-to-conceive couples must also learn the basics concerning Symptothermal birth control: they will get a deeper understanding of the ovulation process, of how to identify the most fertile days, and of the whole charting system.

This fetus is about 10 weeks old and measures 4 cm.

Life Elixir: how to identify Peak Day (PD) 🟡

Why do we talk about a peak? Scientists have found out that the occurrence of another female hormone, LH (luteinizing hormone), increases dramatically during ovulation. This hormone acts like a rescue team helping the estrogen to burst the ripe follicle and release the ovum. Here, on a Wikipedia picture, you can see the different hormonal evolutions throughout the cycle :



The graph illustrates LH peak (Peak Day): the red line peaks as LH secretion is at its highest, and the follicle releases the ovum. Nota bene: this document from Wikipedia wrongly suggests that the female cycle is 28 days long. This number may in reality vary from woman to woman and from cycle to cycle enormously.

You do not need to buy LH sticks. With some experience you can learn how to determine PD. If you enter your elixir observations on *sympto* correctly, your PD will be detected automatically (see the cycle chart examples generated by *sympto*). When choosing manual (pencil and paper) charting, you have to write down your PD sign on a paper chart. Cycle charting is the most effective way to know everything about your cycle at a glance. *These charts, like real bonds, should be kept in a safe place.* Whether you choose the classic way of paper charting or the simplified way with *sympto* is entirely up to you. If, in the beginning, you are overwhelmed with or discouraged by the classic manual approach just stick to *sympto*: it manages all the accounting and does all calculations of your data effectively.

There are two ways of observing your life elixir: by sight and by touch, externally, or internally by vaginal sensation which is entirely invisible. These two approaches are complementary. *sympto* gives priority to external observation to determine the end of the fertile window. Internal sensation is vital, however, for identifying the beginning of the fertile window. We will explain below.

Before the pockets inside of the orifice of the uterus, called cervical crypts, start producing their life elixir, you will in most cases feel nothing or some dryness at the entrance of your vagina. The latter is charted as D (dry). As soon as these crypts start producing life elixir, you will feel moist or a sensation of humidity, charted as H (humid) and your fertile window opens. This sensation is inside your vagina. Nothing is seen; nothing can be touched. It is entirely a *bodily sensation*.

The H duration can last for hours or more than a day. It is usually followed by the sensation of lubrication (L), a very distinctly runny-wet feeling inside the vagina. When you have this sensation, cervical mucus will be identifiable outside the vagina as well: a feeling of slipperiness on the labia can thus be confirmed by the tissue-paper exam. Summing up the internal sensation: you have to learn to distinguish these three different internal sensations and symbols D=dry ☀️, H=humid, moist 💧, and L=lubricative 💦. The L sensation is a sign of very high fertility.

For beginners, the external observation is easier to practice. When observing your elixir pattern visually and with your fingers, you can do a tissue-paper exam before every voiding. If no life elixir is observed during the day, the procedure should be repeated before bedtime and even during the night, when you get up to go to the bathroom. It is a matter of routine. *For your charting accuracy, always keep track of the highest daily quality.* For instance, a lower quality in the morning and a rise of quality in the evening (until midnight) should be counted as a highly fertile day.

You want to be sure whether you can really see your life elixir. Examine whether or not the tissue glides over your labia. You have to wipe from front to back between the lips at the labia to avoid infections stemming from the rectum bacteria and then stop on your perineum. Learn at this sacred place of your womanhood to *feel* the quality of your elixir. Then examine what discharge you see on the tissue, if any. If there is some, test what can be lifted off between your thumb and index finger to see how stretchy and “egg-white-like” it is (like clear, raw egg white); whether it is transparent, white, reddish etc. Record these observations meticulously.

These external observations have symbols on *sympto*. According to what you discover, you can use the symbol “E” for opaque, lotiony or creamy life elixir, and “sE” for stretchy, transparent egg white elixir. The time span of E and sE may be several days. Suddenly, from one day to another, the sE or E will dry out and disappear or continue some days as crumbly, sticky mostly yellowish mucus, which can be labeled as “yE”. More differentiations are not needed in the language of *sympto*. These three symbols, which suffice to cover the

many passages of your cycle profile, are important for you and your counselor to specify. Leave your comments in the *Remarks* of your chart. Your cycle runs through several E and sE days, expressed in the icon (symbol) language of *sympto*: ■ for E days, ■ for sE days. *Your fertile window already opens with the first sensation of H, sensation of humidity, and not only with “E” observation, thus with ■ and not with the later occurrence of ■.* This central statement will be repeated again and again. Some women however never have this sensation and their fertility thus starts with ■.

Several elixir patterns and their description. The elixir should be identified with at least two attributes:



Fig 7a: whitish, lotiony, creamy E ■

Start of fertility or time of high fertility.

Estrogenic activity.

Or, other possibility:



Fig. 7b

Whitish, lotiony, creamy but stretchy

E ■ : Start of fertility, or time of high fertility.

Estrogen activity.



Fig. 8 a: slippery, not very transparent, very stretchy, like raw egg white.

Very fertile

sE ■ : increased estrogen activity



Fig. 8 b: **transparent, very stretchy, slippery.**

Highly fertile


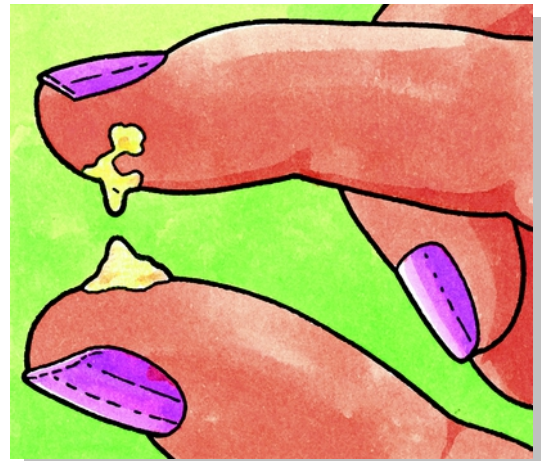



sE  : increased estrogen activity




Fig. 10: **pasty, sticky yellowish
progesterone elixir**
Not fertile

yE  : Increased activity of progesterone



Finally, we can explain PD  ! It is *the last day* with external sE or E discharge. The internal sensation of H or L is not vital for determining PD. The internal feeling is important to determine the beginning of fertility, and for indicating highly fertile days. It is not instrumental in identifying PD or for closing the fertile window.

Let's examine what happens when the E and sE days undergo a drastic change of quality: from one day to another, from yesterday to today, the elixir becomes sticky, dried out in appearance, and showing very often a yellowish aspect . Or, there is no elixir visible at all and you see nothing . During the first two – three days after PD, this yellowish progesterone elixir is still somewhat fertile, possibly enabling some sperm to reach the ovum.

Once the two – three days after PD have passed, progesterone activity renders the elixir useless to sperm motility and you are entirely infertile for the remainder of this cycle. In addition, the non-fertilized egg would have been dissolved by that time. Many women have difficulties using the . After a few cycles of observing your life elixir, you will learn to identify your PD: The essential differentiation you have to learn is between sticky () and creamy (). The correct PD identification belongs to the more demanding aspects of the

STM and is a major learning curve. We recommend you use the help of a *sympto* coach to become competent in this distinction, and to also *read Part 2 of this manual thoroughly*.

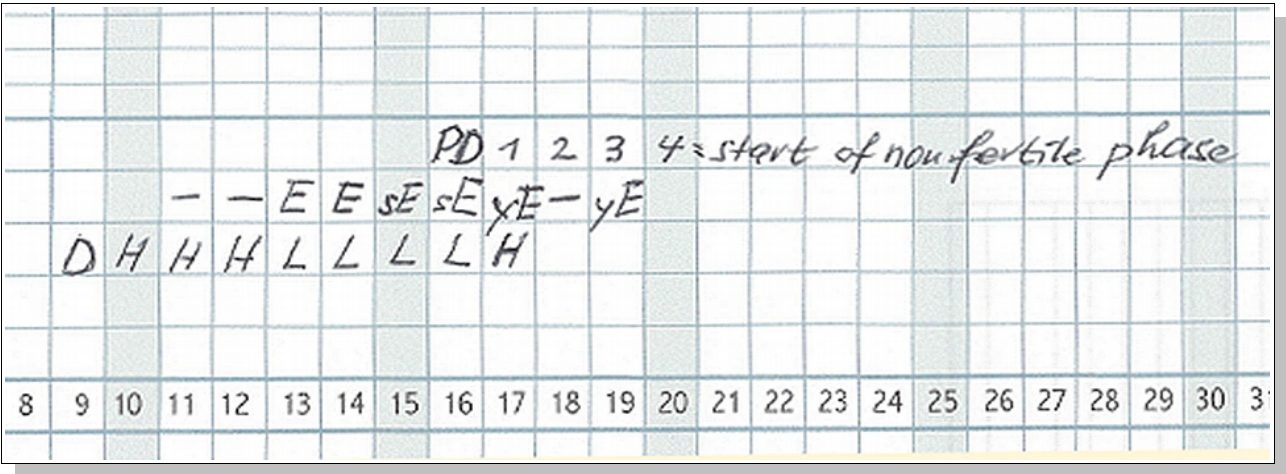
Right on the day of change you can only guess that your PD has come. It can be identified in retrospect only, the day after. On that day you note a “1” on your chart. The PD was the day before. Make mention of it as well on your chart. When you are working with *sympto*, it suffices to correctly indicate the elixir quality and not to miss the change towards drying out. All of a sudden *sympto* will draw the PD icon (👤) at the bottom of your chart.

When closing the fertile window, the pattern looks like this: 👤, 1, 2, 3: day 1 and 2, and also day 3 after PD, for effectiveness reasons, count as fertile even if you can find a 🍌 there. The formula is: 👤 + 3 day. Attention: *without temperature takings*, your fertility stops most probably (this cannot be guaranteed) on the evening of the 4th day after PD. A major advantage of the STM is that by combining temperature and elixir observation, infertility is very often identified one day earlier, PD + 3, and, in addition, will be guaranteed. *sympto* is able to cross-check your temperature and elixir data in such a fine-tuned way that exceeds the interpretative skill of an STM expert. We will cover this core theory in the next chapter in greater depth.

Trying-to-conceive couples should remember this: sE 🟦 or L 🟪 elixir means highest fertility. When a non-pregnant woman records her PD's over about six cycles, she will most of the time be able to predict her next sE/L episode which will probably contain the PD. A couple can thus concentrate their intercourse on these days and maximize their chances of achieving pregnancy. In part 2 we will show how you can use your graphed temperature curve to identify your highly fertile days.

In conclusion, complete cycle observation will typically reveal an elixir pattern that shows the fertile phase. Here below you can study a sample chart, which was completed manually. As long as the STM user saw nothing, she noted the symbol for “no elixir observed”: —. In this example the PD is on the last sE day, which is day 16. As soon as no elixir is seen, the symbol — must be noted. On *sympto* this symbol means that you have made an observation of “no elixir”: —.

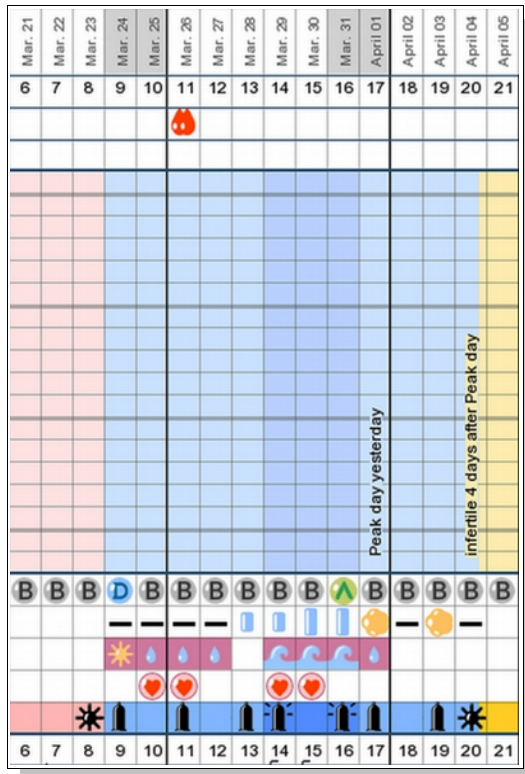
Fig 11. Manual identification of PD: Print an empty cycle chart from *sympto.org* and, as an exercise, make the following notations on it:




Legend. D = dry; H = humid, moist; L = lubricate; E = elixir; sE = stretchy elixir; yE = yellowish infertile elixir; — = nothing observed; PD = Peak day, here on the 16th day of the cycle.







Now we illustrate the same example in the electronically generated *sympto* chart.



To indicate the fertile window, we are in the Billings mode **B** where only elixir is observed without temperature takings. The colors pink, blue and yellow express the statuses of fertility on a given day, the encircled hearts represent protected sexual intercourse (SI).



According to the elixir observations here the fertile window opens on cycle day 10 with the elixir observation Moist, Humid = . (In this instance, disregard the symbol “D”, that has its origin in data collected during previous cycles where temperature values were also entered. These yielded additional information that opens the fertile window on day 9. This combination of temperature and elixir observation will be discussed later on.) For our purposes here in this example, based solely on elixir observations, the fertile window opens on day 10 and closes on day 20 in the evening, four days after PD.

Here, the different combinations that will generate a PD  :

- 1) from E  to —
- 2) from E  to yE 
- 3) from sE  to yE 
- 4) from sE  to —

The icon language used in *sympto* is limited to a few symbols; yet it takes dedication to learn how to classify your elixir accurately. In very rare occasions, the internal sensation  can influence the placement of the PD . More on this in Part 2.



The Symptothermal Cross-check – The Core of the STM

Let's examine a cycle chart that was completed manually to see how the two fertility criteria, temperature and elixir, work together to show fertility status: We followed a woman through her cycle to understand how the two criteria complement each other to open and close the fertile window. Study this sample chart to grasp how *sympto* interprets your observations. Remember, *sympto* depends on the accuracy of your observations and diligence to yield a precise graph. You are in control here.

Here a little reminder: A new cycle always starts with your menses. Note that not all bleeding qualifies as menses. intermenstrual bleeding does not trigger a new cycle. On average, a cycle lasts between 25 – 35 days. The 28-day cycle is a misleading myth fuelled by the pill industry!


During the first phase of your cycle, stress, disease, medications etc. may disturb your cycle and can postpone ovulation: estrogen tries to produce an ovulation in combination with FSH (Follicle Stimulating Hormone) and LH, which is destined to burst the follicle, but they have to work harder and longer.

The day of ovulation right smack in the middle of the cycle on day 14 is another harmful myth. A female reproductive cycle is not a soccer game with two equal half times! It is a fact, however, that ovulation divides the entire cycle into two parts. The second, infertile, part is generally more stable than the first, and lasts, with individual differences, from 12 to up to 18 days (*sympto* will show 9 – 15 infertile days in yellow since the three days with star symbols indicating your temperature rise must be subtracted).

This second phase shortens during premenopause. The first phase is more delicate and thus more irregular at all ages of your fertile life.


The opening of the fertile window: the Döring-Rötzer day (DRD)


You already know now that your elixir observations can help you in identifying your fertile window: However, this observation alone can be insufficient at times. You need a second observable sign to confirm where you are in your cycle. This is why the STM requires your waking temperature to be recorded.

How does it work? We thank G. K. Döring, a German MD and researcher of the last century for discovering that ovulation is preceded by at least six fertile days of follicle maturation. By comparing thousands of cycle charts he found this to be true regardless of cycle length: even in the shortest of all recorded cycles. This finding has given us the small Döring-Rötzer day for which *sympto* displays the symbol , small "d", the short form of Döring-Rötzer day (DRD).

These average six days correspond approximately to the green cover line that *sympto* draws on your chart. It is a scientific fact that the ovaries need five to six days in order for some 20 follicles to grow and release (normally) one ovum. When this ovum is released it leaves the ovary and becomes available for fertilization. This is ovulation. On *sympto* this duration is marked by a green cover- or baseline.

This finding was a major advancement of the old temperature method, which up until then had been unable to show infertile days at the beginning of the cycle. Joseph Rötzer, an Austrian MD and the founder of the first proper STM, added a safety margin with 1 or more waiting day, since ovulation can already occur two days before the first temperature rise. This is why ever since, the formula "first rise minus 7 days" is part of the

Symptothermal standard, visible on *sympto* as small “d”, . Be aware that whenever this formula is missing in any proclaimed STM model you are being taught a dangerous lie!



Let's look at the subtleties of the concept of the Döring-Rötzer day: There is not only the small Döring-Rötzer day, but also a big Döring-Rötzer day (DRD)! Pay close attention here! According to the very strict STM laws, which have been integrated into *sympto*, no more than five infertile (pink) days can be guaranteed in the beginning of each cycle during the first twelve (learning) cycles. This holds true irrelevant of whether your small d is placed as late as day 9 or even later. Accept that there is an absolute Döring-Rötzer day, the big DRD , that is set on day 6 during your first twelve cycles. This is roughly the time span of your learning phase. This unchangeable big DRD on day 6 for your first year gives you and *sympto* time to get to know your cycle patterns. This parameter means that day 6 marks the beginning of the potentially fertile phase. This special setting is one of the safety features of *sympto* to be able to guarantee contraceptive efficiency.

In general, during this phase, this big D is to the left of the small d. It usually looks like this:

During the first 12 cycles:

Day 6 Days 7 - 11



Exception! It is possible that the temperature may reveal an extremely early rise during the first 12 cycles. In this rare case, the small  moves to the left of the big  and in the next and all following cycles, the big D will shift to the left from day 6 to 5 or even earlier and leave less pink infertile days proportionately. This restriction will continue to apply indefinitely because you may have very early temperature rises once in a while again. For instance, if your first temperature rise occurs on day 11 of your cycle, you end up with the small d on day four. The formula “first rise (= day 11) minus 7” will shift the big D in the next cycle onto day 4. This is the first potentially fertile day in your profile and *sympto* will yield in all future cycles only three pink infertile days.

Here in the picture where this exception happened, the small d is placed to the left of the big D:

Cycle days: 3 4 5 6 7



In all following cycles, the big D will replace the small d and the scheme will be similar to the one at the beginning: the big D being placed (on day 4) to the left of the small d (on day 6). As a general rule, fortunately, the opposite is usually true: after the first 12 (learning) cycles you will obtain more than five pink infertile days. In the picture below, the big D was on day 8 and the fertile window opens on that very day. In this situation you would have 7 infertile days in the beginning of your cycle. That's a good week, but it can be longer depending on your profile, 9 or even 11 days.

Be aware of this other fact: a late temperature rise does not mean necessarily that your cycle will get longer. There is no mathematical formula which correlates length of cycle and first temperature rise. Get rid of the misguided idea according to which a female cycle has to have a certain number of days in order to be “normal” or healthy”. The big D has to be

carefully noted in your “cycle bookkeeping” on your charts. *sympto* will do this job for you and indicate all small and especially the big D on the correct days. Again, this is one of the hallmarks of accuracy within *sympto*. We have seen how the big D correlates with the small d. Let's look at the complete picture to show this correlation more clearly.

Again: The big D symbol **D** marks the earliest day of all small d instances, according to your profile. The small **d** shows the DRD relative to your cycle right now, so it is valid only for this cycle. *sympto* can calculate the small **d** of a current cycle as soon as you have arrived at the yellow infertile phase. It is always calculated retrospectively, once the situation of the temperature rise has been determined, here on day 18. Therefore, as a safeguard, you need the big D to stand as a marker of the earliest possible beginning of your fertile phase.

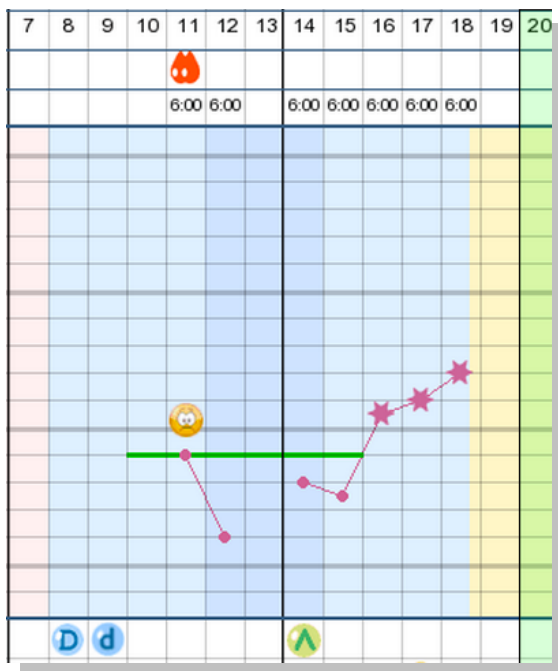








Fig. 12. In this example the charting woman has more than 12 cycles and as a result it shows 7 pink infertile days : the big D is on day 8, on the left to the small d on day 9.

If you prefer the good old way of paper charting, you have to keep some sort of bookkeeping to manage the big D and the small d. This is another advantage of *sympto*, that it marks the **D** and the **d** correctly for you. This increases user-friendliness as well as effectiveness.

We have here the common case where the small d is to the right of the big D (see sample chart above), but it is possible for the small d to shift to the left of the big D. As we already presented above, in all following cycles, the big D will shift to the left once the small d has set the new reference day. This shift is thus operated by the small d, which indicates the place where the new big D has to be set in the future. This is important and helpful that you can anticipate the beginning of your fertile phase at any rate: relying on the small d, which can only be identified in retrospect, would reduce effectiveness of the STM.

The big D is your beacon to navigate by: even if you entered only temperature data and no elixir observations, the big D would still indicate the opening of your fertile window. If, however, you enter diligently your elixir observations and you observe moistness before the big D your fertile window will open in this very cycle before the big D but, by this phenomenon, your small d will not be placed to the left of the big D! So in the next cycle your big D will not be modified. You see how immensely valuable the cross-checking is as

part of the STM. Remember that you can never predict the small , therefore you need your big .

Let's review the tides of fertility: Before ovulation, you are infertile every dry day. You can enter  and . This means that you did not feel “H”, moist =  and have not seen any elixir “E”  all day long. When you have intercourse at night, you can usually find sperm flow in the morning, which may mislead you into thinking that you are seeing elixir. You will learn to distinguish sperm from elixir by using the water glass test (page 44). You may also learn to tell these two apart on your own with experience. Note that sperm presence alone in your vagina does not open your fertile window. However, at some point you may observe elixir before the big D, as in the above sample chart, before day 8. In that case, you just mark the fertility icon on that day. This will open your fertile window in this very cycle only. *sympto* will do this for you of course, contingent on your input of the elixir symbol. The big D is not affected by this exception (unless another very early small d confirms this early start of fertility retrospectively).

In your daily practice, these subtle differences boil down to a simple rule: The more rose infertile days you gain after 12 cycles, the more you should become vigilant, the less rose days you have left, the less probable it is to feel moistness or see elixir before the big DRD!

Let's study another, more common situation: In our sample chart above, see Fig 11. page 25, the charting woman is considered infertile until day 9 inclusive because of her elixir observations. She did not record any temperature data. The infertile phase lasts for almost one and a half weeks! Her fertile window opens on day 10 with the internal sensation “H”, humid, moist: this seemingly small observation event is enough to open her fertile window, even before she has seen any elixir.

In order to glean the greatest effectiveness off the STM you must respect the big D : even though the woman in our sample chart saw no elixir until day 9, her fertile window was opened by the big D on day 8.

The general principle brings us to this simple conclusion:

Whatever comes first, the big D (DRD) or (rarely) life elixir E (respectively moist sensation) opens the fertile window. After 12 cycles the big D will most often yield more pink infertile days.

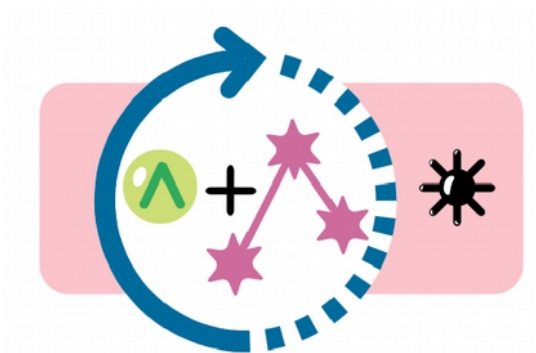
The big DRD is valid for all future cycles. The (exceptionally) early occurrence of elixir or humid sensation, however, is only valid for the cycle in which it occurs!

We are aware that this easy looking formula “whatever comes first” can be confusing when you are new to it; the formula is meant for experienced Symptothermal users. But *sympto* performs this double-check automatically and indicates where you are in your cycle. Some ST schools reject teaching about the DRD: But there is no reason to renounce the small and the big DRD pretending that the management of these would be too difficult to grasp. In reality the knowledge of these will most often result in more pink, infertile days!

For beginners, the situation is straightforward: the principle of double-checking, whatever comes first, remains. This task is greatly simplified by the constraints of the first 12 cycles. The risk to see elixir “E” or to feel a moist sensation “H” before day 6 is exceptional. The chance of you seeing elixir before the big D increases as the pink infertile

days become more after the first 12 learning cycles. If you are new to the STM make these concepts your guide: “I am infertile until day 5 of my cycle but I will be vigilant about the internal sensation H and elixir E occurrence as soon as menses have stopped. This means that I will be extra meticulous in my observations on day 4 and 5 of my cycle.”

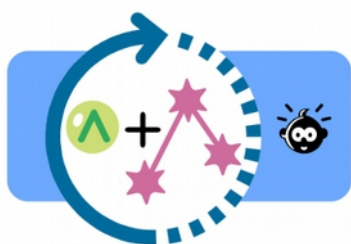
As soon as you feel H internally or see E, or as soon as you reach your big D, you must resume recording your waking temperature. During the first 12 cycles, the big D is set on day 6. The good news is that you do not have to take your temperature during the first five days (displayed in pink by *sympto*). Thanks to these precautions the failure rate in the beginning of the cycle is not higher than that of the pill. The failure rate would be even lower if all Symptothermal women used the cross-check correctly. But the best news is still to come.



*The home screen always displays the color of your fertility,
here it is pink: infertile before ovulation*



Closing the fertile window – three case studies



How does *sympto* correlate the two criteria, temperature rise ★ and elixir ■ when it comes to closing the fertile window? Our *sympto* logo provides a clue:

sympto needs a PD followed by three true higher temperatures, which it will mark with three solid-colored stars on your chart. Once there are three solid-colored stars on your chart you will see the color in the background change from blue (fertile) to yellow (infertile), 12 hours after your entered time of temperature taking. We will explain the meaning of “true higher temperature” as well as the solid-colored stars in detail in part 2. For now, try to absorb the concepts and they will become clearer as you read on.

The combination of PD plus three solid-colored stars is directly inspired by Rötzer's system of “Natural Conception Regulation”. In his system, a woman identifies the relevant higher temperatures on her own, on paper, once she notices the rise. On *sympto*, the solid-colored star appears promptly without delay. For manual charting however we recommend the NFP-Sensiplan way, which involves drawing a triangle around the true higher temperatures. We will show in Part 2 how these triangles are drawn step-by-step in the classic manual way.

The principle of the cross-check, temperature and elixir, looks like this: we stick with our formula PD + 3 days and add another rule to complete our cross-checking technique: *The law of the third higher temperature*. The rather delicate and subtle temperature laws will also be elaborated in Part 2. When you chart on your own, manually, you have to master all varieties of temperature rises, as there are many. On *sympto* this is done for you, faster and more precisely than by any expert. It is enough if you know how it works.

Let's have a closer look at this law and learn the three factors that influence the duration of your fertile window:

a) After unprotected sexual intercourse sperm can survive for up to six days in the cervical crypts if the cervix is open.

b) Rarely, but possibly, a second (or even third) ovulation may occur some 3 to 12 hours after the first ovulation which would produce non-identical twins if fertilized. The life of the second egg extends in this situation by some 18 to 24 hours in the upper part of the Fallopian tube, the ampulla.

c) Your body produces life elixir for about five to six days.

Taking these factors into account results in your fertile window lasting from 8 to 11 days, including some extra days for safety. Your fertile window can remain open for more days if you have irregular cycles or if your body's balance is upset due to stress or disease. However, once it is closed, it will not open again in the same cycle since progesterone will prevent another ovulation. You enter into the absolutely infertile phase of your cycle. The knowledge of the boundaries on either side of the fertile window provides the contraceptive effectiveness that is even greater than any hormonal contraception. What more could you ask for? You are not even required to record any waking temperatures for about two weeks until you approach your next fertile window of your next cycle. Remember, each cycle opens with your menses that you mark in *sympto* with the three drops 🍷.

Here a very important point for contraceptive purposes as well as for TTC (trying to conceive) couples: the temperature rise is the only external proof that ovulation has taken

place. There are, however, ovulation-like processes, which resemble ovulation as the temperature rises but without any ovum being released.

There are several scenarios that may be to blame:

- 1) the follicle bursts but is empty, without an egg cell. Or...
- 2) the follicle does not burst and the egg cell is kept captive (LUF= Luteinized Unruptured Follicle).
- 3) the egg cell can also stay trapped inside the fully ruptured follicle membrane. All these ovulation failures may be reasons for infertility. They also reveal why risky intercourse behavior does not always lead to pregnancy.

These phenomena are on the female side and shed no light on male hypofertility, for example due to smoking habits, which must be taken into consideration when failing to conceive. The point here is to understand that a woman can only observe the ovulation process, never the ovulation directly.

If you want to know the beginning of the second, absolutely infertile phase of your cycle, you have to come as close as possible to the day of ovulation. Since this key event cannot be predicted exactly, you have to spot your PD 🟢 as if you were trying to conceive. You then record your PD onto your personal chart (with *sympto*, you have to introduce your elixir observations correctly). Ultrasound has revealed that 40 % of ovulation events occur on PD.

Some women think they can identify ovulation when they feel some intermenstrual pain. It seems that 17 % of all women regularly feel this sensation, called *Mittelschmerz*. Don't be fooled by this sensation as it merely indicates which side of your ovaries is soon going to release the egg. You may feel this a day or two ahead of time. The statement of some women, who tell you that they can feel the non-fertilized egg in the Fallopian tube, is an illusion: The ovum is dissolved after some 18 hours unless it is fertilized. These pains are very helpful for TTC couples but absolutely unreliable for pregnancy avoiders: They have to validate the genuine temperature increase with a minimum of three higher temperatures in order to be sure that the ovulation process is over.

Whenever we speak about ovulation in the following pages, it is a shortcut, which always refers to the *hidden ovulation process*. As we have seen above, this process does not necessarily succeed in releasing an ovum.

How can you combine the principle 🟢 + 3 with the temperature rise? Once you or *sympto* have spotted your PD 🟢, you will have to wait for the temperature to rise. *sympto* does this job for you, provided that your elixir observations are sound. Let's use an example: On Tuesday you realize that your elixir is drying up so that you can identify the day before, Monday, as your PD. You count Tuesday as the first day, Wednesday as the second and Thursday as the third day after Peak. Without temperature recordings your infertile phase is expected to begin on Friday evening, provided that no new E-quality elixir appears!

