

Reflections on the IXth Degree

The Nature of the Great Work of the O.T.O.

Do what thou wilt shall be the whole of the Law.

The 'Supreme Secret of the O.T.O.' is 'sacred sex' within ritual circumstances in a duly consecrated and prepared temple (defining 'sacred space'). And apparently from the Chakra stimulation of their initiatory rites, utilizes the techniques of Kundalini yoga; thus the electro-chemical nature of the central nervous system is aroused from the base of the spine to the tip of the cranium. This rite is supposed to produce upon ejaculation and the subsequent simultaneous orgasm of the female, the Elixir of Life or Philosophers Stone of the Alchemists. The physical substance obtained is the commingled sexual effluvia of the participant male and female infused with the energy that was the focus of the rite.

This substance is then to be ingested by and absorbed through a bodily membrane. Some say the roof of the mouth and walls of the esophagus is the proper membrane (as per the Star Sapphire). Others say the genitals themselves do an adequate job of absorption; and in particular, the elixir should be sucked up back through the penis by the male. While still others apparently think that the tongue is sufficient as a kind of Tantric Eucharist as revealed in the Gnostic Mass. The work of the initiate of the IXth Degree is expected to experiment with this theory and the secret techniques for applying it while maintaining a strict scientific record of the work; which is the 'Great Work' of the OTO.

Yet there are those, especially in Thelemic Orders, who persist in the conviction that if only they engage in intercourse with a sustained vigor, they'll attain enlightenment in the form of a lightning flash that infuses the electro-chemical matrix of the combined nervous system of the experimenter. This is also supported by the work of Wilhelm Reich and his theories on the nature of the orgasm. And this works in accordance with the Alchemical transformation of opposite energies (yin and yang) annihilating themselves into a new singular substance delineated in the IAO formula. The withholding of the ejaculatory semen is central to this focus as a conservation and building up of energy and likely includes the possibly dangerous process of penile reverse-vacuum in the absorption of 'chi'. Such that one's 'personal energy stores' may be refilled and the 'subtle body' may be condensed to an indivisible density. Such a power will develop to gain the attention of the Pleroma of the Gnostics whom alone can bestow 'divine grace' upon the Aspirants involved. Thus there are two separate paths to this work.

Crowley writes that if one practices something long enough and with enough attention, it will eventually come to pass that such energy will work through the Aspirant as opposed to the Aspirant working the energy. This is delineated in his essay: Energized Enthusiasm and is behind the idea of acting without 'lust of result'. The repetition of the work (Invoke Often) brings one through the Apophis period of the work and into the Osiric period to lead to that fulfillment so delineated in the formula of AIMA. Thus the mystical nature of Attainment has a practical or Magickal application that can be used to heal the sick and produces other Theurgic results.

This has a Gnostic application which is said to enable the survival of bodily death by congealing the multiple parts of the soul and avoiding that dispersal that would accompany the decomposition of the physical body. Crowley delineates this theory in his commentary to Liber AL vel Legis (or is it Magick Without Tears?) which is also concurred by Motta in his writings. This Magickal theory strongly suggests that only the Adept can 'grab' his or her death and control one's evolutionary destiny as per the theory of Eugenics. It is also a reflection of the transmigration of the soul as per the Yellow School of Magick.

A particular formula for intercourse is said to be engaged for the practice of sexual magick. That formula includes femina superiora (symbolized by the Tau Cross) in coitus with sustained movement and ejaculation-delay. However, there are really two ways (femina inferiora being the opposite) to be considered. The Probationer chooses blindly when deciding upon how to wear the Tau Cross on his or her Probationer Robe. Apparently this is supposed to be similar to building up or down of a charge as when silk is rubbed vigorously against a glass rod. Thus the electrical stimulation that leads to the lightning flash and infusion of spiritual grace.

Heightened sensitivity, enhanced consciousness, total awareness, is the object of the rite. The state of consciousness obtained as a result of this work is fostered and maintained by connecting the current of multiple applications of the formula. One may choose to accomplish this with multiple partners as per the sacred ring of the Scarlet Woman or through a series of rites with one individual. Thus an 'Infinite Chain' is forged that will enable one to obtain results through a kind of cumulative reinforcing action or sustained inner Alchemical state. A psycho-kinetic current is then generated by intense orgasmic experiences subtending periods of abstinence. Sex becomes a discipline with purpose as opposed to the indiscriminate sensual entertainment engaged in by the non-initiate. Thus the Magickal Childe created is not the abortion created by the common man.

Crowley writes that the possible value of a vow of chastity could include intentional abstinence so as to build up a direct association of potency with magical rite also intensifying the subjective effects of the sexual interaction. The Chaste Virgin is then one wholly devoted to the Gnostic Mass. Sex is not to the Adept a frivolous escapade suited only to the lower nature. It provides the essential means by which one can achieve a mystical union or a magical benefaction. The following verse from Liber AL vel Legis describes the proper conditions and warnings regarding the work:

There are four gates to one palace; the floor of that palace is of silver and gold; lapis lazuli & jasper are there; and all rare scents; jasmine & rose, and the emblems of death. Let him enter in turn or at once the four gates; let him stand on the floor of the palace. Will he not sink? Amn. Ho! warrior, if thy servant sink? But there are means and means. Be goodly therefore: dress ye all in fine apparel; eat rich foods and drink sweet wines and wines that foam! Also, take your fill and will of love as ye will, when, where and with whom ye will! But always unto me."

