

Natural Hormones **Made Easy**

A compilation of information
By
Helen Pensanti, M.D.

Since 1993 I have encouraged my patients to switch to Natural Hormone Replacement Therapy for PMS, Menopause and Osteoporosis. WHY?

Because research shows a high risk of cancer in women who take synthetic hormones. The numbers were reported in the 3%-4% range – Now in the latest Nurses Health Study published in 1995 we see reports of up to 46% risk of breast cancer! This is shocking and appalling to me. As a physician I have a responsibility: “First do no harm.” I felt then, as I do today, that synthetic hormones DO HARM a woman, causing many problems which you will read about in this pamphlet. Now more than ever my mission is to inform women and have my patients take Natural Hormones which will not harm their bodies but rather help them through PMS, the passage of Menopause, and Osteoporosis.

Dr. Helen Pensanti was born in California and did her undergraduate work cum laude at Chapman University in Orange County, California. She was trained at Prince George’s Hospital in Cheverly, Maryland and Maryland General Hospital in Baltimore, Maryland. She began private practice in 1985 in Orange County, California. Dr. Pensanti always enjoyed helping her patients through difficult times. For eight years she had the largest PMS Clinic in Southern California. As her patient population began to age leaving PMS behind and reaching menopause and osteoporosis, Dr. Pensanti began researching a more natural, healthy approach for treatment.

The Era of Natural Progesterone and Natural Estrogen is Here!

Hormones that are made from plants are called Phytohormones. Phytoestrogens refer to plant compounds with estrogen-like activity. Phytoprogestones are plants with progesterone-like activity.

There are thousands of plants that have estrogen and progesterone like substances. In 1936, Japanese scientists discovered a species of wild yam. They extracted very valuable chemicals out of the root called Diosgenin and Sarasapogenin. These and soybean extracts are converted for USP grade progesterone in the United States.

This product is almost chemically identical to the progesterone produced in our bodies. The problem starts here. Pharmaceutical companies take this USP grade progesterone and turn it into Progestins.

Progestins are what cause many side effects you will be reading about in this pamphlet.

What is Estrogen?

The word “Estrogen” generally refers to the group of hormones produced by the ovary with similar actions. The three most important hormones of this estrogen class are Estrone E1, Estradiol E2, and Estriol E3. In Popular writing however, each of these specific members of this class continues to be referred to as Estrogen.

The symptoms of estrogen deficiency are hot flashes, night sweats, mood swings and vaginal dryness. Other symptoms are severe depression or anger, vaginal and bladder infections, joint and muscle pain, dizziness, rapid skin aging, loss of tone in breasts, fatigue and heart palpitations.

Choosing supplemental estrogen can stabilize moods, relieve hot flashes, increase mental clarity, alleviate sleep disturbance, prevent vaginal and bladder infections, slow bone loss, improve vitality and energy, improve skin and breast tone.

Recent studies, and as far back as 20 years ago, show that Estradiol E2, and Estrone E1, increase a woman’s risk of breast cancer. But Estriol E3 is protective.

What I advocate is using natural hormones to eliminate cancer risks posed with the use of synthetic hormones.

Synthetic ETHINYLESTRADIOL is used in estrogen supplements and birth control pills – this is the chemical you would want to stay away from. Women who have a history of breast or uterine cancer and women who are at risk of recurrent urinary tract infections and vaginal infections, as well as women with atherosclerosis, hypertension, varicose veins and diabetes need to stay away from synthetic hormones. Natural hormones appear to be the superior choice and the least harmful to take when choosing your Hormone Replacement Therapy.

There is a common misconception that menopause, the cessation of menses, means that a woman no longer makes female hormones and that she needs estrogen replacement and the continual care of a doctor.

Estrogen levels do not fall to zero. The truth is you make less estrogen than is necessary for the monthly preparation of endometrium for pregnancy. But your body still makes estrogen from androstenedione in your fat cells.

Also, after menopause, vaginal dryness and shrinkage of the vaginal mucosa predisposes a woman to vaginal inflammation or vaginitis, bladder infection or cystitis. To treat the infectious agent with antibiotics is only temporarily successful because the underlying real cause of the problem is loss of resistance and resiliency due to secondary hormone deficiency of progesterone and estrogen.

Women who opt for hormone therapy have been remarkably free from problems. This is true of natural or synthetic products. Their previous vaginal dryness and mucosal atrophy disappeared.

