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More and more women are giving up the birth control pill, and abortions are unfortunately becoming more and more.

The contraceptive pill was considered a great step for the emancipation of women. Today it turns out that there is a pill kink of a different kind.

The contraceptive pill was long considered a big step for the emancipation of women. It was admitted in the sixties.

A pill kink of a different kind is now emerging. More and more women are turning away from the pill – especially because hormones have a bad reputation.

The development is making a name for itself in the USA under the term "pullout" generation: women who rely on natural contraception by means of coitus interruptus or apps.

An anti-chemical trend is now also emerging in Switzerland. Doctors are prescribing fewer and **fewer birth control pills.**

Reasons to opt out of birth control pills include:

1. The concern that the contraceptive pill could cause cancer.



Tim Reckmann_pixelio.de

2. Fear of thrombosis,

3. mood swings and the feeling of a change in character,

4. and because sexual desire can be inhibited.

In fact, after 60 years of experience with the birth control pill, the following is safe:

1. No cancer occurs more often under the birth control pill – ovarian cancer is even less common. Harmonious menstrual periods under a birth control pill or long-cycle use are likely to protect against breast cancer.

2. That thrombosis occurs when triggers such as obesity, lack of exercise, smoking and a birth control pill meet a hereditary tendency. That is why it is important to ask about thrombosis and embolism in the family history. Smoking is certainly a greater risk factor than the birth control pill.

3. Under birth control pills or long-cycle contraception, the monthly blood losses are reduced – and thus also a lack of iron and B vitamins. Birth control pills can trigger moods – however, the actual causes are often undetected deficiencies

4. that can also inhibit sexual pleasure.



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Patient information: long-term cycle contraceptive method

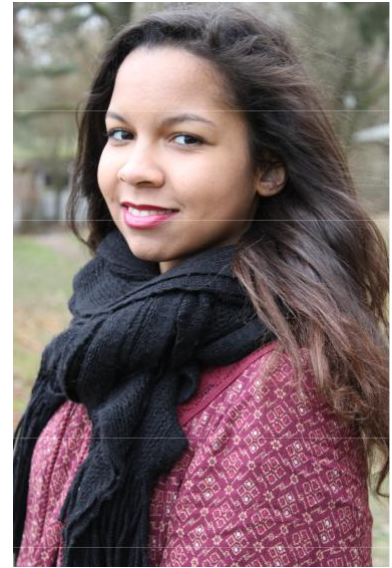


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**The application of the
Anti-baby pill in the
Long-term cycle scheme is
suitable for avoiding
artificial monthly bleeding.**

This statement may unsettle you, although you would probably like to avoid the monthly bleeding.

Taking the contraceptive pill is unbroken, i.e. with a one-week break only every 6 or 12 months, deviates from the old-fashioned. That's why it may seem unnatural to you, even though only advantages and no drawbacks are known.



Marc Tollas_pixelio.de

Long-term cycle -prevention - how does this work?

After the 21-day - if possible in the evening - intake, you do not take the 7-day break. After the last tablet of a pack, start the next pack the following day without a break. Bleeding should only occur again during a break in taking. You should gradually extend the long-term cycle, i.e. take two packs continuously at the beginning, then three packs after a one-week break. If this works without problems, the long-term cycle should also make your life pleasant and bleeding-free for 6 or 12 months.

Is this unnatural or harmful?

No, because the monthly bleeding when taking an anti-baby pill is not real monthly bleeding, but "artificial" hormone withdrawal bleeding. Forty years ago, when the pill was introduced, women wanted to be given a sense of naturalness. However, the breaks in take were never necessary for the safety and tolerability of the pill. The safety of the pill increases through the long-term cycle. Harmful side effects are not known through the long-term cycle; later fertility does not suffer either – rather the opposite is likely.

Are there any other benefits?

In addition to the higher safety and the more pleasant lifestyle, there are no regular problems such as abdominal, head and back pain. Anaemia is less likely to occur and thus to an increase in performance. The pill protects against malignant diseases of the ovaries and uterus. In the long-term cycle, the monthly breast tension is eliminated, so - especially with mastopathy (very dense and knotty glandular tissue) - a protective effect can also be assumed for the breast.

What else you should think about?

To a healthy lifestyle, preferably the renunciation of nicotine and the intake of additional B vitamins!



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The Risks of Modern Woman in the 21st Century

**Modern women have risks
that didn't exist before**

The modern woman in the 21st century is different from the woman in the "good old days".

Never in human history have women had so many menstrual periods. The blood loss goes hand in hand with the loss of trace elements such as iron and calcium as well as vitamins for blood formation.

