

The Natural Approach



If there is one area of our lives where the natural approach is appropriate, it is surely that of fertility. After all, Mother Nature *is* fertility! She is reproduction. All other concerns bow to this one, the continuation of the species (us!).

Now, it could certainly be argued that one of the biggest threats to our survival comes from overpopulation—not having too many children is as important for the human race as having enough. This is where we can look to Mother Nature for guidance.

In her desire to have us reproduce, Nature has given us all unmistakable and wonderful signs of fertility.

This book is about how to recognise these signs, and use them for the appropriate purpose: to prevent or achieve conception.

It is fair to say that if you cooperated fully with natural cycles, you would conceive more often than not. As you read through these pages, it will become obvious that Mother Nature and your body are in a (benign) conspiracy to aid and abet the process of conception.

However, through learning about and understanding the changes in your body, as well as the forces that affect it, you can come to a point of control through response rather than through ignorance, suppression and manipulation. And, along the way, you will reap the benefits to your mental,

emotional and physical health, your relationships and many other aspects of your well-being.

Countless women—and their partners—have felt the benefits of these methods and experienced the transformation they bring to their lives. This book aims to help you to do the same.

Body awareness

Tuning in or turning off? These are basically the choices when it comes to fertility management.

In the orthodox medical approach to treatment of infertility, drugs and surgery take over. As far as contraception is concerned, all the available orthodox approaches override or manipulate natural body functions in some way in a futile attempt to repress them. The difference with the methods outlined in this book is that here, the emphasis is on encouraging you into further involvement with, and understanding of, your reproductive functions, rather than on attempting to conceal them.

Knowledge is power. The more you understand what you are doing, and why, the more control you have.

Natural methods of fertility control return power to the individual. They enable you to deal with fertility in a manner appropriate to each set of circumstances instead of having to rely on the second-hand, poorly explained and partial answers that encourage dependence on devices, chemicals and specialists.

In *Natural Fertility*, you will embark on an amazing and wonderful adventure of discovery into your own body and be given the chance to learn the hows and whys of it all so that you can make your body work for you and not in spite of you. *You will learn how to give your body back to yourself and feel so much better for it.*

Sex and reproduction

Part of the understanding that comes from this journey of discovery is that sex and reproduction are aspects of the same process. Sex and sexuality are the tools of reproduction.

You don't have to make the quantum leap to supposing that sexual expression is 'wrong' if it's not carried out for the express purpose of creating another human being, but you can come to understand that denial of this basic truth can harm your efforts towards self-awareness and the greater harmony of mind and body.

Freeing the sexual energy

When the contraceptive pill (the Pill) came along, there was a lot of talk of 'sexual freedom', of women being 'freed' from the burden of unwanted pregnancies. Little did we know then that we were adding to our burdens. Not only has the contraceptive pill turned out to be a big problem for the physical and psychological health of many women who take it, but it has also brought us a new bondage — uncaring relationships.

The Pill brought with it the expectation that women should be sexually available at all times. Women felt obliged to provide, regardless of health hazards, while men were encouraged to be takers and to ignore any responsibility to prevent conception. These are hardly the ingredients for caring and responsible relationships; more the stuff of alienation, chauvinism and resentment, even leading to sexual turn-off rather than turn-on.

Some women are so bitter about the risks they feel obliged to take with their health that problems with their sexuality, including frigidity, can result.

Let us redefine sexual freedom to mean the capacity to give ourselves sexually in love and in trust, in tune with natural cycles and in the full knowledge that we are in no way endangering our health for the sake of our relationships.

Joyful and uninhibited sexual expression is both beneficial to and desirable for a fully rounded life. With Natural Fertility Management methods, this can truly be achieved by those of you who do not want to conceive in the times when you know yourself to be infertile.

Cooperation of the sexes

Far from laying the responsibility for contraception or conception firmly on the woman's shoulders, to be borne alone, along with whatever health hazards may accompany it, let us bring the whole issue out in the open and encourage a full and frank discussion and the sharing of information and responsibility.

