

Every Woman Needs To Read This Chapter Now (Excerpts)

Since the 1930s, American women have been trained and bullied into thinking that a natural normal event in their life – menopause – is a disease condition requiring treatment. Let's stop with that for a minute. If it's a disease, how did all the millions of women throughout history up to the present time muddle through it? How do Third World women or non-HMO lifestyles survive the ordeal? Keep those two questions in mind when you read anything mainstream, either advertising or articles.

The "new" "medical condition" requires drug therapy, which coincidentally has just recently been "discovered": synthetic estrogen – hormone replacement therapy. Does it work? Are women better off now? Does it really prevent osteoporosis? Read on!

WHAT IS MENOPAUSE?

Menopause is a period of years in a normal woman's life in which gradual hormonal changes bring about a shift away from the physical powers of childbearing, in favor of a more mature condition of mental development. The unpleasant symptoms we have come to associate with menopause are common only in a small group of women in history: American and Northern European women in the past 75 years. Outside that group, menopause is not so problematic and is taken more in stride as a natural phase in a woman's life, with little fanfare. It seems that the more simple the lifestyle, and the more simple the diet – the more effortless the transition.

Throughout history, simple diet has been a function of low income. The most nutritious foods are the least expensive: whole fruits and vegetables, unprocessed dairy, whole grains. As lifestyle became more complex, and incomes grew, expensive, empty, processed, nutrient-deficient foods were popularized by marketing and advertising – the foods of commerce. (Royal Lee) Less need to exercise, more focus on money, greater stress – the basic formula for the rise of the most resistant group of diseases in history: the degenerative diseases. Heart disease, cancer, arthritis, diabetes, osteoporosis – are epidemic in our society, the richest nation in history. Even 100 years ago such diseases were rare.

By now most of us have heard of a Shangri-La place in the Himalayas called Hunza Land, famous for longevity to 120 years old. Two Americans, Dr. Allen Banik and Renee Taylor, visited this isolated mountain civilization, one in 1958 and one in 1962. Both wrote books describing their incredible experiences. Both detail the simple diet as well as the lack of degenerative and infectious diseases. Physically cut off from the world by treacherous mountain passes, the Hunzas developed their own agriculture system of stone terraces, fed by the mineral rich waters of the glaciers. Hunza health is probably unequalled anywhere in the world, or in history. Symptoms of menopause were unheard of in Hunza Land.

In Japan as well as in many other cultures with basic, unrefined diets, there is no word for "hot flashes." As we shall see, the unpleasant symptoms of menopause are directly

related to the amount of estrogen a woman has maintained during her adult life, prior to menopause.

THE CREATION OF A MARKET: HOW'D THE WHOLE HRT THING GET STARTED IN THE FIRST PLACE?

The story really begins in 1938 with the discovery of diethylstilbestrol (DES) by Charles Dobbs. DES was supposed to be the first “synthetic estrogen” – an oxymoron, as we shall see. Dobbs first thought DES would solve the problems of menopause, but the AMA immediately began to make extravagant predictions for “preventing miscarriages” and solving all problems of pregnancy as well. (Robbins, p138)

After many years, DES was being prescribed for a “safe pregnancy” and to “prevent miscarriages.” By 1960 it was found that between 60 and 90% of DES daughters had abnormal sex organs, leading to high rates of infertility, miscarriages, and cervical cancer. (Sellman p28). DES sons commonly had testicular dysfunction and were often sterile. As for the mothers who had taken DES, their risk of breast cancer had been increased by 40%. (Meyers p 143) DES was the first drug ever invented that could cause cancer in the offspring when taken by the mother. (Reusch, p 22) But still the drug wasn't taken off the market until 1971! (Kamen, p99). By that time the industry didn't need DES any more for its bottom line, because ERT was off and running.

NEXT CONTESTANT

Public attention was then diverted away from the disasters of DES by a 1966 best seller called *Feminine Forever*, by Robert Wilson, a New York gynecologist. Wilson's thesis was that menopause is an estrogen-deficiency disease. All the unpleasant symptoms which accompany menopause were the simple result of too little estrogen. Insufficient estrogen supposedly caused a woman to lose her youth, beauty, cheerful attitude, and bone density all at once, with the onset of menopause.

Not missing a beat, the drug industry immediately donated \$1.3 million to set up the Wilson Foundation for the sole purpose of developing and promoting estrogen drugs. The usual story: limited studies with inconclusive results, skewing results to please the company that was paying for the trials, discontinuing studies that weren't turning out “right.”

The primary study that was the basis for vaulting synthetic estrogen into the limelight, originally as a contraceptive, was a small, flawed trial done in Puerto Rico, in which 20% of the 132 women suffered serious side effects. Five of them died. Negatives were swept under the carpet as irrelevant – the main thing was that the new wonder drug supposedly cancelled the “horrible” symptoms of menopause – hot flashes, vaginal dryness, migraines, etc. FDA approval for synthetic estrogen was given based on this one study! (Marshall)

Throughout 1964 and 1965, fueled by the advertising power of the biggest clients, articles appeared in major women's magazines, like Vogue, Cosmopolitan, and Good Housekeeping proclaiming a breakthrough that would finally set women free from the ravages of the dread menopause. (Lee p24)

Within a few years, with no real proof that Wilson was right, with superficial clinical trials, synthetic estrogen was being popularly prescribed, and a new industry was off and running. They called it Estrogen Replacement Therapy. Better living through chemistry.