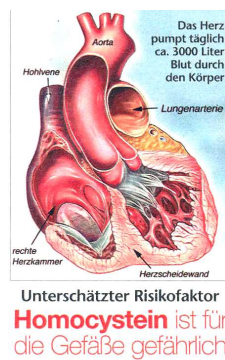
While women used to have numerous pregnancies at a young age and then breast-fed for many years, the modern woman today has the first of a maximum of 2 children at an average of 30 years.

**You can do more for
yourself ...**

Taking birth control pills, menstrual periods and our diet increase the need for vitamin B and calcium.

Conclusions 1 and 2:

**1. Women are more likely
than men to have heart
at-
tacks
to-**
day!



**2. Women are more like-
ly than men to suffer
osteoporosis!**



Conclusions 1 and 2:

Avoid menstruation and compensate for deficits, B vitamins lower homocysteine and thus the risk of heart attacks, calcium maintains your bone density from 35.

**... make life more
pleasant and avoid risks!**

Late pregnancies promote endometriosis and make it difficult to have children; many menstrual cycles strain the mammary gland-tissue.

Conclusions 3 and 4:

**3. Women today are more
likely to have endometriosis
and unfulfilled desire to
have children!**



**4. Breast cancer is increa-
sing!**



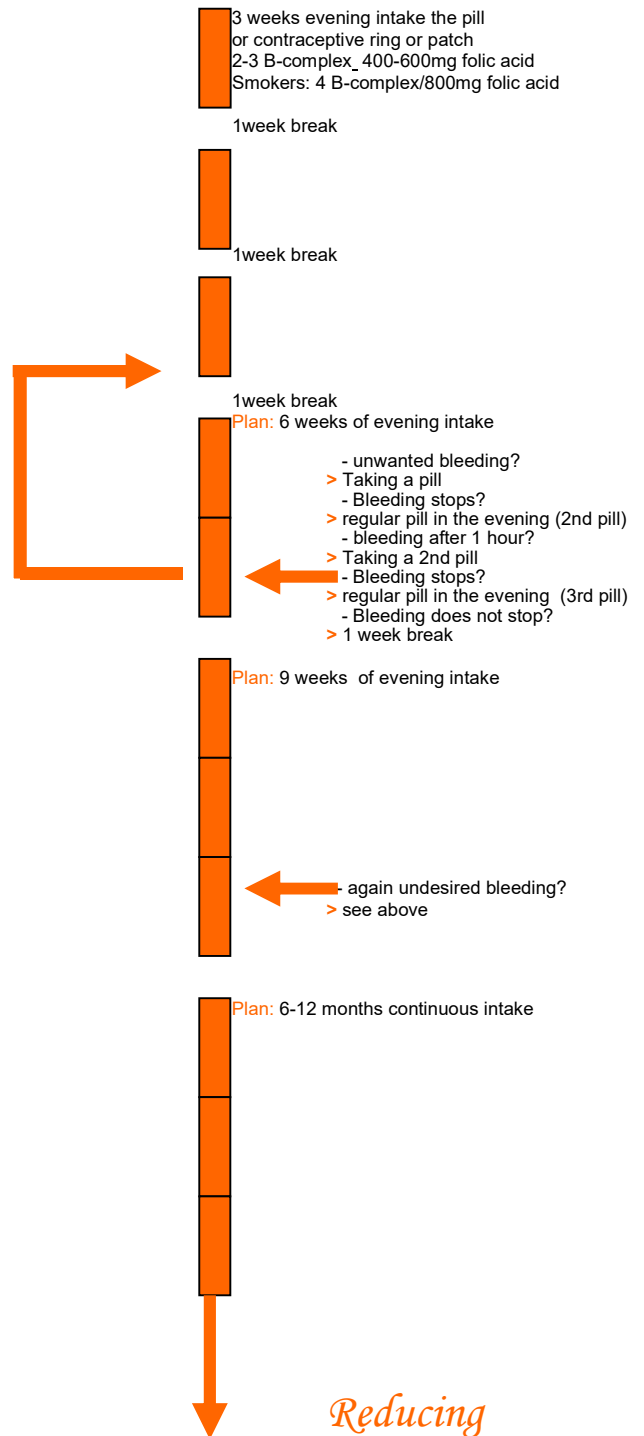
Conclusions 3 and 4:

Avoid unnecessary menstru-
al periods until you want to
have children and after-
wards, use long-term
contraception, reduce o-
besity - your health insu-
rance company and we will
help you!

Long cycle - how does it work?

