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HRT Side Effects: How to Get Off Synthetic HRT and on Natural Hormones

By John R. Lee, M.D. and Virginia Hopkins

What You Need to Know About Starting Bioidentical Hormone Therapy (BHRT)

How to have balanced hormones, and relief from menopausal symptoms, without using conventional HRT!

The Women's Health Initiative (WHI) study was canceled because of a high risk of breast cancer, heart disease and stroke associated with using HRT (hormone replacement therapy). The study analyzed the health of 16,000 women aged 50 to 79 years. After five years, those using HRT (Premarin and Provera or PremPro) had a 29 percent higher risk of breast cancer, a 26 percent higher risk of heart disease, and a 41 percent higher risk of stroke.

To personalize these numbers a bit more, of the 6 million women who are using PremPro, this translates to approximately 4,200 women who got breast cancer, 4,800 women who got heart disease, and 10,800 women who had a stroke in a five-year period because they were taking this form of HRT. If we extend these numbers out over a decade, nearly 40,000 women were harmed by taking these drugs. That's an epidemic, and doesn't include all the women who suffered from weight gain, fatigue, depression, irritability, headaches, insomnia, bloating, low thyroid, low libido, and gallbladder disease and blood clots.

One of the most disturbing aspects of this scenario is that it was created due to the carelessness of conventional medical practice, which dictated – without good supporting evidence of safety and efficacy – that any woman over 50 complaining about anything remotely related to menopause, be put on HRT. Their hormones weren't measured to find out which ones they needed or how much, and they were subjected to a one-dose-fits-all mindset that created overdoses of estrogen for millions of women. Furthermore, the efficacy of progesterone in hormone replacement has been totally ignored in favor of the patentable (and therefore more profitable) synthetic counterparts known as progestins.

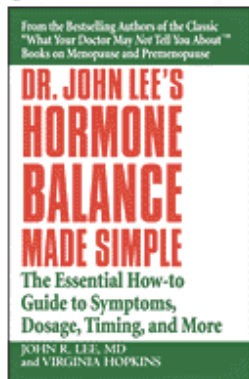
To readers of my books and newsletters, the risks and side effects of conventional HRT are not news – the evidence of harm has been showing up in research for at least a decade. This particular study was finally large and prestigious enough that conventional medicine was forced to pay attention.

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Q: Do the results of the WHI apply to your recommendations of using natural estrogen and progesterone ?

A: Not at all. What I recommend is first measuring saliva hormone levels to find if there is a hormonal imbalance. Then, if necessary, correcting the imbalance using natural hormones in physiologic doses, which means ordinary doses that the body would naturally produce itself. (Please read one of our "[What You Doctor May Not Tell You...](#)" books for details.)

Another way to look at this is, from puberty until menopause, a healthy woman's body is making its own natural hormones in synchrony and balance, without giving her cancer, heart disease or strokes. What I recommend is attempting to regain this natural balance as closely as possible.

Conventional HRT not only fails to measure hormones and use physiologic doses, it uses synthetic, not-found-in-nature "hormones" that are foreign to the human body and cause a long list of unwanted side effects.

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Q: How Do I Get Off PremPro?

A: Most women simply need to lower their dose of estrogen and replace the progestin (the "pro" part of the PremPro) with progesterone cream.

Estrogen is a prescription-only medication in the U.S., so you'll need to ask your doctor for a separate prescription for estrogen, preferably either estradiol, or a combination of estradiol and estriol, or estriol alone (please read our breast cancer book for details on using estriol). Even Premarin, although ethically objectionable in the way it is obtained from pregnant mares, will work if it is used in the lowest dose needed, and in combination with natural progesterone. If you discontinue estrogen suddenly, you're likely to suffer from hot flashes and night sweats. Hot flashes and night sweats are less likely if the estrogen dose is decreased in gradual steps.

Unless your doctor already has you on a low dose of estrogen, you can begin with half the dose you have been taking when you add progesterone cream in place of the progestin. Many menopausal women don't need any estrogen at all, and can gradually taper (over 3-4 months) their dose down to nothing. Although transdermal progesterone alone will alleviate menopausal symptoms for many women some women may need a little bit of estrogen to control their symptoms. Symptoms of estrogen deficiency include hot flashes, night sweats, and vaginal dryness. Again, you can find more specific information in our books.

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Q: My doctor says that I can't use estrogen and progesterone cream, because progesterone cream won't protect my uterus the way the progestins do.

A: Progesterone cream protects the uterus just fine. Not only did I not have any problems in my hundreds of menopausal patients before I retired from practice, I am in touch with dozens of physicians who have thousands of patients between them, who have never had a problem (some of them have been doing this for over a decade). Furthermore, soon-to-be published double-blind, placebo-controlled study by Helen Leonetti, M.D., proves that progesterone cream protects just fine. Her study compared the uterine protection of PremPro with an estrogen/progesterone cream combination. In short, the women on the progesterone cream came out just fine.

You might also ask your doctor how he thinks that your premenopausal body protected itself against estrogen effects! It was the progesterone that your ovaries made every month!

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Q: My doctor says that because blood tests don't show a rise in progesterone when progesterone cream is used, that it doesn't work, and I should use oral progesterone.

A: Blood tests only measure the serum, which is the watery part of the blood, and progesterone that comes from cream use is carried in the red blood cells, not in the serum. The most accurate way to measure hormone levels is with a saliva hormone level test, which measures your active or bioavailable hormones. When you use progesterone cream, a saliva hormone test will show a gradual rise in hormone over a three-hour period, and then it reaches a plateau for several hours and then gradually drops such that 90-% is gone after 15 hours. This amount of time is an average, and can vary a bit from woman to woman.

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Q: I read an article in a major magazine where a doctor is quoted as saying that natural progesterone stimulates tissue growth in the breast and therefore could contribute to breast cancer. Is this true?

A: We have tracked down the source of this information, and once again, it was a progestin, not progesterone, that stimulated the cell growth in the study being referred to. As you'll read in our books, progesterone stimulates cells to grow toward differentiation, which is an anti-cancer property. Cancer cells are undifferentiated, and thus grow without control. Progesterone also encourages cells to die when they're supposed to (which cancer cells don't do). This topic is covered in detail in *What Your Doctor May Not Tell You About Breast Cancer*.

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More Information:

- [What Your Doctor May Not Tell You About Menopause](#)
- [What Your Doctor May Not Tell You About Premenopause](#)
- [What Your Doctor May Not Tell You About Breast Cancer](#)
- [Detailed article on saliva hormone testing.](#)
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References:

- Writing Group for the Women's Health Initiative Investigators, "Risks and Benefits of Estrogen Plus Progestin in Health Postmenopausal Women," *JAMA*, July 17, 2002, Vol 288, No. 3.
- "Trial of HRT to prevent CHD halted early because of increased harm," *Lancet*, July 13, 2002, Vol 360, No. 9327.

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