

# LIFE AFTER HRT

## Switching to Natural Hormones



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Following the results of the Women’s Health Initiative in 2002, which showed greater risk than benefit among women using HRT, the emphasis is rapidly shifting away from synthetic hormone replacement to balancing hormones naturally.

An estimated two million American women are already using bioidentical hormones as a safer alternative to HRT. Below are answers to some of your questions from Dr. John Lee in his landmark books on menopause and hormone balance.

### **How do I switch from HRT to natural hormones?**

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. Attempting to regain or mimic this natural balance as closely as possible is your goal.

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. Most women simply need to lower their dose of estrogen and replace the progestin (the “pro” part of 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 estradiol, a combination of estradiol and estriol, or estriol alone.\* 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.

It’s important not to go off of estrogen suddenly, or you’re likely to suffer from hot flashes and night sweats. 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 their dose down to nothing.

Although progesterone alone will alleviate menopausal symptoms for many women, those women who don’t have much body fat need a little bit of estrogen. Symptoms of estrogen deficiency include hot flashes, night sweats, and vaginal dryness. You can find more specific information in the books.



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\*Read *What Your Doctor May Not Tell You About Breast Cancer* book for details on using estriol

**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.**

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, a recently published double blind, placebo-controlled study by Helene Leonetti, M.D., indicates that progesterone cream is protective. 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 or she thinks that your premenopausal body protected itself against estrogen's effects! It was the progesterone that your ovaries made every month!

**My doctor says that because blood tests don't show a rise when topical progesterone is used, the cream doesn't work and I should take oral progesterone.**

Blood tests only measure the hormone content in the serum, which is the watery part of the blood. However, progesterone is more fat-soluble and thus very little of the progesterone delivered topically appears in the serum.

The most accurate way to measure hormone levels is with a blood spot and/or saliva hormone level test, which measure levels of hormones that are bioavailable, i.e., delivered to tissues. The ZRT comprehensive hormone profiles can also identify hidden hormonal imbalances.

**What are bioidentical hormones and can you explain the difference between natural progesterone and the synthetic version?**

Bioidentical hormones are synthesized from natural plant substances and are identical in structure and function to those our bodies produce naturally. When production drops below normal levels at perimenopause and menopause, bioidentical hormone replacement therapy (BHRT) may be the best and safest way for women to supplement.

Natural progesterone is a bioidentical hormone as opposed to progestin which is the synthetic version (the "pro" in PremPro). Natural progesterone is just like the progesterone your ovaries made and is available in a topical form over-the-counter and by prescription (when compounded with natural estrogens and other hormones). It is always best to be tested first for any hormonal imbalances and, based on your test results, discuss natural hormone supplementation (BHRT) with your health care provider.

For an approved list of progesterone creams, consult Dr. Lee's books. For a referral to a natural hormone-friendly doctor skilled in hormone testing visit [www.zrtlab.com](http://www.zrtlab.com).

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**Do the results of the WHI apply to using natural estrogen and progesterone as you recommend?**

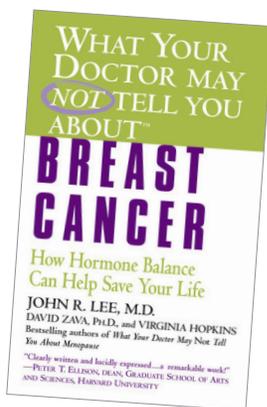
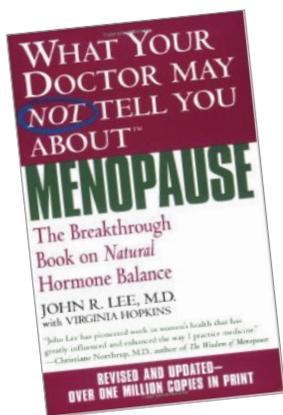
Not at all. What I recommend is measuring saliva hormone levels to find out where the hormonal imbalance is, and then using natural hormones in physiologic doses – which means doses that the body would naturally produce itself if it were in balance, and in a natural monthly rhythm. Refer to any of Dr. Lee’s books for details.

Looking at this another way, 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 or mimic this natural balance as closely as possible.

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Content provided with permission of Dr. John Lee, author of *What Your Doctor May Not Tell You About Menopause* and co-author with Dr. David Zava of *What Your Doctor May Not Tell You About Breast Cancer*.