Perhaps more myths surround the subject of menstruation than becloud any other physiological process. While the powerful taboos about menstruation that dominated primitive societies may no longer be present in today's society, a whole new set of myths have sprung up in their place. The myths are "scientific" ones perpetuated by doctors, and they deal with every aspect of menstruation. Doctors decide how often a woman should menstruate, how long she should menstruate, and how to "treat" her when her menstrual flow is "too painful" or "too heavy." These medical myths of hormonal treatment and surgical interference are the subject of this Newsletter.

My 16-year-old daughter has such terrible menstrual cramps that I can't bear to watch her suffer. The doctor prescribed a powerful pain killer, but she has to take two of them to get even a little bit of relief, and she's only supposed to take one.

I hate to have a young girl start messing with hormones or surgery, but the first day of her monthly periods is a nightmare. A doctor who examined her a couple of years ago found nothing wrong, and she doesn't want to go for another exam because this man handled the situation so badly. He didn't explain anything and was so unpleasant to a frightened young girl that he made it a very traumatic experience for her.

I know of two other young girls with the same problem, and I wonder how common it is. I really appreciate the sound advice you give, and I hope you'll have some help for my daughter.--Mrs. C.E.

Since menstrual problems tend to run in families, it may be a good idea for you and your daughter to discuss this subject with some of your blood relatives. Ask these women if they had similar symptoms, how they coped with them, and whether the symptoms gradually abated with age.

You ask me how common the problem of menstrual cramps is. According to Paula Weideger's book "Menstruation & Menopause" (Knopf, $10), "Most of the women...reported some problem with menstrual cramps. Many women who say they do not have cramps often mean they don't suffer from debilitating pain. It is rare to meet a woman who has never had any menstrual cramping....Fifty to 75 per cent of all women experience some menstrual cramping."
As you and your daughter have discovered, a male physician may often do more harm than good. To quote again from Ms. Weideger, "Menstrual problems are not generally considered legitimate by physicians, teachers, adults at large and, in many cases, young women themselves."

Your daughter might consider going to a woman physician, who is likely to have more empathy and less likely to tell her that the pain is in her mind.

While I do not wish to diminish the importance of your daughter's symptoms, I do want to caution you that medical and surgical measures to diminish them often are quite extreme. If further treatment should be prescribed, be sure that it will do more good than harm.

Many women readers have provided me with some valuable insights on the subject of menstrual cramps. Some of their good advice on how they've handled menstrual cramps without drugs follow this answer.

I readily admit that I learned nothing about the subject in medical school. My wife and two daughters have never had the problem, and my mother certainly didn't discuss it with me!

Neither my daughters nor I suffered with severe menstrual pains but, when I became housemother in a college dormitory which housed more than 100 girls, I encountered several girls with this problem.

One was a doctor's daughter whose father had prescribed a series of painkillers that were of no help at all. I happened to have a bottle of Taylor's Cream Sherry, which I used on those occasions when I had trouble sleeping. I gave her a small glassful, and the sherry relaxed her enough so that she slept for a while and awoke with no further pain. Her father was grateful to find something that worked.--Mrs. D.L.S.

I was surprised to read that such a high percentage of women suffer from menstrual cramps. When I was a teenager, one of my friends had severe cramps that nothing seemed to help, even drugs prescribed by her doctor. She spent a weekend at our home where she became very ill with menstrual cramps, and my mother prepared "peppermint tea"--three drops of oil of peppermint in a cup of boiling water with sugar added. Within a short time, my friend felt much better, and every month thereafter she asked Mom to fix her some peppermint tea when she was bothered by cramps. Mom said the tea warmed the "innards" and eased the pain.

I really can't say what the drink's therapeutic value was, but it worked for my friend. And Mom added one other ingredient that might have been the most important: love.--S.F.

I spent three days of every month in bed all through high school. I suffered agonizing pain from menstrual cramps and was too drugged with painkillers to function at all for nearly 40 days out of every year.

In college, I discovered a way to deal with cramps, which I can now best describe as the Lamaze breathing-relaxation technique (the same that is used by many women in childbirth). Instead of fighting the pain, I learned how to relax and concentrate on breathing with the cramps. When a "spell" of cramps had passed, I could get up and get on with my life.

Drugs not only were unnecessary; they decreased my ability to concentrate on breathing and relaxing.