We just presented the shortest of all possible rises, immediately after PD and marked by three solid-colored stars ★★ ★: Thursday morning after taking your temperature, three days after PD, *sympto* will announce "infertile from 6 pm onwards".

sympto (or the Symptothermal user) has identified the essential third ★. This crucial temperature development closes the end of the ovulation process. *Absolute infertility starts Thursday evening, on sympto exactly 12 hours after the waking temperature recording.*

Thanks to the cross-checking of both principles, 📈 + 3 and the three correct "higher" temperature readings ★★★, absolute infertility starts about 24 hours earlier than without temperature data. In *sympto*'s Billings mode, without temperature recordings (see above), it takes until the 4th evening after 📈 to close the fertile window. This infertile yellow phase lasts until your next menses. With every new period, the rules of the beginning of the cycle apply.

You are in the pink infertile phase until *sympto* alerts you to resume temperature recording. This is the most straightforward, albeit not the most common, cross-check scenario.

sympto executes this cross-check independently and in an absolutely reliable manner, provided that your temperature recordings and elixir observations are diligently entered. Note that this principle of cross-checking to determine the last fertile day, lacks the plain format of NFP-Sensiplan's: "Whatever comes last", PD + 3 days, or third higher temperature to close your fertile window. This is simply a reverse repetition of the beginning of fertility "what comes first". But:

PD must always be followed by three higher temperatures: 📈 + ★★★

The methodological difference is significant. The interpretation according to Rötzer is certainly subtler to operate than the cross-checking of NFP-Sensiplan's, "what comes later". But on *sympto* there is no reason to defer to this additional precision.

For completing the classic, manual approach, just print out empty cycle charts from sympto.org and fill them in by hand.

An example of this "shortest of all temperature rises"

As recommended by *sympto*, this user resumes her temperature recording on day 6 of her cycle. To launch her cycle on *sympto*, she entered the symbol for abundant menstruation 🩸 and set her initial cycle choices: she confirmed the option for Symptothermal contraception 🚫, and her preference for oral temperature taking 📊👄. These are the 2 mandatory settings in the beginning of each cycle. Once menstruation is over, also guided by a message prompt, you have to begin elixir observation and identify dry or humid sensation. As long as you see or feel nothing, you introduce the — symbol to confirm that you have done your observation job. This is key information for you and your Symptothermal expert indicating that your fertile window is still closed. The app also tells you when to resume temperature recording: in our example above, on cycle day 1, the indication is "in five days"!

Life elixir appears relatively late in this cycle. Maybe this user's cervical crypts have been damaged by years of pill consumption. In addition, we notice that she could not observe any internal vaginal sensation. This does not matter in this case because the crucial event, the change within the mucus pattern 🌡️, has definitely happened and been correctly noticed. She was able to identify the sudden drying out of her highly fertile elixir 📊 into sticky infertile mucus 🌡️. This is a common situation for PD 📈. In "Companion mode" *sympto* asks the user to confirm PD for three days by the yellow cloud (infertile elixir, dry or sticky) symbol or black bar (seen nothing): she enters "seen nothing". In "Expert mode" it is acceptable not to enter any information on the second and third day post-PD without

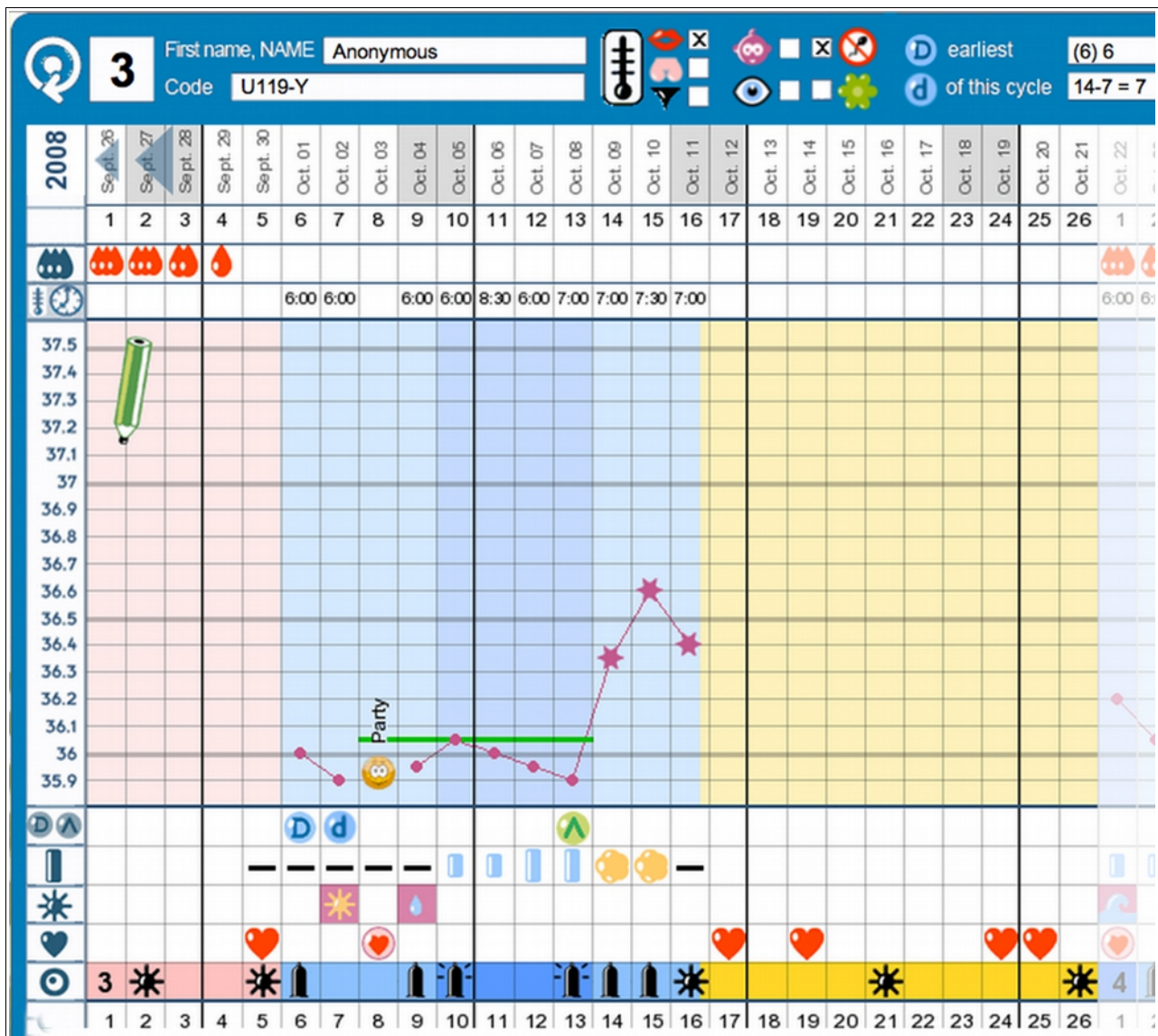
receiving an error message. Please note that all data can be modified, or added to, at any later point in time. *sympto* is an educational tool not a magic box or a medical device.

Main topic is the shortest possible cross-check 📈 + 🌸🌸🌸



Chart of a beginner





This is the third observed cycle (number on the top left).

Observation goal: pregnancy-avoiding



Once confirmed by *sympto*, PD 📈 is marked on the correct day in your chart. Three days later, *sympto* accomplishes the double-check by combining data from elixir and temperature. The easiest cross-check situation is PD 📈 followed immediately by three higher temperatures. Now the small DRD 📈 appears on this chart on day 7. The user reads on *sympto* that her complete infertility starts in the evening of cycle day 16 and that no temperature recordings will be needed for the remainder of this cycle.




According to the small DRD  the fertile window opens on day 7 in this cycle ($14-7=7$) only. It is also the earliest day in her three observed cycles yet (noted on the top left = 3). Still in the learning phase, the earliest DRD, big , is fixed on cycle day 6. *sympto* shows both, the small and the big DRD, in every cycle. By this display two kinds of risks are visible. According to the small DRD on day 7 (which she only knows retrospectively on day 16 when the third full star is calculated!) she could have had unprotected intercourse until day 6, and according to her elixir observation, even until cycle day 9. As a beginner she will not take this risk. We will see in the next example how the *sympto* user can evaluate and manage her risks.

Couples using STM for contraception  have protected intercourse  on day 8 or practice abstinence during the fertile phase, starting here on day 6. On the bottom of the page where the fertile status is indicated, we see that this user changed a default setting: The baby face  icon was replaced by the condom icon . This does not have any impact on the *sympto* engine but for the couple, their obligations of how they will take charge of their fertility are clearly visible.

The inside of our logo was inspired by this textbook case: Peak Day immediately followed by three solid-colored stars. The *sympto* color indication – blue to yellow – appears on the day of change from fertility to infertility:



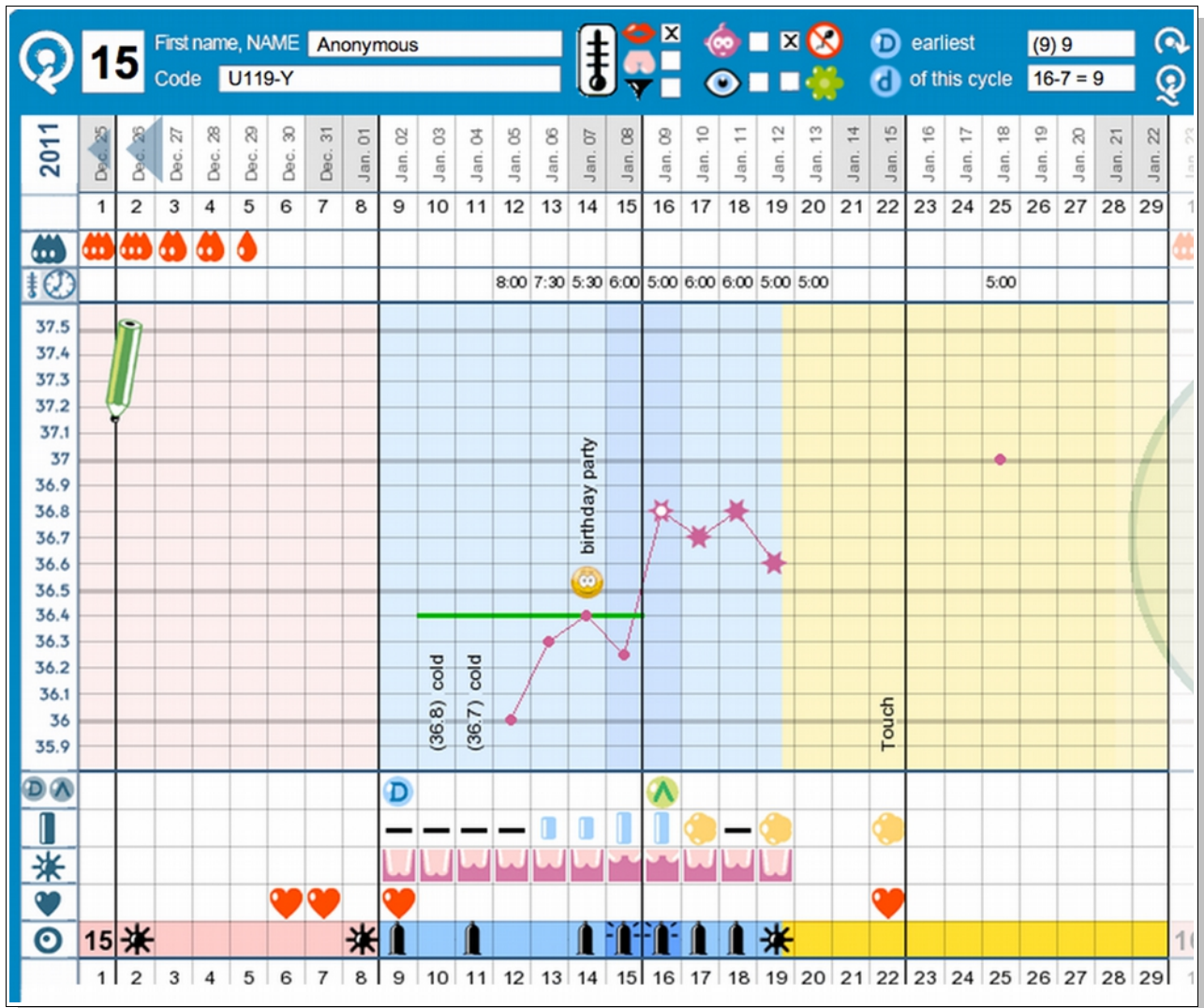
An interesting variant, A, containing an empty star


This variant might be tricky for the classic ST woman; for *sympto* users this empty star  will immediately catch her eye. This empty star marks a temperature rise that started right at PD. But, as we know, the temperature rise must always show three solid-colored stars , following PD. In relation to PD, the rise “came too early” and you need at least four (and sometimes even more) higher readings in order to close your fertile window. We will explain all the star symbol scenarios in Part 2. As in the classic case discussed before, the cross-check is governed by exactly the same principle, PD followed by three solid-colored stars . Let's have a closer look at another example following this pattern:






Situation A: premature temperature rise and one empty star

Cycle charting of an advanced Symptothermal woman

She is in her 15th observed cycle. Contraception is the observation goal.



This user discontinued her pill more than 15 cycles ago (see big number on the top left). She is still not sure about her elixir observation. In such cases where you do not clearly feel the level of internal sensation $H=$ , we suggest, according to Rötzer, the cervical exam. She chose this special technique in this cycle. We will provide instructions on how to perform the cervical exam later on.

This technique allows you to extract the elixir close to where it is produced: at the os of the cervix. The goal of the cervix exam is to compensate for an insufficient external observation as well as for the absence of internal sensation. For six days of her cycle she could sense that the cervix position was half open  and for two days even totally , which reveals high fertility. The extraction of elixir was a success. When the cervix was completely open she even managed to collect some sE, stretchy, highly fertile elixir . She introduced this information into *sympto*. The next day, the drying out  is obvious and PD  is displayed on the chart for the day before by *sympto*.

Taking into consideration the temperature curve, the rise happens early, exactly on PD. This first high temperature is marked by an empty star ☆: according to Rötzer, a rise right on PD does not satisfy the rule PD + three higher temperatures (as opposed to NFP-Sensiplan). The third temperature (☆☆☆) is actually only the second full star and does not close the fertile window. It therefore requires a 4th temperature in order to complete the formula 🟢 + ☆☆☆ and to close the fertility window properly. In the evening of day 19, the third colored star completes the double-check ☆, and the user is now in the absolute infertile phase. She takes a break from temperature recordings until her next cycle when *sympto* will prompt her.

Again, this cross-checking requires three days after PD to begin the infertile phase as in the classic case discussed before, but there is an additional higher temperature ☆ + ☆☆☆ ☆. For this reason, NFP-Sensiplan is no quicker in displaying your infertile phase: it also waits for PD + 3 days but a user can get away with only three temperatures (which is not recommended by NFP-Sensiplan). I wonder why: NFP-Sensiplan requires only three higher readings, so why ask for more? It totals the same number of days, sometimes less than Rötzer/*sympto*, but NFP-Sensiplan does not make an educational nor an effectiveness argument of it. There is no explanation, yet, on how to manage with a minimum of temperatures like on *sympto*.

Throughout cycle days 11 to 12 the user of our example has a cold. We provide a first glimpse of a vital topic in the world of cycle observation: During these two days, the *compromised* temperatures, still visible in brackets (36.80) and (36.70), were too high. She mentions this in the *Remarks* of *sympto*. When she noticed that she had a proper temperature rise around PD, she “shaved” these two higher temperatures retrospectively and *sympto* establishes the cover line. It requires only four lower temperatures within six days preceding the rise.

The green cover line runs along the value 36.4 °C here, and extends until the first rise. The effectiveness of *sympto* is not hampered by the missing information and this flexibility enhances user-friendliness (unlike the manual interpretation model by Rötzer or NFP-Sensiplan, the *sympto* engine does not require two additional temperatures before the two shaved ones in order to collect six temperatures before the rise).

Adjustments and corrections are always executed in retrospect and they must be justified by a sound reason (see details in Part 2). Beginners should leave this job to their counselors. This particular phenomenon proves that your observational competence is crucial for correct cycle interpretation. No device, no program can ever handle these situations. You must acquire this competence yourself.

To recap: with these adjustments and the practice of putting modified temperatures into brackets, you can establish your six-day cover line.

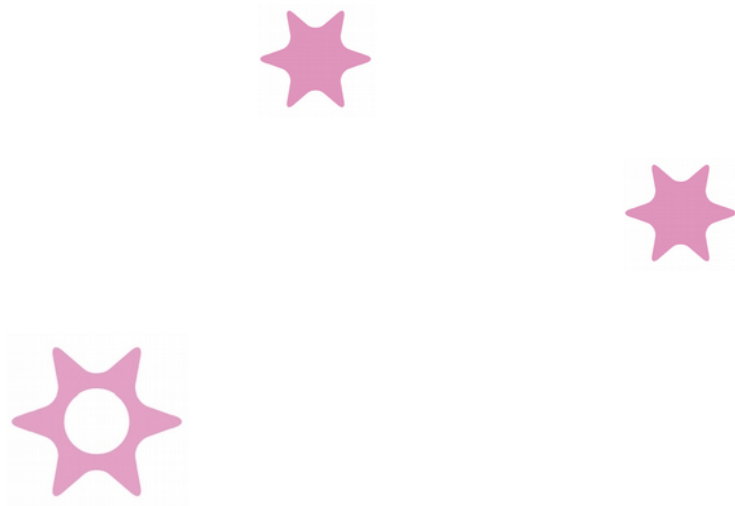
On a side note, in the example above, the user resumed her temperature recordings two days late in contrast to *sympto*’s recommendation. She resumed recording her waking temperatures on day 10 instead of on day 8. She opted for “Expert mode” and she simply neglected the prompts given by *sympto* that reminded her to start recording her temperatures on day 8. The disadvantage of this delay is that she may have missed some low temperatures. Her big DRD was shifted after her first 12 cycles from day 6 onto day 8. So she gained two pink infertile days.

But this is not enough for her and her partner: the red heart symbols (without circle around them) indicate unprotected sexual intercourse on day 9. Still, the conception risk is practically zero because of her closed cervix. She takes this risk demonstrating her entire informed consent. Under these circumstances, she could have continued having unprotected intercourse until day 10 of her cycle. Day 11, however, marks the first day of

her obviously fertile phase because she entered the symbol for “cervix half-open”. Taking into account her past cycles, she knew that she would be taking an irresponsible risk and on day 10 initiates a phase of abstinence.

At the bottom of the chart, we can follow the various fertility indications day by day. We can see that this user left the default parameter 🍼 . By this baby face symbol she expresses that she would not have intercourse during the fertile days and observe abstinence, perhaps for spiritual reasons, or because condom use inhibits her partner 🚫.

In ambivalent situations, where an STM user is unsure of what she wants in a given cycle, it is smart to modify the observation goal with 🌸, meaning a couple accepts whatever may come. Being true to yourself is a requirement for a positive experience with the STM. Another possibility for ambivalence is a woman who wants to delay conception but not remain abstinent during the fertile phase. The way out would be for her to get a diaphragm adapted to her vaginal dimensions (a contraceptive device that can be reused: see Part 2). She would then mark intercourse by 🍷, indicating 'protected intercourse'. One controversial Symptothermal issue is ambivalence of couples towards their sexuality. We will come back to this topic later.



The third, very common variant B, which covers all other possibilities

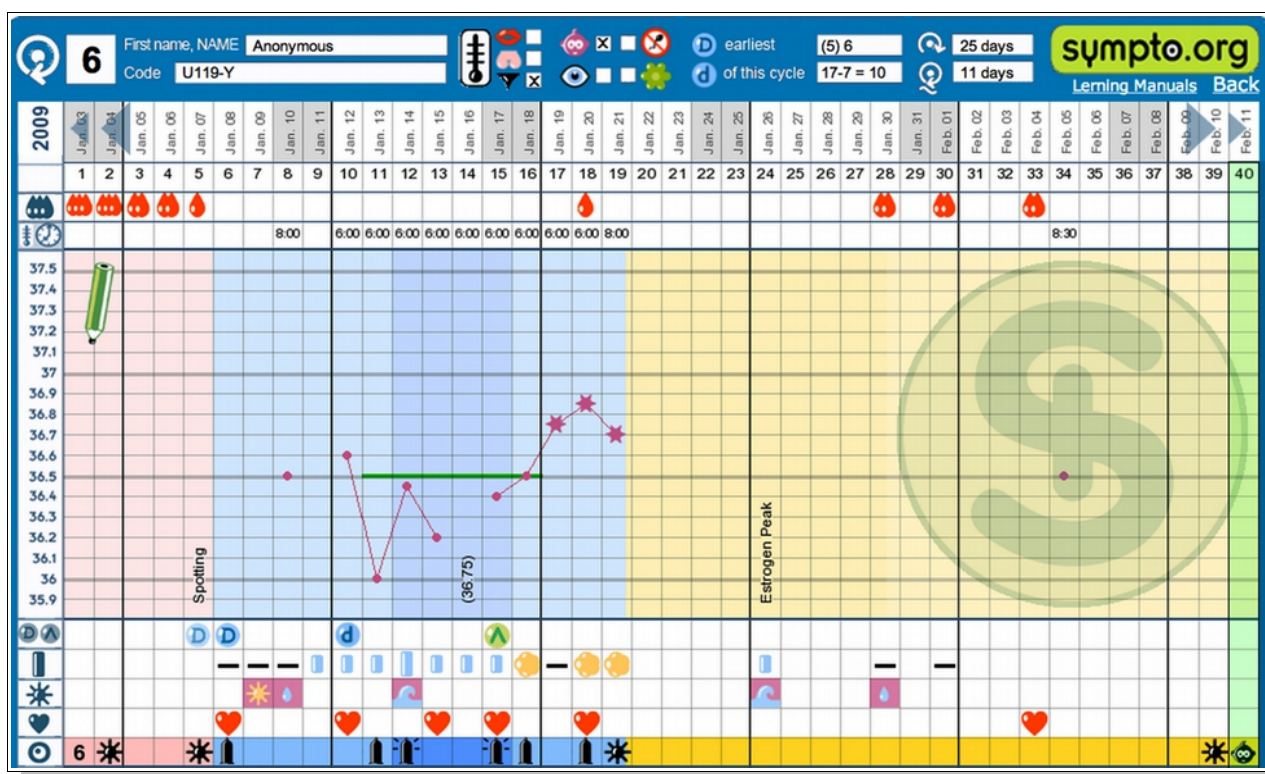
This variant delays the beginning of the infertile yellow phase. Your third colored star ★ is not visible on the third day after PD. You have to wait until the 4th, fifth, etc. day after PD until the crucial value shows.

Situation B: It takes more than three days after PD

Charting conception and beginning of pregnancy

6th observed cycle

👉 + 1 + ★★ (PD + 1 or more days delaying the temperature rise)



This woman has irregular cycles since the variance of her shortest and longest cycle exceeds six days. Here, the shortest measures 25 days 🔄 and the longest 36 (= 25 + 11) 🔄 days. These symbols are on the top right of the chart. This is nothing to worry about. These numbers help you calculate the date of your next period. There are women with cycles up to 60 days long and more. They can also be interpreted correctly in the Symptothermal way without losing any effectiveness.

This cycle's goal is conception. The first higher temperature is visible on day 17 and the small DRD is on day 10. The highly fertile days are generated on the days marked by those icons that express high fertility. There is a more complex procedure to indicate the highly fertile days that we will develop on p.109. Big DRD here is on day 6.

The phase before ovulation is delayed by two PD's 👉, which happen on day 13 and 15. The one on day 13 has been erased and moved to day 15 because of the blue icon showing an increase in fertility after day 13. The app program therefore removed PD on

day 13. On this particular day the external observation sE (stretchy Elixir) and the internal sensation L (lubricative) show perfect complementary actions. PD is also moved retrospectively whenever the temperature rise approximates the time of ovulation. Here ovulation occurred around day 19. The first temperature rise is delayed by (only) one day compared to the PD, and it appears on day 17. Rötzer, *sympto* and NFP-Sensiplan interpret in the exact same manner here.

If the user of this chart had been in a contraceptive situation, she should have waited with unprotected intercourse until the evening of the third temperature rise on day 19. This day corresponds with the 4th day after Peak. Her (one-day-delayed) third solid-colored star closes the fertile window. This situation B happens in ecological contraception as well, even with a delay of more than one day, especially when a woman is over 30.

Keep in mind that this delay argument is irrelevant in the present pregnancy example. It is, however, relevant whenever these "lazy" temperature rises enlarge the fertile window! On day 14, this user set the interference "insomnia" (not visible on the chart, but in the observation desk) and she put the overly high temperature into brackets retrospectively on day 17 or 18. It should not be done any earlier. In the *Remarks* you can find the original temperature (36.70). By executing this modification, *sympto* can now interpret the rise correctly.

Coming back to this example: during which instance of (unprotected) intercourse ❤️ did the charting woman become pregnant, on day 13 or 15 of her cycle? Conception happened most probably on day 15, perhaps on day 16 or 17 as we can only approximate ovulation. Even day 18 is a possibility! The completed temperature increase proves clearly that the adjusted PD on day 15 was the true one, where the ovulation process came to an end. As this cycle resulted in pregnancy, we can even speak of 'confirmed ovulation' instead of 'ovulation process'! You can see that *sympto* indicates pregnancy on cycle day 40 by the black baby face symbol. *sympto* also announces the probable date of delivery.

The future mother does not need a pregnancy test. Thanks to her diligent temperature recordings she can confirm that her temperature peaks slightly towards the end of her cycle and even beyond, because of the higher level of progesterone in her body. This sign is foolproof: An embryo has established itself in the lining of her uterus. The future mother is in her first month of pregnancy.

The Symptothermal cross-checking discovers both the premature temperature rises of variant A and delayed temperature rises of variant B. It can be summed up as follows:

You must identify the three solid-colored stars ★ ★ ★ after PD. *sympto* does this automatically for you. The fertile window closes in the evening of the third day marked by a third solid-colored star, 12 hours after the last temperature measurement. Whenever you don't understand or disagree with any interpretation calculated by *sympto*, you can be sure that you overlooked a vital aspect of the rise or that there is something wrong in your annotations. Please contact a counselor to settle the issue.

True menses and intermenstrual bleeding

Here we will answer the most frequent question asked on *sympto*: “I have entered three drops to start my new cycle, but *sympto* remains on blue fertile and stays in the old cycle. What is going on?”

We mentioned above (p.27) that every new cycle starts with your menses but not the other way round: not every bleeding is the start of a new cycle! Let's take a look at what types of bleeding can occur within the cycle.

What does it mean when five or six days after PD the third solid-colored star indicating temperature rise still has not shown up? Why does *sympto* continue to display blue, possibly fertile? Most probably you did not go through an ovulation process. But your hormones don't give up and they will soon start another attempt to produce an ovulation. You will notice this by a second or a third PD within the same cycle, preceded by some days of elixir discharge. A strained or ill woman, as well as a teenager in puberty or a woman in premenopause, may have more than 1 PD. She may think that she ovulated more than once. What a preposterous mistake: even health specialists are often misled! A second ovulation in the same cycle is biologically impossible. But it must be noted that there are **different ovulation attempts** in every cycle, even during the infertile yellow phase. But in this phase, dominated by progesterone, an ovulation cannot succeed.

It is always the last PD that opens up the post-ovulatory phase, which is the second part of your cycle. However, if the last PD is not backed up by a proper temperature rise, you will not have completed a cycle but will have just gone through a cycle episode. Therefore the next bleeding will be **intermenstrual**, within a larger, not yet finished cycle. When this happens, your cycle pattern will not be clear any longer.

As intermenstrual bleeding is not genuine menses, it might even hide a new ovulation attempt; consequently, there are no infertile days immediately after or even during an intermenstrual bleeding. *sympto* will continuously display blue fertile. Only continuous temperature recordings can confirm or exclude a proper temperature rise, which could eventually happen even during an intermenstrual bleeding!

**Only a correct temperature rise can guarantee
that the next menses are true menses.**

This is about the only cycle forecast you can possibly make. Unfortunately, most general practitioners don't have this basic knowledge. We will come back to this central point in Part 2.



Is the temperature/elixir cross-check always needed?

Yes, it is. In the beginning of the cycle, (“Whatever comes first, elixir or moist sensation or Big DRD, introduces the fertile phase”) the cross-check increases effectiveness during those days that are not completely infertile, according to clinical studies. Towards the end of the fertile window, the cross-check is vital in order to sort out variant A and B. This job is done automatically by *sympto* as soon as it detects the pattern 🟢 + 🌸🌸🌸.

But once you really master all fertility signs and according to your experience and your needs, you might opt for just one sign, assuming that your cycles remain regular: elixir observations (Billings) you might have more infertile days but wrong ones! With the pure temperature method (which will be more strict under *sympto* monitoring) you will have less

infertile days. But whatever your choice, you will not achieve the conciseness of the Symptothermal cross-check. For many women it is even possible after some years of systematic Symptothermal observation to sense the beginning and the end of their fertile window without taking any notes. This is an advantage no other method affords.

The cervix examination

If you cannot feel any H (moist sensation)  or especially, if you are unable to observe any distinct E  pattern, your Symptothermal success would be jeopardized. You have the possibility of extracting your elixir where it is produced: at the os of the cervix that you can feel and touch with one or two fingers to extract the elixir.

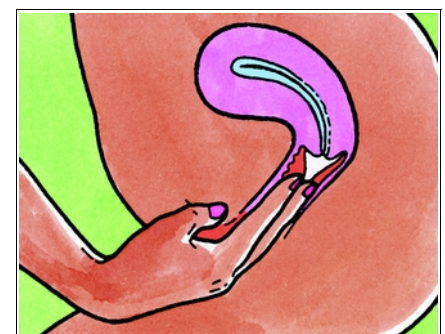
This technique can also be helpful when you have continuous vaginal discharge and you are not sure about your elixir quality. This may happen when you have a nutritional problem such as eating too many dairy-based foods. You might also become prone to infections by eating too much sugar (soft drinks) or excessive quantities of white flour (pizza and pasta). Diseases must be cured at any rate before the cervix examination will be valid. Many women who do not have any observational problems still find the cervix exam very helpful. It belongs to the standard skills of the STM.




Fig. 13a-13b. The cervix examination offers direct access to the life elixir.

Place one foot on a low chair. Some women find it easier to do this exam sitting or squatting (which is a good stretching exercise, Fig. 13a). Then insert two moistened fingers into your vaginal canal and reach for the tip of your cervix.

Place your index finger and middle finger on opposite sides of the cervix and squeeze it downward (Fig. 13b) while applying slight pressure on the uterus with your other hand (Fig. 13a).



