

MENOPAUSE AND HRT

The recent media blitz on the negative effects of conventional hormone replacement therapy (cHRT) has, understandably, fostered reactions from bewilderment to outrage. With good reason women should be alarmed that what they have been sold as the fountain of youth, could instead, be the kiss of death.

cHRT has for decades, successfully treated menopausal symptoms such as hot flashes, vaginal dryness, night sweats and insomnia. Although not life threatening, these symptoms can be detrimental to ones health and quality of life. Several recent articles I've read, condemning cHRT, have entirely trivialized these problems. I suspect the authors to be men who may regret having called insomnia trivial when their prostates swell and nature calls, awakening them, all through the night. Women have also started cHRT hoping to prevent the diseases of aging like heart disease, osteoporosis, Alzheimer's and even some forms of cancer.

More than 16,000 women were enrolled in an eight-year study to determine the risks and benefits of various forms of cHRT. One of the studies was terminated after only five years because of conclusive evidence that Prempro, a combination of an estrogen and a progestin, causes more harm than good. The study using an estrogen alone is still in progress.

In this study, thirty out of 10,000 women who were given a placebo and thirty-eight out of 10,000 who were taking Prempro developed invasive breast cancer. In other words, Prempro increased a woman's chance of developing breast cancer by 27%. For every 10,000 women using Prempro, there were 8 more who had strokes, 7 more who had heart attacks and 18 more who had complications from blood clots than were found for those taking a placebo. This means strokes increased by 38%, cardiac complications, which were mostly nonfatal heart attacks,

increased by 23% and blood clots or thromboembolism, which are particularly injurious to the lungs, brain and heart, increased by 52% .

Favorable findings of the study included 6 out 10,000 less colon cancers and 5 out 10,000 less hip fracture for those taking Prempro compared to placebo. In the final analysis, there were 30 more negative outcomes per 10,000 women from taking Prempro than from taking a placebo. These are not acceptable side effects or risks to achieve some greater good considering many of the complications were what women were trying to prevent by taking cHRT in the first place. When the cure increases ones chances of developing the disorder, something has gone tremendously array.

Prempro is a combination Premarin and Provera, which are the two most commonly prescribed and widely researched hormones used in cHRT. Premarin is extracted from pregnant mare's urine, which is how it gets its name PREgnant MAres uRINe. It is composed mainly of equine estrogens, which are foreign to humans and problematic for us to metabolize. Because of this, Premarin often increases an undesirable form of estrogen known to be carcinogenic. It also contains some estradiol, which is an estrogen found in humans.

Provera, or medroxyprogesterone, is a synthetic version of progesterone; its actions bear little resemblance to the natural hormone. Most physicians mistakenly call Provera progesterone, so it's not surprising that the media doesn't understand, let alone emphasize, the difference either.

Comprehending the available information on cHRT requires a comprehensive understanding of hormone physiology. Unfortunately, very few physicians and even fewer in the media can explain cHRT or converse intelligently about the variety of viable and healthy alternatives to cHRT already in existence.

Even more disturbing are many of the "solutions" or alternatives to cHRT being doled out by popular magazines. To combat hormone deficiencies no ones mentioned using the real ones, instead recommendations include Prozac for depression, Lipitor for cholesterol, high blood pressure drugs to treat hot flashes and of course the

recently patented and profitable designer estrogens and biphosphates to treat osteoporosis. The side effects on these are alarming.

Conventional medical doctors have known for decades that progesterone counters the negative effects that excessive estrogens can cause throughout a woman's system. With consistent use of inappropriate hormones like Provera, however, this knowledge dwindled to the myth that progesterone only protects the uterus and is therefore unnecessary if a woman has had a hysterectomy. The entire foundation of cHRT has been faulty from the beginning because of misinformation like this.

It is not the least bit surprising that using mismatched and artificial hormones have delivered less than optimal results. What is surprising is that it has taken medicine this long to figure it out. Almost everyone intuitively understands using diesel truck parts in a fine tuned sports car would hamper performance, if not stop it altogether. Yet, we're repeatedly given the equivalent of diesel parts for our finely tuned human bodies.

Our patent laws in this country favor the creation of synthetic artificial chemicals to the exclusion of anything natural. Since anything that occurs in nature can not be patented, it also means it will never be astronomically profitable either. This simple fact has affected medical education and practice since its inception.

It is in the drug company's interest to convince medical doctors and the public that natural herbal remedies and bioidentical hormones are either useless or extremely dangerous and uncontrolled. Never mind hundreds and in many cases thousands of years of safe and effective herbal use by humans. As for the hormones, I'll put my money on 3 million years of human evolution over 50 years of questionable pharmaceutical research.

Estrogens refer to an entire class of hormones some of which occur naturally and many of which do not. This critical distinction is often blurry to both modern medicine and the media as well. Estrogens promote secondary sexual development in women. Estrogens are more dominant in the first two weeks of a woman's menstrual cycle and prepare her body to get pregnant. The prominent estrogens in women are estradiol, estrone

and estriol. Estradiol is the most potent of these hormones and the one most likely to be prescribed after Premarin. Even estradiol has proven to be problematic because it has been prescribed in isolation or with Provera. Neither of these regimens provides the proper hormonal balance.

