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Why HRT is making a comeback to tackle menopause rollercoaster

With US FDA removing its warning last year, Indian doctors are recommending judicious use of hormone replacement therapy & women are opting for it. But it's not for everyone

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"I sleep like a babe wrapped in cotton wool. My afternoon energy dips are gone. My moods are stabilising.... I wonder why I didn't start earlier."

Actor Lisa Ray posted this on her Instagram after convincing herself to go for Hormone Replacement Therapy (HRT) at 53 last year, a good 16 years after chemo-induced menopause. She regretted the delay owing to unfounded cancer fears, and spoke about how women get "gaslit" into making light of their menopause symptoms while suffering silently.

Indian women struggling with menopause and perimenopause are putting stigma aside and warming to HRT, especially after the US Food and Drug Administration (FDA) removed the 'black box' warning on menopause-related HRT products (also known as Menopausal Hormone Therapy) in Nov 2025. "Now we know that judicious use of HRT can delay or reduce adverse effects of menopause for about five to 10 years," says Dr Ambrish Mithal, chairman and head of endocrinology at Max Healthcare, Delhi. "The benefits are more striking in perimenopausal women (those within five to 10 years of menopause) and those who have had hysterectomy."

HRT'S CHECKERED HISTORY

HRT had been widely used in the West till the early 2000s. Then, the 2002 Women's Health Initiative (WHI) study reported increased risks of breast cancer, heart disease, stroke and clotting, leading to a major decline in worldwide use. Experts now believe those findings lacked thorough evidence. In 2019, Italian gynaecologists published a paper in the journal *Medicina*, detailing the controversial history of HRT. "The surge in HRT use was abruptly stopped by publication of the WHI trial, which was inadequately designed, evaluated, and reported. The damage done was huge, leaving many symptomatic women without an effective treatment," the Italian paper said.

Newer analyses suggest HRT risks are confined to specific patient groups and certain formulations, leaving the vast majority to gain substantial health and quality-of-life benefits. For instance,

CHOOSING THE RIGHT THERAPY

1 Estrogen-only HRT: For women whose uterus has been removed. Taken as tablets. Patches and gels are other options but may not be easily available in India.

2 Estrogen + progesterone HRT: For women who still have their uterus. Gives both hormones regularly and usually stops monthly bleeding after the first few months. Often used after menopause.



3 Cyclical hormone therapy: Estrogen is taken daily; progesterone is added for 10-14 days a month. This can cause a planned period-like bleed and is usually used around perimenopause.

4 Tibolone: A synthetic hormone-like medicine that acts like estrogen, progesterone and testosterone in the body. Most women do not get bleeding with it.

5 Local vaginal estrogen: Only used mainly for vaginal dryness, burning, painful sex or urinary discomfort linked to menopause.

WHO MAY BENEFIT

Patients going through menopause with hot flushes and mood swings; those experiencing early menopause



Those having perimenopausal symptoms, with family history of osteoporosis or low bone density



Younger women close to menopause, and those within 5-10 years after menopause (within 45 to 55 age bracket)



HRT can maintain bone health to lengthen one's health span. "Estrogen clearly protects the bone, reducing risks of osteoporosis and hip fractures that are quite common among Indian women," explains Dr Mithal, adding that HRT is effective for symptoms like night sweat, hot flushes, mood changes and sleep problems as women go through menopause.

Kavya Shetty (name changed), a 52-year-old teacher from Gurgaon, couldn't agree more. For her, navigating menopause meant mood swings, intense hot flushes, poor sleep for about two years, and joint pain in fingers and knuckles despite strength training, recurrent UTI and urinary urgency. "I was treated with antibiotics and anti-inflammatories without any lasting resolution," she recalls. After the FDA announcement, her doctor recommended HRT. "My hot flushes resolved within about two weeks, joint pain disappeared, urinary tract infections stopped, and

most importantly, sleep returned to normal," says Kavya.

It's beneficial for the skin too. Dr DM Mahajan, a dermatologist at Delhi's Indraprastha Apollo Hospitals, says HRT, if started within 10 years of menopause or perimenopause, can keep skin youthful, improving overall appearance and glow.

Dr Pooja Mathew, consultant-obstetrician and gynaecologist at Manipal Hospital, Bengaluru adds that it is also effective for treating vaginal dryness and painful sexual intercourse.

A study by Chinese researchers published in *American Journal of Translational Research* in 2025 found that HRT greatly improves quality of life for menopausal women by restoring hormonal balance and easing urinary and reproductive system symptoms. The researchers also debunked heart health fears, saying HRT doesn't lead to abnormal lipids. Hyderabad-based Dr KVS

Harikumar, secretary of Endocrine Society of India, argues that maintaining hormonal balance through HRT during menopause would also serve as a performance boost for women in offices and boardrooms.

DEBUNKING THE CONCERNS

The fear of breast cancer looms large over those deciding whether to go for HRT. "While prolonged HRT use does raise breast cancer concerns in older women, data indicates minimal negative impact in younger post-menopausal women, making it more appropriate for those up to 55," says Dr Mithal.

Estrogen has been associated with clotting, and blood clots are rare but possible with HRT. But it's mostly linked to liver-mediated clotting factor changes with oral therapy. But estrogen alone could increase the risk of uterine cancer. Hence Dr Anu Sridhar, senior consultant, obstetrics and gynaecology at Fortis Hospital, Bengaluru, prescribes a combination of estrogen and progesterone. Dr Kiran Coelho, head of obstetrics and gynaecology at Lilavati Hospital, Mumbai, recommends HRT to symptomatic patients, stressing that it now uses the same hormones present in our body, not crude molecules that were used earlier. "These new molecules reduce the risk of breast cancer and clots, alleviating symptoms without major side effects," she adds.

But what kind of HRT works best: the pill or the patch? Doctors say transdermal patches are safer and superior to tablets because they avoid first-pass liver metabolism (how liver processes drugs) and may reduce clotting-related side effects a patient may experience. But they are scarce in India. Most patches can be used once or twice a week. Dr Mahajan notes hot, sweaty Indian conditions can make patches hard to keep secured onto the skin. "Transdermal gels can be used as an alternative to patches," he says.

For some doctors, though, HRT is the last resort. Gynaecologist Dr Jasmin Reza Susarla of Motherhood Hospitals, Kolkata encourages patients to engage in strength training, and include foods high in phytoestrogens like soy, flax and beans. Lifestyle changes are welcome, but Dr Mithal insists, "The right hormone at the right time through the right route should not be denied to women."