A little snag came up in 1975. The New England Journal of Medicine (Dec 1975 p.1199) published its findings after studying the causes of endometrial cancer. They showed that women who took the new estrogen drugs had just increased their risk of endometrial cancer by a factor of five times. Unless they had been using the drugs longer than seven years. Then it was 14 times the normal incidence. Sales slowed.

Yankee ingenuity to the rescue: it was found, though not conclusively, that rates of endometrial cancer could be reduced if synthetic progesterone were added to the synthetic estrogen. Synthetic progesterones are called progestins. So they changed the name from Estrogen Replacement Therapy to Hormone Replacement Therapy, and the show went on. Sales climbed back up, and then continued to grow. And grow.

20 years later the American Cancer Society conducted a huge 13-year study of some 240,000 postmenopausal women to find the relation between HRT and cancer. Their findings: 40% higher incidence of ovarian cancer. After 11 years of HRT, the figure went to 70%! (Rodriguez) HOW COULD THIS BE?

As the HRT industry gained strength, the manufacturers began to make additional claims about the benefits of HRT, claims that were again unsupported by solid research:

- HRT could prevent osteoporosis
- HRT could prevent heart disease

The underlying, and unproven, assumption of this new “therapy” – HRT – was that women's lives were being improved now that they were spared the horrors of aging, menopause, osteoporosis, and the loss of femininity. Unfortunately, these promises are rarely kept, and almost never because of a program of synthetic hormones. Worse, the side effects of HRT have proven to be a bigger problem than what they were supposed to cure.

To begin to untangle this giant web of doubletalk and wrong information, we have to look at some basic endocrinology: Can't tell the hormones without a program. If this gets too complicated for the attention-challenged, just skip to the next section, but at least give it a try.

HORMONES

Hormones are chemical compounds that are players in the most sophisticated and exquisitely balanced internet in the entire body: the endocrine system. This group of

glands, including the adrenals, the pituitary, the ovaries, the testes, the thyroid, and the hypothalamus are interrelated in impossibly complex ways, about which we're just beginning to get glimpses of understanding. It's a swirling universe of chemical elegance and precision, involving millions of refined little molecular firings which wink in and out of existence every second. "Touch one strand and the whole web trembles," is the way endocrinologist Deepak Chopra puts it. The endocrine system controls all other systems of the body by means of chemical messengers, who wait for an answer.

WHAT IS ESTROGEN?

Estrogen is a hormone, one of the moving parts of that endocrine system. It is a steroid (made from cholesterol) hormone, occurring in both men and women. Estrogen's functions are primarily the growth and development of sex organs and other tissues related to reproduction. (Guyton p1023)

Dr. Lee and Chopra both speak of the dance of the hormones, the delicately interwoven choreography, about which we have only the most rudimentary knowledge. We've begun fooling around with this highly tuned endocrine system because we've discovered a few coarse, synthetic, sledgehammer substances that resemble real estrogen, or real thyroid hormone, or real progesterone. But we really have only the vaguest notion what we're doing, because of all the overlapping interrelationships. Our ignorance has given rise to a brand new disease: endometrial cancer. (Lee) Plus other big problems.

Back to estrogen. Estrogen is really a general term for three separate hormones:
estriol
estradiol
estrone

From here on out in this chapter, "estrogen" as is produced by the body refers to all three of the above hormones.

Estrogen is produced in three main places in a woman's body:
the ovaries
the adrenal glands
the fat cells

The main purpose of estrogen is to make the uterine lining, the endometrium, ready to implant a fertilized egg in the event fertilization occurs. To aid in this function, estrogen will promote:

- water retention
- fat storage
- maturation of the female adolescent

All the above is OK if pregnancy is likely. But excess estrogen throws off the timing. Excess estrogen causes the body to prepare for embryo implantation all the time. This state of over-preparation is the cause of

- sluggish blood circulation
- migraines
- increased clotting
- high stroke risk
- disrupted copper/zinc ratios in brain cells/ mood swings
- fibroids
- endometriosis

Every system in the body has a feedback loop to keep balance. Estrogen has a sister hormone called progesterone, whose functions are equally important.

WHAT IS PROGESTERONE, ANYWAY?

Progesterone is the other primary female hormone. It is produced in the ovaries. It is the precursor for both estrogen and testosterone, as well as all other natural steroid hormones (see chart above).

