Birth Control Pill Use In Treating Medical Conditions

Q. Dr. Hilgers, countless women say, “Father, my doctor has me on the pill 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. Kahnborn et al., 2002; J. Wilks, 2000; and W. Larimore and J. Sanford, 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, premature, 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 patient’s—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…[and] I 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.

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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. It is a controversial issue whether to inoculate our children against the two strains of HPV (human papilloma virus) that cause 70 percent of cervical cancer cases.

I argued in the Summer, 2006 issue of Connect that the action of getting our children vaccinated against HPV is intrinsically good both by intention (to prevent cervical cancer) and consequence (to prevent pre-cancerous cervical lesions). Since the Gardasil vaccine has been approved by the Food and Drug Administration (FDA), the decision to vaccinate is a matter of personal and institutional conscience.

However, the wisdom of inoculating pre-teens against cervical cancer is questionable. Gardasil is a five-year vaccine. When a child enters the fourth grade, the five-year window of proven effectiveness of Gardasil at age 16 or 17 has passed. In other words, Gardasil will not protect against cervical cancer.

Given that the typical cancer patient contracts HPV in their thirties, Gardasil would not protect against cervical cancer when they most need it. The decision to inoculate pre-teens against cervical cancer should be made on a case-by-case basis, not mandated by law.

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.

While I stand by my original moral analysis of being vaccinated with Gardasil, the upcoming law involving the action of having our children vaccinated must be resolved with care. 

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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)