He or she who is improperly prepared for the work shall "sink" into the "floor" of sensuality (becoming ruled by the Nephesh). Such is the inertia of over-stimulation. Grant warns us about this in his writings: *To prevent the blunting of sensibility and the consequent inertia induced by an over-irritation of the "vessels of earth"*. These vessels are those referred to in Liber VII: **"Come! let us irritate the vessels of earth; they shall distil strange wine."**

Upon failing to maintain such Magickal Chastity, one can "expect the direful judgments of Ra-Hoor-Khuit" or the True Will as amended by the Magickal Oath taken at the start of the work. The judgements are related to a host of apparent offenses, inclusive of the ritual being not 'unto me'. This must inevitably lead to a descent into vulgar sensuality. The "means" by which this result may be avoided are then given in the verse: **Be goodly therefore: dress ye all in fine apparel eat rich foods and drink sweet wines and wines that foam.** This pertains to the ritual preparations and the focus of the participants of the rite. Such is the nature of the work of the Outer Order of the A.'.A.'. .

INTERPRETIVE SUMMARY OF EMBLEMS & MODES

Preface

Crowley begins with a notice that information in some of his other works give a basis for the working of the sexual techniques of this degree. And he notes that all his hints add up to the singular instruction: "Inflame thyself with prayer."

Emblem I: The Egg

The Egg is "laid" by the "White Eagle" (woman). And it is attributed to the number 156; thus a manifestation of Babalon. The vehicle of the Egg is the Vaginal Fluids; thus it is not the ovum. But rather, it is the magickal power of the woman. This is fertilized by the Sperm being congenial to the nature of the Egg. Hence, the man must also be in tune with the woman. Hence, a Magickal Link must be developed between them.

Emblem II: The Serpent

The Serpent is the Sperm and is the 'principle of immortality'. Hence, through the sperm, a person can be renewed by way of incarnation and then persistence of will. Thus, all of one's mental faculties and memories can be retained upon reincarnation. This is the true Eugenics of Thelemic Magick. The man must first determine what kind of

sperm he needs to act as a representative of his True Will. And thus the Great Work must be performed with the Knowledge & Conversation of One's Holy Guardian Angel. Otherwise, there could be failure as there would most likely be a conflict between the higher and lower natures of the individual.

The man must impose his Will upon the 'actually existing physical' sperm through an act of concentration. Although the physical Sperm is charged with the goal of the ritual (and that the nature of the Sperm is to fertilize the Egg), the method of the ritual should prevent the birth of a physical child; deferring to the Astral or 'Magickal Childe'.

Emblem III: Conditions of the Operation

The man and woman involved in the Operation should be in good physical, mental and emotional health and be 'magnetically' attracted to each other. The couple must be 'in absolute understanding harmony' regarding the purpose of the ritual. And all possible outside distractions should be eliminated. Banishings and Consecrations are the perfect preparation here. Thus the total focus is on the ritual and the couple can inflame themselves in the prayer of vigorous intercourse.

Emblem IV: The Operation Proper

The couple must not allow the physical activity and sensations to distract them from concentrating on the purpose of the ritual. The Orgasm itself must be prolonged; lasting several minutes, as it is the result of the ritual. The Ejaculation is different and separate from the Orgasm as it will only last a few seconds. Yet the intensity of the ritual may actually cause the person to lose consciousness. Hence, the lower ego is abolished and the higher self is unimpeded in its work of creation.

At this time, the Semen is fully mixed with the Vaginal Fluids and the Sperm or Magickal Intent within it has fertilized the Egg (which is the Magickal Energy of the woman). The energies of both the man and the woman have been blended together in a chemical and spiritual fusion creating the Elixir or Quintessence; also known as the Philosopher's Stone.

In order for this to truly occur, perfect simultaneity in the occurrence of Orgasm is of absolute necessity for the couple. A system of verbal and non-verbal cues for the pending occurrence of Orgasm in each partner needs to be worked out in order that this simultaneity may be achieved. Finally, just before Orgasm, the man must become 'enraged' and announce the purpose of the ritual with the divine blessings of the Hawk-Headed Mystical Lord. He then should go into the last and most vigorous phase of the intercourse (by speeding up his thrusts and becoming more and more animalistic); forgetting about the purpose of the rite. Upon Ejaculation, the couple together should focus on the purpose of the ritual while maintaining the coupling until they feel that the fluids have been properly blended.

Emblem V: The Elixir

The man should use his mouth to suck the combined fluid from the woman and then share it with her by putting his mouth to hers. He may first decide to suck some of the fluid into his urethra before disengaging from their embrace. The Elixir may also be used to charge a talisman which has been previously prepared and consecrated. Or it can be smeared on the body of a sick person (assuming the ritual was done specifically for the healing of this person).

The re-absorption of the Elixir is vital as it will help restore the energy used for the ritual. Every act of sex produces a Magickal Childe. Therefore a special chastity to this type of sexual activity is quite important for the Initiates of this grade of Magickal work. And finally, careful records should be kept in this as in all Magickal activity.

