Synthetic vs. Bioidentical Hormones for Menopause

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Menopause and Breast Cancer Risk – Synthetic versus Bioidentical Hormone Replacement

Estimates say that two million women reach menopause every year in the United States – 6,000 women per day. Millions of other women are in premenopause, meaning they’re just years away from the end of their menstrual cycle. Three out of four of these women experience the embarrassment of hot flashes and the discomfort of night sweats, with no guarantee that the symptoms will get better once they reach menopause. Two-thirds, in fact, of postmenopausal women report that they are still experiencing hot flashes, sometimes for up to five years. Unfortunately, many women often go through much more than just hot flashes and night sweats.

Hormonal changes can upset daily routines, causing fatigue, insomnia, and headaches. They can lead to changes in the body, such as thinning hair, weight gain, vaginal dryness, and joint, skin, and bone issues. Symptoms may even include personality changes such as lowered libido, drastic mood swings, depression, and memory issues.

The dangers of synthetic hormone replacement

For many women, the main priority is relieving some of these frustrating, embarrassing, and sometimes debilitating symptoms. A common treatment for these symptoms is synthetic hormone replacement, which may offer some relief – but at a cost. The Women’s Health Initiative of 2002 found that these treatments, including hormone replacements such as Premarin and Provera, lead to an increased risk of cardiovascular disease and breast cancer.

Hormone replacement is not a new idea by any means. In fact, Ancient Chinese texts from thousands of years ago describe how hormone-laced urine from teenage boys and girls was consumed by elders for its health benefits and to rejuvenate their sex lives. Additionally, traditional Chinese medicine calls for the use of placenta in soup or as a pill to raise lagging hormone levels.

Only in 1923, however, did modern science confirm traditional knowledge, when scientists isolated the hormone estrogen in urine from pregnant donors. 20 years later, the pharmaceutical companies wanted to make their own version for the market. Rather than use human sources, they went to the farm. The name of Premarin itself shows its’ roots, being short for “pregnant mare’s urine”!

In his 1966 book, “Feminine Forever,” gynecologist Robert Wilson MD claimed that menopause was a disease of estrogen deficiency, which must be treated with Premarin – estrogen. He described Premarin as a magical pill, which could restore a woman’s femininity, relieve her menopause symptoms, and maintain her youth. The funding for his book came from none other than Ayerst Laboratories – manufacturer of Premarin – and was distributed by pharmaceutical sales reps. Within 10 years, more than 6 million American women were on Premarin.

But then problems began to emerge. Over time, it was discovered that using Premarin on its own increased a women’s risk of endometrial cancer. Not surprising considering many of the estrogens found in Premarin aren’t even found in the human body, and that the body balances the cell-replicating effects of estrogen with progesterone. Mainstream medicine’s solution was to prescribe Provera, a synthetic version of progesterone.
Why wasn’t natural progesterone used? It comes down to simple economics. You can’t patent a natural hormone and charge exorbitant prices. So Big Pharma created a similar, but non-bioidentical version of the hormone that could be patented. But by 2000, a study based on the Women’s Health Initiative Trial (WHI), and published in the *Journal of the American Medical Association* showed that women who had taken Premarin and Provera together over the last four years were at 40% greater risk for breast cancer than women who had not undergone hormone therapy.³

### Evidence for Bioidentical Hormones

Dr. Khalid Mahmud has quite an impressive resume. His credentials include board certification in Internal Medicine, Hematology, Oncology, and Anti-Aging Medicine. He was also Former Chief of Medicine and Medical Director of Oncology at North Memorial Medical Center in Minneapolis, Minnesota. Recently, he conducted a fascinating study, which was published in the journal *General Practice*.

