

Hello Functional Medicine Discussion Group members:

Our next meeting will be **Thursday July 27 at 6:30** and we will be joined by **Dr. Mike Carragher and Dr. Jill Stocker** who will lead a discussion on **Female Hormones**. Their practice is focused on anti-ageing and they are believers in hormonal optimization as part of their Age Management approach to Functional Medicine and they have some interesting insights to share with us.

<http://thebodyw.wv.wls8.a2hosted.com/> We will meet in the Multipurpose room (UPSTAIRS) at the Santa Monica library at 601 Santa Monica Blvd. with the parking lot entrance on 7th Street. Please let me know as soon as possible if you will be able to attend by sending me an email with **Female Hormones RSVP** in the subject line. As usual, Metagenics will be providing some healthy food. If you have not done so already, please join the interesting discussions that we have been having on our closed Facebook page, **Functional Medicine Discussion Group of Santa Monica**. Also, please check out my podcast, **Rational Wellness**, on iTunes <https://itunes.apple.com/us/podcast/rational-wellness-podcast/id1191232372?mt=2> or YouTube https://youtu.be/eUOb_POEHLg

We will discuss the best ways to test for hormones whether it be serum, urine, dried urine, or saliva. Serum is the most common and least expensive testing method. Urine also measures metabolites, which tells us whether estrogen is metabolized along the 2, 4, or 16 hydroxyestrone pathways, which affects potential breast, uterine, and endometrial cancer risk. Saliva is recognized to be the most effective way to monitor topical hormone supplementation. The following is a good article discussing these three forms of testing: <http://www.townsendletter.com/Jan2014/hormone0114.html> Dried urine (DUTCH) is the newest form of testing that is heavily touted that allows measurement of metabolites along with easily collecting samples at different times during the day.

<https://dutchtest.com/>

From a Functional Medicine approach, when working with a patient who is experiencing hot flashes or other peri or menopausal symptoms, is it preferable to use diet, lifestyle and supplements first or go directly to bioidentical hormones? Dr. Sarah Gottfried, author of **The Hormone Cure**, prefers to work with patients first on lifestyle changes and give that 6 weeks to work and if that doesn't solve the problem, then use herbs to help manage menopausal symptoms, and only after that approach doesn't work, does she use hormones. Can menopausal symptoms like hot flashes, night sweats, vaginal dryness, and vaginal atrophy be controlled with diet and nutraceuticals? There are various nutrients that have been shown to have some benefit for reducing menopausal symptoms, including soy or clover isoflavones, hops, flax seed lignans, and black cohosh, among others. Metagenics offers Err 731, an extract of Siberian rhubarb, aka, Estrovera, which is an estrogen receptor beta agonist that has been shown in several trials to significantly reduce hot flashes, night sweats, vaginal dryness, and other menopausal symptoms. http://www.metadispensary.com/estrovera?gclid=CjwKCAjwqcHLBRAqEiwA-j4AyHPoj5YK1izNH2I7_HeDle11ikcwtLA8lv00UaCrbEFu5qqk72VIMhoCueYQAvD_BwE#science

We know from the largest clinical trial on HRT, the Women's Health Initiative, that using hormone replacement (conjugated equine estrogen plus medroxyprogesterone acetate) can increase the risk of breast cancer, heart disease, stroke, and blood clots.

<http://jamanetwork.com/journals/jama/fullarticle/195120> Are bioidentical hormones safer than synthetic and equine hormones? Are bioidenticals really identical? Is estriol a safer form of estrogen than estradiol? Which particular bioidentical hormones and combinations are the most effective? What about using vaginal estrogen for vaginal atrophy? Is this safer and more effective? Should

postmenopausal women be placed on progesterone as well as estrogen and if so, should progesterone be given all month or cycled in for part of the month, such as for two weeks? What about for women whom have had hysterectomies? We will get answers to these questions from Dr. Carragher and Dr. Stocker.

At a previous meeting, Dr. Nadini Verma, our group gynecologist, told us that since the risk of HRT for breast cancer is greatest after five years, it may be wise to limit the use for the first two to five years of perimenopause/menopause. <http://jamanetwork.com/journals/jama/fullarticle/196803> In fact, Dr. Verma said that since most of the bone loss and vaginal atrophy associated with menopause, which are progressive, occur during the perimenopausal period about a year before women lose their period, this may be the best time to use estrogen and then continue for about a year after the period stops. After that if you are concerned about the risks, you can stop.

See you all at the meeting next Thursday on the 27th so we can continue to bring the west side Functional Medicine community together so we can help each other to more effectively help more people!