

## **Chapter 4: The Power of Progesterone**

### **Contents**

A Lifetime of Progesterone - Womens International Pharmacy

How to use progesterone

Progesterone - The 'Feel-Good' Hormone Part I and II

Progesterone and Estrogen

Progesterone and Heart Health

Sources of Progesterone for Uterine Fibroid Tumors

Power of Progesterone - Resources



## **A Lifetime of Progesterone**

To read the full article please click on link below:

<http://www.womensinternational.com/connections/progesterone.html>

## How to use progesterone?

Progesterone USP Micronized Bio-Identical 40-50mg daily total and Paraben Free Products.

Avoid products that just say “natural progesterone or wild yam” and do not include the words about it being pharmacy grade (USP), Micronized Bio-Identical and a dosage in milligrams per some amount. The “Natural” Progesterone is usually a precursor and you may not be able to absorb it properly. Avoid all creams that are preserved with Parabens.

**How to Apply:** Apply ¼ teaspoon or 20 mg topically to wrists/forearms **then** apply and massage into the breasts **twice daily**. If you put it on your hands, you wash off a portion of the dose.

**OTC (over the counter) Progesterone ProGest by Emerita “Paraben Free”. Also available on our virtual dispensary for 20% off.**

- For non cycling / Menopausal women **one** recommendation is to apply twice a day and use it for 3 weeks of the month and then off for one week. You can start it at any time if you are menopausal. Some women decide to start on the first day of the month so they can keep track easier. Some menopausal women like to use the progesterone Monday through Friday and take a holiday from hormone use on the weekends.
- If PMS symptoms seem to return with complaints of mood swings, difficulty sleeping, being tearful or feeling edgy when off the progesterone for more than 4-5 days, you can shorten the period that you are off the progesterone.
- For women who are still cycling or are irregular you may want to increase the levels to match your body's normal rhythms. This would be to match the progesterone rise after the middle of the month when you ovulate.
- For the woman who is still cycling they start the progesterone day 11 or 12 counting from the first day of bleeding of their cycle. They continue to use it until their period occurs.
- If they are peri-menopausal and the cycles are becoming irregular, you can use it to help regulate the cycles by stopping the progesterone on day 28-32 depending on what your previous rhythm happened to be.
- Lymphatic Drainage Massage may be helpful for thickened areas. No underwire bras/aluminum antiperspirants.

# Progesterone: The 'Feel-Good' Hormone - Part I

*By Ward Dean, M.D.*

This is the first of a two-part series about common health problems of women, and how, in clinical trials, natural progesterone supplementation can be of great benefit. In the second installment, appearing in next months Nutritional News, Dr. Dean discusses progesterone supplementation and osteoporosis.

Some of the most common symptoms physicians hear from their female patients are problems with weight gain, fatigue, loss of libido, depression, headaches, joint pain and mood swings. Other frequently discovered problems include uterine fibroids, cancer, fibrocystic breast disease, menstrual problems, autoimmune disorders, pre-menopausal bone loss and a high incidence of osteoporosis after menopause. Many physicians and scientists are becoming increasingly aware of a common link between these symptoms and diseases. That common link is often an imbalance between the primary female sex hormones, progesterone and estrogen. (1)

Progesterone and estrogen--along with other steroid hormones like DHEA, pregnenolone, and cortisol--have similar structures. Although the structural differences in these hormones may seem minor, these slight differences account for vast differences in their actions. (2,3)

High amounts of estrogen induce a host of metabolic disturbances. Progesterone, on the other hand, has a balancing effect that prevents an excess of estrogen from being toxic and harmful to health.

Progesterone is made in the ovaries of menstruating women and by the placenta during pregnancy. About 20-25 mg of progesterone are produced per day during a woman's monthly cycle and up to 300-400 mg are produced daily during pregnancy. Progesterone is a precursor to most steroid hormones and performs a myriad of different functions.

