

***“FROM THE TIME WE ARE IMBUED WITH X CHROMOSOMES AND LABELED, “IT’S A GIRL!” WE ARE BOUND TOWARD A LIFE IN WHICH THE PRESENCE OF ESTROGEN IN OUR BODIES GUIDES US IN THE DEVELOPMENT OF OUR FEMALE FORMS.”*** BIANCA LUNDIEN KENNEDY

The benevolent personality of estrogen assumes the lead in the beginning of the dance, luring us with its numerous physiological benefits. The alter ego of estrogen follows in a vicious spin on the dance floor, dipping us wildly, before stealing our breath. Suddenly, we are entrenched in The Estrogen Tango.

How is it that this solitary hormone can both define and destroy our femininity? Why is it that this vital component of our physical well-being can morph into a destructive force in our bodies? How do we learn to cope with life without estrogen and continue the dance?

From the time we are imbued with X chromosomes and labeled, “It’s a girl!” we are bound toward a life in which the presence of estrogen in our bodies guides us in the development of our female forms. We experience the many benefits of estrogen early in life and by young adulthood are firmly in the grip of an estrogen-laden life. Estrogen fuels our femininity.

Estrogen performs a host of physiological functions, affecting the body at the molecular, cellular and behavioral level, according to Christian Behl, author of the book, *Estrogen – Mystery Drug for the Brain*. Behl states, “The female sex hormone has multiple functions all over the body due to the fact that ERs [Estrogen Receptors] are expressed in a variety of tissues” (62). Estrogen does everything from dictating our gender before birth and influencing body development as we mature into adults, to pumping our libido and calling the shots with our fertility. Estrogen helps to keep our cholesterol good, protect our hearts and vascular health as well as our bones and mental sharpness (Hutchinson. 2-3).

Estrogen also dances the lead in the role of aesthetics purveyor. It functions to maintain the elasticity of our skin, halt the growth of facial hair, and lubricate our joints and membranes to keep us young and supple. It works overtime to endow us with beauty and femininity. Estrogen achieves the mastery of many intricate steps on the dance floor, but by the time we are middle-aged, the energetic tango

begins its slide to a slow-burning waltz. Once mired in menopause, we find that there are no more dances on the dance card.

Medical research has proven that estrogen does indeed provide numerous vital functions. Where medical consensus falls apart, however, is in answering the question, “How do I find a new partner?” once the Tango is over.

For decades, the provision of synthetic replacement estrogen was considered a given. Doctors spoke and women listened. Women took their word for gospel because, after all, they were the ones with the medical degree and years of medical experience. History is teaching us not to be so accepting of things at face value. The disturbing truth about Hormone Replacement Therapy (HRT), a combination of synthetic estrogen and synthetic progestin, is teaching us all to challenge what we are told and to investigate our options. The same can be said of Estrogen Replacement Therapy (ERT), the use of synthetic estrogen alone for women who have had hysterectomies and do not, therefore, need progestin to balance out the estrogen. ERT is known to lead to endometrial cancer if unopposed by a progestin in women with an intact uterus. (“Estrogen,” Medline Plus, par. 1)

As women facing menopause and a life devoid of the youth-sustaining magical ingredient of estrogen, we are routinely advised by doctors that we need medical intervention in the form of HRT to make us whole again and restore our youthful traits. An onslaught of misleading information touting HRT as the cure to all potential ills completely masks the dangers inherent in a lifestyle of feeding our bodies synthetic sources of estrogen. The truth is that there is no magic pill. There is only this class of medicines that purport to benefit us in the ways that our natural estrogen derivative once did. Sherril Sellman, author of the book, *Hormone Heresy*, says, “Women are further reminded that menopause is a deficiency disease which supposedly means they are lacking estrogen and therefore must have supplemental doses to insure their health is maintained” (22). That mindset, which had long fostered the indiscriminate distribution of synthetic estrogen to women facing menopause,

and even more disturbingly, to many women *long past* menopause, has shifted in recent years.

Women do not look forward to the symptoms of menopause for good reason. While some women experience only the most minor of menopausal symptoms, many others face a much more brutal avalanche of symptoms that are nearly intolerable. Among the range of possible symptoms women face are: hot flashes; vaginal dryness; painful sex; joint pain and stiffness; urinary tract infections; sleep disturbances; allergies; dry skin; thinning of head hair; growth of facial hair; weight gain; migraines; vertigo; tinnitus, or ringing in the ears; mood swings; loss of concentration and memory; fatigue; dry eyes; and wrinkles (Hutchinson 9 & 33).