Natural methods offer the male partner a chance to contribute to the processes of achieving or preventing conception in more ways than just depositing the seed. A cooperative partner is a big help for a woman using these methods, and most relationships flourish as a result of adopting them. But these methods can also be used by women on their own. The single or uninvolved woman can feel highly confident in her ability to control and understand her fertility whether or not she has a participating partner. *It can be each woman's decision to share the responsibility or not, as she sees fit.*

Reliability

Many women, health-conscious in all other aspects of their lives, take their contraceptive pill along with their vitamins and minerals, in the mistaken belief that natural methods of contraception are not a safe alternative.

Although the many myths about huge Catholic families conceived on the Rhythm Method have some basis in fact, many people do not realise that natural methods have been updated: these days they are well-researched and precise. Despite being dissatisfied with their current contraceptive method, these women have left the subject of natural methods unexplored, as have many of their sisters who are suffering from infertility, and have looked to the hi-tech approaches for the answers to their problems. *Natural methods of contraception, when used correctly, are between 97 and 99 per cent effective.*

This rate of effectiveness is as good as that for any other method of contraception, except, perhaps, the combination Pill, but not the Mini-pill.

Of course, the methods have to be used correctly. Even the use of the Pill can be abused or not understood — I once knew a woman who took her entire month's supply at the beginning of each cycle.

Easy to apply

Another incorrect assumption about natural methods of contraception is that they are difficult to implement. Nothing could be further from the truth. Over and over again, the statistics show that women, however simple or uneducated, can easily be taught how to recognise signs of fertility and be given the guidelines on what measures to take, according to what outcome they desire.

Although it may seem that there is a great deal of information to absorb in this book, the methods are really learnt through application, with *most women feeling confident of their command of them within a few cycles*. Your fertility becomes another part of your self-awareness, in the same way as you are aware of whether or not you have a cold, and the methods of identification become an easy part of your daily routine, requiring little time or effort.

Commitment and motivation, along with a healthy curiosity about your own body, are really all that are required if you are willing to give your energy to this approach. The learning period requires the most time and attention, but once the methods have become a part of your daily routine, confidence, and the subsequent relief from anxiety, quickly become established in nearly all cases.

Regularity is not essential

Another reason why some women feel that these methods are not for them is because they have irregular cycles.

Fertility can be recognised whether it is present every other week or only once in a blue moon. In fact, *these methods are applicable at all stages of a woman's fertile life, from puberty to the onset of menopause* (often a confusing and chaotic time, when this information can be invaluable), *and can be used either to avoid conception or to help achieve it*. Understanding the effect that different circumstances have on your body is part of the process, and it allows greater efficiency in the application of the methods.

So, if you want to interfere with your body functions as little as possible and, at the same time, retain control over your fertility, or if you merely have a problem finding a suitable and reliable method of birth control, then you will be pleased to learn that there is a real and effective natural solution.

Individual approaches

One of the things this book will try to do is give you information, not rules. The trouble with rules is that, although they are, of course, sometimes necessary, they do not always educate. When conditions change, guidelines may be missing and this can result in confusion.

If you truly understand the principles on which these methods are based, there should be no circumstance which lies outside their effective application and you will be able to confidently meet the demands of any new situation.

There are different answers for different times, and different strokes for different folks. So, while there are not always set formulae for each situation, there is help, guidance and information that should give each person the resources and confidence to meet each new circumstance with an appropriate response.

There are several ways to identify fertility. Some are more effective than others and some more appropriate in a given situation. Most women work out a combination that best suits them, flexibility being the most successful approach. In this way, if one method is invalidated by circumstance, another can be substituted.

I recommend that you become familiar with, and adept at, each of the approaches outlined in *Natural Fertility*. Then, when you fully understand what you are doing, you can make informed choices.

You might even make an informed choice to use chemical or mechanical means of contraception to meet the perceived needs of a certain phase in your life. *As long as you know you have options, and what the consequences of your actions are, then the choices are yours alone.*

Too often, women and girls blindly follow the advice of a less-than-thorough medical practitioner and end up choosing a program of fertility control that is not appropriate simply because they have no other information and, therefore, no option.

Overkill versus minimalism

Fertility is an issue for most women for most of their lives, which makes it too significant a matter for ill-informed decisions. The consequences are considerable, continuous and sometimes irreversible.