Estrogen regulates the menstrual cycle, promotes cell division, and develops secondary female characteristics during puberty. In non-pregnant, pre-menopausal women, only 100-200 micrograms of estrogen are secreted daily. But during pregnancy, much more is secreted. An important difference between estrogen and progesterone is that high amounts of estrogen are toxic to the body and create a number of harmful side effects. On the other hand, progesterone is free of side effects, even in high amounts. (6,7,8,9)

During the third trimester of pregnancy, women secrete 20 times more progesterone than during the last two weeks of their normal menstrual cycle. Despite the discomfort of carrying excess weight, many women describe that they never felt better in their lives than during the third trimester of their pregnancies! The reason is that the high levels of progesterone at this time produce increased energy and a state of serene well-being. But after delivery, when progesterone production drops suddenly, many women develop postpartum depression due to extremely low levels of progesterone. (10)

**Estrogen Dominance - Key to the Puzzle**

Unfortunately, most women suffer from a syndrome known as Estrogen Dominance. According to Dr. John Lee, who has pioneered research in this area, estrogen unopposed by progesterone results in a number of adverse effects. These include hypertension, salt and water retention, abnormal blood clotting, excessive body fat, hypothyroidism, painful breasts, fibrocystic breast disease, increased risk of endometrial cancer (cancer of the uterus) and breast cancer.

Estrogen dominance occurs at the age of menopause, when progesterone production falls to approximately 1% of its pre-menopausal level. At this time, the production of estrogen falls to about 50% of its premenopausal levels. This dramatically alters the estrogen: progesterone ratio, causing estrogen to become toxic without progesterone to oppose it. As a result, the risks for breast and uterine cancer, fibrocystic breast disease, ovarian cysts, uterine fibroids, cervical erosions and/or dysplasia, and osteoporosis increase.(11)

Unfortunately, modern orthodox medicine treats menopause primarily with synthetic estrogen.(12) However, the real cause of many menopause-related problems is not a lack of estrogen, but a lack of progesterone. Sadly, many doctors look at menopause entirely as an estrogen deficiency syndrome, and even most pharmacology textbooks state that although levels of estrogen after menopause are too low to support reproduction, they are sufficiently high to maintain support of estrogen-dependent tissues.

The problems of estrogen dominance are not confined to post-menopausal women only. Today, it is extremely common for women to experience recurring menopause-type complaints that begin 10 to 15 years before the time of their menopause (when menstruation ceases). Women as young as thirty years of age often complain of menopause-type problems. This is known as pre-menopause syndrome. (13)

### **Premenstrual and Pre-menopause Syndromes**

In 1931, scientists investigating problems of menstruation identified a group of problems that they labeled premenstrual tension (PMT). PMT was their umbrella term for extreme fatigue, depression, and irritability that many women experienced during the premenstrual period. But as research continued, it became evident that this was part of a syndrome of more than 100 documented symptoms, consequently, the name was changed to premenstrual syndrome (PMS). The most common PMS complaints are weight gain, bloating, irritability, depression, loss of sex drive, fatigue, breast swelling or tenderness, cravings for sweets and headaches.

In 1953, two English physicians Drs. Katharina Dalton and Raymond Greene published the first medical report on PMS. Dr. Dalton observed that injecting progesterone relieved her own menstrual migraine headaches. Dr. Dayton then injected progesterone in other women and found that their PMS was cured.(14,15) Other researchers such as Dr. Joel Hargrove at Vanderbilt went on to show a 90% success rate in relieving PMS symptoms with an oral supplement of progesterone! (16)

The scientists also identified a chronic condition similar to PMS which they called pre-menopause syndrome. They identified two primary causes: [1] anovulatory cycles; and [2] adrenal gland exhaustion. In an anovulatory cycle, a women does not ovulate, and there is no

corpus luteum. With no corpus luteum, there is no progesterone secretion. Therefore, women with anovulatory cycles are truly progesterone deficient prior to menopause.(17) Adrenal gland exhaustion from undue stress may also create a progesterone deficiency. As a result of anovulatory cycles and adrenal gland burnout, the problems of estrogen dominance occur early in life in the form of the pre-menopause syndrome.

