

The Hormone Webcast

With Dr. Christiane Northrup

Oprah: Okay. So we're keeping the conversation going from today's show about hormone replacement therapy. I'm taking the night off, so you've got Dr. Christiane Northrup all to yourself. I say that she wrote the Bible on menopause, *The Wisdom of Menopause*. We hit a big old nerve with our shows. More than 22,000 of you responded online wanting to know more. So here you go. Take it away, Dr. Christiane Northrup.

Dr. Northrup: Hello, everybody. I'm taking your phone calls live tonight, so call 866-677-2496. That's 866-OPRAH-XM. Call with all of your questions. So let's get started. First up, Sylvia is joining us from Agoura Hills, California. Hi, Sylvia. What's your question?

Sylvia: Hi, Dr. Northrup.

Dr. Northrup: Hi.

Sylvia: Hi. I'm years old 53. I went to menopause in 2001. All my friends have menopause symptoms except me. I've always maintained a good diet, and I never gained a lot of weight, so I was wondering, is this normal?

Dr. Northrup: This is ideal, Sylvia. Thank you so much for calling. You set the tone for the whole evening. You are one of those people who sailed through menopause and perimenopause because your diet is good, your exercise is good, your adrenals are good and you've taken good care of yourself. So congratulations. You are super normal.

Sylvia: Oh, thank you.

Dr. Northrup: Okay, good. You don't need to worry. No truck is going to run you over that's named menopause.

Sylvia: Okay, good.

Dr. Northrup: All right? Okay. Thank you. All right. Elizabeth from St. Louis is on the phone. What's your question, Elizabeth?

Elizabeth: Hi, Dr. Northrup.

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Dr. Northrup: Hi.

Elizabeth: My question has to do with discontinuing the use of birth control pills.

Dr. Northrup: Yep.

Elizabeth: What is the best way to get off The Pill, say if it's a person that's been taking it for over 20 years and if you are of perimenopausal age? Should you gradually reduce the dosage or just quit cold turkey?

Dr. Northrup: It actually depends whether or not you need birth control. You actually need birth control for a full year after you've had the final menstrual period. So it depends a lot on that. If you're using The Pill for perimenopausal symptoms, that's another conversation, and you can, believe I or not, switch from The Pill to a type of hormone replacement. But when you're done with needing birth control, a year after your final menstrual period, then you can simply stop them. And if your diet is good and you're exercising and so on, you might do absolutely fine. The body always goes through a readjustment period when a person stops The Pill, whether they're 30 or 45. So you'd have to just stop and see what happens.

Elizabeth: But you can have perimenopausal symptoms while you are still on The Pill. Is that correct?

Dr. Northrup: Most people don't. You can, because the brain changes. But most people don't. The Pill kind of quiets everything down because it puts the ovaries to sleep.

Elizabeth: Yes.

Dr. Northrup: All right.

Elizabeth: Well, thank you very much.

Dr. Northrup: All right. Thanks, Elizabeth. Another Skyper standing by, Phillipa, a 27-year-old from Elkins Park, Pennsylvania. Hi, Phillipa. You're pretty young for this show.

Phillipa: Hi, Dr. Northrup. This is my question: I went to the doctor less than a month ago, and my testosterone level was high and my question is, is it going to affect me in getting pregnant any time soon or, you know, the question—the answer that I got from the doctor wasn't, how do I say it, it didn't settle my questions, I guess or it didn't answer my questions.

Dr. Northrup: Okay. Are you having normal periods?

Phillipa: No, I'm not. It's very irregular, and that was the reason I went to the doctor.

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Dr. Northrup: Okay. What you can do is I would continue to work with your doctor, perhaps a gynecologic endocrinologist. But I want you to know that through proper diet and exercise, you can get your levels back to normal, because a lot of what you have is related to lifestyle. And I would assume that you're going to have no problem getting pregnant. I want you to begin thinking of yourself as a healthy, 27-year-old, very fertile young woman. That alone will reduce stress in your body and you'll feel better. I would check out my book, *Women's Bodies, Women's Wisdom*. There's a whole chapter on this.

Phillipa: Okay. And another question. So the soy and the edamame that I'm eating is not going to help at all? Because I read online that it can decrease your testosterone level.

Dr. Northrup: What you want to do is follow a high-fiber, healthy fat diet. The main thing to cut down on is white foods: sugar, white flour, white potatoes and prepared foods. Things like that. Okay?

Phillipa: All right, got it. Thanks, doctor.

Dr. Northrup: Thank you, Phillipa. Corinne is Skyping us all the way from Australia. Corinne, what time is it there?

Corinne: Oh, it's now 1 o'clock. 1 p.m.

Dr. Northrup: Oh, good.

Corinne: It's Friday for us.

Dr. Northrup: That's good. It's not the middle of the night. So what is your question?

Corinne: Thank you for answering my question. I am concerned about the quality of the bioidentical hormones. There seems to be—(inaudible)—but the manufacturing doesn't seem to be standardized and it seems to rely on the doctor being able to find a good compounding pharmacy, so how can I be assured that I will get a good quality of hormone?

Dr. Northrup: The way you do that is to know that very good quality bioidentical hormones that are very nicely tested are available in all pharmacies. You read the label, and you make sure that what you're taking is progesterone. Not medroxyprogesterone acetate, but progesterone, and then you look for estradiol. Sometimes 17 beta estradiol. And those are bioidenticals and you'll be fine with those. You just have to sort through what's available in the pharmacies, and all you have to do is read the package insert and it's right there. Or the PDR. The Physician's Desk Reference will tell you, and they list everything. All right?

Corinne: Great, thanks. Thank you very much, Dr. Northrup. Thank you.

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Dr. Northrup: Thank you so much. All right. Now Vicky from Ontario, Canada, joins us on the phone. What's your question, Vicky?

Vicky: Hi, Dr. Northrup. I'm 52 years of age. I've been in menopause since I was the age of 47, and I'm going to a new doctor in another week and I'd like to know what type of tests I should be asking her for regarding my menopausal state.

Dr. Northrup: Well, first of all, I would ask you, are you having any symptoms whatsoever?

Vicky: I am. I'm having a lot of symptoms. And I'm not feeling—I'm almost like that lady from Burlington.

Dr. Northrup: Okay.

Vicky: And so I'm not feeling very well, and I'm confused and I'm feeling down and all kinds of things. So I really don't know where I've at as far as that's concerned.

