Rediscovering the Joy of Being a Woman
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On Tuesday, January 22, 2013, we marked the 40th anniversary of the Supreme Court decision, Roe v. Wade, which legalized abortion in the United States in 1973 just 13 years after the Food and Drug Administration approved for human use the first oral contraceptive pill (OCP) in the United States. Both the OCP and legalized abortion were part of an agenda to free women from the burden of their reproductive health and make them masters of their own bodies. In addition, the OCP has been adopted by most physicians as a treatment for a wide variety of gynecologic disorders and is now used for early chemical abortions that comprise most of the abortions procured in the developed world. Interestingly enough, however, women are more ignorant now about the wondrous workings of their bodies than ever before and enslaved to reliance on artificial chemicals that only resemble the actual hormones our bodies produce. These manufactured drugs, with a wide array of minor and serious side effects that are short term and long-lasting (simply review any package insert for an OCP), have been mass produced for women to treat their disease (called fertility) and subject their femininity to the androgenizing effects of the metabolites of these drugs.

The human body is a marvel, and our sexuality is integral to who we are as persons—to how we express ourselves. We are all sexual beings, created either male or female, and we express who we are through our bodies. Sex is not an act or body parts or functions, but sex is our masculinity or femininity. Every act we perform as human beings is an expression of our whole person as male or female. Every cell in the body, from the very moment of conception, holds the unique genetic code for you as either woman or man.

Our sexual powers are part of the “lower powers of the soul” and must always be subject to the intellect and will. As human beings, we are a soul/body composite, and we have the capacity to think and choose—unlike animals—how our bodies act and react. We are not obliged to act solely on instincts or passions, but we can choose to follow the intellect when it points out better goods than we may be instinctually inclined to choose. A person properly guided by a well-informed intellect can choose to refrain from activities that have undesirable consequences, such as overeating or drinking alcohol in excess. So too, couples can choose to refrain from sexual intercourse during the fertile days of a woman’s cycle if they discern that it is not an advantageous time to conceive a child and engage in intercourse on nonfertile days. As human beings, we can choose higher goods through knowledge and self-mastery.

Fertility is part of HEALTH and not a disease that must be treated, suppressed or excised. True fertility appreciation understands the complex workings of the reproductive cycle. True methods of family planning do not act as natural contraceptives but methods to avoid AND achieve pregnancy based on choice by understanding fertility. True freedom comes with teaching women about the wonder of their fertility and the need to guard and preserve their gynecological health over their lifespan. As physicians we increasingly encounter patients unwilling to take pharmacologic medications for diseases or chronic illnesses that are life-altering or life-threatening, and yet many women continue to ingest artificially created hormones
to suppress their healthy reproductive cycles without knowing anything about how they work or how they can be harmful. Our government has ensured that every female child has a right to obtain these drugs without hindrance, despite the lack of understanding the reproductive system they are suppressing or grasping the ramifications of engaging in sexual intercourse.

Oral contraceptive pills have been available now for decades and drug companies are constantly developing “better formulations,” but still medical science lacks complete understanding of exactly how they prevent pregnancy (often through multiple mechanisms) and what the long term ramifications of their use are. Since 2005 the International Agency for Cancer Research of the World Health Organization listed OCPs as a class 1 carcinogen (carcinogenic to humans) based on multiple studies showing their use increases the risk of breast, cervical and liver cancer, yet this is little publicized. Moreover, there are no studies evaluating whether there is a link with OCP use and infertility. Who would sponsor a study looking at long term OCP use and its impact on future fertility? Is there no one asking the questions about why infertility has become so common in our developed world and why there are an increasing number of gynecologic disorders among women?

For millennia, scientists, researchers and doctors have studied reproduction. How amazing to think that another human being can be created in an act of sexual intercourse between man and woman! Our current understanding of human fertility has taken a century to develop. The scientific foundations of our knowledge of cervical mucus and its major role in the fertility cycle of every woman started with investigators in the 1920s and culminated in the standardization of the observed mucous signs by Dr. Thomas W. Hilgers in the 1970s. Dr. Cohen’s work in the 1950s first realized that sperm survival in the reproductive tract of a woman required the presence of a particular type of cervical mucus, coining the phrase the “biological valve.” He characterized the cervical mucus seen at the time of ovulation that allows survival of sperm and their penetration into the reproductive tract of a woman for fertilization of a released ovum. Dr. Odeblad, working in the 1970s, explored further the different types of mucous produced by cells in the endocervical crypts under the influence of hormones throughout a woman’s cycle. Doctors John and Evelyn Billings went on to apply this knowledge to a reliable method of fertility appreciation and family planning that any woman (and couple) can learn and use with great confidence and success, doing most of their early work in China—a country where the pressure to avoid pregnancy has weighty consequences. Dr. Hilgers and his team of researchers at Pope Paul VI Institute (founded in 1985 and located in Omaha, Nebraska) went on to standardize the cervical mucus observations and develop a comprehensive program to teach the Creighton Model System of Fertility Care world-wide. Choosing to respect and care for one’s fertility and avoid the burden of taking artificial birth control allows freedom from medication side effects and from the oppressive weight of being ruled by the lower passions.

While most men are always fertile from the moment of puberty until death, women are fertile on average only 4-5 days of each cycle. The beautiful “symphony,” if you will, of hormonal patterns driven by the pituitary gland prepares a woman’s body each month for the possibility of conception. Amazingly enough, once ovulated, the ovum lives only about 12 hours
awaiting fertilization! Peak-type (or ovulatory) cervical mucus, which is clear, stretchy, or lubricative mucus nourishes the sperm, keeping them alive until ovulation for up to 5 days, and forming channels for the sperm to swim upstream in search of the ovum. Outside of the time of ovulation, mucus produced in the endocervical crypts is sticky, cloudy or tacky and prevents the entrance of sperm into the endocervical canal forming a “biological valve.” By tracking the observable signs throughout the cycle, women are empowered to know when they are fertile.

We can also observe and analyze problems within the cycle through this method of charting. The obvious application of studying the fertility cycle include achieving or avoiding pregnancy by timing acts of sexual intercourse, but they also include diagnosing and effectively treating a wide variety of gynecological disorders, such as premenstrual syndrome, post-partum depression, ovarian cysts, chronic pelvic pain, irregular cycles, ovarian cysts, and repetitive miscarriages, to name a few. Applications are also enormous in the realm of infertility and tremendous advances have been made in diagnosing the actual defects or deficiencies leading to infertility and correcting them with new and advanced surgical interventions or cooperative replacement of isomolecular hormones—hormones that are identical in molecular structure and physiologic effects to those made by a woman’s body.

These types of advances in medicine have surprisingly not been accepted by mainstream medicine, and it is time to start asking why. Women for too long now have been controlled by a popular agenda sold to them as freedom. And yet, what kind of freedom is gained by dependence upon chemical compounds poorly understood and poorly researched that cause side effects and rob women of one of the most precious of their biological functions—fertility? How can we continue to advocate ignorance about the marvelous workings of our bodies and accept the mainstream ideology of treating the “disease of fertility” with manufactured, artificial hormones in OCPs or IUDs? As we move toward more holistic foods, lifestyles, and treatments for medical illnesses, do not women deserve also to choose a better way? When will women be respected and esteemed as the beautiful beings they are?

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Bibliography: