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sexual to help a younger and confused overt homosexual. The older man needs pastoral guidance for his work: guidance to avoid relapse himself and to help the other person. This experiment could be extended to female homosexuals. Finally, I should like to refer the reader to my plan of life for the homosexual which appeared in The Homiletic and Pastoral Review, January, 1962, "Counseling the Homosexual", 328-335.

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8. William W. Bassett, ed., The Bond of Marriage, Notre Dame, 1968, in an essay, "Valid Contract, Valid Sacrament?" gives a sympathetic treatment to the canonical problem of the homosexual marriage in which he refers to both male and female inverted. He sees the need for a view of marriage which goes beyond contractual consent (154-162).

ADDITIONAL SELECT REFERENCES

The Practice of Rhythm for Women with Irregular Cycles
William F. Colliton, Jr., M.D., F.A.C.O.G.

Since the publication of Pope Paul VI's encyclical letter, "Humanae Vitae," on July 25, 1968, the problem of family planning has received considerable notoriety in the public press. The passage of time will surely diminish this keen-interest, but the problems of Catholic couples who desire to follow the clear direction of the Church will remain. These problems were dealt with in a very compassionate fashion by the Pontiff. I believe that in his directives to the people of God, he outlined principles which today allow family planning assistance for almost all women. Since the Fall of 1965, a considerable clinical experience has been accumulated in counseling on the regulation of birth within the guidelines since reaffirmed by "Humanae Vitae." Approximately three quarters of the female population concerned, presented with cycles sufficiently regular (duration of cycle variance within 7 days) to allow the practice of calendar rhythm or thermo-rhythm. Another 10-15 percent were either only slightly irregular (variance 9-10 days) and/or were sufficiently motivated to accomplish the family's goal utilizing thermo-rhythm. Another ten percent of the patients counseled required "sequential therapy" as outlined below. In order to focus a little light on the positive concepts of "Humanae Vitae" and particularly to draw attention to the sequential method of family planning available to women with irregular cycles, this paper is presented.

It has long been acceptable to define a woman as irregular if the duration of her cycles varied more than seven days. It has long been recognized that the notion of a 28-day cycle, which has been derived mainly from hospital case records and patient histories obtained in the office, persists in spite of evidence that menstrual cycles de-
irregular, but particularly those who
are irregularly irregular, having cycles
ranging from 28 to 60 or 90 days. Listen to Pope Paul's words to men of
science and later to doctors and medical
personnel regarding this problem: "We
wish now to express our encouragement
to men of science, who can consider-
ably advance the welfare of marriage
and the family, along with peace of
conscience, if by pooling their efforts
they labor to explain more thoroughly
the various conditions favoring proper
regulation of births." It is particularly
desirable that, according to the wish
already expressed by Pope Paul XII,
medical science succeed in providing a
sufficiently secure basis for a regulation
of birth, founded on the observation of
natural rhythms. In this way, scientists
and especially Catholic scientists will
contribute to demonstrate in actual
fact that, as the Church teaches, a true
contradiction cannot exist between the
divine laws of marriage and the com-
migration of life and those pertaining
to the fostering of authentic conjugal
love.

A little later on, speaking to doctors
and medical personnel, the Pope states
as follows: "We hold those physicians
and medical personnel in the highest
esteem who, in the exercise of their
profession, value above every human
interest the superior demands of their
Christian vocation. Let them perceive,
therefore, in promoting on every occa-
sion, the discovery of solutions inspired
by faith and right reason, let them
strive to arouse this conviction and
this respect in their associates. Let
them also consider as their proper
professional duty the task of acquiring
all the knowledge needed in this deli-
cate sector, so as to be able to give to
those married persons who consult
them wise counsel and healthy direc-
tions, such as they have a right to
expect."