Dr. Northrup: Right. So I would get your thyroid hormone tested. TSH and free T3 and free T4. And I would also get your vitamin D tested. I know we didn't get into this on the show, but a huge number of women are deficient in vitamin D. And it results in all kinds of aches and pains and a feeling of less well-being than you could have. And you're way up there in Canada where there's not a lot of sunlight at this time of the year.

Vicky: No, there's not. No, there's not.

Dr. Northrup: So try that. And then a good doctor who works with hormone replacement can often just start you on a low dose of some good hormones and see how you do. It's often not necessary to do the kind of testing that you saw on the show, and the testing is highly controversial. So it's easier, actually, to just start with perhaps a low dose of estrogen, a low dose of progesterone, get your thyroid tested, and that may be all you need. Also, though, I want you to know that menopause is a turning point for your lifestyle. So you need to stop much of the white foods, the sugars, you have to exercise, take some good fish oil for omega-3 fats, and then look at all the relationships in your life. If you're irritated at the things going on in your life, this causes an increase in stress hormones, and the stress hormones change the way your own body's hormones are metabolized.

Vicky: Okay.

Dr. Northrup: Does that sound like something you can do?

Vicky: Absolutely.

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Dr. Northrup: Very good. Okay.

Vicky: Thank you very much, Dr. Northrup.

Dr. Northrup: Thank you. Now we have Patty from Johnsburg, Illinois. She's on the phone. Patty?

Patty: Hi.

Dr. Northrup: Hi.

Patty: My question is, I have been on depression meds for 15 years, and how do I know if I have depression or if it's a hormonal imbalance?

Dr. Northrup: What a great question. Can you give me your age?

Patty: I am 49 next month.

Dr. Northrup: Forty-nine. So you've been on antidepressants from the time you were in your 30s.

Patty: Yes. Mm-hmm.

Dr. Northrup: Okay. And what were your symptoms in your 30s? Was the depression coming on mostly premenstrually? Or was it all month long?

Patty: Back in my 30s, it was all month long.

Dr. Northrup: Okay. And do the antidepressants work for you? Are you feeling better on them?

Patty: I am for the most part. But I still have other symptoms that I've tried different medications that, you know, have not gone away.

Dr. Northrup: Okay. And you said you're 49 now.

Patty: Mm-hmm.

Dr. Northrup: All right. Sometimes, it's true that the sex steroids—progesterone, estrogen, testosterone—do have an effect on the brain. They have an effect on nerve cells in the brain. And those might be helpful to you to add to the antidepressants. What you don't want to do, and for anyone listening, you don't want to stop antidepressants ever cold turkey. So I would work with your lifestyle. Do you exercise regularly?

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Patty: I try to walk, yes.

Dr. Northrup: Okay, how much?

Patty: Maybe three times a week for to 20 to 30 minutes.

Dr. Northrup: Okay. Up that to five. In mild to moderate depression, exercise works as well as mild antidepressants, just so you know. So that's the data on that. Step up the exercise a little bit. Also, it's very important to get on some good omega-3 fats. Do you take fish oil or flaxseed oil, anything like that?

Patty: I have recently started taking the fish oil.

Dr. Northrup: Okay, very good. Very good. I would go to your doctor, discuss with your doctor the idea of perhaps some progesterone. Natural progesterone, widely available in both pharmacies and compounding pharmacies, is very calming in some people. So that's worth a try. But at this point, work with your doctor, and if you do decide to taper the antidepressants, go very, very slowly and work on all the lifestyle stuff. All right?

Patty: Okay, great.

Dr. Northrup: Okay.

Patty: Thank you.

Dr. Northrup: Mm-hmm. And we just got an e-mail from Elaine in Sanford, North Carolina. And she writes, "Why do I go through cycles of having hot flashes, then no hot flashes, and then after a few months, I go through another cycle of terrible hot flashes and night sweats?" I'll tell you why. It's because during the perimenopause, you get times when the ovaries are, in fact, producing eggs. And you have progesterone sometimes, and then you'll go for three months and you'll stop producing eggs, and the hormones get out of whack again. And that's why it's a process, not an event. You'll also notice that when you're on vacation and you're completely relaxed and you're getting enough sleep and you don't have to go to work and so on, many women get rid of their hot flashes and night sweats. So this is very much in tune with what goes on during the perimenopause. You can, again, stop a lot of those hot flashes if you are willing to stop white sugar and stop wine and even stop caffeine and experiment with it. So maybe no—no wine for a couple weeks, see what it does to the hot flashes, increase exercise, get on those omega-3 fats. That alone may be all you need. But it sounds like everything is happening normally. All right. Linda from Rancho Cucamonga, California, is on the phone. Hi, Linda.

Linda: Hi, thank you for taking my call.

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Dr. Northrup: Yes.

Linda: I am 64 years old. I've been on anti—or the—the HRT pill—

Dr. Northrup: Yeah.

Linda: For years 19.

Dr. Northrup: All right.

Linda: I tried—I started out at, you know, 250 milligrams, which was the strongest they made, took them every day. Now I'm down to 125 twice a week. I cut myself down. My doctor said, "You know, do what you want to do." But I am still—I'm still having hot flashes and hot flashes and night sweats, and how long should this last? I mean, 19 years, should that—is that good for me?

Dr. Northrup: First of all, it won't hurt you. But are you on 1.25 milligrams of estrogen? Is that what you're on twice a week?

Linda: Well, it's Premarin.

Dr. Northrup: Okay.

Linda: It's a hormone replacement. The whole thing.

Dr. Northrup: Okay. So you're on that particular type of hormone replacement.

Linda: Right.

Dr. Northrup: Are you on any progesterone at all?

Linda: No. Just the one—one pill.

Dr. Northrup: Okay. So just the one pill of Premarin.

Linda: Right.

Dr. Northrup: And twice a week.

Linda: I've cut it down to twice a week. But even when I get to like the second or third day, I'm having hot flashes.

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Dr. Northrup: Okay. Now what you could do in your case is you could try one of the other type of transdermal type of hormone replacements where it would be across the skin. It would be a different way of being metabolized than the pill, which goes through the liver. Now, some women do great on what you're on and some don't, but try a different route.

Linda: I did when I was taking it every day.

Dr. Northrup: You felt fine when you were taking it every day?

Linda: Yeah. But 19 years, isn't that too long to be taking it?

Dr. Northrup: Well, you know, this is—this is why medicine is an art as much as a science because here you are, right? And your quality of life is vastly improved when you're on it, right?

Linda: Right.

Dr. Northrup: Okay. And so therefore, statistically, yes, there may be an increased risk. But are your breasts okay?

Linda: Yes.

