

# Schwarzbein

Dear Colleague:

My name is Diana Schwarzbein. I am an endocrinologist. I am writing to you because, as clinical physicians, we are in a position to bring about a critically important change in the management of women's health. I am talking about changing the way in which menopause is currently treated. Women are demanding this change, and rightly, so. I hope you will join me in meeting their needs.

## **Woman Are Demanding a Better Quality of Life**

Currently, most women live more than a third of their lives *after* the onset of menopause. They want these years to be carefree, active, and gratifying, a reasonable and attainable goal, provided their health is not undermined. Untreated or improperly treated menopause undermines women's health. Over time, the absence of estradiol and progesterone causes other hormone system imbalances leading to metabolic imbalance. Metabolic imbalance leads to the degenerative diseases of aging, including heart disease, type II diabetes, and osteoporosis.

Women are also living more stressful, busy, metabolically taxing lives. As a result, the implications of the absence of the sex hormones, estradiol and progesterone, have become increasingly greater and more evident.

## **Traditional Methods Do Not Meet Today's Needs**

It has also become increasingly evident that simply treating the symptoms of menopause for a brief period and then trying to manage the fallout from the loss of the sex hormones is not a viable stratagem. The demonstrated result is a diminished quality of life for the patient, compounded by the tremendous amount of time and cost required to treat otherwise preventable symptoms, conditions, and diseases.

Consider the resources expended for the treatment of hypercholesterolemia, headaches, depression, insomnia, heart disease, osteoporosis, and type II diabetes – just a few of the conditions and diseases promoted by the absence of the sex hormones.

Women no longer accept that these problems are simply the inevitabilities of aging. Neither should we.

## **We Can Better Serve Our Patients**

Notwithstanding the prevailing mindset that is the legacy of the Women's Health Initiative, today we absolutely can, safely and effectively, treat the hormone imbalance caused by menopause and restore the metabolic imbalance it inevitably occasions. We now have enough scientific knowledge, technology, and clinical experience to treat menopause as we do other permanent hormone deficiencies such as type I diabetes and hypothyroidism.

Over the past 20 years, I have successfully treated thousands of menopausal women using a regimen I call Hormone Balancing Therapy or HBTx. I developed the HBTx protocol based on the way I treat type I diabetes. Using bioidentical hormones administered in a bioequivalent manner, combined with attention to nutrition and lifestyle habits, I rebalance the woman's sex hormones and restore her metabolic balance. The evidence is compelling. Properly restoring the sex hormones eliminates or mitigates the myriad health problems typically encountered by menopausal women.

### Information for Physicians

Having followed thousands of menopausal women on HBTx for over two decades, I can now confidently share this protocol with other physicians and support those of you who recognize the need to change the way menopause is managed. To this end, I have written a paper entitled *Hormone Balancing Therapy ("HBTx") – Why & How*.

This paper presents the science underlying the need to treat menopause as we do other permanent hormone deficiencies, and provides the basic information, guidelines, and instructions needed to manage menopause by using HBTx. You can download this complimentary paper at [www.hbt/md.com](http://www.hbt/md.com). An abstract of the paper follows this letter.

Of course, administering bioidentical hormones in a bioequivalent manner for the lifelong management of menopause requires more information than can reasonably be presented in a single paper. Therefore, I am currently at work developing a multi-module, internet-delivered course called *HBTxMD*. The course covers, in greater depth, the information in the *HBTx Why & How* paper, and provides case studies that address some of the nuances of managing the more complicated menopausal patient.

### Education for Patients

An informed, involved patient is important for effectively managing menopause with HBTx. Therefore, I created an educational program for women to enable them to work effectively with their physicians. This 3.5-hour *Menopause Power* course is available on DVD and MP3 and is accompanied by the *Menopause Power Take Charge Guide*. I have found that making *Menopause Power* "required reading" for patients before commencing HBTx saves a great deal of time and promotes better communication, compliance, and results.

### Women Are Actively Seeking Bioidentical Hormone Therapy

As women become more educated about their health and menopause in particular, there is a growing demand for physicians who have embraced the use of bioidentical hormones to treat menopause and have made it an area of emphasis in their practice.

I receive frequent inquiries from women nationwide seeking a physician to work with to treat their menopause with bioidentical hormones. I want to create a network of physicians to whom I can confidently refer these women. I plan to feature on my website a directory of physicians who have completed the *HBTxMD* course and who have committed to treating menopause using the HBTx protocol.

### An Opportunity to Bring About Change

As busy physicians, we all have to be judicious about how we invest our time. Given the significant therapeutic and preventive benefits to your patients and the opportunity to develop your practice in a potentially rewarding direction, I believe that learning to treat menopause with HBTx will prove to be a classic win-win. Please decide for yourself by reading or listening to *HBTx Why & How*. If you have feedback please email me at [feedback@hbt/md.com](mailto:feedback@hbt/md.com).

Respectfully,



Diana Schwarzbein, MD

# Hormone Balancing Therapy (HBTx) – Why & How

## Abstract

*This paper explains why physicians should treat menopause as they treat other permanent hormone deficiencies and outlines how to do so safely and effectively.*

After more than 20 years of successfully treating thousands of menopausal patients using bioidentical hormones, I am now sharing the protocol I use, Hormone Balancing Therapy (HBTx). Millions of women are not receiving hormone balancing therapy, and are suffering many significant adverse effects as a result. It is my goal to bring HBTx to the attention of as many primary care physicians as possible to improve these women's health.

The HBTx protocol is based on the way in which I treat type I diabetes, i.e., using bioidentical hormones administered in a bioequivalent manner, combined with attention to nutrition and lifestyle habits. By bioequivalent manner I mean the manner that most closely mimics the way in which estradiol and progesterone were produced prior to menopause.

