

The Myths and Truths of Women's Hormones

by

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When it comes to the menopausal years, it seem that women are as confused as ever about what's happening to their hormones.

Unfortunately, much of what women have been taught about their bodies and especially hormonal changes at menopausal is, in fact, incorrect. Unraveling the many myths, misinformation and, in some cases, lies about menopause is crucial for ensuring safe passage through the menopausal years.

Without a firm foundation of truthful information regarding the physiological changes that occur at this time of life, it is difficult to make truly effective and safe choices.

The belief that a woman's physiology is innately flawed dates back 2600 years to the time of Hippocrates, the father of medicine who asked, "What is Woman?". His answer, "Disease!"

This idea has persisted into modern times. In 1966, a New York gynecologist Robert Wilson published the best-selling book, *Feminine Forever*. He reinforced the cultural myth that a menopausal woman "becomes the equivalent of a eunuch" because her ovaries shrivel up and die at this time.¹

He also proclaimed that menopause was an estrogen-deficiency disease and that estrogen was the long sought after youth pill. He wrote, "Many physicians simply refuse to recognize menopause for what it is – a serious, painful and often crippling disease."

He won women over with scientific-sounding promises of beauty and good sex, even though the FDA banned Wilson from certain research for making unsubstantiated claims.

Dr. Wilson successfully convinced doctors and women that estrogen was the salvation for the "horrors of this living decay." He wrote, "The myth that estrogen is a causative factor in cancer has been proven entirely false. On the contrary, indications are that estrogen acts as a cancer preventive."²

Dr. Wilson is credited with enshrining the belief that estrogen efficiency was the hormonal profile of all menopausal women. He also convinced the medical fraternity that estrogen replacement was the obvious solution. This paved the way for making menopause a medical condition that required treatment with estrogen and synthetic progestins (Hormone Replacement Therapy).

Unfortunately, Dr. Robert Wilson and his unfounded theories were proven to be entirely wrong. He was also very wrong about the non-carcinogenic effects of estrogen. This was a tragic medical mistake that had drastic consequences for millions of women.



In 1975, the *New England Journal of Medicine* published two studies documenting a strong association between cancer of the lining of the uterus and estrogen therapy.^{3,4} By 2002, The Women's Health showed that women who took the combination of estrogen and progestin had increased their risk for breast cancer, stroke, heart attack, and blood clots. ⁴ The National Institute of Environmental Health Sciences listed all steroidal estrogens and progestins as known human carcinogens.⁵

As footnote to history, Wilson's research was eventually declared flawed by the FDA and he was discredited as a researcher. It was also discovered that Dr. Wilson's book and lecture tour were financed by a company that manufactured estrogen.

The Failing Ovary Myth

Research has discovered that the perimenopausal ovary (the period 5- 10 years before cessation of menstrual cycles) is more active than it has been since adolescence.

One leading researcher, endocrinologist Dr. Jerilynn Prior, has found that "the perimenopause ovary produces erratic and excess levels of estrogen, with unpredictable moods, heavy flow, hot flashes and mucous symptoms that appear suddenly and unexpectedly."⁶ The many symptoms that women experience during the perimenopause years, such as weight gain, irrational hunger, increased migraines, heavy periods, worsening endometriosis, breast swelling (with pain or lumps), new or growing fibroids, new or increasing PMS, pelvic pain and uterine cramps are caused by high levels of estrogen.

Dr. Prior has found that the average estrogen levels in perimenopausal women are higher than in younger women. The older women not only had higher levels of estrogen but also had lower levels of progesterone.⁷

It's not only perimenopausal ovaries that remain active; it's also menopausal ovaries. According to the research of Dr. Celso Ramon Garcia, M.D., after menopause the ovaries continue to function working in conjunction with other body sides such as the adrenal glands, skin, muscle, brain, pineal gland, hair follicles and body fat to produce hormones.

It is now known that postmenopausal ovaries maintain a steroid capability for several decades after menses has ceased. "Older ovaries, replete with stroma material, are now understood to actively produce androstenedione – the hormone that, in the menopausal woman, is converted to estrone, in the fat deposits of the body. This pathway can be significant in preventing osteoporosis"⁸

Far from shriveling, the ovaries of menopausal women continue to secrete androgens, often late into the menopause, which support a woman's wellbeing.⁹

The Estrogen Deficiency Myth

Although it has been an accepted belief that menopause is a time of declining estrogen levels, the facts that are becoming known reveal that many women actually have an excess of estrogen. According to Dr. John R. Lee in his book "What Your Doctor May Not Tell You About Menopause: the Breakthrough Book on Natural Progesterone" (Warner Books, 1996), estrogen dominance is a major factor contributing to women's hormonal imbalances.

"Estrogen dominance syndrome" is a term that describes a condition of an imbalance between estrogen and progesterone. The delicate balance between these two hormones is skewed in estrogen's favor. Stress, nutritional deficiencies, processed foods, environmental estrogen mimics i.e. substances found in pesticides, herbicides and plastics are the likely contributing factors to the creation of estrogen excess.

Estrogen Dominance describes a condition where a woman can have deficient, normal or excessive estrogen, but has little or no progesterone to balance its effects in the body. Even a woman with low estrogen levels can have estrogen dominance symptoms if she does not have any progesterone.¹⁰

Of all women experiencing symptoms of estrogen dominance, some with low levels of progesterone may require progesterone supplementation, whereas others with normal progesterone need to make changes that can reduce their estrogen levels. This is where a healthy diet, exercise, a nutritional program, and stress reduction all play a part in creating hormonal balance. . The best way to assess an individual's unique hormonal profile is with a saliva test.

Restoring truthful knowledge of the female physiology, allows women of all ages to journey through all of life's cycles, in health and in balance. The sociologist Margaret Mead had it right when she said, "There is nothing more powerful than a menopausal woman with zest!"

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