

Well Being

A quarterly newsletter sent to you from your friends at The Carolina Center for Integrative Medicine

Carolina Center for Integrative Medicine

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Office Hours:

Monday	9:00 AM – 5:00 PM*
Tuesday	9:00 AM – 5:00 PM*
Wednesday	9:00 AM – 5:00 PM*
Thursday	9:00 AM – NOON
Friday	Call for select appts.
Saturday	Call for select appts.
Sunday	Closed

*Office is closed NOON – 1:00 PM for lunch

Staff:

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FROM OUR DIRECTOR



Dr. John Pittman

of exciting news!

This month, we'll be opening up a satellite office in Greenville. We know that several of you have to

Welcome 2008! All of us at The Carolina Center hope you and yours had a wonderful holiday season. We're starting off the year with a lot

travel a great distance in order to see us. We hope that this new location will assist you in maintaining the quality of life you desire and deserve. Read more about our office in The Front Desk!

Speaking of changes, you'll also note some changes to our 2008 presentation calendar. We've added both a Men's and Women's Health Presentation and we've scheduled our presentations a little differently—three weeks of

presentations followed by one week "off". Please see our Upcoming Presentations section for a list of all of our free wellness seminars. You can also view our schedule online by visiting our website at www.carolinacenter.com and clicking on Upcoming Presentations.

Please keep telling your friends and family about The Carolina Center! We want to keep reaching out to ensure that everyone can achieve their optimal quality of life!



THE FRONT DESK

We are excited to announce that plans for opening a CCIM satellite clinic in Greenville will start in January 2008. As a result of numerous requests from our Eastern NC patients for such a facility, and through the cooperative efforts of Healthwise Pharmacy, we are able to take this first step in providing comprehensive Integrative Medical treatments to a wider group of individuals. Our new clinic will be located at 615-B South Memorial Drive.

To accommodate this growth, we are currently hiring and training additional staff. Our most recent addition is Meredith Frazier, APRN. Meredith is a Nurse Practitioner and has begun seeing patients in our Raleigh office. She

will eventually assume seeing many of the patients in the Raleigh office, allowing me time to train a Nurse Practitioner to run the Greenville office.



As many patients have begun to feel better, they also want to look better. In addition to the types of conditions we have historically treated and the types of therapies we have used, the Greenville office will also provide Aesthetic medical services to include Botox injections for facial wrinkles, Mesotherapy (a French technique for dissolving body fat and tighten-

ing skin), and a variety of fillers, which can be used to enhance facial features such as erasing lines around the nose and make the lips more full.

We will be seeing both established and new patients in Greenville on Friday, January 11th from 10AM to 6PM. Initial plans have this location operating every 3 weeks for 1-1/2 days. As new staff is trained, this facility will be open weekly for 2-3 days per week. In addition to performing office visits, we will also draw blood for lab tests and will performing intravenous therapies within a year.

Anyone interested in scheduling an appointment in the Greenville office can contact our main office in Raleigh at 800-473-9812.

A CLOSER LOOK – ESTROGEN SAFETY

The Risks, Benefits and Safety Issues of Estrogen Replacement

The history of estrogen replacement therapy goes back to the 1950's when it first became possible to mass produce compounds with powerful estrogenic activity. The primary source of estrogen has been the urine of pregnant mares with the product being Premarin (conjugated equine estrogens), which at one time was the most prescribed medication on the planet. Initial use of this hormone resulted in women expressing their happiness over the return of normal function, with such women noting a reversal of hormone deficiency symptoms.



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A CLOSER LOOK – ESTROGEN SAFETY



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The initial interest in estrogen replacement was to control the symptoms of menopause and help women get through this change more comfortably, then to discontinue the hormones and age normally. When physicians began doing this with patients who had experienced benefits from estrogen replacement, there was nothing short of a revolt by many women who did not want to give up their estrogen. Longer term use of the hormone became commonplace and studies were begun to assess what health benefits, as well as potential risks, this treatment was providing.

