

Patches, Pills or Pellets for Delivery of Bioidentical Hormones

BioBalance Podcast — Dr. Kathy Maupin and [Brett Newcomb](#)

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Dr. Kathy Maupin: Welcome to episode 49 of BioBalance Healthcast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb and we are continuing our conversation about items in the news. Today we're going to talk about the news that has broken that says HRT patches may be better for people than pills.

KM: Yes.

BN: I stop to think about pills because in the information that Kathy puts out on her website, in these podcasts, and in the book that she's writing, she talks about all the multiple delivery systems for hormone replacement therapy. And she has been arguing that there is a hierarchy of effectiveness and safety that has evolved through the development of different delivery methodologies and she's been a voice in the wilderness. Then this news comes out that says 'well there's a point to be made here' and it's not as advanced as the point that she typically makes. But it's something that I thought we would discuss. You are familiar with this particular article which came out on ABC world news, but it was first published in the Journal of the AMA and the Journal of Endocrinology. What happens is that news media constantly surf those kinds of things, looking for key words, looking for little tidbits that they can put in the news, news of the day, those kinds of things. And they don't necessarily give expansive coverage that provides a lot of detail.

KM: But they do summarize for us. And sometimes the summary to doctors is like 'wait a minute, that's not what that study said'.

BN: It's jarring.

KM: But in this case their estimation of what this study said is right. That the delivery system of a patch that you put, (women use patches that have both estrodial and then estrodial and progesterone), on their abdomen or on their hip and it does transdermal, meaning through the skin, absorption. So it doesn't go through the stomach. And I'm going to talk about that. Why it is important that hormones don't go through your stomach. But let me go through the progression of all the types of delivery systems. Delivery system really refers to how you get it into your body. We're delivering it to your body. So the oldest delivery system that is currently known is oral pills. You put the hormone in the pill, you swallow it with water or something, and then it supposedly goes to work. Then we have vaginal delivery systems. Generally that has never been for delivery to your whole body. It's just been to get a little bit of estrogen to the vaginal

wall. But in recent years they've developed a ring that you can put into the vagina for 1-3 months and it delivers estrodial, not pure estrodial, but a type of estrogen to your body for three months. You take it out, you put a new one in. And that's how you do it. Every delivery system that is not oral is better than oral for hormones. That doesn't go for every drug it only goes for hormones, because, here's the reason, hormones that are swallowed immediately go to your liver and your liver breaks it down into components. And these components aren't very good for you and they're not pure estrogen anymore or pure progesterone.

BN: They're metabolites.

KM: Right, they're metabolites. And they never get to your body as a pure hormone, they get to your body as metabolites. One of those metabolites in oral estrodial or oral estrogen and oral progesterone is estrone, old lady estrogen that gives you belly fat and breast cancer and all those other things. So I've told people for years that if I can get them off oral and on to anything else then they'll be safer to prevent any breast cancer, especially if they have a family history. So that is my almost as good as pellets delivery system, the transdermal patches. If we could put bioidentical hormone in that it would still not be as good as pellets because when it goes through your skin it changes a little bit and makes more estrone than when you take a pellet. Pellet goes under the skin, it goes to your body as pure testosterone and pure estrodial. Delivery system is important but what's in the delivery system is also important. And the hierarchy there goes synthetic is never as good as pure estrodial and pure testosterone and pure progesterone. So if you're choosing the safest method . . .

BN: So pills are synthetic.

KM: Pills are synthetic. There are few that aren't synthetic but because they go through your stomach they're destroyed.

BN: They become metabolite and they're not pure again.

LK: And then you don't get the good effects and you get some of the bad. So a lot of the studies on all estrogens that kind of damned all estrogens were done on oral pills.

BN: Which weren't pure, they were synthetic. And which were converted to metabolites because they were oral. What about sublingual?

KM: Sublingual is a very nice way to take estrodial. It lasts a day.

BN: And sublingual means?

KM: Under the tongue, or in the cheek. They have troques that go through your cheek or under the tongue. That is a way to get a bioidentical hormone. Because they don't have synthetics made that way yet. It goes directly into your system and is mostly estrodial but it makes more estrone than pellets or patches.

BN: So were talking about delivery systems and there are a couple of issues, 3 that I'm hearing you articulate. One is the content of what is delivered. Whether it's synthetic or whether it's bioidentical. One is the method of delivery. And the third is what happens, the changes or transitions. The breakdown of the chemicals as the body starts to process the hormone replacement and distribute it to the locations where it's supposed to be. So you've got three different things you need to consider when you evaluate these methodologies and say which one is best for me. And some of that depends on what you are trying to accomplish. Like you were talking about the vaginal ring or the vaginal delivery.

