



Essential Truths About the Clinical Practice of Bio-Identical Hormone Replacement Therapy

The reclusive prophet hidden high in the mountains seeks the answer to the meaning of life. A worthy endeavor, but our journey is more difficult and mysterious. Our quest is the elusive answers to hormone imbalance. By the patient seeking relief or guidance, and the practitioner summoned for help, the singular, definitive solution is sought.

But with a skyward glance and a sigh of relief, many practitioners have reluctantly discovered that the simple, truthful answer does not exist. That is not to say we have no rules or guidelines. And in the absence of a lucid, unadorned answer, most of us are grateful for these offerings.

The first rule is, there is no simple answer to hormone replacement therapy. If you are looking for it, stop. The meaning of life will be an easier pursuit. The simple answer will only exist when rule number two is broken by some force or science capable of cloning the human population and eliminating genetic differences.

The second rule is, treat each patient like the individual they are. It is easy to recreate our mistakes of the last 40 years and subject all women to basically the same dose and therapy, regardless and irrespective of their individualized symptoms and desires. The same dose and drug for every patient has more potential for harm than good, and precedes statistics of up to 80% patient withdrawal.

The third rule is, HRT is difficult, and the learning involved for the practitioner is sequestered in time - the time necessary to digest a knowledge base of books, articles, studies, anecdotal stories and your own clinical observation. Do not hurry this building process. It will probably take one year to develop a good foundation, and from there you will find you are constantly remodeling.

The fourth rule is, you will not successfully treat hormone imbalances with hormones alone. Educating the patient on hormones, diet, nutrition, lifestyle and spirit are of paramount importance. The more the patient understands what he or she is doing and why, and the consequences of doing or not doing something, greatly increases the odds of attaining the patient's goals (after all, we are only here to be of service to the patient, to help them determine and achieve their goals, and not to impose our own objectives and agenda on them).

Time for thorough education should be delineated, and an appointment made. Not all patients will want this. Some will also be looking for the quick, simple panacea to their problems, and

they will probably be disappointed. If an appointment is not made, the same educational process is likely spread over weeks and months of phone calls and faxes, in an environment less conducive to learning.

The education process must start with a patient assessment. It is important to know the patient's familial history including breast cancer, cardiovascular disease and osteoporosis. Physical parameters, chronic and acute conditions, hormonal background and personal goals and desires are also paramount in making a recommendation. These are the things that make this person an individual, and without this in-depth perspective, a basic rule has been ignored.

Start either a computer-based or paper filing system on each patient. You will need it for future reference, and to note changes in symptoms and dosage adjustments. It is also a good place to keep thank-you cards.

After this evaluation, you can now begin to make some recommendations, which may not even include hormone replacement. There are many dietary and nutritional considerations that can positively and profoundly affect the outcome. Generally, this will include a dairy-free and reduced fat and meat diet, with more emphasis on fresh vegetables, legumes and whole grains. Because of modern farming techniques, the best diet will never contain all the nutrients our bodies require. That is why nutritional supplements (high-potency, multi-vitamin/multi-mineral supplements, vitamin A, vitamin C, vitamin E, omega-3 oil and more) are a vital part of the puzzle. You will also find an important role for herbs. The practitioner willing to take the responsibility of helping the patient through this HRT maze should also become educated in diet and nutrition.

Another fundamental aspect of hormone imbalance is exercise. The benefits of aerobic and resistance exercise are well documented in many areas of health and wellbeing, and exercise plays a critical role here as well. It builds stronger, more resilient bones, raises immune system function, lessens depression and anxiety with better mental performance, and can alleviate many symptoms of PMS and menopause.

As the practitioner gains knowledge through experience and reading, you will develop a variety of books you can recommend to your patients to increase their awareness, motivation and understanding of the impact that nutrition and lifestyles will have on their symptoms and overall health. Also, it is often beneficial to have a referral list of doctors, counselors, massage therapists, and other practitioners, for areas outside of your expertise. Look for the professionals that are supportive of these objectives and visit them.

When hormone supplementation is warranted, there are four major points to consider. These come from the belief that if one is going to interfere with the natural aging process at all, it should be done in such a way as to mimic the body's system as it was created. In that endeavor, only the hormones that are the exact molecules made by the human endocrine system should be used. The human race would not have survived this long if these hormones were dangerous and subjected us to fatal diseases. And it does not look likely that man will develop a drug better suited to our bodies anytime in the near future.

Secondly, those hormones should be introduced into the bloodstream emulating the glands as closely as possible. That is, avoiding the digestive tract and liver. This leaves transmucosal and transdermal as the preferred routes of administration to give the most physiologically normal blood levels, metabolites and protein binding.

Thirdly, a broader spectrum of hormones, at lower doses, offers a more complete, physiologic balance.

Finally, the dose must be individualized to the patient's needs and goals. When time is given to this end, many more symptoms are abated, fewer side effects are experienced, and poly-pharmacy is reduced or eliminated along with numerous other medical procedures. Forewarn the patient that it can take weeks to reach the proper dose, and as their bodies continue to change, future adjustments might also be necessary.

It is understood that at this point you are working closely with the patient's physician. Physician involvement is a prerequisite not just in hormone replacement therapy, but in the possible (and, we hope, positive) change in the patient's other conditions and medications.

With the knowledge gained by dedication and hard work, it is possible to make a significant impact on the lives of patients affected by hormonal imbalances. We can offer them education, understanding, alternatives and options.