I would recommend that the mother who wrote you about her daughter's menstrual cramps find a Lamaze teacher who would be willing to teach the technique to this teenager.--J.H.D.
As a young girl, I had severe menstrual cramps, and a friend taught me how to get relief. I would wring out a towel with very hot water and put the wet towel over my abdomen while I was in bed, putting another towel or piece of plastic over the wet towel to keep the heat in. The moist heat penetrates faster than dry heat and brings faster relief. I also learned that if I wore an extra piece of clothing over my stomach and intestines for a day or two before menstruation, and if I kept that part of my body extra warm, the cramps never started.—Mrs. O.K.

My sister and I suffered from menstrual cramps from the age on 13 on. We both started college at age 18. The first months after we started school, we noticed that neither of us experienced cramps anymore. The only thing we could attribute it to was the fact that we walked approximately 12 blocks to and from college classes five days a week. We are confident the exercise did the trick. Up to that time, we just suffered it out.—A.D.

My 25-year-old daughter has been married for two years and holds down an exciting and demanding job. She always has suffered from extreme cramps before and during her menstrual period. Several years ago, she was examined and told nothing was wrong. She was given a pain killer. Now she uses Talwin, taking several pills a week or so before her period as well as during it.

My daughter seems to be becoming progressively more incapacitated. She has swelling in her legs and feet, and some days she is bent over with pain, hardly able to walk. She is sometimes nauseated, and some days she cannot go to work. I am frightened because I realize she can't go on the way she is, in pain for at least two weeks out of the month. And all that medicine probably isn't any good, either.

I had always thought that eating properly plus exercise and enough rest would alleviate this to some extent, but apparently it goes much further than this. I suffered these same symptoms to a milder degree myself, and I realize that my not working may have prevented mine being worse when I was a young woman.—Mrs. W.R.

Talwin, one of my least favorite drugs, is a great favorite among street addicts.

You say your daughter is nauseated? One of the adverse reactions of Talwin is nausea.

You say your daughter is hardly able to walk? The adverse effects of Talwin include dizziness and weakness.

You say your daughter takes this medicine a week or two before her menstrual period? The warning accompanying Talwin reads, "The physician should take precautions to prevent the use of the drug in anticipation of pain rather than for the relief of pain."

Armed with this fragmentary information (you should read carefully the entire prescribing information on Talwin), your first move is to determine how much of your daughter's problems come from her body and how much from her medicine.

Finally, I am fascinated by the last line of your letter. Over the years, quite a few women have told me they suspect a definite relationship between having to work, especially in jobs that require them to stand on their feet all day long, and severe menstrual cramps.
I am 20 years old and still do not menstruate regularly each month. I have been to many gynecologists, and they all tell me either to take the Pill or wait until I get married. I feel very uncomfortable, and water pills don't help. Please give me some reply that may help the situation. --V.A.

So many women complain of not being "regular" that I often wonder whether more women menstruate off schedule than on schedule.

If a gynecologist has found your reproductive system and the rest of your body healthy, I see no reason for you to be visiting other doctors, taking the Pill, or using water pills.

Waiting until you get married makes good sense to me. Your menstrual periods may regularize with the passage of time, or marriage may decrease your awareness of the irregularity.

I often have wondered whether marriage does indeed make menstrual periods more regular. Since scientific evidence on this question is rather sparse, I will be happy to entertain and report any information my readers wish to supply.

Please tell Ms. V.A. (the young lady with the irregular menstrual periods) to be patient. I am 32 years old and have been menstruating regularly for only the past year and a half. When I was her age, I tried taking the Pill for a few months, but that didn't help. During the first four years of my marriage, I tried taking it again for birth control, but that made the irregularity of my periods even worse.

My periods became regular only after I had my two children. Marriage itself seemed to have no effect on the regularity of my menstrual cycle, and I wonder whether Ms. V.A. is concerned because her menstrual cycle deviates from the "normal" 28 days. I have read very little to reassure those of us whose cycles vary from that norm (or is it an average?) that we are indeed regular and "normal." My cycles are approximately five weeks long, give or take a few days, and I consider myself normal.--L.W.

Although I have been married for 10 years, my menstrual cycle has never been regular. I often skip a month, menstruate for two days, then skip three weeks before starting again, this time for five days. As a result, I never knew the date of conception when I tried to calculate the delivery dates for my son; thank heaven I had a super physician who could!--D.S.

I also spent many years of concern because of menstrual irregularity. As an R.N., I had the opportunity to seek opinions from many physicians, but none of them was able to give me a satisfactory answer.

I married last June at age 24, and since last November, I have had a regular cycle. A doctor in Wyoming practically guaranteed that my menstrual cycle would become regulated once I established a regular sex life. He emphasized the importance of sexual arousal and climax in activating hormone production. This physician attended a California seminar related to contraceptives, sexual problems, behaviors, etc., which seemed to support his theory.