KM: They have vaginal tablets. Generally what is approved by the FDA and the American College of the OBGYN is such a low dose, it's not very good. At a higher dose it would be better, you'd have to use three of them to get your vagina wetter and not so dry. Dryness causes bladder infections, it causes difficult and painful intercourse, it causes shrinking of the vagina so that it really can't accommodate you for intercourse even with lubricants. So it has several different functions. But that's all those do, they don't go to the rest of your body.

BN: So they're very narrowly focused for a specific outcome. They're also time referenced. If you use one of those you have a window of time where you receive that benefit. But typically through the day or the week you don't have that benefit.

KM: That's right it's usually a couple days, it depends on the type or the company. But it's usually a couple days and we call it the half life. Any drug is viewed by pharmacist and by doctors as how long is the half life? You can tell how long the half life is easily because it's how often we dose it. If the half life of a pill is every day, it's every day because half of it is gone in one day. So then you re-dose. That's how we dose drugs. Now the patch, some of the patches for estrodial and progesterone, my favorite is combi-patch because it lasts three and half days so you change it twice a week. It never really drops. The half life is probably four days. So you never really get this drop before you change the patch. Other patches are once a week and often times my patients say "I run out, and get hot flashes, and feel miserable the day before I should change it". So in that way the half life is really 5 days, and not 6 or 7 days. The patient's getting her symptoms back. That's not good for women, it's not good for how we act. It's not good for our health to go up and down in estrogen. The only reason that was good and everybody's out there saying, well we did that when we had babies, and that's because we were made to have babies. And that's the only reason we go up and down. If you look at ideal hormone dosing, men have the same hormones every day when they're young. Every day they make the same testosterone level for that man. There are no moods, that's why they don't have moods. There's no fluctuation.

BN: I have moods.

KM: I know that. But you know I don't think it's from that. And you're not like 19 anymore.

BN: I have a 16 year old that has moods.

KM: Yeah, okay, as they start getting their testosterone they get moods too, but once you're established and you're through puberty, then generally you have the same thing every day. That's pretty much the pattern of what we should have. So after menopause we don't need to have babies. We don't need to create an atmosphere of constantly making an egg and getting rid of an egg, if the egg just passes out and dissolves if it's not fertilized. So we don't have to do that anymore so we can be more like you guys.

BN: Great.

KM: We get our hormones, we should have our hormones for health and psychological happiness every day the same way. So you need to have a half life that you can live with. If I can tell you like Suzanne Sommers says, and I love Suzanne Sommers because she broke this into the eyes of patients and mainstream news. She has someone that gives her drops under her tongue 6 times a day, maybe 5 times a day. 5 or 6 times a day. I don't go to the bathroom that often because I'm too busy, and my patients are too busy. Unless you have somebody walking around, and putting the drops under your tongue, or if you're obsessive compulsive and do nothing else than watch your hormones, you can't do that, so I have to think about what can you do. That's why, that's one of the great reasons pellets work.

BN: I'm smiling because that's such an atypical life style. I mean you talk about people eating.

KM: You mean I have an atypical lifestyle or what Suzanne Sommers did?

BN: No, what Suzanne Sommers is talking about. I mean for most people, even in a more common domain they talk about dieting and eating healthy, they talk about eating a little bit every two hours. And most people can't schedule their day to do that.

KM: I'd have to brush my teeth every two hours then.

BN: Yea, I mean you'd have to do all those things. So 6 times a day is just not acceptable for the lifestyle of most women.

KM: I can't walk out into the waiting room and say I'm eating and brushing my teeth and putting my drops under my tongue.

BN: You people all just wait for me.

KM: Yeah, you all just wait for me. I mean that's not going to work in most people's lives. So a doctor should always think, I'm not sure we always do that, about how often you have to do something. Often they give pills because it's once a day in the morning

and then it's over. Well that seems good but it's a much inferior kind of replacement. Pellets are every four months. I mean you can do that. You can show up at my office, fill up your tank and then leave. And you know, you've wasted an hour every four months. Not 10 minutes, six time a day.

BN: Let's talk a little bit about the way you do those pellets though. When you talk about delivery systems you have talked about taking an oral tablet or pill that you swallow, you have talked about sublingual, you have talked about a vaginal insertion, you have talked about a skin patch. And for all of those things there are absorption modifiers that break it down or change it as it gets into the interior of the body and begins to disperse and go to its functionality. The pellets that you use, you put directly into the interior of the body. And there's a procedure for doing that.

