the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

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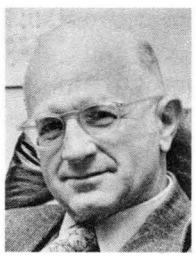
Infertility, Birth Control and Vasectomy



Dr. Robert Mendelsohn

It sometimes seems as though half the population of this country is trying to figure out how to keep from becoming pregnant, while the other half tries to discover how to become pregnant. In this month's Newsletter, I will deal with both of these desires, and I will point out how chemical and surgical means of intervention all have their price.

Since birth control is such a broad area of discussion, this month's Newsletter will deal with methods other than the contraceptive pill, while next month's issue will discuss The Pill.

As I find myself writing to you on this sunny afternoon, I realize that this morning I did not even know who you were or that you received letters from troubled Christians. But when I met with my pastor today to discuss my problem, he suggested I write you for guidance. He gave me your address and told me something about you, so now I'm writing you in the hope that you can help me.

My husband and I have been married for seven years. He is 29, and I am 24. We have no children. The second year we were married, we went to a doctor to see why I hadn't conceived. He first ran a test on my husband and found that the problem was with me, not with him. After I kept temperature charts, it was discovered I was not ovulating. I didn't go back to the doctor for a couple of years because I kept hoping things would work out. When I did go back in 1977, he wanted to put me on fertility pills. I went to see another doctor before I would take any pills, and the second doctor diagnosed polycystic ovaries, accompanied by excessive hair growth, infrequent menstrual periods, and obesity. In December 1977, I had a D and C and a wedge resection by laparotomy, an operation with an 80 per cent chance of success. It is now almost a year after my surgery, and the operation did not work. I still don't menstruate, and the excess hair is growing fast. Adrenal gland tests show high normal. I've taken the fertility pill, and it didn't work. The doctor says to either try the fertility pill again, take the birth control pill, or have surgery once again (only a 60 per cent chance of success this time).

What should I do? If I do nothing, the hair continues to grow--it is on my lip, chin, cheeks, chest, breasts, stomach, and on my arms. And the doctor says that, with no menstrual periods, there is a chance of hemorrhaging and cancer.

I can't take fertility pills forever. The birth control pills scare me, and if they do regulate my menstruation, I won't be able to have children as long as I take them. I could have the surgery again if I knew it was God's will. My husband and I and our pastor have prayed that you will guide us by giving a Christian answer as to what steps we should take.--Troubled

A

Fertility pills

I am honored that your pastor suggested you write me. Although I have had no formal training in the management of infertility since medical school, I have been forced to face the problem in recent years because patients have consulted with me, either by mail as you have, or in my office, after the conventional approaches of gynecological specialists had failed. Although I have kept no statistical records, I have had several outstanding successes. For example, one young woman, operated on at a nationally-renowned Washington, D.C., medical center for a diagnosis of Stein-Leventhal syndrome (which sounds not unlike the condition you describe), was told later she would never be able to have children. Since these famous doctors had thrown in the towel, I decided there was nothing to lose by giving her some humble suggestions which required neither drugs nor surgery. She later became pregnant and has since delivered two children. I certainly am willing to share this prescription with you:

1) Switch to a sound nutritious diet free of junk food, preservatives, and additives.

2) Start a sensible, regular exercise program.

3) Get an adequate amount of sleep.

4) Stay away from Clomid, Delalutin, Provera, or any other hormonal or chemical substance designed to affect either your ovulation or your fertility.

5) Follow some of the basic rules of Jewish birth control which is designed to promote maximum fertility in accordance with the fundamental precept, "Be fruitful and multiply." While everyone knows that, in the management of infertility, it is important to co-ordinate the time of sexual intercourse with ovulation, what is less well understood is that the times to refrain from sexual activity are also important. Thus, Jewish law strictly prohibits sexual relations (even requiring twin beds) during the menstrual cycle and for about a week afterwards.

