

DR. SELISKI - IN HOME SERVICE

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BIOLOGICALLY IDENTICAL HORMONES (Frequently Asked Questions)

1. What is the difference between natural and biologically identical (bio-identical) hormones?
2. Why don't all women just use progesterone cream?
3. Why can't women just use a questionnaire instead of doing any form of testing of her hormones?
4. Can herbal and homeopathic remedies be used instead of bio-identical hormones for hormonal imbalances?
5. What is the best way for testing the levels of sex hormones?
6. Can naturopaths in British Columbia prescribe bio-identical hormones?
7. What is the best way to take bio-identical hormones?
8. Do women on bio-identical hormones have periods again??
9. How often do women need to have their hormonal levels checked?
10. How long do women need to take biologically identical hormones?

Testimonial:

"I was first introduced to Bio-identical hormones in 2005 by Dr. Seliski at the age of 45. I was ecstatic at how I felt. My weight was easy to manage, I had more energy and my sex drive was restored better than it had been for a long time. Over the course of two years my hormone levels naturally had changed and required adjusting. I was beginning to gain weight, feel depressed and have less energy. Luckily I had Dr. Seliski to help me re-establish that perfect balance. Through his comprehensive knowledge of hormone balancing coupled with the lab results we have been able to put me back on track and feeling like my old self. I have more energy to workout. I've lost weight, I feel happy and yes, my interest in sex has been re-kindled. It is astonishing to me how different I feel in only a couple of weeks after re-adjusting my prescription. I cannot understand why any woman, at any age, would not try bio-identical hormones. As Dr. Seliski believes and as I now believe, there is no reason to suffer the symptoms of hormone imbalance. There is so much more to be enjoyed.

Carla T."

1. What is the difference between natural and biologically identical (bio-identical) hormones?

Bio-identical hormones are often called "human identical hormones". Dr. Uzzi Reiss, M.D., Ob/Gyn states "When I speak about bioidentical hormones, I am referring to an exact replica of what your own body produces. When I mean exact replica, I mean exactly, not almost exactly or mostly exactly".

Bio-identical (human identical hormones) and so-called "natural" hormones are both made from an extract of the Mexican wild yam. In order to make bio-identical hormones, the molecules from the extract are arranged until they are exactly like the molecular structure of the sex hormones in men and women. The body uses and breaks down the bio-identical hormones in the same way it would use and break down your own hormones.

Premarin, a synthetic estrogen made from the urine of a pregnant mare (female horse), does not have the same molecular structure as a woman's estrogens. Therefore, a woman's body cannot use or breakdown this synthetic estrogen the same way that she uses and breaks down her own estrogen. This results in women having symptoms and side effects, including cancer, when they use Premarin.

When women learned that synthetic hormones can cause cancer, many women stopped taking them or refused to start taking them and began looking for natural replacements. Knowing that women are looking for "natural hormones", the pharmaceutical companies have also begun using the extract from the Mexican wild yam, but have arranged the molecules so they are exactly like the pregnant mare (female horse). The pharmaceutical companies call their product a "natural hormone" because it is now made from the Mexican wild yam, but in reality, it is essentially still a conjugated (synthetic)

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estrogen product that can lead to the same problems as the Premarin simply because it is not an exact replica of what your own body produces.

That is the reason that I don't use the term "natural" when I talk about hormones and instead use the term bio-identical, biologically identical or human identical.

2. Why don't all women just use progesterone cream?

Dr. John R. Lee, MD, author of *What Your Doctor May Not Tell You About Menopause*, claimed that progesterone is the mother hormone and all that women need to do is take progesterone and it will convert into all the other hormones in the correct amounts?

In 1995, after I read his book and obtained his professional guide, I started to recommend to my menopausal patients that they try to obtain some progesterone cream. Women were so desperate for help for their menopausal symptoms that they would often cross the US border in order to purchase it, or they obtained it by other means. After recommending progesterone cream between 1995 and 1998 to hundreds of women and following up on the results of their using the cream, I stopped recommending it to women.

I stopped recommending progesterone cream because I found that some women who used the progesterone cream had all of their symptoms disappear, others had some of their symptoms disappear, some had none other symptoms disappear, and some of the women who used the progesterone cream developed more symptoms. Those mixed results forced me to rethink a basic premise in naturopathy "First of All Do No Harm". How, with such mixed results, could I in good conscience recommend progesterone cream to any woman.

