

Interview with Dr. Uzzi Reiss, Beverly Hills gynecologist, obstetrician and specialist in Anti-Aging Medicine

CBS CARES: What would you say to doctors and scientists out there who might say to you, "There's no scientific proof of the efficacy or safety of bio-identical hormone therapy"? Why do you, and many other doctors, prescribe them even though they have yet to be scientifically tested?

DR. REISS: You don't need any tests. It's biochemistry. We have three estrogens in our bodies: one called estradiol, one called estrone and one called estriol. And we have progesterone.

What you're asking me about right now is the most tragic event. You have to prove your viability. I have to prove that my own body is functioning normally. Do you understand? I don't have to prove anymore that birth control pills are safe and effective. I don't have to prove anymore that I could take two drugs that will work better than our own hormones. Why do we need to prove it? I'll tell you why not.

Remember, pregnancy is the most protective moment in the cycle of livelihood of a mammal, okay? During pregnancy, one estrogen goes up a thousand times. The two other estrogens go up ten times. Progesterone goes up a hundred times. With each full term pregnancy, there's a seven percent less risk of breast cancer. I want to see one drug you can increase by as much as those hormones go up during pregnancy and the person will stay alive. And not only stay alive, but they'll live better.

Now, here's another way to look at it. Do you know anybody who reaches menopause and says that her life has improved so significantly because all those horrible hormones have left her body? I see women who at this stage of life are starting to lose the fruits of all the hard work they put into their social advancement. I see women from all classes, women who run huge corporations of 20,000 people and are totally falling apart because their estrogen has been taken away from them. Because they are told that their own hormones are bad for them. And they have a choice to either be drugged and be totally dysfunctional and numb, or to be depressed, foggy, uninspired, not social, angry, unable to sleep, and lose their sensuality and sexuality, and start to gain weight like a balloon. No one will come and tell me that there is anything great about menopause. It's not great.

CBS CARES: So you feel that symptoms like difficulty sleeping, mood changes, and memory problems are directly related to hormone levels declining? Or, are they the result of poor sleep caused by hot flashes constantly waking women?

DR. REISS: Let's say that everyday, I give you a potato to eat. And everyday, you eat this potato. One day, I take this potato away from you. And you stop sleeping well. You stop dreaming. You feel foggy. You have body pain. You feel as if you have arthritis. You feel dizzy. You lose your sensuality and your sexuality. Your vagina starts to dry. Your breasts are drooping. Wouldn't I correlate what happened with the fact that something was taken away from you?

You know, we can drug women left and right. There are so many sleeping pills around. But why don't sleeping pills solve any one of their problems? On the other hand, if you give them estrogen, suddenly they sleep. Suddenly they dream. With the drugs, they don't dream--they sleep in a superficial and unrested way.

It's all the decline of the estrogen.

CBS CARES: Some recent studies suggest that progesterone, not estrogen, is the hormone that could accelerate cancer. Do you have any comments?

DR. REISS: It's the drug progestin (synthetic progesterone), not the natural progesterone, that does that. Every study on progesterone shows its significant benefit. There's a Belgian study in which they biopsied the breast, wrapped it in progesterone and then did the biopsy again. The result was that the cells replicated much less. Now there are some major studies that show clearly how progestin increases breast cancer (not progesterone). The more progestin you give, the more breast cancer people have.

Progesterone, on the other hand, is the most protective breast hormone. At an infertility clinic at Johns Hopkins, Linda Cowan published a study in the early 1980's. She followed two groups of women for more than 20 years. There aren't many studies like this. What's unique about these women is that one group had blocked fallopian tubes, and the other group had progesterone deficiency. The only long-term health effect the women with blocked tubes had was the inability to get pregnant. But more than 20 years later, the group with progesterone deficiency had tenfold more cancer.

