

Hormones in Females

There are 3 hormones in your body that are vital to female health. Progesterone, Estrogen and Testosterone have 200+ functions promoting mental clarity, stable mood, healthy bones, heart and brain health, controlled PMS, sex drive, and skin & hair health.

Symptoms of imbalances

- Hot flashes and night sweats
- insomnia,
- brain fog,
- poor muscle tone
- abdominal weight gain
- PMS
- memory issues
- breast tenderness
- vaginal dryness,
- loss of libido
- moody/emotional
- fatigue
- poor bone health
- bone loss
- muscle aches/joint pain

Laboratory tests to diagnose

- estradiol
- free/total testosterone
- Estrone
- progesterone
- DHEA
- DHT

Safety/Data

Hormone treatment is safe as long as the correct forms are used. The main questions most patients wonder are about the risk of cancer with hormone replacement and my other doctor said there is no data to support the use of hormones. Luckily, there are experienced doctors who have done extensive research to show the benefits and safety of bioidentical hormones. There is a big difference between saying there is no data and someone who has just not taken the time to read the data. It is sometimes much easier for a doctor to dismiss or ignore a patient than to do the research. Bioidentical hormones DO NOT carry the same risk of breast cancer like the ORAL, synthetic estrogens/testosterones. Oral prescription estrogens do not maintain the correct balance of estrogens or their metabolites. Intermuscular (IM) injections and pellets DO NOT increase the risk of breast cancer like synthetic chemicals such as Premarin or PremPro as seen in the Women's Health Initiative. Data supports that bioidentical hormones can actually be breast protective. Testosterone in pellet form has been shown to decrease breast proliferation and lower the risk of breast cancer. It balances estrogen and is breast protective. In the past, testosterone was used to treat breast cancer. I usually add progesterone to all my female patients regardless of their uterus status. Many doctors believe that if the uterus is gone that there is no need for progesterone. This again is a wrong assumption. There are progesterone receptors on bones, brain, heart, bladder, breast and uterus. Therefore, progesterone is critical for helping with symptoms of depression, anxiety, insomnia, breast tenderness, PMS and uterine bleeding. In regards to estrogen, it is still a viable option in IM or pellet form. However, there is some debate on its effects. Some negative effects are uterine bleeding, breast pain, anxiety, weight gain, belly fat and emotional lability. Based on my research of recent data, I will begin to transition more of my patients to Testosterone pellets alone with occasional use of estradiol pellets and continued use of progesterone orally.

Treatment:

- IM injections- estradiol and/or testosterone monthly
- Pellet Therapy - testosterone +/- estradiol pellets every 3 -5 months

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Additional information For women on hormone replacement, elevated estrogen and Dihydrotestosterone (DHT) can occur. If elevated estrogen is noted (aromatization), we utilize Di-indole-methane (DIM) (100-400mg) daily, Zinc 50mg daily, **or** Arimidex 0.5 mg 2 times a week (more commonly and easier Arimidex can be added into pellet treatment). If Elevated DHT occurs, it can cause hair growth or loss. Treatment is Saw Palmetto 200mg 2 times a day, Proscar (5 mg) daily, Zinc (50 mg) daily or Aldactone (50/100 mg). DIM, Zinc Supreme and Saw Palmetto are available through Designs for Health.