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# Understanding Health and Hormones

Let's face it, we all take our health for granted, yet without good health we have nothing. We run through our busy, overachieving lives at top speed and are amazed when somewhere in our late thirties or forties suddenly we notice that despite being bone tired, we just can't sleep and we don't have the same enthusiasm for the people we love. We notice other things, such as joints that don't withstand step classes, an extra roll of fat framing our belly button, or simply a dampening of our youthful glow. In our thirties, we women cope quite well, thank you very much. Pregnancy, menstrual cramps, monthly surges, and plunging hormones—we cope. How? We have youth. We are rich in hormones to buoy us up. But we take our hormones for granted, and when we hit our forties (and in some cases even our thirties) things start to change. Depending on how good our genetics, lifestyle, and environment are, our changes can be graceful or extreme. If our environment is neglected and toxic, watch out, our perimenopause or menopausal years will be tumultuous, sort of like a sudden global warming.

We women are hormonally diverse creatures. Most women in their forties don't think that they are candidates for using hormones. Sure, thirty- or forty-something women are thinking about exercise and vitamins, but not hormones. And who can blame them? Hormones have taken on a scary aura in the press. Athletes are disgraced for using them. We are frightened by reports of cancer and strokes. But I am not talking about athlete-level megadoses of hormones here. I am talking about learning what is right for you to maintain balance and feel great. This book is about learning what too little hormone feels like, and understanding why our levels are low and how we can restore hormones safely to normal levels.

## When to Start Thinking about Supporting Your Hormones

You should start to think about supporting your hormones when you start noticing that you just aren't feeling as good as you used to. You don't want to wait until your bones are thinning and you've lost your hair, thinned your skin, and deepened your creases. You certainly don't want to wait until your arteries are damaged and your memory is failing. The fourth and fifth decades are the ideal time to start looking at your hormones. Why? Because we are biologically programmed to begin to die within ten years after childbearing ceases by a natural slow decline in our hormone levels.

From an evolutionary point of view, there is no great reason for us to stick around beyond childbirth. Evolution isn't influenced by 401Ks or the joys of grandchildren. Evolution is very shortsighted when it comes to aging. I am often asked, "Isn't supporting hormones unnatural? Weren't we supposed to just stop producing them and age gracefully, naturally?" Well, yes, it is true that we are meant to gradually produce fewer hormones as we age; and, yes, it is part of the aging process. But exciting things are happening. Life expectancy is increasing. The median life expectancy has now risen to 77.6 years, compared with 58 years in 1930.

Medical advances such as antibiotics, vaccinations, clot-dissolving medications, and "unnatural" techniques such as coronary bypass

grafting have pushed back the grim reaper every year since 1950. That is both good news and bad news. If you look at the quality of life of most eighty-year-olds and beyond, it is not great. Many of us are not aging gracefully, and many of us are reaching our older age more burned out than our unliberated mothers, who didn't have the luxuries of career, family, and technology running them ragged. So we may live longer, but we have a good chance of suffering from Parkinson's, dementia, bone loss, or depression, not to mention bad skin and lots of body aches. It is estimated that in twenty years there will be more than one million people living longer than one hundred years. But who wants to get there hormonally deprived, with a feeble mind, heart, and bones, and with a sagging chin and no hair on your head?

This is why I, an overachieving, overscheduled fellow baby boomer and menopausal woman, spend my days lecturing women about hormones and vitamins and balance—so that our eighties and beyond can be healthier and more fun.

Hormonal decline is typically a slow, gradual decline in all of our hormones for both women and men. We refer to this phase of life as perimenopause in women and andropause in men. These are milestones leading to our older age. I like to think of these phases as the adolescence of old age. Do you recall how tough adolescence was? Well, in perimenopause it is happening all over again, only in reverse. Although hormonal decline is inevitable, it is not irreversible and it needn't be uncomfortable. We can ease it and even delay it.

How hormones decline is individualized. It may be quite noticeable in some but not in others. Most women feel their first symptoms during their forties, when adrenal and sex hormones begin to fall; but some women experience symptoms earlier, as a result of a stressful life event such as illness, divorce, or the death of a loved one. Infertility treatments can actually accelerate hormonal decline, as many protocols attempt to suppress a woman's natural hormonal cycle. This doesn't mean you shouldn't undergo fertility treatments—just be aware that your periods might wane or you might experience hot flashes afterward. Infertility is hard enough. Coupled with menopause, it can feel unbearable.