Presented with these considerations,
is there any way that help can be
offered to those women for whom rhythm
or thermo-rhythm is relatively
useless? The answer is a firm, "Yes." This
affirmative response is based on the
well-known medical facts that the
lining of the womb which has been
exposed to estrogen, the first ovarian
hormone, will bleed or shed in the
fashion of a normal menstrual period
when progesterone, the second ovarian
hormone, is administered for several
days and then withdrawn. Several
physicians around our nation have been
utilizing this sound medical principle
to try to regularize the cycles of
irregular women in such a fashion as
to allow for the practice of rhythm.
This approach was arbitrarily entitled
"sequential therapy," as the medication
estrogen-progesterone combination or
"pill") is administered after or
immediately subsequent to the anticipated time
of ovulation if one considers the 77% of
women mentioned in the Georgetown
study as a norm. Thus "sequential
therapy" is the administration of a
progesterone-estrogen combination, or
"pill" if you prefer, during the latter
half of the cycle as will be outlined in
detail shortly. It is important to
understand that it certainly is not the
use of several commercially available
products on the market, C-Quens
manufactured by the Lilly Company
in Mead Johnson's Oracon, to mention
only of the original products which
have been copied now by several other
drug manufacturers. All should under-
stand that these drugs utilize estrogen
for a period of 15 days and then an
progesterone-progesterone combination
for five or six days so as to truly mimic
the normal menstrual cycle. However,
these drugs taken as directed are
virtually 100 percent contraceptive. As
will be demonstrated, the approach to
be outlined in not essentially contra-
ceptive. For the sake of clarity, we
repeat, sequential therapy is the
administration of "the pill" during
the second half of the cycle (most
frequently from days 16-25 of the
cycle) in order to induce regular men-
struation so as to permit the practice of
rhythm.

How does the patient put "sequential
therapy" into practice? She does this
by following the instruction sheet
entitled, "THE PRACTICE OF
RHYTHM FOR WOMEN WITH
IRREGULAR CYCLES," which reads
as follows:

Many women have irregular periods
and the interval between their menstrual cycles
is longer than twenty-eight days. For these
women it is very difficult to practice rhythm
because they can never be sure when they
will have a period. At the present time there
is a method available which will make their
periods more regular and enable them to
practice rhythm successfully. This method
of regulating periods requires that you take
one of the prescribed tablets daily starting
on day 16 of the cycle and finishing on day
25. It is very important that you take the
ten pills faithfully on the days prescribed.
The chart which we give you with these
directions is to help you accomplish this. The
first day that menstruation begins is day 1,
the next day, day 2. Count up to day
sixteen of the cycle and begin taking the
tables one each day for ten days. Usually
three to five days after you have stopped
taking the tablets your period will begin.
While you are taking the tablets in this
manner you may note that your periods
are scantier than usual. This is normal and
need not worry you. Occasionally women
taking these tablets experience nausea and
vomiting. If you take the tablets after your
biggest meal or at bedtime with a little
milk, the nausea should be minimal. If
nausea and vomiting should become a
problem please call our office and we will
tell you what you may use to relieve the
difficulty.

Taking tablets in this manner, rhythm is
practiced in the following way: From day
one to day eight of the cycle it is safe to
have intercourse without fear of becoming
pregnant. Remember that day one is the
first day that menstrual flow begins. From
day nine to day eighteen you may not have
ovulations. From day nineteen until the onset
of the next period it is perfectly safe to
have intercourse without fear of becoming pregnant. Occasionally a period will begin
three to five days after you finish taking
the tablets, but may be delayed until the
seventh day after stopping the tablets. If
this should happen do not be frightened
that you may be pregnant because if you
have followed the above directions you
will not be pregnant. If you do not have a
period within seven days refrain from inter-
course and call this office.

It is essential that you write down the
dates when you take the pills and when your
periods occur. Also record any ill effects
which you experience while taking the pills
and the days on which you had intercourse.
Please send us these records every three
months so that we can keep an accurate
menstrual history in your record while you
are taking the tablets.

