Too Much of a Good Thing

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Have you ever wished your period would just magically go away? For some women in their child-bearing years, it does. As good as that may sound on the days that you’re doubled over in pain with a heating pad, losing your period is a lonely, terrifying experience with repercussions ranging from osteoporosis to infertility. I speak from experience because it happened to me.

My husband and I waited awhile before trying to have a baby. I was thirty years old when he finally said the magic words, “I think I’m ready.” I was overjoyed and went off my birth control pills immediately. I had heard that a woman is extra fertile the month after going off The Pill, so I quickly adapted the habits of a pregnant woman, popping prenatal vitamins and giving up caffeine, in anticipation of a positive pregnancy test. When I didn’t get pregnant that next month, and when I didn’t have a period, I chalked it up to having just gone off the birth control pills that I had been taking for seven years. I had read that some women have irregular cycles for awhile after going off the pill, so I wasn’t overly concerned.

For the next few months, I continued to live my life as usual. In the previous two years, my husband and I had moved to a new state, and I stayed at home to pursue a career in writing. I had a lot of time on my hands and without even being conscious of it I had taken what was once a healthy habit, and turned it into an unhealthy extreme. I’m talking about exercise.

I’ve always worked out, but never more than an hour a day. When we moved and my free time increased, I naturally started filling it up with more activity. At first I just added strength training to my regimen, something I had done before but only half-heartedly. Then I got a subscription to a fitness magazine and learned about things like intervals and plyometrics. Every time I learned something new about fitness, a new move or a new style of exercise, I just added it onto what I was already doing each day, rather than spreading things out over the course of a week or a month. It got to the point where I was working out hard for hours and hours each day and rarely, if ever, giving myself a day off to recover.

Some days I would wake up and go for a seven mile run, come home and lift weights for an hour or two, shower, eat a bowl of cottage cheese with strawberries, and then do some writing until my husband came home from work, at which time we would work out together. At night I might go for another run and do intervals, maybe plyometrics, maybe lift more weights, maybe all three. The more I worked out, the more obsessed I became. I created a website and blogged about fitness and even wrote a book on the topic. At that point I had also become a fitness trainer and spent the few hours I was not working out on my own, working out along side my clients, at times pushing them to do more than they were ready for because I wanted to go faster or work harder alongside them.

I never consciously restricted my eating. I’ve always eaten two thousand calories or more each day, but even three thousand or four thousand may not have been enough to fuel my body when I was at my extreme.

Needless to say I was thin. This was a reward considering I have never been svelte by nature. Growing up I was a thick, chunky child and remained that way most of my teenage years. Working out had been my trick to staying at a healthy weight for many years, that is, until my working out got out of control. As thin as I was, I didn’t take much time to appreciate my size zero jeans because I was always in my workout clothes getting sweaty. I was thin, hungry, tired, and not happy.

So why was I so confused when I didn’t get my period back after going off The Pill? It doesn’t make sense, does it? I should have realized it was because of my lifestyle. Even my husband, who had been by my side through the whole process, never suspected my extreme exercising was having an effect on my menstrual cycle. But in the dark, in that place where a woman just knows, deep down, I knew.

And because I knew somewhere deep inside me, I used the right keywords when I finally investigated my missing periods on Google: ‘extreme exercise,’ ‘low-fat diets,’ and ‘amenorrhea.’ That’s how I came across a message board for women suffering from a condition
called hypothalamic amenorrhea. I read the first post and immediately identified with the writer. According to the Mayo Clinic, the definition of hypothalamic amenorrhea (HA), or secondary amenorrhea, is the absence of menstruation in women who previously had regular periods. The term hypothalamic refers to the hypotalamus, an area at the base of the brain that acts as a hormone control center for the body, regulating, among other things, a woman’s menstrual cycle. In certain situations, such as anorexia, excessive exercise and stress, the flow of hormones is interrupted. This results in the failure of the body to produce enough estrogen and progesterone, the suppression of ovulation, and, ultimately, the loss of menses.

Excessive exercise? Check. Anorexia? In a way, because I wasn’t eating enough calories to sustain my activity level. Check. Stress? You think it’s relaxing to do high-intensity interval training on a daily basis? No, it’s stressful! Check. I had the trifecta.