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No wonder women feel threatened by the prospect of menopause. How can we keep dancing, after all, with the ravages of these symptoms? Facing this possibility, women are hardly prepared to ignore the convenience and convention of a widely known "cure" to menopause packaged in a little pill. Knowledge of these symptoms combined with the will to override them, creates a hospitable environment for the heroic doctor of yesterday to swoop in and rescue the damsel in distress. Ripe for the prescription, women crossing life's threshold of life after estrogen grasp firmly to anything they can to avoid a sentence of misery. At least that is what the doctors who save the day with their little magical pills think.

These little pills, such as Prempro and Premarin, are conjugated estrogens, meaning they are mixtures that include several different foreign sources of estrogen. Both are among the top-selling drugs in the country. Because these drugs are not metabolized by the body like natural hormones are, they produce side effects. Over time, these side effects can accelerate and turn into serious and life-threatening conditions. Among the potential serious side effects from HRT are: breast cancers; allergic reaction; blood clot; hypoglycemia, or other blood sugar disorders; gall bladder disease; unusual thyroid activity; reduced vascular tone; and liver damage. Less serious side effects attributable to HRT include: swollen or tender breasts; water retention; nausea, or vomiting; acne; decreased sex drive; migraine headaches; dry eyes; or depression (Hutchinson 95-96).

Some of these side effects from conjugated estrogens pose a striking similarity to the list of symptoms of menopause itself.

The century-long pervading school of thought exhorting the untouchable miracle of hormone replacement therapy was at last recently exposed for the fallacy it is. Revealed as the true danger it poses to women, HRT's ugly side could no longer stay hidden. On the morning of July 9, 2002, women across the world awoke to see major news shows broadcasting the startling

findings of a study on HRT. According to Barbara Seaman's book, *The Greatest Experiment Ever Performed on Women*, "A safety-monitoring board had suddenly halted a part of the study involving 16,608 women because those taking hormones had more breast cancer, heart attacks, strokes, pulmonary embolisms, and blood clots than those taking sugar pills" (3). Suddenly the world of menopausal medicating was turned upside down.

The government-funded study, called the Women's Health Initiative, set out to verify the long-time claims of HRT's benefit to the heart. None were more surprised when the study was truncated prematurely than the doctors who were cheerleader to the study. Medical morality called for the study's findings to be made immediate public knowledge in order to remain within ethical boundaries. *The Journal of American Medical Association* in its Vol. 289, No. 24, June 25, 2003 issue cited the following finding:

Relatively short-term combined estrogen plus progestin use increases incident breast cancers, which are diagnosed at a more advanced stage compared with placebo use, and also substantially increases the percentage of women with abnormal mammograms. These results suggest estrogen plus progestin may stimulate breast cancer growth and hinder breast cancer diagnosis. (pars. 6 & 18)

Not only was the long-time mythology of HRT's beneficial effects to the cardiovascular system shattered, but breast cancer and a host of other grave health threats emerged, as HRT's culpability was placed under the spotlight.

"The impact was immediate and lasting. Hormone sales plummeted overnight as women threw out their pills. Going off hormones cold turkey made them miserable, but they were too scared to keep taking them," states Tara Parker-Pope in her article, *The Hormone Decision: How to Weigh the Risks*, appearing in the January 11, 2007 edition of *The Wall Street Journal* (par. 3). Drove of women, filled with fury over the reckless experimentation they

had been unwittingly subjected to, now demanded answers.

Chief among the list of concerns the world of HRT-users now faced was the ominous threat of breast cancer. The occurrence of breast cancer incidence among HRT users caused an unsettling reality-check to many. V. Craig Jordan, M.D., Vice President and Scientific Director for the Medical Science Division at Fox Chase Cancer Center in Philadelphia, states in the December 26, 2006 edition of *The New York Times* that, "We've known there is a cause and effect with hormones and breast cancer since 1896. If a woman is premenopausal and she has breast cancer and you take out her ovaries, the tumors decrease in size." He expounds on this theory as he goes on to state, "A tumor that was the size of a walnut could shrink in six months to the size of a pinhead. It turned out that the tumors that responded contained estrogen receptors" (Kolata, pars. 5 & 12).



Estrogen Receptor Positive (ER+) breast cancers account for a dramatic 75% of all breast cancers diagnosed per year (“What Role Do Hormones Play?” breastcancer.org, par. 4).

