

## 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 finally .....see 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.

## General Hormone Replacement Therapy

“Aging is not an unalterable process of decline and loss. Hormones are now responsible for this change in attitude. Therefore, routing medical intervention programs offer long-term replacement therapy with one or more hormones to delay the aging process, allowing us to live for longer period in a relatively intact state, are becoming popular.” *Biomedicina 2000 Jan; Vol. 3 (1): 6-7*

(This is appropriately termed preventive medicine or age management medicine.)

(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.)

“Hormone replacement prevents weight gain. HRT favors weight loss by increasing lipid oxidation, improving insulin response and lowering plasma lipids.”

*Maturitas 1999 Aug; 16 32 (3): 147-53*

(All studies show beneficial effects, except those studies evaluating synthetic hormones.)

## DHEA

“DHEA increases insulin sensitivity, decreases abdominal fat, prevents and treats the metabolic syndrome and thereby prevents diabetes.” *JAMA 2004; 292: 2243-2248*

(All hormones have beneficial health effects and replacing them to optimal levels guarantees this benefit.)

“High DHEA levels are related to lower carotid intimal wall thickness.”

*J Clin Endocrinol Metab 1999 June; 84 (6): 2008-12*

“DHEA was found to be beneficial in treating Lupus patients. DHEA was well tolerated without side effects.” *Rheumatology 1998; 25(2): 285-9*

DHEA treats depression and improves memory. DHEA lowered cortisol levels.”

*Biological Psychiatry 1997; 41 (3): 311-8*

“DHEA decreases heart disease and atherosclerosis.”

*Annals N.Y. Academy of Science: 1995 Dec; 774: 271-280*

“High levels of DHEA decrease mortality from heart disease. Low levels of DHEA are associated with increased mortality. The higher the DHEA, the better the protection against mortality from any cause.”

*New England Journal of Medicine 1986 Dec; 315 (24): 1519-24*

“DHEA blocks carcinogenesis. Low levels of DHEA demonstrate an increased risk of cancer and cardiovascular disease.” *Journal of Clinical Invest 1988 August; 82 (2): 712-720*

“DHEA caused a remarkable increase in physical and psychological well-being. There were no side effects and DHEA was well tolerated. *Journal of Clinical Endocrinology Metab* 1997 June; 78 (6):1360-7

“DHEA restores well-being, increases bone density and decreases vaginal dryness.” *Journal Clinical Endocrinology Metab* 1997 Oct; 82 (10): 3498-505

“DHEA treatment for significant anti-depressant effects.” *American Journal of Psychiatry* 1999; 150: 646-649

(All HRT has health benefits and DHEA is no different. There are many benefits for cardiovascular, psychiatric, musculoskeletal and genitourinary systems. Improvement in well-being and depression has been well demonstrated.)

“DHEA administration reduces abdominal fat, decreases insulin resistance and protects against metabolic syndrome and diabetes.” *JAMA* 2004 Nov; Vol. 292 (18): 2233-2247

“Low DHEA levels are associated with depression and depressed mood.” *J American Gerontology Soc.* 1999 June; 47 (6): 685-91

“DHEA is beneficial in treatment of major depression in women.” *Am. J Psychiatry* 1999 April; 156 (4): 646-649

“DHEA improves mood and fatigue.” *J Psych* 2000 Dec; 85 (12): 4650-56

“DHEA improves well-being, sexuality, and cognition.” *Endocrinology Research* 2000 Nov; 26 (4): 505

“DHEA improves immune function and decreases mortality.” *Critical Care Med.* 2001 Feb.; 29 (2): 380

“DHEA improves strength and body composition.” *Clinical Endocrinology* 1998 Oct.; 49 (4): 421-32

“DHEA reduces LDL cholesterol and body fat.” *Journal Family Med* 1988 Jan.; 60 (1): 57-61

“Epidemiologic studies demonstrate that low levels of DHEA increase risk of cancer, heart disease, immune dysfunction, diabetes, and obesity. “DHEA replacement increases bone density, improves depression, cognition, sexual function.” *Am J Health Syst. Pharm;* 57 (22): 2048-2056

“The goal of replacement therapy is to restore DHEA to the upper level of normal of a young adult range. Those patients experience a reduction in fatigue, improvement in mood and psychological well-being.” *J Clin Endomet.* 1994 June; 78 (6): 1360-67