The chart referred to in this
instruct sheet is the calendar-half of
the forms supplied by the Ortho &
Syntex Drug Firms. Most of our expe-
rience has been obtained utilizing the
Ortho Drug Company 2 mgm. prepara-
tion called Ortho-Novum. This has been
administered starting on day 16 of the
cycle and terminating on day 25 so
that 10 tablets are ingested each month.
Recently, a smaller body of experience
has been obtained utilizing only 5 or 8
pills per month. When 8 tablets are
used one also commences on day 16
but finishes on day 23. When 8 or 10
tables are utilized, the rhythm instruc-
tions as outlined calling for a resump-
tion of relations on day 19 remain in
force. When only 5 tablets are admin-
istered, beginning on day 18 and
finishing on day 22, instructions are
altered to allow the resumption of
relations only after day 20 has arrived.
While only a limited amount of clinical
data has been collected with the use of
5 pills per month, this system has not
worked well, even for women whose
periods are slightly irregular, i.e. every
23-32 days as an example. Where
women have tended to vary more irreg-
ularly, i.e. from day 28 to 45 or 60, it
seems necessary to supply a minimum
of 8 and more frequently the 10 pills
per month. More clinical trials is needed
before a valid judgment can be made
about fewer than 10 pills per month.

What about clinical experience
with this approach? Sequential therapy has
been employed since the Spring of
1965. I practice obstetrics and gynae-
cology as one of three partners who
are blessed with an active role
of obstetrical cases. As thorough review
of our office records as such practice
permits indicates that fifty-one patients
have been instructed in sequential
therapy. As of February, 1966, a total
of 636 calendar months experience
has been documented. The duration
of therapy has ranged from 48 months
to zero months. This latter experience
occurred only once and involved a patient
who took two tablets noted a
severe migraine headache and very
prudently discontinued the medication.
Another four patients employed se-
quential therapy for one or two months
and discontinued this approach, because
of psychological reasons very frequent-
ly encountered in women taking "the pill".
The results have been most grat-
fying. All of these cases which
normally varied more than seven
days in duration. Over 50 percent
of them could be described as irregularly
irregular, with cycles ranging from
30 to 45 or 90 days. When 10 pills per
month are administered regular
menstruation can be assured if the rhythm
instructions are also followed. Only
one patient to our knowledge failed to
menstruate following withdrawal
"the pill". She was found to be hypo-
thyroid and after proper treatment
was perfectly regular taking 10 pills
per month.

To date two pregnancies have oc-
curred. One of these occurred in a
mother of four children (all by Ca-
orean section) who fitted the descrip-
tion above of a woman who is
irregularly irregular. Following the
delivery of her third child, she was
placed on "sequential therapy" as
defined. The facts surrounding
the conception of her fourth child are as
follows: Her last normal monthly
period occurred on the 6th of April,
1966. The 16th day of her cycle
coincided with the anniversary of
her husband's birth. It thus occurred
that she commenced taking "the pills"
instructed, and celebrated the family
occasion mentioned by having coitus.
Her pregnancy was subsequently con-
firmed in our office and she has since
delivered a very healthy baby. If one
relishes this birthday celebration case
in a mathematical formula it would go
something like this: coitus plus fertile
period plus pills equals conception.
Therefore this method is definitely
not necessarily contraceptive and there-
fore it can be morally acceptable.

The second pregnancy occurred fairly
recently in a 22 year old gravida four,
para four (this patient is awaiting her
fourth delivery and has had one set of
twins). The circumstances surrounding
the conception are not available as the
patient "lost the records". It is my
view that this method failure could
be attributed to the attending
physician who failed to recognize
the degree of restriction of intellectual
pills suffered by this individual. While
an approach to family planning
might not seem too sophisticated to
doctors of medicine or modern moral-
ists, there is no question in my mind
that with cases like this the physician
must insist on talking to the husband
and wife together. This I failed to do.
Even granting that this conception
represents a sequential therapy method
failure, the results to date yield a
pregnancy rate of 2 per hundred
women years. This compares favorably
with all methods available today ex-
cept the "pill" taken twenty days per
month.

