

# LIFE AFTER HRT: Switching to Natural Hormones



**In the Post-Prempro era, the emphasis is rapidly shifting from synthetic hormone replacement to balancing hormones naturally. Natural (bio-identical) hormones are the safe alternative to HRT and hundreds of thousands of women are already using them. Below are some answers to your questions about getting off synthetic HRT and going natural...**

While the abrupt cancellation of The Women's Health Initiative (WHI) last week made headline news around the country it will not have come as a shock to those who have kept up with all the studies over the last decade warning of the risks of HRT. The WHI analyzed the health of 16,000 women aged 50 to 79 years after five years of using HRT (Premarin and Provera or PremPro) and found an increased incidence of just about every major disease the hormones were supposed to be preventing! Percentage-wise that meant:

- A 41 percent increase in strokes A 29 percent increase in heart attacks
- A 26 percent increase in breast cancer
- A 22 percent increase in total cardiovascular disease
- A *doubling* of the rate of blood clots.

The makers of the drug, Wyeth Pharmaceuticals, assure us that the increase in individual risk is relatively small: during one year among 10,000 postmenopausal women with a uterus who are taking estrogen plus progestin, 8 more will have invasive breast cancer, 7 more will have a heart attack, 8 more will have invasive breast cancer, 8 more will have a stroke and 18 more will have blood clots including blood clots in the lungs, than will a similar group of women not taking the hormones. But *relatively small* individual risks translate nationally to 4200 additional cases of breast cancer, 4800 cases of heart disease, and 10,800 women, wives and mothers who had a stroke in a five-year period because they were taking this form of HRT.

If we stretch these numbers out over a decade, nearly 40,000 women will have been harmed by taking these drugs, not counting all the women who have suffered the dismal side effects of this form of HRT; weight gain, fatigue, depression, irritability, headaches, insomnia, bloating, low thyroid, low libido, and gallbladder disease. That's an epidemic. If we dare to multiply 40,000 women harmed times three—the number of decades women have been using synthetic HRT—we are talking about an epidemic of the worst proportions.

One of the most disturbing aspects of this fiasco is that it was created in large part because of the negligence of conventional medical practice and prescribed without good supporting evidence of safety and efficacy. In 1966, when estrogen replacement therapy took off with a book titled "Feminine Forever" by Dr. Robert Wilson (who was sponsored by the manufacturers of Premarin), women were assured that they would remain "young, attractive and sexually active" if they took the hormone.

Those who did not would see their breasts and genitalia shrivel; they would become dull, unattractive and unpleasant to live with. Despite the lack of evidence to back up these claims, women who complained of anything remotely like menopause were immediately placed on HRT. Their hormones were never measured to find out which ones they needed or how much, and they were subjected to a one-dose-fits-all mindset that led to the overdosing of millions of women on estrogen. When it became apparent that estrogen on its own was causing uterine cancer, natural progesterone in combination with estrogen was totally ignored in favor of the patentable (read: profitable) synthetic progesterones known as progestins.

And so it has gone, until last week when the Women's Health Initiative looking for lifesaving benefits of PremPro, found life threatening risk instead. The study was stopped in its tracks—three years short of its scheduled end.

To readers of Dr. John Lee, Dr. David Zava and other pioneers of the natural hormone movement the risks and side effects of conventional HRT are not news – the evidence of harm has been showing up in the scientific research for at least a decade. This particular study was finally large enough and prestigious enough that conventional medicine was forced to pay attention. The challenge now for doctors is to inform themselves and their patients about the efficacy, use and prescribing of natural hormones.

## **Questions and Answers About Natural Hormone Replacement Therapy with Dr. John Lee**

(Provided with permission of Dr. John Lee, author of *WHAT YOUR DOCTOR MAY NOT TELL YOU ABOUT MENOPAUSE* and co-author with Dr. David Zava of *WHAT YOUR DOCTOR MAY NOT TELL YOU ABOUT BREAST CANCER*)

## **Do the results of the WHI apply to using natural estrogen and progesterone as you recommend?**

Not at all. What I recommend is measuring saliva hormone levels to find out where the hormonal imbalance is, and then using natural hormones in physiologic doses, which means doses that the body would naturally produce itself if it were in balance, and in a natural monthly rhythm. (Please read any one of our books for details.)