KM: Yes, in the fat.

BN: And it's put into the body fat of the hip or the abdomen, the hip. There's no pre-metabolizing process. So what happens then is that it's already in the body and the body then begins to utilize this natural hormone.

KM: Not a synthetic.

BN: Not a synthetic hormone in a delivery system that's maximized for optimal efficiency and delivery.

KM: And to actually adjust itself to you. Not like an insulin pump adjusts itself with a computer. But your own little control. When you're working out you need a lot of estrogen and testosterone, when you're having sex you need a lot of estrogen and testosterone. You're moving fast your blood flow is going. But when you're sleeping, you don't need as much. You're not using it up. So it's a reservoir. You go pick it up.

BN: It's an on-demand system that's keyed to your individual body.

KM: And it's somewhat time-released because of that. It's not like contact pills that have little balls that are time released in your stomach. It's time released because it's surrounded by little blood vessels that pick up a certain amount all the time.

BN: So it's kind of an osmosis process; it just flows through the cell structure.

KM: It flows through the fat. It has to be in fat, if you have no fat, then I can't put pellets in.

BN: I have some fat.

KM: So we put them in an area of fat. So you can't lipo-suction yourself to death because I don't know where I'd go. That's how it dissolves. They're all, all hormones, are lipid soluble. They dissolve through the fat right into the blood stream. There is no change in that hormone when it does that. It is a lot like your ovary used to do, make

estrogen and testosterone and send it out. It's probably better because it's not up and down every month. But it sends it out directly into the blood. We want to be like we used to feel. It's healthier, it feels better. I really believe that the next best is vaginal, and we do have bioidentical tablets for sublingual. That would be my next choice for delivery systems. But the kind of vaginal tablets we use are bioidentical, little tablets or suppositories. They are delivered once a day. Generally at night before you go to bed. And they are put into the vagina and in the old days we used to put them into the rectum because we didn't know the vagina would work like that. And you can also have them in your cheek. They don't change as much as the other delivery systems. Next to pellets that's my next favorite. And the other thing is don't take testosterone through the cheek or under the tongue. Because 90% of the people that take that get nothing. I do their blood tests. They absorb their estrodial, they absorb their progesterone. They cannot absorb testosterone that way. So you're just wasting your money. So they say "oh testosterone doesn't work for me" because they tried it that way. I say "well just give me a chance."

BN: What about IM shots?

KM: The IM shots are not bioidentical. And in women, testosterone shots are placed into the muscle and they have a peak. They do this. Pellets are more like slowly active, stay up and then slowly come down. So a shot is every two weeks or every month. They go up and down. They feel terrible in these two areas until it's up here. They feel good for a few days and then it comes down. In that delivery system it's too variable and it's testosterone siprianate or it's testosterone ethanate and it may last a month but it's not the same thing every day.

BN: So the half life will cause things to fluctuate.

KM: And it makes women really greasy and hairy so I'm not really fond of that one.

BN: What we've been talking about today involves various different methodologies for delivering hormones and two different types of hormones; the synthetic hormones that you would take in a pill or a tablet that you would swallow into your stomach, and the natural hormones that can be delivered sublingually, through a patch, a vaginal insertion or through the method that you use is to insert it, you make a small slice in the skin.

KM: A small slice. A 2mm slice. It's not like this. Like my little finger, it's like that.

BN: A small slice, and put a little metal tube in and put the pellets in through the tube.

KM: Like a straw.

BN: Like the size of soda straw. And then seal that back up.

KM: Take the straw out, leave the pellets in, put a steri-strip over it, no stitches.

BN: Over four months for women, 6 months typically for men, that chemical is in your body it is an on-demand system, it is a natural system, you don't have the mood swings, you don't have the functionality swing that you have with the other delivery systems.

KM: It's not really a chemical but that's okay. It's a pure hormone. It's made from soy and yams.

BN: Pure hormone. The scientist and the lay man. So I guess the end message is, think about these things and talk to your physician about what you are trying to achieve, what your health concerns are and have this information about the delivery system so that you can discuss that with your doctor.

KM: And in the news today is Patches Are Healthier Than Pills. They've made one step toward really what we've always known – that anything that's not oral is safer for women to take, in terms of hormones.

BN: So if you have any questions or comments about this program you can e-mail us at podcast@biobalancehealth.com, you can contact me at my blog at brettnewcomb.com.

KM: And if you want more information about bioidentical hormone pellets, visit our website at BioBalanceHealth.com or call us at 314-993-0963.