“Estrogen protects against neuron-degeneration, changes in mood, cognition and behavior.” *Clinical Genetics* 1998 May;6 (5): 15-19

## Progesterone

“The main reason women discontinue HRT is due to side effects. Synthetic progestins (Provera®) cause many side effects: breast swelling and tenderness, uterine bleeding, depression and mood disturbance, weight gain, bloating and edema. Natural progesterone has no side effects.” *Female Patient 2001 Oct.; 19-23*

(Natural progesterone is preferential to synthetic progestins. Natural progesterone produces excellent blood levels without the unwanted side effects such as fluid retention, weight gain, breast tenderness and depression of the synthetic progestins.)

“Progesterone should be administered to all women, hysterectomy or not.” *Infertility and Reproductive Medicine Clinics of North America: 1995 Oct.; Vol. 6 (4): 653-673*

(This is another landmark study demonstrating the benefits of progesterone and the harm of synthetic progestins.)

“Due to the side effects of synthetic progestins, natural progesterone is preferred. Progesterone has proven bio-availability and no side effects making it the preferred hormone for menopause.” *American Family Physicians 2000; 62: 1339-46*

(I am concerned that Provera® is still manufactured and that physicians still prescribe it and that patients still take it.)

“Synthetic progestins (medroxyprogesterone) cause depression, bloating, breast swelling, excessive bleeding, and are not tolerated by many women. Natural progesterone has none of these side effects. In fact an unexpected improvement in well-being was observed when progesterone was added to estrogen.” *American Journal Obstetric Gynecology; 1999 January; 180; 42-48*

(Still think there is no difference? Even the Ob-GYN journals mention this! Health benefits and feel-good benefits.)

“Estrogen and progesterone are neuro-protective against cerebral damage. These beneficial effects were blocked by MPA (medroxyprogesterone).” *National Academy Science USA; 2003 Sept. 2; 100 (8): 10506-11*

(Progesterone protects; Provera® causes damage.)

“Natural estrogen and natural progesterone offer substantial clinical benefit over the synthetic hormones and should be the agents of choice for menopause.” *Obstetrics Gynecology 1989; 73: 606*

(It has been almost 20 years since the first studies demonstrated a difference between hormones.)

“There was an unexpected feeling of well-being when progesterone was added to estrogen. Provera® decreased well-being.” *American J. Obstetrics Gynecology 1999 Jan; 180: 42-48*

(Yes, there is a difference.)

“Estrogen prevented cardiovascular disease. Adding medroxyprogesterone (Provera®) increased risk of cardiovascular disease and negated the beneficial effects of estrogen. Progesterone and estrogen decrease foam cell formation (plaque) whereas progestins (Provera®) increase foam cell formation (plaque).” *Circulation 1999 Dec; 100: 2319-25*

(Another study demonstrating that estradiol and progesterone together protect against heart disease).

“Natural progesterone reduces hot flashes, depression, abnormal bleeding. Quality of life improves when progesterone is used over Provera®. Medroxyprogesterone (Provera®) is poorly tolerated by most women to treat PMS symptoms, fluid retention, and mood swings.” *Cortland Forum, 2000 July: 170-174*

(The experts continue to say that there is no difference between natural and synthetic hormones. I wonder which drug company is paying them to say that?)

“MPA (Provera®) stimulates breast receptor sites thereby increasing breast density. Progesterone down regulates breast receptor sites thereby de-stimulating breast tissue. Natural progesterone causes no side effects.” *Infertility and Reproductive Clinics of North America; 1995 Oct.; 6 (4):653-67-70*

(This was the first major study demonstrating the superiority of the natural hormones over the synthetic hormones.)

“Progestin, (Provera®) dramatically increases risk of breast cancer 8 times.” *JAMA 2000; 203: 485-91*

(This is exactly how hormones get bad press. The Media reported that progesterone causes breast cancer. This is absolutely wrong! Medroxyprogesterone causes breast cancer, not progesterone. Doctors and the media chop off the prefix *medroxy*, thereby referring to medroxyprogesterone as progesterone. Medroxyprogesterone is completely opposite of progesterone.)

