When one of my patients told me about the book *The Sexy Years*, by Suzanne Somers, I was suspicious. Hearing about this book from three patients in one day, however, I became curious as to what these professional women were reading. My first reaction was, How can the “Thigh Master Queen” be an expert on hormones? The book’s title itself leads one to think that looking good and having sexual appeal were what Ms Somers and my patients were trying to achieve. After purchasing a copy for myself, I read the book and have determined that despite flaws, the book’s overall intent may not be superficial—as the main title suggests.

Portraying herself as a goal-oriented woman of strength, Suzanne Somers describes her poor beginnings and struggling years as an actress and single parent. Hitting menopause, she entered the passage in her life which she describes as meeting battle with “the Seven Dwarves—Itchy, Bitchy, Bloated, Sleepy, Sweaty, Forgetful, and All Dried Up.” She describes her diagnosis of cancer and medical procedures received (including biopsy procedures and surgery) with all the drama of a well-written screenplay. As a professional woman trained in a field which focuses on appearance, Somers was determined, while battling breast cancer, to defeat her seven dwarf-enemies by continuing to use bioidentical hormones such as estrogen and progesterone made in the laboratory from precursors of soybeans and wild yams and then micronized for absorption through the stomach into the bloodstream.

Ms Somers frequently quotes endocrinologist Diane Schwarzbein, MD, author of *Schwarzbein Principle* and *The Schwarzbein Principle II*; and obstetrician-gynecologist Uzzi Reiss, MD, author of *Natural Hormone Balance*. Through interviews with these two physicians on the differences between synthetic and bioidentical hormones, Somers tells us how diet, exercise, and stress reduction played an important part in her feeling well and how these factors continue to be part of the post-surgical healing process for her as a breast cancer patient. She defends her decisions to stop tamoxifen therapy as prescribed by Drs Schwarzbein and Reiss. Ms Somers incorporates personal and miscellaneous stories of women who chose to use bioidentical hormones, although she fails to mention some of the more controversial aspects of bioidentical hormones, such as the lack of good research to show that they are any safer than conventional hormone replacement therapy.

Then Somers’ discussions of the different bioidentical hormones and dosages become nonbelievable opinions which medically trained or curious intellectuals would have to substantiate with other literature. She quotes statistics, such as heart attack rates in women, which may or may not be true; no source for these statistics is cited. Further detracting from its creative exposition, her book quotes and lists information without crediting her sources, and she doesn’t always accurately cite the scientific literature used in defense of her statements. For example, quotations from Kaiser Permanente researcher Bruce Ettinger, MD, and University of Southern California researcher Howard Hodis, MD, are neither credited nor listed in the bibliography to provide the reader with references necessary for further research.

The discussion then jumps to discussing antiaging regimens, menopause, maintenance of sexual desire and performance, her recovery from breast cancer, and her husband’s male menopause. Perhaps her intention is to convey a theory that antiaging regimens, female and male menopause, and cancer prevention are all interconnected.

Ms Somers’ book is not the only one available on the market that has its own biases but are popular among women who believe that the medical establishment is currently doing less than possible to promote women’s health, understand hormonal changes, and develop antiaging regimens.

For example, Dr John Lee’s book, *What Your Doctor May Not Tell You About Menopause*, describes the history of Premarin with its introduction and marketing by Dr Robert A Wilson here in the United States. Dr Lee pioneered the use of transdermal progesterone therapy as prescribed by Drs Schwarzbein and Reiss. Ms Somers incorporates personal and miscellaneous stories of women who chose to use bioidentical hormones, although she fails to mention some of the more controversial aspects of bioidentical hormones, such as the lack of good research to show that they are any safer than conventional hormone replacement therapy.
book reviews

cream and bioidentical hormones which can be obtained over the counter in doses much less than prescribed in the professional community. Dr Lee focuses on progesterone’s many benefits to protect our health and introduces the reader to the concept of xenoestrogens (petrochemicals with toxic estrogen-like activity in our bodies). Many of our present-day diseases, according to Lee, are caused by these xenoestrogens from our environment (plastics that are a byproduct of petroleum, the pollution of our water system by chemicals, pesticides in our foods, etc).

On the other hand, Elizabeth Vliet, MD, author of three books, is outspoken in her contempt for the male physicians whom she feels dominate the medical profession, and she sides with women as hormonal victims who have been neglected for years. Her premise is that women need more estrogen, and she later lists out a recipe (Women, Weight and Hormones) for women to maintain their weight and health as they age through “natural” hormonal balance achieved by testosterone and DHEA intake as well as the bioavailable estrogens and progestagens for women.

These books, with others expounding the role of cortisol and its protective factors (eg, James Wilson’s Adrenal fatigue), are well researched with complete bibliographies so that even if one does not agree to the merits of these books, resources are cited to support or refute this author’s claims.

The problems inherent in these books are that they contradict themselves and each other. However, they do offer information for women to choose from in order to continue their quest for health and energy. The major problem is that none of these books contains clinically based evidence that these hormonal regimens are any safer than those outlined by the Women’s Health Initiative. However, because compounded hormones cannot be patented and because no money can be made by the $300-billion-dollar pharmaceutical industry, testing may be done by a compounding pharmacy willing to foot the bill and take on “Big Brother.”

Some of these books discuss hormones and health, are well written, and suggest ways to help patients make decisions for improving their health and hormone balance. A few such books are listed at the end of this article. The authors of these books offer their methods and treatments for helping women move through menopause while managing its symptoms.

Among these books and despite flaws and inaccuracies, The Sexy Years deserves special merit: It attempts to motivate women and men to assert their rights to help themselves and their families achieve better health and health care choices. The women I know who read this book are educated, highly motivated professional women who contribute to our society through their work.

Unfortunately, Somers limits her priorities to being sexually appealing. Most of the women I work with have a more expanded view of the world; being glamorous isn’t their primary goal. I therefore must disagree with the hedonistic aspects of The Sexy Years, but I applaud Ms Somers’ efforts to enlighten women. The significance of this book lies in its popularity, which we have noted in our clinic by the women coming in questioning their options for hormone therapy.

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