Bioidentical Hormones: Pellets vs. Injections, Creams & Oral

ALL OPTIONS USE BIOIDENTICAL HORMONES — HERE'S HOW DELIVERY DIFFERS

HARDING Medical Institute

> *At Harding Medical Institute, we exclusively use bioidentical hormones — molecularly identical to those your body produces naturally. We do not use synthetic hormone therapy. The choice between pellets and injections, creams, or oral tablets is simply about how those hormones are delivered and how well that fits your life.*

WHAT PATIENTS COMMONLY EXPERIENCE WITH OPTIMIZED HORMONE THERAPY

⚡ Increased Energy · 🧠 Mental Clarity & Focus · 🔥 Improved Libido · 💪 Muscle Tone & Strength · 😴 Better Sleep · 🌡️ Fewer Hot Flashes · 😊 Mood & Wellbeing

PELLET THERAPY — AT A GLANCE

DELIVERY
Tiny pellet inserted under skin

FREQUENCY
Women: ~3–4 mo | Men: ~5–6 mo

HORMONES
Testosterone, Estradiol

DOSE ADJUST
Next insertion only

INJECTIONS, CREAMS & ORAL — AT A GLANCE

DELIVERY
Injection, topical, or sublingual

FREQUENCY
Daily to weekly

HORMONES
T, E, Progesterone & more

DOSE ADJUST
Anytime, immediately

OPTION 1 — BIOIDENTICAL

Pellet Therapy

ADVANTAGES

- ⊕ Dosing determined by a specialized algorithm using your labs, symptoms, and health history — not guesswork
- ⊕ No daily routine — inserted once, dissolves gradually over 3–6 months depending on sex and metabolism
- ⊕ Absorption increases with physical activity — more hormone available when your body demands it most
- ⊕ No transfer risk — nothing on your skin to pass to a partner or child
- ⊕ Fewer peaks and valleys — levels stay more consistent than dose-dependent BHRT methods

CONSIDERATIONS

- ⊖ Minor in-office procedure required at each insertion
- ⊖ Dose can't be changed mid-cycle — though our precise, algorithm-based dosing minimizes this concern significantly
- ⊖ If a side effect occurs, it must run its course rather than being stopped immediately

OPTION 2 — BIOIDENTICAL

Injections, Creams & Oral

ADVANTAGES

- ⊕ Dose can be adjusted immediately based on labs or how you feel
- ⊕ Easy to pause or stop — full control at all times
- ⊕ Supports progesterone delivery, which is not available in pellet form
- ⊕ Ideal when still dialing in your optimal dose early in treatment
- ⊕ Multiple delivery options — injections, creams, or oral tablets based on preference

CONSIDERATIONS

- ⊖ Levels depend heavily on consistency — missed or late doses cause more noticeable fluctuations than pellets
- ⊖ Hormone levels can peak shortly after dosing and dip before the next dose
- ⊖ Some patients notice mood or energy shifts tied to dosing schedule
- ⊖ Creams carry a transfer risk to partners or children if skin contact occurs

WHAT THE RESEARCH ACTUALLY SHOWS — AND WHY IT MATTERS

- Much of the fear around hormone therapy and cancer stems from the 2002 WHI study — but that study used synthetic hormones (conjugated equine estrogens and medroxyprogesterone acetate), not the bioidentical estradiol and progesterone used at HMI. The two are fundamentally different compounds. [1]
- Because the molecular structures differ, findings from the WHI do not directly apply to bioidentical hormone therapy. Treating these as equivalent is one of the most common and consequential misunderstandings in women's health today.
- Emerging observational data suggests testosterone may have antiproliferative effects in breast tissue — meaning it may work against, not with, breast cancer risk. Research is ongoing, but early findings are encouraging. [2]
- A large French cohort study of over 80,000 women found that estradiol combined with micronized (bioidentical) progesterone was associated with a significantly more favorable breast cancer risk profile than regimens using synthetic progestins — a meaningful distinction. [3]
- The science is evolving — and it is moving in a positive direction for bioidentical hormones. At HMI, every protocol is individualized based on your symptoms, history, labs, and goals, with ongoing monitoring at every step.

[1] Rossouw et al., *JAMA*, 2002 — pubmed.ncbi.nlm.nih.gov/12117397 | [2] Glaser & Dimitrakakis, *Maturitas*, 2013 — pubmed.ncbi.nlm.nih.gov/24028858 | [3] Fournier et al., *Breast Cancer Res & Treatment*, 2008 — pubmed.ncbi.nlm.nih.gov/17333341

PELLETS MAY BE THE RIGHT FIT IF YOU…

- Prefer a low-maintenance, hands-off approach
- Travel frequently or have an unpredictable schedule
- Want levels that align naturally with your activity level
- Have tried injections or creams and want more consistent levels

INJECTIONS/CREAMS/ORAL MAY BE THE RIGHT FIT IF YOU…

- Are new to hormone therapy and still finding your dose
- Need progesterone as part of your protocol
- Want full flexibility to pause, adjust, or change delivery
- Prefer to avoid any in-office procedures

Not sure which is right for you? Let's talk.

hardingmedicalinstitute.com
(407) 210-2101
6200 Metrowest Blvd, Suite 105 · Orlando, FL 32835