The first "pill scare" in the world of hormone replacement therapy came in the mid 1970's when reports were published indicating that women taking estrogen, without also taking progesterone, had an increased risk of developing endometrial cancer. This coincided with negative news about birth control pills. The effect was very similar to that seen in July 2002, when the Women's Health Initiative (WHI) study was released with negative findings in regards to the safety of Prempro. It was quickly shown that the use of a progesterone-like compound, taken simultaneously with the horse urine-based estrogen, could significantly reduce the risk of developing endometrial cancer, thus the birth of Prempro. Prempro is a combination of Premarin and Provera. It is this product that has dominated the market and chosen by the WHI to be studied in clinical trials.

The WHI trial began in 1991 and involved 16,608 women ages 50 to 79 years with an intact uterus. It was a 15-year study addressing the most common causes of death, disability, and impaired quality of life in postmenopausal women. The study portion, involving estrogen and progestin, was stopped in July 2002 due to an increased risk of invasive breast cancer. The trial component found increases in coronary heart disease, stroke, and pulmonary embolism in study participants taking estrogen plus progestin, compared to women taking placebo pills.

One of the criticisms of this study is that the women who participated were too old when they started hormone replacement. For a woman to receive any significant benefit from hormones, and to prevent the degenerative effects of hormone deficiency from occurring, treatment must start as soon as possible after the onset of menopause, in some cases even before menopause if a woman's estrogen levels are measured to be suboptimal. Since the initial release of the study data, further analysis has supported the original conclusions of greater risk versus safety. Women in this study on Prempro had not only a higher incidence of breast cancer over those on placebo, but their cancer was diagnosed at a more advanced stage. It is important to remember that the WHI study looked at combined hormone replacement therapy, that is the use of Premarin along with medroxyprogesterone (Provera), a synthetic progesterone-like hormone and this appears to be the greater culprit in the increased risks than even the Premarin.

What is not being made clear is the fact that it takes 10 years for a cancer cell to grow from the point of mutation to where a tumor is large enough to be detected (about 1 cm). The WHI study was stopped after 10 years, with the average enrolled time for participants being 5.2 years. This indicates that women who developed cancer within the first 5 years of the study already had cancer cells growing in their breasts when they started the hormones, although the Prempro may have attributed to cancer acceleration. It was also clear from the data collected that women who had been on Prempro for longer periods of time did not have an increased incidence of cancer; the rate actually decreased the longer the women were on Prempro.

What was not measured by the WHI study was the quality of life women on hormone replacement therapy experience versus those only taking a placebo. Benefits include the almost immediate alleviation of the physical symptoms such as reduction/cessation of hot flashes and night sweats, improved sleep, improved memory and mood, and reduction in joint pain. In short, physicians owe it to their patients to understand these complexities and appropriately guide their patients to make informed decisions about the use of hormone replacement therapy.



MARK YOUR CALENDARS!

All of our presentations are free, open to the public, and held from 7:00-8:00PM. Registration is required in case of cancellation. Contact the Carolina Center at (919) 571-4391 or register via email to register@carolinacenter.com. For a complete description of presentation topics, or to view all of our presentations, visit www.carolinacenter.com and click on Upcoming Presentations.

January 8 at Carolina Center – "Chelation Therapy for Heart Disease"

January 15 at Carolina Thermascan – "Thermal Imaging: Saving Breasts. Saving Lives."

January 29 at Carolina Center – "Examining the Dangers of Mercury Toxicity"

February 5 at 3700 Glenwood Avenue, Suite 500, Raleigh – "Women's Health" sponsored by Triangle Compounding Pharmacy

February 12 at 3700 Glenwood Avenue, Suite 500, Raleigh – "Men's Health" sponsored by Triangle Compounding Pharmacy

February 26 at Carolina Center – "Chronic Fatigue Syndrome: Understanding the Big Picture"

March 4 at Carolina Center – "Nutritional Supplements: Steps to Improving Your Life Naturally and Effectively"

March 11 at Carolina Center – "Treating Lyme Disease: Two Standards of Care"

March 25 at Carolina Center – "Understanding the Benefits of Detoxification and Colon Therapy"

April 1 at 3700 Glenwood Avenue, Suite 500, Raleigh – "Autism Spectrum Disorder" sponsored by Triangle Compounding Pharmacy

April 8 at Carolina Center – "An Integrative Approach to Treating Chronic Digestive Disturbances"

April 22 at Carolina Center – "Chelation Therapy for Heart Disease"

April 29 at Carolina Thermascan – "Thermal Imaging: Saving Breasts. Saving Lives."