In my case, marriage has made the difference.--J.D.
I'm writing in response to your question about whether marriage improves menstrual irregularity; in my case, it definitely did. Before I 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.

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.

Please send me information on the treatment of amenorrhea in a fifteen-year-old girl. We want to know about treatment other than estrogens.--A.H.

Plenty of 15-1/2-year-old girls either have not started to menstruate or have had very few, often irregular, menstrual periods. The problem arises when a word like "amenorrhea" is used, which means absence or abnormal cessation of the menses or failure to menstruate. "Amenorrhea" obviously is not your word, so it may be your doctor's. If so, challenge him to explain his use of this frightening Greek word.

My husband and I read a recent comment of yours with dismay. You wrote: "Prednisone can cause plenty of trouble to the endocrine glands that control a woman's reproductive system."

We have a beautiful 20-year-old daughter who has never had a menstrual period. When she was 11, she developed a rash on her feet that caused her so much distress we took her to a dermatologist. He immediately put her on Prednisone, which "controlled" the rash. She remained on it for three years. At age 14, her rash cleared up; she had been unhappy during the previous three years because we moved to a new school district, and at age 14 she joined her old friends in junior high school. I had thought that the rash was caused by emotional turmoil, but the dermatologist disagreed.

I have taken her to doctors because she has not menstruated, but none of them will say anything that would put another doctor in a bad light. However, one did hint that she had been given Prednisone at a "rather crucial time in her life." Is legal action advisable?

Doctor, can anything be done for our daughter? If only that dermatologist had told us what that drug might do to our daughter, we would have said, "Let her keep the rash!"--Mrs. C.K.
I often refer to a pernicious tendency in American medicine to use extreme measures to treat mild conditions. Thus, Prednisone and other steroid hormones, originally used in the most severe life-threatening conditions, are now used by some doctors--believe it or not--to treat sunburn. And this takes place in spite of the drug manufacturer's clear statement of indications for Prednisone "for serious or life-threatening conditions...."

With respect to your daughter's case, three years is an extremely long time to remain on such potent medication, especially in view of the manufacturer's caveat: "If, after a reasonable period of time, there is a lack of satisfactory clinical response, Prednisone should be discontinued and the patient transferred to other appropriate therapy."

Although it is hard to establish a definite cause-and-effect relationship between Prednisone and your daughter's failure to menstruate, it should be noted that the three years during which she received that powerful hormone fell at the exact time that normal pubertal development begins.

Perhaps your dermatologist can prove to the satisfaction of other doctors as well as other interested parties that your daughter's rash was the external evidence of an internal life-threatening condition. Perhaps he can also explain why that drug was given for such a long time during those crucial years.

Without further information on the testing your daughter has already been through, as well as the results of that testing, it is difficult to advise what your future course should be. But I would suggest that she be extremely careful before she uses any other hormones to tinker with her already compromised delicate endocrine balance.

My son is concerned about his daughter who lives in another state. She is 26, single, seems healthy and happy, but has not menstruated for more than a year. She is physically and mentally active and has a good job.

My son, whose wife died some years ago of cancer, worries whether this cessation of menstruation may signal the beginning of a problem for his daughter.--Mrs. G.M.

Since it is quite unusual for a young woman who previously had normal menstrual periods to stop for a whole year, there are several questions that must be asked:

How accurate is the history you have received secondhand?
Has your granddaughter been taking the Pill?
What is her doctor's opinion?

It is high time for you and your son to visit your granddaughter and have some good talks with her. Then you may ALL want to go and visit the doctor.

My 19-year-old granddaughter began menstruating when she was 13. The flow was heavy and irregular, but this was not unusual. However, about two years ago, she stopped menstruating altogether. Her mother has taken her to two gynecologists for examinations and consultations, and both say she is o.k. The last doctor gave her medication which should have caused her to have a menstrual period just once, but she did not menstruate.

What disturbs me the most (other than the obviously great question about whether she can ever have a family) are the emotional changes which
Why have her periods stopped?

Your letter raises the intriguing possibility that meningitis (a serious infection of the lining of the brain and spinal cord) in the newborn might damage the pituitary gland in such a way that, without affecting the rest of your granddaughter's body, a cessation of menstrual periods could occur 17 years later.

In order to further explore this possible relationship, I recommend that you or your granddaughter's doctor contact those specialists in pediatric neurology who have had wide experience in the long-term follow-up of people who had spinal meningitis as infants.

