Introduction

Are you a woman of reproductive age (12 to 50 years)? Are you a woman in this age group who has been to your obstetrician/gynecologist with *recurrent ovarian cysts, menstrual cramps, long and irregular cycles, irregular bleeding* and/or other conditions related to the menstrual and fertility cycles? Has your doctor given you birth control pills to treat your symptoms? Have you felt *frustrated* after that because the doctor did not actually do any testing to find out what the cause of the problem was? Did you feel like you had only received a Band-Aid?

Are you a woman who has experienced an *infertility problem?* Have you gone to your obstetrician-gynecologist with the idea in mind of finding out why it is you are having difficulty achieving a pregnancy? Did your doctor give you Clomid (an ovulation inducing medication) for a few cycles and then refer you to an *in vitro* fertilization (IVF—test tube baby) clinic without ever looking into the underlying causes? Did you go to the IVF clinic only to find out that they were not interested in what was wrong with you? *Was this frustrating?* Or maybe you are a woman who has experienced infertility and has been afraid to go to an infertility specialist because you know that you will be exposed to a whole variety of approaches to reproductive health that you, quite frankly, don't believe in.

Are you a woman who experiences significant *mood swings, premenstrual syndrome* or just a feeling that your hormones are *"all wacked out?"* Have you been to your doctor for these symptoms? Did they automatically prescribe either birth control pills, antidepressants or anti-anxiety medications without evaluating your hormones or doing anything to find out what was wrong? Maybe you have suffered from

postpartum depression only to be treated with antidepressants that are slow to work, make you feel drugged and never return you to normal. And yet, you are never told about a simple hormone therapy that can bring about rapid relief in nearly 95 percent of cases.

Have you been a *pregnant woman*, where during the course of your pregnancy, you experienced pelvic pressure, the uterus knotting up like a ball, low backache, vaginal discharge and so forth? When you told your obstetrician about this did he or she have a blank stare or offer the only treatment as bedrest and "drink lots of fluids"? Or was the obstetrician just patronizing and reassuring that everything is going to be okay? If this was your situation, did you deliver your baby *prematurely*, in spite of what your doctor prescribed for you? Were you somewhat frustrated by the lack of attention given to your symptoms?

If you have found yourself in any of the above situations, and also found yourself either *dissatisfied* or *frustrated* or even *abandoned*,then you are not alone! In my experience, over the last 30 years, you are a member of a growing number of women who are deeply dissatisfied with today's approach to reproductive health care. Health care that is neither reproductive (usually) nor healthy (often).

Are you aware, for example, that severe menstrual cramps are often caused by endometriosis and that treating the endometriosis surgically can be of great long-term benefit to you in reducing the pain that you experience? In fact, for adolescents, who are often placed on birth control pills for severe menstrual cramps, in our experience, the incidence of endometriosis in that population is 100 percent.

Did you know that long and irregular cycles are often associated with *polycystic ovarian disease* and that this is also the cause of much of the irregular bleeding that a woman experiences in such circumstances? Indeed, polycystic ovarian disease is a multifaceted disease condition which increases a woman's risk of uterine cancer, breast cancer, heart abnormalities, abnormalities with one's lipid profile (including cholesterol and triglycerides) and so forth.

Do you have *premenstrual spotting?* Do you have *brown bleeding at the end of your menstrual flow?* Have you told your doctor about these without much response except, "I think the birth control pill will help." These are all symptoms of what are associated with either *abnormal hormone function* or possibly even *chronic infection or inflammation* within the lining of the uterus.

Did you know that infertility has many different causes, and that, in fact, these causes are often present all at the same time? In fact, infertility has many facets to it. Many women have endometriosis, others have pelvic adhesions, others still have polycystic ovaries. Associated with these, there may be underlying *hormonal abnormalities* and *ovulation-related defects* that cannot be diagnosed with basal body temperature, the urinary ovulation test kits, or even a serum progesterone level on Day 21 of the cycle. Many of these women have *defects in the production of cervical mucus* which can be readily identified. Furthermore, did you know that these are easily identified and tracked? Did you also know that the profession of obstetrics and gynecology has ***completely disregarded and ignored such tracking?***

Did you know that the *prematurity rate has nearly doubled in the last 40 years?* Did you know that the treatment protocols recommend, before a patient is given progesterone, a hormone that has been proven to help reduce the prematurity rate, that *she should first experience at least one premature birth?* Why would they subject **any** pregnancy to the risk of preterm birth? Why, in this era of modern medicine, has the prematurity rate nearly doubled over these years?

