

ks. Paweł Leks, SCJ

Helping Married people



OACB
The Ovulation Method
Billings

Kraków 2018

*Helping
Married
People*

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Nihil Obstat

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Introduction

This booklet is the second edition of its previous edition entitled: „*This beautiful – This difficult Love. The Billings Method – A proposition for Married People*” (Kraków SCJ 1998).

– The first part presents a teaching course of the first specific (*in medical sense*) method of current diagnosing days of a possible-impossible conception thanks to the ‘*Ovulation Method Billings*’.

– The second part shows the anthropological and theological vision of marital relations, which affects the proper setting for the use of any method of conceptions planning.

The OMB came to Poland (*and any neighboring countries*) casually via the here writing author (1972-73). The author of the OMB, Prof. Dr. John Billings, asked him (*F. PL*) to watch over the authenticity of teaching the OMB „in Poland and the neighbor countries” (*letter from Prof. Billings to F. PL: 29.I.1974*).

The Billings Method is a worldwide good to humanity. It is not bounded to any religion. It is a typical diagnostic method. Ethics is joining to the ‘method’ only in its next stage: on the stage when it will be applied.

This ‘method’ itself, verified scientifically and clinically minutously worldwide, underwent understable refinements (*till the death of Prof. John Billings: + 2007*). So you can understand the necessary adaptations of the method’s indications from the first edition of this booklet to the current state.

– The introduction to the OMB, shown in our booklet, constantly [consulted on](#) with the ‘WOOMB’ (*World Organization of the Ovulation Method Billings*), enjoys international approval of its authenticity [in accordance with the rules worked out by Prof. Billings self](#).

The theological part of our booklet has been left al-

most unchanged compared to its first edition

Our booklet is a certain concise presentation of the large internet homepage of the author's (<http://lp33.de> : *seven parts, Polish and German versions*). Its topics deal with the ethics of marital (*and not only marital*) relations, deeply founded on the vision of man as *person* called to eternal life. In the event of questions or doubts, the author encourages seeking answers there (*life vocation, ethics, conscience, marriage as sacrament, God's mercy, sacrament of reconciliation; human-divine order of intimate relations etc.*). A more large introduction to the OMB You can see there in its first part (*3 chapters*).

This booklet about the OMB is written as information to help in a situation of in fact not existing teaching centers of the authentic Billings Method in this country. The author shows the details as they came from the Author of this method, i.e., Prof. John Billings. After his death (+ 2007), the now available, exclusive authorized centre of the OMB is the international institute: WOOMB (*Melbourne, Australia*), founded by Prof. Billings (1977), to watch over the authenticity of the OMB worldwide.

F. Pawel Leks, SCJ
Tarnów, 29.XI.2017.



The text of the medical part of this booklet has been approved by the 'WOOMB': the 'World Organization of the Ovulation Method Billings'



Melbourne, march 4th 2009.

The Education Committee of *WOOMB International™* has checked this book and is confident, that the Rules and Methodology of the *Billings Ovulation Method™* are accurate and reflect the authentic teachings of Drs *John and Evelyn Billings*.

Undersigned:

*Kerry Bourke – Joan Clements
Marian Corkill – Marie Marshall
Directors*



*From the medical review
by Prof. Dr. Hab. Bogdan Chazan:*

„... The Ovulation Method Billings is one of the diagnostic methods used to evaluate the fertility. It is an effective method, secure and cheap. It allows the woman to evaluate her own menstrual cycle, correctly interpret the messages from her body signifying the fertility and infertility phase of her cycle. The knowledge of the biological fertility' rhythm enables husband and wife to respect the value of life. The method may be used to early diagnostic of disturbances of the menstrual cycle.

However there must be emphasized, the Ovulation Method itself relies on the biological diagnosis of the current state independent of any of religion or ideology. It supplies only a biological information. The aspect of ethics, which will be joined to this information, is matter of secondary instance. The decisions of the practical application of the Method, the motivation of its cognition and application depend from the free will of the concerned people. They cannot be identified with the medical information. The application of the Method can arise from religious motives, from desire of a life corresponding the laws of the nature.

The booklet is intended for married people, who on the ground of justified reasons wish to influence the conception's time of their child and experiencing problems with the fertility. The booklet may be useful as helping matter for young people preparing to the life in family, as help in pre-marital or familial marriage guidance's

... I estimate this booklet very high. It is written by an understandable, friendly to ear language, the order of continued issues results from the nature of showed matter. Attention should be paid to practical advices and comprehensible tables and schemes, helping married people

to assimilate the essence of the lecture and application in practice of shown rules.

The Ovulation Method Billing is used and prized all over the world. Simple, not requiring any additional instruments, it is at the same time effective and may be easy to reach. In Poland it is not known and applicated as often, as it deserves.

With whole conviction I recommend this booklet to make it accessible. Its publication will contribute in our country to spread the knowledge about the mechanisms of female fertility, improvement of procreative health of woman's, decrease of frequency of infertility. It will contribute, too, to increase the esteem of the worth of human body and the value of human life".

Prof. Dr. Hab. Bogdan Chazan

Warszawa, 18th November 2017



*From the theological opinion
by Ks. Prof. Dr. Hab. Paweł Bortkiewicz
TChr.*

„... The value of this book should be considered on several levels. The first value of this publication is the Author self, experienced, with enormous work experience in theology and pastoral activities. At the same time a man impressing with a fresh look and thorough knowledge of the present-day Church teaching in the discussion with the world and surrounding culture.

But what deserves to be especially accentuated, con-

sists in the particularly feature of trusteeship: namely Prof. Billings has – so to speak – trusted 1974 to Fr.Leks the implementation of his own method to Poland. This fact cannot be not noticed: it constitutes an exceptional certification of authorization given to author to spread this method. An additional certification relies in approval of this publication by the administration of the World Organization of the Ovulation Method Billings™.

The Person of the Author – theologian and pastoral guide, affects the feature of this publication. It proves to be both: practical and theological par excellence. The pastoral value is immensely fundamental both to staff members if familial guidance and to married people self. The practical matters are presented legibly and really understandable – an enormous help are here the attached illustration's matters.

The theological part refers, so to speak, the marriage as the „natural sacrament“, thus in accordance with God's characteristic project expressed in the creation' act. This project has of course its human wide value, as joined to the rational nature of human being.

– Here one should emphasize two each other permeating levels of this part. Their issue consists of argumentation showing both: an explanation – and on other side a justifying.

– On the one hand it appeals to ethics relying on the natural law, thus referring to the rational nature of human being in its direction to good. From the viewpoint of this rational nature and the conception of the natural law you can explain and justify the good of opening the husband and wife to life, as being consequence of body's speech, which expresses the rational, over hedonistic sense of human sexuality. It is written down as well into the natural needs of human being to strive for prolong the existence, for durability of species.

– In the same way, from the viewpoint of the natural law,

thus the ethics as generally and commonly available to human being, you can prove – as Fr.Paweł Leks is doing it, that the act of a conscious egoistic closing for life – is objectively a bad act.

– Into these general estimations will be written in the evaluation of means or any particular methods, which allow the act to open for life thanks making use of the natural fertility' cycle – and otherwise an act of a direct interfering in the transmission of life through any contraception, and first of all abortifacient means.

... That's why this publication, although surely destined for believer people and living the Church teaching, may be an interesting help in a reflection about the theme of paternity for people beyond the Church.

