

Dear Doctor/Health Care Practitioner,

I am now halfway through a potentially long life, and have found myself without enough of the female hormones needed to remain healthy and vibrant. I am suffering from symptoms clearly related to estrogen deficiency and would like to feel vivacious and full of life again while reducing the risk of osteoporosis, depression, heart attacks, and colon cancer.

I have learned some new and effective treatments to help address my hormone and brain chemistry imbalances and am asking for your help. I just finished reading a book by Mia Lundin R.N.C., N.P., a nurse practitioner who has in her practice prescribed bioidentical hormones for twenty years. Her book *Female Brain Gone Insane* specifically addresses the delicate dance between the hormones and the brain chemistry and her treatment plan offers a lot of solid science and practical advice that I would like to follow. Some of her suggestions require your support. I have brought a list of test that I would like to have done to evaluate my hormonal status.

Based on recent research (see below) I am not interested in conjugated estrogens (Premarin) or medroxyprogesterone acetate (Provera.) Recent studies indicate that transdermal bio-identical estradiol and oral bioidentical progesterone seems to be the safest and most beneficial combination of hormone replacement therapy today

I do not want to make you uneasy or question your protocols and have included some scientific evidence supporting my decisions. I have also included references for your review at the end of this letter.

In 2007, Fournier et al reported an association between various forms of HRT and the incidence of breast cancer in more than 80 000 postmenopausal women who were followed for more than eight postmenopausal years. Compared with women who had never used any HRT, women who used estrogen only had a non-significant increase of breast cancer. If a synthetic progestin was used in combination with estrogen, the risk for breast cancer increased significantly. However, for women who used bioidentical progesterone in combination with estrogen, the increased risk for breast cancer was eliminated with a significant reduction in breast cancer risk compared with synthetic progestin use. In a previous analysis of more than 50 000 postmenopausal women, Fournier et al found that the risk for breast cancer was significantly increased if synthetic progestins were used, but was reduced if progesterone was used. The WHI study clearly proved that Provera (medroxyprogesterone acetate), caused breast cancer and heart disease while Premarin (conjugated estrogens) taken alone showed a decreased incidence of breast cancer and a significant reduction of coronary calcium scores.

The WHI study came to an abrupt halt in July 2002 because the combination of Premarin and Provera also marketed as PremPro showed an increased risk of breast cancer, coronary heart disease, and stroke. Specifically, the study showed women who took the combination of Premarin and Provera had a twenty-four percent increased risk of breast cancer and an overall twenty-four percent increased risk of coronary heart disease than those who didn't.

However, what is important to know is that the women, who took Premarin without Provera, had no increased risk of breast cancer. Also, after five years, the same group of women showed sixty-one percent less calcified plaque of their coronary arteries compared to the women who took a placebo. However, Premarin did seem to increase the risk of clotting causing strokes and heart attacks. This risk was amplified when Provera was added. Recent research indicates that when bioidentical estrogen is taken through the skin by patch or cream, this problem is eliminated, and there seems to be no increased risk of clotting.

Several studies, including the Nurses' Health Study and the WHI showed that those women currently using estrogen replacement therapy or HRT have a significantly lower risk of colorectal cancer. A new finding, published in the January 2009 issue of *Cancer Epidemiology, Biomarkers and Prevention*, found a seventeen percent reduced risk of colorectal cancer among women who had at one time used estrogen, a 25 percent reduced risk among women currently using estrogen, and a 26 percent reduced risk among those using estrogen for 10 or more years.

Now, hormone experts throughout the world have concluded that replacing your hormones is safe, and healthy women going through the first few years of menopause who need HRT to relieve symptoms should have no fears about its use.

The First Global Summit on Menopause-related Issues, held in Zurich on March 29 and 30, 2008, involved forty of the world's leading menopause experts who met to review public perceptions, risks, and benefits of hormone replacement therapy. They were looking at four main areas of controversy: cardiovascular health, breast issues, cognition, and bone issues. The Summit concluded HRT is safe and that healthy women going through the first few years of the menopause who need HRT to relieve symptoms should have no fears about its use.

The American Association of Clinical Endocrinologists and the North American Menopause Society have also come to similar conclusions. Further, Amos Pines, president of The International Menopause Society concluded in a 2007 press statement. "Weighing the overall benefits and risks of HT in the younger postmenopausal population clearly favors the use of HT for symptomatic women."

Heart disease is responsible for more deaths in women than all forms of cancer combined and is the most significant health concern for women in the United States today, causing nearly 350,000 deaths each year compared to only 40,000 from breast cancer. Unfortunately, many doctors misconstrued the results of the WHI believing women are better off not taking any hormone replacement therapy. Consequently, many women will needlessly suffer from and be at increased risk for depression, heart disease, stroke, osteoporosis, and colon cancer while some recent studies indicate that the right type of hormone replacement therapy can significantly reduce the risk of heart disease while not increasing the risk of breast cancer. Clearly, more studies are needed but until there is evidence to the contrary, it seems that bioidentical hormones should be the preferred method of HRT.

I appreciate you taking the time reading this letter, and I hope I have provided you with enough scientific evidence to support my suggestions for the type hormone replacement therapy I would like to try and look forward to working with you to enhance my health and well-being.

Thank You,

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