The Pill, though its history is comparatively short, is taken in greater quantities than any other prescribed drug in history. There may be long-term and generational effects that we have yet to discover.

Although fertility is a full-time concern for most women, *there are only a few days each month when it is actually possible to conceive.* Therefore, orthodox methods that protect against conception 100 per cent of the time represent overkill, which is, by definition, unnecessary.

Natural methods are minimalist in their approach, identifying the fertile days so that choices only have to be made a small proportion of the time — so much more streamlined. Some of the other problems associated with orthodox methods will be explored in greater depth in the next chapter.

The natural advantage

Let us summarise the advantages of natural methods of fertility management. Then, if you're convinced, you can continue reading this book to find out how to make them work for you.

SELF-SUFFICIENCY

With natural methods, there is no reliance on manufactured goods or specialist knowledge. The resources are right there in your own body, which means that these methods can be used effectively in any circumstances, including having an irregular cycle, during breastfeeding, when trying to conceive, and during the approach to menopause (see Chapter 11, ‘Times of Change’).

You could go bush and remain able to control your fertility; you could survive medical and pharmaceutical breakdowns or strikes; you could travel to uncharted lands or indulge in other exotic escapades — you will still remain confident and in control.

NO SIDE-EFFECTS

As natural methods involve no intrusive techniques, there can be no side-effects. With these methods you learn to cooperate with your body, not abuse it. All other methods have side-effects to some extent. We will explore these more fully in Chapter 2.

SELF-KNOWLEDGE

The mastering of natural methods will reward both your curiosity and the harmonious interaction of your body and mind. Observation of the changes that take place during a cycle can often lead to other discoveries about your body and health, as well as informing you of when you are fertile. You will become much more sensitive to, and less at the mercy of, changes in energy and emotional states, in levels of sensuality and sexual desire and other cyclical changes, both physical and mental. Patterns that emerge are fascinating and usually bring to full consciousness a hitherto vague awareness of changes, making sense of previously unexplained phenomena.

Increased self-knowledge can bring a whole new dimension of awareness to sexual activity. Sexual blocks are often the result of ignorance and fear. Self-knowledge can defuse these situations, allowing a woman to feel more comfortable in her body, and less threatened by another’s intimacy. And, of course, *knowledge is power*.

LOW COST

Although it is best to get some professional guidance while learning these methods through the first few cycles, once the system is an established part of your day-to-day life, there are no further expenses — no prescription fees or costs for services, no bills for treatment and checkups. Natural Fertility Management is a *truly maintenance-free method*.

SHARED RESPONSIBILITY

The adoption of natural methods represents a chance for couples to work together with mutual consideration and respect, to take common responsibility for what is, after all, a common concern. And all this without

loss of control for the woman. She need feel no threat from using these methods, and no resentment at having to abuse her body for the sake of the relationship: a truly liberating experience for all concerned.

WOMAN-CONTROLLED CONTRACEPTION

It is not necessary to have a cooperative partner, or, indeed, a stable relationship to use these methods. Many women wonder why they take the Pill in periods of sexual inactivity: the reason is usually ‘just in case’. Natural Fertility Management methods offer a chance for a woman to feel confident that she can have effective control over her fertility whenever she has the need.

Barrier methods (condom, female condom, diaphragm and cap) are available and can be used *if necessary and if desired*, when abstinence is inappropriate. Diaphragms (or Dutch caps, as they are sometimes called) offer a chance for the woman to stay discreet and in control. Condoms offer the male partner a chance to contribute — and the woman a chance to find out if he’s willing to do so (see Chapter 9, ‘Sexual Expression in Fertile Times’).

HAVING CHILDREN WHEN THEY’RE WANTED

Information about fertility can be used to achieve conception, as well as to avoid it. The identification techniques remain the same; the uses to which they are put can vary. Some couples use this information to achieve conscious conception (see Chapter 13, ‘Natural, Healthy Conception’). Natural Fertility Management gives you a chance to prepare for conception and then achieve it in full awareness. Many pregnancies are accidental, the parents becoming reconciled to them at a later date. Others are wished for but not acknowledged until several weeks into the pregnancy.

On so few occasions in our lives do we have the chance to welcome in another being — in this way we can do so in confidence and with joy, benefiting both your pregnancy and your child.