Progesterone's functions are

- maintains the endometrium in pregnancy
- new bone formation
- regulates blood pressure
- fat conversion
- sugar metabolism
- maintaining myelin (nerve insulation)
- regulates estrogen production

You'll remember that an egg is presented once a month from the ovaries, wrapped in an envelope called a follicle. After the follicle lets go of the egg, the egg journeys down the Fallopian tubes on its way to the uterus, where it awaits possible fertilization. The burst follicle still has an important job to do: it begins to produce progesterone, for the next two weeks. Progesterone's job is to maintain the uterine lining until one of two things happens:

- pregnancy
- no pregnancy

If pregnancy occurs, progesterone production is taken over by the developing lining itself – the placenta. The burst follicle simply can't make enough progesterone for the demand, since the uterus will expand from the size of a lemon to the size of a basketball during the next nine months.

If no pregnancy occurs, the follicle stops producing progesterone, which triggers the collapse of the blood-rich lining, which is then expelled as the woman's monthly flow. So the interplay between these two hormones estrogen and progesterone controls the entire infrastructure of reproduction, on a daily basis, after the onset of menarche (first flow) in adolescence. Estrogen creates the lining each month; progesterone maintains it.

Then what's the problem?

ESTROGEN DOMINANCE

If estrogen levels get too high, progesterone can no longer keep the dynamic balance. This is exactly what happens in American women, who live their whole adult lives with pathologically high levels of estrogen. Three main reasons for the high levels:

- overrefined diet
- no exercise
- external toxic sources of estrogen: xenoestrogens

Refined carbohydrates, processed fats, empty foods and too much of it all serve to raise estrogen to abnormal levels, as much as twice the normal, which are maintained for the better part of the adult lives of most American women.

Second, lack of exercise can cause estrogen dominance. Dr. Ellison of Harvard University found that estrogen levels are much lower in women who eat reasonably sized portions and who perform strenuous physical work, as in locales with non-industrialized lifestyle. The opposite is true for the American woman who eats too much and gets little exercise: abnormally high estrogen levels are the direct result. Dr. Lee points out the obvious corollary: menopause is a much bigger deal in our industrialized countries, because the estrogen decline is so radical – the difference between pre and post estrogen levels is significant. This hormonal rollercoaster dip is very stressful, and is the real cause of the discomforts of menopause.

Third, xenoestrogens. Huh? Xeno- means foreign. So the word xenoestrogen just means estrogens from outside the body. Many external toxins have been found to have estrogenlike effects in the body. Most are petroleum derivatives. Xenoestrogens are found in plastics, computer chips, PVC, pesticides, soap, clothes, DDT and other modern manufactured goods.

There has been extensive zoological research in the area of xenoestrogen effects on animals and the resulting birth defects. In studies of panthers, alligators, birds, turtles, seals, fish, and many other species from diverse parts of the globe, scientists are finding a common theme: feminization of males, decreased sperm counts, low male testosterone, and extremely high levels of estrogen in females, with plummeting numbers of offspring. Though some scientists had known about the problem for several years, public attention was drawn by a series of articles that appeared in three consecutive issues of the *LA Times* in Oct 1994.

Alligator offspring studied at University of Florida had very high estrogen and low testosterone as a consequence of a large pesticide spill in Lake Apopka near Gainesville. Again, gonad shrinkage was observed in males, leading to a drop in alligator reproduction in the lake estimated at 90% since the spill occurred.

Wild panthers in the Florida Everglades have had their sperm counts reduced by 90%, due to high estrogen levels from years of state dumping of DDT and other toxic pesticides into the swamp waters.

Between 1950 and 1970, some four million pounds of the pesticide DDT, illegal today, was dumped into the ocean in Los Angeles. Examples of eggshell thinning, gonad shrinkage and feminization in males, overdeveloped ovaries in females, and failure to thrive are some of the defects found in seagull studies at UC Davis by Michael Fry. In 1981, Fry published his research in the journal *Science*. Shrugged off for years by the scientific community, Fry's work is now being corroborated all over the world in dozens of other species.

Males are also affected. Think of the surfing implications for the L.A. spill — “two girls for every boy”??? Not any more. Declining sperm counts in American males in the past 30 years is well documented. An article in *Lancet*, May 1993 estimates a drop in sperm count of 50% in the past 30-50 years, and links the decline to environmental estrogen mimickers.

Xenoestrogens, as well as a modern processed-fat diet, are lowering the onset of menarche for young girls. In 1900, American girls matured at 14. Today the average age is 12, and for some groups is as early as 8 years old! (Beaton)

The effects of DDT and PCBs are often hidden, and often don't occur until many years later in the offspring of these exposed animals. Birds are born with twisted bills or deformed reproductive organs. Other animals have physical characteristics of both male and female, but can't function normally as either one. The reason DDT and PCBs were outlawed was that they don't break down; they persist unchanged in the environment for years and years, still capable of the same trauma to living cells. These chemicals simply don't degrade.

The effect of hormone-mimicking pollutants, the xenoestrogens, is being kept under wraps, because of its obvious implications for liability by the chemical manufacturers. Chemical contamination is not limited to a few isolated areas. It is a global problem, beyond the scope of this chapter. The reader is directed to Theo Colburn's startling book *Our Stolen Future* for a better look.

