



Bio-Identical Hormone Therapy Part I: What Is It?



Dr. Kate Thomsen and Silky

Hormone therapy is given for many reasons, the commonest being the relief of symptoms. Hormones can be delivered to the body in many forms: capsule, skin cream, vaginal cream, vaginal ring, spray, patch, etc. The classic menopausal hormone therapy was Premarin (pregnant mares urine) and Provera (a synthetic progesterone or progestin). Many other conventional hormone therapies use synthetic molecules of estrogens and progestins. These molecules are called synthetic because they are not "natural" hormones to the human body. They are slightly altered (and therefore patentable) but still have the desired effect. On the other hand, bio-identical hormones are molecules in forms that are identical to the hormones naturally produced by the body. These molecules are not picked from a tree or squeezed out of animal tissues. They are made in a lab – perhaps starting with a molecule from soy or yam – but the end result might be a molecule of estradiol or progesterone identical to that produced by a female ovary.

I have been providing bio-identical hormone therapy to patients for over ten years. Back then I would often see women already on

conventional hormone therapy (HT) who were having difficulty with hormonal side effects (bleeding, breast tenderness, bloating). Switching to bio-identical hormone therapy (BHT) would nearly always solve the problem. In the last 6 years – since the results of the Women's Health Initiative Study and the publication of Suzanne Somers book, I typically see women who request BHT right from the start because they believe it is a safer alternative. While there are no large clinical trials comparing BHT to conventional HT, I believe BHT will eventually be shown to be a safer alternative – however, it is not without risks.

There is pretty convincing evidence that natural progesterone is safer than synthetic progestins so that is a no-brainer for me. I often use bio-identical progesterone for women who have milder symptoms or sleep problems, and if we don't know her individual risk/benefit analysis for using estrogen yet.

Yes, it's the estrogen that has the shadowy profile. While estrogen is remarkable for its beneficial effect on hot flashes, night sweats, insomnia, joint pain, brain function, mood, and vaginal comfort, it is a well known growth factor and can (1) increase the risk of breast cancer. It also stimulates the blood clotting process (2) increasing the risk of heart attack and stroke. And even though these two serious adverse effects were "unearthed" in the July 2001 WHI study of conventional HT, it is clear that bio-identical hormone therapy has the potential to cause these

adverse effects as well. For example, we know that many of the risk factors for breast cancer are directly related to the number of years of natural estrogen exposure (eg, increased risk if no pregnancies or early age at onset of periods). And we also know that pregnant women have twice the risk of having blood clots as non-pregnant women. Pregnancy is a time of higher (bio-identical) estrogen levels. Every woman contemplating the use of hormone therapy – conventional or bio-identical – deserves a comprehensive evaluation, risk/benefit analysis and careful monitoring over time. In the next issue, I will discuss the risk/benefit analysis for using hormone therapy.



Dr. Kate Thomsen has a holistic health practice in Pennington, NJ. She is board certified in Family Medicine and in Integrative/Holistic Medicine. For more information see www.drkatethomsen.com. For information about appointments or the upcoming detoxification program call the office at 609-818-9700.

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