Dr. Northrup: And your uterus is okay?

Linda: I don't have one.

Dr. Northrup: Okay. All right. So you don't have to worry about uterine cancer. So that's very good. So what I would do is this. I would say to the pill every day, "I am very grateful for you. You have been very good to me." And then I would work on your lifestyle too. I will tell you, hot flashes are often related to adrenal stress. Cortisol and so on. What's your lifestyle like? Are you sleeping?

Linda: Sedentary.

Dr. Northrup: Okay. Okay. I want you to step up the exercise. All right? And I wouldn't worry so much about the estrogen. You might want to change your brand. Talk with your doctor about switching to another brand. Maybe like a spray or something of that nature that you can use as a skin cream. And those are widely available in all pharmacies.

Linda: Okay.

Dr. Northrup: And give that a try.

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Linda: Okay. So 19 years is not a long time to be going through this menopause thing?

Dr. Northrup: A lot of—a lot of women—a lot of women do. Now what you could do, you could go—

Linda: I'm going to be 90 and still doing this?

Dr. Northrup: Yeah, but do you look fabulous?

Linda: Pardon?

Dr. Northrup: Do you look great?

Linda: Well, I look okay.

Dr. Northrup: Yeah. I mean, are you—are you happy with other aspects of your life? Like is your sex life okay? We don't know your last name. Don't worry.

Linda: It is.

Dr. Northrup: It's pretty good, right?

Linda: Wonderful.

Dr. Northrup: Okay. All right. You know, if it ain't broke, don't fix it. That's what I would say to you.

Linda: Leave it alone and just take them more often.

Dr. Northrup: Yeah.

Linda: Okay.

Dr. Northrup: That's what I'm thinking, but check it with your doctor every year just the way you do now.

Linda: I'm doing that next month.

Dr. Northrup: Perfect.

Linda: Thank you very much.

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Dr. Northrup: Okay. Thanks, Linda. Now we received many e-mails today from people who wanted me to explain the difference between bioidentical and synthetic hormones. This is so confusing to people, so let me run it—run it up the flag pole for you again. "Bioidentical" to me is not a marketing term, despite what you might have heard. It simply refers to a molecule that matches exactly what's found in the female human body, so that that molecule folds the way your own body's hormone would fold so that it fits on an estrogen receptor exactly right. The synthetic hormones—now by the way, I don't care where it's made. All hormones, pretty much, are made in a couple of labs, sold in bulk to the pharmaceutical industry, some go to compounding pharmacies, some go to regular pharmaceutical people and all of them are then packaged in different ways. The natural bioidentical hormones cannot be patented, which is why they haven't been available till recently. What has been patented in conventional pharmacies are the delivery systems. So we have all the patches are bioidentical. There's a lot of progesterone vaginal gels that are bioidentical. Then we've got capsules that are bioidentical progesterone. So these are all available in conventional pharmacies, and their molecular structure is just exactly like what your own body makes. So that's what "bioidentical" means. It is a biochemical term to me. And I understand that it is controversial. But remember, at your corner pharmacy, you can get bioidentical hormones—progesterone, estrogen and even testosterone. And your doctor needs to work with you to put those together in a way that's individualized for you. Now, on the show today, you saw that Suzanne Somers was on a different kind from a compounding pharmacy where they put the estrogen in one package and the progesterone in another because she uses them at two different times—estrogen every day of the week, progesterone the last two weeks of every month—but there are other compounding pharmacies that put the estrogen and the progesterone and plus or minus testosterone all in the same cream so all you have to do is do the little click and—(indicating)—rub it in and you get all three together. The point is, you can get what you want in any pharmacy. But in my opinion, the healthiest ones to take are those that match your own body's hormones. And I know that this is controversial because most of the studies have been done with hormones that do not match exactly what your body makes. The most important one being medroxyprogesterone acetate, which is a generic term relating to a synthetic progestin that is not anything like your body's natural progesterone. And that has many PMS-like side effects. So hopefully we've run it through again, and also in my book *The Wisdom of Menopause* there's a lot there that you can—that you can learn. Chapter 5 and throughout the book I talk about this. Okay. Now we have Nancy on the phone from Eagle Point, Oregon.

Nancy: Hello, Dr. Northrup.

Dr. Northrup: Hi.

Nancy: Hi. I've been on bioidentical hormones in pill form for about six years. I actually was never tested, but it was generalized, and I'm fortunate I was on bioidenticals because actually I brought your book in with me and your *Women's Bodies, Women's Wisdom* and had a lot of questions. So the one thing I really have a question about is it doesn't seem to be a panacea. A lot of women, including Suzanne Somers, have mentioned, you know, your sex drive comes back, your weight and everything

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else. So I'm kind of concerned relationship-wise about the sex drive. And my doctors have never tested for testosterone either, and I was wondering if that would be a good thing to look into, if that would be of help or maybe if I'm just taking the wrong amounts of what I am taking right now.

Dr. Northrup: I think the testosterone is a very good thing to look into. There has been quite a bit of ongoing research with it. And you want to have your doctor order what's called a free testosterone. So that measures—

Nancy: Free?

Dr. Northrup: Free. F-r-e-e.

Nancy: Okay.

Dr. Northrup: And that's the part that is used by your body. The bound testosterone is not biologically active. So have your doctor order a free testosterone. And that may be all you'll need. But let me also tell you that the sex thing is fascinating. You have to use it or you lose it, and you can train your body to experience more and more and more pleasure. It's almost like biofeedback. And so you can increase your sex drive by paying attention to it. Reading romance novels, erotic novels. Watching movies that turn you on. Actually just making this something that you've decided to do so that you bring the pelvis and the heart together. And this is a whole other discussion. But I do love the fact that you brought up that the hormones aren't the whole answer. For a lot of women, they're not. I didn't want it to look on today's show like, "Okay, you just get the hormones right and everything else takes care of itself." Not always true. But in your case, absolutely get that free testosterone tested.

Nancy: I'll do that.

Dr. Northrup: All right. Thanks.

Nancy: Thank you very much.

Dr. Northrup: Thank you, Nancy. Now on Skype from her home office in Frisco, Texas, is Pam. Pam, what's going on?

Pam: Hi, doctor.

Dr. Northrup: Hi.

Pam: I am having severe problems with vaginal dryness and even more so than that, loss of elasticity. So I'm wondering if it's realistic that hormones will help me get back to normal, and would you recommend the full compliment of testing that we've heard about here recently?

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Dr. Northrup: Is vaginal dryness and loss of elasticity your only symptom?

