Research and Information on the Pill and Birth Control

Over the years, we have received quite a number of emails from ladies asking for more information on the Pill and various birth control methods, as well as the spiritual aspects of all this.

There are TWO main points in discussing the topic of birth control:

1. Is birth control right/Biblical?
2. What METHOD of birth control is the best?

We will NOT be addressing the first point in this article. This is something EACH COUPLE needs to discuss, study/research, and pray about ... this is an individual couple decision, according to one's conviction and walk with GOD.

This article will be focusing on birth control METHODS and the points to consider and research — this too is for EACH COUPLE to discuss, study/research, and pray about ... we only want to provide some points/dangers to consider, and give some great starting links for research.

As this is such a PERSONAL and INDIVIDUAL decision, we will really only be giving information and links to look at and research — we ask each couple to diligently do your OWN research and study, and PRAYERFULLY be lead by the Holy Spirit.

We pray for WISDOM and TRUTH for each couple!

Background.

Common methods of contraceptives can be categorized as:

- Barrier methods,
- Intrauterine devices,
- Sterilizations methods,
- Natural family planning,
- Or hormonal methods.

These techniques prevent pregnancy by:

- Preventing sperm from reaching the egg,
- Damaging or inactivating sperm,
- Preventing the release of eggs,
- Altering the uterus lining so a fertilized egg cannot attach,
- Thickening the cervical mucus so that sperm cannot pass through easily.

The Pill is the most common hormonal contraceptive, but other hormonal delivery methods include injections, implants, patches, and vaginal rings.

PREVIOUSLY, when asked about birth control methods, we would warn ladies of the following methods, as they clearly work on the principle of causing a natural abortion:

- Copper T
- Multi-Load
- Mini-Pill

These methods influence the uterus lining so that the fertilized egg cannot ATTACH (abortive).

HOWEVER, we have recently been made aware that ALL other forms of contraception (EXCLUDING barrier methods such as condoms, and natural family planning) can prevent pregnancy by causing natural abortions/miscarriages.

For more information on this, we encourage couples to check out the following links, as well as the included article by Randy Alcorn.

- http://www.aaplog.org/position-and-papers/oral-contraceptive-controversy/birth-control-pill-abortifacient-and-contraceptive/
- http://www.ncbi.nlm.nih.gov/pubmed/12288921
- http://www.oralcontraceptives.com/about_cvc.asp
- http://www.sciencedirect.com/science/article/pii/S0301211502000544
- http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2891973/
- http://www.polycarp.org/how_does_the_pill_work.htm
- http://home.intekom.com/pharm/schering/diane35.html
- http://home.intekom.com/pharm/cipla/ginette.html
- http://home.intekom.com/pharm/schering/minerva.html

In addition to this, there are the serious HEALTH dangers/effects of the various hormonal contraception methods — a woman's hormones are a COMPLEX and INTRICATE system, which affect her whole body (and person really). When a woman's natural cycle and hormone system is "adjusted" or influenced, there will be side-effects and complications — and most of these are long-term.

Side-Effects of the Pill:		Side-Effects of the Patch:	
Increased risk of breast cancer.	Miscarriages.	Raised risk of heart attack and stroke.	Abdominal pain.
Increased risk of cervical cancer.	Headaches.	Irregular bleeding.	Skin irritation or rashes at site of patch.

Side-Effects of the Pill:		Side-Effects of the Patch:	
Increased risk of endometrial cancer.	Migraines.	Problems wearing contact lenses.	Mood changes.
Increased risk of ovarian cancer.	Cramps.	Fluid retention or raised blood pressure.	Breast tenderness.
Liver tumors.	Bloating.	Nausea.	Headache.
Blood clots.	Nausea.	Menstrual cramps.	
High blood pressure.	Vaginal infections.		
Cycle irregularities.	Gall bladder disease.		
Mental depression.	Loss of sexual drive.		

Natural Alternatives.

There are much SAFER options to using hormonal contraceptives — barrier methods and natural family planning (NFP) offer much safer, albeit less convenient, options than hormonal contraceptives. With NFP, there are no side effects and no toxic substances put in the body, and women often enjoy becoming more aware of their fertility cycle and being more in-touch with their bodies. (NFP methods can also be helpful when you're actively TRYING to fall pregnant!)

