May 1969

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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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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-
scribed in retrospect have little validity as far as scientific evidence is concerned. Several physicians and other interested scientists at Georgetown University conducted a study of the duration of menstrual cycles, recording a prospective accounting that began with the January 1964 menstrual period and continued through December 1965. The results presented in the study were obtained from 2,316 women who contributed a minimum of 10 cycles each, none of which occurred within 6 months postpartum. These women contributed a total of 30,655 cycles. Of the women in said study, 77% had average cycle lengths between 25-31 days, that is within the seven-day range of variance that was mentioned at the outset. To present the Georgetown data in another fashion which supports the seven-day rule of thumb, the arithmetic average of the 30,655 cycle lengths is 29.1 days with a standard deviation of 7.46 days. 95.4% of the total cycles measured ranged between 15 and 45 days in length. When only those cycles were considered, the variability is sharply reduced with a standard deviation of 3.95 days. Some of God's mercy was demonstrated by the fact that variability is lowest for the women aged 25-39 years, the fact that variability is lowest for the mercy was demonstrated by 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 "the pill" is administered after or obsequent 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 case of several commercially available products on the market, C-Quens manufactured by the Lilly Company and Mead Johnson's Oracen, to mention two of the original products which have been copied now by several other drug manufacturers. All should understand that these drugs utilize estrogen for a period of 15 days and then an estrogen-progesterone combination for five or six days so as to truly mimic the normal menstrual cycle. However, these drugs when taken as directed are virtually 100 percent contraceptive. As will be demonstrated, the approach to be outlined in not essentially contra-}

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 "the pill" is administered after or obsequent 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 case of several commercially available products on the market, C-Quens manufactured by the Lilly Company and Mead Johnson's Oracen, to mention two of the original products which have been copied now by several other drug manufacturers. All should understand that these drugs utilize estrogen for a period of 15 days and then an estrogen-progesterone combination for five or six days so as to truly mimic the normal menstrual cycle. However, these drugs when 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 menstruation 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 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 tablets 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 glass of milk, the nausea should be minimal. If nausea and vomiting should become a problem please call our office and we will advise 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
actions. From day nineteen until the onset
of the next period it is perfectly safe to
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
are not pregnant. If you do not have a
period within seven days refrain from in-
tercourse and call this office.

It is essential that you write down the
dates when you take the pills and when your
seventh day after stopping the tablets. If
this is not done carefully you may not
be pregnant. If you do not have a
period within seven days refrain from in-
tercourse and call this office.

What about clinical experience with
this approach? Sequential therapy has
been employed since the Spring of
1965. I practiced obstetrics and gynae-
ology as one of three partners who are
blessed with an active role of
obstetrical cases. As thorough a review of
our office records as such a practice permits indicates that fifty-one patients
have been instructed in sequential
therapy. As of February, 1967 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 to two months
and discontinued this approach because
of psychological reasons very frequent-
ly encountered in women taking "the pill". The results have been most gra-
fying. All of the patients 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 menstrua-
tion can be assured if the rhythm
instructions are also followed. Only
one patient to our knowledge failed to
miss one menstruation after withdrawal
"the pill" but 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 onset of her
husband's birth. It thus occurred that
she commenced taking "the pills".
She must take and celebrated the family
occasion mentioned by having coitus.
Her pregnancy was subsequently con-
vinced in our office and she has since
delivered a very healthy baby. If one
excluded such thes 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
opinion that this method failure
would be attributed to the attending
physician who failed to recognize the
degree of restriction of intellectual
pills suffered by this individual. While
this approach to family planning
might not seem too sophisticated to
other doctors of medicine or modern
methods, 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
attribute this remarkable success rate?
Motivation. The patients involved in
this study are mainly 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,
"Vaginal Contraception in the Era of
the Pill". Aquiles J. Sibero, 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. There
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 four "accidental" children. So,
obviously something happens, since
these 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

Linacre Quarterly
May, 1969 111
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 copulation. The rhythm is periodic continence or self-restraint, especially in restraining from sexual intercourse. Dr. Westoff may consider family planning and contraception as interchangeable words, a consideration which many 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 arrive, but it is also true that only in the former case are they able to renounce the use of marriage in the fecund periods when, for just motives, procreation is not desirable, while in the latter case, the married couple are merely able to avoid for the time being, or even for an interminable period, a new birth."

"Responsible parenthood alone implies 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 path to follow, but 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 dispute which has brought tremendous question to the minds of man and for the 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 responsible parenthood, and it was these writings which have caused many people to take opposing views of the utilization of "the pill" for contraceptive purposes. In either instance we can see the contemporary observation of the profound moral law 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 a 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 Church's teaching? A positive attitude and a little patience in 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 need is acute regarding temperature rhythm. Because even the most regular woman is occasionally 5-7 days late and because of the psychological comfort produced by viewing the classic post-ovulatory temperature rise, this latter method is my preference in all cases where rhythm will suffice. In cases of women with irregular and irregularly cyclic 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 by any own experience indicates that extremely regular menstruation can be obtained without the absolutely contraceptive effect that twenty day cycling produces. A recent article which reflects this fact was written by Drs. McDonnough and Greenblatt and appeared in the April, 1966 edition of "Obstetrics and Gynecology". These men were treating conditions producing abnormal uterine bleeding. What made it possible for them to succeed in their efforts was the utilization of "the pill" for contraceptive purposes. In either instance we can see the contemporary observation of the profound moral law 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 a view of mutual personal perfection, to collaborate with God in the generation and education of new lives."

To this scientific data there should be appended the moral theological opinion of men reknown for their support of "Humanae Vitae". Taking an estragen-progestosterone 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 hopeful 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, priests 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

Vital 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.

(De. 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