Some couples have fertility problems, an increasing difficulty these days as a result of the stress of modern lives, poor health, environmental hazards and pollution, and exacerbated by contraceptive programs and sexually transmitted disease.

Low levels of fertility (see Chapter 13 again) can be helped enormously by pinpointing the most fertile time in a woman’s cycle and properly preparing for it. So, the same information that was used for contraception can be reversed in its application.

No other method of birth control can make this claim. In fact, most of them are more likely to contribute to fertility problems.

NO OVERKILL

Natural contraception methods allow you to guard against pregnancy only when it is a possibility. Orthodox methods of birth control are employed continuously, despite the fact that *you are fertile only for a few days each cycle*.

This means that the rest of the time you are free to make pure, unprotected love, confident that it will not result in an unwanted pregnancy.

NO DANGER TO FUTURE PREGNANCIES OR FERTILITY

Many contraception methods pose a threat to a child conceived while they are being employed. Conception is a possibility, albeit slight, with all methods of contraception — there is no such thing as 100 per cent contraception.

In Chapter 2, ‘The Unnatural Approach’, we shall look at how a pregnancy can be affected by the contraception method used at the time of conception.

One thing can be certain with natural methods of contraception: the only complication can be a *normal* pregnancy (given that all other possible mutagens are absent), and the chances of this occurring are about as low as with any other method.

MORALLY AND ETHICALLY IMPECCABLE

There can be no objections to these methods on moral, religious or ethical grounds, unless barrier methods are used at fertile times, and this is a matter of individual choice.

Some other methods of birth control (such as the intrauterine device — IUD) may involve the abortion of a fertilised egg, a fact of which the user may be unaware. Many religions prohibit contraception methods that interfere with the process of conception. Natural methods are perfectly acceptable on all these grounds.

Hi-tech, *in vitro* fertility treatments, which are becoming more and more unnatural in their approaches, often use sperm and eggs from donors and may involve experimentation on, and storage of, fertilised eggs. These methods and experiments are giving rise to many ethical and religious concerns.

The extent of medical alienation from the natural process of reproduction is illustrated by one recent suggestion, taken seriously by at least some of the medical establishment, that, as an alternative to using surrogate mothers, newly-dead women (*neo morts*) could be kept alive on life-support systems and used as incubators for babies. The intent behind this extraordinarily insensitive plan is to overcome legal objections to surrogacy, as the law, so far, only applies to live women.

For anyone who believes in the importance of the psychological, physical and spiritual environments at the time of conception, these artificial methods present additional problems. Whether or not these problems are worth enduring in the quest for a child is a matter for individual decision, but many couples would feel a lot easier in their consciences if natural methods were explored fully as a first option.

RELIABILITY

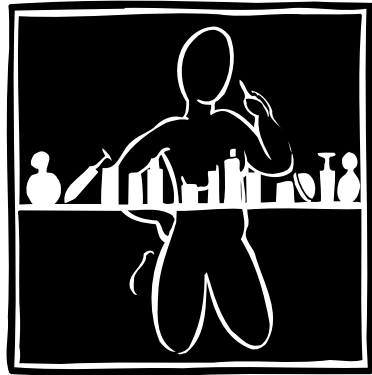
Despite the findings of a recent survey in the USA showing that fewer than half the physicians whom women consult about reproductive issues discuss natural methods, and that the physicians seriously underestimate the effectiveness of these methods, the truth is far more reassuring.

Statistics show us between 97 and 99 per cent successful results for natural methods of contraception (when used correctly). The only method which has a (very slightly) higher rate is the combination Pill. The Mini-pill, more often prescribed these days, does not.

Natural methods also enjoy a higher success rate than the hi-tech procedures used in dealing with infertility, and are much less stressful and expensive.

Natural methods are no longer the hit-and-miss affair of old. They have been updated, and are precise and reliable. So, here's wishing you confident contraception and conscious conception.

The Unnatural Approach



There is a long history of regarding the menstrual cycle and its effects as a curse. Indeed, it is traditionally seen as woman's punishment for Eve's 'sins'. Throughout the ages, we have examples of women being considered unclean at the time of their menstruation, being forbidden access to social activities, having a taboo placed on their preparation of food and, most particularly, on their participation in sexual activity. As late as the end of the nineteenth century, it was believed that the touch of a menstruating woman could turn a ham rancid.

