

## Health News

## ENDOCRINOLOGY

# Drink up to your 'juice of life'

Bioidentical hormones are proving to be a safe and effective way to restore hormonal function, yet many doctors still don't advocate their use, writes Aimee Dingwell

THEY say if you want to enact lasting in life, change, start with yourself. That's what US physician and bioidentical hormone expert Dr Erika Schwartz did.

In 1996, she was in her mid-40s, and no stranger to overcoming obstacles.

In her teens, her family fled the communist regime of Romania for Rome. From there, with her sights set on the US, she earned a full scholarship to New York University, and went to medical school.

Schwartz became an emergency room doctor, and built and directed the largest internal medicine practice in Westchester County.

At age 46, she faced a dilemma that, even as a doctor, she couldn't fix — her own menopause.

"The tipping point for me came (at this time)," says Schwartz.

"I had a traumatic menopause, and at the time was trying the conventional route of taking Premarin (synthetic hormones) and birth control pills, and feeling really, really horrible."

So were many of her patients. Schwartz says she had also started to bleed excessively and was gaining weight.

"This was not the way I wanted to age," she says.

A patient asked Schwartz to sign a prescription for hormones to be filled by a compounding pharmacy in California, explaining that it was for special hormones mixed specifically for her symptoms. The symptoms were exactly what Schwartz was experiencing.

Schwartz agreed, but called the pharmacy for more information. She wanted to understand the thinking, she says, as she was under the impression that only drugs that were approved by the US regulatory body, the Food and Drug Administration (FDA) could be prescribed, and this is what she had been doing for 15 years.

The pharmacist sent information which was not useful. However, it piqued her interest, and she began researching the topic on her own.

Because Schwartz was desperate to find relief for her own symptoms, she ordered the same concoction of hormones, at the cost of \$450. She received several powders and creams; some needed refrigeration, some were in syringes, some in jars; all had elaborate directions.

"It was insane," says Schwartz. "But when you're desperate, you do anything that you think will correct the problem. At 46, I was not about to resign myself to a compromised old age."

Being a scientist, Schwartz painstakingly and methodically investigated the literature on hormones, and assembled a workable protocol for herself, based on published studies.

Within six weeks, her weight decreased, her mood stabilised, and she felt energetic again.

Schwartz knew she was on to something, but she needed the pharmacist's help to make a difference for her patients, especially considering the cost involved.

## Changing medical attitudes in SA

Some gynaecologists say there is no evidence to support any benefits of bioidentical hormones over synthetic versions.

Dr Craigie Golding, a Johannesburg specialist physician and anti-ageing physician, isn't one of them.

He endorses Dr Erika Schwartz's views on the use of bioidentical hormones, and regularly uses them in his practice at the Integrative Medical Centre in Bryanston.

He believes that "the future of hormone replenishment will be with bioidentical versions only".

Golding also says that his patient satisfaction levels with bioidentical hormone usage have been "most pleasing".

Golding works with the Compounding Pharmacy of SA to formulate and compound an individual dose of the hormones for each patient.

He has also "endeavoured to teach medical doctors in this country about the use of bioidentical hormones and nutraceuticals, through the South African Academy of Integrative Medicine".

She called the pharmacist and said: "I have a lot of patients with nondescript symptoms that no one wants to take care of, who are taking birth control pills or anti-depressants and/or sleeping pills, and they are feeling horrible."

"Patients will probably benefit from what you are doing, but \$450 a month may be a burden on some who need treatment the most."

Schwartz was looking for a way to make this protocol more affordable for her patients. The pharmacist said: "I don't need you or your patients. I have enough here, so go away."

"This is the guy I can thank for the rest of my life, because it prompted me to find a better solution," says Schwartz.

And so began her journey to become one of the world's foremost experts and advocates for bioidentical hormones.

Schwartz contacted a local pharmacy in New York that was compounding for hospitals.

"The pharmacist was interested enough in sharing his information to bring me into his laboratory," says Schwartz.

She spent the next few years working with him and her patients, developing a protocol that has become a gold standard for the use of bioidentical hormones. Schwartz also teaches it to physicians for continuing medical education credits.

The approach has stood the test of time, because 16 years later, most of the patients she works with still line up within the protocols, Schwartz says. It's also a procedure that patients and doctors can easily follow.

