

Part One

What You Need to Know about Your Body and Hormones

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Step 1

Understanding the Dangers of Hormone Replacement Therapy

After finishing a lecture recently, I was approached by Sarah, an office manager with a hectic schedule who said that she was desperately seeking relief from hot flashes and perimenopausal symptoms. Sarah was prepared to try anything to get relief. As she listed the various hormone combinations her doctor had prescribed, I empathized how Sarah's story typified so many women's perimenopausal predicaments.

Sarah had tried conventional hormone replacement therapy (HRT) (drugs made from a combination of synthetic estrogen and synthetic progesterone, also known as progestin). She had also taken so-called natural or bio-identical HRT (pills, liquids, patches, or skin creams containing hormones that are synthesized in the laboratory and derived from either wild yam or soy). Even the so-called natural, bio-identical HRT caused her symptoms to intensify.

Doubts about the safety of taking so many chemicals over the years compounded Sarah's uneasiness. Like many other women whom I speak to, Sarah had become increasingly concerned that taking HRT chemicals might negatively affect her health.

Sarah's story is fairly typical. From my private practice, I know that women feel frustrated and often desperate about their hormone health options, and they worry about the dangers involved in taking

conventional or natural HRT. I know how depressed you can get when you believe that you lack a safe alternative to HRT and you feel stuck in an unhealthful lifestyle. Nonetheless, you can relax now, because I am going to tell you about natural, effective choices that will help you feel healthier, sexier, and stronger.

Contrary to what the media and your doctor may lead you to believe, your body has the ability to produce the hormones it needs for as long as you are alive. For example, when the ovaries shut down after menopause, the adrenal glands continue producing progesterone and other hormones. Studies show that a healthy endocrine system is essential to making hormones in appropriate amounts throughout life. While chapters 3 through 7 detail numerous effective endocrine-support strategies, part 3 provides recipes and pantry and food guidelines that you can use to nourish your body and mind for the rest of your life.

Another key point: hormone health depends not on age or where you are on the perimenopausal or postmenopausal spectrum. It depends on a complex of factors, such as the air that you breathe; the water you drink; the quality of your diet, sleep, and exercise; the relative health of your relationships and emotional life—and that's just for starters. Many women are surprised to learn that hormone health depends not on how old they are but on how healthy they are.

To give you the tools you need to master your hormones, I will revisit some lessons that you first learned in high school biology class.

Hormonal Facts and Figures

A hormone is a chemical messenger formed by an orchestra of highly talented players, such as the adrenal glands, the hypothalamus, the pituitary, the liver, the pancreas, the ovaries, and the thyroid. Hormones commute through your bloodstream via an information super-highway that connects the executive suites of your brain to the DNA managers working in your body's cells.

Hormones communicate with chemicals, called neurotransmitters, such as serotonin, dopamine, and norepinephrine, that are produced by our brains. These neurotransmitters greatly influence our energy

levels, moods, and other bodily functions. Women's bodies contain female hormones such as estrogen, as well as male hormones such as testosterone and androstenedione, which are made by various endocrine glands and are responsible for libido, energy, and well-being.

Imagine your body as a city consisting of different commercial and residential neighborhoods, where several hundred trillion cells are busy living and working. Inside and outside the membranes of every cell, receptor sites function like elite clubs that can be entered only with special passwords. For any substance to enter the club and provide information to the DNA, the cells require the proper password. In this case, it is a hormone, which makes contact with a specific target cell and gains entry to the receptor site.

Once inside, the hormone delivers its biochemical messages for processing. For example, hormones have the power to switch various cellular functions on or off, such as telling the liver to make more blood glucose. They can orchestrate menstrual cycles and measure cellular activity throughout the body.

Depending on a woman's age, health, diet, fitness levels, and circumstances, her body will produce different hormones at different times of the day and the month. In most women, hormone levels peak in the early twenties and start descending after age twenty-five or so. Around age forty, hormone levels typically start to fluctuate, as the body moves beyond childbearing age and starts to prepare for life after menstruation, or postmenopause.

Because hormones affect the body in staggeringly complex ways, there are dozens of hormones that scientists have yet to fully understand. One of the most heavily researched female hormones, however, is estrogen, which is made in the ovaries and which circulates throughout the bloodstream. Besides activating a girl's metamorphosis into womanhood, estrogen creates the perfect conditions in the womb for the implantation and the nourishment of the early embryo. While estrogen acts as a growth hormone for breast, uterine, and ovarian tissue, it also fortifies the collagen layer of the skin, which improves elasticity and helps to prevent wrinkles. In addition, estrogen regulates mood and works many more health-enhancing wonders, which are detailed in chapter 2.