For more information on contraception, natural alternatives, and NFP, see the links below, as well as the included article by "Wellness Mama"

- http://articles.mercola.com/sites/articles/archive/2005/06/14/contraceptives-libido.aspx
- http://articles.mercola.com/sites/articles/archive/2010/05/15/the-pill-at-50-sex-freedom-and-paradox.aspx
- http://articles.mercola.com/sites/articles/archive/2004/06/12/contraception-facts.aspx
- http://articles.mercola.com/sites/articles/archive/2010/07/10/real-contraceptive-choices-alternatives-to-risky-hormone-pills-patches-and-shots.aspx
- http://articles.mercola.com/sites/articles/archive/2012/06/21/iud-better-than-birth-control-pill.aspx
- http://articles.mercola.com/sites/articles/archive/2011/06/29/using-birth-control-pills-alters-womens-mate-preferences.aspx
- http://www.fertilityfriend.com/
- http://draxe.com/is-the-pill-controlling-you/
- http://draxe.com/just-say-no-to-birth-control-pills/

Conclusion.

Again, we want to encourage each couple to do their OWN research. There is SO MUCH information available online, it really is best to look at this directly — there is also so much helpful articles, videos, and tools for NFP — even smart phone apps!

(For couples needing guidelines on how to pray for abortion/miscarriage, please see our prayer: http://www.kanaanministries.org/downloads/?did=304)

We want to bless each couple in the area of intimacy — that you experience all that GOD intended ... and for those wanting to start a family, that the FATHER bless you to be fruitful and multiply!

MANY blessings and SHALOM!!
Kanaan Ministries

Does the Birth Control Pill Cause Abortions?
A Short Condensation[1]

by Randy Alcorn

Please note that this condensation is from an older version of Does the Birth Control Pill Cause Abortions?*. Go to the book page to read the complete text of the updated 10th edition, published December 2011.*

"The Pill" is the popular term for more than forty different commercially available oral contraceptives. In medicine, they are commonly referred to as BCPs (birth control pills) or OCs (oral contraceptives). They are also called "Combination Pills," because they contain a combination of estrogen and progestin.

The Pill is used by about fourteen million American women each year. Across the globe it is used by about sixty million. The question of whether it causes abortions has direct bearing on untold millions of Christians, many of them prolife, who use and recommend it.

In 1991, while researching the original edition of my book, ***ProLife Answers to ProChoice Arguments***, I heard someone suggest that birth control pills can cause abortions. This was brand new to me; in all my years as a pastor and a prolifer, I had never heard it before. I was immediately skeptical.

My vested interests were strong in that Nanci and I used the Pill in the early years of our marriage, as did many of our prolife friends. Why not? We believed it simply prevented conception. We never suspected it had any potential for abortion. No one told us this was even a possibility. I confess I never read the fine print of the Pill's package insert, nor am I sure I would have understood it even if I had.

In fourteen years as a pastor I did considerable premarital counseling, I always warned couples against the IUD because I'd read it could cause early abortions. I typically recommended young couples use the Pill because of its relative ease and effectiveness.

At the time I was researching *ProLife Answers*, I found only one person who could point me toward any documentation that connected the Pill and abortion. She told me of just one primary source that supported this belief and I found only one other. Still, these two sources were sufficient to compel me to include this warning in the book:

> Some forms of contraception, specifically the intrauterine device (IUD), Norplant, and certain low-dose oral contraceptives, often do not prevent conception but prevent implantation of an already fertilized ovum. The result is an early abortion, the killing of an already conceived individual. Tragically, many women are not told this by their physicians, and therefore do not make an informed choice about which contraceptive to use.

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[1] Take from the following link. For references, please see original article: http://www.epm.org/resources/2010/Feb/17/short-condensation-does-birth-control-pill-cause-a/ As mentioned above, this is a CONDENSED article, to download the complete book for FREE, please see the link online.

As it turns out, I made a critical error. At the time, I incorrectly believed that "low-dose" birth control pills were the exception, not the rule. I thought most people who took the Pill were in no danger of having abortions. What I've found in more recent research is that *since 1988 virtually all oral contraceptives used in America are low-dose, that is, they contain much lower levels of estrogen than the earlier birth control pills.*

The standard amount of estrogen in the birth control pills of the 1960s and early '70s was 150 micrograms.

After the Pill had been on the market fifteen years, many serious negative side effects of estrogen had been clearly proven. These included blurred vision, nausea, cramping, irregular menstrual bleeding, headaches, increased incidence of breast cancer, strokes, and heart attacks, some of which led to fatalities.

In response to these concerns, beginning in the mid-seventies, manufacturers of the Pill steadily decreased the content of estrogen and progestin in their products. The average dosage of estrogen in the Pill declined from 150 micrograms in 1960 to 35 micrograms in 1988. These facts are directly stated in an advertisement by the Association of Reproductive Health Professionals and Ortho Pharmaceutical Corporation in *Hippocrates* magazine.

