Like his colleagues in the medical establishment, CW Randolph Jr., MD, was taught the benefits of synthetic hormones in medical school. As a result, he faithfully prescribed them for years to relieve the symptoms of menopause. Over time, however, he began to realize that what his professors had taught him was not what his patients were experiencing.

"My patients led me to recognize the importance of using the right type of hormones," says Dr. Randolph. "Despite what the drug companies claimed, I saw patients who experienced serious side effects, including blood clots and breast cancer. So I began to research the options that were available.

"I eventually read an excellent book by John R. Lee, MD, called Natural Progesterone: The Multiple Roles of a Remarkable Hormone. I learned that Dr. Lee had found a skin cream that could help rebalance progesterone levels without the negative impacts of synthetic drugs. This realization led to a great deal of reflection and discovery. Eventually I developed a safe and effective therapy to restore hormonal balance, using only bioidentical hormones."

**Individualized Treatment, Optimal Results**

Dr. Randolph has treated a variety of patients. While the vast majority of them are women, 2-3% are men, often the husband or partner of a woman who has had her hormones balanced. His typical patient is premenopausal and about 48 years old. She comes to his office for the first time because she is experiencing hot flashes, fatigue, weight gain, insomnia, decreased libido, and vaginal dryness. The patient also commonly has mood swings, is easily irritated, says things she would not normally say, has foggy thinking, and often forgets phone numbers. In addition, many women have fibrocystic breasts.

"When a patient visits my office, I first do a complete history and physical exam," says Dr. Randolph. "Then I order lab work for the three human estrogens (estriol, estradiol, and estrone), progesterone, testosterone, DHEA (dehydroepiandrosterone), and cortisol."
When the results are available, I meet again with the patient to discuss the levels of these hormones and how they explain the symptoms that she is experiencing. Then I prescribe a therapeutic regimen that eliminates the hormonal deficiencies to restore the balance she had earlier in life.

“If the symptoms are mild, I ask to see her in about three months, but if she has severe symptomatology, I set up an appointment in six to eight weeks. Of course, I always encourage her to call back sooner if she has any issues to discuss about her individualized therapy.”

Dr. Randolph puts his patients at ease by explaining that menopause is a natural process, not a disease. He notes that the change is caused by hormonal deficits that produce a sequence of events. Progesterone drops first, while estrogen remains the same before starting to decline as well. Testosterone declines last.

By gradually replacing these hormones over time, the patient feels and sleeps better, and has more energy.

“Many patients arrive at my office confused,” he explains. “They have stopped taking the synthetic hormones out of fear or because of the side effects they have experienced. They are lost and looking for answers. I explain that the synthetics are derived from natural molecules, but they are changed so the drug companies can get a patent. While similar to the real thing, they are not identical. These changes to their chemical structure allow them to perform some of the work of the hormones but at the price of occasionally serious side effects. This is because hormones are ‘keys’ that fit into a receptor ‘lock.’ If the key does not fit perfectly into the lock, negative consequences often occur.

“This is bad news for the patients, but the drug companies are able to sell these contorted hormone analogues at a substantial profit. As more and more women (and men) recognize these facts, they are switching to bioidentical hormone replacement therapy in ever-increasing numbers.”

Dr. Randolph’s expertise allows him to individualize the treatment for each patient. Some women are still having their periods, and he adjusts their therapy to continue the periods for those women who want them until the body naturally stops them on its own. He has found, however, that most women do not want the aggravation that comes with this monthly event. In addition, he tailors the hormonal regimen to the specific results of the patient’s blood tests.

“Each person is an individual, and one size definitely doesn’t fit all,” Dr. Randolph notes. “Unlike with pharmaceutical drugs where everyone gets the same dose, I individualize. Each woman manufactures hormones at different rates, so you must be specific with the dosages. Most women start out with the same amount of hormones as young adults, but the time at which the declines start and the rates of these declines vary.

“It’s rare to see a woman over 40 who makes enough progesterone. However, the ovarian follicles and body-fat stores keep estrogen levels steady until the late forties, resulting in an estrogen-progesterone imbalance. Since progesterone declines on average 120 times faster than estrogen, this imbalance gets larger as time goes by. Yet most physicians make things even worse by prescribing more estrogen for their patients, who then experience a variety of negative consequences. Eventually they make their way to my office.”

Each Hormone Has a Unique Role

When Dr. Randolph meets with his patients, he explains the vital importance of getting their hormones in balance. He notes that each hormone has its own functions in the body, and he describes how replacement therapy with bioidentical hormones can restore the equilibrium that existed when the patients were younger. “It’s never too late,” he says. “By gradually reintroducing hormones into the system, you can restore your hormones to younger levels without shocking
your body. The benefits of doing so are great.”

As noted earlier, progesterone is usually the first hormone to begin declining. Dr. Randolph has seen women as young as in their late twenties with progesterone deficiencies, while other women in their late forties and even early fifties are still producing youthful levels of progesterone. This is why hormone testing and individualized treatments are so essential. Progesterone is necessary for gestation to occur, and miscarriages are common when progesterone is deficient. This hormone also promotes osteoblast development to build new bone. It can be converted into estrogen and testosterone as well, thus helping to maintain equilibrium between these two hormones.

Estrogen in women is important for breast development and the female sex characteristics. It helps to build the uterus up to the point that when a woman ovulates, the lining of the uterus is thick enough to accept the egg. Estrogen is important for vaginal lubrication, and it works to stop bone loss (resorption) by slowing the action of the osteoclasts. It also causes rapid cell proliferation in both the uterus and breast, and can promote cancer when it is present in excessive amounts.

