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Graduation ceremony for the 2011-2012 Pope John Paul II Fellowship Program in Medical & Surgical NaProTechnology. From left to right: Dr. Christine Cimo Hemphill, Dr. Thomas W. Hilgers, Archbishop Emeritus Elden Francis Curtiss, and Dr. Kathryn Karges.

Welcome to the summer 2012 issue of *Connect*! I would like to dedicate this issue to an option that is better than birth control! So often, women are prescribed the birth control pill for “health reasons.” Sadly, even the medical uses of the pill do not truly treat women’s health problems. They only alleviate the symptoms of an underlying disease. But, there is something better! Inside this issue, we have a testimonial from a woman who sought and found real solutions to her real health problems.

The Pope Paul VI Institute is training physicians to diagnose and treat the underlying health problems that cause a woman’s symptoms. In addition to our annual education programs, our fellowship program in medical and surgical **NaProTECHNOLOGY** has been training physicians across the country. This spring, two fellows graduated from the program—Dr. Christine Cimo Hemphill, who is now practicing in Midlothian, Virginia, and Dr. Kathryn Karges, who is now practicing in Houston, Texas. For more information, be sure to check out our Culture of Life newsletter, which is available on our web site, and my blog site, www.drhilgers.com.

— Thomas W. Hilgers, MD, Director of the Pope Paul VI Institute, Editor of *Connect*

Birth Control Pill Use in Treating Medical Conditions

Excerpted from Q&A in Volume 2 Number 1

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. ... They are artificial substitutes for the actual hormones. These artificial hormones metabolize differently than human identical hormones. ...

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. ...

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**. ... 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. ☩



Pope Paul VI Institute
Questions: Sue Hilgers (402) 390-6600 x149
 suehilg@aol.com
 Chapel of the Holy Family — M-F 8:00 a.m. – 4:00 p.m.

Access *Connect*
 newsletters online at
[www.popepaulvi.com/
 connect.htm](http://www.popepaulvi.com/connect.htm)

FertilityCare™ Center of Omaha – (402) 392-0842 or fcco@popepaulvi.com
National Center for Women’s Health – (402) 390-6600 or lindacadypivi@gmail.com
 (admin. asst.) tgreen@popepaulvi.com
Center for NaProEthics – (402) 390-0812 or ethics@popepaulvi.com

Nothing More Than a Band-Aid

Lindsey Marugg

The Catch-all “Solution”

My story begins my senior year of high school, which brought great memories and excitement for my future. But it also brought an inside view into a health system that promotes the unnecessary over-usage of birth control to “treat” gynecological problems.

Most of the year left me sick with stomach pains on a regular basis. I had a suspicion that it might have something to do with my cycle, which had always been kind of irregular, so I made an appointment with a gynecologist. Without asking any questions, the gynecologist suggested I go on birth control to see if that would fix the problem. My mom asked if there were other options, and the gynecologist promptly asked my mom to step out of the room for a minute. She then turned to me and asked me if I wanted to go on birth control.

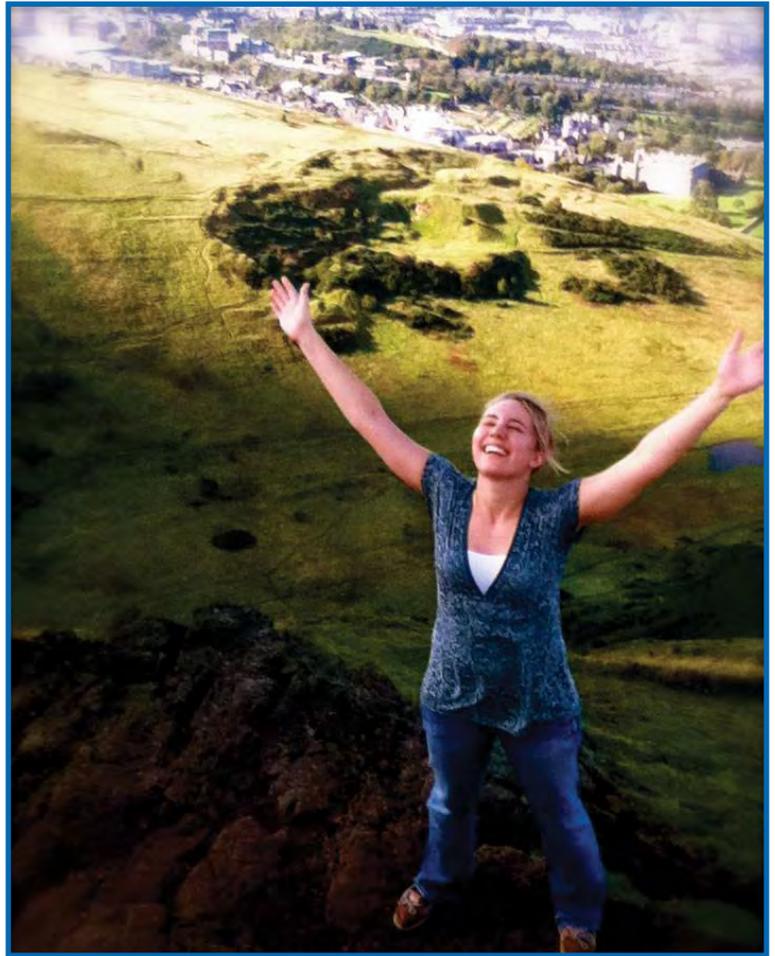
I told her I didn't know, but I knew I wanted to stop getting so sick all the time. She then started writing the prescription and told me I should go on birth control now anyways so that my insurance would pay for it because I would probably become sexually active soon anyways. Offended, I told her I would not.