Women are often amazed when I tell them that the body produces more than two hundred different hormones every day. Just as certain nutrients from our food support specific aspects of mind/body health, each of your hundreds of hormones decisively influences specific body functions. In addition, hormone levels vary at different times of the day and night—they rise and fall throughout the twenty-four-hour cycle.

Your most famous hormones are undoubtedly the sex-related ones: estrogen, progesterone, and testosterone. Yes, even women produce the male hormone testosterone, and it's a lucky thing, too. Essential to healthy female sexual response and libido, testosterone also stokes energy and enhances general well-being. In most women, testosterone levels are doing fine until women reach a certain point in perimenopause, the six- to thirteen-year-long span that culminates in the last menstrual period.

Perimenopause may take place anywhere between the ages of forty and the late fifties, and symptoms vary from woman to woman. Irregular menstrual periods, missed periods, heavy or scanty bleeding, anxiety, and insomnia are some of the most common signs of perimenopause. Because these symptoms overlap with common PMS symptoms, the two conditions are often confused and thus misdiagnosed by health-care professionals. This book will help you pinpoint whether your mind/body conditions are caused by perimenopause or PMS. You will also find effective, safe, and evidence-based strategies for alleviating your symptoms.

You can develop a better sense of your exact condition(s) by completing the following questionnaires. Self-knowledge is empowering. Recording your symptoms is a great way to start balancing your hormones.

This first test increases your awareness about your current state of health. Please note that if you have had a hysterectomy, chances are high that you have a hormone imbalance.

If you check off three or more symptoms on the following Hormone Self-Assessment Test, you probably have unbalanced hormones. Please do not worry, as I will present solutions in the coming chapters that will help you take control of your health and eliminate any fears you may have now.

Hormone Self-Assessment Test

Check off any symptoms you are experiencing.

- | | |
|---|--|
| <input type="checkbox"/> have a history of antibiotic use | <input type="checkbox"/> have aggressive feelings |
| <input type="checkbox"/> frequently use prescription medications | <input type="checkbox"/> have overwhelming sexual urges |
| <input type="checkbox"/> take synthetic hormones in a topical cream, a patch, or orally | <input type="checkbox"/> have absence of menstrual flow for six or more months |
| <input type="checkbox"/> experience difficulty sleeping | <input type="checkbox"/> occasionally skip periods |
| <input type="checkbox"/> experience mood swings | <input type="checkbox"/> began menstruating after age sixteen |
| <input type="checkbox"/> experience hot flashes | <input type="checkbox"/> have shrinking breasts |
| <input type="checkbox"/> experience low libido | <input type="checkbox"/> have thinning pubic and armpit hair |
| <input type="checkbox"/> drink more than one glass of alcohol weekly | <input type="checkbox"/> are unable to get pregnant |
| <input type="checkbox"/> drink caffeine daily | <input type="checkbox"/> had a miscarriage |
| <input type="checkbox"/> experience exhaustion | <input type="checkbox"/> have excess facial hair |
| <input type="checkbox"/> experience irregular menstrual cycles | <input type="checkbox"/> have a poor sense of smell |
| <input type="checkbox"/> experience infertility | <input type="checkbox"/> experience monthly abdominal pain without bleeding |
| <input type="checkbox"/> experience frequent urination | <input type="checkbox"/> experience menstrual-type pain between menses |
| <input type="checkbox"/> have vaginal dryness, pain | <input type="checkbox"/> have irregular time intervals between periods |
| <input type="checkbox"/> experience painful intercourse | <input type="checkbox"/> have menstrual cycles greater than thirty-two days |
| <input type="checkbox"/> have engorged breasts | <input type="checkbox"/> have menstrual cycles less than twenty-four days |
| <input type="checkbox"/> have milk production (not nursing) | <input type="checkbox"/> have vaginal bleeding between periods |
| <input type="checkbox"/> lack interest in sex | <input type="checkbox"/> experience progressively worse pain during periods |
| <input type="checkbox"/> have blurred vision | <input type="checkbox"/> have pain, cramps |
| <input type="checkbox"/> experience headaches | |
| <input type="checkbox"/> have acne and/or oily skin | |

The following Premenstrual Syndrome Self-Assessment Test will help you further define your physical and emotional health specifics so that you can better balance your hormones. Some of the following symptoms occur three days to two weeks prior to menstruation.