As I started to do salivary hormone tests on women in 1998, I both noticed and realized that, even if a woman's symptoms go away when she is treated with biologically identical hormones, it does not necessarily mean that her hormones are in the proper amounts or in the proper balance within her body. Therefore, even though she was not experiencing any symptoms, a woman might end up having various health problems related to a deficiency, excess or an imbalance in her hormones.

Now, after having done salivary hormone tests on many women who are taking just progesterone cream as Dr. John R. Lee recommended, lab results prove that only rarely will progesterone cream convert into all the other hormones in the correct amounts and/or in the proper balance/ratio. Therefore, I would never recommend that any woman just use progesterone cream in order to treat her menopausal symptoms.

3. Why can't women just use a questionnaire instead of doing any form of testing of her hormones?

In his book *What's Your Menopause Type?*, Dr. Joseph Collins, ND recommends that women can use his questionnaire in order to find out which of the twelve menopause types she is. Why can't women just use this or any questionnaire instead of doing any form of testing of her hormones?

Although I find this to be a very valuable book, and I believe that his questionnaire is superior to many other questionnaires, I would never only use a questionnaire instead of doing a salivary test. Dr. Collins twelve menopausal types only considers deficiencies in estrogen or progesterone with normal, low, or high testosterone. In fact, when women do their salivary hormone test, I have them also complete a questionnaire in order to point out the differences between the results of an objective lab test and a subjective questionnaire.

With women of any age, there can be more than one cause or more than one hormone creating her symptoms. As a naturopath, I was trained to look for the underlying cause(s) of health problems, not just to treat the symptoms with natural remedies.

Back in 1998, when I first started doing salivary hormone testing, a 51 year old woman came to see me specifically because she wanted to do the salivary hormone test to check the level of her hormones. Her medical doctor could not order a blood test because she had slipped into menopause with absolutely no symptoms. She decided to do the salivary hormone test as she had a family history of breast cancer and wanted to prevent herself from getting breast cancer, not just do monthly breast self examination and yearly mammograms and treat the cancer if it occurred. The salivary hormone test showed that she had excessive amounts of harmful estrogen and relatively low progesterone even though she had no symptoms. In his book, Dr. John Lee used the term "estrogen dominance" in order to describe a woman who has excessive amounts of estrogen, deficient progesterone, or a combination of the two. Usually women who have estrogen dominance also have symptoms which indicate that they are estrogen dominant. In the case of this 51 year old woman however, she had absolutely no symptoms. Also, her progesterone to estrogen ratio (a mathematical calculation established by medical doctors) showed that this woman, who was the envy of all her female friends because she had slipped into menopause without any symptoms, was at risk for breast, endometrial and/or ovarian cancer. Therefore, I always get women to do a salivary hormone test and never trust just the woman's symptom picture.

4. Can herbal and homeopathic remedies be used instead of bio-identical hormones for hormonal imbalances?

During their reproductive years, herbal and homeopathic remedies can assist the woman's ovaries in resolving hormonal imbalances in the majority of women. However, some women need bio-identical hormones as well in order to assist them with such problems as irregular cycles, severe PMS, infertility, endometriosis and fibroids. However, in menopausal and postmenopausal women when the hormonal production of the ovaries is greatly decreased, herbal and homeopathic remedies can only help relieve some of the symptoms but they can never restore the deficient hormone balance in a woman. The only thing that can do this is bio-identical hormones.

In order to understand this difference, imagine that you are a woman driving a car. During the reproductive years, it is as though one of your tires on your car has developed a slow leak. Herbal and homeopathic remedies can patch the hole in the tire and the tire will re-inflate and you can drive safely on the road. When you are in menopause, it is as though the sidewall of one of the tires on your car has blown out. Herbal and homeopathic remedies can help to relieve some of the symptoms of the bumpy ride that occurs as a tire goes flat, but only bio-identical hormones can patch the hole in the tire and allow it to be re-inflated so you can drive safely on the road again. Also, it is still very important to test a woman in order to know what a woman's hormonal levels are before even herbal remedies are prescribed.

