

Natural Health Series

Natural Hormonal Therapies



The Definitive Guide to
Natural Remedies

Hasnain Walji, Ph.D.

Disclaimer

No information in this book is intended to be a replacement for medical advice. Any person with a condition requiring medical attention should consult a qualified health professional.

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PROLOGUE

Wellness Medicine a new paradigm. . .

The deeper one delves into the concept of healing from a holistic perspective, the more apparent it becomes there is more to healing than going passively to a doctor, expecting to be cured. Attaining health is not simply a matter of saying, "Here doctor! This is my body. It is sick. Go ahead and heal it, while I go on with my life as usual, with all its inherent stress, bad diet, lack of exercise, etc. etc..."

This attitude, of abandoned responsibility on the patient's part and godly power on the part of the doctor, goes back to the reductionist thinking of Rene Descartes. His dictum, "I think therefore I am," crystallized the concept of separating *res cognitata* (the realm of the mind) and *res extensa* (the realm of matter). His perception of the material world has so permeated our culture that we now commonly view the human body as an elaborate machine made up of assembled parts. The culture of dependency suits modern medicine, with its specialists, (each of whom cures a particular part of the body); aided and abetted by patients who have been conditioned to lose faith in their own ability to heal themselves. They have come to rely on medication and even surgery to overcome any self-inflicted, or acquired, state of ill health.

The Myth of a pill for every ill

The wellness movement is not just about replacing drugs with nutritional supplements or herbs. This would merely be a substitution, not a paradigm shift. We need to take positive steps towards taking responsibility for our own personal well-being. We know ourselves better than anyone else possibly can. It is no longer possible to remain passive about taking care of ourselves and expecting a “quick fix”. The myth of "a pill for every ill" should be abandoned, whether the pill is composed of synthetic ingredients, inert materials or wild-crafted herbs.

Unfortunately, the paradigm shift is not yet complete. The Chinese are reputed to have had just such a system eons ago. Therein, the physician was paid by everyone in the village so long as they enjoyed good health. If they became ill, payments stopped until the physician could restore them to wellness.

Obviously, there is much to be said for this form of financial motivation, but it is probably beyond Western culture for the foreseeable future!

Perhaps we are, after all, closing in on the future predicted by Thomas Edison: *“The doctor of the future will give no medicine but will interest his patient in the care of the human frame, in diet and in the cause and prevention of disease.”*

The Natural Health Series of books, focuses on the concern that twentieth century environmental factors and lifestyle are depleting all of us of nutrients and robbing us of our vitality. Such concerns are reflected in an increasing incidence of any number of chronic diseases, together with a resurgence of diseases that once appeared to have been cured; as well as the emergence of totally new viruses. The nutrition connection, therefore, is one of the more important links in the natural health chain. It is still debatable whether we can still rely on a well balanced diet alone, or if nutritional supplements are now essential to vitality far beyond their standard role in preventing disease.

This book (like twenty others that I have written on the subjects of nutrition and natural remedies) seeks to present the information you require to make a clear and informed choice of herbal remedies and other complementary therapies.

It guides you through the mists of confusion, contradiction and “mythinformation”. For those who may need to justify their preference for natural therapies, current abstracts and an extensive list of references have been included.

As we have tried to explain, the basic message to women is not about a magic (but natural) treatment which resolves their hormonal disruption after undergoing a hysterectomy, or following menopause. Instead, it is about instituting sensible strategies throughout their lives, building upon a youthful foundation and maintaining it. This strategy should reduce the number of women who suffer severely from hormonal imbalances, as well as the overall incidence of hysterectomy, to take just one example. Your health is in your own hands, which is as it should be.

Chapter 1

Did You Know ?

Estrogen replacement therapy (ERT) and combined estrogen - progesterone replacement therapy (HRT) are widely used to help women with the symptoms of menopause. The defining moment of menopause is the cessation of menstruation, which usually takes place before 55 years of age.