There are, of course, many other aspects of marital relations governed by Jewish law (an excellent reference is Marital Relations, Birth Control, and Abortion in Jewish Law by David M. Feldman, Schocken Books, $3.95) which are designed to promote the maximum number of healthy, well-spaced children. Obviously, the problem of infertility cuts across all religious boundaries, and although I have drawn from my own religious background in responding to your question, I hope my advice will be both productive--and reproductive.

Q

Some people wonder whether marriage improves menstrual irregularity; in my case, it definitely did. Before I was married, my periods were highly irregular and always painful; sometimes they were even accompanied by vomiting. After marriage they became considerably more regular and less painful, and after I had a baby, my periods became quite regular and hardly painful at all.

I've often wondered whether there is a connection between irregular and painful menstruation in adolescence and infertility and problem pregnancies in adulthood. It took my husband and me six years to conceive our child, and a subsequent pregnancy ended in miscarriage. This seems to be a topic worthy of research.

Please keep informing us about the side effects of drugs. We need to know these things. You seem to treat patients as partners in their medical care rather than as slightly demented children to be patronized benevolently. Thank you.--Mrs. A. S.

A

Menstruation and fertility

Thank you for the compliments. You are correct in saying that we need research in the entire area of menstruation and fertility. As more and more women enter the medical profession, and as women increasingly make their voices heard on an equal level with those of men, this much-neglected field may be pursued.

Q

I am 27 years old and I intend to have my copper IUD removed in a few months so I can start my family. I am concerned about whether I should wait a certain period of time after the IUD is removed in case there are any immediate harmful side effects to the fetus from this device.

This is of special concern to me since the medical community is still unsure about how or why the IUD works in the first place. I want to have a natural home birth, and I want to breastfeed my baby, as much for my own health as for the infant's.

The IUD frightens me. I would appreciate any information you can give or research sources you can suggest.--B. H. S.

A

Pregnancy after IUD use

I often wonder why women who have such conservative and sensible ideas as home birth and breastfeeding are led into using a device as radical and mysterious as the IUD.

You are correct in identifying the confusion of doctors about the mechanism of action of the IUD. In fact, the tiny amount of known information is greatly outweighed by the areas of ignorance on practically all questions women raise about the IUD. For example, your own simple, obvious question has no widely accepted, proven scientific answer.

I know of no good follow-up studies of women who used the IUD or of the children born to these women. While my policy (based on justifiable fear of both the Pill and the IUD) is to advise a six-month waiting period before pregnancy, some doctors advise longer, while others feel no delay is necessary at all.

You might begin your research by reading some articles in the October 6, 1975, Journal of the American Medical Association which describe IUD-related hospitalizations and IUD-associated mortality. If you want the most up-to-date information, you may wish to contact researchers at the University of Texas Southwestern Medical School who, together with researchers at eight other centers around the country, are conducting a nationwide study funded by the National Institutes of Health to determine the risks involved in using the IUD. (You might also want to ask these scientists why they didn't do this study before so many IUDs were inserted.)

I hope that you and the many other IUD-wearers, instead of waiting for the results of this or any other study, will give priority to your own common sense over the hollow assurances of the family-planning enthusiasts.

Q

Recently, you alluded to "mounting evidence regarding the hazards of IUDs." What are the hazards of wearing an IUD? Would you please be more specific and list exactly what these hazards are? I think you would be helping to alert many women.--Mrs. S. B.

A

Dangers of IUD

The known side effects of the IUD include abnormal bleeding, disturbances in menstrual cycles, fatal and nonfatal infected, spontaneous abortions if a woman becomes pregnant while wearing the device, and perforation through the uterus and migration of the device into the abdominal cavity which necessitates surgery.

As for the long-term effects of IUDs, let me quote from the FDA Consumer (DHEW Publication No. FDA 75-4005, available through the U.S. Government Printing Office, Washington, D.C. 20402): "Many women may ask whether there is any correlation between cervical cancer and IUD use. So far, there is no known correlation. The long-range effects of IUD use, however, are not yet known."

When the IUD was first introduced, it was heralded as a "safe" method of birth control. When the next "safe" birth-control method comes along, wait a few years to see how safe it really is.

