PRESERVING SIGHT, SOUND AND OTHER SENSES:

The abstracts below show that testosterone, estrogen, aldosterone, cortisone /prednisone, melatonin and antioxidants/ insulin sensitizers have significant protective benefits on hearing and sight, whether longterm or acutely.

The Frisinas' work (Univ Rochester) showing that estrogen protects but progestin worsens hearing is news, brought to our attention by Dr Joe Mercola's email. Another nail in the coffin of the synthetic progestins.

The Frisinas stress that ***age-related hearing loss (presbycusis) is the number one communication disorder, and it is one of the top three chronic medical conditions of elderly persons.***

Invariable simultaneous age-related hearing and sight loss associate with massive global impairment and early mortality..

Does **human progesterone,** and the aldosterone mimic **Florinef** have **adverse** or **protective** effect on hearing? Considering that all studies show largely opposite none-gyne effects of human vs synthetic progestins, androgens and estrogens, such discordance seems unlikely.

These questions have huge implications for the better-off, since tens of millions are using progestins/ progesterone (for both contraception and HT) without objective evidence of need or benefit: risk;
and millions are using prednisone (or nonsteroidal anti-inflammatories) where androgen +- cortisone/ aldosterone might be much better.

The internet does not reveal whether **aldosterone** is available for oral use (as opposed to Florinef).

Contrary to the media hype on the web claiming that ***progesterone*** was the problem in the Frisina study -

Dr Frisina confirms that in his **cross-sectional observational** study*, users were on the usual megadose xenohormones.. They recruited 124 well American women aged at least 60 yrs (60-86) ie mean around ?72yrs, ie born between ?1920 and 1945? virtually all HT users (for 5-35yrs mean ? 20y) were on oral xenohormones-*

n=30 - post hysterectomy currently on premarin equivalent mean ?+- 0.625mg/d ***likely for ~30yrs***

n=32 - on premarin ? 0.625mg dly for 22d/mo; + cyclic provera 5mg/d for 12d/mo - ***likely for ~20yrs****.*

Thus their subjects were diehards - either (despite the WHI hysteria) 62 stubborn HT users (healthy user bias) *or*

62 healthy never-users ie who never had persistent hormone-deficiency symptoms.

Unfortunately one cannot guess the % effect of HT - but they showed that the *hearing damage in the progestin+ estrogen group (vs nonusers) was significant p<0.01, whereas estrogen alone apparently did not associate with adverse effect.*

The most remarkable study is the **PROSPECTIVE 50 year old RCT** by Dr TE Weston **PRESBYACUSIS: A STUDY**: 1964:

400 *well elderly* ***men and women*** *in London with or without presbyacusis (age-related hearing loss) in London were randomised to placebo, vitamin B, a bendrofluazide diuretic or xenoHT* ***oral estrogen*** *(Estinyl 30mcg)-****methyltestosterone*** *12.5mg/d* ***.*** *This RCT showed that, comparing baseline with end-audiometry* ***after between 3 months and 3 years****, only* ***Vit BCo, and HT****,*
*significantly improved hearing****.*** *(whereas a diuretic, or vasodilator, had no benefit). The incidence of presbyacusis increased with age* ***to a peak at about 65*** *and then gradually fell away again.* ***Most of those likely to be seriously affected present before the age of 70****. Females are liable to develop presbyacusis earlier and ultimately more severely than males. Half of those suffering from presbyacusis had tinnitus as well, a third vertigo, and a fifth both tinnitus and vertigo.* ***Vitamin B had the most extensive and the most generalized ameliorating effect, closely followed by the androgen-oestrogen combination.*** *Previous acoustic trauma increased the ultimate severity of presbyacusis, but was not a key factor in its overall incidence or severity.* ***Regular smoking, arteriosclerosis and hypertension*** *were most associated with early and ultimately severe presbyacusis, A history of circulatory disturbance was the commonest factor in the history, and arteriosclerosis the commonest factor in the examination of all groups. It was particularly common among those with the profoundest hearing loss. Amongst those with an early or severe loss of hearing there was a high incidence of deterioration in the other special senses****.*** *(1964;7:191-8 .free fulltext article on line.).*

We will (and colleagues elsewhere should) ask our local ENT and eye colleagues (doctors/ audiometry / optician) to collect HRT/no HRT and other drug/ supplement use with height, weight, bloodpressure in their patients in future, to correlate hormone and other metabolic parameters. Audiometry and expert eye (optometric) screening is costly, so it will be easier to get data together (by questionnaire) from ENT & ophthalmology practitioners than from our *apparently* hearing- and vision-unimpaired patients - although we are seeing a rash of vertigo-hearing loss patients lately.

We try to get all patients to go for regular eye if not ear tests, but not many "well" people do.

This data will strengthen the already overwhelming evidence for appropriate hormone and other natural multisupplements in both men and women; and that progestins (and possibly progesterone) should be avoided;
since men (in whom relative androgen deficiency is present in half by late life) make needed estrogen from testosterone,
and women do best (since HRT suppresses androgen production), with appropriate **combined** testosterone-estradiol replacement (which based on 60year old trials and our current evidence obviates the need for progestin protection of the breasts and endometrium).,

Overweight-related diabetes is especially associated with both early visual and hearing loss, but it's incidence and mortality easily halved by appropriate safe natural supplements.
A >50strong -strong battery of long- proven natural safe supplements that preserve/ prolong/ improve hearing, sight , brain, circulation, immunity, joints. mood, brawn and bones is available everywhere – but denied, neglected by most doctors because it is lowcost, and studiously avoided by drug companies, private medical schemes, politicians and most researchers and academics.

Drug companies (and thus the organised disease industry they control via massive income for shareholders, lobbyists, regulators, researchers, universities, hospitals, pharmacists, and disease awareness groups) promote only patentable designer products ie registerable and thus profitable synthetics- what they mendaciously choose to call "medicines", "drugs" - as opposed to the natural proven freely available supplements, the real original medicines that they want to suppress, subject to far more rigorous control than patent chronic drugs that regulators allow to be launched on the public with as little as three months small "trials".
No such patent chronic drugs of the past 40 years have been shown to do what natural supplements do ie safely halve all-cause mortality and morbidity. .

We can prophesy that with the drastic fall in use, strength and degree of infections, neuro- and eye-toxic drugs, smoking and permitted alcohol and noise pollution, and with early and permanent physiological testo-esto replacement plus insulin sensitizers and vitamins B and antioxidants (rather than mega-HRT), the results will be far better today than in Weston's time.
NDB