

## Dr Streicher Do You Have a Clue?

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Last week, [Oprah](#) FINALLY got on board with BHRT. That's right, I said Bio Identical Hormone Replacement Therapy. No, it is not a marketing term, despite what the FDA official ruling states. It is a bonafide, run of the mill, medical community accepted term for substances that are identical biologically to those produced in the human body. Do we need the term for marketing? Of course not. We could just call it human progesterone or human estradiol, etc. It just makes sense to call it bio identical.

Anyway, Suzanne Somers appeared on Oprah last Thursday, Jan. 27th and talked in great detail about her big BHRT crusade. She did a fabulous job explaining hormone therapy in basic terms. My favorite line of hers? "It's about choice. It's restoration versus deterioration. By replacing what I have lost in the aging process but putting back in the exact ratio what my body requires, individualized just for me, I am experiencing the best years of my life." BINGO!!!! That is what hormone replacement therapy is all about. It isn't hormone substitution therapy with horse estrogens and synthetic progestins that create hormone imbalances and unwanted side effects (estrogen dominance, weight gain, vasoconstriction, increased risk of breast cancer, etc). I thought that we determined human hormone replacement was far superior to animal based hormone replacement therapy when we discontinued the use and manufacturing of beef and pork insulin when Humulin insulin was produced. But to me, that is just common sense.

Replacement therapy means just that. We measure hormone levels, compare to a norm, correlate with symptoms, and devise specific doses individualized to the patient's need. Then we monitor and make adjustments based on lab results and symptoms. Now let me ask you 2 questions:

1) Did any MD measure your hormone levels before treating you with synthetic estrogens and progestins? 2) Aren't all other disease states treated by measuring levels, looking at symptoms, then devising a treatment strategy? Do you start taking blood pressure medication without measuring blood pressure? Cholesterol lowering medication without measuring total cholesterol, LDL and HDL? Diabetes without getting blood sugar readings? Why the inconsistency?

In response to Suzanne's earthy and practical view on BHRT, Oprah had rebuttals by two very well known and prominent physicians, Dr Wulf Utian of the North American Menopausal Society and Dr. Lauren Streicher, an OBGYN in the Chicago area. I found Dr Utian's comments that Suzanne Somers is not medically trained and therefore not valid rather condescending. Somewhat similar to an MD tossing you a script for an antidepressant while you are in the throes of menopause, completely dismissing you, without measuring levels or monitoring your symptoms. I am guessing that a repeat visit to his office would not be high on your list. Concerning Dr Lauren Streicher, to be completely honest, I am perplexed as to how such a talented and successful physician could make such inaccurate statements. Bear with me as I do a line by line rebuttal.

"The belief that compounded or bio identical hormones are different and therefore, safer and more natural than what you get from the drugstore is not factual." "The reality is that whether you go to your corner drugstore or your compounding pharmacy, you're most likely to get an estrogen that was synthesized." "They're all synthesized from plants, and it has the exact same chemical structure."

First of all, there are plenty of studies showing that human hormones are safe; and progesterone compares favorably to medroxyprogesterone acetate. Same identical structure? I'm sorry, didn't Wyeth spend millions protecting their patent rights on Premarin from generic companies claiming that the generic versions were NOT exact? Premarin contains over 20 different estrogens (both horse and human based) and is synthesized from the urine of a pregnant mare. My bad. I always thought that horses were animals, not plants. Certainly estradiol is commercially available in tablets, patches, creams, etc and it is bio identical. But there are limited strengths and estradiol is only 1 of 3 main estrogens in humans.

Dr Streicher then stated, "There is one big difference if you go to a pharmacy that's not approved by the FDA. They have no obligation to support their claims. They can say whatever they want.... That it is safer, that it has less side effects, that there are no risks, that it will prevent cancer. The truth is, you can get the exact same product in an FDA-approved pharmacy from TRUE experts."