The point is, we are in the same ecosystem, the same food chain, the same biosphere as these animals. Human DNA is 98% identical to that of an ape. **Our cells and tissues are susceptible to these same distortions.** It is no coincidence that the women of the industrialized nations of northern Europe and the United States have two things in common:

- the highest rates in history of breast cancer, endometrial cancer, and HRT consumption
- high exposure to plastics, chemicals, computer chips, pesticides and other xenoestrogens.

John Lee talks about the “sea of estrogen” in which we exist as the result of many factors:

- fat soluble hormones in meat
- PCBs (polychlorinated biphenyls)
- DDT
- foaming agents in soap and detergents
- cosmetics
- condom spermicides
- tons of pesticides, herbicides
- plastic cookware
- birth control pills
- HRT

The pathway of causation is clear: **xenoestrogens maintain estrogen levels at double the normal values for the entire adult life of the human female.** As the complementary hormone that’s supposed to balance the delicate system of sex hormones, progesterone is simply overwhelmed by the dominant estrogens. Natural hormones are subtle and fragile and transient. Xenoestrogens by contrast are harsh and strong and long-lasting. Progesterone just doesn’t stand a chance. HRT is just another xenoestrogen, making things worse.

CONSEQUENCES OF ESTROGEN DOMINANCE

As estrogen levels build up to twice the normal level, many systems of the body are adversely affected. **Body fat stores increase.** Fluids are retained, causing bloating and edema. There are defects in both fat and sugar metabolism, often severe enough to cause diabetes. **Risks of endometrial cancer are increased to 5-14 times,** as cited in the 1975 NEJM articles above. Promotion of osteoporosis. Slow onset of blood poisoning (toxemia) due to inability of chemical xenoestrogens to be broken down. This in turn obviously contributes to autoimmune disorders like lupus, chronic fatigue, and arthritis, in which the body begins to attack its own cells as they become so toxic that they are unrecognizable as “self.” Alteration of zinc and copper uptake in brain cells causes mood swings, a nice euphemism. Incidence of stroke increases 50% with estrogen, according to an extensive project, known as the Boston Nurses Questionnaire Study, of 121,000 nurses. (Stampfer)

Normal estrogen stimulates breast and endometrial tissue. Excess estrogen causes excess stimulation of breast and endometrial collagen, resulting in fibroids in both locations. (McDougall, p 87)

Another health detriment of estrogen is its destruction of B vitamins. Nutritionist Jean Sumption documents the opposition of estrogen with Vitamins B1, B2, B3, B5, B6 and other B-complex vitamins: Biotin, Choline, Folic Acid, PABA, and Inositol. Most functions of cell metabolism depend on B vitamins. Symptoms of depletion include fatigue, sluggish memory, hair loss, and aging.

This is only a partial list. It should be obvious that effects like these are systemic (everywhere the blood goes) and as such can affect practically any weakened tissue in the body. To say that drugs and chemicals cause a downward spiral of health is not just a metaphor. A growing number of medical researchers (see References) who do not represent the interests of the drug cartels are stepping forward to show that the symptoms of menopause are not caused by too little estrogen, but by too much. To turn popular opinion around 180 degrees from nature and trick American women into thinking that at menopause symptoms and postmenopausal dangers are caused by insufficient estrogen – once again, we are looking at mastery in the control of information. The motivation is simple: \$1 billion per year.

Synthetic hormones are not harmless. The side effects of HRT are often the same or worse than the original menopause symptoms they set out to cure.

SIDE EFFECTS OF HRT

- increased risk of breast cancer
- increased risk of endometrial cancer
- osteoporosis
- blood clots
- high blood pressure
- vastly increased rate of heart attack
- skin reactions
- hair loss or gain
- fluid retention, bloating
- vaginal bleeding
- rash, acne
- breast tenderness
- hair loss
- weight gain

OTHER SIDE EFFECTS OF HRT

- Depression (Obstet and Gyn, 1992 80:30)
- Breast cancer (NEJM 19 Jun 97; 336:1821)
- Stroke (NEJM 1991 vol 325p756)
- Lupus (Lee p258)

But wait a minute! I thought everything was supposed to be fine once they added synthetic progesterone to the synthetic estrogen. That's what everybody was supposed to think. But the real stats don't show it.

John Lee, MD, a California endocrine researcher, explains why. Simple: HRT's synthetic **progesterone is completely altered after going through the digestive system**, when it gets to the liver. The liver changes it into three other metabolites. Any benefits are thus cancelled. So the big change in the 70s from ERT to HRT was largely a change in public perception, due to drug advertising, and its second cousin, peer-reviewed medical journal articles.

Dr. Lee's view, and that of other proponents of natural progesterone products is that the problems at menopause are not caused by lack of estrogen, but by lack of progesterone. Remember that estrogen production drops 40% at menopause. Well, progesterone drops to 0%. And look at all the things it's responsible for. The synthetic progesterone in HRT isn't doing any good, since it's being changed into something else in the liver. It's not real progesterone. Therefore the estrogen is still unopposed.

THE ANOVULATORY CYCLE

Many American women in their 20s and 30s have monthly cycles in which they don't ovulate. That is, an egg is not released from the ovary. Such a widespread phenomenon is a new twist in human evolution. There are obvious reasons, as well as serious effects which accompany this unnatural process – the inability to reproduce – now taking place in so many adult females.