Premenstrual Syndrome Self-Assessment Test

Put a check mark beside everything that applies to you. Do you have . . . ?

- | | |
|---|---|
| <input type="checkbox"/> premenstrual tension | <input type="checkbox"/> breast tenderness, swelling |
| <input type="checkbox"/> painful menses (cramping, etc.) | <input type="checkbox"/> depression, irritability, nervousness |
| <input type="checkbox"/> excessive or prolonged menstruation | <input type="checkbox"/> feelings of being easy to anger, resentful |
| <input type="checkbox"/> painful/tender breasts | <input type="checkbox"/> a feeling of being easily overwhelmed |
| <input type="checkbox"/> too frequent menstruation | <input type="checkbox"/> nausea and/or vomiting |
| <input type="checkbox"/> acne, worse at menses | <input type="checkbox"/> diarrhea or constipation |
| <input type="checkbox"/> depressed feelings before menstruation | <input type="checkbox"/> headache |
| <input type="checkbox"/> vaginal discharge | <input type="checkbox"/> food cravings, binge eating |
| <input type="checkbox"/> scanty or missed menses | <input type="checkbox"/> back pain |
| <input type="checkbox"/> hysterectomy/ovaries removed | <input type="checkbox"/> feelings of faintness |
| <input type="checkbox"/> depression | <input type="checkbox"/> clumsiness |
| <input type="checkbox"/> insomnia | <input type="checkbox"/> forgetfulness |
| <input type="checkbox"/> abdominal bloating | <input type="checkbox"/> weight gain—water |
| | <input type="checkbox"/> suicidal thoughts |

Many women suffer from painful, tender swelling in the breasts and other disturbing symptoms that may be associated with fibrocystic breast disease. In my experience, this condition is widely underdiagnosed, yet easily treatable, so please take the following assessment to help you learn more about your body.

Dysplasia/Fibrocystic Syndrome Self-Assessment Test

Check off any symptoms you are experiencing.

- | | |
|--|---|
| <input type="checkbox"/> lumps that are painful, tender | <input type="checkbox"/> thin, scant white vaginal discharge |
| <input type="checkbox"/> clear, gray, or yellow vaginal discharge | <input type="checkbox"/> greenish yellow or offensive discharge |
| <input type="checkbox"/> vaginal bleeding after sex or between periods | <input type="checkbox"/> cheesy white discharge |
| <input type="checkbox"/> burning or itching on external genitalia | <input type="checkbox"/> breast lumps or swelling |
| <input type="checkbox"/> urgent, painful urination | <input type="checkbox"/> lumps that hurt just before period |
| <input type="checkbox"/> lower abdominal or back pain | <input type="checkbox"/> swelling under armpit |
| <input type="checkbox"/> heavy, watery, and bloody vaginal discharge | <input type="checkbox"/> change in breast size, shape |
| <input type="checkbox"/> heavy menstrual flow | <input type="checkbox"/> white or slightly bloody vaginal discharge, one week prior to period |
| <input type="checkbox"/> pelvic cramps | <input type="checkbox"/> current diagnosis of fibrocystic breast disease |

Did you know that some women enter menopause in their late thirties, while others may keep menstruating regularly into their mid to late fifties? The following test will help you understand whether you have reached menopause.

Are You in Menopause?

Check off any symptoms that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> irregular menstrual cycle | <input type="checkbox"/> dry skin, hair, vagina |
| <input type="checkbox"/> excessive or prolonged menstruation | <input type="checkbox"/> lack of interest in sex |
| <input type="checkbox"/> too frequent menstruation | <input type="checkbox"/> mood swings, irritability |
| <input type="checkbox"/> acne, worse at menses | <input type="checkbox"/> depression, anxiety, nervousness |
| <input type="checkbox"/> scanty or missed menses | <input type="checkbox"/> craving for sweets, binge eating |
| <input type="checkbox"/> hysterectomy/ovaries removed | <input type="checkbox"/> headaches or dizziness |

