

woman to woman

managing your hormones
safely and naturally



for women of all ages

kim balson n.d.
third edition

Woman to Woman

*Managing your hormones
safely and naturally*

BY KIM BALSON N.D.

Naturopath (Hons)

Third Edition - Updated August 2008

**Order this book on-line at:
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If you would like to receive Kim's free monthly newsletter about hormonally related issues email: **kim@kimbalson.com** noting "*Please send me your monthly newsletter*" in the subject line.

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Women Say....

“Anxiety, irritability, emotional outbursts, depression, headaches, lack of energy, heavy periods, poor circulation, lower back pain – for the past 5 years I have suffered with all of these complaints.

After reading an advertisement in my local paper by Kim Balson, Naturopath, which mentioned all of the above, I knew I just had to go and see what this woman was talking about. I have now been using natural progesterone cream and other naturopathic treatments for the past 4 months and already this has changed my life in a big way. I no longer feel like I am growing old before my time. I feel wonderful. I want to let the whole world know about this natural treatment.” *Glenda (43)*

“I would like to thank you for helping me with an ongoing hormone and constipation problem I have had for years. I used to get severe migraine and vomiting before my period which meant days off work. I used to feel as if I was about to burst with tension. It was all too much for me to handle. I had been to plenty of doctors before who all said ‘live with it’. Since then, my constipation is no longer a problem and after a progesterone saliva test giving me an answer to my pre-period headaches and tension, I am on the road to recovery. The progesterone cream has been a saviour. I have few headaches, if any now and feel so much more normal. Truly amazing. *Simone (39)*

“At 43 years I was suffering from PMT, regular headaches I couldn’t pin down and felt tired a lot of the time. After seeing Kim (Balson) I changed my diet and I am working on my iron and mineral levels. The progesterone cream has been a God-send and my quality of life has greatly improved. I’m spreading the word”.

Joanne (43)

“When I first went to see Kim, I had fibrocystic breasts, my period was a twenty-one day cycle and had been experiencing years of tender breasts, fluid retention and a bloating feeling in my stomach. After changing my diet, balancing my body and using progesterone cream all the symptoms pertaining to hormones subsided within three months. I feel more active and alive.

Lyn (48)

These are only four women out of many hundreds who have been helped by some simple adjustments to their lifestyle and diet and, where necessary, the addition of natural progesterone cream to balance their excessive levels of estrogen. When used at a prescribed dose, natural progesterone produces a feeling of wellbeing and calm that will alleviate most hormonally- based problems. It has certainly made a huge difference in my own life. Progesterone is now being recognised as the long-lost missing link in the female health chain of wellness.

Kim Balson

Acknowledgements

I would especially like to thank Dr John Lee, an American physician and his dedicated team of researchers, for their pioneering work in the field of natural progesterone application for women with hormonal imbalances. Similarly, there are several dedicated holistic doctors here in Australia who approach female hormonal health with care and kindness, spending time with patients, listening and minimising drug recommendations. Thank you also to the compounding pharmacists who hand-make the much-needed natural progesterone cream for our clients. Years of research have gone into getting the formula just right so that it will provide all the benefits progesterone is designed to give.

Also, my own profession offers a huge window of opportunity in a very supportive environment for people wishing to make effective changes to their health. Naturopaths and ‘alternative’ health care practitioners often toil away for years with little recognition for the wonderful work they achieve with their patients. Our product suppliers and distributors deserve applause in maintaining a high standard of ongoing quality education and product development in serving the many hundreds of primary health care workers and health retail outlets here in Australia. Our wonderful, university-based naturopathic training institutions provide the chrysalis from which most alternative health care practitioners emerge to carry on the work of getting people on the road to recovery.

Lastly, thank you to all my clients. This book is for you.

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Introduction

This is a handbook dedicated to you. If you are a woman and have suffered needlessly from hormonal imbalances making life a joyless existence, this book offers you a new start. In this book I recommend alternative solutions to the Pill, HRT and other dangerous synthetic steroids. What I do recommend is a safe, natural and balanced approach to the normalisation of hormonal issues for men, women and young adults.

This book is not a technical journal as there are already several books written along these lines. Chapter One, however, is lengthy by necessity as it aims to cover the nuts and bolts issues of female hormonal function that will allow you to appraise your own health situation more accurately.

Over the years, the issue of female hormonal health has been prejudiced through the self-interest of drug companies who have other motives, such as the interests of shareholders, held in higher regard than your continuing good health. During my twenty years of practice as a Naturopath I have become deeply disturbed by the many sad tales women of all ages have shared with me. Their health concerns have been very real and yet often poorly managed by the medical profession - especially when it comes to the management of hormones. From girls as young as 14 years seeking medical advice for their heavy, painful periods and migraines only to be told to go on the Pill, to post-natally depressed women being offered anti-depressants and valium and menopausal women having HRT pushed at them as if it was some God-given magical cure for menopause, are just daily re-runs of poor advice I commonly hear. I am appalled each and every time a woman tells me she has been on the Pill for 25 years with no review from her doctor, with no explanation of her weight gain, bloating, irritability, stress, hair loss and breast cancer and,

importantly, being given no alternative answers to her original predicament.

When I raise these and many other issues in clinic, I like to focus on giving clients a much broader education on drug side effects and interactions. Often disbelief is expressed as we go through their complaints, checking them off against the listed side effects of their prescribed drugs. They share my own frustration with the question... “*why wasn't I told this from my own doctor.....?*”

Today's medical approach by doctors often fails to address openness and honesty which were hallmarks of the long-gone family doctor. This medical paradigm has in many ways failed us as women. Some of us have been symptomatically helped with our hormones *but at what cost?* This negative evolution in medicine where the Medicare card number has replaced your name and depersonalised medical services fails to address the many other lifestyle, dietary, emotional and hormonally interactive spokes that make up the womanly wheel of wellness.

All systems in the body interact with each other, so bandaid therapy of one system based on profit-motivated drug prescribing will never address the other imbalances in the body. When one caretakes another's health i.e any health care practitioner, mother, aged carer or specialist, it is incumbent of them to “at first, do no harm”(Latin – *primun, non nocere*). This is one of the first mottos doctors and naturopaths are taught at their training institutions.

As a woman who understands the challenges that face you, my focus is not only on treatment strategies but also in the education of each client. Knowledge provides empowerment creating an ability to make correct and independent decisions regarding health and hormonal issues not only for you but for your family as well. This goal includes helping your spouse understand that marriages needn't disintegrate if both couples are aware of what is happening to a woman at different stages of her life.

Menopause is not a physical or psychological disease and in most cases doesn't require the inverted thinking that all women

need extra estrogen when they suddenly turn forty or when a hot flush arrives, or if heavy and irregular periods are now occurring. Similarly, young women with ovarian cysts, endometriosis or acne do not need the abundance of synthetic hormones contained in the Pill to correct these conditions, just as hormonal acne won't respond to long term antibiotic treatment.

Discovery is a wonderful thing, however, discovery often comes too late. Over the years, my patients have come to realise that the breast cancer they now have was stimulated into action by their HRT medication and the osteoporosis their doctor assured them would be alleviated has now worsened beyond belief. How many women in the past 10 years do you know of who have had breast cancer or have died from it? How many women do you know of who are using HRT solely to prevent another disease like heart disease or osteoporosis from escalating.

How did we get to this stage and how can we correct this medical heresy? For a start, read as much as you can for yourselves. Secondly, don't listen to the slick talk of marketing in the media about instant cures for health complaints. Be doubly cautious with pharmaceutically driven campaigns inducing you to be the first to try a new drug and, lastly, find a small group of supportive health workers who will listen to you and offer therapies relevant to your symptoms and disease state. All the blood tests in the world can't achieve this, nor can a computer. Also be aware that doctors do not have all the answers and are often parroting what they have read in promotional material provided by drug companies. Similarly, be wary of alternative health treatments that offer overnight "miracle cures" they won't work either.