Did you know that it is possible to cut your prematurity risk nearly in half with a treatment approach *available to all physicians* in the United States and the Western world? Did you know that by reducing prematurity, you could also protect your baby from the very real threats that a preterm birth poses? Did you know further that the increase in prematurity is, at least in part, due to physician-related causes? In other words, some treatments that physicians implement can cause premature birth. Women who achieve a pregnancy with the artificial reproductive technologies (such as IVF) have an increased risk of multiple birth and these multiple pregnancies are, in turn, associated with a prematurity rate of 50 to 100 percent.

It is hard to believe that during these last 40 to 50 years, we, as a culture, have accepted this standard for the practice of reproductive medicine. In effect, *it is an approach to medical care which is based on treating symptoms, but not the disease.* It does not discover the underlying problem, and whatever control of symptoms it provides, it is nearly always temporary with the symptoms returning once the treatment has been discontinued, and this is because the disease or cause has not been treated.

While there have been, over these many years, large volumes of published research in the field of reproductive medicine especially as it relates to contraception and IVF, *there is one huge blank space!* It is as if the research stopped! Relatively few studies have been done to better understand a woman's menstrual and fertility cycles and, of those studies in this area that have been published, they have been largely *ignored*. These major physiologic events that affect greater than 50 percent of our population during the reproductive years, have been almost ***completely ignored by the medical profession***. Furthermore, the patients who do not wish to use artificial contraceptives, be sterilized, have an abortion or select *in vitro* fertilization, have been largely *abandoned*.

This trend in reproductive health care began in 1960 when the oral contraceptive was placed on the market. This birth control pill suppressed the pituitary gland, stopped ovulation (for the most part), and gave to a woman an artificial bleed on a monthly basis, which was not her menstruation, but a withdrawal bleed from the chemicals in the birth control pill. This birth control pill (with many variations to come in the next 40 to 50 years) was quickly adopted as a treatment approach for any number of menstrual cycle irregularities suffered by many women in the reproductive years. *But, in fact, it has cured none of them.* It is an artificial suppressant of the reproductive system, which gives symptomatic relief (along with a long litany of side effects) and provides for the doctor the camouflage that he or she was providing a treatment and, for the woman, the thought that this was the best and only treatment available.

In the late 1960s and early 1970s, abortion became widely available in the United States and women who had high-risk pregnancies were told, in many cases, that the only treatment for their condition was to abort the pregnancy.

In 1978, the first baby was born by *in vitro* fertilization performed by a group of doctors in England. The main reason given for performing this test-tube baby procedure was the scar tissue and blockage of the fallopian tubes experienced by this woman and in the future for other women. That was the only indication in 1978. Now it is used and promoted for almost all aspects of infertility treatment. Like its predecessors, the birth control pill and abortion, the woman is not investigated for determining what the underlying causes are.

So that basically brings us up to date. We have now developed a dominant profession in obstetrics and gynecology that has accepted,

as an approach to the evaluation and treatment of women with reproductive problems, programs that *either suppress their fertility or destroy it*. There is the thought that a woman cannot handle a diagnosis. It reminds me of the days prior to telling patients they had cancer when the doctor would keep this information to themselves.

We are now exposed to a way of thinking in reproductive medicine which is basically different from any other area of medicine. The search for a diagnosis of what's causing the problem is often not made and the woman is placed on a treatment which provides only symptomatic relief masquerading itself as a form of real cure.

It is easy, in some ways, to see how this has happened. But in order to understand it, you must understand that it is *a way of thinking* that is at the foundation of these last 40 to 50 years in reproductive medicine. *The major professional organizations of the dominant culture in obstetrics and gynecology have adopted, promoted, established as policy, and for the most part, sanctified this approach.* They have promoted it to the physicians who practice in this field, made it the framework upon which new medical students and young obstetricians and gynecologists are trained and have been the foundation upon which third party reimbursement agencies (both health insurance companies and government insurance programs) have established their reimbursement policies. In other words, the entire profession and all that supports it has pushed forward with a philosophy of reproductive medicine that often *does not establish a diagnosis, does not treat the underlying diseases and supports cheap programs of treatment which carry with them various risks that ultimately make it more expensive.* Indeed, this has all happened in a very seductive way while nobody has been able to challenge it.

