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By Deborah Matthew, MDxv

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INTRODUCTION



I would like to start by sharing my heart with you. First of all, I have known for years that I was to write a book about hormones for women. When that long-awaited season arrived, doubts set in. Can you relate? There are so many books about hormones on the market already. Why should I write yet another one? That gentle, small voice in my spirit seemed to say, “Yes, but you are to write one specifically to *My* women.” At that moment, it all made perfect sense. You see, for the past fifteen years, I have worked in the field of *Bioidentical Hormone Replacement Therapy (BHRT)*, seeing patients in medical clinics with physicians, speaking at medical conferences, and developing manuals and courses to train health care providers in BHRT. Essentially, all of my work has been in the secular marketplace where I have not had liberty to share my faith openly. You can’t exactly pray out loud over your audience of three hundred medical doctors. Now, in this new season for me, I get the privilege of taking what He has taught me and the ministry He has birthed in me to His women. Words cannot even begin to describe the joy it brings to my heart.

Beyond professional experience, I have to admit that what really qualifies me to write a book about hormones is the fact that I can personally relate to what women go through. I know what it’s like to have symptoms of hormone imbalance. Fifteen years ago, I was just a young woman with a serious case of premenstrual syndrome (PMS), which in Christian terms stands for **P**retty **M**ean **S**ister. I had mood swings and irritability before my period, premenstrual headaches that no medication seemed to help, acne, and many other

monthly symptoms. The misery drove me to find the cause and corresponding solution, and once I found the help I needed, I couldn't help sharing it. I very soon realized that it was my passion to learn more and more about hormones. It's not my job; it is truly my God-given passion. I have given my life to it, and I'm delighted to go to the office each day to work with hormonally imbalanced women. That energy and dedication must be from God.

God Cares About Our Hormones

I am convinced that God is concerned about our hormone balance or lack thereof. After all, He created these powerful chemicals in our bodies to play the amazing roles they were designed to play in perfect balance. God created menstrual cycles, not PMS. God ordained menopause, not hot flashes. I cannot prove it scientifically, but that certainly is my opinion. God never meant for His daughters to suffer monthly or as the menstrual cycles stop. He is a good God. As you know, the devil perverts every good thing God does. God's plan is to launch women into kingdom ministries and for them to fulfill their callings as wives, mothers, and businesswomen. The impact He intends for women to have in the marketplace, in Christian circles, and in our personal lives is absolutely vital to the health of the body of Christ. He does not want anything like hormone problems to stand in our way. The enemy, on the other hand, would like nothing more than to take you out with hormone imbalances, to tempt you to scream at your kids or to have such bad night sweats that you can't sleep. If he can make you exhausted or give you hormonal headaches, he can slow you down and wreak havoc on your ministry in a variety of ways. Hormone imbalance is very real; so are its symptoms. Hot flashes aren't fatal, but certain family members could risk becoming fatalities if they say the wrong thing at the wrong time of the month. I don't think this suffering is God's best for us.

In the following chapters, I will cover the physical, mental, and emotional symptoms associated with hormone imbalances, but let me take time now to describe what I believe are some of the spiritual

symptoms associated with hormone imbalance. Since hormones directly affect our emotions, hormone imbalances can cause symptoms such as inexplicable depression, irritability, anxiety, or mood swings—all of which can affect us spiritually. Women often experience guilt, shame, or condemnation over their feelings or behaviors during episodes of mood swings or irritability. It is hard for us to walk in love toward ourselves if hormonal imbalances are at the root of low self-esteem or lack of motivation. These feelings can trigger even more confusion, frustration, and isolation. I have heard many women with low hormone levels say that they just want to be left alone or that they just do not feel like being around people.

After all, we're supposed to walk in the fruit of the Spirit. Sometimes women just do not understand that hormone imbalances can make it very hard to do so. Countless women have told me they just do not feel like themselves when their hormones are out of balance, and believe me, I can surely relate. Certainly, we can't blame everything on hormones, but many times certain feelings *can* result from hormonal imbalance. If you find yourself dealing with issues that recur every month just before your menstrual period, consider the possibility of hormone-related problems. Sometimes the symptoms ease once the period starts, but sometimes they persist until about Day 7 of your cycle. If you begin noticing symptoms only as you approach your forties, or you suspect you are moving closer to menopause, or are even postmenopausal, these feelings could be hormone related. If you find yourself not acting like yourself, maybe your hormones—or lack thereof—are getting in your way.

Women this Book is Written for:

- 1. Women who know they're struggling with hormone problems.*
- 2. Women who wonder whether they have hormone problems.*
- 3. Women of all ages who have hormone problems but don't know it.*
- 4. Women taking traditional hormone replacement therapy (HRT), birth control pills or antidepressants/anti-anxiety medication to manage various hormone-related symptoms because they don't know there are better options.*

Do any of these descriptions fit your circumstance? Let me go into a bit of detail about each of these groups.

Group 1

Women who know they're struggling with hormone problems but don't know what to do about them.

I once had a patient whom I will call Rita. In the space on my intake form set aside for women to write what they would like to accomplish in working with me, she wrote words that really burden my heart still: "Since my surgery in November [she'd had a hysterectomy] with taking synthetic hormones, I have never felt right. My first month, December, was okay, but by mid-January, I felt stressed. By mid-February, I felt so anxious; I felt suicidal and described myself to my doctor: "I am PMS times three thousand. Despite exercise, my waist is thickening. I overreact to stress. I cry easily. I feel helpless and out of control. I just want to feel 'normal' again." As I have shared Rita's heartfelt plea at many women's conferences, numerous ladies have stood up and said that they could have written the very same words. Let me say again that I do not believe that God intends for us to have monthly misery or menopausal misery. Even women like Rita who have had hysterectomies are entitled to beautifully balanced hormones.

A lot of women are confused about hormones. As a speaker to women's groups and conferences for over a decade, I ask the same question everywhere I go: "Ladies, how many of you would say you are confused about hormones?" Inevitably hands go up all across the audience. Women in perimenopause or menopause ask questions as follows: Should I take hormones or not? Can the hormones cause cancer? If I don't take hormones, will I get osteoporosis? Is traditional HRT the only way to get rid of these miserable hot flashes? I'm afraid to stay on HRT, but then I'm afraid to stop taking it because the symptoms were so bad without it; what can I do? My doctor said the new low-dose HRT is safer; is it? Is it okay to take HRT for a couple of years just to get through menopause?

Most women in menopause who are scared of HRT are unaware that safer options exist, or they don't know how to avail themselves of these options. And the vast majority of women of all ages do not know the difference between synthetic hormones and natural, bio-identical hormones.

I have to say that while the news media usually does a great job of keeping us informed, in the case of hormones they have inadvertently contributed to the confusion. When reporting the results of hormone studies, they often don't specify the types of hormones the researchers studied. For example, when the widely reported Women's Health Initiative study in 2001 found that a popular HRT drug called Prempro® increased the risk of breast cancer, among other things, the news media made the incorrect blanket statement that estrogen and progesterone increase the risk of breast cancer. Make sure you understand this: *the Women's Health Initiative researchers **did not** study natural, human bio-identical estrogen and progesterone.* Prempro®, the drug they studied, is a combination of synthetic progesterone and conjugated equine estrogen, which is derived from pregnant mares' urine. Let me repeat: the researchers studied *horse* estrogen along with *synthetic* progesterone; these are very different from human and bio-identical hormones.

No wonder women are confused. Even many medical practitioners are confused about hormones. In my years of training medical doctors, nurse practitioners and physicians' assistants in BHRT, I have come to realize that many have not had the opportunity to learn the difference between bio-identical hormones and non-bio-identical hormones like Prempro® and Premarin®. Their confusion isn't surprising since too often even medical studies and literature written for health care professionals don't distinguish between bio-identical and non-bio-identical hormones. Sadly, because of this confusion, many women needlessly continue to tolerate some very unpleasant symptoms. Worse, some women suffer serious long-term consequences of hormone imbalances and deficiencies, including fibroid tumors, fibrocystic breast disease, osteoporosis, and breast cancer. (For a more complete list of symptoms and conditions related to hormone imbalances, please see Chapter 3.) The good news is that

when they learn about the differences between traditional HRT and BHRT, many health-care providers are eager to learn how to prescribe BHRT for their patients.

Group 2

Women who wonder whether they have hormone problems.

Women in this group are pretty sure something is wrong, and they wonder whether their symptoms could be hormone related. A lot of them are hoping to find out they aren't crazy, and it is not all in their heads. They're frustrated because they're gaining weight while eating right or because they can't sleep any more. What could be causing their depression, waning sex drive, or migraines? Many women think that since they are not yet having hot flashes they can't be having hormone problems. Little do they know that most women experience a drop in progesterone during their thirties, causing a whole array of symptoms from headaches to breast cysts to weight gain. (See Chapter 3 for more symptoms of progesterone deficiency.) It is this lack of knowledge that keeps them from getting the progesterone supplementation they may need long before menopause.