Pharmacists for Life confirms: "As of October 1988, the newer lower dosage birth control pills are the only type available in the U.S., by mutual agreement of the Food and Drug Administration and the three major Pill manufacturers."

What is now considered a "high dose" of estrogen is 50 micrograms, which is in fact a very low dose in comparison to the 150 micrograms once standard for the Pill. The "low-dose" pills of today are mostly 20-35 micrograms. As far as I can tell, there are no birth control pills available today that have more than 50 micrograms of estrogen. An M.D. wrote to inform me that she had researched many pills by name and could confirm my findings. If such pills exist at all, they are certainly rare.

Not only was I wrong in thinking low-dose contraceptives were the exception rather than the rule, I didn't realize there was considerable documented medical information linking birth control pills and abortion. The evidence was there, I just didn't probe deeply enough to find it. Still more evidence has surfaced in subsequent years. I have presented this evidence in detail in my 115-page book *Does the Birth Control Pill Cause Abortions*? I will now summarize that research.

The Physician's Desk Reference (PDR)

The *Physician's Desk Reference* is the most frequently used reference book by physicians in America. The *PDR*, as it's often called, lists and explains the effects, benefits, and risks of every medical product that can be legally prescribed. The Food and Drug Administration requires that each manufacturer provide accurate information on its products, based on scientific research and laboratory tests.

As you read the following, keep in mind that the term "implantation," by definition, *always* involves an already conceived human being. Therefore, any agent which serves to prevent implantation functions as an abortifacient.

This is the *PDR's* product information for Ortho-Cept, as listed by Ortho, one of the largest manufacturers of the Pill:

Combination oral contraceptives act by suppression of gonadotropins. Although the primary mechanism of this action is inhibition of ovulation, other alterations include changes in the cervical mucus, which increase the difficulty of sperm entry into the uterus, and changes in the endometrium which reduce the likelihood of implantation.

The FDA-required research information on the birth control pills Ortho-Cyclen and Ortho Tri-Cyclen also state that they cause "changes in ... the endometrium (which reduce the likelihood of implantation)."

Notice that these changes in the endometrium, and their reduction in the likelihood of implantation, are not stated by the manufacturer as speculative or theoretical effects, but as actual ones. They consider this such a well-established fact that it requires no statement of qualification.

Similarly, as I document in my book, Syntex and Wyeth, the other two major pill-manufacturers, say essentially the same thing about their oral contraceptives.

The inserts packaged with birth control pills are condensed versions of longer research papers detailing the Pill's effects, mechanisms, and risks. Near the end, the insert typically says something like the following, which is taken directly from the Desogen pill insert:

> If you want more information about birth control pills, ask your doctor, clinic or pharmacist. They have a more technical leaflet called the Professional Labeling, which you may wish to read. The Professional Labeling is also published in a book entitled *Physician's Desk Reference*, available in many bookstores and public libraries.

Of the half dozen birth control pill package inserts I've read, only *one* included the information about the Pill's abortive mechanism. This was a package insert dated July 12, 1994, found in the oral contraceptive Demulen, manufactured by Searle. Yet this abortive mechanism was *referred to in all cases* in the FDA-required manufacturer's Professional Labeling, as documented in *The Physician's Desk Reference*.

In summary, according to multiple references throughout *The Physician's Desk Reference*, which articulate the research findings of all the birth control pill manufacturers, there are *not one but three mechanisms of birth control pills:*

1) Inhibiting ovulation (the primary mechanism),
2) Thickening the cervical mucus, thereby making it more difficult for sperm to travel to the egg,
3) And thinning and shriveling the lining of the uterus to the point that it is unable or less able to facilitate the implantation of the newly fertilized egg.

The first two mechanisms are contraceptive. The third is abortive.

When a woman taking the Pill discovers she is pregnant (according to *The Physician's Desk Reference*'s efficacy rate tables, this is 3 percent of pill-takers *each year*), it means that all three of these mechanisms have failed. The third mechanism *sometimes* fails in its role as backup, just as the first and second mechanisms sometimes fail. Each and every time the third mechanism succeeds, however, it causes an abortion.

Medical Journals and Textbooks

In an article in the research journal *Contraception*, Drs. Chowdhury, Joshi and associates state, "The data suggests that though missing of the low-dose combination pills may result in 'escape' ovulation in some women, however, the pharmacological effects of pills on the endometrium and cervical mucus may continue to provide them contraceptive protection."