Long-term cycle intake plan

- Long cycle **only** works with "one-phase pills", i.e.: all pills have the same content (the same color). With "multi-phase pills" (color and content change in the cycle) this is not possible!
- Start with long-term cycle intake if taking the pill in the evening with a one-week break from taking 3 months of regular bleeding.
- Long-cycle intake only works **with** good B vitamins.
- Take the pill for 6 weeks in the evening at the beginning of the long-term cycle.
- If there is an undesirable bleeding before the end of the 6 weeks, try to stop the bleeding with one, after one hour if necessary with another pill. If you were able to stop the bleeding, take the regular pill in the evening.
- If this does not succeed, start with a one-week break.
- After the one-week break, start again and try to stay bleeding-free for another 6 weeks.
- After a further one-week break, try to stay bleeding-free for 9 weeks. If this is successful, you can stay bleeding-free for half a year or even a whole year.
- Chlamydia can flare up again and again and cause bleeding disorders. If you have ever had contact with chlamydia, you can afford regular swab control examinations.



Reducing health risks with long cycle

1. Well-being by avoiding vitamin and trace element losses
2. Reducing the risk of breast cancer
3. Promoting fertility in the event of later desire to have children
4. Reduction of homocysteine, i.e. preservation of bone density, avoidance of headaches, arterial calcification and
5. Malformations in babies!

Long cycle - that's how it works!



Vitamins and trace elements in gynaecology

Iron deficiency



Women are particularly at risk of developing iron deficiency or anemia. In the majority of women at childbearing age, iron storage tanks are not sufficiently filled and between 10 and 30% suffer from iron deficiency.

This is mainly due to the regular loss of blood due to menstruation, but often also to the nutritional behavior.

Iron deficiency can affect the whole body:

- on the **central nervous system** (dizziness, headache, depression, diminishing performance, difficulty concentrating and "restless legs").
- **anaemia** (cardiac arrhythmias, palpitations,

shortness of breath, fatigue, exhaustion or fatigue).

- on **skin, hair and nails** (paleness, torn corners of the mouth, regression of mucous membranes or brittle nails).
- **menstrual disorders**, loss of **libido**.
- on the **immune system** due to infectious diseases.

Vitamin B12 deficiency

Vitamin B12 deficiency is particularly common in meatless diets and in people with gastrointestinal tract disorders.

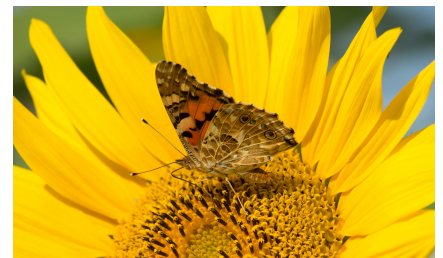
Vitamin B12 is involved in numerous processes in the body. Among the most important are the reproduction of genetic information, **cell regeneration**, **blood formation** and energy production in the power plants of the cells.

The most well-known symptoms of pronounced vitamin B12 deficiency are fatigue and pallor, which is caused by a par-

ticular form of anemia. Other effects include:

- Feelings of discomfort such as tongue burning, tingling on hands, feet and limbs.
- Loss of appetite and weight loss.
- Depression.
- menstrual bleeding disorders.

Vitamin D deficiency



Vitamin D is essential for maintaining bone density, has a protective effect against cancer (breast, intestine and prostate) through immunomodulation, prevents rheumatism, susceptibility to infection, arterial calcification, unfulfilled desire to have children and prevents diabetes.



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Nutrients and mood

Do vitamins, zinc and co. affect the mood?

Researchers suspect that diet plays a role and are looking for therapeutic approaches. Doctors, however, also warn against hoping for a cure through nutrients alone.

Lethargy, sleep disorders, lack of energy and concentration problems: these are just a few symptoms, e.g. also a depression, which in the worst case can make life unbearable.

In Switzerland, more than 300,000 people between the ages of 18 and 65 suffer from it.

The World Health Organization (WHO) assumes that depression will be the second most common disease worldwide in the future.

There can be many triggers: excessive demands, stress, grief, physical illnesses, genetic factors. Sometimes there is none at all. It is certain that every depression is based on a metabolic disorder in the brain. In addition, there is increasing evidence that a lack of certain nutrients can lead to depression.



Dr. Stephan Barth_pixelio.de

Messenger substances for the mood

It is precisely at this point that researchers want to start: Conversely, it is expected that an adequate intake could support the healing of a depression.

The nutrients include amino acids, vitamins and minerals. The body uses them to form so-called neurotransmitters such as serotonin, noradrenaline and dopamine - those messenger substances that are responsible for a balanced mood, drive, sleep and concentration.

Some studies suggest that there is a complex relationship between diet, obesity and depression. Of course, eating habits also play a role.

Among other things, it is investigated what effect the

intake of supplements has on mood.

Observations indicate that a dose of [magnesium](#) can also make a valuable contribution.

Positive effects can also be expected from iron, B vitamins, vitamin D, omega-3 fatty acids and zinc. However, these substances should always be taken under the supervision of a doctor.

A positive effect can be expected in over 85 percent of patients.