Unlike your average doctor I am a hands-on practitioner who has studied hormonal imbalance and related issues for over 15 years. This experience is the bedrock of my book which is based on counselling thousands of female clients whose lives have been transformed by the removal of drugs and chemicals where

possible from their daily life; altering their diet in very positive and easy ways and introducing substances like **natural progesterone cream** to normalise an estrogen dominant body. My clinic has been successfully helping women achieve a sense of self-determination with their health because we start with the basics and build from there. To build a house, you necessarily start from the bottom up and so it is with your health. Patients receive guidance about which special herb or supplement is best for them rather than taking pot luck over the counter in a health or chemist shop. Patients also receive individualised dietary management and all women who follow some very basic dietary guidelines of rebalancing protein:fat:carbohydrate ratios lose the weight they want. I discuss lifestyle stressors with my patients and adequate ways of changing these to suit a healthier and more joyful existence.

Perhaps what makes me different from many other Naturopaths is my recommendation of natural progesterone cream to use for a period of time to help alleviate and often reverse commonly occurring complaints such as severe hormonal migraine, menopausal symptoms, debilitating fatigue and PMS, endometriosis, fibroids, lumpy swollen breasts, low libido and more. I work in with a small network of dedicated holistic doctors whose approach is similar to mine. This cream, which can only be prescribed by a doctor in Australia, is not well known because there is no profit motive behind its distribution. It should be clearly understood that this recommendation is only one aspect of the total solution in achieving wellness.

In this book, I cover many other issues so please take the opportunity to read on and discover just how easy, simple and effective it will be for you and your family to accept the challenge of planning physical and emotional wellness for the rest of your lives.

Chapter One - Hormones Fuelling The Difference Between Men And Women

Understanding hormones, progesterone, questions and answers

“A male gynaecologist is like an auto-mechanic who never owned a car” – Carrie Snow

When men and women are hormonally harmonious, life is grand. Life is pleasant and exciting, libido is raging, the children appear to be little angels in disguise and things seem calm. But when women start to feel the effects of altered hormonal balance it is no wonder men scratch their heads and issue retreat orders to all innocent family members within close proximity. We women run on our hormones from the early teens. We **are** our hormones or lack of them. We **are** the emotional centre of every home and if we don't feel right, then life becomes stressed for all. We don't know why we feel so very average most days, dragging ourselves through vales of fatigue, hoping the dreaded migraine, back and lower leg pain of menstruation won't strike us down for yet another day off work. And please don't mention the moods!!

Men, on no account desert your wife, lover or friend at this point because she may feel like a monster has taken over her being and this strange person other than herself is yelling one minute, crying the next then sulking and feeling hellishly guilty. It can be hard work being a woman and most difficult to explain to others why we act the way we do sometimes. No amount of prescribed SSRI antidepressants will correct the underlying cause of these mood shifts. Why? Because we are dealing with hormonal issues and in most cases the female dominant hormones, estrogen and progesterone, are not in balance. If the experiences mentioned above are happening in your life then you are probably suffering from an **estrogen dominance** at the expense of adequate progesterone.

There is much more to the process of “normalising a woman” than by simply adding extra natural progesterone cream to the daily routine. The body is a collection of systems and if one system is affected then others will also be altered. The problem requires a gentle teasing apart and piecing together again so that over time the woman can regain that wonderful sense of calm and balance in her life which emanates from the balance within.

The basic hormonal differences between men and women **appear** bigger than they really are. We have the same hormones but mixed up in different ratios. Men own a much larger reservoir of testosterone than women and women own a much larger share of the estrogen and progesterone but men also make what we have and we make testosterone that helps to keep our libido magnetically attractive to our partners. Men produce critical amounts of progesterone and in later life it has a very protective role to play against prostate cancer. Nature is clever in her sense of harmony and balance. In a perfect world without chemicals, poor diet, chronic stress, high blood glucose levels and poor insulin response, low cholesterol levels and the huge array of synthetic hormones now available, there wouldn't be the smorgasboard of health problems we know and have today.

The Enlightened One

Sadly, most of my patients have very little knowledge of how their body functions and why things deteriorate so a short journey into this great unknown will prove empowering. I have always thought of the internal darkness of the female pelvic cavity similar to outer space, the universe etc. The small orb-shaped ovaries suspended in space like two sister planets; eggs bursting from follicles on the ovaries at the point of ovulation just as shooting stars burst across the skies; egg and sperm like spaceships docking to the mothercraft at the time of implantation all occurring in an inky blackness of space and time. To me it

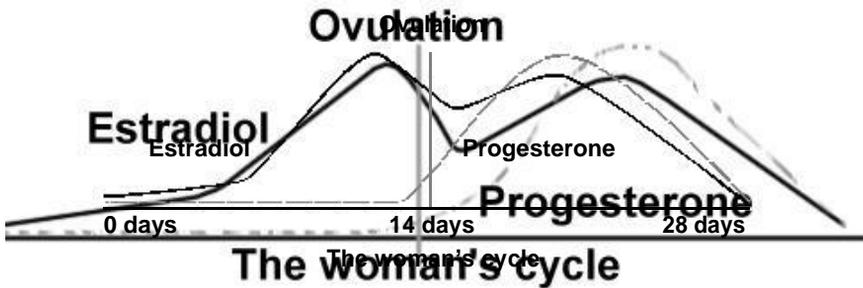
expresses an ultimate, innate intelligence, protected in its own space in a separate dimension from the outside worldor is it?

Learning about our body needs to be taught to us all from a young age and it needs to be ongoing. Regret and disappointment may follow when placing blind faith in a system, person or institution when we allow them to make major health decisions concerning the destiny of our body. These days, people seem to have more say about their body bits when they are dead than when they are alive. After all, this is about you making enlightened decisions for yourself regarding your own health based on truth and fact, not marketing and myth.

So, what makes us truly different from men? Quite simply, *our bodies are designed to conceive.*

At birth, each ovary contains about two million eggs and by puberty the number reduces to between two to five hundred thousand. But only a fraction will eventually ovulate. Then puberty arrives during the teens. At this point a very important pea-sized gland in the brain called the hypothalamus secretes a hormone known as the Gonadotrophic Stimulating Hormone. Now this gland is very receptive to stress of any kind, so if your periods are late one month, think back to the stressful events before ovulation that might have impacted on upsetting your regularity. From here we go to the pituitary gland, also located deep within the protective folds of the brain that in response to GSH starts to secrete another hormone called Follicular Stimulating Hormone (FSH). This hormone stimulates the follicles of the ovary. As some of these follicles begin to mature they secrete estrogen. Estrogen rises, the FSH secretion is stopped and the pituitary then commences secretion of Leuteinizing Hormone (LH). Within a day or two of this change, the follicle bursts and the egg is expelled.... starting its journey into destiny. This is called ovulation and is the critical time for a

successful union between sperm and egg. Interestingly, the time between ovulation and the beginning of the period is almost always set at 14 days for each woman so if you have a 24-day cycle then your ovulation time would be 14 days prior to day 24 which is day 10, unless there is a confirmed luteal phase defect. The term 'luteal' refers to the second half of the cycle from day 14 to 28. At this point, estrogen production is slowed and progesterone now kicks in.



Progesterone is largely made from the sac from which the egg was expelled. This sac is called the corpus luteum, or yellow body, as it is known. If the egg is fertilized it secretes a hormone known as Human Chorionic Gonadotrophin which ensures the ovary continues to produce large amounts of progesterone to prepare the uterus for a pregnancy. If the egg is not fertilized, no HCG is secreted, the ovary stops producing progesterone and the cycle begins again. What mastery!