Progesterone is not the name of a class of steroid hormones like estrogen is, but is a single specific hormone. Progesterone promotes gestation, in other words it maintains a healthy pregnancy, and thus its name pro-gest-erone. Progesterone's other beneficial effects include, protecting against fibrocystic breasts, acting as a natural diuretic, helping burn fat for energy, protecting against endometrial and breast cancer and protecting against and even reversing osteoporosis. Progesterone acts to both balance and enhance the effects of estrogen.

Labeling estrogens bad and progesterone good would be as ridiculous as labeling the brake in your car good and the gas peddle bad. One without the other would either be a disaster or a standstill. The balance between these two hormone classes is as important as their actual levels. This applies to both hormones generated internally and those acquired through replacement therapy.

Too much estrogen relative to progesterone creates a host of problems which include weight gain, PMS, endometriosis, uterine fibroids, breast tenderness, headaches, leg cramps, gallstones, high blood pressure, blood clots, nausea, fluid retention, and an increased risk of endometrial and breast cancer. Too much progesterone relative to estrogen causes it own set of problems, which include depression, fatigue, somnolence and breast tenderness as well.

An optimal ratio ranges from 35 to 75 times more progesterone than estradiol. Be careful when evaluating lab tests because many report the hormones in different units. Estrogens are often reported in picograms (pg) and progesterone is often reported in nanograms(ng). In order to normalize them progesterone must be multiplied by 1000. Then you can do the math, just divide the number for progesterone by that for estradiol and you will have your ratio. For menstruating women this ratio will fluctuate throughout her cycle.

Luckily, many options are available to women today besides choosing between inappropriate hormones or none at all. Bioidentical estrogens, progesterone and testosterone are available from compounding pharmacies. Bioidentical is the term that most accurately describes these hormones. Since they are synthesized in a lab from wild yam or soy they are not, technically, all natural. Unlike conjugated estrogens and Provera, however, which are also derived from soy or wild yam, bioidentical hormones are exact replicas of those found in humans. Premarin on the other hand is all natural but is far from bioidentical for women.

Women who feel hormone replacement therapy is still appropriate should seek out a practitioner knowledgeable and experienced in the use of bioidentical hormone replacement therapy (bHRT). For those women who would rather never use HRT in any form, or who want to discontinue the ones they are on, several other options exist. Herbs have been used safely and successfully for generations to ameliorate the problematic symptoms menopause can often trigger. Both Western and Chinese herbal traditions have numerous solutions for climacteric women.

Women whose diets have included a wide variety of legumes including soy, lots of vegetables especially cruciferous ones like broccoli, healthy fats like fish and flax seed oils, have often sailed smoothly through the change. This is especially true for many Asian women whose diets are especially rich in phytoestrogens. Phytoestrogens, the most well known of which are the isoflavones from soy, are not technically estrogens or steroid hormones at all. They do, however, have an estrogenic influence within the human body. How safe these are is currently in question since some studies have found excessive amount of these may fair no better than the estrogens themselves.

Why some women seem to glide through menopause while others travel a rocky road would fill an entire article itself. Genetic variation is certainly one reason but would not explain why your mother or grandmother may have had such a different experience. That we do not live in the pristine world of our ancestors but instead in a world saturated with toxins, many of which have potent and troublesome estrogenic activity, may better explain

some differences. One needs to pay particularly close attention to the animal products they consume. Estrogens are often given to commercially raised chickens and cows to fatten them up so they weigh more when sold. Choose organic produce and free range animal products whenever possible.

Finally, the fact we start many women in their teens or early twenties on the kiddy version of Prempro, otherwise known as birth control pills, nearly ensures them a lifetime of hormonal problems. These pills are entirely artificial versions of both estrogen and progesterone whose list of side effects parallel the problems found with cHRT.

With millions of women worldwide reconsidering their use of cHRT, it is essential they receive accurate, untainted and ultimately useful information on alternatives to cHRT. Remember the conclusions drawn using incompatible and artificial hormones do not automatically apply to the authentic ones. Bioidentical HRT(bHRT) is still a very viable option. Part II will explore, in-depth, bHRT as well as nutritional and herbal remedies for menopause.

Part II

Menopause is neither a disease nor an event. It is a process women go through as they cease to menstruate. Although all arrive at a common destination the paths that get them there are as unique and numerous as the women traveling them. Every woman's experience is likely to be influenced as much by her psyche and society as by her biology.

In cultures where the Goddess still resides in heaven, women are lovingly midwifed through menarche and menopause. If the prevailing cultural myth about women is a negative one, as ours has been, the menopausal archetype of the wise and powerful crone will have deteriorated into a weak, withered and worthless old hag. Instead of something to celebrate, menopause becomes something to medicate. The negative impact of this perceptual shift on women will stretch from the cradle to the grave.