A great value of this publication is its conciseness – an enormous economy in used words, what surely can help in practical knowledge of its content.

To the below undersigned it seems, this publication by all means deserves to be edited. Its publication in the environment of Kraków would have an meaningful signification - not only because of the membership of the Author to the Kraków-Metropolis, but first of all because of from this environment, years ago, thanks Card. Wojtyła, there resound a resonant voice of a support for the propagation of the truth of the marital act and the marriage self, which was proclaimed by Paul VI in „Humanae Vitae”.

The Billings Method rests for years till today an always updated and précised method, which is a so to say practical annex to this one encyclical.

ks. Prof. Dr. Hab. Paweł Bortkiewicz TChr

Poznań, 14.02.2017.



Enjoy using the 'Billings Method'

1. Introduction. Married people in need of their off-spring conceptions regulation, who do not wish to infringe either the structure of the marital act, or its built-in dynamics, can benefit from one of the 'natural' methods of conceptions planning.

– The expression '*natural method*' will be used here in this significance, what with this word associates the official Catholic Church. 'Nature' of human being is to be not an 'object-think', but 'person' (*to be a person means: self-conscience, self-determination, ability of taking responsibility and inalienable call-up to eternal life*). In this perception of 'nature', the 'natural biological regularities' are a question descending into an only secondary plan.

Married people and those preparing to marriage can choose one of available 'natural methods':

- a) The Rhythm-Method (*statistical method*);
- b) The (Sympto)-Thermal-Method (*relatively accurate information, that ovulation has probably taken place in this cycle*);
- c) The Ovulation Method Billings (*OMB; or: BOM*).

Here we shall discuss only the Billings Method.

We do no mention about methods supposing any technical devices. When we should pass over their varied technical and productive quality, suchlike methods aren't available to people at large and thus they can't be scored to '*natural*' methods.

2. The Billings Method (BOM) is historically the first 'specific' method (*in its medical sense*) of recognizing the days, on which a conception may or may not occur. It is based on the phenomenon, that was scientifically and practically thorough investigated by Prof. John Billings (*and*

collaborators), which is easily observed by women and conditions the sperm penetrability: the characteristic mucus discharge, which appears only on days, when conception is possible and this is the only time sperms can penetrate. This mucus, produced in the upper part of the cervix (*influenced by rising oestrogens level in the ovaries*), reveals its presence via a sensation of wetness and slipperiness at the vulva, when the woman is standing up. Sperms survive in this mucus (*even up to 5 days*), are nourished and moved forward.

The name: 'Ovulation Method Billings' (*or simply: Billings Method*) is reserved by the WHO (1976). This method offers information about the current fertility status both in times of health and during disturbances of the cyclicity, when breastfeeding and pre-menopause age. It doesn't require either cycle's regularity, or gynecological health. It does away with the need to take one's temperature and count days. It is useful both for optimal conception planning, as well as postponing conception.

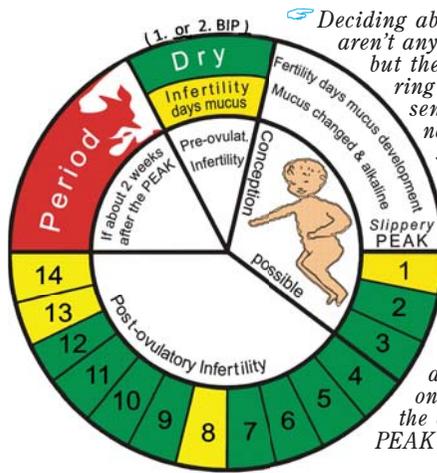
3. The central event of the cycle is ovulation. The previous days are the PRE-ovulatory part. The length of this part of the cycle may be different: it does not matter for the OMB.

– The length of the POST-ovulatory part is stable: it takes about 2 weeks (*11-16 days*).

4. Menstruation: (*the red colour*). This is bleeding which appears about 2 weeks after the identified PEAK of mucus symptom (§ 18.22). The onset of menstruation begins a new cycle and recording. Sometimes, ovulation in a new cycle goes together with the ending menstruation (§ 13.23).

5. PRE-ovulatory part. In this cycle segment the 'BIP' persists: the 'Basic Infertility Pattern'. In very short cycles the 'BIP'-days may not appear at all.

– In cycles of average length (*under 35 days*) the *Basic In-*



Deciding about mucus of fertility days aren't any properties of the secretion, but the already, or not yet occurring change in the quality of its sensation-from-vulva (e.g. in no-longer-dry; already not the same discharge).

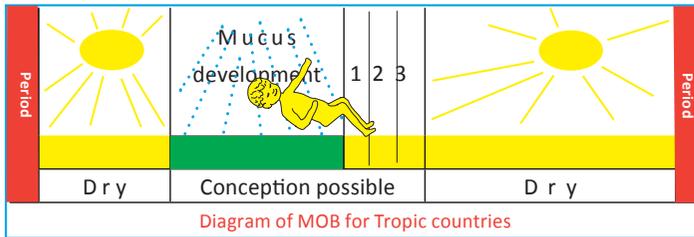
The last day of 'slippery' sensation after mucus development is the PEAK of mucus symptom.

Ovulation occurs on the PEAK day, or day '1' after; on day '2' very rarely. Day '3' is added for growth for ovum vitality. Thus, a conception is able to occur from the change on in the 1st or 2nd BIP, until the end of the 3rd day after the PEAK inclusive.



Useful abbreviations

a	adhesive (tacky)	dr	dry	s	slippery (lubricat.)
BIP	Basic Infertility Pattern. Only pre-ovulatory cycle's part	EW	egg white	sc	scanty in amount
BOM	Billings Ovulation Method. Name reserved: World Health Organisation, 1976	f	flaky, flocky (like coconut-flakies)	SF	seminal fluid
br	brown	ge	gelatinous (jelly)	slt	slight (small amount)
c	cloudy	gl	gluy (opaque)	sm	smear (creamy)
cb	crumbly	j	jelly (gelatinous)	sp	spotting (staining)
clr	clear (transparent)	lb	lubricative (slippery)	st	sticky (tacky)
cm	creamy	lo	loops of mucus	stri	strings
cot	cottage cheese (<i>mycotic vagina inflammation</i>)	m	moist (damp)	sw	swollen vulva
cp	copious amount	mi	milky (white)	t	tacky (tacky)
cr	crusty	p	ovulation pain. Unreliable symptom! Use mucus symptom! Record: pain on right, left side: 'P', in abdomen: P; in back: P+.	thi	thick
ct	clots (clotty, claggy)	p	plug of mucus (from cervix orifice)	thr	thready
d	damp (moist)			w	wet (moist)
				wa	watery
				wh	white
				Y	yellow
					Week days:
					⚡ M T W Th F S (S)



Colours on Circle and Tropic Diagram

Menstruation and all bleeding-spotting	<i>red</i>
Days of '1 st BIP' (<i>dry</i>):	<i>green</i>
Days of '2 nd BIP' (<i>not yet changing discharge</i>):	<i>yellow</i>
Days of conceiving possibility (<i>development of fertility days mucus</i>):	<i>white</i>
Day 1 after the PEAK (<i>last with slippery following mucus development</i>):	<i>yellow</i>
Days 2-14 after the PEAK:	<i>green</i>



fertility Pattern may occur in two variants. Here we name them the *first or second 'BIP' (1.BIP – 2.BIP)*.