The reasons for anovulation are simple: severe biochemical imbalance and stress. The xenoestrogens.

We are in the same biosphere, the same food chain as all the animals mentioned above who have experienced reproductive chaos from chemical pollutants. Why should our species be exempt? It isn't. We drink the water of the same planet, eat fish and plants and meat laced with the same immortal PCBs and DDTs – it's a closed system.

Stress obviously promotes biochemical imbalance by overtaxing the adrenals, which then steal progesterone to make more adrenal hormones, which further promotes estrogen dominance.

Coffee is a big culprit, as well as soft drinks. A Johns Hopkins study found that women who take in more than 300 mg of caffeine per day (three cups of coffee, or eight sodas) reduce their chance of conception by 26%. (Hernandez-Avila) Effects of a female going through adulthood without being physically able to reproduce? Look around you. See any sexual ambivalence in any areas? I'll spare you my theories on contemporary social phenomena. But the physical effects of anovulation are a very clear result of the disruption of the fragile endocrine balance that has taken aeons to evolve.

One obvious ill effect of menstruating without ovulating as well as too much estrogen is the overstimulation of the endometrial lining. After a time, the excessive monthly lining promotes irregular lumps of connective tissue known as fibroids to form. Too easily and too readily, the buzzword "pre-cancerous" comes up, with the snap prescription for a completely unnecessary hysterectomy. Between 600 thousand and one million hysterectomies are performed on American women each year, 90% of them unnecessary, according to Stanley West, MD. That story is beyond the scope of this chapter except to raise the red flag that estrogen dominance sets the stage for most of the "irregularities" which end up with a prescription for hysterectomy. The reader is

referred to Dr. West's book *The Hysterectomy Hoax* for a dark journey. Also the first half of John Robbins' *Reclaiming Our Health*.

WHAT'S WRONG WITH WHAT MOST WOMEN ARE TOLD ABOUT MENOPAUSE?

The standard line is that menopausal women need estrogen therapy to prevent osteoporosis and other menopause symptoms because the body has stopped making its own estrogen. HRT (synthetic estrogen + synthetic progesterone) will take up the slack. HRT is routinely recommended in practically any situation, physical or mental that can be even remotely tied to menopause.

What the drug industry has conveniently ignored is that at menopause, estrogen output drops only about 40%. (Sellman, p16) Ovary production of estrogen drops way down below the level necessary for reproductive function. But adrenal and fat cell outputs of estrogen keep on going in order to maintain the other important endocrine functions of estrogen, which are not directly related to reproduction:

- bone building
 - electrolyte balance
 - insulin balance
 - fat and protein metabolism
 - cholesterol synthesis
- (Guyton, p1024)

That 40% figure is only for American and Northern European women, who have the highest estrogen levels in the world. In nonindustrialized countries, the drop is much less, primarily because their normal level of estrogen is so much lower. What is commonly ignored is that progesterone levels drop to 0% at menopause, and progesterone is necessary to keep a balance with estrogen.

So do the math: if an American woman has had estrogen levels that are double the normal for most of her adult life, and at menopause, estrogen only drops 40%, that means she is still operating at 120% of "normal," compared with an agrarian-type, nonindustrialized woman. But with this estimated 120% of normal estrogen, after menopause, there is NO progesterone to offset it. Estrogen dominance is a new phenomenon in nature, created by modern society, and modern medical politics.

WHY IS THE SOLUTION NOT FAKE ESTROGEN?

Synthetic estrogen dosage is way too much, and too weird, for the body to deal with. Synthetic hormones have molecular forms that do not occur in nature. They are manmade. The hormonal system is seriously disrupted by adding hormone-like chemicals that can mimic some of the functions of real hormones, but cannot maintain their role in the ever changing back and forth swirling biochemical dance that is taking place at every second in the normal body. These fake hormones are insensitive to the body's requirements for instantaneous alteration into another member of the hormone chart.

Aspirin is made from the bark of the white willow. People have been using white willow bark for centuries as a mild pain reliever. But white willow bark cannot destroy the stomach lining on contact the way aspirin does. In the same way that aspirin is not white willow bark, synthetic estrogen is not estrogen. And synthetic progesterone is not progesterone.

The main problem with synthetic hormones is that they last too long. All the natural hormonal feedback loops, which we do not even completely understand, are disrupted because the synthetics can't act as precursors to the changing hormonal forms in the same way that the natural hormones know. The hormone system becomes fragmented with millions of one-way orders that are supposed to have return messages. As long as synthetics keep coming in, there's no way to de-frag the system. The result is loss of proper interplay between the reproductive, adrenal, and thyroid systems. They all suffer.

American women arguably are among the most stressed people in history, emotionally and nutritionally, as well as environmentally. It is well known that stress depletes the adrenal glands. When this happens, progesterone is converted to adrenal hormones, like cortisol, to take up the slack and try to keep up with adrenal demands.

Remember, progesterone is their precursor. The result is further depletion of progesterone, again promoting estrogen dominance.

