

HormoneRestoration.com

Henry Lindner, MD

Letter to Primary Care Physician

Our hormone levels are optimal in our early twenties and then decline due to age, disease, and dysfunction. The harm caused by these losses is well known. Your patient has decided to seek my care for hormone restoration to improve their quality of life and long-term health. I work with them as a consultant for this purpose only.

I have 14 yrs. experience in general practice and was introduced to hormone restoration in 2004. I attended several seminars and have performed exhaustive reviews of the literature regarding important hormones. I have realized that hormone restoration is just commonsense good medical practice. Much of the confusion is due to the problems caused by pharmaceutical hormone substitutes. For instance the literature shows that transdermal estradiol does not increase blood clotting as oral estrogens do; progesterone (vs. progestins) does not increase the risk of breast cancer, and that higher testosterone levels in men reduce the risk of heart attacks and prostate cancer.

Conventional endocrinology only treats diseases; it does not seek to optimize hormone levels or effects. It ignores partial secondary/tertiary hormone deficiencies. It identifies persons as having a hormonal disorder only when their levels are below the 95% population reference range for age, in the lowest 2.5% of all persons tested. However, due to aging and disease, much more than 2.5% of the population has suboptimal hormone levels. There is an extensive body of literature documenting the benefits of higher rather than lower levels within the reference ranges, and it is rare that a person does not feel and function better when hormone levels are optimized. I prescribe only bioidentical hormones (correct chemical structure) in physiological doses to optimize levels and effects. Due to the complexity of these systems, dosing must often be guided by clinical rather than laboratory criteria. I have found that I cannot use the TSH to determine thyroid dosing, it is often inappropriately normal/low to begin with, and is overly suppressed by once-daily oral dosing as compared to normal glandular production. I prefer natural dessicated thyroid (Armour) because it contains T3, the active thyroid hormone, and is more effective at restoring euthyroidism.

Since I am simply restoring youthful hormone health, there are no interactions with any pharmaceuticals you are prescribing or may prescribe. In some cases medications can be reduced or eliminated as hormone restoration may eliminate symptoms, lower blood pressure, glucose, or cholesterol levels, restore bone mass, and improve mood, energy and sleep. If I think that a prescription medication you have prescribed can/should be adjusted, I will inform your patient in writing. After every visit, I hand your patient a copy of my note along with copies of lab results. They can share these with you. You can learn more about my practice the the evidence that supports it at the website. Please feel free to call, write, or e-mail if you have any comments or questions regarding your patient's care.

166 West Tioga Street (Bus. Rt. 6), Tunkhannock, PA 18657
Tel.: 570-955-3495 Fax: 570-836-3290 Henry@hormonerestoration.com