If any life elixir (cervical fluid) is present, it will collect between your fingers as they are drawn out (Fig. 13b). Next, do the “finger test” (“paper tissue exam”) to make observations about the quality of your mucus: is it stretchy, clear or sticky, etc.?



On *sympto* the cervix exam icons  (see p.73) have to be activated separately. This setting is only useful if you have mastered the icon language of *sympto*. Performing the cervix exam only occasionally is insufficient and will not yield enough data for interpretation.

If you choose the cervix exam option, you must incorporate checking your cervix on all those days that you also measure your waking temperature. In order to practice the cervix exam safely your hands must be perfectly clean and your nails trimmed short before introducing them into the vaginal canal. After two cycles of adding this fertility sign into your STM routine, you should see a pattern.

During the pink and the yellow phase, you will have days off! With some experience you will achieve conclusive results and be able to introduce them coherently into *sympto*. As long as you are not sure, just put a “?” in the “comments” space and discuss your charting with a Symptothermal counselor.

The water glass test

Your vagina is always slightly moist whether you sense it or not. But you can distinguish the different vaginal secretions such as infections or back flow of seminal fluid. Elixir, which has a distinct chemical composition, is stretchy and coagulates in water. Other types of discharge, including semen do not behave like this; they dissolve in water. When you put your finger into the water, you will see that only elixir sinks to the bottom but not the other vaginal fluids. This test helps you separate elixir from all other fluids.

When you check your cervix you rely on the tips of your fingers. You touch something, but you don't see anything yet. Once you remove your fingers you can see your elixir and introduce the corresponding icon  or  into *sympto*.

It may be the case that your cervix opens but you cannot extract any elixir at all. You may never find any elixir despite your conscientious cervix exams. This indicates a health problem. The most important point of the cervix exam is to determine your elixir, nothing else. On *sympto*, this kind of observation is just an aid in order to better identify your elixir when you have difficulties interpreting or seeing it. Never forget this point! In Part 2 we will see how certain cervix entries may, for the sake of effectiveness, postpone a PD when the situation is not completely clear.

Sexuality and fertility: the intimate dialogue

The deep-seated fear of women to have unwanted pregnancies as well as the associated decrease of libido can be a great hindrance to experiencing sex as something natural and beautiful. With *sympto*, women are offered a natural and effective way to enjoy sex without the side effects of synthetic contraception, or of invasive medical aids in conception. Books about sex abound in libraries and on the Internet, but they ignore its foundation: fertility. Sex and fertility have been kept completely separate. The mission of the SymptoTherm Foundation is to bridge the gulf between sexuality and fertility. I have written an educational novel titled “*Sandra et Timmy*” (French), or “*Den Geheimcode des Körpers kennen*” (German), to show how these two separate aspects of our biology can be reconciled. Let's reiterate the following: *sympto*, or the classic STM charting, can be a hard test for a couple's relationship. Unfortunately, it is an accepted reality that teens have sex before they talk about relationship, before they talk about sexuality at all. In fact, most adults are not able to talk about their sexuality in a constructive manner either, and routine

sex takes over. Additionally, all-abundant sex literature and easy availability of pornographic materials supposedly created to increase libido, as well as those costly seminars for adults that at best kindle a flash in the pan, cannot sustain a love relationship. On the contrary, these shallow excitements negate commitment and provide the seed for infidelity.

Cycle observations can be a good start for discussing your sexuality. We recommend that each couple take some two hours out of their busy schedule on a monthly basis to reflect on their cohabitation. This should be done in a comfortable setting and without expectations. The partners should be allowed to speak and be heard, by each other, without interruptions. It is absolutely necessary to practice respect by quietly listening and showing interest in the ideas that are thus presented.

The STM chart review, if done together as a couple, will provide an honest insight into how you experienced your fertility in the past cycle. You can't beat about the bush about how you felt, i. e. about condom use, foreplay, if the positions hurt you, if orgasm was timely, or if the radio playing in the background bothered you, etc. Was it really necessary to have intercourse on such and such a day? Wouldn't it have been better to wait another day in order to avoid condom use? What went well, what was a deception, or irrelevant? In such a setting, each partner is allowed to develop their own ideas expressing their very personal point of view in a subjective manner, and to verbalize their emotions ("I felt...") while trying to avoid hurting the other with accusations ("you did, you, you...").

When you are fostering this kind of dialogue, it is also easier to experiment with new things, to speak about taboo topics. The male part in the man will resist as it is difficult for masculinity to start this type of non-violent, emotional dialogue. But once he understands that the dialogue is repeated every month, that there is no way around it, he will easily adjust to it since he has a clear format he can stick to. Instead of bursting out in a rage when you feel anger emotions building up inside you, you will note the incident in your calendar and put it on the agenda for the next intimate dialogue. If you don't note the incident immediately you may forget and it will be lost for discussion.

Once both partners have come to an end with their monthly stories about their physical relationship, you can start a second round and tackle all sorts of topics like family matters, your job, friends, etc. You can imagine a parallel between the woman's monthly cycle observation objective and the monthly matters that need to be changed, improved on, or tried out. You should specifically set the dates and plan for enough time for your next instances of lovemaking.



Thanks to this introduction you now know the fundamentals through which your sexuality and your fertility will become good friends. We invite those who wish to adopt this lifestyle to discover the complete code in Part 2.

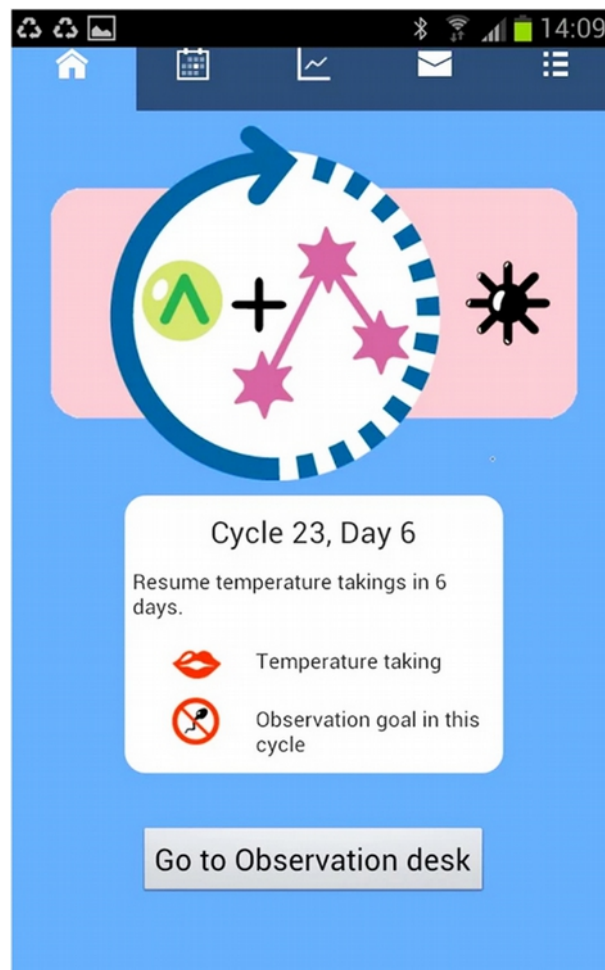


The STM works for all kinds of cycles, also the most irregular ones and it has its place in all gynecological ages. In this Part 2 you will also find a breastfeeding program that does not require temperature recordings. The same applies to the premenopause program.



Part 2


The language of *sympto*



This is how your counselor receives your questions in the sympto message box.

The back-end where your counselor works is in French! You can see, on the right, your profile and on the left your question and her answer.

The counselor can open your chart right from here and study it to reply to you with her comments.

<p>Testeuse Adresse:</p> <p>United Kingdom Email: Testeuse@gmail.com</p> <p>Bonjour ma conseillère,</p> <p>C'est donc ici sur cette messagerie que je peux vous poser toutes mes questions sur ma santé et mon cycle! Génial!</p> <p>J'essaye de manger correctement, mais avec mon travail ce n'est pas évident. Je travaille de 10H à 15H, sans pause midi, du coup je mange beaucoup au petit déjeuner, et je grignote en rentrant. Mais j'essaye de manger beaucoup de légumes et de fruits, des laitages et des céréales, des légumineuses. Je suis quasiment végétarienne. Je ne cuisine pas de viande, mais j'en mange si mon ami en fait.</p> <p>Bon weekend, Testeuse</p> <p>(de) <input type="text" value="[checkinNonPayé] Guten Tag Während der ersten 15 Versuchstage ..."/></p> <p><input type="button" value="Remplacer"/></p>	<p>Profil complet</p> <p>Thermomètre Cyclotest Lady</p> <p>Precision 2 chiffres après la virgule (0.01 °C)</p> <p>Naissance 1986 (~ 27 ans)</p> <p>Taille 164 cm (5 pieds 5)</p> <p>Poids 58 kg (128 pounds)</p> <p>Ménarche 13 ans</p> <p>Prise de pilule sur plusieurs périodes, depuis mes 17 ans. Je suis passée sur une pilule de plus en plus légère car je ne les supportait pas. J'ai fini avec un stérilet cuivre (2008 - 2009) qui ne me convenait pas non plus, je ressens une gêne.</p> <p>Remarques perso Je n'ai jamais été enceinte.</p> <p>Icone fertilité </p> <p>Experte Non</p> <p>Cycles publics Oui</p> <p>Degrés Celsius</p>	<p>Bonjour et bienvenue sur sympto!</p> <p>Je suis votre conseillère qui vous accompagne pas à pas sur votre voyage et me réjouis de voir vos premières observations sur le cyclogramme que je peux consulter ici à côté de votre profil et votre question.</p> <p>La question alimentaire est centrale pour la symptothermie, on verra cela en détail plus tard.</p> <p>Excellent WE vous aussi Anna, conseillère sympto</p>
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A new foundation for sexuality and partnership

In every Symptothermal organization you will find many praises for life styles free from synthetic hormones, and that is perfectly fine. Nevertheless, none of these organizations have succeeded in instilling enthusiasm in young women or even to convince them about the natural and ecologic way of life that the Symptothermal method offers.

The pharmaceutical industry invests millions of dollars in marketing in order to capture women as young as possible, from 13 years onwards, to consume their pills in order to “enhance her skin”, or to “regulate her periods”, etc. Unfortunately, they have succeeded in this endeavor so far. The devastatingly wrong and even malicious message that the STM is “complicated” and “not effective”, or, “only for regular cycles” still haunts the minds of both women and men, and even gynecologists.

sympto is the final revelation against this damaging misinformation. Every teenager and every woman on this planet should have the opportunity to observe her cycle in an easy and playful, but serious manner; every couple should know that this ecologic alternative really exists.

Even among men, most vasectomies are executed because of their blatant ignorance. They are not properly informed by their urologists – as they should – when it comes to this drastic operation.

sympto is not a dead language. You can easily learn it by practicing the observation of your physical signs. It is not enough just to read about it. Nothing compares to using a *sympto* account. There you will find educational support texts, with which you should become intensely familiar. All vital information is presented there step by step. In the upper screen of your entry desk are all core elements of the STM displayed: you will be prompted with daily instructions, motivation, and error messages. It is up to you to discover your body’s fertility rhythm by reading these messages while you are observing your signs with *sympto*. We cannot do this for you. The descriptions of the icons appear as soon as you pass over them with your cursor. We apply the principle of learning by doing.

In the second chapter we will describe the *sympto language* as a powerful tool facilitating your observation job and guiding you while you are filling in your chart. At the same time, we will reflect in this chapter about how to foster your partner relationship as well as your well-being.



The basic law of *sympto*: the full Da Vinci Code¹

Sympto.org has integrated the scientifically tested basic elements of the German NFP-Sensiplan method and major aspects of the Austrian Rötzer theory (INER, Institute of Natural Conception Regulation). Furthermore, it has combined and streamlined elements of the French CLER, the American Couple to Couple League and, last but not least, of the North West Family Services, Oregon. Just imagine that in the German Linder biology textbook, the leading educational material studied diligently by millions of youth, year after year, generation after generation, the following vital correlations are not even mentioned:

Generally, the temperature rise has taken place when the temperature reaches 0.05°C (0.1 F) above the *cover or baseline*. This is how it works: *sympto*, or the ST-woman, monitors seven consecutive daily temperatures and *sympto* draws a green line (cover line), as soon as the seventh value is higher by 0.05 ° C (0.1 F) than the previous four to six temperature values. The ST-woman may only recognize this temperature rise by the second higher temperature value, or later, as it is harder for the eye to catch it on a graph.

The following is the fundamental *law of the four higher temperatures* of *sympto*: According to the iron principle by Rötzer, there has to be at least three higher values in *sympto* which appear as colored stars after Peak Day (PD) 🌟. This yields the format below in *sympto*:

**At least three solid-colored stars ★★ ★ within four days
are necessary to close the fertile window.**

This is the fundamental law of *sympto*. But why four days and not only three? The answer is pragmatic and based on our own experience: very often, one of the four days of temperature taking may be *problematic, i.e. compromised*. Therefore, we consider it as the standard case. A problematic day occurs in the following situations: Firstly, one temperature value has either dropped onto the green cover line, or even below (in both cases a 4th measurement is needed), or, secondly, when a day's measurement is missing. In this case *sympto* does not need a 4th measurement. Why?

You may indeed be more diligent than usual with your temperature recordings during the temperature rise, as suggested by the daily *sympto* messages. However, from time to time you still may sleep in or just miss a measurement day for some urgent reason. This missing temperature is treated as well as a problematic day. Finally, it may happen that the first increase in temperature value occurs right on PD; according to the Rötzer system, this higher value deserves only an empty star ☆ (example: option A, Part 1). Together with the three colored stars this very common situation requires again four days of temperature measurement.

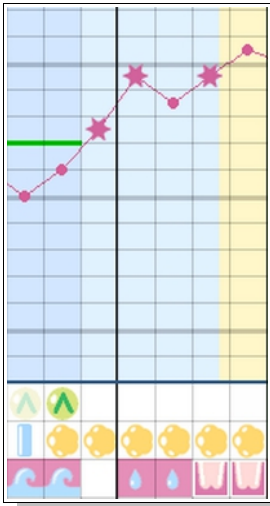
It is crucial to insist on the fact that this basic law does not require any minimum temperature increase; it is enough that the three or four higher values are 0.05 ° C or 0.1 ° F above the green cover line.

However, there is a special case: sometimes *sympto* will close the infertile phase after only three colored stars and, incidentally, on the third day after PD (insignificant here).

¹ The detective novel *Da Vinci Code* (see also the back of this manual) puts the radical re-evaluation of the feminine essence at the heart of humanity. This approach should be commended. Imagine now that Catholics who invented STM had a totally relaxed attitude towards new technologies like *sympto*, which is the real Da Vinci Code: The cycle observations were as common and natural as brushing your teeth and buckling your belt. If virtually all women had reached a very high *sympto*-thermal skill, the effectiveness would be even greater than that of artificial hormones. Unfortunately, we are not there yet...

That was the case in our first example model of Part 1. *In this particular case however, in order to validate the third colored star, the increase must comply with a major constraint: the third, decisive colored star must stay above the cover line by at least 0.2 ° C (0.4 F).* This shortest rise pattern is presented in European ST-teaching manuals as a fundamental law.

Since this shortest of all temperature rises does not conform to the mainstream cases we registered on the back-end of *sympto*, this short variant turns out to be a happy special case. In other words: if the third, decisive increase remains below the value of 0.2 ° C (0.4 F), it receives no star at all and *sympto* needs a 4th measurement; so we arrive again at the basic law of *sympto*: three colored stars within four days of measurements.



By the way, the Americans teach to never close the fertile window before the 4th day after PD even with correct temperatures. Here is an illustration showing this situation: the 3rd higher reading has not risen by 0.2 ° C (0.4 F) and does therefore not receive a colored star. There must be a 4th higher temperature in order to close the fertile window and this 4th rise can be just 0.05 above the baseline!

Thanks to this new synthesis, there are no other rules of exception to learn or to integrate. This universal law makes *sympto* look different from NFP-Sensiplan/INER or the CCL, *symptoPro* and FAM by Toni Weschler. All of their complicated exceptions are simply eliminated by the *sympto* basic law. They have become immaterial. This basic law holds true also for cases where women discontinue the pill. Most of these stressed cycles show anomalies and complicated temperature rises over months, which last longer than four days. But in any case, our counselors recommend them to have a 4th higher temperature reading because the cycle structure might not be properly back. It cannot be simpler.

Food for thought. *If the characteristic temperature rises were always as easy and straightforward to determine as the (fake) temperature models on the Internet still advocate, no sophisticated evaluation program at all would be required. In reality, temperature rises, which reflect the ovulation process, can be closed by very hesitant and jagged temperature rises.*

The enormous challenge for sympto was to recognize the slightest but still acceptable temperature rise without taking any effectiveness risk. Conversely, a program, which would require an excessively severe rise, could not interpret the ovulation process in most women, and would indicate lots of “false positive days”: days indicated as fertile but which are in fact infertile, and would therefore be useless. sympto, however, would indicate “false negative” results by displaying the yellow phase, infertile days, which in reality are still fertile: this would be a serious flaw in any fertility management program and cause unwanted pregnancies. We found a reasonable equilibrium in the basic law of sympto.

The school of manual chart interpretation sometimes argues that it is impossible to design a correct program that produces no false negative results. sympto proves otherwise, provided that the data entered is complete and sound.

When studying the empty-star case (variant A in chapter 1), we noted that the temperature rise started too early compared to PD. In Rötzer's theory you would have to underline the temperature value by a vertical arrow, but on *sympto* these early rises are characterized by an empty star ☆. A rise exactly on PD also receives such an empty star. This is just a reminder of variant A. You may wonder how many empty stars you are allowed to have in your chart: A maximum of four empty stars are tolerated if followed by three colored stars to close the fertile window. In other words, *sympto* has defined a large range of acceptable rises, which take into account either too late a PD determination by the user (human error or imperfection), or real premature temperature rises due to hormonal imbalances.

Let's recap: 1 - 4 empty stars ☆ (3 before and 1 on PD) and 3 colored stars ★ (after PD), plus 1 problematic day add up to a maximum of 8 rising temperature days! A temperature rise lasting 8 days may happen but is extremely rare.

We can accept up to four empty stars because of empirical data collected by Rötzer, NFP-Sensiplan and *sympto*. These are the iron laws of cross-checking that you just learned. It is important to revisit these rules whenever you are unsure. They are your body's Da Vinci Code.

The complete model of the Da Vinci Code

(problematic days not included)

Variants 1 – 10 ↓	PD -3	PD -2	PD -1	PD = 0 👤	PD +1	PD +2	PD +3	PD +4	PD +5	PD +6	PD +7	PD +8	PD +9	PD +10
1 T				👤	👤	2	3	4	5	★	★	★	★	★
2 B				👤	👤	2	3	4	★	★	★			
3 B				👤	—	2	3	★	★	★				
4 B				👤	—	2	★	★	★					
5 B				👤	1	★	★	★						
6 CL				👤	★	★	★							
7 A	-3	-2	-1	★	★	★	★							
8 A	-3	-2	★	★	★	★	★							
9 A	-3	★	★	★	★	★	★							
10A	★	★	★	★	★	★	★							

Legend :

For the sake of clarity, we have marked the 3 standard examples from Part 1 with green: line 6 CL: the classic example; line 5B the delayed rise, and 7A the premature rise with 1 empty star;

PD. *The four possibilities to generate PD (see chapter 1), here displayed randomly in columns 1T to 4B;*

T. *The pure temperature method. It takes over as soon as a PD is not generated any longer, after five days, or if there is no PD at all.*

B. *Option B: delayed temperature rises. Very common, they require a 4th higher temperature!*

A. *Option A: premature rise. The 4th temperature has already occurred!*

CL. *The classic example : the shortest possible cross-check right after PD. 3rd colored star = PD + 3.*

Starting point is Peak Day, PD, which is our day 0. PD + 1 means: one day after Peak Day, and PD – 1 means one day before, and so on. Day 0 is always the last day with an empty star, whenever there is one (Line 7 – 10). To remind you of the four PD possibilities, we have used the free space in column 0, lines 1 – 4, in blue color, where the four different PD possibilities are randomly displayed, one above the other. (That's why the letters "PD" are not visible on lines 1 – 4.) This is the complete *sympto* star system.

We didn't include the one 'problematic' day that is tolerated because it would make the format of the scheme incomprehensible. You can easily imagine such a day popping up at any time. During your temperature rise it would add one more day to the rise in order to close your fertile window.




Without PD 🟡 and without correct elixir observations, another law of *sympto* applies: *sympto* and the ST-woman must wait for the 5th temperature rise ❄️❄️❄️❄️❄️ until the infertile phase dominated by progesterone can be displayed. Only a maximum of six days are permitted because *one additional day may be problematic*. Explaining it another way: the pure (not as comprehensive) old temperature method is rehabilitated. It is somewhat the safety net following stricter conditions, which need more observations. Its result, however, still cannot equal the Symptothermal effectiveness.

For instance, you can see on line 1T that the PD is not erased (it is still visible) but it "loses its significance". This expression means 1) that the temperature rise began too late compared to the PD, from day 6 after PD onwards, and 2) that the higher temperatures will deserve only empty stars; it always requires five empty stars to close the fertile window. This kind of rise is not in the range of influence of PD any more. This knowledge, which states that PD has an impact on the rise (the full stars) only during the five days following it, is also empirical. We share it with NFP-Sensiplan, Rötzer and our own data. In this picture, again, we take into account that the user might have indicated her PD too early and/or that the temperature rise was really late, due to hormonal circumstances. We keep the number 5 in mind in order to express the generic dependence of the colored stars from the PD.

Please note: Invisible as well on the *sympto* star grid are the following, very important constraints concerning the temperature rise (I) and concerning PD confirmation (II).




These are essential on *sympto*:

I-A) On *sympto* the rise will be discounted systematically whenever a second problematic day interferes within the rise: either you have slept in more than one night during temperature rise, or you have entered two temperatures which are too low. In this event, only an ST-counselor can save the situation according to the complete picture of the profile and the chart evolution, which can be seen some days later.


I-B) At the last day of temperature rise (the 3rd colored or the 5th empty stars), which is the crucial one, you supposedly entered an elixir observation . Immediately, for effectiveness reasons, this rise is discounted and *sympto* will calculate the green cover line again according to the whole picture. You will object that such an incoherent observation should not even be possible. But we see this kind of error quite often, and not only with beginners. This erratic occurrence of elixir, which is not confirmed by , can mean the following: During the rise there was an estrogen peak which normally occurs later in the middle of the yellow phase. Or this elixir is confirmed the next day by the  and then, a new PD is generated which prolongs the rise anyway for three or four days! Physiologically the ovulation did not occur and the green cover line has to be recalculated.

II) A last safeguard must be mentioned here: PD itself is erased when you happen to enter elixir on the second or third day after PD. For example:



The PD  is immediately erased and disappears from the cycle chart. The physiological explanation is: The PD was not really over. Another explanation could be: your interpretation of  or  was inaccurate. It always requires at least three days without fertile elixir in order to establish a PD definitively.

You must thoroughly understand this complementary system of cross-checking. Take time to study the three paradigmatic examples from Part 1, visualize them and commit them to memory. You will discover the beauty of the system. Let *sympto* do the calculation business going forward. *sympto* calculates faster and in an absolutely reliable manner, better than the best expert eyes. Always keep in mind that it is your responsibility to enter appropriate, meaningful data observations. The motto of the *sympto* expert is: *few but precise and complete observations!* For the beginner our advice is: enter as many observations as possible taking into account that some might be imprecise or even wrong. It is easier for your counselor to shave inappropriate data than to add missing information! Errors are part of every serious learning process.

The cross-checking of your fertile signs, elixir and temperature, is the quality label of the STM as it clearly identifies the opening and closing  of the fertile window. This cross-checking is what makes the effectiveness of the STM extremely reliable and comparable to perfect use of the birth control pill. The theoretical effectiveness of the STM is even 100 % during the post-ovulatory phase (yellow phase on *sympto*). Theoretical means that the observations must be entered correctly and correspond to reality. A word of caution: Any time you enter incorrect data you are jeopardizing *sympto's* effectiveness. The more

competent you are the greater the temptation will be to force a pleasing result. This is human. Keep in mind that *sympto* is not a medical device but an educational tool to help you learn to acknowledge and manage your fertility.

When your fertile window closes, the cross-checking of both codes, elixir and temperature, confirms with certainty that the ovulation process has finished: after that you can take a break from temperature recording, and you can relax until your menses arrive some 7 to 17 days after. Predictions about the beginning of menses are unreliable since the luteal phase may collapse because of a progesterone weakness. This worrisome phenomenon has been observed with greater frequency over the past ten years, revealed by data collected from cycle charts. It is a common cause of conception problems but can be treated using natural medicine.

Manual step-by-step approach for closing the fertile window

1 – I am keeping an eye on the previous 7 days. If I see that my waking temperature is higher today than it has been the six preceding days, I will draw an empty star ☆ around this temperature. This rise must be at least 0.05 ° C (0.1 ° F) above the four to six preceding temperature values. For the sake of simplicity, instead of drawing a empty star, I circle this first higher value by a triangle ▽, inspired by NFP-Sensiplan.

2 – I draw a horizontal cover line (green on *sympto*) across the highest of these four to six lower temperatures to the left of the empty star ☆ symbolized by a ▽. The cover line will always span six days, not more nor less.

3 – I draw an empty triangle ▽ around the next two temperature rises.

4 – Rötzer check: I examine whether these three higher temperatures ▽ follow the Peak Day 🌱: if yes, then I can color the empty triangles ▽, otherwise I leave some of them empty and I continue my temperature takings.

5 – During the entire temperature rise, one, but only one *problematic day* is tolerated. Problematic means that the temperature value is somehow compromised: it may be missing or it may fall on the cover line or drop below due to late temperature taking, insomnia or other factors.

6 – Principle of *sympto*: It is absolutely mandatory that there be **three colored stars ☆☆☆ within four days in order to close the fertile window.**

7 – Happy exception: If the third colored star (triangle) is at least 0.2 °C (0.4 ° F) above the cover line, the fertile window will close already after three days, which is visible on our logo below, otherwise a 4th temperature is needed.



The symbol of the entry page always contains the fertility indication by a color, here it is pink (infertile) before ovulation. The sun symbol expresses dryness and infertility.

Opening of the Fertile window (reminder from chap. 1):

Fertility starts on either the big Döring-Rötzer Day 🌱 or at elixir 🌊 / moisture 💧 manifestation, whatever comes first. The figures of the big DRD 🌱 must be managed

manually on the top line of the *sympto* chart.

Satirical interlude. In the fifties, it was still common to hear that women were not smart enough to drive a car. Such a statement sounds absolutely hilarious now; it is an example of the then very sexist society. Today, nevertheless, most medical doctors will tell you that "cycle monitoring is too complicated", implicitly, too complicated for you! Is this social progress? Feminism has failed miserably in this regard. Such statements express pure sexism. Even gynecologists are spreading this nonsense, providing evidence of their devastating ignorance. Even worse, it is in fact a criminal offence for medical doctors not to present the STM as a valuable alternative to (frequently long-lasting, costly and damaging) hormonal therapies.

Why isn't there one woman in this world to object to this preposterous arrogance? Why do hundreds of thousands of women download smart phone apps that operate with the wrong and obsolete rhythm method from the 1920ies? Why do even educated women accept harmful or ineffective fertility management? Our Foundation has been committed for more than a decade to well-informed consent, which, in this context, is made a fool out of by the current methods available.

In this second part, you will get to pass your 'driver's test' by applying your personal observations. Medical doctors will be able to learn from you!



Pilot desk

In this chapter, we will discuss the essential command lines within sympto step-by-step. We have included here a few surprises that imply sexuality and couple relationship to remind you what your studies in STM are about!

When you indicate your Peak day too early or too late, you should correct it in correlation with the temperature rise. There must be the three full stars. Otherwise continue your temperature takings.

Line	Icons	Input/Status
1	House, X, Fire, Fire, Fire	
2	Calendar, X, Clock, 8h30, 36.00 °C	
3	Calendar, X, Calendar, Calendar, Calendar	
4	Calendar, X, Sun, Moon, Star, Star, Star	
5	Heart, X, Heart, Heart	
6	Pencil, X, Cloud, Cloud, Cloud	
7	Headphones, X, Headphones, Headphones	Interferences: Temperature modified
8	Gears, X, Gears, Gears	Personal Parameters




October 06, 2018 - Source: web
Changed : 2012-05-03 17:01:46



When you look at your cycle chart, which should also become your calendar for past events, you have direct access to your pilot desk which is your input panel. On this page, practically all data and settings can be entered, except your gynecological profile. Here you are in the pilot setting on the discovery journey of your cycle. Gross errors can have disastrous consequences. Unintended pregnancies are not what women want. Western healthcare systems have miserably failed in this regard, partially because they have fostered an immature attitude of demanding nearsighted, quick fix solutions that have benefited the pharmaceutical industry greatly.

On *sympto*, instead of filling in your cycle chart with pencil (which is a very good learning exercise), just tap the desired day on your electronic cycle chart where you want to leave some data, and your pilot desk opens. On the upper portion of the window you can see information at a glance about the STM. This message is your guide to navigating the icon language as well as it helps you become proficient in the STM. If you pass over a symbol, its explanation will be displayed in the same field.

Thanks to the pilot desk you can group your daily observations, complement those from the day before or just have a look at them. As soon as you close the pilot window you are back on your cycle chart page. There you can study your overall cycle picture.

Line 1: Menstruation

By selecting this first line, you choose among , , . When menstrual bleeding occurs, click on the icon which best corresponds to the volume of the flow. You always need the 3 red drops to start a cycle.

It is important to differentiate between your first observed cycle on *sympto*, and all subsequent cycles. When you start entering your observations in your very first cycle, *sympto* “obeys” the icon  without any knowledge of your previous cycles. For this reason, it displays blue meaning possibly fertile: you never know! In the very first cycle on *sympto*, you will therefore not have the preovulatory pink infertile phase. These infertile pink days can be displayed only from the second cycle onwards. But in order to start your cycle 2 and all following ones, the  will do this job only if there has been an ovulation process followed by yellow infertile days during your previous cycle. Let's see why.



Heaviest flow, beginning of your period

The heaviest flow, symbolized by three drops, is a very subjective notion: it corresponds to your *personal* bleeding maximum. When you click on these three drops, a new cycle can only be launched if you ovulated during the previous cycle. *sympto* recognizes this as soon as your cycle enters the yellow phase with the black sun in it.

“I have entered the three drops because my period has just started. But *sympto* still displays the blue fertile phase. Shouldn't there be the pink infertile phase?”

This question is on top of our FAQ list. On *sympto* you cannot “start” a new cycle by the three drops (except once, at the very first cycle) without certain conditions being strictly fulfilled. This is necessary because *sympto* is the only program worldwide that guarantees effectiveness when used correctly, and achieves the optimal identification of the most fertile days! The blue fertile phase continues during menses whenever *sympto* couldn't identify an ovulation process before that very bleeding. In other words: ovulation is always followed by an infertile yellow phase. Only then can the three red drops launch a new cycle.