The above list of side effects of HRT is caused by one simple thing: UNOPPOSED ESTROGEN. Too pure and too much. And no progesterone.

So this is why cancer risks with HRT remain much higher than without HRT. The connection between HRT and cancer is really quite logical when you consider the normal functions of estrogen: controlling areas of rapidly dividing cells in preparation for reproduction. Unopposed estrogen, as we've known since the 1970s, upsets the normal endocrine balance. And where does the imbalance appear? Rapidly dividing cells of the reproductive tissues: endometrium, ovaries, breast. Perhaps nature did not intend for these tissues to be going wild at this time of life, when the reproductive system is supposed to be going out of business. Wouldn't a tissue defect like cancer be a natural result of artificially jumpstarting tissues which want to start winding down a little? Especially when the hormones are of the imitation, manmade, designer variety?

Dr. Lee underscores one amazing fact: the only known cause of endometrial cancer is unopposed estrogen! Unopposed estrogen is actually heightened by giving standard HRT because of the increased ratio of estrogen to progesterone. Research has never proven that estrogen deficiency causes cancer, but many studies have shown that progesterone deficiency does. A Johns Hopkins study of 1000 women showed that progesterone deficient women had a tenfold increased chance of dying from cancer compared with women who have normal levels of progesterone. (Cowan)

Jerilynn Prior, MD a world authority in endocrinology says that **describing menopause as an “estrogen deficiency disease” is the same as describing headache as an “aspirin deficiency disease.”** She calls this type of thinking ‘backwards science.’ Illnesses cannot be categorized by which drugs they are missing. That would assume that drugs cure illnesses, which almost never happens. Especially not in the case of HRT. Menopause is not an illness.

SO WHY DON'T GYNECOLOGISTS PRESCRIBE PROGESTERONE?

Some do. The problem here is that natural sources of progesterone are easy to find and inexpensive to make from many plants sources. As such they cannot be patented. This is a central point to keep in mind, perhaps the most important idea of this chapter. There are inexpensive plant-based phytoestrogens and natural progesterones which can control most estrogen imbalances, especially when incorporated into a detoxifying low-stress diet. Synthetics (drugs) are rarely necessary. But only drugs can be patented. There is no way to make massive profits from a natural plant source, and you have just heard the primary reason for the organized attack on holistic supplements that is under way in the US today. Natural risk-free products are a threat to the drug trade. Drug concerns develop chemical compounds that are almost like the natural hormone. But almost only counts in grenade-tossing. Maybe the synthetic compound is only different by an atom or two. Perhaps it can mimic some of the activity of the real hormone. After that, it is only necessary to create a market by control of information, by controlling the outcome and publishing of clinical studies, and by controlling regulating agencies, using political and legal tactics. But that one-atom difference in the shape of the molecule is all the difference in the world, in terms of breakdown, toxicity, and side effects. Understanding this paragraph will go far in explaining many of the contradictions of HRT, the unanswered questions, the indirect answers, the arrogance one encounters.

WHERE DO THESE DESIGNER HORMONE REPLACEMENT DRUGS COME FROM ANYWAY?

The most popular synthetic estrogen is a drug called Premarin, **made from the urine of pregnant horses!** This is no joke. Manufactured by the Philadelphia pharmaceutical giant Wyeth-Ayerth since 1942, an estimated \$940 million per year (Sellman p5) worldwide is generated by the sale of this one drug. Most estimates are that at least 75% of HRT drugs contain Premarin. Since 1993, Premarin has been among the top three drugs in the U.S. in gross sales. (National Center for Health Statistics)

In 1992, Wyeth-Ayerth spent \$9 million just for advertising Premarin! Their ad execs came up with the brilliant phrase “untreated menopause.” That same year Premarin was the #1 drug prescribed in the U.S. (Robbins, p 140). This is marketing mastery.

Henry Lemon MD of the University of Nebraska College of Medicine feels that an unnatural imbalance is caused by putting horse estrogens into a woman's body. The body does not allow two of the three naturally occurring estrogens, estradiol and estrone, to hang around very long. It converts them into the non-carcinogenic estriol, as

soon as possible. Such a helpful conversion cannot happen with Premarin because of the amounts involved. So the propensity for cancer is clearly seen: the carcinogenic forms are allowed to persist.

Premarin was approved by the FDA over 50 years ago, when requirements were much less stringent. There are many unknown ingredients in Premarin which may be normal in a horse, but not a human. It is likely that these are instrumental in the abnormally high rates of uterine and breast cancer following HRT, which rates are anywhere from a 30% to a 600% increase above normal, depending on the study. (Lee)

Are women informed? Hardly. Information like the above is very bad for business. Many phytoestrogens from plants are now available, as well as generic synthetic Premarin substitutes. With clever legal maneuvering however, Wyeth-Ayerth has successfully blocked the generic substitutes from FDA approval by a twist worthy of Johnny Cochran. They have claimed that the generics do not contain one of the unknown elements that Premarin contains, which is true. However it is more likely that the unknown element – 8,9 dehydroestrone sulfate – is toxic, not beneficial! Even the FDA regards 8,9 dehydroestrone sulfate as an “impurity” and yet the FDA will not approve the generics because they don’t have it! As all throughout history, today more than ever, politics controls “science.”

