Santos Soberon, MD, practices medicine in Beaumont, Texas, at Beaumont Internal Medicine and Geriatric Associates. He has been working with compounding pharmacists for close to 15 years. Soberon attended medical school at the National Autonomous University in Mexico City and completed his residency at Wayne State University in Detroit. He is certified in both internal medicine and geriatrics.

What was your practice like before BHRT?

My practice was very simplistic. I would basically prescribe hormones, look for their effects on symptoms, and increase the hormone dose if the symptoms did not improve. I was doing what everybody else was doing. I was measuring estrogen, progesterone, and hormone-binding globulins in the patient’s serum, but I wasn’t measuring the true levels of the free hormones. My current practice is to check free hormone levels in the saliva. This not only makes more sense physiologically, but it gives me a much more accurate view of my patient’s actual hormone levels.

How have your patients responded?

The patients love my system because, number one, they know that their hormone levels have been checked. They are not just getting treated without any type of monitoring, and they feel better with this knowledge. I’m convinced that many times in the past we were not giving the

A cornerstone of bioidentical hormone therapy (BHRT) is monitoring of hormone levels in the body. Hormone levels should be checked at baseline (before treatment begins) and again after treatment has begun to make sure the therapy is effective. Some hormones in the body are bound to proteins and are therefore inactive. Blood tests of hormone levels measure both the active and inactive hormones, and thus give an inaccurate picture because the inactive hormone cannot be used. Saliva testing measures levels of actual bioactive hormones only.

More and more literature is being published supporting saliva testing as an adjunct to BHRT. Here are a few examples:

The United States Pharmacopeia Convention, Inc., (USP) is the publisher of the United States Pharmacopeia-National Formulary (USP-NF). The first USP was published in 1820 and began as a “recipe” book to promote uniformity in drugs (a drug includes its active ingredient[s] and excipients) that were generally available in the United States at that time. Currently, the USP-NF is published annually and updated with two supplements between publications. It provides monographs for ingredients and products, which contain standards, i.e., definitions, descriptions, labeling and storage statements, and specifications, for drugs, biologics, devices, and dietary supplements. The Federal Food, Drug and Cosmetic Act (FDCA) recognizes the USP-NF as the official “compendia” of the United States. The compounding monographs in the USP-NF are one of several important elements that help ensure the quality and benefit of compounded medicines. They provide uniformity in the prescribing and preparation of these medicines, as required by law. A prescriber who writes a prescription for a particular compound that appears in the USP-NF has defined the medicine to be prepared. Pharmacists who adhere to the compendia prepare a medicine with defined quality standards.

**INTERVIEW CONTINUED**

right combination of hormones. Some patients, for example, had very high levels of cortisol, but we would never address that—we just gave them plain estrogen. Now that we address all hormones at one time, looking for and treating hormone imbalances, our patients feel better. This is because their hormones have reached a much more homeostatic situation. I can say that 80% to 90% of the people that we are treating with BHRT are extremely satisfied with the way we’re doing it.

I believe that pharmaceutical compounding is advancing much faster than the big pharmaceutical companies. Part of the reason, I think, is that compounders get much more creative in their drug delivery. With hormone replacement, for example, I can offer my patients so much more than the manufactured preparations: creams, troches, capsules, all sorts of options that make therapy more convenient to a particular client. Some people don’t like to swallow pills, they like the creams. Some people don’t like the creams, but like taking that medication in their mouth. Working with a compounding pharmacy allows me to be much more sensitive to the patient’s needs.

**As utilizing BHRT helped your practice to grow?**

I’ve been busy for many years, but prescribing BHRT has made me even busier. I’m also very interested in weight management, which is a big part of my practice. I have a cosmetic side of my practice that is growing, and then we have the anti-aging and hormone replacement therapies. All this makes it difficult for me to take new patients.

**How does the relationship work between the compounding pharmacist and the prescriber?**

I’ve been very happy with my collaborations with compounding pharmacists. I recently met with a local compounding pharmacist who talked about so many creative ways to help people, such as lollipops—he suggested designing lollipops that would promote weight loss, which might be extremely appealing to a person trying to lose weight. Taking lollipops to lose weight is a fantastic idea! And we’re talking about lollipops to stop smoking.

**Implementing Bioidentical Hormone Replacement Therapy**

BHRT is easy to implement when working with a compounding pharmacist. Here are the steps:

- **Identify a compounding pharmacist who is well versed in bioidentical hormone therapy (BHRT).**
- **Send your BHRT patient for saliva tests (your compounding pharmacist can coordinate this) or an AAI/FT test, which tests levels of six hormones. You want to confirm hormone deficiency before prescribing that hormone unnecessarily.** Many patients take estrogen, for example, when their estrogen level is actually normal or high. In fact, their symptoms are caused by a low progesterone level. Several laboratories provide these testing services.
- **Have the compounder send you the test results and then prescribe the needed medication.**
- **Monitor the patient regularly.**

**CONTINUED**


**What have you learned about compounding for thyroid problems?**

Compounding pharmacists can compound a slow-release T3 which works much better in my experience than immediate-release T3 synthetic thyroid hormone. Checking thyroid hormone levels in saliva is starting to gain some “traction,” and so I am starting to try it.

**What would you recommend to prescribers who have not worked with compounding pharmacists?**

I think they should really give it a good shot and become much more familiar with the compounding pharmacist’s work. Try to team up with a compounder and start learning from what they’re doing, because what they have to offer your medical practice will satisfy your patients in many ways. Working with a compounding pharmacist doesn’t mean that you are not going to keep practicing traditional medicine, which I think is excellent. When you combine the traditional and the complementary, you can offer your patients much more individualized care. Some prescribers are going to rely solely on compounded preparations and ignore all the other products available to help people, and I don’t think that’s right either. It’s better to offer both. Take the good from the compounders and the good from the pharmaceutical industry and just put it together in a package for the patient. You will be much happier because you’re going to have much happier patients.

Compounding pharmacists approach a therapeutic problem creatively, they don’t rely on the regular, traditional approach.