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Birth Control Pill Use In Treating Medical Conditions

Q. Dr. Hilgers, countless women say, "Father, my doctor has me on the pill not for contraceptive reasons but for health reasons." As a physician, what would you say about the pill's use in treating medical conditions? –Omaha Archdiocesan Priest

A. Father, unfortunately a majority of gynecologists and family physicians prescribe birth control pills for a number of reasons including menstrual irregularity, cramping, recurrent ovarian cysts, PMS, and even acne. As a practicing obstetrician-gynecologist, I have found that the use of the birth control pill for these reasons is not good medicine. It artificially suppresses the important hormones that control ovulation and menstruation. Other approaches that are medically sound are effective and make a real difference in the lives of some of your parishioners.

Birth control pills, which were first introduced in the 1960s, are a combination of a synthetic, orally-active estrogen-like compound and a synthetic, orally-active progesterone-like compound. Some birth control pills are progesterone-like compounds only. The estrogen-like hormones and the progesterone-like hormones are not identical to those in the human body. They are artificial substitutes for the actual hormones. These artificial hormones metabolize differently than human identical hormones.

Pills are taken for 20 to 21 days followed by a seven-day rest period during which placebo pills—or non-therapeutic pills—are taken. After this, the pills are started again. The dose and time course of this basic regimen (while using the same, or similar, hormones) is altered to obtain continuous-use oral contraceptives (e.g., Loestrin 24 Fe, Yaz, and Seasonique) and emergency contraceptives (e.g., Plan B and the Yuzpe regimen).

Birth control pills have many unpleasant and deleterious side effects. These may include unusual bleeding, weight gain, nausea and vomiting, lighter menstrual periods, and a diabetic-like state. Birth control pills affect over 130 metabolic processes in the body. Less common but very serious side effects of these pills include thromboembolism, cervical cancer, breast cancer, liver tumors, gall bladder disease, hypertension, and infertility.

Another problem in treating medical conditions with birth control pills is that, while they do manage to regulate some menstrual cycle events and symptoms, birth control pills never cure the underlying problem. In fact, a diagnosis is seldom even obtained! When a woman discontinues their use, symptoms return.

Lastly and most significantly, birth control pills may act as abortifacients in any given cycle. While some scientists question this mode of action, respected studies by C. Kahlenborn et al., 2002; J. Wilks, 2000; and W. Larimore and J. Stanford, 2000 have either confirmed or given credence to this action of the birth control pill. This, therefore, creates a grave moral dilemma in their use for therapeutic reasons.

The Catholic Church has great wisdom in recommending that married couples use natural methods of fertility regulation. These natural methods allow women to acquire some level of understanding about how their bodies are working—both normally and abnormally. Because of this knowledge, other options are now available for treating women's health problems. And, women need to be fully informed of their options.

In situations where many physicians would prescribe birth control pills, I use a NaProTechnology treatment protocol for my patients because it is highly effective, it maintains a woman's ecological equilibrium, it is not ethically questionable for any of my patients, and it is consistent with the moral teachings of the Catholic Church regarding the dignity due to all human persons.

Every woman—single, married, or consecrated—in a NaProTechnology program

NaProTracks her menstrual and fertility cycles specifically using the Creighton Model FertilityCare System.

Father, you have probably heard of the Creighton Model System when doing marriage preparation with your engaged couples. The Creighton Model System has applications for married couples for avoiding and achieving pregnancy. In working with this system during the 1970s and 1980s, the Pope Paul VI Institute correlated a woman's individual Creighton Model charting patterns with her symptoms and with underlying problems or diseases afflicting her menstrual or fertility cycles. Scientific validation of these correlations between Creighton Model charting and underlying menstrual/fertility problems or diseases led to the development of the new women's health science of NaProTechnology.

The Creighton Model System is the first key for women to understand their own menstrual and fertility cycles. It is also the key for their physicians to diagnose and treat gynecologic diseases. NaProTracking the cycle telegraphs abnormalities in a woman's health and gives specially-trained NaProTechnology physicians valuable information for diagnosing the underlying diseases and developing personalized NaProTechnology treatment protocols.

Instead of prescribing birth control pills, I recommend a NaProTechnology protocol counterpart for such problems as (although not limited to) hormonal abnormalities (and acne), menstrual cramps, premenstrual syndrome (PMS), ovarian cysts, irregular or abnormal bleeding, and polycystic ovarian disease. NaProTechnology also has applications in infertility, chronic discharges, repetitive miscarriages, postpartum depression, prematurity, and so forth. Women suffering from these problems have real underlying diseases that require treatment.

While I can give you the scientific data and facts about the effects of "therapeutic birth" control pill usage and about the successfulness of NaProTechnology, the true measure should be the patients—experiences of real women suffering from real gynecologic diseases or problems. In the book *Women Healed*, one woman helped by NaProTechnology gave the following testimonial. She had suffered severe menstrual symptoms from the onset of menses at age 13 and had received numerous misdiagnoses. She wrote, "My symptoms worsened... I began experiencing severe abdominal pain...[and] was given antibiotics, pain killers, and the pill...[and had] surgery. ...I again experienced severe back pain and abdominal pain... severe menstrual cramps, bloating, fibrocystic breasts, weight gain, depression, anxiety and insomnia. My local physician wanted me to take Lupron or Depo-Provera. ...[At the Institute, I had] a laparoscopy, uterine suspension, laser [surgery for] endometriosis and [was] correctly diagnosed...with hypothyroidism and polycystic ovaries and partially clogged fallopian tubes...[C]harting with the Creighton Model System has given me a sense of empowerment. I can tell what my body is doing and when I expect menses to occur. I also have experienced relief from PMS, cramps and many other horrible symptoms.

