

Hormone Help Issue 30

In this issue:

- A Note From Lorna
- Thyroid and Fertility Webinar: March 18, 2010 at 7:00 PM PST
- Melatonin for Sleep and Endometriosis
- Spearmint Lowers Testosterone in Women with Male Facial Hair Growth
- What Women Need to Know About Statins

Dear Readers,

After over a decade of helping women to regain their health, I am realizing that it is going to take an army to help everyone. This year, I am starting a campaign called "Women Helping Women" and I am going to be doing more outreach than ever before. Check my lecture schedule page to learn when I will be in your area. All of my upcoming events including lectures, webinars, in-store signings will be listed. If you are interested in having me speak in your area, send me an email to asklorna@healthyimmunity.com. Attend my Webinars; these allow you to ask me questions live. I am asking for your help on my campaign. You can help me make a difference by spreading the word to as many of your friends as possible. Have five friends sign up for this newsletter. Read the free books online at my website www.hormonehelp.com. Together, I know we can make a huge difference in the health care of women and our families.

Thank you for all of your love and support.

Love Lorna

Thyroid and Fertility Webinar: March 18, 2010 at 7:00 PM PST

Thank you to all of you who joined in for my first webinar (streaming online seminar) last month. It was such a success that Lorne Brown, founder and clinical director of the Acubalance Wellness Centre, and I are doing it again on March 18, 2010, 7:00 PM - 8:00 PM Pacific Standard Time. I will be speaking about thyroid health as it relates to overall health including hormones, and Lorne Brown will talk about fertility and thyroid.

Since this webinar is live, it allows for interaction and questions from participants. Please join in early (the virtual room opens 3 hours before start time) as the virtual room can only hold 100 participants and last time it filled up quickly. Click [this link](#) to test whether your computer is webinar ready, and for details on how to log in. I am looking forward to your questions. For those who cannot join in, I will be posting the link on my website so that you can watch and listen afterward.

Melatonin for Sleep and Endometriosis

Many people with difficulties falling asleep or wanting to avoid/alleviate jet lag turn to melatonin. Melatonin, a hormone manufactured from serotonin (our feel good hormone), is secreted by the pineal gland and helps to regulate and restore the body's "internal clock." Melatonin also provides anti-cancer, anti-aging support. An interesting animal study further suggests that it may benefit women with endometriosis, a painful and common condition affecting about 15 percent of women between 20 and 45 years of age. This study in *Fertility and Sterility*, noted that melatonin is a potent anti-inflammatory agent and antioxidant that fights free radical damage. The Turkish research team overseeing the study found that, due to these actions, melatonin significantly shrunk endometriotic lesions in rats over a two-month period compared to rats who did not receive melatonin. These results are promising. If further research can confirm melatonin's beneficial effect on endometriosis, it will bring relief to the thousands of women who suffer from this sometimes debilitating condition.

Spearmint Lowers Testosterone in Women with Male Facial Hair Growth

For women dealing with unwanted male facial hair growth (hirsutism), a recent study suggests that spearmint tea can help. Hirsutism typically involves the growth of hair above the upper lip and the odd male facial hair on the chin. It can be due to higher levels of testosterone and DHT (male hormones); in menopausal and post-menopausal women, it is most often due to high levels of prolactin and low levels of estrogen. Based on previous animal research indicating that spearmint has anti-male-hormone effects, a team of Turkish researchers recently decided to test how spearmint tea (*Mentha spicata Labiatae*) affected the levels of male hormones in 21 female patients with male facial hair growth. Twice daily, the study participants drank a cup of spearmint-steeped herbal tea for a period of five days during the follicular phase of their menstrual cycles (days 1 to 14 when follicles in the ovaries are maturing). After tea treatment, there was a significant decrease in free testosterone and an increase in the female luteinizing hormone, follicle-stimulating hormone

and estradiol (an estrogen). The researchers concluded in *Phytotherapy Research* , that spearmint could be an alternative to anti-male-hormone treatment for mild facial hair growth.

