

The Big Lie

Catholic Doctor Sold on Health and Spiritual Benefits Produced by Natural Family Planning; Says Our Nation Is Being Duped by Big Business Pushing a Big Money Agenda

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MIDWEST CITY — At least one Catholic doctor believes that the reason American society is obsessed with the contraceptive pill is because it has been brainwashed by big pharmaceutical companies. These companies have been successful in pushing their agenda into America's medical schools. Doctors now prescribe the pill not only to prevent pregnancy but also to treat many gynecological problems. Unfortunately, the pill treats only the symptoms, not the underlying conditions, this natural planning doctor contends.



There are fewer than 50 natural family planning doctors in North America. The state of Oklahoma has two. One is in Tulsa; the other, Dr. Mary Martin, has been practicing in the Oklahoma City area since January 2004. Before coming to Oklahoma, Martin practiced obstetrics, gynecology, infertility, and Natural Family Planning (NFP) outreach in Hammond, Indiana, at Saint Margaret Mary Health Care.

A job with Renaissance Physicians of Midwest City brought her here from Indiana. All Renaissance Physicians, including Martin, are Board Certified or board eligible. The Renaissance Physicians were looking for someone to fill a niche for a more natural approach to fertility, gynecology, and childbirth, Martin said. She answered their call.

Martin has not always been a supporter of NFP. Although a cradle Catholic, in 1995 when she started her practice in Warrenton, Virginia, she routinely prescribed contraceptives. In 1999, that suddenly changed as she underwent a conversion experience. She said a Catholic priest in the Confessional made it her penance to research whether contraceptive agents could cause abortions. Martin said she was shocked to find out that, yes, contraceptives do have the potential to do just that. She immediately stopped prescribing contraceptive agents for any reason.

As part of her research, Martin observed first hand, via ultrasound, that contraceptive agents do not suppress ovulation, reliably. "The failure rate of the pill is roughly 10 percent," Martin said. She cites the Trussel study from the 1995 National Survey of Family Growth.

When a woman, who is on birth control pills becomes pregnant, "the contraceptive makers always blame the woman and say she has not been careful enough in taking the medicines, but the data is clear," Martin said. "I observed still developing follicles, (egg cells) and ovulation in women on the pill, as witnessed by ultrasound."

The contraceptive companies say that ovulation does not occur. And perhaps that was the case when the amount of hormones in contraceptives was much higher. But the amount of hormones in birth control pills has steadily decreased, and the new low-dose formulations certainly do not always suppress ovulation, Martin said.

“Most troublesome is what it says on the package of contraceptives. It states that the endometrium [the lining of the uterus] is thinned by hormones in the contraceptives to prevent the implantation of a baby. [In other words, if ovulation does occur and results in pregnancy, the baby will be prevented from surviving.] In my mind, this is the same as an early chemical abortion. If that only happened one time in my career, I wouldn’t want to be responsible,” Martin said.

Martin said she is also concerned about couples with infertility problems. “Most infertile couples are never properly diagnosed. They are simply told their best chance of having a baby is in vitro fertilization (IVF). IVF is not only prohibitively expensive, very invasive, and not covered by most insurances, but it is also morally suspect,” she said.

Because of her Catholic faith teaching, Martin does not believe that physicians should insert themselves into the creative act. She believes that is exactly “what doctors do when they separate the marital act from fertilization by IVF and other assisted reproductive technology (ART). I respect the marital act. I’m not going to intrude on that,” she said.

Typically, the doctor involved with in vitro fertilization asks the husband to collect a sperm sample, and then, the doctor retrieves the woman’s eggs through artificial means. The egg and sperm are combined in a test tube or Petri dish. The resulting embryos are graded and frozen or simply thrown away. “How are the husband and wife co-creators with God in this?” Martin asks. “It’s completely a laboratory procedure.”

Unlike other obstetricians and gynecologists in the U.S., Martin uses the research of several doctors in Australia to help her treat infertility and other gynecologic disorders. One of these methods is the Billings Ovulation Method.

“Brown’s Ovarian Monitor” was developed by Professor James Brown of Melbourne, Australia. He is an Australian PhD., bioengineer who has done foundational work in human reproduction,” Martin said. “He developed bioassays, which are a way to measure the hormones in the blood stream and urine.”

Brown was associated with two other Australian physicians, Doctors Lyn and John Billings, a husband-and-wife team, also from Melbourne. A priest, Father Maurice Catarinich, had asked the couple if there were a scientific way to determine when a woman is fertile. The Calendar-Rhythm method of NFP was unreliable, and Father Catarinich hoped that a more dependable, natural method could be developed.

The Billingses had discovered in the early 1960s that changes in cervical/vaginal mucus indicated when ovulation had occurred, ovulation being the time in a woman’s cycle when she is most fertile. Dr. Brown, soon thereafter, developed bioassays. In the past 50-plus years, over one million of these hormone assays, or tests, have proven that, as the Billingses had discovered, changes in cervical mucus correlate exactly with ovulation.