She looked up at me and asked me if I had a boyfriend. When I told her yes, she condescendingly asked how long I had been dating my boyfriend. When I told her a year the next month she looked away and went to get my mom. When Mom came back in the gynecologist looked up at her and told her if she wanted me to stop getting sick all the time, she should fill the prescription. She said this way at least we would know if my cycle was causing the problems.

Needless to say, my mom filled the prescription on the way home. I started taking it and for three months I didn't get sick. But my mom wasn't comfortable with it at all. She kept accusing me of becoming sexually active, and eventually I just threw in the towel and told her if she didn't believe me then I would stop taking the pills. It wasn't worth losing her trust in me, and at this point I was far enough removed from being sick that I figured it probably wouldn't come back anyways. And for a while, that logic worked.

The Band-Aid Approach

The summer before college started, I tried to mentally prepare to move away from home, my friends, and my boyfriend as well as making new friends and the college workload I was so worried about. And I did pretty well for the first couple days. I made friends with my roommate, had fun at the orientation activities, and got a



Lindsey Marugg – Pain-free at last!

job at the dining hall. The Friday of syllabus week, I had my first real day of work and I was actually excited to be on the stir fry line. But within an hour of being there I was doubled over with horrible lower left abdominal pain. I tried to wait and let the episode pass, but as soon as I finished the shift I found myself at the health center on campus. The nurse there told me all the doctors had left for the day and I should probably go to the emergency room if I was in a lot of pain. I had never felt pain like this before, and quickly decided I needed to see a doctor that night.

When I got there one of the first questions they asked was when my last period was. I thought about it and said about six weeks ago. The nurse then asked me if I was pregnant. I told her no, but that it was pretty normal for me to skip a month. She told me I needed to go pee in a cup. I tried to explain to her that it was impossible I was pregnant, but she wasn't listening to me anymore. When the next three pregnancy tests came back negative I was finally able to see a doctor. She didn't have any answers for me though. She said it was pretty late and they could call the tech to do an ultrasound, but she suggested I just go home and come back if the pain wasn't gone by Monday.

I spent the next week and a half in horrible pain, taking narcotics, a total of ten pregnancy tests, and seeing five different doctors before one finally did an ultrasound and found the remnants of what he thought was a recently ruptured 7 cm ovarian cyst and a 4 cm cyst that would probably rupture in the next couple days. He told me emergency surgery is often done when cysts are 6 cm or larger. But he said if I survived the first one I should be able to handle this smaller one.

He gave me a prescription for birth control and told me to start it that day and it might shrink the cyst a bit before it ruptured, and the pills should prevent future cysts from occurring. No follow up appointment. Not even a follow up ultrasound to make sure the cyst did rupture and no damage occurred. Just a one year prescription for birth control.

I decided I should be vigilant about it this time. My mom would surely understand that I couldn't keep going through that pain and expect to do well in college. But to my dismay, I spent the next few months going through similar, though somewhat less drastic episodes every other month. I could start to feel it coming, and was proactive about starting Tylenol early since I always knew it was cyst pain when it was focused in my lower left abdomen. The birth control was supposedly helping, but it didn't fix the problem. It was really nothing more than a band-aid. When I did rupture a cyst, I was miserable for about two weeks, and my roommate would often call home and report to her parents that I was dying – again. The pain would build for about three days, I would be bedridden for a day, and then start the week-long recovery process where I would be exhausted beyond belief and still experiencing residual pain.

I started school in the pre-medical track, and I was very discouraged by all this. Not only did I know that I could never make it in medical school or residency with this handicap, but I couldn't understand why none of the doctors I saw could tell me what the root of the problem was. I started seeing another gynecologist the spring of my freshman year who I had heard prescribed alternative treatments to birth control. I thought maybe she would have a better solution since what I was taking was obviously not working. But after an hour long appointment and another ultrasound, I left with a different prescription for a higher dosage birth control.