“The estrogen-only arm of the WHI Trial demonstrated no increased risk of breast cancer with estrogen. This study therefore demonstrates that the breast cancer increase was due to medroxyprogesterone (Provera®) and not due to estrogen.” *Family Practice News 2004 March 15; 1-3*

(Isn't it amazing that when we lose a hormone that protects against breast cancer (progesterone), we replace it with a hormone that significantly increases the risk of breast cancer [medroxyprogesterone].)

(Progesterone raises good HDL cholesterol, whereas medroxyprogesterone (Provera®) lowers good cholesterol. Progesterone increases estrogen's beneficial cardiac effects, whereas medroxyprogesterone reverses estrogen's benefits. Progesterone has no side effects, whereas medroxyprogesterone has many.)

“Medroxyprogesterone stimulates proliferation of breast cells. Progesterone reduces proliferation of breast cancer cells and induces cellular apoptosis (kills) breast cancer cells.” *Proturitor 2003 Dec.; 46 (1): 555-58*

(These studies should make national headlines and encourage women to demand natural progesterone.)

“The metabolic, vascular and psychiatric side effects of medroxyprogesterone can be eliminated through use of natural progesterone.” *Clinical Therapy 1999 Jan.; 21 (1): 41-60*

(How could any knowledgeable doctor/patient continue to use medroxyprogesterone?)

“Medroxyprogesterone has many side effects, whereas progesterone has none.” *Journal of Women’s Health Gender Based Med 2000 May; 9 (4): 381-87*

(There is a plethora of data and articles demonstrating the benefits of natural hormones over the synthetic hormones.)

“Progesterone reduces proliferation of breast cancer cells and induces cellular apoptosis (kills breast cancer cells) *Maturitas 2003 Dec; 46 (1):555-58*

(One would think that these studies should make national headlines and make all women scramble to take progesterone.)

“Due to the side effects of synthetic progestins, natural progesterone is preferred. Progesterone has proven bioavailability and no side effects making it the preferred hormone for menopause.” *American Family Physician 2000; 62: 1939-46*

“Progesterone raises good HDL cholesterol, whereas MPA (Provera®) lowers good cholesterol. Progesterone increases estrogen’s beneficial effects, whereas MPA reverses estrogen’s benefits. Progesterone has no side effects, whereas MPA has many.” *Obstetrics Gynecology 1989; 73: 606-611*

(Natural estrogen and natural progesterone offer substantial benefits over synthetic hormones and should be the agents of choice for menopause.)

“This study demonstrates that maximal reduction in breast stimulation occurs when progesterone is at its peak levels during pregnancy or late in the monthly cycle. Medroxyprogesterone increases mitotic (cancer-causing), whereas progesterone decreases mitotic activity.” *Climacteric 2002 Sept; 5 (3): 229-35*

(Progesterone inhibited growth of human breast cancer cells by production of certain cancer protective proteins.)

“Progesterone significantly improved quality of life over progestin (MPA). Medroxyprogesterone had many side effects, whereas progesterone has none.” *J Women’s Health Gender Based Med. 2000 May; 9 (4):381-87*

(There is a plethora of data and articles demonstrating the benefits of natural hormones over the synthetic hormones.)

“Natural progesterone, but not MPA, decreases myocardial ischemia and causes vasodilation of coronary vessels.” *Journal American College of Cardiology; 2000 Dec; 36 (9): 2154-2159*

(By now one should perhaps get the impression that progesterone and medroxyprogesterone (MPA or Provera®) are the opposite of each other, and indeed they are: Progesterone decreases heart disease, MPA increases heart disease. Progesterone lowers cholesterol, MPA raises cholesterol. Progesterone

prevents plaque formation; MPA increases plaque formation. Progesterone is synergistic with estrogen; MPA negates estrogen's benefits. Progesterone administration raises serum progesterone levels, while MPA has a different chemical structure that does not raise progesterone levels. Progesterone makes women feel better, whereas MPA causes depression, bloating, bleeding. Progesterone is progestational, meaning the hormone that maintains pregnancy. MPA is a teratogen that causes birth defects and is absolutely contraindicated in pregnancy. I hope I have proven my point that synthetic hormones are not the same as natural HRT.)

“Natural estradiol and progesterone are safe and show no increase in breast cancer or heart disease; however, the synthetic hormones do increase risk of heart disease and cancer.” *Breast Cancer Res Treat 2007 Feb. 27; 160-175*

(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.)