For some easy-to-use resources on birth control pill usage in the field of medicine, see the card insert in this issue.



Thomas W. Hilgers, MD

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Supporting a pastoral commitment
to a culture of life in the Archdiocese of Omaha

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Helping Priests Respond To Medical and Moral Challenges

In this issue: Birth Control Pill Use in Treating Medical Conditions

The Home of **FertilityCare™** and **NaProTECHNOLOGY™**

Building a Culture of Life in Women's Health Care

O Mary, bright dawn of the new world,
Mother of the living,
to you do we entrust the cause of life
Look down, O Mother, upon the vast numbers
of babies not allowed to be born,
of the poor whose lives are made difficult,
of men and women who are victims of brutal violence,
of the elderly and the sick killed
by indifference or out of misguided mercy.
Grant that all who believe in your Son
may proclaim the Gospel of life with honesty and love
to the people of our time. Obtain for them the grace
to accept that Gospel as a gift ever new, the joy of
celebrating it with gratitude throughout their lives
and the courage to bear witness to it resolutely,
in order to build, together with all people of good will,
the civilization of truth and love,
to the praise and glory of God,
to the Creator and lover of life.
~Pope John Paul II, Evangelium Vitae

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Chapel of the Holy Family
Open business days, 8:00 a.m.–4:30 p.m.
8:30 a.m. Mondays and 1st/3rd Fridays
8:15 a.m. to 9:15 a.m. Thursdays

More resources can be found on our web sites:
www.popepaulvi.com
www.creightonmodel.com
www.naprotechnology.com

Access this newsletter online at
www.popepaulvi.com/connect.htm

Pope Paul VI Institute Directory

- **FertilityCare™ Center of Omaha**
To learn the Creighton Model FertilityCare System
(402) 392-0842 or fcoco@popepaulvi.com
Co-directors: Jeanice Winduska, Kathy Chervosky
- **National Center for Women's Health**
For clinic questions:
(402) 390-6600
Linda Cady (Dr. Hilger's head nurse)
- **Creighton Model FertilityCare**
Allied Health Education Program
For FertilityCare provider education.
(402) 390-9168 or education@popepaulvi.com
Margaret Howard, Alice Sales.
- **Center for NaProEthics**
For ethics questions and consults.
(402) 390-0812 or ethics@popepaulvi.com
Sr. Renee Mirkes, OSF, PhD

Connect

Note Bene on "Cervical Cancer Vaccine"

By: Sr. Renée Mirkes, OSF, PhD

Recently, Texas lawmakers made inoculation with Gardasil mandatory for girls entering the sixth grade. I argued in the Summer, 2006 issue of *Connect* that the action of getting our children vaccinated against the two strains of HPV that cause 70 percent of cervical cancer cases is intrinsically good both by intention (to prevent cervical cancer) and by the means to that goal (being vaccinated). The vaccine protects against a form of cancer that can be lethal, and provides protection for chaste women who might suffer rape or incest from an infected aggressor or in consensual married sex from an infected spouse. Further, although we are responsible for bringing about as many good effects from our actions as possible, we are not morally culpable for bad consequences (e.g., engaging in reckless sexual behavior due to a false sense of being inoculated against STDs) that might, in the future, follow from the action of getting vaccinated with Gardasil.

While I stand by my original moral analysis of being vaccinated with Gardasil, I have several objections to the Texas law. First, I do not think inoculation should be mandatory. The sexually transmitted human papillomavirus (HPV) that Gardasil prevents is not a contagious disease like measles, mumps or rubella. Second, in the case of vaccines against non-contagious diseases, the decision whether to have children inoculated is a parental, not state legislature, responsibility. Third, it is of questionable wisdom to inoculate pre-teens against cervical cancer, since they will have passed the vaccine's five-year window of proven effectiveness at age 16 or 17. Given that the typical cancer patient contracts HPV in their thirties, Gardasil would not protect woman from cervical cancer when they most need it.

Sr. Renée Mirkes, OSF, PhD is the director of the Center for NaProEthics at the Pope Paul VI Institute for the Study of Human Reproduction, Omaha, Nebraska.

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Easy Resources to Recommend to Women



[Pope Paul VI Institute Minutes \(airing on Spirit 88.9FM KVSS\)](#)

Women can listen to previously aired episodes by logging onto www.popepaulvi.com. Several of the upcoming episodes will address specific gynecologic diseases—overviewing diagnoses and treatments and including excerpts of actual testimonials.

[In Their Own Words: Women Healed \(ed. Jean Blair Packard, 2004\)](#)

This book has 50 testimonials from women. A number of them were initially prescribed birth control pills for their problems. Available from Pope Paul VI Institute, www.popepaulvi.com.

[Physicians Healed \(ed. Cleta Hartman\)](#)

This book has fifteen testimonials from physicians who decided not to prescribe birth control pills (several have embraced NaProTechnology). Available from One More Soul, www.omsoul.com.

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