PREVENTING EJACULATION

Specific explanations for the means of: preventing ejaculation recovering erection is the central male problem in performing the Great Work of the O.T.O. It is true that to some extent these are psycho-somatic skills, but there is a definite relationship between the breath and tension-relaxation of the body and at least the latter. There are also speculations on activities which may be engaged by the priestess (ranging anywhere from rhythmic or intentional constriction of the 'PC' muscle (the Pubococcygeus muscle, essential to the restriction of urination) to pressure on the male perineum, that stretch of sensitive skin between genitalia and anus).

For some men ejaculation can be triggered by muscle tension in the buttocks or pelvis. When you feel that you are approaching the point of no return, remain completely still, and relax the anal and genital muscles while pressing your tongue against the top of your palate. Pressing there creates a sense of feeling anchored and can help delay ejaculation. Just before the point of no return, the man or his partner can squeeze his penis, clasp the frenulum - the area just behind the glans--between thumb and forefingers. Try it with one hand, then two, and see which feels best for you. You may want to squeeze gently for ten seconds, or more firmly and deeply for five. Keep squeezing until the urge to ejaculate subsides. Repeat this process several times during each self-pleasuring session.

This technique will also help women postpone orgasm. Immediately before you start a self-pleasuring session, do 30 PC Pump contractions. The tightening action of the anal muscles has a pumping and massaging effect on the prostate gland. This preventative massage will strengthen the gland and delay the onset of pre-ejaculatory spasm during self-stimulation. Before the point of no return, press deeply and firmly on the perineum point, located halfway between the scrotum and the anus. When you find the right point, you will feel little or no resistance, because there is a small indentation. If you press exactly on the perineum point before you are about to ejaculate, you will prevent the emission of semen into the urethra. Do not press too close to the scrotum or too close to the anus, or the benefit of the practice will be lost. You can press on the perineum from the front or reach around behind your buttocks. Press hard. One of the advantages of this approach is that you can experience the pleasurable sensations associated with the pumping of the prostate that occur at the onset of orgasm, yet you avoid the emission of semen that usually accompanies it.

This is how men experience multiple orgasms. There is no refractory (or recovery) period following each orgasm so that erection can be maintained. This is very pleasing for a woman as love- making lasts long enough to allow her several orgasms. If ejaculatory orgasm happens accidentally, however, enjoy it, let it be, and resume stimulation after a few minutes.

These techniques are initiatory to the possibility of a male's ability to restrict the flow of semen to the urethra without finger-pressure (through muscular control) and a partnership sensitivity to excitement and relaxation such that neither moves beyond a level of excitation other than that desired (through open communication about sexual response, mutual stimulation, matching of breath-patterns, and, at times, common psycho-spiritual mindsets as regards the objectives and biophysical phenomena that make up the ritual). It is this last, the coordination of mindsets in the attunement of 'sex magick partners' which most often makes up the bulk of Tantric instruction, and can be learned with a dedicated lover who is willing to experiment and express honestly what is happening for him or her.

Love is the law, love under will.

Additional notes:

pj: Brilliant analogy and quite educational for me. So I'm glad that this came up. But we were originally talking about the correlation between the Gnostic Mass and the Minerval initiation. The vaginal fluids (and not the ova) may select and coax and discriminate...but these fluids don't conduct. If they determine any course for the sperm it is passive at best. The ova (to be differentiated from the vaginal fluids) is another matter in that it is half the equation of the DNA and all of the mitochondrial equation. The upward movement of the female in the formula of ON can be physically correlated then to the fertilized egg taking to the uterine wall. And the downward movement of the male can be taken to correlate with the other egg that is released and discharged upon fertilization of the former egg.

We then have a whole other set of Alchemical substances that can be considered as the discharge contains ova and semen as well as vaginal and seminal fluid. By the working of Liber XXXVI, this is then combined with both the salivary glands of the working couple and into a sort of primordial stew. And Kenneth Grant adds a whole set of possible affectations for this in how the hypothalamus and pituitary glands can be affected both before and during the initiation of the entire working. Though his ideas are entirely speculative, they bear enough merit to warrant further investigation and experimentation.

And while I'm at it, the egg that takes to the uterine wall...well, I believe that Crowley was aware of the Hindu prophecy behind the 'Golden Child' and that Grant also had some hint of this from Crowley. It's too bad that Grant's thinking is so erratic as to be so easily distracted by Nema, Bertieau, Spare and Rimbaud (amongst others). This is I feel something behind the eugenic theories that really remain very vague in an overall impression that I interpret; especially connected to the Lam portrait with the ominous loss of material connected to that. And please note that this is all entirely speculative on my part and that I have absolutely no credible references to back this up...just an intuition, which itself should be deemed as not being entirely credible.

Important research questions from V:

How long is the ovum viable for?

Is an ovum past it's prime of any use?

Except for the harvesting procedures use in vitro fertilization procedures is there e any way to get a viable ovum that is not fertilized?

What happens to an ovum that isn't fertilized? Where does it go? Is it ever present in the vagina after sex?

After menopause can a woman fully participate in sex magick?
Can a man with a vasectomy or with low sperm count?

Is it preferable to have a working couple where both are fertile rather than a couple where one or both are not?

How important are these considerations of the physical plane to magick?

If the sperm and ovum do not have to be physically present what importance does the males seminal fluid have, or the woman's vaginal secretions or ejaculate?

On the birth control pill a woman does not ovulate and her vaginal secretions are "inhospitable" to sperm: can she still fully participate?