One of the most common herbs that is recommended and used by women in menopause is Black Cohosh. Of the twelve menopausal types described by Dr. Joseph Collins in his book *What's Your Menopause Type?*, the hormone levels in seven of the twelve types would be pushed even more out of balance if Black Cohosh is used by these women.

Testimonial:

"In 1993 my son was born. He had a difficult birth (cord around his neck) and wasn't breathing at first. The first six months of his life were difficult. He developed allergies to everything he came into contact with (I was breastfeeding him and everything I ate he developed an allergy to). He was covered in eczema and had re-occurring thrush. He had difficulty eating as he continually cried. I made an appointment to see Dr. Seliski. He explained why this was happening and immediately started treatment. Within 24 hours he had stopped crying and was able to eat. In less than one month his eczema had cleared up and his eczema had gone. All of his allergies cleared up too. When he was 2 years old he fractured his leg and upon looking at the x-ray the pediatrician wanted to know what he had suffered with as a baby. He said he could tell from the bone growth that his body had completely stopped growing (signifying a serious illness) and then there was a rapid recovery. The x-rays confirmed what I knew in my heart. Dr. Seliski had saved our son.

In 2004 (after exploratory surgery) I was diagnosed with endometriosis. There was endometrial surgery tissue surrounding my uterus, ovaries and bowel which made them stick down in my pelvic region. I was scheduled for a full hysterectomy and was told to prepare for partial bowel removal as well. I was in excruciating pain that would come and go with no warning leaving me doubled over and nearly passing out. I met with Dr. Seliski and he suggested that we just get rid of the endometriosis. He tested my hormones and started me on a series of injections, along with homeopathic treatment. My pain completely subsided upon treatment with Dr. Seliski and the endometrial tissue cleared from my body – and all of my organs are in tact!

I thank God for what Dr. Seliski has done for us.

Elizabeth L."

5. What is the best way for testing the levels of sex hormones?

Many professionals use blood tests. Unfortunately, blood tests only measure the amount of hormone that is not bound up in the bloodstream by steroid hormone binding globulin. This does not give a true picture of how much hormone is available at the tissue level where it is used in the body. Also, usually only one specimen is taken. As a woman's estrogen level changes every six to eighteen hours, this does not give a true and accurate picture of what is happening to a woman's hormonal levels from day to day or even within the day. Furthermore, the only estrogen that is tested is estradiol as it is the estrogen that has been researched by the pharmaceutical companies for use in birth control pills and other synthetic preparations.

A woman's body makes approximately 30 estrogens including the 3 most important ones, estrone, estradiol and estriol. Both estrone and estradiol make up 10 to 20 percent of a woman's estrogens and are known to help protect against osteoporosis. Estriol makes up 60 to 80 percent of a woman's estrogens and is known to help protect against cancer. On the other hand, excess natural or synthetic estrone and estradiol are known to increase the risk of causing estrogen-associated cancers. Therefore, it is extremely important to do multiple tests on all three estrogens and test them both before and after treatment.

Saliva tests have been used and proven accurate in testing hormones for over twenty years. They give a true indication of the hormonal levels at the tissue level. The three important estrogens (estrone, estradiol and estriol) can be tested with the saliva test. However, as a woman's estrogen level changes every 6 to 18 hours, more than one specimen needs to be taken even for women in menopause in order to obtain a true picture of what is happening with her hormones.

In the past couple years, some professionals have been recommending that the best way to test the hormones, is by using a 24 hour urine test. Theoretically, this would solve the concern that a woman's estrogens change every six to eighteen hours. However, the metabolites or waste products from that hormones breaking down are what is being measured and; as a result, they're trying to determine from these waste products how much hormones a woman is actually making and using in her body and what amounts are available at the tissue level. Other labs have not found this to be a useful or accurate way of measuring hormones as this testing procedure is equivalent to taking a sample of urine and trying to determine from it what foods that individual ate during the day.

A few years ago, one lab stated they had developed a technique that used dried blood to assess the hormonal levels of an individual. However, other laboratories, including the one that I use, found that the technique that the lab used for testing the hormones was not easy to duplicate reliably (this is essential in any scientific studies). Building upon the pioneering work done on dried blood, the laboratory that I use for testing my patients, started to develop a technique for testing dried blood. My patients, who agreed to participate in this study, submitted both multiple saliva and dried blood samples for this study. As the testing of the dried blood has proved to be reliable and reproducible, I now test the sex hormones of patients using dried blood specimens in special cases and using very strict collection instructions.