LIFE IS SUCH A PILL

The foregoing information also applies for most birth control pills. Most are synthetic steroid hormones which artificially prevent ovulation. The lie is, the Pill will “regulate periods.” The truth is the menstrual flow is artificial, occurring only because the Pill was withheld for one week per month. Normal menstruation is the result of the cyclic dynamic between natural estrogen and natural progesterone. With contraceptives, the flow is just a result of a clumsy, sledgehammer approach to “managing” one small aspect of an imponderably complex bio-system. Long term, such a course is foolish, as it has the same pattern of side effects as listed above: coronary artery disease, breast cancer, endometrial cancer, strokes, high blood pressure, liver dysfunction, respiratory allergies, digestive disorders, depression, blood clots, osteoporosis, and weight gain. (Sellman, p78) **This is sexual freedom? Sounds more like slavery to me.**

THE PROBLEM WITH COFFEE

Most people realize that coffee has no real food value, but they figure it won’t kill them. And the idea of getting going in the morning without coffee would be unthinkable after all these years. Many would probably choose death over withdrawal. You might even know someone like that.

So why are we talking about coffee in a chapter about HRT? Simple: it’s in the loop. Both are locked into the biochemical choreography of the swirling hormones which blink in and out of existence every second. Adrenals, thyroid, and ovaries are not three separate and independent entities. They’re more like three instruments in an orchestra,

or three ingredients in a cake, or three members of a yacht crew: change any one and the whole outcome is threatened.

Coffee is an adrenal stimulator. So are white sugar, a leopard in your living room, and the morning commute. The adrenal hormones trigger the fight-or-flight thing, a leftover from the earlier days of our species' evolution. Stress. Like from modern, empty foods, toxic exposure, and emotional worry – you know the list – which send constant messages to the adrenal glands. The message is: either prepare me for battle or get me out of here. Now if you have a friend who calls you on the phone fifty times a day because there's an emergency, pretty soon you won't get so worked up about the next call. Same with the adrenals. Only it's probably closer to several hundred calls a day, if you're in Silicon Valley, or any metropolitan American city. After awhile the adrenal glands get fried, depleted, out of gas, used up.

As the most evolved system in the universe, the body's got back-up plans for everything. And the first of the Plan B's for spent adrenal glands is to convert another hormone into adrenal hormone, thereby taking the burden off the adrenals themselves. Guess which hormone is first on the list for this understudy duty? Right: progesterone. Remember, progesterone is the precursor, or basic raw material, for all the steroid hormones (see above chart).

So for many women who are really stressed and have been for years, they are relying in large measure upon alternative sources of adrenal hormones. With progesterone being the first of the volunteers to be changed into adrenal hormones, this leaves little or no progesterone left to perform its primary function, which was what? Right again, to maintain the dynamic balance with estrogen. The result: further promotion of estrogen dominance, which you know all about, from the above pages.

Sumption, the nutritionist cited above, lists the B-complex vitamins that are depleted by coffee – the same ones that are depleted by estrogen. Without B vitamins, the body is drained of energy.

Coffee does not give you energy; coffee gives you the illusion of energy. Coffee actually drains the body of energy and makes you more tired, because of vitamin and adrenal depletion. What is the number one symptom that the most people have? Give up? Fatigue is the what more Americans have than any other daily complaint. Many people don't sleep at night as much as collapse from simple exhaustion. A sign of this is when you wake up in the morning exhausted, not refreshed. The body is tired from all that repair work it had to do while you were asleep. There is no feeling of waking refreshed and renewed. So what do we do, to crank it up one more time? Coffee.

Decaf? I don't think so. It's not the taste that you're addicted to. Decaf causes the same overwrought cycle of fatigue in a different way. Any coffee is a metabolic burden that has to be dealt with. It contributes nothing to nutrition – no vitamins, no minerals, no enzymes. Beats up the adrenals, uses up progesterone, promotes estrogen dominance. And now you know what that means.

There are at least two different ways that coffee contributes to osteoporosis:

- promotes estrogen dominance
- raises the acidity in the blood

We've already seen how estrogen dominance leads to osteoporosis. With acidifying of the blood, calcium is pulled from bones and teeth in order to keep the blood from becoming too acid. This is called buffering – a basic survival mechanism.

The increased rate of hip fractures with coffee intake was clearly shown in a 1995 study in New England J Med. (Cummings) Another study in American Journal of Clinical Nutrition of over 85,000 nurses showed three times the rate of hip fractures in the group who drank the most coffee. Promotion of osteoporosis from coffee is not just a theory.

