Turtle Healing Band Clinic

"*Personalized Care for Optimal Health*"

Progesterone: A Key Ingredient for Optimal Health

by Daniel F. Royal, DO, HMD, JD

There seems to be a common misconception among physicians and patients that all hormones are the same. Of course, this is not true but it shows the pharmaceutical propaganda machine is working. The basic difference between chemical hormones and natural hormones is that one has side-effects and the other does not. This is because side-effects are a property of drugs not foods. Consequently, it follows that hormones obtained from natural food sources, also known as "bio-identical hormones," do not have the same negative effects associated with synthetic hormone drug products.

The most common prescription hormone drugs include various forms of estrogen and progestin, a synthetic progesterone that acts more like estrogen than progesterone. Female patients are typically prescribed these synthetic hormone drugs to help with their menstrual cycle or menopause. In general, estrogen has a very broad physiological role for males as well as females. The effects of estrogen include, but are not limited to, the following: water retention, aging, stress, memory loss, hypoglycemia, increased fat, hypothyroidism, miscarriage, infertility, uterine fibroids, blood clotting, vascular spasm, increased cholesterol, gall bladder disease, and cancer.

The main cause of hormone-related health problems in women is not due to the absolute deficiency of estrogen or progesterone but rather the relative dominance of estrogen and relative deficiency of progesterone. For this reason, hormone replacement therapy (HRT) with estrogen alone without an opposing progesterone, such as the prescription drug Premarin, should be avoided. This chemicalized hormonal substitute differs from the natural estrogen in one's body and contributes to increased estrogen. Increased estrogen, in turn, increases the risk of DNA damage, cancer (e.g., endometrial, breast cancer, etc.), and estrogen dominance. Other contributing factors to excess estrogen include adrenal fatigue, environmental estrogen, obesity, stress, poor diet, and lack of exercise.

Estrogen excess may result in such common maladies as depression, weight gain insomnia, anxiety, blood sugar imbalance, migraine headaches, and chronic fatigue due to adrenal gland exhaustion. Moreover, stress can result not only in adrenal gland exhaustion, but reduced progesterone output and increased estrogen production. A further reduction in progesterone output contributes to all the problems associated estrogen dominance ("Acute stress persistently enhances estrogen levels in the female rat," Shors et al., Stress. 3(2):163-71, 1999 Dec).

Interestingly, nature has provided us with progesterone, which acts as an antagonist to estrogen. For example, estrogen stimulates breast cysts while progesterone protects against breast cysts. Estrogen enhances salt and water retention while progesterone is a natural diuretic. Estrogen is associated with breast and endometrial cancers, while progesterone has a cancer preventive effect. In fact, studies have shown that premenopausal women deficient in progesterone had 5.4 times the risk of breast cancer compared to healthy women ("Breast cancer incidence in women with a history of progesterone deficiency," Cowan et al., Am J Epidemiol, 114(2):209-17, Aug 1981).

Here are some answers to frequently asked questions that patients have about progesterone:

1. **Is progesterone supplementation safe?** Yes. No side effects have been attributed to natural progesterone in either the scientific or medical literature. While large doses of estrogen have been found to destroy certain areas of the adrenal cortex, large doses of progesterone have been shown to have anti-stress effects without harming the adrenals.
2. **Should I take progesterone if I'm pregnant?** A "Medical News" item in a 1976 issue of JAMA reports a study showing that progesterone probably plays a critical role in preventing rejection of the fetus by the mother. Its use before and during pregnancy is also associated with a reduced incidence of birth defects. Studies in animals have also shown that prenatal progesterone increases brain size, which is associated with a long life. Conversely, excess estrogen reduces brain size and damages behavior, which may, in turn, adversely affect a subsequent generation ("The Epigenetics of Sex Differences in the Brain," McCarthy et al.J Neurosci. 2009 Oct 14; 29(41):12815–12823).
3. **Can I use progesterone for weight loss?** Yes. The primary reasons for using progesterone for weight loss purposes are to decrease the effects of insulin and adrenaline. This is because insulin transports sugar into the fat tissue for storage which, in turn, stimulates the release of adrenaline to raise sugar levels again creating a positive feedback loop. Consequently, as the episodes of hypoglycemia decrease the production of adrenaline to counteract hypoglycemia also decreases. Decreased adrenaline means that less sugar is produced, less insulin is needed for storing sugar as fat, and thus, more weight can be lost.
4. **Does progesterone help with insomnia?** Yes. Progesterone, which is most highly concentrated in the brain tissue, increases GABA production in the brain which, in turn, promotes sleep.
5. **What is the recommended daily dosage of progesterone?** The physiologic dose of progesterone for the non-pregnant female is 10-50 mg/day and 10 mg/day in the post-menopausal female. Pregnenolone, a precursor to progesterone, may be taken as anywhere from 30-150 mg/day for women whereas the physiologic of pregnenolone for a man is 5-10 mg/day. In general, the best time to use progesterone for weight loss is 1-3 minutes before eating.

2121 E. Flamingo Rd. • Suite 112 • Las Vegas • NV • 89119 • (702) 562-1454 (o) • (702) 902-2862 (f)