“Oral natural progesterone possesses good bioavailability without the side effects of the progestins. Progestins reverse the benefits of estrogen, progesterone is synergistic with estrogen. Progestins (Provera®) increase cholesterol and lower the good HDL.” *American Family Physician 2000 62: 1839-46*

“Progesterone decreases breast stimulation 400% and down regulates breast receptor sites, thereby protecting against breast stimulation.” *Fertility Sterility 1998; 69: 963-69*

“Mammary tumor stimulation was reduced both by progesterone and Tamoxifen, more so by progesterone than Tamoxifen, which is the drug of choice to treat cancer.” *Japan Journal of Cancer Research 1985 June; 76: 699-04*

“Hargrove demonstrated that abnormal metabolic footprints of synthetic hormones cause harm and side effects. Serum levels of progesterone can be measured and monitored. Serum levels of medroxyprogesterone (Provera®) can't be measured, as it is a completely different molecule. We and others have demonstrated that natural progesterone produces excellent blood levels without the risk of side effects of the synthetic hormones: breast swelling, fluid retention, weight gain, depression.”

“Medroxyprogesterone (Provera®) up regulates (stimulates) breast receptors, increasing breast density. Progesterone down regulates breast tissue thereby de-stimulating breast tissue. Natural progesterone causes no side effects.” *Infertility and Reproductive Medicine Clinics of North America. 1995 Oct; 6 (4): 653-670*

“Adding a progestin (Provera®) increased risk of breast cancer 29%.” *J National Cancer Institute 2000; 92 (4): 328-332*

“Medroxyprogesterone enhances proliferation of breast cancer cells and progesterone decreased proliferation. When estrogen was added to progesterone it further reduced proliferation.” *Climacteric 2003 Sept; 6: 221-27*

## **Testosterone**

“Testosterone lowers fat, improves body composition, protects against diabetes and heart disease.” *International Journal of Obesity and Metabolic Disorders 1992 Dec; 16 (12): 991-7*

(There is no medicine or therapy that protects us as well as testosterone.)

“Loss of testosterone causes loss of libido, energy, strength, sexual function, memory, cognition, muscle and bone. Testosterone replacement, as far as quality of life is concerned, is tremendous.” *Medical Crossfire 2001 Jan; Vol. 3 No. 1: 17-18*

(Thanks to medical science, we now have the hormone that helps prevent these problems.)

“Symptoms of low testosterone may occur due to decreased serum levels or reduced receptor site sensitivity. In spite of normal blood levels patients will still feel and function better when testosterone is prescribed.” *Medical Crossfire 2001 Jan; Vol.3 No. 1: 17-18*

(This is a perfect example of what most physicians do not understand. Even if a patient’s hormone levels are normal, they may suffer from deficiency symptoms. This is due to receptor site resistance resulting in poor stimulation of receptor sites. This results in symptoms that can be corrected only by hormone replacement. This last statement is of extreme importance as far as symptom improvement is concerned, and this applies to all hormones. Many physicians will refuse to prescribe hormones based on normal lab values. We physicians interpret normal lab values to mean you do not need hormones. Nothing could be further from the truth. From my years of experience, the feedback from hundreds of physicians that I’ve trained and feedback from thousands of patients, there is overwhelming evidence that proves that patients do feel and function better when taking hormones, particularly when taking thyroid or testosterone. Don’t blame your physicians for not understanding this, as we are simply not trained in these concepts, even though documentation is provided throughout our medical literature.

Many physicians will require as to why I provide thyroid for patients when their thyroid levels are normal. They simply don’t understand that optimal levels make patients feel better whereas “normal” levels do not. This improvement in quality of life and reduction in symptoms is all due to better receptor site stimulation. Raising hormone levels to optimal levels overcomes this hormone resistance thereby allowing patients to once again feel normal; this is not achieved unless their levels are optimal.)

“Testosterone replacement improves muscle mass and strength, libido, erectile function, bone density, memory, cognition, myocardial function. It is

unconscionable for physicians not to treat men with testosterone.” *Medical Crossfire 2001 Jan; Vol.3 No.1: 47-50*

(Unfortunately, many physicians will not treat a patient if serum levels are normal. Testosterone as well as other hormones should be prescribed to help improve symptoms, not to treat just lab tests.)

“Low testosterone levels are associated with an increased risk of diabetes, heart disease, and carotid atherosclerosis.” *Diabetes Care 2003 June; Vol. 36 No. 6: 20-30*

(Testosterone treatment should begin at age 40 to prevent these illnesses from progressing. Other hormones too should be prescribed to help improve symptoms, as well as preserve health and wellness.)