Bad effects of estrogen are often linked to the estrogen allowing an influx of water and sodium into the cells, thus affecting aldosterone production leading to water retention and HYPERTENSION. It also causes intracellular hypoxia, opposes the actions of thyroid, promotes histamine release, promotes blood clotting – thereby increasing the risk for stroke and embolism. Also, it thickens bile, promotes gall bladder disease, causes copper retention, and causes zinc loss. The copper and zinc imbalance is what causes mood swings!

Undesirable Side Effects of Estrogen

- *Estrogen alone decreases libido*
- *Estrogen stimulates the growth of fibroid tumors*
- *Estrogen increases the risk for uterine (endometrial) cancer*
- *Estrogen increases breast fibrocysts*
- *Estrogen increases the risk for breast cancer*

What is Estrogen Dominance?

John R. Lee, M.D. has coined a new phrase that he calls Estrogen Dominance. How can you know that you have what Dr. Lee calls ESTROGEN DOMINANCE in your body?

The signs and symptoms of estrogen dominance are (and by the way, you can have one or many of these):

- Water retention
- Breast swelling
- Fibrocystic breasts
- Fibroid tumors
- PMS mood swings
- Depression
- Loss of libido
- Heavy or irregular menses
- Uterine fibroids
- Craving for sweets
- Weight gain
- Fat deposits at hips and thighs

These are undesirable side effects of too much estrogen in your body.

You always knew your hormones were a little off but couldn't quite put your finger on it. Now you have a few answers....ESTROGEN DOMINANCE!

So What Should You Do if You Have Estrogen Dominance?

According to Dr. Lee, "Supplementation with NATURAL PROGESTERONE is obviously the treatment of choice!"

Dr. Lee says, "No matter how valuable estrogen is, when unopposed by progesterone it is not something to be wholly desired in the female body. Many

of estrogen's undesirable side effects are blocked by progesterone" In other words, Progesterone protects against the undesirable side effects of estrogen listed above. What I suggest is that you choose one of our natural phytoprogestosterone products to counter estrogen dominance.

What is Progesterone?

Progesterone is the precursor from which other sex hormones are derived, both the male hormone testosterone, and the female hormone estrogen. Progesterone is devoid of secondary sex characteristics. As might be expected, the surge of progesterone at the time of ovulation is the source of libido, the urge to procreate.

Progesterone is also important in the biosynthesis of adrenal cortical hormones (cortisone), and of gonadal (sex) hormones in females and in males.

The Functions of Progesterone Are:

- *Maintains the secretory endometrium (the part of the female body that will eventually bleed)*
- *Protects against fibrocystic breasts and related mastodynia – fibrocystic breasts return to normal*
- *Acts as a natural diuretic, protects against salt and water retention*
- *Helps the body to use fat for energy*
- *Improves alertness and gives more energy*
- *Acts as a natural antidepressant*
- *Helps in recovery from mild hypothyroidism and facilitates thyroid hormone activity*
- *Helps promote normalized blood clotting*
- *Restores normal libido (sex drive)*
- *Helps normalize blood sugar levels*
- *Protects against blood clots*
- *Helps normalize zinc and copper levels*
- *Restores proper cell oxygen levels*
- *Protects against endometrial (uterine)cancer*
- *Helps protect against breast cancer*
- *Strengthens bones and stimulates bone building*
- *Is necessary for survival of the baby throughout pregnancy*
- *Is necessary to make natural cortisone by the adrenal gland*

What is Natural Progesterone?

Today natural progesterone is mostly produced from soybeans. It is not a patentable product. Therefore, money from pharmaceutical funding for progesterone Research veered in the direction of expensive patentable progestins such as synthetic birth control pills. A billion-dollar industry was born when birth control pills were discovered and there was no further interest in "Natural Progesterone."

Many physicians believe that progestins such as Provera are the same as progesterone, but they are not! Many of these physicians also mistakenly believe that natural progesterone shares Provera's side effects. That is also not true. Let your physician know that his prescription progestin begins with natural progesterone and then it is chemically altered to be patentable and therefore a more profitable product to the pharmaceutical industry. Natural progesterone is not new! It is used as a base in over 400 plus FDA approved drugs!

Hormone Study Finds Higher Breast Cancer Risk

From L.A. Times Staff and Wire Reports June 6, 1995

Contrary to much current medical thinking, long-term use of hormone replacement therapy may significantly increase the risk of breast cancer in postmenopausal women, even when progestins are added to estrogen, according to a new study.

