

MAKE FRIENDS WITH YOUR HORMONES

Years ago, I took on the task of learning about Bio-identical Hormone Replacement Therapy (BHRT) and Age-Management primarily to take care of myself, and I know that it has helped me tremendously. I believe it is time for women to *demand* access to methods to prevent heart disease, osteoporosis, and breast cancer, not to mention the other signs and symptoms of hormone imbalance such as "brain fog," mood and sleep disturbance, hot flashes and night sweats, aches and pains, fatigue, decreased sex drive, bloating, vaginal dryness, palpitations, detrimental changes in cholesterol profiles, skin changes, irregular uterine bleeding and urinary tract changes. We know what can help and we need to get the word out!

BHRT is the use of *natural* chemicals to replace those which declines with age. The Women's Health Initiative has shown that *Artificial* Hormone Replacement Therapy (AHRT or "Premarin/Provera") is dangerous, increasing the risk of stroke by 41%, blood clots by 100%, breast cancer by 26%, dementia by 66% and cardiovascular disease by 29%. So how does the pharmaceutical industry respond? They market the SAME drugs, *in a lower dose*, even though the Million Women Study in the United Kingdom using the same low dose AHRT showed an increased risk of breast cancer which increases with the duration of therapy! The reason for this response? Bio-identical hormones are NOT DRUGS – they are the natural hormones present in the body already. Thus, they are not patentable, so huge profits are not possible for the pharmaceutical industry if everyone switches to BHRT.

Estrogen is NOT the same thing as Premarin or Provera. Estrogen is dominant in the first half of the menstrual cycle, and stimulates growth of the ovarian follicle producing the egg to be released. It also stimulates the growth of the endometium, breast, and vaginal tissue; it stimulates sex characteristics, stores fat and water, and decreases thyroid activity. (Estrogen is given to beef and chicken to store fat and water so they're heavier for slaughter – "UGH!") Progesterone is NOT the same thing as progestin. Progesterone is made by the ovary after ovulation; it stimulates development and slows growth. Progesterone is a natural diuretic, and makes the thyroid more active to promote the use of body fat for energy. It binds to the GABA receptor in the brain, so is a natural anti-anxiety and anti-depressant. Progesterone also increases libido, promotes cell differentiation (this is *good*), normal cell death (thus its anti-cancer properties), and decreases excess estrogen activity.

Around age 35, the ovaries start to produce less progesterone. Initially this decrease goes unnoticed, but as progesterone continues to drop (yet estrogen levels remain constant), estrogen dominance increases, and perimenopausal symptoms (such as those listed above) can begin. It seems that women who had “hormonal symptoms” when first starting to menstruate are the ones most at risk of experiencing symptoms of “the change.” This is probably because we are all individuals, and some of us have brains which are more sensitive to these hormonal fluctuations – the greatest of which happen when we start our menses and when we start losing them. Using either oral, sublingual or topical progesterone can alleviate these symptoms, by counteracting the estrogen dominance. If patients prefer oral administration, this is possible as well, as is a sublingual preparation. Topical progesterone is available over-the-counter in health food stores and on line, but individualized dosing is only available by prescription through a compounding pharmacy. Progesterone is the “feel good” hormone – helping to maintain calmness, and many women have found out already how helpful it is with PMS. Although it is relatively safe, this is a compound that does have significant effects on the body, so levels should be tested to make sure that one is not using too much. The signs and symptoms of progesterone excess can be similar to estrogen excess, so the only way to safely and smartly administer any hormone is to keep track of them.

So what’s the best way to keep track of your hormone levels? First of all, LH (Luteinizing Hormone) and FSH (Follicle Stimulating Hormone) are NOT sensitive enough to do anything but tell you if you’re already past the point of getting help! Estrogen, progesterone, testosterone, DHEA, cortisol and thyroid hormones are the important ones to measure. Random blood samples may be the only way *your* doctor knows to test for these hormones, but there is a better way. The best way to know what levels the ovaries, breast and brain are being exposed to is to measure the hormone levels in another target tissue – the salivary gland. Saliva hormone testing is easy since you do it at home, is relatively inexpensive, and is usually covered by insurance. It has been around for the past ten years, yet most physicians are not aware of this.

Suzanne Summers has done a lot to get the information out with her latest book [The Sexy Years](#), and my mentor Andrew Weil MD’s new book [Healthy Ageing](#) is a good resource. And last but certainly not least, I suggest you read [What Your Doctor May Not Tell You About Breast Cancer – How Hormone Balance Can Help Save Your Life](#) by the late John Lee, MD and David Zava, PhD. Dr. Zava has been doing breast cancer research for 25 years and developed the saliva testing

which easily determines the hormone status of patients, and is an expert on how progesterone can protect against breast cancer.

Women are entering perimenopause and menopause in record numbers, and the chance of surviving malignant breast cancer (1 in 3) has not changed in the past 50 years. Other factors which obviously are involved in hormone regulation are diet and nutrition, exercise, and stress – these are topics I'll cover in the future. Today there is simply *no reason* to "*suffer silently*" like our mothers did – we can be happier and healthier too, but only if we refuse to accept the status quo.

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