

“TWO STEPS FORWARD & ONE STEP BACK”

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The Quest for Honest Research Testing Women’s Hormones, and Acceptance of Bio-Identical Hormones

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Approval of Testosterone for Women in the US: The FDA was presented with a Testosterone Patch for Women in 2005, and after much consideration, decided that the risks outweighed the benefits, and did not approve this patch for use in women in the US, in 2006. *I personally think this is not the best form of testosterone for women, but it would have been a start.*

Truth: These risks are less severe than the risks for men with their Testim, and other testosterone patches; Testosterone is not approved in any form for women by the FDA; The safest Testosterone for men and women is the Testosterone Pellet therapy, used in Europe and Canada with only minor risks, says Dr. Andrew Dott, MD MPH, the President of the European Menopause and Andropause Society in a 2006 article in *Journal for the Institute of Reproductive Medicine*.

Heart Attack and Stroke: The American College of Cardiology just announced in the Journal of the AMA, that estrogen protects women from heart attack, and that heart attack is more of a risk than any other cause of mortality in women, and therefore Estrogen Replacement Therapy should be considered in women with a family history or high lipid.

Truth: That is the truth! The one study that contradicted this was in 2003 WHI study which was a badly planned study, using only horse estrogens, and a synthetic progestin, which saw a small increase in heart attack in the users of Premarin-Provera combination only. Now studies show and my experience supports, that there is less risk of stroke and heart attack with bio-identical hormones delivered other than orally, transdermal estradiol and progesterone combinations, and some oral estrogens. Estradiol hormone pellets decreases lipids in women, and brings risk to that of a pre-menopausal women, because it is the only estrogen delivery system known to decrease CRP.

Insulin Resistance and Pre Diabetes have finally been linked to the onset of menopause in journals such as the Journal of Metabolism and Endocrinology, and Journal of Reproductive Medicine. The hormones of menopause (Estrone, Di-hydrotestosterone, androstenedione) when a woman takes an oral form of estrogen, increases the risk of Insulin Resistance, weight gain, carbohydrate sensitivity, and diabetes.

Truth: We have known for years that women slow their metabolism and make more fat than they burn, when they enter menopause and the few years before menopause. Now the physiologic mechanism of this change is based on good research and science. This answers the question, why did I gain weight when I went through menopause? It is not taking hormones, if you are taking non-oral forms of estrogen. It may be worsened by oral estrogens.

The way to combat this issue is to use the most physiologic form of estradiol (Pellets and sublingual) that suppress Estrone production (combined with Testosterone, Estradiol pellets are the best at this, and help you gain lean body mass) and your muscle mass comes back and you lose abdominal fat. This method of HRT does not compensate for eating carbs, drinking alcohol, smoking, and lack of exercise. Losing weight after menopause is a difficult proposition with just diet and exercise. You certainly must try harder to stay healthy after menopause, maintain your weight and avoid diabetes.

ALZHEIMERS AND MEMORY LOSS: In 2007 the journal of the AMA had a large article about the fact that if women did not replace estradiol within 10 years after menopause, their **brains began to shrink** and risk of **Alzheimers increased!**

Truth: We have seen this in many studies, but now mainstream medicine has the information. For years alzheimers patients have been given estrogens as the first line of therapy!

MIGRAINE HEADACHES: In late 2006 the *Journal of Neurology* had a lead article about how **Testosterone depletion in the late 30s and 40s was linked to incapacitating migraine headaches in women.** They are now asking Neurologists to send female patients for Testosterone replacement as a first line therapy after evaluation is completed to rule out brain tumors and vascular problems.

Truth: I have used Testosterone pellets for 5 years and realized soon after starting them that I no longer had the incapacitating headaches that had besieged me since I was 36. I have not had one since, except once when I was late getting my pellets inserted.

SKIN: Did you know why Oil of Olay was, and is so popular? In the beginning of marketing this product, (1960s I believe) they put estradiol (estrogen) in the formula and that is why women swore by it. Topical estrogens do not generally penetrate to give you hormone levels in the blood stream, but they are the key to a beautiful feminine complexion. The FDA now rules against this ingredient in cosmetics, but if you would like to try it out and do not take other estrogens, (they work from the inside out) then I have a

powder compounded that you can stir into your favorite moisturizer and see how it works (available at my office).

Truth: The Journal of Cosmetic Dermatology did an entire issue on this fact, but Dermatologists are usually more comfortable with medications, steroids and acids than hormones. The Journal of Derm wholly accepted this fact, however, the FDA controls topical estrogen like it was a drug and not a normal female hormone. Unfortunately I must dispense a combination of Estriol and Estradiol for women to add to their moisturizer as if it were a drug!

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