Progesterone alleviates and prevents both premenstrual and pre-menopause syndromes. Progesterone secretion in women is highest during the two weeks before menstruation. With insufficient progesterone to block the toxic effects of estrogen, PMS is the result. Raising the level of progesterone by supplementation (orally, by injection, or topically) often provides dramatic relief from PMS.(18)

### **Natural and Synthetic Progesterone**

It is important to distinguish between natural progesterone and its synthetic analog, the form most widely prescribed. This synthetic version is not really progesterone at all; it is a progestin. Progestins are synthetic progesterone-like compounds manufactured by pharmaceutical companies. Synthetic progesterones are far more powerful than the body's own natural progesterone and are metabolized as foreign substances into toxic metabolites. These synthetic progesterones can gravely interfere with the body's own natural progesterone, create other hormone-related health problems, and further exacerbate estrogen dominance.(19) Side effects of synthetic progesterone include increased risk of cancer, abnormal menstrual flow, nausea, depression, masculinizing effects, and fluid retention.(20,21)

Natural progesterone made from wild yams and soy beans is nearly identical to what the body produces. However, yam-derived natural progesterone should not be confused with yam extracts sold in health food stores. The body easily converts natural progesterone into the identical molecule made by the body.(22) Adverse side effects are very rare.(23) If taken inappropriately, it might slightly alter the timing of the menstrual cycle.

### **Not All Topical Progesterones are the Same**

While I believe that the best way to administer progesterone is topically (transdermally), it can also be taken orally or by injection.(24,25) It should be noted that not all transdermal delivery preparations of progesterone are capable of carrying the hormone through the skin.(24) Adding progesterone to an off-the-shelf moisturizer often results in a product that does not effectively penetrate the skin.

An ideal delivery vehicle is an oil/water emulsion that contains identical components to the fatty tissues of the skin, as well as permeation enhancers and stabilizers in a synergistic balance. The permeation enhancers increase the ability of progesterone to pass the skin barrier.(25,26,27,28) A transdermal progesterone cream should contain at least 400 mg of natural progesterone per ounce. Each one-half teaspoon application would thereby supply a minimum of 26 mg of progesterone. Independent studies reveal that many commercial progesterone creams contain less than 15 mg of progesterone per ounce. In fact, some of these creams contain as little as 2 mg of progesterone per ounce!(29) It should be emphasized that creams that contain only wild yam

extract (diosgenin) but no U.S.P. progesterone have absolutely no effect on the level of progesterone in the body.

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# Progesterone: The 'Feel-Good' Hormone - Part II

*By Ward Dean, M.D.*

Some of the most common symptoms physicians hear from their female patients are problems with weight gain, fatigue, loss of libido, depression, headaches, joint pain and mood swings. Other frequently discovered problems include uterine fibroids, cancer, fibrocystic breast disease, menstrual problems, autoimmune disorders, pre-menopausal bone loss and a high incidence of osteoporosis after menopause. Many physicians and scientists are becoming increasingly aware of a common link between these symptoms and diseases and that common link is often an imbalance between the primary female sex hormones, progesterone and estrogen.(1)

Studies show that by restoring the estrogen: progesterone hormonal balance to normal levels, many women report dramatic improvement. Researchers in one study were so impressed with the effectiveness of topically-applied natural progesterone, they reported that [Our] results suggest that osteoporosis is not an irreversible condition. But first its important to understand what makes these complex chemical messengers tick.

The word hormone comes from a Greek word meaning arouse to activity. Progesterone and estrogen along with DHEA, pregnenolone, and cortisol are classified as steroid hormones.