– In long cycles (*over 35 days; long suspended ovulation; while breastfeeding, pre-menopause*) a 'Combined' BIP may appear.

– In cycles of average length (*under 35 days*) only one of the two 'BIP-s' appears in the same cycle.

Every one of these three 'BIP' variants relies on the fact that the woman *senses*, and moreover *sees*, on the vulva remains for the time being day after day *the-same-the-same symptom*, without any change.

The *vulva* is a sensitive organ, which precisely reflects changes in hormonal levels in the cycle. Days of '*Basic In-*

1	6.X.	Th	●		21.00	22.	S	●		16.30	
2	2005	F	●		<i>I. BIP</i>	VIII.	(S)	●		<i>II. BIP</i>	
3	8.	S	●			24.	M	●●●			
4		(S)	●●●				T	●		cm,thi	
5	10.	M	●	↑		26.	W	●	↑	cm,thi	
6		T	○		w,c		Th	○		w	
7	12.	W	●	↑		28.	F	●	↑	cm,thi	
8		Th	○		w,c		S	○		w,c	
9	14.	F	○		st,c,wh	30.	(S)	●	↓	cm,thi	
10		S	●	(1)		31.	M	○		w	
11	16.	(S)	●	(2)		1.IX.	T	○		w,f	
12		M	○		w,clr,stri,lo		W	●	(1)	cm,thi	
13	18.	T	○		w,clr,lo,cp	3.	Th	●	(2)	cm,thi	
14		W	●●●		w,sp		F	●	(3)	cm,thi	
15	20.	Th	⊗		s,w,c,wh sc	5.	S	●	↑	cm,thi	
16		F	●	(1)	a,st,f sc 14		(S)	○		w,clr	
17	22.	S	●	(2)	st,cl,f 13	7.	M	●	↓	cm,thi	
18		(S)	●	(3)			T	○		w,sc	
19	24.	M	●	↑		11	9.	W	○	m,sc	
20		T	●	↓	c,f		Th	○		w,sc	
21	26.	W	●	↑		9	11.	F	⊗	s,w,sc	
22		Th	●		w,st,y		S	●	(1)	a,cm,thi 13	
23	28.	F	●			7	13.	(S)	●	(2)	sti,c,wh
24		S	●	↓	cl,c		M	●	(3)	cm,thi 11	
25	30.	(S)	●		w,stri,c 5	15.	T	●	↑	cm,thi	
26	31.X.	M	●	↑	c		W	●	↑	wh 9	
27	1.XI.	T	●	↓		3	17.	Th	●	w,sti,c,wh	
28		W	●		w,mi		F	●		cm,mi 7	
29	3.	Th	●	↑	w,sp 1	19.	S	●	↓	cm,thi	
30	4.XI.	F	●●●●		8.30		(S)	●		ct,c 5	
31	5.XI.	S				21.	M	●		cm,thi	
32							T	●	↑	sti,y 3	
33						23.	W	●		w,wh	
34						IX.	Th	●	↑	w,stri 1	
35						25.	F	●●●●		10.00	

Learning charts

Explanation to this Record

Cycle 1 (1st BIP). The woman is aware, 'dry' is her BIP. Departure from BIP on 9th cycle day. Return of the same BIP should persist 3 days. Here the symptom continues to develop after 2 days. PEAK: 15th day. There already doesn't appear: 'clr,stri,loops'; but feels: 's'. Intercourse in 1st cycle part: on evenings (right square part); + 1-day-pause on day after (because of: w). In the 2nd cycle part, intercourse without Method restrictions. The symptom: 'w' on next day after intercourse will be recorded now in yellow colour (not in white).

Cycle 2 (2nd BIP). The woman has yet previous identified her BIP. She knows, this discharge: *creamy-thick*, forms her 2nd BIP. On 11th day the symptom is yet changed! After the same BIP has returned for 3 days, once more intercourse: on evenings. Fertility symptoms difficult to recognise (sc,w), but on PEAK day besides: s. It is a record mainly of sensations-from-vulva.



Key to used signes

●	••	Menstruation and all bleeding. If bleed+mucus, record: ☉, or ☉
●	-	'Dry' (sensation in external sexual organs).
●	+	Mucus of infertility days. Before PEAK: unchanging the sam; after PEAK feeling: 'sticky', sees: 'cloudy', and the like.
○	○	Mucus of fertility days (from 1 st change in BIP, till the PEAK day inclusive; and while doubts in correct understanding of symptom).
⊗	⊗	PEAK of mucus symptom (after mucus development: slippery; 'fish-from-water'; lubrication).
	/	Ante meridiem; or: / post meridiem.
	↓	Normal marital intercourse. From left: morning;
	v	Withdrawal intercourse.
	☺	Wish of marital tenderness.
	°	Caresses with conscience' remorses.

fertility Pattern bear information to the fact, that the ovaries remain currently in a *'resting'* state. Oestrogens in the ovaries are at low level, because of processes conditioning their growth towards ovulation has yet not yet begun. Consequently, the cervical glands as well don't yet produce mucus (*first ovary oestrogens level must rise*). The woman recognizes this due the fact, that for the time being the symptom at the vulva continues to be still *the-same-the-same-the-same*.

6. Learning-the-OMB stage. When a woman is only just starting out with the OMB, abstinence from genital contacts is recommended for 2 weeks, so the infertility status can be recognized without disturbance by intercourse (§ 14.15). From now on notices of observed sensations and appearance of symptoms-from-vulva should be recorded (§ 10), without worrying for the time being about their interpretation. This will allow you to identify your own *'Basic Infertility Pattern'* and catch the moment of the *first point of change* in this 'BIP', indicating the begin of conception possibility (§ 16-17).

– On the other hand, yet in the first cycle husband and wife may use the PEAK Rule, if they correctly identify the day of the PEAK of mucus symptom (§ 18-21).

7. The first BIP. Many women observe in the PRE-ovulatory part from day to day a persisting sensation of dry-dry-dry: . . . At the vulva there not only can't any mucus be seen, but there is *'nothing'*. This invariably persisting *'dry'* is sign of the *first Basic Infertility Pattern (1.BIP)*. Ovaries remain for the time being in a resting state.

– A conception can occur biologically impossibly on days such as this. Sperms die within 1-2 hours following intercourse in the acid vagina environment (*attacked by defending cells of the vagina; the cervix is closed by a thick plug, rendering sperms penetration impossible*).

– If notices on the first cycle have allowed you to identify

the *1.BIP*, from the next cycle you can use Rules-Advices of the OMB for PRE-ovulatory days (§ 13-16).

8. The second BIP. In other women the resting state of ovaries is revealed not by 'dry-dry', but via the appearance of a slight discharge, one which however remains for the time being – in *sensation* and *appearance* – unchanging *the-same-the-same-the-same*. This is then the *second Basic Infertility Pattern (2.BIP)*The growth processes of the hormonal level of the ovaries have still not begun (*oestrogens level remain on low level*). The discharge appearing on the vulva comes not from the vagina, but from the cervix orifice (*small flakes coming away from the mucus plug closing the cervix from the side of vagina; the plug continues to firmly block the cervix and does not allow sperm to pass*).