- | | |
|--|--|
| <input type="checkbox"/> painful intercourse | <input type="checkbox"/> low back and/or hip pain |
| <input type="checkbox"/> sudden hot flashes | <input type="checkbox"/> breast tenderness, pain, or tingling, prickling sensation |
| <input type="checkbox"/> spontaneous sweating | <input type="checkbox"/> easy bruising, loss of skin tone |
| <input type="checkbox"/> shortness of breath and/or heart palpitations | <input type="checkbox"/> thinning armpit and pubic hair |
| <input type="checkbox"/> unpredictable vaginal bleeding | <input type="checkbox"/> stopped menstruating |
| <input type="checkbox"/> difficulty holding urine | <input type="checkbox"/> breasts beginning to shrink, sag |
| <input type="checkbox"/> difficulty sleeping | <input type="checkbox"/> abnormal growth of hair above lip |
| <input type="checkbox"/> mental foggiess | |
| <input type="checkbox"/> vaginal pain and/or itching | |
| <input type="checkbox"/> thin, scant white vaginal discharge | |

Because critical hormones like testosterone are made in the ovaries, it's vital to check out your ovarian function. Here's an ovarian dysfunction self-assessment test to guide and educate you about your body. Just check off your symptoms and any diagnosis you have had.

Ovarian Dysfunction Self-Assessment

Check off all that apply to you. Do you have . . . ?

- | | |
|---|--|
| <input type="checkbox"/> vaginal dryness, pain | <input type="checkbox"/> occasional missed periods |
| <input type="checkbox"/> painful intercourse | <input type="checkbox"/> menstruation that began after age sixteen |
| <input type="checkbox"/> engorged breasts | <input type="checkbox"/> shrinking breasts |
| <input type="checkbox"/> milk production (not nursing) | <input type="checkbox"/> thinning pubic and armpit hair |
| <input type="checkbox"/> lack of interest in sex | <input type="checkbox"/> inability to get pregnant |
| <input type="checkbox"/> blurred vision | <input type="checkbox"/> miscarriage |
| <input type="checkbox"/> headache | <input type="checkbox"/> excess facial hair |
| <input type="checkbox"/> acne and/or oily skin | <input type="checkbox"/> poor sense of smell |
| <input type="checkbox"/> aggressive feelings | <input type="checkbox"/> monthly abdominal pain without bleeding |
| <input type="checkbox"/> overwhelming sexual urges | |
| <input type="checkbox"/> absence of menstrual flow for six or more months | |

- | | |
|--|--|
| <input type="checkbox"/> menstrual-type pain between menses | <input type="checkbox"/> vaginal bleeding between periods |
| <input type="checkbox"/> irregular time intervals between periods | <input type="checkbox"/> pain during periods that is getting progressively worse |
| <input type="checkbox"/> menstrual cycles greater than thirty-two days | <input type="checkbox"/> pain, cramps |
| <input type="checkbox"/> menstrual cycles less than twenty-four days | |

As you read this book and follow its detoxification and hormone-balancing strategies, your symptoms should improve. Refer back to these quizzes to check your original answers, which will help clarify any improvement in endocrine functioning and hormone health.

If you find that you're experiencing a hormone imbalance, then you're not alone. Today, about 40 million women in the United States are either in perimenopause or are postmenopausal. In the United States, the average age of menopause is currently about fifty-two, with a range from forty-five to the late fifties. I have seen women who experienced menopause in their late thirties, either naturally or as a result of surgical hysterectomy. Over the last four decades or so, the medical profession and the pharmaceutical industry have treated perimenopausal and postmenopausal symptoms (caused by hormone imbalances) as diseases that require synthetic hormone replacement therapy (HRT) drugs.

I have been a health provider for almost twenty-five years and have never recommended a drug. Nor do I find them able to cure any degenerative disease. I believe that a combination of homeopathic remedies, careful diet, exercise, meditation, and naturally derived nutritional substances are the best choice for PMS, perimenopausal, or postmenopausal symptoms.

I see perimenopause and the stages beyond as highlights of the female journey and growth process. I say *growth* process, rather than aging process, because not only are women living longer than ever before, they are living smarter. Recent medical advances and more healthful lifestyles mean that women enjoy a better quality of life—as well as greater longevity—than their mothers or grandmothers did.

The Scientific Evidence against Conventional HRT

In the United States most women with a uterus who report symptoms such as Sarah's are put on conventional HRT, which combines synthetic estrogen with progestin, also known as synthetic progesterone. An estimated 13.5 to 16 million women in the United States use HRT, synthetic estrogen either alone or combined with synthetic progesterone.