In some patriarchal societies, there was a belief that menstruating women were dangerous and could infect people and objects with which they came into contact. In some cases, this even went as far as a fear of death.

Blessed or cursed?

It has been suggested that if we go back further than the nineteenth century, we may find that these fears originated in the recognition that, at the time of menstruation, a woman is in touch with magical or psychic powers, a connection made much of by the Yaqui Indian sorcerer Don Juan in books by Carlos Casteneda, and with roots in many cultural and religious traditions. (Interestingly, the Old English derivative of the word *blessing* is *blestian*, which means 'bleeding'.) Such contact means the woman needs to psychologically withdraw at this time, and requires solitude.

There is a decrease in the external senses of sight, smell, hearing and colour discrimination at menstruation, with a corresponding increase in the body's internal senses, such as thinking, feeling and memory.

The Sabbath had its origin in the *Sabbatu*, the menstruation of the Babylonian goddess Ishtar, which took place at full moon, and at which time no work was done, no cooked food was eaten and no journeys undertaken. *Sa-bat* means 'heart rest', the day of rest that the moon takes when it is full, neither increasing nor decreasing in size.

The fulfilment of psychic and physical needs, the rest taken from normal duties at this time of menstruation — by goddesses and women alike — is something we are completely out of touch with today. Although many cultures have respected these needs, even to the extent of providing a menstruation hut or a women-only bathhouse for retreat, most modern women in the Western world are presumptuous enough to consider themselves removed from 'primitive' natural cycles, and attempt to keep their activities at consistent levels without recognition of their influences.

We can see here one possible cause of the widespread suffering of premenstrual syndrome (PMS) and other menstrual distress these days, which could, perhaps, be partially interpreted as the result of women being out of touch with their cyclical nature and needs — physical, psychological and psychic.

The old ways of acknowledging women's cycles were religious and firmly embedded in social customs. Today, we have to fulfil these needs individually. The modern woman's chance to tune in to her physical self and her cycles involves personal exploration, observation and understanding of her sexuality and reproductive functions.

Unfortunately, the society in which we live does not encourage such attitudes. The menstrual cycle is seen by men as a nuisance, a reason why women are unreliable in the workforce and as something of an embarrassment, to be acknowledged as little as possible. Many women also see it this way, as an inconvenience and a destructive force in their lives.

As a result, our contraception methods reflect these attitudes. They are largely attempts to disguise and suppress the natural cycle. The total obliteration of cyclical change was found to have deeply disturbing effects on women, which is why there is a 'pretend' period on the Pill, a sop to women's cyclical nature.

Unfortunately, this negative approach has all sorts of problems attached to it, which we shall now discuss.

The Pill

There are basically two types of contraceptive pill, each one working in slightly different ways.

THE COMBINATION/SEQUENTIAL/TRIPHASIC PILL

This medication contains oestrogen and progesterone. It acts by

- ♦ **sterilisation** — inhibiting ovarian activity
- ♦ **abortion** — altering the womb's lining to prevent implantation
- ♦ **contraception** — making the mucus in the cervix hostile to sperm.

THE MINI-PILL

This medication contains *only* progesterone; it contains no oestrogen. It does not necessarily inhibit ovulation, relying instead on the second and third actions described above.

As notorious as the Pill is, millions of women still use it. Medicine acknowledges that there are many women for whom the Pill is contraindicated. These include women with a personal or family history of the following medical conditions.

