

Definition (National Library of Medicine, National Institutes of Health)

Hypogonadism is when the sex glands produce little or no hormones. In men, these glands (gonads) are the testes; in women, they are the ovaries.

How to ask your doctor for Ovarian Replacement Therapy (ORT) – a sample conversation

One of the most difficult things to do is to find a doctor to work with. Many doctors feel that menopause should not be treated because recent clinical trials such as the National Institutes of Health (NIH) sponsored Women's Health Initiative (WHI) have shown that Premarin™ is unhealthy. Unfortunately, while Premarin™ has proven to be an ineffective treatment for menopause it is the only regimen tested since 1942. Also unfortunate is that Premarin™ is called HRT. The hormonal milieu created by Premarin .625 mg is very different from the hormonal milieu before menopause. Premarin™ creates levels of estrogen at least 15 times higher than a normal menstrual cycle. This is not normal and accounts for the poorer health of the recruited women in the WHI. To learn more about this read my letter to the Office of Human Research Protection. http://www.preventingmenopause.com/stand/NIH_OHRP.pdf

Menopause has a medical name, hypogonadism (hi-po-go-nadism). Your doctor wants to help you but there are no successful clinical trials to look to because the NIH (National Institutes of Health) has only tested Premarin™ for the past 65 years.

Culturally menopause may be considered normal but there is not one medical text that will say that hypogonadism is.

Here is a sample conversation you can practice and use with your doctor or simply print out and give to your doctor to read. Remember, your doctor did not receive this training in medical school and you'll have to work closely and be honest with each other. FDA approved products are not made in dosages for replacement, just for minimal symptom relief. You will likely have to use compounded or hand made products from a compounding pharmacy. Also, remember that bio-identical hormones are standard treatment for diabetes (insulin is a hormone), thyroid replacement, testosterone replacement for men and growth hormone replacement and it should be standard treatment for ovarian replacement.

My book explains the enormous health benefits of treating hypogonadism (menopause). You can send a free copy of my book to your health care provider by going to this link.

<http://www.preventingmenopause.com/stand/sendbook.php>

Sample conversation:

Patient: Hello

Doctor: How are you doing? What can I do for you today?

Patient: I have been living with hypogonadism* ever since my ovaries failed. I can't sleep, I can't think, I can't have sex, and I feel down. (*medical term for menopause)

Doctor: These are all normal symptoms of hypogonadism. Perhaps, a sleeping pill and an anti-depressant will help. Would you like to try this and see how you are feeling?

Patient: No, I'd rather treat the root cause of my problems which is lower than normal levels of my ovarian hormones. I'd like to have normal adult levels of ovarian hormones and then see how I feel. Will you treat my hypogonadism?

Doctor: That is not the traditional way of treating menopause. HRT is not a healthy long term solution to your problems. The Women's Health Initiative proved that.

Patient: You are right. Premarin™, the only regimen tested since 1942, replaces only my estrogen and in levels much higher than a normal menstrual cycle. Also, Premarin™ really shouldn't be called HRT for ovarian failure because it does not restore sexual function, an important function of the ovaries. I am asking for ORT or Ovarian Replacement Therapy which replaces exactly what my ovaries made before they failed. My ovaries kept me healthy and I'd like to replace all of my ovarian hormones because they work together to keep me healthy and maintain my sexual function, sleep and clear thinking.

Doctor: That is true about Premarin™. It is the only regimen tested for the last 65 years and it contains a lot of estrogen. Even so, medicine is now driven by clinical trials and I don't have any other trials to look at besides the Women's Health Initiative.

Patient: That is true that there are no clinical trials on any other regimen besides Premarin™. The Women's Health Initiative proved that higher than normal levels of estrogen does not work. You know that I was much healthier when my ovaries were functioning. Now that I have suffered ovarian failure and have lower than normal levels of all of my ovarian hormones, not just estrogen, I would like to replace my hormones and restore my health and sexual function. I need all of my ovarian hormones replaced, estradiol, testosterone and progesterone. **(For those without a uterus add:** My ovaries continued to produce progesterone even without a uterus because progesterone is an important ovarian hormone. Therefore, I'd like to include progesterone as well.

Doctor: Again, this is not the traditional way of doing things. Usually we look for successful clinical trials and Premarin™ is not a long term option. However, since the National Institutes of Health seems to be stuck, only using Premarin™ for the last 65, and has never tried anything else I guess we are on our own to find the levels of ovarian hormones that will restore your health and sexual function. It has always seemed odd to me that the NIH has continued to use Premarin™ for the treatment of hypogonadism when it does not restore sexual function.

I am new to this so let's work closely to figure this out together. Let's get some baseline blood levels to know where to go from here. Let's work to maintain the proper ratio of ovarian hormones, approximately 1 part estradiol, 10 parts testosterone and 100 parts progesterone.

Patient: Great. Let's get started.