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The climacteric is often viewed by women with a good deal of apprehension, both because of feared health disturbances and fertility regulation problems. Much misinformation is circulated, unwarranted treatment proposed and unnecessary surgical procedures advised. Problems associated with family responsibilities are common at this time – teenage children, elderly parents all make demands. It is a time when the marriage bond is tested as never before. It is a time for understanding, cooperation and firm resolve. A proper explanation of the various happenings and reassurance of their passing nature are very helpful to the pre-menopausal woman in order to allay anxiety, give her security and peace of mind. It is helpful, too, to her husband, in order to assist her to adjust to her changing physiology and to know how best to help her. They may have forgotten about paying attention to each other. Rediscovery can be richly rewarding and unifying.

It is natural for the woman that her fertility should end somewhere in the 40's. This is manifested in different ways. Ovulation becomes less frequent. The ova become fewer and fewer and finally the supply ends. The woman who knows the Ovulation Method may say that now menstruation comes early, that is, the interval between Peak and bleed is less than 11 days. These cycles are infertile because of the deficient ovulatory process. This needs no treatment. Artificial manipulation and lengthening of the luteal phase is unnecessary and is simply a meddlesome use of drugs. She may say that her Peak is now indefinite or that she has no mucus with fertile characteristics. This is a manifestation of an aging cervix which becomes unresponsive to ovarian hormones.

The phenomenon of hot flushes, characteristic of low estrogen at this time, does not harm the woman beyond the discomfort and embarrassment they cause. They disappear intermittently for weeks at a time, without treatment, and finally stop altogether, as the woman's estrogens fluctuate widely over the climacteric years, before the hormones finally adjust and stabilize.

Heavy bleeding may occur with clotting, enough to cause anemia if it is persistent. This anemia must be treated with iron. Anemia is responsible for fatigue, debility and irritability, and responds very quickly to treatment. This bleeding is sometimes "break-through" bleeding which occurs when the estrogen is high and most likely when ovulation has been delayed. "Withdrawal" bleeding occurs when estrogen falls from a high to a low level. Sometimes a synthetic progestin is used to stop bleeding and, if so, it should be given for a short time only, so as not to replace the normal hormonal mechanisms of the climacteric, or interfere unduly with the natural decline in fertility.

Prolonged low estrogens sometimes result in changes in the lining of the vagina, causing it to become thin and dry. This may be responsible for painful intercourse, especially if the woman is fearful of pregnancy and is therefore unresponsive, or even resentful and uninviting. Sympathetic counseling and skilled teaching can explain the natural process of vaginal lubrication which respond to unselfish loving.

The bladder may also be affected, causing some frequency of urination and increased susceptibility to urinary infection. This condition may be benefited by vaginal application of an estrogen cream for short repeated treatments, again following the principle of avoiding "take-over" of the body's natural processes for any prolonged length of time. Charting and application of the Ovulation Method rules should be continued, even though some abnormal mucus patterns will occur while the medication is continuing. It cannot be supposed that the woman is automatically rendered infertile by the treatment.

Replacement therapy, by hormones which prolong cyclical bleeding beyond nature's limits, sometimes cause irregular and unexplained bleeding which must be distinguished from carcinomatous lesions by surgical procedures. Because of the risk to heart and brain by disease of the blood vessels, it is considered best to avoid prolonged synthetic hormonal medication, and confine it to use under exceptional circumstances, which are usually temporary. Unusual bleeding must always be diagnosed before any attempt is made to control it by hormonal therapy. There is still much debate concerning prevention of osteoporosis, and no satisfactory procedure has been defined. Due consideration should be paid to the fact that natural estrogens fluctuate widely in the peri menopausal years, and that synthetic hormones carry the possibility of some serious consequences. At this time in a woman's life, if she has been a Rhythm Method user, she may notice that her cycles are becoming irregular and therefore a source of confusion to her.

Bleeds become either scanty or very heavy. She may find her shape changes with loss of her waist. Her weight may increase and she may suffer unusual breast discomfort. Most of these problems are passing.

The Mucus Pattern

A woman may not have been introduced to the Ovulation Method until the climacteric, and may be quite ignorant of her reproductive system. She should be given a simple outline explaining the significance of the cervical mucus. As with all Ovulation Method teaching, the woman is encouraged to keep a simple, clear, neat chart of observations of vulval sensations and appearances of the mucus, if any, made during the day and recorded at night. She is encouraged to make observations, not interpretations. She is taught to think in patterns. The recognition of the infertile pattern is the goal. Everything falls into place when this is achieved. She will come to recognize the infertile pattern, due to failure of the cervix to produce mucus, just as readily as the Basic Infertile Pattern, which is due to estrogens too low to stimulate the cervix, in the pre-ovulatory phase of the cycle.

Application, then, of the Early Day Rules, will give security and freedom. The woman will not be able to tell whether she is ovulating or not. She may do so with or without mucus and sometimes with bleeding. The rules will effectively cover all these events.

Sometimes, too much emphasis is placed on identifying the Peak or the rise in basal body temperature, with resultant confusion and abstinence, when this is no longer possible and the post-ovulatory infertility is no longer identifiable.

If she is an experienced Ovulation Method user, she may report that she ceases to observe mucus any longer, or says that she has more dry days. The observations of changes in sensation become of great importance. Sometimes to emphasize this, we ask for a "blind

woman's chart." There may be some bizarre patterns of mucus which can be explained with patience and the help of an experienced teacher.

The management of fertility regulation is not difficult for the middle-aged woman. The signs of infertility become more and more extended and are easily recognized as an identifiable Basic Infertile Pattern. Each day is assessed as it comes. All the couple needs to know is either "today conception could not occur," or "today conception is possible."

The woman needs support and understanding at this time in her life. Time must be given to explain her physical situation. She needs sympathy in dealing with problems in the family. There may be signs of disharmony in the marriage, due, perhaps to fear of pregnancy, and resistance to her husband may be misinterpreted by him (unless he fully understands the reason), even causing him to make unreasoned demands of her. The role of the husband is of paramount importance. He also must have the situation explained, must know the rules which apply to his wife's record, and realize that his wife needs his love and understanding. She should be encouraged to use the signs of infertility generously to love her husband, as this will engender generosity on his part, enabling her to lose her fear in the assurance of his strong love for her and his consideration and tenderness. This will, at once, dispose of much of her troubles and fears. The restoration of good communication and harmony fill them with joy and peace.

Intercourse, which because it may have been dry and painful has

perhaps been approached apprehensively or resisted altogether, now becomes loving and pleasurable again, simply due to an understanding of the natural reflex mechanisms which operate in a climate of love and consideration. It is sad that so many couples, when pressures from outside become burdensome, cease to be able to draw on that love which makes all burdens bearable. It is indeed a joy to see the restoration of these marriages as they rediscover their love.