

## Newsletter Volume 3 | January 2023

### Fact Checking the Fact Checkers

#### First Installment

It used to amaze me that “Experts” can get it so wrong. However, this is not the case for me any longer. This month, I will respond to an article in the OBG Management journal entitled Focus on Menopause a Q and A with Jan Shifren, MD and Genevieve Neal-Peery MD, PHD. Their credentials are outstanding and are brilliant according to these resumes. I have included these as an appendix to this newsletter. Let us begin.

The article comes out of a symposium by the North American Menopause Society (NAMS,) which is recognized by academia as an expert in its approach to menopause. The cases of women who present with frequent symptoms of home deficiency are put into context that low dose estrogen vaginal preparations (pharmaceuticals) are advisable. Right away they limit the therapy to healthy women under 60. Why this prejudice is not explained. Furthermore, Vaginal administration of estrogens is minimally absorbed, what about the other 24 symptoms of menopause? Nothing mentioned as to the cause of menopause. Just treat with vaginal administration of estrogens if the only symptoms are vaginal dryness and painful intercourse.

In over one million months of therapy I have never seen such a patient.

Next fact to be checked: “Any woman with a uterus needs to take a progestogen together with estrogen to protect her uterus from estrogen-induced endometrial overgrowth.” Partially true. Progestogens are synthetic forms of progesterone. They were available in the 1980’s when progesterone could not be absorbed orally. Even though now we have micronized Progesterone, the capsule form does not provide enough steady blood levels of progesterone to be effective as compared to trans-buccal absorption. Let us get back to progestogens (synthetic) and Bioidentical progesterone. The deficiency of the hormone causing most of the symptoms of menopause is progesterone, not progestins. In fact, if you look up the side effects of progestins the list is huge.

So why would this be the recommendation? Let us look at the comments on BHRT by quoting these experts. “I do not recommend compounded HT due to concerns regarding product quality and safety.” So

the four groups of hormones we utilize tens of thousands of times which produced zero complications, manufactured by FDA regulated compounding pharmacies and giving the patient the added benefits of specific dosages make them less safe?

When insulin was switched from bovine insulin (from cow pancreas to bio-identical insulin called Humulin, there was this same argument that proved false. Now, all insulin is bio-identical.

I predict that despite these and other expert opinions, the future of hormone replacement shall be that all sex hormone replacement therapies will be bio-identical and utilize progesterone instead of the dangerous progestins.

Stay tuned for the second installment of this series as more astonishing statements are made to confuse and spread falsehoods to medical practitioners the world over.

#### Appendix:

Jan Shifren, MD

Dr. Shifren is Director, Midlife Women's Health Center, Massachusetts General Hospital, and Vincent Trustees Professor of Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School, Boston Massachusetts.

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