Although estrogen alone has long been associated with an elevated risk of breast cancer, most women taking the therapy use a combination of estrogen and progestin, which has been thought to be safer. However, today's study in the New England Journal of Medicine found that even women taking a combination of the hormones had a significantly higher risk of breast cancer if they consumed the hormones for more than five years.

Women 60 and older were at the highest risk when undergoing long-term use of hormone therapy. The study showed that short-term use of hormones was not associated with an increased risk of breast cancer. But many doctors now keep women on hormones for many years, even life, because of estrogen's demonstrated ability to ward off heart trouble and bone fractures. The latest research suggests such lengthy use may do more harm than good for some women.

"It clearly raises the need to reconsider the risk and benefit if a woman is going to use hormones for more than five years," said Dr. Graham A. Colditz of Brigham and Women's Hospital in Boston, the study's principal author.

Some earlier studies have also found links between estrogen and breast cancer, others have not, and the issue has been heavily debated. But the latest report is the largest to examine the question. It was based on the Nurses' Health Study, which has followed 121,700 female nurses since 1972.

Hormone replacement therapy's benefits may still outweigh its hazards for women who are a high risk of heart trouble and osteoporosis. However, for those whose risk of these problems is low, the study says the increased chance of breast cancer may make hormone supplements a significant gamble.

The study found that women who took either estrogen alone or estrogen plus progestin for more than five years had a 46% higher risk of breast cancer than did those who never used the therapy.

The risk varies depending on the woman's age. The researchers calculated that a 60 year old woman who has used estrogen for at least five years has a 3% chance of developing breast cancer over the next five years if she keeps taking the treatment. If

she had never used hormones after menopause, her risk over the same period would be 1.8%

The study also found that long-term user's increased risk of breast cancer drops back to normal within two years of stopping hormone therapy.

On the other hand, estrogen has been found to cut in half the risk of heart disease, which is the leading cause of death for women as well as men. It has a similar impact on fractures, a major cause of disability

What are Progestins?

In the U. S. A. and many other western countries, the pharmaceutical industry purchases the natural progesterone which comes from wild yams and soybeans, and then changes to make NON-NATURAL substances called Progestins. Progestins are any chemical compounds other than natural progesterone able to sustain human secretory endometrium. They are synthetic, they are NOT NATURAL progesterone. They are Progestins, Man-made.

Progestins such as Provera (medroxyprogesterone acetate) do not undergo the same chemical reactions in our bodies as natural progesterone and they are not as safe to use because of their side effects. Again, I advocate using only natural progesterone.

Most Commonly Asked Questions

1. Why would I want to chose this Natural Progesterone and/or Natural Estrogen Dr. Pensanti keeps talking about?

Natural Progesterone (Phytprogesterone), and Natural Estrogen (Phytoestrogen) are important plant hormones almost identical to our bodies. They may help some women who suffer with hot flashes, night sweats, insomnia, PMS, mood swings, depression, heavy and/or irregular periods, water retention, weight gain, fibrocystic breasts, bone fragility and osteoporosis as well as loss of sex drive and loss of energy WITHOUT the dangerous side effects of synthetic hormones.

2. What exactly is natural progesterone?

Natural progesterone, a cholesterol derivative, comes from plant steroids. It matches the chemical composition of our body's own progesterone. It comes from the human placenta, or for health and safety reasons, it can be derived from sarasapogenin and diosgenin or soybeans. Soybeans are the most common source today.

3. Are there any side effects from using natural progesterone or natural estrogen?

Most frequently, any side effects from natural progesterone are associated with dosage, and can be easily alleviated by changing the amount and frequency of the dosage.

In the PMS age group, using too much natural progesterone may delay the period a day or two. This effect may occur as early as the first month or as late

as four months of use. Discontinuing the natural progesterone will cause the period to start, then natural progesterone can be resumed after 7 days, but use a lower dose, please.

Women using birth control pills or nursing women should not use natural progesterone for PMS symptoms.

Menopausal women might notice some spotting when they begin using natural progesterone. This should be alleviated with continued use and nothing to fear. If it does continue, see a physician.

4. I am post menopausal, will I start menstruating again or have breakthrough bleeding if I use natural hormones?

The Postmenopausal and Osteoporosis age group should not have any side effects at all. Occasionally, upon beginning use of natural hormone supplement, a post-menopausal woman could experience some break through bleeding, or a "period". This rarely happens, but if it should it is a perfectly normal response and is nothing to cause alarm. The progesterone is simply causing the body to ride itself of excess stored estrogen, which can sometimes stimulate a uterine shedding – thus breakthrough bleeding. This should be alleviated with continued use. If it does continue for longer than several months, one should consult a physician.