Looking at this another way, from puberty until menopause, a healthy woman's body is making its own natural hormones in synchrony and balance, without giving her cancer, heart disease or strokes. What I recommend is attempting to regain or mimic this natural balance as closely as possible.

Conventional HRT not only fails to measure hormones and use physiologic doses, it uses synthetic, not-found-in-nature "hormones" that are foreign to the human body and cause a long list of unwanted side effects.

## **How Do I Get Off PremPro?**

Most women simply need to lower their dose of estrogen and replace the progestin (the "pro" part of the PremPro) with progesterone cream.

Estrogen is a prescription-only medication in the U.S., so you'll need to ask your doctor for a separate prescription for estrogen, preferably estradiol, a combination of estradiol and estriol, or estriol alone (please read our breast cancer book for details on using estriol). Even Premarin, although ethically objectionable in the way it is obtained from pregnant mares, will work if it is used in the lowest dose needed, and in combination with natural progesterone. It's important not to go off of estrogen suddenly, or you're likely to suffer from hot flashes and night sweats.

Unless your doctor already has you on a low dose of estrogen, you can begin with half the dose you have been taking when you add progesterone cream in place of the progestin. Many menopausal women don't need any estrogen at all, and can gradually taper their dose down to nothing. Although progesterone alone will alleviate menopausal symptoms for many women, many women who don't have much body fat need a little bit of estrogen. Symptoms of estrogen deficiency include hot flashes, night sweats, and vaginal dryness. Again, you can find more specific information in our books.

## **My doctor says that I can't use estrogen and progesterone cream, because progesterone cream won't protect my uterus the way the progestins do.**

Progesterone cream protects the uterus just fine. Not only did I not have any problems in my hundreds of menopausal patients before I retired from practice, I am in touch with dozens of physicians who have thousands of patients between them, who have never had a problem (some of them have been doing this for over a decade). Furthermore, a recently published double blind, placebo-controlled study by Helene Leonetti, M.D., indicates that progesterone cream is protective. Her study compared the uterine protection of PremPro with an estrogen/progesterone cream combination. In short, the women on the progesterone cream came out just fine.

You might also ask your doctor how he thinks that your premenopausal body protected itself against estrogen effects! It was the progesterone that your ovaries made every month!

## **My doctor says that because blood tests don't show a rise in progesterone when progesterone cream is used, that it doesn't work, and I should use oral progesterone.**

Blood tests only measure the serum, which is the watery part of the blood, and progesterone that comes from cream use is carried in the red blood cells, not in the serum. The most accurate way to measure hormone levels is with a saliva hormone level test, which measures your active or bioavailable hormones. When you use progesterone cream, a saliva hormone test will show a gradual rise in hormone over a four-hour period, and then a gradual drop over a four-hour period. This amount of time is an average, and can vary a bit from woman to woman.

## **What are Bio-identical Hormones and can you explain the difference between Natural Progesterone and the synthetic version?**

Bio-identical hormones (BHRT) are synthesized from natural substances and are identical in structure and function to those our bodies produced naturally pre-menopause. When production drops below normal levels at perimenopause and menopause BHRT is the best and safest way for women to supplement. Bio-identical hormones are available by prescription through compounding pharmacists. Natural progesterone is a bio-identical hormone as opposed to progestin which is the synthetic version (the "pro" in Prempro). Natural progesterone is just like the progesterone your ovaries made and is available in a topical form over-the-counter and by prescription (when compounded with natural estrogens and other hormones). It is always best to be tested first for any hormonal imbalances and based on your test results discuss natural hormone supplementation (BHRT) with your health care provider. For an approved list of progesterone creams consult Dr. Lee's books.

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