Note in some citations "contraceptive" is used to refer to an agent which in fact prevents the implantation of an already conceived child. Those who believe each human life begins at conception would see this function not as a contraceptive, but an abortifacient.

Reproductive endocrinologists have demonstrated that Pill-induced changes cause the endometrium to appear "hostile" or "poorly receptive" to implantation. Magnetic Resonance Imaging (MRI) reveals that the endometrial lining of Pill users is consistently thinner than that of nonusers — up to 58 percent thinner.[10] Recent and fairly sophisticated ultrasound studies have all concluded that endometrial thickness is related to the "functional receptivity" of the endometrium. Others have shown that when the lining of the uterus becomes too thin, implantation of the pre-born child (called the blastocyst or pre-embryo at this stage) does not occur.

The minimal endometrial thickness required to maintain a pregnancy ranges from 5 to 13mm, whereas the average endometrial thickness in women on the Pill is only 1.1 mm. These data lend credence to the FDA-approved statement that "changes in the endometrium reduce the likelihood of implantation."

Dr. Kristine Severyn says:

> The third effect of combined oral contraceptives is to alter the endometrium in such a way that implantation of the fertilized egg (new life) is made more difficult, if not impossible. In effect, the endometrium becomes atrophic and unable to support implantation of the fertilized egg ... The alteration of the endometrium, making it hostile to implantation by the fertilized egg, provides a backup abortifacient method to prevent pregnancy.

Researchers have repeatedly and consistently pointed out this abortifacient effect of the Pill. To date, no published studies have refuted these findings.

Dr. Walter Larimore is a Clinical Professor of Family Medicine who has written over 150 medical articles in a wide variety of journals. In two major medical journal articles, he has addressed the issue of the Pill's capacity to cause early abortions. In 2000 Dr. Larimore and I coauthored a chapter on this subject in *The Reproduction Revolution: A Christian Appraisal of Sexuality, Reproductive Technologies and the Family*.

In the same chapter, four Christian physicians present their belief that the Pill does not result in early abortions. We respectfully suggest that their case is not based solidly on the medical evidence. (In February 2001 Dr. Larimore was brought on the staff of Focus on the Family, as a broadcaster and "an ambassador to the public on medical ethics, procedures and practices.")

What Does This Mean?

As a woman's menstrual cycle progresses, her endometrium gradually gets richer and thicker in preparation for the arrival and implantation of any newly conceived child. In a natural cycle, unimpeded by the Pill, the endometrium experiences an increase of blood vessels, which allow a greater blood supply to bring oxygen and nutrients to the child. There is also an increase in the endometrium's stores of glycogen, a sugar that serves as a food source for the blastocyst (child) as soon as he or she implants.

The Pill keeps the woman's body from creating the most hospitable environment for a child, resulting instead in an endometrium that is deficient in both food (glycogen) and oxygen. The child may die because he lacks this nutrition and oxygen.

Typically, the new person attempts to implant at six days after conception. If implantation is unsuccessful, the child is flushed out of the womb in a miscarriage. When the miscarriage is the result of an environment created by a foreign device or chemical, it is in fact an abortion. This is true even if the mother does not intend it, and is not aware of it happening.

Despite all the research, including much more presented in my full booklet, there are those who insist that these contentions are incorrect and should not be taken at face value by those concerned about early abortions. In the case of the Pill manufacturers, those who say their FDA-approved assertions are false should, in my opinion, prevail upon the FDA to change their statements, and not simply ask people to disregard them.

Confirming Evidence

When the Pill thins the endometrium, it seems self-evident a zygote attempting to implant has a smaller likelihood of survival. A woman taking the Pill puts any conceived child at *greater* risk of being aborted than if the Pill were not being taken.

Some argue that this evidence is indirect and theoretical. But we must ask, if this is a theory, how strong and credible is the theory? If the evidence is only indirect, how compelling is that indirect evidence? Once it was only a theory that plant life grows better in rich, fertile soil than in thin, eroded soil. But it was certainly a theory good farmers believed and acted on.

Some physicians have theorized that when ovulation occurs in Pill-takers, the subsequent hormone production "turns on" the endometrium, causing it to become receptive to implantation. However, there is no direct evidence to support this theory, and there is at least some evidence against it. First, after a woman stops taking the Pill, it usually takes several cycles for her menstrual flow to increase to the volume of women who are not on the Pill. This suggests to most objective researchers that the endometrium is slow to recover from its Pill-induced thinning. Second, the one study that has looked at women who have ovulated on the Pill showed that after ovulation the endometrium is not receptive to implantation.