My daughter is taking the Pill, and it scares me to death. I have read about the dangers of contraceptive pills as well as the dangers of the IUD. What about copper IUDs? Are they dangerous? How safe is plain foam for birth-control purposes?--Mrs. L. S.

Dangers of copper IUD; effectiveness of foam

I'm not surprised that you're scared to death about your daughter taking birth-control pills. Every year the evidence of their predictable side effects continues to mount.

A report in the British Medical Journal describes two women using copper-containing IUDs who gave birth to children with malformation of the extremities, including absent fingers and toes, fused fingers and reduced arm length. The researchers recommend that women who give birth to malformed infants should be asked whether they ever had used an IUD. The Journal states that, while there is no proof of a causal relationship between a retained IUD and congenital deformities, "The possibility of a relationship exists because of the proved association of IUDs with ectopic pregnancy, pelvic and fetal infection, miscarriage, premature labor and fetal death."

As far as plain foam is concerned, it is a safe, but much less effective, method of birth control. Perhaps you might suggest that your daughter make use of the old-fashioned--but safe and effective--diaphragm.

Is breastfeeding a baby a good form of birth control?--B. B.

Breast feeding as birth control

Nursing a baby is a superbly effective form of birth control, if it's done right. It ranks right up there with the Pill and the IUD without their risks. But nursing can't be an effective means of birth control if it's done as a sometime thing.

Here are some rules to follow if you want to rely on breast feeding for birth control:

1) Start nursing your baby immediately after birth.

2) Don't let the hospital nurses slip him any sugar water or formula, an often-common practice in hospitals, despite a doctor's order to the contrary.

3) Stay away from formula as if it were the plague. Don't feed your infant anything but breast milk until your baby is 5 or 6 months old.

4) Continue breastfeeding for a year or two.

5) Offer the baby your breast not only when he's hungry but also when he's fussy or uncomfortable. This will help stimulate the hormones that act to prevent ovulation.

If you'd like more information, a good book to consult is "Breastfeeding and Natural Child Spacing" by Sheila Kippley. You'll learn that even after starting solid foods, breastfeeding is still partially effective in preventing pregnancy.

Q

Several years ago I read about a birth-control study done by Dr. Christopher Tietze of the Population Council in which he stated that "the safest methods are the traditional condom or diaphragm, backed up by early abortion." He added that it is most unlikely that even as many as 19 abortions could increase the risk of death. Do you agree with Dr. Tietze that abortion is the safest birth-control option?--P. W.

A

Abortion as birth control

When abortion is available on demand, it tends to replace other methods of birth control. As Dr. Tietze and others are now discovering, this pattern, which has occurred in many other countries, is now repeating itself in the U.S. where 1.3 million abortions were performed last year. And in other countries, as abortion began to replace contraceptives, the rate of early and late complications increased.

I would predict that, as utilization of the Pill and IUDs decrease because of mounting evidence regarding their hazards, the number of abortions will increase.

Many years passed before women finally understood the danger of the Pill and the IUD, so I won't be surprised if it takes a decade or longer before they develop the same kind of disbelief about the "safety of abortions."

The same women who unquestioningly swallowed the Pill for years are now being asked to swallow "statistical data" that proves abortion is safe. The same statements about safety were made by the false prophets who brought you the birth-control pill.

How can anyone predict that up to 19 abortions can be safe if no woman has ever had 19 abortions? Nobody knew what the results of giving stilbestrol (DES) to pregnant women would be until it affected their daughters and sons. Nineteen abortions is another medical "first." By now we should have learned to always regard such "firsts" with a great deal of suspicion.

Q

I am in my late 20s and am expecting my third child next month. My husband and I agree that we want no more children, but we disagree on who should be sterilized. He insists that I have my tubes tied at the time of the birth. I think it would be easier if he had a vasectomy.

My husband is a very positive person, and I usually give in to all his wishes. What is your opinion? Please answer soon, as I've only a month to go.--Perplexed

A

Vasectomy vs. sterilization

I, too, think a vasectomy on your husband would be easier--for you. Likewise, I'm sure that many husbands feel that tubal ligation is easier--for them. The question of which is easier cannot be resolved scientifically; it requires a combination of individual judgment and common sense.