This has led to a whole host of problems that go unmet. These are the things that I have great concern about:

- The millions of women who suffer from infertility without ever knowing the reason (the diagnosis) for the infertility and without it being properly treated.
- The hundreds of thousands of miscarriages that occur each year because of inadequate evaluation and treatment.
- The thousands of women who have unnecessary hysterectomies each year and needless surgery for functional ovarian cysts.
- The hundreds of thousands of women who suffer from complications of pregnancy that could be prevented with adequate progesterone support. Perhaps even worse is the lack of good and adequate research in these areas.

- The thousands of babies that are born prematurely in the United States, many of them unnecessary and preventable.
- The needless cerebral palsy, mental and motor retardation and other physical and mental effects that come as the result of the incredibly poor record that has been established in the United States for the prevention of preterm birth.
- The hundreds of thousands of women who suffer needlessly from postpartum depression after having a baby, a miscarriage, an ectopic pregnancy, or an induced abortion.
- The millions of women who suffer needlessly from premenstrual syndrome.
- The millions of women who suffer needlessly from menstrual cramps, pelvic pain, and pain with intercourse because of poorly and inadequately treated endometriosis and pelvic adhesive disease.
- The thousands of women who suffer from the long-term ill effects of long and irregular cycles.
- The millions of women who subject themselves needlessly to the contraceptive and abortion practices of this culture.
- A dominant profession in obstetrics and gynecology that has been controlled financially by the contraception-abortion corporate complex (CACC) – both private and public (including a third party reimbursement system that rewards this approach to reproductive medicine).
- The scarcity of research that is being done to reduce these concerns.

I have asked several of my patients if they would write a short description of their experiences in receiving reproductive health care at the Pope Paul VI Institute and then to contrast that with the care they have received through other clinics. I wanted them to describe the contrasts because it is such a recurring story that I wanted it to be highlighted. Specifically, however, I asked them not to mention any physicians' names. The types of stories that are integrated into the various chapters of this book found in Section D are so incredibly common in our experience that to name the physician involved would be non-productive. Physicians' attitudes towards the various conditions outlined here are often very negative and this has become the predominant care pattern. But these are real people who have real problems and they deserve better.

If medicine does not have a solution that can be approved by a professional organization, it is still the *physician's responsibility* to attempt to implement medical strategies that potentially can be of help. In order to do this effectively, however, one needs to know what the underlying problems are and one needs to choose treatment approaches, which by

themselves should not threaten the patient's health. So there is *a science* and *an art of medicine*. The science of medicine has often been usurped by the various professional organizations (but still is the responsibility of the individual physician). At times, this science is deeply biased by a philosophical relativism that is often prejudicial, antagonistic, and discriminatory. The *art of medicine is fully the responsibility of the individual physician* and how he or she interacts with and cares about and for the patient. The professional organizations aren't able to take over this responsibility. The patients I asked to write about this accepted my invitation without hesitation and they have often put their name to it.

While testimonials of and by themselves are not scientific proof of the effectiveness of a particular treatment strategy, they still are important, especially in this work in reproductive medicine because the contemporary approaches tend to be cold and lack heart. They tend to be opinionated without an adequate understanding of the science and, if the patient believes in certain principles that are different from the physician's beliefs, then pray for that patient because she will not get the help that she desires and needs.

In this book, I have the honor of presenting a new women's health science. The research and scientific foundations for this new science have come a long way and have already been published in detail in a 1,244-page medical textbook written for doctors (Hilgers, TW: The Medical & Surgical Practice of **NaProTECHNOLOGY**. Pope Paul VI Institute Press, Omaha, Nebraska 2004. See *www.naprotechnology.com*). This book is written for the lay public so that they may also have access to this new approach.

