

# **Natural Progesterone A Natural Alternative To Hormone Replacement Therapy**

Immediately after a woman ovulates, her ovaries produce progesterone, the hormone that prepares the uterus for the reception and development of the fertilized egg,

Progesterone's name tells its function: pro means "for," and gest means "gestation." It plays a major role in a woman's ability to conceive and sustain the pregnancy.

In addition to this fundamental role in conception progesterone provides many major protective functions of the body. Among the most important is its role as the great "hormonal harmonizer." It balances estrogen. Any time that the estrogen level rises in the body, you want to have progesterone there to offset it. That's why I like to refer to it as the "estrogen shock absorber."

A female has little progesterone until she begins ovulating. For some, this can be as early as ten years of age. For others, it never occurs naturally and needs to be induced through modern medical intervention.

Unlike estrogen, the body never overproduces progesterone. It does, however, manufacture a large amount of the hormone during pregnancy, which promotes the development of the fetus.

In a normal twenty-eight-day menstrual cycle, barely any progesterone is produced during the first two weeks. After ovulation, at day fourteen, progesterone kicks in. The level peaks at day twenty-one. If no fertilization takes place, the body pulls the switch on progesterone and the hormone level starts falling. The mechanism is precise. The progesterone phase lasts for two weeks after ovulation.

I find that women with progesterone deficiency tend to get their first period relatively late. They have a history of infrequent periods with minor bleeding. They often have difficulty becoming pregnant or carrying the pregnancy to term.

In the life cycle, women generally start to produce less progesterone when they reach their early thirties. The slowdown increases after thirty-five, and accelerates dramatically in the forties. Very few women over forty-five produce the quantity of progesterone that they did twenty years earlier. In premenopause, most of them are deficient in progesterone.

Some women in premenopause may experience fluctuations that occur in blocks. They may ovulate, for instance, for several months at a time and then stop ovulating for several months, but there are none of the frequent ups and downs that take place on a daily or weekly basis, as with estrogen. For more than 60 percent of women, the decline is persistent.

All women in menopause are progesterone-deficient. They have only a minute amount of progesterone, a level insufficient to carry out the hormone's widespread physiological tasks. One of those critical tasks is to generate new bone tissue. The loss of this function is a major contributing factor to osteoporosis.

The overall reduction in progesterone is earlier, more rapid and persistent than the decline of estrogen. The departure of progesterone from the hormonal stage leaves the body vulnerable to the consequences of estrogen dominance. The loss of hormonal balance is a root cause of many female problems, such as endometriosis, fibroids, polyps, adenomyosis, irregular periods, heaving bleeding, out of control cycles and more.

Today premenopausal symptoms are being treated as a disease as opposed to a natural phase of a woman's life. Because of this many women are being misdiagnosed with fibromyalgia, anxiety or depression and eventually find themselves on prescription drugs for pain or SSRI's like Paxil, Prozac or Seraphim.

Another misnomer about premenopausal women is that they are efficient in estrogen, which is far from the truth since it's usually progesterone, not estrogen that they're deficient of.

What is estrogen dominance?

Dr. John Lee coined the term "estrogen dominance" to describe what happens when the normal ratio or balance of estrogen to progesterone is changed by excess estrogen or inadequate progesterone. Estrogen is potent and potentially a dangerous hormone when not balanced by adequate progesterone.

Hallmark symptoms of estrogen dominance are: weight gain, bloating, mood swings, irritability, tender breasts, headaches, fatigue, depression, hypoglycemia, uterine fibroids, endometriosis, and fibrocystic breasts and more. Estrogen dominance is known to cause and/or contribute to cancer of the breast, ovary and endometrial cancer.

Why do women need progesterone?

Progesterone is needed in hormone replacement therapy for premenopausal for many reasons, but one of the most important roles is to balance or oppose the effects of estrogen. Unopposed estrogen creates a strong risk for breast cancer and reproductive cancers.

In the ten to fifteen years before menopause, many women continue to have regular menses in which they make enough estrogen to create menstruation, but they don't make progesterone, which sets the stage for estrogen dominance.

Women begin to have non-ovulating menstrual cycles in their mid-thirties. Any month that you do not ovulate you don't make any progesterone (although you will still have a

menstrual period). Without progesterone you cannot maintain good estrogen receptor sensitivity, so even when there's plenty of estrogen available, your cells cannot use it as effectively. Treating the underlying progesterone deficiency first to reduce the overall hormone fluctuation allows you to take advantage of the estrogen you have.

Also PMS can occur despite normal progesterone levels when stress is present. Stress increases cortisol production, when this happens cortisol competes for progesterone receptors. To overcome this blockade additional progesterone is required.

Why do pre-menopausal and menopausal women need progesterone?

Estrogen levels drop only 40-60% at menopause, which is just enough to stop the menstrual cycle. But progesterone levels may drop to near zero in some women. Because progesterone is the precursor to so many other steroid hormones, its use can greatly enhance overall hormone balance during menopause. Progesterone also stimulates bone building, which helps protect against osteoporosis.

How long does it take for a woman to see a change in her symptoms after starting a good progesterone cream?

Most women see a noticeable difference within three months of being on the cream, some as soon as days or weeks.

Why doesn't our doctor tell us about natural progesterone?

Unfortunately, many conventional doctors are not familiar with the benefits of natural progesterone. Dr. John Lee often points out in his seminars that the benefits of using progesterone is not covered very thoroughly in medical schools, if at all.

Unfortunately, profit comes from the sales of patent medicines. The system is not interested in natural (non-patentable) medicines, regardless of their potential health benefits. Thus the flow of research funding does not extend to products, which cannot be patented.

Information taken from books by Dr. John Lee

I highly recommend that any woman who suffers with premenopausal, post menopausal symptoms, PMS, concerns about Osteoporosis and who is concerned about breast cancer read Dr. John Lee's books, *What Your Doctor May Not Tell You About Premenopause*, *What Your Doctor May Not Tell You About Menopause* and *What Your Doctor May Not Tell You About Breast Cancer*. All of these books are must reads for any woman who does not want to pump synthetic hormones into her precious body.