It's good that in this instance you have decided to assert yourself. It may take some time to resolve your disagreement with your husband and you may pass your one-month deadline. So why not use an old-fashioned method of birth control, such as the diaphragm, while you consider the more drastic surgical solutions?

Q

I am contemplating having a vasectomy, but my wife has heard that problems may arise many years after this procedure. Do you have any information on the long-term effects of vasectomy?--D. D.

A

Vasectomy's long-term effects

In a letter to the editor of "Resident and Staff Physician," Dr. Gerald Blowacki, director of obstetrics and gynecology at Baltimore's Franklin Square Hospital, comments that after such surgery about 25 per cent of men develop sperm antibodies. In these cases, the body is required to lower its immunological resistance and thus becomes more susceptible to various maladies. Dr. Glowacki states, "Recent reports show that post-vasectomied males with sperm antibodies have developed significant arthritis, and it is believed that susceptibility to such diseases as lymphoma, leukemia and Hodgkins Disease are all theoretical potentials of this sequence of immune events."

I congratulate you for seeking out information about possible long-term risks of vasectomy, and I suggest that you read as many medical journals as you can get your hands on before you take final action.

Q

In my 25 years in the field of male sterilization, I have never heard such irresponsible drivel (from a professional person) as your answer to a reader regarding the long-term effects of vasectomy.

I hope that next time you will at least have the professional integrity to consult someone in the field before you answer a question about which you obviously know nothing or very little.--A. M. C., M.D.

A

My answer cited only one reference about long-term vasectomy effects. Allow me to refer you and my other readers to the following references on the same subject:

1) Dr. Arthur Sackler, research professor at New York Medical College, has warned that "vasectomy should be approached with caution in man, pending extensive clinical studies of the somatic (bodily) and endocrine effects of this procedure" (Hospital Tribune, Jan. 22, 1973). Dr. Sackler headed a group that studied the effects of vasectomy on rats. These effects included enlarged cysts in the epididymis, reduction in size of the testes and a drop in certain hormone levels. The investigators concluded, "Valid social ends do not justify invalid, unscientific means."

2) In 1974, a study at the University of Missouri School of Medicine reported that vasectomy in rats produced long-term biochemical effects, including a decrease in blood testosterone (male sex hormone) levels as well as a 50 per cent increase in body fat. There also was a reduction in the weight of the prostate gland, and the testes of these rats showed severe degeneration of the tubules. In addition, the rats manifested marked increases in blood lipids (one of the substances believed responsible for coronary artery disease).

3) In the Feb. 28, 1972, Journal of the American Medical Association, Dr. Harold Lear of the Mt. Sinai School of Medicine pointed out, "The procedure (vasectomy) is not innocuous. The most optimistic surveys indicate a potential 3 per cent psychosexual casualty rate, and others report a much higher incidence of psychological complications."

4) A report in the Journal of Reproductive Fertility (1964) described the appearance of auto-antibodies against the sperm of vasectomized men, thus endangering fertility, even after a second operation to reverse the original one.

I know many doctors disagree with the above researchers. Therefore, it is extremely important that every male who contemplates having a vasectomy receive full information on both sides before he climbs onto the operating table.

Since you may regard much of this research as being highly theoretical, it might behoove you and other doctors like you, who have had

decades of experience in sterilizing males, to follow each patient over many years, taking measurements of testicular size, male sex hormone levels and lipids in the blood, and noting possible development of cysts and tumors of the reproductive system. That way we all might have dependable, long-term evidence of the safety of this procedure. Until this happens, we are all operating in the dark.

Q

A year ago, following the birth of our second child, my husband had a vasectomy. Now we're not so sure that was the right decision.

What are the chances of reversing a vasectomy? More importantly, will the sperm be normal if the reversal is successful?

In retrospect, we should have given more thought to such a final step.--L. R.

A

Vasectomy reversal

Every year, a growing number of people write me seeking to reconnect their vasectomy, and every year, I try to give an updated answer.