Group 3

Women of all ages who have hormone problems but don't know it.

Again, most women think that as long as they aren't having hot flashes they can't be having hormone troubles. In addition to the symptoms mentioned above, many women suffer from hormonally induced menstrual distress, PMS, infertility, and miscarriages. Unfortunately, these correctable hormonal imbalances very often go undiagnosed and untreated, or they are treated with powerful synthetic hormones that can cause more problems than they fix. And then there are postmenopausal women who think they are "past all that." They've been told that osteoporosis, weight gain, insomnia, foggy thinking, and fatigue are all inevitable as they get older, and

they'll just have to live with it. Not so. I have very good news for you, so keep reading. The information in this book can help you understand hormones and hormonal imbalance. You will also learn how to test accurately to detect hormonal imbalance.

Group 4

Women taking traditional hormone replacement therapy (HRT), birth control pills or antidepressants/anti-anxiety medication to manage various hormone-related symptoms because they don't know there are better options.

Many women, uncomfortable about taking Hormone Replacement Therapy (HRT), estrogen replacement therapy (ERT), and other medications have tried to tough it out without medication, but they just couldn't stand severe menopausal symptoms like incessant hot flashes. Not knowing about alternatives, they have reluctantly started taking HRT. And doctors often prescribe oral contraceptives to manage younger women's hormone-related symptoms and conditions. In some cases, doctors prescribe anti-depressant or anti-anxiety medications when women complain of PMS or menopause symptoms. Often, they do help. Sometimes they do not. The more important point, I think, is that these medications don't correct the underlying hormone imbalance. They are Band-Aids. Sometimes Band-Aids are good, but solving the underlying problem is better. I hope you are already beginning to see that there are safer and equally effective options to these traditional methods. Any woman currently taking HRT or oral contraceptives can easily switch to natural, bio-identical hormones.

Women Deserve Help

Watching women suffer and struggle needlessly because they don't know about safe, viable solutions drives me to get the word out. The symptoms of hormonal imbalance are very real. I say that it does not have to be like this. Having experienced the symptoms firsthand, I will not sit quietly by and watch women go without

information and help. It is like a fire shut in my bones, and the only way to quench it is to keep speaking, writing, teaching, and finding other ways to preach this gospel of help and hope for women. Learning the truth is the way for women to be set free. Proclaiming this truth is and will remain my destiny for the rest of my days. If "...all things work together for good to them that love God, to them who are called according to his purpose," then personally enduring such severe hormone imbalance was worthwhile because now I get to see the lives of other women transformed and restored to the fullness that Jesus purchased for us with His very life (Rom. 8:28).

It is just like God to work all things together for our good and to allow us to comfort others with the same comfort we have been comforted with. He turned my mess into my ministry. I clearly see that it was God who took my career and put me in places and positions that I could never have attained on my own. I also know that He did it so that I could help Him take care of His daughters.

Overcoming Hormone Imbalance Is Possible

We can have victory over hormone imbalance. If we perish for lack of knowledge, what sets us free? The world says information is power; I say that all we need is TRUTH and the Holy Spirit will lead and guide us into all truth. I have made every attempt to share truth, science and my clinical experience in order to give you the keys that will make sure you overcome symptoms of hormone imbalance and improve the quality of your life. This sums up quite well my intention in writing to you. The motive of my heart in my life's work is to provide truth that will help women struggling with symptoms and diseases associated with hormone problems.

My mission statement: to educate, encourage, and equip women in the area of hormone balance. I hope this book does just that for you.

Chapter 1

DO YOU NEED A HORMONE MAKEOVER?



Since hormones affect every cell in your body, it's hardly surprising that hormone excesses, deficiencies, or imbalances can produce some very unpleasant, debilitating, and even dangerous symptoms. For example, hormones affect your cardiovascular system, central nervous system, blood sugar balance, bone density, weight, and skin, to list a few.

Hormones also affect brain function and mood. Therefore, hormone imbalances, especially sex hormone imbalances, can impair mental sharpness, ability to focus, and short-term memory, making you feel like your brain is in a fog. At the same time, mood swings, irritability, depression, and anxiety may increase—a dreadful combination. Needless to say, this sort of thing can be pretty rough on your career, relationships, and all other areas of your life.

Here are a few questions to help you decide whether you might need a hormone makeover. If you answer yes to any of these questions, go through the checklist for a more comprehensive assessment.

Questions to Consider:

- Have you gained weight, especially around the abdomen or hips?
- Are you having hot flashes or night sweats?

- Have your menstrual cycles become irregular, become too heavy, or recently stopped? What about hormonal headaches or migraines?
- How about your skin—has it become very dry or too oily?
- Has your doctor told you that you have lost bone mass?
- Are you having trouble remembering what you went to the pantry for or even your best friend’s name?
- Do you have “brain fog”?
- Have you lost interest in physical intimacy, or are you having trouble sleeping?
- In addition to these physical and mental symptoms, have you experienced unexplained depression or weepiness?
- Have you felt more anxious, stressed, or irritable?
- Have you had a hysterectomy and found that you have not been the same since?

If you answered yes to any of these questions, let me give you some good news: you don’t have to live with these symptoms. Maybe you just need a hormone makeover. And if so, you are not alone. In fact, right now about forty million women in the United States are in menopause, and 80 to 90% of women of childbearing age report PMS symptoms.

As women enter their thirties, hormone levels typically begin to fall, often triggering menstrual symptoms as well as afflictions like weight gain, headaches, lack of sex drive, and depression, just to name a few. Unfortunately, it doesn’t get any better as women move into their forties and fifties. Instead, they tend to get even *more* annoying symptoms like hot flashes, night sweats, vaginal dryness, brain fog, and insomnia. Left unattended, some types of hormone imbalances can even result in bone loss, breast cysts, uterine fibroids, and a higher risk of cardiovascular disease. Clearly, hormone imbalances aren’t problems you should just suffer through or try to ignore.

Hormone Imbalance Checklist

As you complete the following checklist, please keep in mind that the symptoms in each category do overlap. It can be confusing, but a BHRT specialist can help you sort through your symptoms and test your saliva to measure your estrogen, progesterone, testosterone, Dehydroepiandrosterone (DHEA), and cortisol levels. He or she will also test your blood to determine thyroid hormone and blood sugar levels.

Symptoms of Hormone Deficiencies

1. Symptoms of Progesterone Deficiency

Progesterone deficiency often occurs by the mid-thirties, often dropping by about 75% between the mid-thirties and menopause. Since progesterone is produced by the ovaries, women whose ovaries have been removed are likely to be progesterone deficient. Also, women on birth control pills, patches, or injections are not allowed to ovulate. That is how these birth control methods work. However, ovulation must take place in order for women to produce appreciable amounts of progesterone.

General Physical Symptoms or Related Conditions:

- Weight gain
- Fluid retention
- Low body temperature
- Hypothyroidism (under-activity of the thyroid gland)
- Headaches
- Pain and inflammation
- Allergies/sinusitis
- Insomnia or sleep disturbances
- Hair loss
- Bone loss

Gynecological Symptoms or Related Conditions:

- PMS

- Cramps
- Breast pain/benign cysts
- Heavy periods
- Irregular cycles (periods too close together)
- Spotting before period or break-through bleeding
- Fibroids
- Endometriosis
- Infertility
- Miscarriage
- Luteal phase deficiency (a common cause of infertility)

Emotional Symptoms or Related Conditions:

- Depression
- Anxiety
- Irritability
- Mood swings
- Tendency to be stressed easily

2. Symptoms of Estrogen Deficiency

Estrogen deficiency or estrogen deficiency symptoms due to lower levels may occur during mid to late forties or early fifties and are more likely to occur under conditions of long term chronic stress. Women whose ovaries have been removed are also likely to be estrogen deficient unless they are on some type of estrogen replacement therapy.

General Physical Symptoms or Related Conditions:

- Vasomotor symptoms: hot flashes/night sweats
- Headaches
- Insomnia or sleep disturbances
- Poor memory/concentration or forgetfulness
- Hair loss
- Dry skin/eyes/hair
- Thinning/aging skin and wrinkles
- Bone loss
- Insulin resistance
- Oily skin/acne

- Weight gain
- Heart palpitations

Gynecological Symptoms or Related Conditions:

- Lighter/non-existent periods
- Vaginal dryness
- Painful intercourse
- Urinary tract infections
- Incontinence

Emotional Symptoms or Related Conditions:

- Depression
- Weepiness
- Anxiety
- Carbohydrate cravings
- Sleep disturbances
- Low libido

3. Symptoms of Testosterone Deficiency

Testosterone deficiency is very common in women whose ovaries have been removed. It may also occur as women approach menopause or are under situations of long-term chronic stress.

