

## Natural Hormone Replacement: A Case Study

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Dr. Epitropoulos: A 69-year-old female patient presented in our chiropractic office wanting to feel better and have more energy. She also mentioned that she had been suffering for quite some time with headaches. She had sought medical and chiropractic care for her headaches, but without success.

After performing a chiropractic examination, we explained that our primary concern was to facilitate healing and repair. The occiput; C1; C2; C7; T1; L5; and sacrum were identified for correction.

A contact reflex analysis (CRA) exam revealed imbalances involving the immune and endocrine systems, and as a yeast syndrome. In addition to the subluxation correction, I began her on the indicated CRA nutritional protocol. We also had the patient fill out a detailed history for Dr. Streeter's use and faxed it to his office so he could determine whether natural hormonal therapy was indicated.

Dr. Streeter: The detailed history Dr. Epitropoulos faxed to my office indicated that the patient was also complaining of thinning hair, fragile nails, weight gain, elevated cholesterol, fatigue, hypertension, hypothyroidism and severe headaches. Her goals included eliminating her headaches; hormonal balance; candida control; weight management; and healthier hair and nails.

To say that these requests proved challenging would be an understatement. The fact that she had a hysterectomy while in her early 40s and had been on estrone-dominant (horse's) hormones for at least 25 years would account for many of her symptoms and complaints. The weight gain, headaches, high blood pressure, elevated cholesterol, hypothyroidism and low energy could all be attributed to horse's estrogen and the lack of progesterone.

No woman should be placed on any type of estrogen therapy without natural progesterone, whether or not they have had a hysterectomy. After a hysterectomy, a woman's breasts are very sensitive to estrogen, especially estrone-dominant horse's estrogen, which is a cancer risk. Fluid retention accompanies estrogen replacement without progesterone.

After reviewing the patient's form, I called Dr. Epitropoulos to deliver my opinion. Natural triest cream (estriol-dominant estrogen from soya), progesterone cream (also from soya) and testosterone cream were prescribed, and the prescription was faxed to our local formulating pharmacy. It was provided for her in separate syringes to control the amount of cream she was using on a twice-daily basis. (The cream is applied to the wrists, lower inside of the forearms or thighs and is rubbed in.)

I weaned her off the estrone-dominant hormones gradually, using an every other day dosage while alternating days with triest for the first month. This allowed her body to adjust without withdrawal symptoms or aggravating problems. I prescribed progesterone and testosterone in the same syringe daily while alternating triest, which seems to work best for most women. The patient was able to go totally on triest after one month; after the second month, she was able to have both

triest, progesterone and testosterone placed in a single syringe together. (After women determine how much of each hormone suits them, most request their hormonal creams be placed in a single syringe on a twice-daily dosage). Others can be placed on time-release capsules, which can be provided by a competent formulating pharmacist in the dosage the patient finds satisfactory.

I ran a serum hormone level on the patient after two months. Her triest and progesterone dosages were increased at that time. A repeat serum level was run four months later, and her estrogen level was slightly above normal. She was then placed on Biest (estriol and estrodiol without the estrone), and the progesterone and testosterone remained unchanged in dosage.

We continued chiropractic care of this patient over several weeks while she followed Dr. Streeter's natural hormone therapy recommendations. The nutrient support recommended from the CRA exam was followed for 12 weeks. By the fourth week of care, the patient was noting significant energy and a sense of well-being she had not experienced in a long time. The correction phase of her care was reduced, as her adjustments were holding better with time. By the end of the third month of care, all of her health complaints - especially the headaches - were virtually eliminated.

As I mentioned earlier, this patient had been suffering for years because no one was able to help her. Through the combined effort of a chiropractor and a like-minded osteopath, we were able to truly help this patient through natural means. Dr. Streeter recommended natural (soya-based) hormonal therapy, and it was comforting to know this patient was no longer taking pharmaceutical-based hormonal therapy.

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