“Loss of testosterone causes decreased muscle mass and strength, increased fat, decreased libido, erectile dysfunction, depression, osteoporosis, decreased energy, decreased well-being, decreased protection from heart disease and bone loss. Replacement improves energy, muscle and bone strength, libido, frequency of sexual function and ejaculation. Synthetic oral testosterone raises cholesterol and lowers HDL levels. Don’t confuse this with bio-identical testosterone, which lowers cholesterol and raises HDL. Testosterone does not increase prostate volume or PSA levels or cause prostate cancer.” *Archives of Family Medicine; 1999; Vol. 8: 252-263*

(Health benefits, feel-good benefits and no harm from testosterone.)

“Development of prostate cancer does not depend on levels of testosterone. High levels of testosterone do not increase risk of prostate cancer.” *RR J Cancer 1999 June; 80 (7): 930-4*

(All medical specialty journals acknowledge that testosterone does not cause prostate cancer.)

“Testosterone levels have nothing to do with causing prostate cancer.” *Cancer 1999 July 15; 88 (2): 312-5*

“None of the 12 longitudinal population based studies such as the *Physician’s Health Study*,” found any increased risk of prostate cancer in men with higher levels compared to men with lower levels of testosterone.” *New England Journal of Medicine 2004; 350:482-92*

(If there is anyone who still imagines that testosterone causes cancer, then they remain ignorant of the world literature.)

“Testosterone administration in the highest dosage resulted in increased sexual activity, pleasure, and orgasm in women. There was an increase in sexual fantasies, masturbation and frequency of sex. There was an improvement of well-being and mood.” *New England Journal of Medicine 2000; 343: 682-88*

(These are quotes from the most prestigious medical journal in the world.)

“Low testosterone levels increase cardiovascular disease. High testosterone levels protect against cardiovascular disease.” *Diabetes Metab 1995 Vol. 21: 156-161*

(Where would you like your level to be? Remember normal is not optimal.)

“Levels of testosterone, free testosterone or DHT did not predict or cause prostate cancer.” *J Natl Med Assoc Sept 2000; 92 (9): 445-9*

(There is no correlation between high testosterone levels and prostate cancer. Low testosterone levels correlate to a more aggressive, serious cancer.)

“Testosterone replacement in women significantly decreases carotid atherosclerosis and cardiovascular disease.” *American Journal of Epidemiology 2002; 155: 437-445*

(It doesn't make any difference if you are a man or a woman, both need optimal testosterone levels for cardiovascular protection and long term health.)

“Administration of testosterone to women eliminates hot flashes, lethargy, depression, incontinence, fibrocystic disease, migraine headaches, and poor libido. Testosterone also improves well-being, sexual desire, frequency and intensity of orgasm.” *Consultant; 1999 August: 2006-07*

(What more can be said? What woman would not want these benefits? Who would not want their spouse to experience these benefits?)

“Low testosterone levels adversely affect women's health. Testosterone improves women's energy and well-being. Treatment should begin when a woman's testosterone drops below mid-range of normal. Testosterone administration has many benefits and no risks. This is cutting edge work.” *JAMA May 2004; Vol. 283 (20): 2463-64*

(The second most prestigious journal recommends treatment with testosterone even if hormone levels are normal. They found optimum was best.)

“Low testosterone levels increase risk of diabetes and cardiovascular disease. Testosterone therapy reduced abdominal obesity, decreases risk of diabetes, dilates coronary arteries and decreases atherosclerosis.” *Diabetes Care 2003; Vol. 26 No. 6: 1869-73*

(Does anyone reading this book not think that this is important? Then your doctor should also think that it is important.)

“Higher testosterone levels increase cognition and memory.” *Neurology 2005 Mar. 8; 64-5: 866-71*

(And people wonder what they can do for their memory.)

“Testosterone decreases cholesterol and raises HDL.” *Atherosclerosis 1996 Mar; 121 (1):35-43*

(What drugs can do this and make you feel good too? Every cardiologist should be prescribing testosterone for their patients. Do you know of any that do?)