When progesterone levels decline and estrogen concentrations remain high, estrogen dominance occurs. “This is the typical situation for most women during midlife,” says Dr. Randolph. “Common symptoms are weight gain, hot flashes, night sweats, decreased libido, PMS, sugar cravings, and poor cognitive function. The appropriate therapy is to boost progesterone levels to restore balance—the exact opposite of what traditional medicine recommends.”

DHEA is another important hormone for anti-aging. It increases libido, gives energy, boosts sleep, and can decrease the incidence of all types of cancer. Dr. Randolph usually recommends 25-50 mg for those who prefer oral supplements, though he also prescribes DHEA transdermal creams.

Testosterone is vital for women, too. This hormone boosts the libido and has antidepressant benefits. It also helps with vaginal atrophy and is sometimes recommended along with progesterone (and estrogen for older women). The ovaries usually produce 1-1.5 mg of testosterone per day, but the aging process can lower these amounts dramatically. Dr. Randolph usually prescribes sublingual drops, which have a higher absorption rate than transdermal creams (90% vs. 15%).

Men, of course, need testosterone as well. The testes of young adult males produce 10-15 mg daily, but this production plummets with age. Testosterone concentrations begin to drop when men are in their mid-forties. By age 55, most men have low testosterone levels, resulting in a condition sometimes referred to as andropause. This eventually produces symptoms such as fatigue, cognitive decline, and loss of sexual function or interest. Some men also have hot flashes and night sweats. Because there is no obvious, visible change like the end of menstruation in women, andropause is rarely recognized for what it is, leading men to write off these negative changes as simply old age. In reality, a hormonal deficiency is to blame, which is as easily correctable with bioidentical hormone replacement therapy as are female hormonal deficiencies.
Diet, Supplements Also Beneficial

While hormonal balance is an essential aspect of healthy aging, Dr. Randolph recognizes that other factors play a role as well. He encourages patients to exercise if they are able to do so, and to focus on aerobic exercises that provide prolonged stimulation for the cardiovascular system. He also advocates a low-carbohydrate diet, though not a severe Atkins-style program. Only complex carbohydrates should be consumed, with no refined sugars or white breads. Chicken, fish, and turkey are his preferred protein sources. Red meat, if consumed at all, should be eaten sparingly.

Dr. Randolph recommends a variety of supplements for older individuals. A good multivitamin and multimineral is an essential foundation for everyone. In addition, he suggests additional B vitamins to ensure maximum nutritional support for hormonal metabolism. CoQ10 and omega-3 fatty acids are required for cardiovascular health and cognitive function, while L-glutamine and digestive enzymes promote ideal digestion and bowel activity. Other suggestions include acetyl-L-carnitine to stabilize blood sugar levels, and calcium and magnesium for bone health. Dr. Randolph often makes additional recommendations based on the specific needs of each patient.

Because stress has a negative effect on cortisol levels, stress management is also important. And, of course, everyone needs a positive attitude. “Get out and do things, enjoy life,” Dr. Randolph advises. “Negative changes are not inevitable. You can restore your hormonal balance and live to a ripe, old age with all of your faculties intact. Ask your doctor if he or she knows about bioidal hormonal therapy. If they are unaware of it, ask them if they are open to learning more, possibly by having you drop off a book on the subject. However, never take synthetic hormone drugs, even if your doctor recommends them out of ignorance. Anyone with an open mind will realize that bioidal hormones are superior. And when you get your hormones in proper alignment, things will start to fall in place.”

To contact Dr. Randolph, visit www.SafestHORMONES.com or call toll-free 866-628-6337. His new book is From Hormone Hell to Hormone Well.

### DR. RANDOLPH’S SUPPLEMENT RECOMMENDATIONS

Although hormonal balance is essential for maximal longevity and quality of life, other supplements are needed to promote optimal health. Here are Dr. Randolph’s suggestions for all older adults:

<table>
<thead>
<tr>
<th>Supplement</th>
<th>Recommended Daily Dosage</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Extension Two-Per-Day</td>
<td>2 tablets</td>
<td>Basic multivitamin/mineral foundation</td>
</tr>
<tr>
<td>Complete B-Complex</td>
<td>1 tablet</td>
<td>Important for metabolizing hormones</td>
</tr>
<tr>
<td>Super CoQ10</td>
<td>4 30-mg softgels (minimum)</td>
<td>Cofactor for energy production</td>
</tr>
<tr>
<td>Mega EPA/DHA</td>
<td>2-4 softgels</td>
<td>Cognition and cardiovascular health</td>
</tr>
<tr>
<td>L-Glutamine</td>
<td>1 capsule with each meal</td>
<td>Boosts nutrient absorption, immune function</td>
</tr>
<tr>
<td>Super Digestive Enzymes</td>
<td>2 capsules with each meal</td>
<td>Enhanced digestion, bowel function</td>
</tr>
<tr>
<td>Acetyl-L-Carnitine</td>
<td>2-4 capsules</td>
<td>Anti-aging, stabilizes blood sugar</td>
</tr>
<tr>
<td>Calcium Citrate</td>
<td>3-6 capsules, depending on dietary sources</td>
<td>Bone health</td>
</tr>
<tr>
<td>Magnesium Citrate</td>
<td>2-4 capsules, depending on dietary sources</td>
<td>Bone health, prevents muscle cramps</td>
</tr>
</tbody>
</table>

In addition to this basic program, Dr. Randolph recommends indole-3-carbinol or diindolylmethane (DIM) to modulate estrogen levels in his patients with high estrogen concentrations. For those with breast cancer, he recommends calcium-d-glucarate to assist in excreting estrogen through the colon. He also uses 7-keto DHEA if a patient has breast cancer; otherwise, he recommends regular DHEA.