Whenever menses occur during a blue fertile phase, there could be two reasons for it: 1) you are experiencing an intermenstrual bleeding and your cycle continues normally. You could even become pregnant during that bleeding because the intermenstrual bleeding could end up hiding a new ovulation attempt! The associated temperature rise could easily be missed because you would not be recording temperatures thinking you are in the blue phase.

Or, 2), *sympto* has not received enough key information (see chapter Expert mode p.80). In this case, *sympto* cannot establish with certainty that a new cycle has started; *sympto* cannot supplement missing information and complete your chart magically! It is your job and responsibility alone to complete and adjust any missing information in your chart. This is the learning curve of the STM. You will learn later on how to fill gaps of past months or even years, when you took some longer Symptothermal holidays...


Cycle phases without ovulation frequently happen with teenagers, with women during premenopause, but also from time to time with women in excellent health condition but who are subject to a serious stress factor (jet lag, etc.). As long as the typical temperature rise is not achieved, there has been no complete ovulation process: *sympto* will monitor this situation by displaying blue fertile and by accompanying you until the true end of a cycle (with ovulation). It will also pinpoint the new life elixir phase that might take place during such a long cycle (verify the occurrence of new days of life elixir that you enter).



The re-occurrence of an elixir episode clearly shows that your cycle needs a second attempt to produce ovulation which - and that is the proof of ovulation - will immediately be followed by the typical temperature rise. Contact your personal counselor immediately to discuss this matter. Chats on Forums or Blogs might be very inspiring but they will mislead you in this specific context.

The expression “monophasic cycle” is a preposterous misjudgment, an ugly *category mistake* (G. Ryle): there are only monophasic *cycle parts*: these are longer phases without complete ovulation process. The definition of the female cycle encompasses the whole ovulation. Otherwise we do not know what we are speaking about. Even the nine months lasting pregnancy cycle has an ovulation, in its very beginning, otherwise there would be no pregnancy!


The same holds for the breastfeeding cycle, which has also an ovulation, towards the end, when the mother discontinues breastfeeding. Otherwise, without ovulation towards the end of breastfeeding we must assume that the woman has entered premenopause. (Such breastfeeding phases without upcoming ovulation do exist in cases where a premenopausal woman has undergone in vitro fertility treatment.) The female cycle manifests an incredible plasticity: it is capable of enabling three separate metamorphic processes of womanhood a) readiness for conception b) pregnancy and c) breastfeeding.

Medium flow: two drops

This is medium bleeding, again: from your subjective, personal view. This does not launch a new cycle on *sympto*. Never, ever. We cannot insist enough on this principle. This two-drop icon refers to an amount which often occurs at the beginning or the end of your period and, occasionally, during your cycle (ovulation bleeding, for example). This icon allows you to track normal phenomena as well as exceptional occurrences. Some beginners start their observations with two drops only, thinking that their period does not earn more than that. This is a misconception! With this  you express a subjective quantity, your own, which is not corresponding to your personal maximum level. This subjective maximum of three drops allows you to use the two drops for bleeding events such as intermenstrual bleeding. Keep in mind here what we discussed earlier, that even the three drops could represent intermenstrual bleeding unless preceded by a recognized ovulation process.

“I have the impression that in my special case, the cycles very often start with two drops . The day after, I have more blood, thus it would be , but the pains of the period are vanishing. Why can't I start sympto in such a situation with two drops?”

For the sake of clarity on *sympto*, the three drops always start a new cycle. So what happens if you observe these three drops only on the second or third day of your menstruation? Nothing! This shift of one or two days has no impact whatsoever on *sympto*'s effectiveness. It will astonishingly extend the infertile yellow phase by one or two days and respectively also the infertile pink phase. You will "gain" one or two infertile pink and yellow days in your cycle!

This answer does not satisfy you? Thus you want to know precisely whether, yes or not, in your very personal situation, the two drops (never one drop = spotting) would be enough to indicate the beginning of a new cycle. Here is what you can do: You take the temperature some days before the period. If you can see a drastic decrease of the temperature at the same time as you observe the two drops, this day is in fact the physiological beginning of the new cycle and you can enter three drops  if you like (and leave a note). Again, this

correction does not increase effectiveness. And it cuts off one or two infertile days you would have otherwise. Knowing too much is not always an advantage.

It is also possible that your temperatures rise a little at the beginning of your menses. In this case wait for the fall of your temperatures, and mark the day with the lowest temperature with the three drops, gaining again one or two infertile days. These are individual variations that depend on the resistance of your progesterone level to let your estrogen do their job. It is always the letting up of progesterone that launches a new cycle.

Spotting, a few drops – Basic comments on the icon language

Minimal bleeding which often appears before the true beginning of your period or at the end of it. It occasionally presents mid-cycle or after intercourse. As you already may have guessed, this does not launch a new cycle on *sympto*.

“Don't I need more icon gradations than three to correctly express my individual manifestations of my period?”

This is a fundamental question. How many letters does it take to express a syllabic language? - Around 25 signs to generate a phonetic alphabet, or over 25,000 for pictogram writings. The *sympto* icon language follows the phonetic way: taking the least necessary symbols in order to capture all the *relevant* meanings.


By using the *sympto* icons, you express your cycle statuses in a universal manner, which is valid for all women on this earth and for as long as humanity will exist. Therefore, the colors have universal meanings designating essential fertility statuses that go beyond visual appeal. In any case, you have the opportunity to comment on your icon choice in the *Remark* field in order to describe its individual nuance. For example: let's say you are spotting and your elixir is blurred, which may happen during an ovulation bleeding, you can include this observation in your *Remarks* in your own words.

We would like to point out in this context that we have not complied with the numerous, sometimes hilarious, suggestions made by women untrained in the STM. It is disheartening to read propositions for “improvements” that lack any basis of understanding of the subject matter. Most often such submissions of 'feedback' are premature, sent to us after a few clicks in the *sympto* app, but persistently threatening to rate our app poorly if we don't change this or that.

These unqualified critics of our program do not realize that even more ignorant men have used the Internet as a platform for their ineffective Rhythm programs that enjoy a positive rating because they yield to whatever request is made of them. If you look close enough you will see that this is just a marketing ploy, creating profit through pop-up ads. This is yet another way of exploiting the need for fertility management solutions and preventing a true enlightenment of womanhood.



Cycle options: don't make a fool out of you

Once you click on the three red drops  within the infertile yellow days, a window opens prompting you to make a decision: choose where you will be taking your temperature, and the overall goal of your observation for this cycle. If you don't change anything here, you confirm your choice from your previous cycle. You can always modify these options during your cycle whenever you can give a valid reason. Beginners on *sympto* very often find it difficult to make these two decisions and end up staying in the default option "pure cycle observation". Many times however, the "unprotected intercourse" icon entered on fertile days reveals that "pregnancy achievement" must be the actual objective.

Which are the possible observation goals in the next cycle?



Empowerment (just observing the cycle): preselected

This observation goal means: "In the following cycle I want to observe my cycle precisely and learn more about my ovulation process." Why has this goal become the default setting on *sympto*? We very much hope that some day all teenagers on this planet learn how to make correct cycle observations. This cycle objective was designed for them but it does address all women, single or sexually active, who want to understand their cycle evolution. Without a partner, a woman can set her charting parameters to Billings mode to simplify her task: this mode operates without temperatures.



Pregnancy achievement

"In the next cycle, I wish to conceive a child." By this option, you clearly express your desire for pregnancy: therefore, on your chart, there should be no symbols for protected intercourse! (Those would be look suspicious because one might get the impression you had intercourse with another man.) Perhaps it is better to protect yourself in this case than to have an illegitimate child or contract an STD. Be conscious of the ethical dimension of charting: Those ST-women who have involved their husbands or partners in their cycle charting, should better not step out on them: in the short run, cheating is always exciting but in the long run it causes a lot of suffering for you and your family.



No pregnancy (ecological contraception)

"In this cycle I don't wish to become pregnant" This implies that during the fertile phase of this cycle you will either use protection or practice abstinence. In the condom parody [Love Game](#) on the *sympto.org* homepage, the importance of sexual truthfulness and loyalty is illustrated. In this game you follow the life experiences of young Anna who takes a second lover. Shockingly, two different male faces appear in her chart. A woman diligent in her charting would not involve a second man! Frequent partner change is in fact more common in women taking the pill. Their fertility cycle has been suspended, it does not exist. With fertility suppressed, sex has become distorted. Artificial hormones are one major necessary condition to enable the porn industry. You never see any references to the female cycle in pornographic material, it is completely ignored. *I have other evidence to support this assertion but out of politeness, I prefer to keep it separate from this manual.*



I welcome whatever may come

The STM should be an awakening of the here and now. “Today I am fertile, today I am not fertile.” Everything else is secondary; all predictions are vain and accidental. You have a partner and perhaps you have children. The wish for conception is no priority. You want to be surprised by life and you love charting! The Pope would enjoy this embracing attitude, and we do, too. Openness towards the future is a happiness skill. Actually, by choosing this goal, you do not really need to observe your cycle; you do it out of joy and for your empowerment.

Three more reasons to indicate your observation goal

1) By this decision-making you show determination to keep your preference and to have your mind made up about what you want. An unambiguous attitude is vital, as STM makes no sense if you change your mind in the middle of your cycle. It requires a clear goal. You can change your goal, however, at the beginning of each cycle. Stick to your decision for at least one cycle. This principle also fosters your partner confidence. He will truly appreciate participating in your cycle events and will support you with increased empathy during difficult life and cycle situations.

2) This information is central when you meet with a Symptothermal counselor or a gynecologist.

3) With information collected anonymously we can establish statistics and help the advancement of science.

As soon as you have chosen your observation goal and site of temperature recording at the beginning of each new cycle, you are able to enter your data in the pilot desk for this cycle without further prompts about your goal.

Your observation goal and site of temperature recording appear in the top bar of your cycle chart.



Line 2: Temperature Recording Guidelines

At which orifice do I have to take my temperature?

As soon as *sympto* launches the new cycle, you will be asked to make a second choice. You have to decide where you want to measure your temperatures. You will stick with your choice for one entire cycle. This choice is not a matter of ethics but of adhering to a well-described medical protocol. For the sake of consistency and to avoid unnecessary interferences it is ill-advised to change your temperature taking technique during a cycle! You will always see the reminder of your choice on the chart. *sympto*'s default mode is oral temperature taking as it is the most comfortable for beginners.

The most reliable measurement is vaginal or rectal as thermal conditions there are more stable. Therefore, as soon as your temperatures have too many unexplainable ups and downs, you should try one of these techniques for your next cycle. *sympto* always prompts you at the beginning of a new cycle to confirm or modify your choice. This choice can also be made during a cycle if there is a valid reason: for example, your thermometer broke: you can introduce a new thermometer provided that you mention it under your *Remarks*. (*Thermometers may vary in their recordings, slightly but significantly!*)





Oral temperature takings (default mode)



Rectal temperature takings



Vaginal temperature takings

Reminder: from the second cycle onwards until the 12th learning cycle you generally have to resume your temperature recordings on cycle day 6. That's the average starting point of your fertility. After these 12 learning cycles, *sympto* will probably display more pink infertile days owing to the Big Döring-Rötzer Day (DRD)  , for example the first 7 or 10 days of your cycle. The opposite may also occur: less commonly, your small DRD may have showed earlier in your previous cycles. In this case, the Big DRD  will indicate an earlier day, perhaps already the second day of your cycle. This is just a reminder of the crucial impact of the Big DRD (see chapter 1).

You have to enter your temperature value and the time of its measurement. You go onto the line:

>>   ____ °C.

You have to read two digits after the point. Values such as 36.33 °C or 97.39 F will be automatically rounded to 36.35 °C or 97.4 F on *sympto*. This is done according to NFP/INER rules that say values expressing the hundredths' of a degree are neither reliable nor needed.

Example:   36.35 °C

>>  





The time of your measurement before getting up can greatly differ from the time you enter your data on *sympto* (you may enter your data in the evening or even on another day). Ideally, you measure and enter your temperature data immediately on your chart. In this case, measuring time and registration time would be roughly the same. A busy morning

routine may prevent you from entering your data right away and you may decide to check into *sympto* when you have an opportunity to calmly sit down.

Every woman must find her most suitable temperature recording habits and stick to them. This may be the most difficult thing to learn within the STM! An automatic transmission of your temperature recording to your *sympto* account does not exist yet. Moreover, besides the temperature recordings, other symptoms must be observed and entered simultaneously; these can be confirmed or modified until the evening. Therefore, for most women, there is a time lag between observation and entering of the data. Always remember your temperature recording time. The displayed time is extremely important for you and the ST counselor because it helps explain abnormal temperature variations which may have to be “shaved”, i.e. put into brackets (we will come back to this vital point).

Example:  7:30

On sympto, for your convenience, you can preselect a time of temperature recording, for instance 6 am. But it is entirely up to you to correct this time whenever you deviate from your usual practice. On sympto, neglecting the time of temperature recording is one major source of error.





A little reminder: on *sympto*, the three crucial higher temperature values appear as colored stars. This is your ultimate goal of temperature recording in every cycle. Don't become negligent with your temperatures as long as this star  pattern has not appeared. Higher temperatures that happen before PD or on PD are marked with empty stars  only. If your PD  is missing, *sympto* will wait out five empty stars  before indicating the yellow infertile phase. And, lastly, if a problematic day interferes during this rise, it will prolong the rise for yet another day.

How often? On how many days? – The green cover line

Take only one temperature per day. This will take you 60 seconds! Out of curiosity you might take a second temperature: the result will never be the same, this is absolutely normal, and no reason to worry: because of the technical complexity of the measurement process and of the calibration of your thermometer you will find a slight difference of some hundredths of a degree °C or °F. But this kind of measurement cannot be indicated reasonably to hundredths of a degree. Therefore, you have to round up or down. No single measurement is, in an absolute sense, the perfectly correct one; it is only an approximation. Therefore you will never see a completely straight horizontal line on your chart. And it therefore always takes a minimum of four reliable temperatures to make your temperature “curve” ready for interpretation.

Moreover, *sympto* helps you bring down the number of days of your temperature recordings. The first day of temperature recording always corresponds to the first fertile day (blue screen and baby face or condom). The last day of measurement is in the morning (or the moment before you get up) of the last fertile day when you see the third colored star: on this transition day, in the evening, exactly 12 hours after your temperature recording, you are in the yellow zone with the black sun icon indicating infertile.

During the six days covered by the green line, in other words, in this “valley” of estrogen dominance (which pushes your body temperature slightly down), *sympto* is ready to calculate the rise and to manage with a maximum of two missing temperatures. It therefore takes a minimum of four “good” temperature recordings within a range of six consecutive days, symbolized by a green line that covers the highest of the four to six temperatures: here below, the 4th of the two (remaining) temperatures. As this estrogen valley must last

7	8	9	10	11	12	13	14	15	16	17	18	19	20
													
				6:00	6:00		6:00	6:00	6:00	6:00	6:00		
													

At what time do you take your temperature? “ The waking temperature ”

If you want to sleep in you should remain within the same time slot (about two hours' difference between recordings) and find out yourself about how sensitive your waking temperature is to time variations. It is sound practice within STM to set your alarm clock if you don't want to miss a good or a required temperature recording. The later temperatures are taken, the higher they are in general. For some women, this shift is significant, for others it is negligible.

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What level of accuracy is required?

Your thermometer has to have an accuracy of 0.05 °C, i.e. half a tenth of a degree (=0.10 °F). This level of accuracy is possible with gallium thermometers (previously mercury, prohibited now in the EU). Electronic thermometers often do not have the two decimal points and their accuracy is therefore restricted to a tenth of a degree of Celsius (0.10 °C or 0.20°F).

According to Symptothermal norms, your thermometer has to have an accuracy of half a tenth of a °C (0.05 °C; 0.10 °F). But hundredths of a degree are not useful for calculating the typical temperature rise. Therefore hundredths of a degree are automatically rounded up or down to half a tenth of a degree (0.05 °C) when you enter them. Your thermometer must explicitly mention in its leaflet the capacity of measuring the basal body temperature (BBT, a common but outdated term indicating waking temperature).

If your thermometer does not bear this mention, it is not precise enough. We recommend the German device Geratherm that is both fast and accurate.

Abnormal Temperature Rises: Interferences

Delete the abnormal high temperatures (**Interferences**, see here after). Otherwise your temperature rise cannot be identified. In the lower temperature phase, which lasts at least 6 days, you can miss up to 2 temperature takings.

<input type="checkbox"/> Late temperature	<input type="checkbox"/> Cold
<input type="checkbox"/> Not enough sleep	<input type="checkbox"/> Eaten extensively late
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Partied
<input type="checkbox"/> Too much alcohol last night	<input type="checkbox"/> Stress, both positive (ex. joy) or negative (ex. quarrel)
<input type="checkbox"/> Travelling	<input type="checkbox"/> Jet lag
<input type="checkbox"/> Medications	<input checked="" type="checkbox"/> Temperature modified
<input type="checkbox"/> Other	<input type="checkbox"/> Intermenstrual pain left
<input type="checkbox"/> Intermenstrual pain right	<input type="checkbox"/> Breast tenderness
<input type="checkbox"/> PMS premenstrual Syndrom	

Interferences are in black, secondary fertility signs are in blue letters.

Several circumstances may disturb your measurements, for example make them rise abnormally: poor or too little sleep, late ore heavy supper, sleepless night after partying, excessive alcohol consumption; but also if you are under stress or on holidays: a new situation, travel, jet lag, change of climate, medications and infections can all affect your temperatures. Vomiting, diarrhea, anxiety, toothache, sunburn, eating allergenic food and many other events can impact your

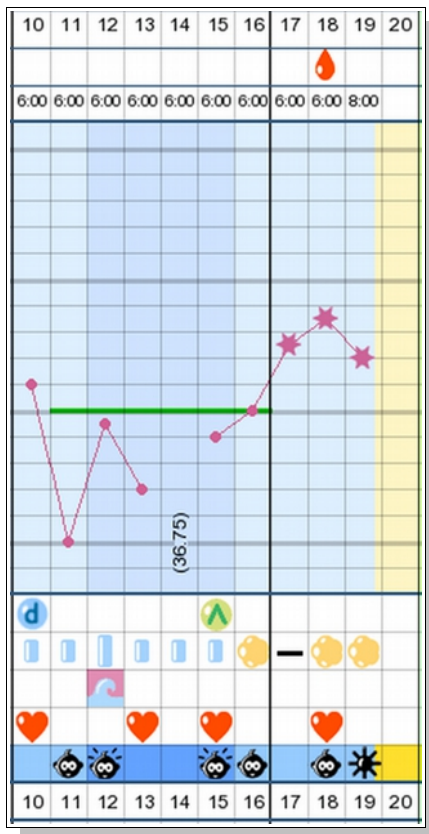
temperature. As a result, these temperatures end up too high compared to what they should be. *sympto* does not by any means take temperatures into account that are above 37.6 °C/ 99.68, indicating a fever, or below 35.8 °C/ 96.44 °F, which may manifest a thyroid gland problem.

If your temperatures are consistently too low, simply change your temperature taking method or add a fixed value to your measurement. For example, 35.45 °C is transformed into 36.45 °C by systematically adding 1 °C.

The most frequent type of interference is due to an overly late measurement, for example two hours later than your usual time. An increase of 0.10 °C per extra hour is frequent but not usual for all women. It would make no sense to add this 0.10 °C automatically by *sympto* as is done by some similar (inferior) programs. This time-delay induced temperature rise is an individual matter with your body, which you have to sort out personally. For these reasons, it is important to mention the time of your recording in half hour increments so that you can *eventually* put into brackets the value of a significantly late recording. “Eventually” means: Never adjust if the green cover line appears! Don’t modify when it is not needed. The interference check list should facilitate this job.

On this check list, you can also mention other typical symptoms of your fertility such as breast tenderness, ovulation pain (Mittelschmerz), PMS (premenstrual syndrome), etc. but also breast examination that *sympto* prompts you to do on day 6: it is around the day where breast nodules can be felt the easiest. These kind of incidences however do not impact the temperature value; therefore, they appear in blue.

The fine art of correcting temperature values: how to put into brackets



It is important to recall that the characteristic temperature rise can only be detected after four to six previous lower temperatures (covering always six days). When compromised temperatures interfere during the low temperature range phase, neither *sympto*, nor a Symptothermal expert will be able to detect any rise. As a Symptothermal user you are first and foremost on the lookout for the temperature rise.

A very reliable clue is the PD 🟢 (see chapter 1): The PD has just occurred. By looking at the temperatures from previous days, you notice that your low plateau has been disturbed by one or several overly high temperatures caused by one of the interferences described above. You then pinpoint the overly high temperature value(s) of the previous days, which you can get rid of either by clicking on the concerned day and entering a lower value corresponding to your baseline (if you have just four values and need to replace one of them) or by cutting the overly high value (if you have five or six values). Paste it into the *Remarks* 📝 for that day. Put this value into brackets there. This shows you and your counselor what happened. It is exactly the same procedure as for manual

charting! For example you realize that the temperature 37.1 °C is obviously compromised. The Symptothermal expert and you will note (37.1) in the *Remarks*.

You can also compare your rising pattern of previous cycles to find out more about interferences. Any change requires a documented proof, however; otherwise you are deceiving yourself. During your learning phase do not shave or adjust without the guidance of a Symptothermal expert. After you put into brackets a compromised temperature value, *sympto* can resume its job as the green cover line re-appears on your chart and the colored and/or empty stars become visible. The app administrators can see exactly when a user has modified or shaved a temperature and what value it was. In case of a doubt or disagreement, and for clarification, a counselor can use this record for tracing purposes.

What happens if one of the four relevant low temperatures is missing? The green cover line does not appear although you see that you had an obvious temperature rise. In such a situation you add a fictional value, which should correspond to your usual low temperatures. It is therefore not far-fetched. Again, in this case too, it is necessary that you list at least one interference factor 🧠.

All other bizarre occurrences, independently from your temperatures, must be documented as disturbances on your chart. These indications are very useful when you and your partner do the retrospection of your last month (see also below line 5). By this

retrospection, you can find out how sensitive your cycle is towards interferences and disturbances. Not all of these factors will result in an abnormally high, or compromised temperature value. The technique of putting into brackets problematic temperatures should only be applied when the temperature value is really out of range. As long as the interference does not jeopardize the rise, the initial value must remain. Don't fix what is not broken!

Never ever adjust a temperature upwards. This move might mislead your chart into showing an ovulation process!

The fine art of shaving and adjusting is an absolutely vital competence that you must acquire. No computer will ever be able to perform this job. Hereby you understand that the arguments still formulated by the paper-charting Symptothermal experts against our or similar innovations are totally irrelevant, and unfounded. *sympto* ultimately relies on your personal skills when it comes to check the interpretation of your problematic temperature values.


Whenever you start your observations with a standalone Smartphone app, we recommend you sync your data at least once per week with your online *sympto.org* account. Usually, the standalone app does it on its own every time you modify some data. The web apps do not have this requirement but for them you need a permanent Internet connection. Once your device has done the synchronization, our service, which coaches you confidentially, can pinpoint anomalies of your observations. *We advise you to print out your charts after completion of each cycle and to save the paper documents like precious bonds. Cycles tend to become more regular through the observation endeavor!*

Recurring problems with temperature recording

You have to find out personally how you can handle best temperature variations. They will appear, sooner or later, from time to time. Perhaps you try to take your temperatures rectally in the next cycle in order to find out whether these variations disappear. Or you ask questions through the Message-box in your *sympto* account. A counselor will answer you.

You can skip one, even two consecutive recordings without setting back *sympto*'s calculations. With three days missing, however, *sympto* has to start over again and, if the deferred temperature rise happens to be still recognized, you will have less yellow infertile days. According to the Symptothermal criteria *sympto* requires at least four temperatures in the estrogen "valley", a span of six days, before the three or more higher temperatures can be recognized.

As long as you are really taking charge of your fertility, you can add a fictitious value in order to get this minimum of four low values. But you cannot forget to mention it in your *Remarks*. In short, if during a weekend outing you are not able to take your temperatures, it is not a crisis. But if on Monday morning, you miss the third one, major information will be missing.

As long as you are in the low temperature phase, temperature-taking discipline remains fairly flexible. But as soon as the rise starts (you see this by the stars), *sympto* needs its three colored stars (after PD) and tolerates only one problematic day. The expert is allowed to add a missing higher temperature by leaving a note in the *Remarks* . For example, after the first colored star you missed temperatures on the next two days. Continue taking your temperatures for the two or three following days to see whether the rise holds. If it does you can use 1 of these temps and fill the gap of the missing one. According to the Symptothermal rules (established by the classic manual schools) *sympto* is then able to interpret your rise.

Fever: what to do?

Reminder: *sympto* accepts temperature values between 37.6 °C/ 99.68 °F and 35.8 °C/ 96.44 °F. Temperatures that are excessively high are attributed to fever; they don't belong to the values that are interpretable. Values that are too low are due to a thyroid condition or another health problem. If you measure orally, it is worthwhile trying vaginally or rectally since these orifices give values closer to your body's core temperature.

In the case of a fever lasting several consecutive days, you can grant yourself a Symptothermal holiday, provided that you are in the preovulatory stage of your cycle. This is the current practice. Eventually you switch over to the Billings mode (which doesn't need temperatures). A body fighting off a persistent fever tends to postpone ovulation. During the post-ovulatory phase this is not an issue, because no temperatures are needed – unless the fever persists beyond your next period. You will resume your observations as soon as you feel ready to do so. *sympto* does not accept a value such as 38.55 °C: you will therefore not have any recordings on that day. If you still want to keep a record of your fever values, use the *Remarks*. *sympto* will then turn into a note pad for your fever journal.

Attention: without any elixir observations which, up to a certain extent, trump the temperature increase, any kind of cold may push the temperatures up and, after five empty stars, will release a false yellow infertile phase. Again, this is not a mistake made by *sympto* but brought about by your incompetent recordings and your lack of inputting appropriate information into *sympto*.

I want to conceive




As mentioned above, in order to know the days that your fertile window opens and closes, you need a minimum of 7 to 11 temperatures recordings per cycle, depending on the indications *sympto* displays. If you want to conceive, it is in your interest to take as many temperatures as possible so that you can analyze your cycle more accurately and know whether you are producing progesterone in sufficient amounts. There is no need to buy any pregnancy tests. As soon as you are pregnant, your temperature will not drop as it usually does to announce the beginning of your period.




Summary. *sympto* automatically manages one or two isolated or consecutive days without temperature in the low phase but it requires at least four temperatures within six days in order to draw the green cover line, always spanning six days. Once the temperature rise is detected, only one missing temperature or one temperature below the coverline is accepted to ensure effectiveness. If *sympto* is not able to detect the temperature rise, which is improbable, it will consider the cycle as not finished, i. e. without ovulation. In this case, as a safety measure, you will remain in a preovulatory, possibly fertile state until your next ovulation, even if you introduce 🍓. A stressed woman can have cycles lasting hundred days or more with several bleedings in between.

Line 3: Life Elixir for sperm

What is life elixir? It is simply “cervical” mucus secreted in the crypts of the lower opening of the uterus (“cervix”). Even nowadays this fluid is not really understood and even misunderstood as a “discharge” or a “leucorrhea”. In fact, it is a most amazing substance: the sperm need this magical potion to survive in the vagina and ascend through the cervix into the uterus. It strengthens them and enables them to continue their mad race towards the Fallopian tubes across the uterus: Hence the name “life elixir”!

As soon as menstruation stops you must watch for your elixir and enter — if you are not able to observe anything yet. This bar — is important, especially in the beginning, again for effectiveness reasons: it confirms that you made a "positive" observation on that day. As soon as your elixir appears, you choose between ,  and . Easy!

You are fertile; E = Elixir



You have seen **cloudy, thick, lotiony, milky or creamy** elixir. Your pattern can also alternate among these qualities and the color might vary, depending on your profile. These individual processes are enlightening for your self-knowledge but they have no influence whatsoever on the basic message, your fertility. By clicking on this icon you start your fertile days or you confirm them. This phenomenon can exceptionally occur on a preovulatory pink day marked as infertile, before the arrival of the Big DRD ! *sympto* will automatically transform this infertile day into a fertile one. It is up to you to detect this exception.

This personal bodily event cannot be known or predicted by sympto or any program. Once your fertile window has opened, it will remain open even if you do not enter any further information on the following days. *sympto* expects an increased discipline from your side, and you should be explicit about your elixir occurrences.

You are very fertile; sE = stretchy elixir


This elixir is **clear, runny, slippery, streaked, like raw egg white or stretchy**. It can be a bit of all of these or just one pattern, depending on your profile. In addition, your highly fertile elixir can also be slightly colored, reddish or yellowish. Heightened sexual desire, swollen breasts, a euphoric state, etc. may accompany this type of elixir. Very often the elixir quantity increases towards ovulation.

For determining the degree of fertility, however, it is always *quality* that matters, not *quantity*. Any comments about quantity you can leave in the *Remarks*. As soon as you enter this icon, *sympto* marks this day as highly fertile displaying the dark blue color, but only on this very day. For example, in the chart of situation B, Part 1, you can see such a highly fertile day triggered by this icon.

Estrogen peaks: Don't be surprised if you observe in the middle or towards the end of your high temperature phase some episodes of highly fertile  elixir, which can last for several hours. A sudden estrogen increase also pushes the temperature temporarily down. As you are not recording your temperatures during the yellow infertile phase, you will not realize this phenomenon of peaking down the temperature. It is called an estrogen peak and has no influence whatsoever on your infertile status: there cannot be a second fertile phase in this very cycle once ovulation has past. The cross-checks have been done; whenever you observe , an elixir manifestation, your infertile pattern will resist due to progesterone dominance.





As soon as *sympto* is on yellow infertile, the blue icons, the big and the small one, will not modify this yellow infertile state. Thus no second fertile window will open. The reason for this estrogen peak is that your ovaries try to produce another ovulation even during the high temperature plateau but they never succeed (as confirmed by recent medical studies).

You are no longer fertile; yE = yellow or yellowish elixir

Although this fluid is generally infertile, we decided after much deliberation to still call it 'elixir'. This symbol refers to an increased progesterone activity, that manifests itself in some women at the end of the fertile phase and beyond during the entire yellow infertile phase. Other women never make this observation and would eventually see this elixir during a cervix examination (see below). If however you enter this typically sticky, pasty, crumbly or brittle elixir before the ovulation process during the pink infertile phase, because you are mixing it up with , the creamy, whitish or yellowish fertile elixir, *sympto* will immediately convert this day into a blue fertile one. This action is a safeguard to ensure effectiveness. Please contact a Symptothermal counselor or your MD whenever you see a permanent yellowish secretion before ovulation. It could reveal an infection or a disease. Depending on the complexity of your cycle profile, the accurate use of this symbol has to be learned systematically.