In the 1960s, the Billingses and Dr. Brown joined with Dr. Erik Odelblad, M.D., PhD., who Martin said was considered the world’s foremost expert on the cervix and cervical mucus. His work tested what the Billingses had suspected and Brown had proved: it is the pattern of change in the mucus symptom that indicates that ovulation has taken place. Doctors can now use these findings to help parents plan families

and aid women with infertility problems, without using IVF or artificial contraception,” Martin said.

“Both Brown and Odelblad had been on pharmaceutical teams that developed the contraceptive pill,” Martin said. “Neither are Catholics, but both saw the potential for misuse of the birth control pill; Now, in their mid 80s, both are still actively researching. The Billingses, who are Catholics, put their lives into the science on which modern NFP is based,” Martin said.

Martin corresponds regularly with both Brown and Odelblad. These scientists do not publish in the United States; they prefer European journals, such as British Medical Journal and Lancet. Odelblad, a Swede, prefers Acta Scandinavia, a Swedish journal. Both Brown and Odelblad have collaborated with the World Health Organization throughout their careers, Martin said.

So, if the data concerning these findings from Australia has been published, why have so few people in this country heard of these scientific advances? “It is because there is such a bias against these findings by the pharmaceutical companies,” Martin said.

“The pharmaceutical industry has a huge stake in women’s health care. Not only are contraceptive products used for birth control but they are also marketed for the treatment of common gynecological problems.

“The pharmaceutical companies have brainwashed [the medical community in the United States against any methods other than their own]. They fund all the research published in textbooks and sponsor all the medical meetings, and so from the time we enter our training, we are inundated with their products.

“I learned, studying the work of Doctors Billings, Billings, Brown, and Odelblad, that I no longer have to rely on contraceptive agents to practice gynecology. I am now diagnosing and treating the underlying disorders. If a woman comes in to see me with a problem concerning irregular menstrual cycles, infertility, and/or pain, having learned the signs and symptoms of fertility, I can now make a diagnosis of why she is having the problem.”

Polycystic ovarian syndrome, PCOS, is one example of an ovulation disorder Dr. Martin diagnoses. “PCOS affects a woman’s fertility, but her menstrual pattern is symptomatic of a disorder affecting her entire health and well being,” Martin said.

PCOS increases the long-term risk of stroke, diabetes, high blood pressure, and heart disease. Women with this condition have a 39 percent higher chance of miscarriage, infertility, and undesirable side effects: excess body hair, acne, central body obesity, irregular bleeding, and may have other underlying metabolic problems.

“When you prescribe contraceptives for this disorder, you are not correcting the underlying condition,” Martin said. “If you simply cover it up, you never get to the reason for it. I can help women with ovulation disorders to determine the reason and correct it.

“If I can fix a woman’s damaged fallopian tubes or a uterine or an ovarian problem, I will do so, Martin said.

There are seven fertility monitors or hormone measurement tests on the world market. Of these seven, only “Brown’s Ovarian Monitor” actually predicts ovulation. The others spot-check estrogen or luteinizing hormone, but that does not accurately indicate whether or when ovulation will occur, Martin said. “With Brown’s monitor, we measure the exact amount of hormone produced by the woman’s ovaries via daily urine collection. The other fertility monitors only take snapshots of her ovaries by spot-

checking her saliva and urine; these tests merely show that the amounts of the hormones, estrogen and progesterone have met an arbitrary cutoff.

The other fertility monitors also use mathematical calculations to arrive at the time of ovulation. These calculations are not always correct, however.

With Brown's method, the actual production of estrogen and progesterone is measured. When the amount of estrogen rises, it is the beginning of the woman's fertile phase. When progesterone rises, that is proof that ovulation has occurred.

Not only does the Brown method exactly pinpoint ovulation, "it is affordable and morally consistent with our faith," Martin said. "If the couple has a correctable fertility problem, I can help them in an affordable, non-invasive way.

"This is Brown's life's work. I felt I had an obligation to provide this technology to infertile couples. It can also help people with other metabolic disorders like PCOS, hypothyroidism, which is an under active thyroid, hyperprolactinemia, which is caused by a benign brain tumor, and other disorders of the thyroid and pituitary glands, and endometriosis," Martin said.

Martin said many currently practicing gynecologists and obstetricians "are afraid to stop prescribing contraceptives. "They fear their careers will suffer. I am proof that this is not the case. I have had three successful practices in Virginia, Indiana, and here in Oklahoma to disprove this.

"I would ask any woman currently on the pill, why she is on it?" Martin said. "What is her diagnosis? Does she have irregular bleeding? That is not a diagnosis. That is a symptom. What she needs to know are the underlying causes of her bleeding.

"We have, for too long, ignored the underlying causes of bleeding, infertility, or pain. I am interested in finding out what the underlying causes of these conditions are and treating them," Martin said.