

NATURAL HORMONE REPLACEMENT

ESTROGEN

“There is an impressive, large collection of biological data and observational studies indicating that postmenopausal HRT protects against heart disease and stroke. There is good reason that the full impact of estrogen’s beneficial actions on cardiovascular tissue requires the presence of healthy endothelium (normal blood vessels). It is most appropriate to prescribe hormones to post menopausal women to protect against cardiovascular disease. Vascular biologists are convinced of estrogen’s essential role in protecting against cardiovascular disease. Estrogen’s role is protecting against the development of atherosclerosis.”

Circulation 2001;104:499-503.

(Estrogen should be taken by all women starting at menopause and continued indefinitely. The term estrogen denotes bio identical estrogen).

“This manuscript presents a protocol for hormone replacement therapy with natural estradiol, progesterone, testosterone, DHEA and melatonin. Using the natural sex steroids, which occur naturally in humans, represents replacement to ensure attainment of pre-menopausal levels and adequacy of therapy. This is inexpensive therapy that gives relief of symptoms, is well tolerated, provides minimal side effects, protects the endometrium, and results in excellent compliance. This replacement of natural hormones is based on sound physiologic principles that have been demonstrated to be the preferred method of hormone replacement.”

Infertility and Reproductive Medicine Clinics of North America; 1995 October; Vol. 6 (4): 653-675

(This article was one of the first of many articles to appear in our medical literature that researched the efficacy and superiority of bio identical hormones. It is a classic article demonstrating the importance of natural hormones and the harm and side effects of synthetic hormones. Although many people have an appropriate fear of HRT, this comes from media hype and the medical studies demonstrating the harm of the synthetic hormones. Do not extrapolate this to include natural hormones. This study provides credence that it is the synthetic hormones that cause the harmful effects and not the natural hormones.)

“Fear of breast cancer is the strongest factor limiting postmenopausal hormone use. The most powerful study to date definitively demonstrated that estrogen does not cause an increased risk for cancer. The increased risk was associated only with taking the progestin (Provera®) and not estrogen.”

JAMA 2004; 291 (24): 2947-2958

“Hormone users had an overall 50% decrease in illness and death. Estrogen reduces mood swings, depression, hot flashes, heart disease, strokes, Alzheimer’s, osteoporosis, urogenital atrophy, tooth loss, macular degeneration and memory loss. Estrogen decreases overall morbidity, mortality and improves quality of life.”

Hospital Practice 1999 August; 295-305. (If women were to read the medical literature and come to realize what truly happens to their body's health when they lose estrogen, I can't imagine that any woman would be without it.)

“Loss of hormones at menopause results in significant genital atrophy, vaginal dryness, introital stenosis, and painful intercourse.”

Family Practice News 2005 March; 58-59

(I can't imagine any man not wanting his wife to be on estrogen if he truly realizes the consequences.)

“Estrogen deficiency greatly increases mortality from cardiovascular disease and osteoporosis. Over 90% of women will die from cardiovascular disease which estrogen can prevent.” Over 40 years of study have well documented the cardiovascular protective effects of estrogen.”

Obstet Gynecol 1996 Jan; 87 (1): 6-12

(How can doctors, patients, and our government ignore this?)

“The potential lethal consequences of osteoporosis are overwhelming. Estrogen is protective but only with certain serum levels are maintained.”

Female Patient Oct. 2004; Vol. 29: 40-46

(Most doctors never measure or don't know how to interpret hormone levels. Your hormone levels must be monitored and maintained to assure benefit. That which you are taking might otherwise be worthless. Over 90% of the women that come to see me that are taking “natural hormones” have estradiol levels in the dangerously low range. They might as well have been taking nothing.)

“Multiple medical studies have demonstrated estrogen's protective effects against Alzheimer's, memory loss, loss of cognition.

- Estrogen decreases colorectal cancer
- Estrogen decreases cataracts and macular degeneration.
- Estrogen prevents tooth loss and gingivitis.
- Estrogen prevents urogenital atrophy, painful intercourse and stress incontinence.”

Biomedica Jan. 2000; Vol. 3 (1): 6-9

(Again, patients should be told the harm of estrogen deficiency.)

“All women on natural estrogen and progesterone had a decrease in cholesterol and increase in HDL. Women on synthetic HRT had no improvement in cholesterol and many side effects. Natural HRT resulted in symptomatic improvement, an improved lipid profile, and no side effects.”

Obstetrics Gynecology 1989 April; 73: 606-611

(This was one of the very first articles to prove natural hormones are better than synthetic hormones.)

“Long term estrogen use is associated with lower mortality rate primarily through reduction in cardiovascular disease.”

Obstetrics Gynecology 1996 Jan; 87 (1): 6-12

(Therefore, all women that want to live longer should have optimal estrogen levels. Notice that I did not say that they should be on estrogen because taking estrogen does not guarantee protective levels. The physician must document and assure adequate blood levels; otherwise, hormone replacement is worthless.)

“We must not forget the dangers of menopause and the deleterious consequences of estrogen deficiency. Estrogen protects bone, heart, brain, blood vessels, urogenital tissue, teeth, and eyes. Observational data from around the world show estrogen has beneficial effects on mortality from all causes.”

Consultant 2001 July; Vol. 71: 1085-1086

“Estrogen, along with natural progesterone reduces plaque formation and heart disease.”

Circulation 1998 Sept; 98 (12): 1158-63

(The hormones are synergistic with one another.)

“Recent studies have identified a protective affect of estrogen in the development of Alzheimer’s disease and new studies show that testosterone may exert an even stronger preventative effect.”

