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Open Letter to Dayton Daily News

First of all, I would like to thank Christie Schmidt for shedding light on the subject of available treatments for menopausal women. I truly appreciated her article featuring Dr. Scott Bemby. I completely agree with his concerns about early screening for diseases such as colon cancer, osteoporosis, and cardiovascular disease. I, however, do not agree with his assessment that most women are forgoing screening for alternative therapies. Screening programs are vital for treating diseases. The earlier illness is detected, often the better chance for successful treatment. Early screening, however, is NOT preventative medicine. It is simply early screening. I believe that what was categorized as "Alternative therapies" is actually preventative medicine. For example, there is a strong correlation in the medical literature that having a vitamin D level in the range of 60-80 ng/ml reduces the risk of colon cancer 80-85%. Colonoscopies for detecting colon cancer are a great screening tool. Measuring vitamin D levels and supplementing to goal of 60-80 is preventative medicine. Screening for osteoporosis using dexascan is also a valuable tool. Understanding that the underlying cause of osteoporosis is a depletion in the hormones progesterone, estradiol, and testosterone in combination with excessive cortisol levels, then effectively correcting these imbalances is good preventative medicine. Contrast with current treatment strategies of using bisphosphonates (Boniva) and high dose chalk (calcium carbonate) supplementation. According to the FDA, bisphosphonates have only been shown to be safe and effective for maximum of 5 years (most menopausal women I know plan on living longer than 5 years). I have to believe that there are better, smarter treatment options than the current standard of care.

Much of the article focused on menopausal treatment referred to MHT. A great deal discussed was based on the findings of the Women's Health Initiative (WHI) study from 10 years ago. An almost infinite amount of new medical information has been discovered over the last 10 years. If you really boiled down the results of the WHI what you are left with is simply the drug Prempro (conjugated estrogen and medroxyprogesterone) which has not shown to be safe and effective for the long term use of menopausal symptoms or hormone deficiencies. This result should surprise no one in the medical field. Horse estrogens are not human estrogen and medroxyprogesterone is certainly not human bioidentical progesterone. To deny hormone balancing therapy to peri and postmenopausal women based on the results of the WHI study is akin to banning the consumption of fruit based on an outdated study showing the harmful effects of eating apples. Women deserve better. There



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are many FDA commercially available bioidentical hormone products and they are far better options than prempo. While these products of many forms such as creams, gels, tablets, etc. are FDA approved, in my mind they are still not the best available therapies for women. I prefer customized compounding hormone creams that can potentially contain all the sex hormones: estradiol, progesterone, testosterone. My reasons are simple; you can make minute adjustments in dose to best meet women's needs. It is better therapy in that you can effectively balance estrogen, progesterone, and testosterone instead of estrogen only. This is the critical piece in getting the best results in hormone balancing therapy.

This brings me to 2 more critical issues. The blanket statement that estrogen therapy causes cancer. Estradiol performs over 300 vital and necessary functions in the body including cardiovascular protective and brain function. Our bodies make estrogens for a reason. How does this make sense? Current medical knowledge suggests that it is the 4 hydroxy metabolite of estrone (storage form of estradiol) that initiates cancer formation. Hormone therapies should not be about denying estrogen supplementation when deficiency can lead to increased cardiovascular disease and dementia, rather it should be about using physiological doses to replete estrogen levels while also using effective strategies to reroute the metabolism of estrogen to safer metabolites other than the 4 hydroxy estrogens as well as improve the body's ability to get rid of (excrete) this substance. This is true preventative medicine.

Finally, it is important to understand the role that other hormones such as cortisol, thyroid, and insulin have in managing menopausal symptoms. We are complex beings and to simply slap on an estrogen patch for hot flashes is just not good enough. As medical professionals, we need to strive to understand to our best abilities the complexity of the human body and to manage the hormone symphony that occurs in each and every one of us. That is what our patients want and deserve.

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