Pam: Pretty much. I have some hot flashes that come and go, but they're more of a nuisance than anything.

Dr. Northrup: Okay. Now the beauty of vaginal tissue is that it's rife with estrogen receptors. And so a little vaginal estrogen will restore that area more quickly than you can ever believe. And the nice thing is you can use just a small amount. So there are estrogen creams, estradiol, estriol, e-s-t-r-i-o-l is available from compounding pharmacies. That sticks to the cytoplasm receptors in the vaginal tissue better than the others and has minuscule systemic absorption. However, you can get any kind of estrogen cream with a prescription from your doctor, and you begin using a small amount once or twice a day for a week. Then you cut down to every other day for a week. And most women, once the vaginal tissue is restored, they'll be able to use a small amount twice a week and maintain that area, improved elasticity, improved moisture, from then on, with no worries whatsoever. This is one of the easiest things to treat that we have in gynecology. So you are in luck.

Pam: Hallelujah. I appreciate it.

Dr. Northrup: Yeah, just give it a couple weeks, and you'll be right back in the saddle, as it were. All right? Okay, thanks.

Pam: Thank you so much. I appreciate it.

Dr. Northrup: Okay. Thanks, Pam. We have another question we received, and it was if you have breast cancer, can you take hormone replacement therapy? What a great question. I was just asked this today at the hairdresser's. Now the studies on this are mixed, so there are actually a surprising number of studies that show that you can take a small amount of estrogen even if you've had estrogen positive—estrogen receptor positive breast cancer and the mortality rate and even the recurrence rate is not high. However, other—other studies show the opposite. This will depend a lot on the quality of your life. If you are not sleeping, if you're—the quality of your life isn't worth living, then you and your doctor have to decide, is it worth it to maybe increase the risk of breast cancer growth? The studies, as I said, are mixed. Let me tell you one thing that isn't mixed. And that is that a small amount of vaginal estrogen has minuscule systemic absorption, and generally this is considered safe, even by oncologists. So do talk with your doctor because there are things you can do—other things you can do: omega-3 fats, high amounts of omega-3 fats are important, enough vitamin D, make sure you're not deficient in vitamin D, exercise and then taking foods high in phytonutrients or plant nutrients. Flaxseed, for instance. Soy in some people. Again, that's controversial. But you can do quite a bit. Also, by the way, acupuncture and Chinese herbs. But do talk to your doctor about the idea of hormone replacement. For some people, progesterone is all they need. Just a small amount. One quarter teaspoon of 2 percent progesterone, about 30 milligrams rubbed into the skin, can reduce hot flashes in

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some women. And it may be worth it. But discuss it with your doctor first. All right. Jean. Jean's on the phone from Orange, Massachusetts.

Jean: Hi.

Dr. Northrup: Hi.

Jean: I'm 62 years old and I went through menopause—it's been about 10 years now.

Dr. Northrup: Yeah.

Jean: With no symptoms. I didn't have hot flashes or anything. It was basically I—I missed a couple periods and that was it and I had no trouble. My question is, I'm wondering if the hormone therapy would benefit me at all.

Dr. Northrup: Someone like you, Jean, you're doing so great, why would you mess with that? Are you feeling good?

Jean: Yeah, basically, yeah. I'm going to be 63 in July and I'm—I'm—I mean, I do have some problems, but I'm pretty healthy. I mean, I've got a—I shovel my driveway, I exercise, I—I feel good.

Dr. Northrup: Right. I would stick with that. My mother is 82. She's currently driving her RV out to Arizona for the winter. This is the first winter that she hasn't skied every day.

Jean: Oh.

Dr. Northrup: And she's never been on a hormone in her life.

Jean: Wow.

Dr. Northrup: You know, and as sharp as a tack. And like I said, driving a big old RV herself out to Arizona. So I'm kind of the school if it ain't broke, don't fix it. And you sound like you're not only not broke, you're thriving.

Jean: Well, I just—I heard you speaking about the vaginal dryness and elasticity.

Dr. Northrup: Yeah.

Jean: Would taking anything help me in that area?

Dr. Northrup: Oh, yeah, just a little vaginal estrogen will help dramatically.

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Jean: Okay.

Dr. Northrup: So you can get a prescription for that. That's a no-brainer, and that is easy and there are just no risks with that at all. Very little.

Jean: And does it need to be a special, you know, blend like the compounding?

Dr. Northrup: Nope. You can get it right from your regular pharmacy with a prescription. There's many different varieties, but go for one that's just called estradiol cream. That's the generic name. So there are different brands of that.

Jean: Okay, great.

Dr. Northrup: All right?

Jean: All right.

Dr. Northrup: Thanks, Jean.

Jean: Thank you very much.

Dr. Northrup: Okay. Now Ann is on Skype from St. Louis. Ann, what's your question?

Ann: Hi, doctor. I will be turning 35 this year, and I was wondering what can I do now to make this transition a little bit easier for me later on.

Dr. Northrup: I do love that, Ann. I'm a big preventive medicine person. So here's what I would say to you. What are your periods like? What happens to you premenstrually?

Ann: They're pretty regular. I don't have too many problems. You know, I'm pretty healthy in general.

Dr. Northrup: Okay, that's good. So you don't have bad PMS or anything?

Ann: I don't think so. Maybe my boyfriend might think so.

Dr. Northrup: The menstrual cycle is a wonderful cycle for us to tell what's really going on in our lives. Because a time when women have PMS is really premenstrual truth-telling, and all the stuff you can shove under the carpet during the first half of the cycle comes up in the second half of the cycle to be processed. It doesn't sound like you've got any of that. So usually someone like you, especially someone like you who would even ask the question, is never going to have any problems. Now what you could do, if you wanted to, and you had the money, and you were interested, is somewhere

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between 35 and 40 you could get a baseline level of—a hormone profile of your hormones and then we'd know what your prime hormone level looked like. This is really research, and it's future-oriented because we don't really know what to do with that stuff yet. But it would be like banking your eggs like maybe later on it would be worthwhile. But right now I'd keep doing what you're doing. But pay attention to what happens to you the week before your period. And if everything's good and you stay well nutrientd and all of that, you should be absolutely fine. Oh, one question. What was your mother's menopause like?

Ann: She said it was pretty normal. It started around the age of 50 and not too many, you know, huge problems at all.

Dr. Northrup: Yeah, see, there you go. Like mother, like daughter. You're going to be fine. No problem.

Ann: Thank you.

