



BOMA News

Billings Ovulation Method
Association— USA

BOMA News
December 2008

*Congratulations to these
newly trained teachers!*

*Grace Akers
El Paso, Texas*

*Martha Beasley
Las Cruces, New Mexico*

*Tiffany Beasley
Albuquerque, New Mexico*

*Robin Contreras
Las Cruces, New Mexico*

*Mkiyah Gonzalez
Fredericksburg, Virginia*

*Willy Kopecky
Weslaco, Texas*

*Estela Limas
Las Cruces, New Mexico*

*Carlos & Ana Puente
Kew Gardens, New York*

*Cecilia Richardson
Fairacres, New Mexico*

Upcoming Trainings:

*May 2009
Anchorage, Alaska*

*June 22—24, 2009
St. Paul, MN
(Prior to the NACFLM Conference)*

*November 17—19, 2009
Oklahoma City
(prior to the BOMA Conference)*

Likely upcoming: St. Louis, MO

**We wish you a Blessed Christmas and a healthy and
prosperous New Year!**

**Briefly...
Save the date!**

Our next national conference will be November 20 & 21, 2009 with trainings prior to the conference: November 17—19, 2009 in Oklahoma City!
(Details to be posted on our website: www.boma-usa.org)



Longtime Billings Method teacher, Fran Brezina, R.N. of Midland, Texas died suddenly on August 25. Fran and her husband, James, have been faithful members of BOMA-USA for many years and have been very generous to us financially.

We will sorely miss Fran.



Looking for great family-friendly movies?
Check out www.faithandfamilyflix.net and enter promotional code 205.
A percentage of the profits will be given back to BOMA-USA.

**Dr. Martin announces new Billings Center For
Fertility & Reproductive Medicine in OKC**

Congratulations to Mary Martin, M.D., F.A.C.O.G. on the recent opening of her new Billings Center for Fertility and Reproductive Medicine. Dr. Martin is an ob/gyn in Oklahoma City who specializes in the Billings Ovulation Method.

“We moved within St. Anthony’s Hospital to a large suite with six exam rooms, four physician offices and a large conference room,” Dr. Martin explained. She said the hospital administration provided the space with teaching and research in mind.

“The family medicine residency program here is extremely rigorous and has several attending physicians who do not prescribe contraception, so the Billings Ovulation Method has caught on rather quickly with the residents and students who come here to train,” Dr. Martin said. The new center will also be available to ob/gyn residents to learn about the Billings Method.

She said the idea was inspired, in part, to being frequently asked if there was a place where medical people could learn the clinical aspects of the Billings Method.

In the near future, one of her goals is to attract someone with a mind for research to continue the work being done in Australia under the direction of Professor James Brown, where nearly one million hormonal assays have been completed.

The center will be officially dedicated next November, hopefully during the evening prior to the conference.

New address: 608 NW 9th Street, Suite 5000
Oklahoma City, Oklahoma 73102
(405) 272-7026

Questions & Answers

Q. I need some help. What would be causing someone to have 6—8 days of slippery for the past three months? (She's been charting for several years and knows what slippery is.) There has not been a real developing pattern leading to the slippery but she has had dampness for several days before it starts. We have talked about prolactin levels being high and she will get that checked now. She does bleed and it has been fairly consistent, 12—14 days after the end of slippery. She had a baby not quite two years ago and she did breastfeed for 10 months. The long stretch of slippery has been going on longer than the past three months, maybe for the past eight months.

A. Dr. Mary Martin responds: “The simple answer is that the pattern is not progressing and is therefore, infertile. She is clearly having a rise in estradiol over her BIP of discharge, but it doesn't appear to be going anywhere. TSH and Prolactin levels should be checked. This is the type of discharge which some physicians hyprecate (wrong!). What the cervix/vagina is telling us is that she has multiple follicles which are above the stimulus threshold of FSH. But, FSH is not going to the intermediate level and the follicle is not going to ovulation. Think insulin resistance. An ultrasound would show the follicles in the ovary to be all the same size, like a chocolate chip cookie.

Q. Have you heard of any correlation between the Pill and liver damage?

A. From Dr. Martin: “There is a strong correlation between liver tumors called hepatomas and oral contraceptive pills. They can rupture spontaneously and killed women.

Q. A woman who is 31 and has been diagnosed with PCOS and has hypo-thyroidism and over a year ago lost 80 pounds but still needs to lose more. She said her testosterone level is twice the normal level. She bleeds about 20 days each month with about five days of no bleeding in between. She also has a tilted uterus. I passed on your usual advice regarding the South Beach Diet and 30 minutes of exercise at least every other day. But do you have other thoughts I should pass on to her?

