

In Balance

Published by Women in Balance™



Welcome to the inaugural issue of *In Balance*, a newsletter created to bring you news and information from Women in Balance (WIB), a non-profit group dedicated to advancing optimal health and hormone balance for women. In this issue, we focus on bioidentical hormones, including current research, questions, and upcoming conferences. Future **In Balance** issues will address key topics on achieving optimal health and balance.

Three years ago a group of dedicated leaders from the medical, professional and allied health fields joined forces to create a national organization with the vision of actively supporting and encouraging:

- The practice of using bioidentical hormones and other more natural forms of medicine in women's health;
- Individualized care for women versus a "one size fits all" approach; and
- A focus on prevention of illness and optimal health through a balanced lifestyle.

We at WIB believe in working together. We believe in high quality science and research. We believe that all women want and deserve to know what *all* their health care options are. We believe that more research is needed on optimal health and preventing disease. We believe most women would prefer natural solutions to taking drugs if and when possible. We believe in the better health for women, and keeping our sights focused on that prize!

Today, dedicated women, doctors, nurses, clinics and nonprofit health organizations are working with WIB to advance its cause through strategic programs including:

- ❖ A national media campaign to educate women and health professionals about optimal health, achieving hormone balance and the most current research.
- ❖ A national summit on the current state of science and the **future of women's hormones**. *WIB* and its members will use the resulting policy report to advocate for private and public research funding.

Continued on next page

In this Issue

Research: What's happening with Bioidentical Hormones

News & Notes: Future of Women's Hormones Summit
NIH Holds Conference on Menopause

Partners in Balance: Meet those making a difference

Stories of Balance: Tell us your Story

Critic's Corner: On Bioidentical Hormones

Ask the Doctor: From Sleepless in Cleveland

What's In ... What's Out

IN	OUT
Individualized approach to your unique health needs	One-size-fits-all medicine
Unprocessed, whole, organic food	Processed, high fat, high sugar foods
Seeking balance in life	Trying to do it all
Finding the time to exercise	Never having any time
Health professionals who take the time to listen	"Your fifteen minutes are up."

- ❖ Building a national alliance of women, health professionals and national organizations that are committed to advancing optimal health and wellness for women.
- ❖ Expanding the *WIB* website to provide education, resources and solutions for women and health professionals – a research reference section for natural health solutions and an opportunity for women and health professionals to support research and policies on integrated health care.

Women in Balance invites you to join us in advancing the dialogue about women's health. To learn more or become a partner go to **www.womeninbalance.org**

To your optimal and balanced health!

New Research

PROGESTERONE CREAM PROVIDES MENOPAUSE RELIEF WITH NO SHORT-TERM RISKS

In 2004, a clinical research study conducted by Kenna Stephenson, MD, at the University of Texas tested the safety of bioidentical progesterone cream, and any short-term benefits or harmful effects, by looking at biomarkers. Biomarkers show up as indications of serious diseases such as cancer, heart disease, infections and dementia. When testing with the natural progesterone cream, no markers were found for inflammation or clotting—"indicators for most of the serious diseases related to the use of traditional hormone replacement therapy, like Provera and Prempro," Dr. Stephenson said.

Dr. Stephenson also discovered that in women with higher than normal cortisol levels (the hormone activated by stress), the level of cortisol declined to a normal range while they were using the progesterone cream as compared to placebo. Experiencing normal cortisol levels are a significant benefit of natural progesterone cream because an abnormal cortisol pattern has been associated with an increased risk of heart attacks, cancer, obesity and other diseases.

"The results of the study are encouraging," Dr. Stephenson said, "because they are clinical evidence of the viable option of bioidentical progesterone cream for menopausal women in their search to relieve menopause symptoms."

A press release describing the study and its findings in greater detail can be found at www.womeninbalance.org (click on news and events). The study's formal title is "Progesterone Cream Does Not Increase Thrombotic and Inflammatory Factors in Postmenopausal Women." Co-investigators were Carol Price, M.S.N., and Dr. Danita Alfred of The University of Texas at Tyler. Abstract #5318 appears in *Blood*, Volume 104, issue 11, November 16, 2004.

Continued on next page



KRONOS EARLY ESTROGEN PREVENTION STUDY

The Kronos Longevity Research Institute in Phoenix is currently launching the Kronos Early Estrogen Prevention Study (KEEPS). The study is designed to provide prospective data on the risks and benefits of early menopausal hormone therapy (MHT), particularly as it relates to the progression of heart disease. The results of the Women's Health Initiative (WHI) estrogen-plus-progestin trial, which was halted in July 2002, prompted a consortium of health researchers to study the risks and benefits of MHT on a younger subset of women who recently entered menopause (ages 42-58).

According to the KEEPS, the research will be conducted at eight nationally recognized study centers. Some of the study design components include: 1) a five-year randomized, placebo controlled, double blind study; 2) approximately 720 healthy, women ages 42 to 58 will be recruited; and 3) Study participants will be divided into three groups and will receive (a bioidentical) transdermal estrogen, oral estrogen or a placebo. Women receiving active estrogen also will use bioidentical oral progesterone 12 days each month to protect the uterine lining.

