

March 2011 Medical Article

### Hormone Therapy (estrogen and Testosterone)

Therapy with Estrogen and Testosterone is controversial. On one hand in the last 10 years there has been research stating that sex hormones can increase the risk of cancer, heart attacks and strokes. These studies have been well publicized without stressing that the increased risk is small. In the case of the study in the early 2000s, women on Premarin only showed an increased risk of heart attack and stroke in 50 women of the 10,000 that were tested. (meaning that 9,950 women, or 99%, did NOT have an increased risk) Some more recent studies have shown that the design of this study, which consisted of women who had been off hormones for years back and were put back on Premarin (which is derived from pregnant mare (horse) urine), was the problem because of two factors. The first is that when Premarin is started IMMEDIATELY at menopause there appeared to be a reduced risk of heart attack and stroke. The second is that the type of estrogen in the urine called Estrone (which is Premarin) is a breakdown product of the active estrogen called Estradiol. Urine estrogen is exiting the body in the urine and when it is given orally it tends to cause increased clotting of the blood and when older people who already have a lot of hardening of the arteries in their brain and heart take it, it causes the sluggish blood going through the narrowed arteries in their brain and heart to clot and causes their heart attacks and strokes to occur sooner than usual. Studies on the “natural” desirable estrogen called Estradiol have shown no increased risk of heart attack and stroke and most of the studies show a mild decrease in heart attack and stroke. Most importantly studies by “anti aging” researchers are showing 8-10% increases in bone density, muscle mass and skin thickness as well as a lower rate of urine incontinence, urine infection and vaginal rawness from estrogen deficiency. Another benefit of estrogen as well as testosterone is a sense of well being, better sleep, less depression and absence of hot flashes (which sometime occur in men from testosterone deficiency). Estrogen and testosterone deficiencies are also major causes for loss of libido and migraine headaches in people over 40 who are hormone deficient (particularly if they have hot flashes for years after menopause).

The worry about male and female cancers increasing the risk of breast and uterus, ovary, testicular and prostate cancers is also controversial. Some studies from over 10-20 years ago suggested an increase risk of breast cancer and increased growth rate of tumors in the presence of estrogen and testosterone. Again the route of administration of the hormones and the lack of more “natural” hormones seems to be the problem. If hormones were so bad for causing cancer then why don't teenagers and young adults, under the age of 35, get female and male cancers as they have three times the hormone levels of patients over 60? The answer seems to be that the unnatural hormones used in the studies slowed the exiting of cancer causing chemicals (that we all consume in our diets) by the liver. Furthermore, when male and female hormones are “natural” and given in “cream” or “patch” form (to be absorbed through the skin) they bypass the liver and cause the liver and intestines to work less hard. Therefore, the liver has more energy to get rid of cancer causing chemicals from the body.