

Right Now

MAY 1976

Most women go off the Pill because they have experienced unpleasant side effects that outweigh the Pill's convenience. When they do, the side effects usually disappear and they have an increased sense of physical well-being. But for some who drop the Pill for other reasons—they want to become pregnant, they worry that the Pill is related to cancer, heart attacks, birth defects and the like, or they simply want to get back in touch with their bodies by having natural periods—there can be other problems, particularly if they've been on the Pill for several years without apparent complications.

One explanation seems to be that longtime Pill users, once they stop, go through a period of adjustment during which their bodies, which have become accustomed to the hormones contained in the Pill, must get used to functioning without them. In any case, the resulting problems can be emotional or physiological—or even both. These may start as soon as the Pill is discontinued or develop over several months.

Some post-Pill symptoms have been discounted by doctors as being in the patient's mind and not her body, but a growing number of side effects are being recognized by the medical community. More study in this area is needed, but, based on what we know now, what can a woman expect when she stops taking the Pill?

The most frequently reported problem is amenorrhea, an absence of menstrual periods with accompanying sterility. This temporary condition, which can last

from a couple of months to several years, is caused by the failure of the natural ovarian hormones to start cycling again after having been repressed by the Pill. Doctors disagree on why some women experience this problem and also on the per-

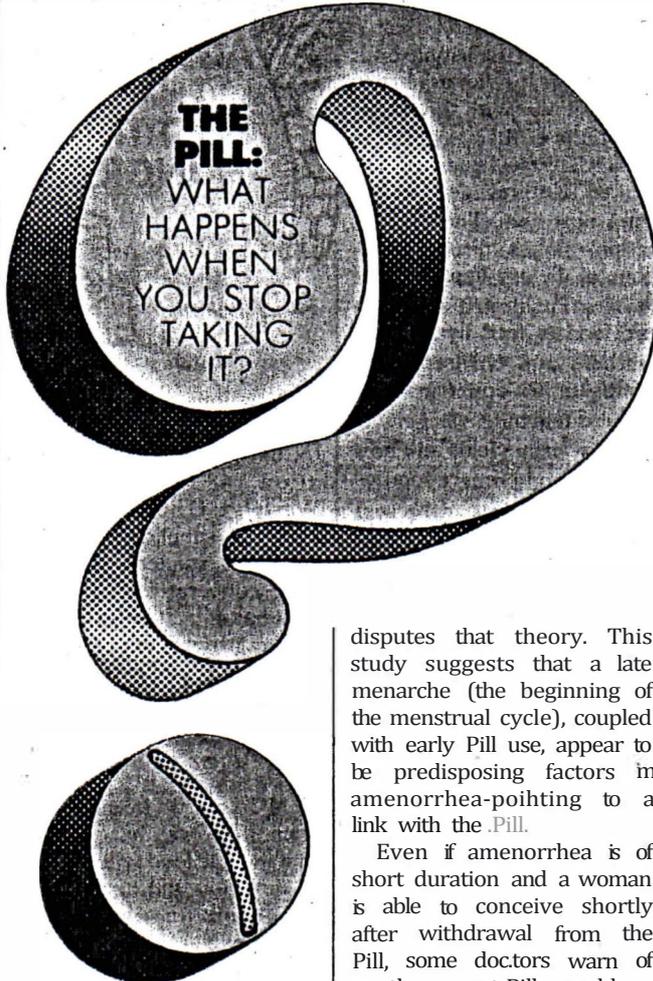
been blamed on irregular menstrual cycles that existed before women went on the Pill. But a recent study of 311 women in Providence, Rhode Island (reported in the January 1, 1976 issue of the *American Journal of Obstetrics and Gynecology*),

chromosomal abnormalities in the fetus.

A problem that women both on and who have come off the Pill experience is a vitamin deficiency—especially of B₆ and C. Dr. Harold Rosenberg (co-author of *The Book of Vitamin Therapy*) uses vitamin B₆ along with B₁₂ and magnesium in fighting yet another post-Pill problem—depression. Although many doctors attribute depression to other psychological factors at the time a woman goes off the Pill, Dr. Jesse Rosenthal, a psychiatrist specializing in depression, reports that he and other doctors commonly encounter in their clinical work depression cases that are the direct result of discontinuing the Pill.

Dr. George Hogben, psychiatrist and assistant professor in the department of psychiatry at Mount Sinai Hospital, explains that the estrogen in the Pill seems to inhibit the action of MAO, an enzyme believed to be instrumental in producing depression. Dr. Marcia L. Storch, a Manhattan gynecologist, puts it another way: When a woman goes off the Pill, before her own hormones function again she is not protected from depression either by her own or the Pill's hormones.

Other post-Pill problems are reported from the Feminist Women's Health Center in Los Angeles and the Women's Health Forum in New York. These include problems with the menstrual cycle—problems that did not exist before the woman went on the Pill—an increase in water retention, weight gain, the appearance of facial hair,



disputes that theory. This study suggests that a late menarche (the beginning of the menstrual cycle), coupled with early Pill use, appear to be predisposing factors in amenorrhea—pointing to a link with the Pill.

Even if amenorrhea is of short duration and a woman is able to conceive shortly after withdrawal from the Pill, some doctors warn of another post-Pill problem. Dr. Louise Tyrer, Medical Director of the Planned Parenthood Federation of America, explains that conception before several natural periods have elapsed may increase the risk of spontaneous abortion caused by

percentage of ex-Pill users who do, but the estimated figures might be as high as 5 percent, according to Dr. Allan Barnes, Vice-President for Medical Affairs for the Rockefeller Foundation.

