

“What Your Doctor May Not Tell You About Menopause – The Breakthrough Book on Natural Progesterone”

By Dr. John R. Lee, MD with Virginia Hopkins

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The front cover of “What Your Doctor May Not Tell You About Menopause” has a quote that states: “A must read for every woman over forty.” While we completely agree with this assessment, the quote might be better written : “...every woman” period.

Dr. Lee’s book is about more than the benefits of progesterone. The book chronicles the history of misinformation disseminated to the public about women’s health in general and specifically the transition into menopause. Dr. Lee points out that in native cultures around the world (Far East and third-world countries) women do not suffer from the same symptoms of menopause – hot flashes, vaginal dryness and mood swings – as do women in Western, industrialized countries. Lee says: (p.5)

“In native cultures menopause tends to be a cause for quiet celebration, a time when a woman has completed her childbearing years and is moving into a deeper level of self-discovery and spiritual awareness. She is becoming a wise old woman. In these cultures menopausal women are sought out for advice and their opinions are heavily weighed in the decision-making process of the community.”

Instead, in Western cultures, menopause is viewed as a disease. This is mostly due to some well-placed and well-funded marketing by pharmaceutical companies starting in the mid-sixties. According to Lee, the fact that estrogen had been rather poorly researched, did not deter drug companies from marketing estrogen and synthetic estrogen as a magic pill for women who wished to maintain their youth and vitality forever.

The hormone therapy available in the mid-sixties to early seventies was called ERT or Estrogen Replacement Therapy. By 1975, researchers had begun to make the connection between estrogen supplementation and endometrial (uterine) cancer. While sales of the drugs temporarily fell, further research was in the works to show that only unopposed estrogen (that is estrogen without progesterone to balance it) was the culprit for increased cancer risk. And thus, HRT or hormone replacement therapy was born.

HRT is a combination of estrogens (natural or synthetic) as well as a synthetic progestin included to counteract the cancer causing effects of estrogen. However, Dr. Lee notes that progestin is not progesterone. In fact, Progestin has quite a few warnings, contraindications, precautions and adverse reactions associated with it. Some of the more disturbing warnings associated with Provera, a synthetic progestin used in HRT as well as birth control pills and shots are: (p.86)

- Increased risk of birth defects such as heart and limb defects if taken during the first four months of pregnancy
- Beagle dogs given this drug developed malignant mammary nodules
- Discontinue this drug if there is sudden or partial loss of vision.
- This drug passes into breast milk, consequences unknown
- May contribute to thrombophlebitis, pulmonary embolism and cerebral thrombosis

Precautions include:

- May cause fluid retention, epilepsy, migraine, asthma cardiac or renal dysfunction
- May cause breakthrough bleeding or menstrual irregularities
- May cause or contribute to depression
- The effect of prolonged use of this drug on pituitary, ovarian, adrenal, hepatic, or uterine function is unknown
- May decrease glucose tolerance; diabetic patients must be carefully monitored.
- May increase thrombotic disorders associated with estrogens.

And the list goes on.....

Progesterone, on the other hand has many beneficial affects including: (p.72)

- Protects against fibrocystic breasts
- Is a natural diuretic
- Helps use fat for energy
- Functions as a natural antidepressant
- Helps thyroid hormone action
- Normalizes blood clotting
- Restores sex drive
- Helps normalize blood sugar levels
- Normalizes zinc and copper levels
- Restores proper cell oxygen levels
- Has a thermogenic (temperature raising) effect
- Protects against endometrial cancer
- Helps protect against breast cancer
- Builds bone and is protective against osteoporosis
- Is a precursor of cortisone synthesis by the adrenal cortex

Despite the clear discrepancy between the natural substance and the synthetic progestin, why is the synthetic version used in HRT? Dr. Lee's explanation is that because progesterone cannot be given orally (it breaks down before enough can be delivered to the body), this fueled the development of a synthetic molecule that had similar effects but could be included in oral birth control pills.

Progestins' advantages – ease of delivery by oral tablets, consistent potency for effective contraception, longer lasting in the body because they are harder to metabolize, and patentability/profitability made them much more desirable substances than natural

progesterone. (At the time, natural progesterone was only available by expensive, painful injections or inconvenient rectal or vaginal suppositories.)

Eventually, as research determined that ERT alone was causing increased rates of cancer, synthetic progestin (developed during research for oral contraceptives) was added to counteract estrogen's unwanted effects, and the benefits of natural progesterone were largely ignored.