PROGESTERONE AND BONE DENSITY STUDY OF OLDER WOMEN

Helene Leonetti, MD, a pioneer in clinical research on bioidentical hormones, is recruiting older women to participate in a study concerning bone density and progesterone. The study, titled "The Role of Transdermal Progesterone Cream in Increased Osteoblastic Activity and Delay of Osteoporosis in Women over 70 Years of Age," is being conducted at the Lehigh Valley Hospital in Bethlehem, P.A. If you're interested in participating, call Dr. Leonetti's office at: (610) 882-3100.

News & Notes

FUTURE OF WOMEN'S HORMONES SUMMIT PLANNING UNDERWAY

Planning is currently underway for a leading edge summit to be held next year: **Women in Balance: The Future of Women's Hormones**. In the aftermath of the Women's Health Initiative, women and clinicians are asking for better answers about the safest and most effective ways to manage menopause, relieve symptoms, achieve hormone balance and prevent disease.

The summit will bring together top researchers and clinicians involved in women's healthcare and research to expand the current research discussion of bioidentical hormones and set a research agenda for this critically important aspect of health and menopause management.

A summary white paper of the deliberations will be prepared and made available to the public. If you are interested in being a sponsor please contact us at www.womeninbalance.org

Tell Us Your Story of Achieving Balance

Balance is the artistry of your life. For some, it's balance between work and family. For others, balance is a philosophy of life, on health choices, or approaches to self-care. Balance, however defined, is unique to your life. We invite you to share your story with us of finding balance in health or life. We will then select one story to feature in our next newsletter. Please submit your story, 100 words or less, to info@womeninbalance.org



NIH HOLDS CONFERENCE ON MENOPAUSE MANAGEMENT

In March 2005, the National Institutes of Health (NIH) convened a Consensus Conference on the “State-of-the-Science” regarding the management of menopause-related symptoms. Over two-days an expert panel of 12 scientists and clinicians heard reports of research summaries from 26 physicians, researchers and basic scientists about various aspects of the menopause transition, and what is currently known about the causes and possible effective treatments for menopause-related symptoms. Their consensus statement can be found at www.consensus.nih.gov/ta/025/025MenopauseINTROpostconf.htm .

Each speaker had 20 minutes to present material to the panel and assembled members of the public audience. At specified times, a question and answer period was allowed, primarily for panel members to ask for clarification or further information, and also for a few questions from the audience.

What seemed very interesting to many of us in attendance was the virtual absence of any mention or serious discussion of bioidentical hormones as an area of interest, even if only to suggest further research. Only one speaker even mentioned this term, very briefly, and she referred to this approach in an inaccurate manner. While millions of women are seeking options for hormonal balance, and asking for information and guidance on the proper use of bioidentical hormones, this area was curiously and completely omitted from the NIH agenda.

At Women in Balance, we believe this NIH Consensus Conference gives us a wonderful platform from which to offer up the current research that is available regarding bioidentical hormones, and to begin a serious dialogue in medicine about further research that should be conducted in this important arena. Women want to know, and they deserve to have, all options openly and fully discussed, serious research reviewed, and additional research conducted. This is an important mission of Women in Balance; a mission we hope you share.

Critic's Corner

This section addresses critics' claims and provides women and professionals with clear information to help women make well-informed decisions about their health care choices.

Knowing the difference between synthetic and bioidentical hormones is important though some critics see no distinction between synthetic and "natural" bioidentical hormones. Critics claim that "natural" is just a marketing term. However, the word "natural" has been used, by women and health professionals alike, in conjunction with bioidentical hormones because these hormones are made from natural substances (processed in a lab) and are the exact same molecular structure as those hormones naturally produced in the human body.

All women do not need hormones, but for those suffering uncomfortable symptoms many health professionals and doctors believe it makes sense to replace hormones with what is naturally produced in a women's body—and at the appropriate individualized dose, rather than using synthetic, not-found-in-nature hormone-like drugs that can contribute to adverse side effects on the skin, heart, brain, and blood vessels.

Critics will claim that there is no research on bioidentical hormones. Not true. WIB has compiled a summary of clinical studies showing success, safety and benefits of bioidentical hormones (go to www.womeninbalance.org and the "Scientific Research" section). Women and health care providers who utilize bioidentical hormones choose this approach because it makes sense, women report success, and there is a growing body of clinical studies showing beneficial effects and safety.



Partners in Balance

National organizations, health professionals and individuals have joined Women in Balance to work together to advance education and research on optimal health for women. We honor the medical and professional partners who have recently joined us:

- ❖ **Carolyn R. Walker, MSN, ARNP**, is an expert on Bioidentical Hormone Replacement Therapy education and currently works in a private family practice as an independent nurse practitioner. Carolyn is a member of the American Nurses Association and the American Academy of Nurse Practitioners.
- ❖ **Wendy Warner, MD**, is Director of Holistic & Integrative Medicine at the Medical Healing Arts Center. Dr. Warner is board certified in Holistic Medicine, Obstetrics and Gynecology
- ❖ **C.W. Randolph, Jr., MD**, is an international authority on natural medicine and women's health. Dr. Randolph is a pharmacist and Board Certified gynecologist and a hormone balance expert. He is the author of the book, *From Hormone Hell To Hormone Well*.