Progesterone is made in the ovaries of menstruating women. It is produced by the corpus luteum at the time of ovulation (20-25 mg./day), and by the placenta during pregnancy (up to 300-400 mg./day). Progesterone is a precursor to most steroid hormones and performs a myriad of different functions. (Table I) (2,3,4,5,6)

TABLE I :
FUNCTIONS OF PROGESTERONE
<ul style="list-style-type: none"><li>• Builds bones and protects against osteoporosis</li><li>• Helps burn fat for energy</li><li>• Maintains the uterine lining</li><li>• Necessary for the fetus to survive until birth</li><li>• Acts as a natural diuretic</li><li>• Maintains thyroid hormone action for thermogenesis (fat burning)</li><li>• Normalizes blood clotting</li><li>• Restores and maintains sex drive</li><li>• Helps prevent breast and endometrial cancer</li></ul>

## The Estrogen Dominance Syndrome

According to research pioneer Dr. John Lee, many women suffer from a syndrome known as Estrogen Dominance. Estrogen, unopposed by progesterone, results in a number of adverse effects. These include hypertension, salt and water retention, abnormal blood clotting, excessive body fat, hypothyroidism, painful breasts, fibrocystic breast disease, increased risk of gallbladder disease and gallstones, liver dysfunction, increased risk of endometrial cancer of the uterus and breast cancer.

Estrogen dominance occurs at the age of menopause when progesterone production virtually ceases, plummeting to approximately 1% of its premenopausal level. At the same time the production of estrogen only falls to about 50% of its premenopausal level. This dramatically alters the estrogen: progesterone ratio, and the estrogen becomes toxic to the body without progesterone to stop it. As a result, the risks for breast and uterine cancer, fibrocystic breasts, ovarian cysts, uterine fibroids, cervical erosions and/or dysplasia, and osteoporosis rise.

The problems of estrogen dominance are not confined to menopausal woman only. Today, it is extremely common for women to experience recurring menopause-type complaints that begin 10 to 15 years before the time of their menopause when menstruation ceases. Women as young as thirty years of age are complaining of menopause-type problems. This is known as pre-menopause syndrome. The typical complaints are: fatigue, depression, water retention, weight gain, mood swings, loss of sex drive, irritability, headaches, slow metabolism and cravings for sweets.(7)

### **Progesterone and Osteoporosis**

One common and almost universal change with age is loss of bone density. When this loss becomes severe enough, it is diagnosed as osteoporosis, the disfiguring and potentially fatal brittle-bone disease. In many western countries, patients with hip fractures occupy more hospital beds than patients with any other disease. For more than fifty years physicians have believed that lack of estrogen was the primary cause of osteoporosis. Quite simply, a lack of estrogen does not cause osteoporosis.(8) For example, tamoxifen citrate, an anti-estrogen drug that is prescribed for breast cancer-prone women, blocks the uptake of estrogen hormones. If lack of estrogen were the cause of osteoporosis, then tamoxifen would increase bone resorption and cause loss of bone density. Tamoxifen does not cause that to occur. (9) In addition, there is significant bone loss during the 10 to 15 years before menopause, despite an ample supply of estrogen. But during that time, there is often a shortage of progesterone. Although estrogen inhibits the bone-destroying osteoclast cells, it cannot rebuild bone.(10,11)

On the other hand, progesterone rebuilds bone by stimulating the osteoblast cells that remineralize and restore bone mass. Supplementing with natural progesterone has proved useful to prevent and heal osteoporosis.(11) Osteoporosis becomes most severe following menopause when women's bodies stop producing progesterone. Dr. John Lee and many other physicians say progesterone is a key to maintaining healthy bones.(12,13)

Dr. Lee reported in the July, 1990 issue of International Clinical Nutrition Review on the effectiveness of natural progesterone. It was common to see a 10 percent increase (in bone density) in the first six to 12 months, and an annual increase of three to five percent until

stabilizing at the levels of healthy 35-year-olds. Lee adds, The occurrences of osteoporotic fractures dropped to zero. Dr. Lees results run counter to current medical thinking about osteoporosis. The results of this study suggest that osteoporosis is not an irreversible condition, he says. Reversal has been demonstrated by the bone density tests and by the clinical results. This cannot be said of any other conventional therapy for osteoporosis. (14,15,16,17)

## **The Progesterone Solution**

As mentioned previously, estrogen dominance causes many problems for women, including PMS, premenopausal syndrome, and osteoporosis. Since these conditions have the common cause of estrogen dominance and relative progesterone deficiency, they also have a remarkably simple common cure i.e., supplement the body with physiologic dosages of natural progesterone (approximately 20-30 mg./day) to overcome the estrogen dominance and reestablish hormonal balance. (7)