The FDA has approved some bioidentical hormones, some of which Schwartz uses in her protocols. However, she points out it is only the delivery method that has actually been approved.

"The only thing different between compounded and FDA-approved bioidentical hormones is the method of delivery — as in creams versus gels, patch versus oral," she says. "It's simply the vehicle through which the same hormone is delivered."

Schwartz says that for many doctors, compounding hormones is overly complicated, "because there aren't enough doctors teaching it the right way".

Currently, there are no FDA-approved combination products, or FDA-approved testosterone versions for women. And women do need testosterone, she says.

As Schwartz sees it, bioidentical hormones are the most natural way to restore hormone function. So why are more doctors not using them?

According to Schwartz, when the Women's Health Initiative (WHI), a huge nationwide research study, began in the 1990s, the US was hoodwinked into believing that synthetic hormones, such as Premarin (that derives from horse urine), were the only way to treat menopause and other hormone imbalances.

The WHI was a 15-year study started by the US National Institutes of Health to find ways to prevent cardiovascular disease,

and osteoporosis.



NATURAL AID: Everyone needs hormones, as they are the 'juice' of life, says Dr Erika Schwartz, below, who advocates the use of bioidentical hormones to replace dwindling levels as people age. Main picture: THINKSTOCK; picture below © ERIKA SCHWARTZ

cancer and osteoporosis.

The study compared Premarin and synthetic progesterin (a synthetic form of the female hormone progesterone, sold under the trade name Provera) to placebo, and Premarin on its own to placebo; both products were supplied by the manufacturer at the time, Wyeth Pharmaceutical.

"Bioidenticals have been around since the 1930s, but they got lumped in with synthetics by the FDA and NIH (National Institutes of Health), when the WHI occurred," says Schwartz.

Premarin was the typical choice, as it had been around in the US since the 1950s, says Schwartz, but many physicians and patients alike were not aware that natural options also existed. And at the time, most doctors did not know there were more natural forms of oestrogen and progesterone available, including a bioidentical oestrogen patch that is FDA-approved, she says.

As well, she says academic institutions were uninformed, and "took money and product" instead of researching other options.

Results were catastrophic, Schwartz says: The WHI trial stopped early in 2002, after it showed that synthetic hormones increased rather than decreased the risk of heart attack, stroke, and in some cases even cancer.

The medical party line became: "all hormones are the same".

But Schwartz, and (other medical specialists), contend that there is no class effect.

In other words, they say, not all oestrogens behave the same, and



not all progesterones behave the same either.

"To say hormones have a class effect is an assumption that is critically wrong," Schwartz says.

"It's an assumption that has affected more than 100-million women over the past 10 years."

Despite international consensus that there is no class effect of hormones, except in the US, Schwartz is fighting an uphill battle.

"I am a conventional doctor who, for personal reasons, found another way that works better,"

says Schwartz.

"And I also discovered facts that maybe everybody should have known, including the physicians, who to this day, are still being brainwashed."

"I see patients every day who say: 'My doctor told me that bioidentical hormones are dangerous or don't work; or are not as effective as those made by the big drug companies,'" says Schwartz.

"To this day, things aren't changing dramatically; hopefully with what I am doing, and others are doing, it will get better."

Schwartz has written four best-sellers: *The Hormone Solution*, *The 30-Day Natural Hormone Plan*, *The Hormone Friendly Diet*, and *Dr Erika's Hormone Solution for your Daughter*. And she has treated more than 20,000 patients around the world.

As she sees it, the power of big pharmaceutical companies is still influencing doctors.

"As a result, medical knowledge is often dictated by the pharmaceutical companies, not by science. Around 2009, I was invited by the head of the department of obstetrics and gynaecology at Harvard University to lecture on hormones, because I had published an article in the *Medical Clinic of North America*.

"When I asked the obstetricians and gynaecologists why is it that I, a clinician, have to do their research for them, they gave me a very disturbing answer: a whole generation of physicians has been trained to prescribe Premarin and Provera and don't know any other way," she says.

"These indoctrinated physicians will have to die out before a new generation of physicians can start prescribing to women what they truly need."

Interestingly, Schwartz still believes ignorance and lack of understanding are more to blame than money and greed.

"It's not about the fact that you make more money with Premarin. But you can make a ton more money with estradiol and progesterone, and you can have healthier women, who won't need antidepressants and sleeping pills."