Dr. Northrup: Okay, good. Thanks, Ann. Once again, I'm Dr. Christiane Northrup. I wrote the book *The Wisdom of Menopause*, and tonight we're continuing the conversation about hormone replacement therapy that you saw on *The Oprah Show* today. Christie's on the phone from Dunkirk, Maryland.

Christie: Hi, Dr. Northrup.

Dr. Northrup: Hi.

Christie: Hi. I am 46 years old. I am on the raw food diet right now, and I feel fabulous. But I have had my hormones tested, and they are pretty much nonexistent. What would you recommend for me?

Dr. Northrup: Well see this is one of those situations where you feel fabulous, right?

Christie: Yes.

Dr. Northrup: You're on a raw food diet. Do you have sex drive?

Christie: I'm getting that back now. I didn't, but I've been on this for about four months and, yes, now I do.

Dr. Northrup: Now, see, I would go with that. You're doing this wonderful thing where you're detoxing your body with an extraordinarily healthy diet, right?

Christie: Yes.

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Dr. Northrup: And you're noticing changes right away, which means that your body is starting to restore itself. The body is self-healing.

Christie: Yes.

Dr. Northrup: So I love what you're doing. You haven't had a hysterectomy, have you?

Christie: No. I haven't had a period in two and a half years.

Dr. Northrup: Okay. So what I would see you doing is you're restoring your adrenal health. You are taking proactive steps to restore balance in your body. Are you on any vitamins and supplements? Omega-3 fats, anything like that?

Christie: No. Since I started the raw food diet, I took all of that out completely because I don't feel like I need it. You know, I feel better than I've ever felt ever in my whole entire life.

Dr. Northrup: I just love to hear that. You're doing that in a completely natural way. It's costing you very little money, and that is the wisdom of the body. I would just stick with that.

Christie: Great.

Dr. Northrup: Okay? Thank you so much.

Christie: Thank you so much.

Dr. Northrup: All right. Carol is calling in from Boulder, Colorado. One of my favorite places in the world.

Carol: Oh, it's wonderful.

Dr. Northrup: Yes, it is.

Carol: Thanks for taking my call, doctor.

Dr. Northrup: Yes.

Carol: I've been on hormone replacement for 13 years. Never had a problem with it. Loved it. My moods are great. Slept great. No hot flashes. Well, now I'm trying to wean myself off it. And I'm not sure if I'm doing it the right way. But I feel like I've been on it a long time, and maybe this is the time I should get off it.

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Dr. Northrup: Okay.

Carol: What is your recommendation?

Dr. Northrup: You're how old?

Carol: Sixty-one.

Dr. Northrup: Sixty-one. Okay. Here's what I would do. I would—now are you on pills or creams or what are you on?

Carol: I'm on a low-dose pill.

Dr. Northrup: A low-dose pill. Okay. What you could do with that is you could begin by dropping off one pill a week. Okay? So that one week you drop a pill. One pill. The next week you drop two pills. And I want you to know, no one has ever figured this out so I'm making it up. Okay? And the third week you drop three pills and you wean off very, very slowly. So maybe we say that by April or May you're off everything and just see how you are. In the meantime, make sure your vitamin D level is checked. Make sure you're on a good omega-3 fat regimen and that you're taking a good multivitamin. You're in Boulder, so you can't live in Boulder without exercising, right?

Carol: Oh, that's true.

Dr. Northrup: Okay. They'll shame you into it.

Carol: I mean, I do it all. I bike, treadmill, everything. Swim. Yes.

Dr. Northrup: So I would just—I would just try this and see what happens. But, you know, I wouldn't be afraid to go back on if you're doing well. Particularly with the bioidenticals. We do have some pretty robust studies from Europe and so on that show that many women do well. Not everybody has a problem. So just go with what your body's telling you and what you and your doctor do every year at your annual physical.

Carol: Yeah, they've been recommending I go off it.

Dr. Northrup: That's because the pendulum has swung. Now when I was a med student, the pendulum was, "Everybody into the pool. Everybody needs to be on it." And then the pendulum swung again, and it's swinging again, and I have been on the pendulum now since I was in my 20s in terms of the medical opinion. So I want you to know it's going to swing again, sure as shootin'. So thank you, Carol. Go with the authority of your body.

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Carol: Thank you so much. Bye.

Dr. Northrup: Bye. Susie joins us on Skype from New Albany, Ohio.

Susie: Hi, Dr. Northrup.

Dr. Northrup: You saw the show today, right? Oh, I remember you, Susie.

Susie: Hi.

Dr. Northrup: You were loving your estrogen, but you don't have it.

Susie: You have a good memory. Yes. I want it back, and I still want it back. I'm a 48-year-old mother of four and—

Dr. Northrup: You look 20.

Susie: Pardon me?

Dr. Northrup: You look 20.

Susie: Oh, thank you. That's in my genes. We can thank my mom and dad for that.

Dr. Northrup: Okay.

Susie: My question for you is, are there risks associated with the bioidentical hormone therapy for one who has had a heart attack?

Dr. Northrup: Okay. Now the heart attack question, there's some really, really exciting research coming out of the University of Orlando Medical School where they have used very small amounts of transdermal progesterone in women with angina, because we know that in—in women, heart attack is most often caused from a coronary artery spasm. Not from a blockage, per se. There's a big difference between men and women. And part of the reason women get coronary artery spasms is a withdrawal of progesterone, and progesterone seems to keep the coronary arteries more open. And, in fact, in some of the initial studies, when a woman just rubs on a little bit of natural progesterone on her skin, it will help with prevention of angina and, therefore, prevention of the spasm of the coronary arteries. So in my view, and I believe that science and history will prove me right on this, a little bit of natural progesterone is probably preventative for heart attack. Okay? So it's—it's worth considering and there—there are starting to be some good evidence from that. So look up the research of Dr. Kent Hermsmeyer on that particular issue.

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Susie: Okay. Would it be, suffice to say, that it's possible that since I had early menopause because I'll be—I've gone 22 months without a period, that possibly the early menopause could have been part of what caused me to have a heart attack?

Dr. Northrup: Absolutely. Now tell me how severe was the heart attack?

Susie: It was mild. It was in the apex of my heart, and I was 41.

Dr. Northrup: Okay. And it was—did it come right after you stopped having periods?

Susie: No. It started. It was a precursor. As soon as I had my heart attack, shortly thereafter my hormones went out of whack—went out of whack. I was perimenopausal. My FSH was measured, I believe it was 2005, at 101.

Dr. Northrup: Okay. So you really did go through a premature menopause.

Susie: Yeah.