What are the uses of female ejaculate?

What about the use of other forms of birth control?

If the sperm or ovum are not physically present can the egg be looked at as the auric field surrounding the working couple?

Would the "egg" then be the result of the working itself?

The "ovum" having been "fertilized "by the "sperm" to create the "egg " Just how important are the physical plane realities to a working couple?

Studies on Human Reproduction

Ovarian Activity and Fertility and the Billings Ovulation Method

by Professor-Emeritus James B. Brown M.Sc., Ph.D., D.Sc., FRACOG

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Foreword by John J. Billings and Evelyn L. Billings - April 2000

The early development of the Billings Ovulation Method was the product of clinical research which began in Melbourne in 1953 with the use and assessment of the calendar rhythm method for the avoidance of pregnancy. This essentially is a "menstruation method" requiring that the woman is having menstrual cycles and that these cycles vary very little in length. Some years later the basal body temperature (BBT) method was added in order to establish greater effectiveness in the avoidance of pregnancy, at least in the post-ovulatory phase. The BBT method had the added advantage of helping women with irregular cycles to avoid contraceptive medication which was being promoted from about 1960 onwards. The BBT method may be described as a "hormonal method" related to the rise of progesterone which usually begins a few hours before ovulation. The rise of temperature is not precisely related to the rise of progesterone and sometimes cycles occur in which there is confirmation of the occurrence of ovulation by measurement of ovarian hormones without a temperature rise occurring at all. There is also no constant relationship of the temperature record to the time of ovulation, however the temperature pattern is interpreted. Furthermore, the temperature record is subjected to influences which do not have any relationship to ovulation and the BBT method can provide no information regarding the pre-ovulatory phase of the cycle.

The deficiencies of these methods led to a study of the activity of the cervix of the uterus during the cycle and to the discovery that virtually every fertile women observes, or can be trained to observe, the secretion of a particular pattern of mucus coming from the cervix around the time of fertility; this appears at the vulva as a vaginal discharge. The temperature-rhythm combination continued to be used while careful observations were made to determine those days in the cycle when it is possible for the woman to become pregnant, when she is unable to do so, and the day

on which she was most likely to become pregnant. It was only after the self-observation of the mucus pattern and the application of guidelines appropriate to the desire of the couple to achieve or to avoid pregnancy in the cycle that the temperature-rhythm calculations were abandoned. By 1962 a decision was made to publish a book regarding these studies and the conclusions that had been reached.

It was in this same year, 1962, that Dr James Brown took up an appointment at the Royal Women's Hospital, Melbourne. The international reputation that he had acquired in Edinburgh, Scotland, particularly in the development of a method for measuring oestrogen and progesterone metabolites in urine, had preceded him. Soon afterwards he was approached and given information about our Melbourne work and was asked if he would submit all of our conclusions to the evaluation of his laboratory techniques. He immediately agreed to this request and over the 38 years which have elapsed since this first meeting, we have had the good fortune to have had his active collaboration and guidance. He had immediately undertaken the daily measurements of oestrogen and progesterone metabolites in the urine of two women which confirmed our judgments, and this information was added to the content of the book, which was published in 1964. We decided to call this new method The Ovulation Method in order to emphasize that attention was now taken away from menstruation and directed to ovulation, which is the more important event in the women's cycle.

It had been observed that the characteristics of the mucus secretion, determined by the sensation produced by its presence on the vulva and by any visual observations that might be made, is a changing pattern. This could now be related to the hormonal patterns, beginning with the progressive rise of oestrogens up to a peak about a day before what was now described as the Peak day, the day on which there was the best possible chance of a woman becoming pregnant. This was quickly followed by a change in the physical characteristics of the mucus which was now reflecting the rise of progesterone just before ovulation. In the pre-ovulatory phase the days before the development of the mucus symptom were recognized as infertile and after the fertile phase it was established that the rest of the cycle was also infertile after allowing a count of 3 days past the mucus symptom. These conclusions were reached after a careful study over some years, undertaken by couples who were now anxious to achieve pregnancy, in which a single act of intercourse was placed within the days of possible fertility in successive cycles, working backwards from the fourth day after the Peak symptom.

The precise time of ovulation was now able to be determined by daily measurements of oestrogen and progesterone metabolites. It was clear that ovulation occurs on the day of the Peak symptom or the following day, rarely on the second day after the Peak so that allowing for the possibility of ovum survival for 24 hours, a count of 3 days after the Peak symptom had to be applied to be sure that by the beginning of the fourth day after the Peak every woman had ovulated and the egg had disintegrated. So the earlier allowance made for the avoidance of intercourse on 3 days following the end of the mucus pattern was now more precisely translated to a count of 3 days to allow for the disintegration of the ovum following the Peak of the mucus symptom.

Soon after Dr Brown's collaboration began, Dr Evelyn Billings also joined in the research. At the beginning the work had been in the hands of Dr John Billings, working with the help of an experienced marriage consultant, Rev. Maurice Catarinich. Dr Evelyn Billings undertook a survey of pre-menopausal women, leading to the recognition of infertility even in the presence of

a discharge other than mucus. A variety of discharges exist, and she was able, with invaluable help from Dr Brown, to demonstrate that if the discharges, whenever they were observed over a period of two weeks remained unchanged and no bleeding had occurred, they were an indication of infertility. The discharges indicating infertility now supplemented the infertile days of dryness, the "dry days" when there is no discharge at all.