Arguments Against the Pill Causing Abortion

I have received a number of letters from readers, one of them a physician, who say something like this: "My sister got pregnant while taking the Pill. This is proof that you are wrong in saying that the Pill causes abortions — obviously it couldn't have, since she had her baby!"

Without a doubt, the Pill's effects on the endometrium do not *always* make implantation impossible. I have never heard anyone claim that they do. To be an abortifacient does not require that something *always* cause an abortion, only that it sometimes does.

Whether it's RU-486, Norplant, Depo-Provera, the morning after pill, the Mini-pill, or the Pill, there is no chemical that *always* causes an abortion. There are only those that do so never, sometimes, often, and usually.

Children who play on the freeway, climb on the roof, or are left alone by swimming pools don't *always* die, but this does not prove these practices are safe and never result in fatalities. We would immediately see this inconsistency of anyone who argued in favor of leaving children alone by swimming pools because they know of cases where this has been done without harm to the children. The point that the Pill doesn't always prevent implantation is certainly true, but has no bearing on the question of whether it *sometimes* prevents implantation, which the data clearly suggests.

People also often argue, "The blastocyst is perfectly capable of implanting in various 'hostile' sites, e.g., the fallopian tube, the ovary, the peritoneum."

Their point is that the child sometimes implants in the wrong place. This is undeniably true. But again, the only relevant question is whether the Pill sometimes hinders the child's ability to implant in the *right* place.

Imagine a farmer who has two places where he might plant seed. One is rich, brown soil that has been tilled, fertilized, and watered. The other is on hard, thin, dry, and rocky soil. If the farmer wants as much seed as possible to take hold and grow, where will he plant the seed? The answer is obvious--on the fertile ground.

Now, you could say to the farmer that his preference for the rich, tilled, moist soil is based on theoretical assumptions because he has probably never seen a scientific study that proves this soil is more hospitable to seed than the thin, hard, dry soil. Likely, such a study has never been done. In other words, there is no absolute proof.

But the farmer would likely reply, based on years of observation, "I know good soil when I see it. Sure, I've seen some plants grow in the hard, thin soil too, but the chances of survival are much less there than in the good soil. Call it theoretical if you want to, but we all know it's true!"

Some newly conceived children manage to survive temporarily in hostile places. But this in no way changes the obvious fact that many *more* children will survive in a richer, thicker, more hospitable endometrium than in a thinner, more inhospitable one.

(In other publications and in a much more detailed fashion, we have discussed these and other lines of evidence, with hundreds of citations of many scientific studies, as well as researchers and experts in numerous fields. We encourage interested readers to look more deeply into these studies and arguments.)

Despite this evidence, some prolife physicians state that the likelihood of the Pill having an abortifacient effect is "infinitesimally low, or nonexistent." Though I would very much like to believe this, the scientific evidence does not permit me to do so.

Dr. Walt Larimore has told me that whenever he has presented this evidence to audiences of secular physicians, there has been little or no resistance to it. But when he has presented it to Christian physicians there has been substantial resistance. Since secular physicians do not care whether the Pill prevents implantation, they tend to be objective in interpreting the evidence. After all, they have little or nothing at stake either way. Christian physicians, however, very much do not want to believe the Pill causes early abortions. Therefore, I believe, they tend to resist the evidence. This is certainly understandable. Nonetheless, we should not permit what we *want* to believe to distract us from what the evidence indicates we *should* believe.

I have mentioned my own vested interests in the Pill that at first made me resist the evidence suggesting it could cause abortions. Dr. Larimore came to this issue with even greater vested interests in believing the best about the birth control pill, having prescribed it for years. When he researched it intensively over an eighteen-month period, in what he described to me as a "gut wrenching" process that involved sleepless nights, he came to the conclusion that in good conscience he could no longer prescribe hormonal contraceptives, including the Pill, the Minipill, Depo-Provera, and Norplant.

Conclusion

The Pill is used by about fourteen million American women each year and sixty million women internationally. Thus, even an infinitesimally low portion (say one-hundredth of one percent) of 780 million Pill cycles per year globally could represent tens of thousands of unborn children lost to this form of chemical abortion annually. How many young lives have to be jeopardized for prolife believers to question the ethics of using the Pill? This is an issue with profound moral implications for those believing we are called to protect the lives of children.