However, it seems to me that progress in reversing vasectomy has been so minimal in the past year to two, I must try a new tack. Thus, I could tell you to shop around for those comparatively few surgeons who have a fairly good record, at least according to their own statistics. Even then, normality of the sperm is a controversial issue. For example, as I reported in Newsletter Vol.3, No.10, Dr. Sidney Shulman of the New York Medical College has found that in two-thirds of the cases of men who seek reversal of a vasectomy, immune reactions have developed as a result of the vasectomy.

While there is no question that each person has the right to make such decisions for himself, I am concerned that the medical profession is not providing sufficient safeguards so that the patient can make an intelligent, responsible decision. Perhaps we can take a leaf from the book of the U.S. Army during World War II which allowed soldiers to marry foreign women only after a mandatory cooling-off period and usually a talk with the chaplain. Therefore, my latest modest proposal is that vasectomy shall be performed only after the man provides certified statements that he has consulted with his wife, adult children, parents, family doctor, and clergyman (in some religions, my own included, vasectomy is prohibited for any reason other than disease). After all these certificates have been processed, I would further recommend a six-month cooling-off period because it is infinitely easier to reverse one's decision than to reverse one's vasectomy.

Dr. Mendelsohn's new book, "Confessions of a Medical Heretic" (Contemporary Books, $9.95) is now available at bookstores throughout the country.

Your questions about the medical problems that trouble you most will be answered by Dr. Mendelsohn. Please send your questions to: The People's Doctor, 664 N. Michigan Ave., Suite 720, Chicago, Ill. 60611.

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Another View

by Marian Tompson
President, La Leche League International

You may find it hard to believe, but back when I was newly-married, birth control was scarcely discussed, much less written about. When our first child was several months old, I can remember my husband and myself visiting the doctor and asking him to explain ovulation and fertile times to us. Our request so unnerved the poor man that he had to go into another room first to get his cigarettes and then sit down and light one up before describing, more to my husband than to me, the hows, whys and wherefores of pregnancy. In those days, for many of us marriage meant quitting our jobs, staying home and having babies. It was an arrangement I thrived on, one which ultimately resulted in the birth of five daughters and two sons.

While our first three children were born very close together, we soon discovered that when you totally breastfed a baby, not starting solids until the middle of the first year and eliminating bottles, babies just naturally arrived about two years apart. (For more information see Breastfeeding and Natural Child Spacing by Sheila Kippley, Penguin Books.) Depending on the number of children you had, this gave you many carefree years before having to bother with or worry about birth control.

But today it is another story. Children learn in grammar school about babies and contraception (and babies seem to be winning out!). Single women as well as married couples are making decisions about whether or not to get pregnant, and if they do get pregnant, whether or not to actually have the baby. If they decide to have children, the number has to be decided on (and they better have a good reason if it's more than two!). Where my generation used to leave a lot of those decisions up to God, young people today are not only supposed to have the wisdom to make the right decisions, but are expected to have their spouses agree with them.

A recent report from the U.S. Census Bureau says that American women now are waiting longer to have children. The median interval from marriage to the first childbirth for American women is now two years, six months longer than was the case in the early 1970s and 10 months longer than in the 1960s. Since we know that a younger couple is more likely to be fertile, I wonder what this delay will mean in the number of infertility problems later on. For by waiting, one not only has a natural lessening of fertility to contend with but also has possible infertility problems caused by the earlier use of contraceptive pills, the IUD, and by abortions. So we are now being faced with the situation of seeing couples, who have diligently practiced birth control so as not to become pregnant, visiting fertility clinics because they desperately want a baby. (I recently met a young gynecologist who was meeting this situation head-on: Having prescribed contraceptives liberally in the past and being presently engaged in doing abortions when amniocentesis shows a defect in the fetus, he is preparing to take on a new specialty --infertility.)

It's important to be aware that the very process of putting off having babies may affect the possibility of a pregnancy later on. Babies don't always come on demand. And speaking as a mother who has very much enjoyed having them, I'd hate anyone to unwittingly miss that opportunity.