It was soon after this time that Dr Brown was awarded a personal professorial appointment within the University of Melbourne, as a special honour for his brilliant laboratory work as Director of the Research Laboratory at the Royal Women's Hospital. He was now involved in the development of what he called an Ovarian Monitor, a device which can quickly and accurately measure the metabolites of oestrone and pregnanediol in a timed specimen of urine, giving values which reflect accurately the levels of circulating oestrogen and progesterone. The Monitor is able to be used in the laboratory or even by a woman in her own home, It has been of immense value in assisting apparently infertile couples to achieve pregnancy, and is also very useful in confirming all the basic principles and guidelines of the Billings Ovulation Method and for investigating the causes of unexplained bleeding from the uterus and other gynaecological disorders.

It was in the 1970s that we learned about the excellent research of Professor Erik Odeblad of the Department of Medical Biophysics, University of Umeå, Sweden. He had been studying the physical properties of the various cervical secretions and was beginning to define different types of mucus, with appropriate functions. He too has collaborated with Professor Brown and ourselves for more than 20 years up to the present time. It had gradually become clear that sperm survival and sperm transport within the woman's reproductive system are critically dependent upon the presence of a healthy mucus pattern.

An important feature of these disciplines within medical research--the clinical studies of the cervical mucus symptom, of the ovarian hormonal pattern and of the physical characteristics of the various types of cervical mucus--have displayed a remarkable congruence. There is no contradiction between any of the results of these individual and collaborative projects. It is common practice now for the phases of the cycle and the occurrence of ovulation to be determined by ultrasound studies, but it is easier and more accurate to do this by the Billings Ovulation Method, as it is now being named, following the recommendation of a Committee of the World Health Organization.

The woman who knows the Billings Ovulation Method will always know the day on which she has conceived and this will provide for a reliable estimation of the expected date of delivery. It therefore protects the woman from imprudent interference with the pregnancy when the calculation has been made from the date of the last menstrual period.

It must also be pointed out that the study of natural family planning offers special research possibilities because the gynaecological health of the woman has not been disturbed nor has her fertility been suppressed by any medication, however administered, nor by any instrument or surgical operation. There is therefore the opportunity to study any change from normal: infertility, irregular bleeding, disorders produced by ovarian cysts or tumours, vaginal infections and so on.

Professor Brown's work has encompassed many areas of interest to medical science beyond his great service to natural family planning. He developed impressively sound explanations of the interaction between the pituitary and the ovarian hormones in both the normal fertile cycle and those incidences of physiological and pathological alterations from it. He made very interesting observations of FSH and oestrogen levels at menopause and afterwards. He explained the action of prolactin in delaying the return of fertility for a variable time following child birth and the establishment of breast-feeding. He made interesting observations of the progressive suppression of fertility in women undertaking strenuous physical exertion over a long period of time, for example those involved in running marathons and the long training required for such athletic pursuits. His studies of infertility influenced his opinions regarding the polycystic ovary syndrome. He had an interest in the oestrogen levels in women developing breast cancer and suspected the accumulation of carcinogenic material within the mammary ducts as a cause of the cancer, pointing out that this risk is removed by pregnancy and lactation. He was one of the first to recognize that certain adreno-genital disorders can cause a raised level of progesterone in the circulation, and through his assistance to those undertaking studies of prolactin levels and infertility knew that a raised prolactin level can result from pituitary tumours and the ingestion of certain drugs.

This monograph has been written to help women understand why the rules of the Billings Ovulation Method are as they are and to give women confidence that they are in control of their fertility at all times. However, this monograph is more than that. It should come to be regarded as a classic in medical literature. It is an example of Professor Brown's unique contribution to the protection and restoration of women's health, with particular reference to her ability to conceive and nurture children. His superb scientific work has been of inestimable value not only to the disciplines of obstetrics and gynaecology, but especially to the dignity and self esteem of women all over the world.

(published here with kind permission of the Billings doctors and Professor James Brown)
The full monograph is available from the Billings Family Life Centre, 27 Alexandra Parade, North Fitzroy, Victoria 3068.

Q

Can you have a period without ovulating?

Can you fail to ovulate in your cycle, but still get your period?

Toni Weschler

Toni Weschler is the author of the popular book "[Taking Charge of Your Fertility](#)". Ms. Weschler holds a master's degree in public health and founded the Fertilit



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The quick answer is, "Yes, sort of," but the more biologically correct answer is that you can fail to ovulate, but still have anovulatory bleeding. Technically speaking, a period is the bleeding that occurs about 12 to 16 days after the release of an egg. If no egg is released, it is not really a period that follows, but anovulatory bleeding.

There is a huge difference between cycles in which the woman ovulates but does not get her period, and one in which she gets her period but does not ovulate. What is that difference? In the former case, the woman is almost certainly pregnant. In the latter case, she has had an anovulatory cycle.

In anovulatory cycles, non-charting women may assume they are menstruating normally, so why would they continue to experience bleeding if ovulation has not occurred? Such bleeding results when estrogen production continues to develop the uterine lining without reaching the threshold necessary to trigger ovulation. In such a case, one of two things may happen, which leads to what appears to be a menstrual period.