## **Natural vs. Synthetic Progesterone**

Theres a world of difference between natural progesterone and synthetic progesterone, the type most frequently prescribed by orthodox physicians. Provera, the most frequently prescribed synthetic progesterone is not really progesterone at all it is a progestin. Progestins are synthetic progesterone-like compounds that are manufactured by pharmaceutical companies. These synthetic progesterones are far more powerful than the bodys own natural progesterone and are metabolized as foreign substances into toxic by-products. These synthetic progesterones can gravely interfere with the bodys own natural progesterone, thus creating other hormone-related health problems and further exacerbating estrogen dominance. (18) Side effects of synthetic progesterone include increased risk of cancer, abnormal menstrual flow, nausea, depression, masculinizing effects, and fluid retention.(19, 20)

Natural progesterone is nearly identical to what the body produces. It is manufactured in scientific laboratories from wild yams and soy beans. On the other hand, yam-derived natural progesterone should not be confused with yam extracts that are sold in health food stores. The body easily converts natural progesterone into the identical molecule made by the body. The body cannot, however, convert the yam extracts into progesterone.<sup>21</sup> Adverse side effects are very rare with natural progesterone.(22) The only side effect of concern is that it might slightly alter the timing of the menstrual cycle, when taken inappropriately.

## **Routes of Progesterone Delivery**

Natural progesterone can be administered orally, topically, or by injection. However, I believe that the best way is topically (transdermally). Transdermal delivery is gaining in popularity as evidenced by the growing use of estrogen, testosterone, nitroglycerine (for angina) and even nicotine patches.(23,24)

Equivalent dosages of transdermal natural progesterone are 5 to 7 times more effective than orally ingested natural progesterone. Only 10-15% of the orally ingested progesterone reaches the bloodstream. (25,23) Therefore, it is necessary to take much higher doses, 100-200 mg./day,

of oral progesterone to obtain the equivalent benefit of 20-30 mg./day of transdermal progesterone.

Once progesterone reaches a saturation level in the underlying skin tissue, it diffuses into the capillaries, then passes into the general blood circulation for use by the body. Some women feel effects in less than a week of usage. For those who are especially deficient in progesterone, it may take two to three months to restore optimum levels. (7,26)

### **Not All Topical Progestones Are the Same**

A word of warning: not all trans-dermal delivery preparations of progesterone are capable of carrying the hormone through the skin. Adding progesterone to a typical cosmetic moisturizer (which is what many companies do) often results in a product that does not effectively penetrate the skin.

An ideal delivery vehicle is an oil-water emulsion that contains components of the fatty tissue of the skin, as well as permeation enhancers and stabilizers in a synergistic balance. The permeation enhancers enable the progesterone to pass the skin barrier. (27) A transdermal progesterone cream should contain at least 400 mg. of natural progesterone per ounce. Each one-half teaspoon application would thereby supply a minimum of 26 mg. of progesterone. Independent studies reveal that many commercial progesterone cream products contain less than 15 mg. of progesterone per ounce. In fact, some of these creams containing as little as 2 mg. of progesterone per ounce! (28) It should be emphasized that creams containing only wild yam extract (diosgenin) but no U.S.P. progesterone have absolutely no effect on the level of progesterone in the body.

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## PROGESTERONE AND ESTROGEN

### REASONS FOR ESTROGEN DOMINANCE

Birth Control Pills

Soy formula for infant feeding, and the excessive use of soy products.

Delayed pregnancy and low number of pregnancies.

Sugar, which increases insulin levels, has an estrogen-like effect.

Obesity – Fat cells have the ability to make estrogen.

Exposure to xenoestrogens – chemicals that act like estrogen in the body; such as artificial sweeteners and chemicals in the environment and our diets.

Early menopause from surgery.