There were thousands of entries on that message board and I read every last one. When I had finished, about a week later, I knew everything there was to know on the topic. What I learned was that there was only one way for me to ever have a chance of having a baby: I had to stop exercising, eat fat, and gain weight. It’s an evolutionary thing. Back in the days of early humanity there were times of feasts and times of famine. There were times when a woman would be running from predators and times she would be nesting and taking care of her family. While I was exercising like my life depended on it, my body was registering the fact that I was living in a time of stress and famine, when it is not prudent to bring a child into the world. As a result, my body was shutting down my reproductive system in order to prevent me from getting pregnant. The only way I could reverse the damage was to convince my body the famine was over and times were looking plentiful again.

My gynecologist confirmed my self-diagnosis through simple blood work that revealed my estrogen, luteinizing hormone, and follicle stimulating hormone levels were basically nonexistent. She encouraged me to take the next year to forget about getting pregnant and just focus on getting my body to a safe place. Because of the risk of low bone density surrounding low estrogen levels, I was also instructed to have a bone density test done and, thankfully, it came back normal.

I have been ready to be a mother for as long as I can remember. In fact, I think the intensity of my exercise regimen was, in part, a way to numb the desire I was having, as I was entering my thirties, to have a baby. I was filling up the days and nights of what should have been my motherhood with a distraction. Facing the fact that I was infertile was devastating, but once I had that information in hand, I didn’t think twice about doing everything in my power to reverse the damage. I stopped working out immediately and started eating more than my activity level required. This was by no means easy, as fitness had become not only my obsession but my identity, but I just kept reminding myself that I wanted to have a baby more than I wanted to be thin.

A year later I went to see a reproductive endocrinologist, a specialist in infertility. I had done everything right: I gained twenty pounds, ate plentifully, and the only activity I engaged in was light, gentle walking. I had not resumed menstrual periods on my own yet, but I felt healed. I wanted to know what more I could do to bring a life into this world.

My blood work came back with wonderful news. All of my hormones were back in normal ranges. I was overjoyed but also curious as to why I had not resumed menstruating. The doctor explained to me that with HA it can be a long, slow road to recovery and that every woman is different. Some women resume menstruating quickly, other take years, some never menstruate again.

Because of my hormone levels, I was a candidate to take a fertility drug called Clomid. It is one of the most common, least expensive, treatments for infertility. Clomid indirectly stimulates ovulation which may increase your chance to conceive. I went through four cycles of Clomid and was about to give up further treatments until I could afford in-vitro fertilization when I received a positive pregnancy test. Using Clomid only worked for me because I was ready. If I had not taken that year to heal, I do not think I would be pregnant today, twenty pounds heavier and a million times happier.

Pregnancy has been known to “reset” some woman’s menstrual cycles and I am hoping it does so for me. I have learned many things through this experience but mostly I’ve learned to never let an obsession take over my life again. If I ever wear a size zero again I’ll know I am doing something very, very wrong. Avoiding extremes is a challenge for someone with my personality type, but my goal for my own future, and for that of the baby inside me, is to live a life of moderation in all things and to pass that value along.

If you are an excessive exerciser and missing your period, please consider the possibility that you have hypothalamic amenorrhea and see a gynecologist for a diagnosis. There are many other reasons that a woman might stop having her period and all of them are important to diagnose because having a menstrual cycle every month is a barometer of a woman’s health.
Remember that birth control creates a synthetic menstrual cycle and can mask amenorrhea, so if you are concerned you might have it consider stopping the pill temporarily and using a back up form of birth control until you know for sure that you are cycling normally. And if you ever want to have kids, please don’t take your womanhood for granted. Not having hormones is a major drag.

Note from the editor:
As the author notes, excessive exercise can be a cause of secondary amenorrhea, and thereby loss of fertility. However, it is extremely important to know that there are many other causes of secondary amenorrhea, including physiological disturbances and pharmaceuticals. Many of these can have serious and long-term effects if not treated promptly. Medline Plus, a service of the U.S. National Library of Medicine and the National Institutes of Health, contains the following advisory (my emphasis):

“Call for an appointment with your primary health care provider or OB/GYN provider if you are a woman and have missed more than one period so that the cause, and appropriate treatment, can be determined.”


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