Either the estrogen will build up slowly to a point below the threshold and then drop, resulting in "estrogen withdrawal bleeding," or more commonly, the endometrium builds up slowly over an extended period of time, eventually to the point where the resulting uterine lining is so thickened it can no longer sustain itself. This is known as "estrogen breakthrough bleeding." In either case, if you weren't charting, you might think you were simply menstruating, though you would maybe notice a difference in the type of bleeding. Specifically the flow can be either unusually heavy or light and of course, the timing can result in cycle lengths all over the map (or the chart).

Your menstrual cycle

by [Toni Weschler](#)

The menstrual cycle is like a fine-tuned symphony, a fascinating interplay of hormones and physiological responses. Your body prepares for a potential pregnancy every cycle, whether or not you want to actually conceive. Under the influence of Follicle Stimulating Hormone (FSH), about 15 to 20 eggs start to mature in each ovary. Each egg is encased in its own follicle. The follicles produce estrogen, the hormone necessary for ovulation to eventually occur. A race progresses for one follicle to become the largest. Eventually, ovulation occurs when one ovary releases an egg from the most dominant follicle.

Although it averages about two weeks, this race to release an egg can take anywhere from about eight days to a month or longer to complete. The primary factor that determines how long it will take before you ovulate is how soon your body reaches its estrogen threshold. The high levels of estrogen will trigger an abrupt surge of Luteinizing Hormone (LH). It's this LH surge which causes the egg to literally burst through the ovarian wall, usually within a day or so of the occurrence. After ovulation, the egg tumbles out into the pelvic cavity, where it is quickly swept up by the fimbria of the fallopian tubes.

Once the egg tumbles into the pelvic cavity, the finger-like projections of the fallopian tubes, (fimbria) reach over and pick up the egg and draw it into one of the tubes. Often, though, the egg is not retrieved, and therefore pregnancy would not be possible that cycle. This would be true even if intercourse occurred when the woman was at the height of her fertile phase.

Following the release of the egg from the ovary, the follicle which held the egg collapses on itself, becoming a yellow body, or "corpus luteum." The corpus luteum remains behind on the interior ovarian wall, and starts releasing progesterone. Progesterone quickly stops the release of all other eggs until the next cycle. The corpus luteum has a finite lifespan, of about 12 to 16 days. It rarely varies more than a couple days within each individual woman. This is because its presence on the ovarian wall is unaffected by the stresses of everyday life.

If your luteal phase (the phase following ovulation) is normally 13 days, it may occasionally be 12 days or, occasionally 14. Phases less than 10 days can be potentially problematic if a couple is trying to get pregnant.

The first part of the cycle, from day one of menses to ovulation, is the follicular (or estrogenic) phase. Its length can vary considerably. The second phase of the cycle, from ovulation to the last day before the new period begins, is the luteal (or progestational) phase. It usually has a finite lifespan of 12 to 16 days. What this means is that ultimately, it is the day of ovulation that will determine the length of your cycle.

When the egg bursts through the ovarian wall it's usually picked up by the fallopian tube. Once it's released, it can take as little as 20 seconds for the fimbria (the end of the fallopian tubes) to reach over and draw the egg into the tube itself. Assuming fertilization does not occur, the egg remains alive for a maximum of 24 hours, after which it simply disintegrates and either gets reabsorbed by the body or comes out in the menstrual flow. The egg is about the size of the period at the end of this sentence, hardly large enough to be seen on a sanitary napkin.

If fertilization does occur, it will take place in the outer third of the fallopian tube within a few hours of ovulation. (It does not take place in the uterus, as is popularly believed.) The lucky sperm may have journeyed up to several hours to reach its cherished date. The fertilized egg will then continue to be pulled toward the uterus by vibrating cilia, hairlike projections which line the fallopian tubes. After a week or so, it reaches its ultimate destination of the uterine lining, and begins the burrowing-in process.

In order for conception to occur, though, there must be three factors present: the egg, the sperm and a medium in which the sperm can travel to reach the fallopian tubes. The medium is the fertile quality cervical fluid. This acts as a living conduit to direct the sperm through the cervix. Women produce cervical fluid under the influence of increasing levels of estrogen in the first part of the cycle. Because the sperm can live up to five days in fertile quality cervical fluid, it is actually possible to have intercourse on Monday, and get pregnant from that act on Friday.

What follows is truly amazing. If you were trying to get pregnant, it would be disastrous for the endometrium to begin to disintegrate and shed in the form of menstruation, as it does cycle after cycle. So the pregnant body has a means of preventing that from happening. As soon as the fertilized egg burrows into the lining, it starts releasing a pregnancy hormone, HCG (Human Chorionic Gonadotropin) which sends a message back to the corpus luteum left behind on the ovarian wall. HCG signals the corpus luteum to remain alive beyond its usual maximum of 16 days and continuing to release progesterone long enough to sustain the nourishing lining. After several months, the placenta takes over, not only maintaining the endometrium, but providing all the oxygen and nutrients the fetus needs to thrive.

I hope my summary has convinced you that your menstrual cycle is an amazing orchestration of biological events. Far from being only about menstruation, it is a continual hormonal chorus working together toward the ultimate goal of releasing and nurturing a healthy egg. Your body gives you conspicuous signs to help you understand on a daily basis what is transpiring within.

cs

93

Thanks for these!

Not only did I learn a lot; but I realized...it is possible to capture the egg!!!