General Physical Symptoms or Related Conditions:

- Vasomotor symptoms: hot flashes/night sweats
- Aches and pains
- Fatigue
- Insomnia
- Poor memory
- Thinning skin
- Loss of muscle tone
- Bone loss
- Heart palpitations

Gynecological Symptoms or Related Conditions:

- Loss or thinning of pubic hair
- Vaginal dryness
- Incontinence

- Lichen sclerosis
- Loss of libido
- Impaired sexual function or female sexual arousal disorder

Emotional Symptoms or Related Conditions:

- Depression
- Lack of motivation

4. Symptoms of Thyroid Hormone Deficiency

Thyroid hormone deficiency is called hypothyroidism. For an extensive explanation, see Chapter 5.

- Weight gain
- Difficulty losing weight
- Exhaustion
- Lack of energy
- Excessive sleeping
- Sleep disturbances
- Low body temperature
- Intolerance of cold
- Cold hands and feet
- Decreased sweating
- Depression, mild to severe
- Memory loss
- Fuzzy thinking
- Difficulty following conversations or losing train of thought
- Slowness or slurring of speech
- Slowed reflexes
- Brittle nails
- Brittle hair
- Hair loss
- Thinning or loss of sides of eyebrows
- Itchy scalp
- Dry skin
- Thinning skin
- Persistent cold sores, boils, or pimples
- Orange-colored soles and palms

- Joint and muscle pain
- Carpal tunnel syndrome
- Tingling sensation in wrists and hands that mimics carpal tunnel syndrome
- Low blood pressure
- Slow pulse
- Heart palpitations
- Blood clotting problems
- Bruising
- Elevated LDL (the “bad” cholesterol)
- Irregular periods
- PMS
- Diminished sex drive
- Infertility
- Miscarriage
- Breast milk formation
- Headaches
- Allergies (sudden appearance or worsening)
- Hoarseness
- Puffiness in face and extremities
- Constipation
- Calcium metabolism difficulties resulting in leg cramps or bone loss

5. Symptoms of Cortisol Deficiency

Cortisol is made by the adrenal glands. If the body has been under long-term chronic stress, cortisol production may be compromised.

- Fatigue or chronic fatigue syndrome
- Stress
- Irritability
- Low blood sugar or hypoglycemia (feelings of shakiness, weakness, headache, or irritability if you miss a meal)
- Low body temperature
- Sugar cravings
- Chemical sensitivity

- Heart palpitations
- Aches/pains such as muscle or joint pain
- Arthritis
- Allergies

Symptoms of Hormone Excesses

1. Symptoms of Excess Estrogen

Estrogen and progesterone complement each other; that is, each hormone counteracts the effects of the other to create a harmonious balance. The collection of symptoms related to excess estrogen relative to progesterone is called estrogen dominance. Please see Chapter 3 for a discussion of estrogen dominance. This imbalance occurs when there's not enough progesterone to balance estrogen. A woman may not necessarily have excess levels of estrogen to be estrogen dominant; she may simply have relatively high estrogen levels compared with her progesterone level. Before treatment, the symptoms listed below can be confirmed by lab tests showing a low progesterone-to-estradiol ratio.

- Weight gain
- Fluid retention
- Symptoms of hypothyroidism
- Hormonal and premenstrual headaches
- Other headaches
- Irritability
- Sleep disturbances
- Low libido
- Breast pain, fibrocystic breast disease, breast cancer, breast adenomas
- Irregular bleeding
- Heavy bleeding
- Blood clots in menstrual flow
- Uterine fibroids
- Endometriosis

2. Symptoms of Excess Progesterone

Excess progesterone is always a result of taking too much supplemental progesterone; the body itself never over-produces progesterone.

- Sleepiness
- Bloating
- Candida
- Estrogen deficiency symptoms

3. Symptoms of Excess Testosterone

- Acne/oily skin
- Facial hair
- Thinning scalp hair
- Excess body hair
- Mid-cycle pain (at ovulation)
- Pain in nipples
- Ovarian cysts
- Hypoglycemia or insulin resistance
- Elevated triglycerides
- Aggression, irritability

4. Symptoms of Excess Cortisol

Chronic excessive stress can lead to chronic over-production of cortisol.

- Insomnia/sleep disturbances
- Headaches
- “Tired but wired” feeling
- Stressed feeling
- Irritability
- Low libido
- Depression
- Food cravings

- Low serotonin (causes depression and carbohydrate cravings)
- Hormone resistance (meaning that the body is unable to properly use any or all of these hormones: thyroid, insulin, estrogen, testosterone and progesterone, causing symptoms of deficiencies of these hormones)
- Thinning skin
- Loss of muscle mass
- Bone loss
- Heart palpitations
- Cardiovascular disease
- Breast cancer

Please bear in mind that diagnosis or therapy should not rely on symptoms alone. Proper hormone testing is *essential* to determining and then correcting the underlying hormone imbalances causing the symptoms. And don't be discouraged if you found yourself checking a lot of boxes on the checklist. Isn't it a relief to discover that so many odd, seemingly unrelated physical and emotional symptoms may actually stem from the same underlying problem? This is especially true since hormone imbalances are usually easy to correct. The truth sets us free, or as some would say, "Knowledge is power." So be encouraged; help is available as you can see from the following real life hormone makeovers. These ladies recognized they needed help and reached out to get it. Read on to be inspired.

Real Women That Needed and Got "The Hormone Makeover"

What better way to help explain the impact of hormonal imbalance than to have real women share their hormone makeover stories? The following ladies willingly wrote their own accounts because they wanted other women to know what difference bioidentical hormones can make. Each precious story is literally in the woman's own words and has not been edited or changed. You are going to enjoy each one. After each lady's note, I will share commentary on

the types of hormones each one takes. Perhaps this will help further explain their responses.

A.B.'s Hormone Makeover

Age 47

For years I had long, heavy, frequent periods, so I eventually became seriously anemic and depressed. Not realizing I was anemic, I thought I was lazy and hated myself for it. I also had really bad PMS—I was irritable and horribly depressed. Later I began to experience symptoms of estrogen deficiency: hot flashes that lasted for hours at a time, memory problems, and terrible brain fog that almost cost me my job.

Based on my saliva test results, Donna and her physician got me started on bioidentical estrogen and progesterone, and all my symptoms resolved very quickly. Sleeping through the night without waking up soaked in sweat was a lovely relief, and I looked more professional at work with my hair and clothes no longer drenched. My memory improved and the fog lifted so that I became very competent at work. My boss sure noticed a huge improvement.

A few years later, as a result of stress at work and in my personal life, my cortisol level skyrocketed to three times the normal level, and I sure had the symptoms. I couldn't sleep; I was easily startled, and I felt very much on edge. I just generally felt awful and couldn't think. Donna recommended some nutritional supplements that caused my cortisol levels to drop back to normal, and since then, I sleep great and am not at all easily upset. My brain works much better too. My hormone makeover revolutionized my life.

A.B.'s hormones: 0.025 mg estradiol patch, 20 mg of progesterone cream once daily, basic supplementation, and phosphatidylserine to manage her elevated cortisol.

A.G.'s Hormone Makeover

Age 39

I have personally used Donna White's "Hormone Makeover" services and also as a referral for my patients as a health professional.

In both areas, her services have shined. For me personally, I cannot say enough. I am in my late thirties, and Donna and her physician worked with me years ago on my hormones, which were literally all over the place. She got me on a wonderful regimen of progesterone and natural supplements. It made a world of difference. Not only did I feel more leveled out with my moods and energy, but I also started to ovulate on a very regular basis. This regularity was the best blessing of all because soon (after years of doctors telling me I may not be able to conceive) I was able to conceive NATURALLY. I stayed on the progesterone during and after pregnancy and swear that it helped me with adjusting as a new mom. While I hear moms experience some post partum depression, I experience nothing but feelings of joy. I can't help but contribute this to my hormones being leveled out.

As a health professional, I have referred to Donna many of my patients who were at a stand-still with their weight. They were very frustrated and were doing all of the right steps nutritionally, but my gut told me it was their hormones—out of experience and some of the charts and guidelines Donna had taught me. Sure enough, after meeting with Donna and doing the saliva test, clients were coming back to me with grins on their faces, more energy, better control over food cravings, less depression, and less irritability. It was and still is amazing. I love how they are getting the help they need via natural supplements and hormones.

I personally am honored to know and be able to work with Donna on both levels (personal and business). Her expertise and genuine care for others shines right through her, and you just know sitting with her that she truly does care and will do all she can to get to the bottom of the problem. I am blessed to have her in my life.