Ask the Doctor

This section features one of WIB's medical partners answering your questions. In this article, Jane Murray, MD, Medical Director of The Sastun Center for Integrative Health Care, and a founding chair of Women in Balance, provides advice on one of the most pressing questions for women.

Dear Doc,

I have a hormone question for you and perhaps you can steer me in the right direction. I've been experiencing major hot flashes for the past 3 weeks...my sleep is very disturbed. I am really tired. I know I need to do something, but I don't know where to begin. I have read about bioidentical hormones, and if I need something for the hot flashes, I would rather use something that is natural to my body. Should I get my hormones checked for deficiencies so I can get on top of this? What tests should I request? I want to be prepared. I know I'll have to go to another doc for this particular issue since my current doctor is totally old school though I love him all the same. So nice to know Women in Balance is there. ~ *Sleepless in Cleveland*

Dear Sleepless,

From your question I am assuming you are likely perimenopausal, although if you have had no period for 12 months, then you are officially "menopausal." (Welcome to the ever-expanding club!) Managing hot flashes and its often accompanying sleep disruption and daytime fatigue is an individualized project. If a person is still having periods, hormone levels can be changing daily, and testing levels of those hormones can be confusing. How one approaches this issue depends on many factors such as age, lifestyle factors, other medical problems and medications.

As far as lifestyle factors go, we know that women who smoke have more severe hot flashes, as do those who drink alcohol regularly. People who exercise regularly have fewer and less severe hot flashes, as do those who consume a healthy diet (minimal refined sugar and white flour products, no transfatty acids, an abundance of colorful fruits and vegetables, whole grains, healthy fats—all the things that help us stay healthy in general). Women with anxiety disorders also have more hot flashes.

If you want to try managing hot flashes and sleep disruption with non-prescription options, **black cohosh**, **evening primrose oil**, **dong quai** and **soy foods** all have modest benefits on hot flash reduction. Some women find **non-prescription progesterone creams** to be beneficial as well, though it is best to use these in consultation with a health care provider.

Continued on next page



Ask the Doctor *continued*

Continued from previous page

As far as testing your hormones, it is a good idea to assess your current levels. You want to get total estrogens assessed if doing blood testing, or **estradiol, estriol and estrone** if doing urine or saliva testing. Progesterone assessment is important to get in any testing specimen, and testosterone may be important, especially if libido (sex drive) is an issue. Sometimes a DHEA-S level is helpful, particularly if fatigue is a major symptom. These hormones can be measured in any body fluid or tissue: blood, urine, or saliva.

If a woman is still menstruating, it is important to know the time in the cycle the measurement is made, as estrogen and especially progesterone change dramatically throughout the cycle. The best time to test would be approximately a week prior to the start of a period, as this is when progesterone should be at its peak in the cycle. If a person is using a transdermal (applied to the skin) progesterone cream or any kind of prescription hormone replacement, that information needs to be taken into account when you are testing.

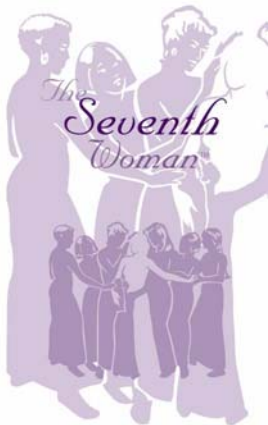
Transdermal hormones (creams, gels, patches applied to the skin) do not register in blood at as high a level as do oral (pill form) hormone preparations. In saliva, however, transdermal preparations may measure very high compared to oral preparations. Whoever orders the tests must be experienced in interpreting them.

You wondered about using bioidentical hormones to balance your system. As a practitioner versed in the use of bioidentical hormones, I would recommend bioidentical hormones over synthetic hormone options because you will be replacing what is "natural" to your body instead of taking synthetic hormones that are not identical to your body's own. Begin taking any hormones at a minimum, low dose that reflects what you individually need based upon your testing.

All options, including non-hormone therapy, need to be discussed thoroughly with your health care provider so that you find the right balance for YOU!

Good luck!
~ Dr. Jane

This issue of **In Balance** sponsored by:



Providing educational tools designed for women on the wide array of healthful changes they can make for hormonal well-being. A generous supporter of The Seventh Woman Foundation.
www.seventhwoman.com

Want to sponsor our next issue? Contact us at info@womeninbalance.org

Give Us Feedback

If you've enjoyed the information in this inaugural issue of **In Balance** please let us know. We'd like to hear your feedback on the topics discussed and the information that you want to be updated on. Send us an email at info@womeninbalance.org



In Balance
www.womeninbalance.org