If this method is not absolutely con-
traceptive, to what factor can one
assign this remarkable success rate?
Motivation. The patients involved in
this study in the main are religious
women who needed help but who
resisted the idea of contraceptive as-
sistance which is available in our
offices. The significance of motivation
in the success of any family planning
approach was recently demonstrated
at a symposium held at Johns Hopkins
University School of Medicine entitled,
"Contraception in the Era of the
Pill", Aquiles J. Sobrero, M.D.,
Director, Margaret Sanger Research
Bureau, New York, N.Y., made the
following statement: "But you must
consider motivation. For example, we
can match the results of the oral pill
with rhythm. We have a small group of
fertile and deeply religious women who
abstain from intercourse from the start
of menses until we check the tempera-
ture chart every month and see the
biphasic postovulatory changes. These
have been no pregnancies in this group
for over a year." Charles F. Westoff,
Ph.D., Professor and Chairman, De-
partment of Sociology, Princeton, N.J.,
presented a study which compared the
accidental failure rates for different
contraceptives for the first few years
of marriage and projected this "acci-
dental rate" continuing throughout
married life. "Married women would
have ten "accidental" children. So,
obviously something happens, since
those large families do not materialize",
the doctor stated. He added, "We found
that when the last child a couple
wanted was born, contraception began
to be used with regularity and con-
sistency. At this time, any method of
contraception was effective, including the rhythm method. My understanding of contraception is any positive intervention in the act of intercourse or in the functioning of the body in order to assure the infertility of a sexual act. Rhythm is periodic continence or self-restraint, especially in restraining from sexual intercourse. Dr. Westoff must consider family planning and contraception as interchangeable words, a consideration which may of us would take exception to, but all should be able to agree that his report indicates the vital position of motivation in achieving desired family size.

When discussing the licitness of rhythm as opposed to contraception in "Humanae Vitae", Pope Paul says, "It is true that, in the one and the other case, the married couple are concordant in the positive will of avoiding children for plausible reasons, seeking the certainty that offspring will not be produced by them, or by the decision, made for grave motives and with due respect for the moral law, to avoid for the time being, or even for an interminable period, a new birth.

"Responsible parenthood also implies above all a more profound relationship to the objective moral order established by God, of which a right conscience is the faithful interpreter. The responsible exercise of parenthood implies, therefore, that husband and wife recognize fully their own duties towards God, towards themselves, towards the family and towards society, in a correct hierarchy of values.

"In the task of transmitting life, therefore, they are not free to proceed completely at will, as if they could determine in a wholly autonomous way the moment of falling in love, and therefore in their sexual activity, the time and manner in which they will beget children, if at all. They must conform their activity to the creative intention of God, expressed in the very nature of marriage and of its acts, and manifested by the constant teaching of the Church.

To me it seems appropriate to be thankful for the theoretical disputes which have brought tremendous clarification and advance in the minds of many by being faithful concerning the use of "the pill". For it was this theoretical dispute that produced many beautiful and moving writings about the use of the conjugal act as a demonstration of love.

The utilization of "the pill" for contraceptive purposes. In either instance we can be thankful for the observation of the tremendous dignity of the marriage state and of the possibly divine nature of the marital act. This is the language that Pope Paul uses to describe conjugal love. "By means of the reciprocal personal gift of self, proper and exclusive to them, husband and wife tend towards the communion of their being in the view of mutual personal perfection, to collaborate with God in the generation and education of new lives."

What steps must be taken to make reliable family planning advice available to Catholic couples who desire to follow the clear teaching of the Church? A positive attitude and a little patience is teaching rhythm is all that is needed when the wife is blessed with regular menstruation. Dr. John Marshall's book, "The Infertile Period" is a tremendous help, particularly when the couple needs advice regarding temperature rhythm. Because even the most irregular woman is occasionally 5-7 days late and because of the psychological comfort produced by viewing the classic post-ovulatory temperature rise, the latter method is my preference in all cases where rhythm will suffice. In cases of women with irregular and irregularly cycles, all who have had any experience in obstetrics and gynecology know that the successful use of rhythm or thermo-rhythm is practically an impossibility. So far it has proved impossible to induce ovulation within a reasonably predictable time. My own experience indicates that extremely regular menstruation can be obtained without the absolutely contraceptive effect that twenty day cycles produces. A recent article which expresses this fact was written by Drs. McKeown and Greenblatt and appeared in the April, 1966 edition of "Obstetrics and Gynecology". These men were treating conditions producing abnormal uterine bleeding. What must have occurred to make sequential therapy better known? Those of us who have had the happy experience of helping these irregular women become regular utilizing 8 or 10 pills per month must document their results. This scientific data should be collected and prepared for publication in one of our obstetrical and gynecological journals.