Dr. Northrup: I would work—I would work with a cardiologist who's open to looking at all the data because we have actually dozens and dozens of studies showing that estrogen has a beneficial effect on arteries and that's why, of course, we did the Women's Health Initiative, because there was some evidence that it really helped. Progesterone, natural progesterone, can help coronary arteries. And the research is beginning to be there. So I would talk with your doctor about that. I think there's a lot to—a lot of help you could get. And you could use just a dusting, small little amount. All right?

Susie: That would be wonderful. That would be great. Thank you.

Dr. Northrup: Okay, Susie. Thank you so much. All right. Now we have Heather from

Kodiak, Alaska, is on the phone.

Heather: Hi. My question today is I've been on birth control for most of my adult life. Probably the last 20 years, years I've been 15 on the birth control other than the year I was wanting to have kids, and then it was important to get off, so we made a permanent fix if on that, and then I went off a year ago, I'm 39, and I've started getting gray hair, it's harder to keep the weight off, and I didn't know if my body having all of that extra estrogen for so many years, did I kind of put myself on the fast track to aging by coming off it?

Dr. Northrup: No. Absolutely not. Absolutely not. And, by the way, all birth control pills are synthetic hormones. They're not native to the female body. And, having said that, a lot of women love The Pill and they do beautifully on it. And it worked well for you, right?

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Heather: It did. And it was great. I just—I was concerned that having been on it for so long that, you know, I was getting off it thinking that would be the healthier thing to do. And then I went off it and I started going through all these aging things, and I thought, "Is that just coincidence because it's my age? Or did I accelerate that process?"

Dr. Northrup: You did not accelerate that process. But I will tell you this. At about 39 and so on, this is when all your health habits catch up with you. So this is when you really want to pay attention, clean up your diet, exercise, take a good multivitamin, get your vitamin D checked, make sure you're getting enough calcium, enough rest. Meditation helps. And clean up every area of your life. Clutter in all areas—whether it's in your home, in your relationships, in your job—your body doesn't let you get away with anything anymore after about the age of 39. So—but it's not The Pill. So thanks, Heather.

Heather: Thank you.

Dr. Northrup: Okay. A lot of people are asking what's the best way to get your hormones tested? Blood? Saliva? This is a brave new world. The truth is that most people, most doctors prefer serum. That's blood. There is a place for the salivary hormones because the saliva hormones actually will tell you a little bit more, particularly in the case of progesterone, what's in your tissue. It's not so much what's in your blood. It's what's in your—in the tissues of your body. But right now the jury is out. And most conventionally trained doctors would prefer to treat your symptoms and try some things. That's the art of medicine. You know on the show today we showed Dr. Prudence Hall and her clinic, and I do love the way she presents the different hormone levels. But every lab is different. Every healthcare practitioner interprets them differently. The actual best way to tell is your body and—and your symptoms and how you're feeling. So if you go to a healthcare practitioner, like a nurse practitioner, who works well with salivary hormone levels, is good at it, does it all the time, by all means do that. Same with blood levels. But remember, we're at the beginning of something that is not well researched, often not well accepted, but Oprah is ahead of the curve. She has been for years and years and years, and I believe this is the wave of the future. So you might just get a profile done, and then you'll have it. All right. We've got Beverly from Cedar Park, Texas, on the phone.

Beverly: Hi, Dr. Northrup, I appreciate your talking with me. I've been listening to Oprah's shows the last couple of weeks, and I haven't heard anything about someone who's had a hysterectomy.

Dr. Northrup: Oh, you mean like what you should do if you've had a hysterectomy?

Beverly: Yeah, if all this that you're telling, does that apply to someone who's had a complete hysterectomy? Ovaries, everything is gone seven years ago.

Dr. Northrup: Absolutely. Absolutely. I'm so glad you brought this up.

Beverly: I'm 54 years old, but I feel like the lady that was from Canada on the show a couple of times.

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Dr. Northrup: Absolutely. Any woman who has her uterus out and her ovaries out goes through an instant menopause.

Beverly: Oh, it's been horrible.

Dr. Northrup: It's not a normal menopause at all. Your body has no time to make the conversions from the adrenals and the ovaries and to adjust your hormone levels. You, of all people, could use some hormone balancing and some hormonal support. It's like you're going 80 miles an hour on a highway and someone slams on the brakes hormonally. It's not right.

Beverly: I don't feel like a person. I just go through the motions.

Dr. Northrup: That's right. You, of all people, really could use some help in this area, so go to someone who really understands this. And remember you can get the hormones you need at any pharmacy. So thank you, Beverly. I'm really glad you brought this up.

Beverly: We have an excellent compounding pharmacy in Austin, Texas, a people's pharmacy, should they have a listing of good doctors?

Dr. Northrup: They often do. A good compounding pharmacy will have a listing of doctors with whom you can work. Absolutely.

Beverly: That was my other question. How do you find a doctor who will listen to you?

Dr. Northrup: Of course, if you take my book in to any doctor and say, "I'm interested in this," you can see their reaction to this. But often the formulary pharmacies will often have a listing of doctors. But remember, like Dr. Lauren Streicher on the show today, she uses really good hormones. They're all bioidenticals. She takes them herself. And she's conventionally trained. So you don't usually have to go too far outside the system, particularly in someone like you who's had a hysterectomy and your ovaries removed. We know you don't have the way to make the hormones in your body at this point.

Beverly: I was offered Premarin, but I didn't want to take that.

Dr. Northrup: There are many others that you can take from a conventional pharmacy that are bioidentical, so you don't need to worry. You're smart.

Beverly: Okay.

Dr. Northrup: All right? Thank you, Beverly.

Beverly: Thank you so much.

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Dr. Northrup: If you have a question about your hormones or menopause, call us at 866-677-2496. That's 866-OPRAH-XM. Now we have Cindy from Rome, Georgia, joining us on Skype. Cindy, what's your question?

Cindy: Hi.

Dr. Northrup: Hi.

Cindy: My question is, I had a vaginal hysterectomy at the age of 23. I'm now 61. Would I benefit from the hormones, the bioidentical hormones?

Dr. Northrup: Well, first of all, did you have your ovaries removed, Cindy?

Cindy: No.

Dr. Northrup: Okay. Okay. And so how are you doing? How are you feeling? Because, you know, the ovaries will continue to produce hormones your whole life.

Cindy: Not good.

Dr. Northrup: You're not good. Okay.

Cindy: No.

Dr. Northrup: In that case, you might well benefit from giving it a trial run.

Cindy: Okay.