National Academy of Science USA 1997; 94: 6612-6617

(Multiple studies demonstrated that Alzheimer’s disease can be prevented and the grave economic impact lessened. Many patients are told to stop their HRT, which increases their risk of Alzheimer’s. If estrogen is started early at menopause there is an 80% decrease in Alzheimer’s disease. The WHI study showed an increase in AD, but only when estrogen was started after age 65. Stopping estrogen could result in millions more cases of AD.)

“Estrogen lowers Cortisol which in turn reduces abdominal fat.”

Female Patient April 2001; 26: 18-24

(Estrogen, testosterone, DHEA – all lower Cortisol levels, thereby reducing abdominal fat, thereby reducing diabetes and heart disease.)

HRT provides positive effects for women such as improved mood, improved sense of well-being, relief of urogenital atrophy, and improved bone density. Optimal benefit is obtained when estrogen is begun early in menopause and continued indefinitely.

HRT improves bone mineral density and decreases fracture regardless of the age at which it is initiated. It is never too late to initiate HRT.)

“Bone density is rapidly lost when HRT is stopped. HRT should be continued indefinitely.”

JAMA 2002 August; Vol. 288 No. 7: 880-887

(I could not have said it any better.)

“The largest study to date, the Nurses’ Health Study, demonstrated a 100% decrease in heart disease and cancer for estrogen users. It is never too late to initiate estrogen therapy to arrest the progression of osteoporosis and hip fractures.”

Female Patient 2004 Oct; Vol. 29: 35-41

(Pooled data from 30 trials demonstrated that HRT is associated with a reduction in total mortality of 40%. The Nurses’ Health Study demonstrated significant reductions in cardiac events and total mortality. HRT can halt the progression of atherosclerosis if HRT is started early in the course of disease and near to menopause.)

“In the final analysis of the estrogen only arm of the WHI, there was no increased risk of breast cancer or heart disease. There was a 35% decrease in hip fractures, 35% decrease in diabetes and a 60% decrease in urinary sepsis. This leads to a significant decrease in all causes of mortality.

J Gen Internal Medicine 2004; 19 (7): 791-804

(Women are always afraid of breast cancer and estrogen alone has been shown not to increase the risk of breast cancer. Not taking estrogen significantly increases overall mortality from multiple other causes and most women and doctors remain oblivious to this.)

“New findings in four recent studies counter the results of WHI and HERS. Estrogen replacement results in a dramatic decrease in cardiovascular disease. Coronary artery disease deaths were not reported in the 6,000 women taking estrogen. The results of the WHI do not apply to younger women.”

Family Practice News 2003 June; Vol. 33 (11): 1-2

(So many women stopped HRT as a result of the WHI study and recent studies prove the WHI results to be incorrect.)

“Estrogen reduces the incidence of Alzheimer’s disease by 50%.”

JAMA 2002; 288: 2123-2129

(That equates to a yearly government savings of at least \$25 million, which is spent on Alzheimer’s care.)

“Estrogen reduces central obesity.”

Obesity Review 2004 Nov; 5 (4): 197-216

(This in return reduces diabetes and heart disease. The WHI trial demonstrated a 25% decrease in diabetes in estrogen users.)

“Despite popular belief that HRT cause weight gain, available data studies show no weight gain in women taking HRT compared to placebo. Prevention of weight gain is accomplished through HRT replacement, exercise and diet.”

Postgraduate Medicine 2000 Sept; 108 (3) 147-50

(There is no magic to it.)

“The reduction in incidence of clinical ischemic events has been substantial ranging from 30% to 90%. HRT alters the biology of the vessel wall, causes vasodilation and provides anti-inflammatory benefits, reducing heart attacks.”

New England Journal of Medicine 2000; 343 (8): 572-574

(Although the WHI showed slight harm in using estrogen in older women, all other studies show benefit. One incorrectly done study (WHI trial) does not negate 40 years of studies showing beneficial effects of HRT.

“Estrogen protects against neuron-degeneration, changes in mood, cognition and behavior.”

Clinical Genetics 1998 May; 6 (5): 15-19

(All of these studies demonstrate that: 1) Estradiol is safe in women who have had breast cancer, 2) Estradiol does not cause breast cancer, 3) Progesterone protects against cancer and finallysee next study.)

“Estradiol and progesterone demonstrated no increased risk of breast cancer. Synthetic estrogen (Premarin®) and synthetic progestins (medroxyprogesterone and noresterone) all dramatically increased the risk of breast cancer. This was ten-year study of over 100,000 women, the largest and longest study to date comparing natural hormones to synthetic hormones.”

Breast Cancer Res Treat 2007; 101: 125-134

(Is this the final nail in the coffin for synthetic HRT? It should be!)

“The WHI trial had major design flaws that led to adverse conclusions about the positive effects of hormone therapy. The study included mostly older women that already had cardiovascular disease. The study utilized only medroxyprogesterone (Provera®) which we know negates any beneficial effect of estrogen, rather than the bio identical hormone, progesterone.” Multiple other studies with estrogen started early in menopause demonstrate beneficial effects.”

Fertility Sterility 2005 Dec; 84 (6): 1589-601

“There are now over 60 studies demonstrating that estrogen can be safely given to women after treatment for breast cancer. Most studies show a decrease in breast cancer in women on estrogen compared with controls.”

Female Patient 2004 Oct; Vol. 29: 40-46

“Media reports glossed over the protection offered by HRT which showed much greater benefits than risk (remember that these are synthetic hormones). This was a

THIS IS WHERE THIS SECTION ENDED.

NO MORE PAGES.