

Bioidentical Hormone Therapy for Women

Managing Women's Health Naturally: menopause and bioidentical hormones.



An Introduction to Menopause

Menopause is a natural transition in a woman's life which often passes without much notice but which can cause some level of discomfort depending on the individual and the many variables which contribute to overall health. Many of these variables are amenable to safe, natural, risk-free methods which have been proven throughout the centuries to benefit women. High risk treatments are not necessary since many safe, natural options are available.

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Menopause is defined as the cessation of menses for a 12-month period. It usually occurs between the ages of 50-55 but may occur earlier or later, with the mean age being 53.3 years. The "Climacteric" is the period of time leading up to menopause and may begin a decade prior to menopause. During the climacteric period many women experience symptoms associated with changing hormone status and these include:

- Hot flashes
- Vaginal dryness and atrophy
- Water retention
- Fat and weight gain, especially in the hips, thighs, and abdomen
- Sleep disturbances (insomnia, less REM-time sleep)
- Decreased libido
- Mood swings -depression, irritability
- Headaches, -Fatigue
- Short-term memory lapses, lack of concentration
- Dry, thin ,wrinkly skin
- Thinning of scalp hair, some increase in facial hair - Bone mineral loss (osteoporosis)
- Diffuse body aches and pains

No wonder this time in a woman's life is often dreaded! However, the good news is that these symptoms can be avoided and that menopause is not a disease! Quite to the contrary, menopause can be a most gratifying time in a woman's life and it should be.

Menopause should be viewed as a time of positive change, when old responsibilities can be abandoned and new interests can be pursued; a time perhaps for taking more personal time for oneself, rekindling romance, and using the wisdom of one's past to contribute positively to the future through guidance, example, and teaching. Most of all it is a very personal and individual time for each woman - a time to discover one's unique gifts and allow the self to flourish.



The cycle of a woman's life changes at menopause. Gone are the monthly menstrual tasks, child-rearing (usually), and all of the other duties which may well nourish a woman in her busy years, but which can be joyously let go by enlightened post-menopausal women. I guess what I am trying to get across is attitude. We can look at this time in our lives as a loss, a decline in function, a deterioration. Or, with a bit of a paradigm change, we can see it for what it truly is... a wonderful time of self-discovery and new adventures.

Physiology of Menopause; What we do know about the science

The two master hormones which drive the menstrual cycle are LH (luteinizing hormone) and FSH (follicular stimulating hormone). FSH drives the ovary to make estrogen, promotes maturation of the follicle (egg), and sensitizes the follicle receptors to LH. LH rises a day or two prior to ovulation, stimulates release of the egg from the follicle (ovulation), and then declines dramatically.

FSH and LH are controlled by a hormone produced by the hypothalamus called gonadotropin releasing hormone (GnRH). The hypothalamus is controlled by a myriad of biochemical, hormonal, immunological, and emotional mechanisms which all work towards creating the delicate hormone balance which is so critical to female health. This balance can easily be disturbed by environmental stressors, physical and emotional stressors, and artificial hormone intake. The most likely cause of hormonal imbalance is xenoestrogen or synthetic estrogen exposure. Xenoestrogens are environmental compounds (usually petrochemical) that can have a potent estrogen-like activity making them very toxic.

Menopause as a "disease" is largely a result of lack of attention to this delicate hormone balance in the years leading up to menopause. The medical establishment has contributed to this problem by not fully understanding the mechanisms of this balance as well as by becoming overzealous with the pharmaceutical approach to treating menopause.

By focusing too much on "curing" problems with pills and too little on the healing power of the mind, emotions, and biochemistry of the body, our medical establishment has inadvertently failed women in menopausal management. Part of this failure centers in removing power from women and placing it in the hands of doctors. Women by enlarge have not been provided with the information to make wise choices concerning their health and well-being. They have been provided only with a single approach to diminishing their symptoms: an approach, which it turns out, was not originally well founded or researched and has been found to be dangerous, but which continues to prevail. This really makes no sense.

Menopause as a "disease" is largely a western phenomenon. In more agrarian, non-industrialized cultures, menopause usually passes with little discomfort. The reasons seem to be multi-factorial; nutrition, diet, chemical contamination of the environment, stress, and possibly the difference in feminine values across cultures.

Today women have no choice but to become self-educated. Enough evidence has arisen from our society's experiments with hormone replacement therapy to warrant self-education and to give up on the idea that we can trust the medical establishment to look after our best interests. The following is a list of side effects from hormone replacement therapy (HRT) which contains both synthetic estrogens and synthetic progesterone (also known as progestin):

- increased risk of cancer
- increased risk of gallstones
- increased risk of blood clots - thromboembolism, pulmonary embolism, myocardial infarction, etc.
- increased risk of cerebral hemorrhage, stroke
- increased risk of hypertension, headache, dizziness, nervousness, fatigue
- cystitis-like syndrome (urinary tract infection)
- PMS-like syndrome
- changes in sex drive
- hirsutism and loss of scalp hair.