The most commonly prescribed synthetic estrogen is called Premarin, a collection of over twenty different conjugated equine estrogens made from the urine of pregnant horses. Premarin, the oldest synthetic estrogen, has been on the market since 1944. The name Premarin is an acronym derived from a weirdly unforgettable product, pregnant mare's urine. Whoa! Logic dictates that it is wholly unnatural for women to consume hormones sourced from the urine of pregnant mares. If you drop a little water on a Premarin tablet, the pungent aroma of horse pee will help you smell my point.

Nevertheless, women have willingly swallowed this stuff for decades under the direction of their physicians. Premarin is one of the world's most widely prescribed drugs and is sold alone or combined with another hormone in the drugs Prempro and Premphase.

Progestin, usually Provera (medroxyprogesterone acetate), is combined with estrogen because it prevents Premarin from causing excessive tissue growth inside the uterus, which over time can lead to cancer of the endometrium, or uterine lining. Produced in the laboratory, Provera is markedly different from naturally occurring progesterone. The combination of Premarin and Provera is called Prempro. Synthetic hormones like Prempro place a tremendous stress on your liver and the other players in your body's detoxification system.

Conventional HRT's health risks made front-page news back in July 2002, when the largest and longest U.S. study of HRT ever conducted came to a dramatically premature end. The study was halted three years ahead of schedule because participants (16,608 healthy women, ages fifty to seventy-nine years) taking synthetic estrogen and progestin were found to be at significantly higher risk for breast cancer, heart attack, stroke, and blood clots than were women in the placebo group.

This historic study was sponsored by the Women's Health Initiative (WHI), funded by the National Heart, Lung, and Blood Institute of the National Institutes of Health (NIH). Results published in the *Journal of the American Medical Association* specified that women who take estrogen and progestin for more than five years expose themselves to the risk of a

- 26 percent increase in breast cancer
- 22 percent increase in cardiovascular disease
- 41 percent increase in strokes
- 100 percent increase in blood clots

In its press release on the cancellation of the trial, the NIH sounded an exceptionally clear warning regarding the dangers of taking estrogen plus progestin. The study results offered irrefutable proof that “on balance the harm was greater than the benefits.” Contradicting popular medical belief, the study also reported that HRT's effects on osteoporosis and dementia prevention appeared negligible. WHI researchers, who rarely recommend any actions except more studies, secured their place in the annals of medical history by advising doctors to be very cautious about prescribing HRT to their patients. This unprecedented action confirmed that the American public should avoid taking HRT because of its many dangerous side effects.

Physicians and health researchers also have compelling reasons to wonder whether the widespread practice of prescribing Prempro over the last three decades is linked to the rise in U.S. breast cancer rates. According to the National Alliance of Breast Cancer Organizations (NABCO), “based on the current life expectancy for women in the United States, one out of nine women will develop breast cancer in her lifetime—a risk that was one out of 14 in 1960.” That clearly adds up to a dangerous increase.

The WHI results came as a shocking wake-up call to the approximately 6 million U.S. women who were taking estrogen plus progestin in 2002. Understandably, the results also alarmed women who had used it in the past. It is only natural that they felt (or continue to feel) angered and frightened by the findings. When the study's disease risk numbers were evaluated with respect to the 6 million women in the United States who were currently taking HRT, it meant that tens of thousands of women were at increased risk of serious illness or

disease. The truth contained in these figures is unassailable: taking HRT may seriously endanger your health.

Following the publication of the WHI results in July 2002, hormone therapy prescriptions declined in successive months. Relative to January–June 2002, prescriptions from January to June 2003 declined by 66 percent for Prempro and 33 percent for Premarin.

Along with alerting women to the potential dangers of conventional HRT, the WHI scandal woke up millions to the fact that even though a drug is FDA-approved, it may never have been thoroughly researched in large-scale, double-blind, placebo-controlled trials. In other words, a drug's relative safety may be in question long after it is FDA-approved, and like HRT, the drug may even negatively affect your health.

That HRT was FDA-approved before being adequately researched is undeniable and a major reason why women were encouraged to take HRT for so long. So is the fact that over the years, numerous small studies have shown that long-term, constant HRT helps to preserve bone mass, an important concern among women over fifty. You can't blame physicians or patients for wanting to prevent osteoporosis with a drug that has been found to help prevent it. But then again, more recent research about HRT's effects may not have reached all of the doctors who treat postmenopausal women, or the women themselves.