On the heels of the WHI study, the Food and Drug Administration approved and required new labeling on Prempro, Premphase and Premarin and other HRT products, in January of 2003. The new labeling, coupled with a new set of advice guidelines, was altered to include the warnings about the serious health risks exposed to HRT-users, as reported with the WHI study. “FDA is asking all manufacturers to update their labeling with the results of the WHI, because all estrogen and progestin products are believed to have similar risks,” states the FDA Fact Sheet from January 8, 2003 (Department of Health and Human Services, par.1).

Banu Arun, M.D., Associate Professor of Medicine at the Department of Breast Medical Oncology at M.D. Anderson Cancer Center in Houston, Texas, states that:

Hormonal replacement therapy has been shown to increase breast cancer risk in women with a relative risk of 1:3; this was shown in the Women’s Health Initiative (WHI) study as well as other studies. An observation which was just presented at the San Antonio Breast Cancer Symposium December 2006 is perhaps further evidence for that. Analysis of breast cancer incidence from the SEER database revealed that the absolute incidence of breast cancer has decreased by 7%; the timing of that coincides with the release of the WHI study and it is thought that many women stopped taking or did not start taking HRT and that is why we are now seeing a decrease in incidence.

Corroborating the growing evidence of the explicit role HRT was playing in promoting breast cancers, findings released a year after the first news bombshell about HRT and breast cancer incidence once again caused the public to sit up and take notice. This excerpt from the *Knight Rider Tribune Business News* summarizes:

Breast cancer rates dropped dramatically in 2003, delighting oncologists and researchers, but leaving a mysterious question: Why? The incidence of breast cancer dropped a remarkable 7.2 percent that year, meaning that about 14,000 women who were expected to develop the disease were spared. The eye-opening analysis by Dr. Peter Ravdin, of the University of Texas, was presented Thursday at the San Antonio Breast Cancer Symposium. The figures, gleaned from the National Cancer Institute, left doctors searching for answers. Many attending the conference could not help but notice that the decrease came a year after worried post-menopausal women stopped hormone replacement therapy (“Breast Cancer Rates Drop in ‘03: 7.2%

Fewer 1 Year after Many End Hormone Therapy,” par. 1).

The report goes on to suggest that more evidence over the next several years must be evaluated to see if this correlation stands up. In a follow-up report in the same periodical just three days later, entitled, “Breast Cancer Drop a Stunning Reversal,” scientists are said to, “...believe, based on research by M.D. Anderson Cancer Center in Houston, that the decline is the result of millions of women abandoning their menopause hormone drugs. By discontinuing treatments, experts believe, women cut off the estrogen some tumors use as food” (par. 4). Most recently, CNN confirmed this news in its Reuters report of August 27, 2007, stating, “The rate of estrogen receptor-positive invasive cancer was stable until 2001, but declined 13 percent per year from 2001 to 2003, the report indicates. Rates of estrogen receptor-negative invasive cancer did not change during this interval” (“Breast Cancer Drop Linked to Reduced Hormone Therapy” par. 6).

Karen Anne Hutchinson asserts that the risk for developing breast cancer correlates directly with the number of years the HRT has been taken. She states, “After five years on the medication, risk of developing breast cancer rises on average 30 to 70 percent (this percentage may be higher depending on the population studied and the type or dose they were on). The risk is increasingly higher if you have been on the drug for ten to fifteen years. This risk – three and a half times that of nonusers – remains high even six years after you’ve discontinued hormone use” (97).

Highlighting the link between the use of HRT and breast cancer incidence, two recent articles appeared in the *Knight Ridder Tribune Business News* in January of 2007, confirming these earlier findings. The January 2, 2007 issue concludes, “It appears that hormone-use warnings were heeded, and saved many women from suffering and death” (“Cancer Research Pays Off,” pars. 3, 4 & 8). The latter of these two articles, released just the next day, had this to say, “A separate study of California women found that the decline in breast cancer continued in 2004.” It continues with this observation, “The link between the decline of breast cancer some 14,000 fewer cases in 2003 – and the sudden drop in women taking hormone therapy has caused the Houston researchers to suggest that the two events are linked. It seems likely” (“Case Builds for Breast Cancer Link,” pars. 1 - 4, & 6).

Women are now poised to *lead* the Tango. The only partner to have an unbreakable hold on women today is the empowerment that comes with knowledge. By rejecting the dollar-driven drugs of yesterday and exploring the numerous safer alternatives to HRT, women can sustain their health and embrace their future.