5. My teenage daughter has heavy or irregular periods, can she use natural progesterone?

Yes. With women and teenagers who are irregular, the period is trying to regulate on a 28-day cycle. With continued use, periods will become regular and this spotting will be alleviated. This sometimes takes 3-4 cycles.

6. Can men use natural progesterone?

If a young man under 45 uses very much, it will cause his testicles to shrink and libido (sex drive) to decrease. However, OLDER MEN 55 and up can use natural progesterone once or twice daily, and it may cause the libido to increase.

Also, older men with rheumatoid arthritis have reported relief from pain and swelling after rubbing natural progesterone in a cream base on their joints.

Older men have been diagnosed with osteoporosis, use of natural progesterone and a specific nutritional regimen is recommended for them as well.

7. Do natural hormones help vaginal dryness?

Vaginal dryness can occur in women of all ages for various reasons. It is primarily present in postmenopausal women as hormone levels drop. Natural hormones can be used and have been very successful in treating vaginal dryness and vulvar dystrophy associated with aging.

8. Should estrogen be taken without progesterone?

Definitely not! It is recommended that natural progesterone be used with any form of estrogen natural or synthetic. *Estrogen without progesterone can cause endometrial and vaginal carcinomas. Estrogen alone blocks thyroid and causes water retention, and it can cause fibrocystic breast disease and even fibroid tumors and cysts.*

9. Is it possible to build bone back?

Yes, natural progesterone builds bone back, even in older women. Natural progesterone is a valuable agent for the prevention of osteoporosis and for the management of postmenopausal osteoporosis.

Once a woman reaches age 75, there is little difference in bone density between those who have taken estrogen and those who have not. Estrogen treatment alone for 5 to 10 years after menopause is unlikely to preserve bone density or prevent fractures in old age. Progesterone seems to help. Also please see our osteoporosis recommendation.

10. Can natural progesterone help with endometriosis or fibrocystic breast?

There are many factors that affect both of these conditions, one common factor is a higher level of circulating estrogen, indicating a hormonal imbalance. Progesterone is the precursor hormone and it helps to normalize all other endocrine and hormonal activity in the body. In the case of endometriosis, or fibrocystic breast, it will assist balancing the level of estrogen in the body and thus, possibly help clear these conditions.

11. How do I know whether I need natural progesterone alone, or natural progesterone with natural estrogen?

If you personally have a history of cancer I recommend only natural progesterone. If you have breast pain you might want to stick with natural progesterone, too. All others can use both natural progesterone and natural estrogen.

12. What if I have had breast or uterine cancer?

Stick with natural progesterone products only.

13. I'm already on hormone replacement therapy from my doctor, why should I switch to natural hormones?

Natural hormones are simply a NATURAL ALTERNATIVE to hormone replace therapy. Synthetic estrogens and synthetic progestins have many side effects, increased risk of cancer is one. Women with a history of hypertension, diabetes, weight problems, varicose veins and atherosclerosis should not be on synthetic estrogen and synthetic progestins because it will exacerbate these conditions. The weight gain is from 10-40 lbs.

14. A. How do I get off synthetic estrogen and on the natural?

If you are taking synthetic estrogen, whether by itself or in combination with synthetic progestin, a gradual step might be to at least start natural hormones along with synthetic estrogen, for a month, then wean slowly off synthetic estrogen. DO NOT go off synthetic estrogen suddenly, otherwise the symptoms will return with a vengeance!!

B. How do I get off synthetic progestins?

If someone is taking synthetic progestin, in combination with synthetic estrogen, once they have begun using natural progesterone, simply cease the use of synthetic progestin at the end of its current 12-day cycle of use.

15. Can I mix synthetic estrogen with natural progesterone?

Yes. It will decrease your cancer risk.

16. How long should I be on natural hormone replacement therapy?

It is recommended that women should use natural hormones a minimum of five years but each individual woman may use them as long as they feel the hormones are of benefit to them, their skin texture and bone density (as demonstrated by bone density testing). It's also a great help for vaginal dryness causing painful intercourse.

17. Do I need a prescription for natural progesterone?

No. Natural progesterone in a cream or oil base comes from a wild yam plant or soybeans, which are technically food products. All of the other ingredients, aside from a trace of some cosmetic ingredients, are natural, herbal products.