Although the osteoporosis connection is one of the murkiest reasons why women have gladly taken conventional and other forms of HRT (and continue to take them, despite an awareness of the risks), the marketing machine behind these drugs cannot be discounted. Over the last few decades, pharmaceutical companies have led physicians and women to believe that Prempro and other forms of HRT can help a woman feel and look younger, sexier, and more vibrant. Some pharmaceutical firms and physicians have also promoted its potential for preventing heart disease.

Recently, however, the Heart and Estrogen/Progestin Replacement Study (HERS) study and the Estrogen Replacement in Atherosclerosis (ERA) trial found that HRT, instead of reducing the risk of heart disease for midlife women, actually increases the risk.

Larger research trials sounded even more alarms about the mortal dangers of taking Prempro. In the United Kingdom, a study of more than a million women who took Prempro found that it could double

a woman's risk of developing breast cancer and increase the risk of dying from breast cancer by 22 percent.

This study found that for every thousand women who use HRT for ten years beginning at age fifty, there will be an additional nineteen cases of cancer in those using Prempro and an extra five in women using estrogen-only HRT. The researchers estimated that twenty thousand cases of breast cancer have occurred in the United Kingdom over the last decade in women from ages fifty to sixty-four because of HRT. It was estimated that fifteen thousand were caused by Prempro. Statistics on HRT-caused breast cancer, stroke, uterine cancer, or heart disease in American women have yet to be compiled. Given that the U.S. population is roughly six times that of the United Kingdom, could it be possible that 120,000 cases of breast cancer in the United States have been caused by HRT in the last decade?

Toxic Effects of Some Hormones Used in Conventional HRT

Even for women who can tolerate HRT without experiencing any disturbing side effects (and most cannot), it's worth noting that HRT never addresses the real cause of their hormone imbalance. I've worked with thousands of patients and reviewed their hormone saliva tests for their health providers; this has shown me that many women who use conventional HRT develop toxically high levels of progesterone and/or estrogen, DHEA, and so on.

As a result, they report many uncomfortable symptoms that clear up once they stop using HRT and stay on my program for at least three months. Toxically high levels of progesterone, estrogen, and other hormones are so prevalent among women on HRT that clinical laboratories that analyze saliva tests print them out on every lab report as a standard entry. Progesterone toxicity is known to cause weight gain, hair loss, loss of libido, depression, excessive hot flashes, and hormone system dysfunction.

Likewise, estrogen toxicity is known to trigger such dangerous conditions as breast lumps/uterus problems, ovarian problems (such as tumors, fibroids, and so on), cancer, heart disease, blood clots, weight gain, excessive facial hair, and gallstones.

In various studies, 20 percent of women who take estrogen and testosterone HRT have been found to develop mild hair growth (the medical term is *hirsutism*). Although hirsutism is dose-dependent and reversible, developing facial hair at any age is a negative. Since women tend to grow more facial and chin hair with age, it can be quite depressing if facial hair sprouts during perimenopause or later. Testosterone in high doses has also been found to deepen women's voices.

Now that you have read the sobering news about HRT, you may wonder whether so-called natural hormones are safer for your body or perhaps more effective.

The Truth about “Natural” and “Bio-Identical” Hormones

The fact that authoritative studies have proved that conventional HRT drugs are dangerous or ineffective is often used to justify taking so-called natural, bio-identical hormones. With all the fear and confusion surrounding the dangers of HRT, the idea of taking “natural” or “bio-identical” hormones may sound very comforting to you. I know that the thought of taking “natural” estrogen, progesterone, and testosterone has soothed the fears of many of my patients.

The only problem is, these women ended up in my office because the so-called natural hormones that they took were ineffective or caused unpleasant side effects such as weight gain, brain fog, insomnia, heart palpitations, and so on. Although many famous physicians and celebrities may endorse “natural” hormones, they consistently gloss over the fact that “natural” or “bio-identical” hormones are synthesized in a laboratory. These synthetic hormones are just as foreign to your system as are prescription drug-based hormone replacement therapy (HRT) formulas.

Moreover, people who endorse “natural” hormones also fail to address the reality that women who take these “natural” substances (even wild yam progesterone cream) routinely develop toxically high hormone levels, which can potentially be problematic. As toxically high hormone levels factor into the many thousands of cancers that are linked to synthetic HRT use, it seems likely that toxic levels of hormones resulting from “natural” hormone use may also create potentially dangerous consequences.