The decisive issue for recognition of a discharge as the *2.BIP* is if it remains in this woman, for the time being, from day to day unvarying *the-same-the-same*. As long as there is no change in the appearing discharge, conception continues to occur impossibly (*sperms perish within 1-2 hours following intercourse*).

– Any departure in *sensation* or *appearance* from this discharge attests, the growth processes of hormonal levels in the ovaries by now has been undertaken, so conception may occur easily now. In already changed mucus sperms live up to 3 days, exceptionally up to 5 days (§ 16).

While husband and wife only learn the OMB, they should in the case of the *2.BIP*, when the cycles of the woman are of average length (*under 35 days*), not have intercourse in the PRE-ovulatory phase for the first 3 cycles (*contrary to the situation of 1.BIP: § 6*). The appearing discharge is noted in the first cycle in white colour. If in the next cycle, in the PRE-ovulatory part, exactly *the-same* discharge returns, it is now recorded in yellow colour.

– If the woman comes to believe, it is really her *2.BIP*, confirmed by an unvarying *the-same sensation*, intercourse

can be reassumed from the 4th cycle on, using the Rules-Advices for PRE-ovulatory Days (§ 14-16).

– On the other hand, right now the PEAK Rule can be used, if the woman has properly identified the day of the PEAK of mucus symptom (§ 18-21).

9. The third BIP (Combined BIP). In long cycles (*over 35 days*) with a long suspended ovulation, a combination may occur of the *1. and 2.BIP* in the same cycle. Namely a slightly raise of oestrogen level may stimulate the vagina's cells to grow and shed, causing a slight discharge. But the mucus plug continues to close firmly the cervix.

– Dry days may then occur: thus the *1.BIP*, interspersed with days of discharge: *2.BIP*. Sometimes this *2.BIP* itself may appear in two slightly different variations. Notices from 2 weeks' observation without intercourse allow you in case of suspended ovulation to identify this 'Combined BIP (*more accurate: § 24*).

10. Symptoms observation. The real use of the OMB relies on accommodating to the following remarks:

– Simultaneous use of the OMB and any of anti-parental methods exclude one other.

– The symptoms observation relies on becoming aware, while the woman is in an upright position, what is her *sensation* in outer genital organs: at the vulva. It's matter of the outer genital organs (*middle-lower part of vulva; the region between minora-maiora lips towards the rectum*): whether it feels dry, or any discharge can be felt. Visual observation is of secondary importance.

– For the PRE-ovulatory part, it is essential to determine whether the sensation from outer remains (*still*) the-same or it has already undergone any change. The *first change-departure* from the hitherto existing 'BIP' signifies, that the development of the mucus symptom has started from now on (*ovaries' oestrogens have risen and stimulated the cervix to secrete mucus*), which means, that the conception

now becomes possible.

Only and exclusively what appears outside: on the vulva, is determinant for the OMB. The OMB decisively rejects any inner investigation of the vagina (*medical and ethical contraindications: infection*). Checking the inside of the vagina will indicate on fertility days an inverted symptom (*tacky from the previous cycle*). Mucus of fertility days is *fluid* and develops from sticky towards slippery. It flows easily through the vagina and appears straight away on the outside – as characteristic wetness (*and slipperiness*).

It is always matter of become aware, of what the *sensation-from-vulva* is – without touching oneself and without taking a discharge specimen and checking it on a tissue. Non-accepting this advice means, the OMB is cancelled for you.

– The mucus mustn't be stretched. The stretchiness of mucus (*'Spinnbarkeit'*) is a misleading symptom, thus there shall not be paid attention to it. Should there appear strings of mucus, they may hang down from self (*like egg-white*), sometimes forming loops, which then themselves disappear.

The *features* themselves of any mucus are not essential. The important thing is, what must be determined by the woman herself: whether the discharge is undergoing a change-development, or it continues to persist at the same development stage. One woman will describe the sensation-appearance of her discharge-mucus with these words, an other using different words. She also mustn't be influenced by any description given by another woman, or by any printed cycle chart. In the authentic teaching of the OMB no concrete characteristics of the discharge are named. The woman will be encouraged to describe the characteristics of her discharge using her own words (*for example: the change from the 1.BIP to mucus of fertility days may consist in only feeling a different sensation at a*

certain moment, though she 'sees' no discharge).

– What is important, the characteristics of the identified 'BIP' continue to be at the same woman from cycle to cycle the same.

Any change-departure from the hitherto noted sensation-from-vulva attests, the oestrogens level have raised, stimulating the cervix to secrete mucus of fertility days. This changed mucus appears quickly outside and produces a change in the sensation-from-the-vulva. Even if it should be very slight and invisible by eyes, the woman *senses* its presence. The changed mucus is penetrable by sperms.

11. Charting symptoms. Observations are made occasionally throughout the day, as the woman goes about her normal activities at home and her usual hygienic routine, without any unhealthy scrupulosity. The most important remembered features should be recorded briefly on a chart (*2-3 adjectives*) in the evening, preferably while dictating them to the husband to be noted down (*marriage dialogue; shared marital responsibility*).

For charting cycles you can simply use a slim squared exercise-book. The cycle days may be noted in a column *downwards*, while symptoms etc. as *horizontal* record. It is best to note symptoms using *colours*: red (*bleeding*), green (*dry*), yellow (*infertility days discharge*), white (*empty circle; mucus of fertility days; and all ambiguous situations*). For further signs-symbols and useful abbreviations see the added tables (*see above, p. ...*).

– The first 3 days following the PEAK-day are noted with a number: 1-2-3. They are still days, when conception is possible.

You may use the two careful considered learning chart-samples printed here (*see p. ...*), together with shown there rubrics. A record should be concise, readable. Health issues and medicines used should be noted, too. On a computer you may use an adapted EXCEL-sheet (*easy to consult by*

e-mail). Nevertheless, you should make written daily notes in a squared exercise book: your computer may not always be accessible.

The Author of the 'Method' doesn't mention of noting genital contacts – except the nearest to the beginning and end of fertility days. But with the view of one's own insight it is urged to note each relation, first of all on PRE-ovulatory days. In event of not planned conception a notice of this will supply its explication.

– In the event of a not planned conception one should acknowledge honestly, that not biology failed; and not God is dishonest. Instead the man 'failed': both of you; and not the OMB. This is, why each relationship should be recorded, even this ethically incorrect (*using your own signs system*).

12. Rules-advices for PRE-ovulatory days. In case of intended postponement of conception, the OMB offers four Rules-Advices. We say '*advices*', because here you are no forcing of any action. The Rules are only advices showing scientifically and practically verified informations for when there exist an ethically founded reason to postpone a conception.

13. First rule-advice. Don't have intercourse on days of copious menstruation bleeding. This recommendation refers to bleeding recognized as menstruation (*i.e. following the previously identified PEAK; § 18.22-23*). In a short cycle, the ovulation may occur parallel to ending menstruation. Blood may obscure any already appearing mucus of fertility days (*wetness-strings-slippery*). While blood coagulates, it becomes sticky-tacky: this makes difficult the symptom's recognition (*§ 17-19*).

14. Second rule-advice. When the 'Basic Infertility Pattern' is recognized, intercourse can be undertaken in the evening – with a 1-day-pause on the following day (*on pre-ovulatory days*).

– On the following day, the woman should first rest for a

while in an upright position, so the discharge could appear outside. Therefore the marital union should be postponed until the evening.