A. Dr. Martin replies: The “tilted” uterus is a risk factor for endometriosis, which needs to be ruled out, especially if she has pain. Chromotubation (irrigation of the tubes with indigo carmine dye during the laparoscopy to wash out debris and confirm tubal patency) could be done, as could ovarian diathermy, which is an old-fashioned way to increase the blood flow to the follicles while lysing the huperthecotic (thickened capsule surrounding the) ovaries. If Metformin caused sleepiness, this is more proof of the insulin resistance and a clue that the patient needs to be more selective in her diet and to go up on her Metformin.

The doc is probably recommending Femara or Clomid after reading that it works better than Metformin alone. This type of patient is the exception. The chances are great that she has periovarian adhesions as well as anovulation and endometriosis, so I would suggest a diagnostic scope. The diathermy does not fix PCOS, of course, but will help her to ovulate normally and get pregnant.

Q. Please remind me of how we identify the BIP of an Unchanging Discharge in women who are cycling regularly and who have an average length cycle of 35 days or less.

A. First of all, while identifying whether a BIP is an unchanging discharge, the couple needs to refrain from intercourse until the fourth day after Peak (Peak Rule) during the first three cycles. A white baby stamp is used during the first cycle before Peak on those days that are not dry. If the same pattern is present after menstruation during subsequent cycles, a plain yellow stamp is used until there is a change. By waiting until the fourth cycle to use the 2nd Early Day Rule, we are ensuring the woman can tell the difference when the change occurs from the BIP, indicating fertility. And, remember that regardless of the situation, a new couple learning the Billings Method should only use plain green, white baby and red stamps until the first follow-up which is ideally scheduled two weeks after the first class.

*If you have a medical or method—related question please e-mail it to us at
boma-usa@msn.com*

It's very possible others have the same question!



A bit of history by Dr. Kevin Hume—A Day with Jim Brown, continued

Editor's Note: This is a continuation of the article that began in the August 2008 issue of *BOMA News*. As stated previously, this was written on July 10, 1974 by Dr. Kevin Hume of Sydney, Australia as a summary of the day he spent with Dr. James Brown (developer of the Ovarian Monitor) in Melbourne, Australia. Notice how he expresses concern about the side effects of the Birth Control Pill and how "it is thought that about 20 years might be a critical time for the appearance of cancer of the cervix and vagina in Pill takers." We are experiencing his bleak prediction today.

(Please note the Australian spellings of such words as oestrogen have been changed and Dr. Hume's use of "pill" I have changed to simply, the Pill.)



"Jim told me that, although he doesn't care for traveling and jet-type hopping about, he had recently attended a W.H.O. Conference (World Health Organization) in Lyons, France where the long term carcinogenic effects of hormones such as those in the Pill were considered. Although nothing has shown up yet, it is thought that about 20 years might be a critical time for the appearance of cancer of cervix and vagina in (Birth Control) Pill takers". The recent sudden appearance of a rare clear cell cancer of the vagina in 19 to 20 year old girls in the U.S.A. whose mothers had taken diethylstilboestrol to prevent threatened miscarriage had alerted epidemiologists to this possibility. One can imagine what a boost the BOM will get if ever the Pill is shown to be carcinogenic! Next week Jim Brown is leaving for a W.H.O. Conference in Geneva on "Do It Yourself Kits for Detecting and Predicting Ovulation," where he has been invited to present a paper which will show what we should be aiming at for a "do it yourself kit".

He is quite emphatic on the profound effects the Pill has on the female reproductive system. The breakthrough bleeding of the Pill is due to the stimulation of a constant level of estrogen. It happens especially with the "mini-pill". The endometrium of those on the combined contraceptive pill is an abnormal one, he says, and it can lead to atrophy.

Progesterone without any ovarian activity will do this. Depo-Provera (medroxy-progesterone acetate, a long acting injectable contraceptive) is used in the treatment of endometrial cancer to shrink the endometrium. The ovaries of a woman on the Pill will atrophy in exactly the same way as the adrenal glands of people on steroids will atrophy. There is no doubt that our endocrine clinic has grown because of the Pill. We now have a number of women sterilized by the Pill who need clomiphene (Clomid) to stimulate ovulation". The number is actually between 2 and 3 percent of all women taking the Pill, who develop amenorrhea of six

months or longer after leaving it off.

Jim had some interesting observations on side effects of the IUD. He and a colleague had published a study on women users of IUDs. Their menstrual cycles had been monitored both before and after the insertion of the IUD for estrogens and pregnanediol. (*J. Clin Endocrinol* 36, 1125, 1973). It showed that menstrual bleeding occurs earlier in such women, causing a shortening of the luteal phase of the cycle and resulting in a longer menstrual bleed. The onset of bleeding took place before the levels of estrogen and progesterone had had time to fall to the usual level (although this does vary from cycle to cycle) where menstruation begins. There is no standard critical level below which the dual levels of estrogen and progesterone fall before menstruation. They do not fall to baseline levels till about the fourth day of the new cycle. The occurrence of premenstrual spotting is also an individual thing.