The change in your granddaughter's emotional state certainly could result from her hormonal imbalance. In addition to your line of thinking, I suggest two other approaches: First, find out whether her mother was prescribed DES (or other drugs) during her pregnancy with your granddaughter, since we know damage to the reproductive systems of DES daughters may take 15 to 20 years to manifest itself. Second, make sure your granddaughter has not been given any prescription drugs (including the contraceptive pill) which can cause amenorrhea (failure to menstruate) and emotional changes. The list of drugs which can cause menstrual irregularity include Aldactazide, Aldactone, Aristocort, Combid, Decadron, Demulen, Etrafon, Librax, Librium, Medrol, Mellaril, Prednisone, Proloid (overdose), Serax, Stelazine, Sterazolidin, and Tenuate.

Your granddaughter is fortunate to have such a concerned--and straight thinking--grandmother.

After years of warning from doctors and social workers about the risks of adolescent pregnancy, a study from Mount Sinai Medical Center in Chicago shows that adolescence does not increase the risks of complications to mother and fetus. In a recent Journal of the National Medical Association, Dr. Pedro A. Poma reported on 130 pregnant adolescents aged 13 to 16 and 150 women aged 20 to 37. Dr. Poma's findings showed that adolescents did not experience greater difficulty in pregnancy, labor, delivery, or postpartum than the older women studied.

"MalePractice: How Doctors Manipulate Women," Dr. Mendelsohn's latest book, is now available in paperback from Contemporary Books ($6.95).

"Confessions of a Medical Heretic" is available from WarnerBooks ($3.25).

Dr. Mendelsohn now writes a regular column for Let's Live Magazine as well as a monthly column for RN Magazine.
"Many women seem to think that menstrual cramps are just a part of life," Rosalie commented. "When I am taking a health history and ask a woman if she has suffered with menstrual cramps, the most common response I get is, 'Of course, doesn't everybody!'"

Rosalie Tarpening, registered physical therapist, nutritionist, and midwife was visiting our home, and I was taking advantage of the opportunity to learn something about how she handled menstrual problems through the use of nutritional counseling and vitamin therapy.

"Even when mild, menstrual cramps are not normal and indicate low blood calcium. A woman with this problem needs a calcium buildup, particularly during the week before her menstrual flow. At that time she should take 2000 mg. of calcium each day, using a good calcium/magnesium product or dolomite. Magnesium is antispasmodic and relaxes the muscle fibers that are attempting to spasm," Mrs. Tarpening explained.

"Does this mean that magnesium helps if you have a tic or muscle spasm around your eyes?" I asked. I had always thought such tics were caused by stress, and I was unaware that any kind of immediate relief was available. Magnesium is helpful for tics, according to Mrs. Tarpening. She recommends a teaspoon of Mag-Phos, a homeopathic remedy, along with sips of warm water every 10 or 15 minutes as a quick remedy, while cautioning, "But you should also go on a good calcium supplement."

"Severe cramps, depression, premenstrual tension, and crying usually signal a hormonal disturbance," she continued. "And since the body retains a great deal of water in this condition, the brain swells, there is fluid in the fingers, and the stomach bloats. I don't know if you are aware of it, but more women commit suicide during this part of their menstrual cycle than at any other time." If such a severe reaction occurs, Mrs. Tarpening recommends B6, vitamin E, and mixed female glandulars (from an extract of beef pituitary, thyroid, ovary, and adrenal) and of course, lots of calcium. This helps to regulate the hormone balance.

"Stress also aggravates menstrual problems, as does a faulty diet." (This ties in with my daughter Melanie's observation that cramps are not a problem when she is careful to eat well and exercise regularly.) Fresh fruits and vegetables, both cooked and raw, should be eaten daily along with a vegetable or animal protein at least once a day. Massage also can be helpful in relieving cramping. Massaging the inside of the foot between the ankle bone and the bottom of the foot with a rotating motion of the thumb helps to relax and treat the uterus.

"If a woman has a long heavy menstrual flow, we suspect a slow thyroid. We then suggest a lot of kelp, which nourishes the thyroid and helps to balance it up, and plenty of B6 and vitamin A." Since the amount of supplement to be taken depends on the nutritional status of the individual, Mrs. Tarpening recommends finding a good nutritional counselor or wholistic practitioner to work with. If heavy bleeding has been going on for a long time, a chelated iron formula taken for two to three months will build up the blood. This sounds a lot less hysterical than the usual recommendation of a hysterectomy to solve the problem.

(You can learn more about this special lady and the nightmare she has endured as a lay midwife by reading "The Midwife Murder Case--The Rosalie Tarpening Story," by John Bower and Rosalie Tarpening to be released this summer by Kruger Publishers of Sacramento, California.)