BHRT versus conventional HRT, would it not make good clinical sense to choose BHRT given the weight of the evidence?

**Myth 4:**
Since I do not have a uterus due to a hysterectomy, I do not need progesterone.

**FACT:** You do need progesterone but not Provera for all of the reasons stated in the Background and Basic Science discussions. Progesterone is protective against breast cancer. Progesterone also has a positive effect on moods. Progesterone enhances bone formation.

**Myth 5:**
I have a family history of breast cancer and hence cannot take HRT.

**FACT:** I would not recommend any HRT with Provera. However bio-identical HRT can safely be used while under supervision of a physician familiar with monitoring patients on BHRT. The fact is that women can develop breast cancer with or without BHRT. Those that do develop breast cancer while on HRT tend to be diagnosed earlier and the cancer itself tends to be less aggressive. So, in conclusion, if you are destined to get breast cancer, then you are still much better off being on BHRT. If hormones are so bad, then why don’t we recommend removing the source of estrogens and progesterone in all women such as removing the ovaries surgically after they are done bearing children?

We do not do that because of the myriad beneficial effects of these natural, life- sustaining and life-enhancing hormones. But, as always, the decision to use BHRT must be individualized on a case-by-case basis after a through, in-depth discussion with your doctor or a doctor experienced in this form of hormone therapy.

**Myth 6:**
My doctor tells me that I need to stop HRT after 5 years if there are no symptoms.

**FACT:** Many women continue to use HRT far beyond the initial phase of symptom control. HRT is most beneficial if started early in menopause. Long-term health benefits include prevention of bone loss and improved cognitive abilities, as well as reduction in cardiovascular risk and prevention of general frailty. The other potential long-term health benefits include prevention of tooth loss and prevention of muscular degeneration leading to blindness. Many women continue HRT indefinitely due to the positive impact on quality of life and those long-term health benefits.

CONCLUSION:
When making a personal decision about HRT look beyond the headlines and carefully weigh the risks and benefits. Whenever possible use hormones that match exactly on a molecular level the hormone being replaced and also replace the full complement of missing hormones in which women also includes progesterone and in many cases testosterone. Hopefully, in the words of Paul Harvey, I have managed to tell you the “rest of the story” of Hormone Replacement Therapy.

**Advances in BHRT:**
Harvey, I have managed to tell you the “rest of the story” of Hormone Replacement Therapy. Now let’s get down to the results of the WHI study came out, bio-identical HRT was tolerated as a minor “annoyance” as more and more women abandoned conventional HRT with Premarin and Prempro in favor of custom- compounded bio-identical HRT. The establishment (Major Pharma) managed to convince various organizations such as the American College of Obstetricians and Gynecologists to adopt a kinder, gentler stance on Premarin and Prempro, causing them to issue their statement that “HRT should be used in the smallest possible dose for the shortest possible time for treatment of menopausal symptoms.”

**Myth 3:**
My doctor tells me there are no studies on bio-identical hormone replacement.

**FACT:** Kent Holtorf, MD, published an article in Postgraduate Medicine: Volume 121: No. 1, entitled “The Bio-Identical Hormone Debate.” He analyzed all of the published clinical studies at the time and presented his data in this very elegant and comprehensive review. This form of analysis is called “meta analysis” and is a very powerful way to look at evidence-based studies in the medical world as it examines all of the available data rather than a single study. This particular review has 196 cited references!

His conclusion: “Physiological data and clinical outcomes demonstrate that bio-identical hormones are associated with lower risks, including the risk of breast cancer and cardiovascular disease, and are more efficacious than their synthetic and animal derived counterparts.” On a side note, all of the basic science literature favor bio-identical HRT over conventional HRT with Premarin and Prempro. So, even if your doctor feels that the jury is still out on the matter of BHRT versus conventional HRT, would it not make good clinical sense?