Medically Proven Dangers of Using “Natural” Hormone Creams

One of the first studies on how “natural” hormone creams affect hormone levels was conducted by Dr. Anne Hermann at Bassett Healthcare in Cooperstown, New York. Presenting the results at the March 2004 conference of the American Society for Clinical Pharmacology and Therapeutics in Florida, Dr. Hermann reported that women who used Pro-Gest “natural” progesterone cream to relieve hot flashes and night sweats later had the same high levels of progesterone in their bloodstreams as a group that took the hormone pill Prometrium.

“Millions of women are using these creams, thinking that because they’re natural and sold over the counter, they are safe,” Dr. Hermann told the *New York Times*. “The reality is that they are putting themselves at risk.” According to a Food and Drug Administration spokeswoman, Susan Cruzan, also quoted in the same article, “Until research shows otherwise,” “natural” progesterone is considered to involve similar health risks as its synthetic version.

Here’s another red flag: on the thousands of saliva test reports that I’ve analyzed and collected, the hormonal reference ranges for women who use wild yam (progesterone) liposome creams are extraordinarily high. Thus, although doctors know how common it is for women who use “natural” creams to have off-the-chart progesterone levels, they continue to prescribe these products anyway.

It’s essential for you to realize that progesterone cream, whether “bio-identical” or not, may cause a woman’s body to harbor more than fifty times the normal amount of progesterone. This situation could lead to serious health and/or quality of life consequences, such as dramatically worse perimenopausal or menopausal symptoms or the development of breast cancers or other diseases. But before we go any further, we need to take a good look at what “natural” or “bio-identical” hormones are made of, so that you can see for yourself how healthful an alternative they actually are.

As I mentioned earlier, all of the “natural” or “bio-identical” hormones prescribed today are synthesized in a laboratory from soybeans or wild yams, two substances that are about as native to your body as the urine of pregnant mares or Provera is. Whether they

come in the form of capsules, gels, sublingual drops, suppositories, or topical and vaginal gels and creams, “natural” hormones are processed chemically and made into hormones that are supposedly identical to those produced by your body.

You may wonder how these so-called natural substances can be identical to your hormones if they are manufactured in a laboratory. The truth is, they cannot. It follows that in this case, the term *natural hormones* is a misnomer.

When a woman starts taking “bio-identical” hormones, her health-care provider may need to change the formula several times before finding one that relieves her symptoms. This process can be frustrating, tiring, and expensive, as it may require multiple visits to the health-care provider, along with added charges for hormone blood or saliva tests, to find a formula that balances the individual’s hormones.

It must also be noted here that when hormonal levels seesaw, this strains the adrenal glands and causes them to secrete abnormal amounts of the stress hormone cortisol (you will read much more about cortisol in the coming chapters). When cortisol levels are abnormal, this burdens the entire endocrine system and makes achieving hormonal balance all the more challenging.

Another “natural” hormone fact to remember: because hormone levels change in response to stressful events, diet, and lifestyle habits, a formula may work for just a few months and then lose its efficacy. This is because the hormonal profile that the formula was designed to address may have reconfigured into an entirely new shape. With the old formula obsolete, you’re back at square one, seeking relief for mind/body symptoms.

In the case of “natural” hormones, physicians have defined the word *natural* to suit their agenda—an agenda that requires patients to keep coming into the office for regular appointments. Your body has no such agenda. It feels and knows the difference between its own hormones and supplemental ones, just as it can identify transplanted organs and tell the difference between natural sunlight and artificial light.

Although many physicians and health-care professionals tout the benefits of “natural” hormones, even less research data exists for them than for conventional HRT! To add insult to injury, there is also

a complete lack of data showing how (or whether) “natural hormones” may help prevent breast or other reproductive cancers or may provide therapeutic approaches to these diseases.

The “natural” hormone research void is mainly due to the fact that these types of hormones are not patented substances. They are not made by large pharmaceutical companies, which can easily afford to invest millions in scientific trials to obtain medical-use approval for the patented drugs that they own. And since no one company owns a specific “natural” hormone—as, say, Wyeth-Ayerst owns Premarin—there is a lack of incentive for “natural” hormone manufacturers to bankroll placebo-controlled, double-blind studies, which are costly, labor-intensive, and time-consuming.