A.G.'s hormones: 30 mg of Armour Thyroid daily and 20 mg of progesterone cream daily on Days 7-28 of her cycle.

K.P.'s Hormone Makeover

Age 48

I just want to thank you for all your help and advice that has truly changed my life. Before I came to see you and your doctor,

I was suffering from terrible dizzy spells, heart palpitations during the day and night, hot flashes, and trouble sleeping. I was extremely tired and had no energy. After wearing a heart monitor, having several EKG's, an ultrasound of my heart, stress tests, and blood tests, I was diagnosed with depression and given an anti-depressant.

Well, that was not good enough for me since I was not depressed and refused to take anti-depressants. I saw a sign for one of your Hormone Makeover Seminars and after attending and immediately making an appointment to see you, my life changed for the better.

You immediately suggested a saliva test which is much more reliable and informative for hormone levels than a blood test. My results showed that my thyroid was unproductive. I had very low progesterone levels, high testosterone levels, and I did not need the estrogen my male gynecologist had prescribed; my body made plenty on its own. (Estrogen supplementation seems to be the number one cure doctors like to prescribe for all women with hormone problems, whether they need it or not.) I also needed to increase my vitamin C, calcium, and iron; easy vitamins to take; no prescriptions needed.

With these simple, healthy changes, I feel so much better and have lots of energy. I did not need to take any anti-depressants.

Every chance I get, I recommend you to all my friends who have many similar problems that I had, with no results from all the tests their current doctors run them through. Thank you again, Donna, for all of your help.

K.P.'s hormones: Thyrolar 2, 30 mg of progesterone cream daily, 5 mg capsules of DHEA once daily, along with supplements to help with insulin resistance and reduce testosterone (N-A-C).

M.M.'s Hormone Makeover

Age 59

For several years prior to using bioidentical hormones, I took hormone replacement therapy prescribed by my physician. When the government study was published, which indicated that women who used synthetic hormones were more susceptible to heart attacks and strokes, I discontinued the treatment.

I took herbs, which helped somewhat, but I still had some problems with hot flashes, low energy, and low libido. Since taking bio-identical hormones prescribed by Donna White’s medical providers, I feel much better. My energy level has increased significantly as well as my libido, and I do not experience hot flashes.

M.M.’s hormones: Biest Cream at 0.1mg (70% Estriol, 30% Estradiol) compounded with 30 mg of progesterone and 0.1 mg of testosterone along with 90 mg of Armour thyroid.

D.P.’s Hormone Makeover

Age 45

My name is “Diane,” and I am forty-five years old. The hormone-related symptoms I experienced began in my late thirties but increasingly became worse by the time I was forty-three. One night while I was lying on the couch with my hands resting near my throat, I discovered a lump on the front of my neck. I made an appointment to see my family doctor the next day. He ran thyroid tests and an ultrasound to measure the lump—later diagnosed as a goiter. The thyroid test results came back within a range where it was explained that no treatment was necessary, and I was told there was nothing I could do about the goiter (that the lump was not likely to go away). My original symptoms further worsened and now included a racing heart, sleeplessness, anxiety, depression, muscle aches, headaches, and more difficult periods with blood clots. I confided in several of my menopause-aged friends to ask them questions about their experiences. They were very supportive and said much of what I described sounded similar to what they were going through or had already experienced.

Convinced I was entering menopause, I began to read books, educate myself, research, and watch television programs featuring information about its symptoms. I wanted to prepare myself, or should I say “brace” myself, for the inevitable.

I was always a healthy person, but the symptoms I was having made me feel like I was losing my mind. I did not have PMS like many of my friends. I did not have mood swings or other symptoms. At this time, however, I had to begin “talking myself off the ledge”

every month at the end of my period when heightened anxiety and depression set in. I was getting little sleep and my mind would not shut down when I tried to rest. I put a pen and paper by my bedside so I could write down the thoughts whizzing through my mind in the middle of the night. There were times when tears would flow for what seemed like no logical reason. Many days I would think, “What is the matter with me? There isn’t anything going on in my life situationally that would explain the emotions I am having.”

I consulted with my family doctor again and explained that I thought I was going through perimenopause and experiencing what appeared to be hormonal symptoms I could track each month with my cycle. I asked if there was any kind of test I could get to show what my hormones were doing. I was told there was not a test available. He listened to me describe my symptoms, but then suggested three prescriptions to solve my problems: 1) Zoloft for anxiety and depression 2) Birth Control Pills for difficult periods and 3) Ambien to help me sleep. It was suggested that I write down when I could expect to feel the worst symptoms on the calendar and mentally “deal with it” as part of my changing body. He was unable to piece together the other clues and information in my medical chart. I tried Ambien and several other types of sleep aids, and none helped me get a good night sleep. The entire experience did not feel right to me. I sensed something was wrong with the treatments offered to me, but I needed help to find out the root causes. I felt like my doctor was trying to put a Band-Aid on the problems, and I left feeling very discouraged.

A month or so after seeing the doctor, I was at a brunch with a good friend who asked me how I was doing. I explained what happened at the doctor, and she suggested I set up a consultation with Donna, a hormone education specialist. I learned she had a saliva test that determined hormone levels, which sounded worth trying. I was apprehensive of the cost, but I felt so bad most of the time that I was willing to take a chance. I prefer alternative medicines and approaches when it makes sense, but it is also difficult because treatment is not covered by insurance. As women, sometimes we put ourselves and our needs last which is a big mistake. If we are

healthy, we will have more to give to the other relationships and activities in our lives.

I called the office to make an appointment and meticulously filled out the paperwork for the consultation. As I read the questions, I began to feel hope, even based on the information being requested, that Donna might have answers that my doctor did not. I was right in what I thought because it is exactly what resulted from my first consultation. Donna explained what I had been experiencing was *not* normal and was *not* something I should have to suffer with on an ongoing basis. I felt relieved. Donna took the time to listen to all of the different symptoms I was having and pieced them together like a puzzle. In my particular case, the hormonal-based symptoms I described pointed to a thyroid issue, not menopause. She also suspected, very common for my age, that I might have a progesterone deficiency.

After my consultation was over, we worked with the medical doctor on staff to “apply the science” to Donna’s hypothesis. I was actually diagnosed with a thyroid disorder called Hashimoto’s Disease. It is possible my thyroid had not worked properly for many years, and I would have continued to live with horrible symptoms the rest of my life if it were not for the help I received. The separate saliva test also showed high levels of estrogen resulting in a progesterone deficiency. Within the first week of taking the thyroid replacement hormones, I no longer experienced anxiety or depression. Almost 50% of my symptoms were gone within a couple more weeks. My entire life felt back on track, and I felt like myself again for the first time in years.

We are still in the process of determining the correct doses to treat my issues, and it requires patience to work through the details of Hashimoto’s Disease. I am glad I did not give up and that I followed my instincts to pursue the root causes for the symptoms I was experiencing. Because of this positive experience, I no longer fear menopause. I know there is a way to measure hormone levels and that compounding pharmacies are available to provide bioidentical hormone replacement in lieu of synthetic drugs. Thank you, Donna, for your expertise and patience in helping us find the right treatment(s) to bring us optimal health.

D.P.'s hormones: Synthroid 25 mcg and 5 mcg of Cytomel thyroid medications, 20 mg of progesterone cream, and Indole-3-Carbinol supplement to reduce and metabolize elevated estrogen.

J.G.'s Hormone Makeover **Age 45**

Thirteen years ago, I had a total hysterectomy, and when I was going through it all, my gynecologist did not even mention that it would put me into immediate surgical menopause. But within a week after surgery, I started with the hot flashes and crying almost all the time. He then did put me on an oral estrogen. As a couple years went by, I kept inquiring as to why estrogen only and no other hormones. And their reply was always the same thing: you don't need progesterone if you no longer have a uterus. So I went for a decade with what I can presume to be estrogen dominance. Therefore, I developed many of those symptoms such as weight gain, mood swings, sugar cravings, and severe breast pain. About five years ago, I started trying to get my specialist to test my hormones, and he would only run blood tests, which came back in what they called a normal range. I tried to get them to run saliva tests, and I was just laughed at. So I was left on estrogen alone.

Finally at a primary care specialist, I was introduced to Donna White, a BHRT Clinical Education Consultant. Donna provided education on how to properly test and treat hormones and their related imbalances. I learned that saliva testing allowed us to see what hormones were actually getting out to my tissues, etc. And also on saliva testing, we could test while I was on different hormones to see how they affected my ranges. My testing showed marked hormonal imbalance. So I was immediately switched to bioidentical hormones. Compounded progesterone was added, and my estrogen was changed to a patch. Within the first week, I became noticeably less depressed, and I had a marked decrease in anxiety and tremendous improvement in food cravings. And once I started on the progesterone, I noticed that I could concentrate and think more clearly. And over the next year, I lost eighteen pounds without even changing my diet. People are always asking me what I have done

to my face, too, because they say my skin looks so much better, and I look younger. Also, for years doctors have been trying to get my adrenal health to improve to no avail. It took a couple of years on the BHRT, but now my adrenals have come back to life on their own. Before BHRT, I was on antidepressants, sleep, pain, and anxiety medication. Now I don't have to take any of those. My life has totally changed thanks to BHRT.