What Women Need to Know About Statins

Last month, I read an excellent exposé about women and medicine in the Feb/March 2010 issue of *More* magazine. The writer, Camilla Cornell, did such a fabulous job of highlighting how pharmaceutical testing and drug policy overlooks women that I wrote to the editor in support. The article drew attention to a very serious issue: that most pharmaceutical testing is conducted on men and then applied to both sexes, even though men and women metabolize medications differently. As noted, women have been "the proverbial canaries in the coal mine when it comes to the safety of drugs and medical devices," according to Anne Rochon Ford, co-editor of *The Push to Prescribe: Women and Canadian Drug Policy* , and coordinator of the Women and Health Protection coalition at York University in Toronto.

Statin drugs (Lipitor, Crestor, Mevacor, Pavacol, Zocor, Lescol), the most widely used class of drugs to lower cholesterol, are a classic example of women being prescribed drugs that have not undergone adequate sex-specific testing. Approximately 3 million Canadians take statin drugs daily, as do at least 11 million Americans. Statins generate upwards of \$34 billion in annual sales. They are prescribed to people who have already had a heart attack or stroke, and to people who have not had a heart attack or stroke but who are thought to be at risk of heart disease. The statin prescription model relies heavily on the assumption that high cholesterol equals heart disease, but it is clear that cholesterol plays many beneficial and protective functions in the body. Cholesterol is not the only heart disease risk factor; other factors are at work when it comes to heart disease, including inflammation, stress, diet, smoking, obesity and overweight, and environmental and occupational pollutants. Nevertheless, statin use is escalating.

Possible side-effects of statins include:

- Muscle pain, weakness and damage
- Nerve damage
- Measurable decline in cognition
- Increase risk of cancer
- Liver problems
- Joint pain
- Heart failure
- Muscle inflammation

A little known fact is that statins deplete the body of coenzyme Q10, which is a vital contributor to heart health and cellular energy production and breast cancer protection. Anyone taking statins should also be supplementing with coenzyme Q10.

For women, statin safety raises even more questions, as research has focused largely on men. Seventy percent of the participants in clinical trials to determine safety and effectiveness of statins have been men. Harriet Rosenberg, professor in the health and society program at York University and co-author of the report, "Evidence for Caution: Women and Statin Use," pointed out in the *More* magazine article that even when women were included in statin drug tests, results were often not separated out specifically for them. In other words, we do not have an accurate picture of statin effects on women. Nor is there even solid clinical evidence that taking statins reduces the risk of heart attack in women who have not had a previous heart attack or who are taking them to lower cholesterol as a risk factor for heart disease.

When it comes to additional risks for women, the little we do know is that statins are linked to higher risks for miscarriages, birth defects and infant development problems in women of childbearing age. Many women of menopausal age and older take hormone replacement therapy (HRT) drugs (synthetic estrogen and progestins), yet most research on statin use has not examined the effects of taking statins in conjunction with other drugs, including HRT drugs. Statins also raise breast cancer risk. A study in the *Proceedings of the American Society of Clinical Oncology* involving almost 67,000 women over the age of 35 found that the incidence of breast cancer goes up when women use statin medications. Statin use was identified from pharmacy data collected from 1997 until 2002. Statins were found to increase estrogen levels in women and the average age of women in the research group taking statins who developed breast cancer was 57.6 years. The researchers stated that women taking statins should be advised of the potential increased risk of breast cancer.

If you are on statins or are considering taking them, or if you know someone else who is doing either, be aware that it is possible to reduce cholesterol naturally through a combination of diet, lifestyle and nutritional supplementation. Only a small percentage of people diagnosed with high cholesterol actually require cholesterol-lowering medication. In my book, *Your 30 Day Heart Smart Solution*, and my soon-to-be-released *A Smart Woman's Guide to Heart Health*, I discuss many ways in which we can stabilize cholesterol, reduce other heart disease risk factors and improve heart health. If you are concerned about cholesterol, one of the key nutritional supplements is Sytrinol. Four human clinical trials have demonstrated that Sytrinol reduced total cholesterol by 30 percent, "bad" LDL cholesterol by 27 percent and triglycerides (blood fats) by 34 percent when compared to placebo. Sytrinol also raises "good" HDL cholesterol.