In the first half of the cycle, the increasing levels of estrogen help build the endometrium or lining of the uterus preparing it for implantation. The progesterone also helps it to mature. Without sufficient progesterone being produced, implantation is difficult and miscarriages can occur. The role of progesterone is therefore vital. It ensures the lining of the uterus is not shed. **Progesterone promotes pregnancy** (the word progesterone derives from “pro” meaning in favour of and “gestation” meaning pregnancy).

This routine happens to every woman on earth, each month of her reproductive life with varying degrees of difference and difficulty.

So many women are disheartened at their attempts to become pregnant using the modern IVF and artificial insemination programmes because for them, it hasn't worked. Do these programmes accurately assess the levels of naturally occurring progesterone in these women before they start the programme? Do they realise that blood testing for progesterone is inaccurate and saliva testing is the preferred and most accurate option for this assessment? Has their toxic bowel and liver been addressed or the mercury poison in their fillings looked at? And what about their zinc, magnesium, iron, other minerals and major antioxidant levels, not to mention dietary habits???

No, I don't think so. All of these factors can affect pregnancy outcomes in some way. The tremendous overuse of chemicals and pharmaceutical agents found in medications, medical treatments and our food chain are deeply encoding themselves into our being and into our offspring. As you will learn in this book, the message is clear. Take a balanced holistic approach to health, address underlying hormonal deficiencies naturally and always seek the truth. It is somewhat ironic therefore that the word “**doctor**” means “**teacher**”.

The other end of the hormone cycle

Menopause and perimenopause aren't deficiency diseases so a woman entering this illuminating phase of her life isn't a tragedy waiting to occur.¹ Are all women at this stage of their lives biologically faulty and in need of synthetic hormonal medication for the rest of their lives? Of course not. This period is a natural transition through the female's passage of life and a positive lifestyle attitude helps greatly. Diet can play a major role in the symptoms expressed during this time as exemplified in women

¹ Sixth International congress on Menopause, Bangkok, 1990

from other cultures who don't even have a word for menopause because they have none of the symptoms the typical Western woman experiences.

Perimenopause is the time leading up to changes of the menstrual cycle with all of its associated symptoms. It can start as early as the late twenties but more often late thirties and early forties. This period of our life often brings an exacerbation of mood swings, depression, low libido, sore swollen and often lumpy breasts and irregularities of the menstrual cycle. Call it a mid-life crisis because that is what it feels like for many. Women going through this period may be career mums, students, painters, dancers, doctors and even grandmothers themselves who often experience a growing inability to cope and a constant lack of joy in daily life. Everything is an effort and tension can stress the woman to snapping point. The desire to want to feel well is there but things just don't feel right inside. It's time to talk **hormones**.

When menopause is reached, the cycle stops. Ovulation ceases and so does the natural production of progesterone your body still so desperately needs. The few of us working within this exciting field are in debt to Dr John Lee, an American doctor in practice for 25 years who first coined the term "estrogen dominance". He used this term in his first book written in the mid 1990's – "*Natural Progesterone: Multiple Roles of a Remarkable Hormone*" – which was written largely to alert other doctors to the true importance of managing progesterone levels for women's hormone health. Any scientific textbook will elucidate the virtues, strengths and talents of natural progesterone however this has been largely ignored by mainstream medicine because the pharmaceutical companies who manufacture patentable hormones (synthetic) can't make any money out of something that is natural (identical to what women make in their bodies). This is why many of you haven't heard of natural progesterone cream before. This is why your doctor probably hasn't mentioned it before. There is no money in it for the big drug companies. There are

only a few pharmacies around Australia, called compounding pharmacies, where the pharmacist will sit in a little back room hand-making this wonderful product just for you. It is made to strict specifications with a special oil base ingredient for effective delivery of the progesterone so don't think any local chemist will, or can, make this cream for you.

Women have been over-estrogenised since the 1960's with the mass, uncontrolled scientific experiment called "The Pill". And now we have the current information that most naturopaths have been aware of for many years - that HRT is dangerous and even cancer causing to women's health. There have never been any valid, scientific studies or proof that the Pill or HRT was safe from the very start. So the 60 million or so women worldwide taking the Pill do so as part of one large ongoing mass experiment.

Monetary gain and good health are rarely compatible bedfellows. The Pill has established links to breast cancer, high blood pressure, gallstones and cardiovascular disease. HRT is similar. When you put a synthetic hormone or steroid into your body, it is not the same as that which you produce naturally. It doesn't fit like a lock and key to the receptor sites on the cells. When I talk about "natural progesterone cream" I am referring to the progesterone which is, yes, chemically synthesized from wild yam or soy in a laboratory, but it is minimally changed and only reconstructed to be absolutely chemically identical to that which you and I produce in our own bodies so there ARE NO SIDE EFFECTS. The body immediately recognizes the chemical construct as being the same as what we normally produce and therefore can easily use. When the Pill or HRT steroids are made, material is gathered from the same raw source BUT they, the big pharmaceutical companies who always have your wellbeing at heart (!), convert, alter and change the simple plant steroid (diosgenin) into an entirely new product that isn't at all the same as the progesterone produced by our bodies. This hormone

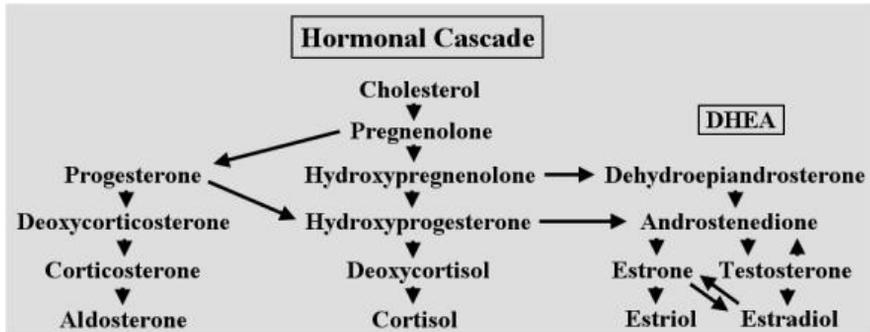
doesn't fit like a lock and key to our cells. This difference causes the myriad side effects you are perhaps now experiencing. Because there is so much worldwide medical literature available validating the use of natural progesterone for assisting underlying hormonal problems, I find it simply negligent that women aren't told about this wonderfully natural option. Giving a hysterectomy to stop heavy bleeding or administering the Pill to cure acne and painful periods never addresses the underlying cause of the problem. The woman will still be left with a myriad of symptoms associated with this untreated hormonal imbalance even if heavy bleeding is reduced and acne controlled. As far as issuing Premarin to help protect against heart attack, nothing could be further from the truth. There are negative links between extra synthetic estrogens and an increased stroke/death/ cancer risk. Remind your doctor or specialist next time you visit their offices of the comprehensive results from the Women's Health Initiative Study Group where 16,608 postmenopausal women aged 50-79 years with intact uterus were recruited by 40 US clinical centres in 1993-1998. After 5.2 years of follow-up the data and safety monitoring board recommended halting the trial of estrogen plus progestin (HRT) vs placebo because *"for invasive breast cancer exceeded the stopping boundary supporting risks exceeding benefits. The primary outcome was coronary for this adverse effect with invasive breast cancer as the primary adverse outcome plus stroke, pulmonary (lung) embolism, endometrial cancer, colorectal cancer, hip fracture and death due to other causes."*² Consider why you need to be taking steroids that are not found naturally in the body. Even for those of you who swear by your Premarin (ie pregnant mares urine, hence pre-mar-in) for the relief it has given you from hot flushes, you are seriously putting yourselves at grave risk. It is progesterone that is the "mother" of all hormones. With adequate levels of progesterone,

² JAMA, Vol 288, NO 2, July 17, 2002

"Risks and Benefits of Estrogen plus Progestin in Healthy Postmenopausal Women". Results from the Women's Health Initiative Randomized Controlled Trial.

not progestins (synthetic progesterone like Provera), your body will manufacture more natural testosterone and estrogen thereby reducing and eliminating the cause of low libido, hot sweats and weight gain.