The yellow cloud means: you have identified sticky, yellow, brittle, etc. elixir and PD is behind you. Basically, this symbol expresses infertility. However, during the two or three days following PD your ovum may still be subject to fertilization as some sperm cells may be able to penetrate this type of elixir.




Some women mix up this sticky, pasty, brittle, sometimes yellowish elixir, that is the result of progesterone activity, with the sometimes also pasty, brittle-looking elixir in the beginning of the cycle. It is very important that you make your observations directly at the vulva and not on your slip or panty liner where your creamy elixir might have dried out a little and therefore appear like brittle or pasty elixir.

Whenever PD is erased two or three days later by a , it could indeed happen that the yellow cloud is visible before this . The occurrence of one or two yellow clouds  is therefore no proof at all that you have arrived in the luteal phase and that the ovulation process is behind you. Exceptionally, in this case, the yellow cloud has made its appearance towards the end of the preovulatory phase. But it was just an ovulation trial. Reminder: You must be aware of the fact that whenever you can confirm your PD on the third day retrospectively by a  or even a —, this confirmation will not be the definite proof that the ovulation process has finished. Only the second criterion, the appropriate temperature rise, is proof.



— Nothing was visible

This icon symbolizes the state in which (in the beginning of your cycle) you have not yet (or towards the end, have not any more) observed anything. Or: you could not extract any elixir with your fingers from the cervix opening. This sign tells you that you have not observed any elixir before ovulation or any infertile (probably yellowish) mucus after ovulation. During your learning period, as a control, you have to enter this sign as soon as the menses have finished. This shows with certainty that you made a *negative* observation "seen nothing". The same holds after PD when no yellow cloud is visible. The bar — can also release a PD, which has to be confirmed within three days. Reminder: If you enter some elixir again during these two or three days, your PD will be erased and a new PD will be expected.

What if the elixir quality changes in the course of a given day?

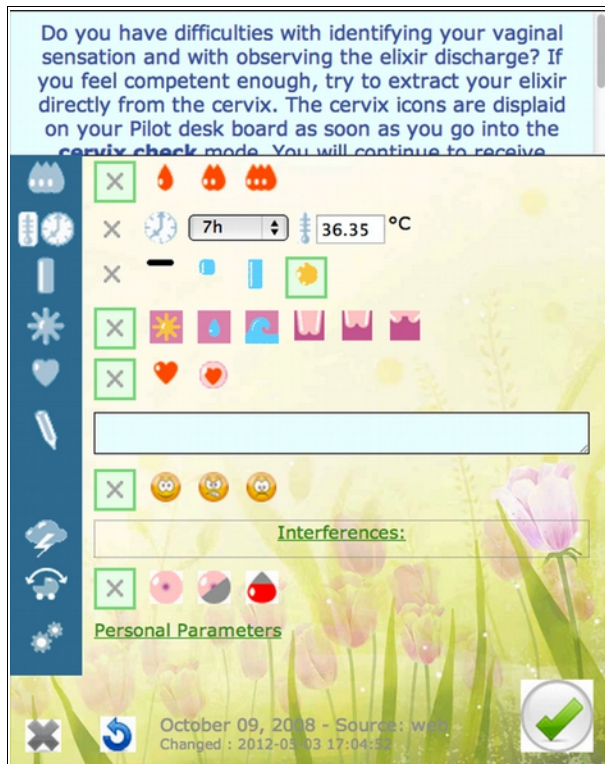
It is always the highest quality on a given day, which is retained for the day as a whole. You only need to correct your morning's entry, for example somewhat fertile in the morning  and very fertile in the evening  becomes a very fertile day . You can enter this modification later, when you return on *sympto*. While filling in your chart, be careful not to mix up calendar dates with cycle days. As an observer, you are living inside your cycle and your cycle days, not in the everyday calendar! After having done this fine-tuning one day later or even later, leave a note.

Normally, during the blue fertile phase, you return to *sympto* twice a day: in the morning you enter your temperature plus your elixir and in the evening you confirm or you modify, if necessary, your elixir quality. If your waking temperature is recorded in your thermometer, you can enter everything in one session in the evening.


Your life elixir is not unpleasant for your sense of smell. Abnormally smelling secretions might reveal infections or a STD. You might have yet another problem with your elixir: you can hardly see and touch it, it is rarely visible or it is in the same quality all the time and you never know, whether it is  or . In this case, cervix examination will be your solution.



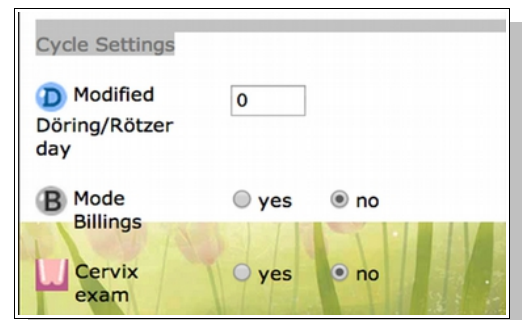
Line 4: Cervix examination – a special option for problematic elixir observations 🍷 🍷 🍷



This paragraph is designed to assist women whose elixir observations are difficult or not clear at all. According to Joseph Rötzer, MD, (*Natural Conception Regulation*, p. 93), native tribes of Africa and Asia have been using the cervix exam since ancient times as a very effective natural birth control method. This practice has been passed down as a secret from mothers to daughters long before the Western medical tradition took notice of this phenomenon and recommended it to increase chances of conception. We are faced with a new paradox here: although today's sex literature reveals much about sex techniques, fertility concerns such as cervix exams have remained taboo within our society. The STM is a suitable means to overcome this lag.

The cervix exam icons do not appear in the pilot desk in the default mode. In order to make them visible as illustrated above, go into your Personal Settings  and activate the cervix exam icons, as shown here.

By this change in parameters, the correlation between internal sensation and external observation disappears (see next paragraph, Line 4, Continuation). Therefore it is possible to enter incoherent elixir combinations in this setting.



sympto has discretely placed these icons on Line 4 in the default mode because this option is for women who are not afraid of their body. This technique allows you to extract your elixir close to where it is produced, at the entrance to your cervix. It may take courage for you to get started in this mode but it will quickly become just another step in your STM routine. The cervix exam provides direct access to this very central fertility sign. It allows for easy distinction between elixir and continuous vaginal cell slough. Your problem may be that you cannot see your elixir under normal circumstances, because you see nothing or what you see is masked by continuous vaginal discharge: either way, there is practically nothing visible or the quality is always the same, therefore you cannot identify your PD. Under these circumstances, the cervix exam will help you in identifying your elixir quality.




Note that there will still be some cell slough mixed in with your elixir extracted in this manner: you have to reach for the cervical opening, squeeze it with two fingers and check what you can extract on your fingertips. We will, however, see that this spectacular sign is not treated as an independent fertility sign on *sympto* as it is on other NFP systems such as NFP-Sensiplan!


The cervix exam is not suitable for all women. It is for those who are body-literate within *sympto* already and who have fostered a high level of comfort with their bodies. If you are new to *sympto*, study the educational messages in the default setting first and direct any questions you have to a *sympto* counselor before venturing into the cervix exam option. The main goal on *sympto* is to enable you to gather the best elixir quality close to the place where it is produced. The cervix exam simply provides an opportunity for improved elixir observation.

You therefore should activate the cervix exam icon if, and only if, you are ready to perform this check daily during the entire blue fertile phase in order to eliminate your non-interpretable elixir days. This option is mainly made for women who, after two or three observed cycles, have difficulties in identifying their PD. As we will see, the combinations between cervix exam and the other elixir icons are rather subtle yet coherent. You can even correct a PD with your cervix check granted that you enter only infertile icons such as — or 🍷 on the external observation level. We will treat this ultimate subtlety by examples in a separate chapter later on.

Why do the cervix exam icons 🍷, 🍷, 🍷 appear on the same level as the internal sensations, Line 4? Strictly speaking, they are not symbols referring to internal sensation: under ordinary circumstances, you have to touch the cervix with your fingertips; you cannot feel the cervix rise in your vagina. But on *sympto*, these icons have a similar meaning. We will elaborate on this in the upcoming pages.

There are four fertility criteria in the context of the cervix exam: a) The position of the cervix in the vaginal canal. b) The degree of openness or closure of the cervix. c) The degree of firmness or softness of the cervix, and, last but not least, d) the absence or presence of elixir. The last criterion is for you and for *sympto* the most important sign since it will help you identify your PD on the level of external observation.







	<p>Low. Cervix position is a) low in the vagina – infertile; manual sign : . Additionally b), your cervix is closed and easy to reach and c) it is firm like the tip of your nose; d) no elixir; whenever you catch mucus, it is not elixir but vaginal cell slough. This symbol has exactly the same meaning for <i>sympto</i> as D, dry sensation 🍷. See next paragraph.</p>
	<p>Cervix a) is half way up: you are fertile (manual sign : . double point) Intermediate position, b) your cervix is somewhat open and c) getting soft and d) there is no elixir at all or white and creamy elixir. This symbol, which immediately transforms the pink infertile state (if this is your case ever) into the blue fertile. It has exactly the same fertility meaning on <i>sympto</i> like the 🍷 H: humid, moist. See next paragraph.</p>
	<p>High position: cervix is a) high (deep) in the vagina. very fertile. Manual sign : . b) it is up to 0.3 in. (0.75 cm) open c) soft like your upper lip and more difficult to get at, d) stretchy, runny elixir. This icon has exactly the same meaning as 🍷, L, lubricative, wet. See next paragraph.</p>

As long as the cervix is in its somewhat intermediate position, you are considered fertile, even if you cannot extract any elixir. But in the very fertile, high position, at least a minimum of elixir should be visible, perhaps not visible at the vulva but extractable at the cervix and seen on your fingertips, and show its best quality. This best quality is not necessarily .

By performing the cervix exam you will be able to enter your real elixir quality into *sympto* and track your typical PD quality change. Beware: when practicing cervix exams, you should avoid noting both types of elixir, the kind you see on the vulva (if there is anything visible at all there) and the kind you extract from the cervix and see on your fingers. In order to avoid confusions, remember there is no “inside like this and outside like that” but *only one* elixir indication.

The elixir extracted at the cervix is the best quality elixir you can get: It trumps elixir collected externally but it is expressed using the external level icons. Pay attention to the quality of what you extract and scrutinize what you see on your fingers. *sympto* interprets the elixir according to the elixir icons.

There is no autonomous cervix exam interpretation on *sympto* because it would be confusing and incoherent. It is the external observation level that triggers PD determination! As an additional safeguard within *sympto* certain cervix exam icons can postpone a PD (see below), when there are only infertile symbols on the external level. - Let's recap: the internal cervix exam is an alternative to external elixir observations. It facilitates improved classification of your elixir into one of the external elixir symbols.

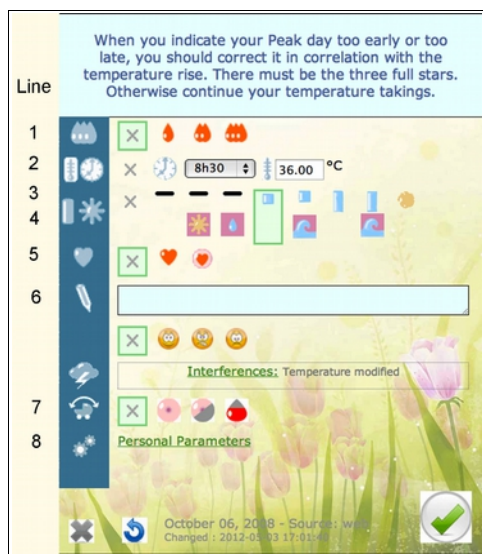
The cervix exam is technically not an internal sensation. It appears on level 4 on *sympto* because the medium and upper cervix positions (:  and ∴ ) have exactly the same meaning as the two internal sensation symbols H (moist)  and L (lubricative) , as well as the D = dry sensation  has identical *sympto* meaning with , cervix entirely closed. You will find out more about the internal sensation in the next chapter (Line 4).

The Billings school that teaches elixir observations alone categorically rejects the cervix exam thinking that it is an obscene act or a form of masturbation. They tell you that this kind of observation can introduce bacteria and also damage the cervix and even cause miscarriage. The last two arguments are wrong but the risk of introducing bacteria is present when the hygiene is not sufficient. Additionally, it claims that the cervix exam confuses a woman's elixir interpretation because the extracted elixir always contains some vaginal cell slough. Symptothermal users who have learned to observe the evolution of their cervix disagree. This skill has to be learned and is not exactly pleasant. At the very most this kind of observation can loosen up a woman sexually and allow her to welcome sexuality as something natural and simple.

There are in fact many women who just don't see anything at the labia: It is not true that elixir, as soon as it starts flowing, will always be visible at the vulva. The Billings school correctly points out the following phenomenon: Sometimes, elixir is thin enough due to a high water content that it remains hidden by the urine or there is so little discharge that nothing is visible externally.









Line 4 again: the default sensation level

Remember the pilot desk:





The internal sensation icons, here on line 4, have been arranged according to a sophisticated educational system. They correlate with the (external) elixir icons. This simplifies the detection of PD. Many pitfalls have been eliminated and a message system prompts you on sympto to point out errors, such as missing or even illogical entries. We will now deepen our understanding of what it means to chart your cycles in a coherent manner.

Don't panic if you don't know what this physical – not emotional – *internal* sensation is. This is normal. If you don't feel anything when you start your observations, there is no need to worry: There is a 6th sense, which inhabits your body, and is activated by

your body, in our case, in relation to the vaginal mucosa! All your organs are mirrored in your brain. Whenever a body part has something to tell you, for example, if there is a pain, your body will alert you. As long as you don't feel anything in your genital region in the beginning of your observations, there is nothing to be worried about: this is the normal state of your body. Just focus on recording your temperatures and observing your life elixir for the time being. *sympto* will help you get started with many helpful prompts that you can rely on. Let's spell out a central principle in this context: Much like the cervix exam, the internal sensation is not sufficiently obvious to determine PD and to close the fertile window. You always need one of the four combinations on the external level: from  to ; from  to ; from  to  and from  to . Secondly: like the cervical palpation, the internal sensation can open your fertile window in the beginning of your cycle. This point cannot be stressed enough! It belongs to the principles of the cross-check in the beginning of the cycle: *whatever comes first, elixir/internal sensation or big D, opens the fertility window*. In the beginning of the cycle, the awareness of this sensation, that can be taught and learned, is an additional factor of effectiveness.

Here are the different options you can choose from to express your internal sensation:








The negative internal sensation "No internal sensation" is already expressed by "no observations" on the external life elixir level, i. e. the  icon for "seen nothing". It is not expressed by the  icon. Why and what is the meaning of this icon?




Sensation D I feel dry.

The sun icon refers to an internal body perception; “internal” meaning the sensation that originates in the vagina or on the labia. If you don’t feel anything there, the symbol from the external observation — suffices. It is normal not to feel anything because your body will send you a message only if there is something special, pain or pleasure, going on in this part of the body. By internal sensation, we mean that you feel something concrete, not nothing! You feel dry and perhaps even sense a tingling on the outer labia. This does not mean that the inside of the vagina is dry. It is always slightly moist. The major point here is your internal sensation, what you feel: this is a purely bodily expression, not a tactile one, i.e. you are not able to touch or see anything: What counts are your bodily messages directly sent to your brain. This sensation occurs quite often at the end of your menses.

An experienced Symptothermal woman will click on  when she feels this dryness and she will be able to consider herself infertile until the day she feels moist  (if she is conscious of this special sensation). The dryness can go on beyond day 5 of her cycle. During the first 12 cycles, *sympto* obeys the very strict NFP-Sensiplan rules and considers you as fertile from the 6th day onwards of your cycle even if you select  that day and ongoing. Give yourself a few months to get acquainted with the world of your internal sensations, a key element for feeling comfortable in your body. Talk to other women about it and read this manual again.

How can we explain this sign in a way that you will become aware of its meaning? After your period, your cycle is on stand-by: there are several days of time-out before estrogens take on the primary role in your cycle play. It will fill your blood vessels that fan out into the most intricate parts and create this particular feeling  of moistness. During the stand-by phase, nothing new happens, except you are conscious of this possibly irritating feeling of dryness. The Companion mode of *sympto* always adds the external sign — when you enter  in the beginning of your cycle. This action is logical: feeling dry on the inside necessarily means “seen nothing” externally. In this preselected Companion mode *sympto* will not approve of mixing up combinations of body observations that exclude each other.

In the beginning of the cycle, the yellow sun icon in front of a pink background expresses dryness: nothing can grow when dryness is overwhelming. Once the ovulation process has passed, the same sun icon may appear again. It then has a twofold meaning: The cervical crypts are closed and elixir has dried out, becoming sticky (yellow cloud) or it has vanished altogether —. Under this bar the yellow sun icon  expresses the sensation of dryness. Progesterone dominance transforms the elixir into an impenetrable layer at the cervix opening.

This prevents sperm cells from swimming into the uterus. The timing would prevent a fertilization at any rate: either an embryo is already developing there, or the ovum has already completed its journey through the Fallopian tube and is no longer available. On the other hand, if the ovum was fertilized during the time of highly fertile elixir it now needs warmth (from your higher temperatures!) for growth much like a seed in a sunny field. So you will see the black sun symbol during your yellow phase in front of a yellow background expressing infertility as well as the conditions for growth! This same black sun in front of a pink background represents only infertile in your preovulatory phase.

















Internal sensation H

I feel humid, moist. This is like something bubbling inside the vagina.

Now we address the most characteristic Symptothermal phenomenon. The rising tide of your fertility, the first sign, is the internal bodily sensation. It opens your fertile window. The moistness you feel on your labia and inside the vagina is therefore the first sign of fertility in your cycle and often also the last. It is also the first sign that a pubescent girl senses in her fertile life and the last sign perceived by women reaching menopause, when the body is physiologically shutting down fertility or, for our purpose, after a very fertile phase, when you have identified PD.

Your vagina feels moist and yet you are not able to see any life elixir on the vulva. This is quite possible, even common. There are however women who are not yet conscious of this feeling. Don't worry if you are not aware of this feeling, you can learn to tune in to this sensation. After voiding, when you are wiping yourself with a tissue, check for a feeling of lubricated smoothness as you run the tissue from your vulva towards your perineum.







This peculiar sensation is often recognized one to two days before the life elixir can be seen and touched on the labia. As soon as you sense this moistness, you have entered the fertile zone. Your fertile window has opened. This symbol opens your fertile window just like the  symbol of the cervix examination. In short, if you enter a blue drop, even if you have not observed any elixir externally, *sympto* automatically considers you as fertile and adds the  (or ) symbol in the blue zone. This situation almost never occurs during the first five days of your cycle. On the other hand, it does sometimes occur in the tracking of experienced Symptothermal users who have more than five pink infertile days. If the woman's cycle is abnormally short, *sympto* does not free up five infertile days but fewer, depending on the big DRD (see Part 1).

Very often, the blue drop is also the last symbol after ovulation. Example: you have passed PD because you entered  or  yesterday, but today you don't see anything. Therefore you enter the bar  and *sympto* immediately indicates  for the day before. All the same you feel this internal moistness . This moistness feeling, which still expresses some fertility, does not keep *sympto* from marking your PD . In order to keep your entries coherent, the Companion (or Pilot) mode of *sympto* will always mark this symbol under the bar . This is mandatory and not subject to change. Remember the four PD possibilities: a  followed exclusively by a  cannot generate a PD. This combination exists however in NFP-Sensiplan or INER-Rötzer because in these systems, the distinction between internal sensation and external observation is not consequently implemented: the  must always be on top of the  in order to establish PD determination. This is why you find exactly this combination on the default setting of the pilot desk. You can never go wrong. This example illustrates clearly that the free association that is made possible by the cervix exam icons can generate incompatible combinations if you are not an expert.








Sensation L, lubricative

I feel slippery, wet, lubricative, oily-like

This icon means that you feel wet inside, as if lubricated. Normally, in this situation, which may include increased sexual desire, there should also be some life elixir noticeable on your vulva. If you don't find any elixir, your observations may be wrong. Therefore, an  icon without at least the appearance of a  is not physiologically possible. You will not find this icon  by itself on the list of your choices, which will be our next topic below. Sometimes women say they have this specific feeling without any appearance. According to Rötzer, in such a case, the elixir can be so watery that it went out unnoticed with the urine! When it comes to the highly fertile days, the icon  has an analogous meaning on *sympto* with , cervix "high position". Once you have entered one of these two symbols, *sympto* will display the corresponding day in dark blue, high fertility; the same happens with the icon . In addition to that, this lubricative symbol connotation has a special meaning when PD identification is not clear (see below).

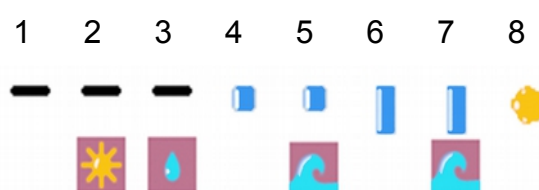
The 8 golden correlations between internal sensation and external observation

We will proceed step-by-step to unravel the secrets of this combination list. It belongs to the key explanations of *sympto*. You may wonder why in the list of icon combinations printed below there is no  (moist), under the ; the same question relates to the icon . You cannot find it under the yellow cloud  either, although some women clearly feel  there. In all of these three cases the feeling of moistness does not add any relevant information to your fertility phase. *sympto* thus simplified the icon language. If including the internal sensation of moistness is important to you, just leave a comment in the *Remarks*. Keep in mind also that many women do not feel moist during the yellow cloud or blue stick days. In the expert mode, however (see next paragraph), you can enter these (redundant) combinations but without affecting *sympto*'s interpretations: It belongs to your individual picture.

sympto is designed to help you avoid pitfalls and make your data entry easy. It is, above all, a learning tool for you to become an STM expert! If none of these 8 options reflect your fertility state, there must be a mistake in your entries or even observations. At this point, contact your counselor. *sympto*'s options cover all possible cases. (Perhaps using the cervical palpation (see above) will clear up any confusion.) "All possible cases" means all combinations that are coherent for fertility indication. Of course, there are lots of other combinations but they are irrelevant for *this* indication. The good news is that it does not take more combinations.

This comprehensive, yet easy, combination list is the result of a very sophisticated educational program. It has been compiled by the author of this text during several years of experience with *sympto*. Much like a mathematical formula it is not subject to being registered as a patent, but it is copyrighted. Any serious and coherent ST-system that aims for optimal effectiveness should integrate this combination list and quote this text.

The 8 Options:



Option 1: The icon —, when it is entered by itself, covers the two levels: internal sensation as well as external observation. If you don't sense anything at your vulva, this information does not provide any new data to interpret, so there is no need to tell about it (as opposed to NFP and Rötzer systems). This is the standard situation. The external level data trumps the sensation on the internal level because an entry on the external level makes any information from internal observation redundant. Remember that PD does not require any internal observation! As we have already discussed earlier, your body only sends signals to your brain when discomfort or pleasure is felt. Many women are still unaware of these signs. If you are one of these women, seek out other women who can advise you, as well as start a relaxation regimen, and begin your path to fine-tuning your own body literacy.

Option 2: the situation is quite different: something is going on at the vulva. You have to add the icon 🌟. This option is separate as well as **choice 3**, which also very often releases PD. It is the 🔥 with the — on top. Choices 1 and 3 are symmetrical, i. e. they can occur before or after PD. In less frequent cases choice 2 can also occur after PD and thus be symmetrical.

As soon as elixir is visible, i. e. **choices 4, 6 and 8**, it is common to feel moist at the same time, but this is irrelevant from the fertility point of view. We have gone through the icons 🟦, 🟩, 🟨 and their meanings, which for certain women encompasses the feeling H 🔥, but not necessarily. Therefore, this icon has no added value there. On the contrary, icons such as 🟦 and 🟩 can be combined with the internal sensation of feeling wet, lubricative, etc.

🌈: **options 5 and 7**. These are interesting special cases: they are for example very helpful when a couple is trying to conceive: a woman can learn more about her most fertile days.



While **choice 8** 🟨 is in most cases asymmetrical and occurring only after PD, the choices 4, 5, 6 and 7 are sometimes symmetrical as so-called estrogen peaks can produce fertile elixir discharge during the infertile yellow phase, at least during some hours, especially towards the end of the cycle.

Expert mode, a special option for the ST expert

In order to simplify as much as possible the management of your icon entries and your charting, you have to graduate to STM expert. (see also “**sympto easy**” page on sympto.org)

On *sympto* you are encouraged to remain in the default Companion mode as long as you are in your learning process, approximately for one year. During this time, you can completely rely on the elixir combinations explained in the chapter above, which keep you safe from incoherent and wrong entries. The Companion mode also generates error messages when needed. For example it happens quite often that after entering your temperature, you forget to indicate the time slot. *sympto* will immediately call on you for this lack of information. We presented reasons why the time indication is necessary in detail (chap. Line 2).


At the same time, check that your entries are correct and corresponding to the clinically approved norms set by NFP/Rötzer/CCL, etc., that we have introduced. By adhering to these rules, you will be able to enjoy optimal effectiveness right from the start, from your very first observation cycle.

In the Expert mode on, the Symptothermal user may enter any new elixir combinations, some helpful others less so. You may also neglect the time indication, etc. without receiving any error message prompts. Once you become a true expert you will not need these messages anymore because you will not forget the time indication. On level 4, the internal sensation level, *sympto* adds the cervix exam icons and the correlations between the inner and external level disappear. You can enter, for example,  on level 3 and just below on level 4 , meaning very stretchy, egg white quality elixir above and “closed cervix” below, which is illogical. Some beginners in their exaggerated self-esteem, who believe they are experts, very often produce this type of mismatch. We do quote here from experience. *sympto* will never be disturbed by this. We will see later how *sympto* manages to help even experts when they are not sure to clarify an ambiguous entry sequence.


In the Expert mode, you are free to combine your elixir and sensation observations, as it seems appropriate to you. The reason behind this privilege is that once you are experienced enough to be in Expert mode you will not make these illogical entries anyways. As an expert, you should only enter realistic combinations. There are more than the 8 standard combinations. The main point of this mode is to enable a minimum of entries without undermining *sympto*’s effectiveness and without you receiving (annoying) error message prompts. Ultimately, this mode will become more convenient for you. You have to enter less data.

Effective, convenient and simple: it is therefore crucial to understand which fundamental data are essential for *sympto* in order to define the fertile window accurately, i. e. without diminishing effectiveness. *sympto* is the first sophisticated synthesis among user-friendliness and effectiveness. This synthesis sets the standard for all coming Symptothermal systems, if they truly want to help women. We are looking forward to seeing proposals of still more accurate optimizations coming from other fertility awareness systems.

The following minimum of data is required so that *sympto* can calculate the fertile window with the highest possible precision:

>>  This icon starts a new cycle after approximately 5 to 17 yellow infertile days. Only in the yellow zone can a new cycle be triggered (see Line 1). A new cycle can for example also start after giving birth, or after an even more than one year lasting breastfeeding cycle.

>> **Seven temperature values are the minimum required** in order to detect the temperature rise: at least four temperatures in order to draw the green cover line for the low temperatures and a minimum of three solid-colored stars after PD to express the temperature rise that closes the fertile window. By following this formula, the two Döring-Rötzer days (DRD), the big and the small one, are generated, and the calculus for the supposedly most fertile days in the next cycle can be established (see chapter "manual modification of the Big DRD and the calculus of the most fertile days"). It is obvious that even the most competent expert cannot do this job with only these few temperature values because you cannot know them in advance! You will also enter some additional temperatures, especially when Variants A and B occur (Part 1). These depend on your individual cycle pattern.

>> **Two icons to generate the four possibilities of Peak day (PD).** The PD indication  is displayed automatically by *sympto*. Another source of errors is eliminated by *sympto* in this way.

With these 10 specific symbols, *sympto* can accurately determine your fertile window. Even a beginner who is unfamiliar with the intricacies of the *sympto* engine will have no trouble categorizing her observations using these 10 symbols. *sympto* is committed to educating women to live in balance with their fertility. In an effort to demonstrate our integrity we have disclosed how the *sympto* app processes your data.

With this information you can analyze your cycles with greater expertise and trust the *sympto* engine. It is also possible for you to misuse the app in an attempt to outsmart it: this would be an act of self-deception. Cycles that do not comply with the basics or that remain in the blue fertile phase (as explained in Part 1 and Part 2, line 1) are not complete cycles but anovulatory cycle episodes. You alone can identify these retrospectively. You have to recognize which temperatures were compromised and which ones have eventually to be added or put into brackets. You must also learn what modifications you can execute on a questionable past PD determination.

The first sign, the 🍷, menses, is easy to recognize. After this, you are infertile until the Big Döring/Rötzer Day appears on your chart. It is calculated according to your own individual trends of the first temperature rise, but generally is between Day 7 to 10 of your cycle. By taking your temperature each morning before becoming active for the day, you can easily determine the temperature rise. Stars on your chart will mark the upward shift days automatically. You should check for elixir quality at least twice per day in the restroom.

Read the icon descriptions carefully and pick the best match for what you saw. If you observe more than one type of elixir, or if you are unsure, select the most fertile option that seems correct for that day. Generally the more stretchy and fluid the elixir appears, the more fertile it also is.

While these 10 symbols are really all that is needed each cycle, entering as much information as possible each day is recommended as it will give you the clearest picture of your overall fertility and reproductive health. Additionally, creating your individual cycle profile will allow *sympto* counselors to provide more accurate assistance specific to your individual situation.

You will start in the default Companion mode and will be required to enter elixir observations (or the bar when no elixir was observed) each time you enter a temperature reading. In The Expert mode you will no longer be required to do this, but it is still encouraged. The Companion mode also features many helpful messages from *sympto* to help you interpret your data and stay on track. Don't forget that you can contact *sympto* counselors anytime during the first two weeks for free, and anytime after that with a paid subscription if you have any questions. There is also a wealth of information on the sympto.org website. Check out the FAQ section and you may discover that many other women have the same questions as you!

On *sympto*, unlike on the web-based STM program mynfp.de, you always have to confirm your PD. On mynfp.de, no data entry after a fertile day is treated as a day marked with the black bar: *the absence of information is thus treated as the absence of any fertile signs being observed that day*. In the world of the expert, this leaving out of information could eventually lead to a simplification. On *sympto*, however, following the manual practice, every user, including the expert, must confirm the shift from highly fertile to less fertile or not fertile in order to generate PD.

You must clearly identify this day of *elixir shift*. Whenever a noteworthy event occurs in your cycle you must mark it down. PD indication belongs to the most important information that should not be simplified. (On the other hand, it takes more temperature recordings on

mynfp.de, but one or two entries more or less do not matter as long as other missing elements do not compromise the system's effectiveness!)

The feeling of effectiveness does not depend on this entry minimum. The expert might also be happy to demonstrate any idiosyncrasies of her cycle and use *sympto* as a journal for her cycle events. The better you express your individual cycle profile, which becomes a valuable document much like a bond giving you rights for the Symptos currency, the safer you will feel in your body: The more reliable and objective your data is, the more effective the method will be as your birth control. During your learning phase, you have to accept having to enter double or triple the items of information. This is not a waste of your time but a meeting with your inner person, which helps you in accepting your body the way it is. Transform your cycle observation into a health diary by using the field *Remarks*.