Bette Davis sure got it right when she said "Getting old ain't for sissies." It is estimated that during both perimenopause and menopause,

80 percent of all women suffer significant life-altering symptoms such as fatigue, depression, low sex drive, hot flashes, vaginal dryness, recurrent urinary or vaginal infections, insomnia, and more. As we get older, many things change. Our sleep is lighter, as our minds seem more prone to worry and upset. Our moods are often more erratic. Our bodies feel as if they are growing out of control, as if someone gave us too much fertilizer; our hips grow an extra handle; and for many women breasts ache and swell an extra bra size, only to wither and sag a year or two later. Nights can be long and lonely in perimenopause and menopause, and days can feel equally challenging. Sleep can become a second job. It is unreliable and erratic. Some nights it is impossible to fall asleep, and when at last a dream arises we are suddenly wide awake. Problems seem bigger and more difficult to untangle in the night, and hot flashes and body aches are usually worse then, too.

Women tolerate less as they age. Thelma and Louise sum up perimenopause. Would they have been different on hormones? Well, they definitely would have driven a Thunderbird and had great sex with Brad Pitt, but there probably would have been less killing. In your thirties, you may be willing to make do with a stale marriage or unfulfilling job, but by the time you hit your late forties most women are planning a change: new friends, new job, new clothes. Why do you think they call it “The Change”? You don’t have the same tolerance at fifty that you may have had at thirty. Then you were busy building your empire, big or small, and you needed feedback and a pat on the back. As menopause approaches, with the empire built (and most likely up for sale), you just don’t want to hear what anyone has to say about it.

Years ago there were ways to deal with women undergoing The Change—we were termed “hysterics” and were “asylumized” or sent to the country for a rest. Nowadays we are put on Prozac or Celexa and given Ativan.

Well, it’s a new millennium and a turning point for women’s health. We baby boomers who legalized abortion, revolutionized birth control, and pushed for double careers have learned a thing or two. With the good and bad of our endeavors, we are now in the midst of menopause. It is time to take charge of our health and perhaps even make things easier for our daughters, when their time comes.

## Hormone Support Therapy

Hormone replacement therapy, or HRT, which was the main form of hormone therapy in the past, never made sense to me. Why replace hormones when you can support them naturally? Natural hormones (or bioidentical hormones) are identical to those found in nature. They look and act exactly the same as hormones that are made naturally in our bodies. They are not something new or foreign working in your body. Your own hormones are not replaced by synthetic, stronger-acting hormones. Women's hormones should certainly not be replaced by horse hormones.

I talk to my patients about hormone support therapy, or HST. Instead of replacing hormones, I recommend supporting them. Our adrenal glands were meant to produce our own sex hormones as we age. Anytime I put a woman on hormones, I support her adrenal hormones as well. Because the adrenals work in sync with the thyroid glands, it is important to make sure that both the thyroid and adrenal glands are working optimally. This will help you not only feel and look better, but you will have more energy and handle stress without falling apart. This is the basis for the natural hormone makeover. Support hormones naturally, and then “support the supports” with vitamins, minerals, and amino acids that control and regulate hormones. The final part of this hormone makeover is meant to ensure that your diet and lifestyle are helping you to safely metabolize, or process, your hormones, which can counteract the genetic and environmental risks of cancer and heart disease.

## Hormone Fears

We live in a confusing time. It is hard to know whom and what to believe. Even the number of planets is controversial. In 1930 Pluto was considered a planet, but now it has been demoted to “probably a moon of Neptune.” In 1982 all menopausal women were told to take Prempro or risk insanity and heart problems, but now if you take it you will be doomed to breast cancer and stroke. Recommendations seem to be changing every day. Once hormones were in, then they were out, and now they may actually be coming back in again, for a limited time—sort of like clunky shoes and leggings.

Most people refuse to take hormones out of fear of cancer or some other horrible disease. But let's take a look at hormones with some common sense. If estrogen and progesterone caused breast cancer, then pregnant women, adolescents, and young adults would have the very highest breast cancer rates because their bodies have the highest levels of these hormones. To the contrary, cancer rates increase with age, when our estrogen and progesterone levels are at their all-time low.

The one study that fomented a great deal of fear about breast cancer and heart disease from hormone use was the WHI study, published in 2002. (This study and others are discussed in more detail in chapters 3 and 9.)

What did the WHI study actually prove? Well, first you have to understand studies in general. For example, a recent study was published (by a man) supposedly proving that men are smarter than women. This study was conducted because it was observed that the man's brain weighs 100 grams more than a woman's, so it seemed obvious that men should have more brainpower. To prove this hypothesis, the researcher looked at college entrance SAT scores for men and women and found that men surpassed women in both verbal and mathematics (although the verbal scores were close). This news made headlines and got top billing on the morning talk shows. But there are many explanations. First of all, more women attend college than men. If you count men not in college—who didn't take SAT tests—the male scores will actually fall far lower, "proving" that women are in fact smarter. Studies often are like this. You need to compare apples with apples.