The Hormonal Cascade



You will notice from the above diagram just how important a healthy level of **cholesterol** is in the overall manufacture of each of the hormones. All hormones are made from cholesterol. Hormones such as testosterone and estrogen are made from progesterone. Women who regularly eat a low fat diet are not doing themselves any favours when they reach their forties. I like to see cholesterol levels of between 4.5 and 5.5 nmol/L that adequately support the healthy production of pregnenolone to further make the necessary steroids for wellbeing. So, please don't think you are doing just fine on a cholesterol level of 3.5. Ask your doctor to organise a blood test called a fractionated cholesterol assessment as it will show how high or low your actual levels of HDL (heart protective cholesterol) and LDL (bad cholesterol) really are and then give you a total cholesterol reading. There are no myths with cholesterol. Most people manufacture between 70-90% of their cholesterol within their body with only a small percentage coming from diet. So toss out that noxious margarine and canola oil right now or you might just find yourself in the cardiac ward because of them. Eggs and butter are back in fashion and here to stay! More on this later.

Estrogen

Both the ovary and adrenal gland produce the steroid hormones estrogen, androgen and progesterone. There are three main types of estrogen women produce – estriol, estradiol, and estrone.

They help shape us into either buxom or hippy women, or both.

Estriol, estradiol and estrone are produced in the body in an approximate ratio of 80:10:10 and estriol is about 80 times weaker than estradiol. This is not the case when HRT eg Premarin, is used. Premarin consists of estrone (75-80%), Equilin (6-15%), estradiol and 2 other equine (horse) estrogens (5-19%).

Getting away from the technical detail consider the fact that Premarin, as stated earlier, is made from the *urine of pregnant mares*. The human body has none of the cofactors required to breakdown Equilin and other horse estrogens nor does it have sufficient quantities of these enzymes to cope with the excessively large quantities of estrone and estradiol found in products like Premarin and 100% estradiol patches.

Conventional estrogen replacement regimes tend to focus on the use of estrone and estradiol. Estriol has long been overlooked and dismissed as a weak and unimportant estrogen since estradiol and estrone produce more potent estrogenic effects such as inducing endometrial tissue growth. But what implications could this have for cancers of the cervix and endometrium and for endometriosis? Estriol is a vitally important estrogen in any estrogen replacement therapy. It actually opposes the excessive proliferation of endometrial cells promoted by estrone and estradiol, which if left unopposed, may lead to endometrial cancer. *Early assessment of estrogen dominance relative to progesterone by **saliva hormone assay** should be encouraged for the purpose of supplementing progesterone to restore a favourable estradiol/progesterone balance in the prevention of the above conditions.*

Most **postmenopausal** women derive almost all of their estrogen (estrone) from the breakdown of androgens (male-type hormones found in men and women) present in fatty tissue and muscle. As

we age, it pays to have a little extra fatty tissue on the hips! Estriol, which may protect against breast cancer, is especially effective in maintaining healthy vaginal mucosa (great for dry vaginal complaints) and prevention of urinary tract infections, which are very common during menopause. As mentioned earlier, the human body is designed to have 3 forms of estrogen in the ratio of approximately 80:10:10 (estriol:estradiol:estrone). Exposing the body to 100% estradiol from synthetically produced drugs (HRT and the Pill) creates an unbalanced, unnatural and potentially dangerous situation.

So, how is estrogen made? All synthetic estrogen is made from natural estrogen. The chemical labs of big pharmaceutical companies play around with atoms, placing them at unusual positions on the estrogen molecule which changes its metabolism within the body, increasing its activity and duration of action as well as introducing effects not consistent with that of natural estrogen. Although these changes are minor, they can cause the side effects we know of today. These synthesized steroids don't fit like a lock and key onto our cells. Their differences cause the many unwanted and troubling side-effects women experience from conventional HRT and the Pill. Interestingly, testosterone (predominant male hormone) and estriol (female hormone) are almost structurally **identical**. Emotionally we might be from Venus and men from Mars but biochemically male and female hormones are very similar.

No discussion about estrogen is complete without mentioning two other groups of substances which have estrogenic effects. These include the phyto (plant) estrogens and the less desirable 'environmental estrogens' or xenoestrogens which are found in our food chain and environment as chemicals. This is extremely important when it comes to reviewing the total estrogenic load a woman is carrying at the expense of her natural progesterone.

Phytoestrogens can be useful for some women as they are known to influence the menstrual cycle³, reduce the incidence of estrogen responsive cancers⁴ and decrease the frequency and severity of menopausal symptoms. Asian women consume very small amounts of tofu and fermented soy products as a condiment to their daily diet and it is thought this factor might influence their very low rates of menopausal complaints. But other lifestyle factors play a huge role as well. I am not in favour of the western adaptation of eating bucket loads of tofu and soy milk. Commercially prepared soy milks are notorious for containing high levels of aluminium and many bleaching agents and other chemicals used in their manufacture. Tempeh and miso are less toxic.

These plant estrogens can help to modify our internal hormonal environment. The levels of phytoestrogens in plants change as the plant grows and matures. Seeds first sprouting contain high levels of phytoestrogens as do seeds stressed by drought or insect attack. There are six main types of phytoestrogens fit for human consumption that are known to influence hormonal health.

Edible phytoestrogenic plants

Isoflavones	Coumestans	Lactones	Lignans	Saponins and others
Soy bean*	Alfalfa	Oats	Linseed*	Licorice*
Chick pea	soy sprouts*	Barley	Rye	Potato
Cherry	Green bean	Rye	Buckwheat	Fennel
Alfalfa	Kidney bean	Sesame	Millet	Carrot

³ 'Biological effects of a diet of soy protein rich in isoflavones on the menstrual cycle of premenopausal women', Am J Clin Nutr **60** , p333-40

⁴ Adlercreutz H, 1990. "Western diet and western diseases, some hormonal and biochemical mechanisms and associations", Scand J Clin Lab Invest **50**, p 3-23

Parsley	Split pea	Peas	Grains	Aniseed
Licorice	Mung Beans	Corn		Hops
Whole grains	Olives	Rice		Cabbage
Mung bean				Sage, garlic
				Yeast, plum
				Beetroot

**Contains high levels of phytoestrogens.*

Phytoestrogens connect to an estrogen receptor site on a cell and estrogen receptors can recognise and accept any substance, even a chemical, which has a molecular structure similar to the estrogen produced in your body. If it ‘fits well’, it will generally exert a strong effect. Think of this as a game of musical chairs. In premenopausal women, many of the plant estrogens are weaker than those produced in the body at this time of life. These plant sterols have an anti-estrogenic effect as they sit on the receptor sites (or chairs) of the cells and stop the stronger estrogens from sitting on them too. But once a woman is postmenopausal and there is very little natural estrogen circulating in the body, plant estrogens exert a more positive estrogenic effect because they are the only ones left playing the game and can therefore sit on all the chairs on the cell (receptor sites). So, with this in mind, if you are premenopausal with endometriosis or fibroids (both of these conditions are primarily created due to too much estrogen at the expense of natural progesterone) you can reduce an excessive estrogenic effect by selectively introducing foods that compete with your own estrogen levels. Or, if you have only very mild transitional symptoms the phytoestrogens found in plants might be all you need to positively modify the hormonal imbalance.

What about environmental estrogens?

