

BioIdentical Hormones:

Lessons on What Not To Do

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It is hard to be objective about BioIdentical Hormones ("BIH's"), since there is little quality research, women (and men) increasingly demand hormones (or have been taught to want them), and there is money to be made selling hormones. My prior article on "Hormone Havoc" provides additional information.

I have strongly resisted the use of BIHs for the reasons to be explained below. I have lost patients who have not "got what they wanted", and have also gained patients who have been burned both economically and physiologically with such hormones.

What Are BioIdentical Hormones

The term "bioidentical" means that the hormones are exactly the same as those produced by the body. This is in distinction to synthetic hormones, found in the birth control pill, and those modified from other species, such as PreMarin ("Pregnant Mare Urine") sold to women for a decade under the guise of health.

The most common BIHs are Estradiol, Estrone (two different forms of Estrogen), Progesterone and Testosterone. Because they are made by God, and not Man, they cannot be patented--therefore there is no monopoly on their sale, and no big profit either. This leads to a lack of funding for research on their use.

For this and other reasons, BIHs have been poorly studied. Most of the assertions about their benefits and risks have been made by extrapolating studies observing hormones at different ages and disease conditions, and the use of synthetic hormones.

Just because BIHs are "natural", they are not implicitly benign. Arsenic is also natural and organic. Taking BIHs is a serious long-term strategy that requires a thorough understanding of the short and long-term benefits and risks involved.

My professional journey regarding the body's complex hormonal systems have developed into a mental textbook on "How Not to Mess with the Body's Wisdom". Here is a summary of these lessons, and the conclusions:

Chapter One: A Male With Hot Flashes

The first patient who called my attention to this topic over ten years ago was a male in his sixties, who I was evaluating for fatigue and erectile dysfunction, long before the Viagra days. During one of his visits, he was fanning himself, and made the offhand comment, "I know it sounds funny, but I think I am having hot flashes". A light went off in my mind--hot flashes in women are caused by declining levels of female hormones--all men and women have both male and female hormones--could his hot flashes be caused by some imbalance of male and female hormones? I quickly ordered tests of his male and female hormone levels. What came back was astounding--his male hormone levels, and others, were near zero. His primary care physician immediately sent him to an endocrinologist. The endocrinologist did a few other tests, ultimately concluded that his testosterone levels were low (!?), and offered to put him on testosterone replacement.

He came back to me, dissatisfied with this conclusion, as it didn't answer the whys and seemed unnatural. After lots of research, I found a physician who was a recognized expert in the issue of testosterone in males. After several months and hundreds of dollars of evaluations, the patient was put on testosterone! He began to feel better, "woody worked better", and that was the end of Chapter One. Needless to say, I was dissatisfied with this "solution", as there was never an explanation, and he needed to

stay on hormones for the rest of his life. In addition, when men are given testosterone, their testicles shrink--their work is being done for them. This also happens with the other glands.

Chapter Two: A Female with Menopausal Symptoms

Approximately a year later, I saw a newly menopausal woman (defined as no period for 12 months) who was having worsening sleep, anxiety, depression, fatigue and aches and pains. Since she needed urgent help with her sleep and mood, I sent her to a holistic colleague who was using hormones rather than drugs to help with such symptoms. With each change in hormone prescription, she would get temporarily better, or worse, but her same symptom pattern would eventually return. After two years of chasing her hormone levels, we concluded that this approach was not working. From this experience, and others, I concluded that the body has a wisdom and intention that is hard to overpower, and should be respected and listened to.

Chapter Three: Thyroid Hormones

I was also seeing an increasing number of patients, mostly women, complaining of symptoms sounding like hypo-thyroidism (insufficient thyroid function). They include: fatigue, dry skin, cold extremities, hair changes, mild depression, poor immune function, weakness and others. This often began after pregnancy, or around the time of menopause. Tests of the thyroid gland would often reveal "normal" thyroid function, or some anti-bodies to the thyroid gland. I would initially refer these patients to endocrinologists, but without frank thyroid dysfunction, there would be no available treatment.

Alternative medicine had a growing literature on "sub-clinical" hypo-thyroidism--not low enough to show up on tests, but low enough to cause symptoms. Some practitioners measure morning underarm "basal" body temperature--but such measures were often not helpful. However, there seemed

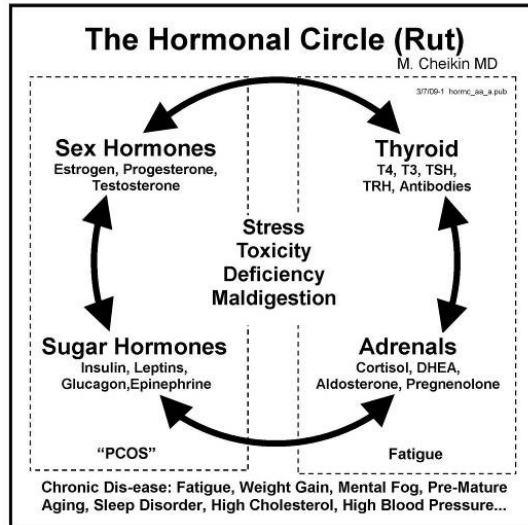
little harm to give such patients small doses of thyroid hormone--again bio-identical--the same exact stuff as made by the body. When they responded it was very satisfying. However, only 10% or less of these patients responded--the rest stayed the same or feeling worse.