- Diabetes
- Blood clots
- Heart or kidney disease
- Epilepsy
- Known or suspected pregnancy
- Unusual vaginal bleeding
- Angina pectoris (pains in the heart)
- Stroke
- High blood pressure
- High cholesterol and triglycerides
- Very irregular menstrual cycles or late menarche (onset of first menstruation)
- Known or suspected cancer of the breast, liver or reproductive organs
- Breast nodules or fibrocystic disease of the breast
- Multiple sclerosis
- Tuberculosis
- Sickle-cell anaemia
- Large, swollen and tender varicose veins
- Cigarette smoking
- Obesity
- Migraines or recurrent headaches
- Fibroid tumours of the uterus
- Diseases triggered by pregnancy, for example, jaundice, herpes, chloasma

Gallbladder disease or gallstones
Liver tumours, disorders or damage
Recurrent or active hepatitis
Crohn's disease
Malabsorption syndrome
Depression

Also, women who are currently breastfeeding, women over 35 (especially if they smoke or suffer from poor circulation), and adolescents who have been menstruating for less than 2 years. This is not a complete list, and, too often, little case-taking is done by busy medical practitioners. Unfortunately, many of these at-risk women end up taking the Pill on the recommendation of their physician. Perhaps if they had access to some of the following information, they would have made a different choice.

In the USA, detailed warnings of possible side effects (which fill two foolscap pages) are compulsory with each prescription for the Pill.

The Pill has been in use for less than 40 years which means that long-term and generational effects are still to be fully explored. However, here are some of the proven side-effects noted so far.

MINOR SIDE-EFFECTS

Weight gain
Appetite changes
Skin discolouration (chloasma)
Migraines
Fungal infections and tinea
Vaginal discharges, including a much greater tendency to vaginal thrush (candida, or yeast infestation)
Systemic candida infection
Genital warts
Urinary tract infections
Nausea
Allergic reactions, such as incidence of rhinitis, hay fever, asthma, skin rashes
Eye disorders, such as double vision, swelling of optic nerve, contact-lens intolerance, corneal inflammation
Secretions from the breasts
Lumpy or tender breasts
Disturbances in liver function
Dizziness and neurological problems
Breakthrough bleeding

Decreased immune response
Fluid retention (oedema) and bloating
Eczema
Acne
Mouth ulcers
Cervical erosions
Hair loss (alopecia)
Facial and body hair growth
Varicose veins
Psychological and emotional disorders, often labelled depression, including mood swings or loss of libido (sex drive), jokingly referred to as the way the Pill works. (Suicide is much more common among Pill users than those using other forms of contraception.)

If you suffer from even some of these effects to any great degree, you may wonder why they are called minor — it's because they are not life-threatening. However, they are certainly quality-of-life threatening.

A 10-year research program undertaken by the California Walnut Creek Drug Study of hospital admissions reports significantly increased inflammatory diseases in women under 40 who have taken, or currently take, the Pill. These inflammatory conditions include respiratory, digestive, urogenital and musculoskeletal disorders.

Many women coming off the Pill report a much greater feeling of well-being, both physical and psychological, although the feelings are often unrelated to specific conditions and only fully realised as the effects of the Pill wear off.

MAJOR SIDE-EFFECTS

Significantly increased chance of suffering a stroke (risk increasing with age and duration of Pill usage)

Two to eight-fold increased risk of blood clots (thrombosis)
Three to six-fold increase in risk of heart attacks (according to age)
Increased chance of hardening of the arteries, circulatory disease and high blood pressure
Disturbances to blood-sugar metabolism (possibly contributing to diabetes or hypoglycaemia)
Increased risk of gallbladder disease (gallstones) Liver tumours (increasing with duration of Pill usage)
Significantly increased risk of ectopic pregnancy
Possible link with cancer of the endometrium (lining of the

- womb), cervix, ovaries, liver and lungs
- Significantly higher risk of developing breast cancer
- Strong probability of more rapid development of pre-existing cancers and progression to cancer of abnormal cells
- Osteoporosis
- Possible arrest of bone growth in adolescent girls

The probability of incidence of all of these effects is disputed, and some have only been noted (so far) as resulting from the high-dosage Pill that is now less commonly prescribed, though studies show that the third generation pills now in use have increased the risk of thrombosis. Long-term statistics inevitably include a period when the higher doses were commonplace. For each set of statistics showing negative results, there seems to be a corresponding set denying them.

All the health-conscious person can conclude is that there is sufficient evidence to cast grave doubts on the safety of taking contraceptive pills.

This also seems to be the view of the British Government's Committee on the Safety of Medicines, which was sufficiently startled by statistics from Oxford University showing a significant link with higher rates of breast cancer, to write to every doctor in the UK advising them of the study and suggest that they seriously consider alternative forms of contraception for their patients.