Schwartz believes the problem is simply that not enough conventional doctors have taken the time to educate themselves on the uses and benefits of bio-identical hormones.

For this reason, she has founded the non-profit Bioidentical Hormone Initiative, to educate physicians and to dispel the idea that there is a class effect with bioidenticals.

"The moment that you gain the support of the conventional medical world, you can make real differences," Schwartz says.

And that means real differences for men and women of all ages, says Schwartz, because "everybody needs hormones — they are the juice of life. And they prevent the need for antidepressants, which nobody needs," she says.

"They're dangerous drugs. They're addictive, and trillions of dollars are spent on them. I can't tell you how many women and men I take off them."

There are also trillions of dollars being spent on research on drugs that are known not to work. Yet the information on bio-identical hormones, how they help people to prevent disease, stay well, and continue as active participants in life, is not accessible, she says. *Life Extension Foundation with Health News*.

■ For more information on Dr Erika Schwartz, visit her website at [www.drerika.com](http://www.drerika.com).

■ A full version of this article appears in the *Life Extension Foundation magazine* ([www.lef.org](http://www.lef.org)).

## NEUROLOGY

# Spin-off for your brain of protecting your heart

You don't just protect your heart when you manage risk factors for heart disease. You protect your brain, says a scientist

MANAGING and treating vascular disease risk factors will help you not only to prevent a heart disease and stroke, but also to protect your brain from common forms of dementia, says a US scientist.

Dr Gustavo Roman, director of the Nantz National Alzheimer Centre at the Methodist Neurological Institute in Houston, Texas, has summed up decades of dementia-related research in a review paper in a recent issue of the journal, *Alzheimer's Disease and*

Associated Disorders.

Roman says that although more definitive research is needed, focusing on the most prevalent risk factors can go a long way towards helping people to reduce their risk of vascular dementia and mixed dementia (the combination of vascular dementia and Alzheimer's disease).

In the US alone, it is estimated that by 2050, 11-million to 16-million Americans will suffer from some form of dementia. There are no definitive statistics of how many South Africans are likely to

suffer from dementia in the future, but the incidence is climbing in this country as well.

That makes prevention programmes that much more urgent, say the experts.

Here's what to focus on controlling:

■ **Hypertension**

Controlling your blood pressure reduces the risk of stroke and heart disease. Studies are also beginning to show that hypertension increases the likelihood that people with mild cognitive impairment will eventually develop

Smoking adversely affects blood flow to the brain which can lead to cognitive decline and dementia

dementia later in life.

■ **Hyperlipidemia (high blood cholesterol)**

Epidemiological studies show that in addition to cardiovascular disease, high blood pressure and diabetes, high blood cholesterol is also an important risk factor for dementia diseases, including Alzheimer's.

■ **Smoking**

Not only is smoking associated with increased risk of lung cancer, cardiovascular disease and emphysema, but it also adversely affects blood flow to the brain which

can lead to cognitive decline and dementia.

■ **Diabetes**

Studies have already linked the obesity epidemic to an increased risk of high blood pressure, metabolic syndrome, cardiovascular disease, stroke, renal failure, peripheral vascular disease, obstructive sleep apnea, and type 2 diabetes mellitus. Type 2 diabetes has become epidemic in SA. People with this form of insulin-resistant diabetes are two to three times more likely to face an Alzheimer's diagnosis.

■ **Diet and exercise**

An overall healthy lifestyle is shown to decrease the risk of dementia, particularly vascular dementia, as people grow older. Here, the focus should be on a low body mass index (25 or lower), healthy diet (based on dairy, meat, fish, fruits, vegetables, cereals, low alcohol), and the ratio of monounsaturated to saturated fat), and aerobic exercise.

■ **Hyperhomocysteinemia**

Homocysteine is a natural but toxic amino acid in the blood, and high blood levels of it have been

linked to an increased risk of developing Alzheimer disease. Recent UK research by scientists at Oxford University has shown that people who already exhibit signs of dementia, and who test positive for high levels of homocysteine, are more likely to respond well to large doses of B vitamins.

Research has also shown that taking large doses of B-complex vitamins can reduce the rate of brain shrinkage by half in elderly people with memory problems, and can slow the progression of dementia. *Neuroscience*