Chapter Four: Work With Adrenal Hormones

Over the past few years, I have recognized the prevalence of "Adrenal Fatigue" (see separate article). At first, like most medical doctors, I did not believe in this condition, which is hard to measure, even by the saliva tests that are used by many holistic practitioners. However, many of these patients had been under chronic stress, either emotional, physiological (surgery or serious illness), or both. Again, a subset of these patients, 10-20% would respond to interventions to support or enhance adrenal gland function. I also learned that supporting the adrenal gland without considering the thyroid gland, or visa-versa, would cause a worsening in symptoms rather than improvement.

Chapter Five: Endometriosis and PCOS

There are also an increasing number of women with endometriosis and "PolyCystic Ovarian Syndrome". These conditions, (as well as the increasing prevalence of breast and prostate cancer) are considered to be due to an excess of estrogen



and estrogen-like toxins. PCOS also involves the blood-sugar regulating hormones (i.e. there are often hypo-glycemic symptoms and pre-diabetic findings on blood tests). While classic PCOS shows ovarian cysts, menstrual irregularity, obesity, male-pattern hair changes and acne, there are many women who are slim and have regular periods but still have several of these symptoms.

Putting It All Together: The Hormonal Loop (Rut)

These experiences have shown time and again that our hormonal systems are highly interactive, coordinated, and sensitive. It is virtually impossible to change one without affecting another; and there is an undeniable reason for what the body does.

Menopause and andropause are normal periods of hormonal shifting. If there is already some dysfunction going on, then these changes may be the "last straw" and cause symptoms to manifest for the first time. However, it does not mean that treating with drugs, or even classifying these conditions as dis-eases is logical. Therefore, the approach that I have been advocating is to go slowly and respectfully, working cooperatively with the mind-body-spirit system to assess and gently intervene.

As an example, if a third-grade child is having problems in math with division, it is not appropriate to do the child's homework or to remove the child from math for the rest of its life. The best approach is to hire an experienced tutor who can assess the blocks and provide remedial exercises to transform a negative experience to a positive one. When this is achieved, the sense of success, growth, and skills learned can be life transforming. As another example, if you went to a doctor with a limp, he gave you a crutch, and told you to use it for the rest of your life, would you accept this treatment? Working with hormones and body transitions is the same way.

The Sociology of Women's Illness

For centuries, women, children and the disabled have been the victims of poor health care, since they have been disempowered to fund research and advocate for their own needs. Looking over the past century, we had a generation of women who were convinced that formula was better than breast milk, that DES would improve the quality of pregnancy, that taking birth control pills is a safe and appropriate way to prevent conception and stifle PMS symptoms, and that artificial estrogens would safely prevent osteoporosis. Menopause is a disease, as is osteoporosis. Fosamax and its family of drugs are still being strongly sold, despite known risks and alternatives. Botox, originally developed for serious neurological conditions, has become the hottest commodity since sliced bread, masking emotional expression. Not to mention breast implants and plastic surgery as sweet-sixteen gifts.

In Texas, they enacted a law requiring young girls to be immunized with Gardasil, until it was revealed that the drug company heavily lobbied to that state's politicians. Most young girls and their mothers are being scared into this treatment, though there are risks, and the efficacy is quite limited.

Men are risking blindness to take Viagra. There was a recent recommendation that all men over 55 take Proscar to protect their prostate glands. Babies are now getting vaccinated in their first week of life--a practice that simply makes no sense.

Back to Bio-Identical Hormones

Putting it all together, here is the logic against BIHs:

1. Menopause and andropause are not diseases.
2. The body is wise and has evolved its mechanisms over millions of years.
3. We are multi-dimensional, mystical beings, not chemical factories to be manipulated. Chronic dis-ease involves mind, body and spirit.
4. External help should not cause dependency or overwhelm natural systems—it should be subtle, gentle and time-limited.
5. Safety should be proven, not assumed.
6. Alternatives should be considered, especially when symptoms are tolerable and tests suggest a favorable prognosis.
7. Holistic tests will often reveal critical nutritional

deficiencies and toxicities (such as heavy metal, halides, vitamin and mineral deficiencies, see prior articles) that contribute to hormone imbalance and will enable re-balancing when corrected.

What's a Girl and Boy to Do?

1. Be skeptical. Don't listen to the hype of the latest fad or drug commercial. If you can't find any opposing views, then there's something wrong. Don't buy into "diseases" that affect half the population. Don't buy into treatments that promise unreasonable results. Learn from the recent economic disaster that even the experts are often full of hot hair.

2. Be honest with yourself. Are you trying to hold onto the past? Are you chasing an image or expectation that is incompatible with a balanced life?

3. Go to a real yoga class. Go inside, release your tension, explore your mind, body and spirit.

4. Invest in good preventive health. Drink clean water, buy organic local foods, get rid of the toxins in your life.

5. If problems persist, work with a holistic practitioner who will do appropriate testing and look at your problems in a multi-dimensional way. "Alternative" treatments such as acupuncture and body work can be very effective in re-balancing systems, especially when utilized early. Under proper guidance and testing, gentle precursor hormones such as pregnenolone and DHEA may improve levels and enable the body to come to balance without creating a lifetime of dependency.

IMPORTANT NOTE: This general information should not be used to make decisions about medical care without the involvement of an experienced practitioner.

For More Information

- See Dr. Cheikin's related articles on: Adrenal Fatigue, Thyroid Disease, Sugar Blues, Hormone Havoc, Detoxification and others
- Dr. Cheikin's website, www.cheikin.com, has more information
- Dr. Cheikin offers workshops in several holistic health topics. Please call for more information or to host a Workshop.
- Cheikin MD: Chronic Pain, Fibromyalgia & Chronic Fatigue Syndromes: 9-Step Pathway for Healing, 2007. ISBN 9780-9795-20303.
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