Let's recap what distinguishes the Expert mode from the default Companion mode. The Expert mode can do with a minimum of entries, without prompting you with error messages even if your entries are incoherent or wrong. Most noticeably, in this mode, you don't have to confirm your blue fertile days by —, meaning that you could not make any observation. After identifying the elixir shift which generates PD, you don't have to enter any more data on the second and third day after PD, even if you see a yellow cloud or nothing: in the Expert mode, *sympto*, from the second day after PD onwards, presumes that the meaning of "no entry" is equivalent to "nothing seen that is vital" (like on mynfp.de).

On the contrary, in the Companion mode certain non-vital entries are very important during the learning phase so that the system will not send any error messages. While you are still learning, *sympto* has to know whether you are actively observing or not, and whether your PD, triggered by your observations, is confirmed on day 2 and 3 after it was marked. For you and your MD you hereby leave evidence of what you have done; the expert who manages by herself and without follow-up does not need this evidence any more.

Let's examine another hypothetical situation: you haven't entered anything on a day where data was required. For example, the day before, yesterday, you entered a temperature and an elixir value, but today you entered nothing (because you did not have access to *sympto.org*). How do you manage with missing information? Two days without any entries will not disturb *sympto*. It will assume that essentially nothing new has happened. If there was no shift, you just stay in your blue, possibly fertile, days and you don't have to add anything under ordinary circumstances except in cases where you remember exactly your data.

But whenever you cannot enter your data but you observed an elixir shift, meaning there was PD the day before, the most important event of the cycle, you must add this information retrospectively under any circumstances.

In conclusion: *sympto* is more precise than any ST specialist when it comes to accepting or rejecting problematic temperature rises, *sympto* is more effective for cross-checking the signs, and it is faster and more reliable at managing the Döring/Rötzer day.

Be aware, however, that *sympto* is not a magic box nor is it a medical device! It is an educational tool. It is your responsibility to identify and modify compromised temperature entries so that your fertility picture can be interpreted with precision. *sympto* encourages you to become skilled at interpreting your own paper chart eventually.

How to correct a PD 📈 due to internal sensation

We will be covering PD correction here and in the following chapter while discovering the last subtleties of the *sympto* language. Your insight of other ST systems will be enhanced by these clarifications and you will learn about their pros and cons. Let's begin by recalling that very often, there is a physiological match among the above described (externally observed) PD situations and the internal sensation level.

These matches do not have to occur when it comes to PD identification but it is physiologically sound and beautiful to have them. Very often, a PD determination created by 📈 and followed by —, is paralleled in the lower internal sensation level by the sensation 📈 followed by 🔥. This is how it looks in *sympto* terms:



The point is: the typical PD shift, which is mirrored on the internal sensational level, may clarify a questionable external observation, when for example a 📈 is followed by several 📈. Are all of these 📈 really 📈, or are some of them 📈?

If so, which one of these 📈 was the first 📈?

Answer: the one that was not confirmed by a high fertile internal sensation symbol such as in the following example:



		☆	☆	☆	☆	☆	☆	End of fertility day 21
14	15	16	17	18	19	20		
📈	📈	📈	📈	📈	—			
📈	📈	🔥						
				📈				

PD occurs here on day 18. Here we are evaluating a woman's entries in the Expert mode. We can see that because the two icons in her entry on day 16, 📈 and 🔥, do not match and, of course, this combination does not exist in the combination list. As we explained, the icon 🔥 does not stand for new fertility insights, therefore on this day, *sympto* does not generate a PD for the day before, day 15. There is still elixir 📈 on the external level. Maybe she had the impression of an internal sensation shift that made her choose the blue drop.

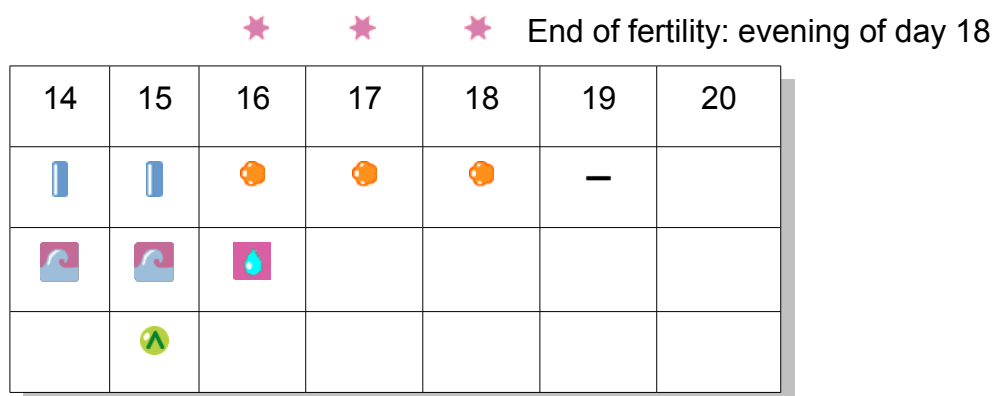
The blue drop makes no logical sense in this placement as it only occurs as an internal sensation together with a strong observation of the externally elixir visible. Whenever you feel as if you need to express any sensation for which there is no *sympto* vocabulary, leave a note under *Remarks*.



Let us get to the point: unfortunately, this *sympto* user did not leave any remark. But she notices that her temperatures start to rise steadily on day 16. The picture she has on day 20, where her chart is at in this example, shows her empty stars on day 16, 17 and 18. The relevant question is: considering the three empty stars, do we accept a premature temperature rise or did this user identify PD too late? Additionally, on day 20 she should have entered a — bar, but she didn't, because the Expert mode assumes on the second and third day after PD that *no bar* is equivalent to a *bar* (*nothing seen*).

Now, on day 20 she sees the second colored star of her rise: she has gathered enough information – it is the fifth temperature rise – if she wants to set back PD to an earlier day. This indicates she may proceed with adjusting her observations. All modifications are registered on the back-end of *sympto* and are traceable in order to help find solutions for questionable situations.

How does she resolve this situation? Due to the internal sensation (sensing nothing or just moist) she is able to replace the  by the yellow cloud  on days 18, 17 and 16. By making this move she shifted her PD from day 18 to day 15, shown in the illustration below.



By this adjustment, she recognizes that there was no premature rise but that there was a mistake on her side: she identified her PD too late. By this adjustment, the empty stars changes into colored stars and the fertile window can be closed already on day 18! This example shows that an adjustment must not be precise for one day. It would even have been possible to leave the story as it was and this woman would had left her fertile window three days later on day 21.



Even a non-expert user must be competent in adjusting a questionable PD. Many women have difficulties in detecting a clear elixir shift from  to  in time, i. e. on the very day of observation. For effectiveness reason they wait for the temperature rise until the situation has become clear.

In this and in many other examples, a premature PD identification would not increase the effectiveness risk, since *sympto* is sufficiently reliable because of the sophisticated temperature shift grid (see above “The real Da Vinci Code”). When you determine your PD some days too late, you will end up with less yellow infertile days. This also affects your partner who will have to either practice abstinence longer, or use the unpopular condom. Finally, *sympto* also takes into consideration the well-being of men as it strives to identify as many infertile days as possible.

Corrections on *sympto* made by the expert or cervix exam specialist

Now we get to the final secrets about *sympto*: The icon  “cervix half open” (this is quite similar to how NFP/INER/CCL treat this point) and the wave  L, wet, lubricative (this last point exists only in Toni Weschler's *Taking Charge of Your Fertility* and North West Family Services, Oregon, and on *sympto*), can trigger a PD adjustment under certain conditions. The PD will automatically be shifted onto a safer day. But in order to achieve this, *sympto* always needs entries on the external observation level to be able to interpret the internal sensations properly. For this reason, unlike on NFP-Sensiplan and CCL, it is not possible on *sympto* to generate a PD completely without the external observation level. In these other systems, the following is possible:

				★	★	★			
						1	2	3	
									
13	14	15	16	17	18	19	20	21	22











On NFP-Sensiplan the temperature rise finishes with three stars, irrespective of whether the rise completes before, during or after PD. For this reason we have displayed them as colored stars. In these other systems, there are no empty stars.

For the sake of effectiveness, on NFP-Sensiplan, etc., the elixir shift generating PD takes place between “half open” and “entirely closed”, and this closed situation must last for at least three days. This precautionary measure is easy to understand within the philosophy of *sympto* as well: It affects the rare cases where the cervix closes slowly over more than one day, here in the example, over a period of more than two days (day 17 and 18). “Half open” always means, some remaining fertility is possible. According to the NFP principle, it is always the last sign of fertility that closes the fertile window. In this example, the PD + 3 deadline comes after the third star, here on cycle day 21. This means that the cervix postpones the end of the fertile window and should therefore improve the effectiveness by entering the yellow phase later.

So far, so good. However, we don't know how NFP-Sensiplan would interpret the external observation level in such a case. We do not find any sound explanation for this issue in NFP-Sensiplan. But on *sympto*, the external level, which is the priority in all systems, matters! How do we handle such a veil of ignorance? In order to thoroughly understand this case, we will examine three distinct situations:

Case 1: There are fertile signs that sufficiently determine PD. The cervix exam is an additional piece of information, that makes elixir observations more straightforward and making things as easy as possible is a priority of *sympto*. The cervix exam will not interfere with the PD determination. The problem does not come up and this is how it should be normally.

Case 2: There are only several icons — on the external level: the woman has just seen and touched nothing. Perhaps there was a bit of elixir but we do not know about it, or possibly other secretions confused the woman. This can happen more often than we can know. The user should mark such unclear days with a — on line 3, meaning that it was not clear for her what elixir icon to select. The NFP-Sensiplan example discussed above reveals the following structure now:



				★	★	★			
			☼	1	2	3			
—	—	—	—	—	—	—	—	—	—
									
13	14	15	16	17	18	19	20	21	22

sympto marks a PD as soon as two conditions are fulfilled:

1) On cycle day 16 you find a — above and, below, you see the icon which expresses “highly fertile”.

2) The day after, on cycle day 17, you also have to mark down an infertile symbol, here the —, but it could as well have been the yellow cloud.

The combination of these two icons triggers the elixir shift and PD appears on day 16. *sympto* therefore does not wait for the complete closure “cervix down” three times in order to generate PD like in INER and NFP-Sensiplan. It suffices to pass from highly fertile to medium fertile. But it is, at a closer look, not this shift from “high cervix” to “cervix half open”, low fertile, which triggers PD but the infertility icon, the bar, on the external level. This is rather subtle! In such a case *sympto* will display the yellow infertile days two days earlier than in NFP-Sensiplan. *sympto* does not take a risk by interpreting the icons this way because the user hasn’t entered anything on the external observation level, no elixir, nothing. Any still possibly remaining fertility would be inconsequential. This external information requirement is missing on NFP-Sensiplan. In summary: during days of repeated infertility there is hardly any chance of accessible fertility anyway.

Here an additional argument: as NFP-Sensiplan, *sympto* determines PD by combining three icons from the combination list: i. e. by — on the upper line and the blue drop on the line below , which also expresses a slight fertility. On *sympto* this blue drop has the same value as the cervix “half open” . On NFP-Sensiplan the elixir shift is not confirmed by transitioning from “cervix high” to “cervix medium”. NFP-Sensiplan also requires the temperature rise for cross-checking. On *sympto*, however, we have a temperature rise scheme in effect which is interpreted according to the more precise Rötzer rules (see star grid of *the complete model of the Da Vinci Code* 52) to accomplish the cross-check.

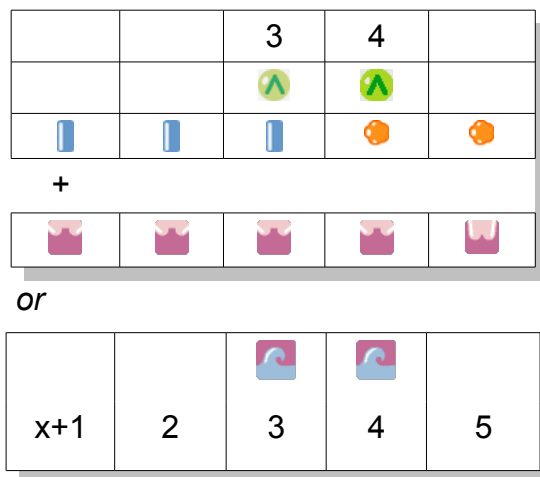
In order to better compare this point, we have put the temperature rise exactly on the same days as in the NFP example. In fact, the fertile window closes two days earlier on *sympto*. This is because *sympto* has been constructed in such a way to display your infertile phase earlier than the NFP-Sensiplan scheme. This is despite the fact that *sympto* strictly uses the Rötzer stars for interpretation, which generally bring more effectiveness because they are more than three higher temperatures (empty and colored stars together) in many unclear situations. It would however be beyond the scope of this textbook to list all the cycle situations where *sympto* calculates faster than a NFP-Sensiplan expert and also sometimes faster than INER/Rötzer experts. We could also construe examples where the opposite were true. This kind of necessary and interesting discussion should be held in a medical journal or at an ST seminar. In general, the increased user- friendliness (= more pink and yellow infertile days) goes back to the basic temperature law of *sympto*.

You may ask the question: Does this example prove that *sympto* interprets in an irresponsible, risky way? It does not! It only shows that a cervix observation without any

external observations as it is seen by NFP-Sensiplan *is far- fetched*. This kind of example could actually happen in a woman who only takes her temperatures and who performs cervix examinations but who never sees (or wants to see) elixir on her fingers drawn out of her vagina. We have never encountered this scenario. A cervix examination can only yield sound results when the cervix is still there and its elixir production is still intact. When there is no more elixir at all, it is done with fertility. Whatever happens, *sympto* still would interpret in such a case, *sympto* is ready for all sorts of incorrect entries and will still try to interpret towards a valid picture of a user's fertility trends. This is a major point for its user friendliness.

Now let us analyze **case 3**: on *sympto* we really have seen them quite often.

In this situation indeed, the cervix exam can give new insights:



To close this topic: in the example above, *sympto* corrected a misleading cervix exam observation by using a new symbol, the yellow cloud, because this yellow cloud was selected again, the day after, on day X+5. In this, and only in this kind of situations, the internal sensation level or cervix exam has priority over the existing information on the external level: it corrects the PD by moving it from day X+3 to cycle day X+4. Regarding the PD on day x+3, the woman is on day 4 where she has introduced the cervix icon “high up” (or the L = lubricative). Both icons refer to a highly fertile state. There is no question about that. Above this icon, there is a yellow cloud that had initially triggered a PD on day X+3. This is the start situation. But how does *sympto* handle this cervix “high up” or lubricative on day X+4, after PD?

The PD (3) of cycle day X+3 is transferred to cycle day X+4 by one of these two symbols expressing high fertility because there is a change of cervix position on day X+5 to “half open”, confirmed on the external level by the yellow cloud. These are the conditions for the cervix or internal sensation level to trigger a PD.

What happened? This expert has put the “cervix very high” under the yellow cloud. This is not exactly coherent. May be there was a slight decrease of quantity or even quality and the woman could have entered a instead. Very often, women interpret the decrease of quantity as an elixir shift and go wrong with it: The real elixir shifting quality must conform to the following criteria: crumbly and/or yellowish and/or sticky in order to receive a . This is expressed on *sympto* with the yellow cloud , which should not be confused with the one designating the aspect of creamy, whitish, milky. These qualities occur before ovulation and must be expressed by the icon .



The yellow cloud ☁ sign, was created by Christine Bourgeois, the President of the Foundation, as a new icon in the symbol vocabulary of *sympto*. It signifies sticky, yellowish, crumbly, etc. and marks a clear shift of quality which can be visible sometimes retrospectively and be confirmed. This icon does not yet exist in other manuals or electronic devices where the shift from ☐ to ■ frequently triggers an dubious or clearly incorrect PD. You can sometimes find in these programs a lot of absurd and laughable elixir icons that a user has to painfully choose from without getting any help for her PD designation.

During our time with *sympto1* (from 2006 until 2008) we realized that this kind of quantity versus quality confusion did generate quite a lot of needless PD placements that create confusion. On *sympto2* the yellow cloud brought clarity as it governs a specific scenario: An entry mistake is immediately visible f. i. when a user selects the yellow cloud in the beginning of her cycle.




Line 5: Sexual Intercourse (SI)

Defining “protected” vs. “unprotected” SI.

If you select no heart symbol for this, it means you did not have any SI. When you have sexual intercourse, mark this act on your chart by choosing between  or .




Unprotected SI

You have had sex without any barrier method. The so-called Carezza or Tantric techniques without an orgasmic reflex also count as non-protected SI. When practicing this kind of intercourse, you have to protect yourself within the possibly fertile blue zone if you do not want to risk an unwanted pregnancy. As a default symbol, there is the Baby face  in front of the blue background. It shows distinctively that you presumably do not want to protect yourself in this blue zone. This is the case if your goal is conception. Otherwise, when you do practice natural contraception, you will honor this time with abstinence. There are women who do not have enough confidence in the ecological birth control and who also protect themselves during the infertile pink and yellow phase. This defeats the purpose of *sympto*.



Protected SI

You are in the blue zone and you are not unconditionally supporting abstinence theories. For this reason, you have selected the icon . It reminds you that you have to protect yourself during SI. Coitus interruptus, the withdrawal (“pull-out method”) does not count as protection; it must be indicated as unprotected SI. This technique should be avoided at any rate because it is less effective than the condom. Your choices for protection are: condom, diaphragm, cervical cap, femidom, spermicide: these need to be mentioned in your *Remarks*.

We frequently encounter beginners who want to avoid pregnancy but who nevertheless have unprotected SI even during the highly fertile phase. Sometimes, when our service tells them that such behavior is incoherent, they react negatively, feeling “patronized” by us. What about this incoherence, what about this patronizing?

Writing down throughout your fertile and infertile days all the instances of protected and unprotected SI has a very important function that makes sense: when you practice protected SI, you indirectly refer to the effectiveness of the barrier method you use, so that when this barrier method fails, you cannot claim ineffectiveness of the STM. There is a widespread bad habit of playing dangerous condom games like these: In order for the man to feel the vagina at his penis, he has the tendency to start out unprotected and wait until “he is turned on”. Only then he will pull over the condom. Later he will tell the woman when she has an unwanted pregnancy, that the condom had slipped off! But some ejaculation fluid may be present long before the orgasmic reflex, long before he has pulled over his condom. This widely unknown truth is explained in our educational novel *Den Geheimcode des Körpers kennen* (also in French: *Sandra et Timmy*).

Very often, it is too late to worry about the condom since ejaculation has already happened. This kind of (helpless) practice would be a kind of non-intended withdrawal (an unprotected intercourse) and not an accident due to a “condom failure” (marked by the symbol for a so-called protected intercourse). On the admin side of *sympto* we frequently

hear about bad excuse of a 'torn' condom but in reality it is just a way to hide this fallacy. It is a purely male mistake, which may occur at any time while practicing this habit. Such an SI must be indicated as “unprotected” and detailed in the Remarks, for example by a question mark “?”, Or by “withdrawal”. This practice of waiting too long is by the way the cause of most “condom failures”; they prove that men really do not feel happy about condoms. Symptothermal ignorance is one of the reasons for sexual misery in men that lead them to seeking out pornography and vasectomy.

We are not interested at all in the frequency of your SI during your cycle phases. We are no sex guardians: you can find such statistics in other places, more or less seriously carried out by other organizations, and the findings of which are readily published in the media. Symptothermal sexuality is oriented, in fact, towards quality and overcomes the male quantity mania and their competitive thinking. In case of an unwanted pregnancy, we have to be able to identify whether the user jeopardized the method's effectiveness, which is 100 % when used properly, by her irresponsible behavior (which is called the user-effectiveness).

For the sake of honesty, connubial intercourse at the beginning and the end of the fertile window must also be mentioned. Indeed, certain couples accept this minor risk from time to time. There are clinical studies about this, which even prove that the effectiveness is not drastically lowered by this practice (you can download these studies directly from sympto.org).

In this manual we do not worry as much about the relative, individual effectiveness as we are interested in how optimal effectiveness can be achieved. By indicating all of your acts of SI without exception, you will be less tempted to develop a (sinful) “contraceptive mentality”. This attitude refers to a woman treating the STM like a pill: she is “against any life” and “not open enough to life anymore”. We ask, how would she be less tempted to adopt this attitude and what is our position about this issue?

A Symptothermal mentality of effectiveness (to avoid the stigmatizing expression *contraceptive mentality*) would certainly be better during breastfeeding, which belongs to an overall context of conception, than no *contraceptive mentality* or whatever you may call it. This prudent attitude reassures a woman during breastfeeding and helps her during her learning phase in integrating the discipline that is required to comply with *sympto*’s rules.

Last but not least, this mentality stems from the profound, but entirely justified fear women have about unwanted pregnancies. A fear that can break through any time in every woman. This fear and in parallel to it, this mentality will disappear all by itself once a woman becomes skilled at the STM. There are exceptions found with pedantic women. It would be revealing in these cases to find out whether they are abusing their Symptothermal knowledge in their relationship, which is far worse. This temptation exists and must be overcome. This kind of behavior is certainly more detrimental for the couple than any kind of (stigmatized) “contraceptive mentality”.

Fundamentally nobody is free from temptations, which surround us everywhere. They arise with any new knowledge, even the most noble spiritual knowledge. Once again we are fully aware of the fact that with the Symptothermal way of life we attain new levels of relationship and consciousness: it becomes therefore particularly invigorating for him and for her to spend an extra two hours' time per month in an intimate conversation.

Finally, a couple can openly agree to take some risks, which introduces a new sexual arousal into the relationship. Whenever these risks are taken conscientiously and in mutual agreement, an unforeseen pregnancy will not be a catastrophe but a gift from God. Pushed towards its extremes, the Symptothermal mentality of contraception abolishes itself in the long run. It is therefore futile to stigmatize it and, as a consequence, to withhold this best

ecological birth control to some rare Catholic couples. This detrimental information policy, which ignores the importance of a pastoral attitude to improve people's lives, causes an unwanted tendency among Catholic feminists to ignore the STM. Instead of spreading this "gospel of the body", they advocate the pill and its correlating life style.

On *sympto* you will discover right from the start of every new cycle a special message about your past cycle: was the most recent cycle a perfect one or not, considered from a Symptothermal point of view? A distinction is made between the perfect Symptothermal behavior with abstinence and the perfect Symptothermal behavior with barrier method. One is as noble as the other. For *sympto*, it is very easy to determine whether the previous cycle contains SI in the blue phase and whether a barrier method was used. It does not make sense if, for whatsoever shyness you might have, you avoid entering the hearts: on *sympto* all information is treated in an absolutely confidential manner.

Suppose you have had several acts of SI in the fertile blue zone but you did not leave any information about it. Then, in the beginning of your new cycle, you receive the compliment "you have been a perfect Symptothermal user with abstinence"! This would be a lie that you would have to carry with you into your next cycle. The STM can only be built on and learned through complete truthfulness.

Drama occurs when you had unprotected SI in the blue fertile zone and you become unintentionally pregnant. You might then be tempted to go to court against us for revenge. This will not work out in your favor: If you entered your acts of SI before canceling them we can still see these on the admin side through our traceability system. It shows reliably the exact hour when you modified your data.

If you changed protected SI into unprotected in order to fake a good conscience in front of us and to blame condom failure, we are also able to catch this. We are not concerned with failure of barrier methods at all. This is your responsibility. If you really wanted to annoy us, you should have entered unprotected SI in the pink or yellow infertile phases, but never in the blue fertile one, and then tell us that you became pregnant. But this works only if the intercourse icons are placed at the right time. We would analyze the whole situation in order to find out whether your Symptothermal competence is sufficient. If it is not, the accusation falls back upon you.

Therefore it is absolutely vital for you to document all SI – in the blue or pink or yellow phase – at the right time, conscientiously and without intention to cheat. On *sympto* we have never had this kind of accusation but we have to be prepared for all sorts of claims that may come. If the observation competence is good enough, we can exclude "wrong negative" days, i. e. days on which *sympto* indicates "infertile" (pink or yellow) although you are in reality still in the fertile zone. This is the guarantee we can give after six months on *sympto* with a follow-up.

When you mention the (hopefully unprotected) SI while you are aiming at a pregnancy, it will be possible for you to determine the approximate day of delivery. On *sympto*, the day of conception (= average day of ovulation) is supposed to be the day before the first temperature rise. The probable day of birth takes into account this supposed ovulation day and it will display the probable day of birth (see below Pregnancy cycle).

An honest ST woman will exactly document her (human) risk takings, which was also noted in a large number of women who participated at clinical studies. If however her risk takings become endemic, then she should at the start of her next cycle opt for the cycle goal "Whatever may come" instead of "no pregnancy (contraception)". This move would again please the Vatican, and us: there are those happy life spans during which a couple can say to each other: "If another child is born, we will accept her or him with pleasure, if not, we will be grateful all the same!" Such an attitude is a strong compliment for the

couple. In this case, the whole ST activity, whether it be done manually or by *sympto*, opens up to the here-and-now, the whole richness of life. You want to know what happens in your body now instead of creating statistics about yourself such as you might have a cycle lasting 31 days and that your menses might begin in 16 days. These are all fake forecasts.

Warning: Certain programs, which even call themselves “Symptothermal”, will propose to you such kind of absurd forecasts and try to impress you while fostering wrong expectations in you. In the Symptothermal model it is up to you to compose your life out of the here-and-now, without imprisoning in pointless and rigid calendar calculi.

Following the Symptothermal pioneer Anna Flynn (GB), you as an expert can accept a certain risk in the beginning of the blue phase. The condition is that on this (blue) day of lovemaking there are two symbols of infertility, such as — and 🌟 or — and 📅: this is another way of cross-checking the situation for stating infertility in the beginning of the blue fertile phase. But we cannot recommend this behavior to every user. It is reserved for only the advanced Symptothermal couples and to women who master their cycle best: They will, however, no longer be considered as perfect Symptothermal users according to NFP-Sensiplan/INER, which are our references. Therefore those users will not receive any compliments on *sympto* when launching a new cycle. But we do not have a moral lecture about this, *sympto* is keeping discreet silence at those “transgressions”.

If you practice “tantric unions”, which means SI without male orgasmic reflex, they count as unprotected intercourse with orgasmic reflex, because the male ejaculations very often start before the reflex and thus spontaneously release sperm cells. The male process of ejaculation cannot be controlled. I have demonstrated this in my novel *Den Geheimcode des Körpers kennen* (French: *Sandra et Timmy*, see sympto.org). A man will find in this book a complete program for enhancing his male sexuality. This knowledge should be integrated in any kind of sex manual, but until now, you won’t find it there although sex literature is very abundant.

For all these reasons it should have become evident that it is in the best interest of any *sympto* user to enter all instances of SI on the actual days they occurred. If our services have to spell out the basics from time to time, it should not be a reason for adults to get angry. With this openly documented information, a woman can get into details more easily at the monthly feedback discussions with her partner. Displaying one heart icon per day is enough. If you have intercourse more than once per day, you can mention this in the Remarks, also indicate the frequency and the time, if you like.

Condom or diaphragm?

Unfortunately, in Switzerland, the diaphragm is not available any more from your gynecologist. You have to find a natural practitioner who is able to select the correct size for your vagina. There are also feminist interest groups, that recommend the diaphragm but who are unaware of the fertile window. The diaphragm can be a sound alternative to the condom if you know your cycle well. You would only use it during your blue fertile phase. Recommending something else is frankly silly, what imposition! Contrary to the cervical cap, that is practically not used anymore and which grips and closes the cervix over days, the diaphragm covers the cervix like a veil, softly, and it is anchored in the vagina around the cervix.

The diaphragm has to be placed two hours before SI combined with a spermicidal substance, and it must be left in the vagina for at least six hours after intercourse. Only in this way can you be sure that no sperm cells have survived in the vagina. But if you leave it

in for 12 hours or more, you risk an infection. The effectiveness depends on the combination of ideal diaphragm size and spermicidal substance. We very often hear about women who find this handling quite a hassle and who get into a panic, pretending that the diaphragm has moved in their vagina or that she has forgotten the spermicidal substance. In that case, you better wash your diaphragm before with lemon juice than not using any spermicidal product at all.

Now we can formulate our argument anew: if the STM is really a way of life together, then it seems normal that the man, who is angry about abstinence theories, shares the challenge by getting more familiarized with the condom. That is really the least that a man should expect from himself regardless of whether he is afraid of abstinence or just against it.

When pulling over the condom, he has to respect certain points, which are listed in each condom leaflet and that we do not have to repeat here. The argument “the condom broke” is most of the time a futile excuse to hide a relationship problem. Either there was no condom at all at hand or the man pulled it over too late. It breaks only in exceptional cases. This may happen when you rub too much with the penis, a practice, which we discourage anyway in our sexual approach. This type of sex does not fit in with the quality sex as we have abundantly shown in *Den Geheimcode des Körpers kennen (Sandra et Timmy)*. In this book we develop alternatives of soft penetration, of taking time, etc. which prevent condoms from breaking. You may also have damaged the condom with your fingernails, etc.: see condom leaflet.

Many men have trouble with pulling over the condom; they wait in the beginning of sex until their penis begins to become more sensitive. Only men who have a very good command over their bodily reactions and a good perception of their inner feelings can afford to wait occasionally, since an unintended ejaculation can occur at any moment without being noticed, before the orgasmic reflex. We cannot stop reiterating this still unknown phenomenon.

To round up this topic: SI is not about quantity but quality which encompasses and enhances the person and the whole relationship. This statement is unacceptable for many men who chronically think that they don't get enough sex. But if we trace this specific male problem back to its origin, we very soon realize that many men want more quantity because they are not satisfied with their SI and also their relationship. This means that the basic task is to work on the relationship in order to improve sex. This can be done during your intimate exchange meetings.

Line 6 et 7. Remarks & Interferences

There is an empty space below the entries for the elixir. This space opens as soon as you select it. You can leave your cycle comments (max. 50 characters) similar to a messaging window. You can see these comments in the vertical line where the temperature value normally appears, above or below this value.

The goal was to show these comments clearly on the day they were made and not to list them separately below the chart where your comment might be difficult to find and to associate with the relevant day. The *sympto* chart is inspired throughout by the empty manual chart, which can be downloaded from sympto.org.

Problematic temperature recordings, that may explain excessively high temperatures, due to a cold, stress, lack of sleep, or alcohol the night before, temperature recorded too late, etc. should absolutely be mentioned as a reminder, to help with a more detailed chart

analysis. All these interferences can be selected in the checklist of interferences (see above, Line 2) in order to facilitate your job and to make the beginner familiar with the whole range of possible interferences.

Other typical cycle features like breast tenderness, PMS (premenstrual syndrome) and *Mittelschmerz* can also be selected. However as important as these gynecological phenomena may be, they do not have a direct impact on the fertility symptoms; therefore they appear in blue letters. On the other hand, comments like “quarrel with Tony” or “great day”, etc. which give your chart a personal note and make it easier to read, can be written down in the *Remarks*.