It is, however, wrong to believe that severe depression can be cured with nutrients alone - but it can make a lot of things easier.

nach Der Spiegel vom 07.03.2014



Mood swings / premenstrual syndrome / depression

Herbal medications

St. John's wort contains hypericins, hyperforin, flavonoids, catechin tannins, essential oils and phenol carboxylic acids as the main ingredients. St. John's wort extract has a mood-enhancing and motivational effect when the mood is depressed and is used, for example, for mild to moderate depression. The effect is similar to that of certain chemical antidepressants. The mechanism of action was i.a. the inhibition of the neuronal reuptake of serotonin and other signaling substances. The latest findings show beneficial effects on the membranes of stressed nerve cells.

www.zeller.ch

Anthroposophic Therapy

Long-lasting improvements have been observed under anthroposophic therapies in outpatients with chronic depression. The study results suggest that the anthroposophical approach can be helpful for patients who are motivated to carry out these therapies.

www.anthromedics.org

Thyroid

The thyroid gland is of central importance for undisturbed menstruation and mood. The work of this organ depends on a sufficient supply of iodine, selenium and other trace elements:

Iron deficiency

A new light on the possibilities of antidepressant therapy throws the knowledge that sometimes an iron deficiency also makes you depressed. In such a case, the depression also comes from within - at least to a large extent - but a comprehensible causal connection emerges: If too little happiness hormone is produced due to an iron deficit, this can trigger a depressive mood. Even if the family is healthy, the job seems safe and the work is fun; even if you have enough money and you like the apartment. Nevertheless, these patients can become depressed - usually completely incomprehensible to outsiders. And: You can also get well again by giving iron. Hundreds of well-documented treatments prove this. Against this background, we can say

If a depressed person with empty or almost empty iron stores becomes healthy again through appropriate substitution therapy, then it is clearly an iron deficiency depression.

www.ironblog.ch

Vitamin D deficiency

Scientific research uncovered mechanisms that could explain the effect of vitamin D on depression.

On the one hand, vitamin D plays an important role in the regulation of the brain messenger substance serotonin and a deficiency in vitamin D leads to structural changes in the brain and influences the utilization of dopamine and the synthesis of noradrenaline (norepinephrine). All messenger substances have an influence on mood and mental state.

Furthermore, vitamin D has numerous nerve-protective functions and controls the most important intercellular antioxidant, glutathione.

All of these mechanisms provide a good explanation for the effect of vitamin D on depression, so that there is now a solid theoretical basis for this connection.

www.vitamind.net

Vitamin B deficiency

An

Increasing number of scientific studies confirm that the best possible supply of all micronutrients should be guaranteed in mental illnesses. Because the body's own synthesis of transmitter substances in the brain (neurotransmitters) such as serotonin, dopamine, noradrenaline and melatonin, depends on various micronutrients. Particularly important are i.a. Folic acid (vitamin B9), vitamin B6, vitamin B12, niacin and pantothenic acid

www.schweizer-gesundheit.ch

Omega-3 fatty acids

have a positive effect on mood swings and depression. Anti-inflammatory agents can safely and effectively contain symptoms of major depression, according to a study published online in the *Journal of Neurology, Neurosurgery and Psychiatry*.

According to several studies, omega-3 fatty acids in particular have shown a positive effect on mood swings and depression. Fish should be eaten at least twice a week; Dietary supplements can also be helpful. www.schweizer-gesundheit.ch

www.univadis.de/viewarticle/entzuendungshemmende-wirkstoffe-verringern-schwere-depressive-symptome-699946?u=q7Nnk16ewgvxFu7Jk7TE8Cq%2FXJCG17oXxkeNxRK8Zhdo9F9SpsHlstjW7sdzY9jq&utm_source=automated&utm_medium=email&utm_campaign=medical%20updates%20-%20daily%202.5%20spes&utm_content=3876577&utm_term=

Magnesium

Although the relationship between magnesium intake and depression is scientifically well documented, the underlying mechanism remains unclear. After all, we know that magnesium plays a key role in the regulation of messenger substances that influence mood.

But the mineral is not only important for muscle function, it also influences the heart rhythm, bone structure - and it plays a central role in inflammatory processes in the body. These, in turn, can also affect mental health and promote depression.

Emily Tarleton and colleagues from the University of Vermont have researched whether magnesium can relieve pre-existing depression.

The effect even roughly corresponded to that of selective serotonin reuptake inhibitors (SSRI), the most modern and most frequently prescribed antidepressant drugs. The food supplements were tolerated well by all participants.

The effect was even particularly quick. After just two weeks, the symptoms improved noticeably - with antidepressant medication this often takes longer.

www.netdoktor.de/news/magnesium-wirkt-gegen-depressionen/