Dr. Northrup: All right? So give it a try. It really can't hurt if you do it for a small amount of time and just see what the difference is in how you feel. You saw today on the show how one woman felt—

Cindy: Yes.

Dr. Northrup: —after getting the right dosages. Of course I want to see what she's like in a year from now.

Cindy: Right.

Dr. Northrup: But you've got to start somewhere. And you know what, what this show is about is having women like you live their best possible life without putting up with feeling horrible when there's help. So give it a whirl. Absolutely.

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Cindy: I will. Thank you.

Dr. Northrup: Great. Thank you.

Cindy: Thank you.

Dr. Northrup: All right. Now we have Damian from Hartville, Ohio, who is calling in.

Damian: Hello, how are you?

Dr. Northrup: I'm good, Damian.

Damian: Great. Thank you for taking my call. This is a fascinating topic. My question is, how long have bioidenticals, how long have they been around? And the second part is how many studies have been done?

Dr. Northrup: Great question. First of all, they've been around a long time. But you know what? They used to be injectable. So women were getting, in the '30s and so on, intramuscular bioidentical estrogen and intramuscular progesterone. And the thing is, compounding pharmacies have been around before the FDA was around. The FDA was founded in 1939, and it wasn't until the pharmaceutical industry became pretty large that you began to get the variety of drugs available in drugstores. Because the practice of medicine, for centuries, has been the doctor and the apothecary working together. So the bioidenticals have been around. However, the first oral estrogen that became available in 1949 was the one made from the urine and blood of pregnant horses. And so that's the one that sort of got the market share off the block because, you know, it's not practical for women to get their shots.

Damian: Sure.

Dr. Northrup: Okay? So anyway, those are the ones that began—the studies began to be done with, and so what happened was, hormone replacement became synonymous with—synonymous with equine estrogens. Conjugated equine estrogens made from hormones urine. All right? Now bioidentical progesterone, there was no oral form of that either for years. And then that became patented but not until the 1980s. And then that became available as a progesterone in oral, as in oral formulation. So there are studies on the bioidenticals. There are many. A lot of them in Europe, and there are some in the United States. Let me tell you what we don't have, however. We don't have a head-to-head study where we would have a woman on the bioidentical formulations, those that matched exactly what's made in her body.

Damian: Okay.

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Dr. Northrup: Okay? I don't care if it's from a conventional pharmacy or compounding. It makes no difference. I just like the hormones found in your body. And then the ones that are different from what are found in your body, the ones that have been the most studied, which is just really historical. But all of those have gone in the same pot, you see.

Damian: Yes.

Dr. Northrup: So we need—we do need those big studies. I don't know if we're apt to get any because it's cost the pharmaceutical industry so much to do these other studies, like the Women's Health Initiative, which then showed an adverse effect and now the pendulum has swung over to the other side. But you can bet it will swing once more, and I—I'll bet especially after this show these studies will begin to be done. But there are more than you think. A lot of them in Europe. Does that answer your question?

Damian: It does. Thank you so much.

Dr. Northrup: Thank you, Damian. And now we've got Reena from Toronto, Canada, is on the phone.

Reena: Hi, Dr. Northrup.

Dr. Northrup: Hi.

Reena: I just want to thank you so much for doing this. It's really a great resource. I'm a 36-year-old diagnosed with premature ovarian failure. Been on birth control when I was 26 to 32. Stopped to try and get pregnant. Instead, I got diagnosed. Then I went straight onto estrogen patches at the age 33 of and progesterone. I didn't feel any better. I gained weight. Low sex drive. Exhausted, but couldn't sleep. Now I'm back on The Pill. I feel a bit better. How can I work with my doctor to get the right customized levels of FDA-approved hormones for me?

Dr. Northrup: That is, first of all, a great question. I'm so glad you brought up the topic of premature ovarian failure because this is—there's something in your body going on. This is autoimmune.

Reena: Yes.

Dr. Northrup: As you know.

Reena: Yes.

Dr. Northrup: So your body has made antibodies against your ovaries. Are you having any other autoimmune symptoms? Like has your thyroid been fully tested?

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Reena: I do get checked regularly for that and diabetes and any of the other autoimmune diseases, and so far those have all been okay.

Dr. Northrup: Okay, good. I would also ask you, and you don't have to tell us—

Reena: Okay.

Dr. Northrup: —but I want you to meditate on what happened to you in the five years, two years, one year before that diagnosis was made. All right? Because an auto—autoimmunity, the autoimmune diseases are much more common in women and they're often related to some kind of stress or trauma and some kind of message that your body is getting, and there's no way, by the way, you can know this consciously.

Reena: Okay.

Dr. Northrup: But if you work with your dreams and so on—

Reena: I've got some ideas.

Dr. Northrup: Good. See, people do know. This is the wisdom of the body.

Reena: Yeah.

Dr. Northrup: Yeah.

Reena: My sister's been diagnosed with the same thing, though, as well. So—and she's six years—she's 30. I'm 36.

Dr. Northrup: Fascinating.

Reena: Mm-hmm.

Dr. Northrup: I want you to read a book called *Inconceivable* by Julia Indochova, I-n-d-o-c-h-o-v-a.

Reena: Okay.

Dr. Northrup: And the reason is, and Julia has another book, but her website is FertileHeart.com.

Reena: Okay.

Dr. Northrup: FertileHeart.com. Just go there.

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Reena: Okay.

Dr. Northrup: And she's worked with a lot of gynecologic endocrinologists and so on to help women restore their ovarian function. So there's ways to do this.

Reena: Okay.

Dr. Northrup: I just want you to know there's ways you can work with your body. Also, traditional Chinese medicine often works very well. Dr. Randine Lewis has written a book called *The Fertility Cure* that also works with this particular issue.

Reena: Okay.

Dr. Northrup: So I want you to work with those things. So thanks, Reena. Thank you very much.

Reena: And what about working with my doctor in the meantime to get those customized levels?

Dr. Northrup: Oh, that should be easy. Just go in and say to your doctor, "I want to work with you and get customized levels and you want to work with me? I want a partner."

Reena: And maybe I'll bring your book in to state my case.

Dr. Northrup: Absolutely. And nurse practitioners, by the way, are wonderful at this. All right?

Reena: Okay. Thank you so. Bye, bye.

Dr. Northrup: Now we've got Terri from Manhattan, Kansas, on the phone.

Terri: Hi, Dr. Northrup.

Dr. Northrup: Hi, Terri.

Terri: Thank you for taking my call.

Dr. Northrup: Yes.