Taking the Pill causes deficiencies in a large number of nutrients, as it affects vitamin metabolism, and this, of course, contributes to our list of side-effects.

VITAMIN AND MINERAL DEFICIENCIES EXPERIENCED BY PILL TAKERS

Vitamin A (retinol) — Various studies have shown disruption to vitamin A levels in the blood. Some show increases in retinol levels, which may simply mean less of the vitamin is stored in the liver, and others show a marked reduction in beta-carotene (the precursor to vitamin A). The implications are not yet clear. Eyesight changes can result from a deficiency in vitamin A, as this vitamin is needed for the normal, healthy functioning of the eyes. Increased susceptibility to infections, dry and scaly skin, lack of appetite and vigour, defective teeth and gums, heavy menstrual bleeding, cervical problems and retarded growth are also reported in the case of a deficiency. Vitamin A is also an important antioxidant and anticancer vitamin, and better taken as mixed carotenoids (or, if unavailable, betacarotene) to avoid toxicity.

Vitamin B1 (thiamin) — There is a probability that Pill takers are deficient in this vitamin. Side-effects include fatigue, weakness, insomnia, vague aches and pains, weight loss, depression, irritability, lack of initiative, constipation, oversensitivity to noise, loss of appetite or sugar cravings and circulatory problems.

Vitamin B2 (riboflavin) — Requirements of the body are raised by use of

the Pill, leading to deficiencies. Side-effects include gum and mouth infections, dizziness, depression, eye irritation, skin problems and dandruff.

Vitamin B6 (Pyridoxin) — Depletion varies from marginal to severe. Side-effects include nausea, low stress tolerance, lethargy, anxiety, depression, weakness, nervousness, emotional flare-ups, fatigue, insomnia, mild paranoia, skin eruptions, loss of muscular control, eye problems, herpes infection and oedema (fluid retention). Vitamin B6 is needed to help convert tryptophan to serotonin (a brain compound that affects pain response, eating patterns, moods, sleep patterns, psychological drive and sexual desire), to normalise sugar metabolism, to help prevent blood clots forming and to keep homocysteine levels under control (see Vitamin B9, folic acid).

Vitamin B9 (folic acid) — Levels are significantly reduced on the Pill. The most severe problem resulting from this is if conception occurs during Pill use, or in the immediate period following, when the body is still recovering. Since folic acid is required by the body to facilitate cell division, a process that starts immediately after conception, if this nutrient is deficient, there is a much higher risk of abnormal synthesis of DNA and congenital abnormalities, including neural tube defects, spina bifida, deformed limbs and mongolism. Deficiency can also lead to damage to the wall of the small intestine, anaemia and raised homocysteine levels, which have been associated with cardiovascular disease, various gynaecological conditions and repeated miscarriage. Homocysteine can be kept to healthy levels if folic acid and vitamins B6 and B12 are in adequate supply. Raised levels of this amino acid may be the pathway whereby deficiencies of these nutrients can lead to neural tube defects, such as spina bifida.

Vitamin B12 (cobalamin) — Levels in the blood are lowered in Pill users, especially vegetarians. Resulting effects include anaemia, sore tongue, weight loss, depression and raised homocysteine levels (see Vitamin B9, folic acid).

Vitamin C (ascorbic acid) — The breakdown of vitamin C is increased by the Pill; levels can be reduced by up to 30 per cent. This is worsened by smoking, stress, high pollution levels, infections and some medications. The effectiveness of vitamin C supplementation may also be reduced. This can result in bruising, bleeding gums, ‘spider’ veins, heavy menstrual bleeding, eye problems, loss of appetite, muscular weakness, anaemia, fatigue and lowered immune response.

This vitamin is also necessary for the production of the sex hormones, something your body will have to start doing for itself when you come off the Pill. A deficiency can make it even harder for your body to resume normal production.

The lack of the bioflavonoids that naturally occur with vitamin C can exacerbate many of these symptoms.

Ironically, if vitamin C is taken in high doses (more than 2 grams daily)

it can interfere with the effectiveness of the Pill. This is because it increases the potency of chemical hormones, so when the dosage is reduced, your body can misinterpret this as a reduction in hormone levels and ovulation can occur.