Post-Pill amenorrhea had

scalp oiliness, acne and flue tuations in sexual appetite (some women report a loss in sexual appetite; others a gain). And individual women have reported figure changes -often accompanied by lumpiness from fat deposits.

Barbara Seaman, author of *The Doctors' Case Against the Pill*, has interviewed countless women, both those on the Pill and those who have stopped using it and has heard other post-Pill complaints: hair loss, bleeding gums, dandruff and near-sightedness.

Dr. Raymond Vande Wiele, Chief of Obstetrics and Gynecology at Columbia Presbyterian Hospital, reports that a small percentage of the women who have trouble regaining a normal ovarian cycle also experience vaginal dryness and resultant difficulties during intercourse. Dr. William Leifer, dermatologist with Mt. Sinai Hospital, says that post-Pill acne sometimes occurs in women with no previous history of the problem.

Since each woman's biological and chemical makeup is so individual, there is no way to tell whether withdrawal from the Pill will produce none, one or several of these problems. If a woman does have difficulties, however, the thing to remember is that they seem to pass with time as the system readjusts itself. And while they exist, there are many ways to deal with them. Mood-elevating drugs can alleviate depression; vitamin therapy plus nutrition and exercise programs can help control weight and skin problems; and amenorrhea can be treated with hormones.

What a woman must do is report the symptoms she experiences to her doctor, both to find a remedy and to increase the awareness of the medical profession in general that post-Pill problems are real, so that the needed research will take place. This will never be done if women, afraid of being thought neurotic or overimaginative by their doctors, remain silent.

-BETTE-JANE RAPHAEL



JOB HUNTERS' JOB CLUB



Anyone who has pounded the pavement looking for a job knows how lonely and self-depleting the search can be. Two years ago psychologist N. H. Azrin of the mental-health center in Anna, Illinois—a rural area with little industry and few jobs...thought of a way to make the task easier: He organized a job-finding club to help people looking for employment support and learn from each other—and put themselves in a better frame of mind to find it. His plan worked so well that

after two months 90 percent of the 60 club members had found jobs—compared with 50 percent of a test group of 60 who were looking on their own. Here is how the state-funded program works:

Every day a group of eight to ten members meets for a few hours with a counselor to trade leads, work on their resumes and listen to one another as they arrange interviews over the phone, so they can later discuss how to improve their telephone manners. They pair off to take turns playing roles in mock interviews, and some-

times one will go along for moral support with a partner who is having an interview. And the club sets a goal: Each person must make ten telephone or letter contacts and have at least one interview every day.

In the two years that the program has functioned, everyone who has regularly attended found a job, usually within two weeks. Dr. Azrin sees no reason why such clubs would not be equally useful in other towns where unemployment runs high. -SUSAN WEISS

Readers who want to contribute something to alleviate world hunger may be wondering where to send their checks. Here is a list of some of the largest relief organizations, along with brief descriptions of their programs. UNICEF is a branch of the United Nations devoted to child nutrition. The organization makes direct donations of dietary supplements to treat malnutrition cases and food to feed five million mothers and children. Programs in 63 countries also include teaching villagers to increase crop yields and how to grow and prepare food.

Contributions can be sent to: U.S. Committee for UNICEF, 331 East 38 St., New York, N.Y. 10016.

SAVE THE CHILDREN FEDERATION has domestic programs such as a gardening project for the Cherokee community near Asheville, North Carolina; infant-formula distribution for the White Mountain Apache tribe in Arizona; and a cooperative market in an Appalachian community in Kentucky. Overseas projects are located in Bangladesh, Lebanon, Colombia, Tanzania, the Dominican Republic, Honduras and Upper Volta. Contributors may also "adopt" a child in one of these areas, receiving his personal history, a photograph and progress reports.



Donations or requests for information should be sent to: Save the Children Federation, 48 Wilton Road, Westport, Conn. 06880.

CARE supplies high-protein food staples, organizes farm cooperatives, runs nutritional education and agricultural development programs in 37 countries.

Contributions may be sent to: Care Food Crusade, 660 First Ave., New York, N.Y. 10016.

YMCA, with branches all over the world, has projects that include food relief—as well as nutrition and agricultural programs in developing countries.

Donations may be sent to: YMCA, World Service, World Development Programs - Food Production, 291 Broadway, New York, N.Y. 10007.

AMERICAN FRIENDS SERVICE COMMITTEE is a Quaker organization whose aim is to

in the United States and abroad is to eliminate the causes of hunger by teaching self-sufficiency. They also have direct food-relief programs in Bangladesh, Biafra, Latin America and the Middle East, and are currently helping to resettle drought victims in Mali.

Contributions may be sent to: American Friends Service Committee, 1501 Cherry St., Philadelphia, Pa. 19102.

CHURCH WORLD SERVICE is a relief and rehabilitation agency of the National Council of Churches. Programs, which are carried out by missionaries, give aid on the basis of need—not religious affiliation. The agency provides technical assistance in water management, insect control and food storage, as well as donations of seed, tools, fertilizer and livestock.

Contributions may be sent to: Church World Service, 475 Riverside Drive, New York, N.Y. 10027.

CATHOLIC RELIEF SERVICE also administers aid on the basis of need, regardless of religious affiliation. Their food, nutrition, health-care and agricultural projects are located in 62 countries, and they have direct food-relief programs wherever emergencies or disasters occur.

Donations may be sent to: Catholic Relief Services, 1011 First Avenue, New York, N.Y. 10022.

-PATRICIA ROSTEN