



10 Most Frequently Asked Questions About HORMONE REPLACEMENT THERAPY

(1) What is hormone replacement therapy?

Hormone Replacement Therapy (HRT) is used by women either suffering from Premenstrual Syndrome (PMS) or undergoing or who have undergone menopause. Hormone Replacement Therapy is used to supplement or balance the body's own production of the female hormones, estrogen and progesterone, in order to counteract the most common symptoms of menopause and PMS such as: hot flashes, night sweats, vaginal dryness, depression, irritability, anxiety, weight gain, water retention, heavy bleeding, and insomnia.

(2) Does HRT apply to all women going through menopause or having intense PMS symptoms?

No, HRT is not needed by every woman undergoing menopausal or PMS symptoms. Some women are not good candidates for HRT because of pre-existing health problems which can cause complications when on HRT. HRT is not recommended for women who have the following conditions: breast cancer (or who have a family history of breast cancer), fibroid tumors, heart disease, high blood pressure, blood clots, liver or gall bladder disease, endometriosis, diabetes, epilepsy, asthma, kidney problems, migraine headaches, or unexplained vaginal bleeding.

(3) What are some other potential risks I should consider when thinking about undergoing HRT?

HRT is not currently recommended by all health care providers because there are not as of yet any long-term studies to back up the benefits of HRT when undergone by a woman for a lengthy amount of time. Before undergoing HRT, a woman needs to balance all the potential benefits against all the potential risks and find a health care provider who is not only competent in women's health, but can individualize an HRT program for each particular patient's needs.

(4) What are the two hormones that are replaced in Hormone Replacement Therapy and (5) what do they do in the body?

The two hormones that are usually discussed when women are going through menopause are estrogen and progesterone. Both are produced by the ovaries of menstruating women. As a woman enters menopause, estrogen output begins to decline, but does not decrease to zero. The adrenal glands and our own body fat continues to produce small amounts of estrogen at a lower, more constant level and also produces some progesterone. PMS symptoms can also be triggered by an estrogen/progesterone imbalance. Estrogen causes the growth and maturation of women's sexual organs and causes an increase in body fat in the buttocks, hips, and breasts as well as underneath the skin which gives it a soft finely-textured feeling. Estrogen is also important for other physiological functions such as retaining calcium in bones, protecting against heart attacks and strokes, and assists emotional balance and memory. Progesterone protects against the undesirable effects of estrogen dominance (such as anxiety, irritability and mood swings,



water retention and weight gain). Progesterone encourages bone building, acts as sedative on the nervous system, protects against cancer, and is a natural diuretic and antidepressant.

(6) What if I've already tried HRT and have experienced serious side effects?

If you have already tried modern HRT programs but still want the benefits associated with HRT, there are alternative hormone replacement therapies that have little or no side effects.

(7) What is the difference between natural herbs and synthetic medication when deciding to supplement the body's production of hormones when in menopause?

The most commonly prescribed estrogen tablet (Premarin) is derived from a pregnant mare's urine. Synthetic progesterone is called progestin because it is not molecularly the same as the progesterone made by the body, which may account for some of the side effects experienced. Many herbs contain phytoestrogen plants, which are natural sources of estrogen that is similar to the estrogen manufactured by the woman's body. Plant sources are usually of a lower potency, yet are quite effective for many women in suppressing such common menopause symptoms such as hot flashes, night sweats, and vaginal dryness. Herbs can stimulate the body to produce estrogen and have a low risk of side effects. As for progesterone, recently a micronized form of natural progesterone has become available (made from yams and soybeans) that is protected from destruction by stomach acid and enzymes and can be absorbed by the body. This natural form is gaining wide acceptance due to its fewer side effects.

(8) What are some of the natural supplements that are used in natural hormone replacement?

Wild yams are an excellent source of Diosgenin, an important precursor hormone to progesterone. Wild yam extract can be taken in capsule or cream. Wild yam can be easily absorbed through the skin as well as taken internally. Wild yam has been known to help relieve the unpleasant symptoms associated with menopause such as hot flashes, vaginal dryness, and night sweats. Wild yam can also reduce fatigue.

ProgonB is a nonprescription sublingual homeopathic tablet which can be used during certain days of the menstrual cycle and also certain amounts for the post-menopausal women.

Options Center for Health and Education has the above plus more supplements available in capsules which can be taken in a Hormone Replacement Therapy individualized to suit your needs.



(9) How can I learn what my progesterone and estrogen levels are?

It is best to take a saliva hormone test to know the levels and this then determines what supplements to use, when to take them and how much to take

A hair analysis can also ascertain what your progesterone and estrogen levels are. A hair analysis is done by cutting a small amount of hair near the scalp (300 milligrams) and sending it to a licensed lab to determine the mineral levels in your body as well as your metabolism.

Estrogen is closely associated with copper. Progesterone is closely associated with zinc. Closely associated means that when the level of the mineral rises, the level of the hormone rises. Many women taking oral contraceptives have elevated copper levels. An imbalance between the copper and zinc levels of the body, as well as other nutritional components, are linked to menstrual abnormalities and discomforts. For instance, women who suffer from PMS (i.e. -- heavy periods, frontal headaches, constipation, food cravings, and fatigue) tend to have high copper levels. Post-menstrual symptoms (i.e. -- depression, anxiety, breast soreness, water retention) have been seen in women with high zinc levels.

[Information for questions 1-9 taken in part from: [Trace Elements and Other Essential Nutrients](#) by Dr. David L. Watts.]

(10) Why was the HRT study stopped?

The clinical trial was stopped early based on the fact that the health risks were exceeding the health benefits over the first 5 years of the trial. To sum up the findings: women receiving HRT were 29% more likely to experience cardiovascular events, 41% more likely to experience strokes, 2-fold greater rates of deep vein thrombosis and pulmonary embolisms, and a 26% increase in invasive breast cancer over women in the placebo group. While HRT has a modest decrease in fractures (-24%) and both endometrial and colorectal cancers (-17% and 37%), these were not seen by the investigators to offset the risks. For more information, go to the Health Topic, HRT Study Stopped. The trial results and an editorial were published in the Journal of the American Medical Association (JAMA 2002; 288:322-333, 366-8) and are freely available from its website (www.jama.com) - go to the Past Issues section, July 17, 2002 link.

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