Vitamin E (mixed tocopherols or, if unavailable, alpha tocopherol) — There is an increased need for vitamin E as a result of oestrogen levels being higher when you are taking the Pill (this vitamin helps to normalise oestrogen levels). Effects of insufficient vitamin E include anaemia, muscle degeneration, subsequent low fertility, changes in the menstrual cycle and hot flushes. It is also needed to help offset the greater risk of blood-clot formation and possible carcinogenic effect of the oestrogen, as is selenium, which plays a part in vitamin E absorption. Selenium levels are also decreased by the Pill.

Vitamin K (menadione) — Higher levels may lead to blood-clot formation. Other factors involved in blood clotting are also increased in Pill users.

Iron — Less iron may be lost due to lighter periods.

Calcium — Absorption is improved. Though this may seem like an advantage, it can further imbalance overall nutritional status..

Magnesium — Levels of this important mineral are reduced in those taking the Pill. Deficiency can cause a variety of premenstrual symptoms, lumpy breasts, muscle cramps, anxiety, sleeplessness, chocolate or sugar cravings and cardiovascular problems.

Copper — Absorption is increased, raising the body's need for vitamin C, disrupting the zinc:copper balance and leading to insomnia, depression, migraine, hair loss and the possibility of high blood pressure and clotting tendencies.

Zinc — Levels are significantly lowered by the Pill. This can lead to diabetes, sugar cravings, loss of appetite, poor resistance to infection, skin infections, lowered fertility and many other problems. This mineral is crucial for normal growth, cell division and tissue repair. Zinc is very important during pregnancy, as it is involved in over 200 enzyme systems in the body, and is crucial for the development of brain function and a competent immune system, another reason to avoid conceiving while on, or soon after using, the Pill. Long-term Pill users can find it difficult to rebuild their zinc status to an adequate level.

Prostaglandins — Levels of certain prostaglandins are lowered on the Pill. These prostaglandins are normally made from essential fatty acids, using zinc as a catalyst. They decrease tendencies to clot formation.

Blood lipids — Low and very low density lipids, cholesterol and triglycerides (the villains) are increased on the Pill, raising the chances of heart disease.

Serum proteins — All are altered by the Pill.

SUGGESTED SUPPLEMENTATION LEVELS IF ON THE PILL (AND FOR SEVERAL MONTHS AFTER WITHDRAWAL)

- Mixed carotenoids or betacarotene — 6 mg
- Vitamin B-complex — 50 mg each of B₁, B₂, B₃, B₅, B₆, 400 mcg B₁₂ and folic acid
- Vitamin C — 1000–3000 mg (with bioflavonoids)
- Vitamin E — 200–400 iu (except if you have high blood pressure)
- Magnesium — 100–200 mg
- Zinc — 50 mg
- Manganese — 10 mg
- Essential fatty acids (evening primrose and fish oils) — 500–1000 mg 3 x d
- Garlic (2–5000 mg) and lecithin are also useful to help reduce the raised level of blood fats

Check calcium and iron levels, and remember that the best source of nutrients is your diet. Eating wisely will help recovery. (See Chapter 12, 'Natural Remedies for Hormonal and Reproductive Health' and Chapter 13, 'Natural, Healthy Conception', for more details on food sources and the effects of food on reproductive and foetal health.)

☾ *It is extremely important to stop taking the Pill and replenish nutrients for at least 6 months before attempting conception, as the egg needs to mature for almost 3 months in a nutrient-rich environment.*

Once a woman decides to stop taking the Pill, whether to start a family or for any other reason, she may find she is suffering from the most ironic, and perhaps distressing, side-effect of all.

TEMPORARY, OR EVEN PERMANENT, STERILITY

Sometimes the body has difficulty responding after ovulation and mucus production are no longer suppressed, as there is a resulting hormonal imbalance and the cycle does not recommence satisfactorily. This results in a lack of

- ♦ menstruation
- ♦ ovulation
- ♦ normal endometrial function, or
- ♦ sufficient mucus production.

There may also be other associated problems, such as irregularity and increased incidence of PMS or dysmenorrhoea, which may last several years.