Estrogen replacement therapy like Premarin, Menest, etc

### PROGESTERONE

Precursor of other sex hormones

Maintains the lining of the uterus

Stimulates brain development

Protects against breast cysts

Protects against breast cancer

Natural water pill

Helps use fat for energy

Natural anti-depressant

Helps thyroid hormone action

Normalizes blood clotting

Increases sex drive

Normalizes blood sugar

Normalizes copper & zinc

Raises body temperature/energy

Protects against uterine cancer

Stimulates bone building

### ESTROGEN

One of the other hormones

Stimulates uterine lining to thicken

Inhibits brain development

Stimulates breast cell division

Increases risk of breast cancer

Increased water and salt retention

Increases body fat

Can cause depression

Blocks thyroid hormone action

Increases risk of abnormal clotting

Decreases sex drive

Impairs blood sugar control

Loss of zinc/ retention of copper

Reduces energy

Increases risk of uterine cancer

Slows bone loss

Increases risk of endometriosis

From: *What Your Doctor May Not Tell You About Menopause*, John R. Lee, M.D.



### **Progesterone and Heart Health**

Although heart disease is sometimes thought of as a man's disease, cardiovascular disease is the #1 cause of death for women; in 2006, 315,930 women died from it. Nine out of ten heart disease patients have at least one risk factor. Several medical conditions and lifestyle choices can put women at a higher risk for heart disease, including:

High cholesterol	Cigarette smoking
High blood pressure	Overweight and obesity
Diabetes	Physical inactivity
Poor diet	Alcohol use

However, the importance of hormone balance should not be overlooked.

It is rare that a premenopausal woman dies of a heart attack, though the incidence of cardiac mortality among older women eventually matches or exceeds that of males. It was once thought that the difference was due to a lack of estrogen after menopause. Estrogen can, after all, improve a woman's lipid profile, and has the cardiovascular benefit of relaxing the blood vessels which can protect against heart attack. However, when estrogen levels are too high its protective value in heart disease is reversed as the risk of blood clots and fluid imbalances rises. It is known that progesterone deficiency down-regulates estrogen receptors and sufficient progesterone up-regulates estrogen receptors, resulting in more estrogen action without changing the amount of estrogen already present. Progesterone seems to be the key player.

We know that progesterone levels after menopause are almost zero. Estrogen, on the other hand, falls only 40-60% with menopause. According to John Lee, MD, lipid profiles improve when progesterone is supplemented. Progesterone increases the burning of fats for energy and, in addition, has anti-inflammatory effects, both cardio protective actions. Progesterone protects against blood clots due to excess estrogen. Progesterone protects the integrity and function of cell membranes, whereas estrogen allows an influx of sodium and water while allowing loss of potassium and magnesium.

Several studies have illustrated the importance of progesterone in protecting heart health. Bioidentical progesterone has been shown to inhibit arterial smooth muscle cell proliferation, both in type II diabetics and in otherwise healthy individuals. Coronary hyperreactivity (vasospasm) in rhesus monkeys was shown to be prevented by subphysiological doses of progesterone. An additional study examined exercise-induced myocardial ischemia in patients taking estrogen/medroxyprogesterone acetate versus estrogen/bioidentical progesterone. The combined estrogen/progesterone supplementation increased exercise time to myocardial ischemia as compared to estrogen/MPA.

Supplementing with bioidentical hormones, rather than conjugated equine estrogens and synthetic progestins, is essential, as also illustrated by the Women's Health Initiative. Their findings suggest that Estrogen + Progestin does not protect the heart and may even increase the risk of coronary heart disease (CHD). Overall, there was a 24% higher risk of CHD among women in the E+P study compared to women taking placebo. The women in the WHI were taking one tablet containing conjugated equine estrogens (0.625 mg) and medroxyprogesterone acetate (2.5 mg) each day (Prempro).

Optimizing the progesterone/estradiol ratio can go a long way in improving cardiovascular health, so remember to include a complete hormone analysis with all of your cardiovascular patients.