I would like to encourage women to help themselves with this type of testing and treatment. Remember the old saying, "If mamma ain't happy, ain't no one happy"? If we don't take care of ourselves, it will inhibit our ability to take care of our family and enjoy life. But I would also like to point out that women should remember their daughters and realize this can benefit them too. When I was in high school, I had such horrible menstrual periods that my mom had to take me out of school and work for several days a month. I would lie in bed, literally screaming from the pain. And I wasn't all that polite during the weeks before my cycle. If my mom had known about BHRT, she could have helped me find out that perhaps my estrogen and progesterone needed tweaking during the month, and I could have had a much happier, healthier adolescence, which we all know is a hard enough time without female problems.

J.G.'s hormones: 0.1mg estradiol patch 2 x weekly, 40 mg progesterone cream once daily, and one compounded sustained-release thyroid T3 capsule daily.

A.L.'s Hormone Makeover

Age 45

In my early forties, I had been having trouble sleeping and had horrible migraines lasting three to four days, two to three times monthly. After three years of working towards a master's degree, I attributed much of this pain to stress and the late nights of studying. I was also struggling with some symptoms of depression, which I thought was the result of a recent move across half the country. In addition, I had absolutely NO sex-drive. Then, I began waking up in the middle of the night, soaking wet with sweat and needing to peel

off my clothes to get comfortable. And, if this weren't enough to deal with, I began putting on weight around my mid-section.

I read several books by Suzanne Sommers and Louise Gittleman on peri-menopause. I began to research Bioidentical Hormone Replacement Therapy (BHRT). I started with a doctor who advertised this specialty. He tested hormone levels through blood tests and determined that I was low in testosterone and progesterone. I began oral BHRT. After almost two years of this, I was still not feeling like I thought I should. I still had no energy, a low sex-drive, and I felt angry all the time.

I decided to pursue another professional who could re-evaluate my hormone needs. Donna had me do the saliva test, and she explained why it was a better method of testing. In addition, she explained why topical progesterone would be better utilized into my body rather than the oral. When the test results came back, my estrogen was very high, my progesterone was still relatively low, and my testosterone was off the charts high. I had been taking almost as much testosterone as a grown man makes in his body. Donna was able to help my doctor bring my estrogen and testosterone back into normal levels. And, the change to topical progesterone helped me as well. Today, I am pretty much symptom free.

Through this I have learned that I know my body pretty well, and I know when things are "out of whack." I have learned that when I am not getting satisfactory answers, I need to keep researching and talking to professionals until I get what I need. I am thankful for the people, like Donna, that God has placed in my path and that have helped me so much.

A.L.'s hormones: 20 mg of Progesterone cream on Days 7-28 of her cycle, soy isoflavones 60 mg daily and DHEA 10 mg orally.

E.S.'s Hormone Makeover

Age 46

I am a forty-six year old woman who has suffered from hormonal imbalances since my early twenties; however, when I was younger, my symptoms were much milder. About a week before my period, I would feel bloated, sluggish, and crave chocolate. (I would make

a batch of brownies and eat the whole thing.) A few days before my period, I might feel a little sad and melancholy for no reason. I would also experience mild to moderate cramps for a few days.

However after the birth of each of my three children, my symptoms worsened. About a week before my period, I was bloated, exhausted, had extreme anxiety, mild depression, and trouble sleeping. The brain fog that I would occasionally experience was extremely unsettling. I remember driving in my car and forgetting where I was going. I just wasn't thinking clearly. The day before my period, I cried on and off for no particular reason. My physical symptoms were also debilitating. I couldn't leave the house for the first two days; the blood flow was so heavy that I had to construct makeshift diapers.

In 1992, I had some ovarian cysts that ruptured and my doctor put me on five days of progesterone, followed by three months of the birth control pill. I felt horrible on these hormones; I was constantly nauseated, and I gained ten pounds. I knew that I would never go on synthetic hormones. In 2001, I had an endometrial ablation to alleviate the heavy bleeding I experienced each month. It worked in the sense that I no longer bled each month, but I still had all of my other symptoms.

Throughout the years, I had tried various supplements and healthy ways of eating with little success. I still had two bad weeks a month—the week before my period and the week of. As the years unfolded, my symptoms became more unbearable, with extreme fatigue, depression, and occasional hot flashes and night sweats. I felt like I had one foot in the grave.

I first found out about Donna at my doctor's office. I saw her pamphlet, and I felt hope for the first time in a long time. I bought the test kit and waited for my results. I was so impressed with Donna. Here was a woman who actually listened to me and asked many questions. She looked at the whole picture and really dug deep to find out what was going on. My estrogen and progesterone levels were very low, and my testosterone level was very high. My adrenals were also shot. Donna also suggested that the doctor test my thyroid. Donna's doctors prescribed progesterone cream, N-Acetyl Cysteine (to lower the testosterone), various supplements, and dietary changes.

I was also diagnosed with hypothyroidism and went on a low dose of Armour thyroid. Within a few months, I was feeling much better and saw occasional glimpses of my old self. Months later, I retested and returned to see Donna. Her doctor added a low-dose estrogen patch. I really feel like that was the missing piece of the puzzle. I have been on the estrogen patch for almost three months, and I feel better than I have in years. I went to pick up my estrogen prescription the other day, and I told my pharmacist, “I feel so much better; there are days where I feel like I am in my twenties.” I think much more clearly. I am much calmer and enjoy life again. I am so grateful! Thank you, Donna!

E.S.’s hormones: 20 mg of progesterone cream on Days 7-28 of her cycle, 0.025 mg estradiol patch, and 25 mcg of Synthroid.

T.B.’s Hormone Makeover **Age 55**

I’d always joked that hot flashes would be a welcomed relief from the cold hands and feet I normally struggled with. Little did I know how miserable they really are. The biggest problem was getting enough sleep due to night sweats. During the day, without warning, I’d be drenched by what I came to call “spontaneous combustion.” Quality of life takes a huge nosedive when hormones go away.

But the hot flashes proved to be less disturbing than the weight gain from an underactive thyroid. No matter how hard I worked out, I couldn’t make a difference. And I was blown away by the fact that western medicine interprets thyroid numbers totally different from the naturopathic point of view. Once that was under control, I began to feel like my old self again.

T.B.’s hormones: 0.05 mg estradiol patch, 10 mg of progesterone cream compounded with 1 mg of DHEA, and Thyrolar 2.

You can have a fantastic hormone makeover story too.
Keep reading.

Chapter 2

YOUR FOUR OPTIONS



If you're experiencing symptoms of hormonal imbalances or deficiencies or if you're concerned about their long-term health effects, it seems to me that you have four options: use bioidentical hormone replacement therapy (BHRT), take traditional hormone replacement therapy (HRT or ERT, which is estrogen only therapy), use over-the-counter (OTC) remedies, or just try to cope with symptoms. Let's look at each of these possible choices.

More About:

Definitions: Therapy Options to Manage Hormone Imbalance

BHRT - *The use of biologically identical hormones, also called human-identical, because the molecular shape is an exact match to the hormones the body produces. They act and perform exactly like the human hormones because they, indeed, are exactly the same.*

HRT - *Typically the use of hormones to address symptoms of hormone deficiency usually consisting of some form of*

estrogen-either synthetic, animal derived, or biologically identical-along with synthetic progesterone.

ERT - *The use of some form of estrogen (synthetic, animal derived or biologically identical) without progesterone. It is usually prescribed for women who have had their ovaries removed.*

OTC - *Over-the-counter supplements containing various ingredients, usually phytoestrogens (plant derived chemicals similar to estrogens), which may offset symptoms of hormone imbalance.*

Option 1

BHRT: Bioidentical Hormone Replacement Therapy

BHRT refers to the supplementation of endogenous (produced by the body) estrogen and progesterone with bioidentical hormones to correct imbalances and deficiencies, just as doctors prescribe thyroid or insulin to make up a shortfall in the body's production. Derived from soy and yams through a process discovered in 1942 by an American chemist, bioidentical hormones have been used safely and successfully in Europe for over sixty years. BHRT is not hormone mega-dosing, but it is the restoration of normal levels of hormones a healthy woman should produce. It is not a one-dose-fits-all approach. BHRT practitioners test hormone levels before and after starting therapy to ensure proper dosing, knowing that individual physiological differences and differences in life situations affect needs. Some women's bodies are very sensitive and need only minimal amounts of supplemental hormones, while others need a great deal more to achieve noticeable improvement. Stress levels and diet can also affect a woman's hormone needs, so BHRT professionals carefully tailor treatment to each woman.