18. Are all wild yam products equal?

No. Products that list yam extract may or may not include saponin rich proteins of the yam root. Be careful what you buy. We have products with over 100 yam species included in our formulas.

19. Why is transdermal absorption so good?

Natural hormones are small, fat-soluble molecules that are readily absorbed through the skin. They pass directly into the skin to the subcutaneous fat layers, then to blood circulation. So first it goes into body fats and then into the blood. Oral forms are available for those who prefer to take it that way.

20. Where is the best place to rub in natural hormone creams?

Recommended places are the inner aspects of arms and thighs, the face and neck, upper chest or abdomen. Be sure to alternate sites on your body to keep receptors in your skin sensitive to absorption.

21. How long before I notice changes in my body?

It may require 2-3 months use before maximum benefits are experienced. Don't give up too quickly. Some women report immediate improvement. Use the adequacy of vaginal secretions as your guide. If you notice your vagina is moist and your mood is even, you are on the right track! My patients report a 4-6 week use before noticing sexual interest.

22. What foods can you recommend as a source for natural estrogen?

Make sure that you have two servings of soy products per day to give your body phytoestrogens in your diet. You can start the day with a soy protein and fresh fruit shake!

23. What if I'm allergic to soybeans?

If you have an allergy to soybeans you may have problems with natural hormones.

24. What do I say to my physician who thinks this is silly?

There is nothing new under the sun! This formula is the same base as 400 FDA drugs on the market today. We just don't add synthetic chemicals to it. More and more physicians are finding out that synthetic hormones have too many undesirable side effects. I receive inquiries almost everyday from M.D.'s who want to switch.

25. How safe is this Natural Progesterone?

The safety of natural progesterone is well established up to 800 mg per day. There have been no reports to the FDA of problems with it, hence the FDA permits the sale of progesterone cream at the levels we offer our patients without a prescription.

26. What can I do if I want to study natural hormones in more depth?

Read "What Your Doctor May Not Tell You About Menopause" By John R. Lee, M.D.

Dr. Pensanti thinks Dr. Lee is probably the most knowledgeable researcher in this field today. If you want to get into this subject, this is the book you will want to buy..

Osteoporosis

According to the extensive research done by many wonderful workers in this field we know that osteoporosis is a multi-factorial skeletal disorder of progressive bone mass loss and demineralization causing an increased risk of fracture. Postmenopausal osteoporosis refers to the acceleration of this disorder in women after menopausal. It is the most common metabolic bone disorder in the USA, afflicting the great majority of post menopausal women annually causing over 1.3 million fractures at an estimated cost of over \$10 billion. The personal cost in quality of life is incalculable.

The most common osteoporotic fractures are of the vertebrae, distal forearm, proximal femur (hip), proximal humerus (shoulder) and ribs, with hip fracture the most costly and most likely to be disabling.

**Studies Show that by Adding
Natural Progesterone
Bone Density Will Increase 10-15%
*Within the First Six Months to a Year!***

It occurs earlier and with greater severity in white women of Northern European extraction who are relatively thin, and is more common among those who smoke cigarettes, are under exercised, deficient in vitamin D, calcium, or magnesium, and in those who diet is meat-based rather than vegetable and whole grain based. Also, alcoholism is a potent risk factor. Further, a genetic component is likely.

When doctors found out that they could use estrogen to help bone mass, they were thrilled to find something they thought would work. However, it became clear that synthetic estrogen replacement also brought some risks which are:

- ❑ Salt and water retention
- ❑ Increases blood clotting
- ❑ Promotes fat synthesis
- ❑ Promotes uterine fibroids
- ❑ Promotes breast pain & breast cysts
- ❑ Increases risk of gallstones
- ❑ Risk of endometrial (uterine) cancer
- ❑ Risk of breast cancer
- ❑ Also, BONE BENEFITS of ESTROGEN REPLACE WANES AFTER 3-5 YEARS!

Now we all know that one of the reasons that physicians today tell menopausal women that they are putting them on estrogen is for protection from future osteoporosis. However, estrogen will stimulate bone cells but it only lasts five years. The latest research is showing that the more important factor in osteoporosis is the lack of progesterone. If you have a lack of progesterone in your body your body actually decreases it's production of NEW bone formation. Studies show that by adding natural progesterone bone density INCREASES over 10 – 15% within the first six months to a year!