“Testosterone improves sexual function, bone density, mood, energy, and well-being. Testosterone increases sexual gratification, desire, arousal, libido, and frequency. Quality of life is adversely affected with low testosterone.” *Female Patient 2004 Nov; Vol. 29: 40-45*

(That just about says it all. Even though this originated from a woman’s medical journal, the same applies to men.)

“Low testosterone levels are associated with higher cardiovascular risk. Testosterone supplementation reduces abdominal fat and improves insulin sensitivity. Testosterone lowers cholesterol also.” *Diabetes Metab 2004 Feb; 30 (1): 29-34*

(What drug does all this and makes you feel good too?)

“Hormone replacement therapy in postmenopausal women and testosterone replacement in men reduce the degree of central obesity.” *Obesity Review 2004 Nov; 5 (4): 197-216*

(Is this not healthy for us? What a shame all doctors don’t recommend it.)

“High doses of synthetic, anabolic steroids cause side effects. No such side effects have been observed using low doses of natural testosterone. Avoidance of supraphysiologic levels prevents any side effects.” *Female Patient 2004 Nov; Vol. 29: 40-45*

(Many physicians and patients will remember the harm that the old, synthetic anabolic agents caused. Do not equate this with natural testosterone which has entirely opposite effects of synthetic testosterone.)

“Testosterone increases bone density in women. Testosterone protects against heart disease in women.” *Journal of Reproductive Medicine 1999; 44 (12): 1012-20*

(More proof that testosterone is not just a “male” hormone. It is just as much a female hormone.)

“Testosterone administration to men with PIN (pre-cancer stage) did not go on to further develop prostate cancer.” *J of Urol. 2003; 170: 2348-51*

(Testosterone administration always raises estrogen levels. Over 40 years, hundreds of studies have demonstrated raising testosterone or estrogen levels does not increase cancer. If estrogen caused prostate cancer, as many people incorrectly and inappropriately assume, then we certainly would have observed it and we haven’t.)

“Testosterone protects against Alzheimer’s dementia, type II diabetes, obesity, depression, osteoporosis, muscle wasting, cognitive decline, loss of libido, erectile dysfunction, and cardiovascular disease. The prevalence of prostate cancer in men with low testosterone levels is substantial in comparison with high testosterone levels. Lower testosterone levels increase risk of prostate cancer and cancer severity.” *N Engl J Med 2004; 350: 482-92*

“Despite decades of research, there is no compelling evidence that testosterone has a causative role in prostate cancer. There is no compelling evidence at present to suggest that high testosterone levels or testosterone administration increases the risk of cancer. Prostate cancer becomes more relevant at the time of a man’s life when testosterone levels decline. Experienced clinicians aim for the upper-normal range, in order to optimize treatment.” *New England Journal of Medicine 2004; 350: 482-92*

(This was a meta-analysis or a review of many articles on testosterone. Over 40 years of articles were reviewed and there was no harm and many benefits. This was a land mark article that should dispel any fear or concern about testosterone. On the other hand, it certainly establishes the harm and deterioration resulting from lack of testosterone.)

“There is no clinical evidence that testosterone replacement causes prostate cancer.” *Mayo Clin Proc 2002 Jan; 75: 583-87*

“Low DHT (dihydrotestosterone) predicted a higher rate of cancer. Higher DHT levels were associated with a lower risk of cancer.” *Brit. J. Urol. 1990 Mar; 77 (3): 443-37*

“Testosterone decreases visceral fat, increases insulin sensitivity, decreases blood glucose, decreases cholesterol and triglycerides, and decreases diastolic blood pressure.” *Obesity Repts 1995 3: 6098-6125*

## **Thyroid**

“Fibromyalgia is frequently seen in hypothyroidism. There is now evidence to support that fibromyalgia may be due to thyroid hormone resistance (cellular hypo-function).” *Medical Hypotheses 2003 Aug; 21 (2): 182-89*

(In my experience, the most successful treatment for fibromyalgia and other body pain is testosterone and thyroid. Very few medical studies address this treatment. In this study, even though thyroid blood levels did not factor into the treatment, high doses of thyroid were used to treat symptoms.)

“Combined T4 and T3 therapy resulted in improved symptoms, well-being and weight loss in comparison with straight T4 therapy. A decrease in weight resulted from using higher T3 levels.” *J Clin Endocrinol Metab 2005 May; 90 (5): 2666-74*

(This is another classic article demonstrating T3 makes patients feel and function better. Physicians will continue to believe that only T4 is required, whereas the good studies in major medical journals demonstrate that adding T3 is necessary for physiologic improvement. Again, this study proved as more T3 was prescribed, the better the results.)