## About the author:

*Bianca Lundien Kennedy, at age 43, is a 7-year breast cancer survivor. Her 46-six-year-old sister is a four-time breast cancer survivor. Bianca is a freelance writer and photographer and works full-time as the second shift Contact Center Coordinator for Breast Cancer Network of Strength (formerly known as Y-ME National Breast Cancer Organization). Through her writing and her work with the non-profit organization, Bianca makes it her priority to empower others through information and support. A Texas native, she and her husband relocated to Chicago in 2002.*





# THE ESTROGEN TANGO

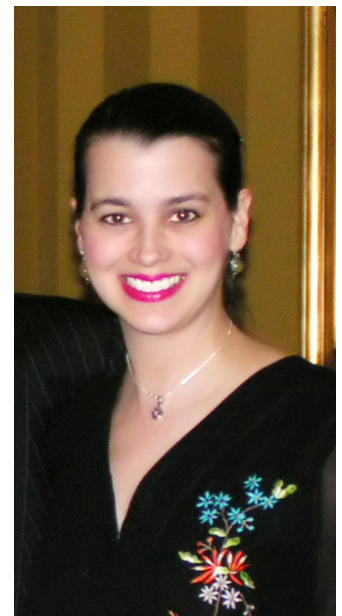
BY BIANCA LUNDIEN KENNEDY

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**WOMEN ARE NOW POISED TO LEAD THE TANGO. THE ONLY PARTNER TO HAVE AN UNBREAKABLE HOLD ON WOMEN TODAY IS THE EMPOWERMENT THAT COMES WITH KNOWLEDGE.**

## WORKS CITED:

- Arun, Banu, M.D. Personal Interview. 16 January 2007.
- Behl, Christian. *Estrogen - Mystery Drug for the Brain?: The Neuropathic Activities of the Female Sex Hormone*. Austria: Springer-Verlag Wien New York, 2001: 62
- "Breast Cancer Drop a Stunning Reversal." *Knight Ridder Tribune Business News*. 18 December 2006: par. 4
- "Breast Cancer Drop Linked to Reduced Hormone Therapy." CNN.com. 27 August 2007: par. 6
- "Cancer Research Pays Off: Study Shows Drop in Cases after Warnings about Hormone Treatment." *Knight Ridder Tribune Business News*. 2 January 2007: pars. 3, 4 & 8
- "Case Builds for Breast Cancer Link: Women Still Taking Hormone Replacement Therapy Have More to Consider." *Knight Ridder Tribune Business News*. 3 January 2007: pars. 1-4, & 6
- Chlebowski, Rowan T., et al. "Influence of Estrogen Plus Progestin on Breast Cancer and Mammography in Healthy Postmenopausal Women: The Women's Health Initiative Randomized Trial." *The Journal of the American Medical Association* 289.24 (June 25, 2003): pars. 6 & 18
- Department of Health and Human Services. U.S. Food and Drug Administration.
- "FDA Approves New Labeling and Provides New Advice to Postmenopausal Women Who Use or Who Are Considering Using Estrogen and Estrogen with Progestin." FDA Fact Sheet. 8 January 2003: par. 1
- "Estrogen." Medline Plus. 1 April 2006. 8 January 2007: par. 1  
<<http://www.nlm.nih.gov/medlineplus/druginfo/medmaster/a682922.html>>
- Hutchinson, Karen Anne, M.D., and Judith Sachs. *What Every Woman Needs to Know about Estrogen: Natural and Traditional Therapies for a Longer, Healthier Life*. New York: Penguin Group-Plume, 1997: 1-3, 9, 33, 95-97
- Katz, Abram. "Breast Cancer Rates Drop in '03: 7.2% Fewer 1 Year after Many End Hormone Therapy." *Knight Ridder Tribune Business News*. 15 December 2006: par. 1
- Kolata, Gina. "Hormones and Cancer: Assessing the Risks." *The New York Times*. 26 December 2006, Science Times, sec. D1: pars. 5 & 12
- Parker-Pope, Tara. "The Hormone Decision: How to Weigh the Risks." *The Wall Street Journal*. 11 January 2007, Personal Journal, sec. D1: par. 3
- Seaman, Barbara. *The Greatest Experiment Ever Performed on Women: Exploding the Estrogen Myth*. New York: Hyperion Books, 2003: 3, 240-41, 237-41
- Sellman, Sherrill. *Hormone Heresy: What Women Must Know about Their Hormones*. New York: Quebecor Printing Book Group, 1998: 22-23, 39
- "What Role Do Hormones Play in Breast Cancer Treatment?" [breastcancer.org](http://www.breastcancer.org/tre_sys_hrt_role.html). 21 January 2007: par. 4  
<[http://www.breastcancer.org/tre\\_sys\\_hrt\\_role.html](http://www.breastcancer.org/tre_sys_hrt_role.html)>



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