In the study Dr. Mahmud followed the treatments of 460 women between the ages of 34 and 78 being treated for menopausal symptoms at a private clinic. Their treatments included natural estrogen and progesterone, and when testing demonstrated need, patients were also prescribed natural forms of testosterone, DHEA, thyroid, and a growth hormone secretagogue (a substance that helps the body make growth hormone). Patients were monitored for an average of four years and this included not only their symptoms but complications including cardiovascular events, breast cancer and mammogram abnormalities.⁴

The results speak for themselves: 97% of the patients saw an improvement in their symptoms, with ZERO cardiovascular complications. In stark contrast, in the WHI trial in which women used synthetic Premarin and Provera, we would statistically expect to see at least 34 cases of complications. The lack of cardiovascular complications is nothing surprising, as research already shows that bioidentical estrogen and progesterone may have heart protective properties! One such study from Denmark found that women who received transdermal bioidentical estrogen had a reduced risk of heart attack compared to women not receiving any hormones.⁵

When it came to breast cancer risk, findings were equally impressive. Of the 460 patients, 365 women did mammograms before starting treatment, and 68 of them were found to have abnormalities such as fibronodular or cystic changes. Follow up mammograms were done on 292 of the patients. None of the women using bioidentical hormones showed any new abnormalities – and 8 of them with previous abnormalities actually had improvement. Three of the patients with a strong family history of breast cancer developed estrogen/progesterone receptor negative tumors—meaning they were non-hormone related tumors, with zero cases of hormone-related tumors. In the WHI trial, on the other hand, there was almost a doubling of mammogram abnormalities among the participants, and an increased risk of breast cancer.⁶
Natural Progesterone

A growing stack of research has found clear connections between a woman’s progesterone levels and her risk for developing breast cancer. Using natural progesterone, instead of the synthetic, appears to be the key to reducing breast cancer risk with hormone replacement. One study, published in Breast Cancer Research and Treatment, really drives this point home.

In the animal study, researchers examined three separate groups of monkeys – one group was given estrogen with synthetic progesterone, the second was given estrogen and natural progesterone, and the third was given a placebo. Their work found that monkeys given the estrogen plus synthetic progesterone combination showed significantly more breast-cell proliferation when compared to the placebo. In contrast, those monkeys who were given estrogen plus natural progesterone did not experience the same increase in bad cell changes.\(^7\)

Another study in the International Journal of Cancer measured the blood progesterone levels of 5,963 premenopausal women and analyzed their risk for breast cancer. The researchers found that women with the highest blood levels of progesterone had an extraordinary 60% decreased risk of breast cancer compared to women with the lowest progesterone levels. And those women with the highest blood levels of progesterone who also had a regular period had an astounding 88% decreased risk of breast cancer!\(^8\)

A second study with similar findings involved 1,083 women treated for infertility who were then followed for more than 33 years to determine their breast cancer risk. When the volunteers who were low in progesterone were compared to women with normal levels, they had a staggering 540% increased risk of premenopausal breast cancer and were 10 times as likely to die from any cancer!\(^9\)

The Holistic Medicine Difference

Knowledgeable holistic doctors prescribing estrogen will almost always also prescribe a natural estrogen known as estriol. The formulation known as bi-est contains the stronger estrogen known as estradiol and the weaker estrogen known as estriol. Research has shown that estriol helps to relieve menopausal symptoms and aids in preserving bone density, while also providing a protective effect against breast cancer.

Estriol binds with certain breast receptors, which then in turn keep breast cells from growing out of control. In one study including more than 31,000 postmenopausal women, volunteers who used estriol had no noted increased risk of breast cancer compared to women who never had used hormone replacement.\(^10\)

The symptoms of menopause can be embarrassing and life changing. If you are suffering, take action and speak to your doctor about bioidentical hormone replacement. It is a safe and effective option that, unlike synthetic hormone replacement, is not shown to increase your risk of developing breast cancer. Should your doctor prescribe synthetic hormones, we strongly suggest you seek out a better informed, holistic doctor to take his place! This is something I offer at my clinic. If you have further questions, reach out to us at 855-DOC-MARK.

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Article Citations:

2. ibid
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