15. Symptom following the intercourse. After intercourse in the evening there appears, sometimes for 24 hours, wetness (*seminal fluid + wife's discharges*). Symptoms such as these occur too, following any genital caresses without intercourse. The symptom-from-vulva may confusingly resemble mucus of fertility days. Therefore this advice for PRE-ovulatory days: *1-day-waiting*. The seminal fluid must disappear, and the woman should have the opportunity to check, that the same BIP as previous has returned.

– Seminal fluid after intercourse on a 'BIP'-day doesn't contain any living sperm-cells. They perish within 1-2 hours of intercourse (§ 2.7).

16. Third rule-advice. When in the hitherto appearing BIP any change-departure occurs: in sensation-from-vulva or its appearance compared with the up to here existing BIP, and in turn if there should appear any bleeding-spotting on a BIP-day, any relation shall be forgone at this time. All change-departure from the BIP gives evidence, that ovary oestrogens level have risen and stimulated the cervix to secrete mucus penetrable by sperms, making conception possible. In mucus as this – sperms survive for up to 3 days, exceptionally up to 5 days (§ 8.15).

Should the symptom continue to develop and the PEAK of mucus symptom be formed (§ 18), the fourth rule-advice will be applied: the PEAK-Rule (§ 19).

– Should the PEAK for the time being not be formed, and the symptom retreats to its previous stage, one must wait for 3 full days for the return of the previous BIP (*so the oestrogens-level can return to its low stage; this will confirm the return of the hitherto appearing BIP*).

– Hence the third rule-advice of the OMB: „*Wait and ob-*

serve what happens next; + 1-2-3". Intercourse may be resumed only in the evening of the fourth day after the previous BIP has returned.

The same advice concerns any intermenstrual bleeding-spotting. It is every time a sign of a high possibility of conception: . Thus there the following advice should be observed strictly: „*Wait and observe the ulterior event; + 1-2-3*".

17. Conception possibility – fertility days. Any change compared with the hitherto existing BIP – either of the 1. or the 2.BIP means, from this moment on a conception may occur: .

Thus, should at the woman appear the 1.BIP (*till now invariably 'dry'*), any departure from this 'dry' signifies the beginning of fertility days. A change can consist on only a *different sensation* – without any visible mucus appearing. Any departure from the hitherto existing 'BIP' means, that the mucus plug in the cervix entry has moved, opening it for sperms (*this is important because of disinformation by temperature methods, regarding the appearing of sticky mucus after 'dry' days*).

The woman will ordinarily notice on following days a development of mucus symptom. It loses its feature of *stickiness*, and because of its fluidity, it flows through the vagina giving a sensation of wet-moist. The vulva becomes more and more slippery.

– Should a singular woman notice a constantly present wetness, she will without difficulty identify a *different wetness* appearing together with slippery mucus. This mucus may be in the time being *clear*, or *cloudy*. Sometimes it hangs as strings and forms loops, which then will disappear on their own.

18. PEAK of mucus symptom. It is the last day of the slippery sensation (*inoiled; like a fish-from-water*), which ends the previous development of mucus symptom:

.....

– On this day the mucus can be already cloudy, scanty, almost invisible, but there persists the sensation of *slipperiness*.

– The mucus is often most copious 1-2 days before the PEAK. Sometimes just before the PEAK coloured mucus appears (red, pink, brownly). This is the bleeding-spotting preceding ovulation :

An other symptom of the PEAK day is at many women a *softness of vulva*: swollen vulva lips at the sight of ovulation occurring, accompanied by a heightened *sensitivity* of the vulva.

– Any other women experience the ‘lymph node’ symptom (*daily examination on pre-ovulatory days: with straight hands lying down from the groin along the legs, middle finger feeling the pulsating leg artery; the index finger then lies over the lymph gland, felt as a pea; previous to ovulation it gradually increases in size and is tender when pressed*).

The woman recognizes the PEAK on the day after: from now on there is not longer wet, and slippery feeling has disappeared altogether.

– On day „1” after the PEAK day usually a *suddenly, dramatic change* occurs: the vulva is from now on either at once dry, or any discharge appears (*for instance: sticky, cloudy*). It is different in different women. It will be like this up to the end of the cycle: alternate dry, or any discharge.

19. Fourth rule-advice: the PEAK Rule. In the event of not intended conception, genital contacts should not take place within the first 3 days after the PEAK day. These days must be noted with numbers: 1-2-3. Certainty about persisting POST-ovulatory infertility begins from beginning of the fourth day following the PEAK.

20. Ovulation. Ovulation usually occurs on the PEAK day, or the day ‘1’ following the PEAK, and very rarely on day ‘2’ after it. The viability of the ovum is assumed to be

at most up to 24 hours. This is the reason for the 3 days waiting following the PEAK.

– Even though it is dry outside, in the cervix-canal channels of fertility days mucus are present over these 3 days, through which sperms can migrate.

– During these 3 days following the PEAK, a plug progressively continues to form, which from new closes the entry to the cervix. This process (*begun already before ovulation*) will be finished only at the end of the 3rd day after the PEAK.

21. Post-ovulatory infertility. In case of not intended conception, intercourse may be resumed from the beginning on of the fourth day after the PEAK till the cycle ends without any restriction from the 'method'.

– It's normal, before the menstruation wetness will appear.

22. PEAK of mucus symptom and menstruation. At about 2 weeks after the PEAK of mucus symptom menstruation always starts (*on average: 11-16 days after PEAK*). The PEAK-day itself is preceded by changes of the mucus symptom: it is developing to slippery. Should the days between the PEAK and menstruation be less than 11, the cycle will be infertile.

23. in a short cycle, the ovulation may occur parallel to the terminating period. Therefore the rule-advice is: not to intercourse on days of copious bleeding (§ 4.13).

– Days with only spotting, and at the same time feeling 'dry' at the end of menstruation, are days of infertility.

24. In long cycles: of over 35 days, and in times of long suspended ovulation, in the PRE-ovulatory part a combined BIP may occur in the same cycle (§ 9). Specifically, there may first appear dry days (*1.BIP*), then days with unchanging discharge for the time being (*2.BIP*), interspersed with dry days, before the mucus symptom (*finally*) develops decisively to ovulation and the PEAK.

– In order to identify this at the time appearing discharge as the *2.BIP* in the same cycle, it must be observed for 2 weeks. This allows you to recognize it as discharge that for the time being truly is not changing (*low oestrogens values in ovaries*). The appearing discharge originates from the vagina's wall cells, which die and are shed.

Namely when there appears a situation with very long suspended ovulation (*breastfeeding; after finishing the pills; pre-menopause age*) there may occur from time to time a temporarily slight rise of oestrogens and a response from the vagina (*not from the cervix*). The woman may then observe a slight change in the characteristics of this discharge, which she has recognized as her *2.BIP*. Only, this currently slightly different discharge stops changing and no longer develops. Should this new discharge remain invariably the same for 2 weeks, it can be recognized as another, new version of the joint *2.BIP* (*for example: in first version of this 2.BIP, the symptom-from-the-vulva may be: wet-smear; while in its second version: sticky-cloudy*).

Bleeding may occur too in this time (*'breakthrough'-bleeding: still continuing low oestrogens lead to growth of the mucous lining of the uterus and bleeding-spotting*). A bleeding-spotting is always sign of a high possibility of conception.