Mid-cycle bleeding, when it occurs, usually appears just before ovulation according to Jim Brown. In fact, a microscopic examination of the cervical mucus at ovulation will always show some evidence of bleeding. This accounts for the fact that the mucus may not be quite clear and may have a brownish tint.

Jim Brown is quite emphatic that the only test, either clinical or laboratory, of the beginning of follicular estrogen secretion

"He is quite emphatic on the profound effects the Pill has on the female reproductive system..."

is the change that occurs in the cervical mucus as the total urinary estrogen output rises about 10 micrograms per day. Estrogen is the most potent of the steroids, its bio-

logical activity being 100 times higher than the other steroid hormones.

As I was shown around the laboratories, it was obvious that Jim Brown was proud of his set-up, much of the mass production equipment being designed and built by himself many years ago and still giving faithful service.

High standards of quality control are maintained. New automated equipment on order and nearing delivery date will ensure that this laboratory remains in the forefront, showing the way to scientists abroad.

All those working with the BOM can be confident that they are assisting in a team effort in original work of worldwide importance. It is typical of the humility of great men that they attribute their success to their assistants. Jim Brown is no exception. He thanked me for mining the wealth of information in his workshop article for source material for the article "Recent Advances of the Ovulation Method". (*Australian Family Physician* April 1974).

It was typical of Jim Brown that he gave me his whole day, listening patiently while I expounded on my favorite subject.

The pink ribbon campaign—what you need to know

Ever feel bombarded with pink ribbon propaganda? According to the April 2008 newsletter of Pro-Life Action News, pro-life organizations have thoroughly researched the connection between the Susan G. Komen for the Cure foundation and Planned Parenthood.

According to Douglas R. Scott, president of Life Decisions International, pro-life opposition to Komen is based on two indisputable facts: 1) The organization allows its affiliates to donate funds to Planned Parenthood and 2) Consistent with the position held by Planned Parenthood, Susan G. Komen for the Cure has refused to act upon the many studies that have shown a connection between breast cancer and abortion.

Interesting link between low-fat dairy and risk of infertility

A Harvard scientist found a positive association between low-fat dairy food intake (above 5 servings per week) and a risk of anovulatory infertility. They also found an inverse association between high-fat dairy food consumption and the risk of anovulatory infertility.

Women consuming one or more servings per week of skim/low-fat milk had a 40 percent higher risk of anovulatory infertility when compared to women consuming less than one serving per week. Likewise women who had a high-fat dairy intake of either a daily serving of whole milk or ice cream had a 50% reduction in the risk of anovulatory infertility. The researchers speculated that since high-fat dairy products have a higher concentration of estrogens than low fat products, the increase in estrogen might help to stimulate ovulation. They also mention that these results need to be confirmed or refuted. They concluded that high intake of low-fat dairy products may increase the risk of anovulatory infertility and intake of high-fat dairy products may decrease this risk.

~ Chavarro JE, Rich-Edwards JW, Rosner B, Willett WC. A prospective study of dairy foods intake and anovulatory infertility. *Human Reproduction*, 2007;22:1340-1347.

Take time to relax...avoid hardness of heart

A while back, Pope Benedict XVI warned of the danger of falling into “hardness of heart” as a result of excessive daily occupations.

Addressing several thousand people gathered in the courtyard of the papal summer residence of Castel Gandolfo to pray the Angelus, the Pope suggested that prayer and contemplation ought to take precedence in the surge of daily life.

The Holy Father spoke of St. Bernard of Clairvaux (1091– 1153), a doctor of the Church whose feast day was that day, as an example of one who knew how to balance prayer with activity. The saint wrote in a letter to Pope Eugene III, “See where these accursed occupations can lead you, if you continue to lose yourself in them—without leaving anything of yourself for yourself.”

Benedict XVI said: “It is necessary to pay attention to the dangers of excessive activity, regardless of one’s condition and occupation, observes the saint, because—as he said to the Pope of that time, and to all Popes and to all of us—numerous occupations often lead to hardness of heart, they are no more than suffering for the spirit, loss of intelligence and dispersion of grace.”



BOMA-USA
P.O. Box 2135
St. Cloud, MN 56302

Phone: 651-699-8139
Fax: 320-654-6486

E-mail:
boma-usa@msn.com

Website:
www.boma-usa.org