These are called ‘xeno-estrogens’ or estrogens found outside the body. All men, women, children and most animals living today will be suffering from a form of estrogen dominance because of our chemical environment. You cannot escape the onslaught of

chemical compounds found in pesticides, herbicides, fungicides, plastics, industrial waste products, car exhaust, meat, soaps and much of the carpeting, furniture and building materials used in construction. These emit a hidden outgassing of noxious chemicals that you may or may not be able to detect with your nose. For many, this can mean constant sinus problems or headaches, dry eyes, asthma or cold hands and feet. Over a longer time frame, the exposure can progress to more chronic states of ill health such as severe pre-menopause, arthritis and possibly some cancers.

This estrogen overload may account for young girls reaching puberty earlier and menstruating as early as 10 years of age and pre-pubescent boys developing breasts. Chemical exposure brings to mind one of the more noxious solvents young girls use regularly - nail polish remover!! And what of perfumes which can contain acetone, benzaldehyde and ethanol. Don't forget those silver dental amalgams that contain at least 50% mercury and the high aluminium content of most deodorants that are promoted to young women on television as an almost essential item to attract the perfect partner! Mercury, being one of the more potent neurotoxins we have in our environment today, detrimentally affects brain function and memory. Chemicals affect how we think, feel and act and can be highly destructive to normal growth patterns both inside and outside the womb.

As a clinician, I have learned there is great value in taking a toxic exposure case history. In most cases, gathering a thorough environmental exposure history will lead to a successful resolution of troubling symptoms. *Years of practice have demonstrated to me how more effective a documented patient history is than most laboratory tests.* I use a Toxic Exposure History Questionnaire for patients to highlight where adjustments to lifestyle and chemical exposure can be made.

I am also appalled at the huge variety of toxic products in the pet industry which, when applied directly to the skin of the animal, will pass into the fatty tissue and blood stream. A great many of these chemicals controlling fleas, ticks, worms etc are derived from the petroleum industry but the organophosphates would have to be the worst. There are other treatments available for many of these conditions so think twice before you overdose your loved pet with a barrel full of PCB's. And try not to feed your pet pooch with tinned meat. Most chicken and cattle are fed hormonal growth promotents to fatten them for market. Hormone free meat is best unless you unwittingly want to modify the sexual development of your loved pet with the food you're feeding it!

We live in a sophisticated society where the trade-off is our health and environment. The brand new car or home just purchased will be outgassing chemicals from the plastics, varnishes, glues etc for many years to come. For everyone, it is the accumulating estrogen overload that becomes one of the many unwanted end products.

CASE STUDY 1.

A lovely lady came to see me in clinic because she was tired all the time and just couldn't lose weight. She had dry skin and hair, slept poorly and occasionally suffered heart palpitations. She had few hot flushes even though she was 47 years of age. She said she was on HRT but would like to come off it because since taking Premarin most of these symptoms were exacerbated. We chatted further and over the next few minutes I found out she had moved house 5 times over the past 15 years and had just bought her 3rd brand new car. Now each home was brand new so her body had begun the slow chemical accumulation from the myriad chemicals found in glues, varnishes, synthetic textiles and plastics found in newly built homes as well as new cars. When you think about the estrogen dominant environment this woman was living in, not to mention her almost daily intake of hormone fed chicken,

it's no wonder she was struggling. She had become what we term "estrogen dominant" at the expense of other valuable hormones. Her awareness level is now very high and positive changes have been made to her hormonal programme, diet and supplement regime which is moving her forward into wellness.

The effects of Estrogen

As women, we have two major hormones that are designed to keep each other in check and to keep us feeling normal and well. As we get older, the female doesn't need any extra estrogen, unless it is for something highly specific such as bladder weakness, unrepentant dry vagina or severe hot flushes. For most of us, it should mean focussing on the balance between estrogen and progesterone. If it means using extra natural progesterone to achieve this then that is what we must do. It seems a shame that this natural hormonal balance within women has been medically neglected. Now is the time to read and learn because what we thought was the unutterable truth about estrogen saving lives and preventing osteoporosis and other diseases of old age really isn't the truth at all. Normal hormonal changes women encounter have been over medicalised and disease-labelled. Therefore, it behooves practitioners to embrace a more honest approach to the practice of medicine in adopting a new motto of "*educate, not just medicate*".

As a general rule, estrogen stimulates cell growth. It is responsible for giving the female body the signals to build blood-rich tissue in the uterus in the first part of the menstrual cycle and also plays a key role in signalling hormonal stimulation of the egg-containing follicle in the ovary. However, it is estrogen's tendency to stimulate cell growth that makes its **excess** such a dangerous promoter of cancer. This is why it is so important to look at ways of down regulating estrogen and increasing progesterone in men and women to prevent hormonal imbalances.

The effects of estrogen are:

Helps build lining of the uterus	Stimulates breast tissue
Increases body fat	Retains fluid Interferes
Contributes to depression and headaches	with thyroid hormone
Impairs blood sugar control	Increases blood clotting
Decreases libido	Loses zinc, increases
Reduces oxygen to all cells	copper Causes endometrial
Increases risk of breast cancer	cancer Slightly slows down
	bone loss
Reduces vascular tone	Triggers
	autoimmune disease

So if you have uncontrollable sugar cravings, migraine headaches before a period that no pain relieving drug will shift, low levels of zinc as indicated by hair loss and poor immunity to flu and colds, autoimmune diseases such as SLE or arthritis, no energy, feeling flat or low all the time, dry skin and hair and lumpy swollen breasts, then you are probably suffering from estrogen dominance. All you need to do is balance this with enough natural progesterone, change diet and lifestyle and assess the need for a few extra supplements or herbs and I guarantee your life will very quickly move upwards.

Estrogen dominance

Excess estrogen also tends to create deficiencies in magnesium and B vitamins. These nutrients are needed to prevent heart palpitations and irregular heartbeat that so many women complain of when on HRT or the Pill. And you were told HRT is heart protective!!! Magnesium is especially important in the prevention of heart attacks and regulating insulin in blood sugar management. Insulin is regarded as one of the most “fattening” hormones the body produces. It acts like a squirrel, grabbing onto the glucose floating in the bloodstream after we have eaten

the delicious chocolate bar or plate of potatoes and pulling it back into tissues for storage. We all know what extra storage of energy is called.....FAT. Insulin also competes with thyroid and progesterone production which is why I adjust the patient's carbohydrate, protein and fat content in the diet to reflect a more regulated insulin response. B vitamins, especially vitamin B6, is the pivotal vitamin for women needed in energy formation and is always gobbled up by the Pill and HRT. You will learn from this book not to be at all scared of eating fat (the right sort) and there will never be any mention of "diet" or "weight loss" fad foods. We need to get back to wholesome foods with a clearer understanding of why we do so.

The most successful management approach to feeling well includes reducing stress, improving diet and other lifestyle factors, reducing toxic overload, increasing natural progesterone levels, reducing the intake of estrogen promoting substances, improving digestion and maintaining good bowel function. Seek guidance from qualified practitioners who will listen to you and have your best health interests at heart.