My dear Dr Streicher, guess what? The FDA doesn't approve ANY pharmacies...Oops.. Manufacturers get FDA approvals; pharmacies are under the regulations of the state board of pharmacies. The FDA can get involved in pharmacies if... we make unsubstantiated claims...So much for having no obligations to staying true to the facts... That last statement hurts. ALL pharmacists go to pharmacy school, get an R.Ph. degree (now PharmD.), pass a pharmacy board certified test, and maintain their licenses through continuing education. True that we may not all be of equal intelligence, we nevertheless are all considered drug therapy experts.

"Whether you're getting hormones from a compounding pharmacy or your corner drugstore, you need to be monitored by a qualified physician."

Ok, now we have a common thread. Whenever you are on a treatment plan for any disease state be it diabetes, high blood pressure, or hormone imbalance, you need to be monitored. Which is why the Piqua Medicine Shoppe allocates so much resources to counseling, testing, and patient consults. Honestly, Dr Streicher, you should consider working with us. I think we could have a great partnership.

After the testimonial of one of Oprah's faithful who started BHRT and within 9 days was a completely different person, Dr Streicher seemed to change her story. "Michele's experience is a good example of what hormone replacement can do for women who actually need it" (I'm sorry, did I miss something?) "They're good candidates for hormone replacements and they should get replacements, but they don't need to go to compounding pharmacy"

AH HA!! We concede the BHRT argument and have turned on compounding pharmacies. Interesting, but why pick on us?

"The main problem with BHRT is how women receive their medications. BHRT is a billion dollar industry probably a TRILLION dollar industry after last week's show-which is really marketing to women to say this is safe and other stuff isn't. This is going to protect against breast cancer. How can they say this without data? My concern is with many of the so called experts that are prescribing it. They're done on-line. They have doctors that don't examine them, they're not gynecologists. Women deserve transparency in the pharmaceutical industry."

First of all, any Physicians that do online examinations should lose their license. That is clearly not practicing medicine. Secondly, there ARE studies and data. [Read what Dr. Kent Holtorf](#), a leading authority in the field of hormone replacement therapy and a board examiner for the American Board of Anti-Aging Medicine (ABAAM), had to say in his February 15, 2009 interview with Sunday Magazine. Just google BHRT, and you will be amazed. To say that there aren't studies showing safety and effectiveness of BHRT is really just ignorant. Thirdly, transparency in the pharmaceutical industry? I'm sorry but I am required to follow the laws of the Ohio State Board of Pharmacy, the Federal Drug laws, comply with FDA regulations, etc. You want to talk transparency? Let's talk drug manufacturer lobbyist, legal battles over extended brand name patent protection, how about physician ties to big pharma? Finally, I have a feeling that you failed mathematics. If I were capable of doing 100 compounds a day, and captured my share of the huge growth of BHRT in just one week, I would be compounding 100,000 compounds a day. With that kind of income, it is likely that I could just buy Northwestern University, and Wyeth, etc...

I would like to make 2 final points. First of all, I sense the argument on BHRT moving towards attacking compounding pharmacies implying that we are greedy, unskilled and out for the quick buck. I, however, believe that we are being attacked because some very large companies are losing dollars to us and because we aren't required to follow the same regulations, they think we have an unfair advantage. I prefer to believe that if given the knowledge and the choice, women will choose BHRT over conventional synthetic hormone replacement therapy. And individualized therapies based on lab values and symptoms versus one size fits all pharmaceutically manufactured products is more appealing to most women. Sorry, but I think that is the reality. I also believe that our quality assurance and product making skills will be challenged. To the naysayers I would say this: Pharmacists all over the country are entrusted to compound medications and physicians and other healthcare professionals agree that this is our role in the healthcare system. Each day hundreds of precisely dosed chemotherapy meds are compounded under the supervision of pharmacists. Do you truly believe that we are therefore, given the same or even more training, not capable of compounding a 10% progesterone cream?

The final point is simply this, Dr Streicher, if I don't make false or exaggerated claims about BHRT, don't offer online prescriptions, validate our potency through a third party testing facility, help monitor patient levels and symptoms, and make treatment recommendations based on lab values

would you not partner with us if your patients, given the choice, might choose BHRT?