Many people use the terms natural and bioidentical interchangeably, but the term bioidentical is more accurate because though bioidentical hormones are exactly like endogenous hormones, not all natural hormones are bioidentical. For example, equine (horse) estrogen is natural, but it isn't identical to human estrogen. Phytoestrogens are also natural but not identical to endogenous human estrogen.

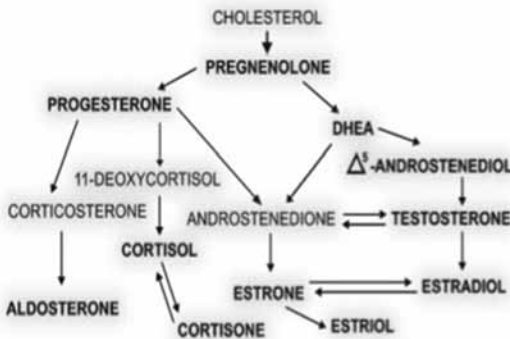
The great thing about bioidentical hormones is that since their molecular structures perfectly match those of endogenous hormones, they function exactly like endogenous hormones do. Simply stated, bioidentical hormones do precisely the same thing as our own hormones.

More About:

The Hormone Cascade

This diagram shows the flow of hormones as they descend through the hormone cascade. All of the steroid hormones are synthesized from cholesterol into the hormones below. On the left hand side is progesterone, which can be converted into the hormones that fall beneath it, as shown by the arrows. On the right you see the hormones that are synthesized from DHEA. This diagram demonstrates that hormones can be converted into others. An excess or deficient level of any one of these hormones can affect the others.

Hormone Cascade



Advantages of BHRT

My philosophy on BHRT is to follow human physiology as closely as possible. In other words, put back what should be there in the proper amount based on age. Because bioidentical hormones function exactly like our own hormones, they follow an identical metabolic cascade, forming the same essential metabolites (the by-products of metabolism). Bioidentical hormones require the same enzymes for this metabolic process as endogenous hormones do. Again the point is that bioidentical hormones function exactly the same as human hormones.

Because bioidentical hormones are indistinguishable from endogenous hormones, BHRT, unlike traditional HRT, actually corrects hormone deficiencies and resolves the symptoms of the deficiency. As I said before, there's none of the one-dose-fits-all approach in BHRT; instead, BHRT is tailored to fit each woman's needs. And your BHRT practitioner will prescribe only those hormones you actually need and only in the amounts needed to restore balance and prevent disease. Testing ensures dosing accuracy and makes monitoring hormone levels easy. BHRT professionals should also address related health issues such as diet, stress hormones, and appropriate supplementation. Add to all this good news the fact that

clinical reports by providers using BHRT indicate that BHRT causes virtually *no* side effects when used *properly* and the fact that we have a long history of safe use of BHRT. Speaking of safety, women have had estrogen, progesterone, and testosterone in their bodies since Eve was on earth. Think about it, these same hormones are at very high levels during puberty. (Do you remember how great that felt?) Not coincidentally, even with the higher levels during puberty, teenage girls are not at high risk of breast cancer.

More About:

Commonly Used Bioidentical Hormones:

Estrogens: estradiol and estriol

Progesterone

Testosterone

DHEA

Cortisol (hydrocortisone)

Pregnenolone

Melatonin

Thyroid

Insulin

Vitamin D (it is actually a hormone)

This is all great news, but what can BHRT actually *do* for you? BHRT is believed to or has been shown to:

- Reduce hot flashes, night sweats, and vaginal dryness
- Help maintain muscle mass and strength
- Help restore bone strength and prevent osteoporosis
- Alleviate depression and anxiety
- Improve mood, concentration, and memory
- Enhance sleep

- Increase libido
- Reduce the risk of breast and endometrial cancer*
- Protect against heart disease and stroke*
- Improve cholesterol levels
- Protect against senility and Alzheimer's disease*
- Produce far fewer side effects than traditional HRT when used properly

* *These have not been demonstrated with BHRT.*

Is it any wonder that an estimated 90-96% of women who begin BHRT stick with it? Not only that, women on hormones actually live longer, according to research. Okay, but here is the real question, "Is BHRT safe?" Opponents of BHRT frequently mention that there is no research indicating that BHRT is any safer than HRT. By the way, HRT has proven side effects in study after study over the past few decades as you will see in the next section. On the other hand, research is mounting clearly demonstrating not only the efficacy of BHRT but the safety as well. In fact, Dr. Kent Holtorf published an article in the January 2009 issue of *Postgraduate Medicine*. He cited 196 research studies and commented, "Physiological data and clinical outcomes demonstrate that bioidentical hormones are associated with lower risks, including the risk of breast cancer, cardiovascular disease, and are more efficacious than their synthetic and animal derived counterparts. Until evidence is found to the contrary, bioidentical hormones remain the preferred method of hormone replacement therapy."

Readers interested in more references on the safety of BHRT please see the REFERENCES in the back of the book for this chapter. Numerous research papers compare BHRT to HRT, specifically synthetic progesterone to bioidentical progesterone. Every single one demonstrates a greater safety profile or effectiveness of bioidentical progesterone in all categories from heart health, breast cancer, mood, PMS, menopausal symptoms and brain protection.

“When you stop taking hormone replacement therapy you lose the benefits that hormones provide almost immediately.”

Smith, P., *HRT: The Answers*. 2003; Healthy Living Books, Inc., p. 9.

Option 2

Traditional Hormone Replacement Therapy (HRT)/Estrogen Replacement Therapy (ERT)

As you probably know, HRT consists of a combination of some form of estrogen with some form of progesterone. Usually the estrogen is either a synthetic estrogen or equine (horse) estrogen. Premarin®, for instance, takes its name from **p**regnant **m**ares' **u**rine. The progesterone is usually medroxyprogesterone acetate (MPA) or some other synthetic progesterone. Synthetic progesterone is referred to as progestin. One of the most popular brands of HRT is called Prempro®. It is the combination of Premarin® derived from pregnant mare's urine and a synthetic progesterone called medroxyprogesterone acetate. So what? Estrogen is estrogen and progesterone is progesterone, right? Most unfortunately, no! Animal-derived and synthetic hormones differ greatly from endogenous (internally produced) human hormones; therein lies the problem. I will say more about this problem later. I cannot emphasize enough that synthetic and animal-derived hormones are not the same as human or bio-identical hormones.

Doctors normally prescribe simple ERT, which is estrogen-only therapy (either bio-identical or synthetic), for women whose ovaries have been removed during a hysterectomy on the theory that a woman without a uterus no longer needs progesterone to protect her from uterine cancer. However, it is now clear that progesterone has other important functions as well so that *no one* should take estrogen without progesterone. If you are taking ERT, *please* see

Chapter 3 for more information. To simplify our discussion, we will lump HRT/ERT together and use the term HRT.

More About:

HRT

According to the Women's Health Initiative study, women on Prempro have:

- *41% increased rate of stroke*
- *Double the rate of blood clots*
- *26% increase in breast cancer*
- *22% increase in heart disease*

According to the Heart and Estrogen / Progestin Replacement Study Follow Up (HERS II), women on estrogen with progestin have:

- *Increased risk of heart attacks*
- *Increased risk of blood clots in the legs and lungs*
- *Increased risk of gall bladder disease*

The Journal of the American Medical Association reported in March of 2008 women taking HRT faced a small increased risk for cancer for more than two years after they stopped taking the HRT medication.

History of HRT

For a number of decades now, traditional medicine has recognized that sex hormone deficiencies need correcting. Premarin®, mentioned above, was introduced in 1949, but it wasn't until 1966 that doctors began widely prescribing it. That was the year when Dr. Robert Wilson published his book *Feminine Forever*. With

sponsorship by the manufacturer of Premarin®, the popular women's magazines of the day promoted the book in which Dr. Wilson claimed that women who took Premarin would stay “young, attractive, and sexually active,” while women who didn't would see their breasts and genitalia shrivel and would become dull, unattractive, and hard to live with. It presented women in those days with an easy choice: look like Marilyn Monroe on Premarin® or become an old hag without it. Though the book presented no evidence to back up these claims, many doctors immediately began prescribing Premarin® for any woman who complained of any symptoms that might possibly be connected with menopause. Since they didn't even bother checking the woman's hormone levels to see how much, if any, estrogen she needed, millions of women were overdosed with estrogen. Eventually realizing that estrogen without (synthetic) progesterone, called unopposed estrogen, was causing uterine cancer, doctors began prescribing a combination of estrogen and synthetic progesterone to prevent uterine cancer.