Originally only estrogen was used in HRT but research determined that estrogen alone greatly increased the risk of endometrial cancer. It was discovered that by balancing estrogen with progesterone protection from this type of cancer occurred. Unfortunately, the progesterone used was, and still is a synthetic progesterone called Progestin which acts quite differently from natural progesterone. Natural progesterone, which our bodies produce, is a precursor to many other hormones, whereas, progestin is a metabolic end point and does not transform into any other molecule.



Following is a list of dangers associated with progestin:

- Increased risk of birth defects if taken during the first four months of pregnancy
 - Beagle dogs given this drug developed malignant mammary nodules
 - May contribute to thrombophlebitis, pulmonary embolism, and cerebral thrombosis.
 - May cause fluid retention, epilepsy, migraine, asthma, cardiac or renal dysfunction.
 - May cause or contribute to depression.
 - May decrease -glucose tolerance; diabetic patients must be carefully monitored.
 - May increase the thrombotic disorders associated with estrogens.
 - May cause breast tenderness and galactorrhea.
 - May cause sensitivity reactions such as urticaria, pruritus, edema, or rash.
 - May cause acne, alopecia, or hirsutism.
 - Edema, weight changes (increase or decrease)
 - Cervical erosions and changes in cervical secretions.
 - Cholestatic jaundice. -Mental depression, pyrexia, nausea, insomnia, somnolence.
- *This is an abbreviated list from the 1995 Physician's Desk Reference

Traditional Theory

The traditional theory explaining the adverse symptoms of menopause is deeply ingrained in the belief that estrogen becomes deficient after menopause. It is true that menopause is associated with decreasing estrogen levels, but it is not known if all of the symptoms of menopause are caused by these lowered levels of estrogen. Dr. Jerilynn Prior, researcher and professor of endocrinology at the University of B.C. has elucidated the fact that no study proving the relationship between estrogen deficiency syndrome and menopausal symptoms and related diseases has yet been done. In fact, what seems to be more clearly elucidated is the fact that estrogen dominance occurs for 10-15 years leading up to menopause in western women. Therefore, adding more estrogen may be only increasing the estrogen load and exacerbating the symptoms.

It has been found that during menopause, progesterone decreases to 1/120 of baseline levels, whereas estrogen decreases only 1/2 to 1/3 of baseline levels. Therefore, a strong argument can be made that the symptoms of menopause are actually caused by estrogen dominance and progesterone deficiency. When one reviews the effects of estrogen versus progesterone, this argument gains much support and begs the question, "Why has this theory never been studied?". One has to wonder! Natural hormones are very safe to take.

Both natural progesterone and natural estrogen are available if needed. Often, no hormonal therapy is indicated as most menopausal symptoms can be easily treated with good nutrition, exercise, and stress management. However, if these methods are not enough to provide comfort, the natural hormones are available to provide added support. These can be taken with the peace of mind in knowing that they are very safe and rather than increasing risk for disease they are protective and actually decrease the risk for disease and debility.

Some Suggestions for Balancing Hormones and Sailing Smoothly Through Menopause

-Avoid hydrogenated oils and processed vegetable oils

-Eat a plant based diet. Plenty of fresh, organic vegetables, whole grains, legumes, nuts, seeds, and fruits. Add quality protein and oils with every meal and snack.



-Emphasize cold pressed olive oil and virgin coconut oil (can withstand high heat cooking). Small amounts of butter are okay. Introduce essential fatty acids into your diet by increasing fresh fish consumption (1-3 times per week), supplementing with fish oils (2000 mg per day), supplementing with flax seed oil (1 tbsp. per day, must be used cold).

-Don't smoke.

-Limit alcohol to 2 or less drinks per day. Red wine is best.

-Eat whole, fresh, organic foods

-Drink mainly water or herbal teas.

-Keep fat consumption to 25-30% of total dietary intake.

-Exercise moderately and regularly. Preferably daily for 30 minutes or more.

-Use progesterone cream if necessary. 20-30 mg of progesterone per day for 3 weeks of each month consecutively if post-menopausal, and 20-30 mg per day from day 12-26 in pre-menopausal women. Eat moderate amounts ground flax seeds. 1-3 tbsp. of ground flax per day provides phytoestrogen support which protects from the adverse effects of "bad" estrogens.

-Take targeted supplements as advised by your Naturopathic Physician a minimum of:

-Use mild estrogens if required to control vaginal dryness or hot flashes. Use the safest estrogen, Estriol daily.

-*Report any occurrences of vaginal bleeding post-menopause to your doctor.