Many hormone studies are not unlike the study done to prove that men are smarter than women. The WHI study, for example, included women over many age ranges. But if you look only at the women aged fifty to fifty-nine years of age in the study, you find no increased risk of breast cancer and less heart disease in women on estrogen compared with women not taking hormones.

The fact remains that women who have high hormone levels (which occurs during pregnancy and adolescence) have little risk of developing cancer or heart disease. Common sense, then, would lead to the prediction that hormones protect against cancer, right? Well, this is indeed the case, despite the reports to the contrary. Why the discrepancy? It is because the most widely publicized hormone studies yielding negative results used synthetic hormones given by mouth to women who were

more than ten years after menopause, many of whom already had signs of heart disease. These studies did not look at hormones that occur naturally inside a woman at the time when she needs them most—during perimenopause and immediately following menopause, before the effects of low hormones affect her cells.

Synthetic hormones cannot and should not be equated with the hormones naturally produced and metabolized in your own body. Synthetic progesterone (Provera or medroxyprogesterone) used in the now infamous WHI study has been shown for years to be carcinogenic (both to the breast and the ovaries) and to have other properties that can lead to excess clotting and heart problems. Synthetic progesterone has been shown to negate most positive estrogen effects on the heart, lipids, and blood vessels. It was synthetic progesterone that was found to correlate with an increase in both heart disease and breast cancer (the estrogen-only part of the study had less of both of these), yet somehow estrogen and all women's sex hormones got lumped together and blamed for the bad effects of synthetic progesterone. Hormones have been misrepresented, and women are now more confused and more uncomfortable than ever.

It is true that hormones are potent; used improperly, they can have ill effects. But in addition to considering the type of hormone used, you have to factor in how the hormones are taken, as well as environment, diet, and lifestyle. Estrogen taken by mouth (as was the case in the WHI study) increases blood clotting problems; estrogen taken through the skin (transdermally) does not increase clotting risks. All hormones are metabolized, or broken down, in our cells (particularly our breast and liver cells), and our hormone breakdown products (metabolites) leave our body through our stool and urine. How well we break down and excrete our hormones, particularly estrogen (which is the most difficult hormone to metabolize), is affected by our diet, bowels, environment, and genetics. If you are overweight or have a family history of poor estrogen metabolism, if your system is overwhelmed by clearing toxins, drugs, caffeine, or alcohol, or if your bowels are not moving regularly, there are bound to be problems. You have to consider the individual. If you have a family history of breast cancer or ovarian cancer, it doesn't mean that you can't take hormones, but it does mean that you need to pay attention to how the hormones work inside you. Breast cancer is

largely an environmental illness due to poor environmental and lifestyle exposures that predispose to dangerous estrogen metabolites.

Hormones should be used in a balanced and monitored way. Hormones and their breakdown products should be measured before and during hormone use so that you can follow how the hormones are working inside your body. We all vary in size, build, genetics, diet, habits, environment, and metabolism; bowels and livers work better in some compared with others. Our hormone needs change as we age, gain or lose weight, deal with stress, or eat differently. For these reasons, your hormone dose should and will vary as you age and change. The hormone support for a forty-year-old woman who is still cycling (menstruating) will be different than for a fifty-five-year-old postmenopausal woman. It is important to understand how too much or too little of each hormone feels to be able to know when to increase or begin to taper off any hormone support you are using. This is why using a compounding pharmacist to give you hormone creams or lotions makes so much sense. Compounded hormone doses are individualized and allow you to change the dose as you need to, based on how you feel.

*The Natural Hormone Makeover* outlines ten steps to improve your health using natural hormones safely. Take a hard look at yourself to decide if your sleep, energy, and sense of well-being are as good as they could be, as good as you want them to be. Don't wait until you are having physical problems from hormone decline. Many women suffer from uterine fibroids with blood loss and hysterectomies, breast cysts, or even breast cancer due to poor hormone metabolism and progesterone deficiency. Bone loss, insomnia, depression, low sex drive, and fatigue, not to mention dry, aging skin and hair, are also the result of hormone loss. These problems can be halted or prevented with a sensible natural hormone program. Don't be frightened by studies that seem to change with the tides and manipulate statistics. Use common sense and see how you feel; this matters more than any study. It is up to you to take control of your own body, using hard facts. If we believe that natural hormones, used properly, cause cancer, we may as well believe that men are smarter than women. So forget all the studies you've read about (I promise to address them, though). The most important study is the study of your own unique body.