

Hormone Replacement Therapy: Bane or Boon?

by Steven Noseworthy, DC

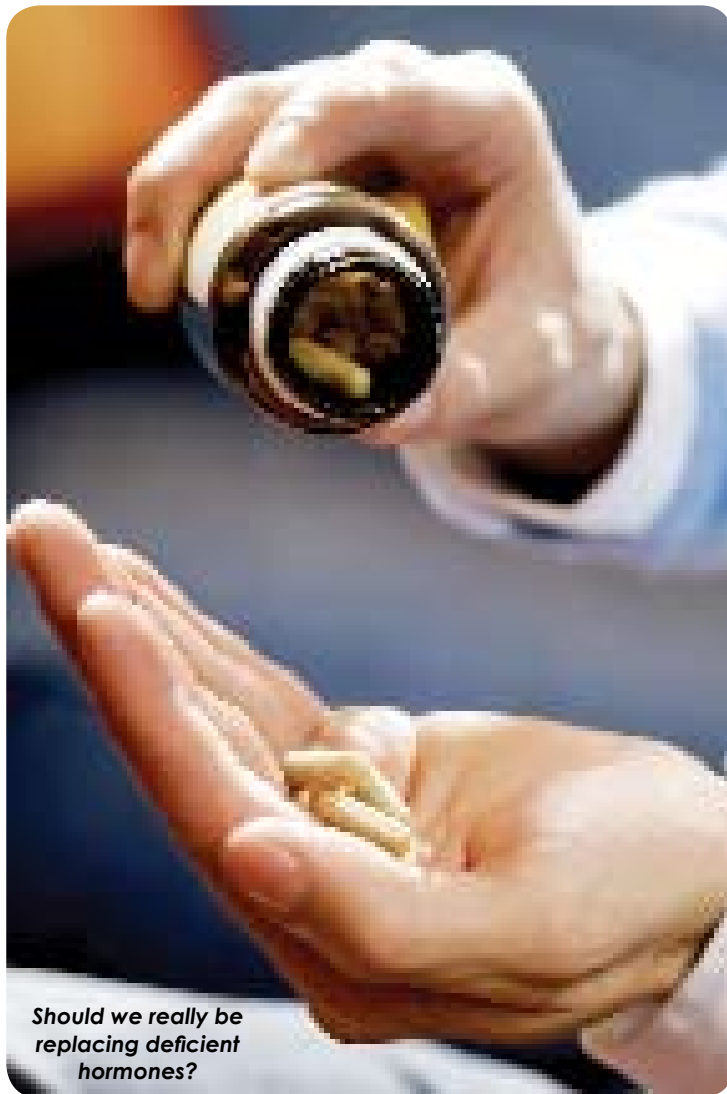
If you've read any of my previous articles, you already know that I think differently. I wouldn't call myself a maverick by any stretch of the imagination, but I do like to think out of the box; from time to time, that ticks people off because we all like to think that the way we think is the right and only way to think (myself included). Every once in a while, something, or someone, comes along to challenge our perception and thought process, and that challenge results in either change or confirmation. So now I prepare to challenge alternative medicine's most sacred cow: bioidentical hormone replacement therapy, or BHRT for short.

Since the Women's Health Initiative (www.nhlbi.nih.gov/whi) was stopped early due to increased rates of heart disease, cancer, and stroke, women began throwing out their synthetic hormones, fearing the unacceptable side effects of using synthetic formulations. What followed was a mass exodus to *bioidentical* hormone replacement therapy, which, experts say, have all of the benefits and none of the risks of synthetics.

But wait, you say. I thought we were talking about *men's* health? Well yes, in essence we are, because the issues raised by the Women's Health Initiative, and a larger study out of England called the Million Woman Study (www.millionwomanstudy.org), transcend gender in helping us understand that synthetic hormone replacement is bad, very bad.

But are bioidentical hormones really the boon we're being led to believe? Should we really be replacing deficient hormones? Or should we be asking, "Why is the hormone deficient to begin with?" and then dealing with that as the central issue in whatever health complaint is at hand.

When considering cause and effect, if A causes B, and B causes C, do we treat B or A as the ultimate cause of C? Using testosterone as an example, if high insulin levels cause low testosterone (which they do), and low testosterone causes fatigue,



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should we not treat the high insulin (functionally, of course!) to ease the burden of fatigue? The logical answer is yes, especially if you understand that high insulin causes a multitude of other adverse physiological reactions and that testosterone replacement alone does nothing to change that.

I see many men and women who are on BHRT yet still have almost all of the signs of symptoms of the very hormone deficiency they are trying to treat; it could be testosterone, estrogen, progesterone, or thyroid. Then there are other BHRT users for whom symptoms get better at first, but then things stop working as well and they need higher doses to get the same results. Why? Because hormone deficiencies are almost always an effect and not an ultimate cause, and the body is reacting in a preprogrammed way to externally supplied hormones, whether it is in the form of gel, cream, oral, or injection.

The long-term use of BHRT has three distinct negative physiological effects: loss of feedback loop coordination with the pituitary, gland atrophy, and decreased hormone receptor sensitivity. Therefore, a man on testosterone replacement would have the following physiological changes in response to his treatment: he would lose communication between the testes and the pituitary gland; the testicular cells that produce testosterone would atrophy; and ultimately his tissues would lose their responsiveness to the presence of testosterone being supplied from the outside, creating signs and symptoms of testosterone deficiency despite testosterone supplementation.

So, what is the alternative? A functional model of hormone deficiency is distinctly different from replacement models. The functional approach begins with the "why" – Why did the deficiency occur in the first place? Once the cause of the deficiency is identified, a treatment plan can be proposed with the goal of functional restoration of hormone balance without the adverse effects of replacement therapy. In most cases, this can be done naturally with diet, lifestyle, and botanical supplementation

protocols.

Please remember that these concepts apply to both male and female hormone replacement. If you are considering BHRT, or are on it and not seeing the results you want, you might consider the functional approach. It could very well prove to be the answer you are looking for.

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