That's simply incredible.

The issue now seems in determining whether this can be scientifically approached as it seems more of a luck shot considering the size of the egg. It seems to me that the ejaculant would have to be mixed with the menstruum and then we would need some means to determine whether:

1. There was even an egg in the menstruum
2. Did any particular semen (don't know the singular term) actually touch the egg and/or merge with it.
3. Should this successfully happen, what do we do with it? Is consumption of the life force vitalizing for the consumer?...for that matter, is this really some form of cannibalism? (I would think not, but noteworthy to ask.)

93/93

pj

<http://www.newscientist.com/news/news.jsp?id=ns99992457>

Semen makes you happy. That's the remarkable conclusion of a study comparing women whose partners wear condoms with those whose partners don't.

The study, which is bound to provoke controversy, showed that the women who were directly exposed to semen were less depressed. The researchers think this is because mood-altering hormones in semen are absorbed through the vagina. They say they have ruled out other explanations.

"I want to make it clear that we are not advocating that people abstain from using condoms," says Gordon Gallup, the psychologist at the State University of New York who led the team. "Clearly an unwanted pregnancy or a sexually transmitted disease would more than offset any advantageous psychological effects of semen."

Suicide attempts

His team divided 293 female students into groups depending on how often their partners wore condoms, and assessed their happiness using the Beck Depression Inventory, a standard questionnaire for assessing mood. People who score over 17 are considered moderately depressed.

The team found that women whose partners never used condoms scored 8 on average, those who sometimes used them scored 10.5, those who usually used them scored 15 and those who always used them scored 11.3. Women who weren't having sex at all scored 13.5.

What's more, the longer the interval since they last had sex, the more depressed the women who never or sometimes used condoms got. But the time since the last sexual encounter made no difference to the mood of women who usually or always used condoms.

The team also found that depressive symptoms and suicide attempts were more common among women who used condoms regularly compared with those who didn't. The results will appear in the journal Archives of Sexual Behavior.

And Gallup told New Scientist that his team already has unpublished data from a larger group of 700 women confirming these findings. In this study, the always-use-condoms group were more depressed than the usually-use-condoms group, suggesting the discrepancy in the smaller study was a sampling error, he says.

Alternative explanations

But is it really the semen that affects women's mood? The researchers say they looked at alternative explanations such as whether women who seldom use condoms took oral contraceptives, how often they had sex, the strength of relationships, and the possibility that having a certain type of personality influenced the decision to use condoms. But none of these factors can explain their findings, they say.

In fact, the results aren't a complete surprise because semen does contain several mood-altering hormones, including testosterone, oestrogen, follicle-stimulating hormone, luteinising hormone, prolactin and several different prostaglandins. Some of these have been detected in a women's blood within hours of exposure to semen.

The question many people will ask is whether oral sex could have the same mood-enhancing effects. "Since the steroids in birth control pills survive the digestion process, I would assume that the same holds true for at least some of the chemicals in semen," Gallup says.

"I understand that among some gay males who have anal intercourse, it is not uncommon to attempt to retain the semen for extended periods of time," he adds. "Suggesting, of course, that there may be psychological effects." But further research will be needed to confirm whether exposure to semen through oral or anal sex really does affect mood in heterosexual or homosexual partners.

But why should semen have such an effect? "It makes no sense to me for this phenomenon to have evolved," says Satoshi Kanazawa, an evolutionary psychologist at the Indiana University of Pennsylvania. But Gallup counters that men whose semen promotes long-term mood enhancement might have more chances to indulge in sexual activity.

bishop: What is the next obvious step? At least I have to give Koenig credit where credit is due. He got it right, though he had the advantage of the Walburg over those of us who cut our teeth on Francis King. F.K. erroneously attributed the document De Homunculus to the IXo when, in fact, it is actually of one degree higher per the cover page found in the Walburg. (Likewise, the "Grand Grimoire" is not of the IXo either per its own description.) It is in THIS document that you have the first inferences to a "real" child and a lineage born of the Kings. Remember, the whole of the upper triad is yet another cycle that mirrors that of the Man of Earth triad but on a higher and more (so-called) "secret" layer. It is dynastic in essence if not in theory. The problem lies in it's application.

pj: Ok...Now I think I understand what you're saying here. While I can speculate on what the egg or ova/ovum may represent, as you say, the formula of the IXth Degree and the biological method of reproduction are two completely separate ideas, neither one having anything to do with the other.

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bishop: If we want to discuss reproduction, then let's move up a degree and discuss it. But I am unaware of anything other than De Homunculus that is related to the formula of that degree. There are times that I wonder what is withheld from public consumption and what was designed to be inferences from the materials of the IXo taken one step further. I honestly don't know which is closer to the truth on this one.

[Note: Creating an homunculous can be the energy within the fertilized egg. In this case, it's not the generation of the Magickal Childe so much as it is a force that can do our bidding...a force that can capture energy for us to consume.]

pj: For me, the idea has always been the generation of the Magickal Childe as Ra-Hoor-Khuit; the redemption of matter by way of crystallizing the spiritual light within it. And I am coming to realize that this is the Alchemical process for building the immortal body.

pj: I can agree with you here. As the IXth Degree, like the IXth Atu is progressive towards the Xth...and while I think of it, the Xth Atu/Degree also holds its own key as the hub of the Wheel is the seed entirely fructified...so the work must be seen as a continued development in a line that proceeds forward as you so eloquently have taught. The error is in the propagation of the idea that the IXth Degree is the ultimate attainment in the OTO system. And the other error there is that this does not require the K&C, which I believe is part of the necessary preparation involved in the teachings of the VIIth and VIIIth Degrees with their focus on Sol.