However, using multiple saliva tests is still the most common way at this time for testing the sex hormones.

6. Can naturopaths in British Columbia prescribe bio-identical hormones?

No, only licensed medical doctors can prescribe bio-identical hormones. What I do for my patients, is analyze the results of the saliva tests, type up a report and explain the results to my patient. Then after discussing their options with my patients, I type up a letter with my recommendations regarding bio-identical hormones for them to take to their medical doctor in order to obtain a prescription. With their medical doctors permission, I help women to adjust their dosages if needed.

7. What is the best way to take bio-identical hormones?

Transdermal creams rubbed into the inner arms, inner thighs, and the abdomen, are the most common ways of applying bio-identical hormones. However, the skin must be completely free of oils, creams and soap and the skin must be rubbed hard enough to bring the blood close to the surface of the skin. Unfortunately, much of the cream is absorbed into the person's clothing. Labs testing hormonal levels have found that transdermal creams give a very poor level of hormones in the body. Also, a major concern that is occurring with transdermal creams is the cross contamination of partners, pets and children with hormones when they hug or are in the same bed with the individual on bio-identical hormones. I have done saliva testing on numerous men who have very high levels of estradiol and progesterone in their systems because of this cross contamination. However, there are special situations in which using transdermal creams are beneficial.

Some professionals recommend bio-identical hormones in the capsule form. Unfortunately, when hormones are swallowed much of it is inactivated by steroid hormone binding globulin released by the liver. Dr. Christine Northrup, MD, in her book *The Wisdom of Menopause*, states that when a woman swallows a 100 mg capsule of Prometrium, which is bio-identical progesterone in a peanut oil base and a synthetic capsule, that the woman is lucky if she has 30 to 40mg of bio-identical progesterone to use in her body. The rest of the bio-identical progesterone is inactivated by steroid hormone binding globulin, it must be processed by the liver and this puts more strain upon the woman's liver.

Dr. Jonathan Wright, is a well-known American medical doctor who has been prescribing biologically identical hormones since the early nineteen eighties. He is recommending transmucosal creams for women. That means that the bio identical hormone creams are applied to labia and the vagina. When I passed on this information to many of my female patients, they tried using transmucosal creams. However, over 95 percent of them did not like using the transmucosal creams.

Sublingual drops, that is drops that are put under the tongue, tend to produce excessive amounts of saliva causing the patient to swallow the majority of the hormone rather than it being absorbed through the mucous membrane under the tongue directly into the bloodstream.

The buccal lozenge, which is parked between the cheek and the gum, dissolves slowly and is absorbed through the mucous membranes in the mouth directly into the bloodstream. Although some of the bio-identical hormone is swallowed with the saliva, women report that they can feel the benefit of the bio-identical hormones from the lozenge quicker than from any other way of taking bio-identical hormones.

Testimonial:

“I write this letter to express my appreciation for the help given to me by Dr. Seliski when I was seeking information with regard to bio-identical hormone replacement therapy.

I am a postmenopausal woman who suffers from a range of debilitating hormone-related symptoms that include insomnia, night sweats, hot flashes, vaginal dryness and irritation. I mention these only because they affect me the most. I work full time in a stressful job with a great deal of responsibility and I need to function on top of my game. I took planted based pharmaceutical HRT for approximately 10 years coming off this in early 2005 hoping that I could cope but this proved not the case.

In summer 2005 I began researching bio-identical HRT but information is scarce and the medical community do not seem to be very knowledgeable about it. When I first contacted Dr. Seliski he spent about 40 minutes on the phone with me and gave me more information in that time than I had managed to gather myself. After a meeting with him I completed a saliva test and went off to my GP with the results and Dr. Seliski's recommendations and request that we work together to get my hormones back in balance. It made sense to me that every woman is different and, therefore any HRT should be based upon her unique needs. In order to find out what they are some sort of test must be necessary.

I began my new regime of bio-identical HRT in August, 2005 and I can confirm that I feel 100% better. I am sleeping well, night sweats are a thing of the past, hot flashes are very few and far between and much reduced in intensity and my physical well being in all respects is back to normal. I have renewed energy for both work and play. In short, I feel great!