Terri: I'm 49 years old. Since my mid-40s I've had a lot of—more increasingly difficult time with PMS and with my periods, and so I did some research and I came to the conclusion that I'm estrogen dominant. So I tried bioidentical progesterone, which worked really, really good the first two months. I felt so much better, but by the third month it's like my symptoms got even worse than they did before.

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So my question is, can using bioidentical progesterone in a woman who is estrogen dominant make the estrogen dominance worse before it gets better?

Dr. Northrup: It actually can because the first thing that happens with progesterone, but this usually happens within a month and then it's over with, is the first thing progesterone will do is it up regulates the estrogen receptors and then it down regulates them. So it might give you a bump. Like, for instance in breast tenderness, but then that will go away. The other thing I want you to check, many, many women, up to 13 percent, are iodine deficient—and I haven't gotten to this yet, so I'm getting to it now—iodine deficient because people don't use table salt anymore and they don't eat eggs and they don't eat seafood, because they're afraid of mercury. So I want you to eat two eggs a week and begin to take kelp tablets. That's a very safe way to get your iodine levels up. And iodine levels are very related to menopausal symptoms. So also get your vitamin D level checked. And another thing, in someone like you who starts with the bioidentical progesterone and it's working well and you're calmer and so on, your body, remember, through its symptoms is always trying to get your attention. So symptoms are your friends. Get your adrenals checked. I'd be very interested to see what's going on with your adrenals. And this can be tested with a saliva test. It's called an adrenal stress index. And many labs do this. You collect your saliva over the day. About four to five different samples.

Terri: Okay.

Dr. Northrup: And when you do that, you might find the key to your problem is adrenal exhaustion. Not really an estrogen dominance problem. All right?

Terri: I suspected that, too, and I am going to see a natural doctor and hopefully find some answers, so thank you very much.

Dr. Northrup: Perfect. Thank you, Terri. Now many people want to know if they're on testosterone will they grow a lot of hair or get other masculine qualities? One of my colleagues who is a—was one of the real pioneers in bioidentical hormones is Dr. Joel Hargrove, formerly of the Menopause Center at Vanderbilt University. And he's an old farm boy, and he says the way to do the testosterone supplementation is you've got to strike a balance between making sure that she's horny enough but not too hairy. So that's the sort of straightforward way to say you can—you can do the right thing with testosterone, but you've got to watch it because too much, you'll grow hair in the wrong places. Too little, it won't have any effect at all. Many, many women, by the way, get through menopause and into perimenopause, and their testosterone levels are fine. They remain fine because their adrenal health is good and their ovary adrenal connection is good, and you just need a small amount of progesterone to protect your bones. It may be protective of the heart, and certainly libido, but there's a lot of research now going on on testosterone replacement in women. But, again, you just use a very small amount and you start small. Remember this stuff especially with the skin cream—the stuff is absorbed into your body fat and it can take two, three, four weeks for you to get the blood levels you need. All right. So Susan's on the phone from Hawaii. Hi, Susan.

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Susan: Hi, Dr. Northrup.

Dr. Northrup: Hi.

Susan: Excellent program. Just excellent.

Dr. Northrup: Thanks.

Susan: Okay. I'm 63 years old, and I was on bioidentical hormones during my late 50s, and then right around age 60 my doctor took me off of them without any testing. Just told me I no longer needed them. But I still had all this—some of the symptoms. And so a couple years later, you know, I was having a lot of adrenal fatigue, whether it was adrenals, I'm not really sure. But anyway, what he did is he had me do another test, a saliva test, and I was very high in the progesterone but in, you know, a lower range for estrogen and testosterone for my age. So he told me that when the progesterone is too high that the symptoms are very similar to when they're too low. And so then I went to another doctor and he flat-out said that I needed the progesterone and that there was no risk of any side effects of me getting too much and that I really needed it for bone loss. And so I've just been really confused in this area.

Dr. Northrup: You know, a lot of people are very confused in this area. You noticed on the show today, I don't know if you saw it, but we—

Susan: I didn't get to see it.

Dr. Northrup: But we had—you know, Suzanne Somers, who is doing a tremendous number of different treatments, and so she represented what I would call the far left. And then we had Dr. Lauren Streicher, who is a really superb clinician on the right, and then we had me somewhere in the middle. You have to understand this is a kind of a brave new world and there's so many ways for you to have your adrenals healthy and functioning. One of the main ones is working with your thoughts, working with your emotions, working with diet and exercise and making sure that all of that is in good shape. You live in paradise. That definitely helps.

Susan: I do.

Dr. Northrup: Yeah.

Susan: And I'll tell you, I—I'm actually a nutritional educator and a specialty chef in the raw and omega-3 rich diets, and there could be something I'm missing, but my diet is excellent. I get plenty of exercise. I'm thin, and I feel really pretty good. But I am a working woman in the world and sometimes my energy, and of course I do have the vaginal dryness, but I've already learned a lot about what to do on this show. I think specifically my worry is that I am toward the osteoporosis. I'm just entering into

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that, and I have had some bone loss. And so is progesterone, you know, really needed to even prevent that and build bone is what I was told.

Dr. Northrup: There are some studies, Dr. Jerilynn Prior in British Columbia has done a lot of work on that score. Progesterone can be helpful. I would think in your case, you might just try a little mix, a small amount of estrogen and progesterone together. Is that what you were on before?

Susan: Yes, I was. It was the trio mixed together.

Dr. Northrup: And you felt good on it.

Susan: Yeah, I did. I have absolutely no libido too.

Dr. Northrup: So—listen, I would check out the testosterone levels. You already said they were low, and see if you can work with someone who can help you out in that way. DHEA is another supplement that's available that's a good precursor for testosterone. Also, the Institute of HeartMath teaches a form of working with meditation and with your heartbeat coherence that increases DHEA naturally. You just go to Institute of HeartMath, Google that, and that's really wonderful research. Because when you increase your DHEA, that's the mother hormone that all your other hormones are made from. So we're out of time—

Susan: That's what we ended putting me on was the sublingual DHEA.

Dr. Northrup: Perfect. Well, we're out of time. Thank you so much for joining us tonight. Remember, pay attention to how—how you're feeling. And if you don't feel right, talk to your doctor or your nurse practitioner. You can find more information about menopause and bioidentical hormones on Oprah.com or in my book, *The Wisdom of Menopause*. And if you want to watch this webcast again or tell a friend about it, it will be available on demand tomorrow for free here at Oprah.com. And you can also download the podcast starting tomorrow at Oprah.com and on iTunes. Have a great night and thank you.