This article is a very abridged version of one that appears in Appendix E of Randy Alcorn's book, **ProLife Answers to ProChoice Arguments** *and has been reprinted with permission. While the basic argument is stated here, much of the documented evidence has been left out due to space constrictions. An even more thorough treatment (with 139 footnotes) of this subject can be found in Randy Alcorn's 197 page book,* **Does the Birth Control Pill Cause Abortions?** *For more information, see http://www.epm.org/ or contact EPM at info@epm.org or 503-668-5200.*

Natural Alternatives to Hormonal Contraceptives[2]

by Wellness Mama

I realize I just crossed the line from fun posts about lotion bars or sea salt bath fizzies or how to eat liver without gagging and in to serious territory …

I've gotten dozens of requests for natural alternatives to hormonal contraceptives and while my naturally introverted nature tends to shy away from controversial topics, I decided it was time to tackle this one.

But … Why?

Personally, I have a plethora of non-medical reasons for avoiding contraceptives, but there are some solid medical/scientific reasons to make this decision as well.

Hormonal contraceptives are made from artificial hormone-like substances that attempt to mimic the effects of naturally occurring hormones in the body. Hormonal contraceptives work by:

- Suppressing the release of hormones that trigger ovulation;
- Stimulating production of thick cervical mucus, which prevents sperm survival and ability to travel to a ripe egg in the fallopian tube in the event that ovulation does occur;
- Disrupting the ability of the cilia (whip-like cells that line the fallopian tube) to move a fertilized egg toward the uterus in the event that conception does occur;
- Preventing buildup of the uterine lining, and thereby inhibiting implantation of a fertilized egg in the event that one arrives in the uterus.

Personally, the mere possibility that conception could occur and then the fertilized egg could be prevented form implanting is enough to keep me from ever wanting to use hormonal contraceptives (along with a host of other reasons), but it turns out that artificial hormones aren't good for mom either (or the water supply for that matter):

In *The Breast Cancer Prevention Program*, Sam Epstein, MD, writes, "more than 20 well-controlled studies have demonstrated the clear risk of premenopausal breast cancer with the use of oral contraceptives. These estimates indicate that a young woman who uses oral contraceptives has up to ten times the risk for developing breast cancer as does a non-user, particularly if she uses the Pill during her teens or early twenties; if she uses the Pill for two years or more; if she uses the Pill before her first full-term pregnancy; if she has a family history of breast cancer." Thus, a woman who takes the Pill for two years before she's 25 and before she's had a pregnancy to term increases her risk of breast cancer tenfold.

[2] Taken from http://wellnessmama.com/8396/natural-alternatives-to-hormonal-contraceptives/

A study conducted by the World Health Organization found that women who carry the human papilloma virus (HPV) and who have taken the Pill for five to nine years are nearly three times more likely than non-Pill users to develop cervical cancer. (HPV affects a third of all women in their twenties.) Women with HPV who've taken the Pill for more than ten years are four times more likely than non-users to develop the disease.

Women who have a history of migraine headaches and who take combined oral contraceptives are two to four times more likely to have a stroke than women who have migraines and don't take the Pill.

Women who use low-dose oral contraceptive pills have a two-fold increased risk of a fatal heart attack compared to non-users. Women who take oral contraceptives and smoke have a 12-fold increase in fatal heart attacks and a 3.1-fold increase in fatal brain hemorrhage. Women who use the Pill after the age of 45 have a 144 percent greater risk of developing breast cancer than women who have never used it.

Because of blocked hormone production, women who take the Pill have decreased sensitivity to smell. Because sexual interest is communicated through smell, the Pill may decrease women's sex drives.

In *Solved: The Riddle of Illness*, Dr. Stephen Langer writes that "the Pill. . . can cause severe bodily damage in hypothyroidism."

Oral contraceptives may aggravate insulin resistance and longterm risk of diabetes and heart disease.

IUDs carry additional concerns:

> "When conception occurs with an IUD in place, the IUD can prevent implantation, thus causing an early abortion. [Additional risks] include uterine perforation, which may lead to a hysterectomy, and infections, such as a pelvic or tubo-ovarian abscess. Use of all IUDs has been associated with an increased incidence of PID (Pelvic Inflammatory Disease). The IUD may occasionally result in pregnancy and if this were to occur, an ectopic pregnancy would be more likely to occur. An ectopic pregnancy is one in which the unborn child implants himself/ herself in a location other than in the mother's uterus, usually in the fallopian tube. According to Rossing and Daling, two prominent researchers, women who had used an IUD for three or more years were more than twice as likely to have a tubal pregnancy as women who had never used an IUD even years after the IUD had been removed. Ectopic pregnancy remains the leading cause of maternal death in the United States. The IUD may also cause back aches, cramping, dyspareunia (painful intercourse), dysmenorrhea (painful menstrual cycles), and infertility.**"**

Even sterilization, which is becoming an increasingly popular option, has its risks:

> "Tubal ligation does not always prevent conception. When conception does occur, it is associated with a much higher incidence of ectopic pregnancy, which, as was noted, is the leading cause of death in pregnant women. In addition, women who undergo the procedure may experience complications from the anesthesia or from surgery.