Again, if you are taking unopposed estrogen because you've had a hysterectomy and are, therefore, not at risk for uterine cancer, please see Chapter 3 to learn why you still really need progesterone to protect you from other health problems.

This is as good a place as any to explain why the major drug manufacturers make their synthetic forms of estrogen and progesterone slightly different from endogenous estrogen and progesterone. Naturally occurring substances are not patentable and therefore not terribly profitable. But the manufacturers *can* produce and patent a form that differs slightly from the naturally occurring one, thereby boosting their potential profit. In fact, together Premarin® and Prempro (a combination of Premarin® and synthetic progesterone) used to generate over \$2 billion a year for manufacturer Wyeth Pharmaceuticals.

For several decades doctors solved the problem of menopause by prescribing these synthetic or animal-derived hormones until research data began to reveal that they were significantly increasing the number of cases of lethal diseases like cancer and stroke. These revelations have left many in the medical profession—as well as menopausal women—stunned, not knowing how to relieve the mild

to debilitating symptoms of menopause without causing much worse problems down the road. Let's examine these revelations about the dangers of traditional HRT.

More About:

The Side Effects of Prempro

Side effects of Prempro, as listed in the Physician's Desk Reference: May increase risk of cardiovascular events such as heart attacks or stroke, venous thrombosis, breast/endo-metrial cancer, and gallbladder disease. May also lead to hypercalcemia with breast cancer and bone metastases. Retinal vascular thrombosis reported. May elevate blood pressure, plasma triglycerides, may lead to increased thyroid binding globulin levels. May cause fluid retention or increased risk of ovarian cancer. May exacerbate endometriosis, asthma, diabetes, epilepsy or migraines. Adverse reactions include abdominal pain, back pain, headache, infection, arthralgia, leg cramps, breast pain, vaginal hemorrhage or vaginitis.

HRT Disadvantages:

First, let's look at the results of the \$800 million Women's Health Initiative (WHI) research study of Prempro®. As I mentioned earlier, Prempro® is a combination of conjugated equine estrogen (Premarin®) and progestin, synthetic progesterone. This study began in 1993 with 16,608 women between the ages of fifty and seventy-nine, 30-35% of whom dropped out of the study early because of side effects or fear of side effects. The researchers themselves halted the study three years early because of alarming preliminary results.

What were they alarmed about? They discovered that women taking Prempro® had a 26% higher risk of breast cancer, a 23% higher risk of heart disease, a 38% higher risk of stroke, and a 100% higher risk of blood clots than did those in the control group. The *Journal of the American Medical Association's* analysis of the research data showed that the breast cancers diagnosed in the study subjects on Prempro® tended to be diagnosed at more advanced stages than the breast cancers diagnosed in the women in the control group, and another article in the *Journal of the American Medical Association reported* women on Prempro® had a 56% higher risk of ovarian cancer than those in the control group. Follow-up findings also showed a higher risk of dementia and a 94% higher rate of abnormal mammograms after the first year of Prempro® usage.

In addition to these really scary side effects, women on HRT often experience many other side effects like weight gain, depression, irritability, headaches, insomnia, bloating, and gall bladder problems.

Was there any good news from this study? Not much. Improvements in quality of sleep, emotional health, and sexual satisfaction were not statistically significant, while bone density did increase and the risk of colon cancer was reduced.

How did the makers of Prempro® react to all this news? Did they immediately yank the product off the market pending further study? Did they stop selling a product that appears to be dangerous? No. Instead, they have assured the public that the increase in individual risk is “relatively small.” Worse still, Wyeth Pharmaceuticals has petitioned the FDA to ban bioidentical hormones.

Sadly, a relatively small increase in risk for each individual can mean 4,200 additional cases of breast cancer, 4,800 cases of heart disease, and 10,800 strokes. Some experts have multiplied the numbers of expected cases over a decade and concluded that about 40,000 women will have been harmed by this form of HRT. Only God knows the sum of tragedies that have occurred and will occur. After all, these aren't just numbers. These women are someone's mommy, someone's soul mate, someone's precious daughter. It's heart-wrenching to say the least, and it is completely unneces-

sary. This study, Women's Health Initiative, was just one of many research studies that demonstrated the dangers of traditional HRT.

We've seen that HRT doesn't usually consist of hormones biologically identical to those our bodies produce; instead, it uses synthetic and animal-derived hormones (we'll call them non-bio-identical). Since non-bio-identical hormones differ in molecular structure from those the human body produces, it's not surprising that they *do not* function exactly like endogenous human hormones. Nor do our bodies process them the same way. These non-bio-identical hormones are similar enough to mimic some of the activities of the human hormones they are replacing but only in a clumsy way. While they perform some of the vital functions of endogenous hormones, they can cause problems the human-produced hormones do not.

For one thing, they are hard to metabolize. Our bodies metabolize endogenous and bio-identical hormones easily and efficiently, but we can't say the same for non-bio-identical hormones. For instance, in the human body metabolites (the by-products of metabolism) of conjugated equine estrogen (derived from horse urine) are stronger than the parent compound and can be converted into carcinogens right in breast tissue. Metabolites from conjugated equine estrogen can stay in the body up to thirteen weeks while the body clears human estrogen in a few hours. And medroxyprogesterone acetate (MPA, a synthetic progesterone known as Provera) contains extra atoms in unusual positions on the molecule that inhibit metabolism and so prolong its activity in the body.

Another difference between endogenous and bio-identical hormones and non-bio-identical hormones is in their relative binding affinity (RBA). A hormone molecule's RBA is its ability to bind with receptor sites in various cells throughout the body. Normally a hormone molecule floats along in the bloodstream until it reaches a cell that has receptor sites designed specifically for that hormone to attach itself to. Once attached, it is able to perform whatever chemical activity it is supposed to perform in that cell. For example, a cell in the uterine lining has receptor sites for progesterone. When a molecule of progesterone reaches the receptor site, it should attach itself and begin to prime the endometrial cell, preparing it to nourish any fertilized egg that might attach to the endometrium. So you

can see that the fact that MPA has an RBA of just 6% compared to endogenous progesterone's 100% RBA means that while 100% of the natural progesterone molecules that encounter endometrial cell receptor sites will attach themselves properly, only 6% of MPA molecules do so. Obviously, Provera (synthetic progesterone) can't possibly function as well as endogenous progesterone.

The opposite problem can occur as well. Sometimes the non-bioidentical hormone molecule tends to bind too tightly to a receptor site, causing improper metabolism or simply preventing the receptors from receiving endogenous hormones. That is, because the non-bioidentical hormone molecule is occupying the receptor site but is unable to perform its function; endogenous hormone molecules are unable to attach themselves to that site. It is like having a tiny little compact car in your garage so you cannot get your Cadillac in it. Even worse, non-bioidentical progestins are able to bind to other receptors, like glucocorticoid, androgen, and mineralocorticoid receptors (intended for testosterone and cortisol to bind to), which may explain the wide range of adverse side effects many women experience while taking synthetic progestins.

Not surprisingly, the dysfunction of these non-bioidentical hormones can cause all sorts of side effects not caused by endogenous or bioidentical hormones. In fact, women taking Provera almost always suffer some side effects. And since Premarin® is actually toxic to DNA, it's not too astonishing that it causes side effects too. Maybe this explains why 80% of women discontinue HRT within one year.

More About:

Side Effects of Provera (MPA), A Common Synthetic Progestin

Decreased glucose tolerance, gastric regurgitation, depression, anxiety, fluid retention, adverse effects on lipids, insomnia, headache, nervousness, acne, dizziness, facial hair, loss of scalp hair, weight gain, rash or

itch, breast tenderness, or nipple discharge. It is also believed to increase the risk of coronary heart disease and blood clots.

Commonly Prescribed Hormones Chart

It is important to note, however, that not all traditional HRT is non-bioidentical. Some commonly used hormones, such as estrogen patches, are actually bioidentical, but not all. Refer to chart below.

<i>Product Name</i>	<i>Bioidentical</i>
Premarin	no
Cenestin	no
Ortho-Est	Estrogen-yes Progesterone-no
Ogen	no
Menest	no
Prempro	no
FemHRT	no
Ortho-Prefest	no
Activella	Estrogen-yes Progesterone-no
Premphase	no
Provera	no
Cycrin	no
Curretab	no
Amen	no
Aygestin	no
Megace	no
ClimaraPro	Estrogen-yes Progesterone-no

CombiPatch	Estrogen-yes Progesterone-no
Evista	no
Estratest	no
Methytest	no
Estrogel	yes
Estrasorb	yes
Elestrin	yes
**Biest Transdermal or Oral	yes
**Triest Transdermal or Oral	yes
Gynodiol	yes
Estrace	yes
Estradiol	yes
**Estriol Transdermal or Oral	yes
Prometrium	yes
**Progesterone Transdermal or Oral	yes
Alora	yes
Climara	yes
Esclim	yes
Estraderm	yes
Menostar	yes
Vivelle Dot	yes
**Testosterone	yes
Crinone	yes
Procheive	yes
Vagifem	yes
Estring	yes

Femring	*
Estradiol cypionate	*
Estradiol valerate	*
Hydroxyprogesterone caproate	*
Testosterone cypionate	*
DepoTestadiol	*

*Conditional-these products are bioidentical, but are chemically bonded to other substances.