Another important point is that although “natural” hormones are legal, the FDA does not approve them. Please remember for your own sake, and for the sake of all women who take them, that any claims made about them by health-care professionals, health food store clerks, or others have never been confirmed by research.

Because so-called natural hormones are believed to be identical to the hormones your body produces, because they are prescribed by physicians in customized dosages, and because they are prepared by compounding pharmacies with individual care, “natural” hormones are touted by many physicians as being safer and far superior to conventional HRT drugs. Nevertheless, as of this writing, no scientist knows whether taking natural estrogen with progesterone is more or less risky than taking conventional HRT.

If you’re wondering whether long-term natural hormone use carries increased cancer risks, no one knows that, either. The same goes for over-the-counter (OTC) hormones sold in health food stores, such as DHEA (dehydroepiandrosterone). DHEA is essential for optimal brain and endocrine system functioning; it is also crucial for maintaining immunity and energy. Because it can be converted into various steroid hormones, including estrogen and testosterone, DHEA is called a precursor hormone.

In the body, DHEA is made by the adrenal glands. As DHEA sulfate, it travels to various tissues, including the breasts, the endometrium (uterine lining), and the muscles. Upon arrival in the tissues, it’s converted to the appropriate sex hormone for that area. Ingesting DHEA can cause the body to lose its capacity to make its

own DHEA, just as taking any other hormone supplement can shut down production of a specific hormone. And, as with using any form of HRT, DHEA supplementation can allow toxically high levels of the hormone to accumulate, potentially triggering various health problems.

In addition to accelerating the growth of existing tumors, scientists have observed that DHEA can cause facial hair growth and a deepening of the voice in women. I tell all of my patients to have a saliva test to check DHEA (or any other hormone) levels before they take supplemental hormones. You can obtain this test from a holistic health-care provider. (See the Resource Guide.)

On the plus side (and it's a potentially huge plus), a clinical study of female patients with the painful autoimmune disease lupus, conducted at Stanford University, found that 200 mg of DHEA a day markedly relieved symptoms, while women on placebo reported no improvement. If you've been diagnosed with lupus, you may want to discuss DHEA supplementation with your health-care provider.

Like DHEA, pregnenolone is another precursor hormone that cannot be patented. In the body, it's synthesized directly from cholesterol. The brain and the peripheral nerves manufacture huge amounts of it. Because it's made in the brain, pregnenolone is often referred to as a neurohormone.

The pregnenolone that you buy over the counter is synthesized from yams in the laboratory and sold in health food stores and on the Internet. Pregnenolone is the mother of all steroidal hormones (also known as sex hormones); even DHEA is made from it. Scientists are still unsure about how pregnenolone affects the full spectrum of human health. While there are some medical or psychiatric conditions where it can be used temporarily and then stopped, nothing is known about how it may affect PMS, depression, and other common medical conditions.

Although I know many physicians who prescribe pregnenolone for hormone replacement therapy, please note that no studies have ever evaluated whether it's an appropriate treatment. Therefore, scientists know nothing about how long-term use of pregnenolone as hormone replacement therapy may affect the body. Even physicians who specialize in hormone balancing have noted in print that most of the

pregnenolone dosages available in over-the-counter products are too high for regular daily consumption and can lead to toxic side effects.

Pregnenolone's side effects may include heart palpitations, overstimulation and insomnia, heart rhythm irregularities, irritability, anger, anxiety, acne, headaches, scalp hair loss, and thyroid gland disturbances.

You Can Save Yourself from the Dangers of HRT

I hope that you now have a healthy appreciation of the potential dangers of both conventional and so-called natural HRT.

In the following chapters, I'll take you step-by-step through my program and teach you how to achieve hormone balance without incurring the side effects and the potentially dangerous health risks associated with all forms of HRT.

Step 1 Action Plan

1. Eliminate all fear through education and knowledge. Learn about your body and health choices. Take notes and take responsibility for empowering and healing yourself.
2. Keep reading this book and complete the self-assessment tests in each chapter.
3. Follow the action plans at the end of each chapter.
4. Study the homeopathic chart in chapter 7 and take action to eliminate your symptoms.
5. Follow the detoxification guidelines in chapter 3 and the Endocrine-Rebuilding Diet.
6. Use the Nutrient List according to your symptoms.
7. Take a Five Element Saliva Test. (This tests hormones according to the Chinese Body Clock, which you'll learn more about later in the book; also see the Resource Guide.)