“Long-term high doses of thyroid had no adverse effect in causing osteoporosis or fractures.” *Cortland Forum July 2001: 85-90*

(Another study reviewed over 40 studies and none found any evidence that thyroid hormone has any significant effect on bone density; as these were studies of patients not on any hormone therapy except for thyroid. What

this means is that the medical community cannot assert that thyroid hormone causes bone loss. Low hormone levels cause bone loss, not optimal levels.)

“TSH is a good test to diagnose hypothyroidism. However, TSH is a poor measure of symptoms of metabolic severity. Therefore, it is the biological effects of thyroid hormone on the peripheral tissue and not the TSH concentration, which reflects the clinical and metabolic effects.” *British Medical Journal Feb 2003; Vol. 326: 325-326*

(Most physicians rely only on TSH, which may result in persistent symptoms in spite of normal TSH levels. It is the level of T3 at the cellular level that is responsible for how one feels. Most physicians never measure T3 and never realize the cause of the patient’s symptoms.)

“Even exceptionally high doses of thyroid do not cause osteoporosis or fractures.” *Normal Metabolic Research 1995 Nov; 27 (11): 503-7*

(Doctors are always afraid that prescribing thyroid causes osteoporosis. It doesn’t and over 40 studies prove so.

“Even though the TSH is in the normal range, patients continue to have persistent symptoms despite adequate replacement doses. These patients are still symptomatic due to low T3 levels.” *BMJ Feb; 2003; Vol. 326: 295-296*

“Patients that took a combination of T4 and T3 experienced better mood, energy, concentration and memory and improved well-being. Patients on just T4 experience no change.” *New England Journal of Medicine Feb. 1999; 340: 424-9*

(NEJM is our most prestigious medical journal.)

“Women with low-normal thyroid levels had a four-fold increased risk of heart disease. This increased risk was equal to the risk of smoking and high cholesterol. Low normal thyroid levels are a strong predictor for heart attacks.” *Annals of Internal Medicine 2000; 132: 270-278*

(Everyone would benefit from optimal thyroid replacement.)

“Low T3 levels are associated with increased heart disease and decreased cardiac function. Replacing T3 increases clinical performance and cardiac output. Adding T3 increases exercise tolerance and quality of life.” *CVR & R 2002; 23: 20-26*

“Low levels of free T3 in patients resulted in increased disability, depression, decreased cognition, energy and increased mortality.” *JAMA Dec. 2004; Vol. 292 (2c): 500-504*

(All hormones have health benefits. When we lose our hormones, we lose health benefits; thereby, increasing morbidity and mortality, and thyroid is no different. There are no studies that demonstrate optimal thyroid levels are harmful. There are many studies indicating that suboptimal or low normal levels are detrimental. Therefore, our goal as physicians should be to optimize thyroid as well.)

“Low normal thyroid levels result in increased cholesterol, increased heart disease, fatigue, low energy, depression, and memory loss. Thyroid replacement eliminates these risks. No study has shown any harm or adverse effect of treatment.”

Consultant 2000 Dec: 2397-2399

(Optimal levels are beneficial for all hormones and thyroid is no different. For healthy memory, metabolism, cholesterol, hair, skin and nails, optimal hormone levels are necessary; normal levels are detrimental.

Physicians think that thyroid administration causes osteoporosis. There are over 40 studies proving that it does not. When other HRT is prescribed, there is an increase in bone density, not a loss of bone.

Most doctors incorrectly and unfortunately prescribe only T4, whereas the studies demonstrate that adding T3 resulted in weight loss and improvement in energy and a decrease in symptoms. There was no improvement in symptoms in well-being on T4 alone (Levoxyl® or Synthroid®). Alone, or with all the other hormones, optimal levels of T3 work best.)

