

Estrogen & Cancers:

I was on my way to the Heathrow Airport when I received frantic messages from someone who is her 60s I knew was desperate for answers. Let's call her Miss PK. She had a mastectomy for her breast cancer 10 years ago. Not surprisingly she was also treated with a concoction of chemotherapy and radiotherapy. And as usual PK's concoction had an added ingredient, an anti estrogen. Most of you who have been trained by SAHAMM by now would have realized that something is very wrong here. Leaving the root cause of her disease, her excess Estrogen untouched. There was no Progesterone in her treatment basket to oppose the Estrogenic effects. The reason? She was advised against Progesterone based on her receptor status. I could not convince her to reconsider.

Honestly, I strongly believe that all excess Estrogen must be opposed by Natural Progesterone.

Six months ago, PK called for advise for her post-menopausal staining. Ultrasound showed Endometrial Hyperplasia which again pointed to excess Estrogen. We discussed about Progesterone once more but she became silent again. May be I was not convincing enough or perhaps because the advise was given free!

Coming back to the frantic messages. PK had fresh vaginal bleeding. Ultrasound this time around showed what appeared to be an Endometrial Polyp. She was advised to have a DD&C followed by a Hysterectomy. She was frantic and I felt sorry for her. She sought my advice if she should proceed with a hysterectomy straight away rather than doing a DD&C first. It makes sense to do that or at least an on table endometrial scrape and proceed for Hysterectomy if the curettage looked suspicious. I insisted that irrespective of what she gets done (of course I would prefer to give Progesterone before any surgical procedure and continue afterwards) she needs to consider Progesterone replacement.

Rings a bell? We all have too often faced this situation where a woman who has had treatment for either a benign or malignant tumors of her Breasts, Ovaries or her Uterus only to have a recurrence because the UNDERLYING PATHOLOGY WAS NEVER ADDRESSED. ALL BENIGN & MALIGNANT TUMORS IN THESE ORGANS ARE DUE TO EXCESS ESTROGEN & PROGESTERONE DEFICIENCY! THEY ARE NOT DEFICIENT IN CHEMO DRUGS, RADIOTHERAPY or ANTI ESTROGENS!

My advise to all those who are reading this article is ALWAYS TREAT THE ROOT CAUSE(S) FOR ANY DISEASE with a natural, holistic and integrative approach and paying attention to all the pillars of health. Recently a double blind randomized study involving 208 postmenopausal obese and overweight women with Vitamin D deficiency was done. the women were divided into 2 groups. All of them were put on a weight reduction Programme. One half of them were given Vitamin D 2000iu daily while the other half were given a placebo. Follow up analysis clearly showed that the supplement group had a significant reduction in cancers compared to the placebo group even when the weight reduction was taken into account. Many studies have shown that Vitamin D helps to reduce the estrogen levels in the body, a fact that should draw the attention of men as well to reduce their estrogen dependent Prostate and Breast cancers. It is interesting to note that Vitamin D levels are often low in overweight and obese people due to its sequestration in fat cells.

Vitamin D works better when combined with Vitamin K2.

Have a blessed day.

Datuk Dr Selvam Rengasamy

MBBS, FRCOG