Symptoms of estrogen dominance

- Acceleration of the ageing process
- Allergies, including asthma, rashes, sinus congestion
- Autoimmune disorders
- Breast tenderness
- Cervical dysplasia
- Cold hands and feet, relating to thyroid dysfunction
- Decreased sex drive
- Depression often with anxiety or agitation
- Dry eyes
- Dry skin
- Early onset of menstruation
- Endometriosis
- Excessive blood clotting

Fatigue

Fat gain around abdomen and hips

Fibrocystic (lumpy) breasts

Foggy thinking

Gall bladder disease due to thickened bile

Heavy or irregular bleeding (menses)

Hirsutism (excessive hair growth on body)

Hair loss

Hypoglycemia (swings in blood sugar levels)

Increased risk of endometrial cancer

Infertility

Irritability

Insomnia

Loss of zinc and higher levels of copper

Miscarriage

Mood swings

Memory loss

Osteoporosis

Polycystic ovaries

PMS

Sluggish metabolism

Uterine fibroids

Uterine cancer

Uterine cramping

Water retention, bloating

If you are beginning to feel a little angry or cheated because you weren't told about natural progesterone by your doctor and the nasty effects estrogen can have, then good, because you can use these feelings to do something about it now. Doctors are also a product of their training and are often later influenced by drug companies who send their armies of slick salespeople out to disarm medical practitioners with information on drugs that all come with guarantees of curing whatever seems to be the latest health issue. Dodgy research material, poorly controlled

scientific studies and a seeming nonchalance towards the drugs' side effects makes for medical mayhem.

The most popular drug prescribed for women is Premarin so if you still have a uterus coming into menopause your doctor may often prescribe estrogen with Provera (synthetic progesterone, not progesterone at all) to offset the cancer-causing effects of estrogen (Premarin). To quote Dr Lee⁵, *“What doctors aren't telling women is that giving them estrogen before menopause will cause a fibroid to grow – and that giving them estrogen after menopause (when it would naturally shrink) will likely cause it to continue to grow. What most doctors don't know about fibroids is that avoiding estrogen and using some natural progesterone cream will almost always shrink a fibroid enough to minimize or eliminate symptoms long enough to get to menopause, when it will normally shrink significantly enough to cease being a problem.”* A fibroid is a tough, non-cancerous growth often found in the uterus of women. Some can grow to the size of a rockmelon and many women can grow multiple fibroids at once. They can cause constant bleeding similar to a hemorrhage. Fibroids usually shrink at menopause when estrogen levels are lowered. Lee continues.... *“It's ironic that our conventional medical culture has evolved in such a way that a woman who has an enlarged uterus or a fibroid is considered to have a disease, and that her uterus is considered to be a liability, all because it has become a virtual requirement that your doctor prescribe Premarin and Provera to you when you reach menopause. If your doctor didn't feel so powerfully obliged to prescribe those drugs, your uterus would naturally shrink. Because he or she feels obliged to prescribe those drugs, your uterus becomes dangerous. Thus do drug company profits dictate medical education and practice... ..what a convoluted, tricky house of cards has been built around the belief that conventional HRT will save you from the ills of old age. All these lines of reasoning,*

⁵ Lee, John M.D. “What your doctor may not tell you about premenopause” Jan 1999.

assumptions, and belief systems are built on decades of clever but inherently dishonest advertising and marketing for estrogen. Premarin, the top-selling drug in America, has made your uterus a liability. The truth is that your uterus is not a liability to you; it is a liability to drug company profits.”

No ovulation, no progesterone

What makes estrogen dominance most noticeable in a premenopausal woman is a lack of ovulation. After releasing the ovum, the emptied follicle becomes the corpus luteum that makes progesterone. This is the primary way that a premenopausal woman makes progesterone. **If you don't ovulate, you won't produce progesterone** in any significant amount and will consequently start to exhibit some of the above symptoms every month this happens. It might also express itself as a worsening of PMS although there may be other factors other than excess estrogen involved here. It might help to remember that progesterone is the basis of the manufacture of all other hormones in the body and if not enough of the right nutrients are present in the body that are needed for conversion from progesterone to other hormones then the entire production of hormones will be short -changed. There is a repeated need for vitamins A, B3, B6, folic acid, E, C, zinc and magnesium throughout the whole process starting with cholesterol at the top moving down through to pregnenolone, then to progesterone, testosterone and finally to estrogen production. Because it takes time for nutrient levels to build up sufficiently, I often prefer advising a woman to use natural progesterone cream as well that generally provides speedy relief of many distressing symptoms. At the same time I look at changing what we can in her daily life by reducing exposure to synthetic estrogens. Any programme I recommend for women whilst on the natural progesterone cream will always include nutrients essential to the body's own natural production of progesterone. I have lost count of how many times I have come across women who are extremely low in zinc, magnesium and

B6, not forgetting ferritin and iron. Testing for these can be done either by blood or hair analysis but taking a thorough case history can reflect a much more definitive picture.

Causes of Estrogen dominance:

Diet

(Phytoestrogen deficiency)
(Sugars and refined starches)

Stress

(Cortisol)
(Anovulatory cycle)

Medically induced

(Birth control pills)
(HRT)

Other nutritional

(Excessive calorie intake)
(Impaired liver function)
(Mineral and vitamin deficiencies)

Environmental

(Estrogen in meat/chicken supply)
(Xenoestrogen exposure includes chemicals)

Another common cause of estrogen dominance and last resort action is hysterectomy, or removal of the uterus which produces a surgically-induced menopause. According to Dr Lee, even when the ovaries are left intact, their blood supply is severely compromised by this operation and they usually stop functioning altogether within two years of the removal of the uterus. But that's not all. Conventional medicine usually prescribes an estrogen-only substitute with no progesterone for these women. This is based on the thinking that women suddenly become estrogen deficient after the operation and yes, they are in their forties and, why not, since they won't ever be likely to develop cervical cancer because the cervix as part of the uterus is no longer there!! Let me ask you this.....were your existing levels of progesterone/estrogen/thyroid ever checked *before* these medications were prescribed? So what was the basis of the safe starting point for hormonal application for you? Supplemental estrogen in a woman who doesn't need it or doesn't have natural

progesterone levels to balance it will only result in unwanted problems of estrogen excess.

If a woman does need a little extra estrogen to help alleviate severe hot flushes and dry vagina then a safe natural estrogen cream can be prescribed by a doctor conversant with natural hormone use. As mentioned earlier, estriol is especially effective in maintaining healthy vaginal secretions but only the smallest dose is needed. Another effective remedy I have used is high dose vitamin E oil capsules with mixed tocopherols for dry vaginal complaints and progesterone stimulating herbs such as vitex agnus castus and paeonia lactiflora for improving progesterone balance. Vitamin B6, magnesium and evening primrose oil as prescribed correctly by your naturopath will alleviate the symptoms of bloating, cravings, headaches and cramping.

Progesterone – The unsung heroine

We can see from the preceding pages how essential progesterone is for women's health. It may seem obvious what progesterone is, but many people will use the word progesterone when they are also describing the actions of the synthetic progestagens or progestins as they are also known. In this book, *progesterone* refers only to the natural hormone produced in the ovaries or a supplementary form of it that is bio-identical. As explained earlier, this means that it is recognized by the woman's own body as identical in every way to the progesterone she would produce herself.

Progesterone is present in both men and women. In a woman, the levels produced will vary which is why testing needs to be done at particular times during the month.

Average levels of progesterone produced in optimum circumstances:

<i>Premenopausal women prior to Ovulation</i>	<i>5-10 mg per day</i>
<i>Premenopausal women after Ovulation</i>	<i>20-50 mg per day</i>
<i>Pregnant women dramatically</i>	<i>they rise and can reach 400mg daily</i>
<i>Post menopausal women</i>	<i>10 mg per day</i>
<i>Men</i>	<i>5-15 mg per day</i>

Progesterone is made by mammals and affects every tissue in your body including the uterus, cervix, vagina, hormonal system, brain cells, fat metabolism, thyroid hormone function, water balance, myelin sheath (important for people suffering from multiple sclerosis), survival and development of the embryo and growth and survival of the fetus. It doesn't affect sexual growth the way estrogen does and cannot be labelled either a male or female hormone.