!Speculation Alert!

I think that Crowley left enough hints as to the ultimate secret of the Order around in his work. But I also think that he felt that the X: formula was more secret than the IX: and so he continually hints at the latter while leaving mere traces of the former in various places. I think that Crowley **did** see this as a very dangerous practice that would draw fire from those who would see this as another Hitler-like attempt at controlling the future shape of the Order and the social impact that it *potentially* could have. It is my opinion that the "secret of secrets" to which he alludes in the quote above is actually that of the X: born out of the performance of the Sanctuary. The whole succession Mystery, again to me, is an allusion to the birth of a child of the Rex Summus Sanctissimus as a Man of Earth, or more specifically as a Minerval with a natural attraction to the system itself. Such a child, properly created and *in potentia* would be the most natural successor to the Throne.

!End Alert!

pj: Yes, I agree with your speculation. Patrizia Norelli-Bachelet speaks of this quite openly as did Sri-Aurobindo. You see, what the Caliphate holds back, has been long out in the open. Hitler's perversion could only come about because the secret light is in the dark to so many here in the West.

pj: And so the spirit (father) ultimately into matter (daughter) both transforms matter and is transformed by it. Kether is in Malkuth as Malkuth is in Kether, but in a different manner. In this sense also, it should be noted that the female also has a phallus (clitoris) as the male has a shall we say 'vaginal' opening; the 'mouth' of the phallus.

pj: The IXth Degree is particularly of the nature of physical manifestation, the healing elixir and other physical manifestations that I had until my discussion with bishop, attributed to the homunculus. And I'm still not certain that the homunculus is of the Xth as the Xth Degree is clearly the Magickal Childe (or in the East, the Golden Child...that "Messiah" that is yet to come in the Age of Truth/Capricorn). As such, the Magickal Child must be cultivated through generations of carefully planned eugenics. And with the failure of the Caliphate, the mission of the Caliphate is in vain...they will not create the line from which that is to come as they will not cultivate the matrilineal thread with their inherent misogyny. They have become duped by the Black Lodge.

But in the nature of the IXth Degree, the sperm is the Sun with the seminal fluid being its penumbra. The vaginal secretion is the moon, which absorbs the light of the sun and reflects it. But according to the formula of ON, it seems that through some inverse fashion, the female takes the energy to Tiphareth; in a sense redeems the matter of the sperm as the male brings the light of Tiphareth down to manifestation. So a circuit is complete that is entirely electro-magnetic. My vision here is the lightning striking primordial matter which contains amino acids as the formulation of life on this planet.

Yet, it is the Xth Degree, with its egg that can be found whole in the menstrual blood that can make the homunculus. This I had never considered before and find bishop's revelation here, quite profound. For that matter, the induction of a carefully energized poison into the bloodstream for the purposes of health as a poisonous psycho-tropic plant might also serve in function (in the way of the Shaman) makes the XIth Degree entirely credible. But also for the XIth, there seems another way as I originally stated, with the generation of heat, yet the prevention of orgasmic release...an ancient Tantric rite.

pj: Latin translation of Vesica Piscis: Urinary bladder of a fish. My interpretation would be the symbol is suggestive of the Vagina as a symbol of the Universe. But this only works in an old-aeonic sense as the fish is a symbol of the old aeon. Further, there is an essential misogyny here, considering the vulgar idea that a vagina "smells like fish". Also, the connection of urine, though an Alchemical material, is somewhat suspect. Urine is an excretory substance that has no par with genital secretions, though it also contains hormonal substances.

My next issue is this: The Priestess as NUIT does not incarnate; Babalon does, however. NUIT is 'NOT'...is non-manifestation...the veiled sky. And so in the opening of the Mass, it is Babalon, the Daughter, awakening the eld of the King, who then in turn, seats her on the 'Summit of the Earth' or the throne; she then becomes the Queen who would then re-conjoin with the King to make the next generation, the next Magickal Childe, the Prince, who is Matter with the Princess being Spirit. Again, note, the Princess is not manifest in an obvious or apparent way...does not incarnate, but is that infusion of light that awakens the eld of the King.

pj: The Dove is the semen descending into the Cup, the vagina with its vaginal fluid and also menstrual fluid. Again, the Vesica Pisces is the Universe represented as a fish (old-aeonic) in the shape of a vagina. Yes, it is still appropriate to represent the Universe as a vagina. But the fish symbolism has got to go. For now the light issues from the vulva of the Priestess as much as from the penis of the Priest. This was revealed in Liber 418, from which the opening proclamation of the Priestess asserts in Liber XV-II. In this sense, the Priestess should perhaps in the mass, not only formally pour the wine, but her seed should be placed therein, before the Priest drops his seed in. That the Priest is still the only one to consume seems essential, as he

then again, becomes the PRINCE, rejuvenated, with the Spiritual essence, the electro-magnetism, being the PRINCESS and the stage set for the next mass. This next mass then becomes a further development of the crystallization of light in the blood.