I am very happy that I chose this route and I look forward to working with Dr. Seliski in the future to maintain my health and well-being.

Lucie M.”

8. Do women on bio-identical hormones have periods again?

Many women who are in menopause are concerned that if they take biologically identical hormones that they will have periods again. Sometimes, until their correct dosage is established, women may have periods or break through bleeding.

Although this is upsetting and frustrating for some women, being patient leads to not only the elimination of menopausal symptoms but, with the establishment of the correct amounts of hormones in a woman's body, a woman can eliminate the health risks that come once her hormonal levels decrease below the level of hormones that she had during her reproductive years.

There are individuals who believe that women should use bio-identical progesterone in amounts and in a manner that allows them to have regular periods the rest of their life. However, anthropologists point out that, before the introduction of the birth control pill in the 1960s, most women had less than 50 periods in their entire life (between their first period and menopause). This was a result of these women either being repeatedly pregnant or breastfeeding. One health advantage that resulted in these women, who had several children and breast fed them for long periods of time, was a lower incidence in breast cancer. Therefore, based upon this historical evidence, I do not suggest that women take bio-identical hormones in amounts that would cause them to have periods again.

9. How will often do women need to have their hormonal levels checked?

During peri-menopause (when a woman starts to have irregular lengths of cycles and heavier, lighter or absent periods), a woman's hormones can fluctuate very rapidly. If her medical doctor allows her to adjust the dosage of her bio-identical hormones, she may only need to be tested once before she is fully into menopause. Women who are menopausal or post menopausal, should consider doing the salivary hormonal test at least once a year as a woman's hormonal level is affected both by aging and by stressful events in her life.

10. How long do women need to take biologically identical hormones?

A woman is a woman and makes sex hormones until the day she dies. Even if she has no ovaries a woman's body still produces small amounts of sex hormones. Some women in their seventies or eighties are experiencing hot flashes and are told that they have to suffer through them as medical doctors are usually unwilling to put these women on the synthetic hormones. The reasons that women consider taking biologically identical hormones at the levels that their body was producing during the reproductive years is, not only to provide relief from menopausal symptoms, but also to prevent health problems that occur during the menopausal years as a result of a woman's hormonal levels being so low. Some of these health problems are: osteoporosis, various cancers, and increased risk of heart attacks, diabetes, hip fracture and Alzheimer's disease.

Disclaimer:

This information is educational in nature and is not intended to recommend or replace the advice of a qualified health practitioner. As each person is an individual, any dietary or lifestyle recommendations or treatments can and will only be recommended after a thorough review of the individual's health history has been done and a diagnosis has been made by Dr. Seliski.

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Dr. Lawrence Seliski BES, BN, ND, is a licensed Naturopathic Physician with over 30 years of experience in the health care field. He worked as a Community (Public) Health Nurse for 9 years in rural Manitoba and rural British Columbia communities and was a staff nurse for 2 years on an acute care psychiatric unit in Toronto. He graduated from the Ontario College of Naturopathic Medicine (now called the Canadian College of Naturopathic Medicine) and was awarded the Trevian Gould Memorial Award for Excellence in Homeopathic Medicine (Research). He has been licensed as a Naturopathic Physician by the College of Naturopathic Physicians of British Columbia (CNPBC) since 1992. He does preventative care (health education, lifestyle counseling, etc.) and treats patients of all ages with acute and chronic health problems after a comprehensive assessment of the patient selectively using questionnaires and various tests (allergy/sensitivity testing, hair analysis, lab tests, etc.). He has been recommending Biologically Identical (Natural) Hormones since the mid 90's, and doing salivary hormone testing with both men and women since 1998. Since 2003, he has been doing presentations in the communities on Biologically Identical (Natural) Hormones. He also worked as a naturopathic consultant in a compounding pharmacy for 2 1/2 years. Because of his extensive background and expertise, he assists men and women in obtaining Biologically Identical (Natural) Hormones by acting as a liaison between them, their Medical Doctor and compounding pharmacies. He has been assisting patients with anti-aging products and treatments since the late 80's. In March of 2007, he trained as and has become a Certified Fitter and supplier of Sigvaris Graduated Medical Compression Stockings. A web page detailing his In Home Service can be found at www.drseliski.com