The American Medical Association (AMA) Needs a Vocabulary Lesson on Hormone Replacement, Says BHRT Expert

Dr. Randolph Says That By Lumping Bioidentical and Synthetic Hormones Together, The AMA Is Generating More Confusion and Potentially Putting Women's Lives Needlessly at Risk

Jacksonville, FL (Vocus) June 24, 2009 -- The American Medical Association's recent statement that scant medical evidence exists to support bioidentical hormone replacement therapy is dead wrong, says C.W. Randolph, Jr., M.D. R.Ph., board certified gynecologist and Medical Director of the Natural Hormone Institute. "The AMA's position on hormones is disturbing and disappointing but not necessarily surprising," says Randolph. "Unfortunately, most physicians across the country were not educated in medical school regarding the safety and efficacy of bioidentical hormone replacement and, as a result, they remain unaware of the medical studies from such respected medical research centers as Vanderbilt Medical University and Harvard Medical School - and across the globe - validating the safety and efficacy of this approach to hormone replacement."

Delegates to the association's annual meeting in Chicago voted to adopt a new policy regarding the use of hormones in anti-aging procedures. The medical group reviewed human growth hormone, testosterone, and estrogens with and without progestins. "In some cases, evidence suggests that long-term use of a particular hormone has more risks than benefits," the group said in a release. The AMA also said, incorrectly according to Dr. Randolph, that there is no credible evidence that bioidentical hormones are safer than traditional estrogen and progesterone products.

"I was dismayed that the AMA confused synthetic progestin with bioidentical progesterone. The difference is enormous. When a pregnant woman is at risk of not carrying her baby to term, doctors routinely prescribe bioidentical progesterone to support the pregnancy. That is because bioidentical progesterone has exactly the same molecular structure as the progesterone that would be produced by the ovaries. If, however, a physician were to give that same pregnant woman synthetic progestin, the woman would most likely abort or - if she did carry her baby to term - odds are it would be born with fetal abnormalities. Why? Because synthetic progestin has a molecular structure that is significantly different from the progesterone produced by the body. When introduced into the human system, it triggers side effects at the cellular hormone receptor level," says Randolph. "Furthermore, when the AMA counsels against long-term hormone use, they don't point out that there are very well-defined, heavily documented risks regarding the long-term use of SYNTHETIC hormones, but no identifiable risk with using bio-identical hormone replacement over the long term."

Multiple clinical studies have linked long-term use of synthetic hormones to an increased risk of heart disease, cancer, and other health problems. "However, bioidentical hormone replacement therapy has been used for decades both in Europe and here in the U.S. with virtually no documented side effects," says Randolph. "Multiple clinical studies have confirmed that BHRT is safe and effective. It's time the AMA commissioned a head-to-head clinical study comparing the safety and effectiveness of synthetic hormone replacement versus bioidentical hormone therapy."

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