To this scientific data there should be appended the moral theological opinion of men reknown for their support of "Humanae Vitae". Taking an estrogen-progesterone tablet is in itself an indifferent act. Pope Paul said this in paragraph 15 of his recent encyclical; "The Church, on the contrary, does not at all consider illicit the use of those therapeutic means truly necessary to cure diseases of the organism, even if an impediment to procreation, which may be foreseen, should result therefrom, provided such impediment is not, for whatever motive, directly willed." What is needed is a current, well developed comment on the licitness or lack thereof of taking the pill in sequential fashion.

In conclusion let me say that my faith tells me that the Roman Catholic Church is the agent deputed by Christ to help us, guide us to our ultimate and only sensible goal of life, union with God in heaven. In this role the Roman Catholic Church has consistently held to the doctrine that contraception is intrinsically immoral. Let us hope and pray that after the positive words Pope Paul had for us this past summer, and let's face it someone had to be mighty unhappy, let us hope and pray that the entire Mystical Body, bishop, priest and layman will unite behind him in the
interest of unity. Family planning utilizing rhythm may not always be easy, but let's keep it in perspective. Let us remember what the Son of God, our good leader Jesus Christ, as man, did for each of us. The greatest love story ever told, total obedience to the Father for our sake, even to His own death on the cross. Let us in our turn be obedient to His spouse on earth, the Church, utilizing all of the gifts of science and theology He has given us as we also strive to be obedient to His will as expressed by the Church.

BIBLIOGRAPHY FURNISHED ON REQUEST.

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THE AUTHOR IS DESIROUS OF COMMUNICATING WITH OTHER PHYSICIANS WHO HAVE UTILIZED THIS APPROACH TO EXCHANGE IDEAS AND CONSIDER A COLLABORATIVE EFFORT AT PRODUCING A SCIENTIFIC REPORT OF THE RESULTS OF SEQUENTIAL THERAPY.

A Physician Reflects On The Bishops' Pastoral
"Human Life In Our Day"¹

Vitale H. Paganelli M.D.

Few challenges or invitations have been made more directly to the American Catholic physician than that contained in the American Bishops' collective Pastoral. Thus, "we endorse the establishment of diocesan family life centers throughout the country so that Christian couples, physicians... may cooperate in implementing responsible parenthood in accordance with the principles enunciated in Humanae Vitae". Or again, "we also hope to see established centers of education in family life under the auspices of local medical schools or doctors' guilds", etc., etc., etc. If the St. Luke's Guild ever before had a solid raison d'être, they most certainly do now.

(³Dr. Paganelli, a graduate of New York Medical College, is in private practice in Glenn Falls, N.Y. He is a frequent contributor to the Linacre Quarterly.)

There is no need to belabor the proposition that family life is important. This has been well explicated from the time of the ancient Greek who recognized in the family the primordial cell of a healthy polity. The recent Pastoral of the American Bishops' recognizes and reaffirms the family not only as an important social structure but also as the vital center of a Christian existence.

One notes in the above quoted passages addressed to physicians that the principles of Humanae Vitae are to be brought into living contact with the Catholic family via, at least in part, the Catholic physician. Conflict may arise because of personal beliefs concerning Humanae Vitae. I think that it may safely be said that it is not the province of the physician to offer a critique of the encyclical's theology, no more than would it be the Pope's province to comment authoritatively on Dr. Bernard's technique of