Should these symptoms return to their previous stage: the *1. or 2.BIP*, the rule-advise to be applied is: „*Wait and observe what happens next; + 1-2-3*“, that is to say, intercourse may be resumed in the evening of the 4th day after returning the previous BIP (§ 16). This situation requires accurate notices. Because of already the first change relating to the previous existing BIP means, that a conception is possible.

At every disturbance in the symptoms (*'symptoms jumping'*) it is decidedly wiser to follow the rule-advise: „*Wait and observe what happens next; + 1-2-3*“ (§ 6.9.16)

– in case, the former BIP should return. Fluctuations in sensation-from-the-vulva result from fluctuations in hormonal concentrations. The Method isn't to blame for. No other natural 'method' is then able to provide a binding information.

The PEAK of mucus symptom is only the last day of slippery-lubricative after the previous mucus symptom development.

25. Stresses and exciting experiences don't cause ovulation to occur sooner, but may delay it. Thereby, after the already advanced symptom returns to 'dry' or the identified previous BIP, the mucus may again develop towards that of fertility days (*'slippery'; vulva swollen, sensitive*). Until the PEAK of mucus symptom is identified, any departure from the BIP should be treated with the rule: „*Wait and observe what happens next; + 1-2-3*”.

– Should a prolonged “slippery” persist without any change or development, then it is probably sign of continued high oestrogens level, after which all may not lead to ovulation (*no rise of luteinizing hormone, no progesterone*). The woman would then continue to be in her pre-ovulatory phase. Because of the ovulation mechanism itself needs to occur in a precise time sequence, and the true PEAK is followed by an abrupt change of symptoms.

26. Pre-menopause age. Consider the characteristics of bleedings. They may be intermenstrual bleedings (*breakthrough, or withdrawal bleedings*), thus appearing together with the possibility of conceiving (§ 4.13.16).

– If a bleeding should occur on days of 'BIP', intercourse should be delayed till the 4th evening following the return of the BIP (§16).

– Menstruation is only the bleeding preceded by identified PEAK day at about 2 weeks earlier (§ 4.18.22).

– Conception will not occur on a day with 'flushes' (*hot flushes*). They are sign of low level of oestrogens, i.e. infer-

tility of the PRE-ovulatory part of the cycle.

27. Coming off the hormonal pills. After the hormonal pills have been discontinued, a few days later bleeding will appear. It is not a periodic menstruation. First the one's own BIP must be identified (*it is often the 2.BIP: § 8*). As said before, don't check the symptom internally (*§ 10*). Concentrate your attention on sensation-from-the-vulva. If the woman is anxious and too scrupulous, it's better for her to note only sensations-from-the-vulva, as if she were blind.

– Infertility sometimes persists on days of BIP – despite the occurring ovulation (*damaged cervix crypts don't respond to oestrogens rise; because of a lack of mucus of fertility days, sperms are unable to travel further*). Intercourse, even on the ovulation day, will then not lead to conception.

– Perturbances after the 'pills' (*intended by mankind!*) may persist for up to 2 years. After have discontinued the pills, no 'treatment' should be sought for 2 years: nature will return to the norm by itself. Patience is a virtue, when the woman applies herself to recognizing her BIP – thanks to faithful noting of her symptoms.

28. Pathology – pathological discharge. In case of an illness-related discharge (*burning sensation, itching, pain, unpleasant smell, colour*) a diagnosis must be made and a treatment undertaken (*usually a wife and husband together*). Afterwards the OMB can be used. You must recognize your own 'BIP' once again (*§ 5-8.13-19*). The recognized PEAK of mucus symptom allows the PEAK Rule to be applied quickly (*§ 19-21*).

29. After a miscarriage. Two weeks of noting without intercourse will allow you to recognize the current BIP (*§ 5-8.12-22*).

30. Following childbirth. Make every effort to feed exclusively by breast: day and night for at least 6 months.

'Exclusively' signifies: only by breast and perseveringly on every 'demand', without giving either juice, chamomile, or milk from bottle either. Don't worry about your milk appearance (*thin, bluish?*). Claim the right of the baby and mother to breastfeed immediately following birth. The colostrum provides an irreplaceable immunological barrier (*alimentary and respiratory infections*). *The breasts should be washed 2x daily by pure water. In the event of inflammation possibly avoid antibiotics, unless this will be necessary. Recommended are then warm compresses, massages, exercises to train muscles supporting breasts.*

Notes: from 3-4 weeks. In the case of full breast feeding, it will usually be dry outside: the *1.BIP*. Less often the *2.BIP* appears: an unchanging discharge, different in different women, but the same in the same woman (*for instance: wet, milky; it is not cervical mucus, but a vaginal discharge*). If this discharge remains for about 2 weeks unchangingly the-same, it is the *2.BIP* (§ 8.13-17).

In times of prolonged suspended ovulation (*typical for breastfeeding*) the combined BIP may appear (§ 9.24). This requires careful attention, in order to be able to recognize properly the occurring BIP. Should there appear, first of all while dropping breastfeedings, a departure from the previously recognized *2.BIP*, this would signify, that mucus from the cervix has appeared (*its response to a rise in oestrogens*): this is a sign, that a conception is possible.

– Mucus may now continue to develop towards ovulation; or there may be a return to the previous BIP.

The rule-advice should then be applied: „*Wait and observe what happens next; + 1-2-3*”, which means intercourse only in the evening of the 4th day following the return of the previous appearing *2.BIP* (§ 16). This may require quite a lot of patience and love. In return the husband and wife gain certainty of her not becoming pregnant at this time. It costs less to decide to control yourself, than the disap-

pointment of a not too desired pregnancy.

31. Regarding the return of her fertility following the childbirth, the woman will be informed both: by observation (*change of sensation-from-the-vulva*), and the baby (*milk becomes salty, less of it*). Symptoms fluctuations occur parallel to the baby's weaning (*hormonal levels 'jumping' due to dropped breastfeeds*). Should the interpretation of constantly changing symptoms be difficult, the OMB advises a temporary postponement of intercourse, until the mucus of fertility days appears, which allows the PEAK day may to be identified (§ 17-21), or to confirm the return of the previous BIP.

With the first menstruation (*about 2 weeks after the recognized PEAK: § 18.22; while mother is breastfeeding, the PEAK may occur below 2 weeks!*), the previous BIP usually changes. This requires you to **recognize the BIP quite from new**. This is important above all in case of woman who previously experienced the 2.BIP (§ 8.14.16).

– However, infertility days after the identified PEAK may be used immediately (§ 18-19.21).

32. Diminished fertility: conception intended. Watch out for a 'slippery' day, even though it happens very rarely. On days with already appearing mucus waiting is recommended first, and intercourse when slippery appears, or additionally on day '1', or also '2' after the PEAK.

Personal hygiene. Don't wash away any mucus. Don't apply any irrigation (*except on responsible medical advice*). Always confine intimate washing to the outside.

– There mustn't be given semen for checking by masturbation (*ethically: always sin*). One must trustingly and humbly pray for the grant of parenthood. While undertaking the marital union, don't concentrate your thoughts on conception: this sometimes may block the process of conception itself. Instead one should even in this hour to love in totality of husband and wife as persons giving each other, without

narrowing their attention to the body self, but with deed confirming their real pursue, together with them trusted offspring, to the HOUSE of FATHER.

33. Waiting for offspring. Up to now the science has not succeeded to fix fully verified regularities regarding the sex planning of the offspring. Husband and wife are asked to take an attitude thoroughly flexible in God's face, so that they are ready always every child to receive as it will trusted them by the Lord; even this unhealthy, handicapped one.

– Ethically seen it is not allowed use an ultrasound check in order either to select the gender of the Baby, when it is either contrary to liking of husband and wife, or to kill the Baby, when sick disturbances are revealed

– If a child still doesn't appear, listen to Christ's voice, maybe requesting always more urgently to receive alien children and create a Substitute Family.

* * *

*Ethical-dogmatic remarks
on marriage life*

34. Marriage ethics (written in every human conscience): Marriage as Sacrament. A 'natural' method in the Church's view is a method for conception planning, which is appropriate to the dignity and the call of both married people to eternal life.

– The aim of a 'method' for planning conception consists on furnishing as exact as possible the biological information (*diagnosis*) about the conceiving possibility on a given day of the cycle. In the case of the OMB, this information is scientifically and clinically highly precise. This information is in itself totally independent of any religion.

– Only after the expected information has been received, an ethical problem appears. In case of the intended postpone-

ment of conception, the husband and wife can't decline to answer one question: whether in our case justifiable reasons exist in God's eyes to postpone a conception for the time being (*health; economical conditions; living conditions; engagement in social work*)? When getting married a husband and wife oblige themselves to giving an articulate answer to the question: What is God expecting from us? The already existing children? And the fatherland? These reasons are required by the „responsible parenthood” – as is meant by the Church (*more detailed s. the homepage of the author: http://lp33.de/strona-lp33/p1_2a.htm#mot*). The decision to marry means building a family: with one's own children, or gathered children from strangers, as promised during the wedding: „*Will you accept children lovingly from God, and bring them up according to the law of Christ and his Church?*” (*GravissSane 8*).

– Therefore using a ‘method’ of conception planning as „*natural method*” is always an ethical issue. A ‘method’ faces you with the necessity to always take anew decisions in accordance with responsible parenthood in the face of God, ourselves, one's own family, and the whole Human Family. A ‘method’ doesn't deprive you of freedom of doing. Even the freedom to ... commit a sin. Using a ‘natural method’ calls for a living marital dialogue.

Love open to life. Marriage revolves around the mystery both of life and love. Both these realities are strict property of God. Moving a New Mankind to Life is never only matter of ‘biology’: it is transmission – together with the Creator and Redeemer – of „*God's Image and Resemblance*”. This shall be achieved according to God's Design, in climate of personal union of husband and wife. While intercourse, both give one another their whole person – with the prospect of heading as a couple to the „*House of the Father*”. Life and love, given to husband and wife to board, must develop in the band irradiated by the Com-

mandments of this God, who IS Love-Life. For this reason, however, in the name of love and life, sometimes one must say to oneself and this other: „*Behavior such as this – will not occur in me – or in us*”!

Structure and dynamics of the act. Intercourse is sign expressing the love (*i.e.: of unconditionally donating oneself whole – without reserving anything for oneself – with this restriction: the first place must be reserved always for God and his commandments*), when both allow „their body to talk” with full freedom: they are giving each other, „until the end” their true person, thus not only their body. This is conditioned by not creating any kind of blockade dependent on human will: whether it be for the development of the act’s structure or its dynamics.

The body of husband and wife „talks” during intercourse, in accordance with the „*truth of body speech*” – in the peacefully performed coupling of their persons through their in this hour uniting genital organs. In this way the marital union was created by God the Creator and given to married couples.

This is what the structure of the marital act is based on. The act ought to be a true, not depleted, nor lying conjunction, performed in a climate of attention concentrated on the *person* of this other, and continued for possibly long, till it spontaneous quietens down.

– At the same time they both shall allow to develop with complete subtlety a freedom disturbed by nothing to develop in their body and spirit an overpowering reciprocal experience of dynamism, as accompanies the conjunction of their persons. For the part of husband the dynamics of this act expresses itself in leaving of himself in form of a particle of his own person in the womb of his wife, who in turn embraces him whole and accepts.

– The body of them both then „talks” aloud in name and authority of them both, of their spousal union, and their

parental readiness. This is the meaning of marriage written in the conscience of every human being in general, and the sense of the marriage as sacrament.

Every union of husband and wife is inseparably joined with the *parental readiness*. This connection originates not from the blind 'nature', but is a simply found reality: one that was, like this and no other way, created and gifted to the marriage by the Creator of man and wife. Such is the gift of this God for the husband and wife. He Himself is the first whole Love and Life.

But consequently, in view of this very reason – the only place able to fulfill the goal and meaning of the act is its performing within the *vagina*. Any intended delivering of excitation in other way or another place (*petting; intercrural sex; oral-sex; etc.*) will always be „lying” of this „body's speech” and a denaturation of it. It is always a peculiarly grave sin against the dignity and truth of human person – and obviously against the love-life.

35. Measures undertaken against the parenthood, i.e. any interference depending on the free will of the human being either in the *structure or dynamics* of the act, is objectively, from manifold points of view, every time a grave mortal sin. Additionally these acts become a crime when the couple reaches for an abortifacient device (*a spiral; hormonal medication: pills; plasters etc.; and indirectly the preservative*). Theoretically one Child of their supposed intended 'love' may be killed every cycle. Such is the responsibility before God from cycle to cycle.

When intercourse-made-infertile occurs, the body „talks” on behalf of the couple about their entire giving to each other in love of their persons – towards their union, which in the same time opens widely towards parenthood. But the *will forces* their body in case of anti-parental activities to lie: there is a reciprocal *not-donation* of each other, a *not-wholeness* of gift, *not-donation* of oneself „to the very

end”, because the gift comes with a fundamental restriction.

– The intended goal of them both is then: to exclude the potential for having a child. This purpose is sometimes justified, but it should be achieved by adopting the way proposed by the Creator, who loves, equally, the husband and wife, and who very well knows, what the ‘love’ do mean. Here the couple tries to ensure it despite the solution handed to them by God.

Thereby they lie, as well, the love itself. Both act like two sex-egoisms. Love – in God’s vision and that of humans, becomes in this way trampled upon. Parallel to this blackmailing may appear easily, as may intimidation, and speaking ‘officially’ in the event of sometime’s refusal to give themselves to sin. In this situation there is no issue of love for a person. The reality of ‘love’ becomes manipulated: it stoops to the level of mere access to sex-body (*anonymously experienced hallmarks of sexuality, like masturbation*).

Instead God gives to couple (*and only to them*) not an act of ‘sex’, but the union of their persons. They both should remain in their union, full of human and God’s peace, for as long as possible. In this way the marital union shall be experienced according to the inner order of love – in contrast to having ‘sex’, where the act is marked by hastiness – with attention concentrated not on the person, but on sex – with no regard as to the person it is happening with.

36. Abortifacient devices. When partners reach for an abortifacient device, they tend to gain pleasure in its most literal sense at the price of the blood of Children of their pretended ‘love’.

In case of pregnancy interruption, **excommunication** becomes incurred by itself – at the moment the Child dies (*CIC, can. 1398; Evang. Vitae, 62*). This excommunication applies to all people, without whose contribution this

crime would not have taken place (*CIC, can. 1329, § 2*). Excommunication will *not apply* in event that someone is unaware of this penalty, and when someone is acting under serious fear of impending danger; this also applies to a person under 16 years (*CIC, can. 1324, § 1-3*). In such cases there remains the guilt of killing, but not the penalty of excommunication.