It was first discovered and isolated in the early 1930's and was manufactured in a laboratory in the USA in 1939 by converting diosgenin⁶ into progesterone through a series of chemical changes. Unnatural progesterone-like compounds termed progestins are synthesised by drug companies from natural progesterone (Provera, Primulet, Depo Provera etc) but *do not*

⁶ A plant hormone found in Mexican Wild Yam

provide the full range of progesterone's biological activity, **nor are they safe.**

Natural progesterone is a highly fat-soluble compound that is most effectively absorbed and utilised by the human body when applied as a **cream**. It is not effective when taken by mouth as the liver breaks it down before it can exert an effect in the body. The progesterone used in the cream supplements is identical to the progesterone produced by the body. The progesterone used in the cream supplements is not of biological (human) origin but is produced by synthetic means in a laboratory from wild yam and soy plants. Because the human body recognises this type of progesterone as identical ("natural") it is able to utilize it straight away and is, in this sense, classified as a *natural therapy* compared with hormones that are present in the oral contraceptive pill which have vastly different structures and are unnatural.

Testing

As demonstrated earlier, blood testing is inaccurate for assessing existing levels of progesterone within the body. Because 70- 80% of ovary-made progesterone is carried on red blood cells and isn't measured by serum or plasma blood tests, *saliva testing is the only reliable and accurate measuring tool because this progesterone can filter through the saliva glands into saliva.* What this really means is that the blood tests are only able to measure 1-9 percent of the biologically active hormones circulating in the body. The greatest percentage remain undetected by these tests. You can see how unwise it is for doctors to prescribe hormones based on blood test results alone. Saliva hormone testing is less expensive, more accurate and more relevant for measuring active hormone levels within the body. Interestingly, the World Health Organisation dropped the use of blood testing six years ago in favour of saliva testing. Testing kits can easily be obtained from a naturopath or holistic doctor who is familiar with natural hormone therapy.

Progesterone:

- Is needed to make other sex hormones ie estrogen and testosterone
- Maintains secretory endometrium
- Protects against fibrocystic breasts
- Is a natural diuretic
- Helps use fat for energy
- Is a natural antidepressant
- Helps thyroid hormone action
- Normalises blood clotting
- Restores libido

Helps normalise blood sugar levels

- Normalises zinc and copper levels
- Restores proper cell oxygen levels
- Protects against endometrial cancer
- Helps protect against breast cancer
- Stimulates osteoblast-mediated bone building
- Necessary for survival of embryo and foetus throughout gestation
- Precursor of cortisone synthesis by adrenal cortex which makes it good for pain control for SLE, arthritis, allergies

Progesterone levels drop much more at menopause than estrogen levels and in fact can decline to nearly zero. Furthermore, anovulatory (no ovulation) cycles can cause low progesterone levels on and off throughout the entire length of the menstruating years but more often during those years before actual menopause has been reached. One of progesterone's most important and powerful roles in the body is to counteract the effects of estrogen. Restoring proper progesterone levels restores the hormone balance and quite clearly women need healthy levels of progesterone for wellbeing and prevention of disease

Progestins are synthetic – stay away from them

Whilst progesterone can't be marketed by the big drug companies for hormone replacement therapy because it is a natural substance (can't be patented) and offers no profit motive, profitable patentable versions have been produced synthetically. Because they bear very little resemblance to a woman's natural progesterone, drug companies can proceed to heavily market, exploit and charge high prices for an inferior, dangerous and *patentable* substitute you will regret having started.

The pharmaceutical manufacturers themselves give a combined total of more than 120 potential risks and problems associated with HRT.⁷ The most common side-effects of taking progestins are bloating, particularly of the abdomen, painful breasts, mood swings, fatigue, depression, rashes and dry skin, dry itchy eyes, weight gain, alteration in bowel habits, anxiety, joint and muscle pain. Progestins are not found anywhere in nature and are foreign to our bodies. Progestins also block the body's ability to produce natural progesterone and some progestins can be 2000 times more potent than progesterone. No wonder women taking these man-made substitutes feel unwell.

Where does breast cancer fit into the picture? According to the Boston Nurses Questionnaire Study which followed 121,700 women on HRT for the past 18 years, adding progestin to estrogen not only failed to reduce women's incidence of breast cancer but actually increased it. Over a ten year period, women who took estrogen with progestin increased their risk of breast cancer by up to 100%.

⁷ Nancy Beckahm, "Why women should not take HRT", Wellbeing Magazine, No 67, p70.

Natural progesterone and wild yam creams

Not all the products with the labels “*wild yam extract*” actually contain any progesterone. For example, here in Australia, over the counter remedies for hormonal imbalances may contain wild yam extracts but by law they cannot contain progesterone.

Many of the wild yam extract products contain diosgenin, the active compound from wild yam, which can only be converted to progesterone in a laboratory with the aid of enzymes the human body lacks. I have not been able to unearth any relevant scientific studies on the efficacy of the so-called ‘activated wild yam’ creams available to Naturopaths but feel their actions would still be unpredictable and vary from person to person. Wild yam creams *may* have **mild** therapeutic effects but the actual mechanism for this is not yet known and there have been no independent trials to ascertain who will respond best to these products. When salivary analysis of progesterone levels was performed on women using wild yam creams compared to that of non-users, no differences in salivary progesterone levels were found.⁸ I only ever recommend patients use natural progesterone cream as scripted from a reputable holistic medical practitioner with a genuine interest in women’s health issues.

Keep your heart healthy

Premenopausal women rarely get heart attacks but postmenopausal women can suffer more with spasms of the heart muscle. Now this is not only attributed to changes in hormones. Two of the great regulators of heart muscle action are potassium and magnesium which can be in short supply at this stage of life. Magnesium is always indicated where there is any sign of cardiovascular disturbance and if we could put all heart patients

⁸ Dollbaum, C.M. 1996 “Lab analyses of salivary DHEA and progesterone following ingestion of yam-containing products’, *Townsend letters for doctors and patients*, p 104

in the hospitals on IV drips of magnesium balanced with a little potassium and calcium we would see remarkable improvements in patient outcomes. But we don't, do we – the drug companies rule. So I continue to see women as young as 25 years of age with irregular heartbeats and palpitations who also happen to be taking the Pill which has an adverse impact on magnesium levels in the body. It is known that both HRT and the Pill interfere with the metabolism of nutrients such as zinc, B6, B3 and magnesium. Their diets would also be low in magnesium rich foods. Our overfarmed soils remain depleted of vital minerals in spite of artificial fertilizers and chemicals. Superphosphates fertilisers are too high in potassium creating low magnesium levels in the soil. Farming practices that improve soil quality and increase mineral quantities deserves to be on everyone's future agenda.

New research has given us more information on the effects of combined medroxyprogesterone (Provera), synthetic estrogens and associated increases in heart spasms. Lets think twice before believing HRT is heart protective. Heart disease is not a symptom of menopause. It is simply heart disease. It is now known that high doses of estrogens are likely to be blood-clotting in their effect during use and it is possible that even moderate doses may increase the risk of clotting among women who smoke or who already have clogged arteries.

A healthy heart is intimately linked to dietary standards and heart disease risk is increased by – overweight and overeating, consumption of trans-fatty acids (margarine and other treated vegetable oils), animal fats, sugars and refined carbohydrates (cakes, take-aways, **the fast-food industry**, pastries, white flour products), lack of fibre, magnesium and potassium deficiency and a shortage of antioxidants such as vitamins A,C,E, glutathione, selenium and co-enzyme Q10. Stress rates highly here as well. Natural progesterone seems to play a significant role in protecting women from heart disease. It is also a natural anti-inflammatory, so aches and pains often disappear. Optimal levels of

progesterone help the body burn fat quicker and more efficiently. It protects the integrity and function of cell membranes; promotes better sleep; keeps you calm and helps lessen stress reactions. Many of these actions can be linked to better heart protection and performance. Estrogen promotes the passage of sodium and water through cells causing bloating and edema but enough magnesium, B6, potassium and progesterone will act to counterbalance this effect.

