

**Bio-Identical Hormone Safety Controversy: Suzanne Somers vs. The Establishment**  
**By Michael E. Platt, M.D.**

Suzanne Somers has single-handedly aroused world-wide interest in bio-identical hormone therapy – this is good.

She has made women and men aware that they have to be proactive about their health – in other words, take responsibility – this is good.

However, the specific recommendations that she is championing with regard to hormone replacement is not only ill-advised, but in my opinion, it may actually be dangerous. She is a strong advocate of the hormone estrogen – which is fairly ironic since this is the hormone that gave her breast cancer, contributed to her life-long battle with weight (it is lipogenic, i.e. it causes fat to be deposited around the hips, thighs, buttocks, breasts, etc.), and recently caused her to undergo a gynecological procedure for uncontrollable bleeding.

When advising women to take high dosages of a toxic hormone it is important to give them the entire picture. Estrogen is known to cause six different cancers, it predisposes to strokes, heart attacks, and pulmonary emboli (it is contraindicated in coronary artery disease), it is the hormone that causes menstrual symptoms, such as cramps, PMS, breast tenderness, and migraine headaches, it can cause gallbladder disease, asthma, lupus and rheumatoid arthritis, and causes nausea during pregnancy.

Nature is a lot smarter than we are – it allows estrogen levels to diminish at a certain time in a woman's life when procreation is not necessary. I suspect nature recognizes that estrogen is not a safe hormone which is another reason the levels are decreased.

Women, and their doctors, should be aware that women never stop making estrogen, so very often it is not necessary to be replaced except in specific instances (i.e. vaginal dryness, low body fat (because estrogen is produced primarily in fatty tissue, etc)).

From a bio-identical hormone replacement standpoint, progesterone is the only hormone that has to be replaced. Prior to the menopause, this hormone prevents or eliminates all the downsides to estrogen. Ms. Somers was on birth control pills for 21 years which meant she did not ovulate for 21 years, which means she was without progesterone for 21 years. The progestins in B.C. pills are not progesterone – they are synthetic and are as dangerous as the estrogen in B.C. pills.

After stopping B.C. pills it is my understanding that Ms. Somers was on extremely high levels of estradiol, the strongest estrogen – no wonder she got breast cancer. I am confused why she feels it necessary to surround herself only with hormone doctors that recommend estrogen

The purpose of this article is not to criticize Ms. Somers – I am extremely grateful that her activities brought BHRT out of the closet. I would simply recommend that she speak to doctors that may have a different viewpoint

In her latest book called Ageless, she is now recommending human growth hormone (HGH) therapy to her readers. She states her IGF-1 levels were low which is why she started on this therapy. Perhaps one of her hormone specialists should have pointed out that estrogen lowers IGF-1 levels. She might be interested in the fact that IGF-1 is a hormone that speeds up aging – it is not an anti-aging hormone. People should also be aware that it is illegal to give this hormone for anti-aging purposes; it is only allowable for documented growth hormone deficiencies.

Let me now address some of the critics of Suzanne Somers. They claim that bio-identical hormones are not FDA approved. Wrong. All compounded hormones put out by compound pharmacies are FDA approved. Upjohn Pharmaceuticals was producing FDA approved bio-identical hormones 70 years ago (and most physicians are still not aware of them).

Critics say that it is better to go with known medications such as Premarin, which are “safer”. In point of fact, all estrogens (except bio-identical estriol) are unsafe. The first 10 years Premarin was on the market, they estimate somewhere between 200,000 and 2,000,000 women got uterine cancer.

Bio-identical hormone therapy, although in existence for 70 years, is still in its infancy. Ms. Somers is in the position of receiving the kind of ridicule that Semmelweiss and Lister received a hundred years ago when they suggested that doctors should wash their hands prior to surgery. I salute her for her courage. I would recommend that she educate herself about hormones. They are extremely potent chemicals and must be used in a safe, logical manner.

Eventually, she may get to the full realization of the potential bio-identical hormones have for healing. They control every system of the body and are major determinants of our health. A person should not be waiting for the menopause or andropause to get their hormones in balance.

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