** **Compounded Hormones**

Oral Contraceptives – The Pill

Women from teens to perimenopausal age are often given the pill to manage symptoms related to hormone imbalance. While it is true that the pill can help alleviate symptoms, it does not correct the underlying hormone imbalances. The pill works by blocking Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH). This in turn reduces the production of natural estrogen, progesterone and testosterone. For women who might have been making excessive amounts of estrogen or testosterone this might seem to be a relief. For others, reduced amounts of hormones create symptoms of low estrogen or testosterone. This could trigger symptoms such as low libido, weight gain, bone loss and vaginal dryness.

It is very important to consider the fact that since the pill blocks ovulation, progesterone is not made, leaving women on the pill progesterone deficient. This is a strong point to consider because as you will see in Chapter 3, the roles and properties of progesterone are so vital to a woman's health, especially in regard to protecting the breast tissue.

Unlike the human hormones estrogen and testosterone, the hormones in the pill are not bound to any Sex Hormone Binding Globulin in the body so the synthetic hormones are widely available

to impart their effects. (Sex Hormone Binding Globulin is a protein made by the liver that binds to some hormones making them less available to the body.) The synthetic hormones in the pill can act on different hormone receptors in the body. You see, human estrogen acts on estrogen receptors, human testosterone acts on testosterone receptors and so on. The synthetic hormones in the pill can act on testosterone receptors causing symptoms of excessive levels and creating a testosterone deficiency at the same time. The synthetic progesterone in the pill can act like cortisol and suppress normal adrenal hormone activity. The pill can also increase Thyroid Binding Globulin (a binding protein that binds to thyroid hormones making less available) and impair thyroid hormone function leading to symptoms related to hypothyroidism. And sometimes the ovaries don't bounce back to normal hormone production once the pill is discontinued. All in all, the pill might be a quick fix for some symptoms; but it can create hormone imbalances and cause problems in the long run.

Option 3

OTC

Many women, wishing to avoid synthetic and animal-derived hormones, treat themselves with OTC phytoestrogens (estrogenic substances that come from plants). Many medical and nutrition practitioners recommend them as well.

More about:

Phytoestrogens

Phytoestrogens are “estrogen-like” chemicals found in more than three hundred plant foods. Soybeans have some of the highest levels of phytoestrogens and have been studied

the most. There are three chemical classes: the isoflavonoids, the lignans, or the coumestans.

In distinguishing between bioidentical hormones and phytoestrogens, it all comes back to the shape of the molecule. These plant estrogens have similar molecular structures, but they're not identical to human hormones. Essentially, they can activate the estrogen receptor but are much, much weaker than the real human or bioidentical estrogen.

Many women with low estrogen symptoms and women with estrogen levels on the low side of normal on their hormone test respond very well to OTC products like phytoestrogens from soy isoflavones or black cohosh, which is not technically a phytoestrogen. Phytoestrogens, in some cases, may resolve low estrogen symptoms like hot flashes.

But I have to suggest that you approach OTC remedies with caution because while they do help many women, they can sometimes cause other hormones to become imbalanced. For instance, many phytoestrogens contain something called aromatase inhibitors. Basically aromatase is the enzyme that converts testosterone in our bodies into estrogen. Whether this conversion is good or bad depends on your current hormone levels, so you have to be careful and be properly monitored with saliva hormone testing.

Another possible problem with phytoestrogens is that they can actually suppress production of endogenous estrogen, causing your estrogen levels to drop. Again, depending on your hormone levels, it may or may not be appropriate. But because phytoestrogen molecules fit in human estrogen receptors, the phytoestrogens themselves can function as estrogen and activate estrogen-related genes. Therefore, it is possible for them to simultaneously lower estrogen levels and cause symptoms of estrogen dominance, and they may or may not be effective in reducing hot flashes. Adding to the confusion, it is impossible to measure the level of phytoestrogens in the body. And some experts question whether OTC phytoestrogens

protect against such hormone deficiency-related conditions as bone density loss, memory loss, and cholesterol problems.

Black Cohosh does seem to show much promise for symptom relief but actually works by a different mechanism than by activating the estrogen receptor. It appears to work by the same mechanism that allows many doctors to prescribe anti-depressants (SSRIs-Selective Serotonin Reuptake Inhibitors) for hot flashes. Even more encouraging, recent animal and in vitro research indicates that black cohosh can stop the progression of a human breast cancer cell line.

While many studies do report the effectiveness of phytoestrogens for the management of menopausal symptoms, there is controversy regarding the use of isoflavones from soy, as recent studies now question the safety of phytoestrogens in women with or at high risk for hormonal cancers.

One study conducted over a five year period showed that phytoestrogen supplementation increases the risk of developing endometrial hyperplasia, or thickening of the uterine lining, elevating the risk of endometrial cancer. I have to wonder whether adding progesterone to the phytoestrogen could prevent the hyperplasia.

There is also the question about whether women who have had breast cancer or who are at high risk for it should use phytoestrogen. As I understand it, research is inconclusive, yet this question is concerning to me. Animal studies have shown that genistein in soy increased the proliferation (multiplication) of estrogen-dependent human breast cancer cells. Studies have also shown that soy protein isolate stimulates breast tissue in 30% of pre-menopausal women. Additional research has found that the use of soy isoflavones increased secretion of breast fluid and elevated estrogen levels.

Note: If you are taking Tamoxifen for breast cancer, genistein was shown to interfere or block the effectiveness of the drug.

There is also concern that large amounts of soy can inhibit thyroid function. For this reason, a general recommendation is not to take excessive amounts and to consult your physician before taking it.

I am not saying you definitely shouldn't use phytoestrogens, but I am alerting you to possible problems. People tend to think that since they come from plants they must be universally good for you

or at least harmless. Once again, it comes down to proper testing and monitoring.

On a positive note, there is significant mounting research on the benefits of phytoestrogens. Again, common forms are soy, pomegranate, flax seed, black cohosh and red clover. One recent example of this encouraging data is the report on ground flax seed. The summer 2007 issue of the *Journal of the Society for Integrative Oncology* reported a study conducted at the Mayo Clinic which found that consuming forty grams of crushed/ground flaxseed reduced hot flashes; the frequency was cut in half and the overall “hot flash score” had diminished by an average of 57%. The women also reported improved mood, reduced joint or muscle pain, fewer chills and less sweating. In recent trials, flax has been shown to help decrease the risk of breast cancer. The seeds are also a source of omega-3 fatty acids and fiber. The lignans in flax seeds are very breast protective.

Option 4

Letting Nature Take Its Course

There are many reasons why women choose to let nature take its course without interference. Women who sail through their reproductive years and menopause with little discomfort of any kind often don't even consider interfering. But if you're reading this book, chances are your seas are a bit rough or maybe downright stormy. Many women in this situation still choose to do nothing, viewing their hormonal suffering as simply their lot in life to be endured—just part of being a woman. If generations of women have suffered such miseries, why should they escape? Well for one thing, it's very likely that because of diet and environmental factors hormonal imbalances are much more common today than in the past. Second, a pretty large chunk of human suffering has been eradicated in our era simply because of advances in knowledge and technology. These advances have, in turn, caused us trouble our forebears didn't have to contend with in regard to health, so we might as well take the good along with the bad.

And then there's the "tough guy" attitude that I "should" be woman enough to take the suffering. Well, OK if you want. And some women hesitate to get help because money is an issue. That reasoning is very understandable, but it can be kind of like dental work-maybe spend some money now or spend a lot of money and endure a lot of pain later. So, I guess we could say that the advantage of doing nothing is the immediate saving of time and money, but the disadvantages are unnecessary suffering, possibly a severe strain on your career, marriage, and other relationships, and possibly long-term, serious adverse effects on your health. Whether your reasons for gritting your teeth are spiritual, emotional, or financial, there are also medically sound reasons for correcting hormone imbalances. Cancer, heart disease, osteoporosis, or other serious health problems can result from long-term hormone imbalances.

In conclusion, hormone imbalances are complex, requiring a comprehensive approach to restoring balance and protecting against hormone related diseases. BHRT is a comprehensive modality that can greatly improve your health and quality of life. For me personally and for countless others, it is the only option, especially when combined with a good complement of supplements.