Some physicians have queried the practice of hormone replacement therapy. Dr. Michael Murray, a naturopath, raises the question about dependence upon HRT, since bone loss escalates as soon as therapy is discontinued. However, long-term use may pose increased risk for cancer (breast or endometrial).

Julian Whitaker, MD, a leading *alternative* practitioner, has posed the following questions in his popular newsletter:

“Why are estrone and estradiol, which have significant cancer risks, used almost exclusively in place of estriol, which has no cancer risk?”

Indeed, why do women accept this form of therapy? In Western countries a host of symptoms are now reported by the majority during this stage of life, including: ‘crawly’ skin sensations, depression, dizziness, fatigue, ‘hot flashes’ (or ‘flushes’), insomnia, irritability, shortness of breath, strange pains and vaginal dryness.

These symptoms aren’t serious by themselves, but certainly are uncomfortable, even incapacitating. Of greater significance

are the loss of bone mass and changes in the heart and blood vessels, both of which have high morbidity and mortality rates.

Hot Flashes

The most visible symptom of menopause, a hot flash (or “flush”), is a rise in skin temperature and a flushing of the skin. Like numerous other symptoms of menopause, hot flashes are attributed to the altered function of the hypothalamus. Located in the brain, just above the pituitary gland, the hypothalamus connects the endocrine system and the nervous system. The hypothalamus controls a number of different body functions including body temperature, moods and sleep patterns. For the hypothalamus to function optimally, it depends on adequate amounts of compounds called endorphins, which act as chemical messengers between the brain and the endocrine system. Experts suggest that impaired endorphin levels - the body’s own pain-relieving agents - result in hot flashes. Therefore, natural measures, like exercise, can be helpful in boosting your endorphin levels.

Episodes of sudden skin flushing and perspiration affect 70% of women, lasting between 1 and 5 years. They can be accompanied by headaches, dizziness, weight gain, insomnia and an increased heart rate. As the body adapts to decreased estrogen levels, hot flashes tend to decrease in their intensity. Therefore, whilst being a major discomfort, hot flashes are not life threatening and will pass with the menopause.

HRT

The rationale is that by replacing the lost estrogen, quality of life can be improved. However, there is increasing evidence that long term use of ERT/HRT may be a mixed blessing. HRT has the potential to alleviate and, in many cases, eliminate these symptoms, as well as reduce the progression of some chronic diseases.

HRT has existed in some form for more than a century. Examples include insulin, thyroid medications, and corticosteroids. Estrogen became available about fifty years ago, although initial therapies with diethylstilbestrol (DES) may have been a disaster.

ERT uses lower doses of estrogen and will generally be given to women who have undergone surgical menopause. The major benefit sought is to decrease complications of osteoporosis, namely hip and spine fractures.

Additionally, estrogen improves the condition of the vagina and decreases the risk of heart disease and strokes. Overall, women taking ERT live longer than women who do not. ERT may also play a role in the prevention of senile dementia.

On the other hand, HRT can increase breast density, making it more difficult to diagnose breast cancer by mammography. Researchers report an increased incidence of breast and endometrial cancer in HRT populations studied. A recent study has reported a 2.5-fold increase in gallbladder disease in ERT populations. There is also some breakthrough bleeding, but most women have preferred to deal with this inconvenience than forego the other benefits.

Some definite contraindications to HRT have also been established, including acute liver disease, breast or cervical cancer, fluid retention, high blood fats, phlebitis, or uncontrolled hypertension.

Unraveling the precise risks and benefits for each woman is quite a complex issue for patients and their physicians. In an attempt to shed some light upon this, one study interviewed women physicians. In Britain, where this study was undertaken, the average use of HRT is quite low in the general population (around 15%), but increases within the younger set of postmenopausal women physicians to around 60%. The American rate is around one-third of all eligible women.

“Until we have a clear perspective on the situation...we must...face a decision-making process that weighs short and long-term gains versus short and long-term risks.” Dr. Isaac