Complications include bladder puncture, bleeding, and even cardiac arrest after inflation of the abdomen with carbon dioxide Some women who have undergone a tubal ligation experience a syndrome of intermittent vaginal bleeding associated with severe cramping pain in the lower abdomen.

About 50% of men who undergo a vasectomy will develop anti-sperm antibodies. In essence, their bodies will come to recognize their own sperm as "the enemy." This could lead to a higher incidence of autoimmune disease. Several studies have noted that men who undergo a vasectomy have a higher incidence of developing prostate cancer, especially 15-20 years after their vasectomy, although one large study did not find a link. Also, some research evidence suggests that there is an association between vasectomy and a recently identified form of dementia, Primary Progressive Aphasia"

Balancing Hormones?

I'm guessing that hormone imbalance is a widespread problem in today's world, as the post on how to balance hormones naturally is consistently my most viewed posts.

Statistically, many people use hormonal contraceptives to help "balance hormones" or prevent acne, etc. The problem is that this is just treating the symptoms and not addressing the root cause. The body naturally moves toward balance so if hormones are out of whack, it is not from a contraceptive deficiency, but rater that the body is not producing the natural hormones optimally. Treating some of the symptoms with hormonal contraceptives not only doesn't fix the root of the problem, but it can lead to bigger problems in the future as the underlying imbalance can still be causing other problems in the body.

If skin issues are the problem, check out this post about oil cleansing, which has completely gotten rid of my acne.

If hormone balance is the goal, check out this post about many ways to balance hormones naturally. I've also found some supplements that help a lot (excerpt from the above post):

- Maca — A tuber in the radish family that has a history of boosting hormone production and libido. Many women notice less PMS, increased fertility, and improved skin while men notice increased sperm production, libido and better sleep. Maca is also high in minerals and essential fatty acids, making it great for hormones. It is available in powder form (least expensive option) or in capsules.
- Magnesium — Magnesium supports hundreds of reactions in the body and often contributes to better sleep (which is great for hormones!). There are several effective forms of Magnesium: In powder form with a product like Natural Calm so that you can vary your dose and work up slowly, ionic liquid form can be added to food and drinks and dose can be worked up slowly,or transdermal form by using Magnesium oil applied to skin. This is often the most effective option for those with damaged digestive tract or severe deficiency.
- Vitamin D — A pre-hormone is supportive of hormone function. Best obtained from the sun if possible, or Fermented Cod Liver Oil.
- Fermented Cod Liver Oil — Provides many of the necessary building blocks for hormone production including Vitamins A, D, and K. It also is a great source of Omega-3s and beneficial fats.

- Gelatin is a great source of calcium, magnesium and phosphate. It supports hormone production and digestive health and helps sooth inflammation, especially in joints. We use Great Lakes Kosher as I was able to verify with the company that it is sourced from grass-fed, humanely raised cows, and as such is higher in nutrients.

Natural Ways to Prevent/Delay Pregnancy:

Hopefully I've made a case for why taking artificial hormones aren't the best option for delaying pregnancy, but if just balancing hormones isn't the reason for taking hormonal contraceptives and there is the need to delay or prevent pregnancy, there are other options (that are much healthier). I'll address the methods I have tried so that I can speak from experience:

Natural Family Planning (NFP) or Fertility Awareness Methods (FAM) are natural ways of preventing or achieving pregnancy based on the body's natural hormonal cues. These methods carry no side effects and actually help women get to know their bodies better. I know of several cases of women who discovered problems (endometriosis, anovulation, etc) from practicing these methods since they were in touch with their hormonal cues.

While these methods get a bad rap, they have come a really long way from the Rhythm Methods of the past and many are now as effective as hormonal methods (and more effective than barrier methods) when used consistently. These methods can be used to delay or achieve pregnancy, so those who decide to conceive don't have to worry about the risk of infertility, birth defects or delayed fertility after coming off of contraceptives.