HYPOTHYROID? GUESS AGAIN

The thyroid, the adrenals, and the ovaries. Closely connected, in a thousand ways. Another award-winning snap misdiagnosis of the 90s has been "hypothyroidism." To push Synthroid, a powerful thyroid mimicker, many women are told they are thyroid deficient, for the flimsiest of reasons. Fatigue is the usual complaint. Obesity is another. A borderline thyroid level in one blood test is enough to trigger a lifetime of problems, starting with a prescription for Synthroid. Perhaps the thyroid levels were just temporarily low when the blood sample was taken. Perhaps the thyroid was a little sluggish. Doctors have known for years that iodine is necessary for a functioning thyroid. Do doctors recommend that safe mineral supplement first before trying the overpowering drug Synthroid? Never. Most doctors don't even look at blood levels of thyroid hormones at all; but diagnose hypothyroidism by symptoms only! (Lee, p147) No matter; once Synthroid is served up every day, your thyroid's going night-night. And your problems are just beginning, because you're now aboard the Drug Express. To say nothing of the hormonal confusion that is now created when every molecular message that the other glands send to the thyroid system requesting an answer is ignored.

Empirically, who gets diagnosed hypothyroid, women or men? Let's see, why would that be? Thyroid and estrogen are natural antagonists: opposite effects. Thyroid builds bone, estrogen stimulates bone loss. Thyroid stimulates metabolism and burns fat; estrogen stores fat. With estrogen dominance, thyroid function is inhibited, causing lower thyroid activity. This doesn't necessarily mean the thyroid can't do its job, like the doctor presumes. It just means with all the excess estrogen in the picture, thyroid hormone is kept in the background – another one of the body's give-and-take feedback loops, about which we know so little. Again the sledgehammer arrogance comes barging onto the scene with the pretense that synthetic thyroid hormone – Synthroid – is going to "fix the problem."

Check out the psychology here: consider the motivation for being diagnosed hypothyroid situation.

1. The doctor is motivated because the patient is signing up for a life on Synthroid
2. The patient is ready to believe it because her overeating and obesity are not her fault: it's a hormone imbalance.

Is that what 'codependent' means?

CHRONIC FATIGUE SYNDROME

This is another carnival of disinformation. Chronic fatigue is almost always a result of simple toxemia – blood poisoning – from years of the indigestible, devitalizing American “foods of commerce.” (Tilden) This is self-evident to any holistic healer. Never missing a trick to sell powerful drugs, medicine offers Synthroid to the rescue. Not only does it never work for chronic fatigue, Synthroid whips the condition to a new level of exhaustion by adding a new toxin for the already worn-out liver and blood to try and break down. It's like putting out a fire with starter fluid.

THE UNDERLYING TRAGEDY OF HRT

All the horrific side effects and cancers and infertilities and permanently damaged endocrine systems – all that aside – perhaps the most invidious feature of HRT and its systematic enslavement of women is noted by John Robbins:

“The strategy is to make women feel less confident in themselves, for the more alienated from herself a woman becomes, the more susceptible she is to the lure of the drugs. This is the mass marketing of self-estrangement.”

- Reclaiming Our Health p140

Robbins quotes Christiane Northrup, MD:

“An entire generation of women is being brainwashed. Most women's trust in their own bodies is almost nonexistent.”

John McDougall, MD agrees:

“By adolescence, a great many young girls have come to believe that their bodies are the problem.”

- The McDougall Program, p17

UNPOPULAR OPINION

You won't find the information in this chapter common knowledge. Your doctor probably won't be aware of it. It's unlikely that you will see an ad for natural progesterone in Time or Newsweek any time soon. The devolving literacy in the U.S., the dumbing down of a people, is no accident. Any knowledge that fuels the idea that people can be responsible for their own health is systematically suppressed, in a hundred ways. You are already in the vast minority just by finishing this chapter. It's not the homogenized “readable” copy you're used to.

The glossing over of the side effects and the same tired images of HRT as the savior of women from the clutches of wrinkly old age – this pitch is still out there, coming across in hundreds of ways, every day. Those millions in advertising are not being wasted.

ENLIGHTENED VIEW

This chapter has just skimmed the surface of the topic of hormone therapy. I hope you don't believe anything you've just read. Disprove it, starting with the appended references. The two most organized are Dr. Lee's book *What Your Doctor May Not Tell You About Menopause*, and Sellman's book *Hormone Heresy*. If you're taking estrogen or birth control pills now or considering it, you can become more informed about the subject than your doctor, by reading what the real experts say. Few women are actually given a choice. Menopause? Oh, time for estrogen pills. End of story. With life-threatening side effects like these, it's worth the effort to be informed.

The unpleasant side effects of menopause can be minimized or eliminated by diet, herbs, and natural supplementation, as noted above. Dangerous unproven pharmacologics hardly seem worth the risk.

Hormone Replacement Therapy is a phrase right out of *Brave New World* mentality. Why? Because it's not hormones, it doesn't replace anything, and it's definitely not therapeutic. The only thing getting replaced is the drug trust's investment. "The ritualization of the stages of life is nothing new. What is new is their intense medicalization. Lifelong medical supervision turns life into a series of periods of risk."
- *Medical Nemesis* p 78

Perhaps life should just be lived, not supervised, risk-analyzed, amortized, or ritualized. The best way to balance the endocrine system at any age is the natural way.

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- See more at: <http://www.thedoctorwithin.com/women/every-woman-needs-to-read-this-chapter-now/#sthash.Bkj5PRbw.dpuf>

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