Some information about Natural Hormones

Natural Progesterone

Natural progesterone is a very different molecule from synthetic progesterone (progestin, the most common of which is Provera) which is commonly prescribed in Hormone Replacement Therapy (HRT). I have already provided information on progestin and would now like to focus on natural progesterone in order to compare the effects. Following is a list of the effects of natural progesterone:

-A precursor of other sex hormones, including estrogen and testosterone

-Maintains secretory endometrium (uterine lining)

- Is necessary for survival of the embryo and fetus throughout gestation
- Protects against fibrocystic breasts
- Is a natural diuretic
- Helps use fat for energy
- Natural antidepressant, calming effect
- Helps thyroid hormone action
- Normalizes blood clotting
- Restores sex drive
- Helps normalize blood sugar levels
- Normalizes zinc and copper levels
- Restores proper cell oxygen levels
- Has a thermogenic effect (temperature raising effect)
- Protects against endometrial cancer
- Protects against breast cancer
- Builds bone and is protective against osteoporosis
- A precursor to cortisone

There are no known side effects of natural progesterone when taken at physiological dosages of 20-40 mg per day. Very large doses can cause sleepiness, although most women report they simply feel calm. Some women may experience estrogen dominance symptoms for a week or two after starting progesterone which is caused by a sensitization of estrogen receptors which generally disappears quickly.

Natural progesterone comes in the forms of skin creams, oils, sublingual drops (under the tongue), and capsules. Transdermal (through the skin) cream is likely the best route of administration because progesterone is fat soluble and easily passes through the skin into fatty tissue from which the body can draw out the level it requires to maintain balance.

Bio-Identical ESTROGENS

As with progesterone, the natural estrogens are very different from the synthetic ones used in birth control pills and HRT. Unlike progesterone the term estrogen refers to a class of compounds not just a single compound. The major estrogens are estrone, estradiol, and estriol. The estrogens tend to promote cell division, particularly in hormone-sensitive tissue such as breast and uterine. This is what makes them capable of causing cancer. Estradiol is most stimulating to the breast and estriol the least. Estradiol is actually 1000 times more stimulating to the breast than estriol. Because of this, and the fact that estradiol is produced in much larger quantities than is estriol, overexposure to estradiol (and estrone to a lesser extent) increases risk of breast cancer, whereas, estriol is protective. Synthetic ethinyl estradiol is often used in estrogen supplements and contraceptives and is even more of a breast cancer risk than its natural counterpart. Estriol is the estrogen most beneficial and protective not only for the breast tissue but also for the vagina, cervix, and vulva. Thus, it is the estrogen of choice for vaginal atrophy and dryness which can occur after menopause.

Estriol has even been used in the treatment of breast cancer with great success: in one study 37% of women with spreading breast cancer experienced a remission or arrest of their metastatic lesions when taking a small amount of estriol. Estriol seems to have the benefits of “estrogen” without the risks. This is due to the fact that it is milder in its effects and does not overstimulate tissue, while at the same time it blocks the more potent estrogens from attaching to cellular receptor sites. Unfortunately, estriol is the least prescribed of all the estrogens.

Plant based or phytoestrogens are estrogen-like compounds which are derived from plants. Over 300 known plants possess compounds that have estrogenic activity which, like estriol, tends to be mild and protective. This may be a contributing factor to the phenomenon that people who eat the most fruits and vegetables are half as likely to develop cancer as those who eat the least.



Herbs with phytoestrogenic components include Cimicifuga (Black cohosh), Glycyrrhiza (licorice), Mitchella (Squaw vine), Caulophyllum (Blue cohosh), Trifolium (Red clover), Medicago (Alfalfa), Pueraria mirifica, and Dong Quai or Angelica as pictured here. These herbs are very effective at easing the symptoms of menopause.

Use quality sources and proper dosages prescribed by a qualified Naturopathic Doctor.

Here is a list of beneficial effects of estrogen:

- Maintains bone density (progesterone builds bone)
- Helps prevent Alzheimer’s disease by stimulating choline acetyltransferase
- Increases metabolic rate
- Improves insulin sensitivity
- Regulates body temperature
- Helps prevent muscle damage
- Helps maintain muscle
- Improves sleep
- Reduces risk of cataracts
- Helps maintain elasticity of arteries
- Dilates small arteries and increases blood flow
- Inhibits platelet stickiness
- Decreases plaque in arteries
- Enhances magnesium uptake and utilization
- Maintains skin collagen
- Lowers blood pressure
- Decreases LDL (bad) cholesterol and reduces oxidation of cholesterol

- Increases HDL, (good) cholesterol
- Lowers Lp(a) levels (these significantly increase the risk of cardiovascular disease)
- Reduces homocysteine levels (Also a risk factor for cardiovascular and brain disease)
- Reduces overall risk of heart disease by 40-50%
- Helps maintain memory and increases concentration
- Increases reasoning and new skills and fine motor skills
- Increase water content of skin
- Enhances production of nerve growth factor
- Relaxes arteries and improves blood flow
- Enhances energy
- Improves mood
- Increases sexual interest
- Decreases wrinkles
- Lowers risk of colon cancer
- Helps prevent tooth loss
- Aids in the formation of neurotransmitters in the brain such as Serotonin. This decreases depression, irritability, anxiety, and pain sensitivity.

Consult a Naturopathic Doctor for information and hormone testing to determine the best course of action for your individual needs. This is a time when thyroid and adrenal support is also often required since these endocrine organs are affected by hormone balance. This is best assessed by a qualified ND through lab testing.



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