“Long-term thyroid replacement with high doses has no significant effect in bone density or fractures.” Lancet 1992 Jul 4; 340 (8810): 9-13

“Thyroid levels should be raised to the upper normal range for a young person. This results in optimal cognition, memory, cerebral function.” Journal of Gerontology 1999 Vol. 54: 109-115

“Combined thyroid therapy with T4 and high dose T3 resulted in improvement of symptoms and well-being, whereas straight T4 did not. Not only did they feel better, but the patients taking both T4 and T3 also lost weight. Those only taking T4 did not.” Journal of Clinical Endocrine Metabolism 2005 May; 90 (5): 2666-74

“Over 40 studies prove that thyroid replacement does not lower bone density or cause increase risk of fracture.” Cortland Forum; 2001 July: 85-89

“Decreased T3 levels result in increased cholesterol and heart disease. Treating with T3 improves lipid profile.” Preventive Cardiol 2001; 4: 179-182

## **Melatonin**

“Melatonin has been shown to slow the growth of some cancer, prevent certain cancers, and decrease side-effects of many chemotherapeutic agents.” Medical Hypothesis 1997 June; 49 (6): 523-35

(Melatonin has become so popular that there is now a synthetic, chemically altered melatonin made by a pharmaceutical company to treat insomnia.)

“Use of melatonin in elderly patients with insomnia demonstrated improvement in sleep quality. This study is consistent with other studies.” *Patient Care 2000 June; 34-38*

“In this study patients were successfully weaned from benzodiazepines (valium) with the sleep regulating hormone melatonin. Melatonin was not associated with adverse effects or tolerance.” *Archive of Internal Medicine; 1999 Nov; 159: 2456-2460*

“Melatonin possesses strong antioxidant properties with increases in brain glutathione. Melatonin possesses potent anti-cancer effects, increases and improves immune defenses, inhibits tumor growth factor production.” *Journal Pineal Research 1999 Aug; 23 (i): 15-19*

“Night time administration of melatonin relieves migraine headaches.” *Neurology 2004 August; 246-250*

## **Cancer**

“Progestins increase proliferation of breast tissue. A new study shows that progesterone has the opposite effect. Progesterone was shown to not have any detrimental effect on breast tissues.” *J of Steroid Biochem Mol Biol May 2005; (PubMed)*

“HRT after treatment of breast cancer has not been demonstrated to increase risk of recurrence or mortality.” *J of Obstet Gynecol 2004 Jan; 23 (1): 49-60*

“Estrogen replacement therapy in breast cancer survivors results in increased survival and improved quality of life. HRT was not associated with any cancer recurrence.” *Menopause 2003 Jul-Aug; 10 (4): 269-270*

“Progesterone produces breast cancer resistant protein (CRP); estrogen by itself does not. However, when estrogen is added with progesterone, the effect is synergistic by increasing the release of CRP. They are synergistic with each other.” *Am J Physiol Endocrinol Metab 2005 Dec (PubMed)*

“Progesterone inhibits human breast cancer cell growth through transitional up-regulation of kinase inhibitor gene.” *FEBS LETT 2005 Oct. 24; 579 (25): 5535-41*

“There is growing evidence that progesterone exerts an affect on human breast tissue similar to its effect in the endometrium (protecting against cancer).” *Female Patient; Dec 2001; 3-10*

Question: Hormone therapy and breast cancer: Does the type of progestin matter?

Answer: Yes, in this study from France of 100,000 menopausal women, the relative risk of breast cancer with estrogen-progestin regimen was 1.7%, whereas the risk for estrogen-progesterone was 1.0%. All progestins were associated with a significant

increase in breast cancer whereas progesterone was neutral. The results were intriguing. This was the first epidemiologic study of this size that demonstrated no risk of breast cancer from progesterone use. All other studies, including this one, demonstrate that progestins harm breast tissue and increase cancer risk.

*Breast Cancer Res. Treat. 2007; Vol.: 125-134*

(Isn't this exactly what I have preached for years? This study is exactly what is needed to silence those critics that claim there are no studies acknowledging a difference in hormone types. The *Nurse's Study* has been the largest epidemiologic study to date of 20,000 nurses. This French study further exceeds that *Nurse's Study* by being the most powerful study to date.

Fear of breast cancer discourages many women from using menopausal hormones. This fear also fuels anxiety among physicians. However, a large body of evidence from recent clinical trials indicates that the use of estrogen only therapy has no impact on the risk of breast cancer. The WHI trial, the most powerful study to date, demonstrated a decreased incidence of breast cancer. It was only through the addition of the progestin that the risk of breast cancer increased. Both patients and physicians alike should feel confident about HRT, as two very powerful studies demonstrate no increased risk of cancer with estrogen or progesterone.)