Many other inventions of our modern world are also detrimental to ones menopausal journey. These included nutrient deficient diets, hormone laden animal products, environmental toxins like pesticides and a long history of using synthetic hormones like birth control pills. Our fast paced, high-pressured stressful lifestyles have been particularly injurious to menopausal women. All these reasons have made finding viable solutions to menopausal symptoms much more urgent. Until recently, the only options readily available to women in this country were conventional hormone replacement therapy (cHRT) or nothing at all.

Conventional HRT has, however, been quite remedial. Besides being given the wrong hormones, all women were given the same amount. Imagine going into a department store looking for a comfortable pair of cotton pants and being told the only ones they had were a spandex polyester blend 4 sizes to small. You wouldn't think twice about walking out and shopping somewhere else. Yet for decades women have been offered a one size fits all synthetic blend as the only solution to extremely varied hormonal needs. It's a frightening idea for clothes and should be for HRT as well.

Fortunately, things are changing. Every aspect of menopause is being reexamined. Women are demanding options and they're getting them. Some women have realized the only problem they have had during menopause is everyone pressuring them to take hormones. They feel fine and probably don't need them. Some are thriving by improving their diet and starting to exercise. Many more are exploring the world of herbs. Others have chosen to give bioidentical hormone replacement therapy (bHRT) a try.

Bioidentical HRT not only provides the correct hormones but can also be individualized to provide only the hormones a woman needs in the doses she that needs them. Not every woman needs every hormone. Only compounding pharmacies are able to deliver such specific formulations. They are also able to provide them in a variety of delivery forms. Hormones can be made into capsules, creams, lozenges, liquids and suppositories.

A good history will help determine what hormones may be needed. The information provided by laboratory tests will more precisely determine ones hormonal needs. If a woman is already on cHRT testing wont help determine much. Most of the hormones used in cHRT aren't the ones being tested for and will alter the values of the hormones that are. Adjustment can be made based on persistent and/or newly emergent symptoms, Additional laboratory testing after starting the hormones will help determine whether their ranges and ratios are all optimal or if they need adjustments.

Although it is the exhaustion of the ovaries that herald menopause, it is how well ones adrenal glands are functioning that will likely determine ones experience. These small triangular glands sit atop the kidneys and share a close common ancestry with both the ovaries and the testicles. These glands are capable of making all the steroid hormones. Their differences lie in the quantity of their end products.

The adrenal glands produce mostly cortisol and DHEA and small amounts of other hormones including testosterone, estrogens and progesterone. Once the ovaries have retired it is the adrenals that are largely responsible

for the hormones that remain in circulation. Although western medicine only acknowledges the most extreme cases of adrenal failure as a problem, adrenal exhaustion is epidemic

The adrenals are our body's shock absorbers. They are called into action to help us cope with stressful situations. If ones adrenals are overworked and exhausted they may not make enough cortisol and DHEA let alone any of the other hormones. Caring for the adrenal glands is, therefore, essential for ensuring ones menopause go as smoothly as possible. It should be paramount for those who would rather not use any form of HRT.

Short-term stress does us little harm, but we are not meant to endure chronic unrelenting stress like so many experiences today. When this happens our adrenal glands go on overdrive which eventually exhausts them altogether. Adrenal stressors include skipping meals, insufficient sleep, prolonged infection, trauma, chronic pain, stimulants like caffeine and constant anger, fear, worry, or guilt.

Symptoms and signs of adrenal dysfunction include fatigue, nervousness, anxiety, unrefreshing sleep, frequent infections with prolonged recovery and hypoglycemia. A simple saliva test, requiring 4 samples be collected throughout one day, can help evaluate how well your adrenals are actually functioning. Treatments can include using bioidentical cortisol and DHEA, vitamins, glandulars, acupuncture and of course herbs.

Herbs known as adaptogens can be particularly important in helping menopausal women respond to stressful situations. Adaptogens are unique in that they can calm an overactive adrenal system or rejuvenate and energize an underactive one. Adaptogens include the well-known herbs like Panax ginseng, Siberian ginseng and astragalus. Ashwagandha, is an ayurvedic herb with adaptogenic qualities reported to be less stimulating than the ginsengs. Licorice root is a specific for low adrenal function and contains substances that are very similar to some adrenal hormones.

Herbs used to address the specific needs of menopausal women include dong guai, false unicorn root, sage and wild yam. Herbs which research has confirmed to have potent estrogenic influence include black cohosh, red clover and alfalfa.

Chinese herbology has a large repertoire of formulas to address both adrenal imbalances most menopausal concerns. These will often include the kidney qi tonics and herbs to strengthen kidney yin or yang.

Although the media's bold announcement "HRT the end of an era" has put some into mourning, many more are celebrating it as an exciting announcement we're about to enter a new one. Many are helping usher in an era where women's bodies are their own, their voices are not silenced, their experiences are not discounted, their feelings are not repressed and the processes through which their bodies go are not diseases. If you are one of many women entering menopause, sit for a moment and ask yourself what feels right. When you get a sense of direction seek out the best advice to get you where you want to go.

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