How could this be? Very easily. Progesterone does a few things:

It increases the activity of a gene called P53, which protects us from cancer. It also down regulates and

decreases the function of BCL2, a gene that causes cancer. Progesterone prevents cells from replicating it. Progesterone causes adhesion in the cell. There are many other detailed functions of progesterone that decrease cancer in the body. It also moves estrogen from a strong state to a less strong state. Medroxyprogesterone acetate (progestin), on the other hand, does the opposite.

CBS CARES: A lot of menopausal women say they have headaches. Do headaches indicate there's an imbalance of progesterone?

DR. REISS: Ninety percent of them will tell you their headaches come before their period, when the estrogen is low, and disappears the second week of the cycle. Eighty-five percent of women with migraines will need no medication if treated by the hormone and the nutrient they lack. But migraines and headaches are caused by a combination of melatonin deficiency, magnesium deficiency, and estrogen deficiency.

CBS CARES: In your opinion, is it better to take hormones in a continuous combined manner, where estrogen and progesterone are taken throughout the month, or in a sequential combined therapy, in which estrogen is taken alone for the first two weeks, and then along with progesterone the last two weeks of a woman's cycle?

DR. REISS: I don't believe in sequential, which is the result of the last hundred years of modern society. Up until a hundred years ago, women never had periods. They were always pregnant and breast feeding, starting at age 16.

Two weeks on, two weeks off violates the biggest principle: you don't leave estrogen alone. You always balance it with the proper amount of progesterone. Some claim that if you use progesterone all the time, you get diabetes. Well, first of all, I haven't seen that in 20 years, and I've given close to 50,000 women progesterone. Secondly, it has been scientifically shown that diabetes is not the result of taking progesterone, but progestin.

CBS CARES: Is it true that if too much progesterone cream is used regularly--in other words, a dose more than 1/16 of a teaspoon--that the progesterone can accumulate and interfere with adrenal function?

DR. REISS: Progesterone is a very misunderstood hormone because many times, it doesn't work exactly as you hear it works. It doesn't always make all women calm and relaxed, or help them sleep, or decrease their craving for sweets, and it doesn't always behave like a diuretic. Many times, it functions in the total opposite way. In those times when people are under significant stress, the body will take the progesterone, and rather than only use it to support a pregnancy, it will be used to support the adrenal glands.

So, when you give those women progesterone, rather than becoming calm, they can get more energetic and edgy. But it's not because progesterone affects the adrenals negatively. The body chose to use it to support the adrenal glands.

CBS CARES: What's the difference between FDA-approved bio-identical hormones, and bio-identical hormones synthesized from plants by a compounding pharmacy?

DR. REISS: Today, you can buy a lot of hormones approved by the FDA that are basically bio-identical. All the estradiol patches and now two estradiol creams are bio-identical. Bio-identical progesterone is available in a cream and also a skin patch.

I think the problem with some FDA-approved products like estradiol and Prometrium has a fixed dose. Maybe women in their late 60's to 70's with a very even lifestyle have hormone levels that don't change much, it's okay for them, but younger women with PMS, women in perimenopause, and women in the first ten or 15 years of menopause have hormone levels that are constantly changing. When a person is stressed, their hormones simply don't go into the cell. As a result, you don't feel as good. You need more hormones. When you do a lot of physical work, you also deplete hormones and need more. When you do a lot of mental work, you need more. When hormone levels change, our hormonal needs change. So instead of the dose controlling you, you should be able to control the dose. I like to give women hormones in such a way that they can go up and down within a range, and be adjusted according to a woman's changing hormonal needs.

So, the difference between FDA-approved bio-identical hormones and bio-identical hormones made by compounding pharmacies is that the compounding pharmacies can customize the dose to the individual needs of a woman.

Another difference is that none of the FDA-approved pharmaceutical products contain estriol. This is an extremely weak estrogen, but it's there. When women are pregnant, estriol goes up a thousandfold. Estrone and estradiol go up tenfold. But none of the drug companies make estriol.