Delete the abnormal high temperatures (**Interferences**, see here after). Otherwise your temperature rise cannot be identified. In the lower temperature phase, which lasts at least 6 days, you can miss up to 2 temperature takings.

<input type="checkbox"/> Late temperature <input type="checkbox"/> Not enough sleep <input type="checkbox"/> Insomnia <input type="checkbox"/> Too much alcohol last night <input type="checkbox"/> Travelling <input type="checkbox"/> Medications <input type="checkbox"/> Other <input type="checkbox"/> <i>Intermenstrual pain right</i> <input type="checkbox"/> <i>PMS premenstrual Syndrom</i>	<input type="checkbox"/> Cold <input type="checkbox"/> Eaten extensively late <input type="checkbox"/> Partied <input type="checkbox"/> Stress, both positive (ex. joy) or negative (ex. quarrel) <input type="checkbox"/> Jet lag <input checked="" type="checkbox"/> Temperature modified <input type="checkbox"/> <i>Intermenstrual pain left</i> <input type="checkbox"/> <i>Breast tenderness</i>
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Pregnancy cycle: date of delivery

After conception and implantation of the embryo in the uterus lining, your cycle is transformed into a pregnancy cycle lasting nine months: the second phase after ovulation prolongs accordingly. After about three months, the placenta will take over the progesterone production from the corpus luteus (the broken follicle) and increase its output by about 120 %. *sympto* will prompt you with the following message:

During the first three months of your pregnancy, it is useful to take your temperature from time to time in order to make sure that it remains high or rises even a little. This proves that your baby is growing normally. After that period, sympto will be your health and wellness note pad where you can write down all the salient events like nausea, dizziness, etc., and also the first movements of your baby, prenatal education for parents, bonding with your unborn child, strong emotions, ultrasound, medical controls, illness, drugs etc. All these notes will be a marvelous souvenir and a precious help whenever you encounter complications during pregnancy.

Think a little of your new infant. On sympto, you can monitor your breastfeeding in an effective and absolutely safe manner because of this unique program on the Internet. For contraception, you don't need – and should not take – the baby-damaging mini pill; thanks to sympto, you will not breastfeed your baby with artificial hormones in your milk. Read the breastfeeding instructions here and now since you will have other things to worry about once you are breastfeeding.

In order to spread this woman's cause, you can talk about sympto, especially with your gynecologist. Please e-mail him the link with the open letter to the medical body written by Prof. Rötzer:

http://www.sympto.ch/faq_en.html#FAQ_14

as well as the page containing the clinical studies:

http://www.sympto.ch/tests_en.html

Without your courageous commitment, the medical community will not change their negative attitude towards STM/Fertility Awareness.

Please do not forget to show him your last cycle charts, especially the last one, the pregnancy cycle.

Thank you for your feedback!

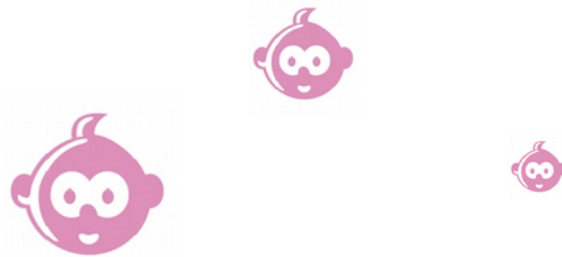
I wish you a happy pregnancy time !

According to medical standards, pregnancy is established after 18 days in the high temperature phase. According to our tests with *sympto*, we have taken some more days before indicating that you are pregnant. From the 20tiest yellow day onwards, *sympto* announces the probable day of delivery.

This message comes a bit later than pregnancy tests that can already give you a result on the 4th or fifth yellow day (this corresponds to the 7th or 8th day in the high temperature phase). But *sympto*'s indication, which is automatically triggered by the absence of a new period, is more reliable and free of charge! It may however happen that the pregnant woman has some spotting/light bleeding; thus the absence of any bleeding does not constitute absolute proof of being pregnant!

A pregnancy normally lasts 266 days; it is calculated and announced within a range of 10 days. This calculation relies on 19 yellow days and adds another four days. The temperatures rise thus started 24 days prior, after ovulation. Retrospectively, this is the best possible ovulation date estimate. You then add 243 days, which gives you 266 days (243 + 4 + 19) total.


This (automatic) calculation is in many situations much more precise than the one done by a gynecologist who would begin his calculations arbitrarily on cycle day 14. He uses this day as convenient, one-size-fits-all standard. Whenever a pregnancy is announced on *sympto* on day 50, for example, the probable ovulation would have taken place around cycle day 27, thus two weeks later than cycle day 14, the "official" medical value. In this example, the "clinical" forecast would be off by more than 10 days; the delivery date would be announced too early. This is also the reason for unnecessary inductions of many births.



Line 7. Breastfeeding

The objective is effectiveness without mini-pill due to breastfeeding!

The breastfeeding and premenopausal programs are for you if one of these reproductive stages applies to you. Both options appear independently on the pilot desk, and cannot be missed. They illustrate the biological classification of our human species: we belong to the family of mammals. These two options received quite a few comments because *sympto* was first in venturing into this new territory. They are two completely separate programs.

 *Breastfeeding 1* and  *Breastfeeding 2*

During breastfeeding, the frequency and the intensity of nursing will inhibit ovulation over months and therefore maintain the infertile state of the mother. Every time the baby suckles, prolactin and oxytocin are released and milk is produced.

The main information here discusses these two points. It is essential for you to be available for the baby, reassured by a lactation counselor and happy about this wonderful experience.

During your breastfeeding, effectiveness is vital. After giving birth, take care of yourself as best as you can in order to recover all of your capacities before planning another pregnancy. The breastfeeding principles are simple but strict. By complying with them, you can avoid hormonal contraception altogether and will therefore not pass these artificial molecules to your baby through your milk.

How to start breastfeeding with *sympto*?

After childbirth, you will use the *Breastfeeding* mode. Before switching to this mode, scroll back on your calendar to the day of birth of your baby and introduce on this day the three red drops 🩸. On this very day *sympto* launches a new cycle. The birth date of your baby is the true beginning of the breastfeeding cycle. From a biological point of view, this cycle will extend your (pink) preovulatory phase. During breastfeeding, your ovulation is postponed by the high prolactin and oxytocin hormone levels, which are produced during pregnancy and maintained by the baby's suckling. This very special cycle can easily last much longer than the yellow (progesterone hormone) phase of the pregnancy cycle (which lasts nine months, according to the biological growth scheme of the embryo). The length of your breastfeeding cycle is largely determined by the intensity your breastfeeding!

The day after the delivery, or later, switch to *Breastfeeding* mode. *Breastfeeding 1* means: you respectfully follow the LLL rules (La Leche Ligua) by breastfeeding on demand of the baby without any supplements; *breastfeeding 2* means: a) either you still continue exclusive breastfeeding but you have passed day 84 or b) your child has begun eating other foods. In order to remain relaxed during this privileged time, don't hesitate to contact a breastfeeding specialist you can find in our directory on <http://www.symptotherm.ch/en>. After entering the three drops 🩸, switch to breastfeeding mode and note the lochia (the bleeding days after the delivery) by additional red drops, accordingly. This completes your gynecological picture.

Every breastfeeding cycle will at some point result in ovulation, followed by the ordinary post-ovulatory phase (yellow on *sympto*). There is a crucial question to be settled first: Will you ovulate before the first – true – menstruation or after the first major bleedings (untrue menstruation or intermediate bleeding)?

This is not an academic question at all! If you want to find out the precise nature of your bleedings, you could indeed chart your temperature as soon as elixir appears and changes into higher quality during the *breastfeeding 2* phase. This is what we recommend later in this chapter: Your temperature rise will provide certainty that you in fact ovulated before your first major bleeding. If it is not a true menstruation, and you experience no temperature rise, it gives you a clue that the end of your breastfeeding cycle is most probably imminent.

Does this uncertainty about true and intermediate bleeding justify the effort of uncertain temperature recordings during the breastfeeding cycle as it is recommended by all other NFP schools? Fortunately, it does not! *For your effectiveness, as we will see, temperature taking is not necessary at all until the end of your breastfeeding.* Last but not least, your comfort is at stake: on *sympto* the breastfeeding mode works without any temperature input in order to make your job easier!

The sympto breastfeeding principle: You can choose between 🩸 *Breastfeeding 1* and 🩸 *Breastfeeding 2* right from the start of your breastfeeding. This is because during your first 84 days of breastfeeding you may choose between these two modes at any time. As soon as you have passed the 84 days, however, *sympto* will automatically activate the *breastfeeding 2* mode to play it safe **even if you continue breastfeeding exclusively on demand of the baby.**

Breastfeeding 1

If you breastfeed exclusively, this phase lasts for at least 84 days, thus twelve weeks (three months). “Exclusively” means that you respect the following rules:

- Baby’s nourishment comes exclusively from sufficient suckling by the baby at the breast.
- Feedings are distributed evenly throughout a 24-hour day, with at least five to six feedings, no food supplements or water added. No pacifiers (lollypop, etc.).
- Your nursing time should total a minimum of about 1 and 1/2 hours of nursing each day.
- The baby’s longest interval between two feedings must be no more than 6/ 7 hours, night and day. Thus, there will be one feeding during the night on the baby’s demand or if you offer him your breast.

For instance, **as soon as the baby lets you sleep through the night (more than 6 – 7 hours)**, which is certainly a good thing for you, you must, for the sake of effectiveness, switch *sympto* to *Breastfeeding 2* **even if you feed your baby exclusively with your milk (on demand of the baby) and even if you are before day 84**. Exclusive breastfeeding, which does not stick to the four rules, does not provide you with a total contraceptive effectiveness even before day 84.

First of all, do continue exclusive breastfeeding as long as you can beyond day 84; it is good for your wellness and for the health of your baby. After 84 days, *sympto* shifts automatically to *Breastfeeding 2* even if you stick to the four breast feeding rules above. We explain why below.

According to the Lactation Amenorrhea Method (LAM), as long as amenorrhea continues (phase without bleeding) and as long as the baby can have milk from the mother on demand and nothing else, infertility and thus pregnancy avoidance is guaranteed for another three months (total: six months). Compared to this LAM standard, our Symptothermal principles are far stricter. After three months, you must show some vigilance by detecting your former fertility signs (even if they might be absent for still some time) such as elixir occurrence and also occasional bleedings. You don’t need to worry about temperature recordings just yet.

What does this restriction change for you? Nothing, except that you must increase your vigilance and that you should enter all relevant fertility signs explained hereafter.

Bottom and top 6 rule: Charting complete breastfeeding

Apart from tracking your personal profile, you will use *sympto* as your note pad for vital information concerning your breastfeeding habits. During the entire *Breastfeeding 1* phase and even beyond, if you continue exclusive breastfeeding, you should note **frequency** and **intensity of suckling**, the latter by indicating the longest interval. This means, you just set two key figures that you introduce into the *Remarks*:

1) Suckling frequency, for ex. “6 F”, meaning six feedings. **6 F** is the minimum. This figure can be higher.

2) The longest interval per 24 hours, for ex. “6H”, meaning a maximum of six hours interval, no more. This H number can be smaller. Example: 7 F/ 5H is fine, but 5 F and 7 H interval should remain exceptional during exclusive breastfeeding.

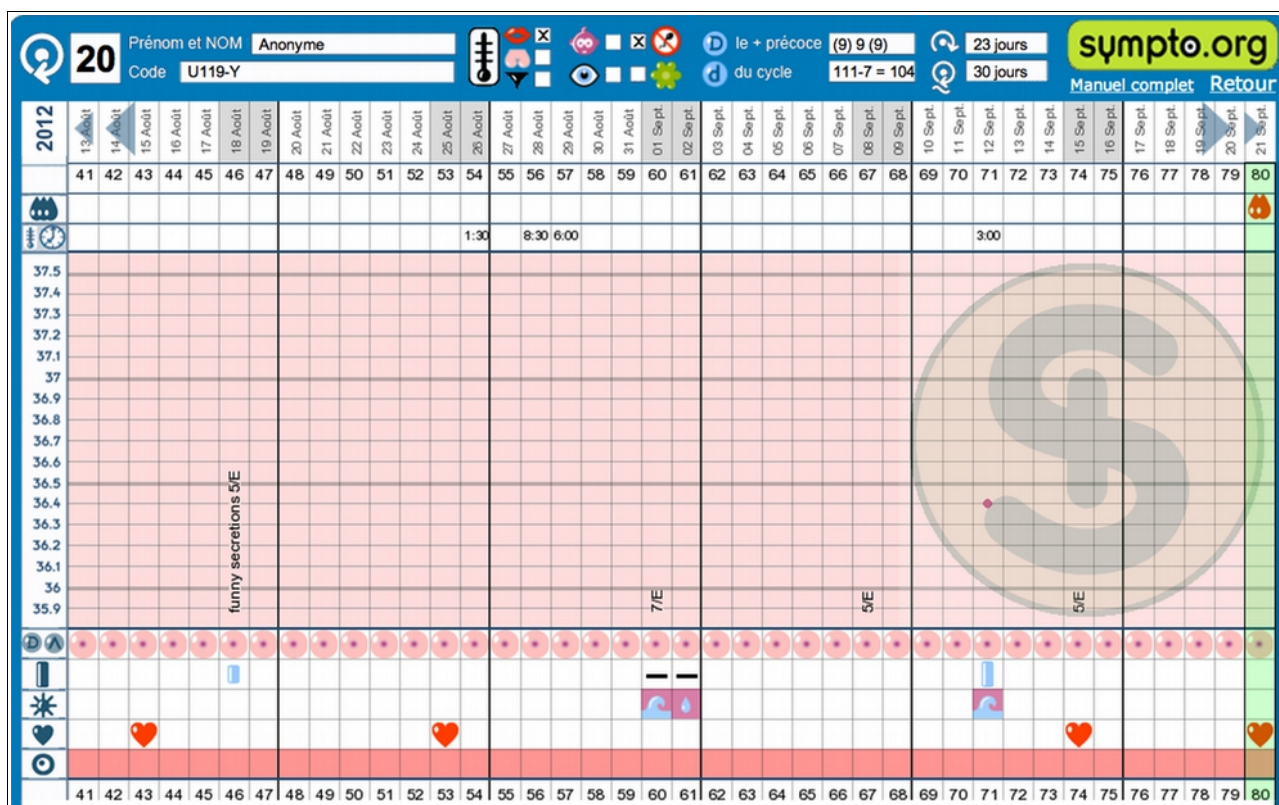
By leaving these bottom and top 6 as a reminder you will not have to measure the total time of all your baby's feedings separately! You may do this for fun for one or two days. With these two figures, which will not affect the *sympto* fertility indication, you will have a clear view of your contraceptive effectiveness and you can feel safe about it. These figures are also a major document for your MD or your lactation/Symptothermal counselor.

You can even simplify these notations by leaving just the interval time number, i.e. 5, and E, meaning exclusively (5/E).

Exceptionally, you may have continuous bleeding after the first 8 weeks (there would still be another 28 days of “complete” breastfeeding left). In this very particular case, common sense will tell you to switch *sympto* to *Breastfeeding 2* and you should increase observational vigilance.




Even if the *Breastfeeding 1* period lasts for three months, we encourage you to enter all your fertility observations into *sympto*: vaginal discharge or bleedings and remarks about your baby. These comments, however, will not stop your (pink) infertility since the *sympto* engine does not respond to any fertility symbols entered during *Breastfeeding 1* phase and continues to display pink infertility permanently.




Chart of exclusive breastfeeding: keep track of your feedings!



Legend. The chart shows the time span from day 41 to day 80 after childbirth. 7/E means: 7 hours interval and E, exclusive breastfeeding. We can see that the introduction of a fertile icon on day 60 and 71 does not trigger a fertile phase.

Breastfeeding 2


After 84 days of exclusive breastfeeding, *sympto* automatically shifts into *Breastfeeding 2*. This means that as soon as you observe elixir discharge, you introduce a relevant fertility symbol  (creamy, sticky, streaked),  (transparent, very stretchy, slippery) or  (feeling moist without discharge), and *sympto* will launch a blue fertile phase from that day onwards even if you continue with exclusive breastfeeding and with tracking of the bottom and top six figures. These annotations are prerequisites in your breastfeeding program.







There is a new fertility type during incomplete breastfeeding:  or , the occasional weak bleedings. They also open your fertile window because they are considered as a possible fertility sign since the bleeding could be intermenstrual (untrue menstruation) and in this case hide an ovulation! The symbol  stands for the supposedly strong bleeding of true menstruation. You might also use it according to your perception: all these icons do launch a new fertile phase but never a new cycle. You remain in the blue possibly fertile phase.

There are mothers who breastfeed their child exclusively over five months and longer. The baby is happy and grows normally even if the mother has only five or even four feedings without being able to detect elixir signs. Five reminds us of the five meals a child gets in normal circumstances: breakfast, snack, lunch, 4 o'clock snack and supper. A mother should not go beyond this number when breastfeeding exclusively. The point is that the baby receives nothing else than the mother's milk, no other drinks or solid food. As for the mother, the vigilance about the return of her fertility has to be tracked seriously.




PD rule during breastfeeding

These icons are also explained on *sympto*'s pilot desk when you pass over the icon with the cursor.

To repeat, once you have entered one of the fertility symbols explained above, *sympto* opens your fertile window. The crucial question is: when will you be infertile again? *sympto* applies a modified PD rule. After PD, **from the evening of the 4th day onwards** as long as there is no elixir symptom or any bleeding, your infertility is re-established again. You will however only use the combinations 3) and 4) below, because 1) and 2) contain post-ovulatory mucus. 1) and 2) can, however, eventually become appropriate before the return of heavy bleeding  (which would then be a true menstruation).

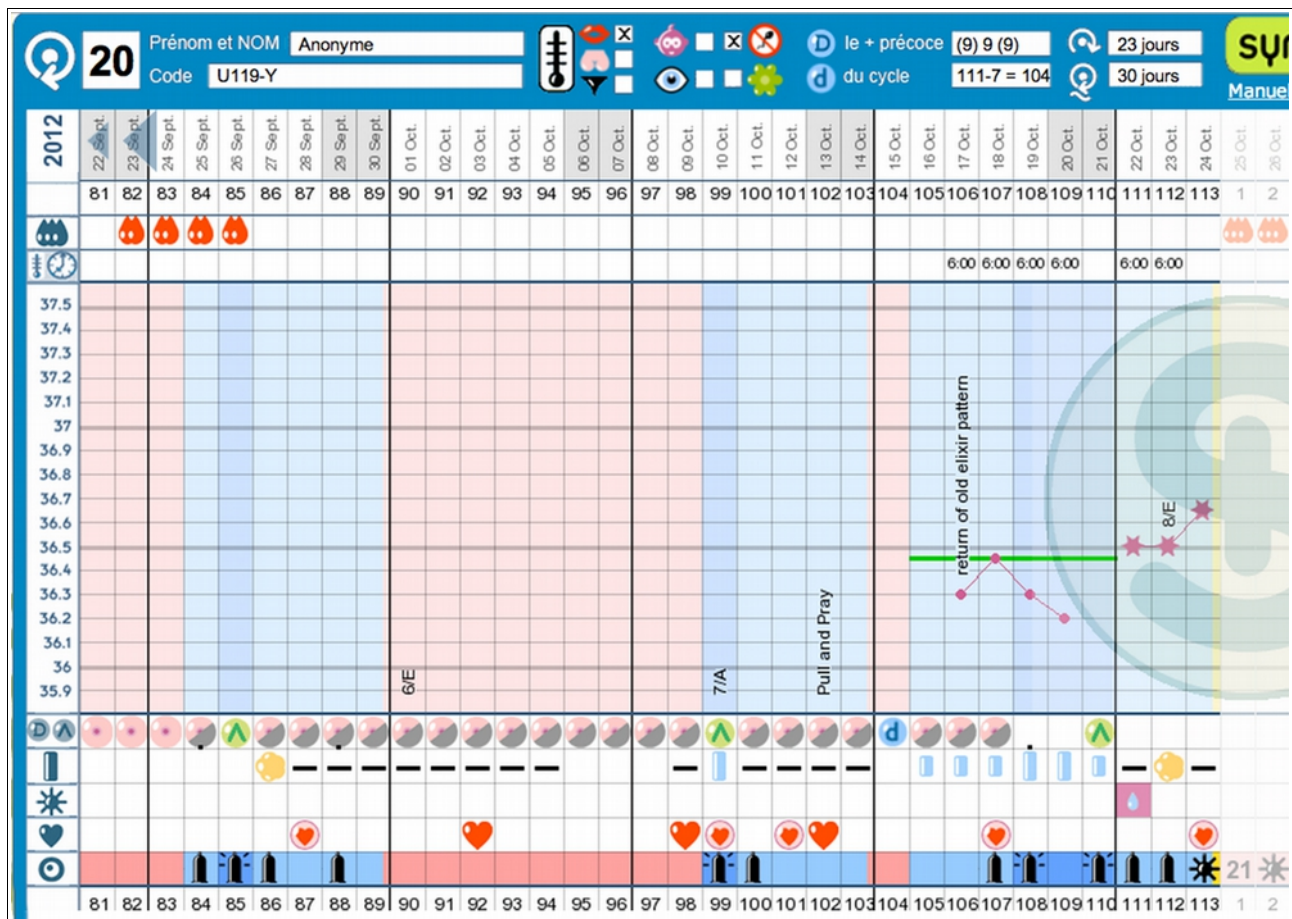
- 1) from  to  yellowish mucus, rare
- 2) from  to 
- 3) from  to — felt nothing, seen nothing
- 4) from  to —

During the long preovulatory pink phase of breastfeeding, there might be some days of bleeding. Since they are considered fertile signs, there is a new type of PD:

5) You observe some erratic bleedings and you choose among the icons  or  or  according to quantity. Most probably it will be one or two drops. As soon as this bleeding is over, you have to confirm its absence by the —, otherwise the blue fertile phase you activated will continue to be displayed. By this bar, a PD is generated and you will be back in the pink preovulatory phase four days later, in the evening, provided that there is no new elixir discharge introduced.

Conclusion: During the time of *Breastfeeding 2*, the PDs, except eventually the very last one, will not indicate ovulation; they only show the attempts of the ovaries to generate an ovulation. The elixir is produced in the cervical crypts as soon as some follicles start growing. During breastfeeding, the follicle will not release the ovum and the follicle will shrink before it is completely ripe. This explains why there are different potentially fertile days along the *Breastfeeding 2*, which must be closed by a PD.


Breastfeeding 2 and partial fertility



Legend. On day 85 a PD was generated by the red drops, but this woman is back in the pink infertile phase on day 89, in the evening. A second PD is generated on day 99 because of the occurrence of elixir which opens a new fertile phase. On day 106 she resumes her temperature recordings because she noticed that her former elixir pattern has returned. "Pull and Pray" here means she had sexual intercourse using the withdrawal method.

What about continuous discharge?






Never use the yellow cloud symbol ☼ (yellowish mucus) during your breastfeeding! This sign always refers to a post-ovulatory stage and is normally not appropriate. For the sake of effectiveness however, if this symbol is selected, *sympto* will put you into a fertile phase and you will have to discuss your case with a specialist. Otherwise you stay in blue, possibly fertile, for the rest of your breastfeeding which is not really the objective of *sympto*'s fertility indication!

Important: During breastfeeding, about 7 % of all mothers feel continuous moistness  or observe permanent vaginal discharge over several weeks, even months, even with some yellowish color, so that they might be tempted to select the yellow cloud ☼. These occurrences are not signs of fertility but reveal a typical infertile postpartum pattern. They must be clearly distinguished from life elixir and have to be noted separately in the *Remarks* since there are – logically – no fertility icons for them.

To verify, carry out the water glass test (page 44). Life elixir remains compact and tends to sink to the bottom of the glass, whereas vaginal discharge will dissolve in water more or less.



As soon as you do not want to respect the bottom and top 6 rule any more before day 84 because you discontinue breastfeeding after some weeks or you supplement with bottle feedings, switch immediately to *Breastfeeding 2* and *sympto* will respond to all of your fertile signs as in the Symptothermal Companion mode, before day 84.

How to handle ?

Note that you will trigger a new fertile phase by entering  (moist feeling, without visible elixir). If you confirm some days later, however, the absence of moistness by the icon — (seen nothing), you will not generate a PD at all! In such a case, if you can confirm the — over the three following days, you have to adjust your charting by removing this  icons altogether, which appears on the lower line. The —, which is on the upper line, remains. You then leave a comment in the *Remarks* on that day. This will re-establish the pink infertile phase retrospectively for you and you will not risk a pregnancy. The repetitions of  over more than three days, if they are not followed by a  or , is definitely not a sign of fertility but, like continuous discharge, reveals a typical infertile postpartum pattern.

When PD is difficult to identify

Whenever PD is difficult to spot, your cervix self-exam can be a very useful technique to reach for the elixir occurrence close to the cervix. This will help you identify one of the four possibilities (above).

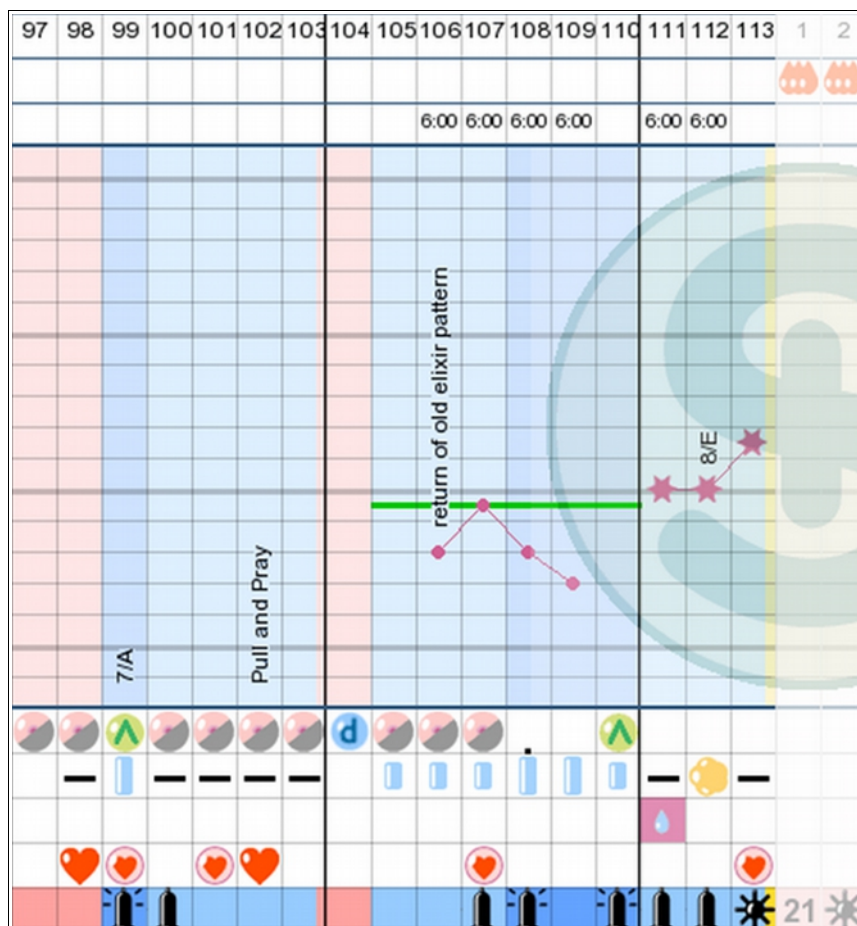
The cervix exam in itself, whenever you cannot extract any elixir at all, will not generate a PD by the — (seeing nothing) even if you observe  (high cervix) or  (lubricated feeling) the day before. This is because in this mode, these combinations are not explicit enough to identify a PD. The goal of the cervix exam is to extract elixir, nothing else.

Return of strong menstruation

Was the menstruation preceded by an ovulation? It is it therefore a true menstruation, or is it just an intermediate bleeding? For your contraceptive security, fortunately, these questions are irrelevant. Nonetheless, these are important questions because true menstruation 🍓 means that your cycle has returned. As soon as you have a consistent bleeding over some days, looking similar to your former menstruation pattern, preceded by several days of elixir, you have to resume temperature recordings. Remember, however, to remain in *Breastfeeding 2* mode. At the same time, keep an eye on your elixir occurrence. Then, probably after some 12 – 20 days, if your ovulation is back and as soon as *sympto* registers the typical temperature rise, *sympto* will display the following warning message in red:

By introducing your temperatures, the green cover line and a first higher temperature (solid-colored or empty star) have been detected. Therefore, you must stop the Breastfeeding program RIGHT NOW. This will bring you back into the Symptothermal Companion mode, which will operate the cross-check. In this particular cycle, infertility is not guaranteed. You must let our Foundation check your entries!

Just follow this instruction, switch off the *Breastfeeding* mode and resume (or start – if you are new) regular Symptothermal observations. Sooner or later, you will enter into your post-ovulatory yellow infertile phase once your PD and the three valid higher temperatures 🌸🌸🌸 have been identified. This transition period is certainly one of the most exciting moments in your breastfeeding cycle. Let us discover how the chart manages this transition:



Sympto displays an essential message. These messages are an important part of *sympto*'s educational mandate. As soon as her elixir pattern returns this user must resume recording her temperature. "Pull and pray" indicates that she had SI using withdrawal (!). On day 111, *sympto* prompts the user with a red message. She exits the breastfeeding setting some days earlier, on day 108, and continues her fertility observations in the standard program. She finds herself in the yellow post-ovulatory phase.

What you learn during breastfeeding will help you understand irregular cycle patterns during premenopause. We insist on the fact that the breastfeeding and the premenopause programs of *sympto*, which for the time being are unique, do not need any temperature recordings. This is a major advantage.



There are organizations all around the world that encourage women to breastfeed their babies. See <http://www.symptotherm.ch/en>

Line 7. Premenopause 🌸

Ovulation returns sooner or later during the time of breastfeeding, depending on prolactin activity. During premenopause 🌸 (starting between 40 and 50 years), however, your fertility diminishes considerably and will vanish altogether: the levels of estrogen and progesterone drop permanently. The FSH, the Follicle Stimulating Hormone, will try to maintain your cycle, but it can't succeed. Once you have been without bleedings for one year, you have begun menopause.

Here are some fertility symptoms suggesting that you are in premenopause:

- 1) Your temperature rise starts three, four or five days after PD or even later.
- 2) The preovulatory phase shortens (the first temperature rise, the big Döring-Rötzer day (DRD), shifts back to the 4th or even an earlier day of the cycle.
- 3) Temperature rise is less pronounced and irregular.
- 4) Post-ovulatory phase shortens (less yellow days).
- 5) From time to time, your temperature rise may fail completely: there is no ovulation at all and so your bleeding will be intermenstrual, not true menses.

