

What Is "Natural" Anyway?

by Dr. Alan M. Altman

(NAPSA)—In the confusion that followed the release of the initial Women's Health Initiative (WHI) study results, many women turned to alternative, so-called "natural" treatment options such as black cohosh, dong quai and evening primrose oil to ease menopausal symptoms. It is important to understand that, although these products may be natural to the plant world, they are not natural to a woman's body, and they have not been approved by the FDA.



The therapeutic reality is that a woman's body is much more responsive to estradiol and micronized progesterone, which are bio-identical to the

estrogen and progesterone produced by the ovaries. Women respond to these prescription products because they are similar to what a woman's body made naturally prior to midlife changes. Estradiol is available in many FDA-approved estrogen products, including EstroGel® (estradiol gel), and micronized progesterone is available in a capsule, Prometrium®.

As a further concern, some of the over-the-counter herbal products have been reported to be associated with serious side effects. With no systematic government oversight in place, what is on the product label may not be in the jar, and what is in the jar may not be on the label. Additionally, these products have not undergone the appropriate clinical trial for safety and efficacy required by FDA-approved medications. Many have been shown not to work beyond an initial placebo effect.

Caution is also advised for women considering natural hormones compounded by a pharmacy. These new remedies of natural progesterone and natural estrogen are being touted as bioidentical, customized formulations based on each woman's hormone levels. While these formulations may use FDA-approved ingredients, the customized formulations are not approved and there are no guidelines for their use.

For women interested in using an FDA-approved, natural hormone, there are new options. Now available is a transdermal estrogen gel therapy—EstroGel®—that is bio-identical to the estrogen made by a woman's ovaries.

Natural, transdermal, FDA-approved options allow women more choices in tailoring hormone therapy to their individual needs and preferences. Hormone therapy should be individualized to each woman's specific symptoms, medical history and delivery preference.

Alan Altman, MD, is an assistant clinical professor of obstetrics, gynecology and reproductive biology at Harvard Medical School.