

ABSTRACT

HORMONORESTORATIVE THERAPY AS A PHYSIOLOGIC METOD OF HYPERCHOLESTEROLEMIA TREATMENT.

Despite considerable success in the treatment of hypercholesterolemia, atherosclerosis remains the leading cause of death in most Western countries. The treatment of hypercholesterolemia is still a complex and controversial issue. The purpose of this clinical analysis was to investigate a new hypothesis concerning the association of hypercholesterolemia and steroidopenia. This hypothesis implies that hypercholesterolemia is the reactive consequence of the age-related, enzyme-dependent down regulation of steroid hormone biosynthesis and their interconversion. In this study, we evaluated the role of hormonorestorative therapy (HT) in hypercholesterolemia treatment.

METHODS AND MATERIALS: Our presentation analyzed the results of a study that includes 112 patients with hypercholesterolemia. The mean age was 54.2 years. There were 34 male and 78 female patients. All patients were treated by hormonorestorative therapy with anthropoidentical hormones, which included a combination of several agents such as pregnenolone, dehydroepiandrosterone (DHEA), triestrogen, progesterone, and testosterone. The majority of patients require the use of vitamin D-3 and cortisol. Lipid profile, serum pregnenolone, dehydroepiandrosterone sulfate (DHEAS), progesterone, total estrogen, cortisol, total testosterone, and vitamin D-25-Hydroxy levels were done during first time of presentation and serial determinations were made during treatment. The follow up period was from 3 months to 12 years.

RESULTS: 100% of patients responded. Mean serum total cholesterol (TC) was 252.9 mg/dL before and 190.7 mg/dL after treatment (dropped 24.6%). Serum TC dropped below 200 mg/dL in 71 patients (63.4%). 41 patients (36.6%) still have serum TC levels slightly higher then normal. All of these patients still exhibit a failure of intervention to establish complete normalization of hormonal levels. However, all of these patients had a beneficial drop in TC, which was significantly reduced while staying in the dangerous range before therapy. No morbidity or mortality related to HT was observed.

CONCLUSIONS: The result of this study shows that concurrent restoration to youthful levels of multiple normally found steroid hormones is an effective method of treatment that is able to normalize or improve serum total cholesterol. The change in cholesterol level reflects a serious problem with steroid “foundation” and serves as a perfect marker which can be used to define the time when patients need to begin hormonorestorative therapy. Hormonorestorative therapy was an effective approach to the control of hypercholesterolemia and could be a physiologic and inexpensive resource for the healthcare system.

KEYWORDS: new hypothesis, hypercholesterolemia, hormonorestorative therapy.

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