

# What can we learn from the recent HRT scare?

asks Sara Eames

The recent publicity given to the use of hormone replacement therapy (HRT) has left many women and their doctors unsure as to the best course of action to deal with menopausal symptoms. It is certainly disconcerting when perceived medical wisdom changes so rapidly, for until quite recently HRT was promoted as the answer to so many of the problems that we face, not only during the menopause, but as we age too.

First this year was the dramatic headline that HRT increased the risk of both breast cancer and heart attacks and then within a few weeks one of the chief investigators in this trial claimed that many women had come off HRT unnecessarily and the risks were not as bad as first reported. What are we to think and who should we believe?

## *History of HRT*

The background to HRT is an interesting one. Initially only oestrogen replacement

was given. However, after a while, there was fairly clear evidence that the use of oestrogen alone, while reducing menopausal symptoms, gave an increased risk of uterine cancer and so combined oestrogen and progesterone treatment became standard as this reduced the risk to the uterus. Unfortunately, it makes it far harder to study the effects of HRT as oestrogen and progesterone have differing effects on various organs and the picture of risks and benefits become more complicated.

Nonetheless there has been gradually increasing evidence that there are serious side effects from the combined treatment and there is little doubt now that taking combined HRT leads to an increased risk of breast cancer, heart disease, strokes and deep vein thrombosis. In the past there has been a lot of publicity related to the long-term health benefits of HRT, particularly to prevent osteoporosis (the thinning of

the bones which can lead to repeated bone fractures and deformities of the spine), protect against heart disease and reduce the risk of dementia. This evidence is also thrown into question by recent studies which raise difficult questions both for doctors and concerned women.

## *How big is the risk?*

Can we pick out people who are more at risk than others? Is the risk worth taking?

## *When can HRT still be recommended?*

It seems to be a bit of a surprise to the medical profession, but not to homeopaths, that one treatment is not necessarily the best for everybody with the same condition. In weighing up the pros and cons of HRT for an individual person, the most important factors to take into consideration include the severity of the menopausal symptoms in the first place, the preferences of the patient ►

*Conflicting reports about the risks of HRT have left many women confused*

and the medical history of both the woman herself and her family.

Some people do suffer horrendously from hot flushes, sweats, low energy and mood problems during the menopause and do not always respond completely to general lifestyle advice and homeopathic remedies. I have a few patients who have felt so ghastly that they would happily run the increased risk of serious disease later on in life as they felt that life was not worth living anyhow the way they were.

If a woman already has risk factors for breast cancer or heart disease, such as a personal or strong family history of the disease, or is a heavy smoker, then taking HRT would increase the risk further and should only be used as a last resort, for as short a time as possible. Indeed the most recent medical advice is that HRT should only be used for short periods of time, when menopausal symptoms are severe, and that it should not be used to prevent bone

thinning or as a general “anti-ageing” treatment.

### *What can we learn from this recent confusion?*

The first thing I thought about this recent publicity was that drug trials are not quite the scientific truth that we are lead to believe. Homeopathy has suffered recently from the criticism that there is not enough scientific evidence of its effect and yet what sort of real truth can these trials be producing if their findings and recommendations change every few weeks and leave us all confused?

It also seemed clear that statistics can be easily misunderstood. There were worrying headlines such as 30 per cent increased risk of breast cancer. At first sight this could be thought to mean that an extra 30 per cent of women on HRT will develop the disease. In fact it means nothing of the sort. Rather that 30 per cent more women will suffer from breast cancer than before. This is still quite a small

number of women as the initial risk was very low.

We know a certain amount about the way each person regulates their hormonal balance, with a complicated series of feedback mechanisms, but there is, I am sure, even more that we do not know about the way this intricate system functions. It should therefore come as no surprise that by crudely manipulating the system by adding artificial hormones that there are far reaching and inexplicable results. It is a great example of the dangers of reductionist, allopathic medicine which tries to control and manipulate by prescribing substances, without understanding the possible effect on all the different parts of the body. Any such treatment, when necessary, should be kept to a minimum.

### *HRT*

Recently there has been even more discussion about various aspects of the recent trials and there have been some suggestions that the group of women who took oestrogen alone did not have an increased risk of breast cancer. It is now being recommended that women who wish to take HRT and have had a hysterectomy can safely be prescribed oestrogen. I find this intuitively highly worrying as the one thing that we do know fairly surely is that many breast cancers are sensitive to oestrogen, and that Tamoxifen, which is an oestrogen blocker is effective in helping to treat breast cancer. This is surely yet more evidence that we should not rely solely on the results of a clinical trial to change such serious medical recommendations.

## **Homeopathic treatment of menopausal symptoms**

If your symptoms are not too severe it is well worth trying a simple, over the counter homeopathic medicine.

If you feel there are other health issues as well, or you do not respond to the medicine, you should seek an appointment with a qualified homeopath.

Medicines which I have found to be very effective, taken as needed in a 12c potency, include:

- Sulphur for burning flushes, associated with redness and skin eruptions and a craving for sweets.
- Lachesis for frequent flushes with a bright red face, perspiration and a variable energy level, fluctuating from extreme exhaustion to over activity and talkativeness. It is often

associated with the inability to stand tight clothing, especially around the neck.

- Sepia for exhausting flushes with a lot of perspiration, but less change of colour. Often helpful when there is also back ache and a sense of the womb dropping down. A sepia person often feels worn out but picks up once they start doing things, such as exercise, especially dancing, and seeing friends.
- Amyl nitrate is the medicine I have found best for bursting, throbbing headaches associated with flushes. Usually the upper body is very hot from the flushes but other body parts can be freezing at the same time.