Athlete drops the Pill and stops anemia

by Gerard Migeon, Founder & CEO of Natural Womanhood (www.naturalwomanhood.org)

It wasn’t like Athena to fall apart in the middle of Walgreens. This young woman who at 39 runs 30 to 40 miles a week, owns a club called Get Fit SATX, qualified three times for the Boston marathon and ran it in 2014, is not a wimpy chick. Yet, that day six years ago, standing in front of the feminine hygiene products shelf, this strong athlete couldn’t take it anymore. She was sobbing like a little girl. She called her ob/gyn: “That’s it. Something needs to be done; it needs to stop.” For the past three years she had been bleeding six weeks at a time, with a few days of reprieve, and then another six weeks. It started when she was put on hormonal birth control and had never stopped, even after trying seven different forms of it, from pills to the Nuvaring.

This is her story: a story designed to help other athletes who also struggle with menstrual problems and who certainly will recognize some of the facts described here.

Athena is an exercise physiologist with 16 years’ experience as well as an accomplished athlete. Among other accomplishments, she has competed in Obstacle Course Races (OCR), winning Sprint Spartan, three times the overall female winner of Jailbreak & overall female winner in the Gladiator.

But in her early twenties, Athena had two problems. She suffered from amenorrhoea, which mean she had no menstrual period. “Because my body fat was so low, for three years, I was all messed up,” she explained. If you are a young woman athlete, or the parent of one, you are probably familiar with this problem. It was actually described 15 years ago as one leg of the “Women Athletes’ Triad” of three related dysfunctions: an eating disorder, amenorrhoea, and loss of bone density. This condition is serious and can lead to lifelong problems. Studies are still imprecise concerning the prevalence of this issue, but it appears to hit about 20-30 percent of serious young female athletes. Athena also had an ovarian cyst “the size of a penny.” It would hurt when she ran, feeling like a golf ball in her abdomen. “I had a lot of issues they were trying to fix with birth control,” she explained. As with many other young women who bring up these issues with their doctor, the prescription is very often the Pill. But medical experts are starting to question this general approach.

“Oral contraception does not fix menstrual problems. It just imposes a fake cycle on a disordered cycle.” Not ovulating for years and years is probably not in women’s best interest,” says Dr. Jerilynn Prior, a Professor of Endocrinology and Metabolism at the University of British Columbia in Vancouver, quoted in an excellent article questioning the broad use of the pill to “regulate cycles.” “A common practice has been to place amenorrheic women, especially athletes, on oral contraceptives (OCP) in an effort to provide estrogen replacement, in hopes of protecting against bone loss and/or stress fracture,” wrote Dr. Liz Joy, Medical Director at Intermountain Healthcare in Salt Lake City, Utah. “However, there is emerging evidence that this practice is not beneficial and may even lead to harm.”

For Athena, getting on hormonal contraceptive was like jumping out of the frying pan into the fire. When she started bleeding for six weeks straight, her doctor persisted on the track of fixing the problem with the Pill: It was “just a matter of finding the right formulation,” as the doctor told her. She was prescribed one type of hormonal birth control after another. “The Pill was her way of getting me back on track, and obviously it threw me for a loop,” Athena said. “For three years I was on birth control, but it was making everything worse. She tried to help me, she really did, but I kept telling her, ‘I am unique because I am so active; it was really hard for her to understand.”
Women who suffer from abnormal vaginal bleeding endure major discomfort. The quantity of blood requires constant attention. One young woman wrote in an online forum: “It’s gotten to the point where I can only wear my ugly underwear because I figure it’s not healthy for me to be wearing the DivaCup (menstrual cup) for that long. I’ve recently bought and started to wear panty liners on a daily basis[iii].”

But abnormal bleeding is also unhealthy and even dangerous, especially for athletes. Abnormal vaginal bleeding leads to anemia. The symptoms of anemia include fatigue, weakness, dizziness, headaches, rapid or irregular heartbeat, shortness of breath, irritability[iv]. Anemia caused by heavy menstrual bleeding is common and “affects nearly 2 million women. Heavy menstrual bleeding has been reported in approximately 10-15% of all women at some point during their life. Among these women, as many as 20% will go on to develop anemia.[v]”

Athena didn’t know she was anemic. “I remember being thirsty. I would be out of breath when strength training, but I could run for miles and not get out of breath. As an athlete you don’t want to be anemic, you need as much oxygen as possible,” she said.

She had symptoms of PMS: moodiness, nausea. She started getting migraines and her blood pressure rose on one of the pills. Her doctor gave her progesterone because she was sweating profusely at night. “I’d wake up and be just wet,” she reported.

Anemia is a serious problem; it calls for immediate medical attention. Athena suffered through it for almost three years.

She was sent to a hematologist to do a blood infusion. At one point, her doctor asked her to consider surgery for it, which consists of removing the lining of the uterus, a major ordeal, as you can imagine[vi]. That’s when she finally had the breakdown in Walgreen’s. The next day she told her gynecologist she was getting off birth control. In the meantime, she had done her research and talked to other women. “I found out that it wasn’t working because my body fat was so low: 12% body fat. I wasn’t able to hold on to the hormones,” she explained. That’s why she was constantly bleeding. So she changed her diet and gave herself permission to eat more fat and calories to regulate herself. She didn’t cut back on her activity, but started eating more. She doesn’t eat any red meat, but poultry and fish as protein sources. Her iron levels were low, so she ate more spinach and got more supplements recommended by her doctor. She’s been off contraceptives since 2009. Athena had found the way out of a very uncomfortable and unhealthy predicament on her own. She monitored her cycles and sure enough, within six months she was able to regulate on her own without any problems.

“I’m back to normal,” she reported. “I’m fine.” As 80% of her club’s members are female, Athena reports that many have the same types of issues when they’re on birth control, bleeding through the month because their body fat is too low.

Abnormal bleeding can have a number of causes, just as the absence of periods can have many causes. One lesson from this story is that hormonal contraceptives may not be the best solution. For women athletes especially, paying attention to what they eat, and eating enough, is critical. Another lesson is that they shouldn’t live with bleeding and anemia.

If you’re suffering from these issues, do your research. Check out fertility awareness methods, which can help you learn your natural cycle and avoid compromising your health with synthetic hormones. With the help of a physician trained in working with your cycles, not against them, you can actually learn to discern what causes the irregularities. We recommend NaProTECHNOLOGY doctors who can help find the real cause of the dysfunction and help your cycles get back to normal. You don’t have to make a choice between being an excellent athlete and having normal cycles. You don’t have to be on hormonal contraceptives either. New technologies of fertility charting allow you to be in touch with your body, practice effective family planning, and help fix other potential disorders in your system.

Be well and run hard. (To find the references and links in this article go to www.naturalwomanhood.org/blog)