That was a mess. I was crying on the way to work every day and my emotions were all messed up. I called her back and she suggested going back on the lower dose birth control. At this point I was fed up. I figured I would just have to learn to live with the pain every other month, despite the pills that were supposed to “fix” the problem.

A Real Solution

And that is probably where I would be if I had never heard about NaPro. I got an e-mail in early November of my sophomore year about a presentation of **NaProTECHNOLOGY** and the **CREIGHTON**

MODEL FertilityCare™ System that would be given on campus the following week. I scanned through the flyer and something caught my eye that made me take a closer look at the program. The words ‘ovarian cysts’ and ‘polycystic ovarian disease’ made me curious. It boasted “highly-effective, scientifically-based, and morally acceptable treatment for people of all faiths,” and at this point I decided to check out the website. I was very impressed and I sent my RSVP in that night. I met Suzy, who is now my practitioner, the night of the presentation, and I pretty much knew from my first real conversation with her that I was going to end up very involved in the program. It is probably more accurate to call Suzy my mentor than just my practitioner. I stopped taking the birth control that night, started charting the next week and saw a NaPro doctor three weeks later. Although it took some time and a few more cysts, in about five months I was diagnosed with polycystic ovarian disease. Finally, a program that had answers for me - a doctor that was interested in what was wrong with me instead of trying to push a prescription that so obviously wasn't working.

NaProTECHNOLOGY has given me my life back. It has made it possible for me to apply to medical school this summer, due both to a renewed hope in a career in the medical profession and freedom from debilitating cyclic pain. I'm now on a gluten-free diet as well as real medication to treat my disease, not just birth control that attempts to cover up the symptoms. I'm currently five months in a row of natural, regular cycles (for the first time in my life) and best of all - no pain!!

To top it off, I am now extremely involved in the program. I am spending the summer in Omaha, Nebraska as a research intern for at the Pope Paul VI Institute for the Study of Human Reproduction - the birthplace of **NaProTECHNOLOGY**. I also applied to medical school this summer and hope to one day be able to do the same thing for other women that my doctor did for me - diagnose and treat underlying gynecological issues instead of ignoring the real problem and use birth control to try to cover it up.

As I examine my own situation, I have to wonder if I would have been able to have children later on in life without this program. And the answer I usually come to is probably not, because I would still have no idea what was actually wrong.

One of the slogans of **NaProTECHNOLOGY** is “what every woman has a right to know about her body, her health, her future!” and I could not agree more. **NaProTECHNOLOGY** together with the **CREIGHTON MODEL**, does usually treat infertility patients who are trying to get pregnant, but it also helps single girls like me to take control of health problems now, rather than putting off reproductive issues until I want to have a family. Because by that time, it might be too late. The damage either from the actual problem or from the birth control itself may have taken its toll. I'm standing up for my fertility in the future and fixing what is actually wrong - something everyone involved in women's health care should stand up for.🙏

Holy Mary, Mother of God,
you have given the world its true light,
Jesus, your Son—the Son of God.

You abandoned yourself completely to
God's call
and thus became a wellspring
of the goodness which flows forth from Him.

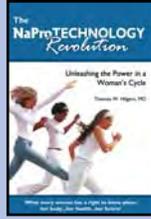
SHOW US JESUS.
LEAD US TO HIM.

Teach us to know and love Him,
so that we too can become
capable of true love
and be fountains of living water
in the midst of a thirsting world.

— Pope Benedict XVI, Closing Prayer of *Deus Caritas Est*
December 25, 2005

The NaProTECHNOLOGY Revolution:

Unleashing the Power in a Woman's Cycle



**What every woman has a right to know
about her body...her health ...her future.**

A new book (2010) by Dr. Thomas W. Hilgers
to be read by all women. It contains real
women's charts and testimonials to
illustrate the impact that NaProTECHNOLOGY
can have on their health and their lives.

www.amazon.com
www.unleashingthepower.info

Resources for Your Parish

www.fertilitycare.org — Find CrMS teachers & NPT physicians

Education programs — www.popepaulvi.com/education.htm

MONDAY, OCTOBER 8 – FRIDAY, OCTOBER 12, 2012

Love & Life Unlimited Conference

For priests, religious, lay professionals. A
conference to ponder, promote, and proclaim the
Catholic vision of reproductive health care. Topics
include Creighton Model System &
NaProTECHNOLOGY, *Humanae Vitae*, *Donum Vitae*,
Evangelium Vitae, Theology of the Body, & more!

Conferences

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