Progesterone and side effects

The only side effect is **wellness**. When used in physiologic doses (not greater than levels normally manufactured by the body and sufficient enough to alleviate symptoms) progesterone has no known side effects as compared with drug company-inspired synthetic progestins which have long documented lists.⁹ Very large doses of progesterone may cause sleepiness although most women may report a general feeling of calmness. Enormous doses may cause an anaesthetic or drunken effect but this never occurs in a carefully controlled programme.

How is it absorbed?

Progesterone is first absorbed into the layer of fatty tissue just beneath the skin surface and distributed throughout the body via blood circulation. Initially, much of the progesterone is absorbed into body fat but with continued use on a regulated daily basis the effects will be felt well within two to three months. This is where the use of hormone modifiers such as DIM (from cruciferous vegetables), vitex agnus castus, black cohosh, sage, damiana, blue cohosh, vitamin E and the B vitamins can act as a bridge between the time the cream is applied and the point at which its benefits start to become apparent. Some women do just fine on the herbs, dietary and lifestyle changes and vitamins where others

⁹ MIMS/Martindale medical drug reference manual

really do need some biological assistance when their levels of progesterone are disastrously low.

In postmenopausal women who also use estrogen supplements the initial effect of progesterone is to sensitise estrogen receptors in the body. This can result in some minor breast swelling and tenderness, fluid retention or occasional scant vaginal bleeding, all signs of estrogen dominance. These will pass quickly as body levels of progesterone rise so the appearance of these temporary symptoms isn't cause for cessation of treatment.

Perimenopausal women (30's and 40's) who are experiencing variation in their menstrual cycle, including missed menses, may find the addition of natural progesterone will temporarily bring a return to normal monthly menses. This again is due to progesterone heightening the effect of estrogen in the body and it is estrogen that normally builds the lining of the uterus ready for shedding two weeks after ovulation. Progesterone applied this way in conjunction with dietary changes, herbs, vitamins and lifestyle adjustments can work wonders. All dosing should be done by an experienced natural health practitioner who is familiar with the use of progesterone cream.

QUESTION AND ANSWERS

I am having hot flushes. Will progesterone help?

Yes. As Dr Lee put it *"They are the end-product of a lack of estrogen and/or progesterone response to the urgings of hypothalamic centres (a pea-sized gland in the brain). Often when progesterone levels are raised, the pituitary stops trying to signal the ovaries to ovulate, the hypothalamus settles down and the hot flushes usually subside."*

Will my periods start again now I am menopausal?

Generally no. Some women experience some slight vaginal bleeding but this usually subsides as progesterone levels increase.

How do I know if I have progesterone deficiency?

You can take a simple, painless saliva test and have it assayed by a suitably equipped pathology laboratory. The other way to recognise a deficiency is to go by your symptoms i.e. PMS, insomnia, early miscarriage, painful or lumpy breasts, infertility, unexplained weight gain and anxiety are the most common hormone imbalance signs among women of all ages.

Incorporating an estrogen-free diet, adding some herbs that have progesterone-like effects, discontinuing the birth control Pill and using natural progesterone cream will increase the progesterone level sufficiently to help you overcome any deficiency.

The doctor said I am estrogen deficient. What does this mean?

Estrogen deficiency occurs as women get older but it is relative to the downturn in progesterone production as well. Estrogen is made from progesterone so supplying extra progesterone will help relieve night sweats, mood swings, depression, hot flushes, sagging breasts, vaginal dryness, osteoporosis, fibrocystic breasts, painful intercourse and memory problems. This hormone imbalance is most common in menopausal women especially petite and/or slim women. I often include extra B6, magnesium, proper dietary advice and occasionally black cohosh and cruciferous vegetable extracts such as DIM to help modify the symptoms whilst the progesterone is working.

At the age of 25 I now have acne and some extra hair on my face and around my nipples. What has caused this?

Acne, polycystic ovary syndrome, excessive hair on face and arms, thinning hair on the head, infertility and mid-cycle pain are all signs of excessive androgen (male hormone) production. Again, if you refer to the chart (see page 13), you will see how

important progesterone is in keeping the levels of testosterone and estrogen in balance. If progesterone levels rise each month during the luteal phase (last half of the cycle), normal patterns of estrogen and progesterone are maintained and excessive androgen production seldom occurs. I have seen severe acne clear up beautifully after the use of extra natural progesterone.

Excessive sugar and simple carbohydrate (white flour, biscuits, cakes, pastries, sugars, soft drinks) can often cause this as well. Apparently, excessive sugar stimulates androgen receptors on the outside of the ovary. Androgens also block the release of eggs from the follicle causing polycystic ovary syndrome.

In the west, the prevalence of estrogen dominance syndrome involves more than 50% of women over the age of 35 as they enter the transitional phase of aging (age 35 to 45) . Synthetic estrogen is often administered on the premise that symptoms presented are due to estrogen deficiency without any consideration for the progesterone part of the equation while in reality, many are suffering from *relative estrogen dominance*. What the body needs is natural progesterone as a first line defense and not more estrogen. No wonder many women given estrogen for these menopausal symptoms feel so unwell.

I am still menstruating. Is it ok to use natural progesterone cream for swollen breasts and pre-period headaches?

Yes, absolutely. It is usually better to confine the supplementation of natural progesterone to the second half of the cycle as this won't interfere with your own ovulation and hence your body's natural production of progesterone. Dosage will vary according to your symptom severity and pattern. No amount of pain relief will shift a hormonal headache before a period nor will a diuretic help bloating issues. Only by improving the ratio between progesterone and estrogen will you be treating the cause and hence the symptom.

I have just come off HRT but don't feel the need for any extra estrogen. Can I take progesterone on its own?

Yes, progesterone can be used on its own without any additional estrogen. When progesterone is prescribed it is usually done so to counteract the effects of estrogen (estrogen dominance). Some women may still need a short course of low dose natural estrogen to help counteract hot flushes or very dry vagina but this is not usually suggested until the full effects of progesterone are felt. Naturopaths can help with hot flushes using herbs and nutrients as lowered estrogen levels often initiate flushing and vaginal dryness.

How long before I see any benefit from using natural progesterone?

Everyone is different and therefore responses will vary. If it is to help osteoporosis, results won't be any earlier than 6 months but for PMS or estrogen dominant symptoms you could see a result in two or three weeks or up to two months. Natural progesterone is not a cure-all for all illness associated with hormonal imbalance as I am sure you are starting to realise but it makes a huge difference to our quality of life in so many ways.

My blood test results show I am menopausal. Does this mean I am low in estrogen or progesterone?

It is usual for doctors to test FSH and LH levels which are hormones produced by the pituitary that act on the ovary. If these are high it is assumed that your ovary has stopped working and you are menopausal. But this is not always the case. A more accurate assessment is to measure saliva progesterone as well which can show whether or not you are ovulating. If you are not ovulating, you won't be producing any progesterone and will often be entering either the perimenopausal or menopausal phase of life.

If progesterone cream is so good, why hasn't my doctor told me about it before?

Perhaps you need to ask your doctor personally. It is not ethical for a doctor to prescribe a drug with which they are unfamiliar. Don't forget that much of the knowledge of the effects of progesterone has been accumulated over the years from clinical experience. All the doctor need do is refer to any physiology textbook for the answer. There is a wealth of information, research and literature available on the subject of progesterone and the web is an excellent source of material.

Unfortunately, there is no profit motive in natural progesterone cream for the multinational drug companies who actively push their own patented alternatives through expensive marketing campaigns to the medical profession.

I hope you enjoyed reading Chapter One of my book, “Woman to Woman”. The rest of the book is available in individual chapters, or you can download it in its entirety.

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