The basic concept is using cues like Basal Body Temperature (BBT), mucus production, cervical position and other symptoms to effectively predict ovulation and avoid intercourse during this time. There are classes teaching how to practice these methods in most areas, or for those who can't find a class, there are websites like Fertility Friend (free website) that allow users to chart symptoms and pinpoint ovulation. These websites now even have apps and mobile features for easy tracking.

High Tech NFP …

What I'll be using personally to give myself a little space after this pregnancy, is a computer that does the tracking and calculation of NFP for me. Thanks to emerging technology, there are several great options available now (I might be using all of them …):

- The Lady Comp Fertility Monitor — Considered the Cadillac of fertility/NFP computers, this model just requires a daily input of Basal Body Temp (BBT) and it gives easy to understand red light (high probability of fertility), yellow light (possible fertility), and green light (ovulation has passed=no fertility). It works best with a cycle, though thanks to its knowledge of over 700,000 cycles, it is accurate even while breastfeeding (once cycle has returned or is about to), for irregular cycles and in pre-menopause. Click here for a ton of reviews and FAQs on this model — The price is the only downside, though in comparison to a lifetime of hormonal contraceptives (and any associated health problems) the cost is minimal. I know many people who have had great success both delaying and achieving with the LadyComp. There is also the more-expensive Baby Comp which helps predict gender for those who are trying to conceive, thought he Lady Comp can do this too (just time intercourse as close as possible to ovulation for a higher chance of a boy or a couple of days before for higher chance of a girl).

- The OvaCue Fertility Monitor — "The OvaCue predicts ovulation using the patented Electrolyte Method™ — a technique that has been demonstrated to be 98.3% accurate in predicting ovulation in clinical studies overseen by the National Institute of Health. Here's how it works: Throughout your monthly cycle, your body retains or discards varying amounts of minerals, such as sodium and potassium (electrolytes). The OvaCue tracks the changes in these electrolyte levels in your saliva over time and processes this information to precisely define your time of peak fertility." I'll be using this method before my cycle returns and then using both this and the LadyComp to track fertility signs.
- If those options don't seem like a good fit, NFP can be done without a computer with a simple Basal Thermometer and knowledge of the method.
- Methods like ClearBlue monitors which measure Luteinizing Hormone and estrogen to pinpoint ovulation. Though cheaper upfront, these require the purchase of additional ovulation strips to use each day, so they can be more expensive in the long run.
- OV-Watch — I don't have personal experience with this one, but it claims to take computer readings every 30 minutes during sleep to accurately predict ovulation.
- Fertile Focus — I haven't used this one personally but have a friend who had success with it. It is also the least expensive option. The basic idea is that this microscope shows changes in the woman's saliva before ovulation (the same changes the Ovacue can read) and that by examining saliva each day she can predict ovulation. Like I said, I haven't tried it, but it is an option that is out there.

Why I Don't Recommend Herbs:

There are herbs that work as contraceptives, but I won't list them or recommend them for several reasons:

- Many have abortifacient properties that can lead to early miscarriage.
- Most also impact the body in the same way that hormonal contraceptives do and cause similar problems for the mom as well. Herbs are highly effective and potent, and have to be used with care. Certain herbs should be avoided for these reasons.
- None of the "contraceptive" herbs are completely effective, they do have side effects and many can cause birth defects if conception does occur.

Additional Kanaan Resources:

On health and nutrition:

- http://www.kanaanministries.org/downloads/?did=272

On parenting:

- J2F Book 2
- J2F Book 3
- J2F Book 9

We would encourage couples/families to work through the ENTIRE ***Journey2Freedom*** series, as well as the follow-up series ***Journey2Wholeness*** — and to work through the DVD's especially, as these have so much MORE information and explanation, compared to the books.

For pregnancy and birth:

- Preparing, Expecting, Welcoming Our Next Generation

Amanda Buys' Spiritual Covering

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- Roly, Amanda's husband for more than thirty-five years.

- *River of Life Family Church*
  Pastor Edward Gibbens
  Vanderbijlpark
  South Africa
  Tel: +27 (0) 16 982 3022
  Fax: +27 (0) 16 982 2566
  Email: sharmain@rolfc.co.za

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For further information or to place an order, please contact us at:

P.O. Box 15253
Panorama
7506
Cape Town
South Africa

27 John Vorster Avenue
Plattekloof Ext. 1
Panorama 7500
Cape Town
South Africa

Tel: +27 (0) 21 930 7577
Fax: 086 681 9458
E-mail: kanaan@iafrica.com
Website: www.kanaanministries.org

Office hours: Monday to Friday, 9 AM to 3 PM

Kanaan International Website

Website: www.eu.kanaanministries.org