NaProTECHNOLOGY refers to *natural procreative technology*. In **NaProTECHNOLOGY**, we study the basic concepts of the normal menstrual and fertility cycle. We look at a way of tracking the cycle that is *objective* and *standardized*. With this we can begin to describe and understand what is normal and what is not normal or what is diseased. By taking this approach, we can also find and look for the underlying causes which then allow us to effectively treat it for long-term health. Indeed, **NaProTECHNOLOGY** uses the **CREIGHTON MODEL Fertility*Care*™ System** and its biological markers which are gained through education to guide its medical and technological resources so that it can be used *cooperatively* with the woman's cycle. This is key to the new science of **NaProTECHNOLOGY**. It is a new women's health science that has been built through the process of ***listening to women***. It is not one which

suppresses or destroys, but rather one that works cooperatively with the woman's cycle. It is this that allows this new science to ***unleash the power that exists in a woman's cycle***. This power is one of ***knowledge***, ***understanding*** and ***medical application***.

This is the story of one physician's resistance to a dominant profession that has chosen approaches that are largely suppressive and destructive. Approaches that have, as their very foundation, a way of thinking which too often doesn't care about the underlying diseases. It is the story of how a new women's health science was conceived, born and raised within a dominant profession that thinks differently. It approaches problem solving by looking for the underlying problem. *It approaches patients by listening to them!* It approaches treatment by working toward eliminating the cause or the disease which is causing the symptoms. To accomplish this, an orderly and thorough study of *both* the *menstrual* and *fertility cycles* had to be conducted. In many ways this would seem to be a "no-brainer." But the dominant profession throughout the decades of its existence has done very little of this and what has been done, for the most part, has been ignored or ridiculed. This process has been like solving a puzzle, by putting all of the pieces in the right place. To do this, we have had to work toward *unraveling the mysteries of a woman's cycle.*

If you are one of the many women who have not been able to get satisfactory answers to the problems you have experienced with your menstrual cycle, your fertility or any number of related problems, you may have adopted the attitude that finding the cause or the remedy is truly hopeless. I am here to tell you that it is HOPELESS NO MORE! **NaProTECHNOLOGY** is an approach to a woman's reproductive health that works toward identifying the root cause and treating it effectively.

Experience over the years has revealed the amazing fact that most women **do not know the basics** about how their **body** works and functions. In some ways, the profession has "hidden" important aspects of this. The basic principles of how this information can be integrated so that a woman's **health** can be monitored, maintained and improved is also not known to most women and to their health care providers. Because there are any number of ill effects associated with the way reproductive medicine is practiced in today's world (and these may affect both the woman and her child), this can, in turn, profoundly and adversely affect her **future**. This book introduces you to another way of approaching this. **NaProTECHNOLOGY** teaches a woman about how **her body works**, how this information can be used constructively

to improve her health and how *all of this impacts in a positive way her future* and *the future of those around her*. This book introduces you to the new women's health science of **NaProTECHNOLOGY**. It presents vital information that a woman has a **right to know** about **her body**… **her health**… and **her future!** It is truly a **bold new way of thinking, approaching** and **healing** in women's health!

In 2004, an international conference "Introducing **NaProTECHNOLOGY** to the World" was held at the Qwest Center in Omaha, Nebraska. The new medical textbook "The Medical & Surgical Practice of **NaProTECHNOLOGY**" (Pope Paul VI Institute Press, Omaha, Nebr., 2004) was formally presented. It detailed the nearly 30 years of scientific research that went into this approach. What has happened since then has been something that I would never have imagined to occur in my lifetime. Lay and medical professionals have come from six continents to be trained as providers of the **CREIGHTON MODEL System** and **NaProTECHNOLOGY**. These services have since expanded to a number of additional European nations (Poland, Switzerland, Italy, France, Croatia, Slovakia, Ukraine), Nigeria, Australia, Taiwan, Singapore, and Japan. They have merged with countries where these services were already available including the United States, Canada, Mexico, Ireland, United Kingdom, the Netherlands, and Germany. The ultimate list is nearly endless! There has been brewing a revolution—"the **NaProTECHNOLOGY** revolution"! This is happening because of the research that decoded the mysteries of the menstrual and fertility cycles—"unleashing the power in a woman's cycle"!

I hope that this book will serve as an introduction to the lay public of this remarkable approach. It is my honor and privilege to present it to you.

Thomas W. Hilgers, MD
Senior Medical Consultant
Obstetrics, Gynecology, Reproductive Medicine and Surgery
Clinical Professor
Department of Obstetrics and Gynecology
Creighton University School of Medicine
Director
Pope Paul VI Institute for the Study of Human Reproduction