While none of this is good news, the story gets worse. Dr. Lee provides information showing that the symptoms associated with menopause are mostly NOT due to a deficiency of estrogen. They are in fact due to estrogen dominance – too much estrogen and not enough progesterone. Thus the idea that women should be on estrogen in the first place is an erroneous assumption.

Additionally, there are three different types of estrogen manufactured by the body. Estriol, estrone and estradiol. Estriol is the form of estrogen that has beneficial affects on the vagina, cervix and vulva. It is very effective in easing vaginal dryness, a common complaint of menopausal and pre-menopausal women. Estriol has protective effects against breast cancer whereas estradiol increases the risks of breast cancer. Dr. Lee states that estradiol's effects on breast tissue are about 1,000 times more potent than estriol. Unfortunately, the most common type of estrogen used in HRT and birth control pills is a synthetic ethinyl estradiol. Not only does this molecule carry the unwanted cancer risks of estradiol, but being synthetic, it is slower to be metabolized and excreted and thus stays around in the body longer. This gives it a much greater potential to do damage.

Fortunately, a quick search of the Internet reveals that people are starting to question the conventional wisdom about HRT. In July 2002, an HRT study involving over 16,000 women aged 50 to 79 with intact uteruses was halted due to safety concerns. Here's quote from the Reuters article which can be found at http://www.healthcomm.com/resources/womens_health/20020709elin022.html

“The results suggest that if 10,000 postmenopausal women take estrogen plus progestin, in a given year eight more will develop invasive breast cancer, seven will have a heart attack, eight will have a stroke, and 18 more will have blood clots—including eight with blood clots in the lungs--than in a similar group of 10,000 women not taking these hormones.”

A similar study on women who have undergone hysterectomies is continuing – these women are being supplemented with estrogen only, since the prevailing wisdom also states that estrogen causes few risks in women who no longer have their uterus. However Dr. Lee's research shows that even these women will suffer from the effects of unopposed estrogen.

As far as hysterectomy is concerned, Dr. Lee has shown that many patients with early signs of endometrial abnormalities (hyperplasia), can be helped by using natural progesterone. Instead, women are often convinced that their only course of action in preventing imminent uterine cancer is to have a hysterectomy. Dr. Lee believes that of

the 600,000 hysterectomy operations performed in the US each year, about 500,000 of them are unnecessary. This is quite a strong statement, but while Lee suggests it's mostly due to misinformation on the part of the physicians performing the surgeries, it's clearly in the best financial interests of the pharmaceutical companies who manufacture the HRT drugs. Women with hysterectomies are routinely placed on HRT unless there are serious contraindications. So, the drug companies are gaining 600,000 new lifelong customers each year. (Read Dr. Stanley West's book, "The Hysterectomy Hoax" for more information on this subject.)

Dr. Lee also explains how one of the culprits in menopausal as well as pre-menopausal symptoms (AND many forms of cancer) may be the preponderance of zenoestrogens in our environment. Zenoestrogens are substances such as petrochemicals, pesticides, breakdown products of common household items etc. that have estrogenic effects in the body. They amplify the effects of estrogen and further upset the hormone balance. Many plastics containers leach zenoestrogens into whatever they are containing.

Dr. Lee surmises that one of the obvious side effects from living in a sea of estrogens is early onset of puberty. When he first started his practice, women began their periods around 16-years-old. Now many girls start menstruating as early as 10-years-old. "The long-term consequences of early menstruation are a longer lifetime exposure to estrogen with an increased risk of hormone driven cancers such as breast and uterine cancer," says Dr. Lee.

Dr. Lee devotes the last third of his book to talking about specific ways women can help themselves to stay healthy prior to, during and after menopause without having to rely on HRT. Along with natural progesterone supplementation, he recommends, some herbs and vitamins, and his dietary recommendations closely match Annemarie Colbin's suggestions in "Food and Healing". Like Colbin, Lee suggests that we eat only whole and unprocessed foods whenever possible. He suggests drinking more water, eating meat sparingly and regular exercise such as a 20 or 30-minute walk per day.

Conclusion

We found this book to be extremely helpful in navigating through the complexities of the HRT dilemma. It is a wonderful resource that will empower women to take charge of their own health care decisions. Dr. Lee's book offers women the perspective of seeing menopause as a new beginning, or a transition to a new phase in life, allowing women to see new possibilities about their own potential for continued growth and change.

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