Also other studies show that women in their 30's who have low progesterone levels are candidates for osteoporosis later in life.

According to Dr. Lee's research, estrogen can retard but not reverse osteoporosis and estrogen can not protect against osteoporosis when progesterone is absent.

John Lee, M.D. has used natural progesterone in his clinical practice since 1982 with positive results. Dr. Lee treated postmenopausal osteoporosis with transdermal natural progesterone cream and demonstrated true reversal of osteoporosis!

In a clinical trial of one hundred patients, Dr. Lee reports a treatment program of diet, nutritional supplementation, and natural transdermal (absorbed across the skin) progesterone. This was virtually 100 percent successful in building bone mass. The average increase in bone mass was 10 – 15 percent. "The bone status of women with relatively good initial bone mass density (also known as BMD), remained stable while bone mass density of women with the lowest scores gained over 40 percent", states Dr. Lee. "Women with POSTMENOPAUSAL OSTEOPOROSIS routinely showed true REVERSAL of their disease, with significant improvement of bone mass and virtual elimination of osteoporotic fractures.

Prostate Trouble A GROWING CONCERN

BY: William J. Hennen, Ph.D.

The Problem

Benign Prostate Hyperplasia (BPH) is almost universally found in aging men and 35% of all men over 50 will require surgery for BPH at sometime during their lives. Benign Prostatic Hyperplasia is a non-cancerous enlargement of the prostate. The prostate gland surrounds the urethra, the tube that drains the bladder. When the prostate becomes enlarged, the urethra becomes pinched and urination becomes increasingly difficult and/or incomplete. This results in frequent need to urinate. The interruption of normal sleeping patterns is perhaps the most tiring feature of this condition. The almost universal occurrence of BPH and the lack of adequate non-surgical therapies strongly demands that preventative measures be developed.

Causes

The prostate is a hormone responsive tissue. Three hormones are of special importance: Testosterone, dihydrotestosterone (DHT), and 17 B-estradiol. Testosterone is the main male hormone responsible for fertility, libido, muscle strength, and masculine psychosocial attitudes. Dihydrotestosterone (DHT) is a testosterone metabolite that is essential in prenatal male fetus development. DHT is also necessary to the complete development of primary and secondary male sexual characteristics at puberty. No other positive

biological functions are known for DHT, while a number of negative effects are well established. Elevated levels of DHT are responsible for triggering BPH, male pattern baldness, hirsutism (hair growth in unusual places and in unusual amounts), and acne. DHT is under an "feed-forward control", in other words, a small initial imbalance of DHT cascades into the dramatic changes that occur at puberty as well as undesirable enlargement of the prostate and the accelerated hair losses known as male pattern baldness.

Dealing With BPH

Castration was used historically to control BPH since the growth of the prostate requires testicular hormones. A second surgical BPH therapy is prostatectomy. Whether done by open incision or by transurethral resection (TURP) through the penis, prostatic tissue is cut away to relieve the constricting pressure on the urethra. The complications associated with this surgical procedure include a 32% incidence of incontinence, impotence or gynecomastia. Another study indicated sexual dysfunction due to prostatectomy to be in the range from 5 to 34%, while a Ohio State University study indicated that 40% of all prostatectomy patients were left impotent. Repeat operations are required by 15% of all the patients.

Nutritional Solutions

An interesting finding showed that smoking is

associated with lower BPH risk. Several components in cigarette smoke are known to trigger certain body defense mechanisms. Preventing BPH by getting lung cancer is obviously no solution, however, these same defensive mechanisms can be triggered by the ingestion of indole-3-carbinol. These results can be found in the work of Dr. Jon Michnovicz. Consumption of *Pho Inta* berries was widely practiced since prehistoric times by the ancestors of the seminole of North America. Ingestion of *Serenca repens* B, as it is currently called, inhibits the conversion of testosterone to dihydrotestosterone. Testing in both biochemical and clinical settings has demonstrated the effectiveness of *Serenca repens* extract in inhibiting BPH. Zinc deficiency has also been linked with hormonal imbalance. Among the essential trace elements (minerals), zinc in a bioavailable form, increases the production of testosterone. At high concentrations, zinc has been found to be a potent source of nutritional support to the prostate. Prevention of BPH by natural nutritional supplementation is practicable, and has been implemented in many cultures throughout the world. To have maximal effectiveness as a preventative, a man's supplement regime should contain dietary indoles, lipophilic extracts of *Serenca repens* B and a bioavailable form of zinc.