As soon as one or more of these signs show up regularly, premenopause has started. It can last for several years! All those “unnecessary” temperature recordings can become fastidious, especially knowing that fertility diminishes consequently. Try to relax. Read a good book about this topic and do reflect about your condition as a woman that has become more introspective. This is also the time to seriously improve your eating habits, to increase your physical efforts and to practice one week of fasting from time to time to delve deeper into your femininity.

On *sympto*, premenopause 🌸 is considered a very long, never-ending cycle. Like in breastfeeding mode 2, you will have a pink phase that might last for months, interrupted by blue fertile zones, which indicate a probable ovulation process. Since you are no longer recording any temperatures in this mode, you cannot identify the ovulation processes precisely. You don't need temperature data in this stage for guaranteeing effectiveness! The reason is that *sympto* will not display complete cycles in this mode, and, consequently, you will not see any yellow phases (after ovulation). For birth control purposes, the pink infertile days are sufficiently effective.

As in Breastfeeding 2, the fifth way of identifying PD becomes frequent. The PD combinations are: from 🌸, 🌸 or 🌸 to —.

Besides hot flashes and fears about your teen daughter stealing your place of the attractive woman in your house, it is essential to experience this very special transition time as an occasion for appreciating your maturity. Just observe your elixir symptoms, as explained in depth in the chapter covering the breastfeeding mode, and check your cervix from time to time in order to feel safe about it. However, as we have sufficiently shown in breastfeeding mode 2, this mode will never be able to generate a PD if there is not extractable elixir visible on your fingers. The cervix exam without any elixir manifestations will not yield any results. You must use the clues from the breastfeeding program.




sympto offers you a solid observation platform which helps you reflect on your cycle. It's important to know that *sympto* will display infertile pink in the evening of the third day already, not on the 4th, contrary to Breastfeeding 2 mode because your fertility is decreased. Here again, the bleedings are considered a sign of fertility, the end of which must be confirmed by a bar — in order for *sympto* to generate PD, and to define the probable start of your infertile phase.

It is a relative forecast, however, which would be jeopardized as soon as you enter elixir again (and consequently erase the given PD).

Here is a problematic situation of a woman, who experiences the sensation of moistness, and nothing else, as the last remaining sign of fertility.

Cycle days :

8	9	10	11
			—
			—

In such a case, after three days of continuous observation, you are in a permanent pattern, which is always infertile, and you have to replace the F=  of day 10 or, along the same lines, “cervix half up” =  by a  and *sympto* will once more be able to generate PD on day 10: Retroactively this means that the pink infertile phase can be re-established. Again: when you have done at least three days of cervix observation but without being able to extract any elixir, you can be sure that this open cervix is not a sign of fertility but an infertile premenopausal pattern and that you were perhaps misled by your cervix exam observations because the cervix was not completely closed after giving birth. It is as easy as that!

8	9	10	11
			—
			—
			

Nota bene. Within the breastfeeding or premenopause modes you can never generate a PD just by internal sensations even if you mark the absence of elixir on the external level by a bar or a yellow cloud. This is the difference of the Symptothermal Companion mode or Billings mode program (see How to correct a PD due to internal sensation p.84): there the PD identification is possible under certain strict circumstances. Here we find two reasons for the simplified program, a technical and a systematic one. Let's assume that a woman enters the black bar for ten consecutive days and underneath the cervix exam icon “completely open”. Technically speaking, this hypothetical and highly improbable scenario would have a new PD appear and erase the PD determination of the day before. Such a program behavior is perfectly logical, although counter-intuitive and had to be eliminated.

The systematic reason is that the real problem is not the cervix exam entry “very fertile” but the cervix exam icon “half open”: this symbol opens the fertile window. After that, it remains open even if infertility is clearly back. In order to manage this infertility, the modification described above must be done. At this point, one could reasonably ask whether it would make sense to close the fertile window definitively on the third day of “cervix closed” as it is recommended by NFP-Sensiplan and INER. This is a good solution. For the time being, this possibility is not yet integrated into the *sympto* engine.

On *sympto* – we are repeating this point here – only in the Companion mode, PD is generated by the passage from cervix high to cervix medium as long as a bar or a yellow cloud accompanies these icons. Under these circumstances *sympto* will close the fertile window already on the third day after PD in Companion mode if there are three colored stars, or on the 4th day in Billings mode.

Line 8: personal settings (parameters)

The screenshot shows two sections of a settings menu. The 'Global Parameters' section includes: 'Icon for the fertile phase' with two radio button options (a baby face and a condom); 'Degrees' with radio buttons for °C and °F; 'Expert Mode' with radio buttons for 'yes' and 'no'; 'I want to send my cycles as anonymous links.' with radio buttons for 'yes' and 'no'; and 'Automatic indication of temperature hour' with a dropdown arrow. The 'Cycle Settings' section includes: 'Modified Döring/Rötzer day' with a text input field containing '0'; 'Mode Billings' with radio buttons for 'yes' and 'no'; and 'Cervix exam' with radio buttons for 'yes' and 'no'. The bottom of the interface features a decorative background of pink tulips.

These parameters are all optional, meaning that they can be activated on any cycle day as opposed to the mandatory parameter choices at the time of launching a new cycle. We will explain first the *general parameters*. They encompass all the past and future cycles.

>> Condom 🏠 or Baby face 🐼

These two icons can be modified any time as you like. The default icon is the Baby face 🐼 because of our respect and admiration for the Catholics, the pioneers of the ST-method. We also want to show respect to all the women and teens who do not have a partner but observe their cycles for their empowerment and fertility awareness. When "sperm stop" is your objective, you can modify it as you like into the Condom 🏠. We do not dictate any moral within this context. Every couple must discover for themselves what is best suited for their relationship and their overall sex quality. Many women overlook this parameter, which often reveals that they have not made up their minds about their reproductive goals.

>> Temperature unit:

Default mode in all countries °C, except in the USA °F. This can be modified by the user.

>> Expert mode

This is not activated by default, see p.80.

>> How to send charts as anonymous links: dialogue with the MD

This option is to be activated whenever you wish to post your cycle charts in Forums, Blogs, etc. or if you want to send them to your friends. By allowing this option, you break the absolute confidentiality guaranteed by *sympto*. You choose this kind of "indiscretion" because you find it interesting to communicate your cycle knowledge to other women and to make them curious about it. This option is not relevant to your *sympto* counselor who can see all your actions within *sympto* from the admin side without needing any link, and with whom you communicate using the message box. It is useful, however, for a counselor who does not (yet) have access to the admin side of *sympto*: with the anonymous link setting you can send her your cycle charts.

You will both benefit from the system of being able to introduce her to your cycles. Keep in mind that most NFP counselors are conservative and don't believe that new technologies can help make the STM more popular. Your activity may be what can convince her otherwise. Your MD or gynecologist should receive your charts before your check-up appointments in order to confront him or her with your knowledge.

It is going to be up to you to have the initiative to bring it up as a topic of discussion! It is a fact that medical professionals are not trained in the STM because the pharmaceutical industry sponsors their congresses and learning symposiums.

By sending your charts to your MD you can invalidate the standard argument: “This method does work only with regular cycles, it is not effective with irregular cycles.” You can prove that the STM does work for all kinds of cycles on this planet. Medical professionals are welcome to read about this argument in the letter prepared by Prof. Rötzer you can find on FAQ 14 on sympto.org, which you should copy into your email to your MD.

A small pat... Had the women followed the advice by Rötzer during the past 30 years, the STM would be widely known all over. But it is not. Your predecessors haven't done this job in a satisfactory way. Don't follow in their footsteps by waiting passively for your appointment with your MD, and by saying 'yes and amen' to everything they propose. When you end up utterly lost and confused after hearing the mainstream medical advice on fertility, the Foundation will always defend and support you!

>> Automatic time indications

You can enter your habitual time of temperature recording if you are on a regular schedule with it, meaning no variance greater than 30 minutes. This parameter only makes sense if you are ready to correct times that do not fit into your preselected schedule. Unfortunately, many women forget to do this. They preselect any time out of laziness, or to avoid being disturbed by the error messages. They overlook that this creates a significant source of error and misinterpretation!

>> Optional settings within the cycle


These parameters can be selected on any cycle day. They make sense when they are redefined in any new cycle, just for this specific cycle, or as a part of it.

- Manual modification of the big Döring-Rötzer day (DRD) and the calculation of the fertile phase due to this [D](#)


The value in your entry board is 0; this is the default setting. This means that your big D has never been modified manually. Therefore, during your first twelve cycles the number that is displayed at the top of your chart is 6: cycle day 6 is the first fertile day in this cycle. From that day going forward, your big D is adapted automatically, either appearing later, days 9 or 10, or earlier on days 3 or 2, depending on your first temperature rise in your previous cycles.

This parameter allows experienced Symptothermal users when they join *sympto* to adjust their big D from before if it was later than day 6. This will re-establish their former fertile window. This parameter can also be very useful for your counselor. Some women do not take their temperatures correctly and have abnormally early temperature rises that translate into up to four empty stars. The first two empty stars are often the result of a clumsy measurement. With these inaccurate empty stars, a user may end up with a big D on day 4, which means that she would have only three infertile days left or even less in the pink phase.

According to NFP-Sensiplan practice, the very first temperature rise determines the small and, as a consequence, the big D because this system does not differentiate between empty and colored stars. This very strict model has been adopted by *sympto* because we choose the most effective solution at any rate.

According to Rötzer, the small d is always identified when the first colored star appears: it is less strict but better adapted to the physiology of the cycle. In such a case, when your counselor cancels one or two empty stars in one or two problematic cycles, she executes a Rötzerian-like adaptation postponing the small d, and as a possible consequence, also the big D on day 6, which is a very conservative placement anyway, and adding more pink, infertile days. Now assume your future cycle pattern manifests the same problem in one of your future cycles, i. e. having a small d , which, placed to the left of the big D, will consequently move the big D also to the left, to an earlier cycle day. In this case, the big D should not be changed again.





Sooner or later you will be prompted with the following message:

“Even without any elixir observations, sympto suggests this very day and the following next four days as highly fertile ones. It takes this information from the temperature values of the previous cycle. But as soon as you generate a PD with the sign — or , you will diminish this number of days according to your cycle profile. It could leave only one highly fertile day. This concentration of the highly fertile phase is destined to help pregnancy achievers”.

What is going on here? *sympto* calculates your highly fertile days taking as reference point a very relevant feature: the temperature curve of the preceding cycle. In this cycle *sympto* had registered the first higher temperatures (whether it be an empty or a colored star), the day after as well as the previous three days (under the cover line). This leads to an overall number of five consecutive days. Based on the temperature rise, these days are – retrospectively – the most fertile days of the cycle. These five days are taken into account in your next – still unknown – cycle, displayed as dark blue days, meaning “highly fertile”. This calculus is performed in every cycle. This is not a statistical value but a tentative forecast from cycle to cycle.

Granted that the temperature curve is more or less regular in the next cycle, this kind of approximation is relatively sound and reliable, as opposed to wild 'forecasts' based on means of the last cycles! With our solution, if the next cycle shows irregularity, this projection is not helpful. The advantage of this cycle-to-cycle calculus is that (apart of giving your chart more dark blue color) only two cycles are correlated. If one irregular cycle troubles this projection, the incorrect result will only affect the next two or three cycles until a more regular cycle pattern returns.

The pattern must not be very regular anyway to make sense. It is an approximation that is much more accurate than those non-realistic cycle stats which, to make matters worse, start out with the (much less meaningful) cycle length. There is a great chance that the most fertile day lies within these five dark blue days, granted of course that the next following cycle does not completely fall out of this pattern.

As a reminder: in addition to these five highly fertile days, calculated from the first temperature rise, the ad hoc entries of elixir will transform the blue day into a dark blue day, ad hoc meaning that you enter the  icon (egg white, very stretchy, etc.), the icon  (lubricative, wet, etc.) or  (Cervix high up) on a highly fertile day. This day will immediately appear as a highly fertile one in dark blue. The PD will always generate a dark blue day, regardless of whether it was triggered by a small blue stick E . Only an ovulation test could give more precision here. The question is whether you really need it: on *sympto* you can figure it out yourself!

- Billings mode  (Very useful to complete non-observed months on *sympto*)

Experienced Symptothermal women who have regular cycles (no more than six days variance) and who do not have any difficulties with the observation of their elixir can observe their cycle without temperature recordings. You simply switch *sympto* to Billings-Mode (which is a modified *Billings Ovulation Method*™) and as a result the fundamentally infertile days also appear yellow in the evening of the 4th day after PD. Without personal initiative, this mode is not activated.

For your counselor and also for you this mode is very convenient whenever the previous cycles lack some vital information. This mode can be regulated for each cycle. Let's see how it works exactly:

You go into the cycle with missing information and, when needed, you generate a PD by two significant signs and immediately you will see a “complete” cycle once you have switched to Billings mode. This is all fictional, of course, but nothing can go wrong in the past! You should try your best to complete your cycle charts if they show gaps. Pregnancy as well as breastfeeding constitutes perfectly normal cycles, which give you some charting holidays. These two types of long cycles are not integrated into the cycle length comparison that you see on the top right of your chart. There you can always see your shortest cycle and underneath the variance of your longest cycle. If you become lazy for a time or you are unable to make observations, we encourage you to print out your existing cycles and delete all cycle data to start over. Otherwise you may find yourself resuming your observations on cycle day 2443 or another hilarious cycle day number! Alternatively, this overly long cycle can be put into premenopause mode in order to be eliminated from the variance calculation.

Cycle parts, which visibly are anovulatory, should not be transformed into three-colored cycles, even retrospectively. By doing such a thing you would disfigure your gynecological past. Those anovulatory phases must be calculated manually in order to find out about your most probable cycle variance. A feature enabling you to remove anovulatory cycle phases automatically will never exist on *sympto*. Only a specialist could do this job, no machine! It is however interesting for you to know how many anovulatory phases you have per year.

- Cervix Examination , default selection is *No*

This parameter can even be activated or deactivated for a smaller cycle passage inside the complete cycle. Remember the pitfalls of the cervix exam and how to use this option correctly (Chapter Line 4 and “Breastfeeding”).

About the true meaning of settings

There are programs that overwhelm the user with too many parameters. Such a pool of options should not diminish effectiveness on one side and, on the other, all options should improve user-friendliness. In reality, however, a beginner will find herself in a maze of dozens of settings, such as whether she wants to have statistics about her luteal phase. Optional settings such as this are not always useful or even worthwhile. Beginners don't even master the basics of the method yet, and would not benefit from cycle stats!

Every statistic, even when relying on more than a hundred cycles (anything below this number is statistically insignificant) would be an additional risk factor because your cycle could have quite a different structure in cycle one-hundred-and-one. *Nobody knows*. You can find beginners demanding on contraception forums a time indication, which has a precision of one hundredth of a second. You can read there comments such as “this would

be nice, otherwise “the system just isn’t attractive”! App users will threaten “I will give you a bad rating on the App Store” if their unrealistic expectations aren’t met. *sympto* has resisted those fancy wishes that would eventually undermine the program.

sympto reminds you by using half-hour time increments that a higher precision is not significant to see any meaningful temperature differences. Keep in mind that temperatures are also dependent on constitution and lifestyle.

Another newcomer to *sympto* wants to have a comprehensive list of medications to facilitate her charting job by just clicking on her drugs. Only medication, which is relevant for the time evolution of your body, must be noted in the *Remarks*. Any medical prescriptions should be noted in your profile at any rate.

Yet another newcomer wants *sympto* to send her a text message the day before resuming temperatures. It is a redundant request because *sympto* already prompted her some days ago during her menses about when to resume temperature recordings. Additionally, a beginner is prompted daily anyways about when to enter temperature data! Our mission is to put women back into touch with their natural cycle and to allow them to live within their cycle process without being patronized by a freaky program. You cannot delegate all your cycle challenges to a program: this requires an adjustment on your part if you were used to taking the birth control pill. On day 5 of your cycle, you will be prompted with a message to “resume temperature recordings tomorrow” so that you can set your Smart phone reminder.

We are frequently asked what the relevance is with the “breast self-exam” message appearing on cycle day 6. This day is the most appropriate time to find out whether there are any lumps or any other abnormal signs: this is routine in any breast cancer prevention regimen.

Another phenomenon we notice: in a number of app stores, there are seemingly successful apps available that tell you they will predict your ovulation. They come with all the bells and whistles to please women. Do the buyers of these apps really observe their cycle seriously? Nobody knows because these programs are all standalone; they don’t have any data exchange with an online account and therefore cannot provide any assistance to users.

We do welcome honest competition such as mynfp.de, a program that is a good electronic version of the NFP-Sensiplan system. During the development in 2006, this program gave us many helpful hints to improve the effectiveness of *sympto*’s automatic fertility interpretation, such as the bar —, meaning “seen nothing”. The same holds for the five days rule after PD which tells us that temperature rises after five days post-PD are no longer governed by the PD (see chapter about the True Da Vinci Code, page 50). Unfortunately, mynfp.de has eliminated this rule to please ignorant users. As a consequence, its fertility interpretation has had setbacks which we regret. An objective comparison of the Symptothermal systems is overdue. In 2013, our Foundation has started to do this kind of app comparison. The ongoing results can be found on sympto.org.

We are up against some rather surreptitious competition on the app markets. There are many fertility tracking apps that use outdated cycle programs based on the ineffective rhythm method. These are fake programs that prevent you from discovering the true nature of your cycle.

Every system, even the best one that does not exist, yet, is limited by its constraints. This is an intrinsic necessity of all technologies. As a user you will, however, get used very quickly to these once you complete your learning curve. The problem lies therein: as of

today, most women do not accept the reality of having to learn the essentials about their cycle. They think they already know when in fact they do not. The constraints on *sympto* have been designed to lead your learning process towards competence and, ultimately, independence from any program.

Synchronization, Referrals, special Offers, Cost,

Loss of Smart phone, new number or email, community management...



And many other things can be found on the main site. Additionally, you can find information there on how to become a sympto counselor, and help other women while even earning some money. These details are not developed here because they are still evolving. The prerequisite of taking part in a complete ST-course is to have charted for at least six months on sympto, followed up by a sympto counselor.





LOVE GAME




Conclusion

I have a dream: Symptos bitcoins


sympto clients receive Symptos every day. This is an alternative currency. With your Symptos earned you can buy products (goods and services) on our site, as well as offer your own products and services for sale. You may also combine your Symptos offer with regular money: for example, you offer bed and breakfast for 20 Symptos per night/person but you can ask for a supplemental payment in your local currency.

 will never crash like other currencies. The value of , the value of your female identity, belongs only to you. With every new ovulation process, your cycle creates new life. Your ovules are comparable to gold hidden in the rocks. Observing your cycle for one day on sympto.org is like finding a tiny piece of gold: Thanks to your observations you will know your fertile and infertile days of your cycle.

This skill deserves a monetary compensation, 1  per day. The SymptoTherm Foundation settles the exchange rate.


This rate currently is: 1 Euro (1  = 100 Symptolinos = 1 Euro).

You cannot have Symptos in cash. Symptos only exist in your Symptos account. They are available on the Internet all over the world. Women can have an exchange of services using Symptos anywhere in the world because they own the same Symptos as you do because of their cycle observations.

You can start collecting Symptos as soon as you purchase Marguerite, the unlimited access account. You get 1 Symptos  per day of charting, 365 per year. If you buy a Daisy, you will immediately get 30 Symptos on your account and more, when you buy more Daisies.

Whatever transactions you decide to make, they will be on your business terms. You are in charge of setting the price, and you are responsible for managing your clients, receiving payments and arranging for shipping. Sympto.org is not liable for anything you do with your Symptos currency. Our Foundation will intervene into your negotiation process only exceptionally (see FAQ 6 of Symptos).

Where do these Symptos gain their value? Your ovaries are like two jewelry boxes: at the time of your birth, they contain up to 200'000 - 300'000 pearls: the ovules. These life seeds will not be renewed when you grow up, instead they will diminish as you get older. But you have more than enough for your lifelong ovulation processes. Your cycle will at best produce 400 to 500 ovulations out of these 'life boxes', your ovaries. Compared to men and the millions of sperm cells produced every day, ovulation remains an exceptional event that needs protection.

Its true value is revealed by the cycle charts you fill in while you observe your cycle with sympto.org. That's why you can see a big  on the right side of your chart. It is there to remind you that your printed chart is like paper money, cash to buy things with! How we can turn Symptos into cash we do not know yet. Any ideas are welcome.

1. Why is there a need for a new kind of money?

You often hear that the use of STM (Symptothermal Method) or NFP is “too complicated” and “not efficient enough”, these are very discouraging claims as simplicity and efficiency are the most important elements in fertility management! These claims are nonsense. One might speculate that these people would also plead for women's driver's licenses to be revoked! Driving a car is far more complicated and dangerous. It is also much more expensive than the use of sympto.ch.

Against the absurdity of this preposterous argument, SymptoTherm Foundation has responded with Symptos, an alternative monetary system. As a non-profit organization, the Foundation uses many means to make the learning and management of STM more attractive: development of sympto.org, publications of books about “another approach to sexuality” (see shop), confronting and questioning existing false philosophies about hormonal birth control in our Blog, etc. Symptos currency can provide an incentive that makes observing your cycle worthwhile. This effort will enhance your wellness, your reproductive health and, last but not least, the quality of your couple relationship.

2. Who actually determines the value of common currencies such as \$ or €?

For ages, local currencies were based on a solid and recognized value such as gold (1 Dollar was worth x ounces of fine gold). But in 1971, by the agreement of Bretonwoods, USA, the gold standard was dropped and the value of each currency was henceforth determined by its exchange rate. For instance, 1 Pound has no value in itself, only in relation to how many Dollars, Euros, etc. you can buy with it. When the Euro rate rises compared to the British Pound, the latter will diminish its value and vice versa.

This means that the currency of a country has no value of its own. It may be as difficult to comprehend, as it is easy to tell about this change of worth. It is that simple, however. A currency's value stems from the confidence that other countries are willing to invest. (By the same token, the Swiss Federal Bank is selling its gold stock that has lost its initial purpose and, instead, is buying foreign currencies.) All currencies on this planet are fatefully interrelated, like a set of Siamese twins. This codependency forces all nations to build up a one-world solidarity. A currency that loses its value drastically by inflation can push down the value of other currencies.

As long as a crumbling currency is not a global player, the crisis might be controlled by the central banks: they will lower (or raise) basic interest rates and/or diminish (or increase) the cash volume that circulates. But imagine the American Dollar being engulfed in economic turmoil that cannot be controlled (as in 2008) and, as a result, losing its value as reference currency. Such a crisis would take down all other currencies with it.

Of course, nobody, not even fundamentalist Muslims, would want such a development because they also would lose all their dollars: It would be a losing proposition all around. It may come. Within the circumstances of such a disaster, Symptos will not be implicated. You would still be able to buy produce from your African friend who will accept your Symptos. There will be a network of solidarity, which will provide you with the necessary goods thanks to an economy based on Symptos. In the end it will be up to you, the users of sympto.org, to determine the appropriate value standard of 1 Symptos.

The Foundation merely proposes a familiar exchange rate and gives a market tool at your disposal, this site, which can accomplish all your accounting work. If for a reason of becoming richer, you will be asked a higher exchange rate, such as 1 Symptos = 10 Euros. We will comply with this demand if it is a general one. It only depends on what you are

willing to sell and buy, and whether the price you wish to pay is appropriate. It does not make sense to ask 10 Euros for 1 Sympto if you sell it below cost. You will then be the cause of a tremendous inflation.

3. Why are Symptos limited to women in the first place?

Symptos express the solidarity among women in all their ventures. Moreover, in patriarchal societies where women still financially depend on their husbands, Symptos will give them the opportunity to make deals on their own, without their husbands' disapproval. Symptos, being an all-female economy would provide them with a reassurance that there would be no transactions with other men. In societies upholding equality of opportunity for both genders it would be only fair not to exclude men from this game. Their participation would encourage them to better understand the female cycle and involve them in cycle observation.

Ultimately, such a currency would maintain absolute intimacy among women and encourage them in their sisterhood to exchange information about their charting experience.

4. Why do Symptos never yield interests?

Symptos are not a currency made for profit. It is not a currency that competes with other currencies on the world market. Symptos are a strictly complementary currency: its sole objective is to promote a non-competitive solidarity among humans and to facilitate the exchange of goods and services in the spirit of *The Future of Money: Creating New Wealth, Work and a Wiser World*, by Bernard Lietaer, Éd. Century, London 2001. For this reason, your Symptos will never yield interest. On the contrary, the Foundation can apply a negative interest rate on capitalized Symptos in order to encourage their exchange.

5. What is the difference between Symptos and all other complementary currencies?

Unlike SEL (Système d'échange local, France), WIR (Switzerland) or Time Money (USA), Symptos are not limited to a geographically restricted region, and unlike the JEU (Jardin des échanges universels, France), Symptos do not require an account booklet, this work is being done automatically by the Symptos bank.

6. Why can Sympto.org intervene in your transactions?

As soon as the transaction sums exceed a certain amount fixed by the SymptoTherm Foundation, transaction costs will be demanded. These costs must be paid as a subscription fee, which will prolong your subscription period and add to the corresponding amount of Symptos in your account.



Empty cycle chart for manual use

[illegible]

Literature

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Some STM books in English:

- *A Couple's Guide to Fertility, The Complete Symptothermal Method*, Rose Fuller and Rev. J. Huneger, Northwest Family Services, Portland, Oregon, USA: Their app symptoPro.org has not yet integrated an interpretation program.
- *Taking Charge of Your Fertility: The Definite Guide to Natural Birth Control, Pregnancy Achievement, and Reproductive Health*, Toni Weschler, Harper and Collins
- *Natural Conception Regulation – The Way of Partnership. The Sympto-Thermal Method*, Rötzer, J., sympto.org

About sexuality:

- *Sex Lies: the other way of sexuality, explained to young and the young at heart*, Harri Wettstein, forthcoming
- *The Heart of Tantric Sex: A Unique Guide to Love and Sexual Fulfillment*, Diana Richardson, O-Books



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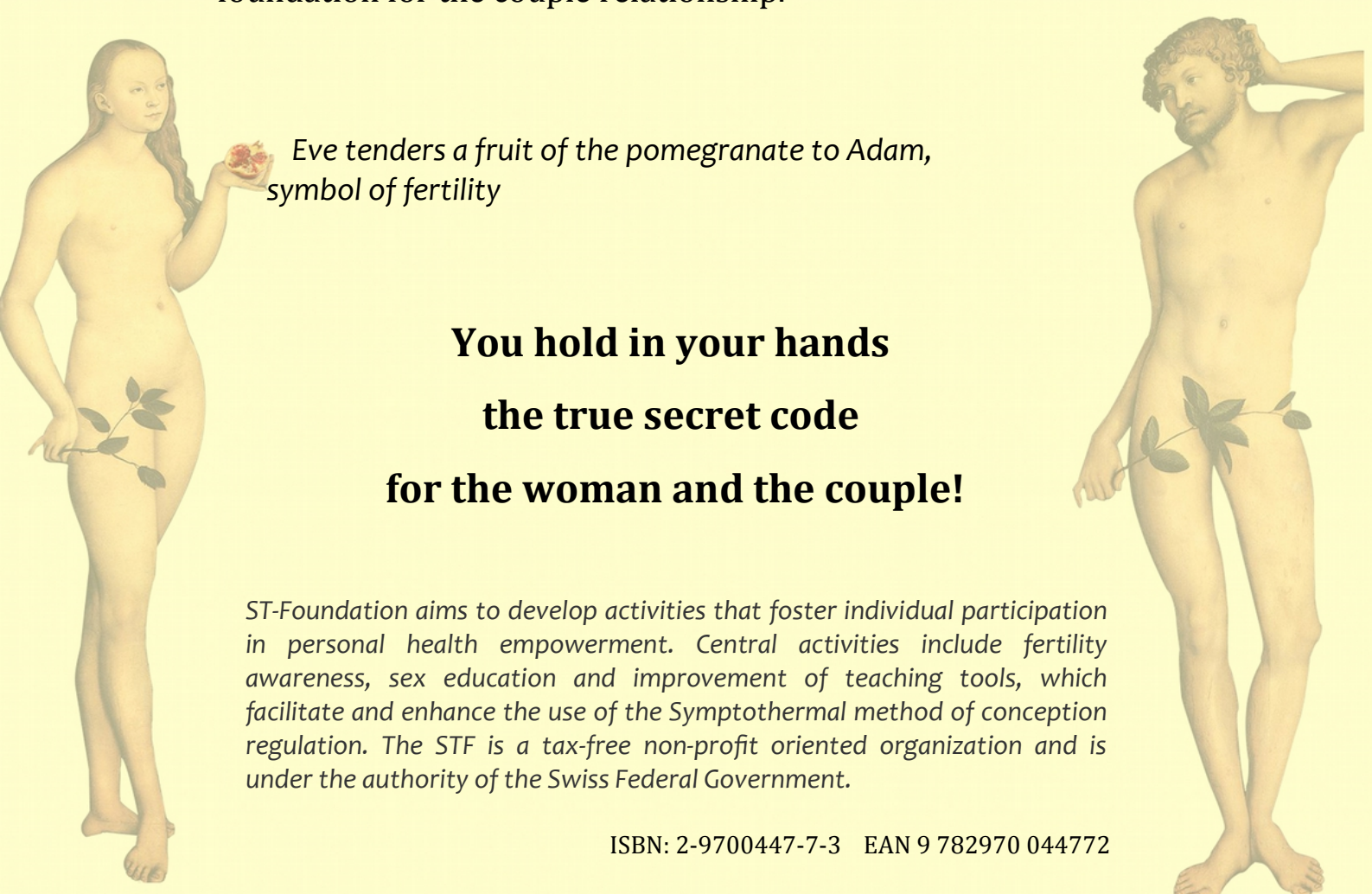
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In his famous thriller and bestseller, *The Da Vinci Code*, Dan Brown claims to have revealed the existence of a revolutionary secret which would at last provide women in our still far too sexist society with their deserved position. But you will search for this code in vain in this novel... However there exists a hidden knowledge, which will enable us to attain a new consciousness of human nature: **it is the code of the female cycle!** Put to perfection and enhanced by sympto, this basic knowledge, mostly hidden until now, is a potent means to foster women's emancipation and couple relationship.

Tomorrow's revolution, the peace among the sexes, the real women's lib, the demographic equilibrium will be achieved by those women who, instead of being slyly destroyed by synthetic hormones, will gain their true autonomy thanks to the Symptothermal Method (STM), which forms the astonishing foundation for the couple relationship.



*Eve tenders a fruit of the pomegranate to Adam,
symbol of fertility*

**You hold in your hands
the true secret code
for the woman and the couple!**

ST-Foundation aims to develop activities that foster individual participation in personal health empowerment. Central activities include fertility awareness, sex education and improvement of teaching tools, which facilitate and enhance the use of the Symptothermal method of conception regulation. The STF is a tax-free non-profit oriented organization and is under the authority of the Swiss Federal Government.

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