**References:** [Please see our Progesterone and Heart Bibliography](#)



# Sources of Progesterone for Uterine Fibroid Tumors ( Myomas )

## Buying Your Natural Progesterone

*Virtually all Natural Progesterone is made from yams or soy. Soy and Yams contain a diosgenin which is a molecule that has the base molecule of progesterone. The progesterone cream should not contain any mineral oil, as mineral oil blocks the absorption of progesterone. It should contain vegetable oil instead. The correct dosage should be 500 mg/oz - 1000 mg/oz of progesterone taken so that you initially receive 40-60 mg/day of progesterone and 20 mg/day for maintenance. The progesterone cream should NOT contain Methyl Paraben, Propyl Paraben, Butyl Paraben or any of the related Parabens as those are estrogenic. It should not contain certain estrogenic herbs. It should not contain stearyl konium chloride since that is toxic.*

**by Elizabeth Smith, M.D.**

Many of the companies tout that their progesterone is made from yams or soy. However, that is the most economical way to make progesterone. All Natural Progesterone is made from yams and/or soy. These plants contain a diosgenin which has the base molecule for progesterone. In processing, some parts of the diosgenin are cleaved off and progesterone is the result.

Yam extract, a diosgenin, is not Natural Progesterone. Thus, some skin creams say that they contain a yam extract. According to Dr. Lee, these creams do not work well. A skin cream containing Mineral Oil will not work. The Mineral Oil will block the absorption of the Natural Progesterone. The skin cream should contain a vegetable oil instead.

Be careful of toxic compounds in the skin cream. Much to my horror, one compound that we were recommending to my patients had Stearyl Konium Chloride, an emulsifier. According to the University of Texas database ingestion of 3 cc of Stearyl Konium Chloride is enough to cause fatal convulsions in an adult human.

Be careful of herbs used in the skin cream. Once again we used a skin cream on some of our post menopausal patients that caused their uterus to get bigger. We found that the company had used some herbs that were estrogenic in nature.



Recently, Professor Sumpter in the U.K. discovered that Methyl Paraben, Propyl Paraben, and Butyl Paraben are estrogen mimics and stimulate the estrogen receptor. His research was so disturbing that the European Union inquired of the European Cosmetics and Toiletry Association whether these common preservatives would increase the rate of breast cancer. The vast majority of hand lotions and gels contain this preservative. We found that many Natural Progesterone creams contain this preservative as well.

The correct dose of progesterone in the skin cream is 500 mg/oz -1000 mg/oz. **Initially, you can load your body with 40-60 mg/day and maintain yourself on 20 mg/day.** In general, the ovary produces 20 mg/day of progesterone, and the placenta produces 400 mg/day of progesterone at the height of pregnancy. Thus, the therapeutic range of progesterone is quite large.

If the dose of progesterone is too low there is no clinical effect. If the dose is too high then the patients experience shortness of breath. If the dose is too high, the patients will also experience an emotional depression when the progesterone is stopped. In extreme cases, when the progesterone was 2,800 mg/oz, we have heard of some patients becoming mentally confused. The mental confusion was reversed when the patients stopped taking the cream for several months.

**Here is one vendor that we like:**

[Women's Therapeutic Institute Progesterone Cream](#)

[Alternative web site for Progesterone Cream](#)

## Summary

- Avoid parabens.
- Get the correct concentration 500 mg/oz - 1000 mg/oz. Some creams have less than 20 mg/oz!
- Avoid estrogenic herbs.
- Avoid mineral oil.
- Avoid Stearyl Konium Chloride.
- Use Natural Progesterone, Not Yam Extract.

The following is a list of progesterone creams found in *What Your Doctor May Not Tell You About Menopause* by John Lee, M.D. by concentration. **There may be other ingredients to avoid, the above may only be a partial list. You will have to screen them further to avoid the above ingredients. Choose your Progesterone Cream Carefully!**

[To investigate bioidentical progesterone visit the website  
www.bioidenticalprogesterone.info](#)

## Power of Progesterone – Resources

### Books:

1. Breast Cancer Prevention and Recovery Diet by Suzannah Olivier
2. Dr Susan Love's Breast Book

### Websites:

- Women's International Pharmacy - <http://www.womensinternational.com/hormones.html>
- ZRT Laboratories – [www.zrtlab.com](http://www.zrtlab.com)