

Editorial

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The Medicalisation of Menstruation: Its Scope and Limits

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INTRODUCTION

Conventional western medicine has very determinately 'technologized' its approach to health and the human body. While there are many benefits evinced from this conventional orientation, there are also disconcerting liabilities. One dimension of the emergent problem is that while medical science is quick to extol the virtues of its chemical and surgical discoveries, it is irreconcilably slow in recanting the indiscretions of their adverse side effects. Lamentably, there exists an imbalance in the level of propaganda dominance of conventional medicine that marginalises the legitimate role which alternative medicine is actually capable of playing within the traditional medical framework. This phenomenon represents an imbalance which badly needs to be redressed. Although, there is no doubt that conventional medicine makes an enormously valuable contribution to health, it is salutary to remind everyone that it does not provide a complete approach to health. Without understanding the value of the philosophical foundations of alternative modalities of healing, the potential of conventional medical treatment is self-stultifying. When a health issue arises, for example, the professional medical reply is all too often tantamount to a technological response, whereby normal physiological functions such as observable discrepancies in hormonal rhythms and menstrual cycle lengths become medicalised and prescriptively regulated by years, or even a lifetime of drug therapy.

The female's body is inundated with prescriptive chemicals, while her conventional medical doctor fails to discern the extent to which her otherwise normal hormonal patterns are ironically being exacerbated and disrupted by the very medical drugs the doctor is prescribing and she is taking. Before anyone can comprehend the vital place of alternative therapy in managing the variant symptoms of premenstrual syndrome, people need to understand that menstruation and menopause are dimensions of the same dynamically evolving continuum of physiological phenomena. Similarly, many orthodox medical approaches to menopause are predicated on the presumption that hormonal imbalances can best be treated as medical problems. Let us now endeavour to elaborate the central issues more determinately.

MENSTRUATION

It is well known that the maturation of a female's reproductive organs begins during puberty. It is estimated on average that women menstruate 500 times during their life, and that the average menstrual cycle is 28 days.¹ According to Dr. Tom Weschler, the 28 days menstrual cycle is a misleading myth, as menstruation cycles can vary from 24 to 37 days. The 28 days point of reference has misguided many women who are led to believe that they have something wrong with them. They thus mistakenly construe what is a natural phenomenon as a serious medical problem, because their cycles fall outside 28 days. They then become worried and seek the advice of a doctor who *medicalises* what is actually a natural physiological phenomenon and treats the so-called problem with drugs to regularise the period to 28 days. One of the commonly used drugs for this purpose is the birth control pill, now known to have severely adverse effects, depending upon the dosage and allergic reaction some women have to the drug.¹

Other girls, who currently begin puberty at 12 and 13 years old, are often made to worry about early puberty, sometimes pointed out by their mothers who are eager to report that,

unlike their daughters, they did not commence menstruation until they were 15 or 16 years of age. Dr. Christiane Northrup, MD, and past President of the American Holistic Medical Association (AHMA), argues that one reason girls now commence menstruation at a much earlier age is a dietary, and not a medical problem. In her view, it is the high fat diets our children now eat that have caused the shift to earlier puberty at 12 to 13 years old.² The commencement of menstruation is conditioned by the level of estrogen present in the body, and high fat diets are now known to act as catalysts for increased estrogen production, and in turn the earlier commencement of menstruation.

Dr. Northrup also points out that 50% of the chickens and beef animals in the US are hormonally-enhanced to make them grow faster, suggesting that the onset of menstruation could be effected by the residue hormones in the chicken and cattle people eat.² What needs to be done to prevent early menstruation is to monitor the amount of high fats parents allow their children to eat.

In an earlier book, co-authored with Dr. John Ashton, another problem associated with the early commencement of menstruation is addressed. The height of a child is to a certain extent dependent upon the commencement of menstruation. The reason for this is that research has shown that once the onset of menstruation commences, there are approximately only two years left during which time height growth takes place. So, the younger a girl is when she commences puberty, the shorter she is likely to be, and the older a girl is when she commences puberty, the taller she is likely to be. This is because the later the commencement of menstruation, the more time she has to gain height before the height limiting conditions associated with puberty are activated.³

DISCUSSION

The excess of estrogen taken in with the meats consumed can cause difficulty if the level of *estrogen* in the blood supersedes the level of progesterone in the blood. The syndrome is now known as 'Estrogen-Dominance'. When this hormonal correlation is disrupted, women are likely to experience acute premenstrual syndrome (PMS), endometriosis, fibroids, severe mood swings, ovarian cysts, infertility, excessive bleeding, and fibrocystic breast disease, to name the primary elements involved.⁴

The coordinated hormonal interplay amongst the ovaries, the pituitary gland, and the hypothalamus are the predominant factors regulating the monthly menstrual cycle. Estrogen levels are thus critical to the biological processes required for reproduction. Estrogen is secreted at the outset of the menstrual cycle by the eggs, of which there are normally 10-20, growing in the ovaries.⁴ One crucial role played by the estrogen at this stage is to prompt the lining of the uterus to thicken, thus facilitating the success of fertilisation. The estrogen is also responsible for the galvanisation of a cervical fluid that enhances the swift passage of sperm through the cervical opening, passing from the ovaries for fertilisation in the fallopian tubes. It is at this point that the balance between estrogen and progesterone production is critical. The estrogen levels diminish, while the progesterone levels increase to form a dense cervical mucous plug in the cervix to prevent any bacterial contamination and the loss of sperm. The endometrium becomes enriched in blood to maximise the chances of the sperm's fertilisation of the egg. Should the fertilisation fail, then the amalgam of hormonal levels are reduced so that some of the endometrial layer is shed with the corresponding release of blood which is the process of menstruation.⁵

In next article, the issues surrounding menopause will be addressed. In essence menopause signals the end of menstruation, unless there are other complications. Suggestions as to how women can most efficaciously manage their menopause symptoms will be examined.

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