No State legislation, which gives either ‘permission’ for pregnancy interruption, or the use of contraception, sterilization, the use of abortifacient devices and other non-ethical interventions, is mighty to change the Commandment of God. The Commandments of God are written in the conscience without exception of every member of mankind, no matter whether somebody believes in God or not. All legislative ‘permissions’ in this field, likewise as relating other not ethical measures (*e.g. prenatal examinations in order to eliminate handicapped children; euthanasia; artificial fecundation; sterilization; etc.*) are in advance invalid and don’t authorize us to carry out any of these activities, but only ensure an inescapable Judgment.

37. Usage only of infertility days. The use of just cyclical infertility days in order to spread out conceptions must be motivated in the eyes of God (*health; accommodation conditions; economic circumstances*). The only ethically correct way of regulating conceptions consists on relaying the marital union on days of biological infertility – without disturbing the openness of every act for its childbearing potentiality and love.

While using only days of infertility, husband and wife adopt on days of possible conception a virginal attitude to each other, i.e. they don’t employ caresses leading to stimulation. Love then becomes not suspended, but finds its expression in more tenderness, without involving genital organs.

Petting as ‘substitute’ form is always a mortal sin: both

outside of marriage, as within marriage. Neither husband is owner of his wife, nor the wife – of her husband. Each is established by God as the responsible administrator of the gift of their sexuality. But an administrator will be called, sooner or later, to give an account in front of the Owner.

Intercourse is God's gift and possibility, not 'a must'. Even a husband and wife are called to master the blindly intruding lust for the body. Undertaking the marital union should be an expression of giving each other of their *persons* with all subtlety and tenderness, not as a result of 'pressure from the body'. They both should experience a „mutual (*not one-sided*) submission (*to each other; and always*) in fear of Christ" (*Eph 5,21; Mul. Dignit. 24*).

The chances of conceiving have been linked by the Creator to the cycle phase of female. It is the Creator's will, intercourse on stated days will not be able to lead to conception (*infertility days*). Instead, on other days of the cycle, a conception become possible through the Creator's will (*fertility days*). God always informs us precisely about the status of our fertility. The very calling of a human person to existence is a result of the individualized intervention of the „Loving Almighty of the Creator" (*DeV 33*). God calls this Conceived human person at the very same moment to immortality – in the FATHER'S HOUSE, by impregnating him his God's Image.

38. Marriage: the Sacrament. Jesus Christ hands over through the sacrament of marriage the gifts of His Redemption-Work from generation to generation. The couple shall make visible to the Church and the world – the Love of God for Human Beings: man and wife through their reciprocal love. Married people are called to holiness via a path that is proper to them – via marriage and family, without forsaking moments of intimate union. Life in marriage and experiencing their mutual closeness shall, by God's institution, make present to them both God's Love, which whole

is Creator's (*Life*) and in God's way Bridegroom (*Love*).

Husband and wife should aim to be mutually with-each-other and for-each-other in such a way, that they can radiate to each other the Living Jesus Christ.. The Redeemer wishes to abide in their hearts for good, among others things via the power of the received sacrament of marriage. While husband and wife are at moments of mutual closeness, it is not difficult for them to direct their hearts towards this other Wholeness of the gift of Love: of God the Trinity in the gift of God's Son.

Jesus Christ has moved its love towards His human brothers and sisters to such extent, that He assumed their nature in the Mystery of Incarnation (*Spousal union of God's Son with the Human Family*).

– Rejected by Those Loved so much, He loved them even more, becoming on the Cross – Love giving Himself „for the remission of (*their*) sins” (*the parental-redemptive sense of the body: somewhat like the horizontal beam of the Cross; and God's Love towards man and wife: quasi the vertical beam of the reality of the Cross*).

– Specifically, Jesus Christ has loved the Church, which He has purchased for Himself and prepared to His Mystical 'Spouse'. He has embraced it and given Himself to it – as its Ransom and Bridegroom Dowry for it.

Every human is, according to God's Design, called to the dignity of being Mystical God's 'Spouse'. The Redeemer offers to His Beloved the Spousality – as life' participation in His Love „for ever”. As not only a Man (*through the Mystery of Incarnation*), but more as God, Jesus Christ is as were 'unable' to bestow Life to others, except for this ... eternal one.

But Jesus Christ has spoused the Church, and in it every Human Being: *man and wife* – in His singular, unic God's way: through the „thrillingly” (*DiM 7*) wholeness of the Gift of Himself till „the very end”, in order to sanctify

His Beloved – towards the overwhelming One-with-Her in eternity.

To do this, Christ enters into a *Covenant* with this Beloved. This Covenant He seals with His Redemption's *Blood*.

– Thus, this is performed at an unimaginable cost: the *death*, which became God's *Work of Redemption* for Mankind. This death was meted out to Him by the hands of His 'Betrothed': she has crucified Him as Her God's Bridegroom! Jesus accepts this death „for Her” – truly continuing to love Her: „to the very end” – and beyond „the end”.

This Cross prepared for Him will be experienced by the Son of God in His „fervent prayer of his Passion” (*Dom.et Vivific. 40*). The crowning of this Passion, accepted by Jesus as *Redemption Passion*, will become His Resurrection. The Resurrection of the Redeemer has become as well His Spousal Gift for the 'Betrothed': the Church and each every one of us. The Redemption's Passion has become in its literal sense ... the key to the „FATHER'S HOUSE”: „And if I go (= *the Passion*) and make ready a place for you, I will come again and take you to be with Me, so that where I AM, you may be too” (*John 14,3*).

This is the Gift of the Redeemer and God's *Bridegroom-from-the-Cross* for His 'Betrothed'. Jesus Christ wishes to „take” (*cf. Philp 3,12*) Her together with Himself towards the Resurrection of Life. If she only would be willing to receive the gift of the Redemption, convert and trustfully gives herself to Her God – the *Bridegroom-from-the-Cross* towards a union with Him for ever.

In order that this might become reality, the Son of Man nourishes Her in the meantime by His own Body, and offers Her as potion of Life – His Blood. This is the *Mystery of Eucharist*.

The *Eucharist* is the „very source of Christian Marriage” (*FC 57*). It is at the same time a foretaste of the Love of

Union in eternal wedding: „Having loved, ... He loved until the end” (*John 13,1*). The Eucharist is the stupendous „Sacrament of the Bridegroom and of the Bride” (*Mul. Dignit. 26*).

Every Marriage is by God’s Will – a „real sign” and a presenting of this reality (*comp. FC 12s.13.17.66ss.80.84*).

* * *

Source literature and documentation

See the homepage of the author of this text:

ks. Paweł Leks: <http://lp33.de> (*Polish-German version*). On the top of every page there appears a link: 'Literature'.

Open on this homepage among others:

- a) Part I, Chapt. 1-2-3: More thorough presentation of the Billings Method; its often happening distortions; disinformation of publicity.
- b) Part II, Chapt. 3: acting mechanism of anti-parental devices from medical point of view.
- c) <http://lp33.de/strona-lp33/ind2.htm> : Holy Confession of married people with sins committed while intercouring.

See besides the WEB-Site of the '*World Organization of the Ovulation Method Billings*':

<http://www.woomb.org>

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