Done correctly, HBTx restores the sex hormones, estradiol and progesterone ("E2 & P4") enabling rebalancing of all of the other hormone systems of the body so that metabolic balance can be restored.

Please note that simply using bioidentical hormones does not mean that the hormone therapy is either effective or safe. To achieve hormone system balance, sex hormone restoration has to be done correctly.

The fundamental elements of HBTx are:

1. Replace only hormones that are deficient, i.e., hormones the body can no longer produce in amounts sufficient to maintain or restore metabolic balance.
2. Use only bioidentical hormones – hormones with the same chemical structure as the hormones being replaced, in the case of menopause, E2 & P4.
3. Administer the bioidentical hormones in a bioequivalent manner, i.e., the way that mimics, as closely as possible, the way in which the body formerly produced E2 & P4, e.g., not orally, not using a continuous combined method, and not in any form that delivers a bolus effect.
4. Pay appropriate attention to nutrition and lifestyle habits as they regulate hormone production, utilization and interaction.
5. Monitor results, both objective and subjective. Test hormone levels regularly with serum; monitor uterine health.

Treating your patients' menopause with HBTx will eliminate or mitigate the myriad health problems typically encountered by menopausal women, and, in turn, eliminates or mitigates many of the risk factors for degenerative disease.

## A New Approach to Managing Menopause is Needed

Current female life expectancy in the US exceeds age 80. Thus, most women are living 30 to 40% of their lives *after* the onset of menopause, long enough for the health implications of menopause to manifest.

Health and longevity require a fully functional endocrine system. Menopause is the permanent loss of a woman's ability to produce meaningful amounts of E2 & P4. This loss impacts the functioning of all other hormone systems causing a dysfunctional endocrine system. Over time, a dysfunctional endocrine system undermines the health of the various organ systems of the body.

It is well documented that the loss of E2 & P4 increases a woman's risk for heart disease, the number one killer of menopausal women, as well as osteoporosis, type II diabetes, Alzheimer's dementia, and other degenerative diseases of aging.

The implications of the loss of E2 & P4 are far greater than the promotion of degenerative disease and the resulting diminution of lifespan. In their menopausal years, i.e., all of the years following the onset of menopause, women are increasingly faced with numerous threats to their health and wellbeing, many of which are risk factors for degenerative disease and serve to diminish quality of life for many women. These health issues are attributable, in some degree, to the loss of E2 & P4.

The management and treatment of these myriad health issues consume incalculable healthcare resources.

The above factors substantiate the need for a more modern view of menopause, by both women and physicians, and require a corresponding change in the way physicians manage menopause. This updated view must acknowledge that menopause is the permanent loss of a hormone system that requires lifelong treatment through long-term hormone supplementation combined with appropriate attention to nutrition and lifestyle habits. In other words, we should view and treat menopause as we do other permanent hormone deficiencies like type I diabetes, hypothyroidism, hypogonadism, and Addison's disease.

### **The Standard of Care Fails to Meet the Needs of Women**

The current standard of care for the treatment of menopause is to treat the classic symptoms, primarily vasomotor issues, vaginal dryness, and sleep disruption with a conjugated equine estrogen combined, for women with a uterus, with medroxyprogesterone acetate, using the lowest possible dosages for the shortest period of time, due to the toxicity of these drugs and the documented risks of their continued use.

Treating symptoms with hormone drugs does nothing to address the hormone imbalance that leads to myriad, otherwise avoidable, health issues, which, ultimately, require treatment and promote degenerative disease.

Furthermore, the methods by which what is classically referred to as Hormone Replacement Therapy or HRT is administered, including oral administration of supraphysiologic doses of hormone drugs and continuous combined therapy, are harmful.

The standard HRT protocol misunderstands menopause and the importance of a fully functional endocrine system, and overlooks the logical, scientifically grounded alternative.

### **Hormone Balancing Therapy Should Replace the Current Standard of Care**

There is a significant body of scientific data and clinical experience supporting the use of bioidentical hormones in a bioequivalent manner for the treatment of permanent hormone deficiencies. There is also a wealth of both scientific data and clinical experience supporting the effectiveness and safety of this approach for the treatment of menopause.

There is no reasonable argument that the current standard of care is adequate for the treatment of menopause and the prevention of the inevitable hormone and metabolic imbalances that menopause inevitably occasions. Conversely, there is no scientifically grounded, clinically validated argument I am aware of against the use of bioidentical hormones in the manner outlined in this paper.

In coming months, through an educational program for physicians, HBTxMD, I will be presenting case studies that evidence the effectiveness of HBTx and its material and continuing contribution to the health and wellbeing of women from the onset of menopause all the way into their eighties.

### **A Rare Opportunity**

Menopause significantly affects the health, quality of life, and longevity of 50% of the population. These women are underserved by the current standard of care. There is a viable alternative to the status quo that effectively and safely treats both the symptoms of menopause, prevents the metabolic fallout that ensues, and reduces numerous risk factors for degenerative disease – including heart disease.

The *status quo* presents a rare opportunity for clinical physicians to:

- ▲ Bring about a tremendously beneficial change in the management of women's health by improving their daily lives while decreasing the degenerative effects of hormone imbalance
- ▲ Relieve a significant and unnecessary cost burden on our healthcare system
- ▲ Meet the needs of a large and growing market that is demanding an alternative to the status quo and is looking for physicians who are skilled in bioidentical hormone therapy

Primary care providers have an opportunity to add an in-demand area of specialization to their clinical practice, while improving the wellbeing of a growing number of menopausal patients. Physicians should be comfortable in using a scientifically grounded, clinically tested alternative to a failed *status quo*. Those providers who adopt the HBTx protocol will improve quality of care and their patients' health, while making a meaningful contribution to the efforts to utilize healthcare resources more effectively.

